

# PROFESSIONAL COMMUNICATION

*Seeing the World Through Other Lens*

## PARTICIPANT MANUAL



**Professional Communication**  
*Seeing the World through Other Lens*



**This training (original version) was developed by the Academy for Professional Excellence, funded by a generous grant from the Archstone Foundation.**

**Curriculum Developer 2010  
Version 1 and 2  
Lori Delagrammatikas**



**Curriculum revisions (version 3) was developed by the San Diego State University School of Social Work, Academy for Professional Excellence with funding from the California Department of Social Services, Adult Programs Division**

**Curriculum Revisions 2018  
Version 3  
Paul Needham**

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## INTRODUCTION

### ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the *Professional Communication* Participant Manual, developed by MASTER, a program of the Academy for Professional Excellence under a grants from the Archstone Foundation and 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.

MASTER (Multi-disciplinary Adult Services Training and Evaluation for Results) is a program of the Academy for Professional Excellence. MASTER is designed to provide competency-based, multidisciplinary training to Adult Protective Services Workers and their partners. MASTER's overarching goal is the professionalization of Adult Protective Services workers 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, MASTER has developed a nationally recognized Core Competency Training Curriculum for Adult Protective Services workers. This curriculum is reviewed and approved by experts in the elder and dependent adult abuse fields.

MASTER'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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## Acknowledgments

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

<p style="text-align: center;"><b>Version 1-2 Agencies</b></p> <p>Bay Area Academy, Statewide APS Training Project                  California Department of Social Services, Adult Services Branch                  California Social Work Education Center Aging Initiative                  Imperial County Department of Social Services                  Orange County Social Services Agency                  Riverside County Department of Public Social Services                  San Bernardino County Department of Aging and Adult Services                  San Diego County Aging and Independence Services</p> <p style="text-align: center;"><b>Regional Curriculum Advisory Committee</b></p> <p>Carol Mitchel, APS Manager and PSOC Representative, Orange County                  Beverly Johnson, LCSW, Staff Development Officer, Riverside County                  Brenda Pebley, APS Manager, Imperial County                  Carol Castillon, APS Supervisor, San Bernardino County                  Carol Kubota, LCSW, Staff Development Officer, Orange County                  LaTanya Baylis, Staff Development Officer, San Bernardino County                  Zachery Roman, Staff Development Officer, Los Angeles County</p> <p style="text-align: center;"><b>Committees</b></p> <p>MASTER Steering Committee                  APS Core Curriculum Committee                  National Adult Protective Services Association Education Committee                  Protective Services Operations Committee of the California Welfare Directors Association</p> <p style="text-align: center;"><b>Special Consultants</b></p> <p>Dr. Nora Balderian, Consultant                  Dr. Scott Modell, Consultant                  Donna Pence, Consultant                  Susan Castano, Consultant</p> <p style="text-align: center;"><b>Evaluation Consultants</b></p> <p>James Coloma, Evaluation Consultant                  Jane Birdie, Evaluation Consultant                  Cynthia Parry, Evaluation Consultant</p> <p style="text-align: center;"><b>Video</b></p> <p>Terra Nova Films, Inc</p>	<p style="text-align: center;"><b>Version 3 Agencies</b></p> <p>California Department of Social Services, Adult Programs Division                  County of Los Angeles Workforce Development, Aging and Community Services                  Orange County Social Services Agency                  Riverside County Department of Public Social Services                  San Bernardino County Department of Aging and Adult Services                  County of San Diego Aging and Independence Services</p> <p style="text-align: center;"><b>Regional Curriculum Advisory Committee</b></p> <p>Ralph Pascual, Human Services Administrator, Los Angeles County                  Carol Kubota, Senior Social Services Supervisor, Orange County                  Jessica Paradee, Staff Development Officer, Riverside County                  LaTanya Baylis, Training and Development Specialist, San Bernardino County                  Carlos Morales, APS Supervisor, San Diego County</p> <p style="text-align: center;"><b>Committees</b></p> <p>APS Training Planning Committee                  National Adult Protective Services Association Education Committee                  Protective Services Operations Committee of the California Welfare Directors Association</p> <p style="text-align: center;"><b>Curriculum Revisions</b></p> <p>Paul Needham, TSC Services</p>
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Course Outline

<u>CONTENT</u>	<u>MATERIALS</u>	<u>TIME</u>
<b>WELCOME, INTRODUCTIONS, COURSE OVERVIEW</b>		<b>TOTAL: 15 minutes</b>
<b>TYPES OF INTERVIEWS AND INTERVIEWEES</b>		<b>TOTAL: 15 minutes</b>
<i>Activity #1- Self-Reflection (Individual)</i>		
<b>PREPARING FOR THE INTERVIEW</b>		<b>TOTAL: 30 minutes</b>
<i>Activity #2- Disability Interview Part 2 (Large group; individual)</i>		
<i>Activity #3- Interview Preparation (Table-top)</i>	<i>Handout #1b</i>	
<b>BASIC INTERVIEWING SKILLS</b>		<b>TOTAL: 95 minutes</b>
<i>Activity #4- Establishing Rapport Shout-Out (Large group)</i>		
<i>Activity #5- Self-Neglect Initial Home Visit (Large group)</i>		
<b>BREAK</b>		<b>15 minutes</b>
<i>Activity #6- (Optional) Reflecting Emotions (Large group OR pairs)</i>	<i>Handout #5</i>	
<i>Activity #7- Reflecting Emotions &amp; Content (Large group)</i>		
<b>QUESTION TYPOLOGY</b>		<b>TOTAL 95 minutes</b>
<i>Activity #8- Head to Head Challenge (Large group)</i>		



Activity #9- Leading Questions (Individual)	Handout #9	
<b>LUNCH</b>		<b>60 minutes</b>
<i>Activity #10- Password Game (Triads)</i>	<i>Sets of Labels for Password Cards</i>	
<i>Activity #11- Interview Practice (Triads)</i>	<i>Handout #11</i>	
<b>BREAK</b>		<b>15 minutes</b>
<b>SPECIAL CONSIDERATIONS</b>		<b>TOTAL: 60 minutes</b>
<i>Activity #12- Sensory Awareness (Large group)</i>	<i>Prepared glasses and cotton balls</i>	
<i>Activity #13 (Optional)- Broken English (Pairs)</i>		
<b>WRAP-UP &amp; EVALUATIONS</b>		<b>TOTAL: 20 minutes</b>
<i>Lessons Learned &amp; Validation</i>		
<b>TOTAL (INCLUDING LUNCH AND BREAKS)</b>		<b>7 hours</b>

## Executive Summary

**Course Title:** Professional Communication- *Seeing the world Through Other Lens*  
(Module 9 of the NAPSA Core)

In this engaging and highly interactive introductory training, participants learn the basic components of interviewing clients. Participants will understand the importance of trust and relationship building, demonstrate the use of engagement skills; learn how and when to use various questions types and styles including open-ended questioning and responding to abuse disclosures, and will have the skills to adjust their interviewing techniques to accommodate a variety of individuals with disabilities.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussions, experiential exercises); question/answer periods; PowerPoint slides; video clips; participant guide (encourages self-questioning and interaction with the content information); 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 Aging & Adult Service partners (e.g. In-Home Supportive Services, Long-Term Care Ombudsman). This course is also appropriate for experienced staff that could benefit from knowledge and/or skills review.

### **Learning Outcomes:**

1. Demonstrate the following interviewing skills:
  - a. Trust and relationship building
  - b. Engagement Technique
  - c. Open-ended questioning
  - d. Listening/reflection of content and feeling
  - e. Responding to disclosures
  - f. Showing empathy/compassion
2. Correctly identify 5 question types
3. Correctly identify 3 distinct question content levels
4. Adjust the interview to the functional level of the interviewee in order to get accurate information and understanding

### **Participants will have learned the following values:**

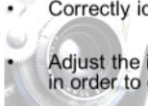
- To respect and acknowledge the client's individuality, dignity and right to self preservation.
- To value the needs of the most vulnerable individuals in our society.
- To value the opportunity to connect with the client on a dynamic, deeply personal level during a time of crisis.

