Consistency in Determining Findings

Participant Manual
Virtual
This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Akiles A. Ceron, MSW
Curriculum Developer, 2019 (In-Person)

Jessica Paradee, MPA
Curriculum Revisions, 2020 (Virtual)

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the CA Consistency in Determining Findings Virtual Skill-Building Participant Manual, developed by APSWI, a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor’s and master’s degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

APSWI (Adult Protective Services Workforce Innovation) is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI’s overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services. In partnership with state and national organizations, APSWI has developed a nationally recognized Core Competency Training Curriculum for Adult Protective Services professionals. This curriculum is reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI’s partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)
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napsa-now.org

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Co-Chairs  
Protective Services Operations Committee of the County Welfare Director’s Association  
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THE ACADEMY FOR PROFESSIONAL EXCELLENCE

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ACKNOWLEDGEMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies
California Department of Social Services, Adult Programs Division
County of Los Angeles Workforce Development, Aging and Community Services
Orange County Social Services Agency
Riverside County Department of Public Social Services
San Bernardino County Department of Aging and Adult Services
County of San Diego Aging & Independence Services

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E. Penny Jacobo, APS Supervisor, San Diego County

Committees
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National Adult Protective Services Association Education Committee
Protective Services Operations Committee of the County Welfare Directors Association of California

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Jessica Paradee, MPA
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EXECUTIVE SUMMARY

Course Title: Multi-Module Virtual CA Consistency in Determining Findings Skill-Building Training

In this hands-on and engaging advanced training, participants receive the opportunity to build upon the foundations learned from the prerequisite eLearning and practice determining findings to create consistency throughout the state. This training is packed with scenarios to help participants work through the California APS Standards for Consistency in Determining Findings Matrix and better understand the findings standards set forth in the Guiding Principles for Consistency in Determining Findings. This virtual skill building training utilizes peer review, as well as individual critical thinking, in order to develop confidence in APS professionals when making a determination.

Multi-Module Virtual Training:

- This course has been developed as a virtual training composed of three modules, including individual practice. Participants will first complete Module 1 in the virtual classroom, then, Module 2: Individual Practice on their own, and finally Module 3 in the virtual classroom. Each module is full of interaction, opportunities for critical thinking, and skill building.
- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout groups, chat box discussions, large group discussions, self-reflection, poll options, and individual practice.

Course Requirements: This virtual skill-building session was developed as a blended model, designed to be used to practice and reinforce the skills and information presented in the CA Consistency in Determining Findings prerequisite eLearning found at https://theacademy.sdsu.edu/programs/apswi/advanced-training/.

Completion of each component is required to receive course completion credit:
- Prerequisite eLearning
- Module 1 (Virtual Classroom)
  - Module 2 (Individual practice) on own
    - Record findings in on-line learning activity
- Module 3 (Virtual Classroom)

It is highly encouraged that participants have completed Modules #9 (Communication and Interviewing), #15 (Documentation and Report Writing) and #16 (Investigation First Steps) of the NAPSA Core Competency Curriculum prior to attending.

Outcome Objectives for Participants:

By the end of this training, participants will be able to:
1. Determine potential abuse by identifying the abuse indicators, using the CA APS Standards for Consistency in Determining Findings Matrix.
2. Critique if evidence meets the abuse type’s legal components (Essential Defining Elements, interpreted from the Welfare & Institutions Code) during scenario based skill practice.
3. Construct a findings rational narrative that includes the components required for it to be descriptive and complete.
After this course, APS professionals will return to the field having the experience and information to determine findings in a consistent manner within their programs and throughout the state.

**Target Audience:** This training is intended for those who conduct investigations and determine case findings. However, to better ensure consistency when determining findings all levels of APS staff including, but not limited to lineworkers, supervisors, managers, and program support specialists are strongly encouraged to attend.
## COURSE OUTLINE

<table>
<thead>
<tr>
<th>CONTENT</th>
<th>MATERIALS</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>MODULE 1</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>WELCOME &amp; INTRODUCTIONS</strong></td>
<td></td>
<td><strong>TOTAL:</strong> 25 minutes</td>
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<tr>
<td>Overview of Technology</td>
<td></td>
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<tr>
<td>Course Overview and Goals</td>
<td></td>
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<tr>
<td>Activity #1- Group Icebreaker (breakout groups)</td>
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<tr>
<td><strong>SETTING THE STAGE: FINDINGS STANDARDS AND THE MATRIX</strong></td>
<td></td>
<td><strong>TOTAL:</strong> 40 minutes</td>
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<tr>
<td>The Consistency Matrix: Reviewing the Columns</td>
<td>Handout #1- The Consistency Matrix</td>
<td></td>
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<tr>
<td>Findings Standards: Reviewing definitions</td>
<td>Handout #2- The Guiding Principles for Consistency in Determining Findings</td>
<td></td>
</tr>
<tr>
<td>Activity #2: Working through the Matrix: Peter Frown (Large Group)</td>
<td>Handouts #3-6: Peter Frown Scenario, Mock Bank Statement, Mock DPOA, Mock Check, Mock Property Tax Bill</td>
<td></td>
</tr>
<tr>
<td>Activity #3: Working through the Matrix: Janice Pho (Large Group)</td>
<td>Janice Pho Scenario, Handout #7-Mock SOC 341</td>
<td></td>
</tr>
<tr>
<td><strong>SKILL PRACTICE: DETERMINING FINDINGS</strong></td>
<td></td>
<td><strong>TOTAL:</strong> 50 minutes</td>
</tr>
<tr>
<td>Activity #4: Skill Practice: Scenario #1 (Large Group)</td>
<td>Scenario #1, Handout #8-Finding Report Template, Handout #1 (Matrix), Handout #2(Findings Standards)</td>
<td></td>
</tr>
<tr>
<td>Activity #5: Skill Practice #2 (Breakout Groups)</td>
<td>Scenario #2, Handout #8- Finding Report Template, Handout #1 (Matrix), Handout #2 (Findings Standards)</td>
<td></td>
</tr>
<tr>
<td>Lessons Learned (Individual or Large Group)</td>
<td></td>
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<tr>
<td><strong>MODULE 1 WRAP UP</strong></td>
<td></td>
<td><strong>TOTAL:</strong> 10 minutes</td>
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<tr>
<td>Overview of Module 2 and next steps</td>
<td>Handout #9</td>
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<tr>
<td>Evaluations</td>
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<tr>
<td><strong>TOTAL FOR MODULE 1</strong></td>
<td>2 HOURS</td>
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<tr>
<td><strong>MODULE 2</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>INDIVIDUAL PRACTICE</strong></td>
<td>Handout #9, Handout #1 (Matrix), Handout #2 (Findings Standards)</td>
<td><strong>TOTAL:</strong> 30 MINUTES</td>
</tr>
<tr>
<td><strong>MODULE 3</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>WELCOME</strong></td>
<td></td>
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<tr>
<td><strong>PERFORMANCE ASSESSMENT</strong></td>
<td><strong>TOTAL:</strong> 5 MINUTES</td>
<td></td>
</tr>
<tr>
<td>Activity #6 Part 1: Peer Assessment (Breakout Groups)</td>
<td>Completed Handout #9, Handout #1 (Matrix), Handout #10-Breakout Group Consensus Finding Report Template</td>
<td></td>
</tr>
<tr>
<td>Activity #6 Part 2: Report out (Large Group)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>FINDINGS RATIONAL NARRATIVES</strong></td>
<td><strong>TOTAL:</strong> 45 minutes</td>
<td></td>
</tr>
<tr>
<td>5 elements: “AFTER” and Narrative Comparison</td>
<td>20 minutes</td>
<td></td>
</tr>
<tr>
<td>Activity #7: Narrative Practice (Individually and Breakout Groups)</td>
<td>Completed Handout #9, Handout #1-Consistency Matrix</td>
<td>25 minutes</td>
</tr>
<tr>
<td><strong>WRAP-UP &amp; EVALUATIONS</strong></td>
<td><strong>TOTAL:</strong> 20 minutes</td>
<td></td>
</tr>
<tr>
<td>Activity #8: Lessons Learned (Individual and Large Group)</td>
<td>5-7 minutes</td>
<td></td>
</tr>
<tr>
<td>FAQs (Large Group)</td>
<td>Handout #11- FAQs on Consistency in Findings</td>
<td>7-10 minutes</td>
</tr>
<tr>
<td>Evaluations</td>
<td>5-7 minutes</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL FOR MODULE 3</strong></td>
<td>2 hours</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL FOR VIRTUAL SKILL-BUILDING</strong></td>
<td>4.5 hours</td>
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</tbody>
</table>
California APS Consistency in Determining Findings:
Multi-Module Virtual Skill-Building Training

We create experiences that transform the heart, mind, and practice.

The Academy is a project of San Diego State School of Social Work.
Serving over 20,000 health and human services professionals annually, the Academy’s mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

We create experiences that transform the heart, mind and practice.

About APSWI & the Academy

- Adult Protective Services Workforce Innovations (APSWI)
  - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
  - APSWI provides innovative workforce development to APS professionals and their partners.
- The Academy provides workforce development and learning experiences to health and human service professionals.

Academy Programs include:

- CWDS
- APSWI
- RIHS
- LIA
- SACHS
- APEX

We create experiences that transform the heart, mind and practice.
Overview of Technology

- Video camera
- Mute, unmute
- Chat box
- Hand clap/thumbs up
- Icons to indicate facilitator needs to slow down or you need a break
- If you must step away briefly...
- Potential technical glitches

Introductions, Course Overview and Goals

- This course is adapted from an all-day in-person course created by Akiiles A. Ceron. It has been converted to be delivered in a virtual platform by Jessica E. Paradie.
- Multi-Modules.
  - Day 1 is 2.5 hours, incorporating Module 1 (virtual classroom) and Module 2 (individual practice) to be completed on own before you attend Day 2.
  - Module 3 (virtual classroom) is on Day 2 and is two hours.
- Course is interactive and includes:
  - Poll Questions
  - Questions/responses using chat box
  - Group discussions
  - Break out groups
- APS’s goal is to have higher rates of consistency in APS professionals’ findings.

