

TRAINER MANUAL



Case Closure in Adult Protective Services



Creating experiences that transform the heart, mind and practice.



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**Curriculum Developer, 2012
Susan Castaño, LCSW**

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**Curriculum Revisions, 2015
Krista Brown**

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**Curriculum Revisions, 2019
Beverly Johnson, LCSW**

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Case Closure, Trainer 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)

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Agencies

California Department of Social Services, Adult Programs Division
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Riverside County Department of Public Social Services
San Bernardino County Department of Aging and Adult Services
County of San Diego Aging & Independence Services

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HOW TO USE THIS MANUAL

- Training topics are in **BOLD** with expected time.
- Actions which the trainer takes during the training are written in **bold**.
- The Trainer Manual and Participant Manual differ in page numbers. It's suggested you make note of activities and handout page numbers from the Participant Manual for ease.

Trainer Notes are entirely written in bold text box and are provided as helpful hints.

Use of language: Throughout the manual, client is used most to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, the term victim is used. Also, alleged perpetrator is used to describe the person alleged to have committed the abuse or neglect. However, if concept or material was directly quoted from copyrighted material, the term abuser is used.

He and she has been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

Customizing the Power Point: This manual is set up so that the trainer script/ background material is on the same page as the accompanying Power Point slide.

Hide a slide instructions:

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

The slide number will have line through it to show you have hidden it.

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

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

Total content of material is 3 hours and 45 min, with a 15-min break making for a four hour, 1/2 day training.

TRAINER GUIDELINES

Teaching Strategies	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none"> ◆ Lecture segments ◆ Interactive exercises (e.g. Table Top Activities, experiential exercises) ◆ Question/answer periods ◆ Slides ◆ Participant Manual (encourages self-questioning and interaction with the content information)
Materials and Equipment	<p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none"> ◆ Computer with LCD (digital projector) ◆ USB or other storage device with the slide presentations ◆ Easel/Flipchart paper/markers/highlighters ◆ 4X6 lined Post It Notes ◆ Trainer Manual: This manual includes the course overview, introductory and instructional activities, and reference materials. ◆ Participant Manual: This manual includes a table of contents, course introduction, and all training activities/handouts. ◆ Name tags/names tents ◆ Water access/snacks/restroom access/lunch plans

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


<u>CONTENT</u>	<u>MATERIALS</u>	<u>TIME</u>
WELCOME, INTRODUCTIONS, COURSE OVERVIEW	<i>Flip Chart Paper</i>	TOTAL: 15 minutes
CLOSING APS CASES: POLICIES, REASONS, CONDITIONS, MAKING A REASONABLE EFFORT		TOTAL: 50-55 minutes
<i>Code of Ethics</i>	<i>Handout #1A and #1B</i>	5 minutes
<i>Risk Resolved or Reduced</i>	<i>Handout #2</i>	5 minutes
<i>Reasonable Efforts Activity #1: Self Reflection (Individual)</i>		15 minutes
<i>Activity #2: Case Vignettes (Table Groups)</i>	<i>Handout #3A and #3B</i>	25 minutes
DYNAMICS OF CASE TERMINATION		TOTAL: 40-45 minutes
<i>Stages of the Helping Relationship</i>		15 minutes
BREAK		15 minutes
<i>Activity #3: Exploring Motivation (Large Class)</i>	<i>Handout #4</i>	10-15 minutes
<i>Feelings Associated with Case Closure</i>	<i>Handout #5A and #5B</i>	10-15 minutes
DEALING WITH THE STRESSES OF CASE TERMINATION: SELF CARE		TOTAL: 30-35 minutes
<i>Stress Signs and Symptoms Stress Strategies</i>	<i>Flip Chart Paper/ Post-it Notes</i>	15 minutes
<i>Compassion Satisfaction and Vicarious Resilience</i>	<i>Handout #6</i>	15 minutes
STEPS TO TAKE BEFORE CLOSING AN APS CASE		TOTAL: 30 minutes

<i>Case Closure Checklist</i>	<i>PowerPoint slide #29</i>	10 minutes
<i>Activity #4: Taking the Right Steps (Table Groups)</i>	<i>Handout #7</i>	20 minutes
WRITING A CASE SUMMARY		TOTAL: 30 minutes
<i>Case Summary Essentials Activity #5: Individual Practice</i>	<i>Handout #8A and #8B</i>	15-20 minutes
<i>Transfer of Learning Tool</i>	<i>Handout #9</i>	5-10 minutes
CLOSING: Q&A AND EVALUATIONS		15 minutes
TOTAL (INCLUDING LUNCH AND BREAKS)		4 hours

WELCOME AND INTRODUCTIONS


Time Allotted: 15 minutes

Slide #2: Welcome and Housekeeping



Welcome and Housekeeping Details

- Cell phones on silent or vibrate
- Location of restrooms and emergency exits
- Schedule
- Course Materials
 - PowerPoint handout/ Participant Manuals



Welcome the participants and **introduce** yourself by name, job title, organization, and qualifications.

Review Housekeeping Items

- There will be a 15-minute break.
- Use the restrooms whenever you need to do so. The restrooms are located at...
- Please set your cell phones to vibrate for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

Ask participants to:


- Make a brief self-introduction including name, job title, and organization and to share their questions or struggles when deciding when it is time to close an APS case.

List answers on a flip chart. **Note** which issues will be addressed in this training.

Possible responses include:

- Did I do everything needed?
- Fear of further harm to client
- Client capacity may be unclear
- Maybe a resource will become available

Slide #3: Learning Objectives

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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.

Paraphrase the learning objectives.

Explain that knowing when and how to terminate a case are essential skills for all helping professions.

Stress that they are preparing for termination as soon as they open the case. Also **acknowledge** the challenges in defining a successful outcome.



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

Time Allotted: 50-55 minutes

Slide #4: What the Policy Says

What the Policy Says

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



Discuss termination policy in participant's particular agencies related to the bullet points on the slide.

TRAINER NOTE: It may be helpful to know beforehand the case termination policies for the agencies the participants will be from. If training for only your agency, ensure you are current with their case termination policies.

Slide #5: NASW: Code of Ethics Termination

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



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Ask participants to review **Handout #1B: NASW Code of Ethics: Social Workers Ethical Responsibility to Clients** stressing the highlighted items. Discussion points are in italics on **Handout #1A** in Trainer Manual only.

You may also want to point out that most professions have similar ethical codes to these codes for social workers, especially if other professions are among the participants.

Trainer Note: Many of these topic areas will be covered in later sections of the module, so there is no need to spend too much time on them.

(Trainer's version)

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.

Discussion Point: We always have the client's interests as well as rights in mind, as we try to balance safety with self-determination.

If we don't know their wishes prior to them losing their decision-making capacity, we look at previous choices they have made, discuss with client's family, etc.

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.

Discussion Point: Challenges? How do we know the service will continue after termination? Sometimes putting services in the home stabilizes the situation and lessens the risk. How do we know if the client or family member will dismiss the services that were put in place? Who will follow up?

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.

Discussion Point: Do we sometimes keep cases open too long? Do we sometimes close them prematurely? We will discuss some of those dynamics later this morning.