Slide #4

### Learning Outcomes

Participants will be able to:

- Demonstrate the following interviewing skills:
  - Trust and relationship building
  - Engagement Technique
  - Open-ended questioning
  - Listening/reflection of content and feeling
  - Responding to disclosures
  - Showing empathy/compassion
- Correctly identify 5 question types
- Correctly identify 3 distinct question content levels
- Adjust the interview to the function level of the interviewee in order to get accurate information and understanding




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Slide #5

### Types of Interviews

<p><u>Investigative</u></p> <ul style="list-style-type: none"> <li>• Fact-finding in nature</li> <li>• Objective/Non-interpretive</li> <li>• Conducted by APS or Law Enforcement</li> <li>• Structured</li> <li>• Time limited</li> <li>• Competency of the client is questioned</li> <li>• No leading</li> <li>• Interested in objective reality of client</li> <li>• Client may be lying</li> </ul>	<p>vs.</p>	<p><u>Clinical</u></p> <ul style="list-style-type: none"> <li>• Therapeutic in nature</li> <li>• Subjective/Interpretive</li> <li>• Conducted by mental health professional</li> <li>• Unstructured</li> <li>• Ongoing/engaging</li> <li>• Competency is not a concern</li> <li>• Some leading</li> <li>• Interested in client's subjective experience</li> <li>• Client is viewed as trustworthy</li> </ul>
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Adapted from Laurie Fortin, Investigative Interviewing Institute.




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Slide #6

### Types of Interviewees

- Clients/Victims
- Perpetrators
- Collateral contacts
- Family/ group interview





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Slide #7

### Interviewer Role: Use of Self

Presentation	Professional, non-threatening, warm, friendly
Stance	Open-minded, unbiased
Point of view	Strength-based
Strategies for eliciting information	Active listening, supportive, empathetic, reassuring
Strategies for reaching common understanding	Practice, clarify, recapitulate

Adapted from Laurie Fortin, Investigative Interviewing Institute.

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Slide #8

### Preparing to Interview the Client

Review the report for:

- Age
- Language
- Disability
- Cognitive Impairment
- Previous history with APS
- Allegations
- Family dynamics
- Cultural/gender considerations
- Possible dangers




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Slide #9

### Preparing to Interview the Client

- Determine what information you need and who should be contacted.
- Determine what agency policies and procedures apply and what paperwork you need to bring.
- Determine how you are going to keep yourself and the client safe if there are indicators of danger.
- Determine who should be the lead interviewer if more than one agency is involved.




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Slide #11

**Interview Preparation Activity**



For 5 minutes, in table groups, read your assigned vignette and determine what steps you would want to take and what information you might want to know before interviewing the client.

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**Handout #1b-Interview Preparation (Participant Copy)**


1. Mimi is female, 80 years old, Spanish speaking and diagnosed with Alzheimer's Disease. Her 86-year-old husband, Jesus, is her caregiver. According to her neighbor, Jean, Jesus has been drinking lately to the point where he is unable to care for himself or his wife. There is also a son, Hermes, who lives in the home and works during the day. There is a previous APS case on file from last year, in which Hermes was alleged to have struck his mother. That allegation was unfounded as no one witnessed the alleged assault, there was no physical evidence and Mimi denied the allegation during the investigation.
2. Charlie is male, 63 years old, English speaking and has been diagnosed with bipolar disorder. According to Code Enforcement, there is no running water or electricity in this home and the toilet and sinks do not work. There are feces on the carpet and "junk" piled everywhere. It is unclear whether the feces are human or animal as he has two large dogs. Charlie does not follow doctor's orders or take medications. There are three previous APS reports on file over the last two years. They are all related to self-neglect. These allegations were confirmed but Charlie consistently refuses services. The APS professional was able to get Charlie committed for a psychiatric evaluation last year but once he took his medications, he was released.
3. Min-Jee is female, 72 years old, Korean speaking and lives with her son Duck-Hwan and his family. Min-Jee speaks no English and has only been in the U.S. for 2 years. Min-Jee is in extremely frail condition and needs help ambulating. The reporting party is a friend of the family who is concerned that Duck-Hwan and his wife leave Min-Jee alone all day while they are at work. According to the friend, who refused to give her name, they do this because they cannot afford in-home care and they don't want their mother to go to a nursing home.
4. Kimani is female, 61 years old, African American, English speaking, blind and uses a wheelchair. Kimani lives in the home of her adult daughter, Laquita and Murray, Laquita's boyfriend. Kimani is making the report. According to Kimani, Murray was angry with her last night and struck her in the head with his cellphone. Kimani stated that Murray also fights with her daughter on a regular basis and that the police are "always" being called to the house. This is the first report to APS.
5. Herman is a 69 year old, deaf, German man. According to his apartment manager, Herman has a history of substance use disorder and is being evicted for having unauthorized guests in his assisted living apartment. The manager is concerned that these female guests are taking Herman's money. Herman walks with a cane.

Slide #12

**Translators**



- Find out your agency's policy regarding translators.
- Use professionals when possible.
- Consider the possibility that your potential translator is the alleged perpetrator.
- Speak to the interviewee, not the translator.



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**Handout #2: iSpeak Identification Cards**

<div style="display: inline-block; background-color: black; color: white; padding: 5px;"> <b>2004 Census Test</b> </div> <div style="display: inline-block; text-align: right; font-size: small;">                     United States <b>Census 2010</b> </div>	LANGUAGE IDENTIFICATION FLASHCARD
<input type="checkbox"/> وضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Խոսողում ենք նշում կատարեք այս քանակությունը, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্সে দাগ দিন।	3. Bengali
<input type="checkbox"/> ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	12. Farsi

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- |                          |  |                    |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français.                                      | 13. French         |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen.                | 14. German         |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάσετε ή μιλάτε Ελληνικά.                            | 15. Greek          |
| <input type="checkbox"/> | Make kazyè sa a si ou li oswa ou pale kreyòl ayisyen.                                | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ।                       | 17. Hindi          |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob.                                | 18. Hmong          |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet.                   | 19. Hungarian      |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano.                    | 20. Ilocano        |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano.                                     | 21. Italian        |
| <input type="checkbox"/> | 日本語を讀んだり、話せる場合はここに印を付けてください。   | 22. Japanese       |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오.   | 23. Korean         |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກົດພາສາລາວ.   | 24. Laotian        |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish         |

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<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องถ้าท่านอ่านหรือพูดภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish


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Slide #13

**Reflective Listening** 

- Establish rapport
- Acknowledge the interviewee's emotions
- Paraphrase the content
- Be patient and attentive
- Convey warmth and understanding
- Use open ended questions



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## **Handout #3- Reflective Listening**

### **Mirror Body Language and Vocal Characteristics**

- Maintain eye contact (if culturally appropriate)
- Relaxed, alert posture
- Match the interviewee's postural shifts
- Replicate shifts in vocal tonality, tempo, volume, timbre and intonation
- Match the interviewee's gestures and characteristic poses (respectfully)
- Use the phrases that the interviewee uses
- Lean slightly forward

### **Don't:**

- Show impatience
- Slouch
- Yawn, sigh, act bored or disinterested
- Multi-task while interviewee is speaking



### **Listening Skills:**

- Speak in a kind, measured voice that conveys warmth and interest
- Assure the interviewee that they are being heard
- Paraphrase interviewee's statements so they feel validated
- Ask open-ended questions
- Acknowledge interviewee's emotions (e.g. "That must have made you feel...." Or "It sounds like you feel...")
- Respond to content, paraphrasing when appropriate (e.g. "You are really concerned about...").
- Stay engaged until the interviewee has finished telling their story

### **Don't**

- Interrupt the interviewee
- Tell the interviewee how they should feel
- Disagree with the interviewee
- Evaluate what the interviewee is saying
- Ask questions that convey blame (e.g. why didn't you...?)
- Be closed minded
- Jump to conclusions or fill in details
- Use vocabulary that isn't understood or is alienating
- Talk too much
- Know all the answers

Slide #14

**Establishing Rapport**

- Allows the interviewee to relax, diminishes fear.
- Establishes the interviewee's normal behavior vs. behavior under stress.
- Allows the interviewee to trust and therefore disclose.



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Slide #15

**Rapport "Methodology"**

- Start with non-threatening subjects.
- Find a common, non-threatening shared interest.
- Mirror the interviewee's body language, posture, and language pace.
- Respect the interviewee's needs (time limitations, fatigue, pain tolerance, need for bathroom breaks, etc.)
- Be respectful. Remember that you are a guest in their home!



