

CAREGIVER OR PERPETRATOR NEGLECT

Trainer’s Manual



Module 11

Trainer’s Manual

CAREGIVER OR PERPETRATOR NEGLECT



School of Social Work

Department of
SOCIAL SERVICES



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.

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INTRODUCTION

APS TRAINING PROJECT – BAY AREA ACADEMY

We are pleased to welcome you to the Caregiver Neglect 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 in 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)

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ACKNOWLEDGMENTS

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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
Colusa County Department of Health & Human Services
San Francisco County Human Services Agency
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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.

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COURSE OUTLINE

| Content | Total Time | Activities | Slides/Handouts |
|---|---|--|--|
| Welcome & Overview & Introductions | 15 min | Introductions Warm-up Activity Learning Objectives | Slides 1-7 Letter to Participants ID Code Assignment |
| Neglect Overview | 45 min | Lecture/Discussion Small and Large Group Activities | Slides 8-25 Activity 1, 2 Handout 1 |
| Victim & Perpetrator Characteristics and Contributing Factors of Neglect (60 min) BREAK (15 min) | 75 min | Lecture/Discussion Small and Large Group Activities | Slides 26-43 Activity 3,4 Handout 2 |
| Assessing Neglect in Five Domains | 45 min | Lecture/Discussion Small Group Activity | Slides 44-52 Activity 5 |
| LUNCH | 60 min. | | |
| Co- dependency and Unintentional/ Intentional Neglect | 45 min | Lecture/Discussion Small Group Activity Individual Activity “Pop Quiz” | Slides 53-58 Activity 6, 7 Handout 3 |
| Interviewing Best Practices | 45 min | Lecture/Discussion Role Play Activity | Slides 59-65 Handout 4 Activity 8 |
| BREAK | 15 min | | |
| Service Planning | 60 min | Lecture/Discussion Service Planning Activity | Slides 66-73 Handout 5, 6 Activity 2 (revisited) |
| Closing & Evaluations | 15 min | Q & A Evaluations | Evaluations |
| TOTAL TIME | 7hrs (including 1 hour lunch) | | |

TRAINING GOALS AND OBJECTIVES



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

1. Identify physical and behavioral indicators of neglect.
2. Identify factors that contribute to victim risk of neglect.
3. Assess allegations of caregiver neglect using 5 domains of assessment.
4. Describe the barriers to determining if neglect is intentional or unintentional.
5. Identify best practices in interviewing perpetrators.
6. Define components of service planning.

TRAINER GUIDELINES

| | |
|---|--|
| <p>Teaching Strategies</p> | <p>The following instructional strategies are used:</p> <ul style="list-style-type: none"> ◆ Lecture segments ◆ Interactive activities/exercises (e.g. small group discussion, experiential exercise) ◆ Question/answer periods ◆ Slides ◆ Participant guide (encourages self-questioning and interaction with the content information) ◆ Pre/Post assessment of learning ◆ Transfer of Learning activity |
| <p>Materials and Equipment</p> | <p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none"> ◆ Computer with LCD (digital projector) ◆ CD-ROM or other storage device with the slide presentations ◆ Easel/paper/markers ◆ Tables set in rounds of 6 ◆ 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, handouts and transfer of learning materials. ◆ Evaluation Guide: contains all post training and transfer of learning evaluation tools. ◆ Name tags/names tents. ◆ Water access/snacks/rest room access ◆ Lunch plans |
| <p>NOTE: This training covers the basic knowledge, techniques and skills needed to investigate caregiver / perpetrator neglect cases. It does not cover agency specific questions. You may need to collect agency specific information before delivering this training – these sections are highlighted in yellow. This training covers a lot of material and has many participatory exercises. If you feel pressed for time, you may omit any of the Shout Out activities that you choose.</p> | |

RECOMMENDED COURSE AGENDA

| | |
|---------|--|
| 9:00am | Welcome and Introductions |
| 9:15 | Neglect Overview |
| 10:00 | Victim/Perpetrator Characteristics and Contributing Factors + 15 min Break |
| 11:15 | Assessing Neglect in Five Domains |
| 12:00pm | Lunch |
| 1:00 | Co-dependency and Unintentional/Intentional Neglect |
| 1:45 | Interviewing Best Practices |
| 2:30 | Break |
| 2:45 | Service Planning |
| 3:45 | Closing and Evaluation |
| 4:00 | End of Training |

EXECUTIVE SUMMARY

Course Title: *Caregiver or Perpetrator Neglect*

Outline of Training:

In this engaging and highly interactive introductory training, participants learn the necessary and essential components for effective investigations of caregiver neglect. Trainees will understand common physical and behavioral indicators of caregiver neglect; learn factors that contribute to client risk of caregiver neglect; identify the barriers to determining whether caregiver neglect is intentional vs. unintentional; identify the domains of assessing allegations of neglect; demonstrate best practices in interviewing perpetrators; and identify key principles of service planning.

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

Course Requirements:

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

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

Target Audience:

This course is designed for new APS social workers as well as Aging & Adult Service partners (e.g. APS/IHSS, IHSS and mental health). 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. Identify physical and behavioral indicators of neglect.
2. Identify factors that contribute to victim risk of neglect.
3. Assess allegations of caregiver neglect using 5 domains of assessment.
4. Describe the barriers to determining if neglect is intentional or unintentional.

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5. Identify best practices in interviewing perpetrators.
6. Define components of service planning.

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 caregiver neglect cases 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.

PRESENTATION



WELCOME AND OVERVIEW



TIME ALLOTTED: 20 minutes

Slide #1: *Welcome*



Script – Welcome to Caregiver Neglect

Slide #2: *Overview of the Project*



Script (Trainer please paraphrase in your own words):

The Adult Protective Services (APS) Training Project 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 in the State of California.

The APS Training Project's overarching goal is to develop and deliver statewide, standardized core curricula for new APS/IHSS social workers in California and to share these trainings on a national scale through our collaboration with the National APS Training Partnership. 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 Project with Academy for Professional Excellence/MASTER and NAPSA.

Slide #3: *Housekeeping & Introductions*

Housekeeping and Introductions

- Schedule for the day
- Location of restroom
- Set cell phones to vibrate
- Introductions

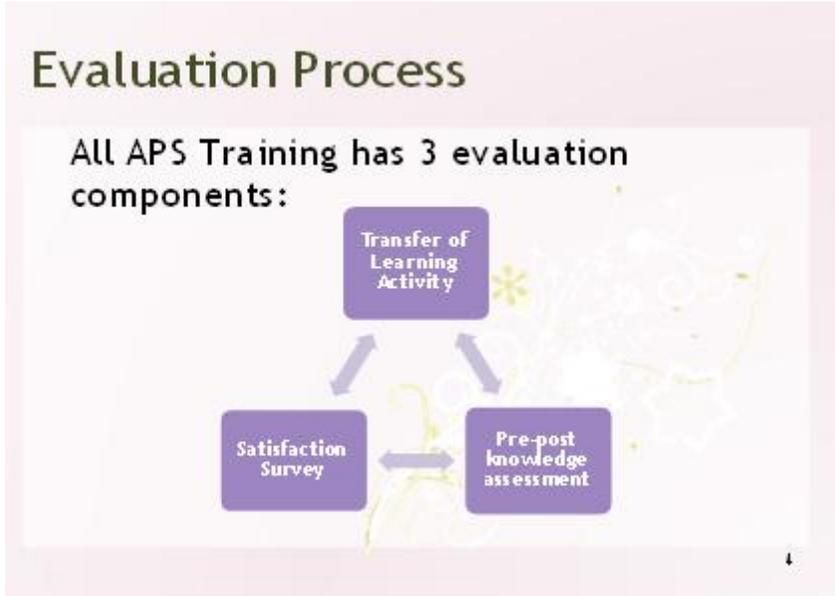


- **Schedule for the day** - Briefly review the agenda – breaks, lunch, etc. which is located in the participant materials (there will be two 15-minute breaks and an hour for lunch today). Take a moment to orient training participants to their Participant Manual – PowerPoint, handouts, activities, resources.
- **Location of restrooms**
- **Set cell phones to vibrate** 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
- **Introductions:** Introduce yourself – background, position within APS, etc.

Participant’s introductions – ask participants to:

- 1.) Self-introduction including name, job title, agency, and how long in position.
- 2.) Share their biggest challenge in assessing caregiver/perpetrator neglect reports.
- 3.) Share their biggest concern about interviewing alleged perpetrators of neglect.

Slide # 4: Evaluation Process



Introducing participants to the evaluation process. Direct participants to the **Letter to Participants** and the **ID Assignment Handout** on pages 14 & 16 in their participant manual.

Script: For this training, you will be completing a training satisfaction survey, a pre-post knowledge assessment and a transfer of learning exercise (to be turned in two weeks from today), which can all be found in the Evaluation Manual. All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. We want APS training to become an evidenced based practice that truly provides the knowledge and skills we believe it provides. An executive summary of this training and a copy of the transfer of learning exercise have been sent to your supervisor to inform them about this process.



Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, we have 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 training effectiveness and relevance to your needs in helping you better serve adults and their families; and
2. To determine if the training has been effective in addressing the key learning 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 link is made, we will only look at class aggregate scores, not 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.

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If you agree to participate, you will fill out questionnaires administered before and after the training. The questionnaires will be coded with your ID code and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

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

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

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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Slide # 5: *Developing an ID Code*

Developing an ID Code

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

Trainee ID Code

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| S | M | I | A | L | I | 2 | 9 |
|---|---|---|---|---|---|---|---|

5

Script: 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 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:

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

3. What are the numerals for the DAY you were born?

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

CAREGIVER NEGLECT – TRAINER’S MANUAL

Trainee ID Code

Date / /
M M D D Y Y

YOUR IDENTIFICATION CODE:

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

1. What are the first three letters of your mother’s *maiden* name?

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

___ ___ ___

2. What are the first three letters of your mother’s *First* name?

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

___ ___ ___

3. What are the numerals for the DAY you were born?

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

___ ___

Combine these parts to create your own identification code (example: **S M I A L I 2 9**).

Please write your identification code in the space at the top right corner of all evaluation materials you receive.

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

Slide # 6: *Training Goal*

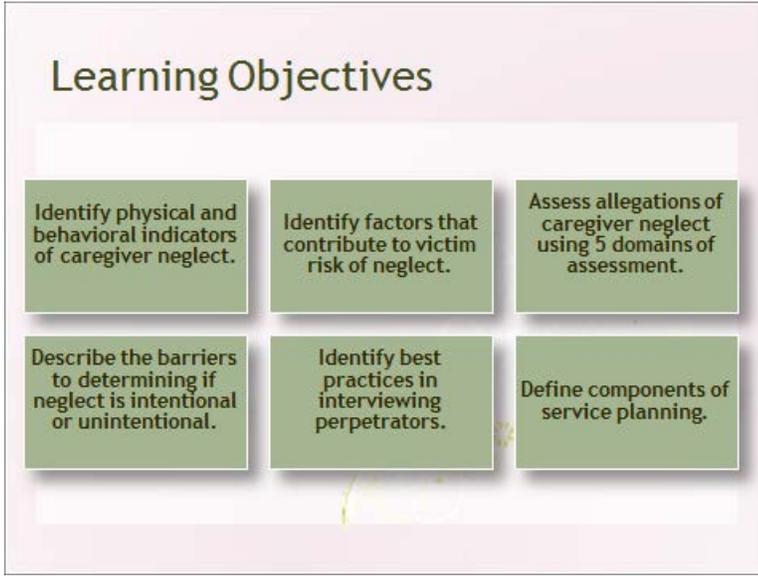
Training Goal

The goal of this training is to provide participants with the skills & knowledge necessary to perform investigations and service planning in response to allegations of caregiver and perpetrator neglect.



Review slide

Slide # 7: Learning Objectives



Trainer briefly paraphrases the learning objectives and goes over the plan for the day, which is in the packet. Then, review the materials in the participant manual.

Script: This morning we will be starting by exploring the definitions of neglect, then discuss the importance of the criminal justice system in situations of neglect that result in serious bodily injury. We will cover basic information about both the victims and the perpetrators, the possible causes of caregiver neglect, and assessing neglect in light of capacity and co-dependency issues.

In the afternoon we will examine caregiver stress, some of the excuses caregivers use, interviewing best practices, considerations for developing a service plan, and possible prevention strategies

During this training you will engage in activities of experiential learning that will involve taking chances in order to build your confidence as an APS practitioner. You will not be sitting back and listening to lectures. The expectation is that you will be learning and practicing new skills throughout the day.

NEGLECT OVERVIEW



TIME ALLOTTED: 40 minutes

Slide # 8: *What is Neglect*

What is Neglect?

The failure of a caregiver or fiduciary to provide an elderly person/vulnerable adult with the goods or services such as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials that are necessary to maintain the health or safety of the person.



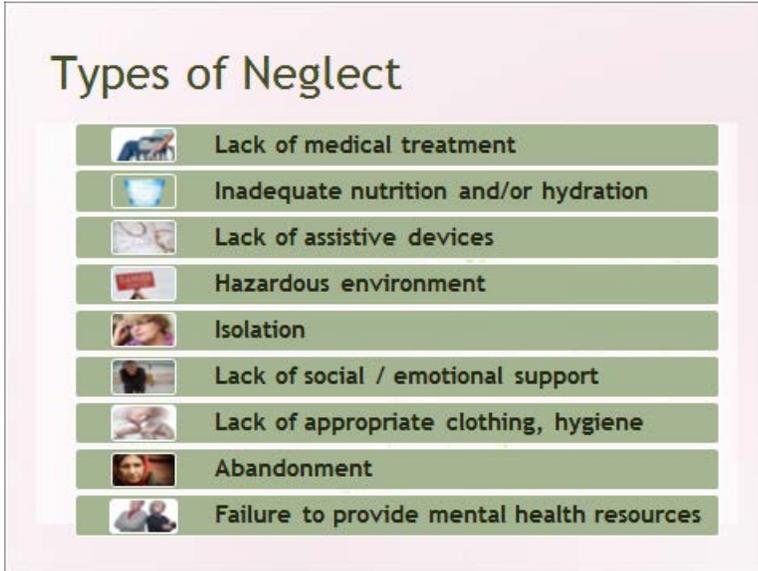
ASK: training participants if any of the words jump out at them and why?

