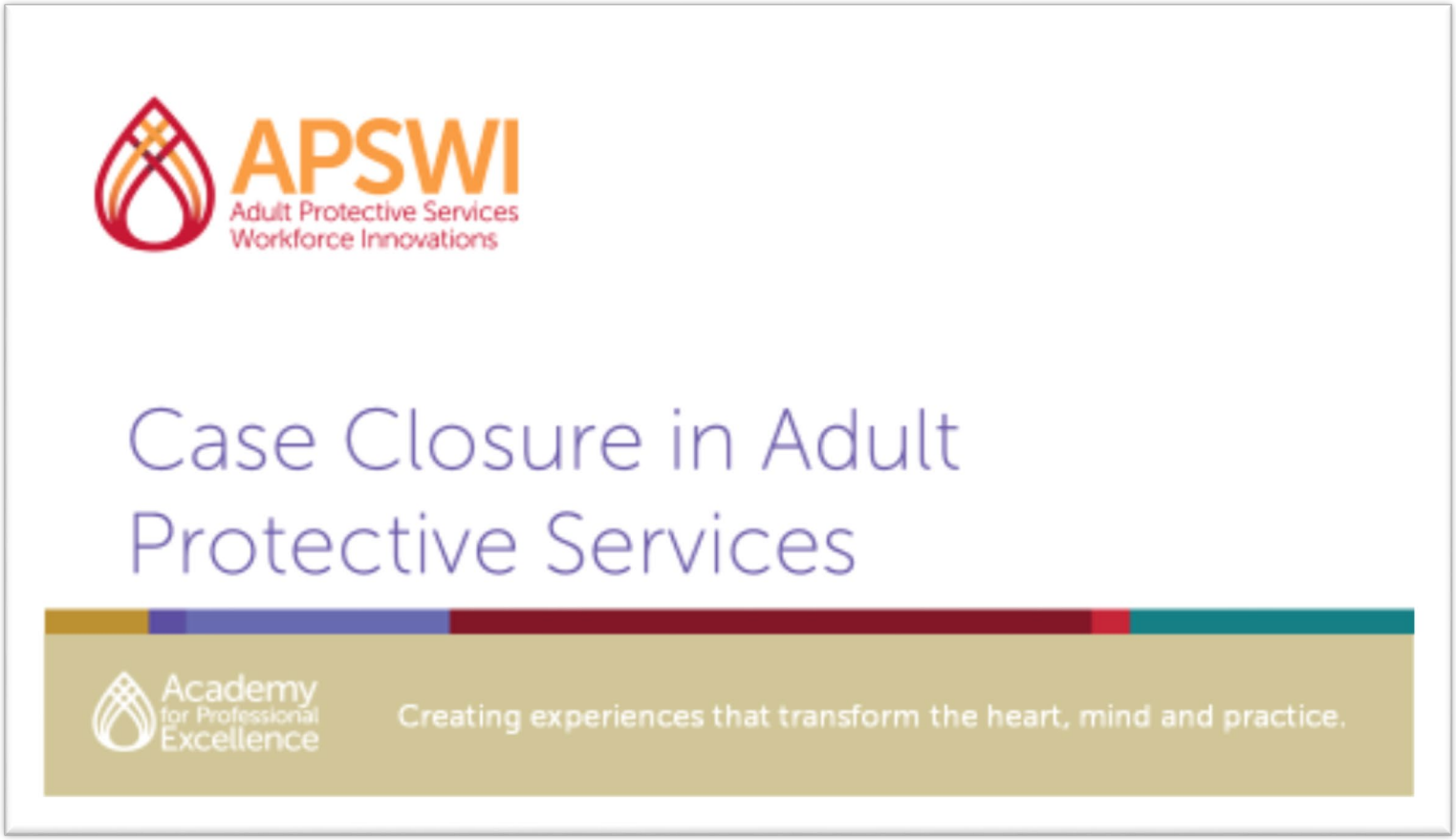
PARTICIPANT MANUAL



This training, Version 1 (2012), was produced by the Academy for Professional Excellence under 2009-SZ-B9- K008, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this training are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Curriculum Developer, 2012
Susan Castaño, LCSW

Revisions, Version 2 (2015), was created by Central California Adult Services Training Academy, California State University Fresno, Social Welfare Evaluation, Research, and Training Center with funds from the APS Training Contract, California Department of Social Services (CDSS).

Curriculum Revisions, 2015
Krista Brown

Revisions, Version 3 (2019) was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Revisions, 2019
Beverly Johnson, LCSW

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Case Closure, Participant Manual, developed by APSWI, a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

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.

APSWI (Adult Protective Services Workforce Innovation) is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services. In partnership with state and national organizations, APSWI has developed a nationally recognized Core Competency Training Curriculum for Adult Protective Services professionals. This curriculum is reviewed and approved by experts in the elder and dependent adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

PARTNER ORGANIZATIONS

Dawn Gibbons-McWayne
Program Manager, APSWI
Academy for Professional Excellence
https://theacademy.sdsu.edu/programs/

Kat Preston-Wager
Curriculum Development Specialist, APSWI
Academy for Professional Excellence
https://theacademy.sdsu.edu/programs/

Lori Delagrammatikas
Executive Director
National Adult Protective Services Association (NAPSA)
napsa-now.org

Paul Needham
Chair
NAPSA Education Committee
napsa-now.org

Lori Delagrammatikas
Adult Protective Services Liaison (former)
Adult Protective Services Division
California Dept. of Public Social Services
cdss.ca.gov/Adult-Protective-Services

Valerie Smith and Allison Yant
Co-Chair Co-Chair
Protective Services Operations Committee of
the County Welfare Director's Association
cwda.org/about-cwda

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

6505 Alvarado Road, Suite 107, San Diego, CA 92120

Tel: (619)594-3546 – Fax: (619)594-1118 – http://theacademy.sdsu.edu/programs/

ACKNOWLEDGEMENTS

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. APSWI would like to thank the following individuals and agencies:

Agencies
California Department of Social Services, Adult Programs Division
County of Los Angeles Workforce Development, Aging and Community Services
Orange County Social Services Agency
Riverside County Department of Public Social Services
San Bernardino County Department of Aging and Adult Services
County of San Diego Aging & Independence Services

Regional Curriculum Advisory Committee
Ralph Pascual, Human Services Administrator I, Los Angeles County
Jacquelyne Garza, Social Services Supervisor I, Orange County
Jessica Paradee, Staff Development Officer, Riverside County
LaTanya Baylis, Training and Development Specialist,
San Bernardino County
Penny Jacobo, APS Supervisor, San Diego County

Committees
APS Training Planning Committee
National Adult Protective Services Association Education Committee
Protective Services Operations Committee of the County Welfare Directors Association of California

Additional Subject Matter Expertise
E. Penny Jacobo, APS Supervisor, San Diego County

Curriculum Developer 2019
Beverly Johnson, LCSW

TABLE OF CONTENTS

GENERAL INFORMATION

PRESENTATION

WELCOME

CLOSING APS CASES: POLICIES, REASONS, CONDITIONS, MAKING A REASONABLE EFFORT

DYNAMICS OF CASE TERMINATION

DEALING WITH THE STRESSES OF CASE TERMINATION: SELF CARE

STEPS TO TAKE BEFORE CLOSING AN APS CASE

WRITING A CASE SUMMARY

WRAP UP AND EVALUATIONS

EXECUTIVE SUMMARY

Course Title: *Case closure in Adult Protective Services – Half-Day Training*

In this interactive and thought provoking introductory training, participants learn the factors and conditions which indicate a case should or should not be closed. They will be able to explain how client rapport and other aspects of the helping relationship affect the outcome of the case. Participants will be able to evaluate the effectiveness of the service plan and to review a comprehensive case summary. In addition, participants will learn to recognize the stresses related to case closure and will be challenged to come up with a personalized stress relief program.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, case studies); question/answer periods; PowerPoint slides; and transfer of learning activity to access knowledge and skill acquisition and how these translate into practice in the field.

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

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

Outcome Objectives for Participants:
Learning goals- Upon completion of this training session, participants will be able to:

1. Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case.
2. Explain how aspects of the helping relationship affect the outcome of the case at termination.
3. Identify the essential elements needed in a case closure summary.
4. Recognize how grief and loss dynamics lead to APS professional stress at case closure and identify a personal method to relieve burnout.

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

BEFORE the training:
Supervisors can encourage line staff to attend the training and help them identify particular strengths and/or challenges that they have had in closing cases in the past. Training participants can share these experiences during training.

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

COURSE OUTLINE

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, COURSE OVERVIEW	*Flip Chart Paper*	**TOTAL: 15 minutes**
CLOSING APS CASES: POLICIES, REASONS, CONDITIONS, MAKING A REASONABLE EFFORT		**TOTAL: 50-55 minutes**
Reasonable Efforts *Activity #1: Self Reflection (Individual)*		
Activity #2: Case Vignettes (Table Groups)	*Handout #3A and #3B*	
DYNAMICS OF CASE TERMINATION		**TOTAL: 40-45 minutes**
Stages of the Helping Relationship		
BREAK		**15 minutes**
Activity #3: Exploring Motivation (Large Class)	*Handout #4*	
DEALING WITH THE STRESSES OF CASE TERMINIATION: SELF CARE		**TOTAL: 30-35 minutes**
Compassion Satisfaction and Vicarious Resilience	*Handout #6*	
STEPS TO TAKE BEFORE CLOSING AN APS CASE		**TOTAL: 30 minutes**
Activity #4: Taking the Right Steps (Table Groups)	*Handout #7*	**20 minutes**
WRITING A CASE SUMMARY		**TOTAL: 30 minutes**
Case Summary Essentials *Activity #5: Individual Practice*	*Handout #8A and #8B*	**15-20 minutes**
Transfer of Learning Tool	*Handout #9*	**5-10 minutes**
CLOSING: Q&A AND EVALUATIONS		**15 minutes**
TOTAL (INCLUDING LUNCH AND BREAKS)		**4 hours**

Learning Objectives

- Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case.
- Explain how aspects of the helping relationship affect the outcome of the case at termination.
- Identify the essential elements needed in a case closure summary
- Recognize how grief and loss dynamics lead to APS professional stress at case closure and identify a personal method to relieve burnout.

What the Policy Says

- Goal of APS intervention
- Achievement of goal
- Non-achievement of goal
- Documentation requirements
- Follow up requirements

NASW: Code of Ethics Termination

- Safeguard clients' rights
- Time termination
- Avoid abandonment
- Minimize possible adverse effects
- Ensure continuity of service

NASW Code of Ethics: effective January 1997, revised 2008

HANDOUT #1B

NASW Code of Ethics: Social Workers Ethical Responsibility to Clients

1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

1.16 Termination of Services

(a) Social workers should terminate services to clients, and professional relationships with them, when such services and relationships are no longer required or no longer serve the clients' needs or interests.

(b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.

(c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.

(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

(e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.

(f) Social workers who are leaving an employment setting should inform clients of all available options for the continuation of service and their benefits and risks.

NASW Code of Ethics https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English

APS Case Closing Conditions

- Risk resolved or reduced
- Unable to locate
- Client refused services
- Client referred to another agency
- Client placed
- Client deceased

Risk Resolved or Reduced

Conditions?

