



Aging Process

Participant Guide

December 2025

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Module 0. Manual Guide

0.1. Partners and Acknowledgements

The curriculum was originally created by NAPSA in collaboration with the Academy for Professional Excellence. It was then used as a foundation for training content and materials developed by NAPSA under the grant for the National APS Training Center.

The creation of this curriculum was the result of a collaborative effort between Adult Protective Services professionals, professional educators, and NAPSA members. NAPSA would like to thank the following:

Committees

NAPSA Education Committee

NAPSA Curriculum Development Committee

NAPSA Curriculum Review Committee

Curriculum Developer

Katie Wilson, MS

0.2. Course Summary

In this interactive and engaging introductory training, participants will gain a basic understanding of the aging process, including the physical, cognitive, psychological, and sociological changes that occur as we age. This understanding will enhance their ability to conduct investigations and develop effective strength-based service plans when working with older adults.

0.3. Target Audience

The course is intended for new APS professionals but is also applicable to allied disciplines and partners that work with older adults (law enforcement, conservatorship investigators, workers in aging networks). This training is also appropriate for tenured staff who require knowledge or skill review.

0.4. Course Requirements

There are no course requirements. It may be helpful for participants to have some experience of working with older adults and service planning.

0.5. Goal

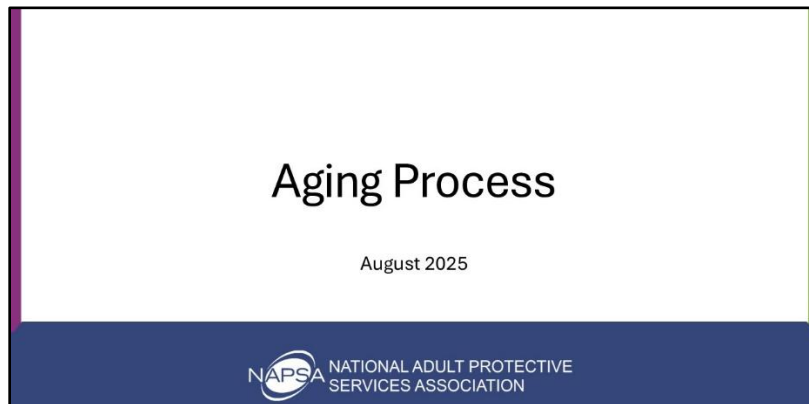
The purpose of this training is to enable APS professionals to have a better understanding of the various aspects involved in the aging process in an effort to minimize ageist beliefs and improve service planning that leverages older adults' strengths.

0.6. Learning Objectives

After completing this course, participants will be able to:

- Identify typical changes that affect most older adults
- Describe common biases and stigmas about the aging process that affect older adults
- Identify how typical changes that affect the aging process can reduce or cause risk for an older adult
- Recognize how chronic medical conditions can cause risk for an older adult
- Identify how psychological changes affecting the aging process can either reduce or cause risk for an older adult
- Create service plans that leverage an adult's strengths.

Module 1. Welcome and Overview



Notes:

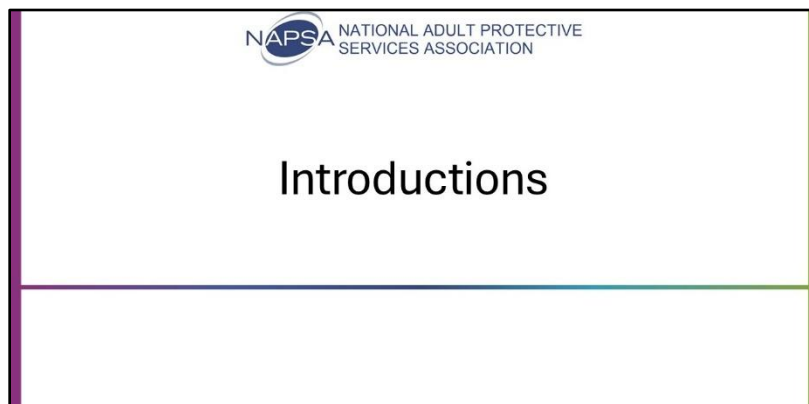
Learning Objectives

After completing this course, participants will be able to:

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- Identify how typical changes that affect the aging process can reduce or cause risk for an older adult.
- Recognize how chronic medical conditions can cause risk for an older adult.
- Identify how psychological changes affecting the aging process can reduce or cause risk for an older adult.
- Create service plans that leverage an adult's strengths.