This definition is generalized, incorporating ideas from a number of state and national sources.

In your practice, you will need to be familiar with the exact definitions spelled out in your own state elder abuse/APS statutes. Knowing these specific terms will enable you to assess whether an alleged victim meets the state criteria for the provision of elder abuse/APS services.

While all state elder abuse/APS statutes include neglect, the definitions may differ. The important concept to remember that neglect involves the failure to provide essential services. Neglect is an act of omission, not commission.

Slide # 9: *Types of neglect*



Script: A victim may experience several types of neglect at the same time that may vary in intensity. Neglect may worsen existing medical conditions leading to the victim’s compromised ability to make informed choices or to complain about the lack of care. The boundaries between neglect and abuse are often blurred. In some cases the neglect is so severe that it becomes abuse.

- ***Lack of medical treatment.*** It may be medical, meaning that the victim has not received appropriate and/or timely medical attention for his/her physical well-being. Medical neglect may also include the fact that the victim is not getting needed prescribed medications, that the medications are outdated, or that the victim is being over or under medicated in order to keep him/her easy to manage.
- ***Inadequate nutrition and/or hydration*** mean that the victim is not receiving enough food or liquids, or that what is provided is not appropriate for the victim’s condition.
- The ***lack of assistive devices*** may have devastating effects on the victim. Without dentures, for example, the victim’s nutrition is compromised. A lack of assistive devices can result in the victim being more dependent on the caregiver, and thus more subject to the caregiver’s control.
- A ***hazardous environment*** puts the victim at risk of fire, disease, heat exhaustion or hypothermia. Lack of sanitation may mean unsafe drinking water. Vermin thrive in dirty dwellings, spreading disease.

CONTINUED

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- An ***isolated victim*** has no one to oversee his/her level of care, as well as little or no social support and stimulation, which put him/her at risk of depression, neglect, abuse and exploitation.
- The ***lack of social / emotional support*** means that the victim has no friends, family and/or advocates assuring his/her safety and well-being.
- ***Lack of appropriate clothing or hygiene*** means that the victim may suffer from hypothermia or over heating, and that he/she may be more susceptible to infections due to lack of cleanliness.
- ***Abandonment*** is the desertion of an elderly person or vulnerable adult by an individual who has assumed responsibility for providing care for the person, or by an individual who has physical custody of the person.

Trainer Note: *Not all state elder abuse/APS statutes include abandonment as a specific form of elder/vulnerable adult abuse. However, when a person who has assumed responsibility for providing care to an elder/vulnerable adult deserts the person for whom he/she has assumed responsibility that constitutes neglect, which is included in every state elder abuse/APS statute.*

Slide # 10: *Who is a Caregiver?*

Who is a caregiver?

An individual who has the responsibility for the care of an elder or vulnerable adult, either voluntarily, by contract, by receipt of payment for care, or as a result of the operation of law.

A photograph showing a caregiver, a woman in a white uniform, assisting an elderly woman with a walker. The caregiver is smiling and has her hand on the elderly woman's shoulder. The elderly woman is also smiling and is holding the walker. The background is a light pink color with some decorative yellow floral patterns.

Script: In thinking about caregiver neglect, consider the following:

- Care giving involves many activities
- Sometimes these duties are not spelled out
- The number and intensity of these responsibilities often increase over time
- Think about your own values as you investigate caregiver neglect.

Slide # 11: *Who is a Caregiver?*

Exercise: Who is a Caregiver?

Activity #1 Leonard Case Example
Exercise: Shout out



Time Allotted: 10 minutes

Refer training participants to go to **Activity # 1 Leonard Case Example** on page 20 in their participant manuals. Trainer or volunteer reads the case example out loud then as a large group answer the questions following the scenario.

Scenario

Leonard was widowed and lived alone. He had one daughter, Marcella, who lived 50 miles away and seldom visited him. However, he had a number of relatives—nieces, nephews, cousins and in-laws who periodically moved in with him until they found jobs, got through their relationship breakups and/or gave up substance abuse—or resumed using.

Due to diabetes, Leonard's left leg had been amputated at the knee, so he used a wheelchair to get around the house. There was no shower in the house, only a bathtub, which he could not use by himself. He washed himself in the bathroom sink, and was generally fairly clean. But the house itself was filthy. There were trash and dirty clothes scattered everywhere. The kitchen sink was always full of dirty dishes, and all the surfaces were coated with dust and grime. The yard was littered with machine parts and broken appliances.

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

CONTINUED

CAREGIVER NEGLECT – TRAINER’S MANUAL

Someone in the household usually bought groceries, as meals were shared by everyone who lived there. But depending on who did the shopping, Leonard did not always get the food he needed to maintain a diabetic diet. There was no one reliable person on whom he could depend. As a result, his weight and glucose scores increased and he became more and more inactive and lethargic.



ASK: training participants the following questions (answers are in **bold**):

1. Is Leonard being neglected?
Yes
2. Who is/are Leonard’s caregiver(s)?
No one has been identified as his caregiver.
3. Does Leonard meet the definition of caregiver neglect?
No, because there is no identified caregiver.

Script: Sometimes it is not clear who the designated caregiver is. In Leonard’s case, there appears to be no one who has assumed or been given the responsibility to assist him. However, Leonard could still qualify for protective services, since he is not receiving “the essentials necessary to maintain his health and safety.” He would meet most state definitions for self-neglect.

Slide # 12: *Who are “Formal Caregivers?”*

Who are “Formal Caregivers?”

Individuals who are paid or volunteer care providing services that are linked through a social service or health care system.

A woman with dark hair, wearing purple scrubs and a stethoscope, is smiling and holding a clipboard. She is standing in front of a light-colored background with decorative yellow floral patterns. The text on the slide is positioned to the left of her.

Script: In some states, such as California, the law identifies individuals who provide care under the oversight of a social services or health care system as “formal caregivers.” This definition may be useful in identifying a chain of responsibility in cases of civil liability.

Slide # 13: *Who are Informal Caregivers?*

Who are “Informal Caregivers?”

Family members,
relatives, partners
or friends who provide
the care giving
responsibilities.



Script: According to the National Center on Caregiving at Family Caregiver Alliance, family caregivers, in particular women, provide over 75% of caregiver support in the United States. This adds up to 37 billion hours of unpaid, informal care (NCC/FCA 2014).

For the most part, informal caregivers do not have a set of clear, written expectations about what duties they are expected to perform, nor does anyone routinely oversee or supervise their work.

Slide # 14: Informal Caregivers

INFORMAL CAREGIVERS

What are some of the benefits of having informal caregivers?

What are some of the possible negative outcomes of having informal caregivers?

Flipchart Activity



Time Allotted: 10 minutes

Script: Have training participants turn to a partner and answer the following questions. Give them 3-5 minutes and then process as a large group.

1. “What are some of the benefits of having informal caregivers?”

Possible answers:

- Caregiver knows the patient, is a trusted person
- Caregiver gives needed assistance without watching the clock
- Caregiver may provide emotional support as well as physical care
- Continuity of caregiver from one day to the next

2. “What are some of the possible negative outcomes of having informal caregivers?”

Possible answers:

- Lack of identified responsible person means that sometimes that inadequate or no care is provided
- Lack of clear expectations about roles and responsibilities means that essential tasks may not be provided consistently, or may be harmful to the patient
- Lack of accountability and no penalties for failure to perform services may result in the patient being neglected and / or harm
- Lack of “formal” training and/or lack of experience to deal with complex health/cognitive/behavioral issues
- The person available to be the caregiver may not be the best equipped for the job

Slide # 15: *What are Personal Assistance Services?*

What are Personal Assistance Services?

Personal Assistance Services (PAS) refers to paid care providers. Depending on the funding sources, various terms are used for PAS employees:

| | | | |
|---------------------------------|---------------------|--------------------------|------------|
| Home health aides | Personal care aides | Personal care attendants | Homemakers |
| In-home support service workers | Personal assistants | | |

Script: Paid care providers’ responsibilities are defined by the agency that employs them, and their work is overseen by that agency.

Slide # 16: State Statutory Definitions

State Statutory Definitions

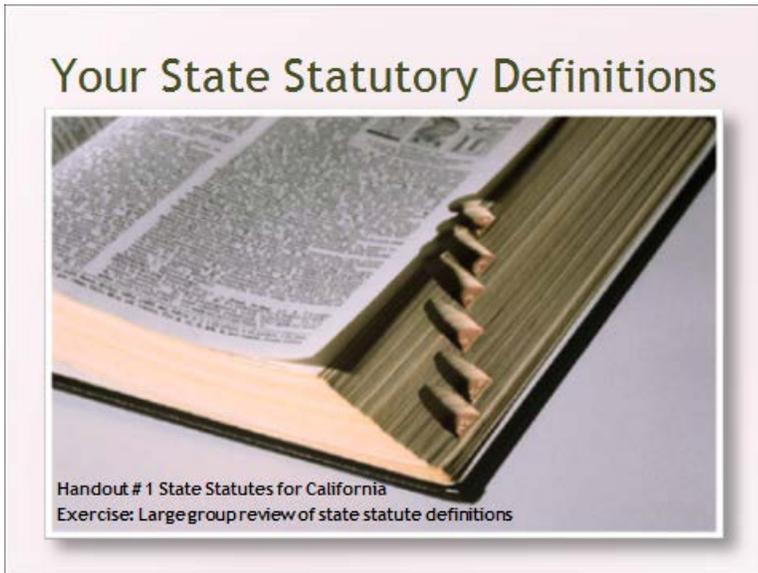
Terms for “neglect” and “caregiver” are determined by state law. It is important to familiarize yourself with your APS / Elder Abuse statutes and with the definitions used in your state.



Review slide

Slide # 17: *Your State Statutory Definitions*

Handout # 1 *State Statutes for California* **Outside CA - Insert your State here**



Trainer Note: Familiarize yourself with this handout and be prepared to review items related to this training on neglect. Some possible areas of discussion (e.g. “California Penal Code, § 368 (b) (1), “willfully causes or **permits** any elder or dependent adult ...” or § 15610.07 “mental suffering” or Caregiver Duty area, “failure to act”).

Script: Refer participants to **Handout # 1- State Statutes** on page 23 in the participant’s manual. The handout contains both APS/Elder Abuse Civil and Criminal Statutory definitions. Review handout briefly with participants highlighting terms and areas related to neglect.



ASK: if any of the concepts or terms jump out at them and why.

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Handout # 1 - State Statutory Definitions for California

California Penal Code, Section 368 & 368.5

(<http://www.leginfo.ca.gov/cgi-bin/displaycode?section=pen&group=00001-01000&file=368-368.5>)

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

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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.

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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.

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Caregiver Duty:

“Statutes generally impose a legal duty regarding elder neglect in one of two ways. Civil statutes, such as APS laws, usually define elder neglect as a caregiver’s failure to act. Criminal statutes typically prohibit an elder’s caregiver from knowingly or intentionally causing the elder to suffer harm that could result from actions or omissions. To determine whether duty exists under these statutes, one must assess whether the alleged neglecter is actually a caregiver. Such an assessment is not necessarily a simple matter. In states where is no statutory definition of caregiver, the courts may be called on to determine whether an individual accused of neglect in a civil or criminal case is actually a caregiver. Even in states that have a statutory definition of caregiver, the courts may be asked to interpret the definition and decide whether the facts of the case before it meet that definition.” (Klem, Stiegel, Turner. (2007). Neglect of Older Persons: An Introduction to Legal Issues Related to Caregiver Duty and Liability. American Bar Association Commission on Law and Aging for National Center on Elder Abuse)Caregiver Definitions: Lori Stiegel & Ellen Klem, Caregiver Definitions: Provisions and Citations in Adult Protective Services Laws by State (2007). <http://www.abanet.org/aging/about/elderabuse.shtml>.

California - Welfare & Institutions Code § 15610-15610.65

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

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

15610.07."Abuse of an elder or a dependent adult" means either of the following:
(a) Physical abuse, **neglect**, financial abuse, abandonment, isolation, abduction, or other treatment

with resulting physical harm or pain or mental suffering.

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

15610.10."Adult protective services" means those preventive and remedial activities performed on behalf of elders and dependent adults who are unable to protect their own interests, harmed or threatened with harm, caused physical or mental injury due to the action or inaction of another person or their own action as a result of ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health, lacking in adequate food, shelter, or clothing, exploited of their income and resources, or deprived of entitlement due them.

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

15610.43. (a) "Isolation" means any of the following: (1) Acts intentionally committed for the purpose of preventing, and that do serve to prevent, an elder or dependent adult from receiving his or her mail or telephone calls.

15610.57.(a)"Neglect" means either of the following: 1) The negligent failure of any person having the care or custody of an elder or a dependent adult to exercise that degree of care that a reasonable person in a like position would exercise. (2) The negligent failure of an elder or dependent adult to exercise that degree of self care that a reasonable person in a like position would exercise.

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

- (1) Failure to assist in personal hygiene, or in the provision of food, clothing, or shelter.
- (2) Failure to provide medical care for physical and mental health needs. No person shall be deemed neglected or abused for the sole reason that he or she voluntarily relies on treatment by spiritual means through prayer alone in lieu of medical treatment.
- (3) Failure to protect from health and safety hazards.
- (4) Failure to prevent malnutrition or dehydration.
- (5) Failure of an elder or dependent adult to satisfy the needs specified in paragraphs (1) to (4) inclusive, for himself or herself as a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health.

Slide # 18: *Criminal Neglect = Serious Bodily Injury*

Criminal Neglect=Serious Bodily Injury

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

Review slide

Script: As APS professionals, your job is to assess the victim’s situation in order to arrange for the necessary services to keep the victim safe.

The role of the criminal justice system is to assess the situation to determine if a crime has been committed, and if so, if criminal charges are filed, and prosecution is initiated.

While many state criminal statutes do not identify caregiver neglect as a chargeable crime, all states’ criminal statutes include some variation of “serious bodily injury” or “criminal negligence” as chargeable offences. Therefore, what APS defines as “caregiver neglect” may and should be chargeable under criminal law if it results in serious harm or death to a victim. Whenever charges are filed, there is the possibility that the neglectful caregiver/perpetrator may be convicted of a crime and sentenced. While this may not be the outcome that the victim desires, sometimes it is the only way to assure the victim’s safety. Be familiar with your state’s criminal laws regarding serious bodily injury, and prepare yourself and the victim to be involved in a criminal investigation and the full legal process that may follow.

