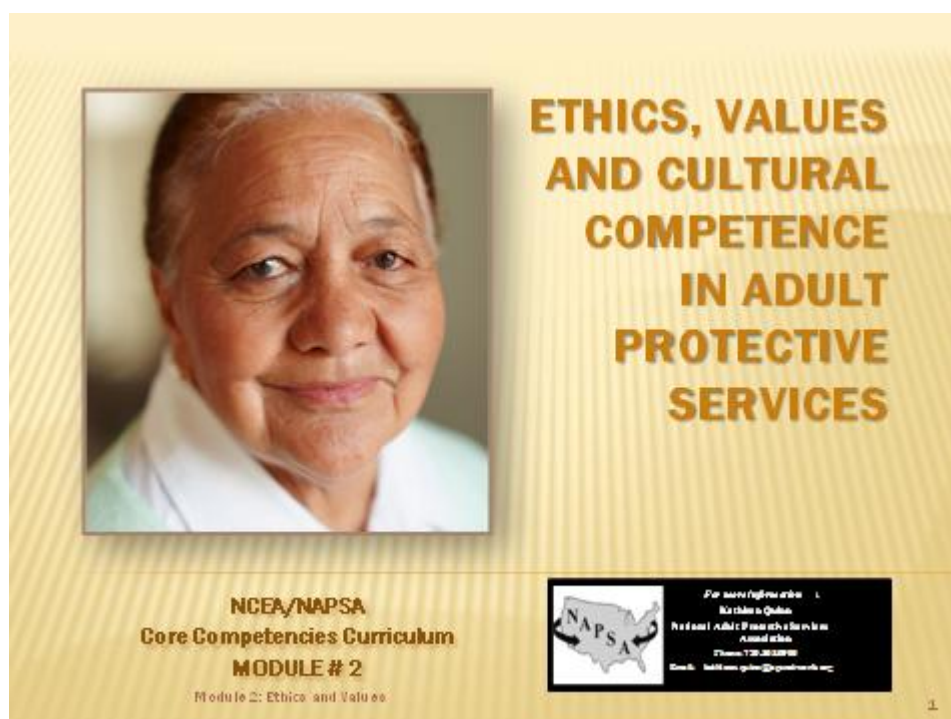


# ETHICS, VALUES AND CULTURAL COMPETENCE IN ADULT PROTECTIVE SERVICES

## TRAINER GUIDE



The cover of the trainer guide features a portrait of an elderly woman on the left. To the right, the title "ETHICS, VALUES AND CULTURAL COMPETENCE IN ADULT PROTECTIVE SERVICES" is written in large, bold, orange letters. Below the portrait, the text reads "NCEA/NAPSA Core Competencies Curriculum MODULE # 2" and "Module 2: Ethics and Values". At the bottom right, there is a small black box with the NAPSA logo and contact information: "For more information, visit us online. National Adult Protective Services Association. Phone: 1-202-295-8898. Email: info@napso.org".

## MODULE 2

This training is a product of National Center on Elder Abuse (NCEA), which is funded, in part, by the U.S. Administration on Aging under Grant # 90-AM-2792. The project was developed by the National Adult Protective Services Association (NAPSA), and its contractor, the REFT Institute, Inc.



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### **The National Center on Elder Abuse The Source for Information and Assistance on Elder Abuse**

The National Center on Elder Abuse (NCEA) provides elder abuse information to professionals and the public; offers technical assistance and training to elder abuse agencies and related professionals; identifies promising practices; conducts short-term elder abuse research; and assists with elder abuse program and policy development. NCEA's website and clearinghouse contain many resources and publications to help achieve these goals.

The Center is administered by the National Association of State Units on Aging as the lead agency and funded by grant No. 90-AP-2144 from the U.S. Administration on Aging. NCEA consists of a consortium of five partner organizations.

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## ACKNOWLEDGEMENTS

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# TABLE OF CONTENTS

## General Information

Course Outline .....	5
Training Goals and Objectives .....	6
Trainer Guidelines.....	7

## Presentation

Welcome and Overview .....	11
Ethics Codes and Concepts.....	27
Ethical Dilemmas .....	48
Influences on Ethical Decision-making .....	54
Changes in the U.S.....	62
Developing Cultural Intelligence .....	73
Ethical Multiculturalism .....	92
Ethical and Culturally Competent Decision-making .....	102
Closing.....	122

## Appendix

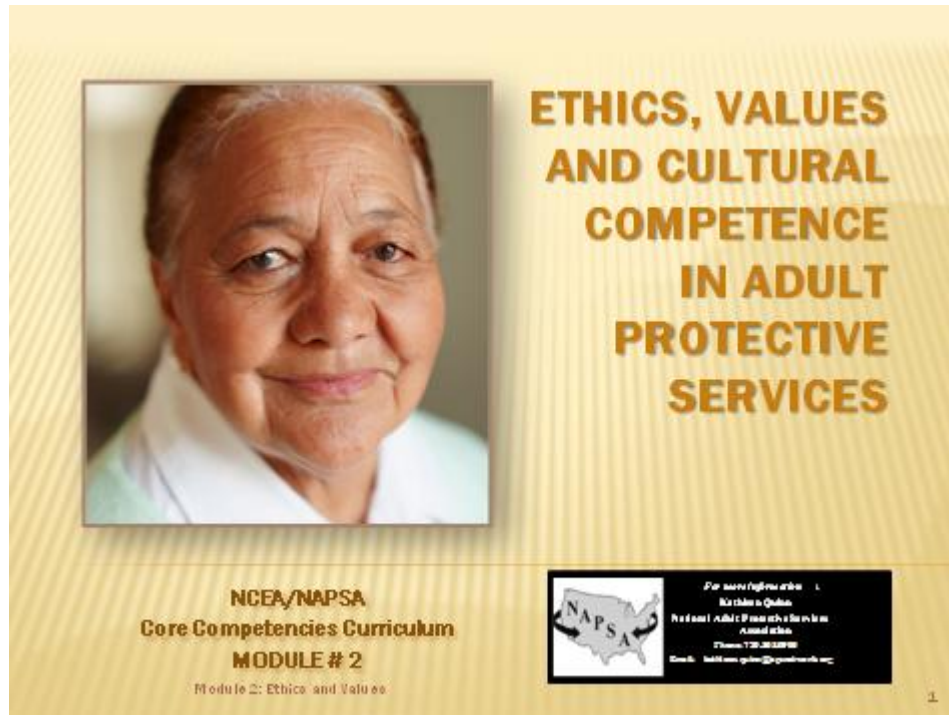
Core Competencies for APS Workers.....	128
Answers for Pre/Post Test (Trainer Only) .....	143
Notes.....	145
References and Resources .....	147
Author Biographies .....	151

## ETHICS AND VALUES – TRAINER GUIDE

### COURSE OUTLINE

Content	Total Time	Activities	Slides
<b>Welcome &amp; Overview</b>	15 min	Lecture, discussion	Slides 1-12, Handout #2, 3
<b>Ethics Codes and Concepts</b>	30 min	Lecture, discussion	Slides 13-28, Handout #4
<b>Active Learning #1</b>	15 min	Group brainstorming	
<b>Ethical Dilemmas</b>	5 min	Lecture, discussion	Slides 29-31
<b>Active Learning # 2</b>	25 min	Large group exercise	Slide 31, Worksheet #5
<b>BREAK</b>	15 min		
<b>Influences on Ethical Decision-making</b>		Small group discussions, facilitated	Slides 32-33
<b>Active Learning #3</b>	60 min	large group	Worksheet #6
<b>LUNCH</b>	60 min		
<b>Changes in the U.S.</b>	15 min	Lecture	Slides 34-43
<b>Developing Cultural Intelligence: Understanding Self</b>	15 min	Lecture, discussion	Slides 44-55
<b>Active Learning #4</b>	30 min	Reflection, small; large groups discussions	Slides 51-55, Worksheet #7
<b>Developing Cultural Intelligence: Understanding Others</b>	15 min	Lecture	Slides 56-59
<b>Ethical Multiculturalism</b>	30 min	Lecture; group discussion	Slides 60-69
<b>BREAK</b>	15 min		
<b>Ethical and Culturally Competent Decision-making</b>		Lecture, small and large group discussions	Slides 70-81
<b>Active Learning #5</b>	60 min		Handout #8, Worksheets #9,#10
<b>NAPSA Code of Ethics Closing</b>	15 min	Question & answer, discussion, evaluation	Slide 82; Handouts #11
<b>TOTAL TIME</b>	<b>7.0 hrs</b>		

## TRAINING GOALS AND OBJECTIVES



**Goals:** The purpose of this workshop is to “**demystify**” **ethics** and offer a practical framework for ethical decision-making on the front lines.

- ◆ It will also help APS professionals become more **aware of their own value systems** and their approach to decision-making.
- ◆ It will give them tools to analyze situations from a culturally competent standpoint.
- ◆ It will assist APS workers in labeling, organizing and understanding what they see and help them to analyze the **consequences** of the decisions facing them.

**Objectives:** Upon completion of this training session, participants will be better able to:

- ◆ Define the seven ethical concepts involved in APS work.
- ◆ Describe 5 ways population changes affect work with vulnerable adults.
- ◆ List four major influences on APS decision-making.
- ◆ Describe the cultural competence continuum.
- ◆ Provide one example of using ethical multiculturalism in working with vulnerable adults.
- ◆ List 5 components of an ethical and culturally competent decision-making framework.

## TRAINER GUIDELINES

### Teaching Strategies

The following instructional strategies are used:

- ◆ Lecture segments
- ◆ Interactive exercises (e.g. small group discussion, case study, large group discussion)
- ◆ Question/answer periods
- ◆ Slides
- ◆ *Participant Guide* including resources
- ◆ Pre and post-tests with answers (optional)
- ◆ Evaluation to assess training process (optional)

### Materials and Equipment

The following materials are provided and/or recommended:

- ◆ Computer with LCD (digital projector)
- ◆ CD-ROM or other storage device for slide presentations
- ◆ Overhead projector and transparencies (as backup, if computer/LCD projector are used)
- ◆ Easel/paper/markers/masking tape
- ◆ *Trainer Guide*: This guide includes the course overview, introductory and instructional activities and an appendix with handouts/reference materials. An asterisk (\*) on a slide indicates the presence of notes for the slide.
- ◆ *Participant Guide*: This guide includes a table of contents, course introduction and all training activities. An asterisk (\*) on a slide indicates the presence of notes for the slide.
- ◆ *Evaluation Guide*: This guide contains module pre-test and post-test, satisfaction and demographic surveys.
- ◆ Nametags/names tents
- ◆ Water access/restroom access
- ◆ Lunch plans

# ETHICS AND VALUES – TRAINER GUIDE

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## HANDOUT #1

### APS Core Competency Training Module - Executive Summary

**Course Title:** Ethics, Values and Cultural Competence in APS

**Outline of Training:**

In this interactive and engaging introductory training, participants learn the basic components of ethics and values as applied to APS social work practice. Trainees will be able to apply a practical framework for ethical decision-making as well as become aware of their own value systems and how they may affect decision-making in the field. Participants will have the tools needed to analyze situations from a culturally competent standpoint. At the conclusion of the training, trainees will be better able to label, organize and understand what they observe and to analyze the consequences of the decisions facing them.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods; PowerPoint slides; participant guide (encourages self-questioning and interaction with the content information); embedded evaluation to assess training content and process; and transfer of learning activity to assess knowledge and skill acquisition and how these translate into practice in the field.

**Course Requirements:**

Please note that training participants are expected to participate in a variety of in-class and post-training evaluation activities. These activities are designed to enhance the learning experience and reinforce the skill acquisition of training participants as well as determine the overall effectiveness of the trainings.

An executive summary of each training and directions for post-training evaluation activities will be provided to training participants and their supervisors. Certificates of course completion will be awarded upon completion of ALL course activities.

**Target Audience:**

This course is designed for new APS social workers as well as Vulnerable Adult Abuse partners (e.g. conservatorship investigators, workers in the aging and disability networks, law enforcement). This training is also appropriate for senior staff that require knowledge and/or skills review.

**Outcome Objectives for Participants:**

Learning goals – Upon completion of this training session, participants will be better able to:

- Define the seven ethical concepts involved in APS work.
- Describe five ways population changes affect work with vulnerable adults.
- List four major influences on APS decision-making.



## ETHICS AND VALUES – TRAINER GUIDE

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- Describe the cultural competence continuum.
- Provide one example of using ethical multiculturalism in working with vulnerable adults.
- List five components of an ethical and culturally competent decision-making framework.

**Transfer of Learning:** *Ways supervisors can support the transfer of learning from the training room to on the job.*


### **BEFORE the training**

Supervisors can encourage line staff to attend the training and help them identify ethical dilemmas that they have faced in the past or anticipate facing in the future. Training participants can share these experiences during training.

### **AFTER the training**


Supervisors can read the training executive summary and instructions for out-of-class transfer of learning activity. Supervisor and training participant will then schedule a time to complete the activity together – at this point trainee can share what specific skills they obtained from the training. If further staff involvement is available, trainee may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

# PRESENTATION



**ETHICS, VALUES  
AND CULTURAL  
COMPETENCE  
IN ADULT  
PROTECTIVE  
SERVICES**

**NCEA/NAPSA  
Core Competencies Curriculum  
MODULE # 2**  
Module 2: Ethics and Values



*For more information  
visit us Online  
Professional Adult Protective Services  
Association  
Phone: 727-26-2299  
Email: [info@napso.org](mailto:info@napso.org)*

1

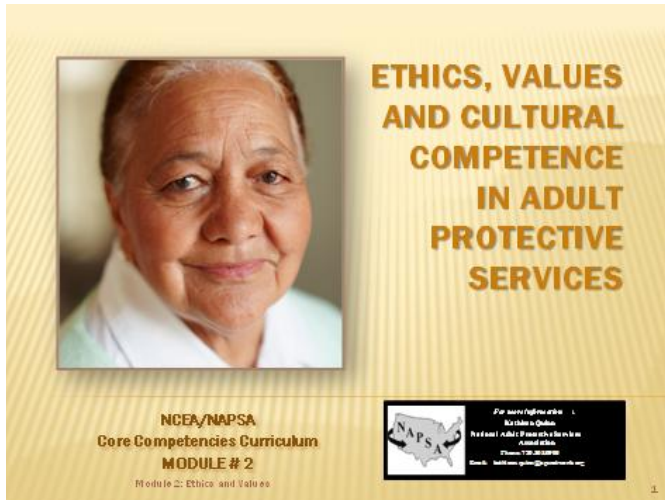
# WELCOME AND OVERVIEW



TIME ALLOTTED: 15 minutes

---

## SLIDE 1



### TOPIC: Welcome to Core Competencies

Welcome to Ethics, Values and Cultural Competence in Adult Protective Services. This is Module 2 in a series of training workshops developed by the National Adult Protective Services Association (NAPSA).

**NOTE:** The full list of modules is found in the Appendix as *Core Competencies for APS Workers*.

Introduce yourself by name, job title, organization and qualifications as Trainer.

## **SLIDE 2**



**National Center on Elder Abuse**

Address: National Center on Elder Abuse  
c/o Center for Community  
Research and Services  
University of Delaware  
297 Graham Hall  
Newark, DE 19716

Phone: 302-831-3525  
Fax: 302-831-4225  
Email: [NCEA-info@aoa.hhs.gov](mailto:NCEA-info@aoa.hhs.gov)  
Web Site: [www.ncea.aoa.gov](http://www.ncea.aoa.gov)

The National Center on Elder Abuse is funded by the  
U.S. Administration on Aging Grant No. 90-AM-2792

### **TOPIC: The National Center on Elder Abuse**

The National Center on Elder Abuse (NCEA) underwrote this module. NCEA is a center for information and assistance on elder abuse.

# ETHICS AND VALUES – TRAINER GUIDE

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## SLIDE 3

This training is a product of the *National Center on Elder Abuse (NCEA)*, which is funded in part by the U.S. Administration on Aging under Grant # 90-AM-2792. The project was developed by the *National Adult Protective Services Association (NAPSA)*, and its contractor, the *REFT Institute, Inc.*




Grantees undertaking projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging policy.

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## **TOPIC: The National Center on Elder Abuse**

This training was developed by NAPSA with the REFT Institute. **Kathleen Quinn** was the project director.

### Slide 4



**NAPSA** NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

- ✦ NAPSA is the only national organization which represents APS professionals, programs and clients
- ✦ NAPSA is the National Voice of APS
- ✦ NAPSA is a partner in the National Center on Elder Abuse
- ✦ NAPSA has members in 49 states and DC

### **TOPIC: NAPSA**

Explain NAPSA's as a national agency representing APS workers.

## SLIDE 5

**HOUSEKEEPING AND INTRODUCTIONS**

- ✘ Schedule for the day
- ✘ CEU instructions
- ✘ Location of restrooms
- ✘ Set cell phones to vibrate
- ✘ Introductions



### **TOPIC: Housekeeping and Introductions**

- ◆ There will be two 15-minute breaks and an hour for lunch today: 12-1 pm in...
  - ◆ Use the restrooms whenever you need to do so. The restrooms are located at...
  - ◆ Please turn off your cell phones for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible.
- Check the course outline to see what you have missed.

### **PARTICIPANT INTRODUCTIONS**

- ◆ Ask participants to:
  - make a brief self-introduction including name, job title, organization
  - respond, in 1 or 2 sentences, to the following question:  
“What is the biggest ethical challenge you have faced in your work life?”

**NOTE:** Record answers onto a flip chart, so you can refer to them as the day goes on. This will provide information on the participants' expectations. It will also get them involved from the beginning, validate their issues, and help to guide the Trainer's focus.

# ETHICS AND VALUES – TRAINER GUIDE

## SLIDE 6

**DEVELOPING AN ID CODE**

- What are the first three letters of your mother's maiden name? Alice **Smith**
- What are the first three letters of your mother's First name? **Alice** Smith
- What are the numerals for the DAY you were born? Nov **29<sup>th</sup>**

Trainee ID Code 

S	M	I	A	L	I	2	9
---	---	---	---	---	---	---	---

**HANDOUT #2:**  
**Letter of Consent to**  
**Participants**

**HANDOUT #3:**  
**MASTER Identification Code**  
**Assignment**

### **TOPIC: Developing an ID Code**

- ◆ **Handout #2** describes the purpose of evaluating training delivered to Adult Protective Service workers, and requests consent from trainees to participate in this process. If trainees agree to participate in the supplemental evaluation process they will complete a brief questionnaire that the trainer will administer before and after the training.
- ◆ **Handout #3** outlines the process for developing a unique ID code, so trainee's data remains anonymous

### **HANDOUT #2: Participant Letter of Consent**

- Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) begun a process of evaluating training delivered to Adult Protective Service workers.
- At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities
- These training evaluation activities aim to: (1) improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and (2) see if the training has been effective in getting its points across.
- If you agree to participate, you will fill out a questionnaire administered before and after the training.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential



## HANDOUT #2 - Letter of Consent to Participants



Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (*Multi-disciplinary Adult Services Training & Evaluation for Results*) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities.

These training evaluation activities have two main purposes:

1. To improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

**Our goal is to evaluate training, NOT the individuals participating in the training.**

In order to evaluate how well the training is working, we need to link each person's assessment data using a code. You will generate the code number using the first three letters of your mother's maiden name, the first three letters of your mother's first name, and the numerals for the day you were born. **Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time.** ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy's training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.

## ETHICS AND VALUES – TRAINER GUIDE

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There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants.

If you have any questions about the evaluation or how the data you provide will be used, please contact:

James Coloma, MSW  
Training & Evaluation Specialist  
Academy for Professional Excellence  
San Diego State University – School of Social Work  
6505 Alvarado Road, Suite 107  
San Diego, CA 92120  
(619) 594-3219  
[jcoloma@projects.sdsu.edu](mailto:jcoloma@projects.sdsu.edu)

## ETHICS AND VALUES – TRAINER GUIDE

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### **HANDOUT #3: MASTER Identification Code Assignment**

- In order to track each of your evaluation responses while maintaining your anonymity, we need to assign you an identification code.
- You will generate the code number using the first three letters of your mother's maiden name, the first three letters of your mother's first name, and the numerals for the day you were born.
- Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time. ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential. Only you will know your ID code refers to you.
- Aggregate data may be used for future research to improve training for Adult Protective Service workers.

# ETHICS AND VALUES – TRAINER GUIDE

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## HANDOUT #3

Trainee ID Code

--	--	--	--	--	--	--	--

Date

MM	/	DD	/	YY	

## MASTER Identification Code Assignment

### YOUR IDENTIFICATION CODE:

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother's *maiden* name?