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Notes:



Notes:

Module 2. Aging, Ageism, and Bias

Age: It's more than just a number

- Chronological Age
- Biological Age
- Psychological Age

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Notes:

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What stereotypes have you heard
about aging?

Notes:

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Video Placeholder

Notes:

Myths About Aging

- Older adults are not capable of learning new information.
- Intelligence declines in old age.
- Older adults become more irritable and angry as they age.
- Most people end up in a nursing home.
- Older adults are not tech savvy.
- Older adults are not sexually active.

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Notes:

Impacts of Ageism

- Physical health effects
- Mental health effects
- Effects on social well-being



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Notes:

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Video Placeholder

Notes:

What are some other ways we can
challenge ageism in APS?

Notes:

Module 3. Physical Changes

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Physical Changes

Notes:

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Biological Changes

1. Heart and cardiovascular
2. Bones and Muscles
3. Skin
4. Bladder and Urinary System
5. Vision
6. Hearing



Notes:

Heart and Cardiovascular System	
Changes with age:	Possible impacts:
• Heart muscle weakens • Blood vessels stiffen • Increased risk of hypertension and other cardiovascular issues	• Slower adjustment when standing • Reduced ability to regulate body temperature

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Notes:

Bones and Muscles

Changes with age:

- Bones shrink in size and density
- Muscles lose strength, endurance, and flexibility

Possible impacts:

- Higher risk of falls and fractures
- Reduced ability to safely navigate cluttered or hazardous environments

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Notes:

Skin

Changes with age:

- Wrinkles appear as elasticity decreases
- Loss of natural oils leading to dryness and itchiness
- Becomes thinner and more fragile

Possible impacts:

- Increased likelihood of skin injuries such as cuts, bruises, or breakdown
- Great susceptibility to pressure sores when not repositioned regularly

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Notes:

Bladder and Urinary System

Changes with age:

- Bladder loses elasticity
- Bladder and pelvic floor muscles weaken
- Kidneys filter blood more slowly

Possible impacts:

- The need to urinate more often
- Higher likelihood of incontinence and urgency issues
- Greater vulnerability to infections, such as UTIs
- Elevated risks of side effects from medications or substance use

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Notes:

Vision

- **Distance vision:** Slower to adjust when shifting focus from near to far.
- **Light adaptation:** Need more light to see clearly.
- **Depth perception:** Harder to judge distances, steps, or curbs.
- **Near vision:** Difficulty focusing on close objects; reading glasses or magnifiers often needed.



Notes:

Hearing

- **Most hearing loss results from lifelong noise exposure**
- **Prevalence:** About 1 in 3 adults over 60 experience hearing loss
- **Common effects:** Muffled sounds, difficulty hearing high pitched voices
- **Impacts:** Miscommunication, increased frustration, social isolation



Notes:

Communication and Hearing Loss

1. What nonverbal cues might show that an older adult isn't hearing you clearly?
2. How can you adjust your communication to better accommodate the older adult?

Notes:

Common Medical Conditions



Adults 65 and older:

- 93% have at least one chronic condition
- 79% have two or more chronic conditions

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Notes:

Activity: Medical Conditions

1. What are some key symptoms of the client's medical condition?
2. What are some possible challenges the client may be experiencing with this medical condition?

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Notes:

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What are some medical conditions you have encountered or observed in your time with APS?

Notes:

Handout #1- Medical Conditions Activity

Instructions: For this activity, you will be assigned to a breakout group. Each group will be assigned one of the three case scenarios (Marty, Gloria, or Lee). Each case scenario features an APS client with a particular medical condition. As a group, you will review the case scenario and discuss the two questions below.

You will be given **10 minutes** to read the scenario and discuss the questions. The focus here is on the medical condition. Use reliable and relevant resources to find information on the medical condition (some good examples include Mayo Clinic and MedlinePlus).

Be sure to designate a spokesperson because when we come back, each group will be asked to summarize their discussions.

1. What are some of the key symptoms of the client's medical condition?

Notes:

2. What are some possible challenges the client may be experiencing with this medical condition?

Notes:

Case Scenario 1: Marty

APS receives a report on a 72-year-old. White man, Marty, with Chronic Obstructive Pulmonary Disorder. Report from his friend, alleges he may be experiencing self-neglect as he believes Marty is not taking care of himself.

