

Elder Abuse Awareness Kit

A Resource Kit for Protecting
Older People and People with Disabilities

Prepared by the
National Association of Adult Protective Services Administrators

For the
National Center on Elder Abuse

April 2001

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The National Center on Elder Abuse (NCEA) exists to provide elder abuse information to professionals and the public; offer technical assistance and training to elder abuse agencies, adult protective services programs, and related professionals; conduct short term abuse research; and assist with elder abuse program and policy development.

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National Association of Adult Protective Services Administrators
National Center on Elder Abuse

Elder Abuse Awareness Kit

Introduction

The National Association of Adult Protective Services Administrators (NAAPSA), as a partner in the National Center on Elder Abuse (NCEA), is pleased to provide this resource packet to help you prevent abuse of the elderly and people with disabilities in your state and/or community. We hope you find the enclosed materials useful as you plan projects all year long.

This packet contains many items that can be used to increase awareness about the abuse of vulnerable adults. It includes information about abuse of the elderly and people with disabilities nationally; adult protective services programs; community projects; definitions of adult abuse and neglect; advice on caregiving; myths about aging; volunteer opportunities; public awareness campaigns; common issues vulnerable adults face; and more. Please feel free to reproduce all of the material in this packet. When an item's source is identified, we ask that you retain the identification, but you may give your group credit for distribution.

NAAPSA would like to give special thanks to the Texas Department of Protective and Regulatory Services and its staff who graciously allowed us to adapt their materials for use nationwide.

We hope all of your projects are successful. Thank you for helping us increase public awareness on behalf of abused, neglected, and exploited vulnerable adults across the nation.

Eva Kutas
President
National Association of Adult Protective Services Administrators

Elder Abuse Awareness Kit

Instructions

With the material in this packet, you can help educate people in your community about the problems faced by elderly and disabled adults and how to prevent adult abuse. The material in this kit is designed to help create public awareness of the problem of adult abuse. Everything in this packet may be photocopied and distributed to religious and civic organizations, adult care facilities, senior citizen groups, and other community organizations. We hope you will use this to let everyone know your community cares about its vulnerable citizens.

How you can use the material in this kit

- This kit is not designed to be given as a whole packet. Instead, 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 information in this abuse prevention kit. Decide how your group or community wants to focus their efforts to prevent abuse of vulnerable adults.
- Review activities and projects already available in your community. Plan activities that may become annual events to focus on the prevention of abuse to vulnerable adults, as well as services to the elderly and people with disabilities.
- Plan ahead. News releases should be mailed or taken to television station assignment editors, radio station news directors, and local newspapers several weeks in advance of an event or kick-off date for the campaign.
- Choose a spokesperson. Have someone familiar with your organization, an Adult Protective Services person, or an expert from a field related to aging or disabled adult services, 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 press release has a better chance of getting noticed if you include facts about your community and highlight local efforts and activities.
- Check the Web. This kit is available through the internet on NAAPSA's website or the website of the National Center for Elder Abuse. For this and other information on protecting vulnerable adults, the addresses are: <http://www.naapsa.org> and <http://www.elderabusecenter.org/>.
- Coordinate the use of materials in this kit with other organizations, such as Area Agencies on Aging, AARP, and others interested in elder and disabled adults.

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Adult Protective Services Section

Adult Protective Services (APS) are provided in each State to elderly and disabled persons who are reported to be victims of abuse, neglect, or exploitation. The definitions used to identify older persons and disabled persons vary from state to state. Contact the Eldercare Locator at **1 (800) 677-1116** to find the appropriate state number to call.

How the System Works

- Someone suspects that a person who is elderly or has disabilities has suffered from abuse, neglect, or exploitation.
- Person calls the report into an abuse hotline or to a local APS office.
- Staff assign a priority to report depending on how urgent it seems to be.
- If emergency, staff immediately call law enforcement, emergency medical staff, or hospital, depending on the situation.
- Report is forwarded to local staff for investigation, or to other entity if the situation falls outside of APS jurisdiction.
- **Local staff begin investigation.**
- Staff may telephone someone who knows the alleged victim or visit with the alleged victim, depending on the situation.
- Based on what is learned, staff determine how to proceed.
- **Local staff continue investigation.**
- Alleged victims are visited within a certain timeframe, depending on the urgency of the case.
- Worker contacts other parties who might know about alleged maltreatment.
- Worker evaluates the information gathered, discusses case with supervisor as necessary, and decides if the person needs protective services.
- **When staff cannot confirm maltreatment:**
- The case is closed. Staff may refer the client to other resources in the community, as appropriate.
- **When staff confirm the maltreatment:**
- Facility investigators report their findings to the appropriate authority for action as needed.
- Staff who live in the community may offer services on a voluntary or involuntary basis depending on the degree of existing danger and the client's ability to understand the situation. Services may be direct and/or purchased or arranged through another agency or community resource. Victims who have the capacity to understand their circumstances have the right to refuse services, regardless of the degree of danger.
- **Clients have the right to self-determination**
Competent adults have the right to make decisions about their own lives, including the right to refuse help from adult protective services. In some states competent adults may refuse an investigation as well as services.

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Adult Protective Services Section

Definitions

Federal definitions of elder abuse, neglect, and exploitation appeared for the first time in the 1987 Amendments to the Older Americans Act. These definitions were provided in the law only as guidelines for identifying the problems and not for enforcement purposes. Currently, elder abuse is defined by state laws, and state definitions vary considerably from one jurisdiction to another in terms of what constitutes the abuse, neglect, or exploitation of the elderly. Broadly defined, however, there are three basic categories of elder abuse: (1) domestic elder abuse; (2) institutional elder abuse; and (3) self-neglect or self-abuse. In most cases, state statutes addressing elder abuse provide the definitions of these different categories of elder abuse, with varying degrees of specificity. Domestic and institutional elder abuse may be further categorized as follows:

Physical abuse is defined as the use of physical force that may result in bodily injury, physical pain, or impairment. It may include, but is not limited to, such acts of violence as striking (with or without an object), hitting, beating, pushing, shoving, shaking, slapping, kicking, pinching, and burning. In addition, it may also include the inappropriate use of drugs and physical restraints, force-feeding, and physical punishment.

Sexual abuse is defined as non-consensual sexual contact of any kind with an elderly or disabled person or with any person incapable of giving consent. It includes but is not limited to unwanted touching, all types of sexual assault or battery, such as rape, sodomy, coerced nudity, and sexually explicit photographing.

Emotional or psychological abuse is defined as the infliction of anguish, pain, or distress through verbal or nonverbal acts. Emotional/psychological abuse includes but is not limited to verbal assaults, insults, threats, intimidation, humiliation, and harassment. In addition, treating an older person like an infant; isolating an elderly person from his/her family, friends, or regular activities; giving an older person the "silent treatment;" and enforced social isolation are examples of emotional/psychological abuse.

