



Foundations of Adult Protective Services

First in a Three-Part Series of Training for Adult Protective Services
Professionals

Developed through a grant from the WI Department of Health Services



Overview and Foundation of Training

- ▶ Training developed with the consultation of the Wisconsin Department of Health Services APS Curriculum Committee and curriculum development work groups.
- ▶ Some materials were adapted from the National Association of Adult Protective Services Core Competencies and training materials
- ▶ Designed as a core APS Curriculum or review for experienced APS workers

Handout 1.1 includes both the Training Objectives and the Agenda for the day

Training Objectives

- ▶ Describe key statutes and terminology used in the WI Adult Protective Services System.
- ▶ Articulate the mission and values of the WI Adult Protective Services System.
- ▶ Identify types of situations requiring Adult Protective Services involvement.
- ▶ Explain Adult Protective Service's role and interface with other systems
- ▶ Outline process, forms, and requirements surrounding Adult Protective Services involvement.
- ▶ Examine key ethical issues within Adult Protective Services.
- ▶ Assess professional development needs for practice.

Training Agenda

- ▶ Introduction and Overview of Training
 - ▶ Mission and Values
 - ▶ Wisconsin Aging Statistics
 - ▶ Prevalence of APS Involvement
 - ▶ Assessing Foundation Knowledge [This is only during initial training]
- ▶ Nuts and Bolts of Adult Protective Services
 - ▶ Adult Protective Services System
 - ▶ APS Terminology
 - ▶ Identifying Abuse Neglect, Self-Neglect & Financial Exploitation
 - ▶ Processes for involvement and service
- ▶ Statutory Guidelines
 - ▶ Parameters for Practice
 - ▶ Key Statutes
 - ▶ Guardianship & Protective Placement
- ▶ Interfacing with other systems
- ▶ Strategies for Ethical Practice
- ▶ Closing

Values and Principles Outlined by the National APS Association

Guiding Value

- ▶ Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

Secondary Value

- ▶ Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

Principles

- ▶ Adults have the right to be safe.
- ▶ Adults retain all their civil and constitutional rights, i.e., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- ▶ Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- ▶ Adults have the right to accept or refuse services.

National Prevalence of Elder Abuse (National Council on Aging, n.d.)

- ▶ 1 in 10 Americans aged 60+ experience elder abuse.
- ▶ 5 million elders are abused each year.
- ▶ 1 in 14 report
- ▶ 60% perpetrator is a family member.
- ▶ 300% higher risk of death than non-abused
- ▶ \$36.5 billion per year elder financial abuse and fraud costs

Picture of APS Services in WI -2016

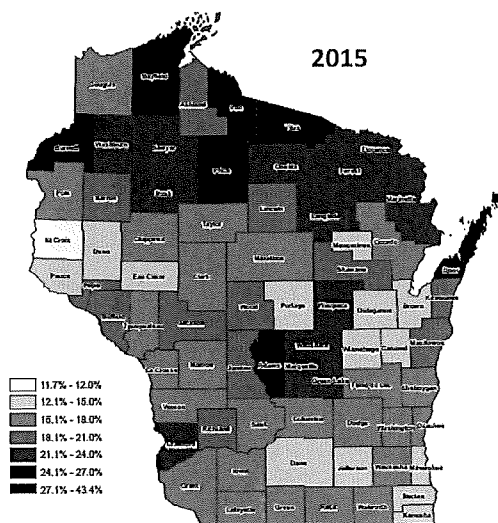
- ▶ Administered by the State Unit on Aging.
- ▶ Total reports of abuse investigated by APS in 2016: 8874. (Compared to 2985 in 2012).
- ▶ Most individuals had not been reported previously (app. 60%)
 - ▶ Around half of them do not have a substitute decision maker
- ▶ Vast majority of incidents occur in the home (8-88%)
- ▶ Top referral sources: relatives or medical professionals (30-40%)
- ▶ Around six per cent are for life-threatening situations
 - ▶ 24.2 % of those older adults died and 11% of those adult at risk.
 - ▶ Over half of those deaths could be attributed to the incident.
- ▶ Calls for information only: 1417

By the Numbers Statewide:2016

	Age 60+	Age 18-59	Total
Self neglect	4106	1086	5192
Physical Abuse	271	156	427
Emotional Abuse	424	129	553
Sexual Abuse	30	75	105
Neglect by Others	792	267	1059
Financial Exploitation	1371	280	1651
Other (Unreasonable Confinement, Treatment without Consent)	25	3	28
Totals	7019	1855	8874

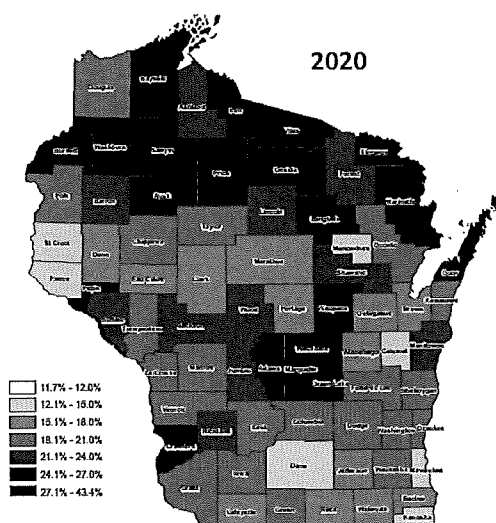
Wisconsin Department of Health Services reports (2016)

Percent of Population 65 or Older



Source: WI DOA Demographic Services, Population Projections, Vintage 2013
Prepared by Eric Grosso, WI DHS Bureau of Aging and Disability Resources

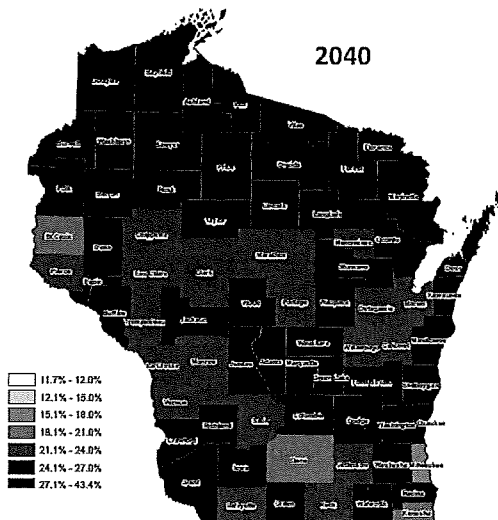
Percent of the Population Age 65 and Older



Projections for the year 2020

Projections by 2040

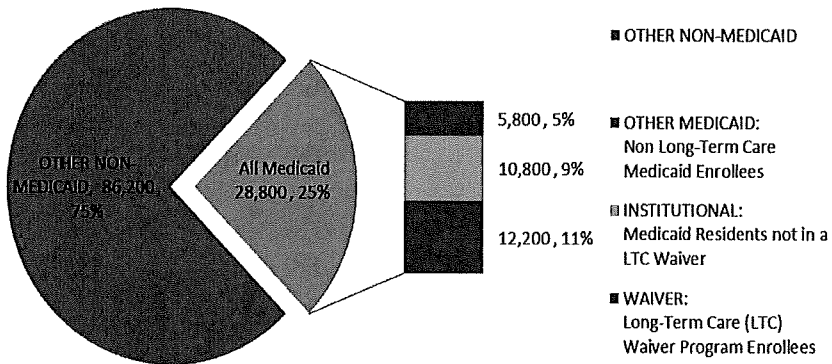
Percent of the Population Age 65 and Older