(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.

Discussion Point: of course, sometimes clients do not want the services we offer. Sometimes we have to terminate if the situation does not meet the APS criteria. Is there a referral mechanism in place?

(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. *(Not applicable)*

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

Discussion Point: This is an ethical tenet.

(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.

Discussion Point: Clients should be involved in the termination process as much as possible and follow up as much as possible.

(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.

Discussion Point: This may be challenging when there are high caseloads or quick/unforeseen turnovers occur, but shouldn't be forgotten.

(Participant version)**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>

Slide #6: APS Case Closing Conditions

APS Case Closing Conditions

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



Explain that although programs may have different standards for case termination, these conditions are fairly common for most programs. This is an overview slide and we will go over each bullet in the following slides.

Slide #7: Risk Resolved or Reduced

Risk Resolved or Reduced

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Conditions?

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



Ask: How can you be sure of these conditions have been met?

Have participants review **Handout #2: Risk Resolved or Reduced.**

Review some of the examples for the different types of abuse.

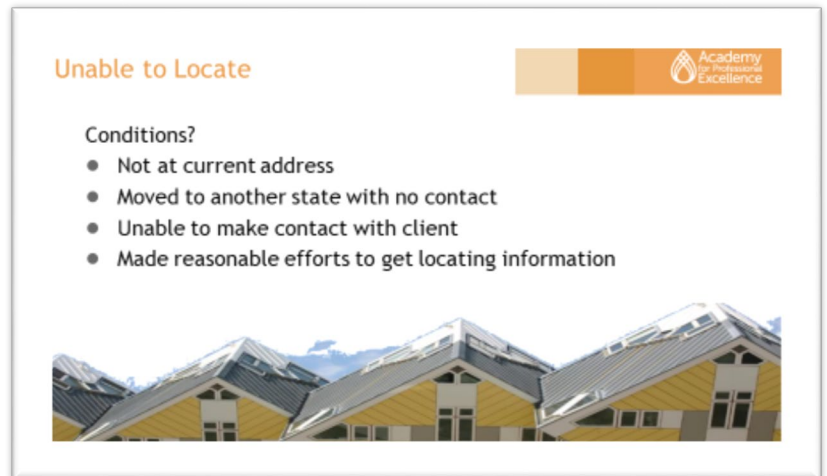
HANDOUT #2

Risk Resolved or Reduced

Type of case	No Longer at Risk: Full Resolution	Risk Reduced and Client Stabilized:
Exploitation	<p>The exploitation stopped. For example:</p> <ul style="list-style-type: none"> ● Measures were taken to prevent future exploitation. <p>Or:</p> <ul style="list-style-type: none"> ● Law enforcement is pursuing prosecution of the perpetrator. <p>Or:</p> <ul style="list-style-type: none"> ● Exploited resources were restored. 	<p>The exploitation stopped.</p> <ul style="list-style-type: none"> ● Measures were taken to reduce likelihood of future exploitation. <p>And:</p> <ul style="list-style-type: none"> ● The client’s needs are met.
Physical, sexual, or emotional/verbal abuse	<p>The abuse stopped. For example:</p> <ul style="list-style-type: none"> ● The perpetrator no longer has access to the client or factors leading to the abuse are fully remedied <p>Or:</p> <ul style="list-style-type: none"> ● Law enforcement is pursuing prosecution of the perpetrator. 	<p>The abuse stopped. The perpetrator still has access to the client, but services addressing factors leading to abuse have started and recurrence is likely.</p>
Medical-Neglect	<p>The disease or disorder is cured.</p> <p>For example:</p> <ul style="list-style-type: none"> ● For chronic or terminal medical conditions, the client is receiving all treatment desired. ● Caregiver (if applicable) is following appropriate medical care <p>And:</p> <ul style="list-style-type: none"> ● All other major needs are being met. 	<p>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.</p>

Type of Case	No Longer at Risk: Full Resolution	Risk Reduced and Client Stabilized:
Self-Neglect (Environmental)	<p>All major needs are met and likely to be met indefinitely. For example:</p> <ul style="list-style-type: none"> ● Client is approved for all services and support for which they are eligible. <p>And:</p> <ul style="list-style-type: none"> ● Services are being managed well. 	<p>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.</p> <ul style="list-style-type: none"> ● The client has applied for all services and support and benefits for which they are eligible. <p>And:</p> <ul style="list-style-type: none"> ● Financial management issues were addressed.
Self-Neglect (Substance Abuse)	<p>Issues causing self-neglect are addressed. For example:</p> <ul style="list-style-type: none"> ● Client accepts treatment and ceases to abuse substances. <p>And:</p> <ul style="list-style-type: none"> ● All needs are met. 	<ul style="list-style-type: none"> ● Client does not accept treatment for substance abuse <p>And:</p> <ul style="list-style-type: none"> ● Client receives services that manage the ongoing needs for basic food, clothing, shelter and health care.
Self-Neglect (Mental Illness)	<p>Issues causing the self-neglect are addressed. For example:</p> <ul style="list-style-type: none"> ● Client receives treatment for mental illness, including taking medication as prescribed. <p>And:</p> <ul style="list-style-type: none"> ● Client has ongoing contact with a mental health case manager. <p>And:</p> <ul style="list-style-type: none"> ● All of the client’s needs for food, clothing, shelter and health care are met. 	<ul style="list-style-type: none"> ● Client receives treatment for the most recent problems stemmed from untreated mental illness. <p>And:</p> <ul style="list-style-type: none"> ● Client is currently compliant with prescribed medications or if not compliant, serious physical or emotional harm is not likely to result. <p>And:</p> <ul style="list-style-type: none"> ● Client has access to food, clothing, shelter and health care. <p>And:</p> <ul style="list-style-type: none"> ● Client has been referred for mental health services.

Adapted from Texas APS IH 2008

Slide #8: Unable to Locate

Unable to Locate

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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

The slide features a photograph of several yellow and grey houses with gabled roofs at the bottom.

Ask: What efforts have to be made according to your agency's policy? Is one attempt enough? Are five attempts too many? Is a computer search necessary? Are you required to question neighbors?

Trainer Note: If training for multiple counties, it may be helpful to be familiar with some of these policies prior to training. If training only for your own, ensure you have the most updated policy to reference.


Brainstorm with the class about how they might locate a client for whom they have limited residential information.

Possible responses might include:

- Check homeless shelters
- Check soup kitchens
- Check Salvation Army or other local assistance agencies
- Check locations where homeless individuals congregate and ask around


Slide #9: Client Refused Services

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



Ask: How can you be sure the client has the capacity and is making an informed decision?

Possible answers:

Capacity assessment by physician, documentation, etc.

Point out that the case should not be closed if the client lacks capacity and services have not been put in place. Always discuss these cases with your supervisor.

Ask: How do you respect client's wishes if the result is lack of safety?

Possible answers may include:

If client appears to have capacity and oriented, a safety plan would be the route to take. Engage the client in this plan and be sure it is a feasible plan.

Ask: How often do you try to gain access? What creative approaches did you use?