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Slide #16

How could you establish rapport with this client?



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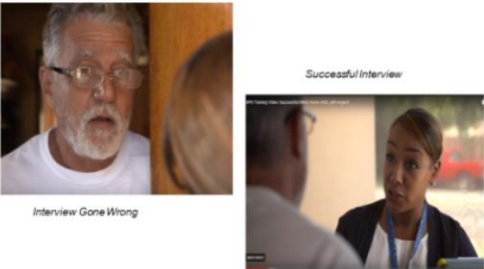
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Slide #17

Video: Self-Neglect  
Initial Home Visit



Interview Gone Wrong

Successful Interview

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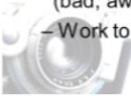
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Slide #18

Identifying Emotions 

To achieve empathy you need to:

- Accurately reflect the interviewee's emotions
- Match the emotional intensity of the interviewee  
( e.g. annoyed vs. infuriated).
- Avoid noncommittal (overused) words  
(bad, awful, terrible, frustrated, confused)
- Work to increase your emotional vocabulary.



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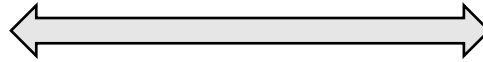
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## Handout #4- Emotional Vocabulary

Low Intensity



High Intensity

### **Positive Emotions**

Amused  
Anticipating  
Comfortable  
Content  
Glad  
Pleased  
Relieved

Delighted  
Eager  
Happy  
Hopeful  
Joyful  
Surprised  
Up

Ecstatic  
Elated  
Enthusiastic  
Excited  
Fulfilled  
Proud  
Thrilled

### **Anger**

Annoyed  
Bothered  
Bugged  
Irrked  
Irritated  
Peeved  
Ticked

Disgusted  
Hacked  
Mad  
Provoked  
Put upon  
Resentful  
Spiteful

Angry  
Contemptuous  
Enraged  
Fuming  
Furious  
Hateful  
Hot

### **Fear**

Apprehensive  
Concerned  
Tense  
Tight  
Uneasy

Afraid  
Alarmed  
Anxious  
Fearful  
Frightened

Desperate  
Overwhelmed  
Panicky  
Scared  
Terrified

### **Sadness**

Apathetic  
Bore  
Disappointed  
Discontented  
Mixed-up  
Resigned  
Unsure  
Unhappy

Abandoned  
Discouraged  
Distressed  
Drained  
Hurt  
Lonely  
Lost  
Sad

Crushed  
Depressed  
Despairing  
Helpless  
Humiliated  
Miserable  
Overwhelmed  
Tortured


*Adapted from Robert Shearer's  
"Interviewing, Theories, Techniques, Practices"*



Slide #19

**Types of Empathy**

- Direct... "You feel \_\_\_\_\_."
- Indirect
  - "You feel \_\_\_\_?" (I didn't really understand)
  - "You *just* feel \_\_\_\_\_." (Discounts the feeling)
  - "You feel *like* \_\_\_\_\_." (Denies the actual feeling)
- Superficial
  - "I understand" (Interviewee thinks, "No you don't")
  - "I know just how you feel" (Again, "No you don't")




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Slide #20

**Affirmations**

- Statements which demonstrate that you appreciate the client's situation and are supportive of them as a person as they struggle with the situation.




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Slide #21

**Reflecting Emotion Activity**

- Please identify each client's feeling in the following statements.



**In order for the client to feel that you are really listening and understanding, you must be able to accurately reflect their emotional state!**




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## **Handout #5- Reflecting Emotions**

1. [Frustrated; concerned; resignation (medium intensity)]  
My son just can't seem to catch a break. His wife left him and took his kids. Then he lost his job. He has always been staying with me for the last two years but he can't seem to find steady employment. I've ended up supporting him. I don't mind. He's my son after all. But, sometimes it's hard to make ends meet.
2. [Lonely; gratitude (low intensity)]  
Jerome is the only one who takes the time to talk to me.
3. [Angry; embarrassed (high intensity)]  
I can't believe that I feel for this con artist! He was so sincere when he offered to help me fix things around the house. Then he did absolutely nothing but rip me off!
4. [Angry; insulted; self-protective; defensive (high intensity)]  
Go away! Why are you bothering me? I can take care of myself. I always have. You might not like how I keep my house and yard, but it's my stuff and my business!
5. [Apprehensive; unsure; anxious (high intensity)]  
I don't think I can ask him to move out. He has nowhere to go. And, he'll be really upset. I can't upset him like that. I'll just have to wait until the time is right to discuss it with him.
6. [Confused; concerned; worried (high intensity)]  
I don't remember what happened. She was here yesterday. We talked for a while and then I took a nap. She says that I told her it was ok to take my car but I don't remember that. Could I have given her permission and forgotten it?
7. [Sad; lonely; grief (medium intensity)]  
All my friends are dead or in nursing homes.
8. [Overwhelmed, (high intensity)]  
Please don't ask me to make a decision about this. Too many things are happening right now. I have to see the doctor tomorrow for my test results and my daughter needs me to watch my grandson and I still need to find out what's happening with my utilities.
9. [Unsure, annoyed, tired (low/medium intensity)]  
Are we going to be done soon?
10. [Enraged; humiliated, (high intensity)]  
You don't understand. I needed that money to pay my rent and keep my utilities on. That S.O.B. took my money and ruined my life. I could just kill him!

11. [Annoyed; unsure; resigned, (medium intensity)]  
What should I do about Martha? She means well but she just never finishes anything. She does a poor job of cleaning the house. She buys the wrong things at the store and she forgets my appointments. She is so sweet and lovable but I can't count on her to even show up on time.
12. [Mad; disappointed; hurt; alone; abandoned; unloved (high intensity)]  
My daughter never calls anymore. She just lives one town over but she can't seem to even pick up the phone. She knows I need help. She obviously doesn't understand how difficult this is for me.
13. [pleased; happy; upbeat (medium intensity)]  
Things seem to be going better now. Kira is a darling and we are getting along very well. She even learned to make pot roast from my mother's recipe.
14. [Anxious; fearful; confused; scared (high intensity)]  
Why do I need to sign this? I don't understand why you think I need this service. I really don't understand why anyone thinks I have a problem.
15. [Desperate; scared; overwhelmed; frightened; alone; unprotected (high intensity)]  
What should I do now? I can't let my care provider back into my house but I need someone to help me. Who else can I get to cook and go to the store and help me to the bathroom? Good Lord, what am I going to do tonight? I can't get anyone else right away and I can't stay alone!
16. [Resentful; drained (medium intensity)]  
My marriage has always been difficult. We fought a lot in the early years. And now that Jim is ill, he is really cranky and irritable. It's hard to be patient with him.
17. [Anxious; unsure; humiliated; confused; needy (medium intensity)]  
Could you call and explain all this to my daughter? It's pretty confusing and she's going to think I'm an old fool when I can't explain it.
18. [Depressed; hopeless; sad; defeated (high intensity)]  
My life is such a mess that nothing is going to make a difference.

Slide #22

**Speed and Pacing**

- **Keep control of the interview**
- **Match the pace of client**
  - Remember: Slower = calmer
- **The client should do most of the talking**
  - Use encouragers (Uh huh, I see, what else?)
  - Pay active attention
- **If client talks too much:**
  - Break eye contact, say "Hold on", "Stop". "You've lost me"




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Slide #23

**Use of Silence**

- **Allow the client to be silent to:**
  - Think and get emotions under control
  - Communicate confusion
  - Feel you are listening
- **Use your own silence to:**
  - Give yourself time to think
  - Stop yourself from giving speeches
  - Create a calm mood
  - Keep from interrupting
- **But, don't let it become hostile**




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Slide #24


**Summarize Content**

**Lead in** → **Content** → **Check**

"What I hear you saying is (content), is that correct?"  
 "What I understand is that (content), am I on the right track?"  
 "Do you mean (content), or am I misunderstanding?"  
 "It sounds like you feel/saw/heard (content), am I right?"

A summary can include facts or emotions or both of either a statement or just the most critical points of the interview.