Learning Objectives

- Determine potential abuse by identifying the abuse indicators, using the APS Standards for Consistency in Determining Findings Matrix.
- Critique if evidence meets the abuse type’s legal components (Essential Defining Elements, interpreted from Welfare & Institutions Code) during scenario based skill practice.
- Construct a findings rational narrative that includes the components required for it to be descriptive and complete.
Activity #1-Breakout Session

You have 5 minutes to discuss the following:

What are your biggest concerns (or frustrations) when it comes to determining findings for your APS cases?

Consistency Matrix and Guiding Principals

The Consistency Matrix
## Reviewing the Columns

### California APP Standards for Consistency in Determining Findings

<table>
<thead>
<tr>
<th>Physical Abuse</th>
<th>Essential Definitions</th>
<th>Examples</th>
<th>Sign of Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-accidental</td>
<td>Physical abuse is the use of physical force that results in physical harm or impairment to the client's body or general health or safety</td>
<td>Example: bruises, cuts, burns, or abrasions</td>
<td>Examples include, but are not limited to:</td>
</tr>
<tr>
<td>Physical harm</td>
<td>Physical harm is the use of physical force that results in physical harm or impairment to the client's body or general health or safety</td>
<td>Example: bruises, cuts, burns, or abrasions</td>
<td>Examples include, but are not limited to:</td>
</tr>
<tr>
<td>Non-abuse</td>
<td>Non-abuse is the absence of physical harm or impairment to the client's body or general health or safety</td>
<td>Example: bruises, cuts, burns, or abrasions</td>
<td>Examples include, but are not limited to:</td>
</tr>
<tr>
<td>Abuse</td>
<td>Abuse is the use of physical force that results in physical harm or impairment to the client's body or general health or safety</td>
<td>Example: bruises, cuts, burns, or abrasions</td>
<td>Examples include, but are not limited to:</td>
</tr>
</tbody>
</table>

### Operational Definitions

- Non-accidental: use of physical force that results in physical harm or impairment to the client's body or general health or safety.
- Physical harm: use of physical force that results in physical harm or impairment to the client's body or general health or safety.
- Non-abuse: absence of physical harm or impairment to the client's body or general health or safety.
- Abuse: use of physical force that results in physical harm or impairment to the client's body or general health or safety.
## California APS* Standards for Consistency in Determining Findings

### Key:
- **APS** = Adult Protective Services
- **Client** = elder and/or adult with a disability

### Physical Abuse

<table>
<thead>
<tr>
<th>Abuse or Neglect Category</th>
<th>Operational Definition</th>
<th>Essential Defining Elements</th>
<th>Evidentiary Issues to Consider</th>
<th>Signs of Physical Abuse</th>
</tr>
</thead>
</table>
| Physical Abuse            | Physical abuse is the non-accidental use of physical force or physical deprivation or use of medications for control and Bodily injury, physical pain or impairment occurred or Bodily injury, physical pain or impairment could have occurred. | Examples include, but are not limited to:  
  **General Considerations**  
  - What are the indications, if any, that the client is being or has been:  
    - Hit, beaten, pushed, shaken, slapped, or kicked  
    - Struck with or without an object  
    - Given unwarranted drugs  
    - Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness  
    - Force-fed  
    - Deprived of food or water for a prolonged period or continually  
  - Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional?  
  - Are there power and control issues in the relationship between the suspected abuser and the client?  
  - Is there a need for a safety plan?  
  - Are the client and suspected abuser known to APS because of prior reports?  
  - Is law enforcement investigating this as a crime, e.g. assault, battery?  
  **Client Considerations**  
  - Is the injury the result of a normal part of aging or disease process? | Examples include, but are not limited to:  
  - Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone)  
  - Burns from such things as: cigarettes, appliances, or hot water  
  - Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint  
  - Signs of traumatic hair and tooth loss  
  - Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental:  
    - head, i.e., face, ears, and neck  
    - arms, i.e., lateral area (the side of the arm the thumb is on) or anterior area (the inside or palm side of the arm)  
    - genitilia  
    - soles of the feet  
    - posterior torso (including chest, upper and lower back, and buttocks  
    - Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained)  
    - Bilateral bruising of the inner thighs (indicating sexual abuse) |
<table>
<thead>
<tr>
<th>Abuse or Neglect Category</th>
<th>Operational Definition</th>
<th>Essential Defining Elements</th>
<th>Evidentiary Issues to Consider</th>
<th>Signs of Physical Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>(continued) Physical Abuse W&amp;IC 15610.63(a)(b)(c)(d)(f)</td>
<td></td>
<td></td>
<td>• Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix?</td>
<td>1. Larger bruises—accidental bruises tend to be smaller than deliberate ones</td>
</tr>
<tr>
<td></td>
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<td>• Is the client cognitively impaired?</td>
<td>2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries</td>
</tr>
<tr>
<td></td>
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<td>• Does the client use an assistive device for mobility?</td>
<td>• Injuries in various stages of healing including multicolored bruises (indicating they occurred over time).</td>
</tr>
<tr>
<td></td>
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<td>• Does the client require assistance with ADLs?</td>
<td>• Medical assessment and lab work including medical opinion on the results</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• If the client is bruised, does he/she remember how he/she got the bruises?</td>
<td>• Signs of malnutrition or dehydration without illness-related cause</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Are the suspected abuser's and the client's explanations about how the injury occurred consistent with one another?</td>
<td>• Police arresting the accused for battery or assault</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Is the explanation for the injury consistent with the facts that the social worker observes, i.e., the physical location, the wounds, the timing, etc. match the explanation?</td>
<td></td>
</tr>
<tr>
<td>Abuse or Neglect Category</td>
<td>Operational Definition</td>
<td>Essential Defining Elements</td>
<td>Evidentiary Issues to Consider</td>
<td>Signs of Sexual Abuse</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------------------------------------------------------------------------------------</td>
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<td>-------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Sexual Abuse              | Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: | 1. Evidence a sexual incident(s) or situation(s) occurred and 2. The incident or situation is unwanted or non-consensual in nature. | Examples include, but are not limited to:  
General Considerations  
- What are the indications, if any, that the client is being or has been:  
  - Touched in an unwanted fashion  
  - Raped, sodomized, or forced to take off his/her clothes  
  - Photographed in a sexually explicit way  
  - Forced to look at pornography  
  - Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.  
- Are there power and control issues in the relationship between the suspected abuser and the client?  
- Is there a need for a safety plan?  
- Are this client and suspected abuser known to APS because of prior reports?  
- Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?  
Client Considerations  
- Is the client able to consent to sexual activity? If so, did the client consent? Was the client coerced or pressured into the sexual act?  
- Does the client have family or friends to provide emotional support or to advocate on his/her behalf?  
- Are there any changes in the client’s affect, tone of voice, or body language when in the suspected abuser’s presence? | Examples include, but are not limited to:  
- Genital or anal pain, irritation or bleeding  
- Bruising on external genitalia or inner thighs  
- Difficulty walking or sitting  
- Torn, stained or bloody underclothing  
- Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.  
- Client forced to watch pornography on the television and/or computer  
- Client is newly diagnosed with a sexually transmitted disease  
- Medical assessment and lab work, including a medical opinion support the report of sexual assault  
- The dependent adult is pregnant  
- Sudden, marked change in personality or demeanor |
<table>
<thead>
<tr>
<th>Abuse or Neglect Category</th>
<th>Operational Definition</th>
<th>Essential Defining Elements</th>
<th>Evidentiary Issues to Consider</th>
<th>Signs of Sexual Abuse</th>
</tr>
</thead>
<tbody>
<tr>
<td>(continued) Sexual Abuse</td>
<td></td>
<td></td>
<td>Suspected Abuser Considerations</td>
<td></td>
</tr>
<tr>
<td>W&amp;IC 15610.63 (e)</td>
<td></td>
<td></td>
<td>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</td>
<td></td>
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<tr>
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<td>• Is the suspected abuser dependent, financially or otherwise, on the client?</td>
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<td></td>
<td></td>
<td></td>
<td>• Does the suspected abuser have a substance or mental health problem?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Does the suspected abuser have a criminal record, specifically has the suspected abuser been arrested for any sexual crimes or for a transgression of a sexual nature?</td>
<td></td>
</tr>
<tr>
<td>Abuse or Neglect Category</td>
<td>Operational Definition</td>
<td>Essential Defining Elements</td>
<td>Evidentiary Issues to Consider</td>
<td>Signs of Financial Abuse</td>
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</tr>
<tr>
<td>Financial Abuse W&amp;IC 15610.30</td>
<td>Financial abuse is the illegal or improper use of a client's funds, property or assets.</td>
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</tbody>
</table>

*NOTE: “Undue influence” means excessive persuasion that causes another person to act or refrain from acting by overcoming that person’s free will and results in inequity. Refer to W&IC 15610.70 |

1. Funds, property or assets belonging to the client
2. Have been taken, secreted, appropriated, and/or retained, possibly through the use of undue influence*
3. For a wrongful use (likely to be harmful to the client) or
4. With intent to defraud.