Possible answers:

Going with someone the client knows/likes, going when a mental health aide was there, etc.

Ask: Do you need to have a consultation with your supervisor before closing?

Trainer Note: If training for multiple counties, it may be helpful to be familiar with some of these policies prior to training. If training only for your own, ensure you have the most updated policy to reference.

Slide #10: Client Referred to Another Agency

Client Referred to Another Agency

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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



Pose the following for discussion:

- How was the referral made?
- How will follow up be done?

Emphasize that APS should confirm that the other agency has picked up the case and begun to provide services BEFORE closing the case.

How many law enforcement jurisdictions are there within your service area?

Note that jurisdictions may overlap and it may be necessary to make multiple referrals at the regional, state, or even national (FBI) level. Be sure to follow-up to make sure that the case is not lost.

Ask if any participants have experience with transferring cases across states?
What is the system for transferring an APS case to another state or country APS office?

Trainer Note: If training for multiple counties, it may be helpful to be familiar with some of these policies prior to training. If training only for your own, ensure you have the most updated policy to reference.

Slide #11: Client Placement

Client Placement

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Conditions?

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



Who has jurisdiction?

Is follow up required?

TRAINER NOTE: Trainer Note: If training for multiple counties, it may be helpful to be familiar with some of these policies prior to training. If training only for your own, ensure you have the most updated policy to reference.

Slide #12: Client Deceased

Client Deceased

Conditions?

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



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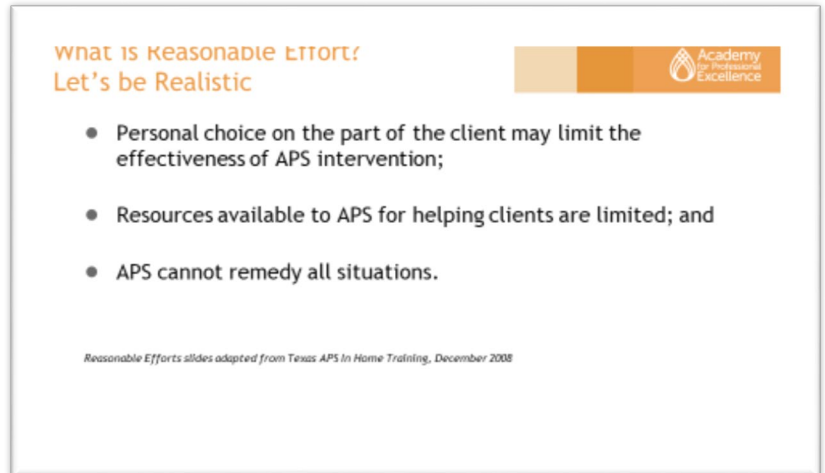
If the client's death a result of the abuse or neglect, when is it appropriate to terminate the case?

Is there a requirement to notify the Office of the Chief Medical Examiner or a local coroner?

- How is that notification done?
- Does your county have an Elder Death Review Team or Elder Forensic Team?

TRAINER NOTE: Trainer Note: If training for multiple counties, it may be helpful to be familiar with some of these policies prior to training. If training only for your own, ensure you have the most updated policy to reference.

**Slide #13: What is Reasonable Effort?
Let's be Realistic.**



**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

Explain that a component of APS work and especially when it comes to deciding if a case is ready for closure is to consider reasonable efforts.

Discuss that oftentimes APS Professionals are accused of not doing enough....and also of doing too much, of exceeding the parameters of their mandate and trampling on the rights of the client. It is a difficult balance.


Critics may wonder why certain services were not in place... we all know that there are gaps in services and resources are limited. We do the best we can with the resources available, trying to be creative at every turn. But we cannot manufacture something that does not exist.

Although the community may not believe it, APS cannot remedy every situation. Sometimes we have to be satisfied with baby steps and reducing risk.

Slide #14: Reasonable Efforts Include

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;



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Ask: Can you think of examples of possible resources that are “outside the box” or available in other regions?

Some possible answers:

- *Nationwide resources have a large catchment area (Braille Institute, Head Injury Groups, etc).*
- *Perhaps some disabilities that are highly uncommon or specialized might have support groups/organizations that isn't available to the local region, but can be utilized.*

Discuss the possibility that the client may have relatives in other parts of the state or another state and could be considered for any creative solution to meet their needs. Client could possibly consider relocating, if appropriate.


If time permits, **have** a short discussion about working with clients with personality disorders and the frustration involved.

- **Discuss** at what point do they think they have “done enough” for these clients?

Slide #15: Reasonable Efforts Include

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;



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Discuss changing the intervention and service plan.

Ask: Is it okay to change the intervention you have put in place?


→ If so, when, why and how would you change it?

Example:

A client may have needed a caregiver and at the time of the intervention, the client didn't know anyone that could provide the care.


- *Homecare is arranged via an agency.*
- *The client refuses to allow the "stranger" into their home.*
- *The client finds someone at their church and wants that person to be their caregiver.*
- *They may feel more comfortable with the new person because they are already acquainted with the new caregiver and more likely to allow that person into their home.*

Slide #16: Reasonable Efforts Include



Reasonable Efforts Include:

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



Ask: How do you evaluate services to ensure they are effective?

Possible answers may include:

During MDTs, discuss general challenges, without breaking confidentiality

Speak with Providers/Agencies to get a pulse on how things are working

Follow up with client and review service plan

Explain that part of the APS professional's role as an advocate is making sure that services that were put in place are appropriate and effective. Many APS clients change their view of their situation, therefore the services may or may not be appropriate or effective.

Ask: Have you advocated for resources to resolve a client's unmet need? How did you do it? Why is advocacy important?

Possible answers may include:

Speaking not for, but with client to agencies, based on client's perspective and desire.

Following up with agencies when client discusses complaint or lack of resources.


Activity #1 Self-Reflection (5-10 min)

1. Ask participants to think about this in their role as an advocate.
 - a. Are there services that are being provided meeting the needs of the client in their current cases?
2. Ask clients to write in their Participant Manuals any cases that may need more advocacy.
3. If time allows, ask if anyone wants to share, and allow participants to give peer support of other recommended services.

Slide #17: Reasonable Efforts Include

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.



The slide features a title 'Reasonable Efforts Include:' in orange text. Below it are two bullet points. At the bottom of the slide is a photograph of a 'CLOSED' sign on a window, viewed through a metal grate. The sign is white with black lettering. The window is dark, and the grate is made of vertical metal bars. In the top right corner of the slide, there is a logo for the 'Academy of Professional Excellence' with a stylized 'A' icon.



Discuss the last 2 bullets regarding the fact that some problems cannot be solved.

When reviewing the last bullet that some clients are not willing to change their circumstances, **refer** back to the “right to self-determination” that adults have. It may be helpful to also recognize that for many, the situation is “not that bad” even though an APS professional might see it as worst case scenario.

Slide #18: Reasonable Efforts Do Not Include

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.



Review the bullets on the slide.

Ask: Are any of these situations familiar to you?

- Ask participants to share experiences if they have any.


Explain that it is important that our expectations be realistic - if we expect too much of ourselves in a situation, it can lead to burnout.