Neglect is defined as the refusal or failure to fulfill any part of a person's obligations or duties to an elder. Neglect may also include failure of a person who has fiduciary responsibilities to provide care for an elder (e.g., pay for necessary home care services) or the failure on the part of an in-home service provider to provide necessary care. Neglect typically means the refusal or failure to provide an elderly person with such life necessities as food, water, clothing, shelter, personal hygiene, medicine, comfort, personal safety, and other essentials included in an implied or agreed-upon responsibility to an elder.

Exploitation is defined as misusing the resources of an elderly or disabled person for personal or monetary benefit. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Adapted from the National Center on Elder Abuse.

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Adult Protective Services Section

Facts about Maltreatment

In 1996, Adult Protective Services received 293,000 reports of abuse, neglect, or exploitation involving persons over the age of sixty living at home, excluding reports of self neglect. Of these, over 188,000 were confirmed, meaning some type of maltreatment did occur.

Abuse includes sexual assault, confinement, verbal, psychological, and physical abuse. Obvious symptoms are scratches, cuts, bruises, burns, and broken bones.

Neglect or self-neglect may result in starvation, dehydration, over- or under-medication, unsanitary living conditions, or lack of heat, running water, electricity, lack of medical care, and personal hygiene.

Exploitation is misusing the resources of an elderly or disabled person for personal or monetary benefit. This includes taking Social Security or SSI (Supplemental Security Income) checks, abusing a joint checking account, and taking property and other resources.

Abused elderly or disabled persons may be isolated, ill, without a capable person to care for them, or without resources to meet basic needs. If Adult Protective Services has determined that they are in a state of abuse, neglect, or exploitation, they are eligible for adult protective services.

If clients are competent enough to consent to services, they have the right to:

- Receive protective services;
- Participate in all decisions about their welfare;
- Choose the least restrictive alternative(s);
- Refuse medical treatment; and
- Withdraw from protective services.

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Adult Protective Services Section

Possible Indicators of Abuse, Neglect, or Exploitation

The following descriptions are not necessarily proof of abuse, neglect, or exploitation. But they may be clues that a problem exists, and that a report needs to be made to law enforcement or Adult Protective Services.

Physical Signs

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

Behavioral Signs

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

Signs by Caregiver

- Prevents elder from speaking to or seeing visitors
- Anger, indifference, aggressive behavior toward elder
- History of substance abuse, mental illness, criminal behavior, or family violence
- Lack of affection toward elder
- Flirtation or coyness as possible indicator of inappropriate sexual relationships
- Conflicting accounts of incidents
- Withholds affection

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Talks of elder as a burden

Signs of Financial Abuse

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

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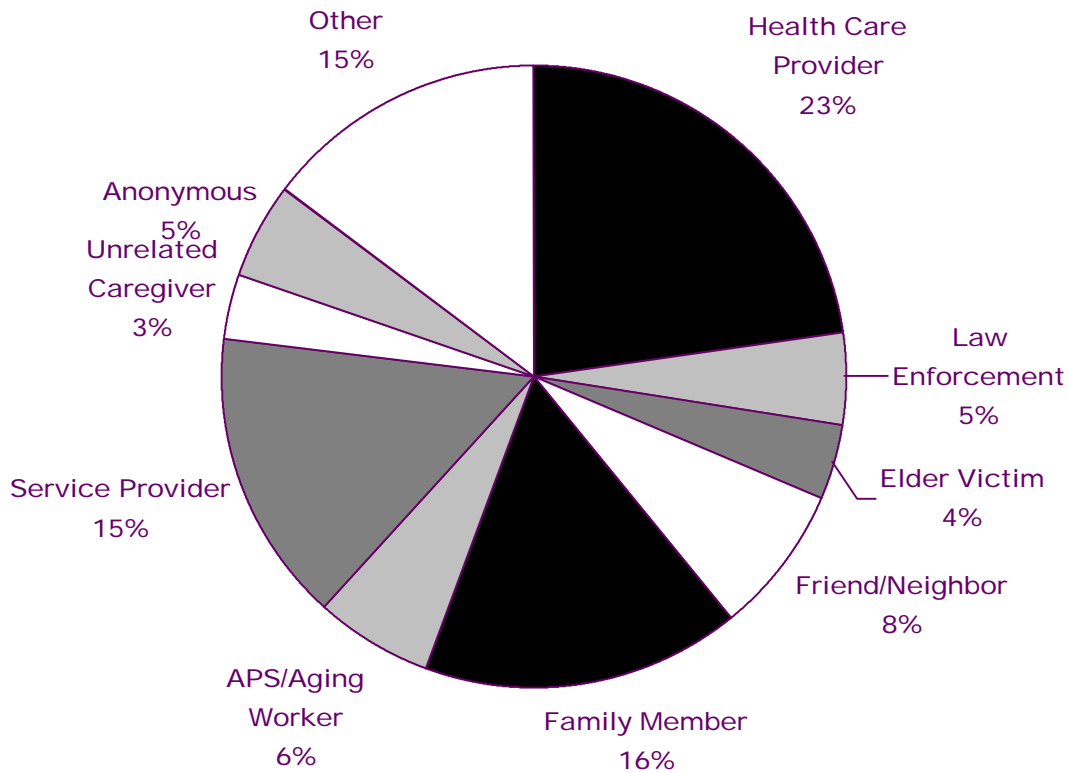
Adult Protective Services Section

Facts and Figures

- The U.S. has 44 million persons age 60 or older, and 36 million people with disabilities.
- In the most recent year studied, Adult Protective Services completed 364,512 investigations of abuse, neglect, or exploitation involving older persons living at home (in private, non-institutional settings). Of these, an estimated 43% were confirmed.
- In the last decade, the number of domestic elder abuse reports investigated by Adult Protective Services across the nation has increased by more than 150 percent.
- Almost 62% percent of all cases of abuse, neglect, or exploitation of adults living at home involve mistreatment by other people and 38% involve self-neglect.
- Domestic elder abuse is a family problem – almost 90% of abusers were family members.
- Men were the abusers in over half of elder abuse cases.

