

# California Consistency in Determining Findings

Instructor Led Skill-Building Training

TRAINER MANUAL



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

## Funding Sources



**This training was revised by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.**



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## Introduction

We are pleased to welcome you to **California Consistency in Determining Findings Instructor Led Skill-Building Training Trainer Manual** developed by Adult Protective Services Workforce Innovations (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 with the goal of revolutionizing the way people work to ensure the world is a healthier place. Our services integrate culturally responsive and recovery-oriented practices into our daily work to promote healing and healthy relationships. Providing around 70,000 learning experiences to health and human service professionals annually, the Academy provides a variety of workforce development solutions in Southern California and beyond. With five programs, three divisions and over 100 staff, the Academy's mission is to provide exceptional learning and development experiences for the transformation of individuals, organizations and communities.

APSWI 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.

APSWI partners with state and national organizations and experts in the older adult and adults with disabilities professions to empower APS professionals and those they serve to live safely, peacefully and in a world that is free from abuse and neglect.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) and the National Adult Protective Services Training Center (NATC)
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)
- California's Curriculum Advisory Committee (CAC) Committee

## Partner Organizations

**Dawn Gibbons-McWayne, Program Director, APSWI**

Academy for Professional Excellence

<https://theacademy.sdsu.edu/programs/apswi/>

**Kat Preston-Wager, APSWI Workforce Development Supervisor**

Academy for Professional Excellence

<https://theacademy.sdsu.edu/programs/apswi/>

**Jennifer Spoeri, Executive Director, National Adult Protective Services (NAPSA)**

<https://napsa-now.org>

**Paul Needham, Chair, NAPSA Education Committee**

<https://napsa-now.org>

**James Treggiari, Adult Protective Services Liaison, Adult Protective Services Division**

California Dept. of Public Social Services

<https://cdss.ca.gov/Adult-Protective-Service>

**Jason Kemp Van Ee and Emily Nicholl, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association**

<https://cwda.org/about-cwda>

## 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

Imperial County Aging and Disability Services

### Committees

California's Curriculum Advisory Committee

Southern California's APS Training Planning Committee

National Adult Protective Services Association Education Committee

Protective Services Operations Committee of the County Welfare Directors Association of California

### Curriculum Developers

Quatana Hodges, MPA (2025 Revisions)

Jessica Burke, MPA (2020 Revisions)

Akiles A. Ceron, MSW (2019 Development)

## How to Use This Manual

This curriculum was developed as an in-person or virtual **4.5 hours workshop** using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in-person by modifying activity and engagement prompts as necessary. When possible, virtual and in-person prompts are given.

The Participant Manual should be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

- Actions which the trainer takes during the training are written in **bold**
- *Trainer notes* are italicized

**Use of language:** Throughout the manual, APS professional is used to denote individual staff who may go by various titles. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

He and she have been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

### **Customizing the Power Point:**

This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide. **Hide a slide instructions:**  
1. On the Slides tab in normal view, select the slide you want to hide.

On the Slide Show menu, click Hide Slide. The slide number will have a line through it to show you have hidden it.

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

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.



## Trainer Guidelines

This is a blended enrichment training. This manual corresponds with the instructor led, skill-building component of the training. Participants are expected to complete the foundational eLearning; California APS Standards for Consistency in Determining Findings PRIOR to attending the course. It's suggested the Trainer also take the eLearning to familiarize self with the foundational material and to confidently reference it while training. The eLearning can be found at:

<https://theacademy.sdsu.edu/programs/apswi/advanced-training/>

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions. There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 25-30 participants.
- Send participants the participant manual and copy of the CA Standards for Consistency in Determining Findings Matrix in advance and encourage them to have a hard copy ready for training.

Suggestions for in-person training:

- Set up the room to accommodate up to 6 groups of 5 participants in each group.

<b>Teaching Strategies</b>	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none"><li>○ Lecture segments</li><li>○ Interactive exercises (e.g., breakout groups, chat box discussion, polling activities)</li><li>○ Question/answer periods</li><li>○ PowerPoint Slides</li></ul>
<b>Materials and Equipment</b>	<p><b>The following materials are provided and/or recommended:</b></p> <ul style="list-style-type: none"><li>○ Trainer Manual</li><li>○ Participant Manual (fillable PDF)</li><li>○ CA standards for Consistency in Determining Findings Matrix sent to participant's in advance when training virtually</li><li>○ PowerPoint Slides</li><li>○ Headset with microphone Computer</li></ul>

## Virtual Training Tips

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

- Assume nothing.
  - Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
  - Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
  - The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
  - "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
  - This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
  - Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
  - As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's

- important to up your enthusiasm, voice, and presence in order to engage with attendees.
- Be mindful of your space.
    - Training virtually brings an entirely new component of what we're willing to share with others. Participants can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
    - It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.

## Executive Summary

### ***California Consistency in Determining Findings: Instructor-Led Skill Building Training***

In this hands-on and engaging enrichment training, participants receive the opportunity to build upon the foundations learned from the 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 skill building training utilizes peer review, as well as individual critical thinking, in order to develop confidence in APS professionals when making a determination.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion and peer review); question/answer periods; PowerPoint slides; Participant Manual (encourages self-questioning and interaction with the content information).

**Course Requirements:** This instructor-led 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 eLearning* found at

<https://theacademy.sdsu.edu/programs/apswi/advanced-training/>.

Participants shall complete the eLearning prior to attending. 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 their work having the experience and information to determine findings in a consistent manner within their programs and throughout the state.

**Intended Audience:** This course 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, not limited to: line workers, supervisors, managers, and program support specialists are strongly encouraged to attend.

## Course Outline

CONTENT	MATERIALS	TIME
<b>WELCOME, INTRODUCTIONS, COURSE OVERVIEW</b>	<b>Slides #1 - #9</b>	<b>Total: 15-20 minutes</b>
Welcome and Overview of Technology		<b>5 minutes</b>
Housekeeping & Introductions		<b>3 minutes</b>
Learning Objectives		<b>2 minutes</b>
Course Goals		<b>3 minutes</b>
<b>SETTING THE STAGE: ABUSE INDICATORS, FINDINGS STANDARDS AND THE MATRIX</b>	<b>Slides #10 - #19</b>	<b>Total: 45 minutes</b>
Recall from eLearning or experience	Handout: The Consistency Matrix, Handout: The Guiding Principles for Consistency in Determining Findings.	<b>3 minutes</b>
Group Activity: Group Icebreaker (Large Group)		<b>10 minutes</b>
The Consistency Matrix: Reviewing the Columns	Handout: The Consistency Matrix	<b>5 minutes</b>
Findings Standards: Reviewing definitions	Handout: The Guiding Principles for Consistency in Determining Findings	<b>5 minutes</b>
Group Activity: Working through the Matrix: Peter Frown (Instructor Guided Process)	Peter Frown Scenario, Mock Bank Statement, Mock DPOA, Mock Check, Mock Property Tax Bill	<b>10 minutes</b>

<b>CONTENT</b>	<b>MATERIALS</b>	<b>TIME</b>
Group Activity: Working through the Matrix, Janice Pho (Instructor Guided Process)	Janice Pho Scenario, Mock SOC 341	<b>7 minutes</b>
<b>SKILL PRACTICE: DETERMINING FINDINGS</b>	<b>Slides #20 - #23</b>	<b>TOTAL: 90 minutes</b>
Connection Activity: Skill Practice-Scenario #1 (Large Group)	Scenario #1, Handout: (Matrix), Handout: (Findings Standards)	<b>10 minutes</b>
Connection Activity: Skill Practice-Scenario #2 (Group Work)	Scenario #2, Handout: Finding Report Template, Handout: (Matrix), Handout: (Findings Standards)	<b>20-30 minutes</b>
Skills Practice Activity: Scenario #3 (Individual & (Group Work)	Scenario #3, Handout: Finding Report Template, Handout: Matrix), Handout: (Findings Standards)	<b>25-35 minutes</b>
Lessons Learned		<b>15 minutes</b>
<b>PERFORMANCE ASSESSMENT</b>	<b>Slide #24</b>	<b>TOTAL: 35-45 minutes</b>
Peer Review Activity (Individual and Peer Work)	Performance Assessment Scenario, Handout: Finding Report Template, Handout: (Matrix), Handout: (Findings Standards)	<b>35-45 minutes</b>
<b>FINDINGS RATIONAL NARRATIVES</b>	<b>Slides #25 - #29</b>	<b>TOTAL: 45-50 minutes</b>
5 elements: "AFTER"		<b>10 minutes</b>



<b>CONTENT</b>	<b>MATERIALS</b>	<b>TIME</b>
Team Activity: Narrative Practice #1 (Teamwork)	Practice Scenario #3, Handout: Findings Report, Handout: Consistency Matrix	<b>10-15 minutes</b>
Individual and Group Activity: Narrative Practice #2 (Individual and Group Share)	Practice Scenario #4, Handout: Findings Report, Handout: Consistency Matrix	<b>20-25 minutes</b>
<b>Wrap-Up &amp; Evaluations</b>	<b>Slides #30 - #33</b>	<b>Total: 20 minutes</b>
Continued Efforts	Handout: Findings Myth Buster	
<b>TOTAL (Excluding Breaks)</b>		<b>4.5 hours</b>

## Welcome, Introductions and Course Overview

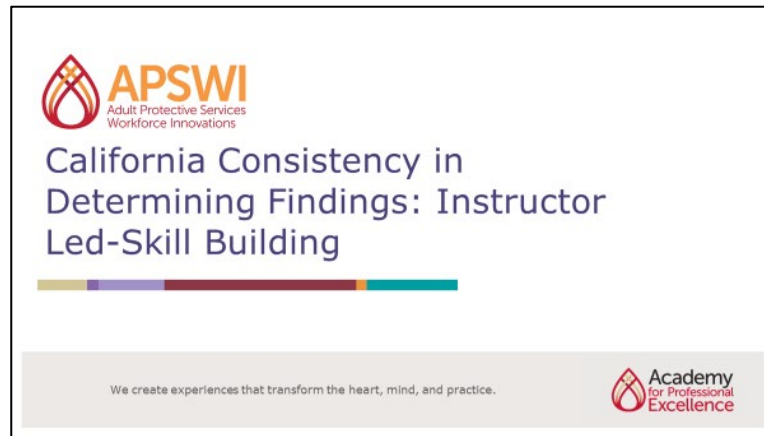
**Time Allotted:** 15-20 minutes

**Associated Learning Objective(s):** N/A

**Method:** Facilitator Led


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## Slide #1: California Consistency in Determining Findings (Title Slide)



**Welcome** the participants to the class. **Introduce** yourself by name, job title, and organization, and share your experience working in the field. Next,


## Slide #2: About the Academy and APSWI



### About the Academy & APSWI






The Academy is a project of San Diego State's 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.

APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.



San Diego State University

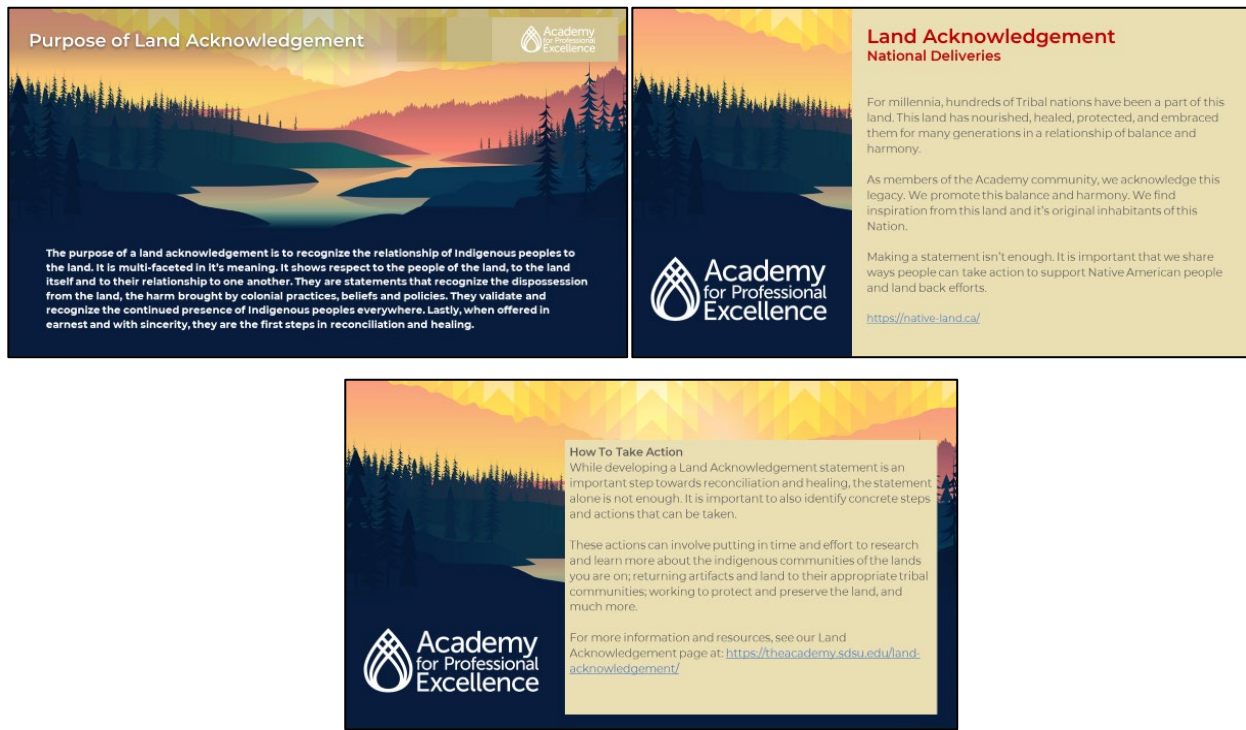
#### ACADEMY PROGRAMS



**Explain** that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to Aps professional and their partners.

## Slide #3-5: Land Acknowledgement



**Trainer Note:** These slides incorporate a national land acknowledgment to honor the land that anyone who access the materials is on. When training, insert the land you're training from.

Share:

- Slide #3- The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in its meaning. It shows respect to the people of the land, to the land itself and to their relationship to one another. They are statements that recognize the dispossession from the land, the harm brought by colonial practices, beliefs and policies. They validate and recognize the continued presence of Indigenous peoples everywhere. Lastly, when offered in earnest and with sincerity, they are the first steps in reconciliation and healing.
- Slide #4- For millennia, hundreds of Tribal nations have been a part of this land. This land has nourished, healed, protected, and embraced them for many generations in a relationship of balance and harmony. As members of the Academy community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land; the land of the original inhabitants of this Nation.