Trainer note: *Inform participants that the nature of the next slide is graphic and is an actual victim of caregiver neglect.*

Slide # 19: *Caregiver Neglect May Be Life Threatening*

Caregiver Neglect May be Life Threatening



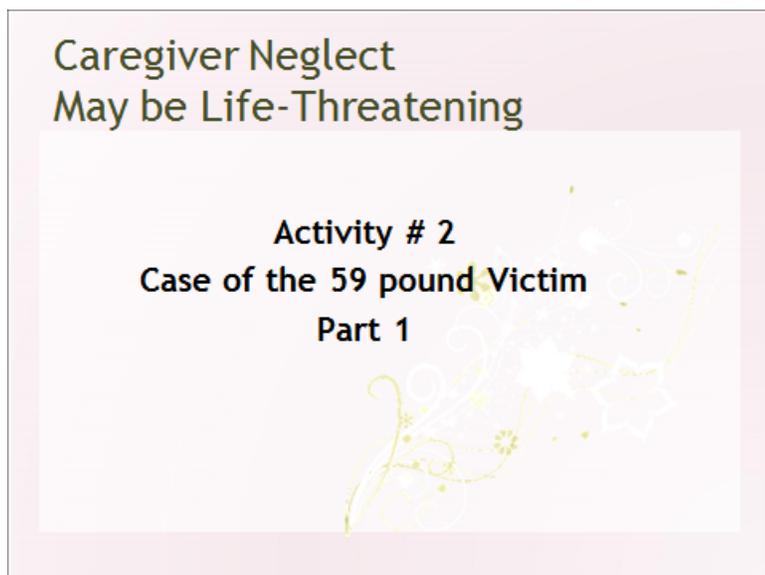
Script: This graphic photograph may be difficult to look at. It shows a real victim of caregiver neglect. It is here to remind us of how truly life-altering neglect may be on a victim. It helps us to understand why law enforcement and the criminal justice system need to be involved immediately in these cases.



ASK: given this photo, what questions or concerns come up for you immediately for this victim?

Possible answers: infection in the blood due to the bed sores, how long has it been for this person to get to this point, was the person bedbound? , if so, how did they use the restroom?

Slide # 20: *Caregiver Neglect May Be Life Threatening*



Time Allotted: 5-10 minutes

Script: Sometimes APS workers struggle to convey the serious implications of caregiver neglect to law enforcement. The previous photo, and the case history behind it, may be helpful as an example of how potentially lethal caregiver neglect can be. Let us review this case study.

Refer participants to **Activity # 2 - Case of the 59-pound victim - Part 1** on page 29 in your participant’s manual and follow along.

Trainer reads case example out loud:

In 2001, a woman, who was living her husband and two adult step children, suffered a stroke. She also had two biological children with whom her communication was cut off soon after the she became disabled. The woman was the primary source of income for her family. As a result of the stroke, she was paralyzed on her left side, required the use of a wheelchair, and 24-hour care. Many outpatient services were provided after her discharge from the rehabilitation hospital.

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

CONTINUED

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

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



Ask: participants if they know what “cyanotic is”?

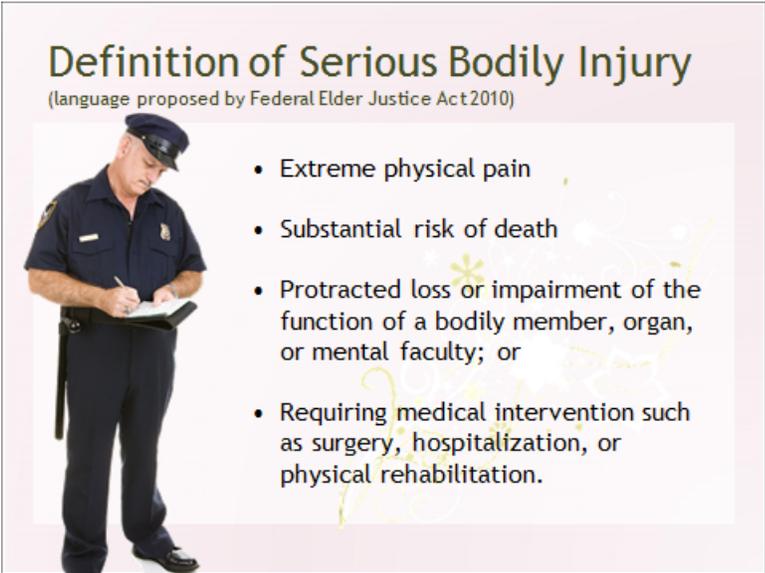
The term is defined as “turning blue” because lack of oxygen

Ask them what does the body temperature of 96.7 tell them?

The body temperature is low

Script: End by telling participants that later in the afternoon we will be revisiting this real case and how this case unfolded during our service planning session.

Slide # 21: *Serious Bodily Injury*



Definition of Serious Bodily Injury
(language proposed by Federal Elder Justice Act 2010)

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



Review slide

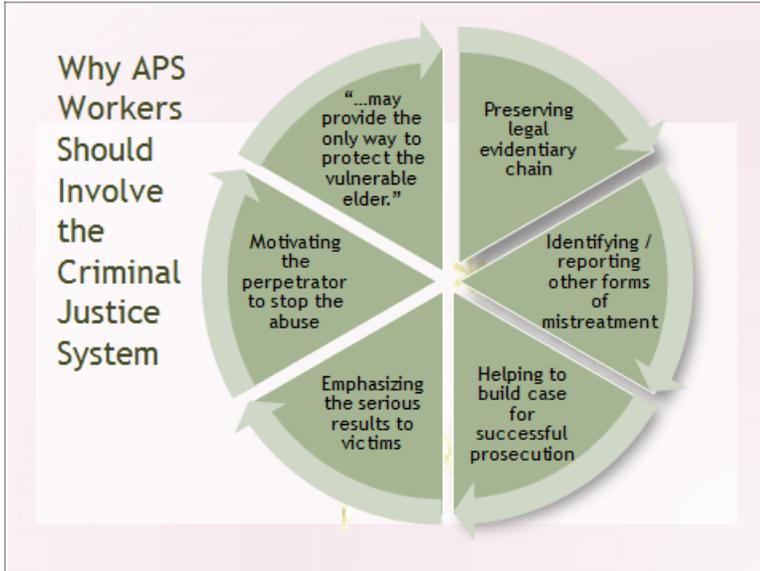
Script: While every state’s criminal statutes define serious bodily injury differently, they usually include the following items.

These statements provide a baseline of descriptors that show the impact on victims of serious bodily injury. It is important that APS workers be familiar with their own state’s criminal definitions of serious bodily injury. Depending on your state laws, law enforcement and the legal system may or may not routinely get involved in situations of caregiver neglect. However, there are times when the extent of harm to the victim can have life threatening or lethal results. As an APS professional, your job is to identify various forms of mistreatment including caregiver neglect, assess the risk to the victim, and arrange for the provision of services to prevent further neglect. You do not have the authority to hold a neglectful caregiver responsible for his/her actions. That is the role of the criminal justice system. However, how you describe the harm to the victim can influence whether and how law enforcement responds.

The phrase “serious bodily injury” is a legal term. Be familiar with your state’s criminal statutes, so that you know how to present the harm that has occurred to a victim due to caregiver neglect in words that are familiar to law enforcement, and that convey the seriousness and possible criminal implications of the neglect. Doing so effectively can result in criminal charges and a conviction that holds the perpetrator accountable.

Trainer Note: Refer back to Handout # 1 - State Statute and to Activity #2 - The Case of the 59 lb Victim in understanding how some cases of caregiver neglect will involve issues with serious bodily injury.

Slide # 22: *Why APS Workers Should Involve the Criminal Justice System*



Review slide

Script: In the Case of the 59 Pound Victim it shows how important it is to include the legal system in caregiver neglect cases and to be familiar with the criminal justice system.



ASK: what items would be important in regards to preserving legal evidentiary chain?

Possible answers: bed linens, clothing, etc.

Slide # 23: *Working with Law Enforcement*

Working with Law Enforcement

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



Review slide

Script: Here is an example of some language that may have been used in the Case of the 59 pound Victim.

“I am calling to report an emergency and possible crime. The victim is near death and needs an ambulance and emergency treatment”.

Slide # 24: *How Common is Caregiver Neglect?*

How Common is Caregiver Neglect of People Age 60+?

- Nearly one quarter (24%) of elder abuse reports involved neglect.
- 89% of the reports occurred in domestic settings.
- Adult children (33%) and other family members were the most likely to be the perpetrators.
- Approximately 550,000 or 1 out of 100 people age 60+ experienced abuse, neglect or “both.”
- Elders who experience self-neglect, physical abuse, or caregiver neglect have triple the mortality of those never reported as abused.



NCEA 2004 Report

Script: Trainer reads the statistics and emphasizes the fact that older people who are neglected have tripled the premature mortality rate of those who were never reported.



ASK: if any of the statistics surprise them. And why?

Slide # 25: *Indicators of Caregiver Neglect*

Indicators of Caregiver Neglect



- Emergency Intervention**
 - Unsafe living environment
 - Malnutrition
 - Dehydration
 - Lack of medical care—untreated medical conditions
 - Over or under medication
 - Abandonment
 - Skin breakdown / decubitus ulcers
- Other indicators**
 - Poor personal hygiene
 - Inappropriate clothing
 - Isolation

Review slide.



Ask:

- “What is meant by unsafe living environment? “
Answer: trash, vermin, lack of heat/cooling, water, electricity, running water
- “How do you tell if someone is dehydrated?”
Answer: Have the victim pinch their skin. Does it return back to normal or does it stay up (possible sign of dehydration). Ask the victim how often do they use the restroom or drink liquids.
- “How do you tell if someone is malnourished?”
Answer: May have sunken eyes, discoloration of the skin, oversized clothes, weight loss.

Script: Trainer emphasizes indicators listed that result in the victim’s lethargy or lack of responsiveness and may require an emergency intervention.

Such intervention includes calling 911 for an ambulance and/or police investigation or removing the victim (with consent) to a safer environment such as a neighbor or family member’s or friend’s home.

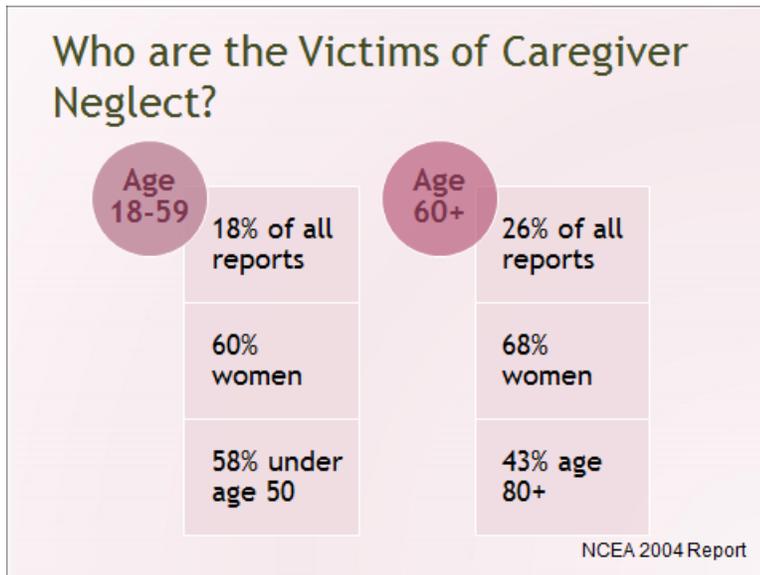
APS staff should not move victims in medical distress. That is the responsibility of trained medical staff.

VICTIM & PERPETRATOR CHARACTERISTICS AND CONTRIBUTING FACTORS OF NEGLECT



TIME ALLOTTED: 75 min: 60min lecture + 15min break

Slide # 26: *Who are the Victims of Caregiver Neglect?*



Review slide



ASK: do any of the statistics surprise you? Why?

Slide # 27: Characteristics of Victims



Review slide

Script: Other characteristics include the victim being female, living arrangement shared with the perpetrator, substance use issues, low to moderate financial resources and lack of social supports. The more isolated a victim is, the less likely it is that his/her perception of the problem can be challenged or changed. The victim may deny the problem altogether, or minimize it.

Trainer reminds participants to use all their senses when observing victims, particularly their sense of smell.



ASK: how would they go about using their all senses?

Possible responses:

- Does the victim appear dirty and unkempt?
- Are dates on medications current or expired?
- Does he/she have a foul odor? **Workers are encouraged (with victim’s permission) to lift bedclothes and/or clothing to observe the condition of the bedding and the victim’s skin condition, especially at pressure points such as the shoulder blades, elbows, buttocks and backs of heels.**
- Does the victim appear feverish or chilled?
- Does the victim lack dentures, eyeglasses or other assistive devices?
- Are liquids and appropriate food available? **(ask for permission to check the refrigerator)**

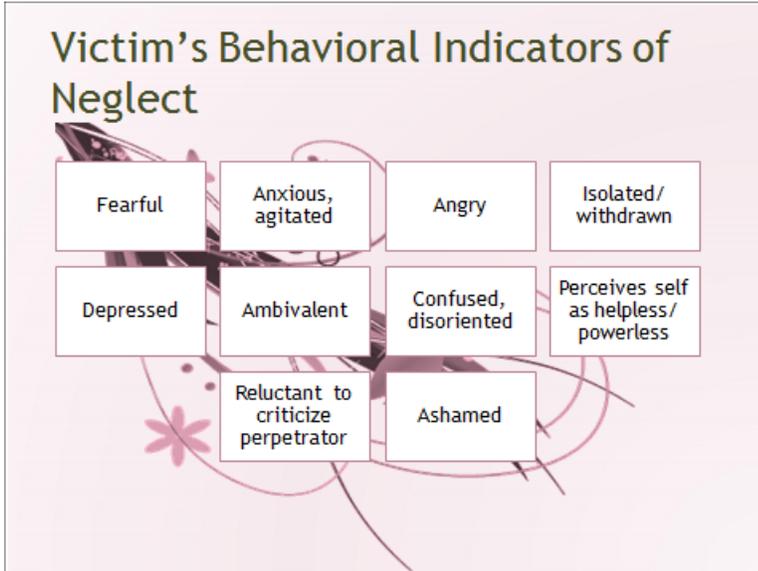
Slide # 28: *Victim’s History*



Script:

- A victim may be experiencing **multiple forms of mistreatment**—physical, sexual, emotional and/or financial but be so **physically and/or mentally impaired** that he/she does not understand what is occurring.
- Due to a lifetime **history of oppression** based on race, gender, disabilities and/or culture, the victim may not think that he/she is entitled to good care.
- **Learned helplessness or depression** may limit the person’s ability to complain about poor care.
- Sometimes feelings of **guilt, personal inadequacy and hopelessness** mean that the victim does not believe that that the situation can get better.
- And often the victim does not want to be a **burden** on the caregiver.