Reporters of Elder Abuse

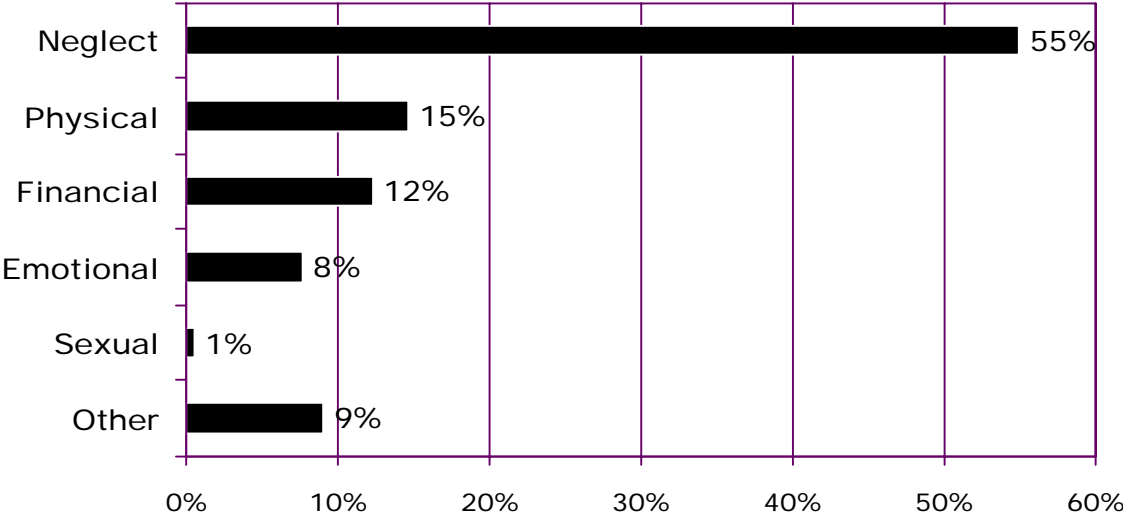
Source for all Graphs: National Center on Elder Abuse - FY 1996 State Statistics



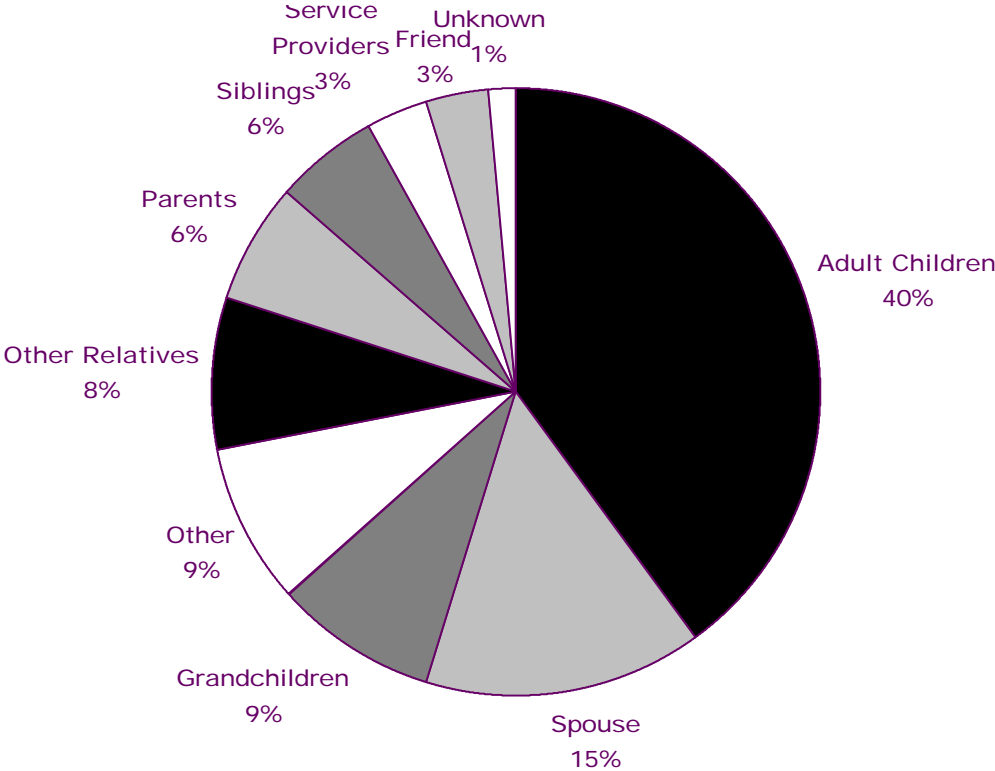
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Adult Protective Services Section

Types of Domestic Elder Abuse Reported



Breakdown of Confirmed Perpetrators



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Issues Facing Vulnerable Adults

10 Concepts on Aging

The best time to learn how to grow old with dignity and grace is during the younger years, and the best place is everyday life. Understanding all aspects of the aging process enables us to understand more clearly those who are aged. The following general statements offer a foundation for studying the aging process.

- *Aging is Universal.* It is common to every population and is not just a modern-day phenomenon in western civilization.
- *Aging is Normal.* ‘Growing up’ is spoken of with respect; ‘growing old’ with fear. This fear develops from the stereotyped picture of aging as a loss of faculties, beauty, energy, and memory.
- *Aging is Variable.* Each individual ages in a unique way. The state of later life develops from former personal life patterns.
- *Dying is Normal and Inevitable.* It is difficult for many to accept the idea that while a full, satisfying life is being lived, death can be anticipated as a meaningful closure of life.
- *Aging and Illness are Not Necessarily Coincidental.* The stereotype image again lingers, but individuals should prepare for healthy old age through improved living habits in early and middle years.
- *Older People Really Represent Three Generations.* The group known as the “aged” covers the years 65-112, representing two, and often three, generations and may include parents, grandparents, and great-grandparents. No other age group includes such diversity.
- *Older People Can and Do Learn.* Capacity to learn new things and re-learn the old is not necessarily diminished by old age. Learning patterns may change from youth and the speed of learning may slow, but learning ability appears to be culturally determined, not restricted by years.
- *Older People Can and Do Change.* As one grows older, many adjustments become necessary. Mates die, housing situations change, new activities are developed, and new friendships established.
- *Older People Want to Remain Self-directed.* Where dependency on others for decision making exists among older people, it has often been learned as a direct result of loss of a sense of purpose and self-respect. To prevent this loss when older adults undergo life changes, their self-direction and sense of control should be maintained as much as possible, even if they become dependent in some ways.
- *Older People are Vital Human Beings.* Although physical disability is often associated with mental inadequacy, it should be recognized that the need for physical help in crossing the street does not mean that the person does not know where he is going.

Adopted from the Texas Department on Aging, Ombudsman Certification Manual.

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Issues Facing Vulnerable Adults

Isolation

Isolation and self-neglect are common among people who are elderly or have disabilities. Isolation is defined as not participating in activities that require contact with people. Although 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 and live alone. They are also more likely to be female, may also have reduced resources, and may be members of a marginalized 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. Isolated people usually have less support and interaction from others (often due to the deaths of a spouse, friends or primary caregiver); 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.

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 or housekeeping, or 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.

Intergenerational programs can help reduce isolation for older people. These might include community initiatives in which older people are recruited and trained to assist in child care centers and schools. Many other volunteer opportunities in hospitals, nursing homes, food pantries, battered women's shelters and other not for profit organizations exist which can both reduce isolation and restore a sense of purpose to an older person's life.

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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 serious thoughts about suicide should be taken seriously and evaluated by trained mental health staff.

