

Working with Less: Coping During Times of Scarce Resources

TRAINER'S MANUAL

Working with Less

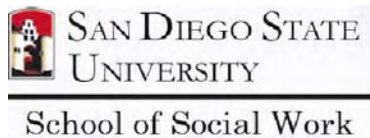
Coping During Times
of Scarce Resources
APS Supervisor Training

Developed by:
Statewide APS Training Project
Academy for Professional Excellence
SDSU School of Social Work



TRAINER'S MANUAL

Working with Less: Coping During Times of Scarce Resources



This training was developed by the Academy for Professional Excellence, which is funded by California Department of Social Services, Adult Services Branch.

Curriculum Developer
Jill Nielsen, LCSW

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to “Working with Less: Coping During Times of Scarce Resources” developed by the Adult Protective Services (APS) Training Project, a project of MASTER/Academy for Professional Excellence.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

The APS Training Project is a CDSS funded project of MASTER/Academy for Professional Excellence and has the overarching goal to develop standardized core curricula for new APS social workers and supervisors and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their victims. The APS Training Project has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
- California Association of Public Administrators, Public Guardians and Public Conservators

PARTNER ORGANIZATIONS

Lori Delagrammatikas, Program
Coordinator for MASTER
Academy for Professional Excellence
6505 Alvarado Road, Suite 107
San Diego, California 92120
(909) 213-6059
ldelagra@projects.sdsu.edu
<http://theacademy.sdsu.edu/programs/>

Krista Brown, Project Coordinator
APS Training Project
Academy for Professional Excellence
6505 Alvarado Road, Suite 107
San Diego, California 92120
(510) 459-0731
krbrown@projects.sdsu.edu
<http://theacademy.sdsu.edu/programs/>

Kathleen Quinn, Executive Director
National Adult Protective Services
Association
920 South Spring Street, Suite 1200
Springfield, IL 62704
(217) 523-4431 / (271) 522-6650
Kathleen.quinn@apsnetwork.org

Paul Needham, Chair
NAPSA Education Committee
Oklahoma Dept of Human Services
APS/FSSD Training Unit
(405) 823-4900
paul.needham@okdhs.org

Jennifer Bransford-Koons, Chair
Protective Services Operations Committee
of the County Welfare Director's Association
(858) 505-6963
Jennifer.Bransford@sdcounty.ca.gov

Academy for Professional Excellence- 6505 Alvarado Road, Suite 107
Tel. (619) 594-3546 – Fax: (619) 594-1118 – <http://theacademy.sdsu.edu/programs/>

ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APS Training Project would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Services Branch
Alameda County Department of Social Services
California Social Work Education Center Aging Initiative

Committees

Protective Services Operations Committee of the California Welfare Directors' Association
National Adult Protective Services Association Education Committee
Project MASTER Steering Committee
APS Core Curriculum Committee

Evaluation Consultants

James Coloma, Evaluation Consultant

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EXECUTIVE SUMMARY

Course Title: *Working with Less: Coping During Times of Scarce Resources*

Curriculum Development: Jill Nielsen, LCSW, in collaboration with the Protective Services Operations Committee and the Statewide APS Training Project/Academy for Professional Excellence.

Target Audience: APS Supervisors.

Training Description: Supervisors as well as frontline staff are under increased pressure and demands as a result of increasing caseloads, increased case complexity, fewer community resources and staffing reductions/reorganization. These trends place a challenge on the supervisor who attempts to balance the needs of the APS clients with the needs of his/her direct reports.

In this dynamic and interactive training, supervisors will acquire tools to assist them to effectively and efficiently balance their roles and responsibilities and provide appropriate guidance and support to their staff. This training utilizes lecture, PowerPoint, and large and small group activities.

Learning Objectives:

Upon completion of this training, APS frontline supervisors will be able to:

1. Demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.
2. Train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.
3. Describe how interagency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.
4. Demonstrate techniques to recruit one new, multi-disciplinary partner.
5. Practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.
6. Practice self-care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

Transfer of Learning: *Ways supervisors can prepare for the training and then utilize knowledge and skills acquired during the training on the job.*

BEFORE the training

Supervisors can work with their managers to identify the biggest challenge they currently face in their role as supervisor and what they would like to do differently to address this challenge in the future.

AFTER the training

Supervisors can practice the following activities:

1. Review the “Keeping Your Manager Informed” activity with your manager to get a better idea of what your boss really does want to know.
2. Review the sample Structured-Decision Making® Intake tool that was presented in class and identify 3-5 basic ideas from the sample structured intake tool that you can adapt for your own intake unit.
3. At the end of the training, develop an action plan outlining how you will help yourself and your workers manage heavy caseloads based on the information you learned in the training (e.g. Help workers with time management, Clarify response time criteria, Organize your workspace, etc.). Revisit your action plan in 3 months to check your progress and resulting outcomes.

HOW TO UTILIZE THIS TRAINING MANUAL


The course outline, provided in the next section of this manual, is the class schedule used during the piloting of this training. It can be used to help you determine how much time you might need to present each section. However, times will vary based on the experience and engagement of your audience.

Customizing the Power Point:

Once you decided on how you want to divide up your time in presenting this material, you may want to customize your Power Point. The Microsoft Office Power Point software allows you to hide any slides you don't want to use.

Hide a slide instructions

1. On the **Slides** tab in normal [view](#), select the slide you want to hide.
2. On the **Slide Show** menu, click **Hide Slide**.

The hidden slide icon  appears with the slide number inside, next to the slide you have hidden.

Note: The slide remains in your file, even though it is hidden when you run the presentation.

Please note that this manual is set up so that the trainer script/ background material is on the same page as the accompanying Power Point slide making it easy to also customize your manual to match the slides you have decided to use, Just remove the unneeded pages.

COURSE OUTLINE

Content	Total Time	Activities	Slides/pages
Welcome Introductions Housekeeping Learning Objectives	30 minutes	Lecture Round Robin – Participant Introductions & Biggest Challenge	Slides: 1-11 Handouts: Letter to Participants, ID Assignment
Increasing Challenges	25 minutes	Lecture Shout-out Tabletop Activity	Slides: 12-17 Shout-out: What types of financial abuse cases are you currently seeing? Tabletop Discussion: Discuss impacts of increasing challenges (caseloads, case complexity, and reductions) on APS workers.
Screening and Prioritizing Cases	30 minutes	Lecture Shout-out Tabletop Activity	Slides 18-29 Handouts: Risk Assessment, Structured Decision-Making Special Bulletin, and SDM Sample Intake Tool Shout-out: What response times do you use when assigning cases? Shout-out: What are advantages and disadvantages to NIFFI? Shout-out: Basic ideas on adapting SDM tool for your intake unit? Tabletop Activity: Sorting Response Times
Break	15 minutes		
Screening and Prioritizing Cases (cont.)	30 minutes	Lecture Shout-out Tabletop Activity	Slides 18-29
Communicating With Your Boss	20 minutes	Lecture Tabletop Activity	Slides: 30-31 Handout: Communication With Your Manager Tabletop Activity: Keeping Your Manager Informed

Lunch	60 minutes		
Multi-Disciplinary Collaborations	45 minutes	Lecture Shout-out Tabletop Activity	Slides: 32-37 Handout: MDT Partners 101 Shout-out: What relationships may already exist in your county with MDT partners? Tabletop Activity: Recruiting APS Partners
Time Management Skills	15 minutes	Lecture Tabletop Activity Tabletop Discussion	Slides: 38-42 Tabletop Activity: Self-Test: How Good are Your Time Management Skills? Tabletop Discussion: What are the most useful time management techniques currently used? What will you do when you return to the office to manage your time? Optional Discussion Question: Any ideas/techniques for teaching time management skills to staff?
Burnout	50 minutes	Lecture Shout-out Tabletop activity	Slides: 43-50 Handouts: Supervisor's Role in Preventing Burnout and Compassion Satisfaction/Fatigue Self-Test for Helpers, Framework for Analyzing Performance Problems Shout-out: What kind of burnout symptoms show up among your workers/colleagues? Shout-out: If one of your workers is underperforming, what kinds of things clue you in? Tabletop Activity: Developing Your Burnout Toolkit
Break	15 minutes		
Providing Effective Feedback	40 minutes	Lecture Shout-out Tabletop Activity	Slides: 51-54 Handout: Feedback Statement Exercise




			Shout-out: How is praise different from positive feedback? How is criticism different from negative feedback? Tabletop Activity: Feedback Role Plays
Supervisor Self-Care	30 minutes	Lecture Tabletop Activity Tabletop Discussion Large Group Activities	Slides: 55-56 Tabletop Activity: Assessing Your Success in Implementing Self-Care Tabletop Discussion: Current self-care techniques Large Group Activities: Deep Breathing Exercise and Progressive Muscle Relaxation (optional)
Final Review/Evaluation	15 minutes	Review Q&A Evaluation	Slide: 57-58 Handouts: Evaluation Materials
Total Time (including lunch)	7 hrs		

TRAINING GOALS AND OBJECTIVES

Working with Less

Coping During Times
of Scarce Resources
APS Supervisor Training

Developed by:
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Academy for Professional Excellence
SDSU School of Social Work



Upon completion of this training, APS frontline supervisors will be able to:

- Demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.
- Train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.
- Describe how interagency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.
- Demonstrate techniques to recruit one new, multi-disciplinary partner.
- Practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.
- Practice self-care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

TRAINER GUIDELINES

<p>Teaching Strategies</p>	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none"> ◆ Lecture segments ◆ Interactive exercises (e.g. Table Top Activities, experiential exercises, role plays) ◆ Question/answer periods ◆ Slides ◆ Participant guide (encourages self-questioning and interaction with the content information) ◆ Evaluation materials
<p>Materials and Equipment</p>	<p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none"> ◆ Computer with LCD (digital projector) ◆ CD-ROM or other storage device with the slide presentations ◆ Easel;/paper/markers ◆ Trainer's Guide: This guide includes the course overview, introductory and instructional activities, and an appendix with reference materials. ◆ Participant Guides: This guide includes a table of contents, course introduction, all training activities/handouts, and transfer of learning materials. ◆ Name tags/names tents. ◆ Water access/snacks/restroom access/lunch plans ◆ Instrumental music (optional for Deep Breathing and Progressive Muscle Relaxation exercises)
<p>NOTE: This training does not answer agency specific questions. If indicated, you will need to collect agency specific information before delivering this training.</p>	

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PRESENTATION

WELCOME AND INTRODUCTIONS



TIME ALLOTTED: 30 minutes

Slide #2: Facilitator Introduction & Housekeeping

Facilitator Introduction &
Housekeeping

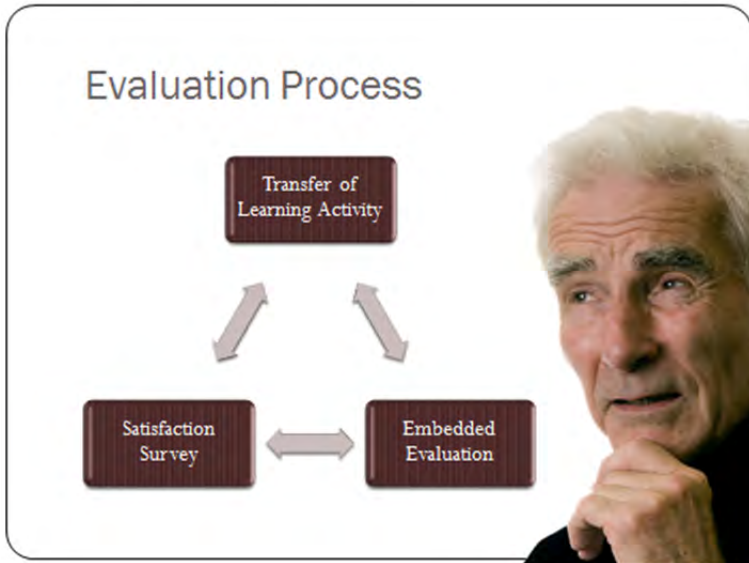


WELCOME the participants and introduce yourself by name, job title, organization, and qualifications as Trainer.

Review Housekeeping Items

- There will be two 15-minute breaks and an hour for lunch today
- 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.
- Brief introduction to participant packet and materials.

Slide #3: Evaluation Process



Provide the participants with the Letter to Participants and the ID Assignment Handouts from the Evaluation materials

For this training, you will be completing a training satisfaction survey and a post training transfer of learning exercise (to be turned in at the end of class). All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. We want APS training to become an evidenced based practice that truly provides the knowledge and skills we believe it provides. The purpose of the evaluation process is more fully explained in your “Letter to Participants”.

HANDOUT: 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 staff.
- 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



December 2009

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.

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

Slide #4: Developing an ID Code

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 29th

Trainee ID Code

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

We are NOT evaluating you and no one from your agency will see your individual responses. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout and write in your ID code on the Handout:

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:
 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?

HANDOUT: 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.

Trainee ID Code

Date / /
M M D D Y Y

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:

4. 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.

___ _ _

5. 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.

___ _ _

6. 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 1st through the 9th, 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 #5: Learning Objective 1

Learning Objectives

Upon completion of the training, frontline supervisors will be able to demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.

Upon completion of the training, frontline supervisors will be able to demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.

Slide #6: Learning Objective 2

Learning Objectives

Upon completion of the training, frontline supervisors will be able to train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.

Train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.

Slide #7: Learning Objective 3

Learning Objectives

Upon completion of the training, frontline supervisors will be able to describe how inter-agency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.

Describe how inter-agency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.

Slide #8: Learning Objective 4

Learning Objectives

Upon completion of the training, frontline supervisors will be able to demonstrate techniques to recruit one new, multi-disciplinary partner.

Demonstrate techniques to recruit one new, multi-disciplinary partner.

Slide #9: Learning Objective 5

Learning Objectives

Upon completion of the training, frontline supervisors will be able to practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.

Practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.

Slide #10: Learning Objective 6

Learning Objectives

Upon completion of the training, frontline supervisors will be able to practice self care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

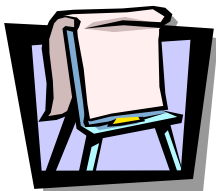
Practice self-care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

Slide #11: Participant Introductions

Participant Introductions

- Name
- County
- Position
- **Biggest challenge**

Activity time: 15-20 min



Facilitator to write up on white board/easel:

- Name
- County
- Position
- Biggest Challenge



ASK: Facilitator to ask participants to state their name, county, and position. Facilitator to ask participants to close their introduction by sharing “the biggest challenge” that they currently face as supervisors in their county. Facilitator to chart answers as participants share this piece.

INCREASING CHALLENGES



TIME ALLOTTED: 25 minutes

Slide #12: Increasing Challenges

Increasing Challenges




Trainer Note: Use the charted answers from the participant introductions to provide a basis for holding today's training.

Increasing Challenges - Both supervisors as well as frontline staff are under increased pressure and demands as a result of the challenges that they just outlined as well as the ones that will be discussed on the following slides.

Slide #13: Increasing Caseloads

Increasing Caseloads



- 61% increase in reports of adult maltreatment nationally between 2000-2004.
- In recent AARP study, 25 out of 28 states reported an increase in APS services during 2010

Teaster, P. B., Otto, J. M., Dugar, T. D., Mendiondo, M. S., Abner, E. L., & Cecil, K. A. (2006).
Walls, J., Gifford, K., and Rudd C. *Weathering the Storm: The Impact of The Great Recession on Long-Term Services and Supports* Page 12 of 60 - AARP Public Policy Institute. 1/2011

Increasing Caseloads - Increasing caseload sizes have placed extra demands onto APS field workers making it more challenging for them to keep up with their workload. Ultimately, APS frontline supervisors are also responsible for all cases that are assigned to their direct reports and increasing caseload sizes have resulted in significantly more work for supervisors as well.

A prior study completed in 2004 by Teaster et al. revealed that between 2000 and 2004 there was a 61% increase of reports of adult maltreatment nationally.

According to *Weathering the Storm: The Impact of the Great Recession on Long-Term Services and Supports*, published by AARP Public Policy Institute in 2011, looking at increases in APS services for 2010, out of 28 states that responded to this survey question, 25 reported an increase in APS services during 2010.

Sources: Teaster, P. B., Otto, J. M., Dugar, T. D., Mendiondo, M. S., Abner, E. L., & Cecil, K. A. (2006). The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older. Report to the National Center on Elder Abuse, Administration on Aging. Washington, D.C.

Walls, J., Gifford, K., and Rudd C. Weathering the Storm: The Impact of The Great Recession on Long-Term Services and Supports Page 12 of 60 - AARP Public Policy Institute. 1/2011

Slide #14: Increasing Case Complexity

Increasing Case Complexity

- What types of financial abuse cases are you currently seeing?
- Training Resource: Free online training modules on:
 - Undue Influence
 - Living Trust & Annuities Scams
 - Credit Card Fraud & ID Theft
 - Reverse Mortgage Scams
 - Deed Theft & Foreclosure Rescue Scams
 - Power of Attorney Abuse
 - http://theacademy.sdsu.edu/programs/Project_Master/core.html

Increasing Case Complexity - APS workers and supervisors are now not only managing more cases, but the cases are also becoming increasingly more challenging and complex. According to the previously mentioned AARP study, financial abuse was cited as the number one cause for increased reports.



ASK: What types of financial abuse cases are you currently seeing in your home state/county?

Financial abuse cases may involve complex real estate transactions, scams, or advanced legal planning. These cases require both workers and supervisors to become specialists in areas that go above and beyond the realm of social work. Investigations can take up a great deal of time and can require a worker to navigate through a variety of bureaucratic systems. A worker may need to retrieve documents from public records, banks, or mortgage companies. Through the course of working a financial abuse case, an APS worker may need to take efforts to stop a pending foreclosure, help a client set up new advanced legal planning, make a police report, obtain a credit report, close and open bank accounts, or even obtain a conservatorship.

Supervisors should be aware that as a resource for helping workers to gain skills in the area of financial abuse cases, they can access free mini-modules focused on providing specific training on areas of financial abuse for their workers. Topics include: Undue Influence, Living

Continued


Trust and Annuities Scams; Credit Card Fraud and ID Theft; Reverse Mortgage Scams; Deed Theft and Foreclosure Rescue Scams; Power of Attorney Abuses.