Slide # 29: *Victim’s Behavioral Indicators of Neglect*



Review slide

Script: Many victims do not verbally identify themselves as being neglected. Workers need to pay attention to the victim’s behavioral indicators, as well as physical manifestations of neglect.



ASK: how would a victim appear fearful?

Possible answer: hesitates to talk openly

Or ambivalent?

Possible answer: makes contradictory statements

Slide # 30: *Victim’s Behaviors*

VICTIM BEHAVIORS

- In your small groups, take turns with a partner asking each other to develop questions for victims based on the behavioral indicators provided.
- Try to avoid questions for victims that would result in “yes” or “no” answers.



Activity #3 Responses to Behavioral Indicators
Exercise: Tabletop Discussion

Allotted time: 15 minutes

Refer participants to **Activity #3 - Responses to Behavioral Indicators** on page 34 in their manuals.

Script: With a partner, develop questions for clients based on the behavioral indicators provided. Try to avoid questions for clients that would result in for “yes” or “no” answers. You have about 10 minutes to work in pairs and then we’ll ask for volunteers to share examples.

Trainer Note: Some examples questions are listed below for each behavioral indicator, use these to supplement participant questions.

1. The victim appears fearful and reluctant to talk openly about the situation.
Possible responses:
 - *How can people offer you the right kind of support?*
 - *Where do you think I can fit into the picture?*
 - *How do you decide what to worry about?*
 - *What happens when you don’t know whom you can trust?*
 - *What’s your approach to things you don’t particularly want to deal with?*
2. The victim’s demeanor changed when the caregiver enters the room (after caregiver leaves ask following questions)
Possible responses:
 - *What happens when you have to deal with a person’s behavior that you don’t understand?*
 - *What are some of the things about relationships you wish could be different?*

CONTINUED

CAREGIVER NEGLECT – TRAINER’S MANUAL

3. The victim seems isolated and withdrawn—turning away from contact.

Possible responses:

- *How does a person go about reassuring you?*
- *What happens to the things you worry about?*
- *What do you do with the things you’d rather not talk about?*

4. The victim appears listless - exhibiting flat affect.

Possible responses:

- *What is the best way to approach something you’d rather not talk about?*

5. The victim acts indecisive, ambivalent—makes contradictory statements and decisions.

Possible responses:

- *How much can you depend on the people around you?*
- *What are some things you’d like to change?*
- *What have we left out of the picture, so far?*
- *Well, how does this add up to you?*

6. The victim appears confused or disorientated.

Possible responses:

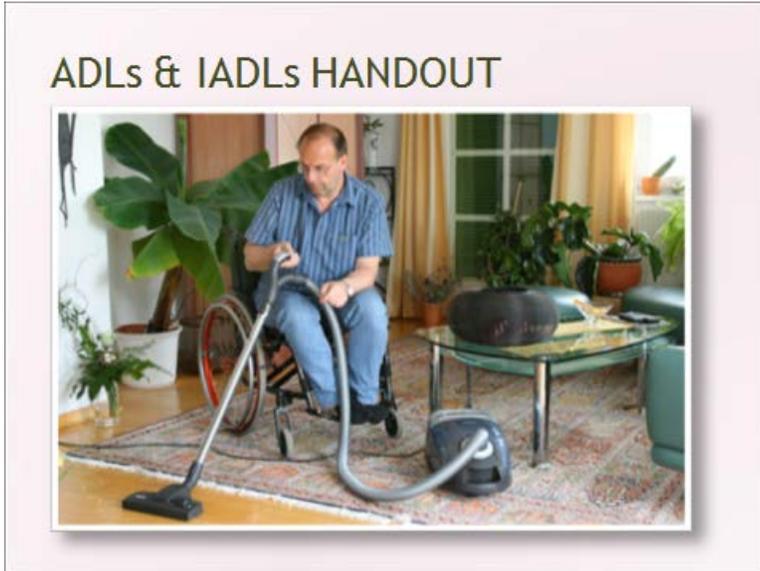
- *Please tell me your name.*
- *Where are we right now?*
- *Who is taking care of you?*

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

Possible responses:

- *How are we going to talk about things that don’t seem to be working the way we hoped?*
- *How do you know when to let a person know what you are really thinking?*
- *How do you know when a situation is beginning to become too hard to handle yourself?*

Slide # 31: *What are ADLs and IADLs?*



Refer participants to **Handout # 2 - ADL's / IADL's** on page 36 of their participant manual.

Script: Here is a checklist of activities of daily living and instrumental activities of daily living. The fewer activities a person can do for him/her self, the more dependent he or she is on the caregiver.

It is important to talk with the victim and the alleged perpetrator separately, asking each of them the extent of the victim's inability to care for him/her self, and what specific activities the alleged perpetrator is doing to assist with these limitations. Talking with the victim and the alleged perpetrator separately may result in very different stories about what is and is not being done.

For example, ask the victim what he/she likes to eat, what food is actually provided and how often it is provided. Then ask the alleged perpetrator the same questions, and see if the answers are similar. Check in the cupboards and the refrigerator to see if the food is actually available.

If you have doubts about how the victim or the alleged perpetrator performs a specific task, ask them to demonstrate how they do it.

CAREGIVER NEGLECT – TRAINER’S MANUAL

Caregiver / Perpetrator Neglect
Module 11

What are ADLs and IADLs?

Handout # 2 ADLs and IADLs Checklist

Client: _____

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

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

CAREGIVER NEGLECT – TRAINER’S MANUAL

Caregiver / Perpetrator Neglect
Module 11

Caregiver: _____

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

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

Slide # 32: *Who are the Perpetrators of Caregiver Neglect?*

Who are the Perpetrators of Caregiver Neglect?

| Caregivers of victims age 18-59 | Caregivers of victims age 60+ |
|---|--|
| <ul style="list-style-type: none">• 50% are female• Majority under the age of 50• 20% are staff of long term care facilities• 19% are parents of the victims | <ul style="list-style-type: none">• Over 50% are female• 75% are under age 60• 33% are adult children of the victim• 21% are other family members |

NCEA 2004 Report

Review slide

Script: A significant percent of the caregivers for younger victims are facility staff, while over half of the perpetrators of older victims are family members. This is perhaps due to the fact that, contrary to popular belief; few older people live in long-term care facilities.



ASK: if any of the statistics surprises them and why?

Slide # 33: *Characteristics of Adult Abuse Perpetrators*



Review slide

Script: Perpetrators of neglect are generally people known to the victim. Any combination of these characteristics can lead to a toxic relationship between caregiver and victim that can result in neglect.



ASK: Does anything jumps out at you? Or do they have experience working w/ a caregiver who exhibited any of these characteristics?

For example, a **trusted person** - The bond of this relationship often gives them a great deal of control over how the victim is cared for. A caregiver who is **anger and resentful** may have been cast in the role of caregiver

Slide # 34: *Behavior of Adult Abuse Perpetrators*



Script:

- **Isolates victim.** Neglectful caregivers operate most effectively when the victim is out of sight and contact with others. For this reason, the perpetrator frequently discourages visitors, phone calls and other communication
- **Angry, aggressive behavior** toward victim. He/she may alternate between bouts of anger and completely ignoring the victim’s needs.
- **Indifferent** to victim’s needs
- **Unrealistic expectations** about what victim can do or their needs. These caregivers sometimes have unrealistic expectations of what the victim can do to meet their own needs
- **Does not show affection/empathy towards the victim** Why? Parent may have been an abusive to the adult child
- **Perceives victim as incompetent or demanding** refers to the victim as senile, stubborn
- **Acts burdened** by care giving responsibilities
- **Won't consent to medical care or additional services**
- Provides **conflicting accounts** of how the neglect occurred
- **Blames the victim.** Frequently blame the victim for being difficult to care for

Slide # 35: *Perpetrator Behaviors*

PERPETRATOR BEHAVIORS

Barbara Case Example

- Identify the “Turning Points” at which different decisions could have been made regarding Barbara’s care.
- What might the outcome at each of these decision points have been had her care been handled differently?

*Activity # 4 Barbara Case Example
Exercise: Tabletop Discussion*

Flipchart Activity



Allotted time: 15 minutes

Refer participants to **Activity # 4 - Barbara Case Example** on page 40 in their participant manual.

Script: The following is an example of a situation that went terribly wrong. At a number of critical opportunities, decisions were made that had a tragic outcome.

Trainer or volunteer reads the case out loud:

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

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

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

CONTINUED

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

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

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

Small Group Activity: After reading the case have participants form small groups, identify a recorder and discuss the following questions:

1. Identify the “Turning Points” in which different decisions could have been made regarding Barbara’s care.
2. What might the outcome at each of these decision points have been had her care been handled differently?

Large Group Processing: Ask the groups to report back on the two questions.

1. What are some of the turning points in this case?

Possible responses

- **In December they moved to a remote area away from resources / support services**
- **In February when Ray failed to take Barbara to the clinic**
- **The clinic failed to follow up with Adult Protective Services when their attempts to reach Barbara and Ray failed**
- **Ray failed to follow up on the denied Medicare benefits application**
- **No autopsy was performed (lack of evidence for caregiver neglect or Serious Bodily Injury charges)**
- **Law enforcement was not involved**

CONTINUED

CAREGIVER NEGLECT – TRAINER’S MANUAL

2. What might the outcome at each of these decision points have been had her care been handled differently?

Possible responses

- *If Barbara remained near resources / support services her caregiver, Ray, and herself may have been able to receive much needed support as her health began to decline.*
- *If Barbara were taken to the clinic in February for her checkup she would have had someone else looking in on her health status/ care.*
- *If the clinic called APS after their failed attempts to contact Ray and Barbara, an intervention could have been put in placed.*
- *Barbara and Ray may have also been able to be linked to home health care to assist with Barbara’s care.*
- *If an autopsy was performed, it may have indicated that caregiver neglect occurred. If law enforcement was involved charges of caregiver neglect may have occurred.*

Slide # 36: *Theories of Caregiver Neglect*



Script: A number of theories have evolved regarding why vulnerable adult mistreatment occurs. They include:

- ***Situational:*** There are times when a caregiver is juggling the needs of a very dependent patient, a personal crisis such a divorce, financial problems and health problems of his/her own. According to one study, the average length of time spent on care giving is about eight years, and one third of caregivers provided care for more than ten years. Many life changes that impact the caregiver and the victim may occur over time.
- ***Exchange theory:*** All social behavior involves the exchange of positive (rewards) and negative (punishments) interactions. In situations of elder abuse, the abuser may feel that he/she is not receiving sufficient rewards (affection, praise, money or goods) for the work being done, so he/she punishes the victim by withholding care.
- ***Social learning:*** A perpetrator may have been raised in an environment in which elders and people with disabilities were ignored and neglected.
- ***Political/economic:*** A victim’s impairments may result in the loss of his/her role as a contributing member of society.
- ***Psychopathology:*** A perpetrator may have mental health and/or substance abuse problems.

Slide # 37: *Voluntary vs. Involuntary: Role of Caregiver*

Voluntary vs. Involuntary:
Role of Caregiver

- Expectations of family members
- Spoken and unspoken agreements
- Roles and expectations change over time
- Level of care needed is likely to increase
- Rewards no longer perceived sufficient to balance sacrifices



Script:

- **Expectations of family members** regarding who should assume caregiver role. For instance, sometime people are pressured into becoming caregivers, either by other family members, or their own guilt
- **Spoken and unspoken agreements** regarding expectations of caregiver and patient. For example, in the past, the unmarried daughter was often expected to care for her aging parents until they died.
- **Roles and expectations change over time.** For instance, over a period of time, the patient becomes more and more dependent, and sometimes, more demanding.
- **Level of care needed is likely to increase.** In some situations, a person assumes the care, but does not clarify what the patient needs and/or expects. The years drag on; the burden of care becomes greater.
- **Rewards no longer perceived sufficient to balance sacrifices.** For example, at some point, the caregiver may question, “Why am I doing this? What’s in it for me?”

Slide # 38: *Voluntary vs. Involuntary: Role of Caregiver*

Voluntary vs. Involuntary:
Role of Caregiver



“The likelihood of a caregiver’s mistreatment is not necessarily linked to amount of care they provide or the amount of care their elder relatives needs”

Review slide

Script: For example, you may have two older adult children providing care for their ailing parent. One adult child may be providing 24 hours / 7 days a week care providing services and another just takes their parent to medical appointments twice a month. Regardless of the amount of care providing services they are both equally able to commit caregiver neglect.

Slide # 39: *Contributing Factors for Caregiver Neglect: Caregiver Conditions*

Contributing Factors of Caregiver Neglect:
Caregiver Conditions

- Frailty
- Physical Illness
- Dementia
- Mental Illness
- Substance use
- Disability



Script: There are a number of situations in which the person who assumes the care giving role may be unable to perform essential duties. They include:

- **Frailty:** Many caregivers are themselves elderly. Sometimes a caregiver may be too physically frail to provide appropriate care, as would be the case of a 90-pound woman trying to turn her 250-pound husband in bed. Some older people develop difficulties with balance and/or gait, and are too physically unstable to assist another person with walking or transfers. A sight-impaired caregiver may not be able to read instructions or sort out medications. And someone with limited hearing may not respond to the patient’s calls for help.
- **Physical illness:** A caregiver who is him/herself suffering from a physical illness may not be able to provide adequate care, but may be so invested in filling the caregiver role as to be unable to ask for help. A cancer patient who is receiving chemotherapy may be too weak to care for someone else. In addition, chronic pain or the effects of some medications may affect a caregiver’s performance,
- **Dementia:** Some abusive caregivers may be suffering from Alzheimer’s disease or other forms of dementia. The demented caregiver may behave inconsistently or become increasingly physically aggressive, and is unable to control his/her behavior.
- **Mental Illness:** may result in violent mood swings resulting in erratic or even abusive care giving.