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, or where possible, arrange for an in-home assessment. 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. Other approaches would be to reduce the person's isolation by helping them to get involved with church activities, the local senior center or other community forums.

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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; 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 due to their loneliness and isolation. 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 their own needs.

What can be done to help? As much as possible, respectfully involve the elder in the effort to determine the cause of their particular case of self-neglect. Sometimes understanding and cooperation can be reached simply by having someone acknowledge and discuss their situation with them. 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 as well as its solution. Depending upon the circumstances, other helpful actions could include: medical or dental treatment; anti-depressant medications; helping them get involved in a favorite old hobby or providing transportation to a social group; getting them a pet; confronting them with their self-neglect; getting family members involved. When drug or alcohol addiction is the issue, hospital-based treatment is frequently the best solution. Sometimes the cause of elders neglecting themselves is directly related to the influence of someone else in their life. Perhaps the elderly individuals are sacrificing their 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 which 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. Medicines help people live longer and more productively every day. But because they are powerful substances, the consequences of using them can be dangerous, even deadly. Drugs can affect different people in different ways. The elderly are at risk of misusing medications because they generally take more of them than anyone else and because reactions to medications change as the body ages. People who are elderly or have disabilities need to take responsibility for finding out about the drugs they are using. They should give doctors, pharmacists, and health professionals clear information about their current medications. They should also consult with those same people to learn more about new medications prescribed for them. Taking several medications can get confusing. In fact, many people forget whether or not 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 daily at different times, 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 sure any container system is not accessible to the children.

Substance Abuse. Coping with a disability or aging isn't easy. Therefore, some people who are elderly or have disabilities may turn to drugs and alcohol. Others may have struggled with substance abuse for decades. Vulnerable adults must be aware that even small amounts of drugs or alcohol can seriously hurt them. Alcohol can produce a dangerous reaction with acetaminophen, antibiotics, antidepressants, muscle relaxants, or sleeping 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 rehabilitation specialists or health professionals or contact organizations such as 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

Incontinence

BLADDER INCONTINENCE

What is it? The loss of the ability to control urination can range from minor leaking to the loss of large amounts of urine. It is a symptom, not a disease, and is not uncommon. In many cases the problem can be cured, or at least made more manageable. People with bladder incontinence should see their doctor, especially since it can be caused by another medical problem that needs treatment. Incontinence doesn't need to interfere with a person's quality of life.

What causes it? Some temporary causes of bladder incontinence include urinary tract infections, vaginal infection or irritation, constipation, or side effects of medication. Other causes are not temporary but can still be treated, such as weak pelvic floor muscles due to pregnancy and childbirth, hormonal imbalance, weak bladder, weak urethral sphincter muscles, overactive bladder muscles, blocked urethra, nerve disorders, and immobility.

Warning signs: Urine leakage that prevents activities or causes embarrassment; leakage that began after a surgery, such as a hysterectomy or prostate surgery; inability to urinate or urinating more frequently than usual; needing to rush to the bathroom and losing urine if you don't arrive in time; pain when urinating or when the bladder is filling.

What can be done? Treatment depends on what is causing the problem. Medications can include antibiotics for infections, hormone replacement therapy, and drugs for bladder or sphincter control. Other successful treatments include biofeedback, pelvic muscle exercises, bladder training, and dietary changes. In some cases surgery will be recommended by the doctor.

BOWEL INCONTINENCE

What is it? Incontinence is the loss of normal control of gas or stool. Its severity ranges from mild difficulty with gas control to severe loss of control over liquid and formed stools. This problem affects as many as 1 million Americans, and many effective treatments for bowel incontinence are available.

What causes it? Chronic constipation is one of the most common causes, since it weakens the muscles surrounding the intestine and bowel. Other causes are diarrhea; stress, nerve or muscle damage; emotional disturbance; improper diet; chronic laxative use; gynecological, prostate, or rectal surgery; hemorrhoids or rectal prolapse, and a decreased awareness of the sensation of bowel fullness.

Warning signs: Any difficulty in controlling gas or bowel movements that causes embarrassment or concern is adequate reason to consult a doctor. Any signs of bleeding should immediately be reported to your doctor.

What can be done? Sometimes simply changing a person's medication can cure the problem of bowel incontinence. Other treatments include dietary changes, simple muscle strengthening exercises, constipating medications, and biofeedback. In some cases, surgery may be required.

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Issues Facing Vulnerable Adults

Dementia and Alzheimer's Disease

What is Dementia?

Dementia is a medical condition that affects the way the brain works. Sometimes incorrectly referred to as “senility,” it involves a gradual deterioration of cognition (thinking/information processing/decision making abilities, as well as memory). It also affects behavior to a point that interferes with customary daily living activities. Dementia can affect all aspects of mind and behavior, including memory, judgment, language, concentration, visual perception, temperament, and social interactions. Contrary to popular belief, dementia is not a normal outcome of aging, but is caused by diseases that affect the brain. One of these diseases is Alzheimer's disease.

What is Alzheimer's Disease?

Alzheimer's disease is a devastating condition that eventually erodes all cognitive and functional abilities, leading to total dependence on caregivers and eventually to death. It affects about four million Americans and prevalence of the disease increases dramatically with age. About five percent of all cases have been associated with a genetic tendency. The majority of cases affect the population on a random basis. Scientists are still researching possible risk factors that cause the disease, as well as treatment.

Communicating With People Who Have Dementia

It is important for caregivers to be conscious of their verbal and nonverbal actions when communicating with people who have dementia. What caregivers say and do can have a positive influence on the client. Through skillful communication, caregiving, family interaction, and management of the person's environment, caregivers can enhance the lives of people who have dementia.

- Try to be aware of everything a client may be doing. If he doesn't appear to be listening or receptive, leave the patient alone. Tell him that you understand he doesn't want to talk.
- Be sensitive to a client's nonverbal communication. Be aware of your nonverbal messages. Adopt positive, pleasant nonverbal behaviors to be reassuring and encouraging.
- Try to avoid situations that are known triggers to resistant behavior. Change how you introduce activities.
- Give patient as much control as possible.
- Explain what you are doing (again and again if necessary). If resistant behavior continues or worsens, stop.
- Make the client feel like you are there for him. Look directly at him and show you are giving him your undivided attention.
- If the client is able to converse, avoid ambiguous questions and ask “yes” or “no” questions whenever possible.
- Speak slowly with a calm, reassuring tone of voice. Use single words and simple sentences.
- Avoid distracting background noises.
- Give the client ample time to respond. Repeat question or instructions if there is no response within a couple of minutes.
- Be consistent. Use the same word for the same thing.

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- Provide affectionate encouragement. Use diversion and humor to overcome resistance.
- Match your verbal communication to the client's ability.
- If a client is talking to you but not making sense, search for important clue words and repeat them back to show that you are connected with him.
- Break down tasks into individual steps to be done one at a time.
- Don't pretend to understand confused speech.
- Don't force the client to do anything.
- Don't attempt to force the person to be oriented to present-day reality.
- If the person is 'time-traveling' (appears to be re-living the past) demonstrate empathy with what the person is feeling about the past. Help the person review his or her life if he or she is able to reminisce.