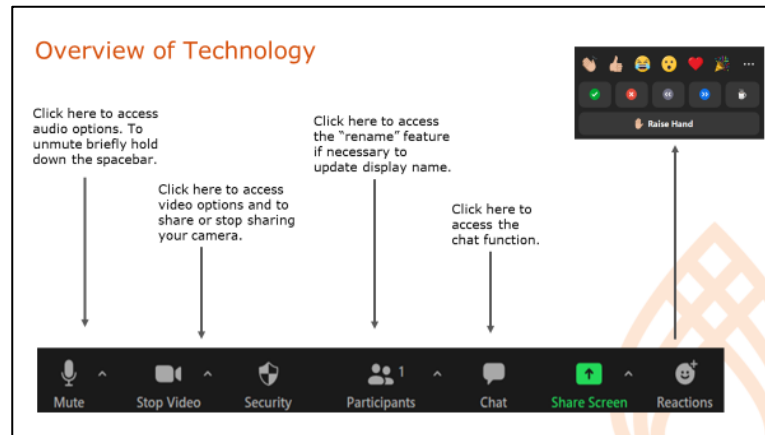
Find the tribe(s) in your area: <https://native-land.ca/>

- Slide #5- How To Take Action. Making a statement isn't enough. It is important to also identify concrete steps and actions that can be taken to support Native American people including land back efforts which are necessary steps towards reconciliation and healing. These actions can involve putting in time and effort to research and learn more about the indigenous communities of the lands you are on; returning artifacts and land to their appropriate tribal communities; working to protect and preserve the land, and much more.

**Take Action: Land Acknowledgment PDF:**

<https://acrobat.adobe.com/link/track?uri=urn:aaid:scds:US:ddc71826-b7e8-30b5-bbca-87cf89428c64>

## Slide #6: Overview of Technology



**Explain:** Many of you are pros at navigating through a virtual learning course like this one, while this may be less familiar for some. Therefore, we will review the various functions we will use during this course.

**Video Camera:** when you find, turn off/on.

**Mute:** Everyone locate it, mute and unmute yourself. While you are listening or others are speaking, please mute yourself. Unmute if you are about to speak or while in break-out rooms.

**Chat box:** Ask participants to type "Got it" once they've located the chat box.

**Hand clap/thumbs up:** Ask participants to press the hand clap icon or give thumbs up when you've found it. There are other icons in the same area.

- **Explain** that you will ask participants to use any of these reactions in place of the raising hand feature as participants cannot see all see the raise hand feature. You may need to remind them of this a few times.

**Icons to facilitator:** Raise hand, slow down, need a break, stepping away.


**Remind** participants they are expected to attend the entire course, but if they need to leave, they should type BRB (be right back) in chat box and then "I'm back" on return.

*Trainer/ Moderator note:* In Zoom, certain icons are only visible to the Host/Co-Host of Zoom, not the participants. If no Moderator is available, these will be very hard to keep track of, so encourage participants to give a different reaction like clap, thumbs up or heart to get your attention.

## Slide #7: Housekeeping & Introductions

### Housekeeping & Introductions

- Location of restrooms
- Set cell phones to silent/vibrate
- Schedule
  - Please return promptly from breaks and help us keep to the schedule
- Comfort breaks – please feel free to walk about or stretch throughout the day as needed
- Materials
  - PowerPoint Slides
  - Participant Materials
- Introductions



**Review** housekeeping items with participants of important reminders and information for the day.

- Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.
- Information on breaks.
- Use the restrooms whenever you need to do so.


**Ask** participants to introduce selves, unit or role within APS and length of time working in APS.



## Slide #8: Learning Objectives

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.



**Paraphrase** the learning objectives with participants:

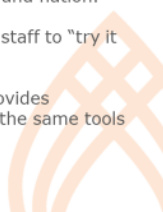
- Determine potential abuse by identifying the abuse indicators, using the *CA APS Standards for Consistency in Determining Findings Matrix*.
- Critique if evidence meets the abuse type's legal components (Essential Defining Elements, interpreted from the Welfare & Institutions Code) during scenario-based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

**Explain** that being able to complete these in today's skill practice training, they will gain experience needed to be successful in determining findings in their everyday work.

## Slide #9: Course Goals

Course Goals

- APS's goal is to have higher rates of consistency in APS professionals' findings.
- Findings are difficult and vary amongst peer groups, between Supervisors and line staff, within county programs and across the state and nation.
- This course is designed to explain the framework, allow for staff to "try it on" and get more comfortable with the process.
- This training alone will not create consistency, however, provides opportunities for all staff within an APS program to receive the same tools and guidance.



***Trainer Note:** This slide is crucial to explain the organizational culture shift and shift in current APS practice that is needed in order for there to be more consistency in findings. Validate that this topic is difficult and there can be some gray areas. It may be helpful to share some vulnerability you've had with consistency in findings.*

**Share** that APS's goal is to have higher rates of consistency in APS professionals' findings. That is, when counties across the state report data on findings, that the statistics don't display abnormal variability, e.g. a trend of mostly Inconclusive findings for some counties, and a trend of no Unfounded findings for other counties. Consistent data brings credibility to the APS program in California.

**Explain** this course is just one piece of creating consistency within the state. Some of the real work will be after the training, having conversations with Supervisor, Policy Specialist and Managers.

- **Validate** that this training content can be difficult when you return to work.
- **Remind** participants that findings are a reflection of the investigation and the information gathered. This does not make APS a judge or jury, but is a key component to their entire investigation.
- Findings give meaning to documentation and explanation of why interventions were or were not offered.

- Obtaining the skill of determining a finding through the analysis of whether the evidence meets the “legal components” will help them increase their consistency.
- Improved individual consistency will improve team consistency, which will improve county consistency, and hence statewide consistency. This could translate into higher quality services for those whose abuse is confirmed.

## Setting the Stage: Abuse Indicators, Findings Standards, and the Matrix

**Time Allotted:** 45 minutes

**Associated Objective(s):** Determine potential abuse by identifying the abuse indicators, using the APS Standards for Consistency in Determining Findings Matrix

**Method:** Instructor Led Reviews, Group Activities

## Slide #10: Consistency Matrix and Guiding Principles

**Consistency Matrix and Guiding Principals**

**California APS' Standards for Consistency in Determining Findings**  
Key: APS = APS Practice Service; Client = APS worker; APS = APS worker

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Essential Elements to Consider	Signs of Physical Abuse
Physical Abuse Includes any physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment.	Physical abuse is the use of physical force or contact that results in or has the potential to result in bodily injury, physical pain, or impairment.	1. The act or threat of physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment. 2. The act or threat of physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment. 3. The act or threat of physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment.	Examples include, but are not limited to: • Physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment. • Physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment. • Physical contact or use of force that results in or has the potential to result in bodily injury, physical pain, or impairment.	Examples include, but are not limited to: • Bruises, lacerations, or fractures. • Swelling, redness, or pain. • Burns, scalds, or frostbite. • Head injuries, such as concussions or skull fractures. • Wounds, lacerations, or punctures. • Signs of physical pain, such as grimacing or crying.

**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 or neglect,
  - 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.

**Trainer Note:** Print extra copies of Handouts: "The Consistency Matrix," "Finding Standards," and "The Guiding Principles" for each participant. See Trainer Strategies for suggested amount. If virtual, prompt participants to locate the above-mentioned Handouts.

**Explain** that in this portion of today's training, they will be engaging with two foundational concepts in obtaining consistency in determining findings: basis of the finding standards and the "Essential Defining Elements" in the *Consistency Matrix*.

**Ask** participants to locate **Handout: The Consistency Matrix** (AKA The California APS Standards for Consistency in Determining Findings Matrix, hereafter called the "Consistency Matrix." *This handout is located at the end of the Participant Manual*) and the **Handout: Finding Standards** found within **Handout: The Guiding Principles** (for Consistency in Determining Findings). *Please refer participants to their table of content in the participant manuals to locate Handout: Finding Standards and Handout: The Guiding Principles as it will have the most up to date page number.*

**Solicit** a few participant responses of what they remember from the eLearning about these documents.

**Explain** that the Consistency Matrix and Guiding Principles will be used throughout this training, so keep them handy.

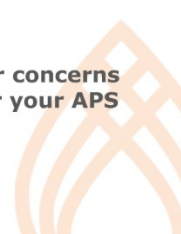
First, we're going to do a quick activity.

## Slide #11: Group Activity

Group Activity

- Divide into groups
- Discuss the following question:

**What are your biggest frustrations and/or concerns when it comes to determining findings for your APS cases?**



### **Group Activity: Group Icebreaker (10 mins including report out)**

#### ***Large Group***

**Ask** participants to go into groups (of no more than 4). **Assign Breakout Rooms** if training **virtually**.

**Inform** them that they will be given 5 minutes to answer this question: "What are your biggest concerns (or frustrations) when it comes to determining findings for your APS cases?"

**Ask** for a few groups to report out.

**Validate/discuss** some of their concerns. If challenges from the eLearning content arise, reinforce the goals for today's training is to provide time for skill building.

## Slide #12: The Consistency Matrix

**The Consistency Matrix**

California APS\* Standards for Consistency in Determining Findings  
Rev. APS – Adult Protection Services; Client – older minor adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Exoneratory Issues to Consider	Signs of Physical Abuse
Physical Abuse Injuries and Infections Code (WIC) 20000.3 (20000.3)(a)(1)	Physical abuse is the use of physical force that results in bodily harm, physical pain, or impairment.	<ol style="list-style-type: none"> <li>Non-consensual use of physical force or physical deprivation or use of restraints for control and</li> <li>Body injury, physical pain or impairment occurred</li> <li>Body injury, physical pain or impairment could have occurred</li> </ol>	<p>Examples include, but are not limited to:</p> <p>General Considerations</p> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client is being or has been:               <ul style="list-style-type: none"> <li>Hit, beaten, pushed, shaken, slapped, or kicked</li> <li>Struck with or without an object</li> <li>Given unconsented drugs</li> <li>Unnecessarily physically restrained when not verbally authorized or given medication inappropriately to limit mobility or consciousness</li> <li>Force-fed</li> <li>Deprived of food or water for a prolonged period or continuously</li> </ul> </li> </ul> <p>Based on the location, appearance, type of injury (or pain/discomfort), interview and explanation, was it likely accidental or intentional?</p> <ul style="list-style-type: none"> <li>Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>Is there a need for a safety plan?</li> <li>Are the client and suspected abuser known to APS because of prior reports?</li> <li>Is law enforcement investigating this as a crime, e.g. assault, battery?</li> </ul> <p>Client Considerations</p> <ul style="list-style-type: none"> <li>Is this injury the result of a normal part of aging or disease process?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Scrapes, abrasions, or lacerations (for example, spiral fractures where tissue is exposed along the axis of a bone)</li> <li>Burns from such things as cigarettes, appliances, or hot water</li> <li>Abrasions or lacerations on arms, legs, or torso that resemble rope or strap marks indicating physical restraint</li> <li>Signs of traumatic hair and tooth loss</li> </ul> <p>Scrapes from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental:</p> <ul style="list-style-type: none"> <li>Head, ear, face, neck, and neck</li> <li>Arms, legs, torso area (the side of the arm for thumb to end of the index finger area (the inside or palm side of the arm)</li> <li>Genitals</li> <li>Inside of the foot</li> <li>Posterior torso (including chest, upper and lower back, and buttocks)</li> <li>Blatant bruising to the area (indicating the person has been shaken, pushed, or restrained)</li> <li>Blatant bruising of the lower thighs (indicating sexual abuse)</li> </ul>

**Ask** by a show of hands, how many use the Consistency Matrix in their current investigations?

- For those with their hands raised, **ask** them to recall their experience with determining findings using the *Consistency Matrix*.
- Solicit** two to three volunteers to share their experience, including the value they perceive in the matrix and any obstacles or confusion they encountered when attempting to determine a case finding.
- Write down** on chart paper any responses that indicated problems with using or understanding the matrix and guiding principles and **coach** them through those problems during the practices.

*Trainer Note:* If participants are not using the Consistency Matrix in their agencies, encourage them to discuss with their supervisors the possibility of implementing it. The Consistency Matrix can be thought of as an investigation guide.

## Slide #13: Reviewing the Columns

**Reviewing the Columns**

**California APS\* Standards for Consistency in Determining Findings**

Key: APS = Adult Protective Services, Client = older and/or adult with a disability

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
Physical Abuse Welfare and Institutions Code (WIC) 15620.63 (a)(3)(1)(B)(i)	Physical abuse is the non-accidental use of physical force that results in bodily injury, physical pain, or impairment.	<ol style="list-style-type: none"> <li>Non-accidental use of physical force or physical deprivation or use of medications for control</li> <li>Bodily injury, physical pain or impairment occurred</li> <li>Bodily injury, physical pain or impairment could have occurred.</li> </ol>	<p>Examples include, but are not limited to:</p> <p><b>General Considerations</b></p> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client is being or has been:               <ul style="list-style-type: none"> <li>Hit, beaten, pushed, shaken, slapped, or kicked</li> <li>Struck with or without an object</li> <li>Given unauthorized drugs</li> <li>Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness</li> <li>Force-fed</li> <li>Deprived of food or water for a prolonged period or forcibly</li> </ul> </li> <li>Based on the location, appearance, type of injury (or pain/impairment), interview and explanation, was it likely accidental or intentional?</li> <li>Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>Is there a need for a safety plan?</li> <li>Are the client and suspected abuser known to APS because of prior reports?</li> <li>Is law enforcement investigating this as a crime, e.g. assault, battery?</li> </ul> <p><b>Client Considerations</b></p> <ul style="list-style-type: none"> <li>Is the injury the result of a normal part of aging or disease process?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Scrapes, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone)</li> <li>Burns from such things as cigarettes, appliances, or hot water</li> <li>Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint</li> <li>Signs of traumatic hair and tooth loss</li> <li>Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental:               <ul style="list-style-type: none"> <li>Head, i.e., face, ears, and neck</li> <li>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)</li> <li>Genitals</li> <li>Soles of the feet</li> <li>Posterior torso (including chest, upper and lower back, and buttocks)</li> <li>Bilateral bruising to the arms (indicating the person has been shaken, pulled, or restrained)</li> <li>Bilateral bruising of the inner thighs (indicating sexual abuse)</li> </ul> </li> </ul>

**Direct** participants to **Handout: The Consistency Matrix** found in the appendix of their participant manual.

**Explain** that the primary columns they will refer to for this training's set of practices are the "Signs of Abuse" column, the "Evidentiary Issues to Consider" column, and the "Essential Defining Elements" column.

- These columns make up the foundation upon which they will determine their findings and help relieve the "guessing game" in their everyday practice.