CONTINUED

CAREGIVER NEGLECT – TRAINER’S MANUAL

- **Substance Use:** may cause the caregiver to take the victim’s medications either for personal use or to sell or trade for other drugs.
- **Disability:** In some families, a developmentally or physically disabled child has never left home or been taught independent living skills. As the parent ages, the child assumes a care giving role which may be beyond his/her mental or physical abilities.

Slide # 40: *Contributing Factors of Caregiver Neglect: History of Family Violence/Dysfunction*

Contributing Factors of Caregiver Neglect:
History of Family Violence/Dysfunction

- Family history
- Learned behavior
- Blame
- Punishment



ASK: what is meant by “learned behavior” and/or “punishment”.

Then give answers below.

- **Family history** - In some neglect cases, there may have been a history of intergenerational violence and neglect.
- **Learned behavior** - Perpetrators may themselves have been abused or neglected as children; or observed the neglect of grandparents or relatives with disabilities.
- **Blame** - Family members may have a history of not responding to each other’s needs.
- **Punishment** - Or the caregiver may blame the victim for his/her own previous lack of care and punishes the vulnerable adult by withholding care.

Slide # 41: *Contributing Factors of Caregiver Neglect: Cultural & Social Issues*

Contributing Factors of Caregiver Neglect:
Cultural & Social Issues

- Interests of individual vs. community
- Demographics
- Language barriers



Script: Within our society there are a number of factors that may contribute to the occurrence of caregiver neglect including:

- ***Interests of individual vs. community*** - Sometimes the best interest of the individual conflict with what is good for the community. As an example, providing shelter to an infirm family member is a strong traditional value in some cultures even though the individual may need a higher level of care than what a family member can manage. For instance, some rural areas of the United States, where resources are scarce families may provide the elder shelter, but either over medicate the person or leave him/her alone for long periods of time.
- ***Demographics*** - Demographics: Income and education level, employment, living arrangements, geographic location and housing conditions may be more important than ethnicity.
- ***Language barriers*** - Language barriers obviously raise complications, especially when either the victim or the caregiver has limited fluency in English. In addition, the way that various ethnic groups *interpret* language may result in different responses to the issue.

The perception of elder mistreatment varies across ethnic groups. Culturally based perceptions and behavior should be taken into consideration in determining appropriate intervention.

Slide # 42: *Cultural Stereotypes of Aging*



Cultural Stereotypes of Aging

- Lacks capacity, “senile”
- Non-person, invisible
- Powerless
- Out of touch
- Rigid

The slide features a photograph of an elderly woman with short white hair and glasses, wearing a pink collared shirt. To the right of the photo is a list of five cultural stereotypes of aging. The background of the slide is light pink with faint yellow starburst patterns.

Script: Some cultural stereotyping with regards to aging may include the following - older adults are often perceived as:

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

These stereotypes could lead to increased perpetration. When, in fact some older people may be:

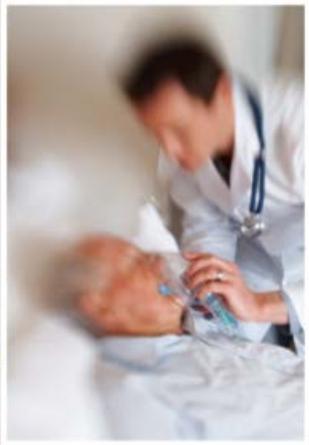
- Suspicious of formal systems & agency intervention.
- Take longer to make decisions.
- Take longer to engage than do younger people because of cultural norms about sharing private matters
- Have difficulty communicating due to physical disabilities or cognitive impairments.

Note: these stereotypes also align with dependent adult abuse/neglect.

Slide # 43: *Contributing Factors for Caregiver Neglect: Death & Dying*

Contributing Factors of Caregiver Neglect:
Death & Dying

- Avoiding
- Helpless
- Ignorant
- Withholding



Script: Another contributing factor for caregiver neglect that we should take under consideration is the issue of death and dying. This can be a contributing factor if the caregiver holds certain attitudes about death and dying.



ASK: about following concepts.

What do you think “avoiding” means?

- *Answer: Avoid contact with victim due to fear that victim will die on his/her watch (unintentional neglect because they do not provide the needed care giving services)*

How about helplessness?

- *Answer: The caregiver may feel helpless to prevent the impending death*

How may ignorance be a contributing factor to caregiver neglect?

- *Answer: The caregiver may not understand the dying process or the scope of care thus fail to identify dying victim’s need for palliative care which is beyond their care providing ability*

How about withholding?

- *Answer: A caregiver may withhold treatment to speed up the dying process or wish to avoid spending additional resources to provide adequate care.*

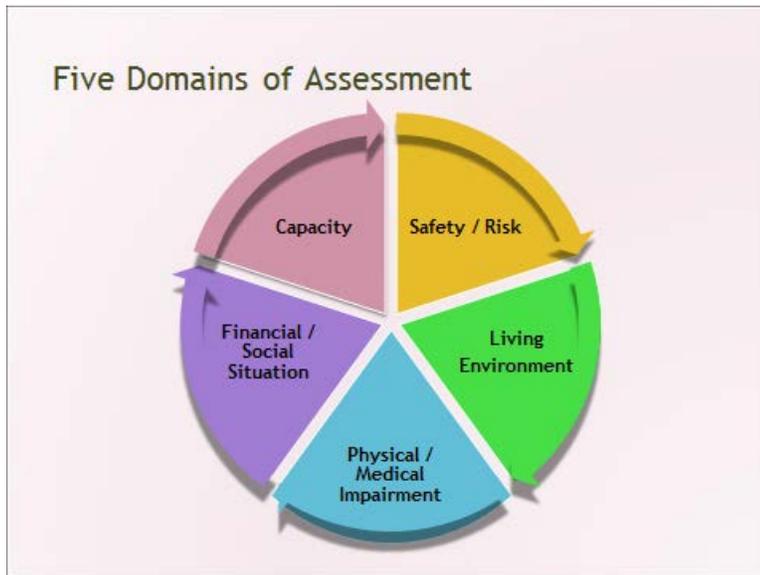
While many APS workers have experienced the death of at least one client, they too often have difficulty dealing with the possibility. In working with someone who is providing care to a terminally ill individual, it is important to confront this reality with sensitivity, but not to collude with denial.

ASSESSING NEGLECT IN FIVE DOMAINS



TIME ALLOTTED: 45 minutes

Slide # 44: *Five Domains of Assessment*



Script: In assessing caregiver neglect, it is important to include all aspects of the victim’s situation including:

- Safety & Risk
- Living Environment
- Physical & Medical Impairment
- Financial & Social Situation
- Capacity

Let us now take a look at each one individually.

Slide # 45: *Safety & Risk*

Safety & Risk

- Safety issues for victim and professionals
- Notifying law enforcement
- Severity and duration of neglect
- Previous intervention history
- Victim indicators of neglect
- Signs of other forms of mistreatment



Script: Things that APS workers need to be concerned with in regards to safety and risk domain include:

Safety issues for victim and professionals

- Are there safety issues for victim and professionals?
- Perpetrator’s past history of threats, violence, arrest, incarceration, the presence of weapons and/or vicious animals.
- Possibility of danger to the APS worker or other people in the home.
- Is there a safety plan for the victim?

Notifying law enforcement

- Should law enforcement be notified?
- Evidence that the victim has suffered serious bodily harm or that a crime has been or is being committed.

Severity and duration of neglect

- How serious is the neglect and how long has it has been going on?
- How extensive is the harm to the victim—both physically and emotionally.
- When did it start?
- Is it episodic or continuous? Who has observed/documentated it?

Previous intervention history

- Previous intervention efforts on the part of family, friends, healthcare providers, APS and/or law enforcement.

CONTINUED

Victim indicators of neglect

- Physical evidence, emotional behaviors

Signs of other forms of mistreatment—physical, sexual, financial

- Evidence of bruising, untreated wounds or fractures, genital bruising, unpaid bills, lack of food, utilities.

Slide # 46: *Living Environment*

Living Environment

- In a high crime area
- Adequate heat, cooling, water, sanitation
- Dirty, chaotic living space
- Multiple animals and/or vermin



Script: APS worker considerations in the living environment domain.

In a high crime area

- Is the neighborhood in an area with drug dealers, break-ins, and shootings?

Adequate heat, cooling, water, sanitation

- Have the utilities recently been cut off due to lack of payment? Does the plumbing work?

Dirty, chaotic living space

- Is the yard full of clutter or debris, the exterior of the home uncared for?
- Is the home cluttered, dirty, disorganized?
- Is the bedding stained?
- Are there leaks in the ceiling, holes in the floors, dangerous stair treads, or broken windows?

Multiple animals and/or vermin

- Are there multiple animals and indoor evidence of animal waste?
- Is there evidence rodent chewing and droppings?
- Are there flies and insects in bedding, on food?

Slide # 47: *Physical / Medical Impairments*

Victim’s Physical / Medical Impairments

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



Script: Victims of caregiver neglect may be suffering from medical and/or physical conditions such as illness, dehydration or malnutrition, wounds, fractures, immobility or dementia. Here are some factors to consider:

Need of immediate medical treatment

- Does the victim need immediate medical treatment?

Functional strengths & impairments

- What are the victim’s physical and cognitive strengths and limitations?

Denial

- Does he/she deny that neglect is occurring?
- Is he/she protective of and/or fear the perpetrator?
- Does he/she agree to assistance?

Immediate & long-term care unmet needs

Barriers to providing appropriate care

Slide # 48: *Financial & Social Situation*

Financial / Social Situation

- Previous intervention history
- Resources available
- Victim’s support network
- Perpetrator’s support network
- Perpetrator’s awareness / cooperation



Review slide then **ASK** How participants would assess for each of these areas? What questions would you ask? Possible answers are given below.

Previous intervention history

- *Has the neglect been continuous over time, or have there been periods when the care was better? When?*
- *Why did the level of care deteriorate?*

Resources available

- *What is the victim’s current financial situation?*
- *Are there sufficient resources to meet victim’s immediate needs?*
- *What about long term needs?*

Victim’s support network

- *Who are the victim’s support networks?*
- *What are their relationships to the victim?*
- *What are they willing to do, or not do on behalf of the victim?*
- *Are their offers of assistance realistic, given the history of the relationship?*
- *What are their assessments of the situation?*

Perpetrator’s support network

- *Does the perpetrator’s have a support network? If not, why not? If so, who are they?*

CONTINUED

Perpetrator’s awareness

- *What is the perpetrator’s physical, mental and functional status?*
- *Does the perpetrator admit that the care has been inadequate?*
- *Does he/she understand the connection between the failure to provide care, and the harm to the victim?*
- *Does he/she attempt to minimize the severity of the neglect and/or the impact on the victim?*
- *Does the perpetrator blame the victim or others for the situation?*
- *Does the perpetrator blame situational events such as alcoholism, loss of a job or a divorce for the lack of care?*

Perpetrator cooperation

- *Is the perpetrator willing to accept assistance and/or use available resources for the benefit of the victim?*
- *What actions (not just words) indicate his/her willingness to accept help?*
- *What interventions have been offered in the past?*
- *Has the perpetrator accepted assistance?*
- *Which interventions in the past have been successful or unsuccessful?*
- *Is the perpetrator doing the best he/she can, given the available resources?*

Slide #49: *Capacity*

Capacity

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



Script: There are many areas of personal decision--making including medical treatment, sexual/intimate relationships, contractual (such as lease agreements), making a will or participating in research projects.

The ability to make decisions can be affected by the person’s physical condition at the time (illness, substance abuse, trauma), or mental state (depression, mania).

Depending on the complexity of the decision, a person may have the ability to make certain informed choices but not others.

As an example, someone might be very clear about what she wants to eat for breakfast, but unable to agree to a complicated medical procedure. Decision-making ability also may vary from morning to evening, from one day to the next.

Slide # 50: *Assessing Capacity*

Assessing Capacity

- The victim understands relevant information.
 - Question: Do you know that you have a serious cut on your leg?
- The quality of the victim’s thinking process.
 - Question: How can you get treatment for your wound?
- The victim is able to demonstrate and communicate a choice.
 - Question: Do you want to get treatment for your wound?
- The victim appreciates the nature of his/her own situation.
 - Question: What will happen if you don’t get your wound treated?

Script: Unfortunately there is no single test, no gold standard for determining capacity. Nor do APS workers have the professional credentials to administer and interpret a battery of psychological tests.

However, through observation and common sense, a worker can evaluate whether the victim understands what is happening to him/her, what the implications are if help is not provided, and whether to give permission for emergency intervention. The worker can ask questions aimed at finding out the following:

- The victim understands relevant information – Do you know you have a serious cut on your leg?
- The quality of the victim’s thinking process – How can you get treatment for your wound?
- The victim is able to demonstrate and communicate choice – Do you want to get treatment for your wound?
- The victim appreciates the nature of his/her own situation – What will happen if you don’t get your wound treated?

Slide # 51: *Victim’s Right to Self-Determination*

Victim’s Right to Self-Determination

- Victims with the capacity to do so may refuse services
- Once legal proceedings are invoked, the individual’s right to self-determine ceases and mediation among family members may be impaired.



Script: It is also vital to consider a victim’s right to self-determination. For instance:

Victims with the capacity to do so may refuse services as they understand the risks and consequences to themselves. Sometimes clients will make bad decisions and APS workers have a responsibility to support their right to do so, while also pointing out the possible negative outcome of these choices.