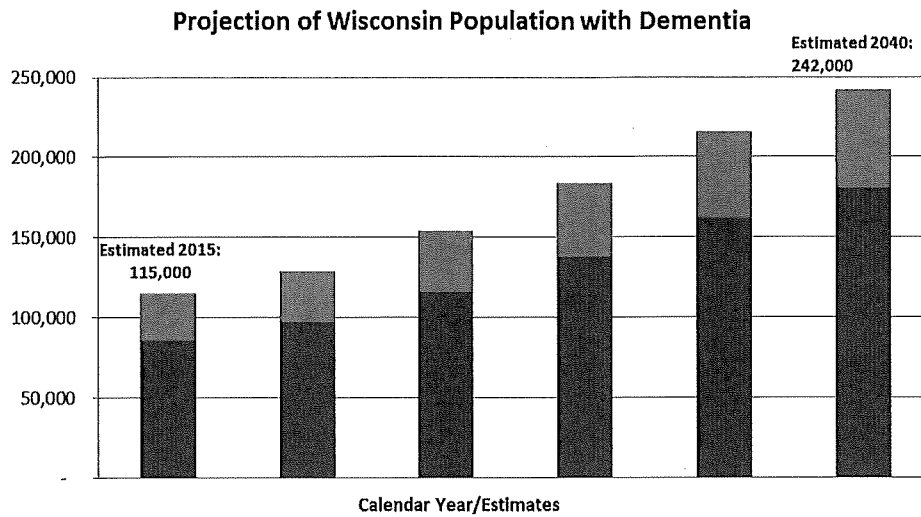
Source: WI DOA Demographic Services, Population Projections, Vintage 2013
Prepared by Eric Grosso, WI DHS Bureau of Aging and Disability Resources

Wisconsin Dementia Population

Current Estimate of Wisconsin Population with Dementia Calendar 2015 Statewide ~ 115,000



Source: Dementia Care System Redesign Data 11/2015 WI DHS



Source: Dementia Care System Redesign Data 11/2015 WI DHS

Disability Numbers for WI (Age 18 - 64) 2011-2015

	Number	Percentage
Any Disability	341,121	9.6%
Hearing Difficulty	74,004	2.1%
Vision Difficulty	50,586	1.4%
Cognitive Difficulty	147,908	4.2%
Ambulatory Difficulty	157,541	4.4%
Self-Care Difficulty	61,076	1.7%
Independent Living Difficulty	116,112	3.3%

Source: Wisconsin Department of Health Services, Division of Public Health; Bureau of Aging and Disability Resources (04/2016)

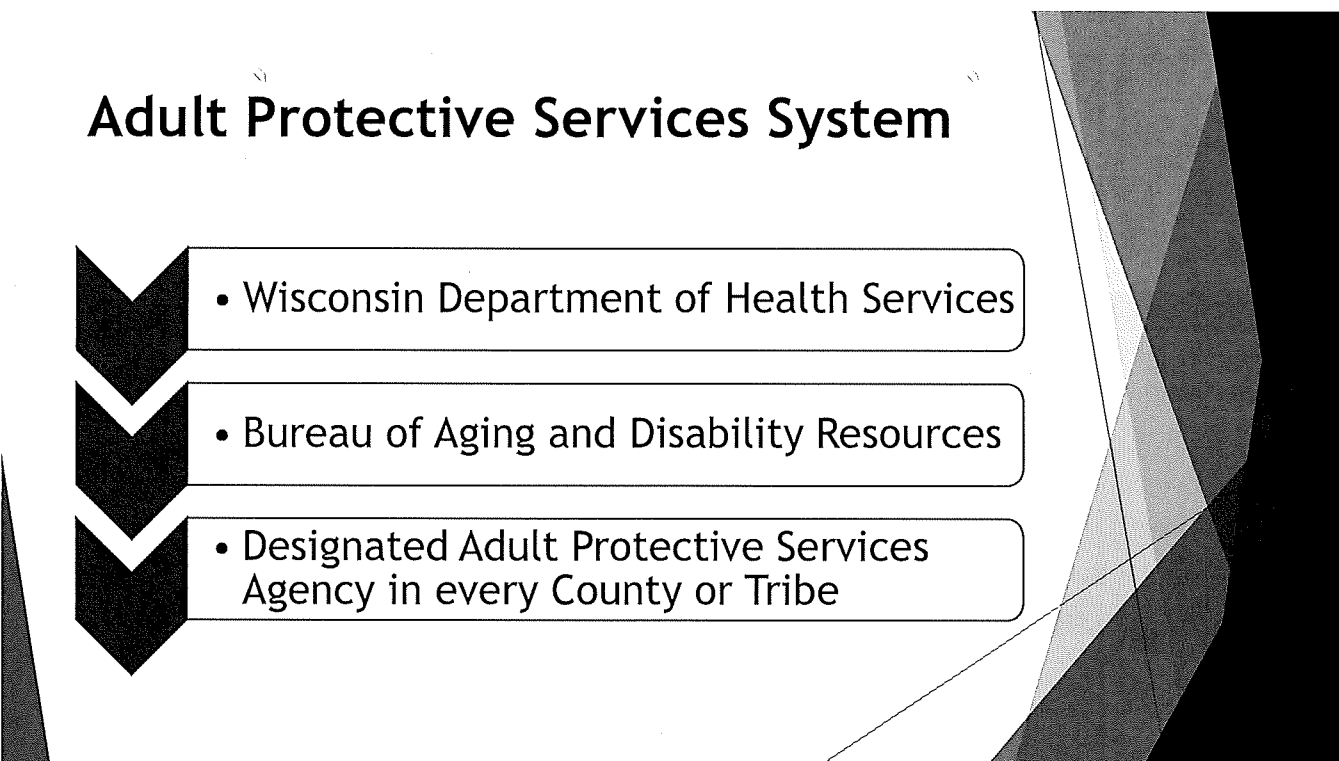


NUTS & BOLTS

of
Adult Protective Services

Processes for Involvement and Service

Adult Protective Services System

- 
- Wisconsin Department of Health Services
 - Bureau of Aging and Disability Resources
 - Designated Adult Protective Services Agency in every County or Tribe

APS Goals/Responsibilities

- Victim safety
- Victim self-determination
- Protection of victim when cannot protect self
- Appropriate interventions to achieve above
- First do no harm!

Roles within the Adult Protective Services System in WI

- ▶ What is meant by Protective Services according to WI Statute?
- ▶ Investigation and Intervention in cases of
 - ▶ Abuse (Physical & Sexual Abuse, Financial Exploitation)
 - ▶ Neglect (Caregiver and Self-Neglect)
- ▶ Guardianship and Protective Services
 - ▶ Petition and Initial Appointment of Guardians
 - ▶ Reviews
- ▶ Case Management of Vulnerable Individuals

Pull out CH 46.90 (the first document in the resources section)

Definitions for Practice

- ▶ Adult-at-Risk
- ▶ Physical Abuse
- ▶ Sexual Abuse
- ▶ Neglect
- ▶ Self-Neglect
- ▶ Financial Exploitation
- ▶ Protective Services

Resource: Handout 1.2 Indicators of Elder and Adult at Risk Abuse, Neglect & Self-Neglect Activity with Handout 1.3-Case Study Mr. Adams

Neglect and Self-Neglect As the Absence or Breakdown of Caregiving Systems

Overwhelmed Caregiving Systems










The Dysfunctional Caregiving System

The Self Interested Caregiver

The Elder Alone

Elders Who Refuse Care

Types of Neglect

	Lack of medical treatment
	Inadequate nutrition and/or hydration
	Lack of assistive devices
	Hazardous environment
	Isolation
	Lack of social / emotional support
	Lack of appropriate clothing, hygiene
	Abandonment
	Failure to provide mental health resources

Process

- ▶ Intake
 - ▶ Getting the STORY
 - ▶ Information gathering to Screen in or Screen out
- ▶ Investigation
 - ▶ Pre-Visit Preparation
 - ▶ Planning Approach
 - ▶ Interviews
- ▶ Service Planning
 - ▶ Pre-service

Getting the *S.T.O.R.Y.*

*S*pecifics

*T*ale

*O*thers

*R*eferral Source

*Y*es (or No)



STORY

Resource: Handout 1.4-Getting the S.T.O.R.Y

Screen In or Out?