Mini-modules can be accessed through -

http://theacademy.sdsu.edu/programs/Project_Master/core.html

Slide #15: Fewer Community Services

Fewer Community Services



- AARP study reported, 31 states cut Older American's Act (OAA) funding in 2010.

Walls, J., Gifford, K., and Ruidt C. Weathering the Storm: The Impact of The Great Recession on Long-Term Services and Supports Page 12 of 60 - AARP Public Policy Institute. 1/2011

Fewer Community Services - Not only are caseloads increasing and the cases becoming more complex, but there are also fewer community based services available for APS workers to utilize when setting up case management plans for vulnerable clients.

According to the previously cited AARP study, 31 states cut Older American's Act funding in 2010. These funding cuts impact non-Medicaid/Medical services. This happened at the same time that over half of the states reported an increase in the need for community based services such as home delivered meals, respite care, caregiver support services, information and referral, transportation, and case management.

It is also important to note that those states that reported an increase in APS reports cited neglect and specifically self-neglect as the second greatest reason for an increase in reports. Community based support services are an essential tool for an APS worker trying to reduce the likelihood of future incidents of neglect or self-neglect.

Slide #16: Staff Reductions

Staff Reductions



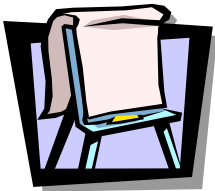
Staff Reductions - Staffing reductions to APS units have occurred in many parts of the country as a result of decreased state and county funding. The impact of this is that APS units are forced to not only handle an increased number of complex cases, but they are doing so with fewer workers.

Slide #17: Impact

Impact

What is the impact of these challenges on the APS workers under your supervision?

Activity time: 15 min



Activity – Have participants break into small groups of four or five. Instruct the groups that they will have five minutes to discuss the impact they believe these trends have had on the APS workers that are under their direct supervision. Instruct the groups to consider the impact on the worker's job-related performance as well as on their workers personally. One member of the group is to act as *recorder* and chart group answers. The trainer will bring everyone back to the whole group and ask a *reporter* from each group to share answers. Ask successive groups to share answers not already identified. Allow 10 minutes for group process.

Sample answers – Higher overall case count per worker; Inability to meet response times; Increased stress levels; Health problems; Signs of burnout; Irritability; Frustration; Retention issues or expressed desire to find alternate employment; Reduced teamwork among APS workers; Increase in verbal arguments during team meetings or between workers.

After all the groups have reported, trainer will acknowledge that staffing reductions, heavy caseloads, etc. take a heavy toll on the frontline workers as well as clients. This ultimately places a challenge on the supervisor who attempts to balance the needs of the APS clients with the needs of his/her direct reports.

Screening and Prioritizing Cases



TIME ALLOTTED: 60 minutes

Slide #18: Screening and Prioritizing

Screening & Prioritizing



Today's training is focused on helping supervisors to enhance their ability to cope during such challenging times.

Triaging cases is one way that supervisors may attempt to reduce the heavy burden on staff while connecting clients to services quickly. All states have different policies and procedures that govern response times and most often this determination is left up to the discretion of the supervisor.

Slide #19: Response Times

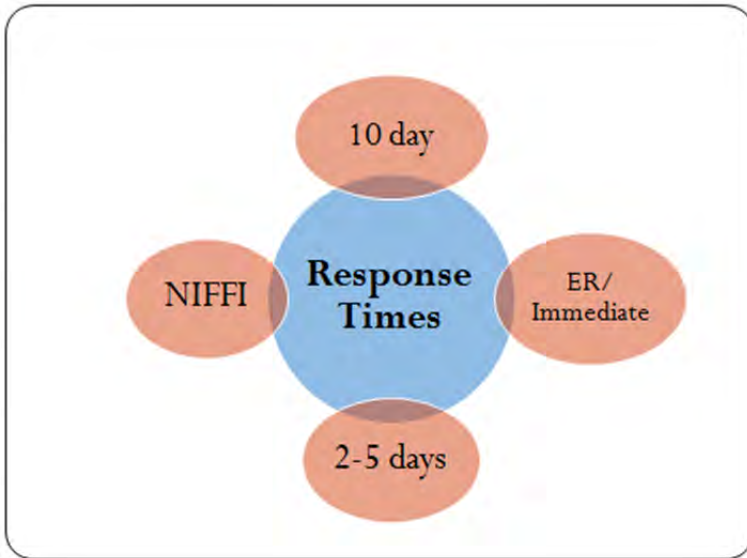
Response Times

What response times do you use when assigning cases?



ASK: What response times do you use in your home state/county when assigning cases?

Slide #20: Response Times



In California response times are 10 day, ER/Immediate, 2-5 days, and NIFFI (No Initial Face to Face Investigation). The regulations speak only to immediate, 10 day and NIFFI although some counties choose to use the county designated 2-5 day response time.

It's important to note that not all counties choose to utilize every response time. Many counties will only utilize 10 day and ER/Immediate.

Slide #21: NIFFI (No Initial Face-to-Face Investigation)



The NIFFI response time is done by telephone and is an option that may be utilized to reduce burden of face to face visits while ensuring that the client is connected to some level of support services.

In order to make the determination that a case falls into the NIFFI category and to avoid conducting an in-person face to face investigation, an intake worker or an APS field worker must make collateral contacts to determine that the client falls into one of the following categories:

- Receiving intervention from another source.
- Protection issue resolved.
- Placed in a permanent long-term facility.
- Report received from a non-credible source.
- Other (this must be explained)

Source: <http://www.dss.cahwnet.gov/getinfo/acl03/pdf/03-07.pdf>

Slide #22: NIFFI (No Initial Face-to-Face Investigation)

NIFFI (No Initial Face-to-Face Investigation)

What do you think are the potential advantages and disadvantages of utilizing the NIFFI response category?

Activity time: up to 10 min

A typical case where a NIFFI might be utilized is when a report of self-neglect is received, and the APS intake worker learns that the client has been placed in a SNF and is currently safe.

The APS supervisor must sign off on and close out on the NIFFI recommendations from intake workers and field workers. All designations must be made within 10 days of the initial report.



ASK: What do you think are the potential advantages and disadvantages of utilizing the NIFFI response category?

Sample Answers – Advantages: Time saving strategy for APS Worker; Client may be connected to services immediately through calls as opposed to waiting for a worker to conduct a visit, an investigation, and an assessment; Increase in the number of clients overall that APS is able to serve. Disadvantages: Increased risk to clients given fact that a full investigation and assessment is not being conducted; Potential increased liability concerns for the county; Increase in amount of work conducted by intake staff vs. field staff.

Slide #23: Risk Assessment



When trying to determine the response time for a new report, the intake worker and ultimately the supervisor must make a Risk Assessment based on the information that is presented through the report.

Slide #24: Risk Assessment

Risk Assessment

Levels of Risk

- High, Medium, Low

The Three S's (a framework for considering risk)

- How Soon might the client be harmed?
- How Severe might the harm be?
- How Sure are you that the harm will occur? (likelihood)

Handout - Trainer to refer group to *What is Risk Assessment?* handout.

APS field workers and supervisors are used to conducting risk assessments throughout the process of investigation for open cases. The process for evaluating risk at the point of intake is the same, although the worker and supervisor have less information at their disposal.

Trainer to review the handout with the group highlighting:

Risk levels may be low, medium or high.

The 3 S's of risk – are a framework for considering risk – including 3 questions to ask yourself:

How Soon might the client be harmed?

How Severe might the harm be?

How Sure are you that the harm will occur? (this can also be thought of in terms of likelihood)

What is Risk Assessment?

What is Risk Assessment?

An analysis that uses information from investigations, research, and practice experience, to:

- Help workers protect clients' safety, health, independence, and rights.
- Help managers optimize resources and ensure quality, effectiveness, efficiency, and fairness.

How Does Risk Assessment Help Managers?

- Target services to those in greatest need
- Reduce the rate of re-referrals
- Increase consistency and accuracy in assessment and case management
- More effectively target outreach
- Assign cases equitably
- Evaluate workers' performance
- Understand risk factors, patterns, trends, and clients

The 3 S's of Risk (a framework for considering risk)

Questions to ask yourself:

- How **S**oon might the client be harmed?
- How **S**evere might the harm be?
- How **S**ure are you that the harm will occur? (this can also be thought of in terms of likelihood)

Slide #25: Risk Assessment

Risk Assessment

- Training Resource – **Coming Soon!**
- Free in-person training module on Risk Assessment which includes:
 - Trainer and participant manuals
 - Activities and handouts
 - Evaluation and transfer of learning activity
 - Supervisor transfer of learning activity workbook
 - Will be posted to:
http://theacademy.sdsu.edu/programs/Project_Master/core.html

Note: the curriculum is currently under review by the funder – Office for Victims Crimes (OVC)

Trainer to refer participants to the National APS Training Project training resource that's Coming Soon! A free in-person training module on Risk Assessment which will include:

- Trainer and participant manuals
- Activities and handouts
- Evaluation and transfer of learning activity
- Supervisor transfer of learning activity workbook
- Will be posted to http://theacademy.sdsu.edu/programs/Project_Master/core.html

Slide #26: Sorting Response Times

Sorting Response Times



Activity time: 20 min

Activity/Handout – *Sorting Response Times*

Note: Scenarios and answer keys are on the next page.

Trainer to divide participants into small groups. Trainer to instruct the groups that they are to read over the scenarios in their participant manuals and collaboratively assign a response time to each scenario.

Response options are: 10 Day Face to Face Response; 2-5 Day Response; Immediate or ER Response; Screen Out/NIFFI.

Trainer should allow the group 10 minutes to carry out the activity and they should discuss how they came to their decision.

Trainer to then review the scenarios with the whole group. Allow 10 minutes for group process.

Trainer Tip: As a time saving option, trainer can assign each group one scenario.

Sorting Response Times

Trainer Version

Scenario A.

The reporting party (RP) is a hospital social worker. She calls to report that an 82 year old female has arrived in the ER with signs of severe bruising, lacerations, and possible brain trauma from a blow to the head. Her adult daughter and caregiver has accompanied her into the ER and she is angry, yelling, and trying to remove her mother from the ER against doctor's orders.

This report would constitute an Immediate or ER response. APS needs to respond to the hospital in an urgent manner in order to ensure that a police report is made, photos are taken, and a statement is taken from the client (clt) in private. APS may need to advocate on the clt's behalf with the police to ensure that she is not removed from the hospital by her daughter until a full investigation can occur.

Scenario B.

The reporting party (RP) is with the fraud department at a major bank. The RP reports that a 66 year old male reported to the bank that his wallet was stolen about two weeks ago. During that time, someone accessed his checking account through his debit card and \$200 was taken from the account. Per the RP, since that time, the client has closed this account and opened a new one, he has filed a police report, and the bank has refunded him the \$200.

This report may be screened out. Under the NIFFI category it would be considered "Protection Issue Resolved". Although the client (clt) is technically an elder, the clt has independently been able to manage the situation independently. The only role for APS I to ensure that a cross report has been made. If the intake worker can verify this from the RP by obtaining the police report number, for example, it is not necessary to further cross report the incident.

Continued

Scenario C.

The reporting party (RP) is a neighbor who states that she is calling about a 45 year old, disabled female who lives next door to her. Per the RP, the client is in a wheelchair and she has a caregiver who assists her daily. The RP recently overheard the caregiver shouting and cussing at the client in a very inappropriate way. The RP asked the clt at a later time if she needed help with the caregiver and the clt denied any problem to the RP.

This case would be given a 10 day response. The client (clt) meets the criteria for APS services as she is disabled, depends upon a caregiver, and it appears that there is a protection issue involving mental abuse. An APS worker should conduct a full investigation despite the fact that the clt denied the RP's offer of help. There are not presenting issues which would suggest the need for an Immediate or ER response.

Scenario D.

The reporting party (RP) is a local police officer who was called to do a Health and Welfare check on a 90 year old man by his son who lives out of state. The RP states that the client (clt) allowed him into his home and he observed that it was cluttered and presented a fall risk to the clt. The clt had food and all of his utilities were working, but his hygiene appeared poor and he reported that he did not have any help in the home. The clt did not present with any signs or symptoms of dementia and he refused the RP's offer to connect him to the local senior center for further support services. Per the RP, the client has diabetes, has not been to the doctor in a long time, although he did not present as needing to go on an ER basis during the Health and Welfare Check.

This case would be given a 2-5 day response (or 10 day depending on the county). The client (clt) appears to be at risk because of his age, lack of support services/network, and due to the fact this house is cluttered and his hygiene poor. The clt refused the reporting party's (RP's) offer for help and appears to be self-neglecting. This case would not warrant an Immediate Response given that law enforcement has just met with the clt and did not find any crisis issues that would facilitate involuntary interventions or that place the clt's health and safety in imminent risk.

Slide #27: Structured Decision-Making (SDM)

Structured Decision Making (SDM)

Basic Tenets of SDM:

- Result in more reliable decisions than clinical judgment alone.
- Directs resources to those who need them most.
- Intended to promote the safety of vulnerable adults.
- Identify and address the needs of APS clients.
- Decrease the incidence of self-neglect and maltreatment while enhancing service delivery.
- Provide data needed for program administration

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Structured Decision Making (SDM) has been implemented by some counties and states with the goal of increasing consistency and reliability regarding clinical decisions. SDM can help to increase efficiency of intake staff as well.

Basic Tenets of SDM –

- Structured frameworks result in more reliable and accurate decisions than clinical judgment alone,
- SDM can help to direct resources to those who need them most,
- SDM is intended to promote the safety of vulnerable adults,
- Identify and address the needs of APS clients,
- Decrease the incidence of self-neglect and maltreatment while enhancing service delivery,
- Provide data needed for program administration.

Source: © 2010 NCCD, All Rights Reserved Structured Decision Making® Special Bulletin

Handout – Trainer to refer participants to *Structured Decision Making Special Bulletin* handout. Facilitator to explain to participants that this handout contains basic information regarding SDM. Facilitator will not review the handout in detail as Power Point contains key

Continued

points of SDM. Handout may be used as reference materials for those who are interested in learning more.



**Structured Decision Making®
Special Bulletin
Adult Protective Services Program
APS Best Practices**

- Over 500,000 incidents of adult maltreatment occur in the United States each year.
- A 2004 study of state adult protective services (APS) programs showed a 61% increase in the number of adult maltreatment reports since 2000 (Teaster et al., 2006).
- Breaking down the complexity of APS interventions into key decision points can increase consistency and accuracy in the assessment of vulnerable adults.
- With a reliable and valid method of discerning which clients are at the highest risk for future maltreatment, APS agencies can more effectively manage limited resources.

APS agencies provide social services and legal aid to adults who may need assistance to defend or care for themselves (Otto, 2000). A primary task of these agencies is to respond to allegations of maltreatment, including abuse (physical, emotional, and sexual), financial exploitation, neglect by another person, and self-neglect. State APS agencies vary in terms of the extent of service provision beyond initial investigation, which is more often than not defined by state law. But while APS policies and procedures may differ, all APS agencies face very similar case management decisions. For example, as part of their investigations, APS workers must evaluate the current safety of their clients as well as the risk to their clients' future well-being.

APS workers' decisions are made more difficult by limited resources and increasing caseloads. For instance, workload does not allow for the immediate investigation of every abuse and neglect report. A worker and/or supervisor must decide, often based on little information, if an investigation must be conducted immediately to prevent imminent harm to an adult. Similarly, APS staff must decide which adults should be offered services in a manner that makes the most effective use of existing resources. Identifying adults who are at high risk of subsequent involvement with APS agencies may help workers target engagement efforts more effectively toward those adults most in need of long-term services.

The Benefits of Structuring Decisions in APS

Decades of research support the conclusion that, for complex decisions, structured frameworks result in more reliable and accurate decisions than clinical judgment alone, even for highly skilled professionals. Decisions in adult protection are among the most complex in the social services field, given difficulties in reliably assessing older adults' capacity for decision making (Braun, Gurrera, Karel, Armesto, & Moye, 2009) and ethical dilemmas raised when adults refuse services (Killick & Taylor, 2009).

Given these complicating factors, APS agencies are recognizing the value of structured assessment tools to guide key decisions at critical points in their involvement with a client. Structuring these decisions can lead to valid and reliable decision making and ultimately help an APS agency identify its most vulnerable clients. Interventions can then be targeted to individuals who may need them most.

The SDM® System for APS

The simple notion of directing resources to those clients most in need of them is at the heart of the decision-support model known as the Structured Decision Making® (SDM) system. Currently, the National

Structured Decision Making® Special Bulletin

Council on Crime and Delinquency (NCCD) is working with three U.S. jurisdictions to develop and implement SDM® assessments to support the work of APS practitioners. This work is based on over 20 years of experience in developing structured decision-support processes in social services. Based on a national model of best practices, the SDM system is intended to promote the safety of vulnerable adults, identify and address their needs, decrease the incidence of self-neglect and maltreatment, enhance service delivery, and provide data needed for program administration. The SDM system for APS includes assessments, definitions, and policies and procedures to assist APS staff in performing intakes, investigations, and case planning by providing a consistent approach to obtaining and evaluating information.

One of the central principles of the SDM system is identification and differentiation of decision points. APS workers make critical decisions based on limited information; they must decide whether the adult maltreatment reports they receive should be investigated, how quickly an investigation should be initiated, whether there are safety concerns, and whether to offer protective services at the close of each investigation. An assessment focused on a specific decision is more likely to be concise, which may increase the assessment's reliability and field utility (Bonnie & Wallace, 2003).

The goal of this approach is increased consistency and accuracy when assessing vulnerable adults at critical decision points during APS involvement. Using this approach can help workers accurately identify clients at highest risk and focus resources on them, increasing the efficiency of APS operations. Use of structured assessments also provides data that managers can use to monitor practice and evaluate service provision.

