

# 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

# 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

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

# 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

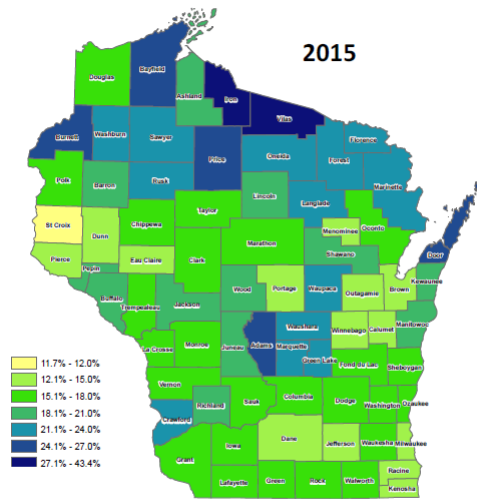
- ▶ Administered by the State Unit on Aging.
- ▶ Total reports of abuse investigated by APS in 2016: 8874. (Compared to 2985 in 2012).
- ▶ Most individuals had not been reported previously (app. 60%)
  - ▶ Around half of them do not have a substitute decision maker
- ▶ Vast majority of incidents occur 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

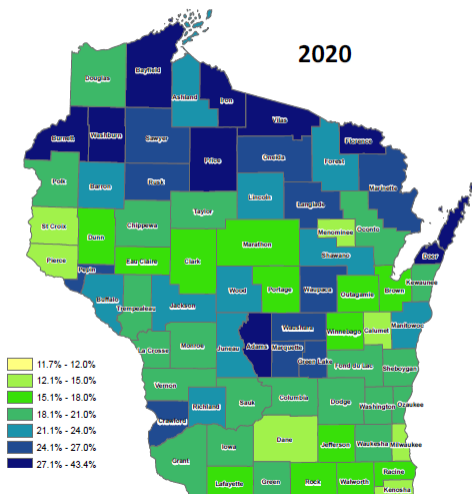
Wisconsin Department of Health Services reports (2016)

# 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

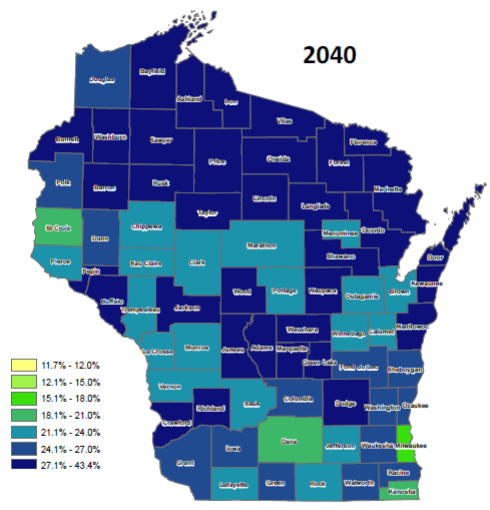
# Percent of the Population Age 65 and Older



# Projections for the year 2020

# Projections by 2040

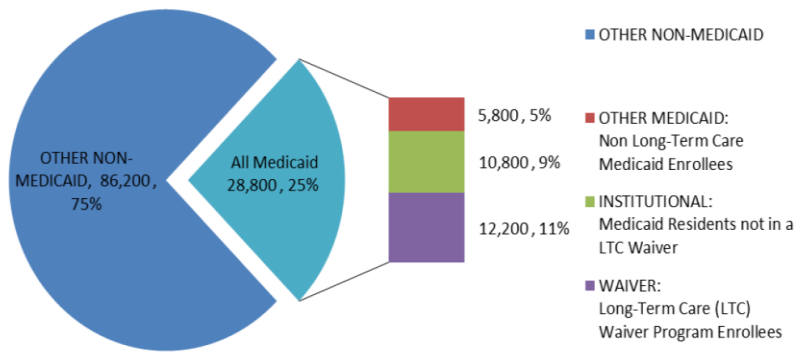
## Percent of the Population Age 65 and Older