*Compare allegation against
mandate*

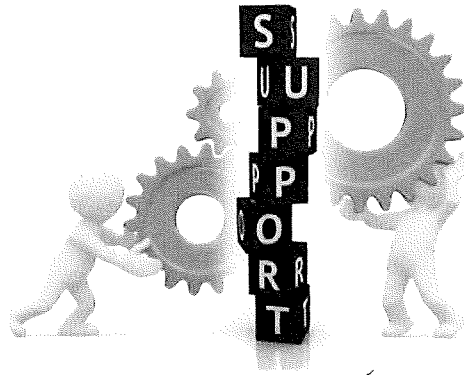
When in doubt, screen in

*When screening out, take the next
step*

Consult with others

Consultation/Support/Backup

- ▶ Witnesses
- ▶ Agencies providing services
- ▶ Family members
- ▶ Previous workers
- ▶ Supervisor
- ▶ Attorney
- ▶ Law Enforcement

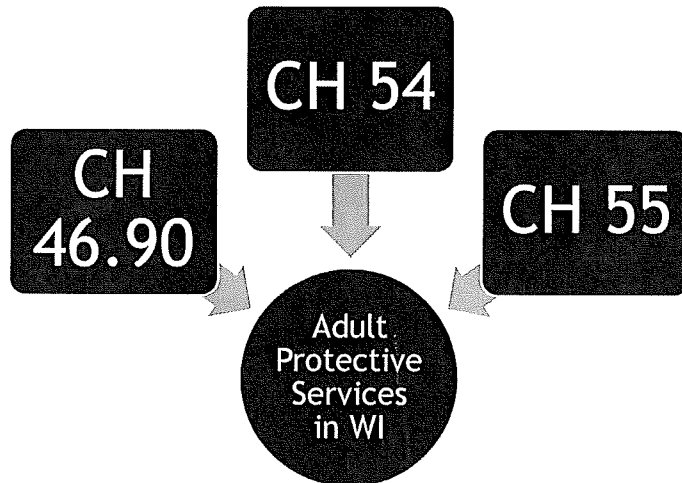


Statutes

Maintaining
Service
Integrity



Parameters for Practice



Safety First

The first responsibility of Adult Protective Services is, to the extent possible, to make sure the victim is safe and protected from immediate harm.

Understanding case dynamics is critical to enhancing victim safety.

Taken from NAPSA Core Competency: Dynamics of Elder Abuse

Activity: Statute Sort Game. For Part II you will need your statutes.

Additional Statutory Considerations

- ▶ Incapacitation under CH 50.06: “ means unable to receive and evaluate information effectively or to communicate decisions to such an extent that the individual lacks the capacity to manage his or her health care decisions, including decisions about his or her post-hospital care.”

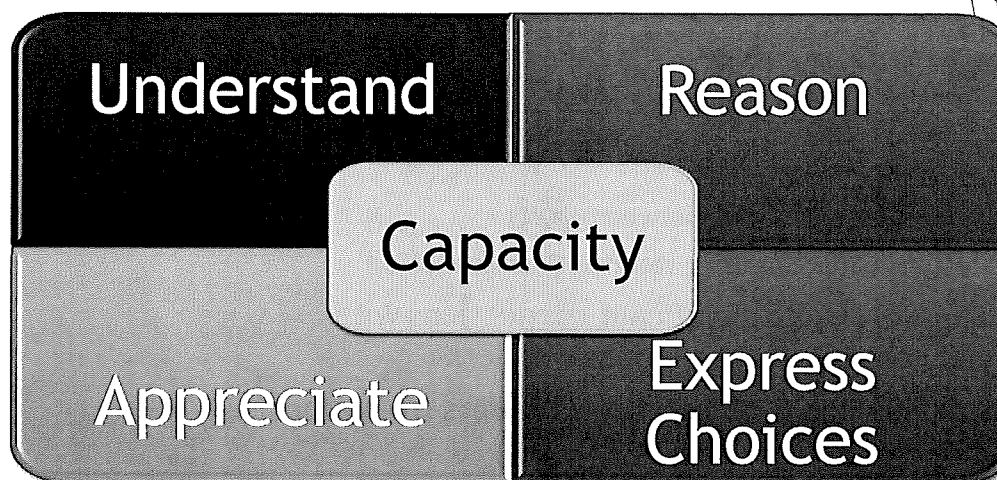
2017 WI Act 187: CH 53

- ▶ Supplements CH 54
 - ▶ Resolves jurisdictional issues between states
- ▶ Outlines
 - ▶ Communication & Cooperation between courts
 - ▶ Outlines testimony options using technology or deposition
- ▶ Jurisdiction according to significant connections with family, social connections & service providers
- ▶ Transfers, registration & recognition of orders from other states

Determining Competency: CH 54.01 Definitions

- ▶ **“Impairment”** means a developmental disability, serious and persistent mental illness, degenerative brain disorder, or other like incapacities.
- ▶ **“Incapacity”** means the inability of an individual effectively to receive and evaluate information or to make or communicate a decision with respect to the exercise of a right or power.
- ▶ **“Individual found incompetent”** means an individual who has been adjudicated by a court as meeting the requirements of s. 54.10 (3).

Activity: Assessing Competency using handouts 1.5 A-E [Not in packet].

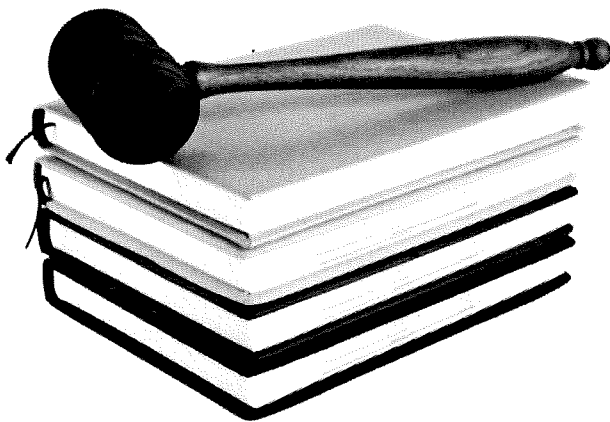


Resource: Handout 1.7- Interviewing for Capacity

Competency Assessments

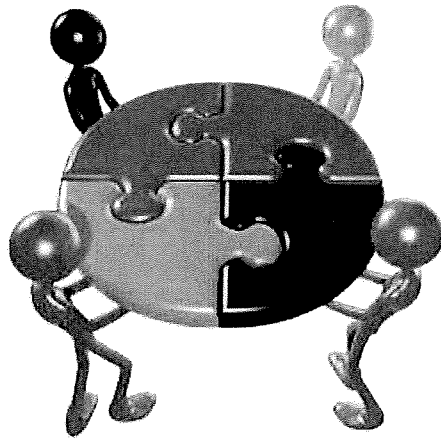
- ▶ Reasonable Person Standard
- ▶ Due Process
 - ▶ Reinforces Rights
- ▶ Evidence of Incompetence?
 - ▶ Impairment
 - ▶ Right to Refuse
- ▶ Level of Intervention Needed

Due Process: Guardianship



Resource: Handouts 1.7a & 1.7b- Process of Guardianships and Timeline

Collaboration



WHAT IS COLLABORATION?