Shearer: "Interviewing: Theories, Techniques, Practices"




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Slide #25

Reflecting Emotions and Content Activity

- As you listen to Norman, write a statement that reflects both his emotion and the content of his statement.


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Slide #26



Norman: First Time

(:47) "So the first thing I knew, I got cracked. I got a black eye. He knocked me on the floor. (From Norman Jr.?) From Norman Jr. I could have signed a complaint then but the thing was, if I signed a complaint I was afraid that when I go home, they are gonna beat me up."  
(1:06)



"Elder Abuse: Five Case Studies",  
Terra Nova Films

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Slide #27



Norman: Explanation

(2:48) "I don't want to run over here all the time and tell 'em that I got beat up. I should never get beat-up to be honest with you. I shouldn't want."  
(2:57)



"Elder Abuse: Five Case Studies",  
Terra Nova Films

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Slide #28



### Norman: Decision

(3:33) *"If I go back, it will last so long. And then, something will happen again. And maybe they'll kill me one of these days. I couldn't say but you never know. I don't want to see them put in jail. Let 'em go home with my wife and that's it. I'll never go see them no more."* (3:46)



"Elder Abuse: Five Case Studies",  
Terra Nova Films

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Slide #29



### Norman: Follow Up

( 5:17) *"Well, I haven't got any friends or relations or anything. You know, it's not very easy to answer. I'm 77, or will be in a few weeks and actually, where can you go? When you haven't got no friends. You can't walk the streets."* (5:37)



"Elder Abuse: Five Case Studies",  
Terra Nova Films

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Slide #30



### Norman: Walking

(8:02 ) *"It's not like being with your wife and two sons. I don't like to go. I'd rather stay with them until the day I pass away."* (8:19)



"Elder Abuse: Five Case Studies",  
Terra Nova Films

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Slide #31

Question Typologies



Adapted with permission from  
Donna Pence

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Slide #32

Question Continuum

- Moves from open-ended to close-ended questions.
- Moves from more confidence in the accuracy of the information (with open-ended questions) to less confidence (with close-ended questions).



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**Handout #6-Your Question Styles**

Question style refers to the structure of the questions and the type of response the particular structure is designed to elicit.

TYPE	DEFINITION	EXAMPLES
Open-Ended	Open-ended questions are designed to present a broad topic and allow the victim to choose to provide a narrative response (a description relating to how they perceive the topic).	<ul style="list-style-type: none"> <li>• Why do you think I came to see you today?</li> <li>• Can you tell me what happened to you yesterday?</li> </ul>
Multiple Choice	A question that presents the victim with a number of alternative responses from which to choose.	<ul style="list-style-type: none"> <li>• Did you sign the power of attorney or did he sign it for you?</li> <li>• Did he hit you one, twice, or more than that?</li> </ul>
Yes/No (Closed-ended)	A question structured so as to limit (either directly or by implication) the victim's options to a "yes" or "no" response.	<ul style="list-style-type: none"> <li>• Did she feed you today?</li> <li>• Did he give you your medication?</li> <li>• Do you want to go home?</li> </ul>
Leading (Suggestive)	Leading or suggestive questions are those which make it clear to the listener the answer the interviewer is looking for. It can include the answer within the question itself. It frequently ends with a "tag" comment or question.	<ul style="list-style-type: none"> <li>• Didn't you tell him that you didn't want to go to the doctor?</li> <li>• He was doing his best to care for you, wasn't he?</li> </ul>
Coercive	Use of inappropriate inducements or threats to gain cooperation or to elicit information from a victim.	<ul style="list-style-type: none"> <li>• Tell me what happened or we may have to place you in a facility to protect you.</li> </ul>

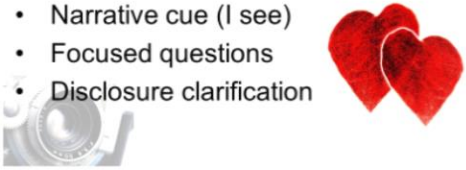
Adapted with permission from Donna M. Pence



Slide #33

Preferred Question Types

- Open-ended general questions
- Open abuse-related questions
- Invitational questions (Tell me more)
- Narrative cue (I see)
- Focused questions
- Disclosure clarification



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Slide #34

Less Preferred Questions

- Multiple choice
- Options (either/or)
- Force choice (yes/no)
- Direct/specific questions



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Slide #35

Least Preferred Questions

- Leading questions
- Tag questions  
"isn't it true?", "didn't he?"
- Coercive questions



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Slide #36

**General Open-Ended Questions**

- General inquiry
- Interviewee picks the topic
- Provides more information than yes/no
- Assumes nothing
- This type of question is most likely to yield accurate information



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Slide #37

**Examples of General Open-Ended Questions**

- How can I help you? 
- Tell me why you think I came here today?
- How have things been going for you?
- What would you like to talk about?



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**Handout #7-Examples of Open-Ended Questions**

What happened?

Who else was involved?

What do you want...?

How did it make you feel?

Talk to me about...

Why do you think...?

Tell me what happened.

What did you do?

Tell me more about..?

Where did it happen?

How do you usually...?

When did it happen?

What happens when...?

Where did you go next?

What were you doing when??

Where were you when...?

What do you think will happen when?

What can you tell me about...?

What else happened?

Explain to me how it happened.

Who did it?

Tell me about your situation.

Why did you...?

Tell me how...?

Who said...?

Please explain what happened.

What made you think...?

How did you feel?

Please elaborate.

How much of the time?

What did you expect to happen?

What else can you tell me?

What were you asked to do?

What else can you add?

How else could you have...?


What do you know about...?

Help me understand what happened. What has helped previously?

Slide #38

**Open Abuse Related Questions**

- These are open-ended questions that assume abuse or neglect may have occurred.
  - "I heard that there have been some concerns around your care, tell me about that?"
  - "I have a report that something upsetting may have happened to you. Talk to me about what happened".



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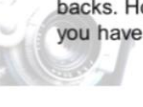
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Slide #39

**More Open Abuse examples**

- "Your daughter seems to be concerned about you. Tell me why you think she is so worried."
- "My job is to help older people to stay safely at home. Tell me about your safety issues?"
- "I understand that there have been some setbacks. How do you get your bills paid? Do you have enough money to live on?"



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Slide #40

**Open-Ended Questions**

**Head to Head Challenge**



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Slide #41

**Invitational Prompts and Cues**

Tell me about that.	"I see".
Tell me more.	"Ok".
Then what happened?	<i>Nodding</i>
What happened next?	"And then...?"
What else can you remember?	



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Slide #42

**Move to Focused Questions**

Use focused questions to ask about a particular topic and trigger the reporting of critical information.



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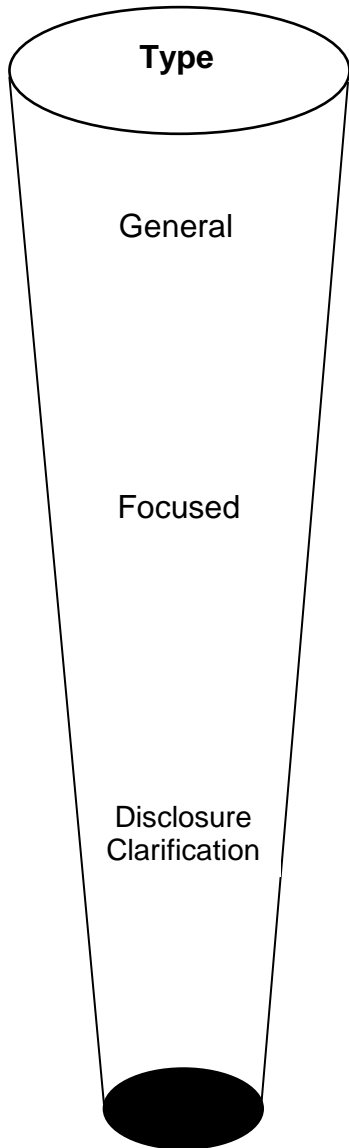
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**Handout #8- Question Content**

Questions designed to gain information about a variety of matters, related to general functioning as well as possible abuse