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Issues Facing Vulnerable Adults

Coping With Schizophrenia

Many adults come to the attention of protective services because of problems associated with schizophrenia. Not infrequently, the problems are associated with the client's noncompliance with medications or other treatments for their condition.

Preventing noncompliance through communication

- Noncompliance is a major reason that medications are not more effective in keeping people with schizophrenia out of the hospital. Persistent noncompliance may worsen the overall course of the schizophrenic illness. However, don't blame or scold the mentally ill person for stopping medication. Expect some amount of noncompliance, and try to understand what the reasons are, even if they are not rational. Find a perspective on medication that both you and the person with the illness can agree on. Persuade: Don't coerce.
- Have the person who is most influential with the mentally ill person do the talking. Focus on the possible day-to-day benefits of the drug.
- Try to match the notion of taking medication with achieving one's life goals. Find out what they want to accomplish and explain how medicines might help them get there.
- Try to have uniform agreement within the greater family about the need for medication. Otherwise, the person may play family members against each other. Do not get into a direct confrontation about medicine, especially when your relative is getting sick. Confrontation is counterproductive and can be very dangerous.
- Families and other concerned persons should understand and be genuinely sympathetic about the side effects caused by neuroleptic medications. Be sure the person with schizophrenia is informed in advance about the side effects of medications. A side effect will often be accepted if the patient has been warned about it in advance. Feeling like a zombie and feeling restless or jittery are commonly reported side effects associated with noncompliance. Concerned families should advocate to the doctor assertively on behalf of their relatives for aggressive side effect treatment.

Preventing other noncompliance

- *Believe in compliance* - About one-third of people with schizophrenia say that they stay on medicine primarily because other people think it's important.
- *Prevent relapse* - Preventing relapse includes finding the most effective drug, the best dose for the person, and aggressively treating the early signs of relapse.
- *Simplify the drug regimen* - Complex drug regimens can cause noncompliance. The pharmacist can be a major ally when reviewing and simplifying drug regimens.
- *Make transitions seamless* - Minimizing the likelihood of noncompliance starts during inpatient treatment. Arrange for outpatient benefits (e.g., Medicaid), an appropriate living situation, and psychiatric aftercare.
- *Provide concrete directions* and review them with the patient.

Elder Abuse Awareness Kit

- *Foster the therapeutic alliance* - Many aspects of the clinical relationship provide consumers with incentives to maintain compliance. Find a doctor or treatment system that works well with families, especially regarding cross-communication and side-effect management. Use hospitalization as a last resort to stabilize the person's acute symptoms and establish a plan for better compliance.
- *Recommend depot drug delivery* - Converting from an oral to an injectable (depot) form of medication during hospitalization may improve compliance. The family may have to push for this approach.
- *Organize the family* - Get as many family members as possible to go to educational sessions or meetings so that everyone can present a consistent and coherent message about compliance.
- *Try to avoid direct power struggles* - In general, it is better to have the treatment system do the "arm twisting."
- *Resort to involuntary commitment when necessary* - After involuntary commitment, about two-thirds of the patients say that they understand why they had to be committed.

Adapted from an article by Dr. Peter Weiden.

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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. This is exploitation and should be reported to Adult Protective Service.

Report instances of fraud as described below to the appropriate Attorney General's office in your State or contact your APS office for the appropriate referral.

Home Equity Fraud--Homeowners may be tricked into signing over the deeds to their homes. Often this scam is done by a person pretending to be a repairman or someone offering another service. 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--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 people 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; 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 non-existent 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; any caller requesting your bank account or credit card number.

How to Avoid Telemarketing Fraud--If you hear these 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; use of high pressure sales tactics when you say no.

Mail Fraud--If it sounds too good to be true, it probably is. Watch for fake contests, prizes, 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, and diets.

How to Avoid Mail Fraud--Don't believe you have won any 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.

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.

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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; non-refundable 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 you have made the call to what you know is 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 1-202-434-6030.

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.

Elder Abuse Awareness Kit

Issues Facing Vulnerable Adults

Universal Declaration of Human Rights

- All human beings are born free and equal in dignity and rights. They are endowed with reason and conscience and should act towards one another in a spirit of brotherhood.
- Everyone is entitled to all the rights and freedoms set forth in this declaration, without discrimination of any kind, such as race, color, sex, language, religion, political or other opinion, national or social origin, property, birth, or other status.
- Everyone has the right to life, liberty, and security of person.
- No one shall be subjected to torture or to cruel, inhuman or degrading treatment or punishment.
- Everyone has the right to recognition everywhere as a person before the law.
- No one shall be subjected to arbitrary arrest, detention, or exile.
- Everyone is entitled to a fair and public hearing by an independent and impartial tribunal, in the determination of his rights and obligations and of any criminal charge against him.
- No one shall be subjected to arbitrary interference with his privacy, family, home, or correspondence, nor to attacks upon his honor and reputation.
- Everyone has the right to the protection of the law against such interference or attacks.
- Everyone has the right to own property alone as well as in association with others. No one shall be deprived of his property.
- Everyone has the right to freedom of thought, conscience, opinion, and religion.

From the United Nations Economic, Social, and Cultural Organization, adopted by the United Nations General Assembly , December 10, 1948.

Elder Abuse Awareness Kit

Publicity Section

Media Tips

There are many ways to approach the media:

- Send news releases, calendar listings, and public service announcements (PSAs) to your local media outlets.
- Sponsor a news conference.
- Submit letters-to-the-editor and guest columns.
- Speak directly to reporters who cover issues related to the elderly and people with disabilities.
- Appear on public affairs television or radio programs.

Here are some suggestions for planning your media:

- Develop a task force that will work on media-related materials and select someone to be your media liaison.
- 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 awareness of elder and disabled abuse.
- Encourage media outlets with websites 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 CONTACT

(Name)

(Title)

(Organization)

(Telephone Number)

REMEMBER VULNERABLE [**Your State**] DURING VULNERABLE ADULT ABUSE PREVENTION MONTH

[**Your city here**] - More than [**xx,xxx**] elderly and disabled adults were victims of abuse, neglect or exploitation in [**your state**] last year, according to [**name and title of spokesperson; e.g., Jane Doe, regional manager for the Adult Protective Services Department**].

“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 program completed [**x,xxx**] investigations in the year 2000 across the state involving suspected abuse, neglect or exploitation of adults. Of these, [**x,xxx**] were confirmed. In [**your county**] there were [**number**] adult victims of abuse, neglect, or exploitation in 2000.