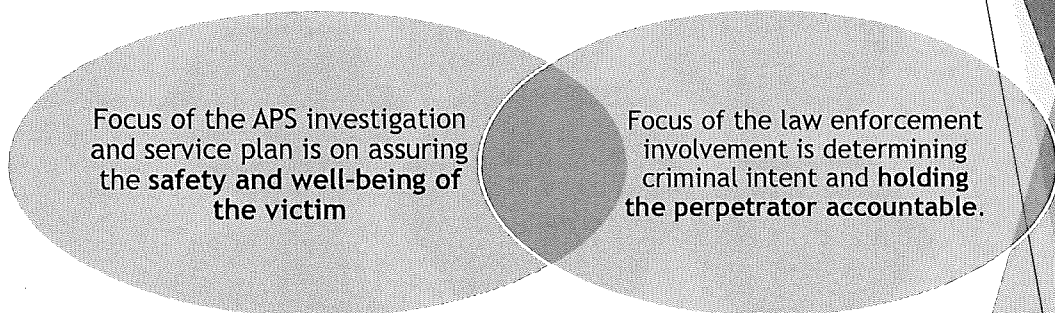
- ▶ A process which includes communication and decision making, enabling a synergistic influence of grouped knowledge and skills (Bridges, et.al. 2011)
- ▶ “When different professionals, possess unique knowledge, skills, organizational perspectives and personal attributes engage in coordinated problem solving for a common purpose. “

Tirrito, et. al. (1996). Elder Practice. University of South Carolina Press, p. 24. Original definition from Andrews, A. (1990). *Encyclopedia of Social Work*, 18th Edition, Maryland: NASW Press.

WHAT IS NEEDED FOR EFFECTIVE COLLABORATION?

- ▶ Competencies
 - ▶ Discipline-specific knowledge and expertise
 - ▶ Appreciation of/knowledge about partner roles
- ▶ Institutional Structure
- ▶ Capabilities
 - ▶ Attitudes and values
 - ▶ Interpersonal skills and characteristics
 - ▶ Communication skills
 - ▶ Conflict resolution skills

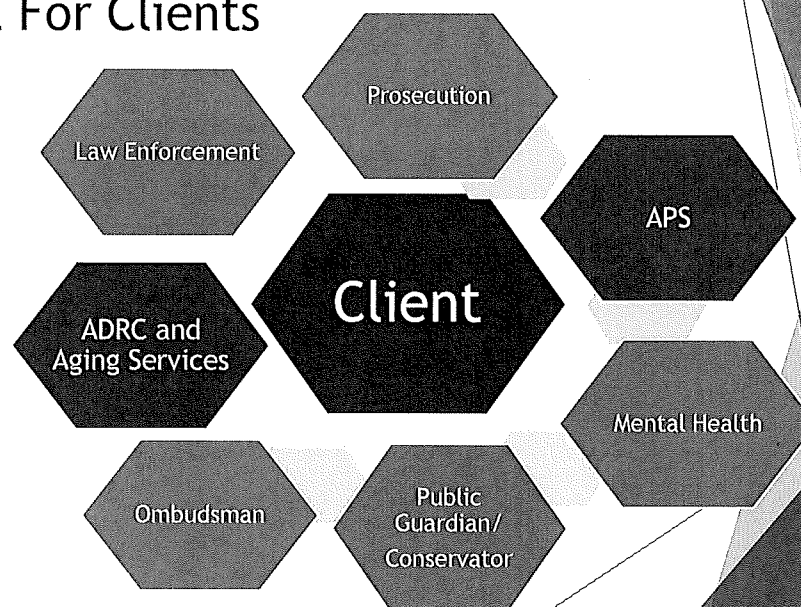
Differing Focuses



Guidelines for Interdisciplinary Collaboration (NASW, 2013)

- ▶ Be aware of own frame of reference, be able to describe your role, tasks, and functions.
- ▶ Understand roles of others on the team.
- ▶ Develop personal relationships-find common ground.
- ▶ Keep communication open-seek expertise of other disciplines to enhance understanding
- ▶ Confront issues directly, focusing on common goals

The Completed Puzzle Collaboration = A Safety Net For Clients





Ethics

Values

Key Ethical Issues

- ▶ Self-Determination
 - ▶ Capacity
 - ▶ Right to take risks
 - ▶ Informed consent
 - ▶ Maximized choice
 - ▶ Least restrictive options
- ▶ Privacy
- ▶ Cultural Competence
- ▶ In all instances, Commitment to Client is primary
 - ▶ Goal: Do no harm

Ethical Principles for Decision-Making

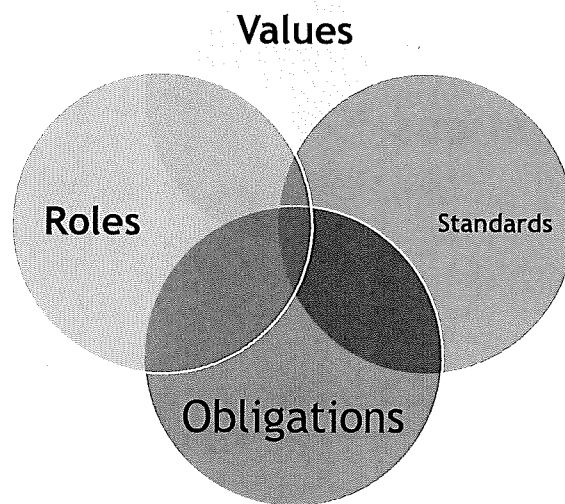
- ▶ Autonomy
- ▶ Beneficence
- ▶ Nonmaleficence
- ▶ Justice
- ▶ Fidelity
- ▶ Veracity

Resource: Handout 1.9- Ethical Principles

Ethical Practice

- ▶ Assume worth and dignity of individual
- ▶ Use structured and proven methods and techniques
- ▶ Maintain honesty and openness
- ▶ Use supervision and peer support
- ▶ Recognize the need for continuous professional renewal and upgrading of skills