Definition	Examples
<p>These are interview questions about the interviewee’s well-being. Rapport-building, general demographic data, and “getting to know you” questions fall into this category</p>	<ul style="list-style-type: none"> <li>• What’s going on with you?</li> <li>• How are you feeling today?</li> <li>• How many grandchildren do you have?</li> <li>• What is your caregiver’s name?</li> </ul>
<p>These are follow-up “probe” questions that focus on specific topics, including topics dealing with the abuse allegations. These questions may be asked before or after the victim discloses abuse.</p>	<ul style="list-style-type: none"> <li>• Tell me about your care needs.</li> <li>• What happens when your caregiver gets frustrated?</li> <li>• How does she react to your toileting accidents?</li> </ul>
<p>These questions are asked after the victim has disclosed about the possible abuse or has described an incident that may be abuse related. These questions seek to clarify for the interviewer exactly what the victim is describing. The issue for clarification relates to either the disclosure or the possible abuse-related incident.</p>	<ul style="list-style-type: none"> <li>• You said that your caregiver hit you. Tell me more about that.</li> <li>• Had she ever his you before?</li> <li>• What happened before she hit you?</li> <li>• Did she hit you with an open or closed hand?</li> </ul>

*Adopted with permission from Donna M. Pence*

Slide #43

### Examples of Focused Questions

Violence	"What happens when your son is angry?"
Relationships	"How does your daughter feel about your care provider?"
Care	"How do you normally get your meals?"
Locations	"Where did he take you?"
People	"Who is responsible for paying your bills?"
Time	"When did she ask for the car?"



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Slide #44

### Disclosure Clarification

Once the client has made a statement about the alleged abuse, gather: the who, what, where, when and how.



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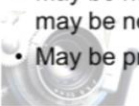

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Slide #45

### Avoid "Why"

- It's judgmental.
- May cause the client to withdraw, rationalize, defend or attack.
- Client may not understand complex motivations.
- May be naïveté or insensitive since there may be no answer.
- May be prying into embarrassing areas.



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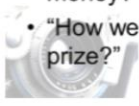
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Slide #46

**Disclosure Clarification Question Examples**

- "Who called you?"
- "When did they call the first time?"
- "How often did they call?"
- "What did they say they would do for you?"
- "Where did they tell you to send the money?"
- "How were they going to deliver your prize?"



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Slide #47

**Direct/ Specific Questions**

- Are more likely to be suggestive.
- Limit the amount of information asked for and provided.
- Provide clarification/ establish the "facts of the crime" .
- Should be paired with open ended prompts/probes.



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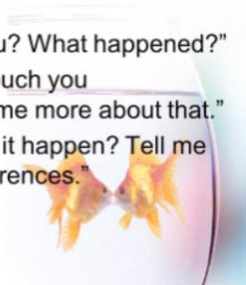

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Slide #48

**Pairing Specific/ Open-Ended**

Examples:

- "Did your son hurt you? What happened?"
- "Did your caregiver touch you inappropriately? Tell me more about that."
- "How many times did it happen? Tell me about the other occurrences."



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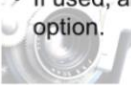
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Slide #49

### Multiple Choice Questions

- Don't allow for details.
- People with cognitive impairments may:
  - Automatically answer yes to yes/no questions.
  - Pick the second option, even if they don't understand the question or know the answer.
  - Feel they have to pick one of the options.
- If used, always give a third open ended option.



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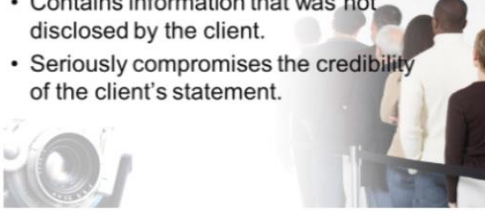
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Slide #50

### Leading Questions

- Suggest the answer.
- Contains tag elements.
- Contains information that was not disclosed by the client.
- Seriously compromises the credibility of the client's statement.



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Slide #51

### Leading Questions Activity

Complete the "Transforming Leading into Non-leading Questions" worksheet by yourself.



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**Handout #9- Transforming Leading into Non-Leading Questions**

Instructions: Please rewrite each question on the left so that is no longer a leading question.

LEADING	NON-LEADING
1. Does your son cook your dinner?	
2. This picture must be of your care provider.	
3. I understand that you are having a problem with your son.	
4. Does your daughter use your credit cards?	
5. Did your grandson remember to give your medications today?	
6. Your caregiver didn't take you to the doctor did she?	
7. Did your husband take away your car keys?	

**Handout #9- Transforming Leading into Non-Leading Questions- (continued)**


LEADING	NON-LEADING
8. Did he take you to his lawyer's office?	
9. Does she lock you in your bedroom every night?	
10. That must have made you very angry.	
11. Was watching pornography your son's idea?	
12. Isn't it true that you knew she couldn't repay you?	
13. How many times did he strike you?	
14. Did she force you to write the checks?	

Adapted with permission from Paul Needham

Slide #52

**Coercive Questioning**

- Repeating the questions- suggests that the first answer was unacceptable.
- Not accepting "No", "I don't know" or "I don't remember" as answers.
- Promising tangible or intangible rewards for disclosure.
- Being angry or frustrated with the client.
- Not allowing the client to end the interview.



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**Handout #10- Question Content & Style**

**Question Content**


**Question Style**

	<b>GENERAL</b>	<b>FOCUSED</b>	<b>DISCLOSURE CLARIFICATION</b>
<b>OPEN- ENDED</b>	Tell me about yourself.	Tell me what happened when your caregiver was here yesterday	You said that she pushed you. Tell me more about that.
<b>MULTIPLE CHOICE</b>	Do you prefer to have your caregiver cook for you or to go to a restaurant for your meals?	When your caregiver was in your room, did she handle your purse, open our drawers, or touch any of your valuables?	Did it happen in your room, the family room or somewhere else?
<b>YES/NO</b>	Do you have grandchildren?	Has your caregiver done something to you?	Did you confront Molly about getting into your purse?
<b>LEADING</b>	I understand that you have a caregiver named Molly right?	Isn't it true that Molly pushed you after you grabbed her backpack?	This wasn't the only thing she stole, was it?
<b>COERCIVE</b>	You need to sit here and talk to me.	You leave after you tell me what your caregiver did to you.	I know that she stole from you. Don't you want to keep her from stealing from others?

Adapted with permission from Donna M. Pence

Slide #53: Password Game

### Password Game



Choose:

- One person to "ask" (they get the question type cards from observer)
- One person to "receive" (they are asked the question & determine what type of question the asker is using)
- One person to observe and score keep (they give the asker the type card & determine whether the asker, in fact, asked the appropriate type of question).

Give points for correct questions and correct question identification.

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Labels for Password Cards

GENERAL OPEN-ENDED	FOCUSED OPEN-ENDED	DISCLOSURE CLARIFICATION OPEN-ENDED
GENERAL MULTIPLE CHOICE	FOCUSED MULTIPLE CHOICE	DISCLOSURE CLARIFICATION MULTIPLE CHOICE
GENERAL YES-NO	FOCUSED YES-NO	DISCLOSURE CLARIFICATION YES-NO
GENERAL LEADING	FOCUSED LEADING	DISCLOSURE CLARIFICATION LEADING
GENERAL COERCIVE	FOCUSED COERCIVE	DISCLOSURE CLARIFICATION COERCIVE

Slide #54

### Interview Practice

1. Select an interviewer, interviewee and a recorder. (Note: You will switch roles later.)
2. Read the abuse report.
3. Conduct a mock interview.
4. The recorder is to write down the content type and the question style of each question. (abbreviations at right).

