

Adult Abuse Prevention Kit
A Resource Kit for Protecting the Elderly and Adults with Disabilities

www.everyonesbusiness.org



Introduction and Instructions

The Texas Department of Family and Protective Services (DFPS) Adult Protective Services (APS) Program is pleased to offer this Adult Abuse Prevention Kit to interested individuals and groups in Texas communities. In May and throughout the year, you can help educate people in your community about the problems faced by the elderly and adults with disabilities, and how to prevent adult abuse. The material in this kit is designed to help create public awareness about the problem of adult abuse. We hope you will use this opportunity to let everyone know that your community cares about vulnerable Texans.

How you can use the material in this kit

- ◆ This kit is designed for different types of presentations rather than to be given as a whole packet. Consider photocopying and distributing appropriate sections to religious, civic, and other organizations. Use other sections to help plan your adult abuse prevention activities.
- ◆ Take time to review the material in this kit. Decide how your group or community needs to help prevent adult abuse.

- ◆ Plan ahead. News releases should be mailed or taken to television station assignment editors, radio station news editors, and local newspaper editors several weeks in advance of an event.
- ◆ Choose a spokesperson. Have someone familiar with your organization, or an expert from a field related to people who are elderly or have disabilities, ready to speak or be a referral for more information. Include a quote from this person in your press release. Make them available for local news interviews or talk shows.
- ◆ Localize information. Your letter or news release has a better chance of getting noticed if you include facts about your community. Highlight local efforts and activities.
- ◆ Check the Web. This kit is available on the Internet at the DFPS web site. For this and other information on protecting adults, the address is <http://www.everyonesbusiness.org>
- ◆ Coordinate the use of materials in this kit with other organizations, such as Area Agencies on Aging, AARP, and others interested in the elderly and people with disabilities.

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Adult Protective Services (APS) Section

Who is eligible for Adult Protective Services?

People reported to be abused, neglected or exploited who are:

- ◆ age 65 or older; or
- ◆ age 18 to 65 who have disabilities.

Areas of Responsibility

Chapter 48, Title 2 of the Human Resource Code (HRC), authorizes the agency to "investigate the abuse, neglect, and exploitation of an elderly or disabled person and to provide protective services to that person."

In-Home Investigations and Services

In-home caseworkers investigate allegations of abuse, neglect, and exploitation of vulnerable adults in the community. When maltreatment is confirmed, APS provides and arranges for services to alleviate abuse, neglect and exploitation. Short-term services may include emergency shelter, food, medication, heavy cleaning, minor home repairs, restoration of utilities, and mental health assessments. APS in-home staff refer cases that require guardianship services to the Department of Aging and Disability Services. Guardianship is a legal method to protect individuals' well being when they are legally incapacitated and cannot protect themselves.

Facility Investigations

APS facility staff investigate abuse, neglect, and exploitation of clients receiving services in state operated and/or contracted settings that serve adults and children with mental illness or mental retardation. Investigations are conducted in the following settings:

- ◆ State schools;
- ◆ State hospitals;
- ◆ State centers;
- ◆ Community mental health/mental retardation centers; and
- ◆ Facility and community center contractors, including home and community-based waiver programs.

APS provides a copy of the investigation report to the administrator or contractor CEO of the program where the investigation was conducted.

Nursing Homes

The Texas Department of Aging and Disability Services (DADS) investigates reports of abuse, neglect, and exploitation in nursing homes. Adult Protective Services will investigate exploitation allegations involving nursing home residents if the alleged perpetrator is not an employee of the facility and is someone who has an ongoing relationship with the resident. (Examples include relatives, friends, neighbors, etc.)

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Adult Protective Services (APS) Section

How APS Works

- ◆ Someone suspects that an elderly person or adult with a disability is a victim of abuse, neglect, or exploitation.
- ◆ A call is made to the DFPS Abuse Hotline at 1-800-252-5400 to report the alleged maltreatment.
- ◆ A priority is assigned to the report if the information reported meets the legal definition of abuse, neglect, or exploitation.
- ◆ Hotline staff send the report to local APS staff for investigation. The hotline staff will contact the on-call APS worker if an after-hours report is a high priority.
- ◆ APS in-home staff begin investigations within 24 hours. They will visit clients within 24 hours, three days, seven days, or 14 days depending on the priority of the case.
- ◆ APS facility staff visit clients within 24 hours, three calendar days, or seven calendar days depending on the priority assigned.
- ◆ Workers may talk to others who know the client to gather more information.
- ◆ APS staff contact all people who might know about the alleged maltreatment.
- ◆ Worker evaluates the information gathered, discusses the case with a supervisor, and decides if the client needs protective services.
- ◆ In emergencies, the worker will call law enforcement, emergency medical staff, or the fire department.

When abuse, neglect, or exploitation is not validated:

The case is closed. Staff may refer the client to other resources in the community if appropriate.

When abuse, neglect, or exploitation is validated:

In-home staff arrange for services to alleviate or prevent future maltreatment, as appropriate.

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Adult Protective Services (APS) Section

Types of Maltreatment

Abuse means the "negligent or willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical or emotional harm or pain by a caretaker, family member, or other individual who has an ongoing relationship with the person." Abuse includes sexual assault, verbal, psychological and physical abuse. Obvious symptoms are scratches, cuts, bruises, burns, and broken bones.

Source: Texas Human Resource Code Ch. 48

Exploitation means "the illegal or improper act or process of a caretaker, family member, or other individual who has an ongoing relationship with the elderly or disabled person, using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain without the informed consent of the elderly or disabled person." This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property or other resources.

Source: Texas Human Resource Code Ch. 48

Neglect means "the failure to provide for one's self the goods or services, including medical services, which are necessary to avoid physical or emotional harm or pain or the failure of a caretaker to provide such goods or services." Neglect may result in starvation, dehydration, over- or under-medication, unsanitary living conditions, or lack of heat, running water, electricity, medical care, or personal hygiene.

Source: Texas Human Resource Code Ch. 48

Elderly people or adults with disabilities may be isolated, ill, without a capable person to care for them, or without resources to meet basic needs. If APS determines a vulnerable adult is in a state of abuse, neglect, or exploitation, the person is eligible for services.

A protective services client who has the capacity to consent has the right to:

- ◆ Receive voluntary protective services if he requests or consents to those services;
- ◆ Participate in all decisions regarding his welfare, if able to do so;
- ◆ Choose the least restrictive alternative that meets his needs; and
- ◆ Refuse medical treatment if it conflicts with his religious beliefs and practices.

Source: Texas Human Resource Code Ch. 48

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Publicity Section

Presentation Tips

"When making a presentation, your goal is not to remove all the butterflies from your stomach, but to convince the butterflies to fly in formation. "

—Vincent DiSalvo

- ◆ Provide handouts and make use of all information in this kit--photocopy pages, quote facts and statistics, etc.
- ◆ Know your audience so you can gear your presentation accordingly for content and age.
- ◆ Treat your audience as if it were a gathering of old friends.
- ◆ Remember the average person will only retain about seven important points or concepts.
- ◆ Remember you will either capture or lose your audience in the first four minutes. It is important to make your introduction dynamic, perhaps starting with an anecdote or story.
- ◆ Do not attempt to answer questions you cannot answer. If you don't know, offer to get the information later.
- ◆ If you get opposition from audience members, do not debate with them. Instead, acknowledge what they have said by repeating it back to them and tell them you will meet with them after the presentation to discuss it further.
- ◆ Avoid using negatives, technical jargon, acronyms, and clichés .
- ◆ Use humor carefully so that you do not detract from your message.
- ◆ Keep handy an emergency kit of colored markers, chalk, masking tape, hard copy of slides, spare projector bulb, scissors, etc.
- ◆ Prepare more information than you will need so you can shorten or lengthen your presentation as needed.
- ◆ Test audio-visual equipment (slide projector, VCR, etc) before the presentation.
- ◆ Bring business cards so audience members can contact you later if they want to.
- ◆ Practice, practice, practice!