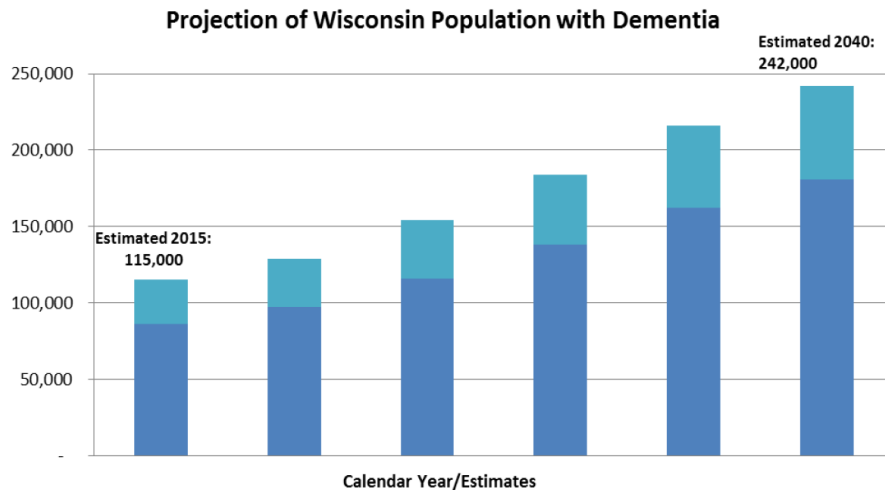
Source: WI DOA Demographic Services, Population Projections, Vintage 2013  
Prepared by Eric Grosso, WI DHS Bureau of Aging and Disability Resources

# 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%

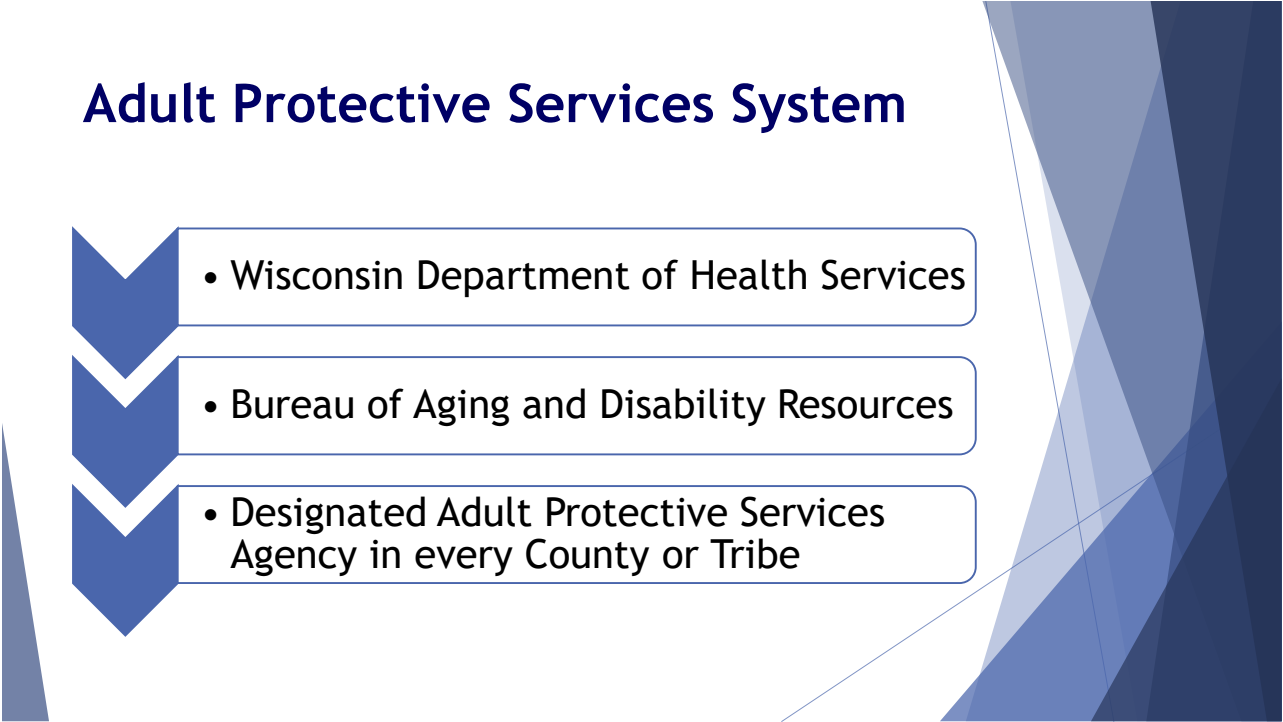
Source: Wisconsin Department of Health Services, Division of Public Health; Bureau of Aging and Disability Resources (04/2016)