Trainer Note: Issues of keeping a case open too long, closing it prematurely; doing more for one client than for others will be discussed in the section on dynamics of termination.

Slide #19: Case Vignettes

Case Vignettes

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



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TRAINER NOTE: Review case vignettes and suggested answers prior to the training to make sure they align with your agencies policies on case closure. Be prepared to acknowledge differences between agencies, if participants are from other areas.

Activity #2: Case vignettes (25 min)

1. Refer participants to **Handout #3B: Can I Close This Case?**, which has four case vignettes for discussion.
2. **Explain** that they will be using the information discussed earlier to analyze the cases and answer the questions.
3. **Divide** participants into small groups of 4-5 people per group and **assign** one vignette to each group.
4. **Have** each group choose a recorder as answers will be processed as a large group.
5. **Give** groups 10 minutes to read and answer the questions and then spend the remainder of the time processing the cases as a large group.

Trainer Note: Handout #3A has answers in Trainer Manual only.

Can I Close This Case? (Trainer Version)

HANDOUT #3A

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? *No*
- What reasonable efforts have been made to meet the goal? What else might be tried? *The professional did interview James and did express concern to client. How could the professional be sure that the exploitation was resolved or reduced? How did the professional know that James really moved out? Did the professional assess the dynamics between client and son? Was there no risk of abuse or retaliation? APS professional could have called the daughter for more information and to see if she was really going to pay the bill.*

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? *No*

- What reasonable efforts have been made to meet the goal? What else might be tried? **The professional made the effort to find the owner of the home, albeit unsuccessfully. Professional might try calling local Mental Health agencies to see if she is known to them. Professional might try calling Law Enforcement to see if client is known to them. Call post office, call utilities. Professional might stop at different shops, or got to other neighbors to see if anyone knows or has seen client.**

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? **No**
- What reasonable efforts have been made to meet the goal? What else might be tried? **It seems that the professional felt threatened or at best insulted by this client. Was the case closed so as not to have to deal with the client's abuse? Was the professional sure that the client had capacity to make decisions? If so, where is the evidence?**

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? **Yes**

- What reasonable efforts have been made to meet the goal? What else might be tried? **The APS professional made all reasonable efforts in this case and case closure was appropriate.**

Can I Close This Case? (Participant Version)**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.

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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?
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 - Unable to locate
 - Client refused services
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 - Client deceased

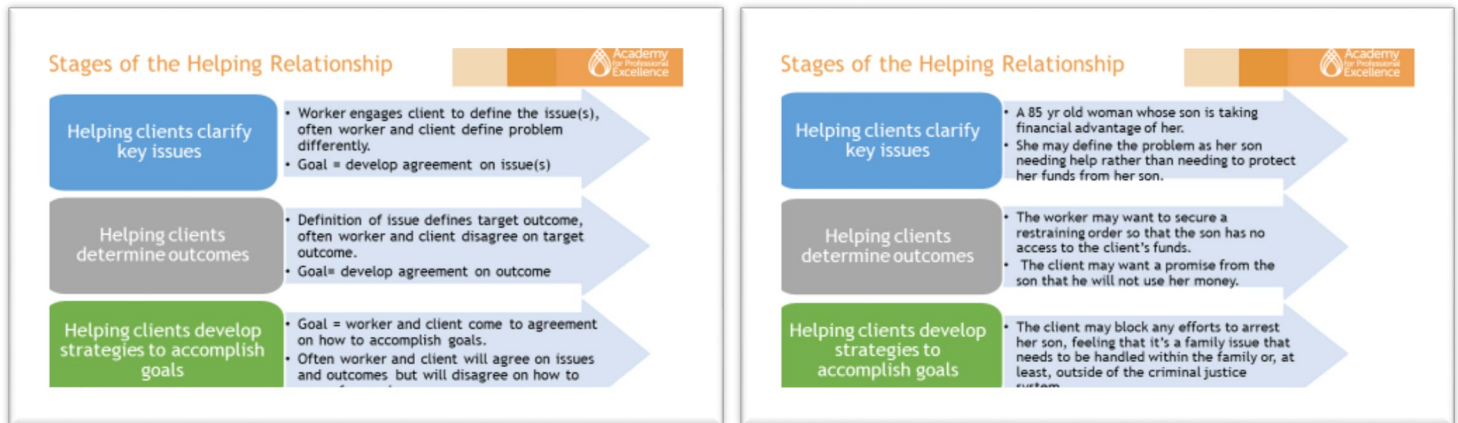
- Is this case ready to close?

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

DYNAMICS OF CASE TERMINATION

Time Allotted: 40-45 minutes

Slides #20 and #21: Stages of the Helping Relationship



Explain that the professional is building up to case closure from the minute they open a case since APS is generally a short-term intervention, not a long-term case management program. How the case starts will have a definite impact on how it ends.

On the next few slides, we will go over the stages of the helping relationship and talk a little about how the helping relationship and the process of setting and accomplishing goals impact whether the client accepts services, works towards goals and is safer at the time of termination. Relationship and rapport building have been addressed in-depth in other modules. In this module, we want to connect the helping relationship to the termination process.

Review the stages of the helping relationship on slide #20, and then **follow** with example of each stage on slide #21.

Stage	Description/ Goal/ Example
<p>Helping clients to clarify the key issues calling for change.</p>	<p>In this stage the professional has to engage with the client to define “the problem”. Often the professional and the client define the problem differently.</p> <p>Goal: Developing agreement about the issue(s) to be addressed is the major goal of this stage.</p> <p>Example 1: A woman whose son is taking financial advantage of her may define the problem as her son needing help rather than her needing to protect her funds from her son.</p>
<p>Helping clients determine outcomes.</p>	<p>Which issue is defined as the problem with influence selection of a target outcome? Even when the worker and the client agree on the definition of the problem, they may differ on the desired outcome.</p> <p>Goal: Developing agreement about the targeted outcome is the major goal of this stage.</p> <p>Example 1: The professional may want to secure a restraining order so that the son has no access to the client’s funds but the client may want a promise from the son that he will not use her money.</p>
<p>Helping clients develop strategies for accomplishing goals.</p>	<p>Goal: In this stage, the professional and the client must come to an agreement about how to accomplish the goals. Often the client will agree with the definition of the problem and the desired outcome but will disagree with the professional about how to move forward.</p> <p>Example 1: In the situation of the financial abusive son, the client may block any efforts to arrest the son, feeling that it’s a family issue that needs to be handled within the family or, at least, outside of the criminal justice system.</p>

Slide #22: Challenges at Each Stage



Have participants break into pairs, **assign** one of the two sample scenarios, and **have** them work the scenario through each stage that has been discussed, identifying ways to build the relationship with the client and the potential challenges they may encounter at each stage. **Give** the pairs 5-10 minutes. Both scenarios and empty answer grid are located in their participant manual.

Process scenario as a large group **asking** for volunteers to share their answers.

Teaching Point:

A recurring challenge may be related to goals. It is important for participants to realize that if their goals contradict the goals of the client, their chance of success will be limited. In order to bring a case to a successful conclusion, **the client has to feel that they are a part of the solution.**

Samples responses for each scenario:

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.