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Publicity Section

Abuse Prevention Proclamation

Invite elected officials to proclaim May as Elder Abuse Prevention Month. Proclamation events may center on the celebration of people who are older, while promoting awareness of the local problem of abuse, neglect, and exploitation of the elderly and people with disabilities.

Instructions:

1. Appoint a committee to develop and initiate the proclamation event.
2. Identify which public officials to include and contact each one. Discuss the proclamation and invite officials to participate. Try to find one official who is willing to adopt it as a "project." Coordinate a date, time, and location for the event. Include local entertainment such as a school band.
3. Write a news release to deliver personally to all media outlets in the county. Request each to provide coverage of the event.
4. Decide on the type of program and activities to be built around the proclamation event and draft an agenda. Opening remarks by public officials may center on the problem of abuse, neglect, and exploitation of the elderly and people with disabilities; the need to develop services, programs, and activities geared toward prevention; and a challenge to all adults in the community to become involved. Provide officials with local background information related to the incidence of elder abuse, neglect, and exploitation.

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Publicity Section

Sample Proclamation

WHEREAS, People who are elderly or have disabilities have contributed to the general welfare of this (state, city, community) by helping to preserve customs, convictions, and traditions of many people from diverse backgrounds; and

WHEREAS, These residents are vital and integral members of our society and their wisdom and experience have enriched our lives; and

WHEREAS, Abuse of the elderly and people with disabilities in domestic and institutional settings is a widespread problem, affecting hundreds of thousands of people across the country; and

WHEREAS, Abuse affected more than (#) Texans who are elderly or have disabilities in (year); and

WHEREAS, Elder abuse is grossly underreported because the elderly who are being abused find it very difficult to tell anyone and are usually ashamed and sometimes afraid; and

WHEREAS, Elder abuse happens to men and women of all income levels, all cultural and ethnic groups, whether they are in good health or incapacitated in some way, in poor neighborhoods and in suburbia; and

WHEREAS, Many of the cases investigated by Adult Protective Services in Texas involve self-neglect and it is our duty as citizens to reach out to people in need;

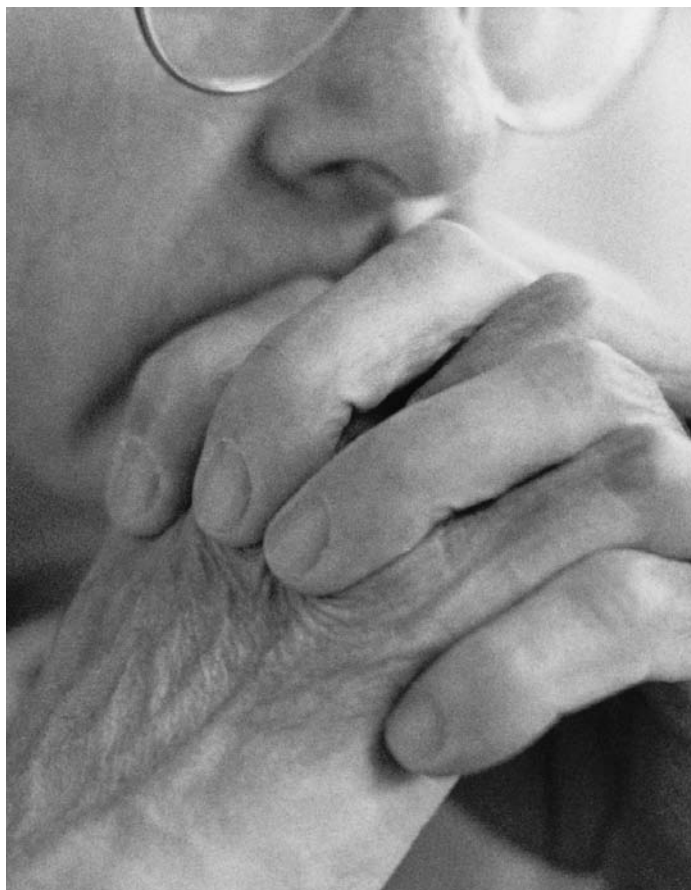
NOW, THEREFORE, I (Name), (Title) do hereby proclaim the month of May (Year) to be Elder Abuse Prevention Month in (Location), and urge all citizens to work together to help reduce abuse and neglect of people who are elderly or have disabilities.

Dated this (Day) of (Month), (Year)

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Publicity Section

Sample Public Service Announcements

(60 seconds)

Neglect of the elderly and people with disabilities wears many faces. So do the forces that help. Sometimes a caring neighbor sees the need and tries to fill it. Or a loving family member attempts to make a positive impact. Unfortunately, an increasing number of vulnerable adults go unnoticed. They may be in pain, lacking strength, confused, without power...alone. If you know an elderly person who is being mistreated, neglected, or harmed in any way, call Adult Protective Services at 1-800-252-5400 day or night.

(60 seconds)

Elder Texans deserve honor and respect...not abuse. Reaching the golden years should be a time to treasure grandchildren and reminisce about the past. Unfortunately, many older Texans are abused and alone. People don't like to

talk about this shameful secret. Sometimes the people who take care of the elderly also take advantage of them. Adult Protective Services can help. If you know an elderly person who is being mistreated, neglected, or harmed in any way, call 1-800-252-5400 day or night.

(30 seconds)

What is elder abuse, neglect, or exploitation? It's taking money from an elderly person. It's pushing or shoving them. It's leaving them unattended when they cannot care for themselves. If you know of an elderly person who is being abused, call Adult Protective Services at 1-800-252-5400. Elder Texans deserve honor and respect...not abuse, neglect, and exploitation.

(30 seconds)

Some of your elderly neighbors are all alone right now. No family, no friends. Neglect may not be intentional, but it can still be dangerous. If you know of an elderly person who is being neglected, call Adult Protective Services at 1-800-252-5400. Elder Texans deserve honor and respect...not abuse, neglect, or exploitation.

(20 seconds)

With age comes wisdom and sometimes abuse. If you know an elderly person who is being mistreated, neglected, or harmed in any way, call Adult Protective Services at 1-800-252-5400. Elder Texans deserve honor and respect . . . not abuse.

(20 seconds)

Many elderly Texans live on a tight budget. And it doesn't help if someone is taking money from them. If you know of an elderly person whose money is being taken, call Adult Protective Services at 1-800-252-5400.

(10 seconds)

Texans who are elderly or have disabilities deserve honor and respect, not abuse. Call Adult Protective Services at 1-800-252-5400.

(10 seconds)

Do you know a person who is elderly or has disabilities and is suffering from abuse or neglect? Call Adult Protective Services at 1-800-252-5400.