Examples include, but are not limited to:

**General Considerations**

- What are the indications, if any, that the client is being or has been financially exploited by someone, e.g.,
  - Cashing a client's check or using/misusing a client’s debit card without authorization or permission
  - Forging the client’s signature
  - Misusing or stealing the client’s money or possessions
  - Taking the client’s funds or property by using undue influence
  - Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will
  - Improperly executing the duties of conservatorship, guardianship, or powers of attorney
- Scams such as ID theft, telemarketing/battery/ investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors
- Who is making the financial decisions and are the decisions being made in the client’s best interest?
- Does the suspected abuser exploit the client’s incapacitation such as when the client is tired, ill, or taking mentally impairing medications?
- Is the suspected abuser targeting vulnerabilities (e.g., takes or moves walker, wheelchair, glasses, dentures if the client does not comply with demands for money or signatures or takes advantage of confusion)?

Examples include, but are not limited to:

- Unpaid bills, eviction notices or notices to discontinue utilities
- Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client
- Bank statements and canceled checks no longer delivered to the client’s home
- New “best friends” who take an interest in the client’s finances
- Legal documents (i.e., powers of attorney) the client did not understand when signing or understood but were signed under duress or because of manipulation
- Unusual activity in the client’s bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals
- Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot)
- A suspected abuser’s excessive interest in the amount of money spent on the client
- Missing belongings or property
- Suspicious signatures on checks or other documents
### HANDOUT #1

#### 2.2: The California APS Standards for Consistency in Determining Findings Matrix

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<td>Financial Abuse</td>
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<td></td>
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<tr>
<td>(continued)</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud?</td>
<td>• Absence of documentation about financial arrangements</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative?</td>
<td>• Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client’s finances</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Are there any indicators of undue influence, such as:</td>
<td>• Client’s ignorance or lack of understanding regarding financial arrangements made on his/her behalf</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness &amp; vulnerability?</td>
<td>• The client is not receiving care nor is his/her living arrangements commensurate with his/her assets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Is the suspected abuser attempting to make the client emotionally dependent?</td>
<td>• The scope/quality of care the client has been receiving is reduced</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Is the suspected abuser trying to isolate the client?</td>
<td>• The suspected abuser cues or prompts the client or interrupts the client in interviews</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Is the suspected abuser attempting to take control of the client’s life and affairs, including personal care, medical attention, food, daily activities, and information as well as finances?</td>
<td>• There are contradictions or inconsistencies in behavior, statements, or history between the client and the suspected abuser, the client and the environment, between chronologies, and between before and after histories.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Is the suspected abuser creating an “us against them” mentality?</td>
<td>• Changes in the ownership of property and other assets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>o Is the suspected abuser exploiting his/her emotional relationship with client?</td>
<td>• Client has received a foreclosure notice.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Is the client susceptible to threats of abandonment?</td>
<td>• Client’s service providers were changed after the suspected abuser became involved in the client’s life.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Are the client and suspected abuser known to APS because of prior reports?</td>
<td></td>
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<tr>
<td></td>
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<td></td>
<td>• Is law enforcement investigating this as a crime?</td>
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<td></td>
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<td></td>
<td><strong>Client Considerations</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Does the client have mobility problems and physical ailments that make him/her more dependent on others?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</td>
<td></td>
</tr>
</tbody>
</table>

**Originated 2011**

**Effective Date 2/1/2016**
### HANDOUT #1

#### 2.2: The California APS Standards for Consistency in Determining Findings Matrix

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<thead>
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</thead>
<tbody>
<tr>
<td>(continued) Financial Abuse</td>
<td>W&amp;IC 15610.30</td>
<td></td>
<td>4. Are the client’s needs being adequately met—medical, environmental, etc., or is the suspected abuser benefiting from the client’s resources while the client does not have the necessary care, supplies or affordable amenities?</td>
<td>• Access to the client is limited by the suspected abuser.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5. Have there been any changes in the client's contact with his/her social network?</td>
<td>• The client has a relatively sudden and marked change in behavior, such as: seems depressed or anxious, stops going out, avoids contact with family and friends, etc.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>6. Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td>7. What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client?</td>
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<tr>
<td></td>
<td></td>
<td>8. Is the client depressed, anxious, or fearful?</td>
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</tr>
</tbody>
</table>

**Suspected Abuser Considerations**

- Does the suspected abuser resist or try to interfere with the client being interviewed alone?
- What access does the suspected abuser have to the client/does the suspected abuser live with the client?
- Is the suspected abuser dependent, financially or otherwise, on the client?
- What was the suspected abuser’s financial history before becoming actively involved with the client?
- Does the suspected abuser have a substance or mental health problem?
- Does the suspected abuser have a criminal record?
### HANDOUT #1

**2.2: The California APS Standards for Consistency in Determining Findings Matrix**

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</table>
| Neglect                   | Neglect is defined as the refusal or failure to fulfill any part of a person’s obligations or duties to a client. | 1. Negligent failure to take action, whether intentional or unintentional. | Examples include, but are not limited to: General Considerations  
○ What are the indications, if any, that the client is being or has been neglected because:  
○ A person who has a fiduciary responsibility to the client has failed of to insure the client is receiving adequate care  
○ An in-home service provider has failed to provide the client with necessary care.  
○ The client is not being provided with necessities of life such as food, water, clothing, shelter, personal hygiene, medicine, comfort personal safety and other essentials by an individual who has an implied or an agreed-upon responsibility to the client.  
○ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering.  
○ Have issues of neglect resulted in physical or emotional harm or hospitalization (e.g. malnutrition, dehydration, decubitus ulcers, depression, decrease in quality of life, social withdrawal, etc)?  
○ Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)?  
○ What is the level of stress in the in the household due to financial, family, marital, or health problems?  
○ Are the client and suspected abuser known to APS because of prior reports?  
○ Is law enforcement investigating this as a crime? | Examples include, but are not limited to:  
○ Client has bad hygiene and smells of foul odor.  
○ Client has long, dirty, and unkempt finger and toe nails.  
○ The suspected abuser is creating a risk to the client’s health by  
○ not providing the prescribed medication properly (e.g. diabetes or high blood pressure)  
○ not providing transportation to medical/mental health visits  
○ not complying with the client’s medical appointments  
○ Client’s home is in dilapidated condition.  
○ Client is living in hoarding conditions.  
○ Client has been living with no running water, heat, or electricity.  
○ Client is found soiled and the house smells of feces.  
○ The suspected abuser refuses to dress the client or dresses the client inappropriately.  
○ The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home). |
## HANDOUT #1

### 2.2: The California APS Standards for Consistency in Determining Findings Matrix

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<tbody>
<tr>
<td>Neglect</td>
<td></td>
<td></td>
<td>Client Considerations</td>
<td>Deprivation by care custodian: WI&amp;C 15610.35. “Goods and services necessary to avoid physical harm or mental suffering” include, but are not limited to, all of the following:</td>
</tr>
<tr>
<td>W&amp;I C 15610.57 (a)(b)</td>
<td></td>
<td></td>
<td>• Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client’s capacity?</td>
<td>(a) The provision of medical care for physical and mental health needs.</td>
</tr>
</tbody>
</table>

**Suspected Abuser Considerations**

- Is the neglect intentional or unintentional?
- Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication?
- Did the suspected abuser neglect the client for personal gain (e.g., to save money or inheritance)?
- Does the suspected abuser have a drug/alcohol or mental health problem that impairs his/her ability to make sound decisions for himself and/or for the client?
- Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care?
- Does the suspected abuser have Durable Power of Attorney over client?
- Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would?
- Adequate clothing.
- Adequately heated and ventilated shelter.
- Protection from health and safety hazards.
- Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.
- Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.
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<tr>
<td>(continued) Neglect</td>
<td>W&amp;IC 15610.57 (a)(b)</td>
<td></td>
<td>• What access does the suspected abuser have to the client? does the suspected abuser live with the client?</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Is the suspected abuser dependent, financially or otherwise, on the client?</td>
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<td></td>
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<td></td>
<td>• Does the suspected abuser have a criminal record?</td>
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<td></td>
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<td></td>
<td>• If a licensed agency is responsible, is a cross report warranted?</td>
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</table>
### Handout #1

**2.2: The California APS Standards for Consistency in Determining Findings Matrix**

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<th>Signs of Self-Neglect</th>
</tr>
</thead>
</table>
| Self Neglect              | **Self-Neglect** is an adult's refusal or failure to perform essential self-care tasks. | 1. Client is refusing or failing to exercise self care.  
2. The level of self care is not reasonable. | **Examples include, but are not limited to:**  
**General Considerations**  
- What are the indications, if any, that the client's self care is or has been inadequate, for example:  
  - Not obtaining essential food, clothing, shelter, and medical care  
  - Not maintaining physical health, mental health, financial health, or general safety?  
- Is the client's chronic homelessness or chronic substance abuse the sole basis for the referral? If so, the report might not be accepted as self-neglect.  
- Would the client more appropriately served by another system of care/agency (e.g., mental health services, Regional Center, homeless services, etc.)? If so, the report might be referred to that agency.  
- Is this client known to APS because of prior reports?  
**Client Considerations**  
- Is the client's failure to get medical care or treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? If so, this is not considered neglect.  
- Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?  
- Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services?  
- Does the client exhibit hoarding behavior, including animal hoarding? | **Examples include, but are not limited to:**  
- Client is unable/fails/refuses to take in adequate amounts of food and fluids.  
- Client has a noticeable weight loss or is showing signs of malnutrition.  
- Client's physical appearance shows sunken eyes.  
- Client is eating food that is potentially unsafe or harmful to his/her health condition.  
- Client is unable/fails/refuses to dress him/herself appropriately.  
- Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor.  
- Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity).  
- Client is unable/fails/refuses medical care and/or mental health services.  
- Client is unable/fails/refuses to take his/her medication. |
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<tbody>
<tr>
<td>(continued) Self Neglect</td>
<td></td>
<td></td>
<td>• Is the self-neglect a result of lack of awareness or inability?</td>
<td>• Bills are unpaid or payments are late.</td>
</tr>
<tr>
<td>W&amp;C 15610.57 (a)(2), (b)(5)</td>
<td></td>
<td></td>
<td>• Is the client at any risk due to his/her behavior, such as risk of eviction or having his/her housing condemned by environmental health?</td>
<td>• Utilities are shut off or at risk of being shut off.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• What resources were available to the client and how reasonable is it that the client could have accessed them?</td>
<td>• Client is unable/fails/refuses to protect his/her money from scams or others.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• If resources were available combined with functional ability and balancing safety – could safety be maintained?</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>• Is the client able to manage his/her finances?</td>
<td></td>
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</tbody>
</table>
## Handout #1