Stage	Challenges	Challenges
Helping clients to clarify the key issues calling for change.	A client who hoards cats may not believe that having 47 cats is a problem and you will need to help her come to the realization she can't care for this many cats.	A client whose son has hit her may minimize the problem as a one-time occurrence and you will need to help her come to the realization that his behavior is part of an escalation problem.

Continued

<p>Helping clients determine outcomes.</p>	<p>In this case, your ideal outcome (her having only one cat) may not match her best outcome which is having help to keep all her cats.</p>	<p>Your ideal outcome (the son moving out and staying away under a restraining order) may not match your client's best outcome which her son is staying at home and changing his behavior.</p>
<p>Helping clients develop strategies for accomplishing goals.</p>	<p>Once you both agree that she can't keep all the cats, you still have the best method to rehouse the cats (interviewing prospective adopters one by one vs. giving the cats to an animal shelter).</p>	<p>Once your client realizes that she is in on-going danger from her son, you still have the challenge of how you are going to remove the son from the home and under what conditions (a restraining order, his promise to stay away, supervised visitations with the client, etc.)</p>

If time allows, ask participants for examples of other challenges that may occur at each stage. Some possible answers include:

- Helping clients clarify the key issues calling for change. *Challenges may include: client mental status, client not seeing a problem or need for change, client resistance to agency intervention, client fear or shame regarding actions of a caregiver/abuser.*
- Helping clients determine outcomes. *Challenges may include: how do I get a resistance or confused or mentally ill client to take part in the process? My goals and the client's goals are not the same, the client may not be able to identify appropriate goals.*
- Helping clients develop strategies for accomplishing goals. *Challenges may include: client doesn't see a way out due to depression or hopelessness or loyalty to abuser, strategies are sabotaged, resources are limited or non-existent, and there is not enough time to build a relationship because caseloads are so high and demanding.*

Slide #23: Whose Needs Were Met?

The slide features a title 'Whose Needs Were Met?' in orange text at the top left. Below the title is a bulleted list of five questions: 'Cooperative?', 'Adversarial?', 'Whose needs were met?', 'Rush to close?', and 'Push to keep open?'. To the right of the list is a photograph of a woman with short brown hair, wearing a green top, with her hand to her chin in a thoughtful pose. In the top right corner of the slide, there is a logo for 'Academy of Professional Excellence' with a stylized orange and white icon.

Explain that for most states, APS is a crisis intervention program and not a case management program. The goal is to stabilize the situation and terminate. When the staff member is considering closing a case, it is important that they analyze the nature of the relationship to make sure that the reasons for termination are appropriate.

If the case went smoothly and the relationship was cooperative, the professional can look back and see what worked. If the relationship was adversarial, there could be a variety of reasons: it could be the professional's approach to the situation, the client's resistance in spite of all efforts to build a relationship, or an abuser's interference. These relationships can be explored with a supervisor individually or in a peer setting. Sometimes other APS professionals can help the new staff "see the forest from the trees".

An important element in case termination is determining motivation for closing the case. Was the intervention provided primarily to help the professional sleep at night, or to appease the community, or because it was the least restrictive alternative which respected the client's wishes as much as possible?

Activity #3 -Exploring Motivation (10-15 min)

To illustrate some of the situations, refer participants to **Handout #4: Motivation to Close a Case**.

There are five APS professional statements.

1. Ask for a volunteer to read each statement to the group.
2. After the statement is read, ask the group to comment on what seems to be going on with the staff member, with the staff-client relationship, and what contributed to the termination (or lack of it).

Teaching point: APS professionals should always examine the motivation behind the termination to make sure that personal issues are not a factor. Talking it through with

Continued

a supervisor or with coworkers may help them separate the personal from the professional.

Observations: If a case is closed quickly (for example for refusal of services), the APS Professional needs to examine the efforts that were tried and analyze if the quick closing had to do with the client's personality or the staff member's fears or frustrations. There are situations that push our buttons - clients or family members that remind is of someone we know (parents, siblings). There may be situations that are particularly uncomfortable for some staff (animals, hygiene, and abusive language) and closing the case may be their way out. Was the client too needy or too demanding? Was the situation too scary?


On the other side, if a case is kept open are stabilized, is it because the professional has connected to the client and would like to follow up? It is tempting to keep a "nice" case open so that the worker can avoid getting a new case.

Motivation to Close a Case**HANDOUT #4**

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.”

Slide #24: So Where do YOU fit in?



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



Explain:

Building on what we just discussed, it cannot be emphasized enough that the time taken up front to develop a relationship with the client will pay off at termination time.

If an APS professional really empathizes and understands the client's wishes and fears, the plan can address those fears, decrease the resistance, and make the client a partner instead of an adversary.

Even in cases of severe mental impairment (intellectual functioning), the client's feelings (emotional functioning) remain intact. It is important not to ignore them and to use listening and engagement skills to better relate to the client.

APS cases do not always have a happy ending.... sometimes for the professional, sometimes for the client. Professionals often operate in grey areas, which are uncomfortable (especially for new professionals) - it is tempting to try and make things more black and white quickly or by artificial means rather than taking the time and effort and frustration level required to do a comprehensive and complete job.

Ask:

- Whose agenda might be served by closing the case quickly?
- In what situations might it be your agenda rather than the needs of the client that are being served?

Possible answers: ignoring client's wishes, taking unethical steps, proceeding with own agenda, closing a case prematurely due to non-compliance.

Provide the following questions for participants to ask themselves about aging issues:

- Is this population (older or vulnerable adults) new for you?
- What are some of the issues that have come up for you?

Possible answers: terminal illness, death, hygiene, environmental hazards, hoarding, multiple pets, right to make bad decisions.

- What were some of the adjustments that you had to make?

Continued

- How have you adapted? What has helped?

Trainer Note: If there is time, you can make this into a dyad exercise and ask: What are the new issues that have come up for you while working with this population? How have you dealt with the adjustment?

Slide #25: Feelings Associated with Case Closure

Activity: Feelings Associated with Case Closure

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



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Case Closure - How does it feel for the client? How does it feel for the APS professional?

Refer participants to **Handout #5B: Feelings Associated with Case Termination**.

Ask participants to work in small groups to provide two statements for each feeling. Have them choose a recorder.

Give groups 10 minutes and then process the statements in the large group asking for volunteers.

Comment on the difficulties and the dynamics that both professionals and clients face when the case is terminated.

Ask each group what they have done in the past to help themselves and their clients cope with these feelings?

Remind participants that stress and compassion fatigue can happen at any point in the life of the case and in the next section we will discuss self-care.

Trainer Note: Handout #5A has possible answers for Trainer Manual Only. Handout #5B is for participant use.

To help get them started, walk through the example on “Dependence” with participants as a large group.