### Explain:

- The "Signs of Abuse" column contains examples of abuse indicators (what was discovered in the first activity).
- The "Evidentiary Issues to Consider" contains questions you need to ask to consider other possible reasons that can explain suspected abuse.
- The "Essential Defining Elements" column contains the legal components interpreted from California Welfare and Institutions Code (W&IC).



## Slide #14: Finding Standards

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.

*Trainer Note: This slide is animated. Complete all 3 standards with volunteer input BEFORE showing entire slide.*

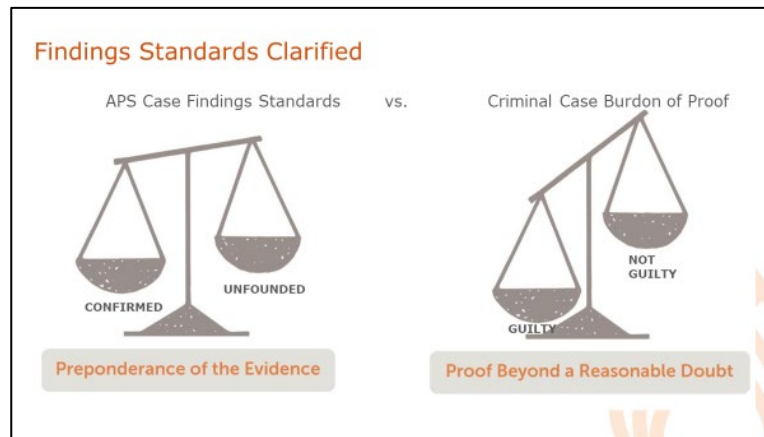
**Ask** a volunteer to recall one of the three finding standards from **Handout: Guiding Principles** (or the eLearning) and its description.

**Solicit** help from other volunteers to assist if needed. **Repeat** this process for the remaining two finding standards.

After you have received all 3 descriptions **review** the definitions as how they are currently defined in the *Guiding Principles*.

- 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.

## Slide #15: Finding Standards Clarified



***Trainer Note:** This slide provides some additional clarity to the findings standards for APS. It has the potential to elicit some discussion and provide insight as to why findings are inconsistent throughout the state. The findings standards may not only be a shift in thought from previous APS practice, it also may be different from other disciplines (Child Welfare Services, Law Enforcement, Military) where there may have been a higher standard for findings. It's important to acknowledge this shift when learners come from those other disciplines.*

**Ask:** "The Guiding Principles uses the term "reasonably" in each definition. What does reasonably mean to you? **Ask** participants to either type in the chat box or take themselves off mute to share.

- Note any differences shared.

**Explain** that the eLearning introduced us to the fact that definitions of findings are not addressed in statutes or regulations. Therefore, they are interpreted through the CA Elder Abuse and Dependent Adult Civil Protection Act, and the use of preponderance of evidence which is the standard in the civil world. Other CA programs use this standard; for example, Community Care licensing uses this standard when investigating abuse in a licensed facility. For these reasons, APS often uses the burden of proof: preponderance of evidence, which is lower than that used to legally convict someone of a crime (beyond a reasonable doubt).

**Explain** that *preponderance of evidence* refers to having more evidence in favor of an allegation than not in favor, i.e. an objective review of the evidence revealing that the alleged abuse more than likely occurred than not.

- **Point** out that "Confirmed" can be thought of as 51% or greater likelihood of supporting all legal elements based on using the preponderance of evidence standard of proof.

- **Validate** that most APS professionals will want to be 99% sure, but that is not the burden of APS.
  - Confidence in the evidence to arrive at a finding grows as both the quality and quantity of the evidence grows. At times, we just don't have as much evidence as we would like to, but we are still determining findings based upon the definition of preponderance of evidence. This real life challenge mirrors some of the scenarios in this training, where there is room left wanting to know more.

*Trainer Note: The concept that a confirmed finding using preponderance of evidence standard means abuse "most likely" occurred will come up in most scenarios. It will be important to reiterate that it doesn't mean that APS is 100% sure the abuse occurred based on evidence gathered. CDSS Community Care Licensing gives the explanation of 51% or more to explain preponderance of evidence and may make it easier for APS professionals to grasp the standard.*

**Explain** that the basis of "Unfounded" is almost the opposite of confirmed, being 49% or less likelihood of supporting all legal elements based on a preponderance of evidence. It does not mean that one must find evidence to *refute*, or disprove, the legal components of the abuse; it means that the evidence gathered is more unlikely than likely to support the abuse allegation.

**Review** "Inconclusive" which is insufficient evidence to support a finding but that also does not remove doubt that abuse occurred. **Emphasize** that the "inconclusive" finding applies **only** when the other two findings are not met and it, in of itself, should not be actively pursued as a finding.


**Transition** into a brief explanation that their experience in this class should help them to more clearly understand the findings standards and to more effectively use the matrix to increase the accuracy in their findings.

## Slide #16: Using the Matrix with Evidence: Peter Frown

**Using the Matrix with Evidence: Peter Frown**

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. 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.



***Trainer Note:** The samples of evidence are very obviously made up for this training. Acknowledge this and ask participants to imagine they are official documents. They are animated on the slide to appear and disappear as you talk through the scenario.*

### **Large Group Activity: Working through the Matrix, Peter Frown: (10 min)**

#### ***Instructor Guided Process***

**Explain** that you will now demonstrate how to use the matrix using the Peter Frown Scenario, comparing a sample piece of evidence to the columns in the Consistency Matrix, to determine which type of abuse it could support based on only this information. Sometimes APS doesn't have any further information for various reasons.

Refer participants to **Handout: Bank Statement** through **Handout: Property Tax Bill**

**Read over** the scenario and when it mentions the bank statement, **click** to display the bank statement. **Repeat** that process for mentioning of DPOA, Check, and Property Tax Bill.

#### *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. 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.

## Slide #17: Using the Matrix with Evidence

Using the Matrix with Evidence:

APM Guidelines to Supplement Regulations 2-2: The California APM Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
Financial Abuse W&IC 15810.10	Financial Abuse is the illegal or improper use of a client's funds, property, or assets.  *NOTE: "Unlawful behavior" means excessive persuasion that causes another person to act or refrain from acting by threatening that person's financial and property interests. Refer to W&IC 15810.10	1. Funds, property or assets belonging to the client. 2. Funds have been taken, converted, misappropriated, or another person has improperly used the client's funds through the use of undue influence. 3. For a wrongful use (likely to be harmful) to the client. 4. With intent to defraud.	Examples include, but are not limited to: • <b>Unlawful Coercion</b> • What are the indications, if any, that the client is being or has been financially exploited by someone, e.g., • Causing a client's check or withdrawing a client's cash card without authorization or permission • Forging the client's signature • Misusing or misappropriating the client's money or possessions • Taking the client's funds or property by using undue influence • Coercing or causing the client into signing a document, e.g., contracts, real estate/reverse mortgage/leases, trusts or will • Improperly executing the duties of conservatorship, guardianship, or powers of attorney • Scams such as ID theft, telemarketing/robocall, investment/annuity/insurance/employment scams, fraudulent/unauthorized 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 impressionability such as when the client is tired, ill, or taking medication impairing judgment? • Is the suspected abuser targeting vulnerabilities (e.g., takes or needs antidepressants, gambling, declares if the client does not comply with demands for money or signatures or takes advantage of confusion)?	Examples include, but are not limited to: • Unusual bills, withdrawal notices or notices to discontinue services • 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 (e.g., 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 late, 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

Original 2011 5 Effective Date 2/2/2016

***Trainer Note:** This slide is animated so the arrows will appear as you talk through the Matrix.*

**Explain** that this is a Financial Abuse Allegation and **refer** participants to the page numbers on the matrix for Financial Abuse.

1. **Talk** through your thought process as you review the signs of abuse and make your determination.
  - a. **Signs of Financial Abuse>Withdrawals from bank accounts or transfers between accounts that the client cannot explain**
2. From there, **review** the evidentiary considerations to determine if there are other possible explanations for the alleged abuse.
  - a. **Evidentiary Issues to Consider>who is making the financial decisions and are the decisions being made in the client's best interest?**
3. **Talk** through your thought process through your review and as you make your determination.
4. **Explain** that if the evidence still reflects potential abuse, then analyze the legal components ("Essential Defining Elements") to confirm that the evidence either does or does not support all the components.
  - a. **Essential Defining Elements> 1. Funds belong to the client, 2. Funds have been taken, 3. Not for a Wrongful Use, but to protect the client. Therefore, the allegation of Financial Abuse in this case is UNFOUNDED.**
5. **Talk** through your thought process as you make your determination. **Remind** participants that for a finding of "confirmed," **each** element in

the “Essential Defining Elements” column must be met by at least one form of evidence.

- a. **NOTE: This does not mean that the caretaker as the RP had no basis to suspect financial abuse.**

## **Handout: Bank Statement**

Date of Bank Statement: March 16, 2025

**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: California General Durable Power of Attorney (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)**: \_\_\_\_\_

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**): \_\_\_\_\_

### CERTIFICATE OF ACKNOWLEDGMENT OF NOTARY PUBLIC

STATE OF CALIFORNIA COUNTY OF \_\_\_\_\_. This document was acknowledged before me on \_\_\_\_\_ [Date] by \_\_\_\_\_ [name of principal].

[Notary Seal]:

## **Handout: Bank Check**

**Check Number: #000**

Date of Check: 03/05/2025

**Peter Frown**

14 Wherever Lane,

Santa Clara, CA 90000

Account Number: 987654321

**Payable to: Property Tax Collector**

**Amount = \$10,000**

Memo Line

Signature

## **Handout: Property Tax Bill**

Date of Bill: 2/25/25

**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.

## Slide #18-19: Using the Matrix with Evidence: Janice Pho

**Using the Matrix with Evidence: Janice Pho**

- Content Warning: Sexual Abuse

APS receives a report from the Regional Center alleging sexual abuse. Their 20yo consumer with an intellectual disability 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".

**Handout: SOC 341**

Date of Report to APS: 02/05/2025  
**Alleged Victim: Janice Pho**  
**Suspected Abuser: Victim's Cousin**  
Reporting Party (RP): Regional Center  
**Allegation: Sexual Abuse of 20yo 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.

**Using the Matrix with Evidence:**

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
<b>Sexual Abuse</b> 15630.03 (a)	Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: <ul style="list-style-type: none"> <li>Unwanted touching</li> <li>All types of sexual assault or battery such as rape, sodomy, and coerced nudity</li> <li>Sexually explicit photographing</li> <li>Forced exposure to pornography</li> <li>Unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul>	1. Evidence a sexual incident(s) or situation(s) occurred <b>and</b> 2. The incident or situation is unwanted or non-consensual in nature.	<b>Examples include, but are not limited to:</b> <b>General Considerations</b> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> <li>Touched in an unwanted fashion</li> <li>Raped, sodomized, or forced to take off his/her clothes</li> <li>Photographed in a sexually explicit way</li> <li>Forced to look at pornography</li> <li>Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul> </li> <li>Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>Is there a need for a safety plan?</li> <li>Are this client and suspected abuser known to APS because of prior reports?</li> <li>Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?</li> </ul> <b>Client Considerations</b> <ul style="list-style-type: none"> <li>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?</li> <li>Does the client have family or friends to provide emotional support or to advocate on his/her behalf?</li> <li>Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</li> </ul>	<b>Examples include, but are not limited to:</b> <ul style="list-style-type: none"> <li>Genital or anal pain, irritation or bleeding</li> <li>Bruising on external genitalia or inner thighs</li> <li>Difficulty walking or sitting</li> <li>Turn, stained or bloody underclothing</li> <li>Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.</li> <li>Client forced to watch pornography on the television and/or computer</li> <li>Client is newly diagnosed with a sexually transmitted disease</li> <li>Medical assessment and lab work, including a medical opinion support the report of sexual assault</li> <li>The dependent adult is pregnant</li> <li>Sudden, marked change in personality or demeanor</li> </ul>

### **Large Group Activity: Working through the Matrix, Janice Pho: (7 min)** **Instructor Guided Process**

*Trainer Note: Slide #18 is animated as you read over the scenario and #19 is animated so the arrows will appear as you talk through the Matrix.*

**Read over** the scenario and when it mentions the SOC 341 from the Regional Center, **click** to display the SOC 341.

**Refer** participants to **Handout: SOC 341**.

*\*Content Warning (Sexual Abuse) Janice Pho Scenario:*

APS receives a report from the Regional Center alleging sexual abuse. Their 20yo consumer with an intellectual disability 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".

1. **Talk** through your thought process as you review the signs of abuse and make your determination.
  - a. **Signs of Sexual Abuse>The dependent adult is pregnant according to SOC 341**

2. From there, **review** the evidentiary considerations to determine if there are other possible explanations for the alleged abuse.
  - a. **Victim's testimony to APS professional as evidence of no consent (*Evidentiary Issues to Consider*> was the client coerced or pressured into the sexual act?).**
  - b. **Trainer's note:** This is an opportunity to introduce a brief conversation about weighing types of evidence. In this example, we have client testimony as well as physical evidence. Point out that these are strong elements. Ask participants how strongly they weigh direct statements from clients. What about 3<sup>rd</sup> party information?
3. **Talk** through your thought process through your review and as you make your determination.
4. **Explain** that if the evidence still reflects potential abuse, then analyze the legal components ("Essential Defining Elements") to confirm that the evidence either does or does not support all the components.
  - a. **Essential Defining Elements**
    - i. **A sexual situation occurred,**
    - ii. **The situation was unwanted and nonconsensual in nature... Therefore, the allegation of Sexual Abuse in this case is CONFIRMED.**
  - b. It's important to remind participants that the Guiding Principles state, "In general, believe the client especially when he/she recounts or describes abuse suffered."
  - c. **You may also want to discuss the practice of assuming client has capacity until otherwise determined by a mental health professional or court.**
5. **Talk** through your thought process as you make your determination. **Remind** participants that for a finding of "confirmed," **each** element in the "Essential Defining Elements" column must be met by at least one form of evidence.
  - a. **In this situation, based on what you have, it is more likely than not that the sexual abuse occurred.**

## **Handout: SOC 341**

Date of Report to APS: 02/05/2025

**Alleged Victim: Janice Pho**

**Suspected Abuser: Victim's Cousin**

Reporting Party (RP): Regional Center

**Allegation: Sexual Abuse of 20yo**

**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.

## Skill Practice: Determining Findings

**Time Allotted:** 90 Minutes


**Associated Objective(s):** Critique if evidence meets the abuse type's legal components (Essential Defining Elements, interpreted from Welfare & Institutions Code) during scenario-based skill practice.

**Method:** Individual and Group Work

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## Slide #20: Scenario #1

**Scenario #1**



An 83-year-old woman needs assistance with her care, however, there is no concern for her decision-making ability at this time. She has In-Home Supportive Services (IHSS) in place and gives her care 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.

The APS professional meets with the client who states that she has been home from the hospital for 3 days and has asked the provider to bring back her jewelry 2 different times, and the provider has failed to do so.

The APS professional then meets with the provider who states that she keeps forgetting to return the jewelry; however, will try to remember to bring the jewelry back to the client.

### **Connection Activity: Skill Practice-Scenario #1 (10 minutes)** ***Large Group Work***

**Explain** this next section will give them time to practice their ability to:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)

***Trainer Note:** If necessary, explain that one case can have multiple allegations, thus, multiple findings. Also note that an allegation might come to your attention as one potential type of abuse, but through the investigation, you find different types of abuse, thus multiple findings.*

**Tell** them that the materials and resources they will use for this skill practice are:

- *Consistency Matrix*
- Finding Standards
- Pen or pencil (if in person)

***Trainer Note:** You will need to make and provide multiple copies of the Finding Report Template, as they will use a new one each scenario (if in person). If virtual, prompt participants to **Handout: Finding Report** at the end of the participant manual. Let participants know that they will begin using the Finding Report Template with the next activity.*



**Explain** that we will talk this first one out together as a large group, and then they'll be working in teams for the remainder of the skill practices.

**Ask** a volunteer to read aloud Scenario 1 to the class.

**SCENARIO #1:**

An 83-year-old woman needs assistance with her care, however, there is no noted concern with her decision-making ability at this time. She has In-Home Supportive Services (IHSS) in place and gives her care 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. The APS professional meets with the client who states that she has been home from the hospital for 3 days and has asked the provider to bring back her jewelry 2 different times, and the provider has failed to do so.

The APS professional then meets with the provider who states that she keeps forgetting to return the jewelry; however, will try to remember to bring the jewelry back to the client.

**After** the scenario is read, **engage** the participants as follows:

First, **ask** participants to identify what type of abuse that the scenario is referring to.

- Solicit a few responses from the group. *(If **virtual**, ask participants to put that information into the chat box with the corresponding page from the Matrix.)*

Then, **inform** the participants that they have one (1) minute to review the Signs of Abuse.

- Solicit responses from the group regarding possible signs of abuse in this scenario. *(If **virtual**, ask participants to type in chat box the possible signs of abuse, if any, but to wait to press enter until prompted to do so. After a minute, ask them to press enter and read the responses.)*

Next, **ask** them to review the evidentiary considerations for one (1) minute to determine if there are other possible explanations for the alleged abuse.

- Solicit responses from the group. *(If **virtual**, ask them to type in the chat box if any but to wait to press enter until prompted to do so. After a minute, ask them to press enter and read the responses.)*

Next, if the evidence still reflects potential abuse, then **ask** them to then analyze the legal components ("Essential Defining Elements") for one (1) minute to confirm that the evidence either does or does not support all the components. *(If **virtual**, ask them to type in the chat box their analysis but wait to press enter until prompted to do so. After a minute, ask them to press enter and read the responses.)*

Lastly, **facilitate** the Poll Question (single choice) (or show of hands if in person)


- a. Is the allegation of Financial Abuse Confirmed, Inconclusive, or Unfounded?
- b. Moderator launch poll and ask participants to vote which finding they believe is true; Confirmed, Inconclusive, or Unfounded.
- c. Share the polling results.
- d. Inform participants that the correct answer will not be shared because the scenario will continue in their breakout sessions.

## Slide #21: Scenario #2

Scenario #2

In groups:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)

An illustration featuring a yellow pill bottle with a white cap on the left. To its right is a magnifying glass with a black handle and frame. Inside the lens of the magnifying glass are several US dollar bills, with the number '63706445F' visible on one of them. The background is white with faint, stylized orange lines.

### **Connection Activity: Skill Practice-Scenario #2 (20-30 minutes including report out)** **Group Work**

**Explain** that they will work in teams for the entirety of this practice. They have 10 minutes to complete this practice, and they will:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding, using **Handout: Finding Report**
  - a. **Explain**, if this is all they had, if they didn't have an opportunity to investigate more what would their case finding be?
  - b. **NOTE:** this may be challenging for APS professionals to come up with, as they will want more information, but explain that sometimes you don't get to have a full investigation due to a variety of circumstances

**Explain** that you are available to provide coaching, assistance, and guidance during the activity as well as be available as needed.

**Instruct** them to refer to their **Handout: The Consistency Matrix** and finding standards to guide them for this practice.

**Explain** that this scenario is a continuation of the original scenario with changes to the situation. Each team will review **Scenario #2** in the participant manual and determine the finding.

**SCENARIO # 2:**

The Home Health Nurse returns in a couple of days to follow up with the client. She notices that the client's care provider has not filled her prescription. The client confirms that her care provider receives time for errands that includes picking up her prescription, but 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. When the APS professional meets with the client, she confirms everything that the nurse reported to APS.

*Trainer Note: This scenario contains an abuse allegation containing two types of abuse, two abuse indicators, and two pieces of evidence. Remind participants of the previous scenario and the poll answer they voted for. Share that the jewelry has been returned, thus resolving that allegation. Explain that we're moving into our groups (or breakout rooms) and there may now be potential for new allegations. Remind participants that APS is assuming that the client has decision-making ability.*

- Walk to each team or visit breakout rooms only once to offer guidance or assistance.
- If a given team you are observing is still in the process of determining the correct answer, remain to observe what answers they get and provide feedback to them.
- Some participants may express frustration during this exercise. Remind them the goal of this is to show how they can use the matrix as a guide to make findings, even with limited information.
- If a given team has already determined their answer, solicit their answers
- If they determined the correct answer for all items, validate their answers.
- If they wrote the incorrect answers to any of the three items, ask them to explain how they came to their answer(s) and point out where they could rethink their answer.

**Report Out: (15 minutes)**

1. Ask for a team to volunteer their findings and explanation for the findings.
  2. Before giving any feedback, solicit if other teams had differences and invite them to share.
  3. Once all findings have been reported, **share** the answer key.
- a. **Remind** participants that APS threshold for confirmed is preponderance of evidence: more likely than not.

## **ANSWER KEY 2:**

### 2 kinds of abuse to be identified

Financial Abuse

Neglect-by-Other

### 2 Indicators

- 1 indicator of financial abuse (Financial Abuse indicator) Provider borrowing money from client and not paying her back
- 1 Indicator of neglect by other - (Neglect by Other indicator)- Not picking up the client's prescription from the pharmacy.

### 2 pieces of evidence

- The Nurse's statement that client has not filled her prescription, because client says that provider has not been able to get it from the pharmacy (meets Neglect by Other Essential Defining Elements #1 & #3).
- The caretaker relationship established by the alleged perpetrator being an IHSS provider (meets Neglect by Other Essential Defining Elements #2).

### 2 Findings

- **Neglect by Other is confirmed.** It is reasonable for client to expect that her IHSS provider who comes every day would have filled the needed prescription already. This is especially reasonable because the client just came out of the hospital and the Home Health Nurse is expressing concern about it.
- **Financial Abuse is Inconclusive.** The client states that she lent \$400 (meets Financial Abuse Essential Defining Elements #1),

and that the provider is not paying her back (meets Financial Abuse Essential Defining Elements #2). However, we have not established that the provider will not pay her back. Yet, it's not unreasonable to wonder if the provider will pay her back, therefore depriving the client from her personal property. Financial Abuse Essential Defining Elements #3 [wrongful use] or #4 [intent to defraud] have not been met, but we cannot remove doubt because client still doesn't have her money back.

- **Note:** If the provider does not pay her back for a longer period of time, then the quality of this evidence would increase to likely become financially abusive.

## Slide #22: Scenario #3

**Scenario #3**

Individually:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)

After completed, come to consensus with team members and record in your Findings Report Template.



### **Skills Practice Activity: Scenario #3 (25-35 minutes including report out)** ***Individual and Group Work***

**Explain** that this next practice will be 2 parts.

1. They will have 3-5 minutes to individually review Scenario #3 and determine a finding. **Explain** this is a continuation of the previous scenarios and that they can consult with other participants to help determine their answers if desired.
2. After the 3-5 minutes, they will have 5-10 minutes to review each other's determinations as a team and come to a consensus on which determination should be presented as the **team's** determination.
3. After they have reached consensus, **instruct** each team member to note the team's consensus on their individual report templates (**Finding Report**) in the space provided as they will need this finding later.

**Advise** the class that you are available ***upon request ONLY to provide guidance or confirm their answers are correct.*** If your guidance is requested, provide answers only to questions asked of you (refrain from volunteering information) and ask only rhetorical questions to prompt them to think through their determination.

**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 care 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.

*Trainer Note: This scenario contains one new type of abuse (resolving the previous two types), three abuse indicators, and three pieces of evidence.*

*Respond only to requests for guidance (e.g. interpretation of language in the Matrix) and confirmation of correct answers. DO NOT volunteer information or provide corrective feedback.*

**Report Out: (15 minutes)**

1. Ask for a team to volunteer their findings and explanation for the findings.
2. Before giving any feedback, **solicit** if other teams had differences and **invite** them to share.
3. Once all findings have been reported, **share** the answer key.
  - a. **Remind** participants that APS threshold for confirmed is preponderance of evidence: more likely than not.



**ANSWER KEY 3**

Acknowledge that the shift from two perceived types of abuse to a whole new type, is in of itself a challenge for APS professionals.

- NEW kind of abuse to be identified – Self-Neglect
- 3 indicators of self-neglect
  - Self-Neglect indicator #1 – Not asking in-home provider to pick up medication soon after discharge
  - Self-Neglect indicator #2 – Not taking her medication for two days, and forgetting details, and her memory being blurry.
  - Self-Neglect indicator #3 – Turning away the provider, resulting in the dirty dishes piling up for multiple days.

**3 pieces of evidence**

- Statement from provider that the client told her about getting the medication only recently, and that the client has been refusing services recently, citing the piling up dishes as an example – meets Self-Neglect Essential Defining Elements #1 & #2
- Statement from the Home Health Nurse upon review of the medication that she believes the client has not taken it for two days – meets Self-Neglect Essential Defining Elements #1 & #2
- APS professional's first-hand observation that the dishes have not been washed and are piling up for 3-5 days – meets Self-Neglect Essential Defining Elements #1 & #2

**1 Finding: Self-Neglect is confirmed.** In this context, the provider states that she has been offering services and has been responsive to the client's requests, like getting the medication once the client asked her to get it. However, she says that the client is refusing other in-home services, and evidence of it are the piling dishes. The Home Health Nurse assessed that the client is not taking her medication as prescribed, and the client is not recalling details of recent events from when she was discharged, and her memory is blurry.

**NOTE:** The Financial Abuse concern about the client reportedly lending to the provider \$400, and the client not being paid back, is now potentially resolved. 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. The client admits having felt confused upon discharge, and her memory is blurry. Some participants might raise the question if paying \$400 for two nights of overnight care is abusive. It's about what is reasonable and makes sense that leads to resolving the concern with the prior allegation. And, would a reasonable person agree that paying the caregiver \$200 per night for two nights is not abusive? Is it reasonable to conclude that the client received a service (overnight care) and she paid a reasonable price for that service?

## Slide #23: Skill Practice Lessons Learned

**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?

A photograph of three people (two men and one woman) sitting around a table in a meeting, looking at documents. The photo is partially obscured by a large, faint orange arrow pointing upwards.

Depending on time, **cover** the following questions in one of two ways:

### **Option 1: Large Group Discussion (PREFERRED) (15 min)**

**Solicit** 2-4 volunteers for each question.

- This is particularly helpful when participants seem concerned about how to come to consistent determinations within their own APS programs.

### **Option 2: (Individual Reflection) (5 min)**

**Ask** participants to write down the answers to the questions in their participant manuals.

- Encourage them to discuss with lead staff or Supervisor when returning to the field.

Lessons Learned Questions:

- 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?

## Performance Assessment

**Time Allotted:** 35-45 minutes

**Associated Objective(s):** Construct a findings rational narrative that includes the components required for it to be descriptive and complete.

**Method:** Individual, Peer Review & Report Out

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## Slide #24: Peer Assessment

Peer Assessment

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)



*Trainer Note:* This performance assessment is a 3-part activity.

1. Individual determination.
2. Peer review with explanation.
3. Report out with answers and discussion.

### **Peer Review Activity: Peer Review (35-45 min)**

#### ***Individual and Peer Work***

**Part 1: Explain** that they will work individually to determine a finding(s) all on their own. **Explain** that they will be given 10 minutes to complete the assessment. Their responses will first be reviewed by a peer and then compared to an answer key.

**Explain** that they will be evaluated on their ability to:

1. Evaluate evidence for abuse indicators
2. Determine if the evidence meets the abuse's legal components
3. Explain how the evidence meets the abuse's legal components
4. Assign a finding(s)

**Instruct** participants to:

1. Independently review the "Performance Assessment Scenario #4"

- a. The scenario is a continuation of the original scenario but with more changes to the situation.
2. Determine a finding(s) as they have practiced in the previous three practice activities, using the Consistency Matrix and Finding Standards.
3. **Explain** that participants are to work completely independently for this practice.
4. Record on the Finding Report Template and turn their templates over to indicate they have finished their assessment. *If training **virtually**, instruct that participants can turn off their camera during this part of the exercise, and indicate in the chat box or by using the thumbs up feature when they have finished.*

#### Performance Assessment Scenario #4:

The APS professional receives a call from the client's niece. She says she is visiting the client and helping go through her mail. She reviewed client's bank statement and noticed a second person has been added to client's bank account. There are also 2 large withdrawals (\$400 and \$600), which is not typical of the client's spending habits. Client is on a fixed income and is very frugal. The APS professional returns to visit the client to address the new allegations from the client's niece. The APS professional looks at the bank statement and confirms that the name of the provider's sister is now on the account, and it wasn't there on the prior statement. They look at the copies of the checks that came with the recent statement, and there is one for \$600 payable to CASH and signed by the provider's sister, with the word "loan" on the Memo line. The balance on the account is now \$50.

The APS professional interviews the client in private, and she recalls going to the bank with the provider's sister to withdraw money to pay her \$400 for the two nights she had stayed to care for her right after the discharge from surgery, as she couldn't find her checkbook. While at the bank, the provider's sister offered to help her with paying bills, until she recovered and she accepted her offer, so they did some arrangement at the bank. The client said that later, the provider's sister needed to borrow money from the client to pay a debt, but that she would pay her back some day.

The APS professional administers the Interview of Decisional Abilities (IDA), and as a result the APS professional suspects that the client's ability to appreciate consequences and evaluate alternatives is of concern. Additionally, it looks like the client's bills for the month were paid. The APS professional calls again the provider's sister by phone, and she says that getting her name

on the account was the easiest way to help the client pay the bills, and that the \$600 was to cover gas and food during her two day stay, and groceries for the client for that week. The rest was for anticipated care should she go into the hospital again. She denies it was a loan, and that she must've written that in the check's "memo" line in error and admits writing and signing the check. She reiterates she doesn't owe the money back, and asks the APS professional to stop harassing her with calls. The APS professional calls the Home Health Nurse, and she says that the client is accepting all services, including IHSS, but she's forgetting to take her medication, and they're still concerned about that. Per the nurse, the client has been evaluated by her doctor and was diagnosed with cardiovascular dementia.

*Trainer note: This scenario contains two types of abuse, two additional financial abuse indicators, and six additional of evidence (five (5) for financial abuse and one (1) for self-neglect).*

**Part 2:** When everyone is finished (or 10 min is up), **inform** participants to pass their assessment to the person on their left. *If training **virtually**, participants can back into their groups, or trainer can create new breakout groups of just 2 people with the instruction to review each other's work.*

- This peer will now evaluate the determination and make notes on the template where they agree or disagree. (10 min)
- After every participant has done their second peer evaluation, **instruct** them to return their work to their owners.

*Trainer Note: If time allows and you are ahead of scheduled, have a 2<sup>nd</sup> peer at the table or in group review the findings report template for an additional 5-10 minutes.*

**Part 3: Reveal** the correct answers to the class.

Then **solicit** from each team its most frequent error(s), how they would resolve them, and what lessons they learned. (15-25 min)

### **ANSWER KEY Practice Scenario:**

#### Financial abuse and Self-Neglect

2 NEW indicators of financial abuse

- Financial Abuse indicator #5 – the client's poor medical condition and questionable decisional ability

- Financial Abuse indicator #6 – the provider’s sister contradictory statements and demeanor

6 new pieces of evidence

Financial Abuse:

- Copy of check written by the provider’s sister with the word “Loan” on the Memo – meets Financial Abuse Essential Defining Elements #1 (money belongs to client), #2 (taken from client), and #4 (with intent to defraud)
- The provider’s sister’s second testimony elaborating on what the \$600 was for, not being a loan despite what she wrote on the Memo line, admitting that she wrote the check, and saying that she doesn’t owe the money back to the client - meets Financial Abuse Essential Defining Elements #1, #2, & #4 (with intent to defraud)
- The client has been diagnosed with dementia. The IDA suggests she has a poor ability to appreciate consequences and evaluate alternatives when faced with important decisions, like adding the provider’s sister to her checking account - meets Financial Abuse Essential Defining Elements #2 (susceptible to undue influence), & #3 (harmful and disadvantageous to the client as her impaired decision-making ability places her at a disadvantage)
- The testimony from the Home Health Nurse, that the client is still not taking her medication as prescribed, and client suffers from cardiovascular dementia - meets Financial Abuse Essential Defining Elements #2 (susceptible to undue influence), & #3 (harmful and disadvantageous to the client as her poor decisional ability places her at a disadvantage) Self-Neglect:
- The testimony from the Home Health Nurse, that the client is still not taking her medication as prescribed, and client suffers from cardiovascular dementia – meets Self Neglect Essential Defining Elements #1 & #2.

1<sup>st</sup> Finding: **Financial Abuse is confirmed.** In this context, it is reasonable to believe that the provider’s sister is likely taking advantage of the client’s vulnerabilities, needs, and poor health to obtain apparent (i.e. passive) consent for financial gain.

2<sup>nd</sup> Finding: **Self-Neglect is confirmed.** In this context, it is reasonable to believe that the client’s medical diagnosis, poor decisional ability, and not taking her medication as prescribed substantially limits her ability for self-care and self-protection.

**NOTE:** Again, the Financial Abuse concern and the Self-Neglect concerns are the two issues of current concern, whereas the neglect by other (the IHSS



provider) was resolved as a concern. The APS Needs Assessment and Service Plan would therefore revolve around addressing these two issues.

## Findings Rational Narratives

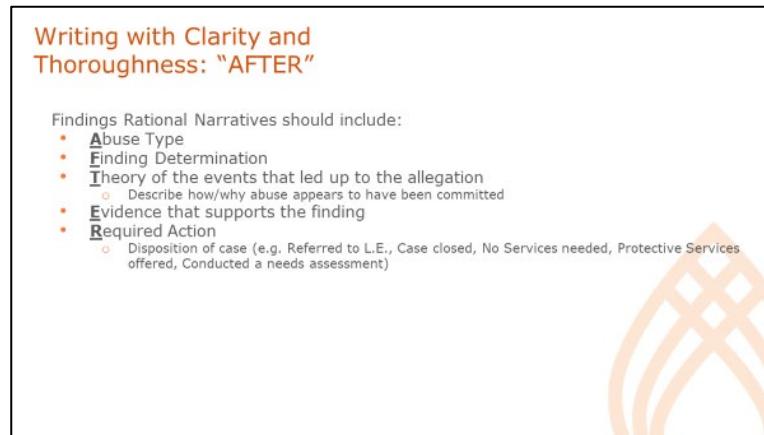
**Time Allotted:** 45-50 minutes

**Associated Objective(s):** Construct a findings rational narrative that includes the components required for it to be descriptive and complete.

**Method:** Individual, Large Group Discussion, Breakout Groups

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## Slide #25: Writing with Clarity and Thoroughness



**Ask** the participants to recall a time when they have read a report or document and could not understand the whole context because there were pieces of the story missing. **Solicit** 3 to 5 volunteers to share their experiences.

**Follow** this up by asking them to share how the confusion affected their ability to process the information.

**Inform** participants this next section of this training will focus on Findings Rational Narratives, a way to explain your findings, even though not all counties have this system.

- **Acknowledge** that some counties use LEAPS, or have other templates, but for the purpose of this training, it will help them practice the skill of walking through the process of reporting a finding.
- They can think of writing a Findings Rational Narrative as "showing their work" as how they came to that finding determination.
  - Writing a Findings Rational Narrative justifies the need to, "provide a framework for presenting logical justification for the findings in each case based on the evidence gathered" as explained in the Chapter 2.9: *APS Guidelines for Investigations* in the APS Guidelines to Supplemental Regulations, Version 2.4 (July, 2024).

**Explain** to the class that when they construct their findings rational narratives, we'll be using the acronym "AFTER" to help participants remember five (5) components to include, ensuring their narrative is clear and thorough. The five (5) components are:

- Abuse type
- Finding determination
- Theory of the events that led up to the allegation
  - From SOC 343- 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)

**Refer** participants to the 2<sup>nd</sup> page of their **Handout: Findings Report Template**.

**Remind** participants that they will be filling this section out after they've come to a finding determination.

## Slide #26: Narrative Comparison

**Narrative Comparison**

- Identify the "AFTER" elements:

<p><b>Financial Abuse - Unfounded.</b> The client's son used his DPOA to protect his Father from the consequences of not paying his overdue property tax.</p> <p>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.</p>	<p><b>Financial Abuse - Inconclusive.</b> Report received by APS from mandated reporter on January 3, 2025. It appears that the client's sister is financially abusing him; however, the client is protecting her at this time.</p>
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Abuse Type  
Findings Determination  
Theory of Events that led up to the allegation  
Evidence to support the finding  
Required Action

*Trainer Note: this slide is animated. There are two narratives, which you'll go through separately.*

**Give** participants about two (2) minutes to review the Findings Rational Narrative to the left of the slide.

Narrative: **Financial Abuse- Unfounded.** The client's son used his DPOA to protect his father from the consequences of not paying his 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.

- This is the Financial Abuse-Unfounded narrative.
- **Ask** them to look for the 5 "AFTER" components.
- **Solicit** volunteers to type in the chat box or say out loud what the "A"- Abuse Type(s) is.
- **Solicit** for different volunteers to type in the chat box or say out loud what the "F"- Findings Determination is.
- Solicit for additional volunteers to type in the chat box or say out loud what the "T" Theory of Events that led up to the allegation.
- Solicit for additional volunteers to type in the chat box say out loud what the "E" Evidence to support the finding.
- Solicit for any other volunteers to type in the chat box or say out loud what the "R" Required Action is.
- Answer: The Unfounded finding correctly includes all 5 "AFTER" components.

**Give** the participants about one (1) minute to review the Findings Rational Narrative to the right of the slide.

Narrative: **Financial Abuse- Inconclusive.** Report received by APS from mandated reporter on January 3, 2025. It appears that the client's sister is financially abusing him; however, the client is protecting her at this time.

- Ask them to look for the 5 "AFTER" components and type in the chat box say out loud which pieces of the AFTER are missing.
- Answer: The T: Theory of events, the E: evidence and R: Required action are all missing.

## Slide #27: Optional- Narrative Comparison

**Optional - Narrative Comparison**

- Content Warning: Sexual Abuse
- Identify the "AFTER" elements:

**Sexual Abuse--Confirmed.** Client is a 20-year-old female diagnosed with a developmental disability. It is reported that she has been sexually abused. Client is pregnant, however, per the r/p the client stated the sex was not consensual.

Client spoke with APS and stated that her cousin drove her into the mountains and refused to take her home unless she had sex with him. Client was clear she didn't want to, but felt she had no choice. APS assisted the client with filing a police report. The perpetrator was arrested, and client was granted a restraining order. APS provided referrals for counseling and client will continue to receive follow up from regional center. APS is no longer needed at this time.

The client is a 20-year-old female with regional center services. Her cousin forced her to have sex with him and now she's pregnant. The cousin is in jail now and a permanent restraining order was issued. Case is closed.

**A**buse Type  
**F**indings Determination  
**T**heory of Events that led up to the allegation  
**E**vidence to support the finding  
**R**equired Action

***Trainer Note:** This is an optional additional example if learners are still challenged with the AFTER elements. It's a comparison of narratives from Janice Pho. You can ask learners to compare and decide which has all AFTER elements. It may cause more discussion on her disability and decision-making ability which can possibly distract from identifying the AFTER elements.*

**Narrative: Sexual abuse—confirmed.** Client is a 20-year-old female diagnosed with a developmental disability. She is a regional center consumer. It is reported that the client has been sexually abused. She is pregnant, however per the reporting party, the client stated that she did not consent to having sex. Client spoke with APS and stated that her cousin drove her to a place in the mountains. He told her that he would not take her home unless she had sex with him. Client was clear that she did not want to, but had no choice. APS assisted the client with filing a police report. The alleged perpetrator has been arrested, and client was granted a permanent restraining order. APS provided referrals for counseling, and client will continue to receive follow up from regional center. Case is closed as APS is no longer needed at this time. *(This narrative contains all AFTER elements.)*


**Narrative:** The client is a 20-year-old female with regional center services. Her cousin forced her to have sex with him and she is now pregnant. The cousin is in jail now and a permanent restraining order was issued. Case is closed. *(This narrative is missing the "A"- Abuse type, "F"-findings determination of the case and "R"-required action are missing. However, note that even if these elements were included, this is still missing important details of the case and services provided to the client.)*

## Slide #28: Narrative Practice #1

**Narrative Practice #1**

Using Scenario #3 from earlier, work in teams to:

- Construct a findings rational narrative, including “AFTER”.
  - Organize info into a comprehensible, coherent explanation of your finding.
- Record on the “Narratives” section of a Findings Report Template.



### **Activity: Narrative Practice #1 (10-15 min)**

#### ***Breakout groups***

**Explain** they will use their findings report from Practice Scenario #3. Working in their teams, they have five (5) minutes to:

1. Include essential pieces of information into a narrative they construct together.
2. Organize the information into a comprehensible, coherent explanation of their finding and record on the “Narrative” section of a Findings Report Template.

***Trainer Note:** You can also have them record their narratives on a flip chart paper to share (if in person).*

**Tell** them that the materials and resources they will use for this practice are

- Finding Report template from Practice Scenario #3
- 2<sup>nd</sup> page of **Finding Report “Narrative”** section (and/or flip chart paper)
- Pen or pencil (if in person)
- *Consistency Matrix* (optional, as needed)

**Acknowledge** again that their county may not have this process, but this practices a skill of walking someone through how you report your finding determination.

***Trainer Note:***


- Walk to each team *only once* to offer guidance or assistance.



- If a given team you are observing is still in the process of determining the correct answers, remain to observe what answers they get and provide feedback to them.
- If a given team has already determined their answers, solicit their answers
  - If they determined the correct answers for all items, validate their answers.
  - If they wrote the incorrect answers to any of the three items, ask them to explain how they came to their answer(s) and point out where they could rethink their answer.
- There is no report out for this activity.

## Slide #29: Narrative Practice #2

**Narrative Practice #2**



Using Scenario #3 from earlier, work individually to:

- Construct a findings rational narrative, including “AFTER”.
  - Organize info into a comprehensible, coherent explanation of your finding.
- Record on the “Narratives” section of a Findings Report Template.

### **Individual and Group Activity: Narrative Practice #2 (20-25 minutes including report out)**

#### ***Individual and Group Share***

**Explain** that they will first work independently for this practice for five (5) minutes. *(If training **virtually**, trainer can instruct that participants can turn their camera off for this portion.)*

- Construct a findings rational narrative including the 5 “AFTER” components using the Performance Assessment Scenario #4 from earlier.
- Organize information into a comprehensible, coherent explanation of your finding.
- Record in the “Narratives” section of a Findings Report Template.

Once everyone at their tables are finished, they have five (5) minutes to share their narratives and **attempt** to reach a consensus on the most descriptive narrative.

*Trainer Note: Respond only to requests for confirmation of correct answers. DO NOT volunteer information or provide corrective feedback*

**Report out: (10-15 mins)**

After they have constructed their narratives, each team will share with the class their responses and the class will provide their feedback to each team's answers.

**Encourage** participants to keep copies of the Report Findings Template and remember the "AFTER", even if their counties do not require this type of narrative. Having this information at their fingertips helps explain how they came to determine their findings.

## Wrap-up and Evaluation

**Time Allotted:** 15-20 minutes

**Associated Objective(s):** N/A

**Method:** Facilitator Led

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## Slide #30: Continued Efforts

**Continued Efforts**

- When my county's historical practice differs from the Consistency in Findings Matrix, how do I proceed?
- 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.
- In order to have a finding of Confirmed, I have to be very sure that abuse occurred, because I don't want to damage the suspected abuser's reputation in case I'm wrong?

**Conclude** that APS is committed to yielding more consistency in findings determinations statewide. Ensuring each APS professional has the same tools and are given the same methods for using those tools is the first step to narrowing the gap in consistency in findings.

**Explain** that even with APS programs completing this training, using the Matrix and Guiding Principles, there will inevitably be times where coming to a finding is not clear. A California working group dedicated to providing APS Professionals with tools to navigate these situations.