Marty's wife of 48 years passed away six months ago, and his "health has declined" since that time. He has not been going to his doctor's appointments and has missed coffee (reporting party says they have been having coffee for years, and he has never missed a day until recently). He just "doesn't seem like himself". According to the reporting party, Marty has COPD and seems to be having more trouble breathing lately. When the reporting party asked him about his health, he stated he hadn't "had time" to go to the doctor or refill his medications. Reporting party thinks Marty may be grieving still and lacks desire to take care of himself like he used to now that his wife is gone.

Case Scenario 2: Gloria

APS receives a report on a 69-year-old Hispanic woman, Gloria, who has type 2 diabetes. The report, made by her church friend, worries that Gloria is not managing her diabetes well and seems to be having trouble caring for herself. The friend shared that Gloria has been "forgetting things," seems more fatigued lately, and has missed several church activities she once attended regularly.

Gloria is divorced and lives with her adult daughter, Sandra, who moved in several months ago. According to the reporting party, Gloria has not been checking her blood sugar regularly and sometimes skips meals. The friend also noted Gloria has mentioned trouble reading the small print on her medication bottles and occasionally forgets whether she has already taken her pills.

Case Scenario 3: Lee

APS receives a report regarding Lee, a 79-year-old Black man, who may be experiencing self-neglect due to difficulties managing his arthritis. The report comes from a neighbor who has noticed that Lee has been moving more slowly, seems to be in pain frequently, and has not been leaving his home as much as he used to. The neighbor also reports that Lee's mail is piling up and his lawn is overgrown.

Module 4. Cognitive, Psychological, and Sociological Changes

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Cognitive, Psychological, and Sociological Changes

Notes:

Cognitive Changes

- Memory
- Reaction Times
- Problem-Solving Abilities

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Notes:

Areas that Remain the Same or Improve Through Aging

- Wisdom
- Creativity
- Personality traits
- Vocabulary, reading, and verbal reasoning



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Notes:

Psychological Changes



- Happiness
- Resilience
- Reminiscence
- Hope

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Notes:

Sociological Changes



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Notes:

Shifting Roles

Older adult now responsible for finances



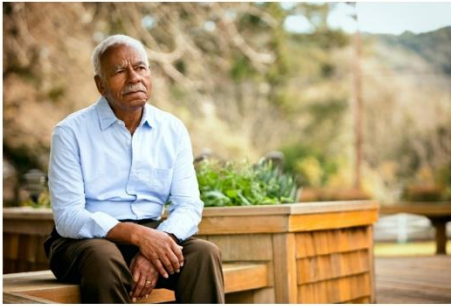
Older adult now receiving care from child



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Notes:

Importance of Socialization



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Notes:

Grief-Related Challenges

1. What are some other kinds of losses an older adult may experience?
2. What strategies or support systems can help older adults navigate several losses in a short period of time?



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Notes:

Module 5. Considerations for Service Planning



Considerations for Service Planning

Notes:

Identifying Strengths in Aging



Notes:

Strength-Based Service Planning

- Focus on adult's strengths rather than limitations
- Ensures older adult's voices are heard and allows the investigation and service plan to stay genuinely person-directed.
- Prioritizing strengths gives the best chance that future ANE can be eliminated or reduced.



Notes:

Handout #2: Case Scenario Activity

Instructions: For this activity, you will be returning to your groups to continue discussing your previously assigned case scenario (Marty, Gloria, or Lee). Review the case scenario on the following pages. Use this new information to discuss the questions below.

You have 10 minutes to discuss. Be sure to designate a new spokesperson because when we come back, each group will be asked to summarize their discussions.

Discussion Questions:

1. What are some of the concerns you have about the client?

Notes:

2. What are some strengths that you could rely on when creating a strength-based service plan?

Notes:

3. What needs to be addressed on the client's service plan, assuming they are willing to accept help and referrals?

Notes:

Case Scenario 1: Marty

APS receives a report on a 72 y.o. White man, Marty, with Chronic Obstructive Pulmonary Disorder. Report from his friend, alleges he may be experiencing self-neglect as he believes Marty is not taking care of himself.