Once legal proceedings are invoked, the individual’s right to self-determine ceases and mediation among family members may be impaired and the victim may no longer have a choice regarding the outcome, which can include incarceration of the caregiver. Family members sometimes blame the victim, when the caregiver is sentenced to prison. They need to be reminded that the justice system must be impartial in these situations, and that neglectful actions have consequences.

Slide # 52: *Assessing Neglect: Activity # 5 Enid Case Example*

Assessing Neglect

Enid Case Example

- In your small groups, review the case example to see what aspects of the five domains of assessment are identifiable in this scenario?

*Activity # 5 Enid Case Example
Exercise: Tabletop Discussion*

Time allotted: 20-25 minutes

Trainer Note: Prior to the activity, for each domain create a sheet of easel paper with the domain listed (e.g. Safety & Risk) and “Concerns” and “More Info”

Refer participants to **Activity # 5 Enid’s Case Example** on page 48 in their participant manual.

In small groups, have participants review the case example and for each domain identify:

1. Identify the domains of present in the case
2. What are the concerns related to this domain
3. What do you need more information on in this domain

Give small groups 10-15 minutes, then process answers as a large group for 10-15 minutes.

Chart answers on easel paper and supplement with possible answers listed below.

CONTINUED

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Enid Case Example (trainer version has domain and concerns bolded)

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

Marion lived alone and worked full-time as a realtor. Enid was living with in a sunny bedroom on the second floor. When Enid was 91, two years ago, Marion moved her to the basement. By then, **Enid had become blind and very frail.** She spent most of her time in bed, but was able to make her way to the shower, sink and toilet located in one corner of the basement. **She had no telephone, radio or television, and no visitors.**

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

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

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

Safety & Risk

What concerns you? Possible answers:

- *Fire – can’t get out?*
- *Fall risk – boxes, uneven floor*
- *Health – rodents*
- *Isolation – no one in the house / access issues*
- *Lack of exercise*
- *Hygiene*

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- *Ventilation*
- *Failure to thrive*
- *Vision*

What would you need more information about? Possible answers:

- *How long has the victim lived in this situation (duration)*
- *Have there been previous interventions (APS cases)*
- *Are there more indicators of neglect / other forms of maltreatment?*

Living Environment

What concerns you? Possible answers:

- *Dark*
- *Moldy*
- *Peeling paint*
- *Temperature*
- *Depressing environment*
- *No entertainment*

What would you need more information about? Possible answers:

- *Running water?*
- *Working plumbing?*
- *Ventilation*
- *Why isn't the door accessible?*
- *Are there windows? Do they open?*
- *Cleanness of Bed & Bath*
- *Is she able to leave the basement area?*
- *Why is she in the basement in the first place? Is there any other available bedrooms that would be more appropriate?*
- *What is the accessibility to food?*

Victim's Physical / Medical Impairments

What concerns you? Possible answers:

- *Blindness/visual impaired*
- *Any assistive devices*
- *Frail*
- *Has not seen a MD for three years*
- *No medication*
- *Malnourished – eating minimal*

What would you need more information about? Possible answers:

- *How much is the client's vision impaired (to what degree)*
- *Does she have a MD?*
- *Is there a system to administer meds (mediset)*
- *Does she have access to food?*

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Financial / Social Situation

What concerns you? Possible answers:

- *Son is reliant on the victim’s income*
- *Victim’s ability to access social networks*
- *Lack of resources*

What would you need more information about? Possible answers:

- *Status of income/ finances*
- *Power of Attorney*
- *What are her own resources (pension / savings)*
- *Other family involvement?*
- *Community resources (any other agencies involved? Meals on Wheels)*

Capacity

What concerns you? Possible answers:

- *Does the victim understand what it means to have her son reliant on her finances?*
- *Does the victim understand how her finances are being administered?*

What would you need more information about? Possible answers:

- *Has the client’s capacity been a concern?*
- *Medical notes about capacity issues?*

| |
|--------------------|
| LUNCH BREAK |
|--------------------|

CO-DEPENDENCY AND UNINTENTIONAL/INTENTIONAL NEGLECT



TIME ALLOTTED: 45 minutes

Slide # 53: *Co-dependency*



Script: Victim-Perpetrator co-dependency is often a factor in neglect. Dependency can lead to resentment, which further exacerbates the situation.

- **Dependent caregiver.** Sometimes a caregiver depends on the victim for financial/emotional support.
- **Protective victim** - The Victim may be protective of caregiver—reluctant to report neglect or accept outside help for fear of harming the relationship or losing the care.
- **Role reversals** - In some role reversals the caregiver is mentally ill, developmentally or physically disabled, or has substance abuse issues. The victim, who was once the caregiver, now is the recipient of care. For some older couples, traditionally his wife cared for the husband. When she needs care, he may lack care-giving skills and/or resent her dependency.

Slide # 54: *Co-dependency Issues*

Co-dependency Issues

- Using the five domains of assessment, evaluate Jimmie and Susan’s *strengths* and *vulnerabilities*. Also, what might be causing Susan’s change in behavior?

Activity #6 - Susan Case Example
Handout #3 - Assessing Neglect Scale
Exercise: Tabletop Discussion

Time Allotted: 20 minutes

Refer participants **Activity #6 – Susan Case Example** on page 51 in the participant manual. On page 52, **Handout #3 – Assessing Neglect**, can be used in their practice.

Have participants work in small groups to review the case scenario of Jimmie and Susan and answer the following questions. Give groups about 10 minutes to work and then process answers as a large group asking for volunteers. Possible answers are listed below.

Case Example

Susan lived with her son, Jimmie, who was 53. He had a successful career working in electronics, but never married or had a partner. When he was not working, he spent much of his time in his room on the Internet or playing computer games. Susan had a comfortable income, thanks to investments made by her late husband. She owned her home free and clear.

Jimmie did all the house cleaning, laundry, shopping and bill paying but Susan still cooked all their meals. Since he worked outside the home during the day Jimmie arranged for his mother to be transported by a local cab to church, the Senior Center, the hairdresser, and the doctor.

For an 80 year old, Susan was in relatively good health. She had high blood pressure, arthritis and moderate hearing loss. She saw her general physician once a year for a physical check-up. In the past year, she had become very critical of Jimmie, accusing him of “not taking care of her.” Although he was not very talkative, he was patient with her, and tried to ignore her verbal tirades. With increasing frequency, she called her pastor or staff at the Senior Center complaining about her son. When she did not promptly get the response she wanted, she started calling the fire department, saying that she had fallen and could not get up. Her calls to the fire department insisting that there was some sort of

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an emergency escalated to two or three times a week. The fire department was required by law to respond to every call, and always found her safe and in no apparent physical distress.

1. From the five domains of assessment (Safety & Risk, Living Environment, Physical & Medical Impairment, Financial & Social Situation, Capacity), which domain concerns you? What are the concerns?

Possible answers:

Domains of concern are Safety & Risk; Financial & Social; Capacity

Concerns –

- o Given her unnecessary calls to the fire department, Susan may not be thinking clearly and this needs to be explored*
- o Susan may be exhibiting early signs of dementia or cognitive issues*
- o Susan may be exhibiting signs of anxiety*
- o Susan may not be taking her medications as prescribed*
- o Allegations made by mother to the Pastor that her needs are not being met*
- o Susan may be lonely and need more daily interaction with others*
- o Jimmie is isolated (most of his time spent playing video games/internet)*
- o Susan is increasingly critical of Jimmie*

2. What are the strengths in this case?

Possible answers:

- o Long-term relationship*
- o Stable housing*
- o Stable income (investment)*
- o No apparent substance use issues or mental health issues with Jimmie*
- o Mother’s support systems: church, senior center – not isolated*
- o Preventive health (medical checkups)*
- o Jimmie’s employment history*
- o Jimmie maintains household / chores*
- o Mother able to cook meals*
- o Mother in relatively good health*

3. What additional information do you need?

Possible answers:

- o When was the last time Susan saw her doctor?*
- o Are there other changes in Susan’s behavior aside from the calls? Such as problems with self-care, etc?*
- o Is Susan still able to go out to church, Senior Center, etc?*
- o Is Jimmie still providing the same level of care/help with house cleaning, shopping, laundry, bill paying?*
- o Is Jimmie still employed?*
- o Has anything changed financially over the last year?*

4. Given what you know, is this a case of neglect?

From the case scenario information, it does not appear that Jimmie is neglecting Susan.

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HANDOUT #3 - ASSESSING NEGLECT SCALE

Score on scale of 1 (very low) to 5 (very high). **Circle based on observations/interview.**

1 2 3 4 5 insufficient information

(1) Active concern for well-being of the other, past and present

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(2) Warmth/affection for the other, past and present

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(3) Capacity to recognize verbal and non-verbal needs of the other

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(4) Capacity to meet needs, self and other

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

(5) Willingness to use outside help to meet needs, self and other

by care giver 1 2 3 4 5 ins. info.

by care receiver 1 2 3 4 5 ins. info.

Range of total scores between 10-50 (may be lower if little information shared/available)

Low score (~10-24)= **offer immediate assistance and evaluate for risk of harm and referral to Adult Protective Services (APS)**; or continue assessment due to insufficient information

Mid-range score (~25-40)= explore needed services to increase support system; **opportunity to prevent harm** through formal and informal help; continue to evaluate for compliance and APS referral

High score (~41-50)= balanced relationship with positive gratifications; **offer follow-up and information for future needs** as appropriate

Created by Carol Dayton, ACSW, LISW, Consultant and Educator in the Field of Aging cd10423@aol.com, July 2007.

Slide # 55: *Unintentional Neglect*

Unintentional Neglect

Neglect may occur because the caregiver:

- Lacks understanding of the victim’s needs
- Is not trained
- Is physically, mentally or emotionally incapable of adequate providing care
- Does not have a clear understanding of or agreement about the victim’s expectations
- Lacks resources and/or social supports
- Benign Neglect

Script:

- ***Lacks understanding of the victim’s needs*** - Sometimes, caregivers are doing their best to provide care, but do not know how to do so, or are unable to do so. They may not understand that neglect is a form of abuse or that it may result in serious consequences to the victim’s health and well being.
- ***Is not trained*** in the appropriate methods of providing care.
- ***Is physically, mentally or emotionally incapable of adequate providing care*** Some caregivers are so frail, or physically or mentally ill that they are incapable of providing sufficient care for another, in spite of their best efforts to do so.
- ***Does not have a clear understanding of or agreement about the victim’s expectations*** - They may not understand what the victim’s expectations are concerning how the care will be provided.
- ***Lacks resources and/or social supports*** They may lack the financial resources or social supports they need. In these cases, the caregiver may not intend to harm the victim.
- ***Benign Neglect*** - e.g. a caregiver is over protective, or they may have different conflicting beliefs over medical care, or they maybe fearful of losing the relationship or the person

Slide # 56: *Intentional Neglect*

Intentional Neglect

- “Intent” is a legal term
- **APS professionals do not have the legal authority to determine intent**
- **A thorough APS investigation should always explore all the possible causes of the neglect**

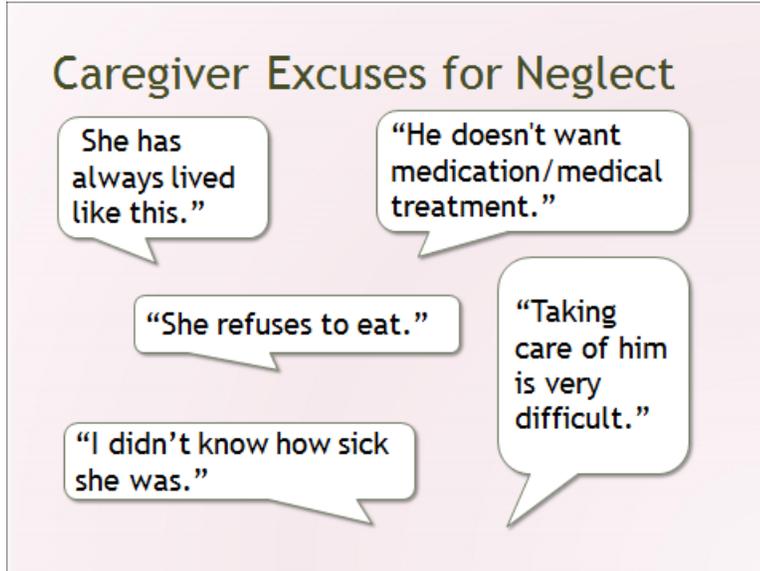
Focus of the APS investigation and service plan is on assuring the safety and well-being of the victim

Focus of the law enforcement involvement is determining criminal intent and holding the perpetrator accountable.

Script:

- **“Intent” is a legal term.** Check with your state criminal statutes for the definition.
- **APS professionals do not have the legal authority to determine intent.** Because intent is a legal term used to identify the burden of proof for a court case, determining intent is beyond the scope of APS workers’ qualifications. Earlier in this training you received a copy of your state’s civil and criminal statutes which should include the legal definition of intent.
- **A thorough APS investigation should always explore all the possible causes of the neglect.**
- **Focus of the APS investigation and service plan is on assuring the safety and well-being of the victim.**
- **Focus of the law enforcement involvement is determining criminal intent and holding the perpetrator accountable.** It is not possible to know what the caregiver’s state of mind was when he/she failed to provide adequate care. That determination is made when a police investigation results in charges being filed against the caregiver, a trial is held, and a sentence imposed.
- **While some situations of caregiver neglect may appear intentional, a thorough APS investigation should always explore all the possible causes of the neglect.** Conducting a thorough APS investigation may identify unintentional causes of the neglect. In those situations, it may be possible to initiate services that will prevent further neglect.