Example: If your mother's maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

\_\_\_\_ \_

2. What are the first three letters of your mother's *First* name?

Example: If your mother's maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

\_\_\_\_ \_

3. What are the numerals for the **DAY** you were born?

Example: If you were born on November 29, 1970, the numerals would be **29**. If your birth date is the 1<sup>st</sup> through the 9<sup>th</sup>, please put 0 (zero) in front of the numeral (example **09**).

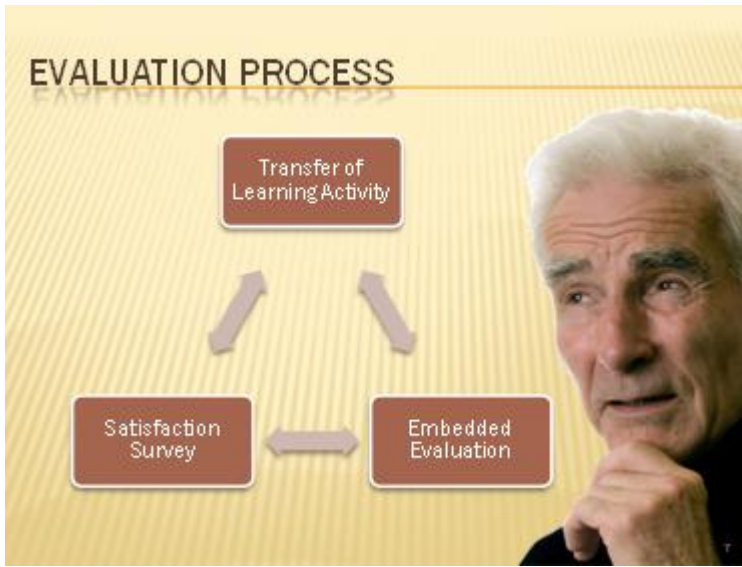
\_\_\_\_ \_

Combine these parts to create your own identification code (example: **S M I A L I 29**).

Please write your identification code in the space at the top right corner of all evaluation materials you receive.

*Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.*

## SLIDE 7



### TOPIC: Evaluation Process

At certain points during this training, as well as following the training you will be asked to complete training evaluation activities, which are all located in your **Evaluation Guide**. The evaluations are not meant to evaluate individuals. The purpose is to obtain feedback on course design and effectiveness, to inform further refinements:

- The *Pre-Test* questionnaire taken before the training session ascertains the knowledge levels of you as participants upon entry to the course.
- The *Post-Test* questionnaire is the same instrument and will be taken again after the training to assess how much you as participants learn from today's training.

**NOTE:** Adult learners often want a measure of how much they have learned from a workshop. Pre and post-tests are useful tools for them to assess their own learning. Workshop sponsors and Trainers also find this tool useful to assess their impacts. As the Trainer, it is your choice whether and how to use the pre and post-tests. Modify the directions you give participants based on your decision.

- The *Satisfaction Survey* will assess your satisfaction with various elements of the training, and be taken at the end of the training today
- The *Transfer of Learning Activity* will allow you an opportunity to practice what you learned following the training and you will be introduced to this activity at the end of today's training as well
- The *Demographic Survey* is designed to help us determine demographic information of trainees in order to better serve your. Please complete and turn this in to me before the end of the day today

## SLIDE 8

Module 2: Ethics and values

### APS CORE COMPETENCIES

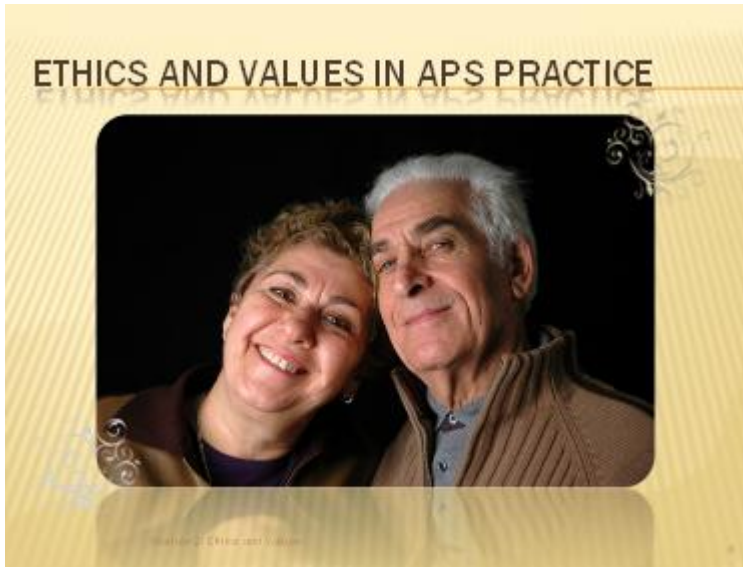
There are twenty-three modules in the Adult Protective Services (APS) Core Competencies identified by NAPSA.

This module, *Ethics, Values and Cultural Competence in Adult Protective Services*, is

### TOPIC: APS Core Competencies

- ◆ This training module is the second of 23 practice-based modules that will comprise a full set of core competencies for Adult Protective Services (APS) workers.
- ◆ These core competencies were identified by APS practitioners in a series of national meetings and work sessions held from 2003 to 2005.
- ◆ The series will cover the basic information that all APS workers need to know in order to intervene in the lives of the elderly and persons with disabilities, who are victims of abuse, exploitation or neglect.
- ◆ This module is general enough to be useful to anyone who is conducting basic APS training.
- ◆ Information on the full set of core competencies is found on the NAPSA website at [www.apsnetwork.org/resources](http://www.apsnetwork.org/resources) and in your Appendix.

## SLIDE 9



## SLIDE 10

Module 2: Ethics and Values

### TRAINING GOALS

- ✦ Provide a culturally competent ethical decision-making framework.
- ✦ Increase ethical self-knowledge.
- ✦ Increase knowledge and use of ethical multiculturalism principles.



### TOPIC: Training goal

- ◆ The purpose of this workshop is to **“demystify” ethics** and offer a practical framework for ethical decision-making on the front lines.
- ◆ It will help APS professionals to become more **knowledgeable of their own value systems** and their approach to decision-making and give them tools to analyze situations from a culturally competent standpoint.
- ◆ It will assist APS workers in labeling, organizing and understanding what they see and help them to analyze the **consequences** of the decisions facing them.

APS workers confront a variety of **ethical dilemmas** in the course of their daily practice. They also may be challenged by differences in culture, beliefs, and values.

Although the balancing act between self-determination and protection is at the heart of APS work, there are other sources of ethical conflict that complicate difficult case situations. Participants will learn how to identify major ethical concepts and dilemmas related to their daily practice and probe the many factors that influence the decision-making process.




## SLIDE 11

Module 2: Ethics and Values

### LEARNING OBJECTIVES

- ✦ Define 7 ethical concepts in APS work.
- ✦ Describe 5 population changes that influence work with vulnerable adults.
- ✦ List 4 major influences on APS decision-making.

A small, square portrait of a woman with dark hair, smiling, wearing a patterned top. The portrait is set against a white background and is framed by a thin black border. It is positioned to the right of the learning objectives list.

### **TOPIC: Learning objectives**

**Upon completion of this training session, participants will be better able to:**

- ◆ Define the seven ethical concepts involved in APS work.
- ◆ Describe five ways population changes affect work with vulnerable adults.
- ◆ List four major influences on APS decision-making.

## SLIDE 12

Module 2: Ethics and Values

### LEARNING OBJECTIVES

- ✦ Describe the cultural competence continuum.
- ✦ Provide an example of using ethical multiculturalism principles.
- ✦ List 5 parts of an ethical and culturally competent decision-making framework.

A portrait of a woman with dark hair, wearing a white and black patterned top, and a red bindi on her forehead. She is smiling slightly and looking towards the camera. The background is a warm, golden-brown color.

### **TOPIC: Learning objectives**

#### **Additionally, participants will be better able to:**

- ◆ Describe the cultural competence continuum.
- ◆ Provide one example of using ethical multiculturalism in working with vulnerable adults.
- ◆ List five components of an ethical and culturally competent decision-making framework.

# ETHICS CODES AND CONCEPTS: ACTIVE LEARNING #1



TIME ALLOTTED: 45 minutes

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SLIDE 13



# ETHICS AND VALUES – TRAINER GUIDE

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## SLIDE 14

**ACTIVE LEARNING #1: LARGE GROUP**

Brainstorming:  
What are some ethical issues you confront in your daily practice?



**TIME: 15 minutes**

15 minutes large group

**TOPIC: Active learning #1**

### INSTRUCTIONS

**TIME ALLOTTED: 15 minutes**

- ◆ **Large group brainstorming:** This is a way to get participants to think about some of the vexing ethical issues they face in their practice. As participants share the issues, summarize them on a flip chart.

Save the list of issues for a later discussion of ethical concepts and dilemmas.

### BRAINSTORMING:

We will begin today by sharing some of the challenging ethical issues that you have faced. As you share, I will write the issues on this flip chart for us to use later.



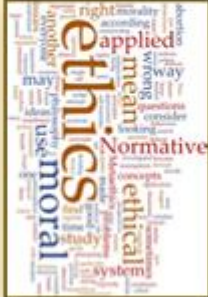
*What are some challenging ethical issues that you confront in your daily practice?*

**NOTE:** Provide an example if you get no response: When adult children appear to have the client's well-being in mind, but their desires conflict with the client's wishes.

## SLIDE 15

**ETHICS: DEFINED**

- \* "Good" or "right" conduct
- \* Branch of philosophy dealing with values of human conduct
- \* Useful in assessing the rightness of decisions and the fairness of the decision-making process



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### TOPIC: Ethics defined

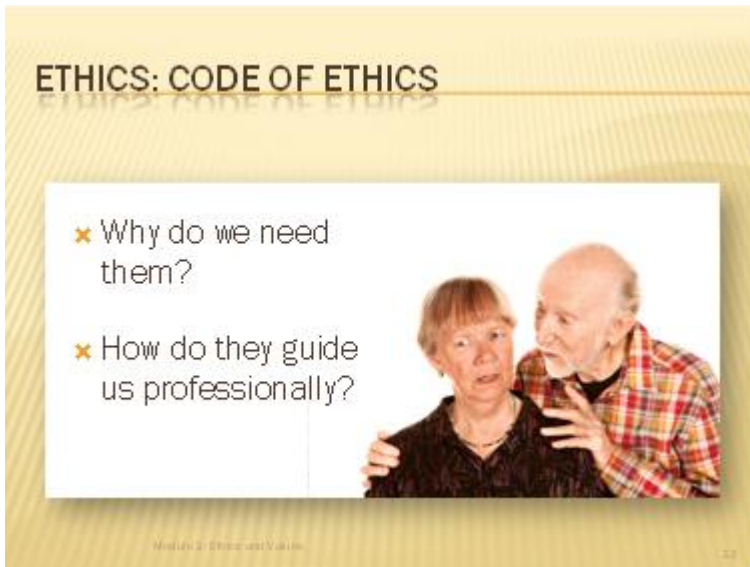
#### DEFINITION:

- ◆ **Ethics** is defined as “good” or “right” conduct.
- ◆ **DEFINITION:** that **branch of philosophy dealing with values** relating to human conduct, with respect to the rightness and wrongness of certain actions and to the goodness and badness of the motives and ends of such actions.

**Ethics** as a field of study is useful in assessing both the **rightness of decisions and the fairness of the decision-making process.**

Ethical guidelines can help order values when values are in conflict. The use of ethical concepts does not dictate final decisions, but can help substantially in clarifying what criteria are being used and how they are weighted in comparison with each other

## SLIDE 16



### TOPIC: Codes of Ethics

**Codes of ethics** are guides to understanding the concerns of a profession and the parameters of acceptable actions. A code of ethics serves the following purposes:

- ◆ To identify core values on which a profession's mission is based
- ◆ To summarize broad ethical principles that reflect the profession's core values and to establish a set of specific ethical standards that should be used to guide practice
- ◆ To help workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise
- ◆ To provide ethical standards to which the general public can hold the profession accountable
- ◆ To orient new workers to the profession's mission, values, ethical principles, and ethical standards

A code of ethics **cannot guarantee ethical behavior**. Moreover, a code of ethics cannot resolve all ethical issues or disputes or capture the richness and complexity involved in striving to make responsible choices within a moral community.

Rather, a code of ethics sets forth values, ethical principles, and ethical standards to which **professionals aspire and by which their actions can be judged**. Social workers' ethical behavior should result from their personal commitment to engage in ethical practice.

From *NASW Code of Ethics*.

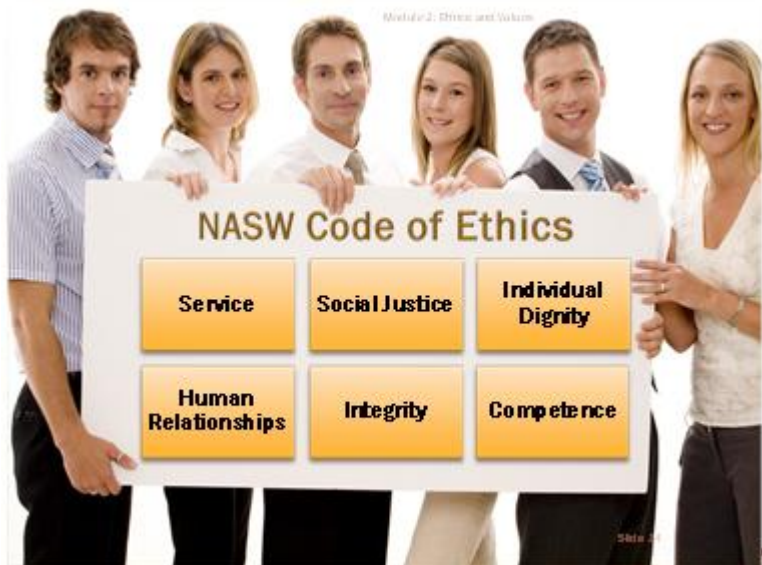
**CONTINUE**

## ETHICS AND VALUES – TRAINER GUIDE

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We will examine two Codes of Ethics, the National Association of Social Workers' (NASW) and the National Adult Protective Services Association's (NAPSA). Much of what APS does falls under the general category of social work, so NASW's principles apply. NAPSA's Code is APS- specific and is more focused on principles of good practice. Persons from other professions, such as nursing, who work in APS should be familiar with and abide by their own profession's code of ethics.

## SLIDE 17



### HANDOUT #4:

### NASW Code of Ethics

### TOPIC: NASW Code of Ethics

We use the **National Association of Social Workers (NASW) Code of Ethics** because it is the standard for social workers in this country. Although APS workers are not all trained social workers, we believe that the kind of work we do fits appropriately into this ethical code. Let's look at this code on **Handout #4: NASW Code of Ethics** and see how it relates to APS work.

- ◆ **Service:** This is explained by NASW as service to others above self-interest. It encourages us to draw on our knowledge, values, and skills to help people in need and to address social problems.
  - In APS work this is a given... that we are helping people in need and addressing the mistreatment of vulnerable adults. The problems APS addresses encompass more than just abuse...



*What other types of problems are encountered in APS work?*

- APS workers deal with mental illness, physical disabilities, medical conditions, substance abuse, housing problems, financial distress, etc. Having to help people with these problems requires us to have knowledge in many different areas and to learn skills to deal with a variety of populations and situations. It also requires us to examine our own values so we can most effectively be of service to those in need.

**CONTINUE**



## ETHICS AND VALUES – TRAINER GUIDE

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- ◆ **Social Justice:** According to NASW, social justice entails the pursuit of social change with and on behalf of vulnerable and oppressed people and promotion of sensitivity and knowledge about issues affecting others. It also means we should ensure access, equality of opportunity and meaningful participation in decision-making for all people.



*How do we do this in APS?*

In APS we deal with ageism, racism and discrimination against the elderly and people with disabilities. Often we see an unmet need and look for creative ways to meet the need – or we put pressure on other entities (community agencies, government programs, etc.) to meet the need. In APS we do not work in a vacuum. We need other disciplines and programs to help serve our clients and, oftentimes, it is up to us to make that happen.

- ◆ **Dignity:** Social workers are expected to respect individual differences, self-determination and to enhance the client's capacity and opportunity to change and address his/her own needs to resolve conflicts between the client's interests and those of society.



*How does that play out in APS work? How do we resolve those conflicts between what the client wants and what the community/reporter/family member feels the client should do?*

- **Self-determination is the core of APS work** – it is one of the ethical principles we will be discussing later. Often we have to stand up for the client's wishes even if we don't agree with them... even when it puts us at odds with others.
- ◆ **Human Relationships:** Social workers recognize that relationships among people are important vehicles for change and strive to strengthen relationships among people. In APS work we realize that isolation is a big issue and we try to increase the social world of our clients. We also recognize that clients and their families have bonds of loyalty which may challenge us when abuse is involved. We'll be discussing the issue of loyalty in a few minutes.
- ◆ **Integrity:** Social workers are supposed to act honestly and responsibly, as, of course, are APS workers.
- ◆ **Competence:** Social workers are encouraged to increase professional knowledge and skills. Today's training is an opportunity for you to increase your knowledge about ethics and ethical practice. It is also a chance to become more culturally sensitive and competent – which will increase your skills in working with populations that may have a very different background from you.

## HANDOUT #4:



## National Association of Social Workers Code of Ethics (abbreviated)

### Value: *Service*

- **Ethical Principle:** *Social workers' primary goal is to help people in need and to address social problems.*

### Value: *Social Justice*

- **Ethical Principle:** *Social workers challenge social injustice.*

### Value: *Dignity and Worth of the Person*

- **Ethical Principle:** *Social workers respect the inherent dignity and worth of the person.*

### Value: *Importance of Human Relationships*

- **Ethical Principle:** *Social workers recognize the central importance of human relationships.*

### Value: *Integrity*

- **Ethical Principle:** *Social workers behave in a trustworthy manner.*

### Value: *Competence*

- **Ethical Principle:** *Social workers practice within their areas of competence and develop and enhance their professional expertise.*


**Source:** For the complete *NASW Code of Ethics*, see [www.socialworkers.org/pubs/code](http://www.socialworkers.org/pubs/code)

## SLIDE 18

Module 2: Ethics and Values

### APS GUIDING VALUES

- ✦ Every action taken by APS must balance the duty to protect with the right to self determination
- ✦ Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.



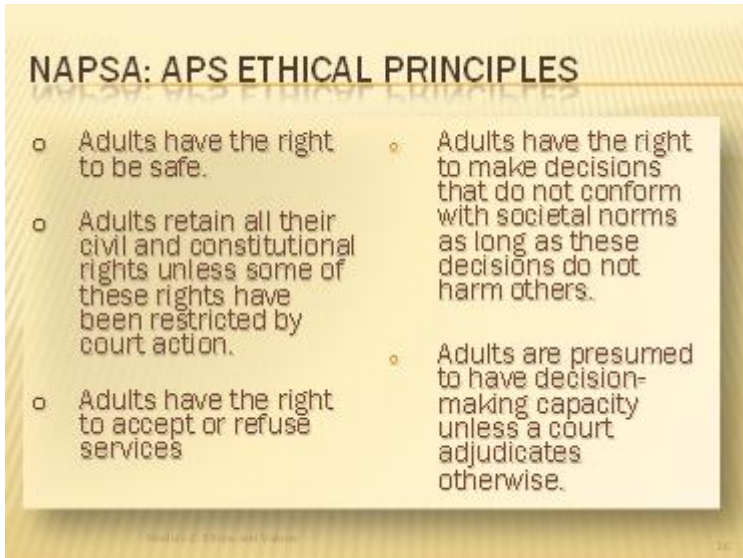
### TOPIC: NAPSA values

#### The Guiding values of the NAPSA Code of Ethics are:

- ◆ Every action taken by APS workers must balance the duty to protect with the right to self determination.
- ◆ Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

NASW Code of Ethics presents a standard which all human services professionals should follow. NAPSA has developed a set of values and principles that are particular to the work of APS.

## SLIDE 19



## TOPIC: NAPSA Ethical Principles

The principles listed in the NAPSA Code of Ethics are:

- ◆ Adults have the right to be safe.
- ◆ Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- ◆ Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- ◆ Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- ◆ Adults have the right to accept or refuse services

As we begin the exploration of 7 general ethical concepts, we'll frame the discussion with these ethical principles developed by NAPSA. As we look at each concept, think about how these particular APS principles fit in.