### APS Guidelines to Supplement Regulations

#### 2.2: The California APS Standards for Consistency in Determining Findings Matrix

<table>
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<tr>
<th>Abuse or Neglect Category</th>
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<th>Evidentiary Issues to Consider</th>
<th>Signs of Psychological Abuse</th>
</tr>
</thead>
</table>
| Psychological Abuse (Mental Suffering) | Psychological abuse is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts. | 1. Emotional distress exhibited by client. 2. The emotional distress is a result of someone else’s behavior/actions. | Examples include, but are not limited to:  
**General Considerations**  
- What are the indications, if any, that the client is being or has been  
  - Verbally assaulted, insulted, and threatened  
  - Intimidated, humiliated (e.g., treated as an infant), and harassed  
  - Given the “silent treatment” or had affection withdrawn  
  - Told misleading comments made with malicious intent to inflict emotional harm.  
- Are there power and control issues in the relationship between the suspected abuser and the client?  
- Are the client and suspected abuser known to APS because of prior reports?  
**Client Considerations**  
- Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others?  
- Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client’s capacity?  
- Is the response of others to the client’s cognitive impairment causing the client additional emotional distress?  
**Suspected Abuser Considerations**  
- Is the suspected abuser dependent, financially or otherwise, on the client?  
- Does the suspected abuser have a substance or mental health problem?  
- Does the suspected abuser have a criminal record? | Examples include, but are not limited to:  
- Suspected abuser observed or heard yelling at, belittling, and/or threatening the client.  
- Suspected abuser using the client’s pet to distress the client by restricting access to the animal, making threats about the animal, etc.  
- Client looks depressed.  
- Client is confused or disoriented.  
- Client is showing signs of confinement.  
- Suspected abuser lying to the client deliberately to upset him/her.  
- Client being intimidated/harassed by others |
### HANDOUT #1

**2.2: The California APS Standards for Consistency in Determining Findings Matrix**

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<th>Abuse or Neglect Category</th>
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<th>Evidentiary Issues to Consider</th>
<th>Signs of Abandonment</th>
</tr>
</thead>
</table>
| Abandonment               | Abandonment is intentionally leaving or forsaking a client | 1. Desertion is deliberate  
2. Could be:  
- Caretaker  
- Care Custodian*  
- Person providing services (e.g. home health nurse)  
- Person in a position of trust or fiduciary (e.g. POA)  
3. Reasonable person would continue to provide care and custody.  

**“Care custodian’ means an administrator or an employee of a public or private facility or agency, or persons providing care or services for elders or dependent adults (for full definition, refer to WIC 15610.17)** | Examples include, but are not limited to:  
**General Considerations**  
- What are the indications, if any, that the client has been abandoned?  
- Are the client and suspected abuser known to APS because of prior reports?  
- Is law enforcement investigating this as a crime?  
- Is the abandonment part of a threat?  
- Is there a risk to the client’s safety because of where he/she was left?  
**Client Considerations**  
- Is the client cognitively impaired?  
- Did the client consent to be left?  
- Is it in the client’s best interests to be left where he/she is?  
**Suspected abuser Considerations**  
- Was the client abandoned for the personal gain or to meet someone other than the client’s needs?  
- Is the suspected abuser dependent financially or otherwise on the client?  
- Does the suspected abuser have a substance or mental health problem?  
- Does the suspected abuser have a criminal record?  
| Examples include, but are not limited to:  
- Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return  
- Caregiver for a client who cannot manage without assistance goes away without making plans for coverage  
- Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care  
- Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver.
<table>
<thead>
<tr>
<th>Abuse or Neglect Category</th>
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<th>Signs of Isolation</th>
</tr>
</thead>
</table>
| Isolation W&IC 15610.43   | Isolation is the purposeful prevention of communication between a client and others, without the client's consent or knowledge when the action is not in the client's best interest. | 1. The action of the suspected abuser is purposeful.  
2. Client does not or cannot consent and  
3. Not in the client's best interest. | Examples include, but are not limited to:  
**General Considerations**  
- What are the indications, if any, that the client is being or has been isolated—such as restricting a client's personal freedom in order to influence or control him/her and/or his/her resources through deceit, coercion, force, or threats?  
- Are there power and control issues in the relationship between the suspected abuser and the client?  
- Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by one or more of the following:  
  - attempting to make the client emotionally dependent  
  - attempting to take control of the client's life and affairs, including personal care, medical attention, food, daily activities, and information and support as well as finances  
  - creating an "us against them" mentality  
  - fostering powerlessness and vulnerability in the client  
  - exploiting the client's emotional relationship with the abuser?  
- Are the client and suspected abuser known to APS because of prior reports?  

**Client Considerations**  
- Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?  
- Does the client have mobility problems and physical ailments that make him/her more dependent on others? | Examples include, but are not limited to:  
- Client's support system, both formal and informal, has increasingly restricted access to the client, e.g.:  
  - visitors are turned away  
  - phone calls blocked  
  - phone number changed  
  - mail not given to the client  
- The client's ability to contact others is made difficult by  
  - denying the client access to a phone  
  - disconnecting the client's phone  
- There is a change in the client's doctors, attorneys, etc.  
- Caregivers not hired by the suspected abuser are fired.  
- Client's mailing address is changed to a PO Box or the suspected abuser's address.  
- Client is told that friends and/or family are mad at him/her (as reason they are not visiting).  
- Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside. |
<table>
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<td></td>
<td>Suspected Abuser Considerations</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Is the suspected abuser isolating the client for personal gain?</td>
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<td></td>
<td>• Is the suspected abuser dependent, financially or otherwise, on the client?</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>• Does the suspected abuser have a substance abuse or mental health problem?</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Does the suspected abuser have a criminal record?</td>
<td></td>
</tr>
<tr>
<td>Abduction</td>
<td>Operational Definition</td>
<td>Essential Defining Elements</td>
<td>Evidentiary Issues to Consider</td>
<td>Signs of Abduction</td>
</tr>
<tr>
<td>-----------</td>
<td>------------------------</td>
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</tr>
</tbody>
</table>
| Abduction W&IC 15610.06 | Abduction is the malicious taking or enticing away a client from California or keeping the client from returning to California, when the client lacks the capacity to consent or without consent of the conservator. | 1. The client was taken from California and is not being allowed to return. or 2. The client is a California resident who is out of state and wants to return but is not being allowed to. and 3. The client did not leave of his/her own volition or the conservator hasn't consented. or 4. The client does not have the capacity to consent | Examples include, but are not limited to:  
General Considerations  
- What are the indications, if any, that the client is being or has been abducted?  
- Are the client and suspected abuser known to APS because of prior reports?  
- Is law enforcement investigating this as a crime, e.g. kidnapping?  
Client Considerations  
- Does the client have the capacity to consent to the move or is the client conserved?  
- Did the client consent or did the conservator give permission for the move?  
- Is it in the client’s best interests to move?  
Suspected abuser Considerations  
- Did the suspected abuser abduct the client for personal gain or to meet someone other than the client’s needs?  
- Is the suspected abuser dependent, financially or otherwise, on the client?  
- Does the suspected abuser have a substance or mental health problem?  
- Does the suspected abuser have a criminal record? | Examples include, but are not limited to:  
- The client was taken from California and is not being allowed to return.  
- A California resident is out of state, wants to return but is not being allowed to.  
- The client adult did not leave of his/her own volition.  
- The client was not removed from the state as protective measure or because it was in his/her best interest. |
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Finding Standards

- **Confirmed**: evidence reasonably supports **all** of the essential elements of the alleged abuse.
- **Inconclusive**: evidence reasonably supports **only some** of the essential elements of the alleged abuse.
- **Unfounded**: evidence reasonably refutes the essential elements of the alleged abuse.

Finding Standards Clarified

- **≥ 51% Confirmed**: evidence with a ≥51% likelihood of supporting **all** of the legal components of the alleged abuse.
  - Abuse occurred or most likely occurred
- **Inconclusive**: evidence insufficient to lead to a conclusion, **BUT ALSO** that does not remove all doubt that abuse occurred.
- **≤ 49% Unfounded**: evidence with a ≤49% likelihood of supporting **all** the legal components of the alleged abuse.
Handout #2

Guiding Principles

Findings Are:
- A reflection of the investigation and the information gathered pertaining to the essential defining elements of the alleged abuse
- Based upon the social worker’s evaluation of the credible information gathered as to whether or not abuse has occurred
- Based on community standards rather than the client’s perspective in determining self-neglect

Findings Are Not:
- Tied to services, i.e., you need not have a confirmed or inconclusive finding to offer services
- Subject to determining or proving the intent of the suspected abuser
- Dependent on identification of the abuser
- Subject to the county’s or agency’s political issues
- Influenced by possible repercussions for a suspected abuser as a consequence of the finding
- Influenced by the possibility of a future abuser registry
- Influenced by law enforcement’s response to the finding

Guidance on Findings:
- When capacity is in doubt, get an expert opinion if possible, but regardless create the service plan as if the client lacked capacity.
- When capacity is in question, and the worker has no psychological testing results, a worker should not make an unfounded finding.
- Workers should document the specific reasons that led them to their findings, not just state their conclusions.
- Workers’ synthesis of the information could result in a confirmed finding even if that finding conflicted with some of the information gathered.
- While gut feelings or instincts are often indicators that something is wrong, a finding should not be made on gut feelings alone with no evidence to support it.