Caseworkers for Adult Protective Services try to arrange services to reduce or eliminate the abusive or neglectful situation. Competent clients have the right to refuse services, but caseworkers can seek a court order to protect personal health and safety of citizens who are in danger or unable to consent to being helped.

[**Name**] urged people to report suspected abuse or neglect of an older adult or person with a disability by calling the abuse hotline at [**1-800-xxx-xxxx**]. “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 liability and are kept confidential.”

Elder Abuse Awareness Kit

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 or have disabilities should be one of our highest priorities and concerns. We have them to thank for many contributions that have bettered our lives.

Yet last year in [**your state**], more than xx,xxx people who are elderly or have disabilities were victims of abuse, neglect, and exploitation. In our own community, 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 and disabled people deserve our utmost attention and respect. We must protect their health, safety, and rights. We should treat them the same way we would hope to be treated ourselves.

May is Vulnerable Adult Abuse Prevention Month. It is a time to reflect on what we are doing as a community to support people who are elderly or have disabilities. We all have opportunities to reach out to our families, friends, neighborhoods, places of worship, and places of employment. This May, let's make sure 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)

Adult Protective Services
Somewhere County, USA

Elder Abuse Awareness Kit

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-xxx-xxxx]** day or night.

(60 seconds)

Older persons deserve honor and respect...not abuse. Reaching old age should be a time to treasure grandchildren and reminisce about the past. Unfortunately, many of our elder **[your state]** reach their so-called golden years abused and alone. People don't like to talk about this shameful secret. Many elderly are taken advantage of by the people who are supposed to care for 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-xxx-xxxx]** day or night.

(30 seconds)

What is elder abuse? It's taking money an elderly person needs to live. It's pushing them, 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-xxx-xxxx]**. Elder **[your state]** deserve honor and respect...not abuse.

(30 seconds)

Some of your elderly neighbors are all alone now. No family, no friends. Neglect is a form of elder abuse. It may not be intentional, but it hurts. If you know of an elderly person who is being neglected, call Adult Protective Services at **[1-800-xxx-xxxx]**. Elder **[your state]** deserve honor and respect...not abuse.

(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-xxx-xxxx]**. Elder **[your state]** deserve honor and respect...not abuse.

(20 seconds)

Many elderly **[your state]** 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-xxx-xxxx]**.

(10 seconds)

[Your state] who are elderly or have disabilities deserve honor and respect, not abuse. Call Adult Protective Services at **[1-800-xxx-xxxx]**.

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Publicity Section

Abuse Prevention Proclamation

Invite elected officials to proclaim May as Vulnerable Adult Abuse Prevention Month. Proclamation events may center around the celebration of people who are older or have disabilities, while promoting awareness of abuse and neglect of vulnerable adults.

Instructions:

- Appoint a committee to develop and initiate the proclamation event.
- 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 ‘pet project.’ Coordinate a date, time, and location for the event. Include local entertainment such as a school band.
- Write a news release to deliver personally to all media outlets in the county. Request each to provide coverage of the event.
- 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 around the problem of abuse and neglect 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 abuse and neglect of the elderly and people with disabilities.

Sample Proclamation

WHEREAS, Every year, more than two million of disabled and elderly citizens are victims of physical and emotional abuse and neglect, and exploitation and they are denied many of their rights; and

WHEREAS, In 2000, approximately more than **[number of reports]** vulnerable adults were the victims of abuse, neglect, or exploitation in **[Location]**; and

WHEREAS, The health and well-being of disabled and elderly people in our state should be one of our highest priorities and of concern to all Americans; and

WHEREAS, No aspect of our society—technology, agriculture, science, religion, sports, education—would enjoy its current prominence without the contributions from those who are elderly or have disabilities; and

WHEREAS, We can all benefit from the wisdom and knowledge acquired by Americans who are elderly or have disabilities. The experience of their past can help our state meet the challenge of its future; and

WHEREAS, People who are elderly or have disabilities are among the most important resources of our state, and it is fitting that we recognize the need to protect their health, safety, and rights;

NOW, THEREFORE, I **[Name]**, **[Title]** do hereby proclaim the month of May 200_ to be

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Elder Abuse Prevention Month

in **[Location]**, and urge all citizens to work together in the years to come 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

Silver Ribbon Campaign

You can join the Silver Ribbon Campaign to help stop abuse 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 people who are elderly or have disabilities.

To start a Silver Ribbon campaign in your community:

- Contact a local florist, gift shop, or variety store for possible donation of silver ribbon material. Also consider contacting a print shop for possible printing of ribbons. Below is a sample of a silver ribbon. If you can't develop your own camera-ready artwork, ask people to wear plain silver ribbons.
- 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 more silver ribbons.



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Publicity Section

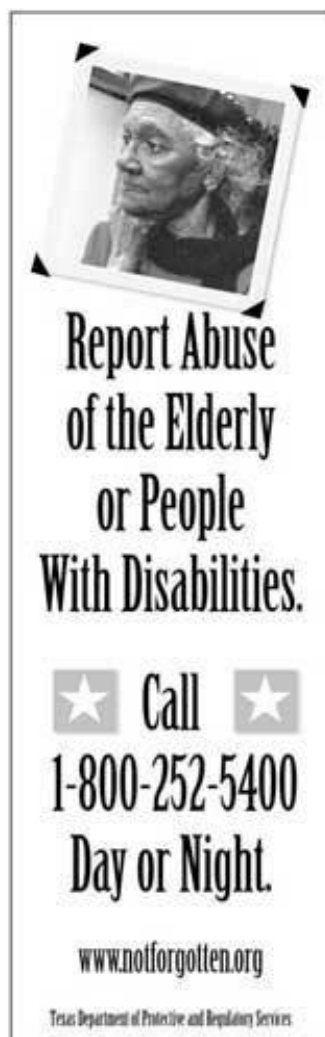
Bookmarks

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:

- Appoint a committee to oversee copying, printing, and distribution of the bookmarks.
- Contact local print shops to determine which one will provide the best services for the lowest cost. The template to the right is used in Texas where local agencies duplicate the template on a copier, cut, and distribute.
- Develop a distribution plan (i.e., school and public libraries, book stores, grocery stores, laundromats, church bulletins, bank statements). Use bookmark artwork for door hangings, utility bill stuffers, billboards, posters-- wherever possible.



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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, so 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 at a later time.
- If you get opposition from an audience member, do not debate 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 cliches.
- 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) prior to the presentation.
- Bring business cards so audience members can contact you later if they want to.
- Practice, practice, practice!

Elder Abuse Awareness Kit

Ways You Can Help

Community Service Opportunities

There are many ways you can help adults who are elderly or have disabilities enhance their lives through your volunteer efforts. There are programs throughout the nation that welcome your assistance and ideas.

