

Supervisor Core Module 4 Case Consultation

Virtual Course

Participant Manual



The Academy for Professional Excellence is a project of the San Diego State University School of Social Work



We create experiences that transform the heart, mind, and practice.



This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.



Curriculum Developer, 2021

Jessica E. Burke, MPA

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to Case Consultation Participant Manual (Module 4 A & B), developed by Adult Protective Services Workforce Innovations (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 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 is developing a national APS Supervisor Core Competency Training Curriculum. This curriculum is developed, 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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This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division
Arizona Department of Economic Security, DAAS-Adult Protective Services
National Adult Protective Services Association

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National Adult Protective Services Association Education Committee

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Jessica E. Burke, MPA

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EXECUTIVE SUMMARY

EXECUTIVE SUMMARY

EFFECTIVE CASE CONSULTATION

Without a doubt, supervisors have one of the most multifaceted and difficult roles within APS programs. A clear understanding of key roles and responsibilities when it comes to case consultation is instrumental for job success and satisfaction. Each of you are just as unique in your own supervisory practice as you are in your case consultation skills. This training will address specific, foundational roles of case consultation, which will then allow you to apply your own creative touch as to how you approach and lead the case consultation process. Join us for this interactive, training outlining the importance of effective case consultation

Virtual Training:

- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout groups, chat box discussions, large group discussions, self-reflection, poll options, and individual practice. PowerPoint slides and role playing/demonstrations are used to stimulate discussion and skill development.
- Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.

Course Requirements: None

Target Audience: This workshop is intended for new supervisors, APS Professionals that may be wanting to promote, or experienced staff who may require a refresher.

Outcome Objectives for Participants:

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

- Explain the importance of case consultation.
- Identify methods for constructive case consultation within your supervisory role.
- Explain the different components needed for a thorough case consultation.
- Demonstrate effective case consultation practice with a given scenario.

COURSE OUTLINE-DAY 1

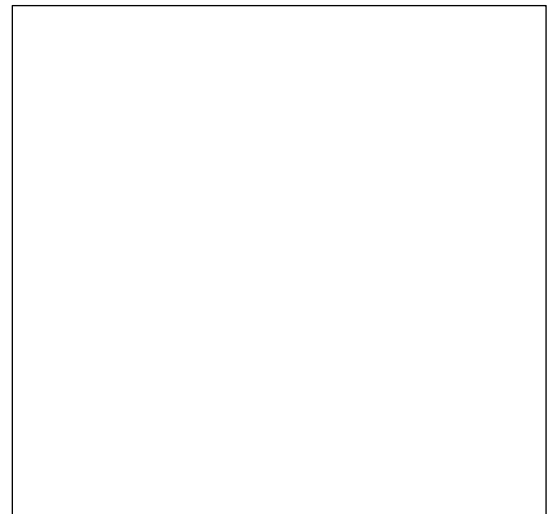
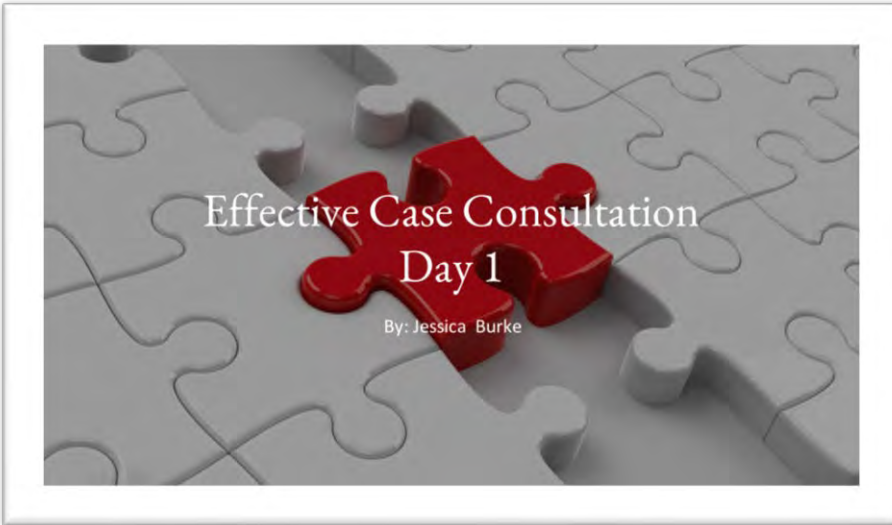
CONTENT	MATERIALS	TIME (MIN.)	SLIDES
WELCOME, HOUSEKEEPING AND INTRODUCTIONS			
Welcome, Housekeeping, Technology Overview, and Introductions	Lecture	10	1-3
Learning Objectives and Activity	Lecture, activity #1	15	4-5
The 3 W's of Case Consultation (What, Why, & When)	Lecture, activity #2	40	6-9
Risk assessment	Lecture	10	10
BREAK		10	
Investigation	Lecture, question and answer, activity #3	35	11
Service and Safety Planning	Lecture	10	12
Case Closure	Lecture	10	13
Documentation	Lecture, question and answer, Activity #4	20	14
Caseload Prioritization	Lecture, question and answer, Handout	10	15
Transfer of Learning	Lecture	5	16
Closing and Evaluations	Closing and Evaluations	5	17
Total Time (Including Breaks)		3 Hours	
TRANSFER OF LEARNING	Case Consultation Template	30	On Own