Feelings Associated with Case Closure (Trainer Version)

HANDOUT #5A

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	Will I be able to manage on my own? Will my son find a way to continue to take my money?	What if something happens to the client (falls, return to noncompliance with meds, depression worsens, suicide)? What happens when her son is released from prison?
Guilt	If I had been nicer to the APS professional, she might have given me more attention.	I didn't do enough. I pushed her into a Long Term Care Facility and she didn't want to go. My intervention imperiled the relationship between my client and her family.
Anxiety	Now what will happen to me? How will I manage in a facility? How will my relationship with my family (perpetrators) be impacted?	What if the newspaper finds out and misinterprets the situation? What if the abuser returns? What if services are refused or fall apart?
Relief	The APS professional wanted me to do things I did not wish to do. The professional did not understand my relationship with my child (perpetrator).	I can sleep at night. I don't have to deal with that abusive client/caregiver/system anymore.
Cultural Values	The professional did not understand how we do things in my culture/religion.	The oldest son was making decisions and not listening to his mother. He brought her to this country and should be taking care of her.
Dealing with resistance	I had to push the APS professional away. I don't want anyone to know what is going on. It isn't anyone's business but mine. The professional wants me to go to a doctor... I don't want to go to a hospital or a nursing home. I want my independence. I can take care of myself.	I am feeling rejected. All my efforts have been resisted. There is no gratitude in this job.

Feelings Associated with Case Closure (Participant Version)


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		

DEALING WITH THE STRESSES OF CASE TERMINATION: SELF CARE

Time Allotted: 30-35 minutes


Slide #26: Don't "Sleep" with Your Clients



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

I forgot to call Mr. B and I need a food voucher for Alice



Trainer Note: This section is divided into 2 parts. #1 A Shout Out (this slide) and #2 Individual Work with Trainer Report Out (next slide).

Prep: You will need 2 large sheets of flip chart paper for your use.

Pre-title 1st chart paper: SIGNS AND SYMPTOMS. Write 3 columns underneath title, labeled Physical, Psychological, and Behavioral: You will write participant's responses to the shout out here.

Pre-title the 2nd sheet: STRESS STRATEGIES, which will be used to post trainees individual responses.

Post your flip charts in the front of the room.

Provide each table with enough post-it notes (lined 4x6 works well).

Explain that we will now take some time out and talk about your stress related to the job and closing cases.

Of course, the title of this slide has nothing to do with having sex clients (**make sure** the participants see the humor in it) but does have to do with thinking about APS situations outside the office.

The complexity of APS cases and the anxiety over what action to take and when to terminate a case can cause professionals distress. It is important that APS professionals do not take their work home and that they learn to separate their professional from their personal life. They will see, as they get more experienced on the job that may become easier to separate.

Continued

#1: SHOUT OUT (5 min):

Ask participants for some signs and symptoms of stress/burnout.

→ **Emphasize** you are looking for specific physical, psychological/mental and behavioral symptoms.

Capture their responses on the flip chart labeled SIGNS AND SYMPTOMS.

Trainer Note: Try and illicit physical, psychological/mental, and behavioral signs and symptoms. You may need to prompt the participants to come up with signs/symptoms that fit in each category. This process can make for an interesting discussion about stress and burnout.

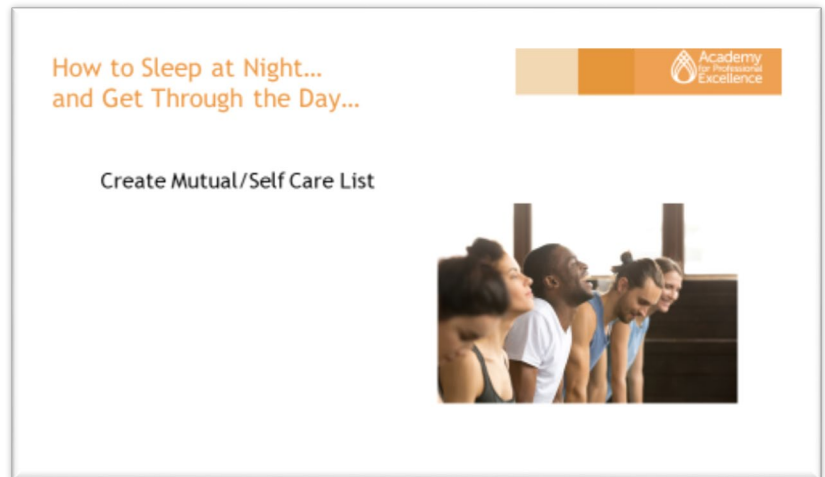
Possible answers may include:

Physical: *headaches, stomach aches, diarrhea, high blood pressure, sweating, poor appetite, lingering cold, insomnia, heart pounding, generalized aches and pains, back pain, shortness of breath, etc.*

Psychological/mental: *Depression, anxiety, sad, disoriented, apathy, worry, confusion, lonely, nervous, urge to cry, hide, run, nightmares, helpless, irritable, negative attitude and thoughts, etc.*

Behavioral: *cigarette smoking, use of medications, inappropriate crying, aggressiveness, overeating, undereating, overly argumentative, blaming, nervous laughing, decline in work effectiveness, inflexible, fault finding, alcohol and drug abuse, lower sex drive, quickly angered, antisocial*

**Slide #27: How to Sleep at Night...
and Get Through the Day...**



#2: Stress Strategies (10 min)

Explain that now that we have some ideas of how stress manifests we're going to create a "mutual care" or "self-care" list.

1. **Ask** the participants to individually brainstorm and write down on the sticky notes provided 1-3 activities or ideas they personally do for stress relief.
2. **Have** them post them on the flip chart labeled "STRESS STRATEGIES" as they finish.
 - a. Note: they can post as they finish one, to allow you time to read and get folks moving up from their seats.
3. **Read** them aloud and note any themes that are particularly interesting/useful/free ideas.

Possibilities include:

Debriefing with supervisor or peers, making sure you are organized at work, signs and visible reminders to relax, hobbies, yoga, hot bath, shopping, exercise, sports, music...

Slide #28: Compassion Satisfaction and Vicarious Resilience

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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?

Give participants 5-7 minutes to review **Handout #6: Signs of Burnout, Compassion Fatigue and Compassion Satisfaction** on their own and ask them to pay special attention to Compassion Satisfaction at the bottom.

Once review is complete, **ask** the class how they have handled the stress of tragic ending (e.g. client deaths, suicides, homicides).

- **Emphasize** the use of supervision and the availability of employee assistance counseling if needed.

Explain that one way of combating Vicarious Trauma and Compassion Fatigue is to work on Compassion Satisfaction and Vicarious Resilience.

As noted in the handout, Compassion Satisfaction refers to:

- the pleasure we derive from being able to do our work well
- positive feelings about our colleagues and their efforts
- satisfaction in our ability to contribute to the work setting and/or greater good of others/society
- pleasure and satisfaction you derive from helping others.

Ask the participants to reflect on the following questions (**5-7 min**):

1. Think about a time in the past month that as a result of your work, you felt you really made a difference in the life of another (can be a co-worker, client, stakeholder, etc). What did you specifically do/say that made a difference? How did that encounter/experience leave you feeling? What would the other person say in terms of how it left them feeling?

OR

2. Think of a moment in the past few months that you said to yourself, "this is why I do what I do."

If time allows, and participants feel safe to do so, **ask** for volunteers to share (**they may need you to go first!**).