Marty's wife of 48 years passed away six months ago, and his "health has declined" since that time. He has not been going to his doctor's appointments and has missed coffee (reporting party says they have been having coffee for years and he has never missed a day until recently). He just "doesn't seem like himself". According to the reporting party, Marty has COPD and seems to be having more trouble breathing lately. When the reporting party asked him about his health, he stated he hasn't "had time" to go to the doctor or refill his medications. Reporting party thinks Marty may be grieving still and lacks desire to take care of himself like he used to now that his wife is gone.

You visit Marty and note the following: His home is cluttered, and he appears disheveled himself. He struggles to breathe when walking around his home and tells you about his COPD. He has old medication bottles on the counter that appear empty, and you note piles of what appear to be bills there as well. When you ask him about his medications, he says he hasn't had time to go to the doctor lately to get them refilled.

When you point out the bills he tells you his wife handled the finances and he is overwhelmed with the thought of paying bills.

He tells you he has two children that visit him frequently and they have offered to help, but he cannot bear to ask them to do so. He doesn't want to burden them and feels he can handle things on his own.

Case Scenario 2: Gloria

APS receives a report on a 69-year-old Hispanic woman, Gloria, who has type 2 diabetes. The report, made by her church friend, worries that Gloria is not managing her diabetes well and seems to be having trouble caring for herself. The friend shared that Gloria has been “forgetting things,” seems more fatigued lately, and has missed several church activities she once attended regularly.

Gloria is divorced and lives with her adult daughter, Sandra, who moved in several months ago. According to the reporting party, Sandra tries to help, but Gloria has always been in the caregiver role and has a difficult time accepting help from others, even if she is struggling. Additionally, the friend mentioned concerns that Gloria has not been checking her blood sugar regularly and will sometimes skip meals. The friend also noted Gloria has mentioned trouble reading the small print on her medication bottles and occasionally forgets whether she has already taken her pills.

When you visit Gloria, you observe the following: Her kitchen contains mostly processed and packaged foods, with few fresh items. She reports her vision has been getting worse, and she sometimes has trouble seeing her glucose monitor. You also notice she is wearing slippers indoors but has no socks on, despite having a small sore on her foot. When asked about it, she says it doesn't hurt and “will heal on its own.” Gloria mentions her daughter lives with her, but Gloria doesn't want to “bother her with problems.” She tells you her faith is very important to her, and her church community is “like family.”

Case Scenario 3: Lee

APS receives a report regarding Lee, a 79-year-old Black man, who may be experiencing self-neglect related to difficulties managing his arthritis. The report comes from a neighbor who has noticed that Lee has been moving more slowly, appears to be in pain frequently, and has not been leaving his home as much as he used to. The neighbor also reports that Lee's mail is piling up and the lawn is overgrown.

During your visit, you learn that Lee lives with his long-term partner, Sam, who is 68 years old and in generally good health. You observe the home to be cluttered, with laundry and dishes stacked on counters. Lee reports that arthritis in his hands, knees, and hips makes it difficult for him to cook, clean, and complete other daily tasks. Lee struggles to stand from his chair without support and grimaces while walking short distances. Lee states that he avoids using his walker because he feels like it makes him appear frail. Lee will often skip his medications prescribed for pain management because he dislikes the side effects. Lee shares that he enjoys reading and listening to jazz music, which helps him cope with stress, but he has stopped attending activities at the local senior center because the building is difficult to navigate with his limited mobility.

Sam believes Lee should "push through the pain" and continue doing things the way he always has, stating that slowing down or using help will only make Lee "weaker." Sam appears attentive but repeatedly states that Lee "just needs to try harder" to pull his weight with keeping the house tidy.

Module 6. Wrap-Up

Key Points

- APS professionals must take time to examine any beliefs, feelings, or actions that they do as part of their work that are rooted in ageism.
- Most older adults will have one or more chronic medical conditions.
- Older adults experience very little decline in cognition during the aging process if they do not have an underlying medical condition.
- Older adults may use psychologically based behaviors like reminiscence and hope to cope with their current experiences.
- Sociological changes such as the experience of loss and grief can greatly impact an older adult's social relationships which are critical to their health and well-being.
- A strengths-based perspective allows APS professionals to appreciate that the aging process has benefits and focuses on the strengths and abilities of each older adult.



Notes:

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?*



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Notes:

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