## SLIDE 20

**ETHICAL CONCEPTS**

- \* Autonomy
- \* Beneficence
- \* Nonmaleficence
- \* Privacy
- \* Fidelity
- \* Accountability
- \* Justice

*Photo: © iStockphoto.com*

### **TOPIC: Ethical Concepts**

**These are the 7 ethical principles that we will be discussing today.** The names may seem scary, but our goal is to move them from something academic into a framework that you can use in your front-line practice.

- These ethical principles are all good things. They describe what is good or right conduct. When you understand them they help to anchor you in your understanding of difficult APS situations and also help you to understand the ethical conflicts confronting you in a difficult decision. We frame these principles as **rights**, although you will soon realize there are circumstances that may pose a challenge to these rights. We will look at the APS worker's role in supporting these rights... and discuss the ethical issues that confront us.
- **An important caveat** – that ethical principles may be defined differently depending **on the individual's culture. What Americans see as a basic right, for example, may not be defined the same way in another culture.** For example, in some cultures the needs of the entire family may supersede those of its individual members. This differs from Americans' strong emphasis on individual autonomy.
- During the day we will be discussing how cultural differences, and other types of differences, influence our work and our success in APS.



*What is the most basic contradiction in APS practice?*

APS workers operate under a dual and potentially contradictory mandate: to protect the individual's safety while preserving the individual's freedom of choice.

## SLIDE 21

### ETHICAL CONCEPTS: AUTONOMY

- ✦ Right of individuals to make choices as long as they have decision-making capacity and cause no harm to others. Decisions should be voluntary, intentional and not due to coercion, duress, or undue influence.
- ✦ **APS Workers:** Respect the client's self-determination.



### TOPIC: Autonomy

We can boil that down to “**I want what I want.**”

- ◆ **Working definition:** Adults are free to live as they choose, no matter how foolish or self-destructive this may be, as long as they comprehend the likely consequences of such action and do not threaten others.
  - **Fundamental value of Western thinking.** Keep this in mind when working with individuals from other cultures. Other cultures may value interdependence more than independence.
  - Autonomy is concerned with respecting and promoting self-determination. It requires respecting assertions of client's individuality.
- ◆ **There are two kinds of autonomy:**
  - Decisional autonomy – ability and freedom to make decisions without external coercion or restraint.
  - Autonomy of Execution - ability and freedom to carry out and implement personal choices.



*What is an example of having one and not the other kinds of autonomy?*

**CONTINUE**

## ETHICS AND VALUES – TRAINER GUIDE

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### Example:

Client is an amputee and a severely out-of-control diabetic. She was hospitalized due to a fall. She fell trying to get out of bed and into her wheelchair, and fractured her hip. She states she wants to go home. She has mental capacity and has expressed her wishes. Her history indicates that she is non-compliant with her diet and doesn't take her insulin regularly. She has no immediate family to assist and is not interested in having a home health aide. She has decisional autonomy, but can she make it happen? Can she implement her own personal choices? In other words, does she have autonomy of execution?



*What are the barriers to executing an autonomous decision?*

- ◆ **Consider the barriers clients** face when trying to make an autonomous decision. Are all refusals autonomous? Think about our own barriers. Some barriers include
  - Physical disability
  - Mental illness or cognitive impairment
  - Financial limitations
  - Lack of resources
  - Lack of information
  - Religion
  - Culture
  - Influence of family members: loyalty, fear, shame

## SLIDE 22

**ETHICAL CONCEPTS: BENEFICENCE**

- ★ Right to receive care by others that maintains and/or enhances the client's welfare.
- ★ **APS Workers:** Do good for others. Promote the welfare of others.



Photo © iStock.com/John

### TOPIC: Beneficence

This is the **bedrock of the helping professions**, especially for doctors, nurses and social workers. It is the obligation to perform acts which benefit others. We have a commitment to do what serves the best interests of the client, no matter what our own interests are or what the interests of others are.

- ◆ But who is our client? Is it the elder? The family? The community? Our agency? For whom are we to do good? How can we do good for everyone?

In APS, the client is always the vulnerable adult. The rights and considerations of others may be taken into account, but APS' priority must always be on the needs, interests and wishes of the vulnerable adult.

Often APS clients have impairments or poor judgment, but still have capacity to make their own decisions. The **most important tool workers have is their use of self** and the development of a relationship with the client.



*What qualities are needed to develop these relationships?*

We must be able to work with client and family. We must know the client's past and present, understand the individual, the family system, as well as the cultural, religious, societal factors that influence that individual.

**CONTINUE**



## ETHICS AND VALUES – TRAINER GUIDE

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Some of the **qualities needed in an APS worker** include:

- Patience
- Ability to build trust and rapport
- Respect
- Sensitivity
- Persistence
- Compassion
- Knowledge/information about medical and mental conditions
- Knowledge of resources.



*How do you influence a client to accept help?*


- ◆ These are some **ways to use the relationship established with the clients to practice beneficence in order to help them** while still respecting their autonomy.
  - **Empowerment:** through provision of information, return the client to his/her own established values.
    - ✓ **Remove impediments** that keep people from making their own choices. Impediments include some of the barriers we already talked about, like lack of information, lack of resources, fear, family loyalty, etc.
    - ✓ Offer **positive** options such as reduction of fear, more contacts with others, better health, etc.
  - **Advocacy:** Bring in others (doctors, family, friends, church people) to help support.
  - **Persuasion:** First and foremost, develop a trusting relationship with the client. Do a reality check (show me how.....), offer incremental services (let's try this for one month and see how it works) offer arguments to try and get client to change his/her mind, offer options, negotiate a compromise.

**When using persuasion, we need to ask ourselves if the ends (protection) justify the means (type of influence).**

## SLIDE 23

**ETHICAL CONCEPTS: NONMALEFICENCE**

- ★ Right to expect others to “do no harm” in the maintenance or enhancement of the client’s welfare
- ★ **APS Workers:** Do not act in a way that will inflict harm on others. Weigh out all the possible consequences of your actions.



Module 2: Ethical Values

### **TOPIC: Nonmaleficence**

This principle is expressed in the **Hippocratic Oath**, “to do no harm,” and is seen in all professional ethical codes.

- ◆ **Nonmaleficence** constrains the types of treatment that are acceptable in a particular situation by limiting the risks clients are subjected to by treatment. We should be guided not to inflict harm.



*What are some examples of how unintentional harm can be done to an APS client?*

- ◆ Having son or daughter removed from the home, leaving the client with no help at all. Contacting a family member against the client’s wishes, alienating the client from the family member or destroying the client’s trust in you. Calling the Health Department for some help and having them condemn the house.

Consider the following:


- ◆ What if intervention will ruin the relationship with family?
- ◆ What if it will get the client evicted?
- ◆ What if the elder loves the abuser and doesn’t want any intervention?

**We need to weigh the consequences of our possible interventions.**

## SLIDE 24

**ETHICAL CONCEPTS: PRIVACY**

- Right to maintain privacy regarding personal information, interpersonal relationships, physical environment, and lifestyle, as long as it does not infringe on the rights of others.
- **APS Workers:** Respect client's right to control information about him/herself.



Module 2: Ethics and Values

### TOPIC: Privacy

- ◆ Many older people are **very private** about their personal and financial information. When Adult Protective Services becomes involved their privacy is threatened.
  - We need to understand the elder's cultural expectations about privacy.

Questions include: What are the barriers to privacy? What must they disclose to receive services? What do they give up when we make an investigation? Does mandatory reporting infringe on their privacy?



*What affects the elder's right to privacy?*

- **Disclosure** of assets and income in order to determine eligibility for programs
  - **Intrusion** into home
  - **Loss of identity** when hospitalized: stripped of clothing and identity; infantilized
  - **Loss of routine, and personal stuff** when placed in nursing home or other facility
- ◆ **For the APS worker, privacy is an issue.**
    - **Federal restrictions** such as Health Insurance Portability and Accountability Act (HIPPA), as well as state confidentiality laws, local ordinances, and program policies governing APS practice must always be taken into consideration.

## SLIDE 25

**ETHICAL CONCEPTS: FIDELITY**

- Right to have others show loyalty or commitment to the client when they need help.
- Right and responsibility of family members to care for and assist one another (e.g. filial piety).
- **APS Workers:** Include and respect ideas of family members and significant others.



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### TOPIC: Fidelity

- ◆ Also known as **promise keeping** or need for respect. Promises may have to be broken on moral grounds but never for convenience or self-interest.
  - What kinds of promises are made to clients? How are they honored? How do families show loyalty to one another? What is your experience with families and their loyalty?



*How is this an ethical issue for you in your practice? How do you balance what the family sees as a need with what the client sees as the need?*

- ◆ **Loyalty to family impacts APS practice deeply.** Clients feel loyalty to abusive family members and will often resist changing their situation because they don't want to endanger the relationship. Clients can also often expect a family member to care for them in spite of that person's physical or mental state, or geographic location.
  - Sometimes family feel so responsible to provide care, that they ignore their own needs.
  - Sometimes the family member who is "chosen" to do the caregiving is not the most appropriate person.

## SLIDE 26

**ETHICAL CONCEPTS: ACCOUNTABILITY**

- ★ Right to expect others to tell the truth and be responsible for their actions.
- ★ Right to expect others to expose the deception and irresponsibility of others.
- ★ **APS Workers:** Be accountable and responsible for your actions and expect others to do the same.



Workforce Ethics and Values

### TOPIC: Accountability

- ◆ Professionals in any field can be called upon to **justify their professional actions**. The criteria against which they and their agencies can be held accountable are those embodied in the normative standards of their particular profession.




*How are you accountable? Legal mandate, time frames, documentation:*

- ◆ Documentation makes a person's professional actions "transparent" or easily assessed. **Transparency** is necessary because accountability may involve defending one's actions or decisions to a professional or legal authority. Because human services professionals are ultimately responsible to the people they serve, transparency and accountability generally mean that processes and criteria for decision making are available for public inspection.
- ◆ Accountability also means truth-telling. Mandated reporters, for example, must do so in good faith, but sometimes reporters distort the situation to meet their own needs. The APS worker's investigation needs to take this possibility into account. Whistle blowing, or reporting of unethical practices or events within one's own agency, is also part of accountability.

## SLIDE 27

**ETHICAL CONCEPTS: JUSTICE**

- \* Right to be treated equitably whether they are a caregiver or care receiver.
- \* **APS Workers:** Fairly distribute benefits (or costs or harms) among individuals.



Module 2: Ethics and Values 24

### TOPIC: Justice

- ◆ Justice is based on the idea of a society which gives individuals and groups **fair treatment** and a just share of the benefits of society.
  - A number of important questions surrounding justice have been fiercely debated over the course of history: What is justice? What does it demand of individuals and societies? What is the proper distribution of wealth and resources in society: equal, meritocratic, according to status, or some other arrangement?
  - There is a myriad of possible answers to these questions from divergent perspectives on the political and philosophical spectrum.
  - This is an important consideration in APS practice.
- ◆ The following are some **questions regarding justice** as an ethical principle in APS. As we go through them, try to identify which are micro and which macro:
  - Do we expend greater resources on those who are sicker or require more care?
  - With limited funding, who gets the services?
  - Can we justify paying for a needed service when the elder has money but refuses to spend it? If the client refuses to spend his/her own money (because she/he is saving it for a rainy day or because “I paid my taxes and the government owes it to me”), is there justice in allocating precious emergency funds which could be used for someone without assets?
  - Do caregivers deserve justice if they are expected to do more than they are physically/emotionally able to do?
  - Do neighbors deserve justice if our client’s poor hygiene standards/ housing conditions are affecting their livelihood or property?
  - Does the service system operate on the basis of justice?
  - How do cultural beliefs influence our perception of justice?

## SLIDE 28

**ETHICAL CONCEPTS: IMPACT**

- ★ Typical problems begin with specific situations:
  - + Limited, specific, individual focus, requiring...
  - + Limited, specific, individual answers.
- ★ At the same time, we use a set of standards in order to analyze situations.



Module 2: Ethics and Values 28

### **TOPIC: Ethical concepts: Impacts**

- ◆ Typical problems begin with specific situations. They have limited, specific, individual focus, requiring limited, specific, individual answers.
- ◆ At the same time, we use a set of standards in order to analyze these situations.

**We will now consider several case scenarios which present ethical dilemmas and discuss how the ethical principles just presented might help us resolve these difficult situations.**

## ETHICAL DILEMMAS: ACTIVE LEARNING #2



TIME ALLOTTED: 30 minutes

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SLIDE 29






## SLIDE 30

**ETHICAL DILEMMA: DEFINITION**

- An ethical dilemma presents a choice between two relevant sets of values, two good things.



Example: Time or Money

APSA 2012 Ethics and Values

### TOPIC: Ethical dilemma - definition

- ◆ An **ethical dilemma** presents a choice between two relevant sets of values, two good things (example: autonomy and beneficence).
  - Both options can be justified, so the worker is faced with making a difficult decision.
  - How that decision is made and justified will be discussed in this afternoon's session, but the upcoming Active Learning #2 requires participants to think about how ethical concepts/principles may conflict with each other, causing a dilemma.
  - This leads into **Handout #5: Ethics and Values in APS Work**.

## SLIDE 31

**ACTIVE LEARNING #2**

Large Group Exercise

- ★ Individually read scenarios on handout.
- ★ Share ethical issues and dilemmas found with large group.



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### HANDOUT #5:

### Ethics and Values in APS Work

### TIME: 25 minutes

10 minutes individual  
15 minutes large group

### TOPIC: Ethical dilemmas scenarios

### INSTRUCTIONS

**TIME ALOTTED: 25 minutes**

**Large group discussion:** The scenarios list is shared in a group discussion. This activity can be done in large group or small group modality, depending on time frame and group size.

- ◆ Participants individually read through the **Handout #5: Ethics and Values in APS Work** which is in the *Participant Guide*. Individually, they are to identify the ethical issues or dilemmas in each scenario. This should take about 10 minutes.
- ◆ Once they have identified the concepts, discuss the examples in the large group. The trainer can add some suggestions as listed below.

### ACTIVITY:

You are going to practice using some of the ethical concepts and other ideas that we have been discussing. We will use the **Handout #5: Ethics and Values in APS Work**, which is in your *Participant Guide*.

- ◆ **Individually** read the worksheet scenarios. Identify the ethical issues or dilemmas represented by each scenario. You will have about 10 minutes to do this. Then we will discuss what you chose with other members of the class.
- ◆ **Large group discussion:** Now, let's see what you came up with for the first scenario.

**CONTINUE**

## ETHICS AND VALUES – TRAINER GUIDE

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**NOTE:** Go through each of the scenarios. Invite participants to speak up if they agree or disagree with the choices of previous participants. Then add comments if appropriate.

◆ **Some suggested comments:**

- Scenario #1: The conflict is **autonomy** (Mrs. D has a right to refuse medication) and **beneficence** (her right to be safe/APS responsibility to protect her). Although Mrs. D has capacity, it does not necessarily mean that APS walks away... but it does mean that the worker must try to build a trusting relationship with her, provide information and education to help her make an informed choice, and discuss the medical consequences if she does not take insulin.
- Scenario #2: The conflict is **loyalty/filial piety** (Mr. F feels loyalty to his son) but the son is not returning that loyalty/filial piety because he is not providing for his father's needs. Also, there is beneficence (Mr. F's right to be safe). When APS gets involved in a situation like this, care must be taken to consider the consequences of any action (**nonmaleficence**). If worker alienates the son or criticizes the son to the client, Mr. F. may close the door on the worker. If worker has son removed, there may be insufficient services available to meet client's needs. On the other hand, making no changes leaves Mr. F. at risk.
- Scenario #3: The conflict is between **autonomy** (Mrs. S's independence, living in same home for 50 years) and **beneficence** (worker's pushing to have her placed elsewhere to keep her safe). Other issues include **nonmaleficence** (would moving her away from her home to a facility or to another state be in her best interest?) and who is this nephew and what is his interest in her money? What do we know about him? How do we know he will provide for her in California?).
- Scenario #4: The issues are **privacy** (Mrs. C's right not to disclose personal financial information) and **beneficence** (her right to services and to be safe). This is a situation where APS would need to use the relationship and perhaps some reality testing to explain the need for the information in order for Mrs. C to receive help. Mrs. C's assertion of her entitlement is one that may "push the worker's buttons" so worker must be careful not to let personal values get in the way.
- Scenario #5: The issues are **loyalty/filial piety** (Mrs. B expects her daughter Ruth to provide care for her) and **justice** (Ruth has physical and medical problems and cannot provide the kind of assistance her mother needs). In this case, the APS worker has 2 clients and must build relationship and trust with both of them. In this case, APS may have two separate cases. The worker must discuss this situation with their supervisor in order to avoid a conflict of interest. It may be that two workers need to be assigned to the family and coordinate their work so that the needs of both clients are met.

### HANDOUT #5: Ethics and Values in APS Work

#### Name the Ethical Issue/Dilemma

1. Mrs. D. is 76 years old and has just been diagnosed with diabetes. The illness has been explained to her. She has adequate mental capacity to understand the role of medication in her illness. She expresses an unwillingness to take insulin.
2. Mr. F., age 82, lives with his son John who is mentally ill and unemployed. Mr. F relies on John to pay the bills and shop for food. The utilities are about to be shut off and there is no food in the house. Mr. F. wants John to remain in the home and John says he is caring for his father very well.
3. Mrs. S, age 79, was hospitalized due to a fall. She is ready for discharge. She has lived in her own home for 50 years. She has 3 cats that she loves very much and she is very worried about them. The home is in disrepair and is very cluttered, but she states she wants to go home. The social worker is concerned that Mrs. S. won't be able to manage at home and feels she would do better in an assisted living or long-term care facility. A nephew in California is contacted and he said that he would sell her home and take her with him to California.
4. Mrs. C. is in need of services but refuses to divulge her income to the social worker. She says this is none of the government's business, and she should be entitled to services for free.  
.
5. Mrs. B, age 95, is frail and needs assistance with all activities of daily living. She is cared for by her 72 year old daughter Ruth who lives a half hour away. Ruth is undergoing chemotherapy and also has a problem with her back. Mrs. B refuses a home health aide care because she doesn't want a stranger in her house who might steal from her; she says that Ruth has always cared for her and Ruth should continue to do so.

**BREAK**  
**15 minutes**

## INFLUENCES ON ETHICAL DECISION MAKING: ACTIVE LEARNING #3



TIME ALLOTTED: 60 minutes

SLIDE 32

**ACTIVE LEARNING #3**

- ★ Small groups discuss one influence
- ★ Report shared with large group
- ★ Large group brainstorming of strategies



**HANDOUT #6:**  
**Influences On**  
**Decision-Making**

**TIME: 60 minutes**

5 minutes instructions  
20 minutes small group  
35 minutes large group

**TOPIC:** Active Learning # 3

### INSTRUCTIONS

**TIME ALLOTTED: 20 minutes**

- ◆ **Small group discussion:** Divide the class into at **least** 4 groups with a maximum of 5 people in each group. Each of the four groups will be assigned one scenario representing a different type of influence on decision-making, from **Handout #6** in the *Participant Guide*.
  - If the class is large, more groups can be created and the same issue can be assigned to other groups.

### SCENARIOS:

Each of your small groups has been assigned one of the scenarios representing influences on decision-making. You have 20 minutes to review the issues in your small group. Choose a reporter to tell the rest of us, at the end of that time, what your group came up with.

## HANDOUT #6: Influences on Decision-Making

### 7.1 Influences on Decision-making Process: Client Wishes



#### Client Wishes

*There are times when a client who has capacity is making a decision that you feel is harmful.*

In your small group, choose a recorder and a spokesperson. Discuss the following:

- ◆ How do you determine if your client understands the consequences of his/her choice?
  
  
  
  
  
  
  
  
  
  
- ◆ What techniques might be helpful to engage a client who is making a choice, which puts him/her at risk?

### 7.2 Influences on Decision-making Process: Professional Obligations



#### Professional Obligations

*There may be times when your ethical assessment and plan of action comes into conflict with that of your supervisor, administrator, or legal directive.*

In your small group, choose a recorder and a spokesperson. Discuss the following:

- ◆ What strategies can you use to deal with the differences between your view and that of your supervisor or administrator?
  
  
  
  
  
  
  
  
  
  
- ◆ How do you support your assessment? When/how do you compromise?