- **Introduce Handout: Findings Myth Buster.** (CWDA, 2024, pp. 28–30)  
**Share** 2-3 FAQs that are listed below: (5-7 minutes)
  - 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 Guidelines, which is intended to promote consistency in practice under a realigned APS program.
  - 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.
    - Answer: FALSE: When the report alleges abuse, you can make a determination even if the abuser is no longer involved nor has access.

- In order to have a finding of Confirmed, I have to be very sure that abuse occurred, because I don't want to damage the suspected abuser's reputation in case I'm wrong?
  - Answer: FALSE: 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. The Training Consistency in Determining Findings will help determine if an allegation should be confirmed. Remember, findings should not be influenced by possible repercussions for a suspected abuser as a consequence of the finding, nor should they be influenced by the possibility of a future abuser registry.
- **Encourage** participants to read through the Findings Myth Buster on their own time and discuss with their supervisors and managers.

## Slide #31: P-I-E Wrap Up

**P-I-E Wrap Up**

P – **Priceless** piece of information.


- What has been the most important piece of information to you today?

I – **Item** to implement.

- What is something you intend to implement from our time today?

E – **Encouragement** I received.

- What is something that I am already doing that I was encouraged to keep on doing?



**Emphasize** that participants have a great responsibility to APS’s clients in need of APS services. By developing a consistent practice of determining findings by always addressing the three columns reviewed today from the Consistency Matrix, understanding the findings standards, and by constructing findings rational narratives that include all five “AFTER” narrative components, participants will narrow the disparity in consistency among all APS findings reports.

**Explain** based on what we have talked about during our time together, answer these P.I.E. questions.

1. P – **Priceless** piece of information. What has been the most important piece of information to you today?
2. I – **Item** to implement. What is something you intend to implement from our time today?
3. E – **Encouragement** I received. What is something that I am already doing that I was encouraged to keep on doing?

**Allow five minutes** to answer the questions on your own. Once complete, **ask** for volunteers to share what they wrote down. If training virtually, request the participants to use the “Raise Hand” feature to volunteer to speak.

Use the following questions for debrief:


- What were some of the key words that you heard while you shared?
- What were the common themes that continue coming up?
- What would it mean for APS if we implemented the things on your PIE?

- What would it mean for APS if we did not implement the things on your PIE?



## Slide #32: Final Questions and Evaluations

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!
- Please fill out your evaluations.

**Ask** participants if there are any final questions.

**Ask** every participant to complete the evaluation.

**Thank** them for taking time away from their caseload and other duties to participant in this training!

## Slide #33: Thank You!



## 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)*

California Department of Social Services. SOC 343 Investigation of Suspected Dependent Adult/Elder Abuse (2001). Retrieved from <http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC343.pdf>

County Welfare Directors Association (2024, July). California APS Guidelines to Supplement Regulations, Version 2.4. *Coordinated by County Welfare Directors Association*. (PDF). <https://www.cwda.org/formguidelines/adult-protective-services-consistency-guidelines>

## Handout: The Consistency Matrix (18 pages)

APS Guidelines to Supplement Regulations

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

### California APS\* Standards for Consistency in Determining Findings

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
<b>Physical Abuse</b> Welfare and Institutions Code (W&I)(C) 15610.63 (a)(b)(c)(d)(f)	Physical abuse is the non-accidental use of physical force that results or could have resulted in bodily injury, physical pain, or impairment.	1. Non-accidental use of physical force or physical deprivation or use of medications for control and 2. Bodily injury, physical pain or impairment occurred or 3. Bodily injury, physical pain or impairment could have occurred.	Examples include, but are not limited to: <u>General Considerations</u> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client is being or has been:               <ul style="list-style-type: none"> <li>Hit, beaten, pushed, shaken, slapped, or kicked</li> <li>Struck with or without an object</li> <li>Given unwarranted drugs</li> <li>Unreasonably physically restrained when not medically authorized or given medication inappropriately to limit mobility or consciousness</li> <li>Force-fed</li> <li>Deprived of food or water for a prolonged period or continually</li> </ul> </li> <li>Based on the location, appearance, type of injury (or pain/impairment), interviews and explanation, was it likely accidental or intentional?</li> <li>Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>Is there a need for a safety plan?</li> <li>Are the client and suspected abuser known to APS because of prior reports?</li> <li>Is law enforcement investigating this as a crime, e.g. assault, battery?</li> </ul> <u>Client Considerations</u> <ul style="list-style-type: none"> <li>Is the injury the result of a normal part of aging or disease process?</li> </ul>	Examples include, but are not limited to: <ul style="list-style-type: none"> <li>Sprains, dislocations, or fractures (for example, spiral fractures: when torque is applied along the axis of a bone)</li> <li>Burns from such things as: cigarettes, appliances, or hot water</li> <li>Abrasions or bruises on arms, legs, or torso that resemble rope or strap marks indicating physical restraint</li> <li>Signs of traumatic hair and tooth loss</li> <li>Bruises from abuse can be anywhere on the body, but bruises in the following places are more likely to be from abuse than accidental:               <ul style="list-style-type: none"> <li>head, i.e., face, ears, and neck</li> <li>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)</li> <li>genitalia</li> <li>soles of the feet</li> <li>posterior torso (including chest, upper and lower back, and buttocks)</li> <li>Bilateral bruising to the arms (indicating the person has been shaken, grabbed, or restrained)</li> <li>Bilateral bruising of the inner thighs (indicating sexual abuse)</li> </ul> </li> </ul>

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APS Guidelines to Supplement Regulations 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Physical Abuse
(continued) <b>Physical Abuse</b> W&IC 15610.63 (a)(b)(c)(d)(f)			<ul style="list-style-type: none"><li>• Is the client taking any medication that would make him/her bruise easily, such as prednisone, warfarin, or Plavix?</li><li>• Is the client cognitively impaired?</li><li>• Does the client use an assistive device for mobility?</li><li>• Does the client require assistance with ADLs?</li><li>• If the client is bruised, does he/she remember how he/she got the bruises?</li><li>• Are the suspected abuser's and the client's explanations about how the injury occurred consistent with one another?</li><li>• 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?</li></ul> <p><b>Suspected Abuser Considerations</b></p> <ul style="list-style-type: none"><li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li><li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li><li>• Does the suspected abuser have a substance or mental health problem?</li><li>• Does the suspected abuser have a criminal record?</li><li>• Does the suspected abuser understand the doctor's instructions regarding the administration of medications, and/or use of restraints?</li></ul>	<ul style="list-style-type: none"><li>1. Larger bruises—accidental bruises tend to be smaller than deliberate ones</li><li>2. History of similar injuries, numerous suspicious hospitalizations, and/or untreated previous injuries</li><li>• Injuries in various stages of healing including multicolored bruises (indicating they occurred over time).</li><li>• Medical assessment and lab work including medical opinion on the results</li><li>• Signs of malnutrition or dehydration without illness-related cause</li><li>• Police arresting the accused for battery or assault</li></ul>

APS Guidelines to Supplement Regulations

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
<b>Sexual Abuse</b> W&IC 15610.63 (e)	Sexual abuse is nonconsensual sexual contact of any kind with a client. It includes, but is not limited to: <ul style="list-style-type: none"> <li>• Unwanted touching</li> <li>• All types of sexual assault or battery such as rape, sodomy, and coerced nudity</li> <li>• Sexually explicit photographing</li> <li>• Forced exposure to pornography</li> <li>• Unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul>	1. Evidence a sexual incident(s) or situation(s) occurred <b>and</b> 2. The incident or situation is unwanted or non-consensual in nature.	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been: <ul style="list-style-type: none"> <li>◦ Touched in an unwanted fashion</li> <li>◦ Raped, sodomized, or forced to take off his/her clothes</li> <li>◦ Photographed in a sexually explicit way</li> <li>◦ Forced to look at pornography</li> <li>◦ Pressured/forced to have unwanted sexual relations with a spouse, partner, significant other or anyone else.</li> </ul> </li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is there a need for a safety plan?</li> <li>• Are this client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime (i.e., sexual assault, sexual battery, rape, etc.)?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• Does the client have family or friends to provide emotional support or to advocate on his/her behalf?</li> <li>• Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>• Genital or anal pain, irritation or bleeding</li> <li>• Bruising on external genitalia or inner thighs</li> <li>• Difficulty walking or sitting</li> <li>• Torn, stained or bloody underclothing</li> <li>• Client's intimate body parts are treated roughly while receiving care, such as when being cleaned or dressed.</li> <li>• Client forced to watch pornography on the television and/or computer</li> <li>• Client is newly diagnosed with a sexually transmitted disease</li> <li>• Medical assessment and lab work, including a medical opinion support the report of sexual assault</li> <li>• The dependent adult is pregnant</li> <li>• Sudden, marked change in personality or demeanor</li> </ul>

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APS Guidelines to Supplement Regulations 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Sexual Abuse
(continued) <b>Sexual Abuse</b> W&IC 15610.63 (e)			<u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"><li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li><li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li><li>• Does the suspected abuser have a substance or mental health problem?</li><li>• 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?</li></ul>	

## APS Guidelines to Supplement Regulations

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
<b>Financial Abuse</b> W&IC 15610.30	Financial abuse is the illegal or improper use of a client's funds, property or assets.	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) 4. With intent to defraud.	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client is being or has been financially exploited by someone, e.g. <ul style="list-style-type: none"> <li>Cashing a client's check or using/misusing a client's debit card without authorization or permission</li> <li>Forging the client's signature</li> <li>Misusing or stealing the client's money or possessions</li> <li>Taking the client's funds or property by using undue influence</li> <li>Coercing or deceiving the client into signing a document e.g., contracts, real estate/reverse mortgage/deeds, trusts or will</li> <li>Improperly executing the duties of conservatorship, guardianship, or powers of attorney</li> </ul> </li> <li>Scams such as ID theft, telemarketing/lottery/ investment/ annuity/sweetheart/ grandparent scams, trust mills, unlicensed contractors</li> <li>Who is making the financial decisions and are the decisions being made in the client's best interest?</li> <li>Does the suspected abuser exploit the client's incapacitation such as when the client is tired, ill, or taking mentally impairing medications?</li> <li>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)?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Unpaid bills, eviction notices or notices to discontinue utilities</li> <li>Withdrawals from bank accounts or transfers between accounts that the client cannot explain or the explanation suggests coercion or manipulation of the client</li> <li>Bank statements and canceled checks no longer delivered to the client's home</li> <li>New "best friends" who take an interest in the client's finances</li> <li>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</li> <li>Unusual activity in the client's bank accounts, including large, unexplained withdrawals, frequent transfers or ATM withdrawals</li> <li>Changes in spending or financial management habits (e.g., has always been a saver and is now spending a lot)</li> <li>A suspected abuser's excessive interest in the amount of money spent on the client</li> <li>Missing belongings or property</li> <li>Suspicious signatures on checks or other documents</li> </ul>

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## APS Guidelines to Supplement Regulations

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) <b>Financial Abuse</b> W&IC 15610.30			<ul style="list-style-type: none"> <li>Did the suspected abuser take the property or money knowing such conduct is harmful to the client or with the intent to defraud?</li> <li>Did the suspected abuser fail to return the property/money upon demand by the client or his/her representative?</li> <li>Are there any indicators of undue influence, such as:               <ul style="list-style-type: none"> <li>Does the client have limited social contacts and is the suspected abuser capitalizing on his/her loneliness &amp; vulnerability?</li> <li>Is the suspected abuser attempting to make the client emotionally dependent?</li> <li>Is the suspected abuser trying to isolate the client?</li> <li>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?</li> <li>Is the suspected abuser creating an "us against them" mentality?</li> <li>Is the suspected abuser exploiting his/her emotional relationship with client?</li> <li>Is the client susceptible to threats of abandonment?</li> <li>Are the client and suspected abuser known to APS because of prior reports?</li> <li>Is law enforcement investigating this as a crime?</li> </ul> </li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>Does the client have mobility problems and physical ailments that make him/her more dependent on others?</li> <li>Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</li> </ul>	<ul style="list-style-type: none"> <li>Absence of documentation about financial arrangements</li> <li>Implausible or inconsistent explanations by the client, caregiver, or suspected abuser about the client's finances</li> <li>Client's ignorance or lack of understanding regarding financial arrangements made on his/her behalf</li> <li>The client is not receiving care nor is his/her living arrangements commensurate with his/her assets.</li> <li>The scope/quality of care the client has been receiving is reduced</li> <li>The suspected abuser cues or prompts the client or interrupts the client in interviews</li> <li>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.</li> <li>Changes in the ownership of property and other assets.</li> <li>Client has received a foreclosure notice.</li> <li>Client's service providers were changed after the suspected abuser became involved in the client's life.</li> </ul>