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Publicity Section

Silver Ribbon Campaign

You can join the Silver Ribbon Campaign to help stop mistreatment of people who are elderly or have disabilities. During May of each year, citizens are asked to wear silver ribbons as a symbol that they can make a difference concerning the problem of abuse, neglect, and exploitation of the elderly or adults with disabilities.

To start a Silver Ribbon campaign in your community:

1. Contact a local florist, gift shop, or variety store for possible donation of silver ribbon material. Consider contacting a print shop for possible printing of ribbons. If you can't use this camera-ready artwork, tell people to just wear a plain silver ribbon.
2. Encourage photocopying of this camera-ready art onto gray paper.
3. Organizations and agencies frequently allocate funds for abuse prevention activities. As an alternative, consider co-sponsoring your Silver Ribbon Campaign efforts with another group. Purchasing a large number of silver ribbons will save each group money and will allow for the purchase of silver ribbons in bulk quantities.



May
is
Elder Abuse
Prevention
Month

Report Abuse
of the Elderly
or People with
Disabilities

1-800-252-5400
www.txabusehotline.org

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Publicity Section

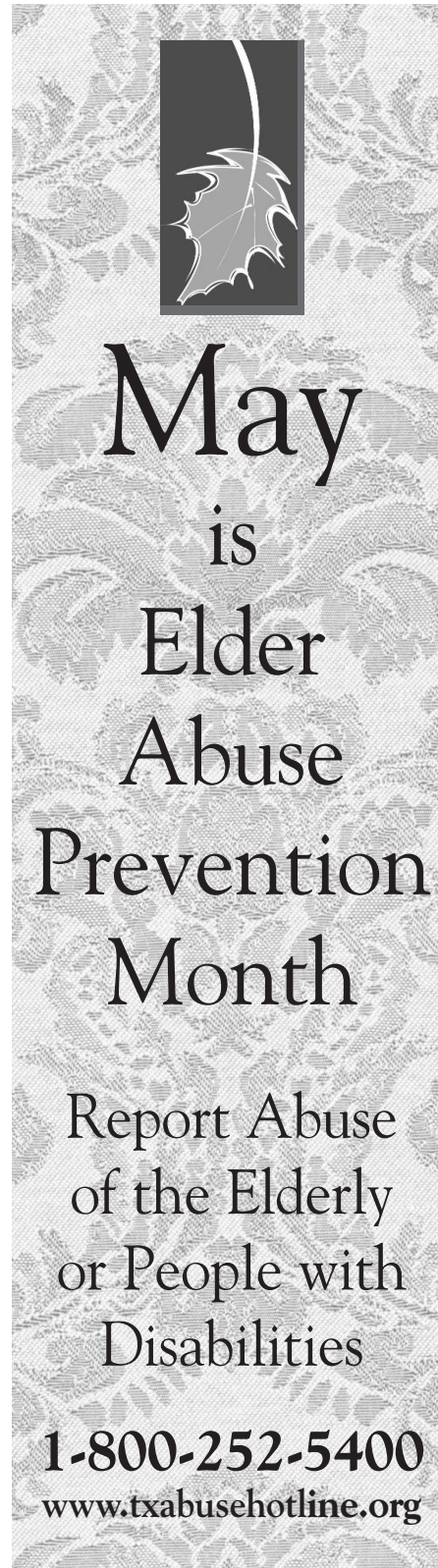
Bookmarks

Bookmarks are an excellent way to educate the public about:

- ◆ the need to prevent abuse, neglect, and exploitation of people who are elderly or have disabilities;
- ◆ dealing with family members who are elderly or have disabilities;
- ◆ elder/disabled advocacy issues; and
- ◆ local resources and hotline numbers.

Instructions

1. Appoint a committee to oversee copying, printing, and distribution of the bookmarks.
2. Contact local print shops to determine which one will provide the best services for the lowest cost. Or use the attached template sheet to duplicate on a copier, cut, and distribute.
3. Develop a distribution plan (i.e., school and public libraries, book stores, grocery stores, laundromats, church bulletins, bank statement stuffers). Use bookmark artwork for door hangings, utility bill stuffers, billboards, and posters wherever possible.



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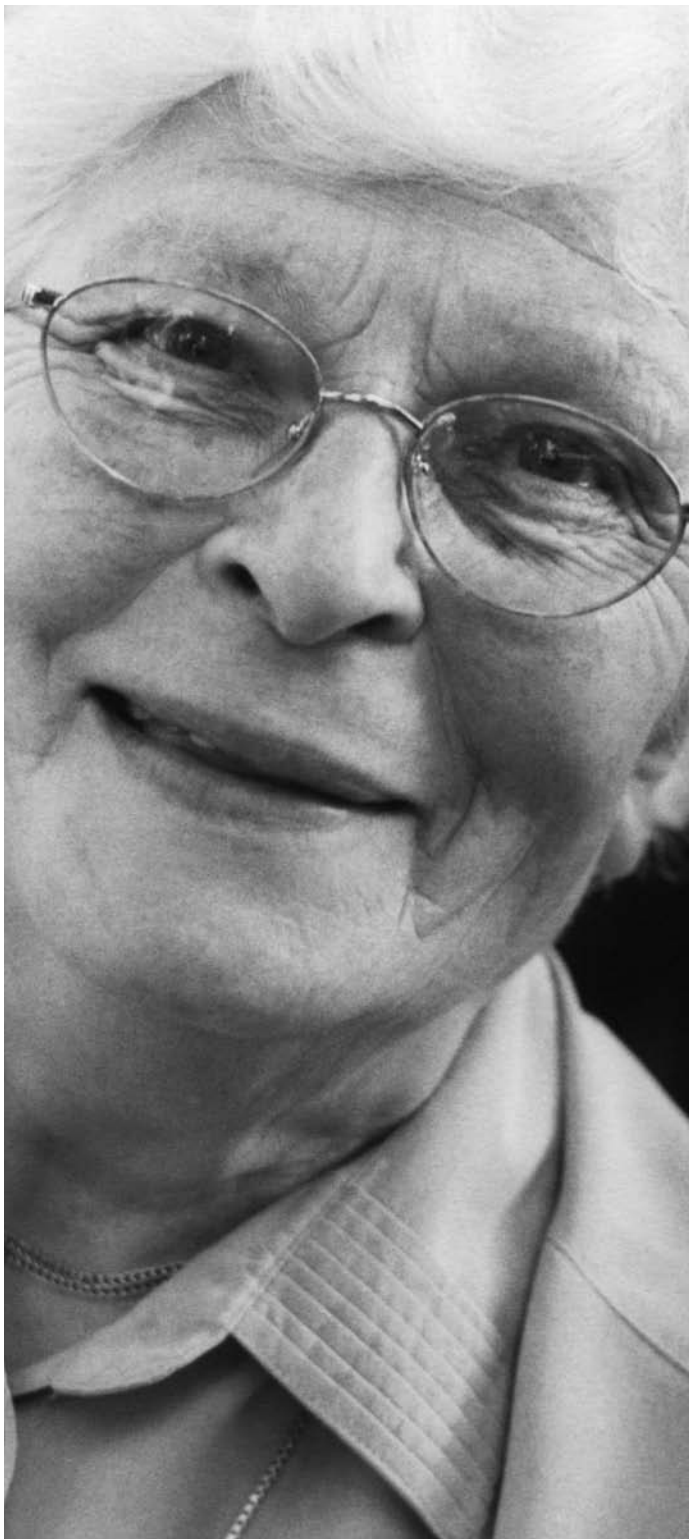
Media Tips