Content Type
G=General
F=Focused
D=Disclosure Clarification
Question Styles
O=Open-ended
M/C=Multiple Choice
Y/N= Yes/No
L=Leading
C=Coercive

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**Recorder: write in the questions the interviewer asked in appropriate section below**

Content Type
G=General
F=Focused
D=Disclosure Clarification
Question Styles
O=Open-ended
M/C=Multiple Choice
Y/N= Yes/No
L=Leading
C=Coercive

## Handout #11- Reports of Abuse

*Abuse allegations adapted from allegations listed in "A Day in the Life of APS" (2004) available at <https://www.cwda.org/sites/main/files/file->*

1. Vera: 86 y/o Caucasian woman experiences paranoia, has left food burning on the stove and has a history of falls at home. She is non-compliant with medical care. She is now home alone and her safety is at risk.
2. Trone: 70 y/o African American man who has severely infected legs. His daughter, Nyasha, is getting paid by the county to care for him, but she is rarely home and never takes him to the doctor.
3. Anzu: 82 y/o Japanese woman who doesn't know why her neighbor's name, Jan, is on her property title. The client is not taking care of her financial responsibilities.
4. Elvira: 25 y/o Mexican woman is developmentally disabled and lives with her parents. The alleged perpetrator is her father who has a substance abuse disorder and is verbally abusive. The client is afraid of him.
5. Ester: 96 y/o Puerto Rican woman, who has 24-hour care at home, was left alone by her caregiver and fell in her home. She was transported to the hospital. The reporting party alleges that the care provider is taking the victim's money and using it for personal expenses.
6. Mildred: 76 y/o Caucasian woman lives in condemned trailer, filled with canine feces. The Sheriff's Department reported directly from client's home. She has some disabilities, is weak, has a history of congestive heart failure and may now be bed bound. She is dependent on a younger, live-in male caregiver, Henry, who has a history of intimidating and scaring off female providers. There is no paid care provider at present moment.
7. Darrell: 69 y/o African American male diagnosed with cancer. The woman, Keandra, whose house he is living in wants to evict him but has not given him an eviction notice. The woman and her friends monopolize the bathroom, so the client must use a trash can for urination and defecation. They harass Darrell and are so noisy that he cannot get any rest. He is not allowed to use the kitchen.
8. Jerome: 81 y/o African American male whose caregiver, Maude, drinks while on duty. The reporter believes that Jerome doesn't receive proper care when Maude is drunk.
9. Kwan: 80 y/o Korean man who is blind and trying to care for his wife, Soo, who is living with Alzheimer's. Their mobile home smells of urine and feces. Their children do not visit.
10. Beatrice: 42 y/o Hispanic woman has developed AIDS and her life expectancy is 3 weeks. Numerous adopted adult children of hers are reportedly financially abusing her: Alejandro, Lara and Carmen. The reporting party believes that the children are running a sex trafficking ring.



Slide # 55

**Special Considerations**

Interviewing people:

- With sensory disabilities
- With communication barriers
- With cognitive disabilities
- Unwilling to accept help
- Who are hostile



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Slide #56

**Sensory Awareness Exercise**

- Glasses simulate:
  - Glaucoma (tunnel vision),
  - Macular Degeneration (lack of central vision)
  - Cataracts (clouding of vision)
  - Difficulty focusing (20/40 vs 20/20)
- Cotton balls in ears stimulate normal decline in hearing



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Slide #58

**Sensory Disabilities**

- Can the interviewee:
  - See you?
  - Hear you?
- Is the interviewee:
  - In pain?
  - Tired, hungry, thirsty?
  - Traumatized?
  - Afraid?



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Slide #59

**Types of Communication Barriers**

- Sub vocalizations and Stuttering
- Echolalia
- Aphasia
- Unintelligible Speech
- No speech
- Delusions and Hallucinations
- Deafness
- Language/Cultural Barriers



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## **Handout #12 - Approaches to the Elderly Hearing Impaired Person**

- Stand or sit directly in front of, and close to, the person.
- Make sure the person is paying attention and looking at your face.
- Address the person by name, pause, and then begin talking.
- Speak distinctly, slowing and directly to the person.
- Do NOT exaggerate lip movements because this will interfere with lip reading.
- Avoid covering your mouth, or turning your head away.
- Avoid or eliminate any background noise.
- Do not raise the volume of your voice. Rather, try to lower the tone while still speaking in a moderately loud voice.
- Keep all instructions simple and ask for feedback to assess what the person heard.
- Avoid questions that elicit simple yes or no answers.
- Keep sentences short.
- Use body language that is congruent with what you are trying to communicate.
- Demonstrate what you are saying.
- Make sure that only one person talks at a time; arrange for one-on-one communication whenever possible.
- Provide adequate lighting so that the person can see your lips; avoid settings in which there is a glare behind or around you.

*From: Miller, C. Nursing Care of Older Adults: Theory and Practice, p. 196*

## **Approaches to the Elderly Vision Impaired Person**

- Always identify yourself.
- Make sure you have the person's attention before you speak- call his/her name first.
- Minimize the number of distractions.
- Provide optimum lighting- avoid glare or shadows.
- Try to place things or self in best vision area.
- Speak before handing the person an object.
- Describe the room: state the position of people or objects; use the analogy of a clock.
- Ask if the person would like large print or extra light or time to read a document.
- Provide a magnifying glass or other low vision aid as needed.

*From: Ebersole, P. and Hess, P. (1998) Towards Healthy Aging: Human Needs and Nursing Response, p. 424-6*

## **Handout #13 - Effects of Trauma**

### **IMMEDIATE EFFECTS**

- Shock, surprise and terror
- Feelings of unreality (e.g. “This can’t be happening to me”)
- Physiological anxiety (e.g. rapid heart rate, hyperventilation, stomach problems)
- Helplessness

### **SHORT TERM EFFECTS**

- Preoccupation with the abuse.
- Flashbacks and bad dreams
- Concern for personal safety and the safety of their loved ones
- Fear that they are at fault
- Fear that they won’t be believed
- Fear that they will be blamed
- Fear of law enforcement and/or social workers depending on their culture or personal history
- Inability to trust others
- Fear of another abuse incident

### **LONG TERM EFFECTS**

- Posttraumatic stress disorder
- Depression
- Alcoholism and substance abuse
- Mental illness
- Suicide or contemplation of suicide
- Panic disorders
- Poor health as a result of the victimization (e.g. physical disabilities, sexually transmitted diseases, immune system problems, etc.)
- Obsessive- compulsive disorder
- Chronic pain
- Sexual dysfunction

### **WORKING WITH TRAUMA VICTIMS**

- Be calm and focused.
- Express sorrow for what has happened to the victim.
- Be understanding if the victim does not wish to repeat the details of his victimization.
- Refer to the victim to mental health services based on her needs.
- Watch for substance and alcohol abuse red flags and make appropriate referrals.
- Conduct an assessment of the victim’s level of trauma including pre-victimization characteristics, prior mental health conditions, the degree of exposure to the criminal justice system and the quality of social support.

*Adapted from “Listen to My Story: Communicating with Victims of Crime, Office of Victims of Crime (NCJ 19565)*

Slide #60

### Communication Barriers

(related to physical disabilities)

- Impaired communication does not indicate impaired intelligence.
- Everybody communicates. You just need to find the right strategy.
- Employ assistive devices when available.
- Remember that the care provider may be the abuser.



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Slide #61



*"If you want to know what it is like to be unable to speak, there is a way. Go to a party and don't talk. Play mute. Use your hands if you wish but don't use paper and pencil. Paper and pencil are not always handy for a mute person. Here is what you will find: people talking; talking behind, beside, around, over, under, through, and even for you but never with you. You are ignored until finally you feel like a piece of furniture."*

(Musselwhite & St. Louis, 1988, p. 104)

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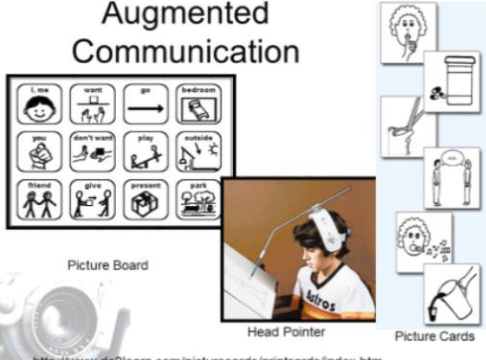
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Slide #62

### Augmented Communication



Picture Board

Head Pointer

Picture Cards

<http://www.az2learn.com/instruction/instruction/instruction.html>

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Slide #63

**Assistive Devices**

Alternative  
Communication System

Braille TTY phone



Kira Rylier with her Alternative Communication System. Whatever message Kira enters in Morse code is displayed on the readout or spoken by the speech synthesizer located in the device mounted on the front of the wheelchair.