## 8.3 Influences on Decision-making Process: Personal Values and Boundaries



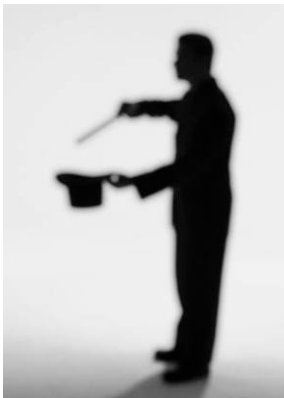
### Personal Values and Boundaries

*There are times when certain clients, family members, or situations push your buttons and may interfere with your ability make ethical judgments regarding the situation at hand. There also may be times when your boundaries become too loose or too rigid.*

In your small group, choose a recorder and a spokesperson. Discuss the following:

- ◆ How do you know when your values (cultural, religious, ethnic) or gut reactions are getting in the way of your work with/on behalf of your client?
  
  
  
  
  
  
  
  
  
  
- ◆ What strategies can you use to maintain objectivity and clear boundaries?

### 8.4 Influences on Decision-making Process: Community Pressure



#### **Community Pressure**

*Oftentimes outsiders, community agencies, and family members feel that they know the best decision to be made for your client.*

In your small group, choose a recorder and a spokesperson. Discuss the following:

- ◆ What positive strategies can you use to deal with other agencies?
  
  
  
  
  
  
  
  
  
  
  
  
  
  
  
- ◆ What strategies can you use to deal with family members? What action can you take when family members disagree with each other regarding the plan of action for your client?

## SLIDE 33



**NOTE:** Wait to show this slide during the large group reporting time, as you make comments.

### TOPIC: Factors Influencing Decision-making

### INSTRUCTIONS

**TIME ALLOTTED: 35 minutes**

- ◆ **Large group reporting:** Ask each group to choose a recorder/reporter. At the end of 20 minutes, each group will report back to the large group. As each group reports, ask for additional suggestions or comments. Then supplement the reports with comments listed below.

### COMMENTS

**NOTE:** The following comments should be made while the participants are responding to the scenario reports.

### There are four areas that influence the decision-making process:

- ◆ **Client wishes:** What the client wants to do. The client wants to make his/her own choices even if he/she is old, eccentric, mentally ill, involuntarily committed, dying -- whether or not we, family, physician concur -- as long as those choices do not infringe on rights of others. The key is to make sure that the client understands the consequences of the decisions and has the capacity to make that particular decision.

**CONTINUE**

## ETHICS AND VALUES – TRAINER GUIDE

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- ◆ **Professional Obligations:** Our role/responsibility on the job. It involves state statute(s), regulations and policies, the personnel manual, applicable code of ethics and what is expected of us from supervisor and administrator. Instances may arise when APS workers' ethical obligations conflict with agency policies or relevant laws or regulations. When such conflicts occur, workers must make a responsible effort to resolve the conflict in a manner that is consistent with the values, principles, and standards of the profession. If a reasonable resolution of the conflict does not appear possible, workers should seek proper consultation before making a decision.
  
- ◆ **Personal Values:** What are our beliefs about what is good and what is right? What is it about this client that pushes our buttons? Do we like the client because she reminds us of our mother, do we feel guilty about our own behavior in our own family and try to compensate with clients? How do we feel about the abusive acts committed? Are we angry at clients/ abusers because of characteristics that we are not comfortable with: drug use, HIV, demanding behavior, etc.? Are there cultural, racial, religious values that are interfering with the process? Are there cultural, ethnic, or religious stereotypes that are interfering with our ability to service this client?
  - APS workers should be aware of the impact on ethical decision making of their clients' and their own personal values and cultural and religious beliefs and practices. They should be aware of any conflicts between personal and professional values and deal with them responsibly. For additional guidance workers should consult the relevant literature on professional ethics and ethical decision making and seek appropriate consultation when faced with ethical dilemmas. This may involve consultation with an agency-based organization's ethics committee, a regulatory body, knowledgeable colleagues, supervisors, or legal counsel.
  - *Counter transference issues:* Who does the client remind you of? If we like someone more, we may work harder and be more flexible. If we like someone less, we may apply the rules more rigidly. There is a need for self awareness, for looking inside ourselves to see if the situation is really an ethical dilemma or a self-imposed barrier.
  
- ◆ **Community pressure:** What others think we should do or act in this situation. What are the values of other professions? What are the motives for the pressure? What is the public good? How do we explain our position? How do we justify our actions or inactions? Is that necessary?

**LUNCH BREAK**

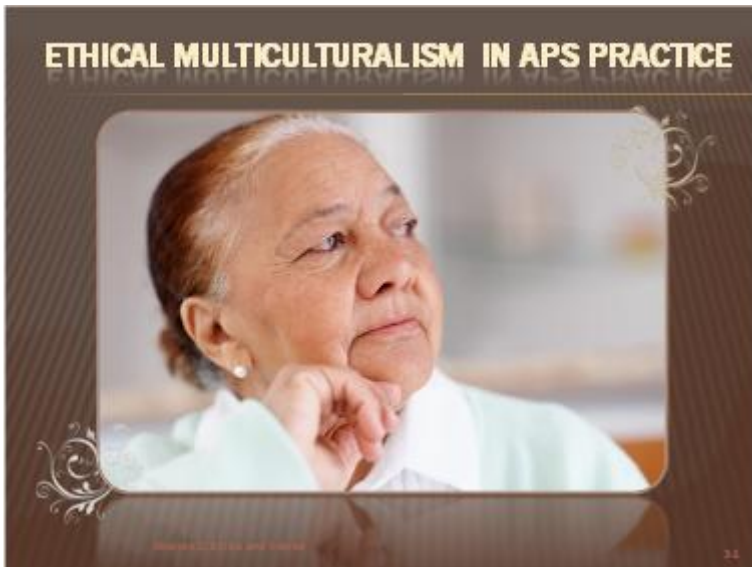
## CHANGES IN THE U.S.



**TIME ALLOTTED: 15 minutes**

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**SLIDE 34**



**TOPIC: Overview of the afternoon**

**This afternoon, we are going to focus primarily on:**

- ◆ Changes in the U.S. that affect APS work
  - The many changes in the types of populations that live in this country create many ethical dilemmas for APS workers, who must become more culturally competent to handle them.
- ◆ Cultural Competence
- ◆ Ethical Multiculturalism
- ◆ This afternoon's topic adds even **more complexity** to this morning's discussions. We will consider how to serve clients who have been raised within a culture other than mainstream U.S. culture.

## SLIDE 35



## SLIDE 36

**POPULATION IS CHANGING**

- ✦ More elders as Baby Boomers age
- ✦ More racially and ethnically diverse elders
- ✦ More elders who were born in other countries
- ✦ More vulnerable adults



### **TOPIC: Increased population variety**

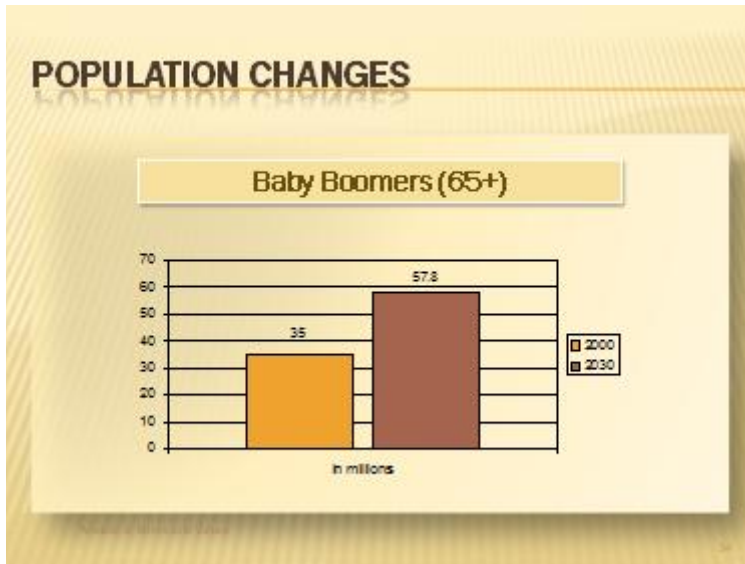
**There are many changes in the types of population that live within this country.**

- ◆ Not only are there increasing elders, as the Baby Boomers age.
- ◆ They are more racially and ethnically diverse than previous elders (Hughes and O’Rand 2004, 5).
- ◆ There are greater cultural differences among our vulnerable adults because of where they were raised as children.
- ◆ This requires consideration of age, disabilities, race, ethnicity, social class and gender issues.

**This results in many ethical dilemmas for APS workers, who must become more culturally competent in order to respond appropriately.**



## SLIDE 37\*

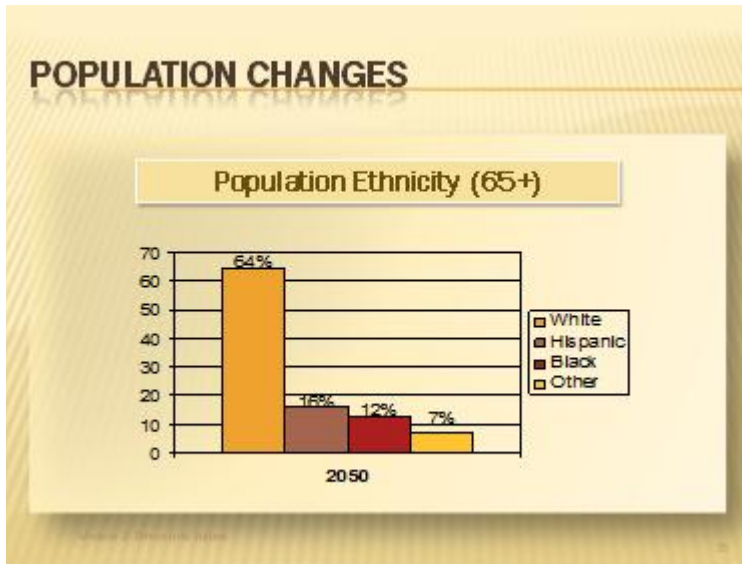


### TOPIC: Baby Boomers age

- ◆ There were 35 million people over 65 years of age in 2000. **The Baby Boomers**, those born between 1946-1964, were still in the 35 to 54 age group.
- ◆ On July 1, 2005, the estimated number of Baby Boomers in the U.S. was **78.2 million people**.
  - In 2006, every hour 330 people were turning 60! These are the first elders of the aging Baby Boomers.
- ◆ The Census estimates that in 2030, **57.8 million Baby Boomers will be 66-84** years old (Census Bureau Press Release January 3, 2006).

**There will be an increasing proportion of the population who are elders.**

## SLIDE 38\*

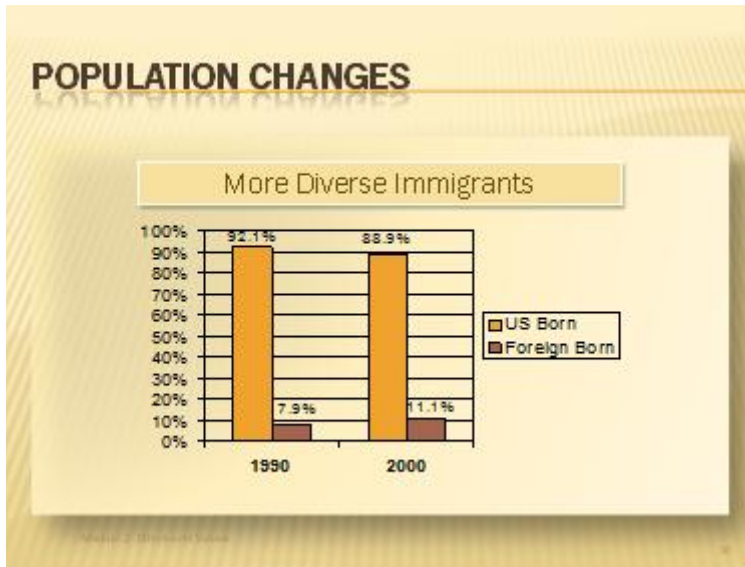


### TOPIC: Ethnic diversity

- ◆ Baby Boomers are more **racially and ethnically diverse** than other previous groups of elders.
  - The percentage of U.S.-born Blacks has remained fairly steady over time at about 12%.
  - There has been a tremendous increase in the number of Asians and Hispanics because of immigration. About 57% of the Asian elders are foreign born and 86% of the Hispanic elders are foreign born (Hughes and O’Rand 2004, 5).
  - By 2050, 36% of the elders in the U.S. will be minorities (Himes 2002, 8).
- ◆ Due to differential educational achievement levels, U.S.-born minorities have unequal rates of **occupational achievement**.
  - U.S.-born Asian elders have moved into high-level professional, technical, and managerial positions with U.S.-born Whites following closely behind.
  - Black and U.S.-born Hispanic Baby Boomers continue to have a lower occupational achievement (Hughes and O’Rand 2004, 13).
- ◆ Baby Boomers have more varied histories of **marital status** than previous groups. And therefore household structures vary by race and ethnicity.
  - There are more single family heads among Black elders.
  - There are more married couples among U.S.-born Asian elders (Hughes and O’Rand 2004, 23).

**These differences in the U.S.-born populations have been exacerbated by the immigrants who have poured into the U.S. since the 1960s.**

## SLIDE 39\*



### TOPIC: Diversity in immigrants

- ◆ In 1990, 7.9% of the U.S. population was born outside the U.S. In 2000, that group was 11.1%. This was an **increase of 57%, from 19.8 million to 31.1 million** people.
  - 52% were from Latin America (30% from Mexico).
  - 26% were from Asia (China, Philippines, India, Vietnam, Korea).
  - 16% were from Europe (Census 2000 Brief 2003).
- ◆ Most were raised in very different types of cultures from the mainstream U.S.-born population.

### There will be increasing cultural diversity among the elders.

- ◆ About 20% of the households with foreign born members, in the 2000 Census, had grandparents who were caring for their grandchildren (Census 2000 Brief 2003).
- ◆ There are often generational conflicts in immigrant households (Portes and Rumbaut 2001, 200).

**There are enormous inequalities among the Baby Boomers as they age. Some will have a comfortable old age while others will not. These are potential risk factors for elder abuse.**

## SLIDE 40\*

**POPULATION: IMPACTS OF CHANGES**

Greater cultural differences among our vulnerable adults add to differences already created by:

- + Age
- + Disabilities
- + Race
- + Ethnicity
- + Religion
- + Social class
- + Gender
- + Sexual orientation

A photograph of a man in a wheelchair with a dog sitting next to him. The man is wearing a dark shirt and blue pants. The dog is a light-colored breed, possibly a Weimaraner, wearing a yellow harness. The background is a plain, light-colored wall.

### **TOPIC: Impacts of changes**

**The differences that already exist between vulnerable adults and the general population are increased by cultural differences.** For example:

- ◆ **Age:** Many mainstream American parents may value their independence and choose not to live with their children. Korean born parents may expect to be cared for in the family home and respected.
- ◆ **Disabilities:** Many mainstream Americans with disabilities expect to be supported by the government for life. Filipino immigrants may expect to stay in their child's home.
- ◆ **Race:** Mainstream Americans expect to retire independently on their savings and Social Security. Former refugees from Vietnam may not expect to receive Social Security.
- ◆ **Ethnicity:** Mainstream ethnic groups, such as those of Jewish ancestry, expect to have their special holidays respected. Newer ethnic groups, such as Albanians, may not have similar expectations.
- ◆ **Religion:** Mainstream Americans expect that others will belong to a Christian faith. Newer immigrants may experience marginalization because of their Buddhist or Islamic faith.
- ◆ **Social class:** Mainstream population members expect that others generally belong to the "middle class" and are equals. Immigrants from other countries may expect preferential treatment due to their higher than average income and education.

**CONTINUE**

## ETHICS AND VALUES – TRAINER GUIDE

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- ◆ **Gender:** Mainstream population women generally expect to receive treatment equal to men. Many women from other cultures expect to be treated less well than men.
- ◆ **Sexual orientation:** Mainstream Lesbian Gay Bisexual Transgender (LGBT) people may wish to have their partners recognized, while LGBT immigrants may assume their partners should be hidden from others.

### SLIDE 41\*

**POPULATION: IMPACTS OF CHANGES**

- ✦ The U.S. is no longer a “melting pot” but a dynamic multicultural nation.
- ✦ There are cultural groups that are keeping their identity and others that are blended.
- ✦ All contribute to the rich strength of this nation.



### TOPIC: U.S. as a mosaic

- ◆ The U.S. is no longer seen as a “melting pot” of the world, but rather as a multicultural nation in which the culture is dynamic and ever changing.
- ◆ The cultural experiences spread along a continuum from the **mosaic**, where the various cultural groups retain their identity, to the blended identities. All contribute to the rich strength of this nation.
- ◆ By 2020, the multicultural population will comprise more than 40% of all Americans. By 2050, this will be 36% of the elderly in the U.S. (Himes 2002).

As a result, it is crucial to explore the client’s cultural expectations and values.

## SLIDE 42

**CHANGES IN CONTEXT**

- ✦ Funding is changing.
- ✦ Service demands are changing.
- ✦ Accountability is changing.



Module 2: Mission Values


### **TOPIC: Situational changes**

There are **changes in service delivery** that directly affect our ability to meet the needs of this increasingly diverse population:

- ◆ **Funding fluctuates and decreases:** With the current challenges of a very large defense budget and a national debt that will affect many generations to come, there may be decreased funding for the basic services required by this changing population.
  - Although Adult Protective Services and other services for vulnerable adults may prosper temporarily, due to national legislation such as the Justice Act, changing political winds may sweep funds in other directions.
- ◆ **Service demands rise:** A greater percentage of adults with a history of broken primary support systems, such as the family, and an increased percentage of the population with various disabilities create greater service demands. This is magnified by legislation protective of vulnerable adults.
- ◆ **Accountability becomes more crucial:** Finally, tight funding will increase demands for accountability. Agencies must be accountable for efficient and effective use of every dollar spent, including demonstrating their outcomes. Changing technologies will make this easier to track and program evaluation will be essential.

### SLIDE 43

**CONTEXT: IMPACTS OF CHANGE**



It will be harder to find “standard responses” to the ethical dilemmas APS workers will face.

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### TOPIC: Impacts of change

- ◆ All of these factors suggest that **APS workers will** have increasing demands made on them by an increasing number of clients with multicultural backgrounds.
- ◆ It is **harder to provide “standard responses”** to clients and their communities. New ethical dilemmas will continue to occur that we haven’t even begun to imagine.



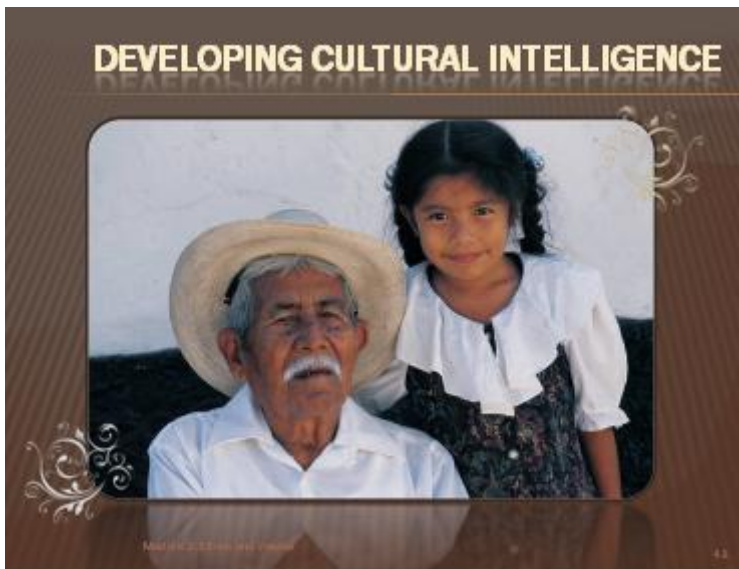
## DEVELOPING CULTURAL INTELLIGENCE



**TIME ALLOTTED: 15 minutes**

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**SLIDE 44**



## SLIDE 45

**UNDERSTANDING SELF**

Become culturally competent  
in your use of ethical multiculturalism!



The slide features a yellow background with a subtle grid pattern. At the top, the title 'UNDERSTANDING SELF' is written in bold, black, uppercase letters. Below the title, the text 'Become culturally competent in your use of ethical multiculturalism!' is centered. Underneath the text is a square photograph of a woman with dark hair and a man with dark skin, both smiling warmly at the camera.

### **TOPIC: Cultural competence and ethics**

- ◆ Oftentimes increased numbers of clients, decreased funding, and agency and legislative mandates **pressure APS workers to become more “standardized”** in responding to specific clients. Yet the nature of the changing population demands **flexibility**.
- ◆ **Ethical Multiculturalism** is a tool representing a **middle ground** between total flexibility and rigid demands.

**This situation requires that Adult Protective Service Workers become culturally competent with ethical multiculturalism.**

## SLIDE 46\*

**WHAT DOES CULTURE HAVE TO DO WITH THIS?**

- \* CULTURE is “that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits that can only be acquired by [an individual] as a member of society.”

Source: Tyler 1988.

- \* We are ALL socialized (e.g., raised by our parents/caregivers) into our respective cultures.

### TOPIC: Definition of culture


- ◆ Much of what we perceive as appropriate ethical practices is a function of how we were raised as children.
- ◆ **Culture:** Tylor (1988) gave us an all encompassing definition of culture as:
  - that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits that can only be acquired by [an individual] as a member of society (64).
- ◆ It is clear that **not all** individuals from a particular human group hold the same values. However, cultural knowledge of ourselves and others can be a foundation for understanding clients and their communities.
- ◆ It is important to develop “**cultural intelligence**” to work effectively with clients and communities that were socialized in very different ways from ourselves.

## SLIDE 47

**CULTURAL INTELLIGENCE: DEFINED**

✦ Cultural intelligence is the ability to successfully function in environments where individuals have experienced different [cultural training].

Source: Offermann and Phan 2002.



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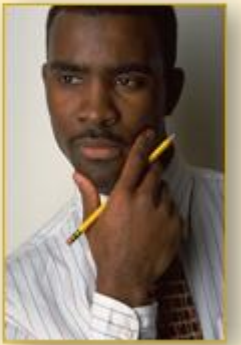
### **TOPIC: Defining cultural intelligence**

- ◆ **There are many different types of intelligence which are important:**
  - Cognitive intelligence, or IQ-based intelligence.
  - Social intelligence
  - Emotional intelligence
  - Cultural intelligence (Riggio et al 2002)
- ◆ **Cultural intelligence** allows us to transcend our own cultural training and function more effectively in cross-cultural situations, either within or between nations (Offermann and Phan 2002, 101).

## SLIDE 48

**CULTURAL INTELLIGENCE: CHARACTERISTICS**

- ✘ Uses the knowledge and skills APS workers already have.
- ✘ Understands one's own learned values and biases.
- ✘ Understands others.
- ✘ Matches appropriate behaviors and expectations to the situation.



### **TOPIC: Cultural intelligence characteristics**


- ◆ Cultural intelligence is **based on self-knowledge and knowledge of the other** on several levels– client, community, and profession.
- ◆ Cultural intelligence provides the **knowledge** needed for the APS worker to be flexible and adapt to “the other.”
- ◆ This knowledge is developed through research, conversations, and other informed communication.
- ◆ The **use** of this knowledge, to act in flexible and culturally appropriate ways, is what we call **cultural competence**.

## SLIDE 49

**CULTURAL INTELLIGENCE: UNDERSTANDING SELF**

- ✦ Culture hides much more than it reveals, and, strangely, it hides itself most effectively from its own participants. The real job is not to understand [other] cultures, but to understand one's own.

Source: Offerman and Phan 2002



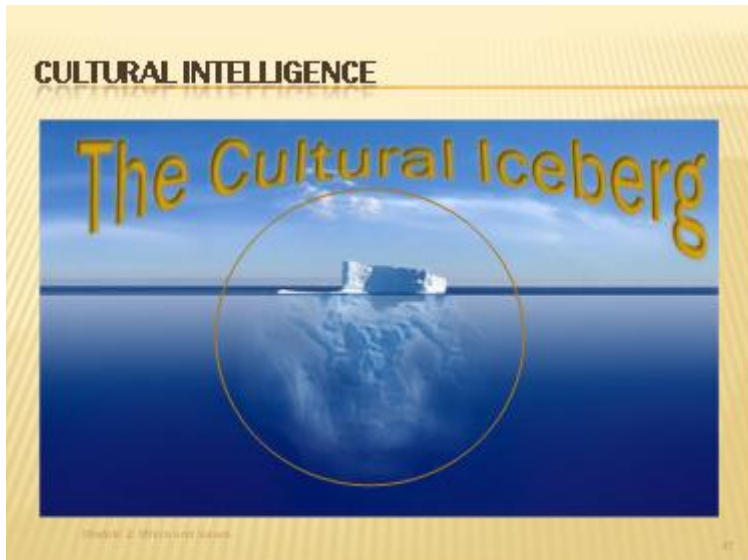
### **TOPIC: Self-knowledge**

- ◆ Very often our own culture sets us up with blind spots. We tend to think that what we believe and value is appropriate for everyone.
- ◆ Hall (1981), one of the early students of cross-cultural understanding, wrote:

Culture hides much more than it reveals, and, strangely, it hides itself most effectively from its own participants. The real job is not to understand foreign cultures, but to understand one's own (In Offermann and Phan 2002, 194).
- ◆ Most people are unaware of the cultural lenses **they use to view the world** or how their own acculturation affects the way in which they view others. The tendency to use one's own group as the standard of correctness against which all others are judged sets the stage for in-group bias (Offermann and Phan 2002, 195).

**However, it is possible for people to value their own heritage without denigrating that of others. This is part of cultural competence.**

### SLIDE 50



### TOPIC: Cultural iceberg

- ◆ We respond to what we see and make assumptions based on our own filters. But what we see is only the tip of the person's reality.
- ◆ We often assume that others see the world the same way we do. This is **cultural blindness**.

**Self-knowledge** begins to address cultural blindness.

## UNDERSTANDING SELF: ACTIVE LEARNING #4



TIME ALLOTTED: 30 minutes

SLIDE 51

**ACTIVE LEARNING # 4**

- ✦ Self reflection on social groups
- ✦ Small group sharing
- ✦ Guided activity
- ✦ Self-reflection
- ✦ Large group debriefing



**HANDOUT #7:  
WHO AM I?**

**TIME: 25 minutes**

1 minute individual reflection  
10 minutes small group sharing  
5 minutes large group/self  
3 minutes small group sharing  
6 minutes large group debrief

**TOPIC: Self awareness exercise**

### INSTRUCTIONS

**Objective:** To become more aware of how we identify ourselves socially and how we make judgments about others' social identities.

- ◆ For 25 minutes, participants are asked to do some quick individual thinking, self-reflection and sharing with 2-3 others **WHOM THEY DO NOT KNOW** very well. (This is important to get participants moving around and because people who know each other assume they already know each other's social identities).
  - Next, participants will be looking at photographs – either in the PowerPoint Presentation or in printed versions of the photos that you may have prepared.
  - They will be doing quick reflections and sharing with their group of 2-3, then coming back to the large group for debriefing.

**CONTINUE**



## ETHICS AND VALUES – TRAINER GUIDE

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- ◆ **KEEP THE EXERCISE MOVING AT A FAIRLY FAST PACE** so that first reactions are shared. These are what usually guide how we interact with others.

**NOTE:** Photographs follow slide #51. Show these **AFTER** small group discussion and **AFTER** introducing the large group activity.

### WHO AM I?

- ◆ For the next 25 minutes, we are going to explore how we identify ourselves socially and how we make judgments about others' social identities. To do this we will need to move fairly quickly from one part to the next part of the exercise. It will involve moving around the room and talking to people in this workshop that you don't know very well.
- ◆ **Individually:** Use **Handout #7**, *Who am I?* that is in the *Participant Guide*. Take about a minute to quickly list, then rank, the most important social groups that you belong to. [PAUSE for a minute]

- ◆ **Groups of 2-3:** **TIME ALLOTTED: 10 minutes**

Now find 2-3 other people **WHOM YOU DO NOT KNOW WELL**, and share your lists. Tell each other **WHY** your top groups are important to you.

- ◆ **Large Group/Individually:** **TIME ALLOTTED: 5 minutes**

Now let's look at photographs of some people who were not able to join our workshop today. I will show you their pictures and you are to **QUICKLY** list what you think are some of their important social groups.

**NOTE:** Show each photograph as you talk about it.

1. Show Photo 1: Woman with a camera [PAUSE]
2. Show Photo 2: Man sitting on a desk [PAUSE]
3. Show Photo 3: Woman in bed [PAUSE]
4. **SELF-REFLECTION:** Compare the social groups you listed for yourself with those you listed for the photographed individuals. [PAUSE for a minute]

- ◆ **Groups of 2-3:** **TIME ALLOTTED: 3 minutes**

Share with your group members what the similarities and differences were between your social group choices for yourself and the ones you assigned to those in the pictures.

**CONTINUE**

# ETHICS AND VALUES – TRAINER GUIDE

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## WHO ARE THEY?

**TIME ALLOTTED: 6 minutes**

### ◆ Large group debriefing:

1. *Photo 1 (Woman with camera):* A noted APS worker who is principal investigator for a number of research projects for the National Institute of Health.
2. *Photo 2: (Man on desk)* A man from Nigeria who has been in the U.S. for 20 years and has his PhD in Geriatric Social Work. He is State Supervisor.
3. *Photo 3: (Woman in bed)* A noted author of more books than she can remember, with her latest book signing being four months ago. She is recuperating from a car accident.



*What surprised you most about these people?*

**NOTE:** If you have **RUN OUT OF TIME**, suggest participants simply **THINK** about what surprised them most AND about what hints they used to determine the social groups of the people in the pictures.

## SUMMARY:

- ◆ Remember the iceberg image (SLIDE # 50). We tend to make assumptions about people based on what we see through our personal filters. But what we see is only the tip of that person's reality.
- ◆ Self-awareness is important in APS work, especially when working with people who come from backgrounds very different from our own.
- ◆ By expanding our knowledge of others' social group identities, we discover more ways to understand each other. Sharing social group identities becomes a way of finding similarities and becoming sensitive to differences with our clients.

# ETHICS AND VALUES – TRAINER GUIDE

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## SLIDE 52



## SLIDE 53



## SLIDE 54



Source: [www.gwu.edu/LearningMods\\_Culture.htm](http://www.gwu.edu/LearningMods_Culture.htm)

## HANDOUT #7: WHO AM I?

### SELF:

Important Social Groups	Rank Order	WHY Important?

**Objective:** To become more aware of how we identify ourselves and how we make decisions about others' social identities.

### INSTRUCTIONS

#### Individually:

1. List the most important social groups that you belong to.
2. Rank the groups in order of importance to you with the most important one ranked #1 and the least important, #7.
3. Find 2-3 other people in the workshop that you don't know very well.

#### In 2-3 member groups:

4. Introduce yourselves.
5. Take turns sharing what your top choices are and WHY you ranked them at the top.

#### In large group/individually:

6. Look at each picture and quickly jot down your guess about their social groups.
7. Compare the social groups that you listed for yourself with those listed for the pictures.

#### In 2-3 member groups:

Discuss similarities and differences between your social groups and those of the persons in the pictures.

#### Large group debriefing.

## ETHICS AND VALUES – TRAINER GUIDE

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### PHOTOGRAPHS:

	Important Social Groups	Yes/No
Person 1		
Person 2		
Person 3		

## SLIDE 55

**CULTURAL INTELLIGENCE: UNDERSTANDING SELF**

✘ Some of the values of mainstream American culture include:

- + Primary importance of the individual
- + Happiness orientation
- + Equality orientation
- + Practicality
- + Change orientation
- + Achievement orientation
- + Data-driven decision-making



Source: Hoppe 1998.

**NOTE:**

**Ask the question below  
BEFORE showing slide # 55.**

### TOPIC: Mainstream U.S. values

- ◆ **REFLECT** on the exercise we just completed. Jot down a list of 3-5 of the values that were apparent when you explained why specific social groups were important to you. **[PAUSE FOR PARTICIPANTS TO MAKE THE LIST]**



*How many of the following values did you see reflected in your list?*

**NOTE:** Show the slide and read through the list slowly, depending on your time.

◆ **Values:**

- The individual is most important
- Happiness orientation
- Equality orientation
- Practicality
- Change orientation
- Achievement orientation
- Data-driven decision-making (Hoppe 1998 in Offerman and Phan 2002, 195)

**You may use different words, but reflect on whether or not the meaning of your words is consistent with these values.**

## UNDERSTANDING OTHERS



TIME ALLOTTED: 15 minutes


---

**SLIDE 56**

**CULTURAL INTELLIGENCE: UNDERSTANDING OTHERS**

This process:

- ✦ Often starts with **cultural blindness**.
- ✦ Develops **cultural awareness**, appreciation of diversity.
- ✦ Develops **cultural knowledge** about cultural differences and their impacts on attitudes and behaviors.



Week 2 | Materials | 56

**TOPIC: Understanding others**

**The use of cultural intelligence to understand others is a learning process.**

- ◆ Self-knowledge helps the APS worker become less **culturally blind**.
- ◆ **Cultural awareness** creates an appreciation for the strength and richness of different viewpoints driven by diversity.
- ◆ **Cultural knowledge** is increased knowledge of the cultural similarities and differences among groups and how these affect one's attitudes and behaviors.



## SLIDE 57

**CULTURAL INTELLIGENCE: UNDERSTANDING OTHERS**

This process continues:

- ✦ Develop **cultural sensitivity** by showing understanding and non-judgmental respect for and acceptance of different viewpoints.
- ✦ Develop **cultural competence** by showing empathy in understanding more fully how others perceive and experience the world.



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### **TOPIC: Understanding others**

- ◆ **Cultural sensitivity** is when the worker expresses non-judgmental respect for and acceptance of different viewpoints.
- ◆ **Cultural competence** is when the APS worker expresses empathy and understands more fully how others perceive and experience their world.
- ◆ **Cultural proficiency** is the ability to flexibly and skillfully adapt when in a different cultural situation. This includes communication with the underlying meaning rather than just words.

## SLIDE 58



### **TOPIC: Cultural Competence Continuum**


**You can think of this as a continuum.**

- ◆ We move up and down the continuum depending on what group we are with, how our day has been, and many other relational realities. Each of us will be more flexible in some situations than in others, depending on our own background. Being aware of that is an important part of self-knowledge.
- ◆ We are always learning and refining our knowledge and abilities with different groups. To do this, we need to be able to leave our comfort zone and move into a learning zone for it is always most comfortable to be with “our” group.
- ◆ Because this is a constant process, we rarely reach proficiency with all groups. However, we can become culturally competent with our individual clients and their specific communities.

### SLIDE 59

**CULTURAL COMPETENCE MEANS**

- ✦ The APS worker flexibly and skillfully responds and adapts when in a different cultural situation than his or her own.
- ✦ The APS worker understands and uses his or her own skills and knowledge in culturally congruent ways.



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### **TOPIC: Impact of cultural competence**

- ◆ **The heart of cultural competency is adaptability based on understanding.**

## ETHICAL MULTICULTURALISM



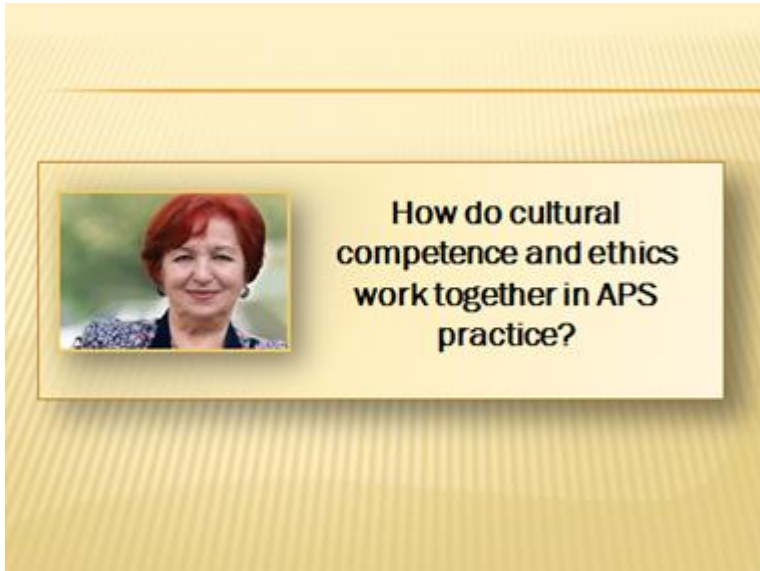
**TIME ALLOTTED: 30 minutes**

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**SLIDE 60**



## SLIDE 61



The slide features a yellow background with a subtle grid pattern. On the left, there is a small portrait of a woman with short red hair. To the right of the portrait, the text reads: "How do cultural competence and ethics work together in APS practice?"

### **TOPIC: Ethics and cultural competence**


- ◆ APS workers are expected to use an ethical code to guide their decision-making in culturally variable situations.
  - There will be inevitable contradictions because ethical codes are written from within a professional culture.
- ◆ Yet, ethical codes should provide a framework for responding to conflicting ethical claims in any particular cultural situation.

**How does that actually work in practice?**

## SLIDE 62

**ETHICAL MULTICULTURALISM: DEFINITION**

- ✦ Ethical multiculturalism takes fundamental ethical principles and applies them in a culturally relevant manner.



Source: Harper 2006

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### **TOPIC: Defining ethical multiculturalism**

- ◆ Ethical Multiculturalism is a tool for addressing these challenges.
- ◆ Ethical Multiculturalism takes fundamental ethical principles and applies them in a culturally relevant manner (Harper 2006).

**Therefore it balances having “fundamental” principles with flexible application.**

## SLIDE 63

**ETHICAL MULTICULTURALISM CHARACTERISTICS**

✦ Middle ground between two competing approaches to ethics:

The diagram consists of two large, dark red arrows pointing in opposite directions. The left arrow points left and contains the text: **Absolutism** = ethical principles are universally applicable. The right arrow points right and contains the text: **Relativism** = ethical principles are culturally bound and context dependent. Below the arrows, the text 'Source: Harper 2006.' is visible.

Source: Harper 2006.

### **TOPIC: Characteristics of ethical multiculturalism**

#### **Ethical multiculturalism is a middle ground between absolutism and relativism:**


1. **Absolutism**, or the “fundamentalist” approach, claims that ethical principles are universally applicable.
  - ◆ People holding this approach believe there are clear rights and wrongs. This often comes from doctrine, religion or training.
2. **Relativism** claims that ethical principles are culturally bound and context dependent. Social norms influence the “rightness” of a response.

## SLIDE 64

**ETHICAL MULTICULTURALISM:**

**FOUNDATIONAL PRINCIPLES**

- \* Foundational ethical principles:
  - + Respect for persons, community, autonomy
  - + Beneficence
  - + Justice
- \* Additionally:
  - + Caring



Source: Harper 2006

© 2006 by the National Association of Social Workers

### **TOPIC: Foundational ethical principles**

**Earlier we reviewed seven ethical concepts.**

- ◆ While all seven principles are embodied in the NASW ethical code, **three** of them are accepted as universally applicable and basic to cross-cultural situations. The others may need to be explained as specific to “western” culture.

**Underlying ethical principles used in ethical multiculturalism are:**

- ◆ Respect for persons and community while determining what is autonomy for the specific client
- ◆ Beneficence
- ◆ Justice


Some add:

- ◆ Caring processes



## SLIDE 65

**ETHICAL MULTICULTURALISM: IN PRACTICE**



- ✦ Skills needed:
  - + Understanding the **underlying intent** of an ethical principle
  - + Ability to **analyze** how the underlying intent can occur in a specific cultural situation

### TOPIC: Ethical multiculturalism in practice

#### Skills needed to apply ethical multiculturalism in APS Practice include:

- ◆ Understand the **underlying intent, or purpose**, of the basic ethical principles.
  - For example, what is the underlying intent of “autonomy”? As we heard earlier, it is to **respect the client** . . . respect the person, family and community.
- ◆ Ability to **analyze** how the underlying intent of an ethical principle can be integrated with knowledge of a specific culture.
  - For example, in a culture where the men of the extended family make decisions for women in the family, how should the APS worker show respect for the client and community while maintaining protection for the client?




[IF YOU HAVE TIME]: *How would you handle this example situation?*

Possible Answer: Explore with the client her wishes and ask her who else you should talk to.

- ◆ APS workers must understand the **underlying intent** of the ethical principles of APS code and analyze how to apply that purpose in specific cultural situations. This application demonstrates ethical multiculturalism skills.

## SLIDE 66

**ETHICAL MULTICULTURALISM: IN PRACTICE**




- ✦ **Autonomy analysis:**  
Who is the fundamental decision-making unit in the culture? To whom are they accountable?
- ✦ **Beneficence analysis:**  
Whose welfare is being promoted in this cultural situation?