Guidance on Information Gathering:
- In general, believe the client especially when he/she recounts or describes abuse suffered. However, a caveat to believing the client is when the client may be trying to protect the suspected abuser or is being unduly influenced by the suspected abuser.
HANDOUT #2

2.3: Guiding Principles (for Consistency in Determining Findings)

- Approach the investigation and assessment with an open mind. The social worker's personal beliefs and attitudes about what is in the best interest of the client cannot interfere with the findings of an allegation.
- Where possible, evidence should be gathered from more than one source.

Types of Evidence:
- Client statement
- SW direct observations
- Physical evidence, e.g., injuries, cluttered home, no utility service, etc.
- Corroborating evidence, e.g., witnesses, physician records, documents, etc.
- Circumstantial evidence
- Unobserved/3rd Party suspicions
- History, e.g., prior APS reports, police records, incidents with same perpetrator, patterns of covering up abusive situations, etc.

Finding Standards:
- Findings are a combination of both judgment and a reasoned approach.
- They are based upon:
  - the facts/information gathered by the APS worker that are related to the essential elements of the abuse alleged, and
  - the evaluation of those facts by the APS worker using his/her expertise, experience, and training
- As a general rule, the following standards should be used when determining findings:
  - **Confirmed** = the information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
  - **Inconclusive** = the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.
  - **Unfounded** = the information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- Confirmed and unfounded findings require information to support them. When the worker is unable to gather sufficient information to reasonably determine if the abuse happened or not, inconclusive is the appropriate finding.
- Exceptions to the general rule: Because of the complexity and uniqueness of abuse and neglect investigations, exceptions can and do happen. When that occurs, the worker should consult with his/her supervisor.
Peter Frown Scenario

APS receives a report from a caretaker alleging financial abuse by the client, Peter Frown’s son. The RP shows the APS professional a bank statement, with the client’s name on it, and a line item shows that a $10,000 withdrawal was made via check. The RP stated that Peter was upset at his son for taking control of his bank account. APS professional visits Peter and he is upset about his son taking over his account, but cannot give details of the events that led to it. The APS professional calls the son, who offers to scan and email a copy of the DPOA, a copy of the check made to pay the overdue property tax, and a copy of the bill from the County’s tax collector for the overdue $10,000 in property tax and threatening legal action.
Date of Bank Statement: Aug 16, 2020

Peter Frown
14 Wherever Lane,
Santa Clara, CA 90000
Account Number: 987654321

Beginning Balance: $75,230.78
Date and Amount = $10,000 withdrawal via Check #000
Ending Balance: $65,230.78
HANDOUT #4- DPOA

CALIFORNIA GENERAL DURABLE POWER OF ATTORNEY

THE POWERS YOU GRANT BELOW ARE EFFECTIVE EVEN IF YOU BECOME DISABLED OR INCOMPETENT

NOTICE TO PERSON ACCEPTING THE APPOINTMENT AS ATTORNEY-IN-FACT - RESPONSIBILITIES INCLUDE:

1. THE LEGAL DUTY TO ACT SOLELY IN THE INTEREST OF THE PRINCIPAL AND TO AVOID CONFLICTS OF INTEREST.
2. THE LEGAL DUTY TO KEEP THE PRINCIPAL'S PROPERTY SEPARATE AND DISTINCT FROM ANY OTHER PROPERTY OWNED OR CONTROLLED BY YOU.

Date, Name and Signature of Agent (aka Attorney-in-Fact): Son of Frown

Scope of Authority (initialed):

_______ (A) Real property transactions. ________ (B) Tangible personal property transactions.
_______ (C) Stock and bond transactions. ________ (D) Commodity and option transactions. ________
(E) Banking and other financial institution transactions. ________ (F) Business operating transactions.
_______ (G) Insurance and annuity transactions. ________ (H) Estate, trust, and other beneficiary transactions. ________ (I) Claims and litigation. ________ (J) Personal and family maintenance. ________ (K) Benefits from Social Security, Medicare, Medicaid, or other governmental programs, or military service. ________ (L) Retirement plan transactions. ________ (M) Tax matters.
_______ (N) ALL OF THE POWERS LISTED ABOVE. (It is most common that this box is initialed)

Date, Name and Signature of Principal (aka the APS Client): Peter Frown_______01/01/2020____

CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA COUNTY OF ___Los Angeles____________. This document was acknowledged before me on _01/01/2000_________________________ [Date] by ___ Peter Frown ________________________________________________ [name of principal].

[Notary Seal]:

Version 1 OCT 2020 40
Check Number: #000  
Date of Check: 08/15/2020  
Peter Frown  
14 Wherever Lane,  
Santa Clara, CA 90000  
Account Number: 987654321  

Payable to: Property Tax Collector  
Amount = $10,000  
Memo Line  
Signature
Date of Bill: 06/25/2020

Peter Frown
14 Wherever Lane,
Santa Clara, CA 90000
Account Number: 987654321

Amount of Bill: $10,000

Seeking potential legal action for not paying an overdue property tax bill.
Janice Pho Scenario

APS receives a report from the Regional Center alleging sexual abuse. They have 20yo consumer with an intellectual disability and is pregnant. The APS professional interviews the client, Janice Pho, who says that her cousin, who moved into her home a few months ago to work for her dad, took her for a ride in the mountains. When she said it was time for her to go home, he said that he would not drive her back unless she had sex with him. She said that she didn’t want to, but he threw the keys in the backseat of the car until she would have sex with him. She reported, “I had to have sex with him so that I could get home”.
Date of Report to APS: 2/05/2019

Alleged Victim: Janice Pho

Suspected Abuser: Victim’s Cousin

Reporting Party (RP): Regional Center

Allegation: Sexual Abuse of 20 y/o Dependent Adult with an Intellectual Disability

Observations: Alleged Victim said to RP that she did not consent, and RP reports that the Alleged Victim is pregnant.
Scenario #1

An 83 year old woman, has In-Home Supportive Services (IHSS) and gives her in-home provider her jewelry for safekeeping while she goes to the hospital for surgery. Upon her discharge from the hospital, the client asks the provider to bring back her jewelry. The provider keeps forgetting to return it. The client tells this to her Home Health Nurse, who in turn files a report with APS.
Scenario #2

The Home Health Nurse returns in a couple of days. She notices that the client’s in-home provider has not filled her prescription. The client says that her provider has not been able to get it from the pharmacy. The client adds that she lent her provider $400 dollars, and the provider has not paid her back. The client also says that her provider returned the jewelry. The provider comes daily. The nurse reports this additional information to APS.
**HANDOUT #8: FINDING REPORT TEMPLATE**

**FINDING REPORT**

<table>
<thead>
<tr>
<th>Name</th>
<th>□ Practice # ____  □ Assessment</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of abuse suspected</th>
<th>What are the indicators of abuse?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Physical</td>
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</tr>
<tr>
<td>□ Sexual</td>
<td>□ Abandonment</td>
</tr>
<tr>
<td>□ Financial</td>
<td>□ Isolation</td>
</tr>
<tr>
<td>□ Neglect</td>
<td>□ Abduction</td>
</tr>
<tr>
<td>□ Self-neglect</td>
<td></td>
</tr>
</tbody>
</table>

**Evidence meets ALL legal components? (“Essential Defining Elements” column, Consistency Matrix)**

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the chances the evidence supports all the elements?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>≥51%</td>
<td>CONFIRMED</td>
<td>≤49%</td>
</tr>
<tr>
<td>&lt;49%</td>
<td></td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td></td>
<td>YES</td>
</tr>
</tbody>
</table>

Indicate how the evidence meets (confirmed), does not meet (unfounded) each legal component, or cannot be confirmed but still leaves doubt that it is unfounded.

Does the evidence still leave doubt whether the abuse occurred?

Team Consensus

(Practices 3 & 4 – all participants are to record this consensus on their templates)

*“Narrative” section on the back*
FINDING REPORT

Name____________________________  □ Practice # ___  □ Assessment

Narrative (Include all components described in “AFTER” process)

“AFTER”
Abuse type suspected
Finding standard
Theory of the events leading to abuse
Evidence meeting the legal components, if any
Required action
Skill Practice Lessons Learned

- What seemed to be the clearest allegation to determine a finding?
- What was most difficult?
- What surprised you the most?
- What will you take away from this activity?
Concluding Module 1

Today’s Module Covered:

- Goals of Consistency in Findings
- Consistency Matrix and Guiding Principles
- Findings Standards
- Application of the matrix to different scenarios

Questions and Evaluations (Module 1)

- Final Questions?
- Next steps:
  - Complete Individual Practice in your participant manual first. Enter your findings into the online learning activity.
  - Bring completed Individual Practice to Module 3 (next virtual classroom).
  - Attend Module 3
- Thank you for attending and participating in this training.
- Thank you for your commitment to older and dependent adults in our communities.
- Evaluations

Module 2: Individual Practice – Scenario #3 and #4

Individual Practice Assignment

- Read each of the case scenarios and individually:
  - Evaluate evidence for abuse indicators
  - Determine if the evidence meets the abuse’s legal components
  - Explain how the evidence meets the abuse’s legal components
  - Assign a finding(s)
  - After completed, record each finding on the Findings Report page of Handout #9.
- We will use your individual practice work in the final module of the course.
- Questions about this module? (physically raise hand or hit the thumbs up icon)
Questions and Evaluations (Module 1)

- Final Questions?
- Next steps:
  - Complete Individual Practice in your participant manual and enter your findings into the online learning activity.
  - Bring completed Individual Practice to Module 3 (next virtual classroom).
  - Attend Module 3
- Thank you for attending and participant in this training.
- Thank you for your commitment to older and dependent adults in our communities.
- Evaluations
Thank You!