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Slide #64

**Communication Barriers**  
(related to mental health issues)

- Delusions
- Hallucinations
- Idiosyncratic communication



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**Handout # 14- Tips for Communicating During a Mental Health Crisis**

<b>A person with mental illness may...</b>	<b>So you need to.....</b>
Have trouble with reality	Be simple, truthful, not sarcastic
Be fearful	Stay calm
Be insecure	Be accepting
Have trouble concentrating	Be brief; repeat
Be over-stimulated	Limit input, not force discussion
Easily become agitated (not to be confused with dangerous)	Recognize agitation, allow retreat
Have poor judgement	Not always expect rational discussion
Be preoccupied	First get his/her attention
Be withdrawn	Initiate conversation
Have changing emotions	Disregard and have patience
Have confused plans	Stick to one plan
Have little empathy for you	Recognize this as a symptom
Believe delusions	Ignore or change the subject; don't argue
Have low self-esteem and motivation	Remain positive

*Retrieved from National Alliance on Mental Illness (NAMI) Yolo County Chapter.  
<http://members.dcn.org/friends/who.html> on  
 September 10 2018.*

Slide #65

**Communication Barriers**  
(related to language/culture)

- Always use a translator
- Broken English may lead to misunderstandings/inaccurate information
- Body language and personal space is different in different cultures.
- Different cultures have different communication styles.
- Group Harmony may be more important than Individuality.



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Slide #66

**Cognitive Disabilities**

- IQ ≠ functional ability
- No two cognitively disabled individuals are the same (great variability)
- Cognitively disabled clients can be good witnesses.
  - Can communicate (Remember: *Everyone communicates!*)
  - Can tell truth from lies
  - Want to be understood.



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Slide #67

**Points to Remember**

- Likely to give socially desired responses
- Use language at the interviewee's level.
- Be as concrete as possible
- **BE PATIENT**- the more time with the interviewee, the more likely you are to understand their speech.



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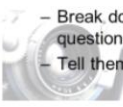
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Slide #68

**More Points to Remember**

- Establish client's routine first (this helps with sequencing and gives you the client's terminology), then build on what they said.
- Information recognition is easier than information retrieval (Either/Or questions).
- Don't ask "Tell me everything" as client often can't edit for importance.
  - Break down open-ended question into specific questions.
  - Tell them what's important to report



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Slide #69

**Saliency**

KEY: Find pockets of information grounded in personally salient events.



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Slide #70

**Conclusion: Your Two Lessons Learned**

- Write down 2 key points that will help you in your daily work
- Share 1 of them



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**Your Two Lessons**

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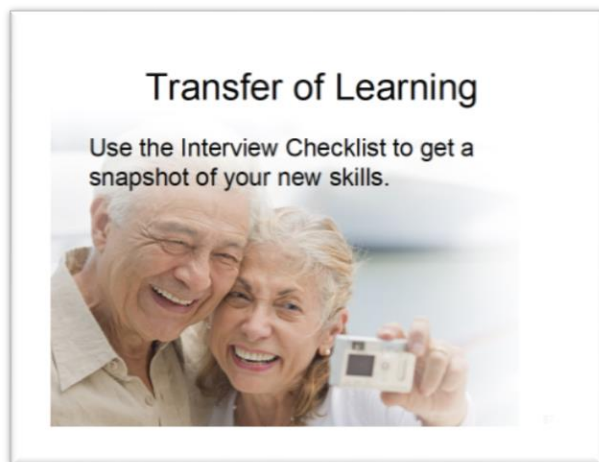
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Slide #71



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Slide #72



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## CalSWEC Competencies Addressed

In developing this training and curriculum revisions, care was taken to address some of the core curriculum competencies that have been identified by the California Social Work Education Center as pivotal to the development of strong social work skills for working with older adults and adults with disabilities. This training addresses the following CalSWEC core curriculum competencies:

### **Competency 2: CalSWEC Behaviors for Specialized Practice; Aging (AG2)**

AG2.4- Develop and use practice methods that acknowledge, respect, and address how individual and cultural values, norms, and differences impact the various systems with which older adults interact, including but not limited to, families, communities, primary care systems, mental and behavioral health care systems, and integrated care systems.

### **Competency 6: CalSWEC Behaviors for Specialized Practice; Aging (AG2)**

AG6.2- Effectively utilize interpersonal skills to engage older adults, their families, and other care providers in culturally responsive, consumer-driven, and trauma-informed integrated care that addresses mutually agreed upon service goals and balances needs for care, protection, autonomy, and independence.

AG6.4- Manage affective responses and exercise good judgement around engaging with resistance, trauma responses, and other potentially triggering situations with older adults, their families, and other care providers.

### **Competency 8: CalSWEC Behaviors for Specialized Practice; Aging (AG8)**

AG8.1- In partnership with older adults and their families, develop appropriate intervention plans that reflect respect for autonomy and independence, as well as contemporary theories and models for interventions with older adults.

Plans should:

- Reflect cultural humility and acknowledgment of individualized needs;
- Incorporate consumer and family strengths;
- Utilize community resources and natural supports;
- Incorporate multidisciplinary team supports and interventions;
- Include non-pharmacological interventions; and
- Demonstrate knowledge of poly-pharmacy needs and issues specific to older adults.

## **Module 9- Professional Communication Transfer of Learning (TOL) Workbook** *Created by Paul Needham, TSC Services*



This Transfer of Learning workbook contains two (2) activities that provide ways to support the transfer of learning from the training room to on the job. Ideally, this TOL workbook should be utilized within 45 days of the participant attending Module 9- Professional Communication, Instructor-Led Training.

### Activity 1:

A quiz pulling from content in the training itself which can be done individually by the participant as a quick knowledge check or done with the supervisor and participant for further discussion. It contains two versions; the quiz and answer sheet.

### Activity 2:

A three (3) part analysis where participants and supervisors will utilize the Professional Interview Checklist (included) from the Adult Protective Services Field Guide. The checklist itself is designed as a “Self-Rating Tool”, however will be used in in three (3) TOL segments to further examine what the participant themselves learned in training, as well as provide the supervisor an opportunity to see the progression of the APS professional.



## Activity 1-Communication Quiz- Participant Copy

1. In order to save time and stay focused, leading/suggestive questions are the best to use when interviewing a person. T/F
2. The APS professional's reaction when responding to disclosure may assist or negate the interview. T/F
3. When an interviewer interrupts an interviewee, it demonstrates active listening. T/F
4. Showing empathy and compassion to the interviewee is another way of building a professional relationship with that person. T/F
5. Interrogation Technique (IT) is a useful tool to the APS professional and best used when confronting the alleged perpetrator. T/F
6. Interview Technique (IT) is the most useful tool when communicating with the client and the alleged perpetrator. T/F
7. Since APS are impartial finders of fact, cultural and gender considerations have no bearing on the interview and should not be of concern. T/F
8. Establishing rapport is a non-issue when interviewing the interviewee. T/F
9. When possible, using open-ended questions will provide the best interview with a client. T/F
10. It's best to use accusatory terms when interviewing the client. T/F
11. APS professionals should establish the client's behavior vs. behavior under stress. T/F
12. Interviewer should mirror the interviewee's posture, if possible, during the interview. T/F
13. As much as possible, interviewers should allow the interviewee to set the pace and control of the interview. T/F
14. It is never okay to summarize, for clarity, the statements of the person being interviewed. T/F
15. If the person being interviewed becomes silent, the interviewer should immediately move on to another topic. T/F
16. "Isn't it true...", is a form of leading question. T/F
17. "How can I help you?" is a form of an open-ended question. T/F
18. Motive does not matter to APS, just the facts of the situation. T/F
19. Once a disclosure has been made, it is okay to ask more focused questions specific to the situation. T/F
20. Often the best question is not a question but an imperative, e.g.: "Tell me more about that." T/F

**Activity 1-Communication Quiz- Supervisor Copy**

1. In order to save time and stay focused, leading/suggestive question are the best to use when interviewing a person. (False)
2. The APS professional's reaction when responding to disclosure may assist or negate the interview. (True).
3. When an interviewer interrupts an interviewee, it demonstrates active listening. (False)
4. Showing empathy and compassion to the interviewee is another way of building a professional relationship with that person. (True)
5. Interrogation Technique (IT) is a useful tool to the APS professional and best used when confronting the alleged perpetrator. (False)
6. Interview technique is the most useful tool when communicating with the client and the perpetrator. (True)
7. Since APS are impartial finders of fact, cultural and gender considerations have no bearing on the interview and should not be a concern. (False)
8. Establishing rapport is a non-issue when interviewing the client. (False)
9. When possible, using open-ended questions will provide the best interview with a client. (True)
10. It's best to use accusatory terms when interviewing the client. (False)
11. APS professionals should establish the client's behavior vs. behavior under stress. (True)
12. Interviewer should mirror the interviewee's posture, if possible, during the interview. (True)
13. As much as possible, interviewers should allow the interviewee to set the pace and control of the interview. (False).
14. It is never okay to summarize, for clarity, the statements of the person being interviewed. (False)
15. If the person being interviewed becomes silent, the interviewer should immediately move on to another topic. (False)
16. "Isn't it true...", is a form of leading question. (True)
17. "How can I help you?" is a form of an open-ended question.
18. Motive does not matter to APS, just the facts of the situation. (True)
19. Once a disclosure has been made, it is okay to ask more focused questions specific to the situation. (True).
20. Often the best question is not a question but an imperative, e.g.: "Tell me more about that." (True)

## Activity 2- Home Visit Review



This TOL activity provides three (3) reviews and opportunity for self-reflection, peer review and supervision.