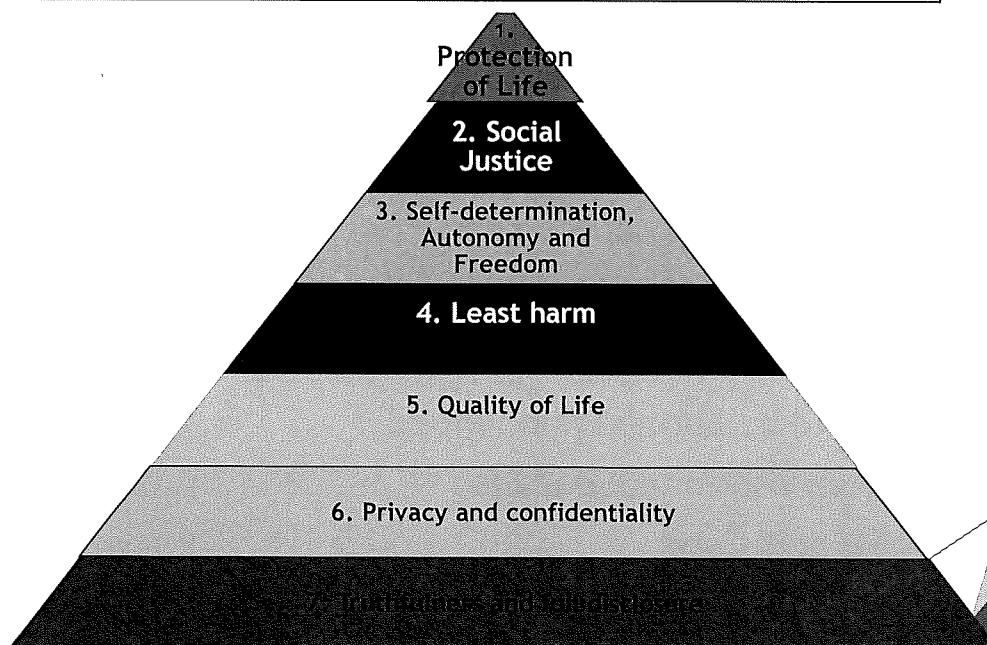
Ethical Dilemmas



Activity- Pull out Handout 1.10- Name the Dilemma

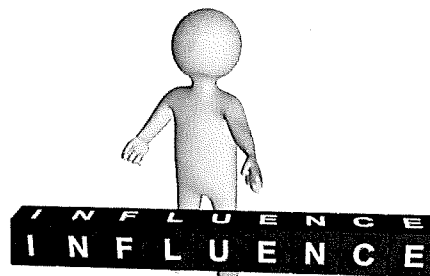
Ethical Principles Screen

Dolgoft, Loewenberg & Harrington (2012)



Influences on Decision Making

- ▶ Client Wishes
- ▶ Professional Obligations
- ▶ Personal Values
- ▶ Community Pressure



Activity: Handout 1.11- Influences on Decision Making

DO ETHICS

(modified from Congress, 2000)

DO: Define Opposing (obligations/values)

E = Examine Values

I = Think about ethical standards

H = Hypothesize about different courses of action

I = Identify who would be harmed and helped

C = Consult with supervisor or colleagues

S = Scribe, Sequel & Self-Care

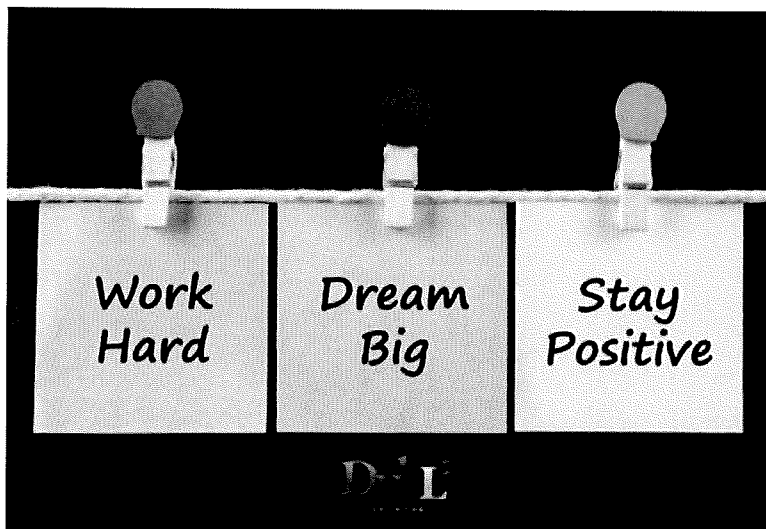
Activity using Handout 1.12: Ethical Decision Making Worksheet

Will also use Handout 1.09 (The Ethical Principles) & NASW Code of ethics and MPSW 20 [under the resources tab].

Best Practice in APS Ethical Decision-Making

- ▶ Guiding APS Principles and Values
- ▶ NASW *Code of Ethics*
- ▶ Guidelines for Promising Practice
- ▶ Recognize Diversity

Wrap-Up



Complete Evaluation/Self-Assessment

References for the training are under the resources tab

Adult Protective Services Training Day 1

Foundations of Adult Protective Services

Participants will earn 5.5 Continuing Education Hours, 1.5 of which meet the criteria for ethics and boundaries according to MPSW 19

Agenda

- 9:00 – 9:40 Introduction to Training
- 9:40 – 10:40 Nuts and Bolts of APS
- 10:40 – 10:50 Break
- 10:50– 12:00 Statutory Guidelines
- 12:00 - 12:45 Lunch
- 12:45 – 1:05 Statutory Guidelines (cont)
- 1:05 – 1:45 Interfacing with other systems
- 1:45 – 3:15 Strategies for Ethical Practice
- [Includes 10 minute break]
- 3:15 – 3:30 Closing

[Timing is approximate]

Learning Objectives

- (1) Describe key statutes and terminology used in the WI Adult Protective Services System.
- (2) Identify types of situations requiring Adult Protective Services involvement.
- (3) Articulate the mission and values of the WI Adult Protective Services System.
- (4) Outline process, forms, and requirements surrounding Adult Protective Services involvement.
- (5) Explain Adult Protective Service's role and interface with other systems
- (6) Examine key ethical issues within Adult Protective Services.
- (7) Assess professional development needs for practice.

Indicators of Elder and Adult at Risk Abuse, Neglect, and Self-Neglect

Indicators are signs or symptoms of abuse or neglect. The presence of these signs does not necessarily mean that abuse or neglect is occurring; however they may suggest the need for further investigation, especially if multiple indicators are present.

Indicators may be physical symptoms or signs, environmental (there is something in the residence that is suggestive of abuse), behavioral (the way victims and perpetrators act or interact), or financial.

PHYSICAL SIGNS

- Injury that has not been cared for properly.
- Injury that is inconsistent with explanation for its cause.
- Pain from touching.
- Cuts, puncture wounds, burns, bruises, welts, pressure marks, broken bones, abrasions.
- Dehydration or malnutrition without illness-related cause.
- Weight loss.
- Poor coloration.
- Sunken eyes or cheeks.
- Inappropriate administration of medication.
- Soiled clothing or bed.
- Frequent use of hospital or health care/doctor-shopping.
- Lack of necessities such as food, water, or utilities.
- Lack of personal effects, pleasant living environment, personal items.
- Forced isolation.

SIGNS OF FINANCIAL ABUSE

- Frequent expensive gifts from adult-at-risk to caregiver.
- Sudden change in financial situations.
- Adult-at-risk's personal belongings, papers, credit cards missing.
- Numerous unpaid bills.
- A recent will when elder seems incapable of writing will .
- Caregiver's name added to bank account.
- Elder unaware of monthly income.
- Adult-at-risk signs on loan.
- Frequent checks made out to "cash".
- Unusual activity in bank account.
- Irregularities on tax return.
- Individual unaware of reason for appointment with banker or attorney.
- Caregiver's refusal to spend money on elder.
- Signatures on checks or legal documents that do not resemble client's.

BEHAVIORAL SIGNS

- Fear, embarrassed, ashamed.
- Sudden change in alertness.
- Anxiety, agitation.

- Anger.
- Isolation, withdrawal.
- Depression.
- Non-responsiveness, resignation, ambivalence.
- Contradictory statements, implausible stories.
- Hesitation to talk openly, especially in presence of specific people or looks to that person to answer questions.
- Confusion or disorientation.
- Suddenly withdraws from routine activities.
- Provides implausible or inconsistent explanation about what has occurred.

SIGNS BY CAREGIVER

- Prevents adult-at-risk from speaking to or seeing visitors.
- Anger, indifference, aggressive behavior toward adult-at-risk.
- History of substance abuse, mental illness, criminal behavior, or family violence.
- Lack of affection toward elder.
- Flirtation or coyness as possible indicator of inappropriate sexual relationship.
- Frequent arguments.
- Belittling or threats.
- Conflicting accounts of incidents.
- Withholds affection.
- Talks of adult-at-risk as a burden.