# 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!

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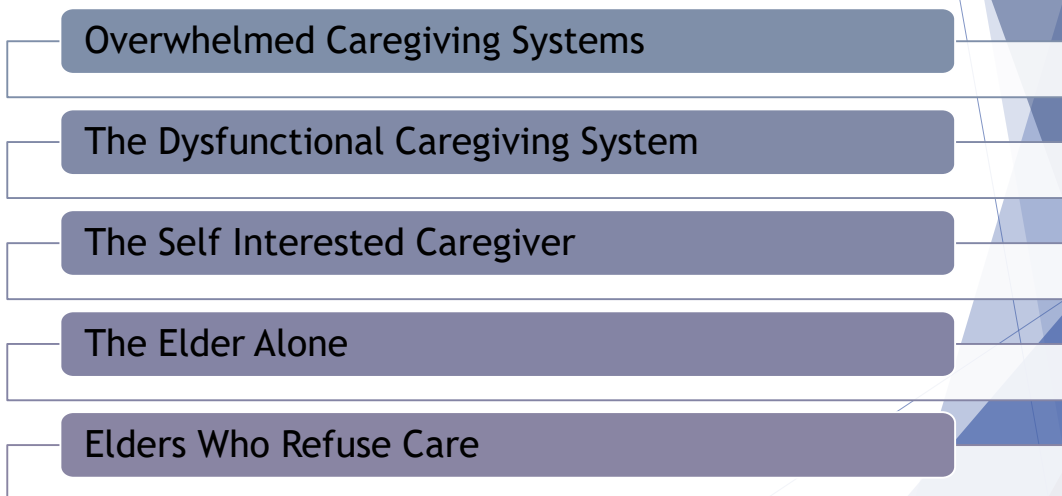
# Roles within the Adult Protective Services System in WI

- ▶ 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










## Definitions for Practice

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

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



## 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)



Resource: Handout 1.4- Getting the Story

## 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

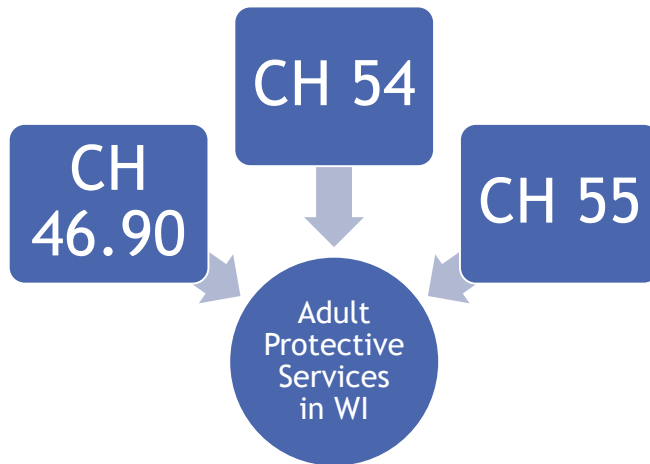


## Statutes

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 need four statutes.

## Group Activity: Statute Sort

- ▶ **Step 1: Insert each of the phrases from the envelope onto the correct statute on the Team Worksheet**
- ▶ **You will have 20 minutes to complete this part of the activity**



## 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

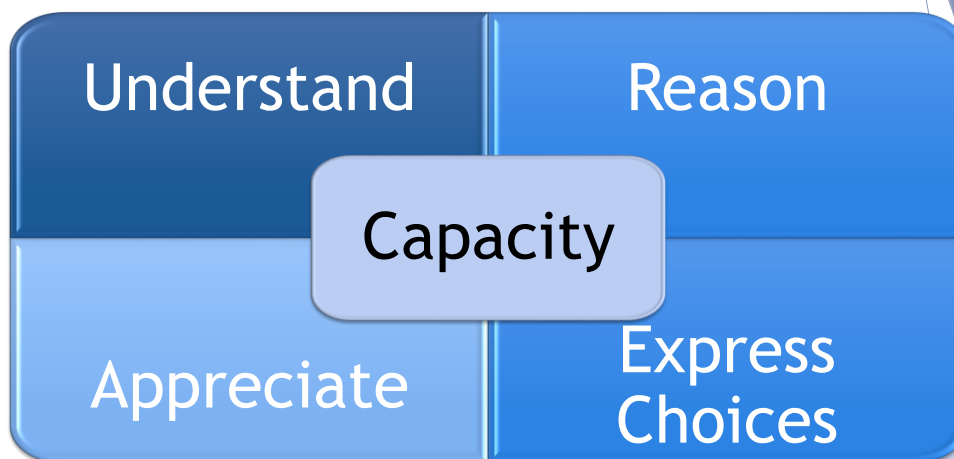
## Determining Competency: CH 54.01 Definitions

- ▶ **“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).



## Assessing Capacity Group Activity

- ▶ Each group will receive a different case study
- ▶ Appoint a group recorder.
- ▶ Group members have 10 minutes to ask clarifying questions to the Group Leader- use the handout to direct your questions.
- ▶ Leader will only provide information in response to questions.
- ▶ After the 10 minutes, the Group Leader will fill in the holes in your information about the client.



# Competency Assessments

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

# Due Process: Guardianship



# Collaboration



## WHAT IS COLLABORATION?

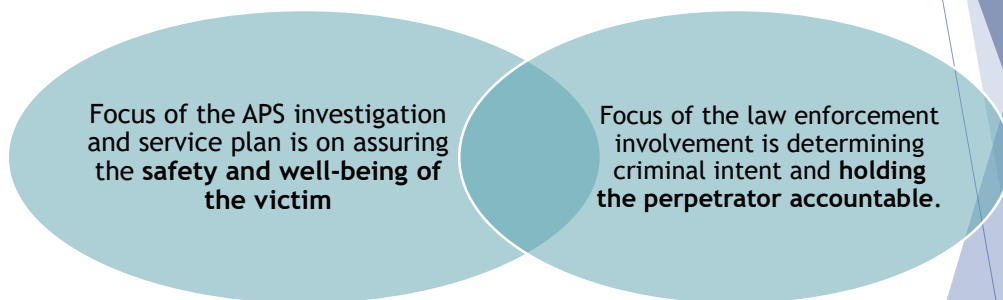
- ▶ A process which includes communication and decision making, enabling a synergistic influence of grouped knowledge and skills (Bridges, et.al. 2011)
- ▶ “When different professionals, possess unique knowledge, skills, organizational perspectives and personal attributes engage in coordinated problem 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*, 18<sup>th</sup> 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





## 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

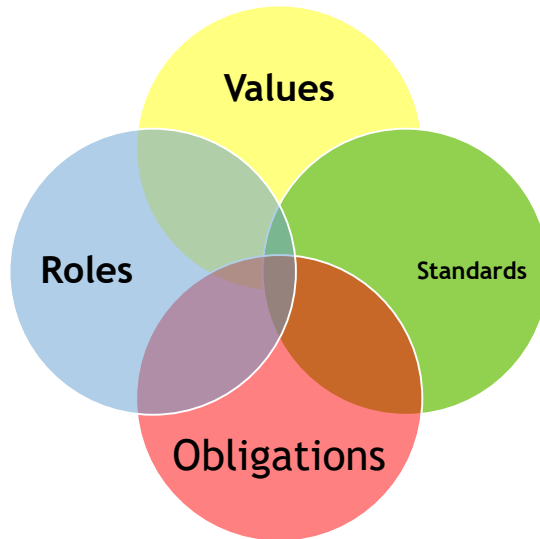
Resource: Handout 1.9- Ethical Principles

## 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



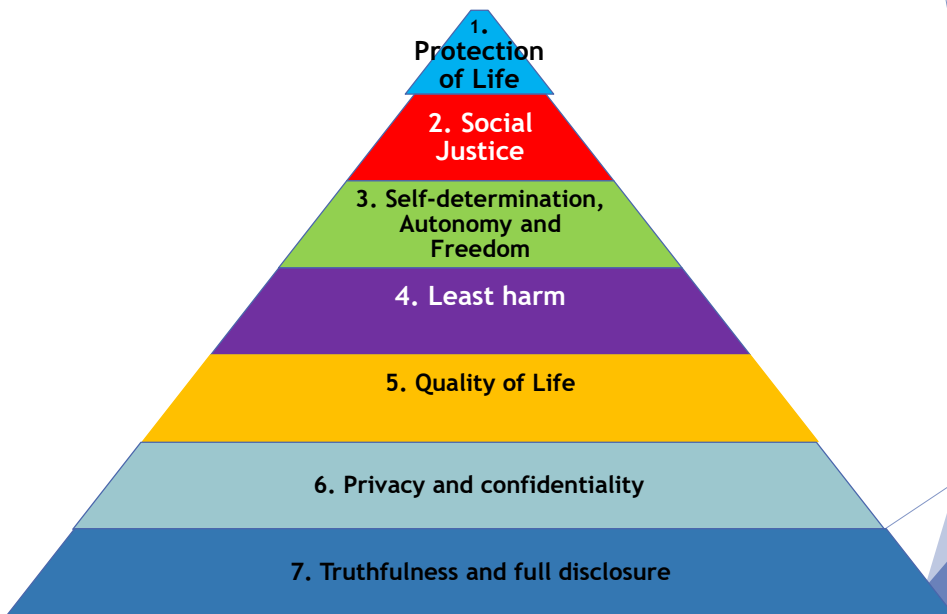
# Ethical Dilemmas



Activity: Pull out Handout 1.10- Name the Dilemma

## Ethical Principles Screen

Dolgoff, 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

T = 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 & MPSW [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  
Reference for the training are under the resources tab