- Presenting problem addressed successfully
- Client's needs being met
- Services in place
- Alleged Perpetrator no longer a threat
- Guardian/conservator appointed

HANDOUT #2

Risk Resolved or Reduced

Type of case	No Longer at Risk: Full Resolution	Risk Reduced and Client Stabilized:
Exploitation	The exploitation stopped. For example: ● Measures were taken to prevent future exploitation. Or: ● Law enforcement is pursuing prosecution of the perpetrator. Or: ● Exploited resources were restored.	The exploitation stopped. ● Measures were taken to reduce likelihood of future exploitation. And: ● The client's needs are met.
Physical, sexual, or emotional/verbal abuse	The abuse stopped. For example: ● The perpetrator no longer has access to the client or factors leading to the abuse are fully remedied Or: ● Law enforcement is pursuing prosecution of the perpetrator.	The abuse stopped. The perpetrator still has access to the client, but services addressing factors leading to abuse have started and recurrence is likely.
Medical-Neglect	The disease or disorder is cured. For example: ● For chronic or terminal medical conditions, the client is receiving all treatment desired. ● Caregiver (if applicable) is following appropriate medical care And: ● All other major needs are being met.	The disease or disorder is following a normal discourse. The client is receiving treatment or pain relief appropriate for the stage of illness and deemed adequate by an attending physician.

Type of Case	No Longer at Risk: Full Resolution	Risk Reduced and Client Stabilized:
Self-Neglect (Environ-mental)	All major needs are met and likely to be met indefinitely. For example: ● Client is approved for all services and support for which they are eligible. And: ● Services are being managed well.	All major needs are met and are likely to be met for at least three months, or no long-term resources to meet all client needs are available. ● The client has applied for all services and support and benefits for which they are eligible. And: ● Financial management issues were addressed.
Self-Neglect (Substance Abuse)	Issues causing self-neglect are addressed. For example: ● Client accepts treatment and ceases to abuse substances. And: ● All needs are met.	● Client does not accept treatment for substance abuse And: ● Client receives services that manage the ongoing needs for basic food, clothing, shelter and health care.
Self-Neglect (Mental Illness)	Issues causing the self-neglect are addressed. For example: ● Client receives treatment for mental illness, including taking medication as prescribed. And: ● Client has ongoing contact with a mental health case manager. And: ● All of the client's needs for food, clothing, shelter and health care are met.	● Client receives treatment for the most recent problems stemmed from untreated mental illness. And: ● Client is currently compliant with prescribed medications or if not compliant, serious physical or emotional harm is not likely to result. And: ● Client has access to food, clothing, shelter and health care. And: ● Client has been referred for mental health services.

2 of 2

Adapted from Texas APS IH 2008

Unable to Locate

Conditions?

- Not at current address
- Moved to another state with no contact
- Unable to make contact with client
- Made reasonable efforts to get locating information

Client Refused Services

Conditions?

- Client has capacity
- Client making informed decision
- Client does not wish to take recommended action
- Client does not allow APS professional in home
- All reasonable efforts made

Client Referred to Another Agency

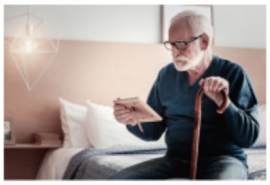
Conditions?

- No longer meets APS criteria
- Guardian/conservator assumed responsibility
- Case turned over to law enforcement/prosecutor
- Client care assumed by mental health system or DD system
- Client is out-of-state

Client Placement

Conditions?

- Long term care facility
- Supervised living facility not under APS jurisdiction



Client Deceased

Conditions?

- Death not related to allegations of abuse, neglect, or exploitation

What is Reasonable Effort? Let's be Realistic

- Personal choice on the part of the client may limit the effectiveness of APS intervention;
- Resources available to APS for helping clients are limited; and
- APS cannot remedy all situations.

Reasonable Efforts slides adapted from Texas APS In Home Training, December 2008

Reasonable Efforts Include:

- Searching for a solution among available regional resources, if resources are unavailable;
- Searching for a solution in other parts of the state, if those services meet the needs of the client;

Reasonable Efforts Include:

- Changing the service plan if an intervention fails to solve the problem, and a different action is likely to be more effective;

Reasonable Efforts Include:

- Evaluating services continually to ensure effectiveness;
- Advocating for client when necessary

Reasonable Efforts Include:

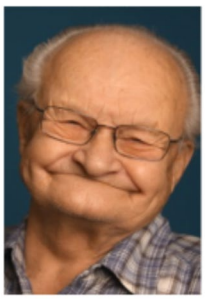
- Recognizing that some problems cannot be solved if the resources are not available
- Recognizing that some clients are not willing to change their circumstances.

Reasonable Efforts Do NOT Include:

- Keeping a case open indefinitely in the eventuality that a resource will become available;
- Making a positive outcome an absolute condition for closure; or
- Doing more for one client than would be done for another in the same situation.

Case Vignettes

- What is the criteria for termination?
- Is this case ready for termination?
- What reasonable efforts have been made to meet the goal?



Can I Close This Case?

HANDOUT #3B

Case #1: Joseph Martin

Joseph Martin, age 86, was referred to APS by an anonymous friend due to alleged exploitation and neglect by his son James. Mr. Martin's bills are overdue and he is at risk of losing his electricity. Mr. Martin has COPD and uses oxygen. The APS professional interviewed Mr. Martin who stated his son had run into some bad luck and was staying with him. Mr. Martin acknowledged that James had taken money but he did not wish to get James in trouble since James has already had some encounters with law enforcement. He stated he depends on James to take him to the doctors and buy his cigarettes, and sees the money as a form of payment for services rendered. When questioned about the possible utility shut-off he said that his daughter would pay the bill.

The APS professional interviewed James, who seemed angered by the visit. He stated he helps his father as much as he can and his father gives him money freely. He said that, "He deserves the money and will get it after the old man dies, so what is the big deal." He then stated, "It was nobody's business what happens between him and his father."

The APS professional went back to see Mr. Martin and expressed concerns about James' attitude. Mr. Martin assured the professional that he was all right and stated that James was moving out.

- If you were to close this case, what is your reason for termination?
    - Risk resolved or reduced
    - Unable to locate
    - Client refused services
    - Client referred to another agency
    - Client placed
    - Client deceased

- Is this case ready to close?

- What reasonable efforts have been made to meet the goal? What else might be tried?