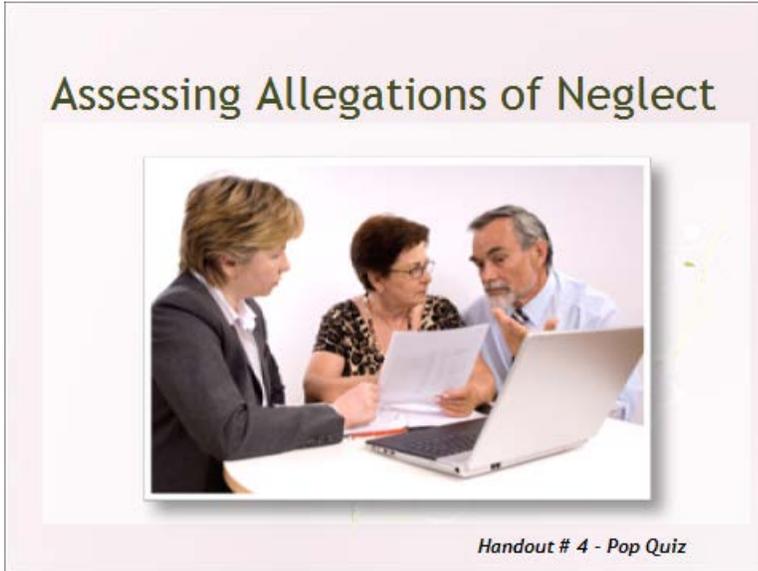
Slide # 57: *Caregiver Excuses for Neglect*



Script: Some caregivers have a multitude of excuses for why the neglect is occurring:

They may try to excuse the harm caused to the older individual by blaming the victim rather than recognizing their own responsibility. Blaming the victim often indicates that the perpetrator is well aware that the care is not adequate and is trying to shift the focus away from what has not been done.

Slide # 58: *Assessing Allegations of Neglect*



Time Allotted: 15-20 minutes

Refer participants to **Activity #7 – Pop Quiz** on page 55 in their participant manual. This is a short quiz that explores assessing allegations of neglect.

Have participants work individually on the quiz for about 10 minutes and then process as a large group asking for volunteers to share answers.

Now let's take a look at what are some of interviewing best practices.

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Activity #7 - Assessing Allegations of Neglect POP QUIZ (Trainer Version with Answer Key)

For each question identify three (3) statements that would assist in assessing an allegation of neglect

1.) “She is not a good housekeeper. She has always lived like this.”

- a.) Do friends or family members support this statement?
- b.) Does the caregiver have a fiduciary responsibility to provide care?
- c.) Is there a medical history indicating how often the victim was taken to the doctor and what was told to the caregiver about the victim’s condition?
- d.) Is the caregiver providing domestic services?
- e.) Are the client’s needs for care obvious?

2.) Caregiver states, “I’m doing the best I can. Taking care of him is very difficult.”

- a.) Does the caregiver need reassurance that he/she is doing a good job?
- b.) Are the client’s needs for care obvious?
- c.) Does the caregiver have sufficient training to provide care?
- d.) Does the victim have a history of refusing help?
- e.) Should the caregiver be told that he/she should be paid for providing care?

3.) Caregiver states, “I am just doing what she (the victim) wants. I am honoring her wishes.”

- a.) Are these historical statements of the wishes of the victim?
- b.) Should the caregiver decide what the victim needs?
- c.) Does the victim have a history of refusing help?
- d.) What is the victim’s capacity to make informed decision about care, including refusal to accept care?
- e.) Does the caregiver have any special training in providing care?

4.) Caregiver states, “He refuses to eat.”

- a.) Has the caregiver been instructed on the victim’s condition, care needs and how to provide them?
- b.) Should the caregiver withhold food until the victim gets hungry?
- c.) Is there a medical history indicating how often the victim was taken to the doctor and what was told to the caregiver about the victim’s condition?
- d.) Does the caregiver have any special training in providing care?
- e.) Does the caregiver need reassurance that he/she is doing a good job?

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5.) Caregiver states, “I didn’t know how sick she was, or what she needed.”

- a.) Does the caregiver have any special training in providing care?
- b.) Does the caregiver appear tired and worn out?
- c.) What is the victim’s health history?
- d.) Are these sufficient resources to provide for the victim’s needs?
- e.) Are the victim’s needs for care obvious?

Answers Key

Question # 1: Answer: A, B, D “She not a good housekeeper. She always lived like this”

- a.) Do friends and family members support this statement? (*Assessing for collaborating information to see if there is validity to the statement*)
- b.) Does the caregiver have a fiduciary responsibility to provide care? (*Is there someone who is legally obligated to oversee the well-being of the client*)
- d.) Is the caregiver providing domestic services? (*Does this activity follow under the caregiver’s responsibility or is this service supposed to be provided by someone else?*)

Question: # 2 Answer: B, C, D “I’m doing the best I can. Taking care of him is very difficult.”

- b.) Are the client’s needs for care obvious? (*Gathering an understanding of what the expectations are for care*)
- c.) Does the caregiver have sufficient training to provide care? (*Is the remedy for the allegation of caregiver neglect based on the need for additional training*)
- d.) Does the client have a history of refusing help? (*Assessing between caregiver neglect and self-determination / client’s wishes*).

Question: # 3 Answer: A, C, D “I am just doing what she wants. I am honoring her wishes”

- a) Are these historical statements of the wishes of the client? (*Assessing if the care provider has an understanding of the current needs of the care recipient*)
- c.) Does the client have a history of refusing help? (*Assessing if this refusal is based on one particular ADL/IADL activity or various ADL/IADL activities. What is causing the client’s resistance? Capacity issue?*)

CONTINUED

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- d.) What is the client’s capacity to make informed decision about care, including refusal to accept care? (**Assessing if the client has a clear understanding of the impact to their wishes, capacity issue?**)

Question: # 4 Answer: B, C, D “He refuses to eat”

- b.) Has the caregiver been instructed on the client’s condition, care needs and how to provide them? (**Assessing if the care provider understands the scope of care providing needs and is able to perform such functions**)
- c.) Is there a medical history indicating how often the client was taken to the doctor and what was told to the caregiver about the victim’s condition? (**Assessing if there is a medical issue that could explain the statement “loss of appetite”**)
- d.) Does the caregiver have any special training in providing care? (**Assessing if it is about the caregiver’s skill level. Does the food need to be prepared in a different way, does the client needs assistance with eating?**)

Question: # 5 Answer: C, D, E “I didn’t know how sick she was, or what she needed”

- c.) What is the client’s health history? (**Assessing if the client’s needs are beyond the scope of the caregiver’s skill set?**)
- d.) Are these sufficient resources to provide for the client’s needs? (**Assessing if the client is receiving the appropriate care providing services or is in need of a higher level of care providing**)
- e.) Are the client’s needs for care obvious? (**Assessing if the caregiver should have been able to recognize the client’s needs. Intentional neglect?**)

INTERVIEWING BEST PRACTICES



TIME ALLOTTED: 45 minutes

Slide # 59 *Interviewing Best Practices*

Interviewing Best Practices



- Practice your interviewing style
- Be aware of possible responses to questions
- Avoid questions that assume guilt
- Avoid questions that prompt “yes” & “no” responses
- Focus on interview content, not who made the report

Script: These are several items to consider when interviewing all parties involved in an allegation of neglect case.

- ***Practice your interviewing style*** - Before seeing the victim or perpetrator, try to anticipate some of the information you will need from the victim, the perpetrators and collaterals. Rehearse framing your questions with a co-worker or your supervisor.
- ***Be aware of possible responses to questions*** - Attorneys learn early on never to ask a question to which you don’t already know the answer.
- ***Avoid questions that assume guilt*** - Such questions may be inappropriate since you do not know if the person being questioned has committed any wrong doing. The presumption of guilt will only increase the person’s defensiveness.
- ***Avoid questions that prompt “yes” & “no” responses*** - Such questions close off the possibility of finding out additional information.
- ***Focus on interview content, not who made the report*** - Perpetrators often try to shift the inquiry from what occurred to blaming the person who made the report. By doing this, they are trying to place responsibility for the event on someone else.

Slide # 60 *Dealing with Resistance: Getting in the Door*

**Dealing with Resistance:
*Getting in the Door***

- “What does (the victim) expect you to do for him?”
- “What are some concerns that have come up in your work here?”
- “Have you had trouble doing some things? Which ones?”
- “What kind of assistance would be helpful when things get overwhelming?”
- “When do things get to be too much?”



*Handout # 4
Dealing with Resistance: Open Ended Questions*

Script: In the process of conducting investigations, you will often encounter a perpetrator who does not cooperate. Here are some questions you might use when dealing with a caregiver who does not want to provide you with information.

Refer participants to ***Handout # 4 Dealing with Resistance: Open Ended Questions*** on page 58 of their participant manual for further examples.

Trainer Note: Familiarize yourself with the handout and read a few suggestions. Ask training participants if they have examples of good opened-sentences that worked for them in dealing with resistance.

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Handout # 4 - Dealing with Resistance: Open Ended Questions

In the process of conducting investigations, you may encounter a perpetrator who does not cooperate. Here are some questions you might use when dealing with a caregiver who does not want to provide you with information.

- “What is your day like as a caregiver? Tell me what you do”
- “What does (the victim) expect you to do for them?”
- “Tell me what he/she can do for himself / herself.”
- “Help me understand what has happened.”
- “What happens when there is more to get done than there is time for doing it?”
- “What happens when things are not going so well?”
- “What happens when the client doesn’t feel okay about what’s going on?”
- “How do you know when the client wants you to do things differently?”
- “What kind of assistance would be helpful when things get overwhelming?”
- “How do you know when things are beginning to get too much?”
- “When do things get to be too much?”
- “What do you do about taking some time to catch your breath?”
- “How do you take care of yourself with everything you have to get done?”
- “What are some of the concerns that have come up in your work here?”
- “How do you make adjustments when things are not going so well?”
- “How can the client let you know that they are not doing okay?”
- “What are some of the things you’ve had to do that you don’t want to have to do again.”
- “How do you manage to get everything taken care of?”
- “What are some the things you are going to try to do differently over the next few months.”

Created by Dr. Jerald Shapiro, MSW, MPH, DSW, JD, Professor - San Francisco State University, School of Social Work - jshap@sfsu.edu

Slide # 61: *When the Perpetrator Begins to Talk*

When the Perpetrator Begins to Talk

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

Do not confuse building rapport with the perpetrator with condoning his/her behavior



Script: Once a perpetrator begins to talk, here are some suggestions to encourage him/her to provide additional information.



ASK: participants what they think are meant by each of the bullets on the slide. Possible responses below (some good choices to flush out “**History**” and “**Bottom line**”

- **Make it easy** - *“I’m sorry that this occurred. Can you tell me what happened?”*
- **Identify with their needs** - *“Some people can be very difficult to care for. What are the hardest things for you to do?”*
- **Be empathetic** *“You feel as if you can’t do it all. What are the tasks you just can’t do?”*
- **Offer support** - *“You may need some help and/or some time off. What would be most helpful for you?”*
- **What was their experience?** *“You tried to provide good care, and feel badly that it is not better. What do you want to do differently?”*
- **Trigger event** *“What caused this to happen?”*
- **History** *“People who are neglectful may have grown up in neglectful families. What did you learn about care giving from your family?”*

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- **Bottom line** “Your mother is not getting help she needs. What would be some other ways to help her?”

Do not confuse building rapport with the perpetrator with condoning his/her behavior. In your efforts to gain the perpetrator’s trust and gain more information, don’t confuse empathy with agreeing that the neglect was justifiable.

Slide # 62: Maintaining Neutrality

Maintaining neutrality



- Frame questions in neutral, objective language
- Use same form of address for victim & perpetrator
- Maintain a neutral facial expression
- Use active listening
- Be respectful
- Do not react to perpetrator’s testing behavior

Review slide

Script: Situations in which a victim has been harmed due to neglect can be potentially volatile. Your goal in interviewing the perpetrator is to create an atmosphere of calm and reason.

Slide # 63: *Addressing the Perpetrator*

Addressing the Perpetrator

- Take notes as if you were preparing for court
- Interview the perpetrator alone
- Be professional, not friendly
- Use your authority
- Give perpetrator a chance to cooperate
- Be clear about consequences if perpetrator does not cooperate



Script: When addressing the perpetrator here are some things to be mindful of:

- ***Take notes as if you were preparing for court.*** It is possible that a case of caregiver neglect will end up in court. Your documentation could be vital in obtaining a conviction. When taking notes, record and date only facts. Do not include your opinions, theories or judgments about what you have observed.
- ***Interview the perpetrator alone,*** preferably in the office - Moving the interview with the perpetrator out of his/her physical comfort zone will help you maintain control, as it shifts the power position from the perpetrator to the interviewer. If you are not able to persuade the perpetrator to come to your office, at least move the perpetrator as far from the victim as possible, preferable outside the home on more neutral ground.
- ***Be professional, not friendly*** - When you introduce yourself, provide your name, title, the name of your agency and the purpose of your visit. This approach sets the tone of the interview, which is not a friendly visit.
- ***Use your authority*** “I am here to conduct an investigation of a report of elder/vulnerable abuse which required by state law”. If the investigation gets to this point, it is helpful to know your state statutes.
- ***Give perpetrator a chance to cooperate,*** but be clear about your role - “I need your full cooperation to conduct an investigation. My job is to collect all the information necessary to resolve this situation.”
- ***Be clear about consequences if perpetrator does not cooperate*** - “If you are not willing to cooperate, I will call law enforcement and ask them to assist me.”

Slide # 64: *Interviewing to Prevent Further Reoccurrences*

Interviewing to prevent further reoccurrences

“This is very serious.”

“This cannot continue.”

“How should we work together in order to not get to a point in which law enforcement has to become involved?”

“What would be a plan for providing good care?”

Script: From the start of the interview, focus on the serious harm to the victim, and the fact that there may be legal consequences.

Review the slide and **ASK** participants if they have other examples.

Slide # 65: Interviewing Best Practices

Interviewing Best Practices

- Refer to Activity 8.
- With a partner, practice interviewing Jacob and apply the best practices we have just covered.
 - How will you approach Jacob?
 - What questions will you ask?
- After 5 minutes, switch roles.

*Activity # 8 Betty Case
Exercise: Role-play*

Time Allotted: 20 minutes

Refer participants to **Activity # 8 - Betty Case Example** on page 61 of their participant manual.

Have a volunteer read the following scenario aloud:

When Jacob first agreed to take care of his elderly mother, Betty, he was working full-time as an English professor at the University. Due to his open schedule, salary, benefits, and two-bedroom home, Jacob and his younger brother, Sam, determined that Betty would be more properly cared for with Jacob. Two years after Betty moved in with Jacob, he was let go due to budget cuts at the University. At the time, Jacob assured Sam that he would be able to find a job at a nearby community college or one of the other universities in the area, and that he would be able to continue caring for their mother, Betty.