Follow us on Social Media:
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- @AcadProfExcell
- @Afcystryacademy
- @TheAcademySDSU

We envision a world where the quality of life for individuals, organizations, and communities is transformed to a healthier place.
MODULE 2
HANDOUT #9- INDIVIDUAL PRACTICE (MODULE 2) WORKSHEET

Directions:
Complete this worksheet either immediately logging off or at a later time that is more convenient. This must be completed prior to attending Module 3 (Virtual Classroom).

On your own:
1. Review scenario #3.
   a. Evaluate the evidence for abuse indicators
   b. Determine if the evidence meets the abuse’s legal components
   c. Explain how the evidence meets the abuse’s legal components
   d. Assign a finding on the first page of the Findings Report.
2. Review scenario #4.
   a. Evaluate the evidence for abuse indicators
   b. Determine if the evidence meets the abuse’s legal components
   c. Explain how the evidence meets the abuse’s legal components
   d. Assign a finding on the first page of the Findings Report.
3. Log into the Module 2 on-line learning activity to enter your findings for each scenario. The registration link will be provided via email. In order to get completion credit for Module 2, you must enter your findings into the on-line learning activity.
4. Bring this completed worksheet to Module 3.

SCENARIO #3:
The following week, the APS professional and the Home Health Nurse do a joint visit to interview the client. The client confirms to the APS professional the statements she made to the nurse last week. Suddenly, the provider arrives. They interview the provider privately. The APS professional inquires about the medication, and the provider explains that the client only recently told her about the medication, after which she picked up the prescription and brought it to her three days ago.

The nurse looks at it and sees that the client has not taken her prescription medication for two days. The provider adds that the client arrived from the hospital somewhat confused, and asked her to stay with her a couple of nights, until she felt better, and offered her $400. The provider could not do it, but offered her sister to spend both nights for $400, and the client accepted. The provider added that the client refused services for the last couple of days, and pointed at the overflowing sink with dishes from the past 3-5 days.

When asked, the client states that now she remembers that the provider’s sister stayed with her for a couple of nights, and she thinks that she agreed to pay $400, but inquires whether she paid her too much for two nights. The client admits having felt confused upon discharge, and her memory is blurry. The nurse will help her with her medication.
## FINDING REPORT

**Name__________________________**

☐ Practice # ____  ☐ Assessment

<table>
<thead>
<tr>
<th>Type of abuse suspected</th>
<th>What are the indicators of abuse?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Physical</td>
<td>☐ Psychological</td>
</tr>
<tr>
<td>☐ Sexual</td>
<td>☐ Abandonment</td>
</tr>
<tr>
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</tr>
<tr>
<td>☐ Self-neglect</td>
<td></td>
</tr>
</tbody>
</table>

**Evidence meets All legal components? (“Essential Defining Elements” column, Consistency Matrix)**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are the chances the evidence supports all the elements?</td>
<td>Does the evidence still leave doubt whether the abuse occurred?</td>
</tr>
<tr>
<td>≥51%</td>
<td>≤49%</td>
</tr>
</tbody>
</table>

**CONFIRMED**  **UNFOUNDED**  **INCONCLUSIVE**

- CONFIRMED: Team Consensus (Practices 3 & 4 – all participants are to record this consensus on their templates)
- UNFOUNDED: Indicates how the evidence meets (confirmed), does not meet (unfounded) each legal component, or cannot be confirmed but still leaves doubt that it is unfounded.

“Narrative” section on the back
## FINDING REPORT

<table>
<thead>
<tr>
<th>Name</th>
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<th>Assessment</th>
</tr>
</thead>
</table>

**Narrative** (Include all components described in “AFTER” process)

<table>
<thead>
<tr>
<th>Component</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse type suspected</td>
</tr>
<tr>
<td>Finding standard</td>
</tr>
<tr>
<td>Theory of the events leading to abuse</td>
</tr>
<tr>
<td>Evidence meeting the legal components, if any</td>
</tr>
<tr>
<td>Required action</td>
</tr>
</tbody>
</table>
SCENARIO #4

The following week, the APS professional receives a call from the client’s niece, who just arrived to visit her aunt. The niece reports that while helping her aunt open and read her mail, she found a bank statement that shows that recently, the provider's sister was added to her aunt’s checking account. The niece noticed two recent large withdrawals of $400 and $600. Her aunt says that recently, she went to the bank with the provider’s sister to pay her for spending two nights after her aunt was discharged from the hospital, but that her aunt says she would never add the provider’s sister to her account.

There is a copy of a check attached to the statement payable to CASH, and the signature is not her aunt’s. The APS professional returns to interview the client, who confirms what she said to her niece. The APS professional reviews the copy of the check, and the client maintains that she would never withdraw $600, as she is frugal and only receives SSI. Her balance is now $50.

The APS professional calls the provider’s sister, who says that the client gave her the $600 in anticipation of overnight care that she will need if she’s hospitalized again. She says that the client added her to the account in case the client needed help with bill-paying after a future hospitalization. She refuses to return this money to the client, as she believes it’s owed to her in the client’s future best interest.
# FINDING REPORT

<table>
<thead>
<tr>
<th>Type of abuse suspected</th>
<th>What are the indicators of abuse?</th>
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<tbody>
<tr>
<td>Physical</td>
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Evidence meets **All** legal components? (“Essential Defining Elements” column, *Consistency Matrix*)

<table>
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</tr>
<tr>
<td>≥51%</td>
<td>≤49%</td>
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</table>

### CONFIRMED
- Indicate how the evidence meets (confirmed), does not meet (unfounded) each legal component, or cannot be confirmed but still leaves doubt that it is unfounded.

### UNFOUNDED

### INCONCLUSIVE
- Team Consensus
- (Practices 3 & 4 – all participants are to record this consensus on their templates)

“Narrative” section on the back
FINDING REPORT

Name_________________________

☐ Practice # _____  ☐ Assessment

Narrative (Include all components described in “AFTER” process)

* A F T E R *
- Abuse type suspected
- Finding standard
- Theory of the events leading to abuse
- Evidence meeting the legal components, if any
- Required action
California APS Consistency in Determining Findings: Multi-Module Virtual Skill-Building Training

In the chat box, please write:
- Your name, county, and role
- Change display name if needed and include pronouns if comfortable

Scenario #3 and #4 Group Assessment

Breakout Session:
- Retrieve your Scenario #3 and #4 that you completed during individual practice.
- In your breakout sessions, complete the following:
  - Discuss and evaluate each other’s findings determinations from the individual practice as a team.
  - As part of your discussion, include if you agree or disagree with each other’s findings.
  - Come to a group consensus on which determination should be presented for both scenarios as the group’s determinations.
  - Each group member needs to note the group’s consensus on their individual report templates.
  - Select a team leader to report out.
## HANDOUT #10- BREAKOUT GROUP CONSENSUS FINDING REPORT TEMPLATE

### FINDING REPORT

<table>
<thead>
<tr>
<th>Name ____________________________</th>
<th>□ Practice # ____</th>
<th>□ Assessment</th>
</tr>
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<td></td>
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Indicate how the evidence meets (confirmed), does not meet (unfounded) each legal component, or cannot be confirmed but still leaves doubt that it is unfounded.

Team Consensus
(Practices 3 & 4 – all participants are to record this consensus on their templates)

“Narrative” section on the back
FINDING REPORT

Name____________________________________ □ Practice # ____ □ Assessment

Narrative (Include all components described in “AFTER” process)

<table>
<thead>
<tr>
<th>“AFTER”</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abuse type suspected</td>
</tr>
<tr>
<td>Finding standard</td>
</tr>
<tr>
<td>Theory of the events leading to abuse</td>
</tr>
<tr>
<td>Evidence meeting the legal components, if any</td>
</tr>
<tr>
<td>Required action</td>
</tr>
</tbody>
</table>

Version 1 OCT 2020
Part 2 – Report Out

Team Leads:
- What was your group consensus for Scenario #3?
- What was your group consensus for Scenario #4?
- Resolve errors or discrepancies

Writing with Clarity and Thoroughness: “AFTER”

Findings Rational Narratives should include:
- Abuse Type
- Finding Determination
- Theory of the events that led up to the allegation
  - Describe how/why abuse appears to have been committed
- Evidence that supports the finding
- Required Action
  - Disposition of case (e.g., Referred to L.E., Case closed, No Services needed, Protective Services offered, Conducted a needs assessment)

Narrative Comparison

- Identify the “AFTER” elements:

Financial Abuse - Unfounded. The client’s son used his DPOA to protect his Father from the consequences of not paying her overdue property tax. He produced copies of the bill for $10,000, the check used to pay the bill, and the DPOA. There is no evidence on the bank statement suggesting that the son is financially abusing the client. APS services are not needed.

Financial Abuse - Inconclusive. Even though I can’t prove it, I know the provider’s sister is totally robbing the client, and the client lacks capacity.