Continued

Explain that Vicarious Resilience recognizes that protective factors and positive effects of helping can occur. That we can be vicariously negatively impacted, but we can also be vicariously affected in positive ways by our clients.

One way to grow our Vicarious Resilience is look at these positive effects.

Ask the participants to reflect on the following questions (5-7 min):

Think about someone in your life that has been through a devastating, adverse experience (death of a loved one, divorce, abuse, cancer diagnosis, etc.), what amazed you about this person's ability to persevere, survive? By highlighting and thinking about this, what do you notice/feel in yourself? What can you learn/how can you benefit from this person?

If time allows, and participants feel safe to do so, **ask** for volunteers to share (**they may need you to go first!**)

Remind participants that self-care is an ethical obligation.

To conclude our discussion on self-care, **have** participants write in their participant manual 2-3 things they will do to reduce stress and improve self-care.

Inform participants of additional resources:

1. A detailed assessment for Self Care: PROQOL- Professional Quality of Life Scale. This questionnaire will help determine scores for compassion satisfaction, burnout and secondary stress. Source: http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf
2. There are many online tools if participants search quick and simple burnout/level of stress questionnaires.

Signs of Burnout, Compassion Fatigue and Compassion Satisfaction

HANDOUT #6

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>

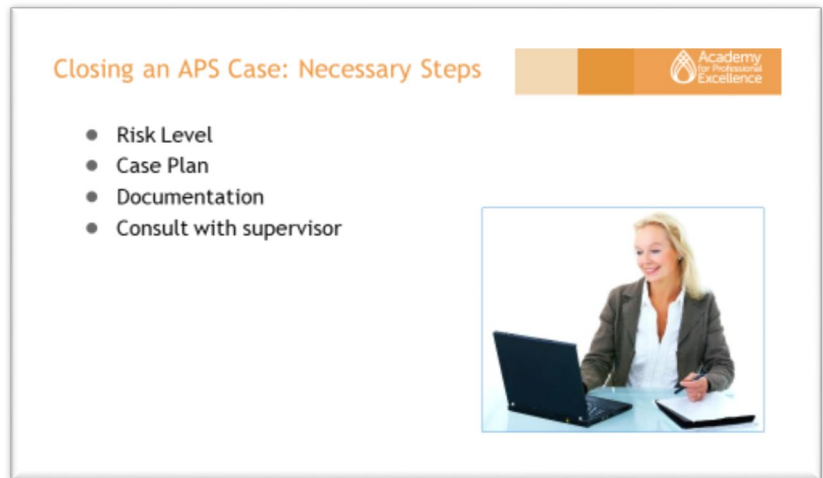
Compassion Satisfaction Defined - Compassion Satisfaction is about the pleasure you derive from being able to do work. For example, you may feel like it is a pleasure to help others through what you do at work.

Source: http://proqol.org?Compassion_Satisfaction.html

STEPS TO TAKE BEFORE CLOSING AN APS CASE

Time Allotted: 30 minutes

Slide #29: Closing an APS Case: Necessary Steps



The slide is titled "Closing an APS Case: Necessary Steps" and features the logo of the "Academy for Professional Excellence" in the top right corner. It contains a bulleted list of four items: Risk Level, Case Plan, Documentation, and Consult with supervisor. To the right of the list is a photograph of a woman with blonde hair, wearing a grey blazer over a white shirt, sitting at a desk with a laptop and a notebook, looking at the laptop screen.


Because APS cases are so complex and situations may change from hour to hour, it is important to consider several critical components of your case when making the decision to terminate a case.

Let's review these areas and on the following slide, we will break it down using a helpful checklist.

The components are:

- **Risk Level:** what is the level of risk at this time? How does it compare to when the case initiated?
Ask participants: How do you go about reassessing the risk?
- **Case Plan:** Evaluation of case intervention and progress: What has been done to resolve or reduce the risk? What other agencies or programs have been involved? What services have been provided and how did they work out? What services are still in place? Who will follow up with these services once the APS case is terminated?
- **Documentation:** If it is not documented, it did not happen. Make sure all essential information is in the case record. We will discuss the case summary in a few minutes.
- **Consult with supervisor:** Present the case to supervisor and be prepared to answer detailed questions.

Slide #30: Case Closure Checklist

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Case Closure Checklist

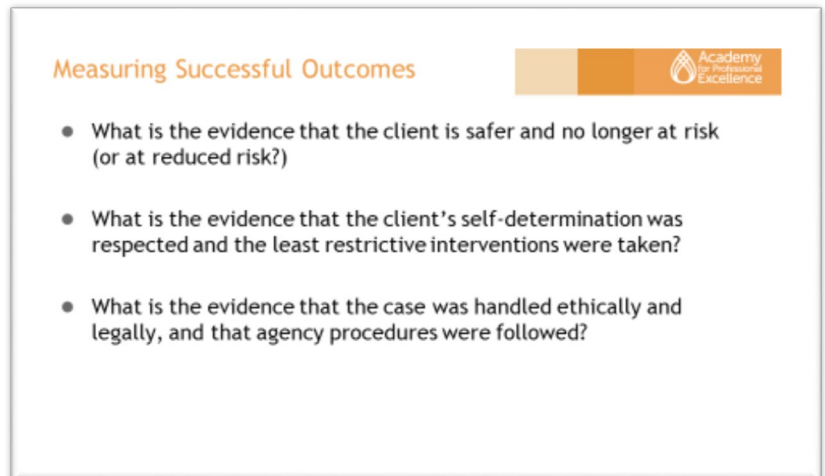
- ✓ Update Risk Assessment
- ✓ Collect evidence as required
- ✓ Investigate and document all allegations
- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the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

Adapted from Texas APS IH January 2010

TRAINER NOTE: This slide is a more thorough checklist referenced from the criteria on the previous slide. It's suggested to have a few participants quickly read out loud. It's fairly straightforward and the activity that follows this slide will allow participants to have critical discussions and think through each of the case vignettes as it relates to case termination. It will be used as a guide for the following Table Activity.

If training for our own agency, you will need to check to determine whether the agency has their own checklist for use when closing a case. If so, you will need to replace this checklist with your agency's checklist.

Ask for volunteers to read the slide out loud and **explain** this will guide them for the next activity.

Slide #31: Measuring Successful Outcomes

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?

Explain that careful considerations to measure successful outcomes include these questions when you are ready to close a case. You may not realize this, but you are actually asking yourself these questions throughout the life of the investigation/case. It is now critical to think about it closely as you are closing a case:

- 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 agency procedures were followed?

Activity #4 Taking the Right Steps (20 min)

1. **Assign** each table one of four of the cases. You may need to assign a case multiple times if you have more than 4 tables.
2. **Ask** each table to assign a scribe and a reporter and encourage them to share in the work.

Explain:

Imagine that the case you are assigned is yours and you believe it is time to close your case. You need to make sure the checklist is complete.

- While reviewing the case, discuss with the table your reasons for closing, keeping in mind the 3 bulleted points on this slide "Ensuring Successful Outcomes" as these questions also help measure the 'success/outcome' of the case.