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

Sam called Jacob the next week and demanded to know how Betty was doing. Jacob sounding intoxicated, rambled about how Betty was “just fine”, and hung up on Sam. That was the last straw for Sam, and he decided to call APS to have a worker check on Betty.

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When the APS worker arrived to Jacob’s home, they were greeted with the same treatment Sam had experienced. After half an hour, the APS worker was finally let into the home. The sink and kitchen were full of dirty dishes, expired food, and empty bottles of alcohol. The worker found Betty in one of the bedrooms. She was malnourished, fearful, and her clothes were soiled. The worker now had to interview Jacob.

Exercise: Role-play (10 minutes)

Have participants work in pairs and decide who will act as Jacob and who will be the APS worker. Have them apply the interviewing best practices that have just been covered while interviewing Jacob. After five minutes, switch roles.

1. How will you approach Jacob?

2. What questions will you ask?

Example: “What is your day like as a caregiver for your mother?”

To close, process the role play experience as a large group.

SERVICE PLANNING



TIME ALLOTTED: 60 minutes

Slide# 66: *Developing a Service Plan*



Script: Earlier today we talked about the five domains of assessment. We use those same domains as the framework for developing a service plan. The five domains are:

- Safety & Risk
- Living Environment
- Physical & Medical Impairment
- Financial & Social Situation
- Capacity

Slide # 67: Safety / Risk

Safety & Risk

- The APS worker’s perception of the causes of the problem and level of risk
- Emergency services
- Removing victim from immediate danger
- Removing perpetrator
- Least restrictive interventions
- Short and long term risk reduction



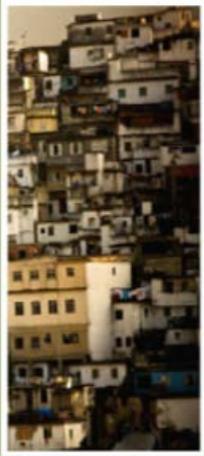
Script: Here are some safety and risk issues to be mindful of when developing a service plan:

- **The APS worker’s perception of the causes of the problem and the level of risk** are essential in developing a service plan.
- **Emergency services** provided on site. Is the client in need of an ambulance or emergency medical technician on site?
- **Removing victim from immediate danger** If not, is the victim willing and able to leave the home and go somewhere safe?
- **Removing perpetrator** Should the perpetrator be removed, either voluntarily or with law enforcement’s assistance?
- Based on the **least restrictive interventions**
- **Short and long term risk reduction** Long term planning to address safety issues may include replacement of the caregiver, provision of additional in-home services or permanent relocation of the victim.

Slide # 68: Living Environment

Living Environment

- Immediate environmental changes
- Animal care
- Cleaning
- Repairs



Script: When developing a service plan here are some environmental concerns to keep in mind:

- **Immediate environmental changes.** For instance, the victim’s environment might include getting shut-off utilities restored, addressing dangerous temperatures by providing fans or heaters, arranging for emergency plumbing repairs, and providing appropriate clothing for the victim.
- **Animal care.** If animals and their waste are causing a significant health hazard, involving animal control and pest removal services may be needed. Removing beloved pets is a delicate matter. Take time to thoroughly explain the problem to the victim, and involve him/her in finding acceptable alternatives.
- **Cleaning.** If heavy cleaning is called for, the victim may need to be temporarily removed from the home to avoid exposure to hazardous chemicals.
- **Emergency repairs** such as fixing leaks in the roof and replacing rotted flooring can be expensive. Some communities and faith groups provide handyman services. Replacing locks and repairing broken windows could be provided through victims’ services funds.



ASK: if participants have had experiences addressing Living Environment situations and how they approached it.

Slide # 69: *Physical / Medical Impairments*

Victim’s Physical / Medical Impairments

- Medical treatment
- Medications
- Assistive devices
- Rehabilitation



Script: Physical and medical impairments are other factors that should be considered when developing your service plan.

- **Medical treatment.** Arranging for victims to receive a comprehensive medical examination is essential in the service planning process. Finding resources for eye and dental care are often time consuming, but also essential in improving the victim’s nutrition and safety.
- **Medications.** An accurate diagnosis will result in medical treatment as well as the administration of appropriate medications.
- **Assistive devices.** Arranging for assistive devices such as wheelchairs and walker can increase the victim’s mobility and lessen his/her dependence on the caregiver
- **Rehabilitation** services are also an important tool in increasing the victim’s independence.

Slide # 70: *Financial / Social Situation*

Financial / Social Situation

- Victim’s informal and formal resources
- Victim’s service eligibility
- Sensitive to victim’s culture
- Clear, realistic roles, expectations and accountability
- Flexibility to accommodate change



Script: Understanding the financial and social situation of the victim is another factor that needs to be taken under consideration when developing your service plan.

- ***Victim’s informal/formal resources.*** The victim’s financial resources and social supports are an essential part of the service planning process. What are his/her sources and amounts of income? Who are the people in his/her social network, and how are they willing to assist?
- ***Victim’s service eligibility.*** Victims may not be accessing all of the benefits to which they are entitled, and need assistance in gathering documentation, and completing and submitting applications.
- ***Legal actions needed to protect and manage assets and/or obtain benefits.*** In some cases the court appointment of a conservator may be necessary.
- ***Sensitive to victim’s culture.*** Any service plan that is developed should take into account the victim’s culture and efforts need to be made to accommodate cultural mores.
- **Clear and realistic roles, expectations and accountability.**



ASK: what is meant by “clear and realistic roles, expectations and accountability”?

CONTINUED

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Possible answers:

- *Who will do what tasks*
 - *When and how often will they be performed*
 - *Where will they be provided*
 - *How the service will be performed*
 - *What rewards (financial or emotional) will be provided*
 - *How to evaluate the quality of the care*
 - *Where and how to report problems*
 - *Penalties for failure to meet expectations*
-
- ***Flexibility to accommodate change.*** Services should be flexible in order to respond to changes in physical and cognitive abilities.

Slide # 71: Capacity

Capacity

- Victim’s perception of the problem
- Victim’s capacity
- Victims’ strengths, needs, wishes and motivation
- Perpetrator’s capacity



Script: Lastly, here are some things to consider when exploring issues of capacity during your service planning.

- ***Victim’s perception of the problem.*** In planning services it is important to start with what the victim’s understanding is of the problem. A victim who appears to have no idea about what has occurred may need a full capacity evaluation in order to determine if he/she has the ability to agree to services.
- ***Victim’s capacity*** to consent to or refuse services. In the event that the victim lacks decisional capacity, legal proceedings such as the appointment of a temporary guardian may be appropriate
- ***Victim’s strengths, needs, wishes and motivation*** should guide the type of services that are provided.
- ***Perpetrator’s capacity*** to understand and respond to victim’s needs. The perpetrator’s capacity to understand and respond to the victim’s needs is an essential part of the planning process. A cooperative perpetrator may accept training, respite care or other supportive services. An uncooperative caregiver, on the other hand, may sabotage services intended to reduce risk and improve the victim’s quality of life.

Slide # 72: *What About Services for Caregivers?*

What about Services for Caregivers?

- Caregiver burden
- Caregiver training and group interventions
- Spousal caregivers
- Caregivers of people with dementia



Script: When working with caregivers here are some items to be mindful of:

- It is impossible to eliminate **caregiver burden** completely. While interventions for caregivers may be useful sometimes, caregivers (and APS workers) should not expect that suddenly all of their problems would go away because they are getting help.
- **Caregiver training and group interventions** can be effective in the short term and assist in building emotional support. However, it may not be known if these interventions continue to be effective over extended periods of time.
- **Spousal caregivers** may benefit from access to more social support, paying more attention to their own health care needs, and low cost respite care
- **Caregivers of people with dementia** do best when they are given behavior management training

The focus of this training has been on identifying victim risk of neglect and providing services to reduce that risk. Sometimes it is important to address the service needs of the caregiver. This is only appropriate in situations in which the caregiver did not wish to neglect or harm the victim, is cognizant of his/her responsibility to provide appropriate care and is genuinely receptive and cooperative to making changes in the way he/she provides the care. Keep in mind that some perpetrators will lie and make grandiose promises about how things will change. The proof is in whether, in fact, the perpetrator is capable and motivated to do things differently, and able to sustain the changes needed.

Slide #73: *Developing a Service Plan*

Developing a Service Plan

- In your small groups, using HANDOUT # 5 and Activity #2 to develop a service plan. We will compare your service plan with the actual outcomes of the case.

*Handout # 5 Developing a Service Plan
Activity # 2 Case of the 59 Pound Victim PART 1
Activity # 9 Case of the 59 Pound Victim PART 2
Exercise: Tabletop Discussion*

Flipchart Activity



Time Allotted: 30- 40 minutes

Trainer Note: Prior to activity, put each domain on its own piece of paper. Chart responses.

Refer participants to **Activity # 2 Case of the 59 Pound Victim Part 1** and **Handout 5 - Developing a Service Plan** on page 66 in their participant manual.

Script: In your small groups please re-review **Activity # 2 Case of the 59 Pound Victim Part 1** which was from this morning. This is your client and she has returned home.

What are some things you should consider in regards to each of the five domains of assessment? Using Handout #5 - State the Problem, Objective, Service (s). Give an example from one of the answers below. Give participants about 15 minutes to complete this part of the activity.

Once Handout 5 is completed, the trainer asks the group to share answers within each domain and what services they would like to put in place. Chart responses. See below for some possible answers.

To close, refer participants to page 73 of their participant manual to **Handout # 6 - Case of the 59 Pound Victim Part 2** and share with them what really happened to this individual and the case plan that was utilized.

CONTINUED

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Activity #2 – Case of the 59 Pound Victim Part 1

In 2001, a woman, who was living her husband and two adult step children, suffered a stroke. She also had two biological children with whom her communication was cut off soon after she became disabled. The woman was the primary source of income for her family. As a result of the stroke, she was paralyzed on her left side, required the use of a wheelchair, and 24-hour care. Many outpatient services were provided after her discharge from the rehabilitation hospital.

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

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

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

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Handout #5 – Developing a Service Plan Trainer Answer Key

Safety / Risk

Problem: Inadequate care for medical and personal needs

Objective: Ensure client’s medical & personal needs are met

Service:

- Follow up w/ client and put in place a Home Health agency
- Referred to IHSS if appropriate
- Explore personal care provider
- Refer to community case manager for long term follow up

Living Environment

Problem: Unsanitary environment

Objective: Maintain sanitary living environment for health and safety

Services:

- Refer to IHSS for heavy cleaning
- Enlist family to assist w/ clean up
- Replace mattress / linen

Victim’s Physical / Medical Impairments

Problem: Lack of access to medical care / medication compliance

Objective: Decrease barrier to medical services. Set up a system so medication is taken

Services:

- Flu up with primary care physician
- Public Health Nurse
- Apply for Paratransit for doctor appts.
- Bathroom accessibility
- Lifeline system
- Obtain current medication list
- Obtain any needed medical devices/ assistive devices
- Set up a medication system: mediset

Financial / Social Situation

Problem: Alleged financial abuse by husband & stepchildren

Objective: Protect client’s assets

Services:

- Obtain client’s income information
- Explore Rep or Payee services if necessary
- Explore expenditures
- Explore involvement by clt’s biological children
- Explore alternative DPOA

CONTINUED

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Capacity

Problem: Client’s capacity unknown (e.g. decision making for health and finances)

Objective: Determine client’s capacity

Services:

- Refer to neuro. testing & evaluation
- MH status
- Establish an alternative decision maker besides the husband

CLOSING & EVALUATION



TIME ALLOTTED: 15 minutes

Slide # 74: *Closing & Evaluation*

Closing & Evaluations

- Review
- Questions?
- Please complete evaluations
- Thank you for your time and energy!

Script:

Today we have covered various topics as they pertained to caregiver and perpetrator neglect. We have identified physical and behavioral indicators of caregiver neglect. We examined the factors that contribute to victim risk of neglect. We explored ways to assess for allegations of caregiver neglect and distinguished the difference between intentional and unintentional neglect. Lastly, we covered best practice techniques in interviewing and service planning.

Refer participants to the **Evaluation Manual** and review the ***out of class activity*** which is ***due 2 weeks from today.***

Then ask them to please take the time to complete the ***post training knowledge assessment, satisfaction survey*** and ***demographic survey.***

All Training Evaluation Tools –use ID code in upper right corner

Thank You for Attending Today's Presentation on Caregiver Neglect

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Appendix: Service Planning - Activity # 9- Case of the 59 lb Victim Part 2

Year 2001

| Victim | Perpetrators | Professional Intervention |
|---|---|---|
| <ul style="list-style-type: none"> • woman living at home • paralysis on left side due to stroke • in wheelchair, required 24 hr care • initially competent • agreed to, then cancelled services | <ul style="list-style-type: none"> • husband & stepchildren • dependent on victim for income • agreed to then cancelled services • multiple neglect reports | <ul style="list-style-type: none"> • APS investigated allegations • APS offered and set up services |

Year 2005

| Victim | Perpetrators | Professional Intervention |
|--|---|--|
| <ul style="list-style-type: none"> • woman admitted to ER • weight 59 pounds • temperature 96.7 • bedsores--one to bone • covered with feces • blue skin due to lack of oxygen • intensive care--critical condition • woman lacked capacity to consent | <ul style="list-style-type: none"> • husband & stepchildren • stained, bug infested sheets • no appropriate food • no appropriate medical supplies • no up to date medications • husband had health care proxy • husband still uncooperative | <ul style="list-style-type: none"> • local law enforcement investigation • report to APS • APS investigation, located perpetrators • State Police investigation • District attorney notified • DA crime scene investigation • APS Legal Counsel & APS workers • hospital legal counsel & social worker • petitioned for guardian • temporary guardian appointed • woman placed in long-term care • additional court hearings |

Year 2010

| Victim | Perpetrators | Professional Intervention |
|--|--|--|
| <ul style="list-style-type: none"> • woman in long-term care • gained 20 pounds • reunited with biological family | <ul style="list-style-type: none"> • husband substantiated abuser | <ul style="list-style-type: none"> • biological daughter - permanent guard • criminal issues pending |