Refer back to Handout #9- Individual Practice (Module 2) Worksheet
Refer back to Handout #9- Individual Practice (Module 2) Worksheet and write a narrative on page 3 of your worksheet.
Wrap-Up and Lessons Learned

- Use of the Consistency Matrix, Understanding the Findings Standards, and Findings Rational Narratives can improve consistency of findings determinations within programs and across the State.

- Reflect on two key takeaways from today’s training.
  - Share one of them via chat but wait to press enter until prompted to do so.

- Consistency FAQ’s
Final Questions and Evaluations

- Final Questions?
- Thank you for your commitment to older and dependent adults in your community and making them safer with improved quality of life.
- Thank you for attending and participating in this training!
- Evaluations
Thank You!

We envision a world where the quality of life for individuals, organizations, and communities is transformed to a healthier place.
REFERENCES

California Department of Social Services, All County Letter No. 18-146 (12/21/2018). *Implementation of Revised Adult Protective Services (APS) and County Services Block Grant (CSBG) Monthly Statistical Report SOC 242 (1/19)*


HANDOUT #11- DRAFT FAQS ON FINDINGS

Frequently Asked Questions on Findings (aka Findings Myth Buster)

Why is consistency in findings important?

Consistency in findings across the state is important because it allows data collected to be analyzed at the state and national level, which helps to better understand APS programs and the populations we serve. And it also helps to identify trends in the issues currently facing the elderly and people with disabilities. This data can also be used to help create and support legislation and research designed to benefit APS programs and vulnerable adults nationwide. Having consistent findings helps ensure that the same client with the same allegation in San Diego County and El Dorado County will have the same finding, which would lead to an appropriate service plan or interventions as necessary. This demystifying on findings is to help address some of the myths and misinformation about findings, so that the Consistency in Findings training and use of the Essential Defining Elements can be applied (of course) more consistently!

As you read through each section, please note that the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the evidence meets the Essential Defining Elements criteria for that type of abuse and finding.

Three frequently asked questions by APS Workers

1. Are there universal guidelines for arriving at a finding?

**Answer:** Yes. These universal guidelines for APS Workers in California can be found under sections 2.1, 2.2, and 2.3 of the CWDA’s Adult Protective Services Consistency Guidelines found here:

   [https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines](https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines)

2. Is there a universal definition of investigation for APS in California?

**Answer:** Yes. The California Welfare and Institutions Code defines what an investigation is for APS:

   ➔ **Definition of Investigation** — CA WIC 15610.40. “Investigation’ means that activity undertaken to determine the validity of a report of elder or dependent adult abuse.”

   **NOTE:** Even when the client is no longer at risk by the time you conduct your investigation, you are determining whether what was alleged likely happened or not. During your investigation, you may find out that the client may no longer be abused or at risk of abuse.

3. When my county’s historical practice differs from the Consistency in Findings Matrix, how do I proceed?

**Answer:** Please refer your county’s leadership to the CWDA’s Adult Protective Services Consistency Guidelines, which are intended to promote consistency in practice under a realigned APS program:

   [https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines](https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines)

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Myth Buster

General Myths

1. When the report alleges abuse in the past, but the abuse is currently not happening, you cannot have a finding of confirmed or unfounded.

   **FALSE** *(Refer to Q 2 above)*

2. If by the time I investigate the report, the suspected abuser is no longer in contact with the client, I cannot have a finding of confirmed or unfounded. For example, if the Suspected Abuser is the IHSS Provider, who is no longer the client’s provider.

   **FALSE**

3. I was told that APS can have a finding of confirmed or unfounded only when it is cross-reported to us by law enforcement.

   **FALSE** *Special Consideration: APS is mandated to investigate an allegation of abuse as defined in the CA WIC, and have a finding of confirmed, inconclusive or unfounded *(or in the case of NTD, a finding of Not Applicable)*. Law enforcement is mandated to cross-report suspected abuse to APS, so that APS can investigate abuse in accordance with the CA WIC, and render the appropriate services and help to clients. Whereas law enforcement investigates crimes per the Penal Code, to apprehend suspects.

4. In order to have a finding of Confirmed, I have to be so sure that the abuse, because I don’t want to damage the suspected abuser’s reputation in case I’m wrong.

   **FALSE** *Special Consideration: The role of the APS worker is to look at the facts and see if they meet the defining elements of the type of abuse, by following an APS appropriate investigation, regardless of the impact on the suspected abuser, or later consequences.*

5. I can have a finding of unfounded or confirmed even when I did not interview the suspected abuser.

   **TRUE** *Special Consideration: If the evidence meets the Essential Defining Elements, you may have a finding of confirmed, regardless if you have not interviewed the suspected abuser.*

Myths on Inconclusive

6. Inconclusive is the safest finding when client denies the abuse.
Frequently Asked Questions on Findings (aka Findings Myth Buster)

FALSE

7. “Inconclusive” is only selected when there is not enough evidence, or sufficient client cooperation, to determine a finding of “Confirmed.”

FALSE

8. **NEXT** I have been told that “Unfounded” is not an adequate selection, and that “Inconclusive” is “a way to stay on the safe side of things.” Is this true?

Answer: No. As we mentioned in the introductory paragraph, the Essential Defining Elements, and the evidence at hand will help you arrive at the appropriate determination or finding. The Consistency in Findings Class will help you gain the skills needed to determine a finding.

9. “The reason we use “Inconclusive” most of the time is because we were encouraged in training to use this finding unless we have confirmed allegations. Therefore, this finding is used for all cases unless allegations were confirmed.” Is this true?

Answer: No. As we mentioned in the introductory paragraph, the Essential Defining Elements, and the evidence at hand will help you arrive at the appropriate determination or finding. The Consistency in Findings Class will help you gain the skills needed to determine a finding.

10. Is it true that if I use “inconclusive” that this will “take away” from the services I provide.

Answer: No. Services offered depend on your needs assessment.

Confirmed:

11. Is it true that you can only use “Confirmed” when the client confirms abuse; unless the client has memory impairment and it is clear that the stories provided are implausible?

Answer: No. As we mentioned in the introductory paragraph, the Essential Defining Elements, and the evidence at hand will help you arrive at the appropriate determination or finding. The Consistency in Findings Class will help you gain the skills needed to determine a finding.

12. Is it true that confirming an allegation is only done when the client confirms the allegations themselves, or when there are obvious facts or observations that validate the Social Workers’ “Confirmed” conclusion?

Answer: No. As we mentioned in the introductory paragraph, the Essential Defining Elements, and the evidence at hand will help you arrive at the appropriate determination or finding. The Consistency in Findings Class will help you gain the skills needed to determine a finding.

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13. Can I confirm an allegation when the client confirms the abuse, but may also be contributing to the problem? For example, when the client confirms being abusive to their spouse.

Answer: Yes. As we mentioned in the introductory paragraph, the Essential Defining Elements, and the evidence at hand will help you arrive at the appropriate determination or finding. The Consistency in Findings Class will help you gain the skills needed to determine a finding.

Unfounded

14. Can Unfounded be used as a finding determination? I’ve been trained or told that we cannot use Unfounded as a reason.

Answer: Yes. In California, the APS program can use one of these findings, per CA ACL 18-146, which are Unfounded, Inconclusive and Confirmed. Moreover, the Not Applicable finding is appropriate for an NTD. The Consistency in Findings Class will help you gain the skills needed to determine the appropriate finding. Please refer your county’s leadership to the CWDA’s Adult Protective Services Consistency Guidelines, which are intended to promote consistency in practice under a realigned APS program:

https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines

Evidentiary Challenges

Difficulty Acquiring Evidence

15. Can I have a finding of Unfounded or Confirmed when I have difficulties acquiring evidence? For example, I only have the client’s statement, but no access to collateral contacts, or I am unable to obtain the needed information like medical records, financial records, or criminal history. On other instances, I am unable to observe the physical evidence (e.g. a bruise or decubiti), and the client has cognitive, developmental or mental health issues making their statement unreliable.

Answer: Yes. The class will teach you how much information or evidence you need for a specific finding of abuse, including the quality of that information. In addition, in California the APS program may obtain or access information relevant to an incident of abuse, in order to determine the service needs.

16. Can you Confirm a case when you don’t see any bruises or there is no physical evidence, e.g. when the client says that the physical abuse occurred, but there is no physical evidence?

Answer: Yes. The finding has to do with the totality and quality of the information, which could lead to a finding of confirmed, even when there is no visible physical evidence.
Frequently Asked Questions on Findings (aka Findings Myth Buster)

**Financial**

*Note: Part of your consideration in looking at Financial Abuse, is assessing for Financial Self-Neglect and Abuse by Other.*

**These are commonly held Myths by CA APS Workers**

17. Can I Confirm financial abuse when the suspected abuser is not known to the client, and the bank has resolved the issue? For example, a scam involving identity theft.

Special Consideration: Yes, because we're investigating the allegation, regardless of the current risk or access of the suspected abuser to the client and their finances.

18. Could I have a finding of Confirmed when the client believed the scam, but other party intervened to prevent scam from happening? For example, the bank convinced the client not to withdraw money for an IRS scam.

Answer: The Essential Defining Elements for financial abuse will help you determine the appropriate finding, which in this case it might be Inconclusive or Unfounded. At the same time, you could suspect financial self-neglect and Confirm that, and tailor the appropriate services to assist the client. Even if the scam did not go through, the client is still at risk for a future scam. Additionally, the SOC 242 Report captures any reported scam.

19. If the client recognized a scam, and did not participate in it (e.g. a lottery scam), and there was no financial loss, what would my finding be?

Answer: Let's say that your agency received a report alleging financial abuse by others. The class will teach you how much information or evidence you need for a specific finding of abuse, including the quality of that information. Part of your consideration in looking at Financial Abuse, is assessing for Financial Self-Neglect and Abuse by Other.