A Research-based Approach to APS

Breaking down the complexity of APS work into critical decision points and applying structured assessments accordingly creates a decision-support framework for caseworkers that can increase consistency and equity in service delivery recommendations and improve outcomes for clients. Essentially, research-based risk assessment will provide APS agencies with 1) an evidence basis for determining which clients are at greatest risk for future harm, 2) data that can be shared with community partners and governmental bodies to advocate for increased resources, and 3) mechanisms to evaluate staffing levels and caseworker workload distribution based on assessed risk levels on individual cases. Using a research-based risk assessment instrument that can validly classify investigated adults by their likelihood of future maltreatment enables APS agencies to make informed policy and practice decisions about how to direct and utilize limited resources on behalf of the adults who need them most.

References

- Bonnie, R. J., & Wallace, R. B. (Eds.). (2003). *Elder maltreatment: Abuse, neglect, and exploitation in an aging America*. Washington, D.C.: The National Academies Press.
- Braun, M., Gurrera, R., Karel, M., Armesto, J., & Moye, J. (2009). Are clinicians ever biased in their judgments of the capacity of older adults to make medical decisions? *Generations*, 33(1), 78–81.
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- Teaster, P. B., Otto, J. M., Dugar, T. D., Mendiondo, M. S., Abner, E. L., & Cecil, K. A. (2006). *The 2004 survey of state adult protective services: Abuse of adults 60 years of age and older*. Report to the National Center on Elder Abuse, Administration on Aging. Washington, D.C.

Structured Decision Making® and SDM®
Registered in the U.S. Patent and Trademark Office

The National Council on Crime and Delinquency is a nonprofit social research organization

Slide #28: Sample SDM Intake Tool

Sample SDM Intake Tool

- Currently used in San Diego County
- Helpful in tightening up eligibility criteria.
- Helps define the protection issue.
- Initially number of immediate-response cases increases slightly.
- Over time overall number of face-to-face assignments are reduced.
- Number of confirmed findings increases.

Note: The APS SDM assessment tools are currently being implemented in three states (California, New Hampshire, and Minnesota). In California, Riverside, San Diego, and Yolo Counties are using some of the tools. In order to implement these tools, counties/states must make an out of pocket investment that includes upgrading and maintaining their software systems as well as training their staff on the tools. It is not the goal of this training to suggest that any state/county should purchase these services. This is simply an example of a structured framework that could potentially serve to help some APS jurisdictions streamline their services.

Handout - Trainer to refer participants to *SDM Sample Intake Tool* handout.

Trainer to explain that this is structured tool to be used by intake staff with the goal of increasing reliability between intake workers in regards to decisions about opening cases and assigning response times. This is a sample tool that San Diego County is currently using and it has been somewhat adapted to meet their county's intake process and procedures.

Per representatives from NCCD, (National Council on Crime and Delinquency) the research body that developed the tool, counties and states that have implemented this tool into their intake units have found it helpful in tightening up eligibility criteria. This tool helps intake staff to define the protection issue more clearly and recognize when the report is truly an APS issue and when it may be screened out. States and counties that have implemented this tool have found that initially their number of Immediate-Response cases increases slightly. However, over time states and counties have found that the overall number of face to face

Continued

assignments is reduced. They have also found that the number of confirmed findings increases after using SDM tools for a period of at least 60 days suggesting that those cases that are being opened, truly warrant APS services.

SAN DIEGO COUNTY AGING AND INDEPENDENCE SERVICES
 ADULT PROTECTIVE SERVICES
 SDM® INTAKE ASSESSMENT

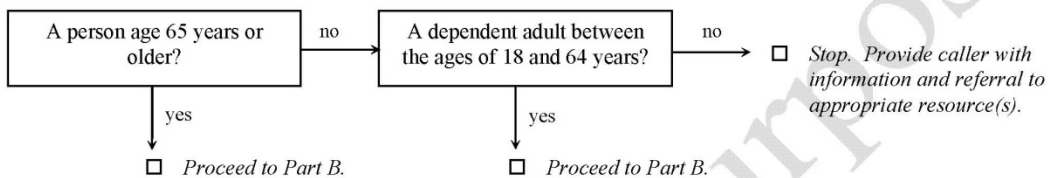
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Client Name: _____ Client #: _____
 Client DOB: ____/____/____ Report Date: ____/____/____ Report Time: ____:____ a.m./p.m.

SECTION 1. ABUSE AND NEGLECT SCREENING CRITERIA

Part A. Determination of Screening Eligibility

Does the report allege maltreatment or risk of maltreatment to:



Part B. Allegation Type

Mark the specific maltreatment type and the specific allegations that are being reported under each applicable maltreatment type. Note: "Abduction" and "Abandonment" are self-explanatory and do not include more specific allegations.

Abuse of an elder or a dependent adult includes physical abuse, neglect, abandonment, financial abuse, isolation, abduction, or other treatment which results in physical harm, pain, or mental suffering; or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering (Section 15610.07 of the Welfare and Institutions Code).

- Physical Abuse:** The infliction or threat of physical pain or injury to an elder or dependent adult by any person. Mark all that apply:
 - ___ Assault: attempt or threat of battery (PC 240).
 - ___ Battery: actual physical contact with intent to harm (PC 242).
 - ___ Assault with a deadly weapon or force likely to produce great bodily injury (PC 245).
 - ___ Physical restraint.
 - ___ Use of physical or chemical restraint or psychotropic medication as punishment for a period beyond which the medication was ordered or for any purpose not authorized by a licensed physician.
 - ___ Poisoning
- Neglect:** The failure of an individual having care, custody, or control of an elder or dependent adult to exercise a degree of care that a reasonable person in a similar position would exercise. Mark all that apply:
 - ___ Refusal or failure to assist in adequate personal hygiene.
 - ___ Refusal or failure to provide adequate (check all that apply):
 - ___ food ___ clothing ___ shelter
 - ___ Refusal or failure to prevent malnutrition or dehydration.
 - ___ Refusal or failure to provide prescribed medical treatment for (check all that apply):
 - ___ physical needs (includes, but is not limited to, situations where the elder or dependent adult requires specific goods or services to maintain his/her health. Examples include provisions of hearing aid batteries, prescribed medications for serious medical needs such as insulin for diabetes, or regular physical therapy).
 - ___ mental health needs.
 - ___ Refusal or failure to provide an elder or dependent adult with adequate supervision or physical care.
- Abandonment:** Desertion or willful forsaking of an elder or dependent adult by anyone having the care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
Complete Neglect/Abandonment by Alleged Perpetrator Response Priority Decision Tree.

Continued

- Financial Abuse:** The taking, hiding, or using of the money or property of an elder or dependent adult wrongfully or with intent to defraud. Mark all that apply:
 - A person in a position of trust has taken, hidden, or used money or property of an elder or dependent adult.
 - Sudden change in the financial situation of the elder or dependent adult.
 - Failure to make available the property or assets of the elder or dependent adult to him/her or his/her representative.
 - Undue influence used to appropriate property or assets of the elder or dependent adult.
 - Financial scams including but not limited to outright taking of money or property, or forging a signature on a legal document, such as a will or deed; getting paid for products or services and then not providing them; telemarketing or mail fraud; charging excessive amounts of money for services; offering false prizes.

- Isolation:** Purposeful prevention of communication between the elder or dependent adult and others (excluding activities pursuant to the instructions of a licensed physician or activities that are a reasonable response to a threat of danger to property or physical safety). Mark all that apply:
 - Intercepting mail or phone calls.
 - Telling a visitor or caller that the elder or dependent adult is not present or does not want to see/talk to him/her.
 - False imprisonment (PC 236).
 - Physical restraint for the purpose of preventing the elder or dependent adult from visiting with others.

Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.

- Abduction:** Removal from the state or restraint from returning to the state of California against the will of any elder or dependent adult who does not have the capacity to consent (including any conservatee without the consent of the conservator or the court).

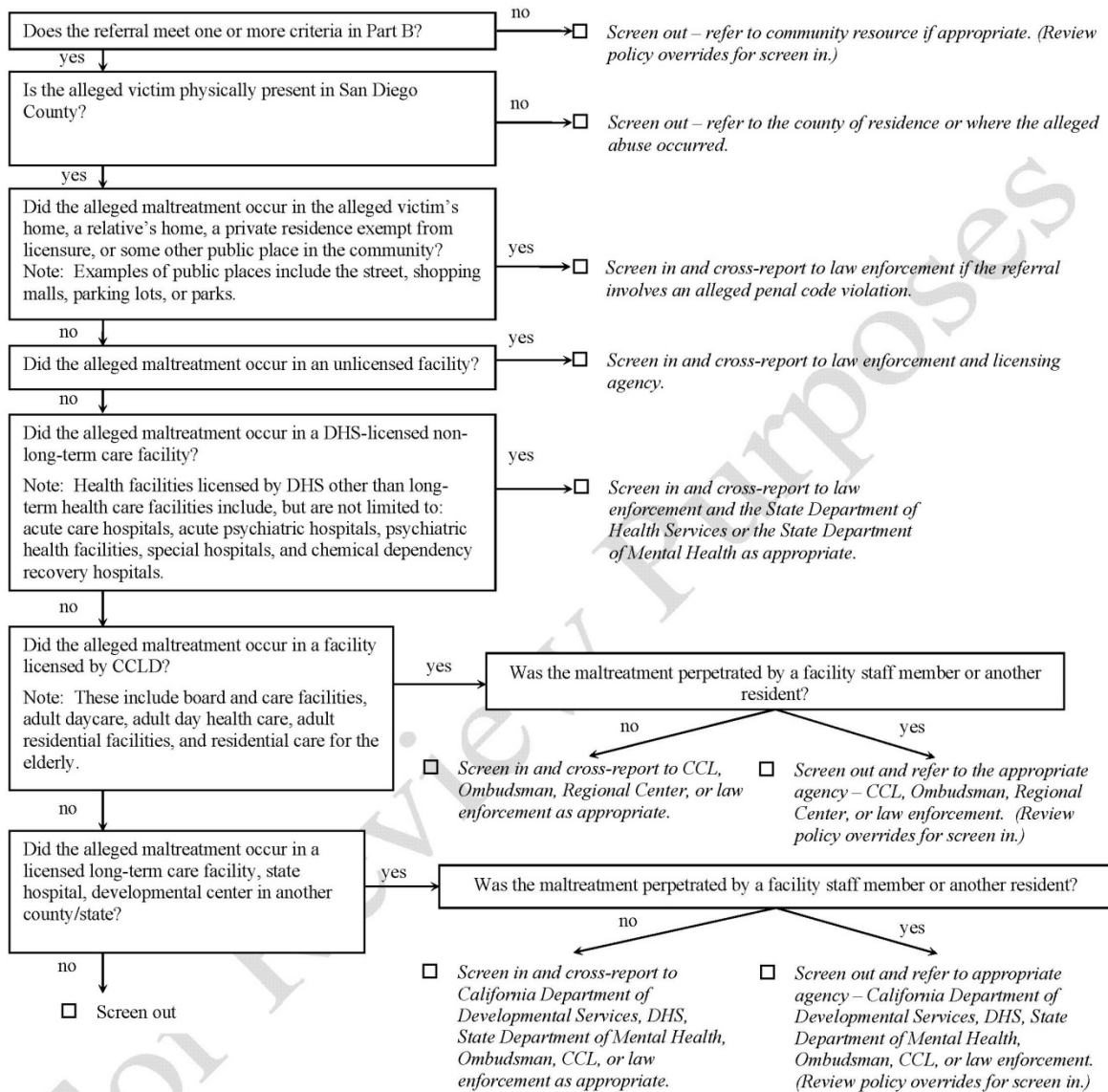
Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.

- Sexual Abuse:** Non-consensual sexual contact with, or exploitation of, an elder or dependent adult (PC 243.4, 261, 264.1, 262, 285, 286, 288a, 289). Mark all that apply:
 - Self-report or disclosure of sexual abuse.
 - Any physical evidence or injury indicating possible sexual contact.
 - Suspicion of sexual abuse based on observations of unusual behavior patterns including, but not necessarily limited to, unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression.
 - Victim is without the capacity to consent.

- Self-neglect:** Failure of a person to provide him/herself appropriate personal hygiene, medical care, or protection from hazards or to prevent malnutrition or dehydration due to ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health (WIC 15610.57). Mark all that apply:
 - Hoarding behavior that creates a safety hazard.
 - Failure to take prescribed medications or refusal to seek medical treatment for serious illness.
 - Dangerous behaviors (e.g., leaving a stove unattended).
 - Extremely poor hygiene leading to health hazards.
 - Clothing or lack thereof that creates or leads to a health hazard.
 - Conditions of the residence that create a serious health or safety hazard.
 - Failure to prevent dehydration or malnutrition.
 - Demonstrates continuing decline in care for self and no suitable caregiver.
 - Financial harm (e.g., sweetheart scams, not paying bills, giving money away inappropriately)

- Mental Suffering:** Fear, agitation, confusion, severe depression, or serious emotional distress brought on by intimidating behavior, threats, harassment, or deceptive acts/false or misleading statements made with malicious intent against an elder or dependent adult.
 - Verbal abuse.
 - Threats of bodily harm (including domestic violence among any members of the household).
 - Threatens disruption of lifestyle (e.g., threat of placement, change in caretaker).
 - Threats to property including pets.

Part C. Screening Decision – Answer each question “yes” or “no” until reaching a recommended screening decision.



Recommended Screening Decision: Screen in for APS investigation Screen out for APS investigation*

***Policy Override to Screen In for APS Investigation (Mark all that apply):**

- Another APS jurisdiction is requesting a concurrent investigation.
- Administrative request.
- Law enforcement is requesting an investigation.
- An Ombudsman is requesting an investigation.

Call Center Supervisor Approval of Override: _____ Date: ____/____/____

Final Screening Decision: Screen in for APS investigation Screen out for APS investigation

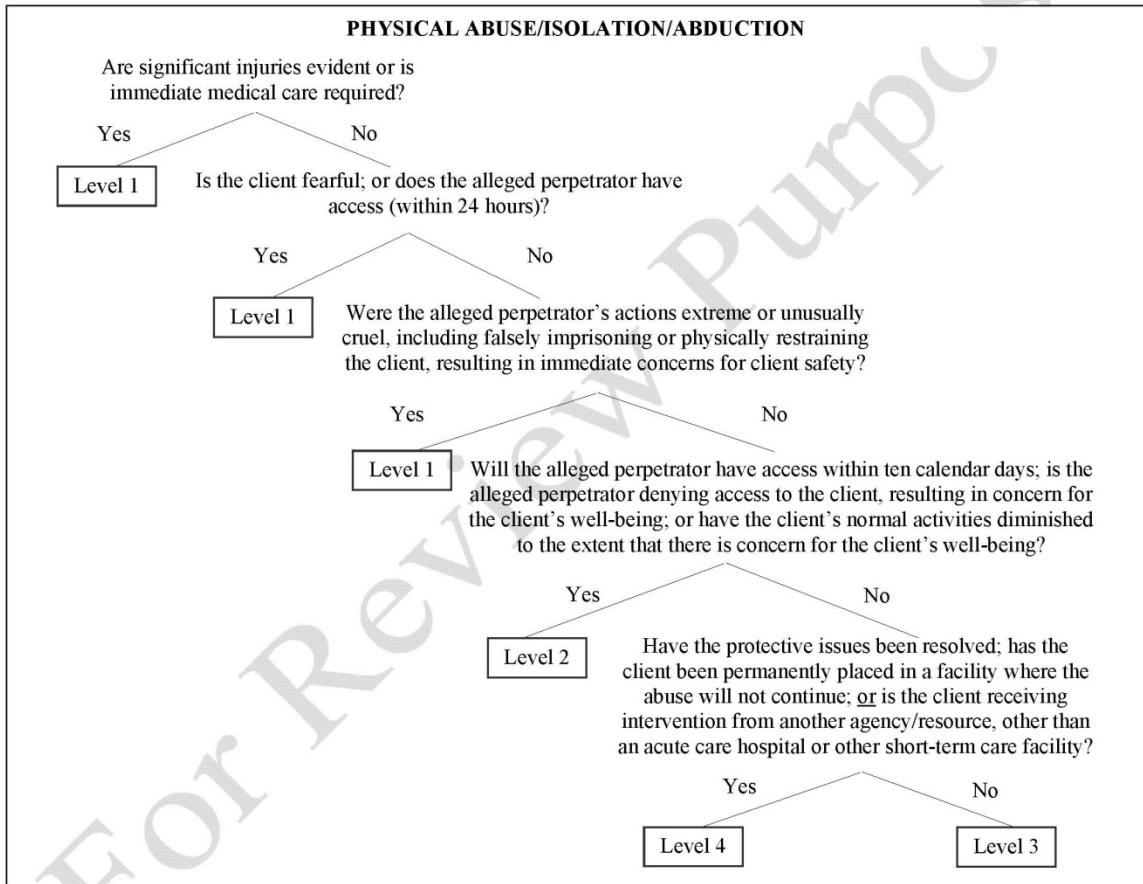
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SECTION 2: RESPONSE PRIORITY (complete for screened-in reports)