- Form a Home Improvement Alliance within your organization or congregation to repair home 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 – taking pets to the vet, exercising dogs, helping with grooming and medications, etc.
- Deliver Meals on Wheels.
- Provide transportation.
- Initiate a project with your Sunday school class, church group or other organization to address the needs of the elderly and adults with disabilities in your community.
- 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.
- Organize a “Caregivers” group through your church.
- Plan an education program within your group to inform people about the needs of the elderly and disabled.
- Collect holiday and birthday gifts for the elderly or disabled in your area.
- Donate blankets, non-perishable foods, pet food, and other needed items to your local APS resource room or food pantry.
- Help create a resource room or food pantry if one is not available in your area.
- Get to know your elderly neighbor, become personally involved and include them in your family activities.
- Recruit organizations or businesses to donate their resources to help the elderly and disabled who are in need of assistance.
- Develop a local Elder Abuse/Vulnerable Adult Coalition, or participate in an existing project in your community that supports older and disabled adults and/or educates the public about the issue.
- Call your local Area Agency on Aging to inquire about specific volunteer needs, which could include money management, guardianship, and ombudsman volunteer opportunities.

Elder Abuse Awareness Kit

Ways You Can Help

Tips for Caregivers

A Questionnaire

Providing care for an elderly or disabled adult requires a lot of patience, time, and love. All too often, caregivers run the risk of neglecting themselves, 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 person you are caring for become more negative?
- Is the person you are caring for ever physically or verbally abusive toward you?
- Does the person you are caring for need legal assistance with things like estates, trusts, or living wills, which may be beyond your knowledge?
- Does the person you are caring 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. Hooyman (New York: The Free Press, 1994).

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Ways You Can Help

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. Private pay money managers typically charge \$25 to \$100 an hour, but some states and communities have free or very affordable money management services for vulnerable adults, particularly those who are low income. Although 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 for letters from creditors or 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.* If you and the elder decide that a daily money manager would be helpful, interview several candidates. Get references and talk with their clients. Contact the local 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 no complaints doesn't necessarily mean they have no previous problems. Ask them for their company's financial statement.

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. 1-800- 677-1116. Another resource is the American Association of Daily Money Managers, P.O. Box 755, Silver Spring, MD 20918. 1-301-593-5462. The association can provide names of daily money managers in an older person's community or nearby.

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Resource List - Associations and Agencies

Alzheimer's Association

919 North Michigan Avenue, Suite 1100
Chicago, IL 60611-1676
1-800-272-3900
<http://www.alz.org>

AARP

601 E Street, NW
Washington, DC 20049
1-800-424-3410
<http://www.aarp.org>

American Cancer Society

1599 Clifton Road, NE
Atlanta, GA 30329
1-800-227-2345
<http://www.cancer.org>

American Diabetes Association

1701 North Beauregard Street
Alexandria, VA 22311
1-800-342-23837
<http://www.diabetes.org>

American Foundation for the Blind (AFB)

820 First Street, NE Suite 400
Washington, DC 20036
1-202-408-8170
<http://www.nfb.org>

American Heart Association

7572 Greenville Avenue
Dallas, TX 75231
1-800-AHA-USA1 (1-800-242-8721)
<http://www.americanheart.org>

American Lung Association

1740 Broadway

New York, NY 10019
1-212-315-8700
<http://www.lungusa.org>

American Society on Aging

833 Market Street Suite 511
San Francisco, CA 94103-1824
<http://www.asaging.org>

Arthritis Foundation Information Line

1330 West Peachtree Street
Atlanta, GA 30309
1-800-283-7800 or 1-404-872-7100
<http://www.arthritis.org>

Asthma & Allergy Foundation Hotline

1233 20th Street, NW Suite 402
Washington, DC 20036
1-800-7ASTHMA (1800-727-8462)
<http://www.AAFA.org>

Clearinghouse on Abuse and Neglect of the Elderly (CANE)

Department of Consumer Studies
University of Delaware
Newark, DE 19716
1-302-831-3523
CANE@udel.edu

Know Fraud

P.O. Box 45600
Washington, D.C. 20026
1-877-987-3728
<http://www.consumer.gov/knowfraud>

Meals on Wheels Association of America (MOWAA)

1414 Prince Street Suite 202
Alexandria, VA 22314

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1-703-548-5558

<http://www.mowaa.org>

Medicare Hotline

1-800-638-6833

National AIDS Hotline

1-800-342-AIDS (2437)

1-800-344-SIDA (7432) Spanish

National Association for Continence

1-800-BLADDER (1-800-252-3337)

<http://www.nafc.org>

National Association of Adult Protective Services Administrators (NAAPSA)

960 Lincoln Place

Boulder, CO 80302

720-565-0906

<http://www.naapsa.org>

National Association of Nutrition and Aging Services Programs (NANASP)

P.O. Box 9007

Grand Rapids, MI 49509

1-616-531-9909

National Association of Retired and Senior Volunteer Program Directors, Inc. (NARSVP)

P.O. Box 852

Athens, AL 35612

1-256-232-7207

<http://www.narsvp.org>

National Association of State Units on Aging (NASUA)

1201 15th St., NW Suite 350

Washington, D.C. 20005-2800

1-202-898-2578

<http://www.nasua.org>

National Center on Elder Abuse (NCEA)

1201 15th Street, NW Suite 350

Washington, D.C. 20005-2800

1-202-898-2586

<http://elderabusecenter.org>

National Citizens' Coalition for Nursing Home Reform (NCCNHR)

1424 16th Street NW Suite 202

Washington, DC 20036

1-202-332-2275

National Clearinghouse on Alcohol & Drug Information Hotline

1-800-729-6686

<http://www.health.org>

National Committee for the Prevention of Elder Abuse (NCPEA)

c/o Institute on Aging

UMass Memorial Health Care

119 Belmont Street

Worcester, MA. 01605

508-334-6166

www.preventelderabuse.org

National Council on the Aging

409 3rd Street, SW 2nd Floor

Washington, DC 20024

1-202-479-1200

<http://www.ncoa.org>

National Fraud Information Center

P.O. Box 65868

Washington, DC 20035

1-800-876-7060

<http://www.fraud.org>

National Hispanic Council on Aging

2713 Ontario Road, NW Suite 200

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Washington, DC 20009
1-202-745-2521

National Indian Council on Aging, Inc. (NICA)

10501 Montgomery Boulevard, NE Suite 210
Albuquerque, NM 87111
1-505-292-2001

National Institute on Deafness & Other Communication Disorders

1 Communication Avenue
Bethesda, MD 20892-3456
1-800-241-1044
<http://www.nih.gov/nidcd>

National Kidney Foundation

30 East 33rd Street
New York, NY 10016
1-800-622-9010
<http://www.kidney.org>

National Mental Health Association

1021 Prince Street
Alexandria, VA 22314
1-800-969-6642
<http://www.nmha.org>

National Stroke Association

9707 East Easter Lane
Englewood, CO 80112
1-800-STROKES (787-6537)
<http://www.stroke.org>

Older Women's League (OWL)

666 11th Street NW Suite 700
Washington, D.C. 20001
1-800-Take Owl (825-3695)
<http://www.owl-national.org>

Recording for the Blind and Dyslexic

1314 West 45th Street
Austin, Texas 78756
1-512-323-9390
<http://www.rfbd.org>

Susan B. Komen Foundation (Breast Cancer Information)

5005 LBJ Freeway Suite 250
Dallas, TX 75244
1-800-462-9273
<http://www.komen.org>

The Eldercare Locator

National Association of Area Agencies on Aging
927 15th Street NW 6th Floor
Washington, DC 2005
1-800-677-1116
<http://www.aoa.dhhs.gov>

Elder Abuse Awareness Kit

Resources -Community Education &Professional Training Films

People with Disabilities and Older People/Abuse, Neglect, Exploitation and Other Issues

Note: Contact information to obtain the videos is located after each video or group of videos.

