Module 16

The Initial Investigation: Taking the First Steps – Susan Castano

The Topic:

The first steps in the APS investigation are very crucial. A skilled worker can set the stage for a successful 1st interview and can obtain essential information which will assist in the investigation. Even if your workers do not take the initial intake information, they often follow up with the referral source and must evaluate the information received, contact collaterals, determine safety concerns, and use "at the door" skills to facilitate access and building rapport.

By the end of this training, participants will be able to:

- Define intake and describe the goal of the intake process
- Describe interviewing, communication, and rapport building strategies which would lead to a comprehensive intake interview with a reporter
- Identify collaterals and other information that would assist in preparing for the initial visit
- Evaluate information received in initial report to determine if statutory requirements are met
- Describe safety precautions that can be taken in preparation for the initial visit including when it is appropriate to contact law enforcement
- Demonstrate rapport building strategies with the client at the door
- Discuss methods of dealing with client's resistance to access
- Demonstrate techniques for interviewing suspected abuser
- Assess potentially dangerous situations in order to remain safe and discuss ways to deescalate these situations should they arise

Supervisor Activities:

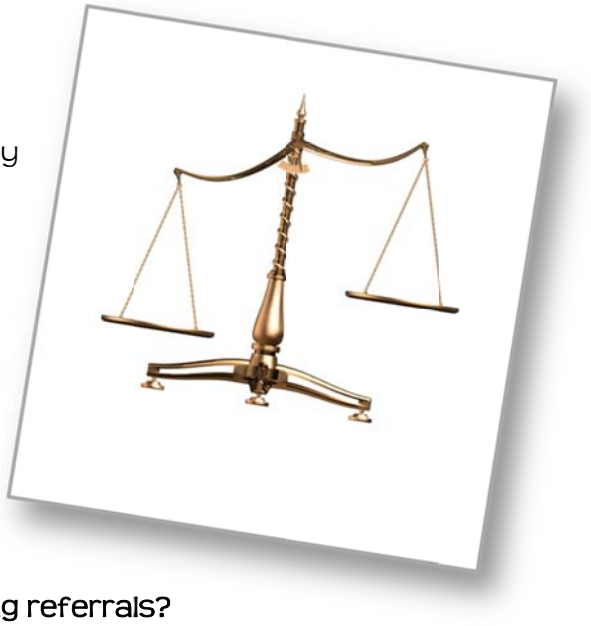
The following pages contain a variety of activities that may be used with new workers and processed in individual or group supervision. Please read the Initial Investigation Trainer's Manual as it will give you a wealth of didactic material and resources to support these activities

Selected Readings:

Bender Dreher, Barbara. Communication Skills for Working with Elders. Springer Publishing Company (New York, 2001)

Nelson, Gary "Access and Intake" from The Field of Adult Services: Social Work Practice and Administration NASW Press (Washington, DC, 1995). Pp.57-69.

On the Job Training:
Define intake and describe the goal of the intake process



Receiving APS referrals is done differently in different jurisdictions. To acquaint your new workers with the intake goals and process in your particular agency, have them research the following using the worksheet provided and set a time to meet with them so they can present their answers to you and you can discuss them. To do this research, they should read the law/regulations, policy manual, obtain the forms, interview workers who receive referrals,

1. **What does the APS law say about receiving referrals? How is intake defined?** (*Who is responsible? What are the time frames? What is the legal framework around anonymity, confidentiality, reporting mandates?*)

2. **How are reports received in your agency?** (*centralized statewide, special unit within the agency, assigned worker, rotating responsibility among staff, etc)*

3. **What forms are used for the intake process and what information is obtained?** (*Even if intake is done by others outside of APS, new staff should become familiar with the setup and forms that are used.)*

4. **If intake is done outside your unit, how are cases assigned and what is the responsibility of the assigned worker regarding the initial information and reporting party?**

5. **The following are the goals of the intake process. For each one, explain the most effective way to reach the goal.**

    - **Set the tone for an introduction to the agency and the program**
    - **Obtain the most relevant information on the situation**
    - **Determine if the situation meets the criteria for APS investigation**
    - **Provide clear explanations to the reporting party**

Describe the Intake Process Worksheet

Research the intake process by reading the law/regulations, policy manual, obtaining the forms, and interviewing workers who receive referrals, and then answer the following questions:

1. **What does the APS law say about receiving referrals? How is intake defined?** (*Who is responsible? What are the time frames? What is the legal framework around anonymity, confidentiality, reporting mandates?*)

2. **How are reports received in your agency**

3. **What forms are used for the intake process and what information is obtained?**

4. If intake is done outside your unit, how are cases assigned and what is the responsibility of the assigned worker regarding the initial information and reporting party?

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    - Set the tone for an introduction to the agency and the program

    - Obtain the most relevant information on the situation

    - Determine if the situation meets the criteria for APS investigation

    - Provide clear explanations to the reporting party

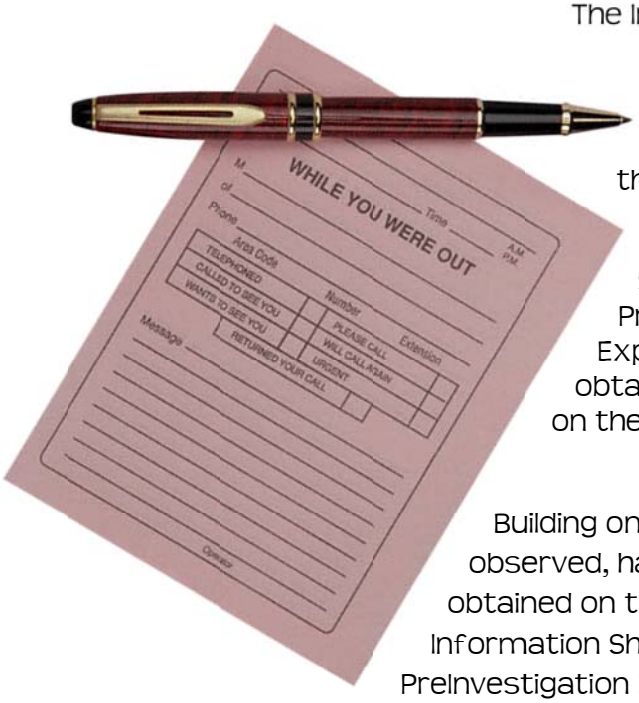
Shadowing Followed by Questions for Discussion: Describe interviewing, communication, and rapport building strategies which would lead to a comprehensive intake interview with a reporter

If intake is done in your agency, have new worker observe 3 different intake interviews, preferably by 3 different individuals. If it is possible, have intake worker use a speakerphone so that new worker can hear both sides of the conversation. Have them pay attention to the following:

- Communication and listening strategies and skills (*open ended/closed ended questions, listening to report carefully and asking guiding questions, being empathetic, not interrogating or confronting, putting reporting party at ease , etc.)*
- How did the intake worker show empathy? (*respond to possible fear, frustration, confusion, shame, unrealistic expectations*)
- How terms were clarified (*if reporting party uses words such as "crazy" or "demented" or "abusive", how did intake worker get an understanding of the behaviors or observations or facts?)*
- What kind of language was used by the intake worker? (*non-threatening, nondefensive, and non-inflammatory language, avoiding lingo and acronyms, explaining terminology)*
- How was the reporting party explained about the APS program? (*Responsibilities and limitations, investigation process, confidentiality, self-determination, etc?*
- If situation required referrals to other agencies, how was that done?

In supervision, discuss each of the intake observations and the styles of the workers. Ask what the strengths were and suggestions that might have made the interview(s) more successful. Discuss some of the challenges of dealing with a reporting party and what new workers learned from these observations.

Alternative Activity: If intake is NOT done within your agency, have worker observe a coworker following up with a reporting party for more information and clarification.



Written Activity: Identify collaterals and other information that would assist in preparing for the initial visit

Share the Handout # 1: Intake Information Sheet. Provide worker with 3 copies of each handout. Explain that this is a guide/checklist to help workers obtain as much information as possible before going on the initial visit.

Building on the last activity, for each of the 3 initial reports observed, have new workers check off the information obtained on the initial intake interview on the Intake Information Sheet. Review with them the module sections on PreInvestigation Investigation and PreService Service Planning. Then have them develop a list of who they might want to contact or what further information they might need before making the initial visit. They may develop a list of questions that would need to be answered in order to decide if the case situation meets the criteria for APS investigation

Alternatively, have them read the following intake information and develop the same kind of list.

Referral from Discharge Planner:

Mary Jones, age 80, lives alone. She has diabetes and is non-compliant with her diet. She has difficulty ambulating due to amputation of 2 toes. She was hospitalized due to a fall and insisted on going home. She has lived in this home for 50 years and used to be active in the community but is pretty isolated. She has a daughter who lives an hour away and has a strained relationship with her mother. She also has a son who stops by but his involvement is inconsistent. He has been in jail on drug charges and works intermittently. Ms. Jones used to get home delivered meals but prefers to order takeout from the pizza shop. She has been involved with other community agencies in the past, but does not feel that they have helped her. She is described by the discharge planner as "difficult."

What is your gut feeling about this situation?

Who might you want to contact?

What information might you want to know before meeting Ms. Jones?

What support might you need?

Intake Information Sheet: Getting the S.T.O.R.Y.

SPECIFICS

_____Name, Address, Phone

_____Directions and Location

_____Age, impairments which may affect initial contact

_____Household composition

_____Environmental issues (dogs, cats, etc) which may affect initial contact

_____Safety Issues which may affect initial contact

TALE

_____Allegations and clarification of details

_____History

_____Witnesses

_____Victim Abilities: ADL, IADL, medical and cognitive issues

_____Ability to protect self

_____Guns, drugs, law enforcement involvement

_____Environmental concerns/dangers

OTHERS

_____Relatives, Friends, Neighbors

_____Medical, Mental Health, Recent Hospitalizations

_____Other agencies

_____Income/Source

_____Attorneys, Bankers

_____Health/housing inspectors

REPORTING PARTY

_____NAME, ADDRESS, TELEPHONE

_____REQUESTS ANONYMITY

_____EXPECTATIONS

_____PERCEPTION OF IMMEDIATE RISK

_____PERCEPTION OF CLIENT'S ACCEPTANCE OF HELP

YES, or NO

_____CASE ACCEPTED FOR APS EVALUATION

_____CASE NOT ACCEPTED

_____REFERRALS MADE

Role Play:

Evaluate information received in initial report to determine if statutory requirements are met

Discuss with the new worker the statutory requirements for an APS investigation. Use the law and your regulations and give them case examples of cases that would definitely be accepted for investigation and others that would not meet the criteria. For cases that would not meet your APS criteria, discuss the options they might share with the reporting party (referrals to other agencies or disciplines). Depending on the outcome of the role play that follows, you may also want to discuss ways of telling the referring party that the case is not APS and preparing workers for the possible fallout.

Now that the worker has observed the initial interview and developed a list of questions to obtain more information, give them the opportunity to practice an interview with the reporting party. The worker has worked on questions for 3 initial investigations. Choose one that you believe will work the best as a role play.

You (the supervisor) will take the role of the reporting party, responding to the questions and the interviewing skills of the worker. You will have to "make up" answers depending on the questions posed to you. Use the "persona" or role as a guide, but listen and respond to the type of question and the way it is posed to you. Challenge as much as you feel necessary to test their abilities. Make sure you understand what is going to happen as a result of your referral.

The new worker will conduct the interview, using the STORY format and seeking the information that worker has identified as necessary to determine if the case meets the criteria for APS investigation. Make sure the worker reviews the communications and listening skills discussed in doing a successful intake interview. It is important that the worker NOT just bombard you (the reporting party) with questions, but that they remember to use empathy, clear language, and a non-defensive, non- accusatory stance. Also remind the worker that at the end of the interview, she/he must be clear with the reporting party as to what happens next.

Discussion Questions Individual or Group:

Describe safety precautions that can be taken in preparation for the initial visit including when it is appropriate to contact law enforcement

Workers must always consider issues of safety when conducting initial investigations. Strategies can be used to keep clients, family members and workers safe. These strategies begin with preparation for a home visit and include environmental and interpersonal awareness as well as verbal and non verbal techniques to de-escalate tense situations. A risk reduction plan allows the worker a measure of confidence in assessing safety related issues so that the main focus of a visit can center on the needs of clients and their families. Guidelines are offered with the recognition that workers must assess the validity of a particular suggestion based on the individual circumstance they are dealing with.

APS workers approach their work with elders and their families from a client-centered perspective that is based on human relationships, positive regard, empathy and a belief in the possibility for change. This approach to working with elders includes a responsibility to and respect for the client, honoring client dignity, and developing plans that are client-directed. Keeping this framework in mind helps to establish safety strategies that are driven, not by suspicion, but by awareness and a desire to maintain a safe environment for everyone involved.

Share Handout "Planning for Safety". Share any agency policies relating to safety. It is also important for them to know that you and the agency care about their safety. Use the following questions to help workers identify safety precautions they can take and to help them feel safer in the field. Pose these questions in a unit meeting so more experienced workers can share their strategies. After the discussion, share Handout "Safety Tips for Home Visits".

- What precautions can you take before you leave the office? (*leave your itinerary with ETAs with supervisor/coworkers, make sure you have your cell phone charged*
- What are some ways to protect yourself in your car? (*know where you are going, have good directions, do not open your window*
- How can you find out about the neighborhood? (*talk to coworkers, police, other agencies)*

- When you get near the home, what should you do? (*park where you can get out quickly, check for people going in or out, check for unusually smells*)

- What if you feel afraid? (*Leave. They don't pay you enough*)

- When would you involve law enforcement at the first visit? (*weapons in the home, when a crime has been committed, active violent behavior, or acute mental illness where there is danger to self or others, previous experience of other professionals with the client or the area, recommendation by law enforcement or agency attorney or supervisor)*

- What may be the disadvantages of involving law enforcement on the first visit? (The initial visit is one that should build trust with the client. A police presence may induce fear and suspicion. It may make it difficult to explain the helping nature of the APS relationship. One way to mitigate the disadvantages of having law enforcement along for the first visit is to meet with the officer beforehand to get on the same page regarding who is leading the investigation and what outcomes are expected.

- What might some alternatives to involving law enforcement? (*Meet client at a different, safer location, visit when alleged perpetrator is known not to be home, go with another worker, go when the home health aide or another service provider is present)*

PLANNING FOR SAFETY

Before the Visit

1. Safety Assessment - Prior to a visit
    a. Accept responsibility to plan for safety - risk exists
    b. Learn about the home environment and neighborhood
    c. Review client files to determine potential risks

2. Develop a Safety Action Plan
    a. Know agency protocols
    b. Conduct visits with a co-worker or law enforcement when appropriate
    c. Think through scenarios and outcomes from similar visits and adapt plans accordingly
    d. Consult with a supervisor, if needed
    e. Post a schedule of your home visits with addresses and phone numbers
    f. If the schedule changes let someone at the office know about the change.

During the Visit

1. Safety Assessment
    a. Notice the neighborhood environment and make a plan of action for entering and exiting your destination.
    b. Notice the home environment
    c. Be aware of who is in the home or may be coming to the home
    d. Pay attention to your intuition and "gut level" feelings. These are often the first warning signs of danger. Leave if you feel threatened even if "nothing happened". You can always come back later with a co-worker or law enforcement.
    e. Be aware of cultural biases, stereotypes and prejudices that may impact judgment
    f. If the client or someone in the home denies access, or is threatening and angrily demands that you leave, you should leave immediately. If you feel the client is endangered, return later with law enforcement assistance.

2. A word of caution - don't get carried away
    a. Most families are not a threat
    b. Safety assessments and action plans are useful because they promote awareness and reduce fear so workers can focus on helping.

(Children's Services Practice Notes. Vol.3,No.2, July 1998.)

SAFETY PLANNING TIPS FOR HOME VISITS

Scheduling

- Go early in the day to high-crime neighborhoods,
- Schedule the most challenging case first ,
- Know perpetrator's schedule,
- Know when home health aide is at the house,
- Know client's schedule (day program, senior center, ongoing medical treatment.

Communication

- Leave your schedule with supervisor and coworkers
- Discuss emergency signal plan with supervisor or coworkers
- Have emergency numbers available
- If meeting law enforcement, wait for them to arrive
- If a client or someone else in the home denies access, or is threatening and angrily demands that you leave, you should leave immediately. If you feel the client is endangered, ask for law enforcement assistance and return later. with them.
- Be alert and aware of what is occurring, such as verbal and non-verbal communication, level of tension, etc. Keep in touch with your intuition and "gut level feelings". If you start feeling nervous or afraid, even if "nothing happened", make an excuse and leave. Come back later with another APS worker.

Car / Travel

- Use county car when possible to avoid hostile clients learning your license plate number or damaging your car
- Have your insurance # and AAA # handy
- Keep maps in car; know where you are going. Avoid wandering on foot through rough neighborhoods or apartment complexes looking for the client's residence.
- Have a full tank of gas; make sure spare tire is in good repair; make sure you have a blanket, jumper cables, water, shovel
- Lock doors and windows.
- Don't open window more than 2-3 inches to talk to strangers.
- Carry keys in your hand. Have extra car door key separate from other keys.
- Choose a safe path to your car.
- Make sure valuables are not visible – lock them in the trunk when you leave.
- If you think you are being followed, drive to the police or fire station or to a public building

Tools/Dress

- Flashlight
- Cell phone (fully charged)
- Whistle
- Hand cleaner gel
- Dog biscuits
- Dress practically and sensibly.
- Maintain a low profile.
- Leave jewelry at home. Take only what you can afford to lose.
- Carry a shoulder bag rather than a purse – secured between your arm and body
- Keep hands free - no unnecessary parcels or bags

Practice/Transfer of Learning:

Demonstrate rapport building strategies with the client at the door

This activity assumes that new worker has already experienced training in professional communications skills. You, the supervisor, will be the client at the door. The new worker's task is to introduce herself at the door. The worker's job is **ONLY** to introduce her/himself (name, agency) at the door and make the client feel comfortable with her/his presence. *Worker does NOT gain access, do an assessment, or provide any specific service!!!*

Client: LaVerne Williams
The client is 82 years old, frail, and a little suspicious. She has been told not to open
the door to strangers because the neighborhood has been deteriorating. Her neighbors have been robbed and she feels that anyone coming to her door must have an ulterior motive. She is very fearful that someone will come and take her from her home.

Please play the role with conviction and resistance so the worker must use her/his skills. Give the worker 5 minutes for the introduction and then discuss the following questions:

- As the worker, how did it feel to be met with resistance?
- As the client, how did it feel to have a stranger come to the door?
- How did you (the worker) identify yourself? Did you show an ID? What kind of opening statement did you have? How did you address the client (first name, Mrs._____,)?
- How did you (the client) respond to the introduction? Was there anything the worker could have done differently that might have put you at ease?

Explain that this was a learning experience and that they may be met with a variety of emotions/behaviors at the door. Go over the following important points asking for their input before you give them the answers:

Respect: Do not address client by her first name. Perhaps at a later time, the client will share her preference with you and ask that you address her more informally. We must be careful not to patronize or infantilize our clients.

Professionalism. Be prepared to show an ID and to explain in a clear and simple way what agency you represent. Because of the difficult nature of the visit, you want to take your time, always be pleasant, and try not to be too "official" at the door.

Preparation: "communication statements" may be helpful.

- Universalizing: "We frequently find that seniors aren't aware of the many
  services that are available to them"
- Empathizing: "I understand your reluctance and realize that it must not be easy
  letting a stranger into your home."
- Credentializing: "I/We have been doing this work for a while and believe we may
  have something to offer you that may make your life a little easier."

- Clarifying: "I hear that you have some concerns about what's going on, and would like to talk about it with you, but not at the door where your neighbors may see us…"

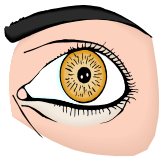
Minimize explanations at the door: The client may be suspicious of your reasons for the visit and want to know who sent you. Most times you will not be able to answer that question directly due to confidentiality. Try to minimize the need to answer WHO but emphasize the WHAT and the HOW: what is happening and how you can you help.

Non-verbal behavior: This includes such qualities as confidence, strength, experience, being non-judgmental, warmth, acceptance, sensitivity, calm demeanor.

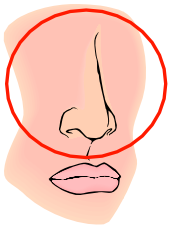
Written Exercise: Discuss methods of dealing with client's resistance to access

It is important that workers use all their senses when trying to gain access to a client. Have new worker write all ways that might help them gain rapport/access while remaining safe. Some general category answers for supervisors in *italics.* There may be more which you can add in your discussion with new worker.

Ears (listening skills): (*tone of voice that might indicate emotional stress or mental illness, client's perception of situation, client's need to vent, workers own internal voices which may communicate her/his discomfort to the client, worker's attentive body posture)*



Eyes (observation skills): (*engagement clues such as garden, flowers, photos, pets, hobbies, handcrafts, or food, non verbals in client which may indicate stress, fear, hostility, or mental illness, medical cues such as prescriptions and OTC meds, environmental cues such as condition of home, fire hazards, etc.)*



Smell: (*gas, animals, waste, incontinence, alcohol*)

Touch (*handshake, environment)*

Gut (*danger, either from the client, or from someone inside the house that you cannot see, or from the inside environment, you may decide to begin the interview out on the porch. You also may decide to return with a coworker or with other backup*

Transfer of Learning:

Identify collaterals and other information that would assist in preparing for the initial visit, Evaluate information received in initial report to determine if statutory requirements are met, Describe safety precautions that can be taken in preparation for the initial visit including when it is appropriate to contact law enforcement, Demonstrate rapport building strategies with the client at the door, Discuss methods of dealing with client's resistance to access

As a Transfer of Learning, assign a new case to worker. Have her/him do an initial visit and document the following:

- What were my first thoughts/gut reactions to the initial information/situation?

- What did I do to prepare for the visit?

- What kind of information did I obtain before the first visit?

- What kind of safety precautions did I take?

- How did I introduce myself and make the client comfortable at the door?

- How did I deal with resistance or other emotions at the door?

- What did I learn from this... and what might I do differently next time?

Case Vignettes: Discuss methods of dealing with client's resistance to access

If new worker has NOT taken the in-class module, you may use these case vignettes

Taking Emergency Measures: Yes or No

Vignette #1: Mrs. Polanski

Referral Info: Report from neighbor. Mrs. Polanski, age 72, lives with her husband who is her primary care provider. Mrs. Polanski is described as severely depressed. Reporter states that Mrs. Polanski is approximately 5'0" tall and weighs 300 lbs. Allegations: Mrs. Polanski was not eating properly and refused to exercise. She has leg sores and retention of water, and is bed-bound. Neither Mr. nor Mrs. Polanski seems to do anything about her physical and mental health. The home is described as piled with trash and large amounts of junk." The neighbors have not seen the Client for two months.

Initial Visit: The APS worker arrived at the referral address at around 11:00 a.m. The exterior of the house was in disarray and in disrepair. An old Volkswagen Rabbit, its interior crammed with personal effects, was parked in the driveway. An old, apparently non-working, refrigerator was stacked by the front door. The blinds were shut, the worker unable to peek into the house.

The worker knocked on the door numerous times, but there was no answer. The worker went around the house to a bedroom where the client could be. The worker knocked on the bedroom window, but still there was no answer. The worker then phoned the home, and Mrs. Polanski answered. She said that she heard the knocks, but that she was "in no mood to answer." Initially, the client appeared upset that the social worker came by unannounced. Five minutes into the phone conversation, the client's voice turned into a soft, agreeable tone, as the worker explained the reason for her being there unannounced. The client said that she was unable to get up from the bed, but insisted that she was doing fine. The client admitted that she was home by herself, and that her husband was at work. The client said she had not eaten, but that she was neither hungry nor thirsty. The client said that she was being cared for by her husband, and refused the social worker's entry. The social worker could smell urine emanating from inside.

- What is the risk?
- How great is the risk?
- Is there a need for emergency intervention?
    - If so, what emergency intervention is appropriate and available? How would you initiate that
    - If not, what would your next step(s) be?

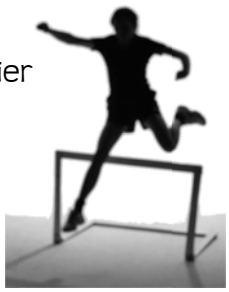
Vignette #2: Vong Nguyen

Referral Info: Report from Head Nurse at Rehab Center. Client is 90 year old with moderate dementia and a stage 2 bedsore, recovering from a hip fracture. His 100 days under Medicare were up and he wanted to go home. Son, who lives an hour from Mr. Nguyen, removed him from the facility, brought him to his own apartment, and arranged for care to be provided between family members and some hours of paid home health care. Client was determined to need care 24/7. Client reported to be very frail, difficulty ambulating, and fearful of strangers. His knowledge of English is limited. Reporter is concerned that the plan would not work and that client would be left alone.

Initial Visit: APS Worker makes unannounced visit and but nobody answers the door. Worker contacts son who explains that it is difficult keep a home health aide because of the language barrier and because of his father's difficult behavior. He says he will call his father and explain that worker will be coming back the next day, and says that he will have his wife drive there and be at the home. Worker returns the next day at the arranged time, but nobody is there to let him in. Client is viewed through an open window, appears to be in bed sleeping. Worker knocks on the window but client does not respond, although he appears to be moving around. Worker dials the client's phone... but he does not answer it. Worker calls the son again and gets his voice mail.

- What is the risk?
- How great is the risk?
- Is there a need for emergency intervention?
    - If so, what emergency intervention is appropriate and available? How would you initiate that?
    - If not, what would your next step(s) be?

Awareness Exercise: Discuss methods of dealing with client's resistance to access



In a large group if possible, do the Beware/ Be Aware exercise. This exercise will stimulate discussion and will point out some of the barriers to building rapport with clients. Ask the group what the barrier is and what some alternatives might be. Guided discussion is in italics. *Ask: Why could that statement be a rapport-breaker?* We need to be aware of the loyalty and love that a parent feels for the child, even if we perceive (or the evidence shows) that this child is an abuser or exploiter. In general, we want the client to come to her own conclusions through exploration and discussion.

Beware/Be Aware

1. "The place was so dirty I was grossed out afraid to sit down." *(Ask: Have you been in this situation? How have you handled it? There are times when the environment is less than stellar. And we all have our own standards and tolerance of different levels of hygiene. We must be aware that this is the client's home and she may not see the environment the same way we do. If she senses that we are uncomfortable or grossed out, it may be harder to build trust. Ask: what alternatives do you have? Sit on your notebook; say that you have been sitting for a very long time in the car)*

2. "The client didn't seem to understand that much English so I had to really yell."(*Ask: What is insensitive about that statement? Just because an individual has difficulty with the language does not mean that they are hearing impaired. Yelling will not help them understand you. It is better to speak in a normal tone of voice, speaking a little more slowly perhaps and more clearly. Seek clarification of meanings. Use paraphrasing, perception checking, and tactful probing questions. Beware of using slang and acronyms and have patience!)*

3. "The client speaks only Polish so I found a woman who was cleaning the apartment next door and asked her to translate." *(Ask: Was that the best choice of interpreter? Why? What other choices would you have? We must be aware of individual's right to privacy- and that sharing personal information with a stranger may make the client feel uncomfortable. It is preferable to use someone who the client knows and trusts...or a professional interpreter with whom your agency contracts#)*

4. "So I told her that her son was no good and she should just kick him out. " (*Ask: Why could that statement be a rapport-breaker? We need to be aware of the loyalty and love that a parent feels for the child, even if we perceive (or the evidence shows) that this child is an abuser or exploiter. In general, we want the client to come to her own conclusions through exploration and discussion.)*

5. "I got out my binder and started writing everything she told me and she got so upset." *(Ask: how can you do this without causing anxiety in your clients? Are there other ways you can take notes besides in front of the client? Possible answers asking permission, explaining that it's hard to remember everything and what you are writing will help you get her the help she needs, writing your notes immediately after the visit, etc. If you take notes during the interview, ask permission and explain why note taking may be necessary. Maintain eye contact as much as possible and try to be inconspicuous. Be aware that you are in the client's home and that she/he might not understand what information you are writing and for what purpose.)*

6. "She offered me coffee but I told her we were not allowed to accept anything from clients." (*Although accepting gifts from clients is not acceptable, we need to be aware of the motivation behind the offer. Is the offer of coffee (or food) part of a cultural expression? We also need to be flexible and use our best judgment).*

7. "He refused to help his wife… said cooking was woman's work. (*Ask: is somebody's buttons being pushed here? Is this a value judgment? How will that attitude help her help this couple? We must be aware of our own biases and feelings and take into account generational and cultural differences. If you want to help the wife, you will have to engage the husband at some level.)*

8. "He wouldn't even look me in the eye. I know he isn't telling the truth." *(Ask: What do you think about that? Are there other reasons that a person wouldn't look you in the eye? Possible answers: cultural differences, medical or psychiatric conditions, shame or embarrassment. We must beware of jumping to conclusions before we have all the facts. We also must become culturally sensitive and be aware of medical and psychiatric conditions that impede communication.)*

Role Play: Demonstrate techniques for interviewing suspected abuser

Share Handout "Interviewing the Alleged Abuser: Initial Questioning". Using Handout "Meeting the Alleged Abuser: Communication Busters" as your guide, do a reverse role play.

- Supervisor plays the worker and reads the statement from the handout.
- The new worker responds as the suspected abuser…
    - What did that statement feel like to the suspected abuser?
    - How might it affect the rapport/communication with the suspected abuser?
- The new worker suggests alternatives that would not hurt the communication process (Alternative questions are provided after the handout).

Interviewing the Alleged Abuser: Initial Questioning

Start slowly and generally:

"Thank you for waiting while I interviewed your mother. I need your help – I'm trying to determine her situation so we can see what services are appropriate at this time. I would like to spend some time with you so you can tell me your perception of how things are here."

"Tell me what you want me to know about your mother."

"What is her medical condition? What medicine does she take?"

"How involved are you with your mother's everyday activities and care?"

"What do you expect her to do for herself?"

"What does she expect you to do for her? Do you do those things? Are you able to do them? Have you had any difficulties? What kind?"

"Please describe how you spend a typical day."

"Do you have any supports? Are there siblings who help?"

"What responsibilities do you have outside the home?

Use client-centered questions.

If alleged abuser becomes defensive, thank him/her again for being so cooperative and providing this important information

Save most sensitive questions for last

"You know those bruises on your mother's arms? How do you suppose she got them?

"Your mother seems quite thin. How do you think she got that way?"

Adapted from Quinn and Tomita, Elder Abuse and Neglect: Causes, Diagnoses, and Intervention Strategies Springer (New York, 1986)

Meeting the Alleged Abuser: Communication-Busters!

Read the following APS worker to alleged abuser statements. Discuss what might make the statement a communication-buster and rewrite the statement making it a communication-opener.

1. I understand you've been leaving your mother alone at night while you go to the bar.

_____
_____
_____

2. We received a report that said you are living off your mother's social security checks.

_____
_____
_____

3. The law states that we need to see your mother. If you don't cooperate, I'll come back with the police.

_____
_____
_____

4. Your mother says that you don't shop for her and she is always hungry.

_____
_____
_____

5. Your husband told me you hit him with your cane. The poor defenseless man is in a wheelchair. How can you do such a thing?

_____
_____
_____

6. My job is to investigate allegations of abuse, neglect, and exploitation of elderly people. Are you the one caring for your mother?

_____
_____
_____

Alternate questions:

1. I understand you've been leaving your mother alone at night while you go to the bar.

What kind of supervision does your mother require?
Tell me a little about your responsibilities with your mother.
When do you get a chance to have time for yourself?

2. We received a report that said you are living off your mother's social security checks.

How long have you lived with your mother?
Are you working at the moment?
How long have you been out of work?
How do you support yourself?

3. The law states that we need to see your mother. If you don't cooperate, I'll come back with the police.

I know it must be difficult having a stranger in your home.
My job is to see what I (our agency) can do to make things easier for you and your mother.

4. Your mother says that you don't shop for her and she is always hungry.

Please tell me about your mother's eating habits.
Who does the food shopping?
Does your mother have a special diet?

5. Your husband told me you hit him with your cane. The poor defenseless man is in a wheelchair. How can you do such a thing?

How long has your husband been using a wheelchair?
How is it for you to take care of him now that he is in a wheelchair?
What kind of care does your husband need?

6. My job is to investigate allegations of abuse, neglect, and exploitation of elderly people. Are you the one caring for your mother?

My name is_____ and I work for _____agency. Our agency provides services to older people who might need some extra assistance.
We find that caring for an older (disabled) person can be challenging. Are you the one who is helping her?

Case Vignettes:

Assess potentially dangerous situations in order to remain safe and discuss ways to deescalate these situations should they arise.

Share Handouts "**Predictors of Potential Violence**" and **"De-escalating Tense Situations"** with new workers. Answer any questions the worker may have after reading the handouts. (You can find details answers in the Trainer's Manual, pages 85-99.)

If new worker has NOT had the in-class training, you may use the vignette :

Case Vignette: Caroline Johnson

Reason for Referral: anonymous neighbor reports hearing client's son Harold yelling and using abusive language to his mother. Neighbor thinks Harold has a drinking or drug problem. Reports that client is 87, uses a wheelchair, and is quite frail.

When you make the initial visit, Mrs. Johnson is home alone and lets you in. The living room is messy with empty food containers and there are beer cans on the coffee table though it is only 11:00a.m.

Consider the following questions before moving on to the next paragraph:

1. What safety assessment observations are available to you, the worker? (Red Flags)
2. What "gut reactions" are you experiencing?
3. What verbal, physical or general actions or rapport building communication will you engage in?
4. Are you considering an alternative safety plan, if needed?
5. What pre-visit safety planning activities might reduce risk in this situation?

Mrs. Johnson says her son has gone out; she is not sure where. She states that no one else is home and casts an anxious glance toward the front door. She tells you that her son is "a good boy" but sometimes goes out and drinks a little too much. When that happens, she states that she stays in her room. She denies abuse even though she has a few bruises on her arms. She says she fell down.

Consider the following questions before moving on to the next paragraph:

1. What safety assessment observations are available to you, the worker? (Red Flags)
2. What "gut reactions" are you experiencing?
3. What verbal, physical or general actions or rapport building communication will you engage in?

4. Are you considering an alternative safety plan, if needed?
5. What pre-visit safety planning activities might reduce risk in this situation?

While you are speaking to her, the son, Harold, comes in the house carrying a brown paper bag, smelling of alcohol and slightly slurring his words. He looks surprised and unhappy to see you. His initial reaction is to challenge your authority and your right to be in his home. His eyes are red and he appears agitated and threatened.

Consider the following questions before moving on to the next paragraph:

1. What safety assessment observations are available to you, the worker? (Red Flags)
2. What "gut reactions" are you experiencing?
3. What verbal, physical or general actions or rapport building communication will you engage in? What adjustments might you make to your attitude, body language, listening and communication style to try to calm the situation?
4. Are you considering an alternative safety plan, if needed?
5. What pre-visit safety planning activities might reduce risk in this situation?

Harold removes a beer from the bag, opens it, takes a drink and tells Mrs. Johnson that "he is fed up with her going behind his back". He turns to you saying, "you have no business being in my home.

Consider the following questions before moving on to the next paragraph:

1. What safety assessment observations are available to you, the worker? (Red Flags)
2. What "gut reactions" are you experiencing?
3. What verbal, physical or general actions or rapport building communication will you engage in? What adjustments might you make to your attitude, body language, listening and communication style to try to calm the situation?
4. Are you considering an alternative safety plan, if needed?
5. What pre-visit safety planning activities might reduce risk in this situation?

He takes a step toward you and states, "I'm going to see to it that you get what's coming to you," and he grabs your wrist and twists it painfully. He is still standing in the doorway blocking your exit.

Consider the following questions:

1. What safety assessment observations are available to you, the worker? (Red Flags)
2. What "gut reactions" are you experiencing?
3. What verbal, physical or general actions or rapport building communication will you engage in? What adjustments might you make to your attitude, body language, listening and communication style to try to calm the situation?
4. Are you considering an alternative safety plan, if needed?
5. What pre-visit safety planning activities might reduce risk in this situation?

Predictors of Potential Violence

These are factors that may increase the likelihood that violence will occur. Presence of specific indicators does not mean that violence WILL occur nor does the lack of indicators mean that violence WILL NOT occur. These are predictive indicators to use as tools in one's professional assessment of a situation.

1. Traits and factors that raise the potential for violence

    a. Prior Violence - is the number one predictor of recurrent violence. Persons who have been violent in the past are more likely to be violent again. Review case histories for past violence prior to a visit and ask about current or previous violent behavior at the initial visit. Of particular interest would be the individual's most violent act and how often one has violent thoughts.

    b. Internal Feelings - fear, humiliation, boredom, grief, and a sense of powerlessness are associated with aggressive behaviors. To reduce risk, avoid interacting in ways that may make a client feel embarrassed. Rather, provide knowledge that will empower clients to recognize and respond with non-violent options.

    c. Physical Factors - lack of sleep, physical exhaustion, use of drugs or alcohol, brain trauma, heat, hunger, cold, physical disability, or chronic pain can increase the risk of violent responses.

    d. Situational Factors - access to weapons, a history of childhood abuse or aggression, a sense of injustice or oppression can lead to violence.

    e. Forced Removal - Growing evidence demonstrates that violence is more likely when persons are removed from their living situations, especially if it occurs in front of family or friends. Therefore removals should always be planned events and never be conducted alone.
    (Children's Services Practice Notes. Vol.3,No.2, July 1998.)

2. What to Look For
   Information about a person's past history or current emotional state is not always available, however, there are signs that you can look for from the people in the home visit environment.

    a. General Observations
        - Are you able to establish rapport?
        - Seems under the influence of alcohol or drugs?
        - Feels overwhelmed, hopeless, stressed
        - Verbalizes being angry, upset in general

- Seems angry specifically at you or your agency

b. Physical Observations
   - Appears agitated/ Pacing
   - Forced or intrusive eye contact
   - Tense facial expressions
   - Irritable
   - Movement into personal space
   - Indirect threats of violence
   - Touch - that is tight or constraining

c. Verbal Observations
   - Indirect threats of violence
   - Dehumanizing language/ verbally abusive
   - Raised voice or labored speech
   - Escalating voice or tone

De-escalating Tense Situations

General Actions

- There is no "right " technique that will diffuse tension in every situation. The goal, however, is to help the angry person reduce the amount of tension he/she is feeling and gain control of their aggressive actions. Model calm behavior both verbally and with body language.
- One of the most important things to do, and admittedly difficult, is to remain calm. Staying calm is not always possible but it is necessary to continue to think about the options available and choose the best ones.
- It is easier to act calmly when you remember that the anger comes from the situation and is not directed personally to you. Defensiveness on your part validates the angry behavior and increases the tension.
- Be sensitive and alert to differences in cultural expressions and beliefs
- Remain self-confident and pleasant
- Maintain client's hope
- Support normal emotional responses

Verbal Actions

- Show respect, use empathic listening skills, and follow the angry persons lead by asking "what do you need from me?" . Talk about the frustration or problem that has come up, reflect feelings and behaviors, and take responsibility for your mistakes.
- Speak in a calm, direct and respectful tone. Keep the pitch and level of your voice evenly modulated. Slow down your speech and speak clearly, simply, and directly so the other person can understand you despite their anger. Keep sentences short and to the point and repeat, if necessary. A person who is upset may have difficulty processing and understanding what is being said and may need to hear it more than one time.
- Using phrases such as "calm down" or "take it easy" are NOT good ideas as they suggest that you do not understand why the other person is so upset.
- Interpret behavior cautiously, "You look like you are getting more upset, is that right?".
- If hostility is decreasing - Do not interrupt
- If hostility is increasing - Gently interrupt, "I need to say something right now".
- Offer choices such as talking later or agreeing on a cooling off period. Allow the person to save face - give the person a way out
- Distracting a person or changing the topic may be helpful. However it may further anger people if they realize you are diverting them
- Don't use humor - when people are angry it can easily be misinterpreted

Physical Actions

- Use nonthreatening, non-confrontational body language
- Move slowly, keep hands visible
- Avoid placing hands on hips or crossing arms over chest
- Avoid physical closeness; do not touch an angry person
- Reduce eye contact - don't stare or glare
- Position yourself to the side of the person, so you are not squarely facing them. Do not turn your back to the angry person.
- Let them know any physical movements you are going to make before you do it. For instance, "I'm going to use my phone to call my supervisor to see if she can help with getting what you need."
- Acknowledge the client's option to end the visit if they are feeling out of control
- Do not stand between the person and the door

Exiting a tense situation

- Leave the situation if you feel threatened. You might state that you are leaving and provide a reason or you may "remember" something you left in your car and simply exit.
- if a situation escalates try to keep your anxiety in check and above all keep thinking to review possible options and choose the best one.
- If you have attempted to stabilize the situation and things still seem to be escalating, leave and /or get help.
- Recognize that leaving a tense situation that is escalating is a viable and professional action. It also allows the client time to maintain their dignity.
- Ask for a cooling off period or to reschedule.
- Even if a person seems to be calming down give him/her time and physical space. It takes about 30 -40 minutes to physiologically calm down from anger. Remain alert and sensitive to the person and his/her state of mind.