

Adult Protective Services Risk Assessment in APS

Mrs. Anderson Case Scenario

Phase 1 - Initial Report

You have received a report on a Monday morning that Mrs. Anderson (age 72) has not been seen by her neighbor for the last three weeks since coming home from the hospital after a stroke or heart attack (she was not sure which). Mrs. Anderson's daughter's car had been in the driveway until last Friday when the daughter left alone and she has been gone all weekend. The daughter's name is Jenna and she lives about 20 miles away. There is also a son, Paul, but the neighbor didn't have any contact information for him. The neighbor believes that Mrs. Anderson has been home alone since last Friday. The neighbor doesn't know whether or not Mrs. Anderson can provide for her own care. The neighbor did see Mrs. Anderson walk into the home when she returned from the hospital so she knows that Mrs. Anderson can ambulate on her own. The neighbor has no other information about Mrs. Anderson's current condition.

Ask yourself:

- Do you investigate the report? Does the situation meet the criteria of an older adult being at risk?
- How quickly should your investigation be initiated? Do you need to go out immediately?
- Is Mrs. Anderson in immediate danger? How **soon** might she come to harm?
- What's at risk (life, health, property)?
- What are the consequences of delay? How **severe** might the harm be?
- What is the likelihood (or how **sure** are you) that Mrs. Anderson will be harmed without intervention?

Mrs. Anderson's level of risk?

Phase 2 - Case Planning

Mrs. Anderson answered the door of her home after you knocked for an extended period of time. She was in a dirty nightgown and her hair was uncombed. When asked, "Are you Mrs. Anderson?" she nodded. When asked, "Are you here alone?" she nodded. When asked, "Where is your daughter?" she just shrugged her shoulders. When asked, "When did your daughter leave?" she shrugged and began to softly sob. Subsequent questions revealed that Mrs. Anderson's verbal communication is impaired although she appeared to understand the questions being asked if they were simple sentences. She did seem to be confused about time.

You were able to locate Mrs. Anderson's medications on the kitchen counter. Mrs. Anderson shrugged when you asked if it was okay to contact her doctor. You called the doctor and Mrs. Anderson got on the phone and indicated it was okay for him to speak to you. Dr. Elias stated that Mrs. Anderson has aphasia post-stroke coupled with limited executive functioning. He did not think that she is capable of providing for her own care and stated, "She probably shouldn't be left alone for any extended period of time". The doctor did have a cell phone number for the daughter but not for the son. Mrs. Anderson shrugged when you asked if it was okay to call her daughter.

Phone Interview with Jenna (Mrs. Anderson's daughter):

Jenna sounded like she had been asleep when you called her. Jenna stated that she had been waiting on her mother, night and day, for the past three weeks and had been at her bedside for the whole week before that. She stated that she needed some time for herself and so had "taken the weekend off" from caring for her mother and would be back over later in the day to resume her care. You told her to please come over right away so that a plan for her mother's care could be established.

Ask yourself:

- Are protective services needed on an ongoing basis to prevent future abuse, neglect, or exploitation?
- How likely will abuse, neglect, or exploitation occur?
- What factors make it likely that abuse, neglect, or exploitation will occur in the future?
- Does Jenna pose an on-going risk for Mrs. Anderson?
- What factors mitigate risk (e.g. older adults' strengths and resources)?
- Are informal supports available to help?
- How does Mrs. Anderson view the situation? What does she want to do about it? Is she capable of making choices and participating in case planning? Given Mrs. Anderson's limited communication, how might you find this out?

Mrs. Anderson's level of risk?

Phase 3 - Reassessment and Case Closure

When you arrive unannounced at the home, Mrs. Anderson and Jenna are at home. Also in the home is Margaret, a caregiver from the Home Health agency. Jenna tells you that Margaret is providing Mrs. Anderson with four hours of care a day and that there is also a weekend caregiver for 4 hours on Saturday and Sunday. Jenna stated that she has also moved in with Mrs. Anderson for the time being. Jenna's home in the next town is now up for sale. Jenna plans to move forward with a guardianship of her mother and to be put on the deed to Mrs. Anderson's home. Jenna stated that the free time provided by the home health agency has helped her manage her own life while caring for her mom.

Ask yourself:

- Has risk changed over time? Is Mrs. Anderson at higher or lower risk?
- What accounts for the changes? Are new issues emerging? Are perpetrators out of the picture? Have threats been removed? Have interventions reduced risk? Has Mrs. Anderson changed her mind about accepting services?
- Are changes to the case plan needed? What preventative measures are needed?
- What is the likelihood that the situation will recur?
- Given what we know about Mrs. Anderson's current situation and her level of risk, would you close the case?

Mrs. Anderson's level of risk?