### TOPIC: Autonomy and beneficence

- ◆ **AUTONOMY** is a fundamental ethical principle. Moral reasoning can only occur if there is choice.
  - **Underlying intent** is respect for persons and communities.
  - **Key cultural questions:** who is the fundamental decision-making unit? How does accountability work in this culture? What does dignity and respect for elders look like in this culture?
    - ✓ The APS worker understands that the fundamental decision-making unit varies in different cultures. Sometimes the elders in an extended family are recognized as the basic decision-making unit. In other cases, it is the community itself.
- ◆ **BENEFACTENCE** is the ethical principle of increasing the good/welfare of others.
  - **Underlying intent** is to create more good than harm.
  - **Key cultural questions:** whose welfare will be promoted in this cultural context?
    - ✓ This principle recognizes that some cultural traditions can be harmful to individuals. Beneficence analysis takes this into account in decision-making.
    - ✓ It also recognizes that beneficence (e.g. doing good) and nonmaleficence (e.g. doing no harm) often need to be weighed against each other within the specific culture.

## SLIDE 67

**ETHICAL MULTICULTURALISM: IN PRACTICE**



✘ **Justice analysis:** What is a “fair” distribution of benefits and negatives of the services in this cultural situation?


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### TOPIC: Justice

- ◆ **JUSTICE** is the ethical principle of distributing the positive and negative impacts fairly.
  - **Underlying intent** is NOT to have a particular category of people receive all the benefits and another category of people experience all the negative effects of specific actions.
  - **Key cultural questions:** In this cultural situation, what is a “fair” distribution of the positive and negative effects of the APS worker’s services?
    - ✓ This principle recognizes that there are both planned and unplanned consequences of services that affect others beyond the individual client.
    - ✓ Potential impacts can spread from an individual, through extended family members, to whole communities within a specific culture.

## SLIDE 68

**ETHICAL MULTICULTURALISM: IN PRACTICE**



- \* **Caring analysis.** What is experienced as caring in this cultural situation? What norms guide interpersonal interactions?

Module 2 Ethics and Values

68

### TOPIC: Caring

- ◆ **CARING** is following the cultural norms of interpersonal interactions when providing service so it is experienced as genuine and kind. This is reflected in how the worker relates to the client and how the client “reads” that behavior.
  - **Underlying intent** is to honor the cultural behaviors and attitudes guiding interpersonal relationships.
  - **Key cultural questions:** what interpersonal behaviors and attitudes are experienced as “caring” within this cultural context? How does this vary with different types of relationships? How should the APS worker respond to pain?

For example, in some cultures, such as Japanese or certain Native American groups, the norm is to be stoic about physical pain and not show that pain. Within these cultures, if the worker helps the client mask her pain, while speaking with her, this will be experienced as more CARING than if the worker emphasizes the pain. Therefore, indirect references to ways of addressing pain may be a more supportive approach.

## SLIDE 69

**CULTURAL COMPETENCE**

- ✦ Being culturally competent is essential in order to apply ethical multiculturalism in APS Practice!



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### **TOPIC: Cultural competence**

- ◆ **Cultural Competence is critical for applying ethical multiculturalism in APS practice.**

**BREAK  
15 minutes**

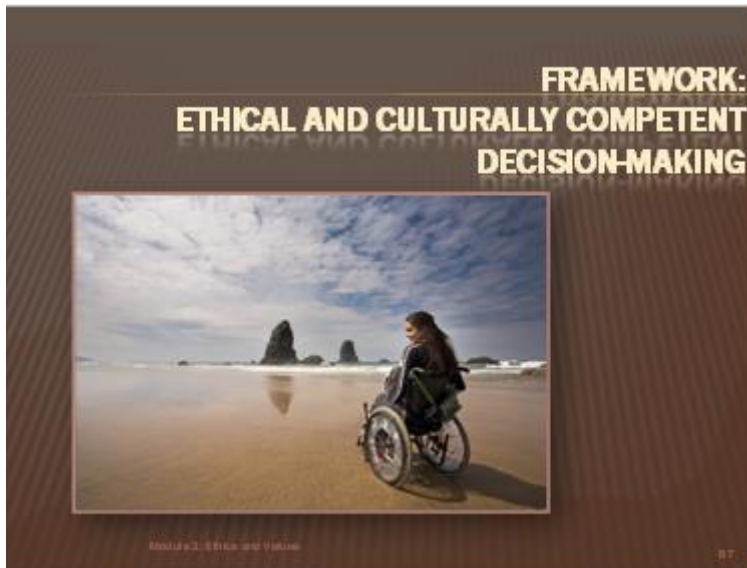
# ETHICAL AND CULTURALLY COMPETENT DECISION-MAKING: ACTIVE LEARNING #5



**TIME ALLOTTED: 60 minutes**

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**SLIDE 70**



## SLIDE 71

**ACTIVE LEARNING # 5**

- ✦ Making ethical and culturally competent decisions in APS Practice
- ✦ Case Study
  - Small group and large group discussions and sharing



### HANDOUT #8:

#### Framework for Ethical and Culturally Competent Decision-Making

**TIME: 60 minutes**

20 minutes lecture  
20 minutes action plan  
20 minutes reports

**TOPIC:** Ethically and culturally competent decision-making

### INSTRUCTIONS

**TIME ALLOTTED: 20 minutes**

- ◆ **Large group lecture and discussion:** This activity begins with the large group examining the decision-making framework. The case study is done in small groups with no more than 6 participants in each group. Depending on the number of participants, you can have all the small groups work on one case study OR you can use two case studies.
- ◆ The participants should use **Handout #8, Framework for Ethical and Culturally Competent Decision-Making**, in the *Participant Guide*. The slides provide the framework for ethical and culturally competent decision-making. This is an exercise in applying the ethical and cultural competence ideas of the workshop.

### CASE STUDY:

You are now going to practice applying some of the ethical and cultural competency principles to a case study.

- ◆ First we will review the steps in making ethically and culturally competent decision-making.
- ◆ Then you will work with your small group to develop a plan of action for your case.
- ◆ Let's look at **Handout #8, Framework for Ethical and Culturally Competent Decision-making**. This is in your *Participant Guide*. This will be your guide for the case study.

## **HANDOUT #8:**

### **Framework for Ethical and Culturally Competent Decision-making**

#### **1. Define the problem**

- ◆ Get all information and facts needed.
- ◆ Evaluate all sources of information and make sure they are credible.
- ◆ Separate facts from opinion, beliefs, theories.
- ◆ Identify cultural interpretation of facts.

#### **2. Identify the key parties/stakeholders involved**

- ◆ Assess factual and perceived consequences to them

#### **3. Identify relevant ethical standards involved**

- ◆ Identify those likely to be promoted by stakeholders.

#### **4. Brainstorm possible options and actions**

- ◆ Determine consequences (benefits/burdens) of each.
- ◆ Eliminate impractical, illegal or improper alternatives.
- ◆ Relate possible actions to interests of stakeholders.
- ◆ Obtain consultation when necessary.

#### **5. Select the most appropriate action which:**

- ◆ Avoids or reduces harm.
- ◆ Produces the greatest balance of good for the greatest number over the longest term.

#### **6. Evaluate your selected solution**

- ◆ Examine value and cultural issues.
- ◆ Plan for various community or media responses.

#### **7. Document your plan of action**

- ◆ Monitor your plan.
- ◆ Be prepared and willing to revise your plan, or take a different course of action, based on new information.

**Compiled by Susan Castaño, LCSW**



## SLIDE 72

**FRAMEWORK FOR DECISION-MAKING**

1. Define the problem.
2. Identify stakeholders and their cultural backgrounds.
3. Identify relevant ethical and cultural principles involved in case.
4. Brainstorm possible options and actions.



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### **TOPIC: Framework**

You already know many of the steps for ethical and culturally competent decision-making. Now you are expanding them to include the culture of your client.


**THINK** about how you would expand the following in a **cultural competent way**.

- ◆ Define the problem.
- ◆ Identify stakeholders (e.g. people who have a “stake” in the issue).
- ◆ Identify all relevant ethical principles.
- ◆ Explore options for your actions.

### SLIDE 73

**FRAMEWORK FOR DECISION-MAKING**

5. Select the most appropriate action(s).
6. Evaluate your selected solution.
7. Document your plan of action.
8. Be open and flexible to revision when appropriate.



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### **TOPIC: Framework, continued**

- ◆ Select what you consider the most appropriate actions.
- ◆ Evaluate what you have selected.
- ◆ When satisfied, document your plan of action.
- ◆ Be open and flexible to make revisions as you learn more.

## SLIDE 74

**FRAMEWORK: DEFINING THE PROBLEM**

- ✦ Examine it from all sides.
- ✦ Obtain as much information as possible.
- ✦ Evaluate your sources of information.
- ✦ Identify different cultural interpretations of facts.
- ✦ Separate facts from opinions, beliefs, theories held by all.



Module 2: Ethical Values

### **TOPIC: Defining the problem**


#### **There are always many different ways of looking at an issue:**

- ◆ Examine the issue from all sides, including the cultural perspectives of the client, family (as defined by the client), client's community, your professional obligations, other agencies, etc.
- ◆ This is the time to look at all the information, making sure there is enough to make an ethical decision. Who is the information from? Is the source reliable?
- ◆ It is important to make sure that you have the facts rather than someone's opinion or theory. It is also important to evaluate the information from different cultural perspectives.

## SLIDE 75

**FRAMEWORK : IDENTIFY STAKEHOLDERS**

- ✘ Take into account the individuals, families, communities and agencies that are involved in the situation.
- ✘ Understand their relationship to the client, including their motivation and influence on the client.
- ✘ Assess how the decision(s) may affect them all.



Week 2: Ethical Values

### **TOPIC: Identify stakeholders**


#### **Key questions to ask include:**

- ◆ Do key people involved in the situation have a vested interest in the results? Who is being protected?
- ◆ Do stakeholders share the cultural values of the client? How similar or different are they?
- ◆ Are any stakeholders exerting influence on the client? Who stands to gain the most from the decision being made? How will the decision affect them?

## SLIDE 76

**FRAMEWORK: IDENTIFY CONCEPTS AND STANDARDS**

- ✦ Determine the conflicts and dilemmas presented.
- ✦ Be aware of your own personal values.
- ✦ Remember your professional values.
- ✦ Consider the values of the stakeholders and how they may perceive the situation.



Module 2: Ethical Issues

### **TOPIC: Identifying ethical and cultural criteria**

**This is the time to determine the ethical and cultural issues that we have been talking about:**

- ◆ Which ethical principles are involved here? Which ones are in conflict? Be sure to include the ethical multiculturalism principles.
- ◆ This is also the time to look inwardly at your own personal and professional values to see how they play out in this decision.
- ◆ It is also important to examine the values of the client and the stakeholders. What ethical and cultural frameworks do they seem to be coming from?

## SLIDE 77

**FRAMEWORK : BRAINSTORM OPTIONS**

- ✦ Determine benefits and burdens of each possible action for all involved.
- ✦ Eliminate the impractical, inappropriate, illegal.
- ✦ Obtain stakeholders' input.
- ✦ Ask for consultation.



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### **TOPIC: Exploring options**

- ◆ It sometimes helps if decisions can be made by a group – so that each person has an opportunity to share possible solutions and actions.
  - Be sure to include someone who understands the culture of the client.
- ◆ Although all options should be considered, brainstorming will eliminate what may be impractical and inappropriate. Some stakeholders may not know what actions are legal so this is a time to educate them.
- ◆ Consultation with the APS attorney or prosecutor may be necessary.
- ◆ Consultation with a professional or respected leader who is culturally knowledgeable may also be necessary.

## SLIDE 78

**FRAMEWORK: SELECT MOST APPROPRIATE ACTION**

- ✦ Find an acceptable balance that meets the challenge.
- ✦ Look at the long term as well as the immediate fix.
- ✦ Reduce as much harm as possible to all involved.



Module 2: Ethical Values

### **TOPIC: Selecting an action**

- ◆ Try to respect the client's wishes regarding any of the ethical concepts we have discussed, for example: client wants her neglectful son to remain with her. . .
  - we might not be able to eliminate the abuse, neglect or exploitation totally
  - but we should seek ways to find a balance and reduce harm as much as possible.

**This needs to be examined from all of the appropriate perspectives – client's wishes, cultural perspectives, professional and legal requirements.**

## SLIDE 79

**FRAMEWORK: SELECT MOST APPROPRIATE ACTION**

- ✦ Find an acceptable balance that meets the challenge.
- ✦ Look at the long term as well as the immediate fix.
- ✦ Reduce as much harm as possible to all involved.



Module 2: Ethical Values

### **TOPIC: Evaluating the action**

- ◆ Consult with a neutral professional or respected leader, who is culturally knowledgeable, if needed. Be careful with confidentiality issues.
- ◆ Make sure your supervisor is involved/aware of decisions, especially those that might show up on the front page of the newspaper. Discuss all the possible repercussions of the decision and how your agency will respond to them.




### SLIDE 80

Module 2: Ethics and Values

#### FRAMEWORK : DOCUMENT ACTION PLAN

- ✦ Make a systematic step by step outline.
- ✦ Plan how you will deal with those who disagree with you.
- ✦ Follow up and monitor your plan.
- ✦ Be willing to accept new credible information and change your course of action.



#### **TOPIC: Document the plan**

- ◆ Write it down, follow up and monitor.
- ◆ Maintain flexibility as new information and cultural knowledge become available.

**Remember, ethical decision-making is a process. There are many instances where simple answers are not available to resolve complex ethical issues.**


# ETHICS AND VALUES – TRAINER GUIDE

## SLIDE 81

**CASE STUDY**

**MAKING ETHICAL AND CULTURALLY COMPETENT DECISIONS**

- ✦ Choose a recorder.
- ✦ Use the framework to develop a plan of action.
- ✦ Listen to and respect ideas of all group members (brainstorm).
- ✦ Document your plan in writing.
- ✦ Be prepared to defend it.



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### HANDOUTS:

# 9 Case Study Worksheet  
# 10 Case Study:  
Haitian-American Widow

**TIME: 40 minutes**

20 minutes small group  
20 minutes large group

**TOPIC:** Case study

## INSTRUCTIONS

**TIME ALLOTTED: 40 minutes**

- ◆ **Small group discussion:** Participants will go into their groups with **Handout # 8:** Framework, **#9:** Case Study worksheet, and **#10:** Case Study: Haitian-American Widow. (They are in the *Participant Guide*).

**Time allowed:** Will vary by size of group and time available, but usually about 20 minutes.

**Cultural background:** Additional Haitian cultural background for the case study is provided on p. 97.

- ◆ **Large group reporting back:** Special attention should be made to the **rationale for** and **consequences of** the decisions made, as well as to **any conflicts** which came up in the group and how they were **resolved**.

### CASE STUDY IN SMALL GROUPS:

**TIME ALLOTTED: 20 minutes**

- ◆ Your **purpose** is to develop a plan of action which is ethically and culturally competent. You will need to choose a recorder and someone to report to the whole group on the plan of action of your small group developed.

**CONTINUE**

- ◆ Use **Handout # 8:** Framework for Ethical and Culturally Competent Decision-making and **Handout #9:** Case Study: Ethical and Culturally Competence Decision-making as

## ETHICS AND VALUES – TRAINER GUIDE

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you discuss your case study. They are both in the *Participant Guide*, as is the **Handout #10: Case Study: Haitian American Widow**.

- ◆ You will have 20 minutes to review the Case Study and develop your plan. Make sure that all members of your small group are heard.
- ◆ You will write your plan of action on flip chart paper and share with the large group, explaining the process you used and your rationale for the choices you made.

### CASE STUDY IN LARGE GROUP

**TIME ALLOTTED: 20 minutes**

- ◆ Each group will report the action plan its members developed. Please describe the process used and the rationale for the choices made.

**NOTE:** As each report is given, probe for:

- The **rationale** for the choices made
- the **process** that was used
- any **conflicts** that emerged and how they were resolved

Ask for comments from the large group.

### HANDOUT #9:

### Case Study: Ethical and Culturally Competent Decision-Making

#### DIRECTIONS

- ◆ Review Handout #8: Framework for Ethical Decision-Making and use it as your guide.
- ◆ Read and discuss the case, answering the questions below. **Your goal is to develop a plan of action which is ethical and culturally competent.**
  - Make sure that all members of the small group are heard. Brainstorm freely. Be sure to discuss the consequences of each option and be able to justify the choices you have made.
- ◆ Choose a recorder/reporter who will share your answers with the large group.

1. What is the problem in factual terms?
  
  
  
  
  
  
  
  
  
  
2. Who are the stakeholders? What are the consequences to them?
  
  
  
  
  
  
  
  
  
  
3. What are the ethical issues and dilemmas in this case? What are the cultural issues involved?
  
  
  
  
  
  
  
  
  
  
4. What were the options you discussed and consequences of each one? How did you take into account value and cultural issues?
  
  
  
  
  
  
  
  
  
  
5. What plan of action was agreed upon?

### HANDOUT #10:

### Case Study: Haitian-American Widow

Marie-Joana Paul is an 87-year-old Haitian widow who lives in a two-bedroom apartment in an enclave in East Hollywood, Florida. Mrs. Paul completed a sixth grade education in Haiti. Although she understands English, since her retirement she sees no need to communicate in English. She primarily communicates in Creole.

She has five children, one girl and four boys. According to Mrs. Paul, her youngest son died at the age of 23 in New York, from a policeman's bullet. Her daughter, Marie-Nicole Joseph, and her two children, ages 2 and 6, live with Mrs. Paul. The oldest child shares the bedroom with Mrs. Paul and often has her toys scattered around the floor of their room.

The other children live nearby in the neighborhood. All but her oldest son, who lives 100 miles away, visit their mother monthly. Often the apartment is crowded with family members and her daughter's friends on weekends.

Mrs. Paul is a legal resident. Because she worked for 11 years as a hotel maid, she receives a monthly Social Security check for \$450.00. She also receives Medicaid and food stamps. Her apartment costs \$ 455.00.

Marie-Joana says that her children take good care of her. She claims her children help her with the apartment rental, medications, and other basic necessities, Her daughter provides the meals and takes her to her medical appointments.

The daughter has recently bought a used car saying that she needed it to take her mother to medical appointments. However, since then she does not seem to be present as much as before, leaving the children to be cared by *grand-maman*.

Her daughter does not have a regular job. Her daughter is struggling with her Haitian culture, and wants to be part of the young adult life of the mainstream culture. She is very impatient with the "old ways" of her mother and sees child care as an appropriate task for Mrs. Paul.

Recently Mrs. Paul has taken a turn for the worse. She has less energy and her cleanliness/hygiene has deteriorated. During the past year, Mrs. Paul has been in the hospital three times. She has been a diabetic for the last 25 years, and is very unstable. She is legally blind because of her diabetes.

She insists on taking herbal tea two times per week, and *lok* weekly. This often creates disagreements with her daughter. Mrs. Paul is also hypertensive with periods of instability. She is lucid on most days, but does have periods when she "lives in the past" remembering her days in Haiti, and even tries to communicate with her dead son. Occasionally, she seems to be in dreamland where everything is great.

Upon hospital discharge, she has had a visiting nurse. She only likes Haitian foods and has refused Meals on Wheels. She tells the nurse that she takes tea and other herbal products for her diabetes and hypertension. She experiences periods of depression, especially when it's her deceased son's birthday or around the date of his death. She says he was her most supportive son and her soul mate.

## ETHICS AND VALUES – TRAINER GUIDE

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The visiting nurse has called you because conditions at Mrs. Paul's home have deteriorated. She has encountered Mrs. Paul in trances clutching her amulet. When the nurse tries to talk to her, she "snaps out of it" and acts like nothing has happened. The nurse thinks that somehow voodoo might be involved.

This case study was inspired by *Jessie M. Colin and Ghislaine Paperwalla*.