SELF NEGLECT

- Isolation and declining physical ability.
- Hoarding.
- Failure to seek medical treatment or take needed medications.
- Reluctance to leave their homes to visit a doctor's office, clinic, or hospital or lack of medical care for a prolonged period of time.
- Poor hygiene.
- Clutter; lack of housecleaning.
- Wandering and confusion.
- Leaving the stove or water faucet unattended.
- Debilitated home or filth.
- Signs of malnutrition.
- General decline.

Case Study: Mr. Adams

[Case study drawn from the NAPS Core Competency Training: Overview]

Directions: In your small groups, choose a note taker and read the scenario and answer the questions that follow. Be prepared to share your answers with the large group.

APS Report

Mr. Adams is 86 years old. He suffers from diabetes and is confined to a wheelchair. After his wife died two years ago, he moved in with his two daughters, Linda and Barbara, who share a two-bedroom apartment. The older man sleeps on the living room couch. The arrangement was intended to be temporary, but Linda and Barbara have not been able to find him another place to live.

A neighbor called APS reporting that the older man is left sitting in front of the television for many hours at a time, often in urine. The last time she visited him, he asked her for a glass of water and drank two glasses in rapid succession. She also noted that he seems to have lost weight. She expressed her concerns to Linda and Barbara who became very defensive. Since then, they have not allowed her to visit.

What type of abuse do you suspect?

- | | |
|---|---|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Self-Neglect |
| <input type="checkbox"/> Emotional Abuse | <input type="checkbox"/> Treatment without consent. |
| <input type="checkbox"/> Financial Exploitation | <input type="checkbox"/> Unreasonable confinement or restraint. |
| <input type="checkbox"/> Neglect | <input type="checkbox"/> Physical Abuse |

For each type of abuse checked, what are the indicators?

Type of Abuse	Indicators
“Physical abuse” means the intentional or reckless infliction of bodily harm. [“Bodily harm” means physical pain or injury, illness, or any impairment of physical condition.]	
“Emotional abuse” means language or behavior that serves no legitimate purpose and is intended to be intimidating, humiliating, threatening, frightening, or otherwise harassing, and that does or reasonably could intimidate, humiliate, threaten, frighten, or otherwise harass the individual to whom the conduct or language is directed.	
“Financial exploitation” means any of the following: (1) Obtaining an individual’s money or property by deceiving or enticing the individual, or by forcing, compelling, or coercing the individual to give, sell at less than fair market value, or in other ways convey	

money or property against his or her will without his or her informed consent. (2) Theft. (3) The substantial failure or neglect of a fiscal agent to fulfill his or her responsibilities. (4) Unauthorized use of an individual's personal identifying information or documents (5) Unauthorized use of an entity's identifying information or documents. (6) Forgery. (7) Financial transaction card crimes.	
"Neglect" means the failure of a caregiver, as evidenced by an act, omission, or course of conduct, to endeavor to secure or maintain adequate care, services, or supervision for an individual, including food, clothing, shelter, or physical or mental health care, and creating significant risk or danger to the individual's physical or mental health. ^a	
"Self-neglect" means a significant danger to an individual's physical or mental health because the individual is responsible for his or her own care but fails to obtain adequate care, including food, shelter, clothing, or medical or dental care.	
"Treatment without consent" means the administration of medication to an individual who has not provided informed consent, or the performance of psychosurgery, electroconvulsive therapy, or experimental research on an individual who has not provided informed consent, with the knowledge that no lawful authority exists for the administration or performance.	
"Unreasonable confinement or restraint" includes the intentional and unreasonable confinement of an individual in a locked room, involuntary separation of an individual from his or her living area, use on an individual of physical restraining devices, or the provision of unnecessary or excessive medication to an individual, but does not include the use of these methods or devices in entities regulated by the department if the methods or devices are employed in conformance with state and federal standards governing confinement and restraint.	

^a "Neglect" does not include a decision that is made to not seek medical care for an individual, if that decision is consistent with the individual's previously executed declaration or do-not-resuscitate order, a power of attorney for health care, or as otherwise authorized by law.

Getting the S.T.O.R.Y.

Specifics	Names, Ages, Relationships Complete address including specific directions Disabilities that would affect the worker visit Environmental issues that would affect the worker visit Safety issues
Tale	Allegations, reason for report How long has it been going on, previous efforts at resolution, why report now? Who, what, where, when, why? Victim's ability to protect him/herself ADLs/IADLs Witnesses Drugs, guns, law enforcement involvement Environmental concerns
Others	Family, friends, support system Medical/mental health providers Recent hospitalizations Medications Service providers Attorneys and bankers Health/housing inspectors Income and source(s)
Reporting Party	Allegations, reason for report How long has it been going on, previous efforts at resolution, why report now? Who, what, where, when, why? Victim's ability to protect him/herself ADLs/IADLs Witnesses Drugs, guns, law enforcement involvement Environmental concerns
Yes or No (Ending the intake call)	Discuss expectations Explain responsibilities and limitations of program Clarify what will happen and when Discuss confidentiality issues If case screened out, explain why and provide I and R, options, etc Leave door open for future contact

Adapted from NAPSA Core Competency Training, Initial Investigation

Case Scenarios

(Obtained from NAPS Core Competency Training/Elder Abuse Dynamics)

TONY AND JOSEPHINA

Tony and Josephina have been married for almost 60 years. He is 80 and she is 77. Two years ago, Josephina was diagnosed with Alzheimer's disease. The disease progressed very quickly. Their son, Henry, told the residential care home director that Tony and Josephina's marriage had been tumultuous. During all of their married life, Tony had been verbally and physically abusive to Josephine. For years he told her that she was stupid and ugly, that no other man would want her, and that she was lucky he put up with her, though he might leave her at any time. He threw things at her, slapped her in the face, threatened to kill her, and once, pushed her down the stairs. On several occasions, Josephina left Tony. When Henry offered to help her move in with his family, she refused and went back to her husband. Since then, Henry has tried to talk to his mother about her relationship with Tony, but she always shut him off, saying that a wife had her duties, and it was none of his business.

Three months ago, Tony was diagnosed with liver cancer. His prognosis is not good. Recently, the aide who assists Josephina with her toileting and bathing noticed bruises on her breasts and inner thighs. When asked about the bruises, Josephina shook her head and cried, but did not answer. The aide suspected that Tony was having intercourse with his wife, and that she was unable to resist. When Tony was confronted, he became angry, saying, "It's nobody's business but ours! She's my wife and I can have sex with her whenever I want. I've done it for 60 years. Besides, I don't have long to live, and I deserve to have some pleasure before I die."

ROSIE AND HER PARENTS

Rosie is a 47 year old woman with Down Syndrome. When she was born, her parents vowed never to place her in an institution, as was often done in those days. As a result, she has lived with her father and mother her whole life, and has had little exposure to the outside world. As her parents have aged, Rosie has taken on more and more of the household work and personal care for her parents. Although Rosie is relatively high functioning, she struggles to help her father, Frank, age 79, who has severe Parkinson's disease, and her mother, Betsy, age 72, who is legally blind and increasingly frail. The family has a limited income and barely makes ends meet. They do have a home health aide paid through Medicaid twice a week, as well as Meals on Wheels and senior transportation. Due to his Parkinson's disease, Frank is unable to feed himself. Rosie tries to help him, but often gets frustrated and roughly jams the spoon into his mouth. On one occasion, she broke his front tooth. She blamed Frank, because "He jiggles around too much."