Part A. Response Priority Decision Trees

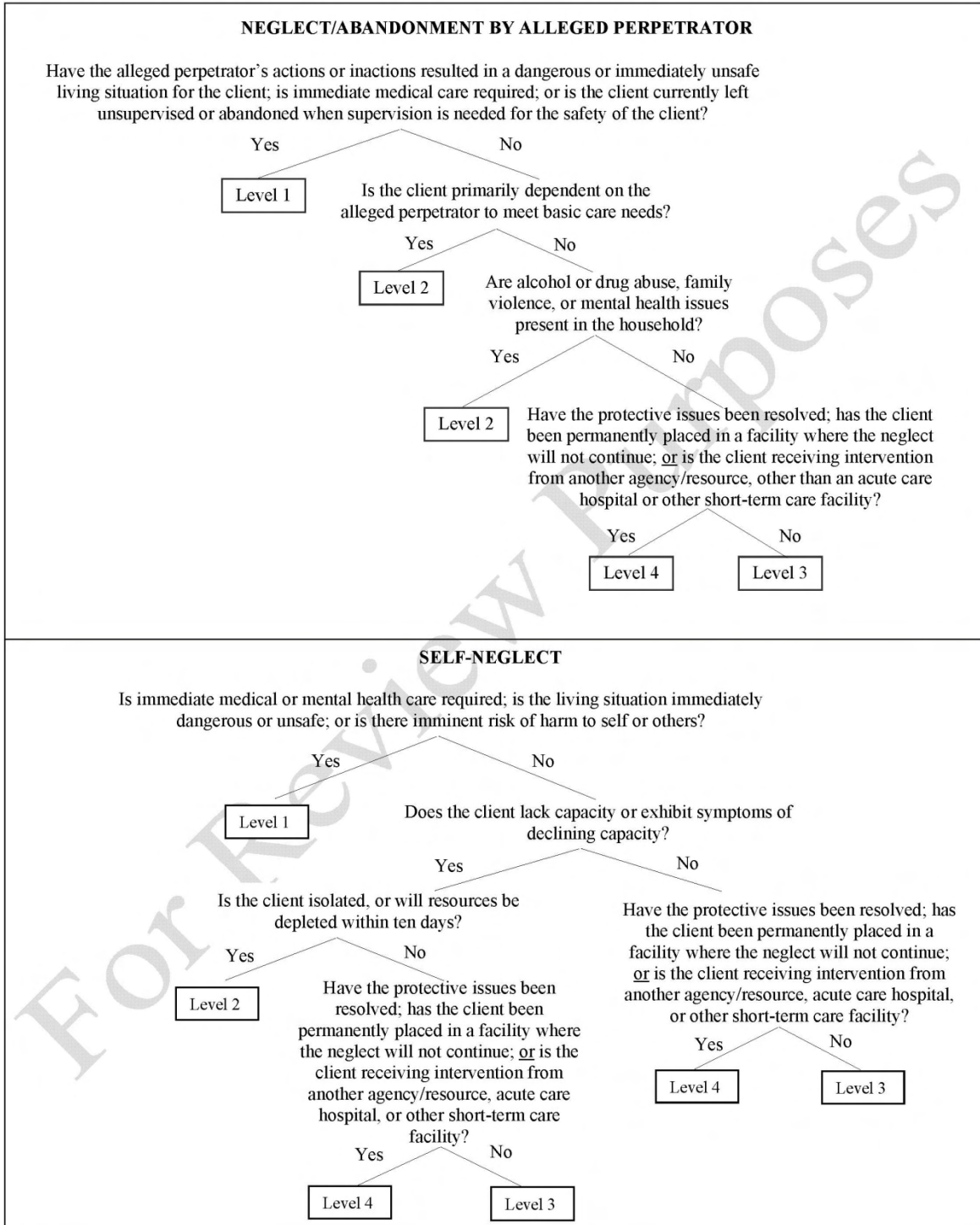
Complete the appropriate response priority decision tree based on the type of allegation(s) reported. If there are multiple allegations, start with the response priority decision tree for the most serious allegation. If a Level 1 (immediate) response is reached for the most serious allegation, it is not necessary to complete additional decision trees. If the answer to a question is unknown, answer in the most protective way. Response priority levels are as follows:

- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible.
- Level 2 = Evaluate for response priority.
- Level 3 = Non-emergency/within 10 calendar days from receipt of the referral.
- Level 4 = No initial face-to-face investigation (NIFI)/telephone-only investigation.



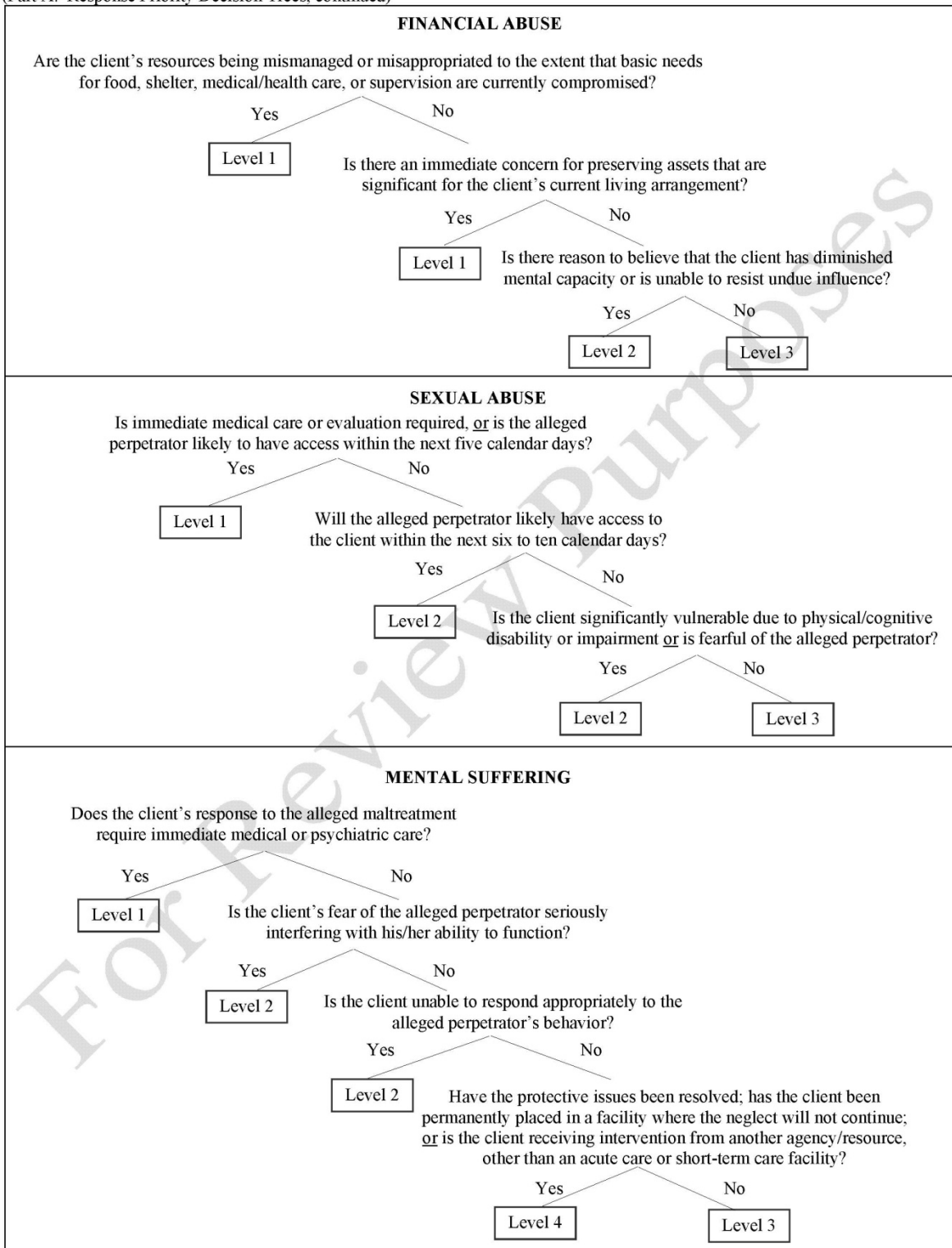
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(Part A. Response Priority Decision Trees, continued)



Continued

(Part A. Response Priority Decision Trees, continued)



Continued

Part B. Response Priority Assignment

- Recommended Response (select one):**
- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible
 - (a) referral received prior to 4:30 p.m. M-F
 - (b) referral received after hours (at or after 4:30 p.m. M-F)
 - Level 2 = Evaluate for response priority
 - Level 3 = Non-emergency/within 10 calendar days from receipt of the referral
 - Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation

- Policy Override to Level 1:**
- Law enforcement requests an immediate response.
 - Administrative request.

- Policy Override from Level 1 to Level 2 or 3:**
- The adult is in an alternative safe environment and is expected to remain there pending a Level 2 or 3 response.

- Policy Override to Level 4:**
- The recommended response is Level 3 AND the report is from a non-credible source (a person with a history of non-credible reporting or one whose report is significantly in conflict with known facts, his/her own statements, and/or statements from other neutral sources).

- Discretionary Override to any level:**
- Yes (specify reason): _____

Assignment Unit Approval of Override: _____ Date: ____/____/____

- Final Assigned Response (select one):**
- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible
 - (a) referral received prior to 4:30 p.m. M-F
 - (b) referral received after hours (at or after 4:30 p.m. M-F)
 - Level 2 = Evaluate for response priority
 - Level 3 = Non-emergency/within 10 calendar days from receipt of the referral
 - Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation

Worker: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

Slide #29: Sample SDM Intake Tool

Sample SDM Intake Tool

Are there any basic ideas from this sample SDM tool that you could adapt for your own intake unit?

Activity time: up to 15 min

Give participants a few moments to review the intake tool on their own. Walk briefly through the tool highlighting important parts for supervisors (i.e. Section 2 – Response Priority).



ASK: Are there any basic ideas from this sample structured intake tool that you could adapt for your own intake unit?

Sample Answers – Definitions of abuse categories to assist with eligibility for services; Cross reporting framework regarding licensed facilities; Establishing defined criteria for 24 hour/Immediate response cases; Providing a guide for intake workers to follow to make it easier for them to arrive at their decisions and also for supervisor to see how decision was made.

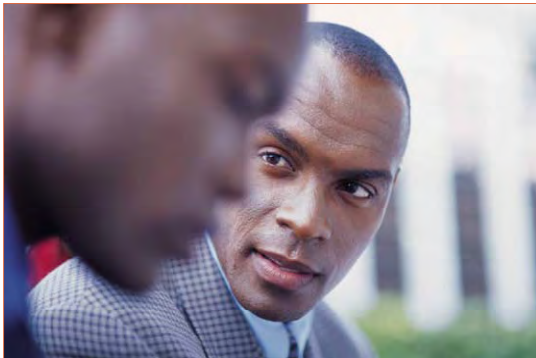
COMMUNICATING WITH YOUR BOSS



TIME ALLOTTED: 20 minutes

Slide #30: Communicating With Your Boss

Communicating With Your Boss



Activity - Shout Out – ASK the group to respond to the question, “Why do you think that maintaining effective communication with your manager might be more important during times of staffing and resource shortages than during other times?”

Trainer to explain in challenging times such as these it is essential that frontline supervisors communicate regularly and effectively with their managers. The APS Program Manager needs to be kept up to date about the ability of the fieldworkers to meet response times, keep up with documentation deadlines, and the need to screen out cases coming in through the intake lines. The frontline supervisor is responsible for making sure that the APS manager is aware of what the field workers realistically can carry out and what resources they may be lacking.

Handout – Refer participants to *Communication with Your Manager* handout.

Facilitator to review key points of the handout with the group.



ASK participants if anyone has any additional suggestions for improving communication with their manager?

Communicating with Your Manager

Listening for What Your Manager Emphasizes

- This process involves a combination of listening and clarifying, as well as observing your manager's actions.
- Sit down and ask what s/he sees as important goals that need to be accomplished.
- Ask for her/his input on how to achieve these goals.
- Give feedback to your manager when you have carried out activities towards accomplishing these goals.
- Clarify for your manager when goals may not be achieved and for what reasons. In this case ask for direction from her/him.

Finding out what your Manager Expects From You

- Hold one on one conversations regarding expectations periodically and consistently.
- Expectations can be documented for your reference.
- Review the expectations with your manager and clarify what you don't understand.
- Check in with your manager frequently to see if new expectations have developed.

Handling Conflict with Your Manager

- Conflict is more likely to arise if you do not understand what is expected of you and if you do not feel that you have any say in decisions that impact you.
- Give your manager the "benefit of the doubt" by assuming that the conflict is not aimed at you personally.
- Ensure that you and your manager have ground rules set up for dealing with conflict in a safe way.
- Take advantage of the conflict to clarify expectations.
- Discuss with your manager if there are ways that you can have input into decisions that are made that impact you and your workers.
- In some instances, bringing in a third person can provide a fresh perspective on the situation.

Keeping Your Manager Informed

- Seek guidelines on what should be given verbally and what information should be in written format.
- You do not want your manager to feel "blindsided" so it is usually best to provide more information rather than less and it is best to be the first to give this information.

- Give your manager a “heads up” when there are potential problems looming that might impact you or your unit.

Adapted from: Albright, Mary and Carr, Clay. 101 Biest Mistakes Managers Make and How to Avoid Them (1997) Paramus, N.J., Prentice Hall and Bittel, Lester R. and Newstrom, John W. What Every Supervisor Should Know. (1990) New York, McGraw-Hill Inc.

Slide #31: Activity

Activity

What does my boss need to know?

Note: Scenarios and answer keys are on the next page.

Activity – Direct participants to *Keeping Your Manager Informed* in their manuals.

Trainer to divide participants into the same small groups from previous activity. Inform the groups that they will be discussing when to inform their manager about critical situations.

The groups will be given 7 min. to read over the situations and collaboratively decide for each situation whether it is necessary to inform and consult with your manager.

Briefly review correct answers as a large group.

Keep Your Manager Informed
Trainer Version

1. A member of the Board of Supervisors makes a report of abuse through the intake line and requests that APS respond *expeditiously*.

Yes No Maybe

Answer – Yes. Your manager needs to know about all contact that comes from the Board of Supervisor. Best to inform your manager through an email.

2. You learn that one of your field workers is overdue on face-to-face responses for over half of her caseload.

Yes No Maybe

Answer – Maybe. Do you need your manager's support in order to address the situation? If you are able to independently handle the situation with your worker then you may not need to inform your manager. If this is going to be a disciplinary situation and you require your manager's support, then you should inform her in person.

3. An "open" APS client is found deceased by the police and foul play is involved. You review your worker's case notes and you learn that your worker failed to conduct their monthly visit to check on the client. The worker is also overdue on his state mandated documentation for this case.

Yes No Maybe

Answer – Yes. You should keep your manager apprised of any situations that may impact her in the future. This situation could involve the DA's office and potentially the press. You should let your manager know ASAP either through an email or in person (whatever method is quicker).

4. The intake unit receives a report of abuse from a social worker with In Home Supportive Services program regarding an elderly female who appears to be at risk of self-neglect. The social worker asks that the APS worker who is assigned to the case follow up with her so that they can conduct a joint home visit.

Yes ____ No Maybe _____

Answer – No. The social worker's request would not be considered "out of the ordinary". The supervisor should be able to address this request independently.

5. On behalf of one of your APS Workers you receive a Court Order directing you to appear in court the following week and bring all case documents regarding a currently closed APS case.

Yes No ____ Maybe _____

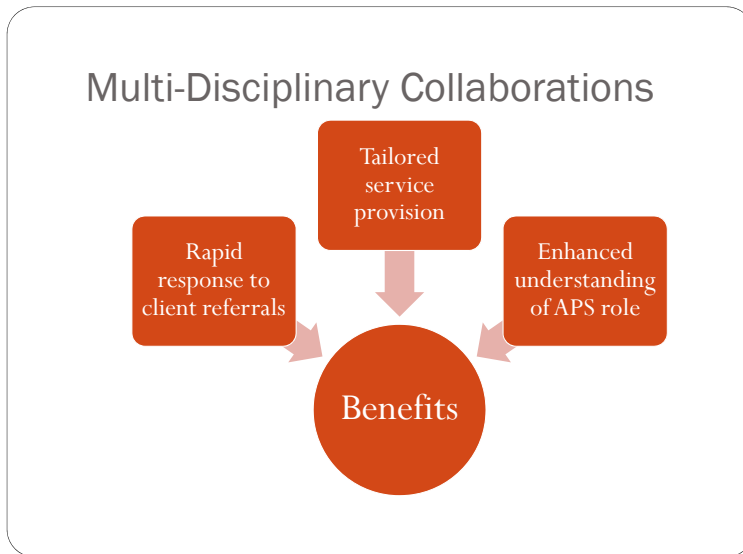
Answer – Yes. You should inform your manager know as well as your County Counsel through email. This Court Order is mandating that APS break confidentiality and it is essential that your manager have the opportunity to review the situation before complying with the request.

Multi-Disciplinary Collaborations



TIME ALLOTTED: 45 minutes

Slide #32: Multi-Disciplinary Collaborations



Collaborating with APS partner agency is another strategy that can help to streamline the process of connecting clients to important resources, thereby increasing efficiency for APS workers in the field.

Benefits of developing partnerships:

- Rapid response to client referrals, thereby expediting intervention and hopefully moving to closure quickly.
- Tailored service provision to meet needs of vulnerable APS clients.
- Enhanced levels of understanding about roles of APS within community.

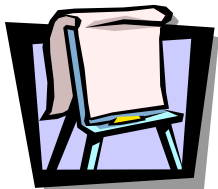
Slide #33: Multi-Disciplinary Collaborations



Activity time: up to 15 min



Activity Shout-out – ASK: participants to provide examples of relationships that may already exist in their county with public/private community providers. Facilitator to provide examples of mutually beneficial relationships if group is not able to produce examples.



Facilitator to chart answers from shout to develop a list of potential APS partners that can be used as a reference for Activity – Recruiting APS Partners.

Sample Answers:

- Non-profit legal aide services
- Victim's Witness Program
- Law enforcement
- DA's Office
- Ombudsman's Office
- Office of the Public Guardian
- County Hospital
- Community Care Licensing Division

- Local case management programs
- Adult Day Health Centers/Adult Day Social Centers
- Meals on Wheels or other home delivered meal programs
- Attendant care agencies (county sponsored or privately owned companies)
- Hospice programs
- Mental Health Services
- Health care clinics specializing in elders/disabled adults or low income populations
- Food Banks
- Durable Medical Equipment Closets
- Neuropsychologists or MDs that conduct Capacity Declarations
- Family Justice Centers

Handout - Refer participants to *MDT Partners 101* handout and review some of the agencies – “how they help” and “areas of conflict.”

ASK: participants if this is reflective of their experience?

MDT Partners 101

Agency	How they help	Areas of conflict
Law Enforcement	<ul style="list-style-type: none"> • Welfare Checks on clients • “Back-up” for workers in dangerous situations • Enforce “Stay Away” orders • Prosecute perpetrators • Can fingerprint/ID lost/demented clients 	<ul style="list-style-type: none"> • Not all abuse is criminal • Have a different standard of proof • Need different level of evidence • Have different confidentiality rules • See some situations as civil • Focus is on the perpetrator, not the client
Mental Health	<ul style="list-style-type: none"> • Can hospitalize individuals who are a danger to themselves or others • Can deal with suicidal clients • Can provide treatment for mentally ill clients/perpetrators 	<ul style="list-style-type: none"> • Dementia is organic and not a mental health problem (they won't do a mental health hold or treat dementia) • Generally don't bring treatment to the home • Generally won't do an assessment in the home • Generally can't provide transportation • Have different (stricter) rules about confidentiality
Public Health	<ul style="list-style-type: none"> • Can check on clients who refuse to go to doctor • Can provide consultation on care needs • Clients are often more willing to talk to a nurse than anyone else 	<ul style="list-style-type: none"> • May not be available for every case
Public Guardian/Conservator	<ul style="list-style-type: none"> • Can freeze bank accounts • Can conserve a person or estate to safeguard them • Can ask the court to require a client to be medicated if necessary. • Can make medical decisions • Can make placement decisions 	<ul style="list-style-type: none"> • Higher level of proof required than the general public's idea of incapacitated • Often overworked/overwhelmed • Refuse cases if they don't meet eligibility criteria (varies by agency) • Takes a long time to conserve a client • Can't cross state lines

Office on Aging (Services are variable)	<ul style="list-style-type: none"> • May offer case management services • May have a caregiver registry • May offer help with home repairs • May help clients complete forms, etc • May offer free legal services 	<ul style="list-style-type: none"> • Focus is on “healthy aging” rather than on vulnerability • May have looser confidentiality rules
Home Delivered Meals	<ul style="list-style-type: none"> • Provide meals either free or at low cost • Can be an extra set of eyes in the home 	<ul style="list-style-type: none"> • May not deliver to some areas (especially rural areas) • May not provide meals on weekends • May not have special diet available
Code Enforcement	<ul style="list-style-type: none"> • Can be the “bad guy” in hoarding cases, putting pressure on the client to clean things up. • Will often work with APS to give the client time to clean-up a situation. 	<ul style="list-style-type: none"> • Often require clients to clean-up too fast (hoarders will revert later). • May require clients to pay large fines or clean-up fees. • The client’s mental health is not their priority.
Animal Control	<ul style="list-style-type: none"> • Can be the “bad guy” in animal hoarding cases, putting pressure on the client to give up animals/ provide care • Will often work with APS to help the client improve their situation 	<ul style="list-style-type: none"> • May require client to give up all animals • May push for a quicker resolution than the client can handle. • The client’s mental health is not their priority.
Adult Day Health Centers/Adult Day Social Centers	<ul style="list-style-type: none"> • Can provide a safety net for clients for part of the day. • Can provide respite to caregivers 	<ul style="list-style-type: none"> • Participant on participant abuse can happen • More caregivers can mean more chance of abuse
Caregiver Agency	<ul style="list-style-type: none"> • Can provide hired caregivers for clients either free (if it’s a government or insurance based service) or for a fee. • Can be a source of respite or emergency care 	<ul style="list-style-type: none"> • May refuse to believe/investigate claims that their caregivers have acted wrongly • May refuse to serve difficult/demanding clients • May not be able to provide

	<ul style="list-style-type: none"> • May fingerprint/background check caregivers 	<ul style="list-style-type: none"> caregivers as timely as they claim • May fail to send caregivers for a shift (and not let anyone know)
Utility Companies	<ul style="list-style-type: none"> • Can work out payment options for clients • May have low-income programs • May have programs for people with disabilities 	<ul style="list-style-type: none"> • Need to get paid by <i>someone</i> (They are a business, not a charity) • May not be willing to cut a deal in every case.
Social Security	<ul style="list-style-type: none"> • Can assign a Representative Payee to clients that need help managing their money. • Can provide background information about a client (address, name of rep payee, previous occupations, Medicare eligibility, etc.) • Can put a hold on a check in order to protect the client or his money 	<ul style="list-style-type: none"> • Can be very difficult to get in touch with staff to confirm information about the client's SSA benefits
Representative Payee Program	<ul style="list-style-type: none"> • Can help client manage their money • Usually charge the client a small fee • Some provide case management 	<ul style="list-style-type: none"> • May be a source of financial abuse • May have high fees
Private Doctors/Hospitals	<ul style="list-style-type: none"> • Can provide consultation on care needs • Clients are often more willing to talk to their doctor than others • Can determine whether a client needs a conservator 	<ul style="list-style-type: none"> • Doctors often do not want to complete conservatorship paperwork. They don't want to upset their patient or testify in court.
Care Licensing Agency	<ul style="list-style-type: none"> • Investigate and cite facility violations. 	<ul style="list-style-type: none"> • They handle the issues with the facility but are not responsible for providing services to individual victims. • Often have a very limited staff to

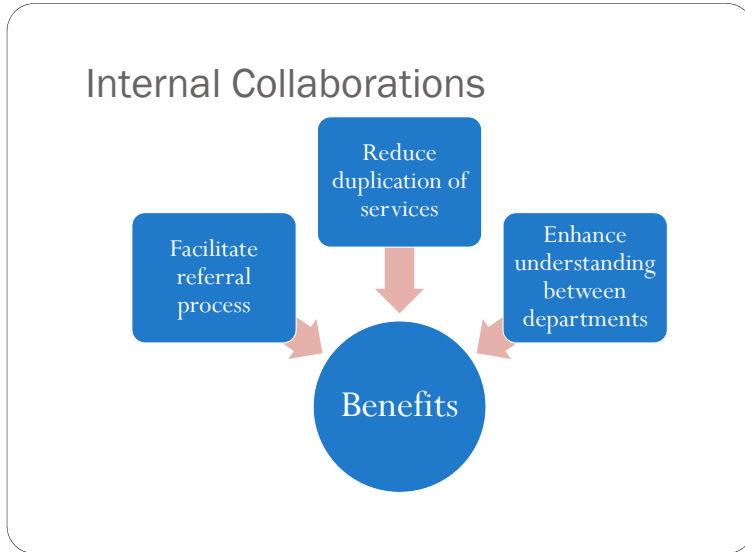
		facility ratio so may only check on a facility once every 2-3 years.
State Contractor's Licensing Board	<ul style="list-style-type: none"> • Can go after contractors who rip off clients 	<ul style="list-style-type: none"> • Not always able to do much (if anything) against unlicensed contractors
Medicaid	<ul style="list-style-type: none"> • Provides medical care for low income seniors 	<ul style="list-style-type: none"> • May not pay for specialized care or procedures or equipment
Veterans Administration	<ul style="list-style-type: none"> • Depending on eligibility, may provide medical care, trauma services, medical transportation, etc. 	<ul style="list-style-type: none"> •
Disability Resource Center/ Disability Advocates	<ul style="list-style-type: none"> • Depending on eligibility, may provide training to deal with disability, help with housing, caregivers, respite care, sheltered workshop activities, social and recreational activities, etc. 	<ul style="list-style-type: none"> • There may be philosophical differences with APS- may want to promote client independence at the expense of safety.
Long Term Care Ombudsman	<ul style="list-style-type: none"> • Investigate complaints of residents of long term care facilities and act as their advocates 	<ul style="list-style-type: none"> • Must have the consent of the client to report to law enforcement or other agencies. • Often use volunteers who may not have the skills to deal with specialized types of abuse (undue influence for example)
Welfare Fraud Investigations	<ul style="list-style-type: none"> • Investigates situations where the client or other (e.g. caregiver) is defrauding the welfare system 	<ul style="list-style-type: none"> • APS may have a conflict if the client is the one being fraudulent
Domestic Violence	<ul style="list-style-type: none"> • Provide emergency shelter to victims of DV • Provide counseling to victims • Provide help obtaining services • Help with restraining orders, stay away orders, etc. 	<ul style="list-style-type: none"> • May not be set-up to handle elderly/disabled clients • Support groups may be made up of younger women with different needs • There is a philosophical difference between APS and DV that seems to cause friction. (They see abuse as caused by power and control issues, APS sees additional causes such as

Continued

		<p>ageism, responsibility for perp/child and caregiver burn out)</p> <ul style="list-style-type: none"> • DV may also compete with APS for limited funding in some situations
Victim Witness	<ul style="list-style-type: none"> • Help victims copy with the criminal justice system • Help with restraining orders, stay away orders, etc. • May pay for counseling services, moving costs, hospital costs 	<ul style="list-style-type: none"> • Victim must cooperate with law enforcement in order to get services.
Better Business Bureau	<ul style="list-style-type: none"> • Can help identify individuals and companies involved in consumer fraud. 	<ul style="list-style-type: none"> •
Coroner	<ul style="list-style-type: none"> • Can provide evidence in elder abuse deaths • Can help figure out what went wrong (with the safety net) in elder abuse deaths 	<ul style="list-style-type: none"> • May not like you pushing for more autopsies/ “accusing” him of missing cases
Emergency Medical Tech	<ul style="list-style-type: none"> • First Responders to elder abuse • Can be a witness to initial conditions of the home and client • Can provide emergency transport of your client to the hospital 	<ul style="list-style-type: none"> • May want you to “do something” about clients who call them too often (e.g. client gets drunk every Friday night, falls and calls EMTs to help her up) • May not understand elder abuse and so may miss it!
Rape Crisis Center	<ul style="list-style-type: none"> • Can provide SART exams for victims • Can provide counseling for victims 	<ul style="list-style-type: none"> • May not be use to providing services to elderly/ disabled clients and may need some education. • Counseling groups tend to be made up of younger victims with different issues
Medicaid Fraud Control Unit	<ul style="list-style-type: none"> • Can investigate situations where doctors or facilities are not providing the services for which they are billing/responsible 	<ul style="list-style-type: none"> •

Non-profit legal aid services	<ul style="list-style-type: none"> • Can help clients fight evictions, consumer fraud, ID theft, correct problems with bank or credit accounts, deal with wills, mortgage issues, etc. 	<ul style="list-style-type: none"> • Services are limited • Some problems (like annuity scams) are very hard to prove • Most legal aid services don't know a lot about elder law issues
Hospice programs	<ul style="list-style-type: none"> • Provides nursing and counseling services at home to patients who have less than 6 months to live. 	<ul style="list-style-type: none"> •
Food Banks	<ul style="list-style-type: none"> • Can provide staples for clients who need food 	<ul style="list-style-type: none"> • May require the client to come in themselves • May have service area limitations • May not be able to provide food for special diets • May limit amount of food offered to a couple days worth
Durable Medical Equipment Closets	<ul style="list-style-type: none"> • Can provide wheelchairs, walkers, hospital beds, etc 	<ul style="list-style-type: none"> • Available equipment may be limited

Slide #34: Internal Collaborations



States/counties may be able to significantly increase efficiencies by developing collaborations with other internal departments.

Potential benefits:

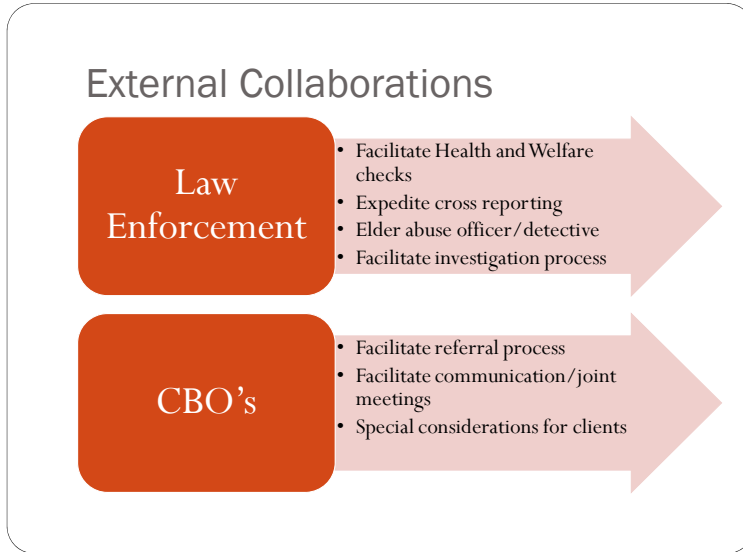
- Facilitate referral process.
- Reduce duplication of services.
- Enhance understanding between departments.

A good example is the Los Angeles County developed the Seamless Senior Services Initiative, a fundamental part of this program is a collaboration between the AAA (Area Agency on Aging), APS, and Office of the Public Guardian. These departments developed protocols regarding referrals and sharing case information with each other. Such protocols can reduce duplication of services, assessments, potentially need for face to face visits.

Before implementing this initiative, LA County reviewed integration models of three counties in California (San Diego, SF, and San Mateo) and they found that these counties were able to organize, leverage, and coordinate resources to increase efficiencies for their frontline workers.

Source: Los Angeles County, Seamless Senior Services Initiative, 6/09

Slide #35: Internal Collaborations



APS workers may benefit from partnerships with **local law enforcement**. Such collaborations may:

- Facilitate Health and Welfare Checks to homes of vulnerable clients.
- Expedite cross reporting processes, thereby potentially reducing the burden on APS workers as well as police officers.
- Result in an assigned officer or detective responsible for managing elder abuse cases.
- Facilitate the process of investigation for both workers and law enforcement as relationships are formed between APS Workers and members of the local police jurisdiction.

Collaborating with **Community Based Organizations (CBOs)**. Such collaborations may:

- Facilitate referral process of APS clients benefiting both the CBO and APS clients. APS workers may have tailored referral forms provided or priority for waitlisted services given to APS clients.
- Facilitate communication between social workers of the CBO and APS Workers. Providing staff rosters or having joint meetings may assist with this process.

- Result in special considerations to be made by CBO workers for APS clients, (ie home visits for house bound clients).

Slide #36: Developing Partnerships

Developing Partnerships

- Approach organizations that also serve APS clients.
- Identify how a partnership can be mutually beneficial to both the organization and APS.
- Seek out support from senior management of APS and the partner organization.
- Develop a Memorandum of Understanding (MOU) to outline responsibilities of APS and the partner organization.
- Encourage professional relationships and collaborations between staff of the organization and APS.

How to develop these partnerships?

- Approach organizations that also serve APS clients.
- Identify how a partnership can be mutually beneficial to both the organization and APS.
- Seek out support from senior management of APS and the partner organization.
- Develop a Memorandum of Understanding to outline responsibilities of APS and the partner organization.
- Encourage professional relationships and collaborations between staff of the organization and APS.

ASK: Refer back to the *Handout MDT Partners 101* and the “areas of conflict” – could these conflicts be resolved using the approaches above?

Slide #37: Recruiting APS Partners

Recruiting APS Partners



Activity time: 20 min

Note: Scenarios and answer keys are on the next page.

The list of relationships with public/private community providers that was created can be used as reference as well as *MDT Partners 101* handout.

Activity – *Recruiting APS Partners*

Direct participants to the *Recruiting APS Partners* activity in their manuals. Divide participants into small groups. Assign each group a scenario (A, B or C) describing an APS program that is having difficulties coping due to high caseloads, staffing shortages, etc. Each scenario will describe a specific problem that workers are facing (i.e. difficulty obtaining Restraining Orders for their clients). The groups will come up with a plan for recruiting a partner(s) from the community with goal of developing a collaborative relationship to benefit the APS fieldworkers and clients. Give them 7-10min to complete.

Training Tip: Before getting started, read the sample scenario and answers to highlight that participants are to be thinking outside of the box for new partners and not defaulting to their current experiences.

Groups will then share their plans with the whole group for approx. 10 min.

Recruiting APS Partners

Trainer Version

Sample Scenario – read aloud

A small APS unit located within a geographically large rural county is finding it difficult to serve their elderly clients that are at risk for self-neglect. APS workers are unable to follow up with clients after completing the initial home visit and assessment because they must spend so much time traveling to their clients homes. Recidivism rates of these clients is high because APS workers are not able to follow through with service plans and these elders do not have adequate support services.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Sample Answers – Partnerships should be made with local CBO that carries that handles case management services. This might be a local senior center or a non-profit providing mental health services or services to disabled adults. An MOU could be made up facilitating communication between CBO social workers and APS Workers. With a signed release, APS Workers can make referrals directly to local case management services and information regarding the abuse issues can be provided as necessary and appropriate. APS Workers can rely on more locally based services for face to face follow up with clients with the goal of reducing likelihood of future incidents of self-neglect.

Scenario A

APS Workers in one urban county are finding it difficult to successfully refer their clients for probate conservatorships despite the tremendous need. In this county the probate court requires that a Capacity Declaration be completed as part of the conservatorship petition packet. It is also necessary to include contact information for first degree family members as well as details regarding the client's finances. Obtaining the declaration and other information can be challenging for workers given that most proposed of these clients will not cooperate with the APS worker, they refuse to leave the house, and they almost always have some degree of memory loss and confusion.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Sample Answers – Internal relationships should be made between APS and the local Office of the Public Guardian. APS could potentially have expedited referrals to the PG. Personal relationships between Assistance Public Guardian Conservators and APS Workers would also facilitate referrals. External partnerships with neuropsychologists, clinical psychologists, or MDs that are trained to conduct capacity declarations should be sought out. Such partnerships might result in home visits or expedited appointments for APS clients. External relationships with banks could also be made. APS Workers would have an easier time accessing information about a client's finances if they have a personal contact at each local and major bank that is utilized by clients.

Scenario B

APS workers in a dense, urban county are frustrated because the largest police jurisdiction in their county is making it difficult for them to obtain police reports. The Assistant DA that handles elder abuse cases frequently asks you, the APS Supervisor, why there are not any APS cases crossing her desk for prosecution. Per your APS Workers, obtaining police reports is difficult and having these cases assigned for investigation, almost impossible. Police officers who respond to the scene are hesitant to take police reports regarding elder abuse incidents and there is not a designated detective assigned to investigate elder abuse cases.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Sample Answers – External partnership should be made with the local police jurisdiction. A relationship should be made with a unit captain who would have authority to advocate that a detective be assigned to handle elder abuse cases. Providing education regarding APS and elder abuse to beat police officers may be part of the relationship building. An MOU could be developed between APS and the police jurisdiction to facilitate cross reporting via fax or when needed, to have a dispatch officer send out an officer to take a statement. Developing a partnership with the Victim's Witness program could also lead to enhanced communication with the police jurisdiction as well as increased advocacy with the police on behalf of APS clients.

Scenario C

In a large, sparsely populated rural county APS Workers are reporting to you, their APS Supervisor, that they are concerned for their safety when they go out on certain cases involving a potentially dangerous perpetrator. When workers request a “civil stand-by” they may be waiting two to three hours before they receive assistance. Additionally, obtaining Restraining Orders on behalf of their clients is very challenging. Their clients need to travel a long distance to meet with the local legal aid organization and even farther to appear in court. Travel is very difficult for most of your disabled and elderly clients. Your workers are reporting that many clients end up not following through with the Restraining Order process despite initially stating that they would like to obtain one for their safety.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Sample Answers – Developing a partnership with the local legal aid organization could be made to facilitate and expedite referrals. APS clients might potentially be given priority service or home visits could be made for those that are disabled and home bound. Relationships with law enforcement could be made and education provided to beat officers regarding APS and elder abuse to facilitate the receipt of back up assistance as well as help with Emergency Protective Orders as appropriate. Developing relationships with the local Victim’s Witness program could address the Restraining Order issue. Victim’s Witness could help APS clients to walk through the Restraining Order process, provide transportation to court appointments, and provide advocacy with the court.

TIME MANAGEMENT SKILLS



TIME ALLOTTED: 15 minutes

Slide #38: Time Management Skills

Time Management Skills

SelfTest: How good are your time management skills?

http://www.mindtools.com/pages/article/newHTE_88.htm

Effective Time Management - Why do we need to focus on this?

Trainer to explain effective time management skills are essential for supervisors who are attempting to cope during difficult times of heavy caseloads, worker shortages, and increased demands and responsibilities.

Effective management of our time not only results in increased productivity but also reduced stress. Good time management skills will allow us to work in a focused manner and more effectively. This will allow us to start achieving our goals. It is also the role of supervisors to coach their direct reports on effective time management skills and model these skills

Handout – *Self Test: How good are your Time Management Skills?*

Explain that this self-test is web-based and can be completed by participant and can also be used with staff as a method of keying them into their own strengths/weaknesses in this regard. It could be a valuable resource for a team meeting.

Source: http://www.mindtools.com/pages/article/newHTE_88.htm

How Good is Your Time Management?

Use the online test below, and click the 'Calculate my total' button at the foot of the test.

© Mind Tools Ltd, 1995-2008. http://www.mindtools.com/pages/article/newHTE_88.htm

Instructions: For each question, click the button in the column that most applies. Click the 'Calculate My Total' button to add up your score and check your result using the scoring table underneath.

Question		Not at all	Rarely	Some times	Often	Very Often
1	Are the tasks you work on during the day the ones with the highest priority?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2	Do you find yourself completing tasks at the last minute, or asking for extensions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3	Do you set aside time for planning and scheduling?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4	Do you know how much time you are spending on the various jobs you do?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5	How often do you find yourself dealing with interruptions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6	Do you use goal setting to decide what tasks and activities you should work on?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7	Do you leave contingency time in your schedule to deal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	with "the unexpected"?					
8	Do you know whether the tasks you are working on are high, medium, or low value?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	When you are given a new assignment, do you analyze it for importance and prioritize it accordingly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Are you stressed about deadlines and commitments?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Do distractions often keep you from working on critical tasks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Do you find you have to take work home, in order to get it done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Do you prioritize your "To Do" list or Action Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Do you talk with your boss to prioritize the work you're doing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Before you take on a task, do you check that the results will be worth the time put in?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						Total = 0

Score Interpretation

Score	Comment
46-75	You're managing your time very effectively! Still, check the sections below to see if there's anything you can tweak to make this even better.
31-45	You're good at some things, but there's room for improvement elsewhere. Focus on the serious issues below, and you'll most likely find that work becomes much less stressful.
15-30	Ouch. The good news is that you've got a great opportunity to improve your effectiveness at work, and your long term success! However, to realize this, you've got to fundamentally improve your time management skills. Start below!

As you answered the questions, you probably had some insight into areas where your time management could use a pick-me-up. The following is a quick summary of the main areas of time management that were explored in the quiz, and a guide to the specific tools you can use for each.

Goal Setting (Questions 6, 10, 14, 15)

To start managing time effectively, you need to set goals. When you know where you're going, you can then figure out what exactly needs to be done, in what order. Without proper goal setting, you'll fritter your time away on a confusion of conflicting priorities.

People tend to neglect goal setting because it requires time and effort. What they fail to consider is that a little time and effort put in now saves an enormous amount of time, effort and frustration in the future. Mind Tools has two great articles on goal setting that are must-reads for everyone. If you are serious about time management, we suggest you start with [Personal Goal Setting](#) and [The Golden Rules of Goal Setting](#). We also recommend [Treasure Mapping](#).

Prioritization (Questions 1, 4, 8, 9, 13, 14, 15)

Prioritizing what needs to be done is especially important. Without it, you may work very hard, but you won't be achieving the results you desire because what you are working on is not of strategic importance.

Most people have a "to-do" list of some sort. The problem with many of these lists is they are just a collection of things that need to get done. There is no rhyme or reason to the list and, because of this, the work they do is just as unstructured. So how do you work on To Do List tasks – top down, bottom up, easiest to hardest?

To work efficiently you need to work on the most important, highest value tasks. This way you won't get caught scrambling to get something critical done as the deadline approaches. For information on how to start prioritizing your tasks, see [Activity Logs](#), [Prioritized To Do Lists](#), [Prioritization](#), [The Action Priority Matrix](#), and [The Urgent/Important Matrix](#).

Managing Interruptions (Questions 5, 9, 11, 12)

Having a plan and knowing how to prioritize it is one thing. The next issue is knowing what to do to minimize the interruptions you face during your day. It is widely recognized that managers get very little uninterrupted time to work on their priority tasks. There are phone calls, information requests, questions from employees, and a whole host of events that crop up unexpectedly. Some do need to be dealt with immediately, but others need to be managed. Two excellent tools that discuss how to minimize your interrupted time are [The Urgent/Important Matrix](#) and [Managing Interruptions](#).

However, some jobs need you to be available for people when they need help – interruption is a natural and necessary part of life. Here, do what you sensibly can to minimize it, but make sure you don't scare people away from interrupting you when they should.

Procrastination (Questions 2, 10, 12)

"I'll get to it later" has led to the downfall of many a good employee. After too many "laters" the work piles up so high that any task seems insurmountable. Procrastination is as tempting as it is deadly. The best way to beat it is to recognize that you do indeed procrastinate. Then you need to figure out why. Perhaps you are afraid of failing? (And some people are actually afraid of success!)

Once you know why you procrastinate then you can plan to get out of the habit. Reward yourself for getting jobs done, and remind yourself regularly of the horrible

Continued

consequences of not doing those boring tasks! For more help on recognizing and overcoming procrastination see our guide to [Beating Procrastination](#).

Scheduling (Questions 3, 7, 12)

Much of time management comes down to effective scheduling of your time. When you know what your goals and priorities are, you then need to know how to go about creating a schedule that keeps you on track, and protects you from stress.

This means understanding the factors that affect the time you have available for work. You not only have to schedule priority tasks, you have to leave room for interruptions, and contingency time for those unexpected events that otherwise wreak chaos with your schedule. By creating a robust schedule that reflects your priorities and well as supports your personal goals, you have a winning combination: One that will allow you to control your time and keep your life in balance. To learn specific scheduling skills, see our articles on [Pickle Jar Theory](#) and [Scheduling Skills](#).

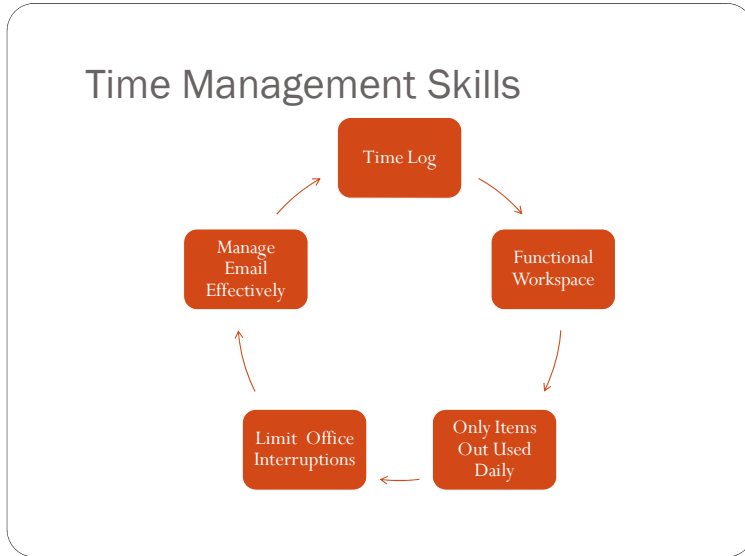
Key points:

Time management is an essential skill that helps you keep your work under control, at the same time that it helps you keep stress to a minimum.

We would all love to have an extra couple of hours in every day. Seeing as that is impossible, we need to work smarter on things that have the highest priority, and then creating a schedule that reflects our work and personal priorities.

With this in place, we can work in a focused and effective way, and really start achieving those goals, dreams and ambitions we care so much about.

Slide #39: Time Management Skills



Assessment – Tracking time through a time log. First it is necessary to gather information about how you currently use your time. This can be done by completing a time log. For 2-3 days note down throughout the day how you complete your time. Then you will be able to assess when you are most typically interrupted throughout the day, when you were most and least productive during the day, and were you able to follow through on the activities that you started.

Workspace should be functional with only items used daily sitting out. Maintaining a functional workspace is an essential part of effective time management. If you spend ten minutes or an hour looking for some important papers that is time that you could have been utilizing to complete your work. Make sure to only keep what is truly needed on the top of your workspace.

During one week, keep a list of the office supplies that you use. All other supplies should be put away. Only keep items that you use daily sitting out on your desk. A paper filing system involving A-Z files is best as opposed to using a subject matter files.

Limit Office Interruptions. 52% percent of Senior Managers that were surveyed reported that they are interrupted once every 30 minutes. Getting our own work done is extremely difficult when we are constantly taken away from it.

It can be very challenging for an APS supervisor to limit interruptions from our staff because we feel that we need to always be available to our workers for consultation. An

Continued

“open door policy” does not mean that you ALWAYS have to have your door literally open. It is expected that supervisors also need to have time to complete their work.

Your workers should know what time of the day you will be available to them. You should have a set, yet flexible schedule whereby your workers know that they can always reach you at a certain time of day. Make sure to coordinate with a co-supervisor so that throughout the day there is a supervisor with a literal “open-door” for workers to access.

Talk with your workers about what justifies an “emergency” so that they know when they may interrupt you when your door is closed. Non-urgent issues can also be sent to via email. Encourage your workers to bring consultation questions to their scheduled supervision sessions.

Manage email effectively – see next slide

Sources: Spidal, D. (2008). Time Management. International Journal of Indexing. Article based on a presentation given on September 18, 2008 at the Washington State University Library, Pullman, Washington.

Criswell, C. (2008) Do you have a minute? Seven Strategies for Limiting Office Interruptions. Journal for Quality and Participation.

Slide #40: Don't Let Your Email Manage You!

Don't Let Your Email Manage You!

- Do not respond to email "on demand".
- Use your Outlook functions to manage your email.
- Do not respond to email first thing in the morning.



Basic Email Management By Susan Ward, About.com

Manage your Email – Don't let your email manage you!

Emails are another constant interruption that can make it difficult for supervisors to get any work done.

Suggestions for managing your email:

- Do not respond to email "on demand". Check and respond to email at a few key moments during the day so that you are not constantly taking yourself away from a task every time a new one arrives.
- Use your Outlook functions to manage your email. Create folders to save emails so that you can find them easily at a later time. Clear your inbox by the end of the day.
- Do not respond to email first thing in the morning. This is when you are the most creative so tackle your more challenging items first.

Source: Basic Email Management By [Susan Ward](#), About.com

Slide #41: Make Meetings Productive

Make Meetings Productive

Tips:

- Invite only who absolutely needs to attend.
- Set an agenda and stick to time limits.
- Is it a necessary meeting?

Make Meetings Productive - When scheduling a meeting you should make sure to invite only those workers who absolutely need to attend. Make sure to set an agenda and stick to time limits, especially when you are meeting with your workers. When considering invitations that you receive for meetings, you might consider whether it is really a necessary meeting. You might want to discuss this with your own supervisor.

Source: Foundations of Supervision Training – Day Three CYFD Supervisor’s Core, pg. 32

Slide #42: Time Management Techniques

Time Management Techniques

- What is the most useful time management technique you currently use?
- What will you do when you return to the office to manage your time?

Optional Discussion Question:

- Any ideas/techniques for teaching time management skills to your staff?

Activity: up to 10 min

Activity – Trainer have participants break up into pairs. Each participant will have two minutes to share the most useful time management techniques that they currently employ in order to keep up with their workload. If a participant feels that s/he does not currently have any techniques that they are using right now, ask them to talk about what they will do when they return to the office to improve the way they manage their time.

After the four minute exercise has been completed, trainer will survey participants for techniques that they thought were particularly useful and share with whole group.

Trainer tip: As a time saver, activity can also be done as large group shout-out.

Optional Discussion Question – Facilitator to ask the group if they have any ideas/techniques for teaching time management skills to their staff?

Sample Answers – Focus on one area of time management at each staff meeting, such as email management; Have workers share their own time management strategies around certain aspects of APS work, such as how they structure their field folders; Sit with a worker at their desk and assist them to set up and structure their workspace more efficiently; Help workers to prioritize work demands based on acuity and importance.

BURNOUT



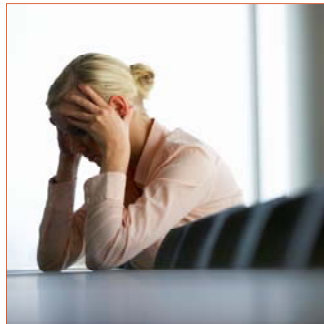
TIME ALLOTTED: 50 minutes

Slide # 43: What is Burnout?

What is Burnout?

“Exhaustion of a practitioner’s mental and physical resources attributed to his or her prolonged and unsuccessful striving toward unrealistic expectations, internally or externally derived.”

(Azar, 2000)



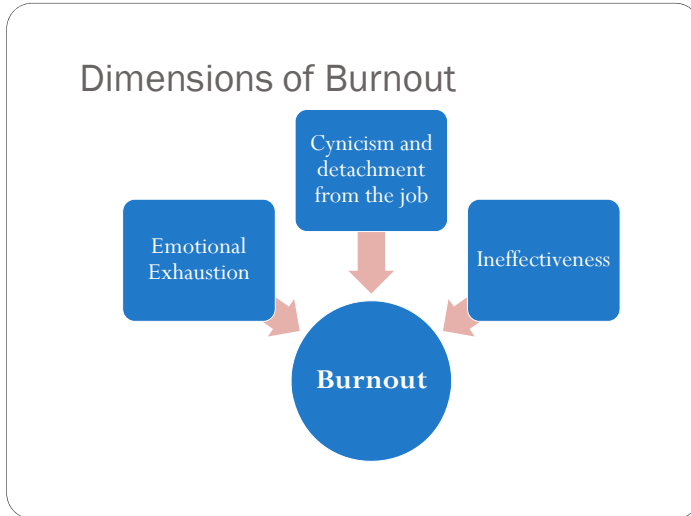
What is burnout? Burnout is an important issue for all social workers, but particularly for those that are exposed to repeated trauma as are APS workers. Our workers are definitely more vulnerable to experiencing symptoms of burnout during times of staffing shortages and increased caseloads.



Activity Shout-out – ASK: Has anyone ever had a worker under their supervision who appeared to be burnout. What did this look like?

Review the definition of burnout: *Exhaustion of a practitioner’s mental and physical resources attributed to his or her prolonged and unsuccessful striving toward unrealistic expectations, internally or externally derived.* (Azar, 2000)

Slide #44: Dimensions of Burnout



There are three dimensions of burnout.

- Emotional exhaustion is most commonly associated with burnout and connotes the individual stress related to burnout.
- Being cynical and detached from the job provides the interpersonal context of burnout.
- Ineffectiveness relates to the self-evaluative component of burnout where a worker has feelings of inadequacy and lack of achievement. All components are related.

Workers experiencing burnout tend to have symptoms that are more mental than physical and research has found that burnout does lead to reduced work performance.

Source: Foundations of Supervision Training – Day Three CYFD Supervisor's Core, pg. 24 – Participant.

Slide #45: Symptoms of Burnout

Symptoms of Burnout

- Irritable
- Quick to show anger or frustration
- Cry easily
- Take unnecessary risks
- Substance abuse
- Exhibit excessive rigidity, stubbornness
- Feel threatened or attacked by others
- Appears depressed

Trainer to bring in title of this slide first, then



ASK: What kind of symptoms show up among your workers or colleagues who appear to be burned out?

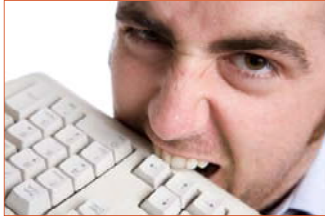
After fielding responses from the participants, trainer shows answers one-by-one explaining that these are the symptoms associated with burnout. A worker experiencing burnout might be:

- Irritable
- Quick to show anger or frustration
- Cry easily
- Take unnecessary risks
- Substance abuse
- Exhibit excessive rigidity, stubbornness
- Feel threatened or attacked by others
- Appears depressed

Slide #46: Risk Factors for Burnout

Risk Factors for Burnout

- Younger
- Single
- Men
- High level of education
- Low level of resiliency
- External locus of control
- Passivity



There are certain risk factors that have been found to be associated with higher rates of burnout.

Risk Factors for Experiencing Burnout:

- Younger
- Single
- Men
- High level of education
- Low level of resiliency
- External locus of control
- Passivity

Slide #47: Addressing Burnout



Luckily we know that there are steps that we can take to reduce the likelihood that our staff does not reach the point of burnout. As the supervisor, we are in a key role to help address burnout.

Handout – Refer participants to *Supervisor's Role in Addressing Burnout* handout. Review the handout with the group.

Trainer to explain that of course, addressing burnout is not only the responsibility of the supervisor. We know that the environment and the team can also have an important impact on the development of symptoms of burnout.

Research has shown that when workers are satisfied with the organization where they are employed, this can mitigate the effects of burnout and even secondary trauma

Also, we know that the support of co-workers can significantly reduce the likelihood of staff turnover. Increased job autonomy was also related to reduced turnover.

Perron, B. and Hiltz, M (2006) Burnout and Secondary Trauma Among Forensic Interviewers of Abused Children, Child and Adolescent Social Work Journal.

Ducharme, L, Knudsen, H., and Roman, P. (2008). Emotional Exhaustion and Turnover Intention in Human Services Occupations: The protective Role of Coworker Support; Sociological Spectrum.

Supervisor's Role in Addressing Burnout

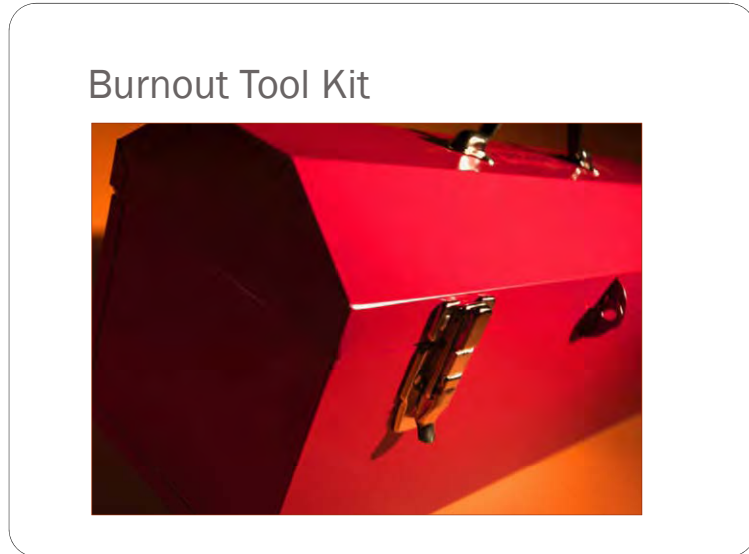
Supervisors Must:

- Recognize the symptoms of burnout.
- Evaluate their own and their worker's reaction to burnout.
- Analyze the cause of burnout within the internal and external environment.
- Intervene to change.
- Offer staff the opportunity to participate in decision-making.
- Train staff on techniques for participatory management.
- Meaningfully recognize efforts of staff.
- Support and strengthen a strong peer network and group cohesiveness.
- Encourage working together between staff and management.
- Help staff develop realistic coping strategies.
- Develop career planning strategies.
- Evaluate workers' strengths ahead of weaknesses.
- Promote special interests of staff.
- Arrange for assignment changes.

- Create a learning environment.

Source: *Foundations of Supervision Training – Day Three CYFD Supervisor's Core*, pg. 25 – *Participant*.

Slide #48: Burnout Tool Kit

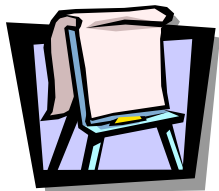


Activity time: up to 25 min

An essential part of treating burnout is to help a person experiencing symptoms of burnout to recognize this for him or herself.

Handout – Refer participants to *Compassion Satisfaction/Fatigue Self-Test for Helpers* handout.

Explain that supervisors can distribute this self-test to their team to help them key into their own burnout and exhaustion symptoms. This can be used during one-on-one coaching and consultation or during a team meeting.



Activity – Trainer to preface the activity by telling the participants, “We will now be doing an activity that is focused on providing you with a tool kit for addressing burnout among their team.”

Divide participants into small groups. Groups will each be given a sheet of charting paper. They should be instructed to draw a vertical line down the paper creating two columns, and to title the columns *Individual* and *Team*. For 7-10 minutes the groups will make a list of techniques/strategies that they can employ with individual workers and with their whole team, to promote resiliency and to prevent burnout.

Groups will then post their papers throughout the room and a reporter will read over the list with the whole group. Group process for up to 15 min.

Sample Answers

Team

- *Praise the team through group emails*
- *Provide opportunities for training*
- *Bring food to staff meeting*
- *Plan a lunch outing*
- *Hold a yearly "retreat"*
- *Keep file of thank you/appreciation letters and share these at staff meetings.*
- *Hold an optional, clinical consultation meeting providing workers with a forum to process difficult cases collectively.*

Individual

- *Hold weekly, one-on-one coaching sessions to help worker prioritize work issues and provide space to talk about feelings of burnout.*
- *Refer worker to EAP program for counseling*
- *Encourage worker to use vacation time as appropriate*
- *Discuss long term career goals with worker*
- *Suggest a permanent or temporary change in duties, if possible (such as working the intake lines instead of field work).*
- *Listen to worker's complaints about work situation and encourage him/her to provide realistic suggestions for improvement.*

<http://www.isu.edu/~bhstamm/pdf/satfat.pdf> or <http://www.isu.edu/~bhstamm/satfat.htm>

Compassion Satisfaction/Fatigue Self-Test for Helpers

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: How much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with your helping others. Consider each of the following characteristics about you and your current situation. Write in the number that honestly reflects how frequently you experienced these characteristics the last week. Then following the scoring directions at the end of the self-test.

0=Never	1=Rarely	2=A Few Times	3=Somewhat Often	4=Often	5=Very Often
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Items About You

- _____ 1. I am happy.
- _____ 2. I find my life satisfying.
- _____ 3. I have beliefs that sustain me.
- _____ 4. I feel estranged from others.
- _____ 5. I find that I learn new things from those I care for.
- _____ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- _____ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- _____ 8. I have gaps in my memory about frightening events.
- _____ 9. I feel connected to others.
- _____ 10. I feel calm.
- _____ 11. I believe that I have a good balance between my work and my free time.
- _____ 12. I have difficulty falling or staying asleep.
- _____ 13. I have outbursts of anger or irritability with little provocation.
- _____ 14. I am the person I always wanted to be.
- _____ 15. I startle easily.
- _____ 16. While working with a victim, I thought about violence against the perpetrator.
- _____ 17. I am a sensitive person.
- _____ 18. I have flashbacks connected to those I help.
- _____ 19. I have good peer support when I need to work through a highly stressful experience.
- _____ 20. I have had first-hand experience with traumatic events in my adult life.
- _____ 21. I have had fist hand experience with traumatic events in my childhood.
- _____ 22. I think that I need to "work through" a traumatic experience in my life.
- _____ 23. I think that I need more close friends.
- _____ 24. I think that there is no one to talk with about highly stressful experiences.
- _____ 25. I have concluded that I work too hard for my own good.
- _____ 26. Working with those I help brings me a great deal of satisfaction.
- _____ 27. I feel invigorated after working with those I help.
- _____ 28. I am frightened of things a person I helped has said or done to me.
- _____ 29. I experience troubling dreams similar to those I help.
- _____ 30. I have happy thoughts about those I help and how I could help them.
- _____ 31. I have experienced intrusive thoughts of times with especially difficult people I helped.
- _____ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
- _____ 33. I am pre-occupied with more than one person I help.
- _____ 34. I am losing sleep over a person I help's traumatic experiences.
- _____ 35. I have feelings about how I can help the victims I work with.
- _____ 36. I think that I might have been "infected" by the traumatic stress of those I help.
- _____ 37. I think that I might be positively "innoculated" by the traumatic stress of those I help.
- _____ 38. I remind myself to be less concerned about the well being of those I help.
- _____ 39. I have felt trapped by my work as a helper.
- _____ 40. I have a sense of hopelessness associated with working with those I help.
- _____ 41. I have felt "on edge" about various things and I attribute this to working with certain people I help.
- _____ 42. I wish that I could avoid working with some people I help.
- _____ 43. Some people I help are particularly enjoyable to work with.
- _____ 44. I have been in danger with people I help.
- _____ 45. I feel that some people I help dislike me.

Adapted with permission from Figley, C.R., (1995). *Compassion Fatigue*, New York: Brunner/Mazel
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Continued

<http://www.isu.edu/~bhstamm/pdf/satfat.pdf> or <http://www.isu.edu/~bhstamm/satfat.htm>

Items About being a Helper and Your Helping Environment

- _____ 46. I like my work as a helper.
- _____ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- _____ 48. I have felt weak, tired, run down as a result of work as a helper.
- _____ 49. I have felt depressed as a result of my work as helper.
- _____ 50. I have thoughts that I am a "success" as a helper.
- _____ 51. I am unsuccessful at separating helping from my personal life.
- _____ 52. I enjoy my co-workers.
- _____ 53. I depend on my co-workers to help me when I need it.
- _____ 54. My co-workers can depend on me for help when they need it.
- _____ 55. I trust my co-workers.
- _____ 56. I feel little compassion toward most of my co-workers.
- _____ 57. I am pleased with how I am able to keep up with helping technology.
- _____ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- _____ 59. Although I have to do paperwork that I don't like, I still have time to work with those I help.
- _____ 60. I find it difficult separating my personal life from my helper life.
- _____ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- _____ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
- _____ 63. I have thoughts that I am a "failure" as a helper.
- _____ 64. I have thoughts that I am not succeeding at achieving my life goals.
- _____ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- _____ 66. I plan to be a helper for a long time.

Scoring Instructions

Please note that research is ongoing on this scale and the following scores should be used as a guide, not confirmatory information.

1. Be certain you respond to all items.
2. Mark the items for scoring:
 - a. Put an X by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.
 - b. Put a check by the following 16 items: 17, 23-25, 41, 42, 45, 48, 49, 51, 56, 58, 60, 62-65.
 - c. Circle the following 23 items: 4, 6-8, 12, 13, 15, 16, 18, 20-22, 28, 29, 31-34, 36, 38-40, 44.
3. Add the numbers you wrote next to the items for each set of items and note:
 - a. *Your potential for Compassion Satisfaction* (x): 118 and above=extremely high potential; 100-107=high potential; 82-99=good potential; 64-81=modest potential; below 63=low potential.
 - b. *Your risk for Burnout* (check): 36 or less=extremely low risk; 37-50=moderate risk; 51-75=high risk; 76-85=extremely high risk.
 - c. *Your risk for Compassion Fatigue* (circle): 26 or less=extremely low risk; 27-30=low risk; 31-35=moderate risk; 36-40=high risk; 41 or more=extremely high risk.

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Slide #49: Identifying Performance Issues

Identifying Performance Issues

If one of your workers is underperforming, what types of things do you first notice with their work that clues you into this?

Performance issues + client vulnerability = RISK

As we already discussed reduced work performance is often the result of burnout.



Activity Shout-out – ASK: If one of your workers is underperforming, what kinds of things do you first notice with their work that will clue you into this?

Possible answers: Lack of compliance with face-to-face response times; Worker failing to conduct monthly monitoring visits; Documentation completed late or incomplete; Worker's voicemail system is full; Worker not responding to emails; A high number of open clients on caseload; Absenteeism or excessive amount of time in the field.

Trainer to explain that work performance issues are particularly important to address with APS workers because we know that this means that APS clients are potentially at risk. Our client population is very vulnerable. A crisis may result for a client when a worker fails to follow up with that client or with a referral to an important support service. This could potentially turn into a liability situation for the county.

Slide #50: Managing Performance Issues Related to Burnout

Managing Performance Issues
Related to Burnout



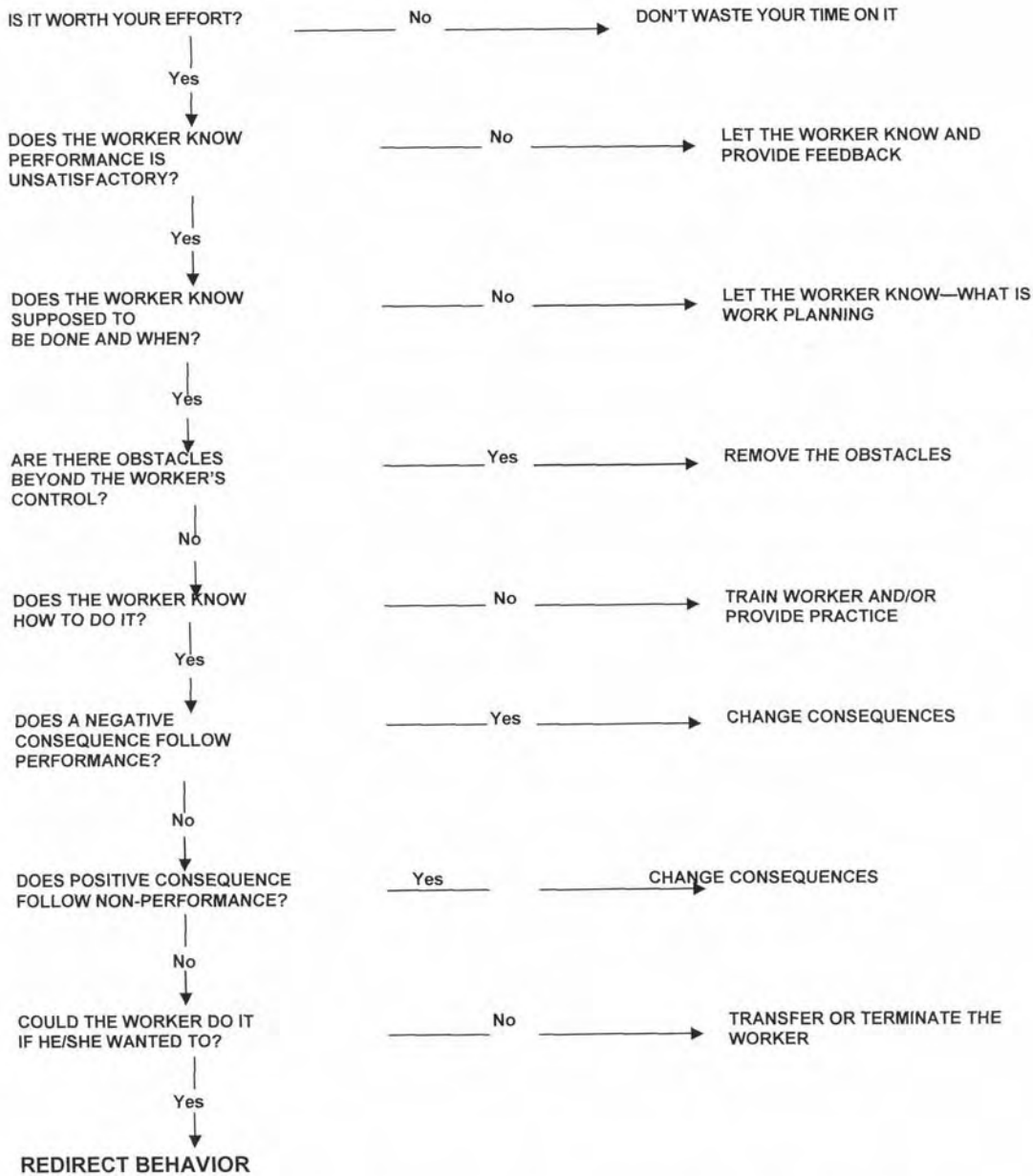
Of course none or almost none of our workers are ever 100% in compliance. So how do we know when we need to intervene?

Handout – Trainer to refer participants to *Framework for Analyzing Performance Problems* handout.

Review the handout with the participants and explain that this is a tool for assisting them to decide what type of intervention (if any) is required of the situation.

Framework for Analyzing Performance Problems*

IDENTIFY UNSATISFACTORY PERFORMANCE



* Fournies, F. (1987). *Coaching for Improved Work Performance*. PA: Liberty House.

PROVIDING EFFECTIVE FEEDBACK



TIME ALLOTTED: 40 minutes

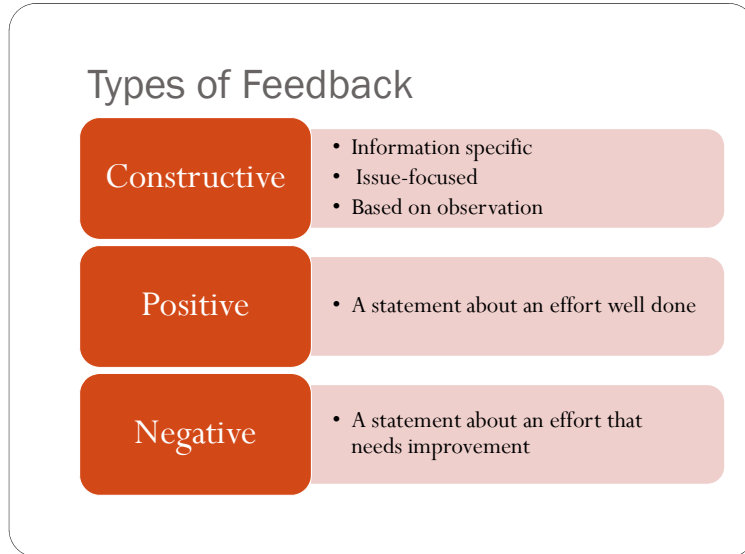
Slide #51: Elements of Effective Feedback

Elements of Effective Feedback



It is not sufficient for us to simply identify performance problems. In order to address them, we need to be able to provide our workers with feedback to help them understand what areas that need improvement and areas where they are currently meeting or even exceeding expectations.

Slide #52: Types of Feedback

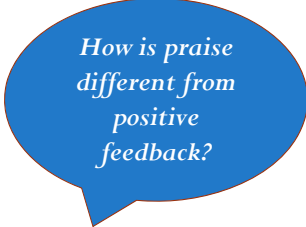


Types of Feedback

- Constructive – Information specific, issue-focused, and based on something observed.
- Positive – A statement about an effort well done
- Negative – A statement about an effort that needs improvement.


Slide #53: Types of Feedback

Praise vs. Criticism



How is praise different from positive feedback?

Praise is favorable judgment about an effort or outcome.



How is criticism different from negative feedback?

Criticism is negative judgment about an effort or outcome.

Activity time: up to 10 min



ASK: How is praise different from positive feedback? How is criticism different from negative feedback?

Answers:

- *Praise – Favorable judgment about an effort or outcome.*
- *Criticism – Negative judgment about an effort or outcome.*

Activity – *Feedback Statement Exercise.*

Refer participants to the *Feedback Statement Exercise* in the manuals. Participants to complete exercise with trainer as a large group.

Source: Foundations of Supervision - Getting Great Performance, pg. 22-24 Participant.

Feedback Statement Exercise

Trainer's Version

1. You did a great job with that case plan. Your objectives were right on target based upon the family's strengths and needs.

- A. **Constructive Feedback**
- B. Praise/Criticism

2. Great job on the Hernandez case. Really good work!

- A. Constructive Feedback
- B. **Praise/Criticism**

3. Way to go, Joe! Awesome job this week!

- A. Constructive Feedback
- B. **Praise/Criticism**

4. Here are my concerns about the work you did with the Barry family. I did not see that you contacted the case manager to coordinate your work.

- A. **Constructive Feedback**
- B. Praise/Feedback

5. You really dropped the ball the Sanchez case. I hope you do better next time.

- A. Constructive Feedback
- B. Praise/**Criticism**

6. What is going on with the Anderson case? I was very disappointed with your service plan?

- A. Constructive Feedback
- B. Praise/**Criticism**

Continued

7. Now don't take this personally. You failed to meet your face to face response times on the Williams case.

A. Constructive Feedback

B. Praise/**Criticism**

8. Great job working out the scheduling conflict with the other members of the intake unit! The way you facilitated the coordination was very skillful. You solicited ideas from the group and then you came to a joint decision.

A. **Constructive Feedback**

B. Praise/Criticism

9. You are a really good worker and I appreciate the hard work that you do.

A. Constructive Feedback

B. **Praise**/Criticism

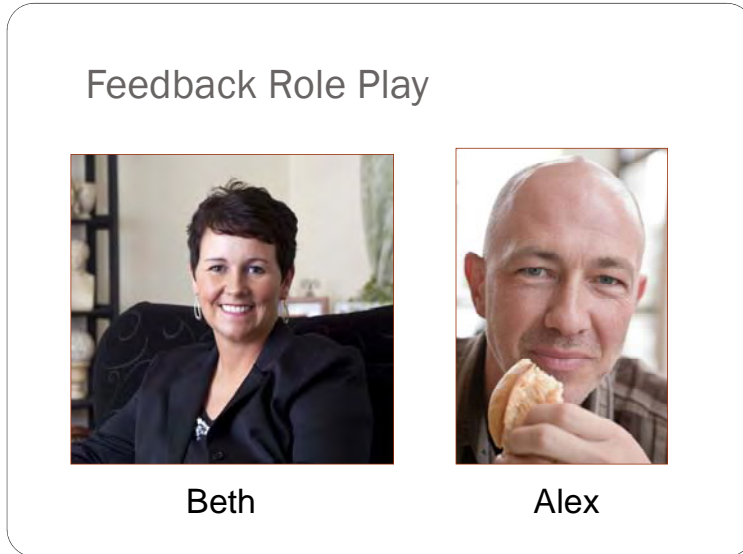
10. I am concerned about the way that you have been dividing your time with the clients on your caseload. For example, you have visited Ms. Lee six times in the past month and you have mentioned to me in supervision that you relate to her very well. You have also mentioned being frustrated with Mr. Parker and I noticed that you have not seen him in almost a month.

A. **Constructive Feedback**

B. Praise/Criticism

Adapted from Foundations of Supervision - Getting Great Performance, pg. 23-24

Slide #54: Feedback Role Play



Activity time: up to 25 min

Activity – Feedback Role Plays

Trainer to explain that the participants will now have a chance to role play providing effective feedback to an APS Worker who is demonstrating performance problems.

Participants break up into pairs. Each pair has two scenarios (located in their manuals). One is titled “APS Supervisor” and the other is titled “APS Worker”. Each sheet lays out a performance issue as seen from the perspective of the supervisor and the worker. The supervisor is given the task of providing feedback about the worker’s performance.

The trainer provides 2 minutes for the role plays. After the two minutes the worker and the supervisor switch roles for 2 minutes. After role plays give participants the opportunity to process with each other about how it felt to take on each of these roles.

Trainer will then lead a discussion about the feedback process with the whole group. Group process 10-15 min.

Supervisor Role

You are a Beth, a frontline APS supervisor and you will be meeting with Alex for one-on-one supervision. Alex has been an APS worker for almost ten years. He rarely consults with you about his cases and often will make up excuses to get out of meeting with you for his scheduled supervision sessions. You have noticed that he has made several angry comments against "management" at recent unit meetings.

You have been evaluating his work performance and you found that his overall caseload has grown by almost 50% in the past six months, and he is currently overdue on almost 30% of his face-to-face response times.

Your unit is understaffed by two workers because there has been a year long hiring freeze due to budget cuts and Alex, along with the rest of the unit, has been receiving more cases every month than was considered normal over a year ago.

APS Worker Role

You are Alex, an APS field worker and you will be meeting with your supervisor Beth for one-on-one supervision. You have been an APS Worker for almost ten years and you do not feel that you need to consult with Beth about your cases because you already know how to do the job. Over the past few months you have been really busy and as a result you have not been able to keep up with your work, but you feel like you still know how to manage these cases.

You feel that things have never been worse around the office and you are pretty fed up with all of the politics and constant budget cuts. You have more work than you ever have had and you do not feel that your supervisor or other managers have any idea how impossible it is to keep up. When you are out in the field you feel more relaxed because you enjoy meeting with clients and you feel good about helping them. But every time you come back to the office you feel tense again and it makes it hard to complete your documentation. You feel that staff meetings are a waste of time.

SUPERVISOR SELF CARE



TIME ALLOTTED: 30 minutes

Slide #55:

Supervisor Self-Care

- Why should supervisors provide for their own self-care?
 - Ethical responsibility
 - Meet the needs of team and clients
 - Model behavior for workers
- Survey – assess your own self-care effectiveness

Activity time: up to 15 min

Why should supervisors provide for their own self-care? Many supervisors may focus on the well-being of their team while neglecting their own needs and burnout issues. However, proper self-care is actually an ethical responsibility that supervisors must attend to in order to meet the needs of their team and APS clients.

Ethically, supervisors have an obligation to attend to their own self care. Neglecting self care needs has been shown to result in impaired professional functioning and this places the team and the vulnerable clients of the team at risk. It is also important that supervisors model this behavior for their workers.

Continued

Activity – A Survey: Assessing Your Success in Implementing Self-Care Strategies.

Participants to be given 5-7 minutes to individually complete the survey located in their manuals. Facilitator to reconvene group and ask participants to grade how well they are doing in tending to each of these aspects of self care. Facilitator to encourage participants to note where they have scored “better” (higher score) or “worse” (lower score). Group process for 5-10 min.

Sources: Barnett, J., Baker, E. Elman, N., & Schoener, G. (2007) In Pursuit of Wellness, the Self-Care Imperative. Professional Psychology, Research and Practice

Foundations of Supervision, Worker Well-Being, pg. 18 participant.

Survey: Assessing Your Success in Implementing Self-Care Strategies

Please complete the following questionnaire according to the following:

5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

Physical Self-Care

Eat regularly (e.g., breakfast, lunch, and dinner)

Eat healthy

Get regular medical care for prevention

Get medical care when needed

Take time off when sick

Participate in routine physical activity (dance, swim, walk, run, play sports)

Get enough sleep

Take vacations

Make time away from telephones

Other examples you use: _____

Psychological Self-Care

Make time each day for self-reflection

Write in journal

Read materials unrelated to work

Continued

- Do something at which you are not an expert or not in charge
- Pay attention to your inner thoughts – listen to your judgments, beliefs, attitudes, and feelings
- Routinely participate in a mentally stimulating activity – go to an art museum, read a book on a new subject, etc.
- Ask for and accept help and support from others
- Other examples you use: _____

Emotional Self-Care

- Spend time with others whose company you enjoy
- Stay in contact with important people in your life
- Give yourself affirmation or praise
- Identify and seek out comforting activities and relationships that may include people and/or pets
- Allow yourself to fully experience the “human condition” – cry, feel sadness loneliness
- Laugh every day
- Other examples you use: _____

Spiritual Self-Care

- Explore and make time for activities that are spiritually meaningful, such as meditation, time spent in nature, prayer, etc.
- Be open to inspiration
- Cherish your optimism and hope
- Find literature that brings a sense of inspiration, optimism, or hope

Continued

__ Other examples you use: _____

Workplace or Professional Self-Care

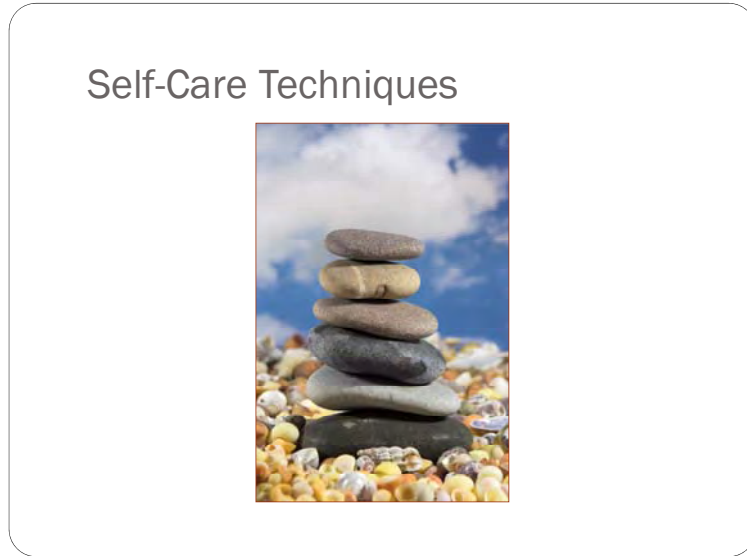
- __ Take a break during the workday (e.g. lunch)
- __ Take time to connect personally with co-workers
- __ Identify project or tasks that are exciting and rewarding
- __ Set limits on time spent with clients and colleagues
- __ Balance your workload (time with clients and paperwork)
- __ Arrange your work space so that it is comfortable and comforting
- __ Get regular supervision or consultation
- __ Other examples that you use:

Balance

- __ Strive for balance within your work-life and workday
- __ Strive for balance among work, family, relationships, play, and rest
- __ Other examples that you use:

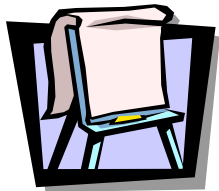
Adapted by David Conrad and Nancy McDaniel. Survey originally from Saakvitne, Pearlman, & Staff of the TSI/CAAP. (Norton, 1996). Transforming the Pain: A Workbook on Vicarious Trauma

Slide #56:Self-Care Techniques



Activity time: up to 15 min

Activity - Participants to divide into pairs. Each participant speaks for two minutes about ways that they currently attempt to provide for their own self-care.



Facilitator then will solicit a list from the participants regarding self-care techniques. Facilitator charts answers on behalf of group.

Activity – Deep Breathing Exercise. Facilitator to lead participants in Deep Breathing Exercise as a large group.



At completion of activity, ASK: “How do you think that you might be able to incorporate this exercise into your daily schedule?”

Activity (Optional) – Progressive Muscle Relaxation Exercise. Facilitator to lead participants in Progressive Muscle Relaxation Exercise as a large group.



After completion of exercise, **ASK:** for feedback about how any physical changes that they may have noticed as a result of the exercise.

Deep Breathing Activity

Note: This activity can be done with soothing instrumental music

You can become relaxed simply by becoming more aware of your breathing. To do this, find a quiet place and sit in a comfortable chair with your back straight. Your eyes may be open or closed. First, place one hand on your abdomen. Take a deep breath.

Does your abdomen move outward when you do this? If not, try it again. When we breathe only from our chest, we restrict our ability to relax. As you breathe in again, can you allow your abdominal muscles to relax? Try this a few times until it comes easily.

You are probably feeling more relaxed already. Now we are going to follow our breath for a short time. You may keep hand on your abdomen if you like, or not. Don't try to speed up or slow down your breathing. Just notice where you place your attention. Is it at your nostrils as the air moves in and out? Or is it at your nose or throat? Are you more focused on the expansion of your chest or your abdomen? There's no right or wrong way to do this.

You may find that you mind wanders away from your breathing. This is perfectly natural. When you notice that you're not paying attention to you to your breathing, Just bring your focus back to it. Continue to breathe naturally for a few moments.

You may be feeling even more relaxed now. Next, we are going to deepen the relaxation by deepening the breathing. When you breathe in again, make your abdomen go out a little further than normal. Take a few breaths like this while slowing your breathing slightly.

Now gradually go back to normal abdominal breathing. How do you feel? More relaxed and refreshed, calm, alert? Slowly take notice of the chair you're sitting in and your surroundings.

Practice this technique a number of times a day. When you're standing in line or taking a break or driving.

Continued

You now know a simple technique to let you relax any time you want.
This is the end of the deep breathing exercise.

Source: Kaiser Permanente – Relaxation Methods Deeping Breathing Exercise
<https://kphealthylifestyles.org/toolbox/videos.html?video=deep>

Progressive Muscle Relaxation (optional)

Note: This activity can be done with soothing instrumental music

Progressive muscle relaxation, or PMR, is a method for relaxing groups of muscles by tensing the muscles and then quickly letting the tension go. It helps you distinguish between sensations of tenseness and deep relaxation. Each muscle group is tensed for five to seven seconds then relaxed for 20 to 30 seconds.

Get into a comfortable position, either sitting or lying down in a quiet area where you won't be disturbed. You may feel better if you take off your shoes and loosen your clothing.

First, take slow deep breaths, making sure that your abdomen moves out every time you breathe in. Feel your body start to relax.

We're going to start with your feet. Move your toes toward your head and tense the muscles in your calves at the same time. Then let go. Now stretch your toes outward. And let go. Repeat these two movements.

Feel the looseness in your lower legs.

Next, tighten your buttocks and thighs. Hold for five seconds. And let go. Repeat. Let go.

Do you feel the difference?

Moving to the upper body, clench both your fists and bend the wrists backwards. Feel the tension in your forearms. Then relax. Repeat. Feel the looseness in your hands and forearms.

Now, bend your elbows and tighten your biceps for 5 seconds. And let your arms go. Do it again. Do your arms feel any different?

Next, bring your shoulders up to your ears, tensing the neck and shoulder muscles. Hold before relaxing. Then relax. Repeat. Notice the difference between tensing and relaxing those muscles.

Turning to your face. Wrinkle your forehead as hard as you can. Feel the tension all the way back into your scalp. Then loosen your muscles and let your forehead relax. Repeat. Feel the tension melt away.

Now frown and notice where you feel strain. Relax. And Repeat.

Next, squeeze your eyes closed as tight as you can. Relax, but keep your eyes comfortably closed. Then if you can, open your mouth wide and feel the tension in your face. Relax. Repeat these movements.

Notice the contrast between tension and relaxation. Now purse your lips and hold for five seconds. Relax. And repeat. Where do you feel the tension letting go?

Continued

Now focus on your chest and take in a deep breath. Hold your breath and feel the tension within your chest. Exhale and allow your chest to relax. Now breathe in a gentle way allowing your abdomen to expand with each in breath.

As you breathe comfortably, notice your muscles becoming more and more relaxed. Continue to breathe as freely and naturally as you can.

You can take this time to relax your muscles ever more. Go through your body from toe to head feeling your body loosen and let go of all the tension.

Relax your feet. Relax your ankles. Relax your legs. Let your thigh muscles go. Relax your buttocks. Relax your lower back and your shoulders and upper back. Relax your chest. Relax your hands and your arms. Relax your neck muscles and your scalp. Feel the warmth of relaxation coursing through your whole body. Relax your face muscles, your jaw, and forehead. Every time you take a breath, you're relaxing more and more. Continue to breathe slowly and deeply. Your whole body is loose, relaxed, calm, and rested.

Source: Kaiser Permanente – Relaxation Methods Progressive Muscle Relaxation
<https://kphealthylifestyles.org/toolbox/videos.html?video=prog>

Final Review/Evaluation



TIME ALLOTTED: 15 minutes

Slide #57: Final Review

Final Review

- Name the 3 's of Risk Assessment:
 - Soon
 - Severe
 - Sure
- What local partner agency will you approach to develop a collaborative relationship?
- Name one new technique or strategy you will implement to care for your workers.
- Name one new technique or strategy you will implement for your own self care.

Facilitator to review Learning Objectives with whole group:

- Demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.
- Train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.



ASK group to define the three S Risk Assessment model. Click to have Soon, Severe and Sure come up one at a time

- Describe how interagency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.
- Demonstrate techniques to recruit one new, multi-disciplinary partner.



ASK participants what local partner agency they plan to approach with goal of developing collaborative relationships.

- Practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.
- Practice self-care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.



Trainer to conduct a round-robin and ask participants to state one new technique or strategy that they will implement in order to care for the needs of their workers, as well as one technique to provide for their own self-care.

Slide #58: Evaluations

Evaluations



Thank you for your participation!

Trainer to answer remaining questions, thank participants for their energy and participation, and encourage them to complete their training evaluations.

Optional Evaluation Activity: Transfer of Learning Action Plan – see handout entitled *TOL Action Plan*

TOL Action Plan

Transfer of Learning: *Ways supervisors can prepare for the training and then utilize knowledge and skills acquired during the training on the job.*

At the end of the training, develop an action plan outlining how you will help yourself and your workers manage heavy caseloads based on the information you learned in the training (e.g. help workers with time management, clarify response time criteria, organize your workspace, etc.).

We will send you your action plan and brief survey via email in 3 months so you can check your progress and resulting outcomes. The survey data will be used to assess training content efficacy and skill transfer.

Please Note: No one will review your individual action or hold you accountable for the results. The action plan is strictly a learning plan for you.

Please print:

Participant Name:	Email:

Action Item #1:

Action Item #2:

Action Item #3:

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