20. If the Client continues to participate in a scam (e.g. Lotto, Granny/IRS/computer virus Scam, even when they've been explained that it is a scam, and how it works, and the worker does not suspect cognitive incapacity (e.g. poor decision-making).

Answer: If the client has sent money to the scammer, then abuse by other happened, and therefore the finding is not dependent on the client's willingness to participate (or capacity), but on whether the situation meets the Essential Defining Elements of Financial Abuse found in the Consistency in Findings Matrix. In addition, you would assess for Financial Self-Neglect.
Frequently Asked Questions on Findings (aka Findings Myth Buster)

21. If the scam was completed against the client, but the client was reimbursed by the bank or recovered the money in another way, could there be a finding of Confirmed?

Answer: Same as above. If the client has sent money to the scammer, then abuse by other happened, and therefore the finding is not dependent on the client’s willingness to participate (or capacity), but on whether the situation meets the Essential Defining Elements of Financial Abuse found in the Consistency in Findings Matrix. In addition, you would assess for Financial Self-Neglect.

22. APS receives a report that a caregiver stole from a client. The client has no proof, and the investigation yields no proof nor likelihood that it happened; yet, the client is adamant that items were stolen. There is no history nor suspicion that the client suffers from mental health issues. Can financial abuse be confirmed?

Answer: Findings are no exclusively dependent on the client’s statements. If the findings of your investigation do not yield information to support the Essential Defining Elements of Financial Abuse, then you would arrive at a finding as described by the Matrix, Guide, and the Consistency in Findings class.

23. Same as question number 25 above, but the client does suffer from mental health issues. Would the answer be different?

Answer: No. The answer would be the same as that of question number 25.

24. Let’s say that the Client engages in a contractual agreement (e.g. loan, investment, business opportunity) with a Suspected Abuser or another party, and promissory notes are written or communication is exchanged between both parties. The Suspected abuser or other party consistently makes payments (e.g., monthly/quarterly) to client, but shortly thereafter stops making the payments. Would this be considered financial abuse—or even confirmed—in part of Suspected Abuser or other party?

Answer: The Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of financial abuse, financial self-neglect and the appropriate finding. For instance, you may determine that the situation does not meet the definition of financial abuse (e.g. party cannot make repayments, or the contractual agreement is not being fulfilled), and the client might be referred to other appropriate remedial services. Yet, if the situation meets the defined criteria, the Class tools—along MDT discussions—could help you determine if the Essential Defining Elements are met.

25. Client has a family member whom preys on client due to beginning stages of dementia/cognition decline. Client denies financial abuse and reports willingly providing monies to SA, but client falls behind on paying bills, mortgage/rent, and in attaining essential food; therefore, placing her health and safety at risk. Is financial abuse confirmed by SA?

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Answer: Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of financial abuse, financial self-neglect and the appropriate finding. If the situation meets the Essential Defining Elements of financial abuse, then a finding of confirmed would be suitable.

26. If the client is alert and oriented, and provides extra or reportedly, excessive gifts and money to her privately paid caregiver, would this be financial abuse?

Answer: Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of financial abuse, financial self-neglect and the appropriate finding. For example, if the situation meets the Essential Defining Elements of financial abuse, then a finding of confirmed would be suitable. Additional considerations include the extent of the client’s estate, the client’s lifestyle and lifelong pattern, undue influence, etc.

27. Client has a joint bank account with the SA, who reportedly withdraws monies from the account. Was financial abuse committed by the SA if both parties have equal access to accounts?

Answer: Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of financial abuse, financial self-neglect and the appropriate finding. For example, if the situation meets the Essential Defining Elements of financial abuse, then a finding of confirmed would be suitable. Additional considerations include the extent of the client’s estate, the client’s lifestyle and lifelong pattern, undue influence, etc.

Neglect

28. If the client suffers a fall, or health complications, or a crisis while the primary caregiver (e.g. a family member) is not home due to running an errand or time off, and the client is hospitalized as a result, would this be considered neglect on the part of the caregiver?

Answer: Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of neglect, self-neglect, and the appropriate finding.

29. The client arrives at the hospital with serious medical concerns, somewhat dirty with feces dried to buttocks. The hospital calls APS to report suspected neglect. Upon the APS worker’s arrival at the hospital, the client’s attending physician fails to offer an opinion as to neglect or general progression of a existing disease process. Also the client and the SA deny poor care. Can neglect
Frequently Asked Questions on Findings (aka Findings Myth Buster)

be confirmed without a medical opinion? And what if the client is uncooperative with the
caregiver, can self-neglect be confirmed?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the
information and context necessary for you to assess if the situation meets the criteria neglect, self-
neglect, and the appropriate finding.

**Physical or Sexual**

30. The client no longer wishes the caregiver to provide needed personal care, because during a
previous personal care session the client became aroused. The client now is alleging sexual
abuse. Can we confirm sexual abuse?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the
information and context necessary for you to assess if the situation meets the criteria of sexual
abuse, and the appropriate finding.

31. APS received a report that a developmentally delayed adult was sexually abused. He/she is
unable to verbalize the abuse. SA is denying the allegation. Can we confirm sexual abuse?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the
information and context necessary for you to assess if the situation meets the criteria of sexual
abuse, and the appropriate finding.

32. APS receives a report that the client’s caretakers are using drugs in front of the client, who is
developmentally delayed. The report also alleges that the client is given drugs. When the client
is asked if she has been using drugs, she shakes her head as in saying no, but gestures how to
smoke from a pipe. Also, the SA is denying the allegations. Can we confirm physical abuse?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the
information and context necessary for you to assess if the situation meets the criteria of physical
abuse, and the appropriate finding.

**Self-Neglect**

33. If the client choses to be homeless, as a lifestyle choice \(\text{and exercising their constitutional right}
\text{to self-determination}\), would that be considered self-neglect, even though the client continues
to obtain essential food, clothing, medical care, etc.?
Frequently Asked Questions on Findings (aka Findings Myth Buster)

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of self-neglect, and the appropriate finding.

**Psychological**

34. If the client is the only one reporting verbal abuse, and no one else corroborates, can we confirm the mental suffering?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of mental suffering (aka verbal or psychological abuse), and the appropriate finding.

35. If the client engages in arguments with close family member (e.g. husband, wife, son, caregiver, etc.) and reports psychological abuse, can we confirm mental suffering?

**Answer:** A client's own behavior does not preclude the reality that they may also be abused. And like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of mental suffering (aka verbal or psychological abuse), and the appropriate finding.

**Isolation**

36. If the client resides in a memory care unit within an assisted living facility, is conserved and the conservator is not allowing a family member to visit due to problematic behavior towards the client and the facility’s staff, would this constitute isolation?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of isolation, and the appropriate finding.

**Abandonment**

37. If a family member or informal caregiver takes client to the ER for evaluation due to health concerns, challenging behaviors (e.g. dementia/Alzheimer’s and wondering at night), or for being unable to properly care for the client, would this constitute abandonment?

**Answer:** Like above, the Consistency in Findings Matrix, Guide and Class will help you gather the information and context necessary for you to assess if the situation meets the criteria of abandonment, and the appropriate finding.
Frequently Asked Questions on Findings (aka Findings Myth Buster)

I. Client Participation and Capacity

42. If the client says that the abuse did not happen—or retracts their statement, “lacks capacity,” or becomes uncooperative—but the evidence confirms the allegations, could we have a finding of confirmed?

Answer: Yes. If the evidence meets the Essential Defining Elements, then you may confirm the abuse.

43. If the client alleges IHSS fraud by the provider claiming hours they did not work, and that the client did not sign the timesheet, but the next day the client withdraws the allegation saying they were mad at the provider, do you now unfound the allegation?

Answer: If the nature of the evidence that led to your original finding has changed, then you would need to reassess whether you still have the evidence needed to meet the Essential Defining Elements for that type of abuse.

II. Policy Clarification and Case Exceptions

Guidance:

a. When an APS Worker cannot make an in-person response, or the case was not designated as a No Ten Day (NTD), then the APS Worker may seek guidance from their county in terms of the appropriate finding. For instance, if the APS Worker cannot complete the investigation, then the case might be closed as unable to complete a closed investigation without findings due to lack of information.

Special Case Scenarios

b. It is important to determine that the allegations meet the definition of abuse, per California’s code, and that any finding conforms to the necessary Essential Defining Elements for that type of abuse. For example, an allegation may reference a landlord/tenant issue, yet it might meet the criteria of a type elder or dependent adult abuse, or it might not.

c. When Law Enforcement requests APS to hold off an investigation, could I still have a finding?
Frequently Asked Questions on Findings (aka Findings Myth Buster)

**Answer:** In situations like these, please consult with your APS leadership on best practices that support collaboration and partnership with law enforcement. At the same time, the role of the APS program is to assess for the safety of our clients, and a request of this nature would have to be assessed in this light by your APS leadership.

d. **Is it true that I have to have a Confirmed finding in order to cross-report to law enforcement?**

**Answer:** No. APS is mandated to cross-report a report of suspected elder or dependent adult abuse, per CA WIC 15640.

e. **When investigating a case that is an NTD, you would follow the same investigative techniques and finding determination process as you would with a case subject to an in-person response. However, if there is no information to corroborate, or the inability to obtain it, or unnecessary to pursue the information, then Not Applicable might be an option.**

f. **[Consider discussing the Date of incident of the reported abuse — xyz... ] [The workers have expressed their disagreement with the “In-person response could not be made” finding on every case where the client is not located or accessed. That allegation finding is inflexible and does not take into account the Social Workers’ efforts — also found under Exceptions ] [Clarity is needed on what Confirmed really means and when/when not to use it.]**
OUR WHY:

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