***A Safer Place* (20 minutes)**

Domestic violence against older people, brief stories of 3 victims of abuse and exploitation and confessions of one adult daughter who abused her mother.

***A Thousand Tomorrows: Intimacy, Sexuality & Alzheimer's* (32 minutes)**

Sensitive documentary of couples dealing with their personal perspectives and histories with Alzheimer's and their relationships.

***Charting New Waters** (35 minutes)**

This training package includes a video depicting three poignant vignettes of physical, psychological, and sexual abuse against women with various disabling conditions including stroke, paralysis, developmental disability.

***Choice and Challenge: Caring for Aggressive Older Adults Across Levels of Care* (22 minutes)**

Aggressive behavior is perhaps the most troubling - - and often, least understood - - of all behavioral problems in long term care. This training package, designed for nurses, nursing assistants, and other professional and paraprofessional health care providers, was sponsored by the American Psychiatric Nurses Assoc. and consists of a video and extensive print materials. The video shows real life episodes of aggression, and discusses strategies for preventing or defusing such episodes. The workbook provides additional background information for learners and/or trainers and may be reproduced as handouts. CEU's are available for this training package and forms are provided.

***Close to Home: Elder Abuse Intervention Strategies for Clinicians* (18 minutes)**

Focuses on specific interventions for clinicians who deal with cases of elder abuse. It uses three of the five case studies from the video, *Elder Abuse: Five Case Studies*, and suggests specific intervention strategies for each.

***Depression & the Elderly* (25 minutes)**

Most appropriate for counseling and mental health professionals.

***Depression in Older Adults: The Right To Feel Better* (30 minutes)**

Elder Abuse Awareness Kit

Most appropriate for counseling and mental health professionals.

Don't Fall For A Telephone Line (16 minutes)

Excellent discussion starter with consumer groups on combating telemarketing. Comes with an audio tape and Teaching Materials and Packet.

Send for the free copy of the STOP Fraud Program Kit to:

AARP Telemarketing Fraud Prevention Team (A-5)

601 East Street NW

Washington DC 20049

Elder Abuse & Neglect in the Family: The Hidden Sorrow/An Overview ***(Part I)*** (24 minutes)

Excellent training tape as an introduction to elder abuse prevention and intervention using collaboration of community service agencies.

Elder Abuse & Neglect in the Family: Intervention Strategies ***(Part II)*** (26 minutes)

Continues documentation of effective intervention strategies using collaborative team efforts to address elder abuse and neglect within communities.

For the two videos above, contact:

Institute on Aging

UMASS Memorial Health Care Systems

119 Belmont Street

Worcester, MA 01605

508-334-6166

508-334-6906 FAX

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Elder Abuse: Five Case Studies (40 minutes)

Explores the issue of family abuse against an older adult from the point of view of five different victims. Their candor in telling about their situations gives the viewer(s) insight into the ambivalent feelings of older abuse victims as they try to find resolution to their pain. In the context of their struggle, various interventions are examined that can be used to help stop the abuse, including counseling, shelters, supportive services and legal action.

Financial Exploitation of the Elderly (24 minutes)

Shows ways to identify the various forms of financial abuse of older adults . . . by sales people, service providers and by family members or "friends." Also suggests ways to prevent such exploitation.

I'd Rather Be Home (30 minutes)

Norman has lived with his wife and abusive son(s) for many years. He talks about his many mixed emotions about reporting his son's actions against him. In spite of all the abuse, he prefers to live at home.

In Your Hands (15 minutes)

Training film intended for caregivers, Certified Nursing Assistance, and home health aids. Highly recommended by Colorado State Ombudsman Office.

Just To Have A Peaceful Life (10 minutes)

Classic brief poignant testimonial from an older woman who discusses her early and later life as the wife of an abusive husband.

Serving the Victims of Elder Abuse: A Team Approach (21 minutes)

Excellent training film for existing and/or developing community professional teams in dealing with difficult cases of abuse, neglect, or exploitation of at-risk adult populations. Provides an overview of dealing with elder abuse and protection by using multi-disciplinary teams.

All of the above films and information and other training and community education films are available from:
TERRA NOVA FILMS, Inc.
9848 South Winchester Avenue
Chicago, IL 60643
1-800-779-8491 or 773-881-8491
773-881-3368 FAX
www.terravova.org

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Look At Me (10 minutes)

A sentimental plea for recognition/respect from an older male veteran. Especially effective for community service clubs/boards with predominantly and/or male memberships and for law enforcement groups. This is an old tape that is not longer marketed by the Department of Veteran's Affairs; however, (on a good day!) they may make you a copy of it from their original. They may request that you send them a blank video tape for them to use. This film is worth the trouble it may take to get a copy of it.

Contact:

Media Services Division (032B) OR
Department of Veterans' Affairs
810 Vermont Avenue
Washington DC 20420
Or call 202-273-5373 (Media Department)

Chief of Media
Department of Veterans' Affairs MMPS 142B
79 Middleville Road
Northport, NY 11768-2200

Preventing Elder Abuse (with Betty White) (27 minutes)

Betty White hosts and narrates this excellent primer for community education on the many forms of elder abuse.

Contact:

Lifeline (Calimage)
1-800-982-1420 or 916-638-8383.

The Cruelty Connection (60 minutes)

An graphic investigative report on the links between cruelty to animals and criminal violence toward other people in later life.

For a special arrangement to obtain, contact:

Dr. Randall Lockwood
Humane Society of the United States
2100 L Street, NW
Washington, DC 20037
301-258-3030

Disability and Elder Issues Film and Training Resource Catalogs:

Disability Resources for Professionals
P.O. Box 2038
Syracuse, NY 13220-2038
1-800-543-2119
315-452-0643/15-452-0710
www.disabilitytraining.com

VideoPress
University of Maryland School of Medicine, Suite 300
100 North Greene Street
Baltimore, MD 21201
1-800-32807450
410-706-5497 / 410-706-8471 FAX
Gbillups@umaryland.edu
www.videopress.org