Returning after a long weekend, the in home aide found Betsy unresponsive and lying on the floor between the bed and the doorway of the adjoining bathroom. She had several pressure ulcers on her left hip and left leg, apparently the result of her lying on that side for an extended period of time. The home aide called an ambulance, and the paramedics reported the carpeting beneath Betsy's body was badly soiled.

Rosie and Frank said that they found Betsy lying on the floor in her present location several days earlier. Rosie said she tried to help her up, but her mother cried out in pain and told her to leave her alone. After that, they left her lying on the floor, bringing her food and water and giving her medications. Frank said that Rosie put a pillow under her head and tried to care for her. When asked why he did not call for medical assistance, Frank told the paramedics that his wife said not to call anyone. The paramedics reported the case to APS.

JAKE AND REGINA

For years, Jake, who is 56, has been struggling to make a living as an artist, with little success. Sometimes he does house painting. But because he is an alcoholic, he doesn't hold onto a job for long. So he turns to his mother, Regina, for financial help. In the beginning, Jake claimed that the money Regina gave him was loans, and that he would pay her back as soon as he "got on his feet." But the loans were never repaid. Now Jake is saying that if only he could take another art course, his paintings would finally begin to sell. He wants Regina to take out a reverse mortgage on her house, so he can have \$10,000 for his art studies.

Regina, who is 75 years old, has advanced macular degeneration and relies on a private pay aide to help her with housework and to drive her to appointments. She is reluctant to mortgage her home. As an immigrant woman, she is very proud that she owns her own home free and clear. Also, her mother lived to be 101, and Regina is worried that if she cashes in on her home now, she will outlive the income provided by the reverse mortgage. She is also concerned that she will be unable to continue to pay for the increasingly levels of assistance she will need to cope with her vision loss. But she also wants to support Jake's dream of being a painter. He has sold an occasional picture, and she believes that he has real talent.

Jake is getting impatient with his mother. He claims that if she really loved him, she would help him out. Yesterday he barged into her house and kicked Bootsy, Regina's small dog. Regina started to cry, and begged Jake not to hurt the dog. She promised him that she would find the money "somehow." Jake replied, "You better find it." Before he left, Jake took the ATM card from Regina's wallet without her knowledge. He had helped her use it previously as her sight was failing, so he knew the PIN. That day and the next he made two withdrawals totaling \$1,000.

Framing the Questions

Before You Ask:

- Collect as much collateral information as possible about the client.
- Make sure the client is in a comfortable, safe setting.
- Know the limits of your own expertise.
- Develop questions that encourage the client to talk about the specific (alleged) situation.
- During your time with the client, assess the client's ability to:
 - Understand and follow instructions.
 - Understand risks and benefits.
 - Make and execute a plan.

Setting the Scene For The Interview:

- Conduct the interview in a quiet, private location.
- Make sure that the client is not facing towards a glaring light.
- Make sure that your (the interviewer's) face is well lit.
- Take time at the beginning and end of the interview to make social conversation before asking difficult questions.
- Don't rush the interview.
- Check frequently to make sure that the client is comfortable. Does he/she need a glass of water? Is the room warm/cool enough? Is he/she getting tired?

Do Not:

- Assume that a person with physical disabilities, including one who is non-verbal, lacks mental capacity.
- Ask questions that can be answered "Yes" or "No" such as "Are you OK" "Do you understand?"
- Ask long, complicated questions. (Instead, start general and move to specifics, one step at a time, using short sentences).
- Put words in the client's mouth. For example, "I guess you were pretty scared". "So you would call '911' if there was a problem?"

When Asking Questions, Do:

- Conduct multiple interviews at different times of the day and in different circumstances, if possible. Some clients function poorly at certain times of the day.
- Use communication aides—special equipment or adaptive devices, as necessary
- Speak slowly and clearly.
- Use the native language of the client, and the style of speaking that is understandable to the client.
- Ask only one question at a time.
- Ask open-ended questions
- Consider using techniques to assist the client's capacity, "for example", using hand gestures or drawings.
- Provide the client with examples of choices that others have made in similar situations.
- Ask for clarification and/or more information.

- Let the client know gently but clearly when you are about to ask a difficult question.
- Give the client plenty of time to answer. Don't be afraid of periods of silence.
- Reassure the client if he/she appears anxious about answering.
- Keep your tone of voice steady. Try not to react emotionally, no matter what you hear.
- Reflect back what the client is telling you (Use "active listening").

Useful Questions To Focus On The Client's Understanding Of Relevant Information:

- Can you tell me why I am here today?
- What are those pills for?
- How often do you take them?
- What kind of food are you supposed to eat because of your diabetes?
- When did you eat your last meal?
- What did you have to eat?
- Who fixed your meal?
- What is your doctor's name?
- Who pays your bills?
- If # 1 means no pain, # 3 means some pain and # 5 means that your pain is unbearable, tell me how much pain you are having right now .
- What does it mean when you have sex with someone?
- Are there rules about having sex?
- Please repeat the question I just asked you.

Useful Questions To Focus On The Quality Of The Client's Thinking Process:

- What would you do if your monthly check didn't arrive?
- What would you do if you fell and could not get up?
- What would you do if you had a fire in your kitchen?
- What would you do if you had a serious medical emergency, such as severe chest pain?
- What would you do if someone wanted to have sex with you?

Useful Questions To Focus On The Client's Ability To Demonstrate And Communicate A Choice:

- If you were unable to live by yourself, where you would want to live?
- If you only had enough money to buy medicine for yourself or food for your cats, what would you do?
- How involved do you want your family to be in taking care of you?
- Do you have to have sex with someone if he/she asks you?

Useful Questions To Focus On The Client's Understanding Of His/Her Own Situation:

- What do you think will happen if you do nothing to change your present situation?
- What are your choices right now?
- Why are you making this choice?
- What do you think will happen if you make a decision to.....?

The PROCESS for ESTABLISHING GUARDIANSHIP of an ADULT

I. FILING THE PETITION

Any person may file a petition** for guardianship with or without a petition for protective placement/services in County Probate Court (there may be a fee, check with your County).

The court assigns a case number, appoints a Guardian ad Litem (GAL)* and sets a date for hearing.

Petitioner serves the Order and Notice for Hearing and the Guardianship/Protective Placement/Services Petition(s) on the proposed ward and on all interested persons at least 10 business days before the hearing. Petitioner files Affidavit of Service with court.

Grandparent may file petition for visitation.

**** Forms are available at www.wicourts.gov**

II. BEFORE THE HEARING

GAL interviews proposed ward & nominated guardian; reviews records; determines whether ward needs/requests defense attorney; makes recommendation to the court about fitness of nominated guardian and whether petition should be granted or dismissed; and files a report. Court appoints Advocacy /Adversary Counsel, if proposed ward needs/requests a lawyer.*

Petitioner gathers evidence; prepares witnesses; ensures that proposed ward is examined by a physician or psychologist; and arranges transportation of proposed ward to hearing.

Physician and/or psychologist examine the proposed ward and files report with court. Report is provided to all interested parties at least 96 hours before hearing.

Proposed ward may request an independent examination by physician or psychologist.

If Petition for Protective Placement filed, comprehensive evaluation of proposed ward is conducted by the county and a report filed with court.

III. AT THE HEARING

Petitioner, nominated guardian, defense attorney (if any), and GAL attend. Witnesses appear in person or by phone, testify and are cross-examined. Case may be heard by court commissioner, judge or jury.

A guardianship action must be completed w/ in 90 days of its filing

Bond posted by Guardian of Estate if required by court.

Letters of Guardianship issued to Guardian(s) by court.