Refer participants to **Handout #7: Case Closure Checklist Activity**.

Ask them what they would do in each case situation to satisfy the checklist which is written under each scenario.

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 him 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

WRITING A CASE SUMMARY**Time Allotted: 30 minutes total****Slide #32: Case Summary Essentials**



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



Trainer Note: This is the basic information that should be in the case summary. Each APS program may have a different procedure or form. You may discuss the requirements for your program here. If participants come from different agencies, or if different counties have different requirements, have them share what is used in their program.

Briefly **explain** that the bullets on the slide are essential to writing a case summary. They will be our guide for our next activity.

Acknowledge that their agencies may have a different process, but this exercise will practice ensuring the case summary essentials are met.

Activity #5: Individual Practice (10 min)

Refer participants to **Handout #8A: Case Summary Example** and explain that it is sample of a written case summary.

1. **Instruct** each participant to work individually and highlight or underline/highlight the areas on the handout that meet various case summary essentials from the list on the slide.

Note: report out will be on next slide

Trainer Note: An answer key is provided in Handout #8B for Trainer Manual only.

Case Summary Example (Participant Copy)**HANDOUT #8A**

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.

Slide #33: Case Closure Summary Wrap Up

The slide features a title 'Case Closure Summary Wrap Up' in orange text at the top left. To the right of the title is a logo for the 'Academy of Professional Excellence' consisting of three orange squares of varying shades and a circular emblem with a flame-like shape inside. Below the title is a single bullet point: '• Check with your agency on how to document, assuring case summary essentials'.

Report Out:

1. **Ask** for a volunteer to report out their results.
2. **Ask** if anyone else had something different and discuss the differences.
3. **Review** any missed point from **Handout #8B: Case Summary Example**, the highlighted example below (**for Trainer Use Only**)
4. **Remind** participants that the previous activity is strictly a quick example of a case summary that includes the essential elements of a case closure summary. As a reminder: Their agency may have different mechanisms to how they document, assuring that these elements are a part of their documentation system.
5. **Provide** any final comments on writing a case closure summary and solicit any questions.

Case Summary Example (Trainer Copy)

HANDOUT #8B

*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 cooperative 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 client appeared unkempt and that the home appeared to need a major cleaning. This 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's 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**

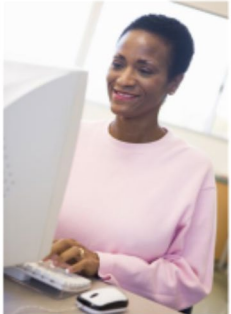
referral has been made to the local area Office on Aging for ongoing case management services and to a community bereavement support group. Client has made an appointment with his primary care physician for a complete physical and said that he will attend the upcoming appointment.

Client was informed on 11/15/2017 that his case will be closed and was encouraged to call APS should he need additional assistance or services in the future.

Slide #34: Transfer of Learning Tool

Practice: Transfer of Learning

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



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Explain that it is important that participants continue to practice the skills they learned today back in the office. To help them do this, they will complete the same activity as in Handout #7 except with a case of their own this is ready for termination. That case summary should be submitted to their supervisor or trainer (with redacted information) for review. Refer participants to **Handout #9: Transfer of Learning Tool**.

Trainer Note: This is a Transfer of Learning Tool that participants will be responsible for utilizing on their own when they return to their offices. Let them know this is good practice from what they learned in class today. Encourage them to discuss this assignment with their supervisor and to apply these newly learned skills in the field.

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 _____

Slide #35: Bottom Line Issues: Covering All Bases

**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




The following three slides cover bottom line issues and reflect some of the most challenging parts of APS case closure and often cause workers the most stress.

Briefly **review**, but note, most of the information has been covered earlier in the day and is a review.


Ask for feedback.

Slide #36: Bottom Line Issues: Liability Issues



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?



Fear of Lawsuits and newspaper articles always cause anxiety for agencies and, of course, that anxiety comes down to the front line worker.

APS professionals must know all the legal responsibilities and implications of their jobs... those related to reporting, confidentiality, accountability as well as informing law enforcement, using orders of protection, orders of access, guardianship/conservatorship processes.


This understanding as well as having complete and proper documentation will help protect them and the agency.


Unfortunately, APS professionals frequently wind up in binds... some in the community will say that APS did not do enough, others will say APS overstepped its bounds. There is no 100% guarantee that everyone will be satisfied at the end of the day, but working legally, ethically, and respectfully and using supervision whenever necessary helps to prevent surprises.

Slide #37: Bottom Line Issues: Partners

**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?





Many APS programs participate in MDTs (multidisciplinary teams) and there are protocols in place for how they work.

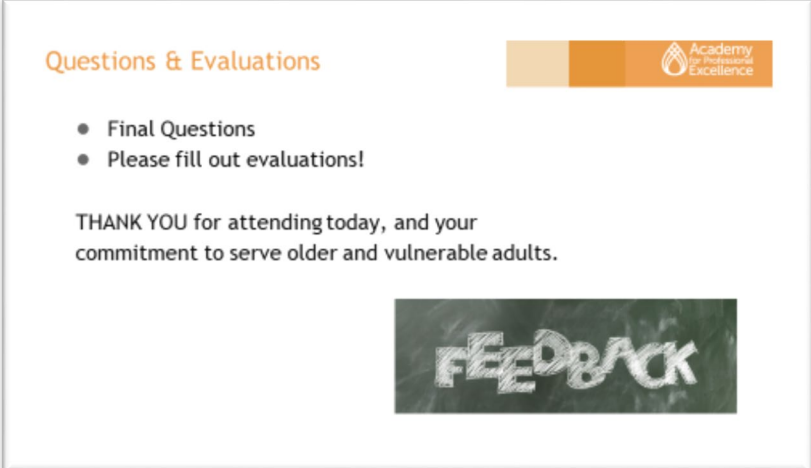
New staff should be encouraged to partner with other disciplines when possible...valuable medical, legal, and resource information will be helpful when addressing difficult cases, and especially when deciding to terminate.

Good relationships with other agencies can lessen the stress on the professional and give that professional more options for the client. The professional should know the confidentiality parameters of their particular agency.

CLOSING: Q & A AND EVALUATIONS

Time Allotted: 15 minutes


Slide #38: Questions & Evaluations



Questions & Evaluations

- Final Questions
- Please fill out evaluations!

THANK YOU for attending today, and your commitment to serve older and vulnerable adults.



The slide features a title 'Questions & Evaluations' in orange text at the top left. To the right is the logo for the 'Academy of Professional Excellence', which consists of three orange squares of varying shades and a circular icon with a flame-like shape. Below the title is a bulleted list with two items: 'Final Questions' and 'Please fill out evaluations!'. Underneath the list is a 'THANK YOU' message in black text. At the bottom right, there is a dark green rectangular graphic with the word 'FEEDBACK' written in white, stylized, block letters.

Ask for participants to write in their Participant Manual two lessons learned or key takeaways from today's training.

Solicit a few volunteers to share, or if time allows, have everyone share just one.

Ask if there are any remaining questions.

Remind them to complete their evaluations. **Thank them for their participation.**

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