### Peer Review:

After completing the Instructor-Led Professional Communication training, participant will have a co-worker (peer reviewer) shadow them on at least two (2) separate home visits of cases they are assigned to. The peer reviewer will use the Professional Interview Checklist within 24 hours after the shadowed visit. The peer should discuss the review with the participant and with the supervisor if desired to provide constructive feedback within 48 hours of the checklist being completed.

### Self-Analysis:

After completing the Instructor-Led Professional Communication training, participant will use the Professional Interview Checklist on three (3) cases they personally took the lead on, or were assigned to investigate within 24 hours of the visit. The checklist will be used as a “self-analysis” after each visit. Within 48 hours of completing the checklist, schedule supervision and discuss the experience of self-analysis and areas to look for in which participant can improve. It’s suggested the self-analysis be completed AFTER peer review, to provide time for participant to incorporate feedback from the previous Peer Reviews.

### Supervisor’s Review:

In this last and final stage, the supervisor will shadow the APS professional to the field on at least one (1) case and use the checklist as an informal evaluation of their progression in communication within 48 hours of the home visit.



\*APS Field Guide can be found in its entirety at <https://theacademy.sdsu.edu/programs/master/field-guide-for-aps/>



## PROFESSIONAL INTERVIEW CHECKLIST

Directions for the use of the checklist: This checklist is designed to use on yourself for an interview that you conduct. For each statement, rate yourself on the following scale:

**0** = Did Not Attempt    **1** = Attempted & Needs Improvement    **2** = Adequate

Note: Some of the items in this list are present in more than one section because they apply to more than one activity. In some cases, you may need or want to repeat or emphasize the item by covering it more than once.

### A: PREPARING FOR THE INTERVIEW

- \_\_\_\_\_ 1. Review the report.
  
- \_\_\_\_\_ 2. Check for previous APS history.
  
- \_\_\_\_\_ 3. Determine what information you need and who should be contacted.
  
- \_\_\_\_\_ 4. Determine what other agencies need to be involved.
  
- \_\_\_\_\_ 5. Determine what agency policies/procedures apply.
  
- \_\_\_\_\_ 6. Determine safety issues.
  
- \_\_\_\_\_ 7. Determine whether any accommodations are needed for the client's disability.
  
- \_\_\_\_\_ 8. Determine if a translator will be needed.

### B: ESTABLISHING AND MAINTAINING RAPPORT

- \_\_\_\_\_ 1. Introduce yourself to the client and explain your helping role.
- \_\_\_\_\_ 2. Separate the client from the suspected abuser.
- \_\_\_\_\_ 3. Minimize noise- check for hearing (hearings aids w/working batteries?).
- \_\_\_\_\_ 4. Make sure the client is comfortable (i.e. not tired, thirsty, hot/cold, bathroom breaks, pain?).
- \_\_\_\_\_ 5. Give the client your full attention (ask if it is ok to take notes).
- \_\_\_\_\_ 6. Check-in on your own assumptions, fears, and stereotypes.
- \_\_\_\_\_ 7. Begin with non-emotional questions.
- \_\_\_\_\_ 8. Verify client's identifying information (name spelling, DOB, contact information).
- \_\_\_\_\_ 9. Find common ground with the client.
- \_\_\_\_\_ 10. Be patient and give the client time to answer questions.
- \_\_\_\_\_ 11. Refrain from being judgmental, discounting, morally outraged, etc.
- \_\_\_\_\_ 12. Be reassuring if the client is emotional.
- \_\_\_\_\_ 13. Accurately reflect the client's emotions.
- \_\_\_\_\_ 14. Acknowledge the client's anxiety and attempt to discern its cause.

C: BODY LANGUAGE OF THE INTERVIEWER

- \_\_\_\_\_ 1. Maintain eye contact (if culturally appropriate).
- \_\_\_\_\_ 2. Use a quiet, warm tone of voice.
- \_\_\_\_\_ 3. Lean forward and keep body position open.

D: FRAMING THE INTERVIEW PROCESS

- \_\_\_\_\_ 1. Explain your job as it relates to the interview.
- \_\_\_\_\_ 2. Ask the client to explain why they think you are visiting them.
- \_\_\_\_\_ 4. Explain what is going to happen during the interview, reassure him/her of your helpful intentions.
- \_\_\_\_\_ 5. Ask him/her to correct you if you misunderstand anything his/she says.
- \_\_\_\_\_ 6. Ask him/her to let you know if something is hard to talk about so that you can find an easier way to share it.

E: INVESTIGATIVE QUESTION STYLE AND USE OF LANGUAGE

- \_\_\_\_\_ 1. Begin the investigative portion of the interview with open-ended, general questions.
- \_\_\_\_\_ 2. Move into more focused open ended abuse questions as rapport is built.

- \_\_\_\_\_ 3. Use open-ended questions more than 50% of the time.
  
- \_\_\_\_\_ 4. Use invitational style questions (e.g. “Tell me more”) to encourage responses.
  
- \_\_\_\_\_ 5. Use narrative cues (e.g. “Uh huh.” “I see.” “What else?”) to keep the client talking.
  
- \_\_\_\_\_ 6. Avoid using leading questions.
  
- \_\_\_\_\_ 7. Avoid using multiple choice questions (unless the client is unable to verbalize answers).
  
- \_\_\_\_\_ 8. Avoid using yes/no and either/or questions (unless the client is unable to verbalize answers).
  
- \_\_\_\_\_ 9. Avoid using “tag” questions (e.g. “..., didn’t you?”).
  
- \_\_\_\_\_ 10. Don’t repeat a question to try and get the “right” answer (coercive).
  
- \_\_\_\_\_ 11. Follow-up on abuse disclosures to “drill down” for more details after the client discloses abuse.
  
- \_\_\_\_\_ 12. Use open-ended questions to ask for the specifics of the abuse (who, what where, when and how).
  
- \_\_\_\_\_ 13. Don’t ask the client to explain “why” the abuse occurred.

## F: SPECIAL CONSIDERATIONS

- \_\_\_\_\_ 1. Identify barriers to communication and determine what adaptations can be made (e.g. translators, assistive devices, pace of the interview, etc.).
- \_\_\_\_\_ 2. Check the client's hearing and minimize noise/ provide assistance or assistive devices.
- \_\_\_\_\_ 3. Check the client's vision and make needed adjustments to the setting.
- \_\_\_\_\_ 4. Provide the client with breaks if he/she gets tired or needs the restroom.
- \_\_\_\_\_ 5. Keep tabs on the client's level of pain if pain is an issue.
- \_\_\_\_\_ 6. Be reassuring if the client has experienced trauma.
- \_\_\_\_\_ 7. Speak directly to the client, not the caregiver or translator.
- \_\_\_\_\_ 8. Consider how cultural differences may influence your communication with the client.
- \_\_\_\_\_ 9. Adapt your interview style to the functional level of the client. (Simpler language and more concrete questions).
- \_\_\_\_\_ 10. Anchor your questions in the salient events in the client's life.

#### G. COMMENTS ABOUT THE INTERVIEW PROCESS

Write your comments here: