NAPSA's Introduction to APS "A Guide for Community Partners"



This training was produced by the National Adult Protective Services Association Education Committee (NAPSA)

The Education Committee is a standing committee that serves the National Adult Protective Services (NAPSA) Board of Directors by:

- Developing educational content for Adult Protective Services (APS) programs
- Disseminating professional training materials
- Promoting training opportunities for APS programs
- Developing, maintaining and disseminating Standards of Practice, and
- Developing and providing guidance in an advisory capacity for a national certificate program.



Acknowledgements

- National Adult Protection Services Association
 - Definitions
 - Recommended Program Standards
 - NAPSA Training Modules in partnership with the Adult Protective Services
 Workforce Innovations at San Diego State University's Academy for Professional
 Excellence https://theacademy.sdsu.edu/programs/master/core-curriculum/
- Administration for Community Living (ACL) and the Voluntary Consensus Guidelines for State APS Systems)
 - https://aoa.acl.gov/AoA Programs/Elder Rights/Guidelines/index.aspx
- National Center on Elder Abuse (NCEA) https://ncea.acl.gov/



NAPSA's Introduction to APS Purpose & Goal

This short training guide is a resource to help facilitate better coordination of services to vulnerable adults suffering from abuse and or neglect. The training guide is intended to help victim service providers, professionals and paraprofessionals recognize who is an APS client and what APS is/is not.

 In addition it is hoped that the training guide will facilitate a better understanding of the maltreatment experienced by the APS clients. This will assist in creating better collaboration and building a better protective network for abused and neglected adults.



INTRODUCTIONS

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INTRODUCTIONS



Put into Chat
Where you are
from?
and
What you do?

INSTRUCTIONS



Use Chat to ask questions? or Raise your virtual hand

Target Audience

Victim service providers and other allied professionals





Roll Call





What Is Abuse?

- Abuse is a form of mistreatment by one individual that causes harm to another person.
 - These are commonly reported types of abuse* received by Adult Protective Services agencies:

Physical abuse
Emotional abuse
Neglect
Isolation
Abandonment

Financial or material exploitation
Sexual abuse
Self-neglect

*What is abuse? Definitions can vary from jurisdiction to jurisdiction. Please contact your local APS office for additional information.



Physical Abuse

- May include slapping, hitting, beating, bruising or causing someone physical pain, injury or suffering.
 - This also could include confining an adult against his/her will, such as locking someone in a room or tying him/her to furniture.





Indicators of Physical Abuse

- Bruising
- Injuries about the head and face
- Strangulation
- Fractures
- Burns
- Decubitus
- Other types of Physical Abuse
 - Medication
 - Force Feeding
 - Restraints



Need to update and reference the NEW RED FLAGS from NCEA



Emotional Abuse

- Involves creating emotional pain, distress or anguish using threats, intimidation or humiliation.
 - This includes insults, yelling or threats of harm and/or isolation, or non-verbal actions such as throwing objects or glaring to project fear and/or intimidation.





Indicators of Emotional Abuse

- Hypertension
- Significant weight loss or gain
- Dizziness
- Sleeplessness
- Sadness, depression, confusion
- Cowers
- Is emotionally upset
- Withdrawn, non-responsive
- Exhibits unusual behavior
- Reports being verbally abused



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Neglect

- Includes failures by individuals to support the physical, emotional, and social needs of adults dependent on others for their primary care.
 - Neglect can take the form of withholding food, medications or access to health care professionals.





Indicators of Neglect

- Unsafe living environment
- Inadequate nutrition and/or hydration
- Lack of medical care-untreated medical condition
- Skin breakdown/decubitus ulcers
- Lack of assistive devices Isolation and declining physical ability
- Lack of social/emotional support
- Lack of clothing or poor personal hygiene
- Abandonment
- Person with dementia left unsupervised





Isolation

 Involves restricting visits from family and friends or preventing contact via telephone or mail correspondence.





Behavioral Indicators of Isolation

- Fear, anxiety, agitation
- Anger
- Isolation, withdrawal
- Depression
- Helplessness
- Non responsiveness, resignation, ambivalence
- Contradictory statements, implausible stories
- Hesitation to talk openly
- Confusion or disorientation





Financial or Material Exploitation

 Includes the misuse, mishandling or exploitation of property, possessions or assets of adults.
 Also includes using another's assets without consent, under false pretense, or through coercion and/or manipulation.





Indicators of Exploitation

- Unusual activity
- Lack of amenities
- Situation not commensurate with estate or history
- Lack of awareness or understanding
- Changes in purchases
- Address change



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Indicators of Exploitation (con't)

- Newly authorized signatures
- Forged signatures
- Pre-payment
- Missing checks
- Missing belongings
- Implausible explanation





Abandonment

 Involves desertion by anyone who assumed caregiving responsibilities for an adult





Sexual Abuse

- Includes physical force, threats or coercion to facilitate nonconsensual touching, fondling, intercourse or other sexual activities.
 - This is particularly true with vulnerable adults who are unable to give consent or comprehend the nature of these actions.





Signs & Symptoms of Sexual Abuse

- Physical signs
- Psycho-social symptoms
- Victim disclosures and hints
- Eyewitness reports
- Suspicious behavior by alleged perpetrators





Indicators of Sexual Abuse

Behavioral

- Direct or coded disclosure of sexual abuse
- Extremely upset when changed or bathed
- Poor hygiene*
- Sexual acting out; directed toward self of others

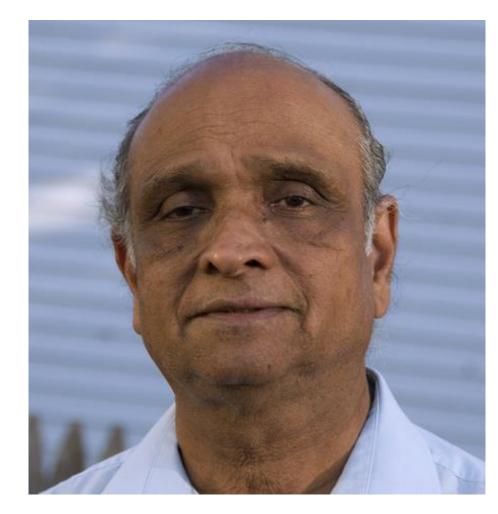
Physical

- Frequent or unexplained physical illness or complaints
- Genital or urinary tract irritation, injury, infection, or scarring
- Pregnancy*
- Sexually transmitted infections*



Self-Neglect

- Involves seniors or adults with disabilities who fail to meet their own essential physical, psychological or social needs, which threatens their health, safety and well-being.
 - This includes failure to provide adequate food, clothing, shelter and health care for one's own needs.
 - For more information:
 http://www.napsa-now.org/get-informed/other-safety-concerns-2/





Indicators of Self-Neglect

Avoidance of medical appointments

Lack of medical care/compliance

Debilitated homes

Hoarding

Poor hygiene

Squalor

Signs of malnutrition

Avoidance of social contact

Dressed inappropriately for weather



Polyvictimization



- When a person aged 60+ is harmed through multiple cooccurring or sequential types of elder abuse by one or more perpetrators, OR
- When an older adult experiences one type of abuse perpetrated by multiple others with whom the older adult has a personal, professional or care recipient relationship in which there is a societal expectation of trust
 - For more information: http://www.napsa-now.org/wp-content/uploads/2014/11/306-Polyvictimization-in-Later-Life.pdf
 - https://www.ovcttac.gov/views/TrainingMaterials/dspOnline polyvictimization.cfm



The Impact of Polyvictimization

• Trauma shatters a victim's sense of safety and overwhelms the ability to adapt.

 The impact of trauma is cumulative, and victims of interpersonal trauma are disproportionally likely to be repeatedly victimized.

 Chronic traumas, multiple traumas, and historical traumas compound one another in the lives of polyvictimized older adults.

 Trauma is experienced subjectively. Despite any individual differences, trauma has a profoundly negative impact on physical and mental health.



National Data- NAMRS





What APS Reporters need to know & more

NAPSA fact sheet - "What APS Reporters need to know"

https://www.napsa-now.org/wp-content/uploads/2021/01/What-APS-Reporters-Need-to-Know.pdf

• NCEA APS report factsheet- "APS wouldn't take my report. Why?"

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwji5 C0zMfzAhUGlGoFHWUOAycQFnoECAlQAQ&url=https%3A%2F%2Fncea.acl.gov%2FNCEA%2Fmedia%2FPublication-4.0%2FNCEA APSreport brief.pdf&usg=AOvVaw22To0L3BT8TehJghyY DRe



Who is an APS Client?

- A person 18 years or older with a mental physical or developmental disability that impairs their ability to live independently or provide their own self-care or protection; OR
- Person 60 years or older alleged to be harmed or threatened with harm and unable to protect themselves
 - Usually age 60 and over, but check your state's definition

- APS in most states serves all adult victims 18+ who have a disability which makes it difficult for them to protect and/or care for themselves.
 - Both women and men
 - Persons of all races, ethnic, cultural, religious backgrounds, sexual orientation and socio-economic levels





Mandatory Reporting

• 49 states have mandatory reporting of suspected elder abuse, generally to APS or law enforcement, for some professionals, with 37 states reporting that their APS system investigates abuse for people aged 18+ years. State laws regarding who is a mandated reporter vary widely, with 15 states indicating that all persons are required to report.

Check if you are a mandated reporter at:

https://www.eversafe.com/mandatory-reporting/



How to Report

You can find the phone number to report in your area on the NAPSA website: https://www.napsa-now.org/get-help/help-in-your-area/



APS Guiding Values

- Every action taken by APS must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination
- Older person 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 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.
- Adults retain all their civil and constitutional rights unless a court adjudicates otherwise.



What APS CAN Do

- Examine all aspects of reported maltreatment
- Collaborate with adults to maintain their independence
 - Develop a case plan
 - Advocate with other agencies
 - Arrange in-home services





What APS <u>CANNOT</u> Do

- APS CANNOT force services on a person who has capacity to consent.
- APS CANNOT involuntarily remove someone from their home.
- APS CANNOT provide services for which there are no available resources.
- APS CANNOT enforce the law.
- APS CANNOT reveal identity of reporter.



Myths and Facts

- Myth #1: Referrals to APS usually result in nursing home placement.
 - Fact: APS focuses on the least restrictive intervention possible. Whenever, possible services are provided in the victim's home.







Myths and Facts

- Myth #2: The APS professional who investigates a referral can force both the victim and perpetrator to do whatever the APS professional deems necessary.
 - Fact: Unlike children, adults are assumed to be able to make their own decisions unless a court determines otherwise.



Myths and Facts

- Myth #3: When a referral is made, the main responsibility of the APS professional is to "fix" the situation to the reporter's satisfaction.
 - Fact: When referrals are investigated, the alleged victim, not the reporter, is the client.





NAPSA is pleased to provide a series of three briefs regarding APS.

Understanding and Working with Adult Protective Services, A
Three-Part Series

- Part I: <u>Overview of APS Programs</u>
- Part II: The Reporting and Investigation of Alleged Abuse
- Part III: <u>Intervention Collaboration</u>



Questions?



Thank you!