**If the petition is granted and the ward has assets, the ward pays GAL fees, defense attorney fees (if any) and, unless inequitable, petitioner's attorney fees. If the petition is granted and the ward has no assets, the petitioner pays their own attorney's fees and the county pays GAL fees and defense attorney fees (if any). If the petition is denied, the petitioner pays their own attorney's fees, and the GAL fees and defense attorney fees (if any).*

IV. AFTER THE HEARING

If court finds the proposed ward incompetent as defined by statute, court appoints a Guardian of Person and/or Estate, and orders Protective Placement/Services (if needed). If proposed ward not found incompetent, petition is dismissed.

Ward appeals decision to Court of Appeals.

V. AFTER COURT APPOINTMENT

Guardian of Estate files Guardianship Inventory within 60 days of appointment.

Guardian of Estate files Annual Account for previous year by April 15 of each year unless otherwise ordered by the court.

Guardian of Person files Annual Report each year (deadline varies by county).

If ward is protectively placed, Court appoints GAL for ward's annual review. GAL meets with ward and consults with the Guardian of the Person.

GAL files report. Court holds summary hearing or evidentiary hearing.

If appropriate, Guardianship/ Protective Placement is terminated.

**Petitions for Guardianship and Protective Placement
Timeline Requirements**

- **Emergency Protective Placement**

Custody taken _____ + 72 hours (excluding weekends and holidays).

- **Family Admissions under s. 50.06**

Filed [per s. 54.44(1)(b)] _____ + 60 days = _____ (last day for hearing).

- **Petition for Guardianship**

Filed [per s. 54.44(1)(a)] _____ + 90 days = _____ (last day for hearing).

No extensions are authorized.

- **Doctor's Evaluation**

Last day for filing _____ (96 hours before hearing, excluding weekends and holidays).

- **Comprehensive Evaluation**

Last day for filing: _____ (96 hours before hearing, excluding weekends and holidays).

- **Temporary Guardianships**

Ordered _____ + 60 days = _____ (guardianship terminates).

Extension for good cause + 60 days = _____ (guardianship terminates).

- **Protective Placements**

Filed _____ + 60 days = _____ (last day for hearing).

Extension requested + 45 days = _____ (last day for hearing).

- **Conversions from mental health commitment cases**

Thirty days from conversion order = _____ (last day for hearing).

- **Protective placement after conversion from mental health commitment hearing or emergency protective placement hearing**

Ordered _____ + 30 days = _____ (last day for hearing).

Adapted 8/2018 from document created by Dane County Corporation Counsel

Community Partners

Professional, entity or group	Role in self-neglect cases
Mental health professionals, including county geriatric mental health program personnel or professionals in private practice (geriatric psychologists, psychiatrists, etc.)	<ul style="list-style-type: none"> • Can assess clients' mental status • Can arrange for psychiatric hospitalizations under CH 51 • Can diagnose and treat depression and other mental conditions
Geriatric physicians and nurses	<ul style="list-style-type: none"> • Can diagnose, assess and treat medical conditions • Can review medical records, and distinguishing injuries from effects of aging and disease
Clergy	<ul style="list-style-type: none"> • Can provide emotional and spiritual support to clients • Can provide or arrange for informal support services
Local law enforcement, including police and sheriffs	<ul style="list-style-type: none"> • Can assist with well-being checks, psychiatric hospitalizations, protective custody, freezing assets
Animal Welfare Organizations (municipal animal care and control agencies, humane societies and SPCAs, and rescue organizations)	<ul style="list-style-type: none"> • Can provide information and assist with finding homes for animals. • Can make home visits to check on the welfare of the animals in the home.
Ethics Committees (most are convened by hospitals and nursing homes)	<ul style="list-style-type: none"> • Can identify and address ethical issues raised in self-neglect cases
Multidisciplinary teams, including elder abuse multidisciplinary teams and death review teams.	<ul style="list-style-type: none"> • Can provide suggestions for interventions • Provides a "checks and balances" to ensure that all multiple options and points of view are considered. • Can ensure that workers' actions reflect community standards of practice
Local Resources: DV, Housing, Social Support Agencies, Food pantries	<ul style="list-style-type: none"> • Provides support for victims of domestic violence, groups or advocates to help through the process • Can arrange resources to meet daily living needs

Aging Office/ADRC (Benefit Specialist; I& A Specialist and Dementia Specialist)	<ul style="list-style-type: none">• Can assess for long term care services• Provide information about and referral to additional resources• Help in finding supports and strategies for managing dementia
Ombudsman	<ul style="list-style-type: none">• Can provide advocacy on behalf of the abused elder• Assistance with investigation of or working with nursing homes, residential facilities, Family Care organizations
Crisis center	<ul style="list-style-type: none">• Provide after hours emergency intervention to assess immediate needs.

Handout: Ethical Principles

Principle	Definition	APS Worker Demonstration
Autonomy	<p>Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence.</p> <p>Right to maintain privacy regarding personal information, interpersonal relationships, physical environment, and lifestyle, as long as it does not infringe on the rights of others</p>	<p>Respect of the client's self- determination.</p> <p>Respect client's right to control information about him/her self.</p>
Beneficence	Right to receive care by others that maintains and/or enhances the client's welfare.	Do good for others. Promote the welfare of others.
Non-Maleficence	Right to receive care by others that maintains and/or enhances the client's welfare.	Do no harm. Promote the welfare of others.
Fidelity	<p>Right to have others show loyalty or commitment to the client when they need help.</p> <p>Right and responsibility of family members to care for and assist one another (e.g. filial piety).</p>	Include and respect ideas of family members and significant others.
Justice	Right to be treated equitably whether they are a caregiver or care receiver.	Fairly distribute benefits (or costs or harms) among individuals.
Veracity	<p>Right to expect others to tell the truth and be responsible for their actions.</p> <p>Right to expect others to expose the deception and irresponsibility of others.</p>	Be accountable and responsible for your actions and expect others to do the same.

Name the Dilemma

Dilemma = Two conflicting principles, values, standards, roles, obligations.

On this worksheet, outline the conflicting sides of the ethical choice (It can be helpful to think as X vs. Y). Describe the issues/factors of the dilemma.

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

Dilemma:

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

Dilemma:

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

Dilemma:

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

Dilemma:

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

Dilemma:

Influences on Decision-Making

Client Wishes

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

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

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

Professional Obligations

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

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

- ❖ How do you support your assessment? When/how do you compromise?

Personal Values and Boundaries

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

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

- ❖ What strategies can you use to maintain objectivity and clear boundaries?

Community Pressure

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

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

- ❖ What strategies can you use to deal with family members? What action can you take when family members disagree with each other regarding the plan of action for your client?

Ethical Decision Making Worksheet
With the Modified Congress, (2000) ETHIC Model
Adults at Risk

Heidi works as an adult protective services worker in a small rural county, her duties also include liaison for individuals who are served under the Family Care Program. She had been involved in the process of guardianship for Sheryl, a 46-year old woman who has a both a mental illness and psychiatric difficulties. Heidi receives a call from Sheryl who is complaining that she is being abused in the new group home where she is placed. Heidi has investigated several complaints by Sheryl of abuse in the past, each unsubstantiated, but stemmed from a desire for attention by Sheryl. Heidi makes a home visit to Sheryl who reports sexual contact with an employee of the home. The manager of the group home describes the worker as an exemplary, caring employee.

DO (Describe Opposing Values/Priorities/Standards)	
E (Examine Values)	
T (Think about ethical standards)	
H (Hypothesize different courses of action)	
I (Identify who would be harmed and helped)	
C (Consult with supervisor or colleagues)	