There are many ways to approach the media:

- ◆ send news releases, calendar listings, and public service announcements (PSAs) to the media;
- ◆ submit letters-to-the-editor, guest columns, and guest editorial pieces;
- ◆ sponsor a news conference on the prevention of abuse of vulnerable adults;
- ◆ develop a taskforce that will work on media-related materials and select someone to be your media contact;
- ◆ assemble a list of contacts at local newspapers, television and radio stations, magazines, and newsletters. A board member or volunteer may have access to a current media list;
- ◆ encourage local celebrities to do PSAs to raise elder and disabled abuse awareness; and
- ◆ encourage media outlets with web sites to add links to agencies that deal with issues related to the elderly and people with disabilities;

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Publicity Section

Sample News Release

FOR MORE INFORMATION

(Name)

(Title)

(Organization)

(Telephone Number)

REMEMBER VULNERABLE TEXANS DURING ELDER ABUSE PREVENTION MONTH

(Your city here) - More than (#) adults were victims of abuse, neglect, or exploitation in Texas last year, according to [name and title of spokesperson; e.g., Jane Jackson, Regional Director for the Texas Department of Family and Protective Services].

"Many of these citizens are dependent on others for their care and this makes them susceptible to abusive or neglectful treatment," [name] said. "Three out of four cases that we see involve neglect, usually self-neglect."

"The person may live in unsanitary conditions or without heat or running water," [name] said. "Some individuals need assistance with meals and other activities of daily living." [Name] said that the agency's Adult Protective Services workers completed (#) investigations involving suspected abuse, neglect, or exploitation of adults. Of these, (#) were confirmed.

In [your county] there were [number] of adult victims of abuse, neglect, or exploitation.

Caseworkers for Adult Protective Services provide or arrange services to reduce or eliminate abuse, neglect, and exploitation. A caseworker can seek a court order to protect the personal health and safety of a citizen who is incapacitated.

[Name] urged people to report suspected abuse, neglect, or exploitation of an older adult or person with disabilities by calling the abuse hotline at 1-800-252-5400.

"You don't have to be certain that a situation is abusive or neglectful. We'll look into it and find out," [name] said. "Good faith reports are exempt from personal liability and are kept confidential."

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Publicity Section

Sample Letter to the Editor

(Editor's Name)

(Newspaper's Name)

(Newspaper's Address)

Dear Editor:

The health and well-being of people who are elderly should be one of our highest priorities and concerns. We have them to thank for all of the advances that came before us. Their contributions to society continue to better our lives.

Yet last year in Texas, nearly (#) people who are elderly or have disabilities were victims of abuse, neglect, and exploitation. In our county, Adult Protective Services received (local statistic) reports of abuse, neglect, and exploitation and (local statistic) were confirmed as victims.

As one of our most important natural resources, elderly people deserve our utmost attention and respect. We must protect their health, safety, and rights. Some day, we will be elderly, too, and we should treat them the same way we hope to be treated ourselves.

May is Elder Abuse Prevention Month. It is a time to reflect on what we are doing as a community to support people who are elderly. We all have opportunities to reach out to our families, friends, and neighbors, as well as our places of worship and places of employment. This May, let's make sure that all people who are elderly or have disabilities are valued. Think of what it will mean for the future of our community.

Sincerely,
(Your Name)

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Issues Facing Vulnerable Adults

What is Self-neglect?

Self-neglect occurs when individuals fail to provide themselves with whatever is necessary to prevent physical or emotional harm or pain. The reasons that vulnerable adults neglect their own needs are often complicated, and frequently people are unaware of the severity of their situation.

What are the signs? Some common signs that may indicate self-neglect include:

- ◆ obvious malnutrition
- ◆ being physically unclean and unkempt;
- ◆ excessive fatigue and listlessness;
- ◆ dirty, ragged clothing;
- ◆ unmet medical or dental needs;
- ◆ refusing to take medications or disregarding medical restrictions;
- ◆ home in a state of filth or dangerous disrepair;
- ◆ unpaid utility bills; and
- ◆ lack of food or medications.

What are the causes? Depression can cloud a person's view of the world and their circumstances, leading to self-neglecting behavior. Often, elderly people lose their motivation to live because they are lonely and isolated. Other reasons that elders neglect themselves can include unexpressed rage, frustration, or grief; alcoholism or drug addiction; and sacrificing for children, grandchildren, or others at the expense of their own unmet needs. Finally, mental or physical illness can quickly result in the deterioration of an elder's ability to adequately provide for his/her own needs.

What can be done to help? As much as possible, respectfully involve the elder in an effort to determine the cause of their particular case of self-neglect. Acknowledge and discuss the situation with the elder. If appropriate, ask the question, "What would make life meaningful for you again?" Allow them to express their feelings; this could reveal both the cause of the problem and its solution.

Depending on the circumstances, other helpful actions could include: medical or dental treatment; anti-depressant medications; help them get involved in a favorite hobby or provide transportation to a social group; get them a pet; confront them with their self-neglect; or get family members involved. When drug or alcohol addiction is the issue, hospital-based treatment is frequently the best solution. Sometimes the cause of self-neglect is directly related to the influence of someone else in their life. Perhaps the elderly individual is sacrificing his/her needs in order to care for grandchildren or an ill spouse. Intervening in such situations often requires extreme caution, as the elder may be resistant to any change that threatens the relationship. Use your judgment to weigh the options, and involve professionals if it seems appropriate.

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Issues Facing Vulnerable Adults

Medication/Substance Abuse

Using medications wisely and substance abuse are concerns that apply to all age groups. But due to several factors, the elderly and people with disabilities are at a greater risk for having trouble with both areas.

Using Medications Wisely—Medicine helps people live longer and more productively every day. But because medications are powerful substances, the consequences of using them can be dangerous, even deadly. Drugs can affect people in different ways. The elderly are at risk of misusing medications because they generally have several prescriptions and because reactions to medications change as the body ages.

People who are elderly or have disabilities need to find out about the drugs they are taking and possible drug interactions. They should inform doctors, pharmacists, and health professionals about their current medications.

Taking several medications can get confusing. In fact, many people forget whether they have taken a medication. One way to ease confusion is to create a chart that contains the name of each medication, its side effects, and when it

needs to be taken. The chart should also include a column to be checked-off once a medication has been taken.

If several medications are taken at different times of the day, people may use a container system. A container can be as simple as a cup or egg carton or as fancy as daily multiple pill containers available at drug stores. Caution: People who live in homes with children should be wary of any container system since it requires leaving medications out in the open.

Substance Abuse—Coping with a disability or aging can be difficult. Some people who are elderly or have disabilities may turn to alcohol and drugs. Vulnerable adults must be aware that even small amounts can seriously hurt them. Alcohol can produce a dangerous reaction with acetaminophen, antibiotics, antidepressants, muscle relaxants, or sleep medication.

Alcohol, marijuana, and other drugs affect memory, ability to solve problems, and reaction time. Prolonged use of alcohol, tobacco, and other substances may have serious long-term health effects.

For more information about the risks of substance abuse, consult with health professionals, Alcoholics Anonymous, or Narcotics Anonymous. If people who suffer from chronic pain fear they are abusing pain medication, they should consult with their doctor to learn about other pain-reduction methods such as special exercises and biofeedback.

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Issues Facing Vulnerable Adults

Fraud and Exploitation and How to Avoid Them

Fraud by friends and family—new "best friends," thieving caregivers," religious con artists, financial abuse by family members—these are examples of exploitation and should be reported to Adult Protective Services at 1-800-252-5400.

Report instances of fraud as described below to the Consumer Protection Division of the Attorney General's office at 1-800-621-0508.

Home Equity Fraud—Homeowners may be tricked into signing over the deeds to their homes. Often a person pretending to be a repairman or someone offering another service does this scam. The elderly person signs a contract believing it to be for roof repair, for example, and does not read it carefully enough to realize that it is a deed to their own home.

How to Avoid Home Equity Fraud—Some examples of how to avoid home equity fraud are:

- ◆ make sure the contractors you hire are licensed, bonded, and insured;
- ◆ hire only attorneys with malpractice insurance;
- ◆ keep current with property tax bills;
- ◆ sign a grant deed with an attorney present;
- ◆ have a reputable attorney or trusted person examine documents before you sign them;
- ◆ don't use your home as collateral;
- ◆ get several estimates from contractors and check their references;

- ◆ contact the Better Business Bureau;
- ◆ read the fine print; and
- ◆ check with your city or bank for home repair financing programs.

Telemarketing Fraud—Some examples of telemarketing schemes which target elders are:

- ◆ the "You Are A Winner!" pitch, which misleads victims with a nonexistent prize in order to get them to buy something;
- ◆ offers to "get your stolen money back for you";
- ◆ great loans or "fixing" bad credit;
- ◆ fantastic low prices on merchandise; or
- ◆ any caller requesting your bank account or credit card number.

How to Avoid Telemarketing Fraud—If you hear the following tip-offs just say NO and hang up.

- ◆ Act now or the offer will expire.
- ◆ You've won a "free" gift, vacation, or prize, but you must pay for "postage and handling" or some other charge.
- ◆ You must send money, give a credit or bank card number, or have your check picked up by courier before you can think it over.
- ◆ You can't afford to miss this high-profit, no-risk offer; we can get your money back.
- ◆ Make a decision based on trust.

Mail Fraud—If it sounds too good to be true, it probably is. Watch out for:

- ◆ fake contests;
- ◆ prize;
- ◆ lotteries;
- ◆ chain letters;
- ◆ insurance deals;
- ◆ land and advance-fee selling swindles;
- ◆ franchise and charity schemes;
- ◆ work-at-home and fraudulent diploma schemes; and
- ◆ promotions for fake health cures, beauty devices, or diets.

How to Avoid Mail Fraud—Don't believe you have won a contest until you receive the check, and if you have to pay money or buy something to get the check, it is a scam. For more information contact Postal Service Mail Fraud Complaint Center at 1-800-372-8347 or National Fraud Information Center 1-800-876-7060.

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Issues Facing Vulnerable Adults

Fraud and Exploitation and How to Avoid Them (Continued)

Health Fraud—Some health fraud scams to watch for are:

- ◆ advertisements for fake "cures";
- ◆ fraudulent medical and health services marketed via the television or telephone (victims send in their money and never receive the ordered item or receive a copy rather than an authentic product);
- ◆ "free" hearing tests and hearing aids;
- ◆ health care fraud where phony or real physicians take advantage of patients as a means of getting money from the victim's insurance company; and
- ◆ bogus insurance companies.

How to Avoid Health Fraud—

- ◆ Beware of "free hearing tests" and never agree to a hearing test in your home.
- ◆ Shop around before buying; question any "free" medical service or quick or painless cure.
- ◆ Avoid special, secret, ancient, or foreign formulas that are only available by mail or from only one supplier.

Money-related Fraud—

- ◆ Theft of stocks and bonds that are stored at home.
- ◆ Mismanagement of assets by caregivers.
- ◆ Real estate rip-offs.
- ◆ ATM "repairman" thefts of cash, ATM cards, or account passwords.
- ◆ Check forgery.
- ◆ Nonrefundable fees for services not delivered.

How to Avoid Money-related Fraud—

- ◆ Avoid or hang up on strangers who want to take your money or know about your finances.
- ◆ Say "No!" to anyone who presses you to make an immediate decision.
- ◆ Never give anyone a blank check.
- ◆ Count your change and check your receipts.
- ◆ Don't give your credit card number over the phone unless it's a reputable company.
- ◆ Be cautious if you don't have experience in handling money.

Contact the Women's Financial Information Program of the American Association of Retired Persons for more information at 1-512-480-9797.

Report instances of telephone fraud as described below to the Public Utility Commission at 1-888-782-8477.

Slamming—Your telephone long distance carrier service is changed without your permission. It is illegal.

How to Avoid Slamming—Check your telephone bill carefully every month.

Cramming—Charges are made to your credit card or phone bill which you did not authorize. You don't have to pay for fraudulent charges.

How to Avoid Cramming—

- ◆ Carefully review your telephone bill and credit card bills each month.
- ◆ If you fill out a form to enter a contest or sweepstakes, read the fine print to be sure you are not authorizing changes or charges to your telephone.

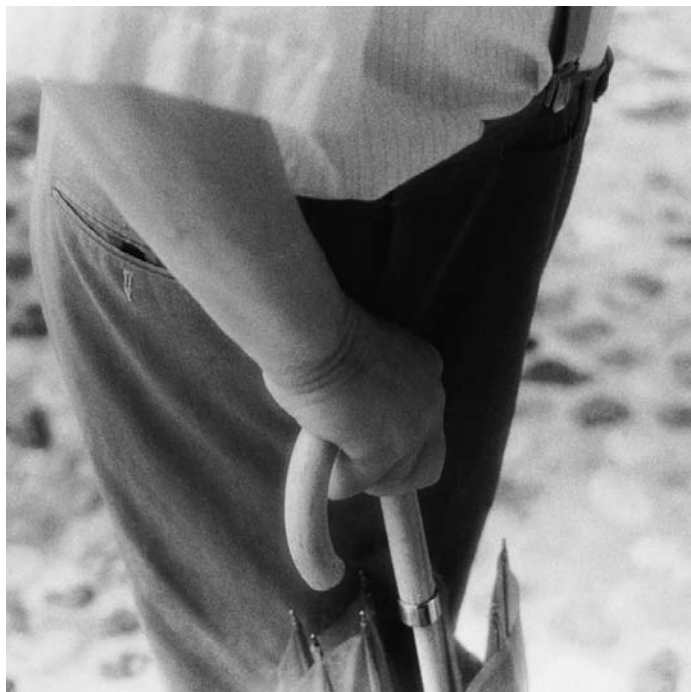
E-mail and Internet fraud—More and more seniors and people with disabilities use the Internet on a regular basis. Like everyone else, these users may be tricked into entering contests or some other activity over the Internet involving money. They may also receive bogus e-mail messages that give the appearance of being from a legitimate organization such as banks, credit unions, credit cards, etc. Often such e-mails include web site graphics and logos that give the look and feel of a trusted source. Such e-mails are an attempt to entice recipients to provide personal financial details, such as account information, credit card, and Social Security numbers.