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Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Financial Abuse
(continued) <b>Financial Abuse</b> W&IC 15610.30			<ul style="list-style-type: none"><li>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?</li><li>5. Have there been any changes in the client's contact with his/her social network?</li><li>6. Are there any changes in the client's affect, tone of voice, or body language when in the suspected abuser's presence?</li><li>7. What changes have occurred in the client's life and living situation since the suspected abuser became actively involved with the client?</li><li>8. Is the client depressed, anxious, or fearful?</li></ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"><li>• Does the suspected abuser resist or try to interfere with the client being interviewed alone?</li><li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li><li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li><li>• What was the suspected abuser's financial history before becoming actively involved with the client?</li><li>• Does the suspected abuser have a substance or mental health problem?</li><li>• Does the suspected abuser have a criminal record?</li></ul>	<ul style="list-style-type: none"><li>• Access to the client is limited by the suspected abuser.</li><li>• 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</li></ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
<b>Neglect</b> W&IC 15610.57 (a)(b)	Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to a client.	<ol style="list-style-type: none"> <li>1. Negligent failure to take action, whether intentional or unintentional.</li> <li>2. Could be: <ul style="list-style-type: none"> <li>• Caretaker</li> <li>• Care Custodian*</li> <li>• Person providing services (e.g. home health nurse)</li> <li>• Person in a position of trust or fiduciary (e.g. POA)</li> </ul> </li> <li>3. Level of care or service is what a reasonable person would provide.</li> </ol> <p>* "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)</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been neglected because: <ul style="list-style-type: none"> <li>◦ A person who has a fiduciary responsibility to the client has failed or to insure the client is receiving adequate care</li> <li>◦ An in-home service provider has failed to provide the client with necessary care.</li> <li>◦ 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.</li> <li>◦ A care custodian is not providing the client with the goods or services that are necessary to avoid physical harm or mental suffering.</li> </ul> </li> <li>• 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)?</li> <li>• Is the client being neglected due to retaliation/family dynamics (e.g. son or daughter unhappy with their upbringing)?</li> <li>• What is the level of stress in the in the household due to financial, family, marital, or health problems?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Client has bad hygiene and smells of foul odor.</li> <li>• Client has long, dirty, and unkempt finger and toe nails.</li> <li>• The suspected abuser is creating a risk to the client's health by <ul style="list-style-type: none"> <li>◦ not providing the prescribed medication properly (e.g. diabetes or high blood pressure)</li> <li>◦ not providing transportation to medical/mental health visits</li> <li>◦ not complying with the client's medical appointments</li> </ul> </li> <li>• Client's home is in dilapidated condition.</li> <li>• Client is living in hoarding conditions.</li> <li>• Client has been living with no running water, heat, or electricity.</li> <li>• Client is found soiled and the house smells of feces.</li> <li>• The suspected abuser refuses to dress the client or dresses the client inappropriately.</li> <li>• The suspected abuser fails to protect the client from health and safety hazards (e.g. allowing pets to defecate and urinate in the home).</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) <b>Neglect</b> W&IC 15610.57 (a)(b)			<p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>Does the client have diagnosed dementia, or is there evidence to suggest that there is an issue with client's capacity?</li> <li>Has the client refused medical treatment because he/she relies on treatment by spiritual means through prayer alone in lieu of medical treatment? Is this the reason proffered by for a lack of medical care? If so, this would not be considered neglect.</li> <li>Does the client have a mental illness or drug or alcohol problems that make providing care difficult?</li> <li>Does the client have an abusive or dominating personality?</li> <li>Does the client resist help?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>Is the neglect intentional or unintentional?</li> <li>Did the suspected abuser knowingly deprive the client of food, shelter, clothing, and/or medication?</li> <li>Did the suspected abuser neglect the client for personal gain (e.g. to save money or inheritance)?</li> <li>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?</li> <li>Is the suspected abuser overwhelmed with his/her duties or lacks the training to provide appropriate care?</li> <li>Does the suspected abuser have Durable Power of Attorney over client?</li> <li>Did the suspected abuser fail to seek or provide needed medical treatment as promptly as a reasonable person would?</li> </ul>	<ul style="list-style-type: none"> <li>Deprivation by care custodian: W&amp;IC 15610.35, "Goods and services necessary to avoid physical harm or mental suffering" include, but are not limited to, all of the following: <ul style="list-style-type: none"> <li>(a) The provision of medical care for physical and mental health needs.</li> <li>(b) Assistance in personal hygiene.</li> <li>(c) Adequate clothing.</li> <li>(d) Adequately heated and ventilated shelter.</li> <li>(e) Protection from health and safety hazards.</li> <li>(f) Protection from malnutrition, under those circumstances where the results include, but are not limited to, malnutrition and deprivation of necessities or physical punishment.</li> <li>(g) Transportation and assistance necessary to secure any of the needs set forth in subdivisions (a) to (f), inclusive.</li> </ul> </li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Neglect
(continued) <b>Neglect</b> W&IC 15610.57 (a)(b)			<ul style="list-style-type: none"><li>• What access does the suspected abuser have to the client/does the suspected abuser live with the client?</li><li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li><li>• Does the suspected abuser have a criminal record?</li><li>• If a licensed agency is responsible, is a cross report warranted?</li></ul>	

## APS Guidelines to Supplement Regulations

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
<b>Self Neglect</b> W&IC 15610.57 (a)(2), (b)(5)	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.  and 2. The level of self care is not reasonable.	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client's self care is or has been inadequate, for example: <ul style="list-style-type: none"> <li>Not obtaining essential food, clothing, shelter, and medical care or</li> <li>Not maintaining physical health, mental health, financial health, or general safety?</li> </ul> </li> <li>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.</li> <li>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.</li> <li>Is this client known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>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.</li> <li>Is the client's failure to perform essential self care a result of poor cognitive functioning, mental limitation, substance abuse, or chronic poor health?</li> <li>Has the client's health deteriorated or has he/she developed chronic health problems due to the refusal of medical services?</li> <li>Does the client exhibit hoarding behavior, including animal hoarding?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>Client is unable/fails/refuses to take in adequate amounts of food and fluids.</li> <li>Client has a noticeable weight loss or is showing signs of malnutrition.</li> <li>Client's physical appearance shows sunken eyes.</li> <li>Client is eating food that is potentially unsafe or harmful to his/her health condition.</li> <li>Client is unable/fails/refuses to dress him/herself appropriately.</li> <li>Client is unable/fails/refuses to attend to personal hygiene and smells of foul odor.</li> <li>Client's home is unclean and/or hazardous (e.g., soiled and smells of feces or no running water, heat, or electricity).</li> <li>Client is unable/fails/refuses medical care and/or mental health services.</li> <li>Client is unable/fails/refuses to take his/her medication.</li> </ul>

Originated 2011

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Effective Date 2/1/2016



APS Guidelines to Supplement Regulations 2.2: The California APS Standards for Consistency in Determining Findings Matrix

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Self-Neglect
(continued) <b>Self Neglect</b> W&IC 15610.57 (a)(2), (b)(5)			<ul style="list-style-type: none"><li>• Is the self-neglect a result of lack of awareness or inability?</li><li>• 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?</li><li>• What resources were available to the client and how reasonable is it that the client could have accessed them?</li><li>• If resources were available combined with functional ability and balancing safety – could safety be maintained?</li><li>• Is the client able to manage his/her finances?</li></ul>	<ul style="list-style-type: none"><li>• Bills are unpaid or payments are late.</li><li>• Utilities are shut off or at risk of being shut off.</li><li>• Client is unable/fails/refuses to protect his/her money from scams or others.</li></ul>

## APS Guidelines to Supplement Regulations

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Psychological Abuse
<b>Psychological Abuse (Mental Suffering)</b> W&IC 15610.53	Psychological abuse is the infliction of fear, anguish, agitation, or other emotional distress through verbal or nonverbal acts.	1. Emotional distress exhibited by client <b>and</b> 2. The emotional distress is a result of someone else's behavior/ actions.	<p><b>Examples include, but are not limited to:</b></p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>What are the indications, if any, that the client is being or has been <ul style="list-style-type: none"> <li>Verbally assaulted, insulted, and threatened</li> <li>Intimidated, humiliated (e.g., treated as an infant), and harassed.</li> <li>Given the "silent treatment" or had affection withdrawn</li> <li>Told misleading comments made with malicious intent to inflict emotional harm.</li> </ul> </li> <li>Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>Are the client and suspected abuser known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>Does the client have cognitive impairments that cause him/her to exhibit behaviors that could be misinterpreted as emotional distress caused by others?</li> <li>Does the client have diagnosed dementia, mental illness, or is there evidence to suggest that there is an issue with client's capacity?</li> <li>Is the response of others to the client's cognitive impairment causing the client additional emotional distress?</li> </ul> <p><u>Suspected Abuser Considerations</u></p> <ul style="list-style-type: none"> <li>Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>Does the suspected abuser have a substance or mental health problem?</li> <li>Does the suspected abuser have a criminal record?</li> </ul>	<p><b>Examples include, but are not limited to:</b></p> <ul style="list-style-type: none"> <li>Suspected abuser observed or heard yelling at, belittling, and/or threatening the client.</li> <li>Suspected abuser using the client's pet to distress the client by restricting access to the animal, making threats about the animal, etc.</li> <li>Client looks depressed.</li> <li>Client is confused or disoriented.</li> <li>Client is showing signs of confinement.</li> <li>Suspected abuser lying to the client deliberately to upset him/her.</li> <li>Client being intimidated/ harassed by others</li> </ul>

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APS Guidelines to Supplement Regulations

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

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abandonment
<b>Abandonment</b> W&IC 15610.05	Abandonment is intentionally leaving or forsaking a client	<ol style="list-style-type: none"> <li>1. Desertion is deliberate</li> <li>2. Could be: <ul style="list-style-type: none"> <li>• Caretaker</li> <li>• Care Custodian*</li> <li>• Person providing services (e.g. home health nurse)</li> <li>• Person in a position of trust or fiduciary (e.g. POA)</li> </ul> </li> <li>3. Reasonable person would continue to provide care and custody.</li> </ol> <p>*“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)</p>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client has been abandoned?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime?</li> <li>• Is the abandonment part of a threat?</li> <li>• Is there a risk to the client’s safety because of where he/she was left?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Is the client cognitively impaired?</li> <li>• Did the client consent to be left?</li> <li>• Is it in the client’s best interests to be left where he/she is?</li> </ul> <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Was the client abandoned for the personal gain or to meet someone other than the client’s needs?</li> <li>• Is the suspected abuser dependent financially or otherwise on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Cognitively impaired client is taken to hospital ER waiting room, bus station, church, etc. and left by caregiver who does not return</li> <li>• Caregiver for a client who cannot manage without assistance goes away without making plans for coverage</li> <li>• Caregiver takes client to another city and leaves him/her there without making arrangements for his/her care</li> <li>• Client is placed in a care facility against his/her wishes and forced to remain because home care arrangements are withdrawn by caregiver</li> </ul>

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Effective Date 2/1/2016

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
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.	<ol style="list-style-type: none"> <li>1. The action of the suspected abuser is purposeful</li> <li>2. Client does not or cannot consent</li> <li>3. Not in the client's best interest</li> </ol>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• 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?</li> <li>• Are there power and control issues in the relationship between the suspected abuser and the client?</li> <li>• Is the suspected abuser isolating the client in order to exert undue influence as demonstrated by such things as: <ul style="list-style-type: none"> <li>◦ attempting to make the client emotionally dependent</li> <li>◦ 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</li> <li>◦ creating an "us against them" mentality</li> <li>◦ fostering powerlessness &amp; vulnerability in the client</li> <li>◦ exploiting his/her emotional relationship with client?</li> </ul> </li> <li>• Is the suspected abuser trying to control the client's through deceit, coercion, force, or threats?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have cognitive/memory impairments, drug or substance abuse problems, or mental health problems that might impair his/her capacity?</li> <li>• Does the client have mobility problems and physical ailments that make him/her more dependent on others?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Client's support system, both formal and informal, has increasingly restricted access to the client, e.g.: <ul style="list-style-type: none"> <li>◦ visitors are turned away</li> <li>◦ phone calls blocked</li> <li>◦ phone number changed</li> <li>◦ mail not given to the client</li> </ul> </li> <li>• The client's ability to contact others is made difficult by <ul style="list-style-type: none"> <li>◦ denying the client access to a phone</li> <li>◦ disconnecting the client's phone</li> </ul> </li> <li>• There is a change in the client's doctors, attorneys, etc.</li> <li>• Caregivers not hired by the suspected abuser are fired.</li> <li>• Client's mailing address is changed to a PO Box or the suspected abuser's address.</li> <li>• Client is told that friends and/or family are mad at him/her (as reason they are not visiting).</li> <li>• Suspected abuser tries to make the client fearful about going outside by saying such things as there is danger outside.</li> </ul>

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Isolation
(continued) <b>Isolation</b> W&IC 15610.43			<u>Suspected Abuser Considerations</u> <ul style="list-style-type: none"><li>• Is the suspected abuser isolating the client for personal gain?</li><li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li><li>• Does the suspected abuser have a substance abuse or mental health problem?</li><li>• Does the suspected abuser have a criminal record?</li></ul>	

Abuse or Neglect Category	Operational Definition	Essential Defining Elements	Evidentiary Issues to Consider	Signs of Abduction
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.	<ol style="list-style-type: none"> <li>1. The client was taken from California and is not being allowed to return.</li> <li>2. The client is a California resident who is out of state and wants to return but is not being allowed to.</li> <li>3. The client did not leave of his/her own volition or the conservator hasn't consented.</li> <li>4. The client does not have the capacity to consent</li> </ol>	<p>Examples include, but are not limited to:</p> <p><u>General Considerations</u></p> <ul style="list-style-type: none"> <li>• What are the indications, if any, that the client is being or has been abducted?</li> <li>• Are the client and suspected abuser known to APS because of prior reports?</li> <li>• Is law enforcement investigating this as a crime, e.g. kidnapping?</li> </ul> <p><u>Client Considerations</u></p> <ul style="list-style-type: none"> <li>• Does the client have the capacity to consent to the move or is the client conserved?</li> <li>• Did the client consent or did the conservator give permission for the move?</li> <li>• Is it in the client's best interests to move?</li> </ul> <p><u>Suspected abuser Considerations</u></p> <ul style="list-style-type: none"> <li>• Did the suspected abuser abduct the client for personal gain or to meet someone other than the client's needs?</li> <li>• Is the suspected abuser dependent, financially or otherwise, on the client?</li> <li>• Does the suspected abuser have a substance or mental health problem?</li> <li>• Does the suspected abuser have a criminal record?</li> </ul>	<p>Examples include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• The client was taken from California and is not being allowed to return.</li> <li>• A California resident is out of state, wants to return but is not being allowed to.</li> <li>• The client adult did not leave of his/her own volition.</li> <li>• The client was not removed from the state as protective measure or because it was in his/her best interest.</li> </ul>

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## Handout: Guiding Principles (2 pages)

APS Guidelines to Supplement Regulations

2.3: Guiding Principles (for Consistency in Determining Findings)

### 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.

- 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.

## Handout: Finding Report (2 pages)

### FINDING REPORT

HANDOUT #8

Name \_\_\_\_\_

☐ Practice # \_\_\_\_\_☐ Assessment

Type of abuse suspected		What are the indicators of abuse?	
<input type="checkbox"/> Physical	<input type="checkbox"/> Psychological		
<input type="checkbox"/> Sexual	<input type="checkbox"/> Abandonment		
<input type="checkbox"/> Financial	<input type="checkbox"/> Isolation		
<input type="checkbox"/> Neglect	<input type="checkbox"/> Abduction		
<input type="checkbox"/> Self-neglect			
Evidence meets <u>ALL</u> legal components? ("Essential Defining Elements" column, <i>Consistency Matrix</i> )			
YES		NO	
What are the chances the evidence supports all the elements?		Does the evidence still leave doubt whether the abuse occurred?	
≥51%	≤49%	NO	YES
CONFIRMED	UNFOUNDED		INCONCLUSIVE
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**HANDOUT #8

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

## Handout: Findings Myth Buster (11 pages)

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APS Guidelines to Supplement Regulations

2.16: Findings Myth Buster

### 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 (hereafter referred to as "Guidelines") found here:

<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 (WIC) defines an APS investigation as follows:

⇒ **Definition of Investigation** – 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 Guidelines, which are intended to promote consistency in practice under a realigned APS program:

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

### Myth Buster

#### I. General Myths

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

**FALSE** When the report alleges past abuse, you can make a determination regardless of timeframe of abuse.

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.

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APS Guidelines to Supplement Regulations

## 2.16: Findings Myth Buster

- FALSE** When the report alleges abuse, you can make a determination even if the abuser is no longer involved nor has access.
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** APS is mandated to investigate an allegation of abuse as defined in the WIC, and have a finding of confirmed, inconclusive or unfounded (*or in the case of NTD, a finding of Not Applicable*), and should not be influenced by law enforcement's response to the finding.
4. In order to have a finding of Confirmed, I have to be very sure that the abuse occurred, because I don't want to damage the suspected abuser's reputation in case I'm wrong.
- FALSE** 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. The Training on Consistency in Determining Findings will help determine if an allegation should be confirmed. Remember, findings should not be influenced by possible repercussions for a suspected abuser as a consequence of the finding, nor should they be influenced by the possibility of a future abuser registry.
5. I can have a finding of unfounded or confirmed even when I did not interview the suspected abuser.
- TRUE** If the evidence meets the Essential Defining Elements, you may have a finding of confirmed, even if you have not interviewed the suspected abuser.

**II. Myths on Confirmed Findings**

6. You can only use "Confirmed" when the client confirms abuse, unless the client has memory impairment and it is clear that the stories provided by the client are implausible.
- FALSE** You arrive at a finding based on training and evidence (see intro paragraph), e.g., often victims of abuse may deny or not disclose allegations.
7. Confirming an allegation is done when there is evidence—such as facts or observations—that meet the Essential Defining Elements of that type of abuse.
- TRUE** Findings should be based upon the social worker's evaluation of the credible information gathered as to whether or not abuse has occurred. There are multiple types of evidence. Please refer to the Guidelines—Guiding Principles section on "Types of Evidence."

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8. 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 the suspected abuser.

**TRUE** Findings should be made based upon the social worker's evaluation, regardless of the client's possible contribution to the situation.

### III. Myths on Inconclusive Findings

9. Inconclusive is the safest finding when client denies the abuse.

**FALSE** There are different reasons why the client might deny the abuse; 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. Where possible, evidence should be gathered from more than one source.

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

**IT DEPENDS** A finding of "inconclusive" is appropriate when the information gathered reasonably supports only some of 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.

11. "Unfounded" is not an adequate selection, and "Inconclusive" should be used instead as "a way to stay on the safe side of things."

**FALSE** "Unfounded" should be selected when the information gathered *reasonably refutes* the essential elements of the alleged abuse or neglect—that is, the abuse unlikely occurred. "Inconclusive" should be selected when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.

12. 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.

**FALSE** The Guidelines were developed to assure that counties were consistent in determining findings. "Inconclusive" should be selected when the information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect. Findings should be based upon the facts/information gathered by the APS worker that are related to the essential elements of the

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abuse alleged, and the evaluation of those facts by the APS worker using his/her expertise, experience, and training.

13. If I use “Inconclusive” then this will “take away” from the services I provide.

**FALSE** Services offered depend on your assessment, service plan, and client need, and not on whether you have a finding of Inconclusive.

**IV. Myths on Unfounded Findings**

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

**FALSE** The Guidelines were developed to assure that counties were consistent in determining findings. “Unfounded” should be selected when the information gathered *reasonably refutes* the essential elements of the alleged abuse or neglect—that is, the abuse unlikely occurred. Findings should be 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.

**V. Evidentiary Challenges**

15. I can 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.

**TRUE** Findings are based on preponderance of evidence. This means, having more evidence (or higher quality evidence) in favor of an allegation than not in favor, i.e., an objective review of the evidence revealing that the alleged abuse more likely occurred than not. “Confirmed” can be thought of as 51% or greater likelihood of supporting all legal elements based on using preponderance of evidence as the standard of proof.

16. I cannot have a finding of Unfounded or Confirmed when the client has cognitive, developmental or mental health issues making their statement unreliable, and I am unable to observe the physical evidence (e.g., a bruise or decubiti).

**FALSE** As just mentioned above in number 15, findings are based on preponderance of evidence, i.e., having more evidence (or higher quality of evidence) in favor of an allegation than in not.

17. You can 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.

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**TRUE** In general, believe the client, especially when they recount or describe abuse suffered. Approach the investigation and assessment with an open mind. Where possible, evidence should be gathered from more than one source.

**VI. Client Participation and Capacity**

18. 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, you could have a finding of confirmed.

**TRUE** Your finding is not exclusively dependent on the client’s statement, but on the direct or indirect evidence that you gathered through your investigation.

19. If, during an APS investigation, the client alleges IHSS fraud by the provider claiming hours they did not work, and the client did not authorize the timesheet, but the next day the client withdraws the allegation saying they were mad at the provider, then the allegation is unfounded.

**IT DEPENDS** 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.

**VII. Financial Abuse**

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

20. I can confirm financial abuse when the suspected abuser is not known to the client, and the financial institution has resolved the issue. For example, a scam involving identity theft.

**TRUE** We are investigating the allegation, and the evidence could meet the Essential Defining Elements of Financial abuse.

21. I can have a finding of Confirmed when the client believed the scam, but another party intervened to prevent the scam from happening. For example, the financial institution convinced the client not to withdraw money for an IRS scam.

**\*FALSE** Even when the evidence does not meet the Essential Defining Elements of Financial Abuse by other, **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, and the allegation of abuse by others was therefore Unfounded, the client may still be at risk for a future scam. Additionally, the SOC 242 Report captures any reported scams.



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22. I can have a finding of Unfounded, if the client recognized a scam, and did not participate in it (e.g., a lottery scam), and there was no financial loss.

**TRUE** Even if the scam did not go through, the client may still be at risk for a future scam, and screening for financial self-neglect is appropriate. And as mentioned above, the SOC 242 Report captures any reported scams.

23. I can have a finding of Unfounded when 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 I do not suspect cognitive incapacity, but rather poor decision-making; OR the client was reimbursed by the bank or recovered the money in another way.

**FALSE** 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.

24. 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. I should confirm the allegations.

**FALSE** Findings are not exclusively dependent on the client's statements, nor their mental health/cognitive status, even if the client suffers from mental health issues. 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.

25. Let's say that the Client engages in a financial 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 initially makes payments (e.g., monthly/quarterly) to the client, but shortly thereafter stops making the payments. This is considered financial abuse on the part of the Suspected Abuser or other party.

**IT DEPENDS** For instance, you may determine that the situation does not meet the definition of financial abuse (e.g., party cannot make repayments, or the agreement is not being fulfilled), and the client might be referred to other appropriate remedial services. Yet, if the situation meets the defined criteria (e.g., undue influence, the client suffers from impaired decision making, etc.) the training materials—along with appropriate MDT discussions—could help you determine if the Essential Defining Elements are met for a finding of Confirmed.

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26. Client has a family member who evidently preys on client due to beginning stages of dementia or cognitive decline. The client denies financial abuse and reports giving money willingly to the Suspected Abuser, but the client falls behind on paying bills, mortgage/rent, and in attaining essential food; therefore, placing the client's own health and safety at risk. Financial abuse by the Suspected Abuser is Confirmed.

**TRUE** This scenario illustrates how the client is being harmed and impacted by the situation, and it meets the Essential Defining Elements of the abuse.

27. When the client is alert and oriented and provides extra or reportedly excessive gifts and money to her privately paid caregiver, this is not financial abuse.

**IT DEPENDS** You would need to screen for decisional ability, and assess other considerations such as the extent of the client's estate, the client's lifestyle and lifelong pattern, the length and nature of the relationship with the caregiver, the presence or absence of involved family, if the client is still able to meet their financial needs and obligations, obtain desired amenities, and maintain their lifestyle. Depending on the evidence found during the assessment and investigation, this may be considered Unfounded, Inconclusive, or even Confirmed, particularly if the client is being unduly influenced.

28. When the client has a joint bank account with the Suspected Abuser, who reportedly withdraws monies from the account, then there is no financial abuse because both parties are joint owners of the account.

**IT DEPENDS** For instance, you would need to look into the timing and sequence of events, the reason the joint account was set up, screen for undue influence, and assess other considerations. Even when this might not meet a criminal standard, it could meet the civil standard of financial abuse.

### **VIII. Neglect**

29. 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, then this would be considered neglect on the part of the caregiver.

**IT DEPENDS** For example, there might be circumstances that explain the situation, such as is this a pattern or an isolated event, the level of care that the client needs (like stand-by vs. hands on care), etc. The evidence might be more likely to support a finding of Confirmed if the caregiver is paid and the crisis/injury occurred during a paid shift.

30. 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



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the hospital, the client's attending physician fails to offer an opinion as to neglect or general progression of an existing disease process. Also, the client and the Suspected Abuser deny poor care. Because we don't have a medical opinion confirming neglect, then I cannot confirm neglect.

**IT DEPENDS** For example, the client's home environment could reveal concerns that support neglect by other, including self-neglect. You need to assess the overall condition of the client when brought to the Emergency Department and the signs of neglect by other represented by the condition of the client. It is not always necessary to have the medical opinion, if there is other compelling evidence of neglect.

**IX. Physical Abuse**

31. 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 they have been using drugs, the client shakes their head as in saying no, but gestures how to smoke from a pipe. Also, the Suspected Abuser is denying the allegations. Because of this, we cannot confirm the abuse.

**FALSE** Just because the client denies the physical abuse, does not mean that the alleged abuse did not happen. The finding should be based on the social worker's investigation and assessment of the available evidence.

**X. Sexual Abuse**

32. 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, therefore we can confirm sexual abuse.

**IT DEPENDS** The client's statement alone is not sufficient to confirm sexual abuse, and a proper investigation and assessment of the evidence gathered will help you assess if you have the information necessary to meet the Essential Defining Elements of sexual abuse.

33. APS received a report that a developmentally delayed adult was sexually abused. They are unable to verbalize the abuse, and the Suspected Abuser is denying the allegation. Therefore, you cannot confirm sexual abuse.

**FALSE** Just because a vulnerable adult cannot relate what happened to them, does not prevent you from pursuing an investigation to gather the evidence that you need to meet the Essential Defining Elements of sexual abuse. You may pursue the investigation, gather more information and evidence, including but not limited to prior report history, physical/medical such as marks, abrasions, etc.

The Matrix offers a variety of signs and indicators of sexual abuse to guide your investigation.

**XI. Self-Neglect**

34. If the client chooses to be homeless, as a lifestyle choice (and exercising their constitutional right to self-determination), then self-neglect would be Unfounded, as long as the client continues to obtain essential food, clothing, medical care, and manage their moneys.

**TRUE** Self-neglect would be Unfounded if there is no question about the client's decisional capacity in reference to lifestyle choices and they are meeting their basic needs. Some counties may have programs designed to specifically serve the homeless population, whereas others may not. Therefore, the level of engagement of APS with the homeless population may be based on local practices.

**XII. Psychological Abuse**

35. If the client is the only one reporting verbal abuse, and no one else corroborates, then the mental suffering is unfounded.

**IT DEPENDS** You have to assess the repercussions to the client in terms of how they feel, and how it affects their daily life, and how dependent they might be on the suspected abuser.

36. When the client engages in arguments with close family members (e.g., husband, wife, son, caregiver, etc.) and reports psychological abuse, we cannot confirm mental suffering.

**IT DEPENDS** You have to assess the repercussions to the client in terms of how they feel, and how it affects their daily life, and how dependent they might be on the suspected abuser. The social worker should also assess for caregiver stress and consider referring family members to local resources and supports, to help ensure that arguing does not become a precursor to neglect or physical abuse.

**XIII. Isolation**

37. If the client resides in a memory care unit within an assisted living facility, is conserved and the conservator says they're not allowing a specific family member to visit due to problematic behavior towards the client and the facility's staff, then isolation would be unfounded.

**XIV. IT DEPENDS**

38. This situation would need to be investigated further and should include a review of any available conservatorship court records and/or collateral information and contacts. Consideration should also be given regarding if this action is done in the best interest of the client.

**XV. Abandonment**

39. If a family member or informal caregiver takes client to the Emergency Room for evaluation due to health concerns, challenging behaviors (e.g., dementia/Alzheimer's and wandering at night), or for being unable to properly care for the client, then, this would not constitute abandonment.

**IT DEPENDS** A proper investigation and assessment of the evidence gathered will help you assess if you have the information necessary to meet the Essential Defining Elements of Abandonment.

**Policy Clarification and Case Exceptions****XVI. Guidance**

40. When an APS Worker is assigned to complete a face-to-face investigation, and is unable to complete the investigation (Client moved, wrong address, etc.), then the APS Worker may close the investigation without findings.

**TRUE** There are many situations that can result in the case being closed without findings, after the worker has used due diligence in making every effort to obtain the information or locate the client. They include (but are not limited to):

- NTD cases where the client is safe, but you have been unable to gather enough information to determine whether the abuse occurred.
- Cases where you are unable to locate the client, and therefore you can't gather enough information to make a finding.
- Cases where the client refused to cooperate in the investigation into a self-neglect or mental suffering allegation and you are unable to gather enough information to make a finding.
- Cases where the client refused to cooperate in the investigation when the alleged abuse is perpetrated by another person AND there is no other avenue for determining whether the abuse occurred.

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- Cases where the client has moved out of the area after the case was opened and therefore you can't gather enough information to make a finding.

**XVII. Special Case Scenarios**

41. It is important to determine that the allegations meet the definition of abuse, per California's Welfare and Institutions code, and that any finding conforms to the necessary Essential Defining Elements for that type of abuse.

**TRUE** An allegation may reference a landlord/tenant issue, yet it might also meet the criteria of a type of elder or dependent adult abuse.

42. When Law Enforcement requests APS to hold off an investigation, I can still have a finding.

**TRUE** There are times when law enforcement may ask you to limit certain aspects of your investigation (e.g., discussing certain allegations with the victim or alleged perpetrator) to not compromise the law enforcement investigation. This should not preclude you from providing services and working with law enforcement to assist you in determining your findings. Your finding can differ from that of LE's finding. The APS SW is investigating elder/dependent adult abuse, and LE is determining if a crime has been committed. 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.

43. I have to have a Confirmed finding in order to cross-report a report of abuse (SOC 341) to law enforcement.

**FALSE** APS is mandated at the time they receive the initial report, before the investigation has begun, to cross-report the suspected elder or dependent adult abuse to law enforcement, per WIC 15640.

44. 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.

**TRUE** In an NTD case you would still complete your investigation and make a finding. However, if there is no information to corroborate, or the inability to obtain it, or it is unnecessary to pursue the information, then the finding of Not Applicable might be an option.

45. If the date of incident of the reported abuse was over three years ago, then it cannot be investigated by APS.

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**APS Guidelines to Supplement Regulations****2.16: Findings Myth Buster****FALSE**

You would determine your finding based on training, APS eligibility criteria, and the Essential Defining Elements of the abuse alleged, regardless of timeframe; although timeframe would affect your Service Plan.

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