



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

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

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2006 Elder Abuse Prevention Campaign
Texas Department of Family and Protective Services
Adult Protective Services

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Adult Protective Services (APS) Section

Types of Maltreatment

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

Source: Texas Human Resource Code Ch. 48

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

Source: Texas Human Resource Code Ch. 48

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

Source: Texas Human Resource Code Ch. 48

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

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

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

Source: Texas Human Resource Code Ch. 48

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Issues Facing Vulnerable Adults

What is Self-neglect?

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

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

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

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

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

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

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Issues Facing Vulnerable Adults

Medication/Substance Abuse

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

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

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

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

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

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

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

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

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

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Issues Facing Vulnerable Adults

Fraud and Exploitation and How to Avoid Them

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

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

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

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

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

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

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

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

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

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

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

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

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

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Issues Facing Vulnerable Adults

Fraud and Exploitation and How to Avoid Them (Continued)

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

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

How to Avoid Health Fraud—

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

Money-related Fraud—

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

How to Avoid Money-related Fraud—

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

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

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

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

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

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

How to Avoid Cramming—

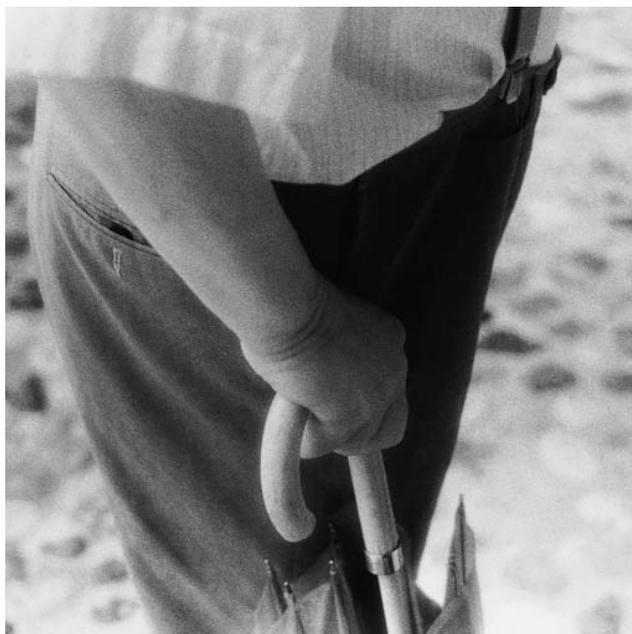
- ◆ Carefully review your telephone bill and credit card bills each month.
- ◆ If you fill out a form to enter a contest or sweepstakes, read the fine print to be sure you are not authorizing changes or charges to your telephone.

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

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

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Issues Facing Vulnerable Adults

Preventing Exploitation Through Money Management

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

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

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

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

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

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

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

For More Information

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

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

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

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Issues Facing Vulnerable Adults

Isolation

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

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

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

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

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

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Issues Facing Vulnerable Adults

Depression

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

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

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

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

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

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

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

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

Common Indicators of Depression

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

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

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Getting Involved

Ways You Can Help

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

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Caregiver Resources

Symptoms of Caregiver Burnout

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

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

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



Caregiver Resources

The Three Stages of Caregiver Burnout

Stage One—Frustration

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

Stage Two—Isolation

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

Stage Three—Despair

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

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

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Caregiver Resources

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

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

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

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

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

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

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Caregiver Resources

Guidelines for Preventing Falls

For Floors, Halls, Doorways, and Pathways:

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

For Stairs:

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

For Bedrooms:

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

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

For Bathrooms:

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

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