How to Avoid E-mail and Internet fraud—As a precaution, never respond to an unsolicited e-mail that asks for personal financial or identification information. If you believe you have provided sensitive information about yourself through such a scam, immediately notify the financial institution or credit card company to inform them that you may be the victim of a scam.

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Issues Facing Vulnerable Adults

Preventing Exploitation Through Money Management

An estimated 500,000 older people in the United States need help with their financial affairs. As a result, a new field called daily money managers is evolving to provide money management services.

Daily money managers organize and keep track of financial and medical insurance records; establish a budget; help with check writing and checkbook balancing; and administer the benefits of people who can't manage their own financial affairs.

Daily money managers typically charge \$25 to \$100 an hour. While it is difficult to generalize the total cost, many clients require only a few hours of services each month. Some local governments and community organizations also offer reduced-fee or free services for low-income clients.

Do You Know An Elder Who Needs a Daily Money Manager?

With the elder's help or permission, review his or her checkbook, bank statements, and canceled checks. Look for things such as payments for medical bills that already have been paid; numerous payments to credit card companies, home

shopping networks, sweepstakes or other contests; unusually large charitable donations; failure to track deposits or expenditures; lost checkbooks or bank statements; numerous transfers from savings to checking accounts; or consistent or unusual payments to a questionable recipient. Review bills and correspondence and watch out for letters from creditors for past due notices. The review may indicate that a daily money manager is needed. If your review gives you reason to believe that a caregiver, family member, or friend is improperly using the elder's resources for their own benefit, report the situation to Adult Protective Services at 1-800-252-5400.

If you and the vulnerable adult decide that a daily money manager would be a helpful resource, interview several candidates. Get references and talk with their clients. Ask money managers for their company's financial statement. Contact the Better Business Bureau, Chamber of Commerce, local consumer protection agency, or area agency on aging. Ask if they have any complaints on file, but be aware that a lack of complaints does not mean that problems did not exist.

For More Information

The Eldercare Locator—a nationwide, toll-free assistance directory sponsored by the National Association of Area Agencies on Aging, will refer you to the area agency on aging nearest to your parent or other older adult. The phone number is 1-800-677-1116.

American Association of Daily Money Managers
P.O. Box 755
Silver Spring, MD 20918
(814)238-2401

The association can provide names of daily money managers in an older person's community or nearby.



Issues Facing Vulnerable Adults

Isolation

Isolation and self-neglect are common among people who are elderly or have disabilities. Isolation is defined as the lack of participation in activities that require contact with people. This problem applies to people regardless of their education, income, ethnicity, geographic location, or social lifestyle. People who are most at-risk of isolation are frail or chronically ill, widowed or divorced, usually female, living alone, have reduced resources, and are members of a minority group.

Isolation may lead to loss in personal integrity, estrangement from family and friends, inability to care for one's self, and deterioration of the ability to think and make decisions. Isolation can result in self-neglect, which is a form of elder abuse when living conditions are potentially life threatening. Isolation may lead people to be self-neglecting to the point that they deny any physical or mental problems and refuse help from family and friends.

Isolation means that people usually have less support and interaction from others (often due to the death of a significant other); experience reduced coping skills; are less able to make decisions; are at greater risk of depression, substance abuse, mental impairment, or mental illness; have lost self-esteem; and may be unable or refuse to accept changes or acknowledge a need for help.

Isolation and self-neglect require individual or community intervention. The communication and attention other persons provide can improve the self-esteem and lifestyle of an isolated elder. They can act as confidantes, assist with errands, housekeeping, and meet transportation needs.

People who are isolated can benefit from support groups for people living alone. Support groups are effective because they provide the opportunity for sharing experiences, mutual support, and problem solving.

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Issues Facing Vulnerable Adults

Depression

Everyone feels sad or blue sometimes. But when sadness persists and interferes with everyday life, it may be depression. Very treatable, depression affects about 15 out of every 100 adults older than age 65.

How to Recognize Depression—Recognizing depression in the elderly and people with disabilities is not always easy. Vulnerable adults with depression may not know how to explain how they feel. They also may fear that they will be labeled as "crazy" or as having character weakness. Vulnerable adults and their families may dismiss depression as a passing mood.

Common Symptoms—Symptoms may include persistent sadness, feeling slowed down, excessive worries about finances or health, frequent tearfulness, weight changes, pacing and fidgeting, difficulty sleeping, difficulty concentrating, and physical symptoms such as pain or gastrointestinal problems.

Causes—Since depression is commonly due to biological changes in the brain, it is likely to occur for no apparent reason. Biological changes to the brain and body, medical illnesses, or genetics may put groups like elderly people at greater risk of depression. A specific event like retirement or the loss of a partner or loved one may lead to depression. It is normal to grieve over such events, but if the grief persists, it may be a sign of depression. Illnesses such as cancer, Parkinson's disease, heart disease, stroke, or Alzheimer's disease may cause late-life depression. These diseases may also hide symptoms of depression.

Suicide and Depression—Suicide is more common in older people than in any other age group. The population of people older than age 65 accounts for 25 percent of the nation's suicides. Suicidal attempts or severe thoughts should be taken seriously.

Treatment—Most people can improve dramatically with treatment, which may include psychotherapy, antidepressant medications, and other procedures. Psychotherapy can play an important role with or without medications. There are many forms of short-term therapy (10 to 20 weeks) that have

proven to be effective. Antidepressants help restore the balance and supply of neurotransmitters in the brain. Mixing doses, taking the wrong amount, or suddenly stopping antidepressants may result in negative effects.

Caring for a Person with Depression—The first step is to make sure the person gets a complete physical checkup because depression may be a side effect of another medical condition. If the person is confused or withdrawn, accompany the person to the doctor. The doctor may refer the person to a psychiatrist. If the person is reluctant to see a psychiatrist, try to assure the person that an evaluation is necessary to determine what treatment is needed.

Common Indicators of Depression

- ◆ Dejection and sadness without any apparent cause
- ◆ Lack of interest in once enjoyable activities
- ◆ Change in appetite or weight
- ◆ Insomnia and waking early in the morning
- ◆ Fatigue and lethargy
- ◆ Lack of concentration; indecisiveness
- ◆ Talk of suicide or death
- ◆ Feelings of hopelessness
- ◆ Excessive feelings of guilt and worthlessness
- ◆ Irritability or hostility
- ◆ Vague complaints of chronic aches and pains with physical basis
- ◆ Poor grooming and personal hygiene
- ◆ Weeping or tearfulness
- ◆ Change in bowel habits, especially constipation
- ◆ Increased use of alcohol, drugs, or tobacco
- ◆ Memory loss

Adapted with permission from "How to Care for Aging Parents," Virginia Morris, Workman Publishing Company, New York, 1996, page 107.

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Getting Involved

Ways You Can Help

- ◆ Form a Home Improvement Alliance within your organization or congregation to repair homes of the elderly and disabled adults. Services could include yard work; minor electrical, plumbing and carpentry repairs; building ramps; house painting and roof repair.
- ◆ Assist elders with pet care by taking pets to the vet, exercising dogs, helping with grooming and medications, etc.
- ◆ Deliver Meals on Wheels.
- ◆ Provide transportation.
- ◆ Call your local Area Agency on Aging to inquire about specific volunteer needs, which could include money management, guardianship, and ombudsman volunteer opportunities.
- ◆ Organize a "Caregivers" group through your church.
- ◆ Relieve a caregiver by sitting with their ill loved one; this helps the elder as well as the caregiver who may desperately need a break.
- ◆ Get to know your elderly neighbor, become personally involved and include them in your family activities.
- ◆ Join groups such as Gray Panthers or American Association of Retired Persons (AARP).
- ◆ Collect holiday and birthday gifts for the elderly and disabled adults in your community.
- ◆ Recruit organizations and businesses to donate their resources to help the elderly and disabled who are in need of assistance.
- ◆ Develop local Adult Protective Services Multidisciplinary Teams or participate in an existing project in your community that supports the elderly and adults with disabilities.
- ◆ Donate blankets, non-perishable food items, pet food, and household items to your local APS Resource Room.
- ◆ Help create a Resource Room or food pantry if one is not available in your area.
- ◆ Call your local DFPS office and request information on the programs that benefit vulnerable adults in your area.

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Outside Resources

Adult Protective Services
1-800-252-5400
www.dfps.state.tx.us

Alzheimer's Association
1-800-272-3900
www.alz.org

American Association of Retired
Persons (AARP)
1-888-687-2277
www.aarp.org

American Cancer Society
1-800-227-2345
www.cancer.org

American Diabetes Association
1-800-342-2383
www.diabetes.org

American Heart Association
1-800-242-8721
www.americanheart.org

American Lung Association
1-800-252-5864
www.texaslung.org

American Society on Aging
1-800-537-9728
www.asaging.org

Arthritis Foundation
1-800-283-7800
www.arthritis.org

Asthma and Allergy Foundation of
America
1-800-727-8462
www.aafa.org

Centers for Disease Control and
Prevention
1-800-311-3435
www.cdc.gov

Center for Medicare and Medicaid
Services
1-877-267-2323
www.cms.hhs.gov

Coalition of Texans with Disabilities
1-512-478-3366
www.cotwd.org

Federal Trade Commission's Consumer
Response Center
1-877-987-3728
www.ftc.gov

Legal Hotline for Older Texans
1-800-622-2520
www.tlsc.org

Medicare Hotline
1-800-633-4227
www.medicare.gov

National AIDS Hotline
1-800-342-2437
1-800-344-7432 (Spanish)
www.cdc.gov

National Association of Area
Agencies on Aging
1-202-872-0888
www.n4a.org

National Association for Continenence
1-800-252-3337
www.nafc.org

National Association of State
Units on Aging
1-202-898-2578
www.nasua.org

National Center on Elder Abuse
1-202-898-2586
www.elderabusecenter.org

National Clearinghouse on
Alcohol and Drug Information
1-800-729-6686
www.health.org

National Committee for the
Prevention of Elder Abuse (NCPEA)
1-202-682-4140
www.preventelderabuse.org

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Outside Resources
(Continued)

National Council on the Aging
1-800-424-9046
www.ncoa.org

National Domestic Violence Hotline
1-800-799-7233
www.ndvh.org

National Fraud Information
(busy signal?)
Center 1-800-876-7060
www.fraud.org

National Institutes of Health
(numerous hotlines)
1-301-496-4000
www.nih.gov

National Kidney Foundation
1-800-622-9010
www.kidney.org

National Mental Health Association
1-800-969-6642
www.nmha.org

Pension Information Counseling &
Assistance Program of the Southwest
1-888-343-4414
<http://www.pensionrights.org>

National Stroke Association
1-800-787-6537
www.stroke.org

Older Women's League
1-800-825-3695
www.owl-national.org

Recording for the Blind and Dyslexic
1-877-246-7321
www.rfbd.org

Susan B. Komen Foundation
(Breast Cancer Information)
1-800-462-9273
www.komen.org

Texas Attorney General—Consumer
Protection
1-800-621-0508
www.oag.state.tx.us

Texas Department of Assistive and
Rehabilitative Services
1-800-628-5115
www.dars.state.tx.us

Texas Department of Family and
Protective Services—Abuse Hotline
1-800-252-5400
www.dfps.state.tx.us

Texas Department of Health and
Human Services Commission

Medicaid Hotline
1-800-252-8263
www.hhsc.state.tx.us

Texas Department of Aging and
Disability Services
1-800-252-9240 (general information)
1-800-458-9858
(nursing facility hotline)
www.dads.state.tx.us

Texas Department of Family and
Protective Services - Abuse Hotline
1-800-252-5400
www.dfps.state.tx.us

Texas Department of State Health
Services
1-888-963-7111
www.dshs.state.tx.us

U.S. Administration on Aging
The Eldercare Locator
1-800-677-1116
www.eldercare.gov

The Retired and Senior Volunteer
Program (RSVP)
1-800-424-8867
www.seniorcorps.org

U.S. Administration on Aging
1-202-619-0724
www.aoa.dhhs.gov

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Caregiver Resources

Caregiver's Bill of Rights

I have the right:

- ◆ to take care of myself. This is not an act of selfishness. It will give me the capability of taking better care of my relative.
- ◆ to seek help from others even though my relatives may object. I recognize the limits of my own endurance and strength.
- ◆ to maintain facets of my own life that do not include the person I care for, just as I would if he or she were healthy. I know that I do everything I reasonably can for this person, and I have the right to do some things for myself.
- ◆ to get angry, be depressed, and express other difficult feelings occasionally.
- ◆ to reject any attempts by my relatives (either conscious or unconscious) to manipulate me through guilt, and/or depression.
- ◆ to receive consideration, affection, forgiveness, and acceptance for what I do for my loved one for as long as I offer these qualities in return.
- ◆ to take pride in what I am accomplishing and to applaud the courage it has sometimes taken to meet the needs of my relative.
- ◆ to protect my individuality and my right to make a life for myself that will sustain me in the time when my relative no longer needs my full-time help.
- ◆ to expect and demand that as new strides are made in finding resources to aid physically and mentally impaired persons in our country; similar strides will be made towards aiding and supporting caregivers.
- ◆ to _____

(add your own statements to this list and read it periodically)

Taken from Caregiving: "Helping an Aging Loved One" by Jo Horne

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Caregiver Resources

Symptoms of Caregiver Burnout

- ◆ Disrupted sleep patterns, including insomnia or habitually oversleeping; never feeling rested, even when the primary caregiver has managed to have a full night's sleep; sleep troubled by disturbing dreams or nightmares.
- ◆ Altered eating patterns, including not being able to eat or overeating; significant weight gain or loss.
- ◆ Increased sugar consumption or use of alcohol or drugs.
- ◆ Increased smoking or strong desire to start again after having quit.

- ◆ Frequent headaches or sudden onset of back pain.
- ◆ Increased reliance on over-the-counter pain remedies or prescribed drugs.
- ◆ Irritability.
- ◆ High levels of fear or anxiety.
- ◆ Impatience.
- ◆ The inability to handle one or more problems or crises.
- ◆ Overreacting to commonplace accidents such as dropping a glass or misplacing something.
- ◆ Overreacting to criticism.
- ◆ Overreacting with anger toward a spouse, child, or older care recipient.
- ◆ Alienation, even from those who offer relief and help.
- ◆ Feeling emotional withdrawal.
- ◆ Feeling trapped.
- ◆ Thinking of disappearing or running away.
- ◆ Not being able to laugh or feel joy.
- ◆ Withdrawing from activities and the lives of others around the primary caregiver.
- ◆ Feeling hopeless most of the time.
- ◆ Loss of compassion.
- ◆ Resenting the care recipient and/or the situation.
- ◆ Neglecting or mistreating the care recipient.
- ◆ Frequently feeling totally alone even though friends and family are present.
- ◆ Wishing simply "to have the whole thing over with."
- ◆ Playing the "if only" games; saying over and over "If only this would happen" or "If only this hadn't happened."
- ◆ Loss of hope, purpose, and meaning.
- ◆ Thinking of suicide as a means of escape.

Adapted from "Preventing Caregiver Burnout," James R. Sherman, Ph.D., Pathway Books, 1994, pages 7, 11, and 12.



Caregiver Resources

The Three Stages of Caregiver Burnout

Stage One—Frustration

The primary caregiver expresses continuing frustration and disappointment over the care recipient's deteriorating condition or lack of progress. The primary caregiver has difficulty accepting the quality of care and effort has nothing to do with the actual health-related decline or mood of the care recipient.

Stage Two—Isolation

The primary caregiver struggles to maintain a sense of purpose in working so hard to provide care. He or she may express feelings of loneliness, being unappreciated, second-guessed, or criticized by other family members and the care recipient. Reality of the care recipient's condition and the limitations of care giving are not accepted. The primary caregiver is reluctant, unable, or unwilling to reach out for help from others.

Stage Three—Despair

The primary caregiver feels helpless and adrift. The primary caregiver is unable to concentrate and loses effectiveness as a caregiver. He or she is no longer excited about the progress or response of the care recipient to quality care. As a consequence, the primary caregiver neglects personal care and well-being, loses interest in the community, social contact, and respite activities, such as reading books, watching movies, or other stimulating activities.

Adapted from "Preventing Caregiver Burnout," James R. Sherman, Ph.D., Pathway Books, 1994, pages 8-10.

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Caregiver Resources

Tips for Caregivers: Is This You? (a questionnaire)

Providing care for an elderly adult requires a lot of patience, time, and love. However, all too often, caregivers run the risk of neglecting themselves, therefore affecting their ability to provide adequate services.

The following questionnaire can be used as a guideline by caregivers. If you answer "yes" to one or more of the following questions, you might consider seeking professional help or turning to whatever support system you have developed:

- ◆ Are you getting enough rest?
- ◆ Are you neglecting your own health?
- ◆ Is constant surveillance required as part of your care tasks?
- ◆ Have you turned to drugs or alcohol or increased their intake to deal with stress?
- ◆ Have your feelings toward the older person become more negative?
- ◆ Is the older person physically or verbally abusive toward you?

- ◆ Does the older person need legal assistance with things like estates, trusts, or living wills, which may be beyond your knowledge?
- ◆ Does the older person need to be transported often?
- ◆ Are you overwhelmed because you are taking care of more than one person at a time?
- ◆ Are financial constraints interfering with your ability to follow medical advice?
- ◆ Are problems from your family's history resurfacing and contributing to the problem?
- ◆ Does your spouse resent the amount of time you spend as a caregiver?
- ◆ Are you confused, fearful, or angry as a result of being a caregiver?
- ◆ Is your family communicating regarding the division of responsibilities?

Adapted from "Taking Care of Aging Family Members: A Practical Guide" by Wendy Lustbader and Nancy R. Hooyma (New York: The Free Press, 1994). (c) 1994 by Wendy Lustbader and Nancy R. Hooyma. (c) 1986 by The Free Press.

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Caregiver Resources

Signs That May Indicate Malnutrition

- ◆ Weakness or trembling
- ◆ Excessive sweating
- ◆ Weight loss
- ◆ Sunken cheeks
- ◆ General changes in appearance
- ◆ Bouts of diarrhea
- ◆ Dry, dull hair
- ◆ Scaly, rough skin
- ◆ Dry and reddened eyes
- ◆ Swollen and red, patchy tongue
- ◆ Poor muscle tone
- ◆ Lack of energy

*Adapted from "LeBoeuf's Home Health Care Handbook
Eldercare Edition," Gene LeBoeuf, Noel Press, Inc., Virginia,
1996, pages 451-452.*

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Caregiver Resources

Guidelines for Preventing Falls

For Floors, Halls, Doorways, and Pathways:

- ◆ Remove all obstacles to safe passage, such as trash, wiring, wastebaskets, footstools, magazine racks, newspapers, books, magazines, shoes, and clothes.
- ◆ Repair worn or ripped carpets.
- ◆ Tape or tack down curled carpet corners or edges.
- ◆ Place non-skid pads under throw rugs or remove them.
- ◆ Repair loose floorboards.
- ◆ Remove thresholds at doorways.
- ◆ Buff waxed floors thoroughly and use nonskid wax.
- ◆ Install handrails.
- ◆ Adjust the location of hanging plants to prevent having to duck when passing and still permit watering without having to reach.

For Stairs:

- ◆ Install an electric-powered lift to carry older adult care recipient up and down the stairs in a chair, build ramps on short stairways, or create a bedroom/bathroom suite on the first floor to eliminate the need for the care recipient to use the stairs.
- ◆ Install sturdy handrails, as necessary, on both sides of the stairs, including those leading to entrances and the basement.
- ◆ Make sure there is adequate lighting by the stairs.
- ◆ Consider removing stairway carpeting. It makes footing more risky by shortening the depth of each step and rounding off step edges.
- ◆ Use nonskid treads on stairs.
- ◆ Mark step edges with brightly colored adhesive tape so each can be seen clearly.
- ◆ Make sure that steps are no more than six inches high.

For Bedrooms:

- ◆ Make sure the bed is at a height that permits the care recipient to get in and out easily.

- ◆ Replace unlocking wheels with wheels that can be locked to make furniture more stable.
- ◆ Replace or repair broken or unstable furniture, such as tripod tables.
- ◆ Replace furniture with legs that curve outward, creating a tripping hazard.
- ◆ Use chairs easy to get into and out of, with strong armrests and high backs for support.
- ◆ Keep a walker or cane by the chair or acquire an electric-powered pneumatic chair that lifts and lowers the care recipient.
- ◆ Make sure there is adequate light for reading and the light switches are easy to use.
- ◆ Make sure a telephone is within easy reach of the care recipient.

For Bathrooms:

- ◆ Keep the bathroom free of spills and litter.
- ◆ Install a special raised toilet seat for easier use by the older care recipient.
- ◆ Install grab bars near toilets and bath tubs.
- ◆ Replace bar soap with a wall-mounted, liquid soap dispenser by the shower.
- ◆ Install nonslip strips on the bottom of the tub and shower floor.
- ◆ Place nonslip strips or rubber-bottom bathmats on the bathroom floor.
- ◆ Avoid using bath oils that can result in slippery conditions.
- ◆ Use a secure rod screwed into the wall to hang shower curtains.

Adapted with permission from How to Care for Aging Parents, Virginia Morris, Workman Publishing Company, New York, 1996, pages 137-142.



As you see yourself,
I once saw myself;
as you see me now,
you will be seen.

Protecting Vulnerable Adults
from Abuse, Neglect, Financial
Exploitation, or Isolation
is Everyone's Business.

www.everyonesbusiness.org

Elder Abuse Prevention Campaign

Texas Department of Family and Protective Services
Adult Protective Services

1-800-252-5400



As you see yourself, I once saw myself;
as you see me now, you will be seen.

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