Case #2: Maria Rodriguez

Maria Rodriguez, age 68, was referred by a local shopkeeper who stated that Ms. Rodriguez had mental problems and, when last seen, had multiple bruises on her face and arms. The shopkeeper believes that someone has been physically abusing her. She was described as disheveled, talking to herself, and yelling at passers-by. The shopkeeper said that he thinks Ms. Rodriguez rents a room from someone at 14 Main St.

The APS professional visited the address indicated but nobody was home. They looked at the public record to see who owned the home. They then wrote a letter to the homeowner but got no response. The professional went to the shop and walked around the fountain but couldn't find Ms. Rodriguez.

- If you were to close this case, what is your reason for termination?
    - Risk resolved or reduced
    - Unable to locate
    - Client refused services
    - Client referred to another agency
    - Client placed
    - Client deceased

- Is this case ready to close?

- What reasonable efforts have been made to meet the goal? What else might be tried?

Case #3: Georgia McVie

Georgia McVie, age 75, was referred to APS by the Visiting Nurse. Ms. McVie is diabetic, morbidly obese, has one foot amputated, and doesn't like to use her wheelchair. Ms. McVie has a caregiver, Mary. Ms. McVie and Mary have on-going shouting matches about Ms. McVie's diet, her refusal to use her wheelchair, and her failure to take her insulin on time. The Visiting Nurse was concerned that Ms. McVie will fall or have serious medical complications because her quarrelsome relationship with her caregiver. The APS professional visited while the nurse and the caregiver were there and noted that there was a need for APS involvement.

The APS professional made three subsequent attempts at visiting Ms. McVie but was refused entry. On the fourth visit, Ms. McVie threatened to call the police but did let the APS professional in. Ms. McVie spoke loudly and used abusive and racist language to the professional. She stated that she understood what would happen if she didn't take her insulin. She said, "it was a free country and I can choose to live or die anyway I wish." Ms. McVie asked the professional to leave and told her not to come back.

- If you were to close this case, what is your reason for termination?
    - Risk resolved or reduced
    - Unable to locate
    - Client refused services
    - Client referred to another agency
    - Client placed
    - Client deceased

- Is this case ready to close?

- What reasonable efforts have been made to meet the goal? What else might be tried?

Case #4: Jennie Mae Michaels

Jennie Mae Michaels, age 68, was referred to APS because she had failed to show up for renal dialysis twice in a week. Ms. Michaels had been on dialysis for a number of years, since being the victim of serious domestic violence. This is the first time she had missed appointments. The APS Professional met with Ms. Michaels at her home. She stated that she was tired of having her life revolve around dialysis and that it isn't doing much good these days. Ms. Michaels stated that, "she had put her affairs in order and she is ready to die." The professional asked whether the client would reconsider her decision but the client refused although she was willing to talk to a psychologist to prove that she was "in her right mind".

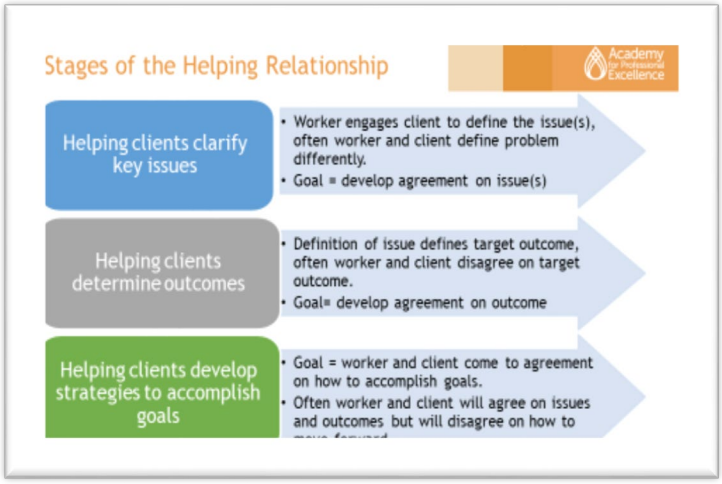
The APS professional arranged to take Ms. Michaels to see a mental health professional. The evaluation found that she was not cognitively impaired and was not clinically depressed although she was, of course, unhappy about her health.

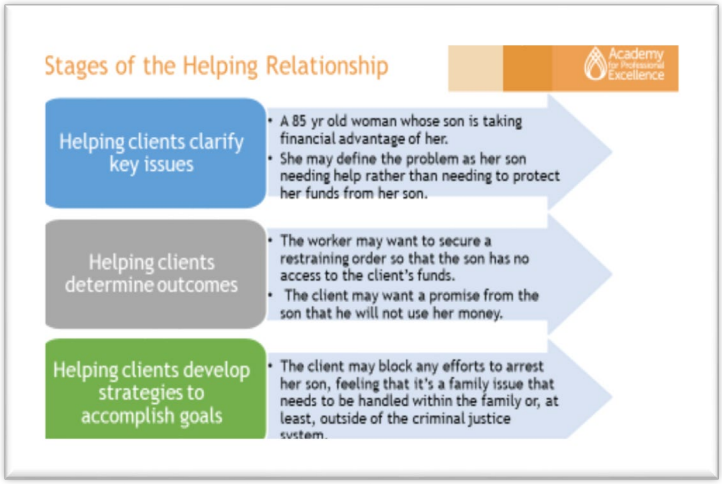
The APS professional convinced Ms. Michaels to accept hospice care and visited her once more after that care was in place. The professional again appealed to the client to return to dialysis, which she again refused to do. Ms. Michaels thanked the professional for their concern.

- If you were to close this case, what is your reason for termination?
    - Risk resolved or reduced
    - Unable to locate
    - Client refused services
    - Client referred to another agency
    - Client placed
    - Client deceased

- Is this case ready to close?

- What reasonable efforts have been made to meet the goal? What else might be tried?


Stages of the Helping Relationship
Academy for Professional Excellence
Helping clients clarify key issues
• Worker engages client to define the issue(s), often worker and client define problem differently.
• Goal = develop agreement on issue(s)
Helping clients determine outcomes
• Definition of issue defines target outcome, often worker and client disagree on target outcome.
• Goal= develop agreement on outcome
Helping clients develop strategies to accomplish goals
• Goal = worker and client come to agreement on how to accomplish goals.
• Often worker and client will agree on issues and outcomes but will disagree on how to


Stages of the Helping Relationship
Academy for Professional Excellence
Helping clients clarify key issues
• A 85 yr old woman whose son is taking financial advantage of her.
• She may define the problem as her son needing help rather than needing to protect her funds from her son.
Helping clients determine outcomes
• The worker may want to secure a restraining order so that the son has no access to the client's funds.
• The client may want a promise from the son that he will not use her money.
Helping clients develop strategies to accomplish goals
• The client may block any efforts to arrest her son, feeling that it's a family issue that needs to be handled within the family or, at least, outside of the criminal justice


Academy for Professional Excellence
Scenario 1: Client lives in a studio apartment with 47 cats and is being threatened with eviction.
Scenario 2: Client lives with son who drinks and has become physically abusive.
Clarify Issue
Determine Outcome
Strategies to Accomplish Goals

	Scenario 1:	Scenario 2:
	Client lives in a studio apartment with 47 cats and is being threatened with eviction.	Client lives with son who drinks and has become physically abusive.

Stage	Challenges	Challenges
Helping clients to clarify the key issues calling for change.		
Helping clients determine outcomes.		
Helping clients develop strategies for accomplishing goals.		

HANDOUT #4

Motivation to Close a Case

1. "That client was so abusive to me. She was never satisfied with what I was offering her. She reminded me of my mother, always critical. I got so tired of going there and accomplishing nothing. This client probably has a personality disorder and there is no treatment for that. The last straw was putting in a home health aide- the client called and yelled at me, saying she didn't want 'those people' in her home. She is a racist and nobody will be able to help her."

2. "That place was so scary. I thought I would fall through the porch and break my ankle. I have never seen such a disgusting home. And there were at least ten cats. The smell was awful. I had to take my clothes off as soon as I got home from the visit…. there must have been fleas as I have a ton of bites. The client chooses to live this way. This is her lifestyle and I need to respect that. The neighbors may not like it, but I am closing the case."

3. "He is such a sweet old man. I seem to be the only one who understands him. I got him Meals on Wheels, a home health aide, and a friendly visitor. I used emergency funds to clean up his home. I found furniture for him. I enjoy listening to his stories about the war and about his life. I can't close the case yet. He really needs me and I know that no other worker will take the time to understand him the way I do."

4. "This case has been referred three times before. The abusive son moves in, case opened. He is arrested for some infraction, case closed. I tried to get her to file a restraining order. She promises she won't take him back, but she always does. They have such a codependent relationship. Can't she see that he is no good?

   I've had the case opened for a long time, I admit, but it is not worth closing it. The son will be out of jail in 3 months and the client is worried about him. I can't imagine going through all the paperwork again, so I might as well just sit on it and wait."

5. "My client's daughter called me today to let me know that her mother died at home last night. The daughter was really angry with me. She said it was my fault that her mother died. If I hadn't taken her mother's side about wanting to be at home with hospice, then her mother would still be alive. She has no understanding of why I supported her mother. She is so selfish. I am so glad I can close this case."

So, Where do YOU fit in?

- Helping relationship begins with YOU
- Rapport and empathy are the source
- Self-awareness is crucial to the helping process
- Your feelings, attitudes, assumptions influence the outcome

Activity: Feelings Associated with Case Closure

- Dependence
- Fear
- Guilt
- Anxiety
- Relief
- Dealing with and clarifying value differences
- Dealing with and accepting resistance/anger

Feelings Associated with Case Closure

HANDOUT #5B

Feeling	Client	Worker
Dependence (Example)	APS staff abandoned me. I have suffered so many losses and this is another one.	Client still needs me. If I had more time, more could be done.
Fear		
Guilt		
Anxiety		
Relief		
Cultural values		
Dealing with resistance		

Don't "Sleep" With Your Clients

- Not ethical ☺
- Not good for your mental health
- Not good for your other relationships
- Not good for professional morale

How to Sleep at Night... and Get Through the Day...

Create Mutual/Self Care List

Compassion Satisfaction and Vicarious Resilience

- Compassion Satisfaction: The pleasure we derive from being able to do our work well
  - Think of past month and a moment you felt you really made a positive impact in someone (anyone's) life/situation.
    - Give specifics
    - How did that encounter leave you feeling?
- Vicarious Resilience: We can be vicariously affected in **positive ways** by our clients
  - Think about someone who has been through a devastating experience and answer:
    - What amazed you about this person's ability to persevere.
    - What can you learn from this person?

HANDOUT #6

Signs of Burnout, Compassion Fatigue and Compassion Satisfaction

Burnout Defined – "The condition of someone who has become very physically and emotionally tired after doing a difficult job for a long time." (Merriam-Webster)

Signs of Burnout

- Have you become cynical or critical at work?
- Do you drag yourself to work and have trouble getting started once you arrive?
- Have you become irritable or impatient with co-workers, customers or clients?
- Do you lack the energy to be consistently productive?
- Do you lack satisfaction from your achievements?
- Do you feel disillusioned about your job?
- Are you using food, drugs or alcohol to feel better or to simply not feel?
- Have your sleep habits or appetite changed?
- Are you troubled by unexplained headaches, backaches or other physical complaints?

How to Handle Job Burnout

Here are some actions that you can take if you are experiencing burnout:

- **Manage the stressors that contribute to job burnout**. Identify and address the issues that are fueling your feelings of burnout.
- **Evaluate your options.** Talk to your supervisor about your concerns. Brainstorm together now to change the situation to reduce your stress. Is job sharing an option? What about telecommuting or flexing your time? Would it help to establish a mentoring relationship? What are the options for continuing education or professional development?
- **Adjust your attitude.** If you're a cynic, look for ways to improve your outlook. Remember the pleasurable aspects of your job. Look for opportunities to recognize co-workers for a job well done. Take your breaks and use your vacation time. Spend time doing things you enjoy outside of work.
- **Seek support.** Look for support and collaboration to help you cope with your feelings of stress and burnout. Reach out to co-workers, friends, loved ones or others. Take advantage of available services such as employee assistance programs (EAP).
- **Assess your interests, skills and passions.** If your burnout is severe, you may need to consider an alternate job that better matches your interests, core values, or personality. An honest assessment of your interests, skills and passions will help you decide. Source: http://www.mayoclinic.com/health/burnout/WL00062/NSECTIONGROUP=2

Definition of Compassion Fatigue - Figley (1995) defined it as a secondary traumatic stress reaction resulting from helping or desiring to help a person suffering from traumatic events. Its symptomology is nearly identical to that of post-traumatic stress disorder (PTSD).

Managing Compassion Fatigue:

Help make your workplace more supportive by taking or asking for:

- Regular breaks
- Assessing and changing workloads
- Regular "check-in" times to discuss impact of work in personal/professional life
- Mental health days
- Peer support
- Improved access to professional development

You can improve your personal situation by assessing your life situation:

- Is there a balance between nourishing and depleting activities in your lives?
- Do you have access to regular exercise, non-work interests, personal debriefing?
- Are you a caregiver to everyone or have you shut down and cannot give any more when you are home?
- Are you relying on alcohol, food, gambling, shopping to de-stress?

Compassion Fatigue Toolkit

- What are warning signs - on a scale of 1 to 10, what is a 4 for me, what is a 9?
- Schedule a regular check in, every week – how am I doing?
- What things do I have control over? What things do I not have control over?
- What stress relief strategies do I enjoy? (taking a bath, sleeping well or going for a massage)
- What stress reduction strategies work for me? Stress reduction means cutting back on things in our lives that are stressful (switching to part time work, changing jobs, revised your caseload, etc.)
- What stress resiliency strategies (e.g. relaxation methods that we develop and practice regularly, such as meditation, yoga or breathing exercises) can I use?

Source: Françoise Mathieu - http://www.compassionfatigue.org/pages/RunningOnEmpty.pdf

Compassion Satisfaction Defined – Compassion Satisfaction is about the pleasure you derive from being able to do work. For example, you may feel like it is a pleasure to help others through what you do at work.
Source: http://proqol.org?Compassion_Satisfaction.html

Closing an APS Case: Necessary Steps

- Risk Level
- Case Plan
- Documentation
- Consult with supervisor

Case Closure Checklist

- ✓ Update Risk Assessment
- ✓ Collect evidence as required
- ✓ Investigate and document all allegations
- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

Adapted from Texas APS IH January 2010

Measuring Successful Outcomes

- What is the evidence that the client is safer and no longer at risk (or at reduced risk?)
- What is the evidence that the client's self-determination was respected and the least restrictive interventions were taken?
- What is the evidence that the case was handled ethically and legally, and that agency procedures were followed?

Case Closure Checklist Activity

HANDOUT #7

Review these cases and make them yours…decide what you would do to make sure these cases are ready for termination. Answer the questions for each case below.

Case #1

Mac Jones, age 89, was referred to APS because his son, Harold, who is unemployed and has a substance use disorder, was living with Mr. Jones and taking his money. The financial exploitation was substantiated. There were large sums of money withdrawn from Mr. Jones' account. Utilities were about to be shut off. Property taxes were overdue and it was possible Mr. Jones would lose the house. Mr. Jones understood the gravity of his situation but did not want to hurt his son and didn't want him prosecuted. He liked having Harold in the house because he would bring food sometimes and often they would have a few beers together and watch the football games.

The APS Professional arranged for a home health aide to assist Mr. Jones with personal care and shopping. The professional found a program that would help Mr. Jones manage his money and made arrangements with the utility company and the tax office for a payment plan. The representative payee froze Mr. Jones' accounts. The case was terminated.

When Harold realized that he would no longer have access to his father's money, he moved to another state and no longer contacted his father.

1. Answer the Measuring Successful Outcomes questions:

   - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?

   - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?

   - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

2. Following the Case Closure Checklist, how would you:

   ✓ Update Risk Assessment

   ✓ Collect evidence as required

   ✓ Investigate and document all allegations

   ✓ Verify protective services have been offered/provided

- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

Case Closure Checklist Activity

Review these cases and make them yours…decide what you would do to make sure these cases are ready for termination. Answer the questions for each case below.

Case #2

Mrs. Patel, age 75, was referred to APS due to emotional abuse and possible neglect by her son Dr. Proful Patel. Dr. Patel is a physician who brought his mother to his home from India so that she would care for his children while he and his wife, also a physician, work. Dr. Patel has cared for his mother but finds she is not as reliable and is interfering with his wife and his children. He says, "Mother does not understand this culture and I have to keep her in the basement so she doesn't cause more friction in the family." Dr. Patel threatens to send his mother back to India but tell the APS professional that he would never do that because he is responsible for her.

Mrs. Patel appears to be in good health, although the basement is cold and damp. Her daughter-in-law brings food to her and seems to treat her kindly. Mrs. Patel says she does not like it here but has nowhere else to go. She says, "My son knows what is best for me."

The APS professional suggested to Dr. Patel that the family get counseling, bring Mrs. Patel back into the family setting, and stop isolating her in the basement. The case was terminated – the client was no longer at risk.

1. Answer the Measuring Successful Outcomes questions:

   - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?

   - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?

   - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

2. Following the Case Closure Checklist, how would you:

   ✓ Update Risk Assessment

   ✓ Collect evidence as required

   ✓ Investigate and document all allegations

- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

Case Closure Checklist Activity

Review these cases and make them yours…decide what you would do to make sure these cases are ready for termination. Answer the questions for each case below.

Case #3

Roberta Kingston is a 67-year-old African-American woman, was referred to APS for domestic violence. Her husband, Jerome Kingston, age 73, uses a wheelchair and is legally blind. Mrs. Kingston is his only caregiver. The reporting party stated that Mrs. Kingston had a black eye and large purple bruises on the upper portion of her arms yesterday. When asked about her injuries, Mrs. Kingston told the reporting party, "Even in a wheelchair that mean S.O.B. can still make me miserable."

When the APS professional interviewed Mrs. Kingston, she denied that Mr. Kingston had caused her injuries. She said that the bruises on her upper arms were the result of lifting Mr. Kingston from his wheelchair into bed. She said that Mr. Kingston "hangs on tight" during transfers because he is afraid she might drop him. She stated that the black eye happened when she was hit by an elbow in a crowd. She denied that she had any problems at all with Mr. Kingston.

The APS professional offered to arrange for another caregiver for Mr. Kingston but Mrs. Kingston stated that Mr. Kingston wouldn't allow anyone else to care for him. The professional also offered to provide Mrs. Kingston with emergency shelter, which she refused. The professional tried to explain safety planning to Mrs. Kingston but she stopped her saying that she didn't need a plan because she was not in danger from her husband. The professional asked permission to talk to Mrs. Kingston's children but Mrs. Kingston refused. She didn't want them involved.

After the interview with Mrs. Kingston, the professional called the reporting party and explained that Mrs. Kingston had denied the abuse. The professional asked the reporting party to please call again if there is additional evidence of abuse.

1. Answer the Measuring Successful Outcomes questions:

   - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?

   - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?

   - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

2. Following the Case Closure Checklist, how would you:

   ✓ Update Risk Assessment

- ✓ Collect evidence as required
- ✓ Investigate and document all allegations
- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

Case Closure Checklist Activity

Review these cases and make them yours…decide what you would do to make sure these cases are ready for termination. Answer the questions for each case below.

Case #4

Henrietta Pulowski, age 62, was referred to APS by a neighbor due to self-neglect. She has multiple sclerosis and diagnosed with a personality disorder. Mrs. Pulowski would walk very unsteadily in her neighborhood and yell and threaten children out playing. She dumped trash on her neighbor's property. She had 10 cats and no litter boxes. The house smelled terrible and was in despair. It took three visits to be able to assess the situation as Mrs. Pulowski refused the APS professional's entry in the beginning. She was very resistant to the APS''s intervention but the professional listened to her complaints and tried to address them. Mrs. Pulowski felt that the neighbors were plotting against her and the neighborhood kids were harassing and making fun of her. She asked that the professional not contact her daughter.

The professional felt the need to contact the daughter for more collateral information, since Mrs. Pulowski would not share any information. The daughter was very angry and said she was tired of these complaints. The daughter called her mother and told her to behave.

At the professional's next visit, she was denied entry. Mrs. Pulowski said that the professional had betrayed her. She used very abusive language to the professional and told the professional that she needed no help and she was fine. The professional contacted the Mental Health Screeners and asked them to evaluate Mrs. Pulowski risk to others for an involuntary commitment. The screeners did not find that Mrs. Pulowski met the criteria. The case was terminated due to refusal of services.

1. Answer the Measuring Successful Outcomes questions:

   - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?

   - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?

   - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

2. Following the Case Closure Checklist, how would you:

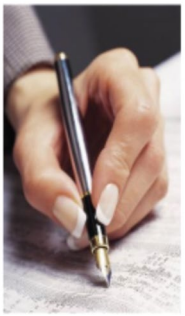
   ✓ Update Risk Assessment

   ✓ Collect evidence as required

- ✓ Investigate and document all allegations
- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

Case Summary Essentials

- Dates of all visits
- Contacts with collaterals
- Describe presenting problems and all interventions to address them
  - Services offered, services accepted, services refused
- Describe present risk status and reasons why case is ready for termination



HANDOUT #8A

Case Summary Example

*This is a **brief** description of a case scenario:*
Scenario: 78 YO male who lives alone. He has been a widower for 2 years. According to the Reporting Party (RP), the client does not seem to be 'himself' since the death of his wife. The RP stated that client used to be a friendly outgoing person but seems to be staying in the house now and rarely comes outside except to go to the mailbox. RP stated that client seems to be wearing the same clothes every day when he goes to get the mail.

You have conducted your investigation and found the client to be engaged and willing to accept services. You have completed your assessment of the situation, provided social services interventions, and are now ready to close the case.

Date of closure: 10-30-2017
Findings: Confirmed for Self-Neglect
Reason: Risk Resolved

The allegation for this case was self-neglect. The RP stated that the client has not been eating properly and has isolated himself in his home. RP also stated that the client appeared unkempt and that the home appeared to need a major cleaning. The APS professional conducted the initial investigation on 10-4-2017

This client lives alone and has been widowed for 2 years. He stated he has been depressed since his wife died and his 3 adult children have their own families to worry about and doesn't see them often. Two of his adult children and their families live about 250 miles away and one adult child lives about 25 miles away.

Client stated he does not eat well and has not been able to keep up with the housework, as these are the things that his wife took care of when she was alive. While the client admits to feeling lonely and depressed at times, he denies any suicidal ideations and agrees that it would be helpful to talk to someone about his loneliness. He is also willing to go to his primary care doctor for a complete physical. Client is open to and cooperative with APS professional interventions.

Client agreed to have a caregiver come to the home to assist with some meal preparation and light housework. He has also agreed to have a "friendly visitor" from the Senior Citizen Center come to the home.

Client's risk level has been resolved due to his acceptance of services. Client will be receiving services from the In-Home Caregivers Program for housekeeping and meal preparation assistance, Meals on Wheels, and the Friendly Visitors Program. A referral has been made to the local area Office on Aging for ongoing case management services and to a community bereavement support group. Client has made an appointment with his primary care physician for a complete physical and said that he will attend the upcoming appointment.