<http://www-unix.oit.umass.edu/~efhayes/haitian.htm>

### Haitian Cultural Information

- ◆ Haitians, like other ethnic groups, are **very diverse**. They come from urban and rural Haiti and represent all socioeconomic classes. Factors affecting Haitians' **acculturation into the U.S.** include socioeconomic status, education, religious beliefs and practices, skin color, age, urban versus rural residence, reason for migration, and immigration status. So not all Haitians are the same.
- ◆ Haitian people are very **expressive with their emotions**. By observing them, one can tell whether they are happy, sad, or angry. Pain and sorrow are very obvious in their facial expressions. They smile frequently and often respond in this manner when interacting with a North American or when they do not understand what is being said. Many may pretend to understand by nodding; this sign of approval is given to hide their limitations. Therefore, the worker must use simple and clear instructions.
- ◆ One strategy to ensure proper **translation** and understanding is to ask family members to assist with translation. It is inappropriate to share information through friends because Haitians are very private, especially in health matters. Many may prefer to use professional interpreters who will give an accurate interpretation of their concerns. Most importantly, the translator should be someone with whom they have no relationship and will likely never see again.
- ◆ *lok* (a laxative), a mixture of bitter tea leaves, juice, sugarcane syrup, and oil.
- ◆ The family is a strong component of the Haitian culture. An important unit for decision making is the *conseil de famille*, **family council**. This council is generally composed of influential members of the family, including oldest sons. Any action taken by one family member has repercussions for the entire family. Prestige and shame is shared by all.
- ◆ They may all live under the same roof. The family deals with all aspects of a person's life, including counseling, education, crises, and marriage. **Familism** is an all-encompassing concept in the Haitian culture. Haitians believe that when a family member is ill, there is an obligation to be there for them. If the person is in the hospital, all family members try to visit.
- ◆ When grandparents are no longer able to function independently, they move in with their children. The house is always opened to relatives.
- ◆ The Haitian diet is high in carbohydrates and fat. Foods are usually starchy and many items are fried. Some tuber/starchy type vegetables are eaten as well as fish.

CONTINUE

Between *cho* (hot) and *fret* (cold). To become balanced, one must eat well, give attention to personal hygiene, pray, and have good spiritual habits. To promote good health, one must be strong, have good color, be plump, and be free of pain. To maintain this state, one must eat right, sleep right, keep warm, exercise, and keep clean.

- ◆ Even though Haitians are deeply religious, their religious beliefs are combined with **vodouism (voodooism)**, a complex religion with its roots in Africa. **Vodou**, in the most simplistic sense, involves communication by trance between the believer and ancestors, saints, or animistic deities. Vodou is not considered paganism among those who practice it. Vodou worshippers may often attribute their ailment or medical problem to the doings of an evil spirit. In such cases, they prefer to confirm their suspicions from the *Loa* before accepting natural causes as the problem that would lead to seeking western medical care. For the Haitian client, the belief in the power of the supernatural (vodou) can have a great influence on the psychological and medical concerns of the client.

This can be accomplished by eliciting the help of a vodou priest and following the advice given by the spirit itself. To accurately prescribe treatment options, the health-care practitioner must be able to differentiate between these belief systems.

### Sample case resolution

APS Worker “A” was very competent in dealing with African Americans but she realized that Mrs. Paul did not ascribe to that culture, hers was quite different. The worker decided she should meet with a social worker friend who was Haitian in order to learn more about the culture. This boosted APS worker’s competence to deal with the possibly challenging cultural differences as she explored the ethical implications of decision-making.

Additionally, this will give her some assistance in understanding how **caring** is expressed in the Haitian-American culture. For example, addressing the elder person with her title, Mrs.Paul.

CONTINUE



### **Ethical Principles**

- ◆ **Autonomy** – In this culture, where family has a very high value, family members should be included in discussions. Haitian children are to take care of their elders. The possibility of financial, safety, and caregiver abuse through neglect needs to be examined when including the family in the decision-making process. Who should be included? How?
- ◆ **Beneficence** – There are obvious services that could benefit Mrs. Paul, but your cultural competence must be examined before presenting these services to Mrs. Paul and her family. Cultural competence could improve compliance.
- ◆ **Nonmaleficence** – Culture plays a large role here. Harm could come to Mrs. Paul, if your suggestions are in conflict with her personal beliefs, such as voodoo, and importance of the family.
- ◆ **Fidelity** – Very important in the Haitian culture.
- ◆ **Privacy** – The possible need for a translator brings up the issue of privacy. The need for privacy in the U.S. culture is different than in Haitian culture, and those whom Mrs. Paul trusts could be good resources – or, should a professional translator be brought in?
- ◆ **Justice** – The daughter, her children, other members of the family and Mrs. Paul need to be considered when assessing the positive and negative outcomes of decision-making plans. Additionally, how will these affect the Haitian community in the neighborhood? Others?

### CLOSING



**TIME ALLOTTED: 15 minutes**

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- ◆ **NAPSA's interest:** NAPSA has been interested in the issue of ethics for APS workers for many years, beginning with the work of the late Rosalie Wolf in the early 1990s. Much of the material for this presentation comes from a collaboration between Rosalie (who was the founder of the National Committee for the Prevention of Elder Abuse) and Tanya Johnson, a sociologist at the University of Hawaii. It has been updated and tweaked for many different audiences and has incorporated cultural and values issues on a practice level.
  - Information on ethics can be found on the NAPSA website ([www.apsnetwork.org](http://www.apsnetwork.org)) and on the website of the National Center on Elder Abuse ([www.elderabusecenter.org](http://www.elderabusecenter.org)).
  - Participants might wish to consult the reference list provided with this training or use the internet to stay up-to date on ethics issues. Participants also may want to subscribe to the Elder Abuse ListServe-where they can read or participate in ongoing conversations about cases, issues, and resources.
- **HANDOUT #11: NAPSA Code of Ethics**

Handout #11: The NAPSA Code of Ethics is in your *Participant Guide*. Take a few minutes to read it. [PAUSE]

  - **Questions and Answers**

We have a few minutes left for questions or comments about the NAPSA Code.

**NOTE:** If there are no questions, ask:



*Are there questions on anything else related to this workshop?*

Take about 10 minutes to answer questions.

# ETHICS AND VALUES – TRAINER GUIDE

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## HANDOUT #11:



NATIONAL ADULT PROTECTIVE SERVICES ASSOCIATION

## Code of Ethics

© NAPSA 2004

### ***Adult Protective Services Ethical Principles and Best Practice Guidelines***

Dedicated to the memory of Rosalie Wolf

***Adult Protective Services*** are those services provided to older people and people with disabilities who are, or are in danger of being mistreated or neglected, are unable to protect themselves, and have no one to assist them.

**Interventions provided by Adult Protective Services** include, but are not limited to, receiving reports of adult abuse, exploitation or neglect, investigating these reports, case planning, monitoring and evaluation. In addition to casework services, Adult Protection may provide or arrange for the provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency or supportive services.

### **Values**

**Guiding Value:** Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

**Secondary Value:** Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

### **Principles**

- ◆ Adults have the right to be safe.
- ◆ Adults retain all their civil and constitutional rights unless some of these rights have been restricted by court action.
- ◆ Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- ◆ Adults are presumed to have decision-making capacity unless a court adjudicates otherwise.
- ◆ Adults have the right to accept or refuse services.

**CONTINUE**

# ETHICS AND VALUES – TRAINER GUIDE

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## Practice Guidelines

- ◆ Recognize that the interests of the adult are the first concern of any intervention.
- ◆ Avoid imposing personal values on others.
- ◆ Seek informed consent from the adult before providing services.
- ◆ Respect the adult's right to keep personal information confidential.
- ◆ Recognize individual differences such as cultural, historical and personal values.
- ◆ Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- ◆ To the best of your ability, involve the adult as much as possible in developing the service plan.
- ◆ Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- ◆ Use the least restrictive services first—community based services rather than institutionally based services whenever possible.
- ◆ Use family and informal support systems first as long as this is in the best interest of the adult.
- ◆ Maintain clear and appropriate professional boundaries.
- ◆ In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- ◆ Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- ◆ Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

**Source:** [www.apsnetwork.org/About/ethics.htm](http://www.apsnetwork.org/About/ethics.htm)

## ETHICS AND VALUES – TRAINER GUIDE

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### Final Comments:

- Oftentimes APS work can be an isolating, difficult job. It is important that participants know they are **part of a larger APS family**. There are many avenues of support for workers, supervisors and administrators. Participants are encouraged to learn more and to become involved with NAPSA.
- As one of its primary goals, NAPSA believes in the **highest quality training** for APS workers to provide the knowledge, skills, and self confidence needed to do this challenging job.
- Finally you are encouraged to take care of yourselves both professionally (through peer support, supervision, networking with other agencies, further educational activities) and personally (time for self, stress management, hobbies). **This is important** so that you have a firm foundation and the professional strength to continue doing this difficult job of Adult Protective Services.

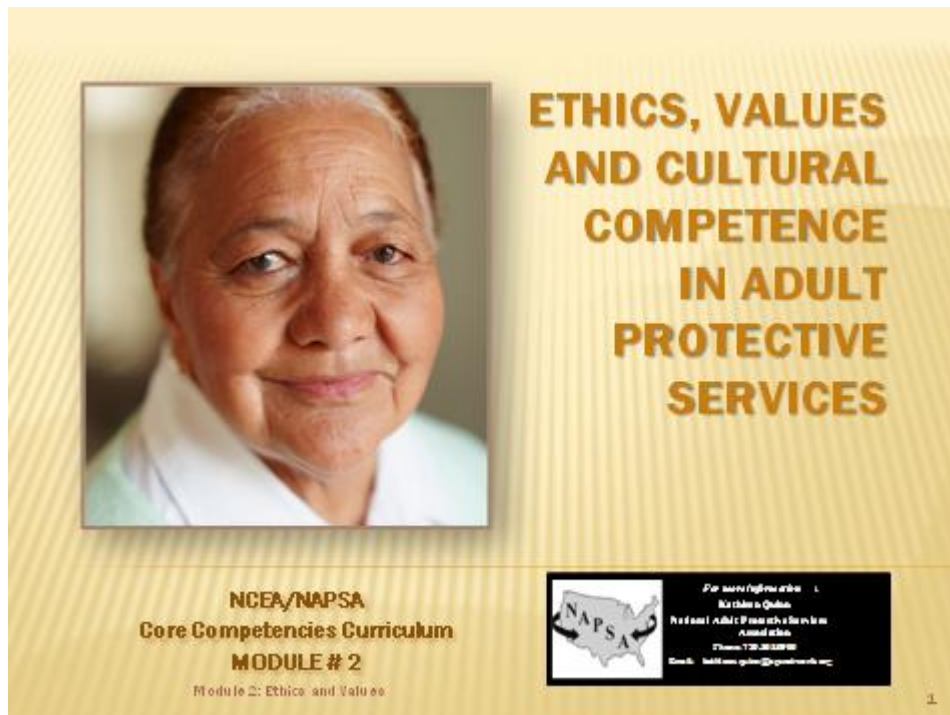
**Thank you for joining us in this workshop on one of the NAPSA core competencies: Ethics, Values and Cultural Competence.**

**SLIDE 82**



**END OF WORKSHOP**  
**Have a safe trip home**

# APPENDIX



## CORE COMPETENCIES FOR APS WORKERS

November 2005

### MODULE 1: APS OVERVIEW

#### Background Information

- History of APS

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- National issues in APS
- Federal legislation
- Federal and state funding
- Grants
- Training opportunities
- History and role of NAPSA

## APS Worker Satisfaction

- Care and support for APS workers
- Professional development

## APS Clients

- APS client target populations
- Essential needs of dependent adults
- APS eligibility criteria
- Client benefits and entitlements

## APS Legal Framework

- Federal Statutes
- State statutes and legal definitions
- State policies and standards
- Roles and responsibilities of APS workers

## **MODULE 2: APS VALUES AND ETHICS**

### Guiding APS Principles and Values

- Balance safety concerns and right to self-determination
- Treat people with honesty, care and respect
- Retention of civil and constitutional rights
- Assumed decision-making capacity unless a court adjudicates otherwise
- The right to be safe
- The right to accept or refuse services



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## APS Promising Practices Guidelines

- Practice self awareness and professional use of self
- Understand importance and support appropriate casework relationship
- Act as client advocate
- Avoid imposing personal values
- Seek informed consent
- Respect confidentiality
- Recognize individual differences
- Focus on client strengths and empowerment
- Involve the vulnerable adult in the service plan
- Maximizes the vulnerable adult's independence and self-determination
- Use the least restrictive services first
- Use family and informal support systems as possible
- Maintain clear and appropriate professional boundaries
- Avoid inadequate or inappropriate intervention
- Practice conflict resolution vs. confrontation
- Seek supervision and expert collaboration
- Provide integrated care management
- Don't abandon clients who are difficult or unlikable
- Prevent further abuse, exploitation and neglect

## Understanding Diversity

- Cultural competence
- Communicating cultural values
- Ageism awareness
- Disabilities awareness

## **MODULE 3: AGENCY STANDARDS and PROCEDURES**

### Agency Organizational and Administrative Structure

- Organizational/institutional environment or culture
- APS services/duties
- Specialized APS units, e.g. for homeless, after-hours, hospital liaison

### Regulations and Policies

- Protocols for client emergency needs
- Protocols and procedures for facility investigations
- Protocols for translation, signing for the hearing impaired, communication services
- Arrangements for culturally appropriate services
- What to do when the client can't be located

# ETHICS AND VALUES – TRAINER GUIDE

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## Managing APS Caseloads

- Workload standards
- Timeframes for response
- Caseload size
- Time management
- Effects of secondary trauma
- Burnout and stress management
- Coping strategies and staying resilient

## Financial Management

- Fiduciary responsibility
- Agency forms and instructions

## **MODULE 4: THE AGING PROCESS**

### Facts on Aging

- Demographics
- Healthy aging
- Life expectancy
- Social issues and aging
- Health care (AIDS and other communicable/infectious diseases)
- Role of family support for the elderly

### Stages of Adult Development

- Impact of loss of independence
- Impact of poor health, illness, mental illness on client's well-being
- Social/psychological/behavioral changes
- Effects of aging process on client's ability to care for self
- Public perception of the elderly and ageism

## **MODULE 5: PHYSICAL AND DEVELOPMENTAL DISABILITIES**

### Overview of Disabilities

- Types of disabilities
- Definitions – federal/state
- Common misconceptions

### Effects of Disabilities

- Effects of disabilities on client's functioning
- Impacts of disability on caregiver and/or family

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## MODULE 6: MENTAL HEALTH ISSUES

### Common Emotional Difficulties

- Coping with one's own aging process
- Issues of separation/loss/grieving

### Types of Mental Illness

- Depression/manic depression (bipolar disorder)
- Delirium/dementia
- Schizophrenia, hallucinations and delusions
- Personality disorder
- Obsessive compulsive disorder
- Suicidal ideations/suicide

## MODULE 7: SUBSTANCE ABUSE

### Types of Substance Abuse Issues

- Alcoholism
- Drugs
- Pharmacology
- Injuries and illness resulting from substance abuse

### Medications

- Misuse of medications
- Medication side effects
- Medication drug dependency

## MODULE 8: DYNAMICS OF ABUSIVE RELATIONSHIPS

### Predominant Types of Abuse/Neglect/Exploitation (ANE)

- Self-neglect
- Neglect by caregiver
- Financial exploitation
- Physical abuse
- Sexual abuse

### Theories of Abuse

- Power and control
- Cycle of violence
- Victim/perpetrator dependency
- Exchange theory
- Caregiver stress
- Neglect due to pathologies of aging
- Emotional and verbal abuse dynamics

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## Characteristics of Victims and Perpetrators

- Victim/perpetrator dependency
- Victim/perpetrator mental health issues
- Abusive, neglectful, or exploitive caregivers
- Undue influence
- Psychology of perpetrators
- Dysfunctional families
- Abuse of elders living in domestic situations
- Abuse of elders living in institutions

## Domestic Violence

- Domestic violence and elder/adult abuse
- Dynamics of power and control
- Why victims don't leave their abusers

## **MODULE 9: PROFESSIONAL COMMUNICATION SKILLS**

### Types of Interviews

- With victims
- With perpetrators
- With collateral contacts
- With family/groups

### Interviewing Skills

- Trust and relationship building
- Engagement techniques
- Open-ended questioning
- Listening/reflection of content and feeling
- Responding to disclosures
- Showing empathy/compassion
- Acknowledging religious/cultural beliefs

### Handling Special Situations

- Dealing with resistance and hostility
- Mediation, negotiation, conflict management

### Working with Special Populations

- Cultural dynamics
- People with mental illness
- People with physical disabilities
- People with developmental disabilities

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## Communicating with Special Populations

- Cognitively, hearing, or visually impaired people
- Non-verbal clients
- Limited-English speaking clients
- Use of interpreters

## Communicating with Other Professionals

- Health care professionals
- Law enforcement
- Legal professionals
- Victim advocates

## **MODULE 10: SELF-NEGLECT**

### Overview of Self-Neglect

- Types of self-neglect
- Statistics on self-neglect
- Indicators of self neglect
- Assessing level of risk
- Environmental safety assessment

### Theories of Self-Neglect

- Cultural/social aspects of self-neglect
- Capacity evaluation
- Hoarding behavior
- Community attitudes towards self-neglect

### Causes of Self-Neglect

- Societal causes for self-neglect
- Individual causes for self-neglect

### Preventing Self-Neglect

## **MODULE 11: CAREGIVER OR PERPETRATOR NEGLECT**

### Overview of Caregiver or Perpetrator Neglect

- Types of caregiver neglect (unintended, intended, criminal)
- Statistics on caregiver neglect
- Indicators of caregiver neglect
- Assessing level of victim risk

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## Theories of Caregiver Neglect

- Caregiver role: voluntary or involuntary
- Exchange theory
- Personality/behavior of the caregiver
- Personality/behavior of the patient

## Causes of Caregiver Neglect

- Cultural/social aspects of caregiver neglect
- Individual causes of caregiver neglect (burden of care, co-dependency, caregivers with mental illness, physical impairments or substance abuse)

## Preventing Caregiver Neglect

## **MODULE 12: FINANCIAL EXPLOITATION**

### Overview of Financial Exploitation

- Types of financial exploitation
- Statistics on financial exploitation
- Indicators of financial exploitation
- Assessing client's financial situation
- Assessing level of risk
- Assessing undue influence

### Theories of Financial Exploitation

- Cultural/social aspects of financial exploitation

### Causes of Financial Exploitation

- Societal causes of financial exploitation
- Individual causes of financial exploitation

### Preventing Financial Exploitation

## **MODULE 13: PHYSICAL ABUSE**

### Overview of Physical Abuse

- Types of physical abuse
- Statistics on physical abuse
- Domestic violence indicators
- Medical indicators of abuse and neglect
- Assessing level of risk
- Lethality indicators

# ETHICS AND VALUES – TRAINER GUIDE

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## Theories of Physical Abuse

- Dynamics of physical abuse
- Cultural/social aspects of physical abuse
- Homicide/suicide

## Causes of Physical Abuse

- Societal causes of physical abuse
- Individual causes of physical abuse

## Preventing Physical Abuse

## **MODULE 14: SEXUAL ABUSE**

### Overview of Sexual Abuse

- Types of sexual abuse
- Statistics on sexual abuse
- Indicators of sexual abuse
- Assessing level of risk

### Causes of Sexual Abuse

- Societal causes of sexual abuse
- Individual causes of sexual abuse

### Preventing Sexual Abuse

## **MODULE 15: APS CASE DOCUMENTATION/REPORT WRITING**

### Importance of Case Documentation

- Proper case documentation for substantiation of ANE
- Identifying data to include in case records

### Documentation Overview

- Gathering of facts/chains of evidence
- Clear, concise and objective documentation
- Updating chronological records to monitor client progress
- Required forms and instructions
- Tracking/recording guidelines
- Monitoring services by other agencies
- Best practice tips

### Documentation Equipment Skills

- Cameras
- Videos
- Tape recorders
- Computers
- Body maps

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## Confidentiality of Records

- Client permission to share information
- Legal issues (e.g. subpoena of records)

## Report Writing Skills

## **MODULE 16: INTAKE PROCESS**

### Preparing for the Initial Client Visit

- Does report meet statutory requirements?
- Being inclusive--screen in, not out
- Reporter's expectations
- Reviewing prior client records
- Identifying collateral contacts

### APS Worker Safety

- Safety planning for worker
- Assessing for violent or psychotic behavior
- Assessing for hazardous materials (drugs, communicable diseases, firearms)
- Neighborhood safety concerns
- Dangerous animals
- Location of interview
- Working with difficult people
- Non-violent crisis intervention
- De--escalating potentially dangerous situations
- When to contact law enforcement and how to request assistance
- Emergency communications—cell phones
- Communicable and Infectious Diseases

### Investigation: Initial Client Contact

- Gaining access
- "Who sent you" issues
- Establishing rapport at the door
- Strategies for dealing with refusal of access by client or to client
- Interviewing the suspected abuser
- Assessing validity of reports of ANE
- Developing safety plans with/for clients