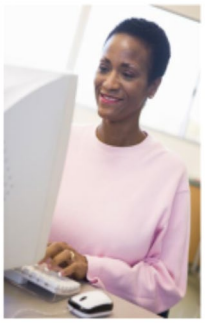
Client was informed on 10-29-17 that his case will be closed and was encouraged to call APS should he need additional assistance or services in the future.

Case Closure Summary Wrap Up

- Check with your agency on how to document, assuring case summary essentials

Practice: Transfer of Learning

- Use your case
- Measure the outcome
- Write the summary
- Present to your supervisor



HANDOUT #9

Transfer of Learning Tool-
Case Closure Checklist

Use a case of your own in the office, prepare it for termination when the time is appropriate. Do the following:

1. Answer these questions:

   - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?
   - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?
   - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

2. Follow the Case Closure Checklist:

   ✓ Update Risk Assessment

   ✓ Collect evidence as required

   ✓ Investigate and document all allegations

   ✓ Verify protective services have been offered/provided

   ✓ Make sure all reasonable efforts have been tried

   ✓ Notify other agencies or boards as needed

   ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other

   ✓ Closing Case Summary to Supervisor

3. Write a Case Summary as required by your agency. If your agency does not require a summary, write one using the information given to you in this training.

4. Submit the materials to _____

Bottom Line Issues: Cover All Bases

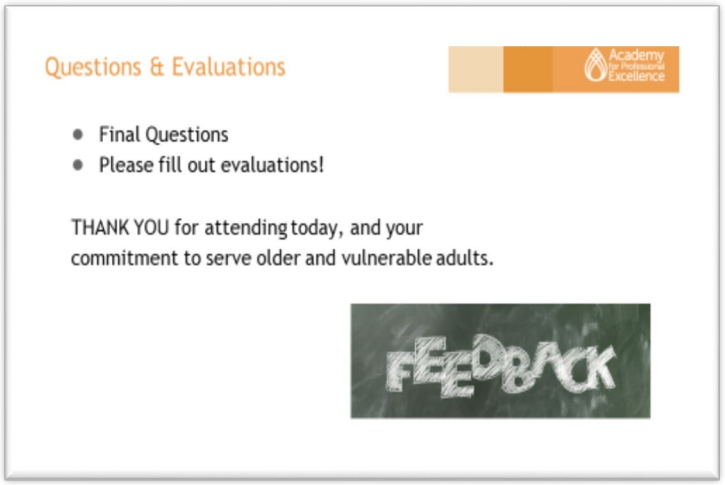
- Did I do everything I could…
  - To engage the client
  - To understand/respect the client, their needs, their wishes
  - To provide appropriate services in the least restrictive manner
- Did I involve others as needed?
  - Family/friends/significant others
  - Other disciplines
  - Law enforcement

Bottom Line Issues: Liability

- Did I fulfill my legal responsibilities?
- Was a final risk assessment completed?
- Is my documentation clear, factual, and complete?
- Could this case come back to haunt me/my agency?
  - How have I prepared for the possibility?
  - Have I made follow-up plans when appropriate?

Bottom Line Issues: Partners

- Did I use partners from other disciplines?
- Was termination discussed with partners?
- Were confidentiality issues addressed?
- Will a partner agency be available to follow up/provide case management after APS is terminated?


Questions & Evaluations
Academy for Professional Excellence
Final Questions
Please fill out evaluations!
THANK YOU for attending today, and your commitment to serve older and vulnerable adults.
FEEDBACK

References

Brandi, B, Bitondo Dyer, C, Otto, J, Steigel, L, and Thomas, R. (2007). *Elder abuse detection and intervention: A collaborative approach*. New York: Springer Publishing Company.

Burack-Weiss, A, and Coyle Brennan, F. (1991). *Gerontological social work supervision*. New York: Hawthorn Press.

Davenport, G. (1999). *Working with toxic older adults: A guide to coping with difficult elders*. New York: Springer Publishing Company.

Engstrom, D., Gangsei, D, Hernandez, P. (2007). *Vicarious Resilience: A New Concept in Work with Those Who Survive Trauama*, Wiley Online Library. Retrieved from https://onlinelibrary.wiley.com/doi/full/10.1111/j.1545-5300.2007.00206.x

Figley, C. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. New York, NY Brunner-Routledge.

Genevay, B. and Katz, R. S. (1990). *Countertransference and older clients*. California: Sage Publications.

Mayo Clinic Staff (December 2012). Job burnout: spotting it – and taking action. Retrieved from http://www.mayoclinic.com/health/burnout/WL00062/NSECTIONGROUP=2

Mathieu, F. (2007). Running on empty. *Rehab & Community Care Medicine,* Retrieved from http://www.Compassionfatigue.org/pages/RunningOnempty.pdf .

Burnout. (n.d.). In Merriam-Webster online. Retrieved from http://www.merriam-webster.com/dictionary/burnout .

National Association of Social Workers (NASW). (2017). *NASW code of ethics*. Retrieved from https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English.

Nelson, G, Eller, A, Streets, D, and Morse, M. (1995). *The field of adult services: Social work practice and administration*. Washington, DC: NASW Press.

Nerenburg, L. (2008). *Elder abuse prevention: Emerging trends and promising strategies*. New York: Springer Publishing Company.

ProQOL.org. (n.d.). Compassion satisfaction. Retreived from http://proqol.org/Compassion_Satisfaction.html.

Hudnall Stamm, B. (2009-2012). Professional quality of life: compassion satisfaction and fatigue version 5 (ProQol). Retreived from http://www.proqol.org/uploads/ProQol_5_English_Self-Score_3-2012.pdf .

Vladescu, D, Evelieigh, K, Ploeg, J, and Patterson, C. (1999). An evaluation of client-centered case management program for elder abuse. *Journal of Elder Abuse and Neglect, Vol. 11, Number 4*, pp 5-22.