### Intake Documentation



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## **MODULE 17: INVESTIGATION: CLIENT CAPACITY**

### Initial Capacity Assessment

- Interviewing the suspected abuser
- Assessing validity of reports of ANE
- Developing safety plans with/for clients
- Intake documentation

### Capacity Assessment

- When and how to refer client for professional capacity evaluation
- Interpreting and using assessment information
- Client's strengths and social supports
- Ability to conduct activities of daily living
- Level and type of care needed

### Client's Ability to Make Informed Decisions

- Cultural influences on client's decision-making
- Community standards
- Past history of making decisions
- Concept of "negotiated consent"

## **MODULE 18: INVESTIGATION: RISK ASSESSMENT**

### Overview of Risk Assessment

- Indicators of immediate risk of ANE
- Lethality indicators
- Emergency medical or psychiatric situations
- Impact of illness/disability on client's ability to protect him/her self
- Environmental hazards
- What to do when client refuses services

### Risk Assessment of Caregiver

- Mental Illness
- Substance Abuse
- Emotional/financial dependence on victim
- Suicidal ideation

## **MODULE 19: VOLUNTARY CASE PLANNING and INTERVENTION PROCESS**

### Overview of Voluntary Case Planning and Intervention

- Mutual assessment of needs/goal setting
- Supportive counseling
- Policies and procedures for response

# ETHICS AND VALUES – TRAINER GUIDE

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## Types of APS Service Provision

- Accessing benefits and entitlements
- Safety planning for client
- Assuring basic needs are met (e.g. food, heat, transportation)
- Arranging for shelter and transition housing as necessary
- Providing information/referrals
- Linking clients and families with respite services and support groups
- Assisting clients discharged from hospitals, psychiatric wards and disability centers
- Providing emergency services or finding/developing emergency resources
- Managing client finances as necessary
- Providing respite care
- Mediation
- Caregiver training

## Case Planning and Intervention

- Goal setting with clients
- Defining intervention strategies/response timeframes
- Finding and procuring resources
- Promoting coordinated/joint case planning and service delivery
- Arranging for culturally appropriate services
- Case documentation
- Reassessment/follow-up

## Preventing ANE

- Consumer education

## **MODULE 20: INVOLUNTARY CASE PLANNING and INTERVENTION PROCESS**

### Overview of Involuntary Case Planning and Intervention

- Policies and procedures for response
- Legal standards for involuntary intervention
- Promoting coordinated/joint case planning and service delivery

### Case Planning for Involuntary Services

- Arranging for culturally appropriate services
- Goal setting with family/care provider
- Defining intervention strategies/response timeframes
- Finding and procuring resources

# ETHICS AND VALUES – TRAINER GUIDE

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## APS Interventions

- Providing services for caregiver
- Respite care
- Caregiver training
- Providing information/referrals
- Assuring basic client needs are met
- Accessing benefits and entitlements
- Safety planning for client
- Coordinating involuntary medical care
- Arranging for shelter and transition housing
- Coordinating involuntary mental health/substance abuse treatment
- Linking clients and families with respite services and support groups
- Providing emergency services
- Assisting clients discharged from hospitals, psychiatric and development centers
- Managing client finances as necessary
- Documentation
- Reassessment/follow-up

## Guardianships and Conservatorships

- Statutory definitions
- Guardianship process
- Competency/incompetency criteria
- Probate conservatorship process
- Private conservatorship process

## **MODULE 21: COLLABORATION and RESOURCES**

### Overview of Collaboration and Resources

- Benefits of working as a team
- Roles of various professionals in resolution of ANE

### Local and Regional Networks and Community-Based Services

- Roles and responsibilities of community resources
- Interagency protocols for referrals and service delivery
- Local resources contact information

### Inter-Agency Relationships and Collaboration

- Multidisciplinary review teams
- Fatality review teams
- Community advisory groups
- State and local coalitions
- Public awareness campaigns
- Documentation of services and outcomes
- Abuse prevention activities

# ETHICS AND VALUES – TRAINER GUIDE

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## Community Outreach

- Public education
- Working with the media
- Abuse prevention activities

## Service Integration with Related Agencies

- State Units on Aging
- Department of Children and Family Services/Social Services
- Domestic violence resources
- Victim advocates
- Regulatory agencies

## Health and Mental Health

- Medical Clinics/Hospitals
- Department of Mental Health
- Mental Health/ Counseling Agencies
- Medicaid/Medicare
- Agency in charge of Developmental Disabilities

## Law Enforcement

- Police/Sheriff's Department
- State Patrol
- FBI
- Medicaid Fraud
- Office of Attorney General
- Probation/parole

## Legal Resources

- Office of District Attorney
- Department of Consumer Affairs
- OAA legal service providers
- Private attorneys

## Emergency Resources

- Homeless shelters
- Domestic Violence Shelters
- Group homes
- Residential Health Care Facilities
- Boarding Homes
- Food pantries
- Church organizations
- Developing emergency resources when none exist

# ETHICS AND VALUES – TRAINER GUIDE

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## Financial

- Social Security
- Banking institutions
- Securities firms
- Food stamps

## Other Resources

- Long-term care ombudsmen
- Immigration Services
- Clergy
- Universities and community colleges
- National organizations

## **MODULE 22: LEGAL ISSUES and LAW ENFORCEMENT**

### Overview of Legal Issues and Law Enforcement

- Role of criminal justice system
- State criminal codes
- Regulations and policies

### Legal Tools

- Legal rights of adult clients
- Court ordered mediation
- Restorative justice
- Writing affidavits and petitions
- Mandatory reporting
- Filing emergency protective/restraining orders
- Legal resources for dependent adults
- Victims/witness programs
- Substitute decision-making on behalf of client
- Living wills, health care proxies, do not resuscitate (DNR) orders
- Collecting, preserving and analyzing evidence

### Working with Law Enforcement and the Judicial System

- Differences in APS, law enforcement, and legal institutional cultures
- Caseworkers' role in the legal process
- Requesting law enforcement assistance
- Conducting joint investigations/interviews with law enforcement
- Subpoena of case records

# ETHICS AND VALUES – TRAINER GUIDE

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## Preparing for Court

- Case documentation
- Initiating court procedures
- Assisting victims with court procedures
- Legal representation for APS workers
- Guidelines for presenting testimony
- Responding to cross-examination
- Writing court reports

## **MODULE 23: CASE CLOSURE**

### Overview of Case Closure

- Reasons for case closure
- Issues of grief and loss for client and worker
- Client's end of life decision-making process
- Carrying out client's end of life wishes (funeral arrangements, client's estate disposition)

### Case Termination

- Closure for client and worker
- Service delivery evaluation
- Summary case recording and case documentation
- How could abuse, exploitation and neglect have been prevented?

## ANSWERS to Pre and Post-Tests (Trainer Only)

1. Define the following four of the seven ethical concepts used in APS work:

- ◆ **Autonomy – Adults are free to live as they choose, no matter how foolish or self-destructive this may be, as long as they comprehend the likely consequences of such action and do not threaten others. Autonomy is concerned with respecting and promoting self-determination. It requires respecting assertions of client’s individuality.**

**There are two kinds of autonomy: Decisional autonomy – the ability and freedom to make decisions without external coercion or restraint. Autonomy of execution – ability and freedom to carry out and implement personal choices.**

- ◆ **Beneficence- is the obligation to perform acts which benefit others. We have a commitment to do what serves the best interests of the client, no matter what our own interests are or what the interests of others are.**
- ◆ **Nonmaleficence- “to do no harm” constrains the types of treatment that are acceptable in a particular situation by limiting the risks clients are subjected to by treatment.**
- ◆ **Justice- is based on the idea of a society which gives individuals and groups fair treatment and a just share of the benefits of society.**

2. Which of the following external factors would be an inappropriate influence on the APS worker’s decision-making? [circle the appropriate answer(s)]:

- a. professional obligations
- b. **personal feelings**
- c. client wishes
- d. personal values
- e. community pressure

3. Which of the following do/does NOT affect population changes’ impacts on vulnerable adults? [circle the appropriate answer(s)]:

- a. Baby Boomers group
- b. National Immigration and Naturalization Act of 1965
- c. educational achievement
- d. **national budget**
- e. **personal values**

4. Which of the following is NOT descriptive of the use of the cultural competence continuum? [circle the appropriate answer(s)]:

- a. a way of testing for cultural competence
- b. affected by tiredness and stress
- c. **a way of showing how white people are racists**
- d. helpful in developing greater self-awareness of cultural skills
- e. affected by the types of groups one relates to

## ETHICS AND VALUES – TRAINER GUIDE

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5. Provide one example of how to use ethical multiculturalism in working with vulnerable adults.

**The example should include the following principles:**

**Ethical multiculturalism takes fundamental ethical principles and applies them in a culturally relevant manner. Fundamental ethical principles used in ethical multiculturalism are: 1)respect for persons and community while determining what is autonomy for the specific client; 2)beneficence; 3)justice, and 4)caring processes.**

6. Which of the following are steps in the development of an ethically and culturally competent framework? [circle the appropriate answer(s)]:
- identify stakeholders and their cultural backgrounds
  - identify relevant ethical and cultural principles
  - evaluate possible impacts of the action plan
  - identify possible action steps
  - all of the above**
7. Why is it important to have a Code of Ethics?

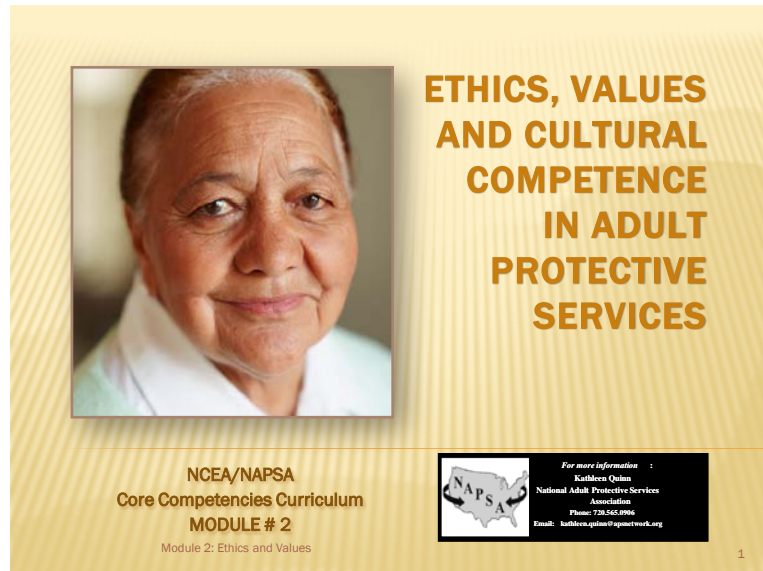
**A code of ethics sets forth values, ethical principles, and ethical standards to which professionals aspire and by which their actions can be judged.**

**Codes of ethics are guides to understanding the concerns of a profession and the parameters of acceptable actions. A code of ethics serves the following purposes:**

- ◆ **To identify core values on which a profession's mission is based**
- ◆ **To summarize broad ethical principles that reflect the profession's core values and to establish a set of specific ethical standards that should be used to guide practice**
- ◆ **To help workers identify relevant considerations when professional obligations conflict or ethical uncertainties arise**
- ◆ **To provide ethical standards to which the general public can hold the profession accountable**
- ◆ **To orient new workers to the profession's mission, values, ethical principles, and ethical standards**



## NOTES



**ETHICS, VALUES  
AND CULTURAL  
COMPETENCE  
IN ADULT  
PROTECTIVE  
SERVICES**

NCEA/NAPSA  
Core Competencies Curriculum  
MODULE # 2  
Module 2: Ethics and Values

**NAPSA**  
National Adult Protective Services  
Association  
Phone: 720.565.0966  
Email: [ethics@napaonline.org](mailto:ethics@napaonline.org)

For more information :  
Kathleen Quinn  
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## For SLIDES

**SLIDE 37:** Baby Boomers are the group of people born between 1946 and 1964. From 1945 to 1946, the U.S. had the largest one-year increase in births in its history: 3 million births. In 1964, the last year of the Boom, there were more than 4 million births. This group has been called a pivotal cohort (Hughes and O’Rand 2004, 1 and 3).

**SLIDE 38:** The race and ethnicity categories used by the authors are: non-Hispanic whites, non-Hispanic blacks, Hispanics, Asians and Others. To simplify, we are using white = non-Hispanic white, black = non-Hispanic black, Hispanics = Hispanic/Latino, Asians = Asians and Pacific Islanders, and Others. The data are based on Census 2000, which was the first census allowing persons to claim more than one racial or ethnic heritage (Hughes and O’Rand 2004, 5).

Although the Civil Rights Movement overlaps the Baby Boomer time frame, segregation and unequal opportunities are reflected in the racial and ethnic disparities that continue to exist in high school and college completion rates among U.S.-born elders (Hughes and O’Rand 2004, 9).

The movement of women into the work force, aided by the availability of modern contraception, led to major changes in marriage and family life. The consequence for American elders is tremendous variations in household patterns (Hughes and O’Rand 2004, 16-21).

## ETHICS AND VALUES – TRAINER GUIDE

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**SLIDE 39:** Major diversity in the immigrant population resulted from the passage of 1965 amendments to the Immigration and Nationality Act, which abolished national origin quotas as a basis for immigrant visas and created preference for family members and skilled workers (Bean and Stevens 2003, 2).

In addition, the actual number of immigrants entering the U.S. increased dramatically, especially from the 1980s on (Bean and Stevens 2003, 18-19).

**SLIDE 40:** The cited examples of cultural differences were developed by Dora Lodwick based on her research, teaching and other experiences with various U.S. populations.

Some of the examples of immigrant group experiences are found in Lodwick and Mitchell (2002), Portes and Rumbant (2001), and Bean and Stevens (2003).

“Mainstream Americans” are generally U.S. – born, white Americans with at least a high school education. They often hold many of the values described in SLIDE 52 (Hoppe 1998).

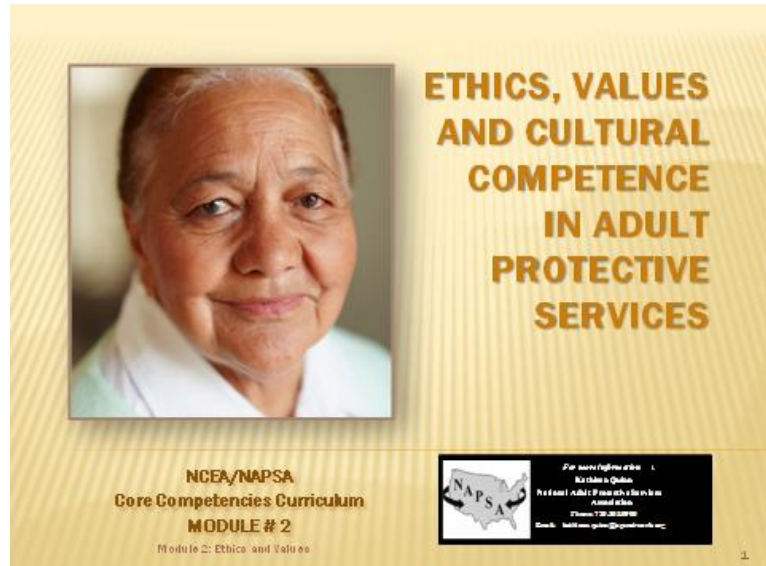
**SLIDE 41:** Thanks to Bernice Hutchinson for her comments on the representation of the U.S. as a “dynamic multicultural nation.” Ms. Hutchinson has extensive experience training state and local aging professionals on diversity issues.

**SLIDE 46:** Edward Tyler first developed this definition of culture in 1871. It continues to be an all encompassing foundation for explaining actual behavior (Tyler 1988).

A simpler definition is:

“Culture generally refers to patterns of human activity and the symbolic structures that give such activities significance and importance.” ([www.Wikipedia.com](http://www.Wikipedia.com)).

# REFERENCES and RESOURCES



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## RESOURCES

### Cultural Competence

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Interdisciplinary Student Community-Oriented Prevention Enhancement Services (ISCOPEs). Cultural competence. [www.gwu.edu/~iscopes](http://www.gwu.edu/~iscopes).

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Lodwick, Dora G. and Alexandra Mitchell. 2002. *Keys to cultural competency: A literature review for evaluators of recent immigrant and refugee service programs*. Denver, CO: The Colorado Trust.

NASUA's National Aging Information and Referral Support Center has excellent information on American Diversity. It includes self-assessment tests, tools, definitions, training modules, resources, etc. <http://www.nasua.org/informationandreferral/diversity.cfm>

Pendry, Louise F., Denise M. Driscoll and Susannah C.T. Field, 2007. Diversity training: putting theory into practice. *Journal of Occupational and Organizational Psychology* 80,1 (March): 27-47.

## Additional Resources

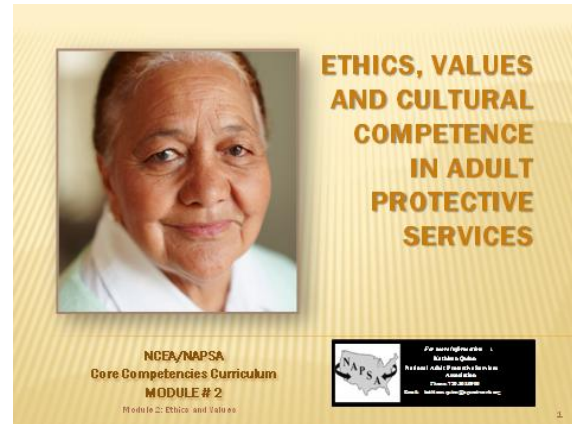
### Other websites include:

- The National Center on Elder Abuse: [www.elderabusecenter.org](http://www.elderabusecenter.org)
- National Adult Protective Services Association: [www.apsnetwork.org](http://www.apsnetwork.org)
- National Association of Social Workers: [www.socialworkers.org](http://www.socialworkers.org)
- NASUA's National Aging Information and Referral Support Center: [www.nasua.org](http://www.nasua.org)
- [www.wikipedia.com](http://www.wikipedia.com)

### Information on national issues relating to Adult Protective Services can be obtained from:

Kathleen Quinn, Executive Director  
National Adult Protective Services Association (NAPSA)  
920 South Spring Street, Suite 1200  
Springfield, IL 62704.

# AUTHOR BIOGRAPHIES



**Susan Castaño**, LCSW, is a licensed clinical social worker in New Jersey and Pennsylvania. Her expertise in elder abuse and adult protective services is the result of over thirty years of direct service, supervision and administration with the Middlesex County Board of Social Services in New Brunswick, New Jersey, where she coordinated the Adult Protective Services program. Retired from APS administration since 2000, Susan now serves as Program Coordinator for social work relicensing workshops at the Rutgers School of Social Work, Continuing Education and Professional Development Program. Susan has been the principal curriculum developer and trainer for the New Jersey A.P.S. New Worker Training Certification Program through Rutgers School of Social Work for more than 15 years. She also provides workshops and trainings nationally on a variety of topics and has developed specialized curriculum on APS issues for several states as well as for NAPSA. Susan serves as the chairperson of the Education Committee of the National Adult Protective Services Association where the goal is to develop a national APS Training Institute.

**Dora G. Lodwick**, PhD, is a sociologist and Executive Director of the REFT Institute, Inc. She has taught courses on immigration population change, and issues of aging at the University of Denver and Miami University of Ohio for over 20 years. Her work as an evaluator, trainer and some of her writings have focused on issues of cross-cultural experiences. She grew up in Latin America, has done research in Central and South America, has taught in rural and urban Black communities, and has worked with many immigrant communities.

**Kathleen Quinn**, MSW, is the Executive Director of the National Adult Protective Services Association (NAPSA), a 600 member national organization representing adult protective services programs and clients. Previously, she served as Policy Advisor on Senior Issues to the Illinois Attorney General and as the Chief of the Bureau of Elder Rights for the Illinois Department on Aging, where she was responsible for the statewide Elder Abuse and Neglect (APS) Program and the Long Term Care Ombudsman Programs. In the 1980's Ms

## ETHICS AND VALUES – TRAINER GUIDE

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Quinn was a trainer and administrator with the Illinois Coalition Against Domestic Violence. She is the past President of NAPSA, a former board member of the National Committee for the Prevention of Elder Abuse, as well as a member of the Illinois Family Violence Coordinating Council, the Illinois State TRIAD Council, the Advisory Committee to the National Clearinghouse on Abuse in Later Life, and was a founding board member and secretary of the Illinois Center for Violence Prevention.