COURSE OUTLINE-DAY 2

CONTENT	MATERIALS	TIME (MIN.)	SLIDES
WELCOME TO DAY 2	Lecture	5	18
Case Consultation Template Activity and Report Out	Activity #5	40	19-20
BREAK		10	
Professional Boundaries	Lecture, handout	5	21
Values and Ethics	Lecture, handout	10	22-23
Debriefing Trauma	Lecture	5	24
Closing and Evaluations	Closing and Evaluations	10	25
Total Time (Including Breaks)		1.5 Hours	
Total Credit Time for Module		5 Hours	

SUPERVISOR CORE

MODULE 4 A & B, DAY 1

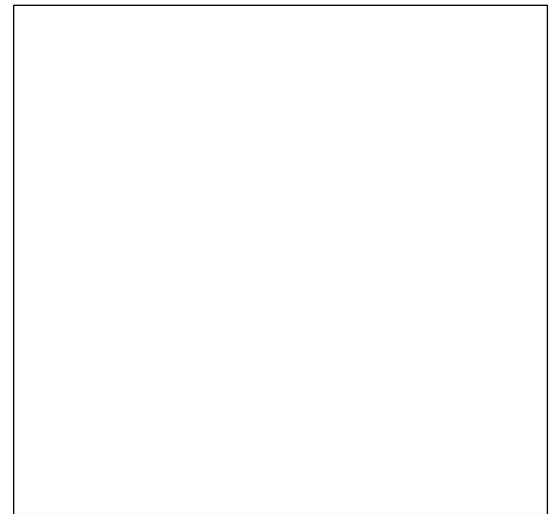


Inquire. Inspire. Impact.

The Academy is a project of San Diego State School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.



We create experiences that transform the heart, mind and practice.



About APSWI & the Academy

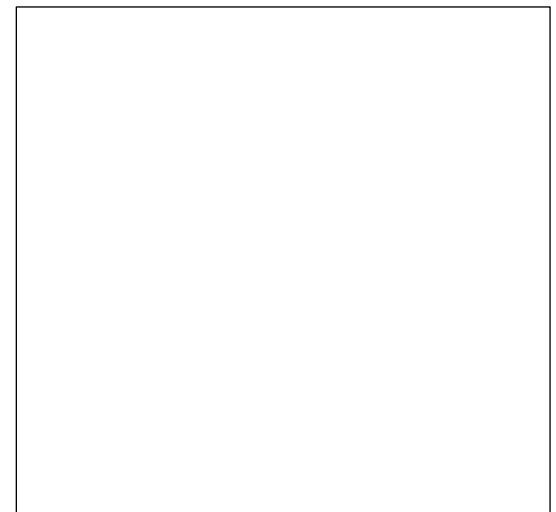



- Adult Protective Services Workforce Innovations (APSWI)
 - Training program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.
 - APSWI provides innovative workforce development to APS professionals and their partners.
 - The Academy provides workforce development and learning experiences to health and human service professionals.

Academy Programs include:



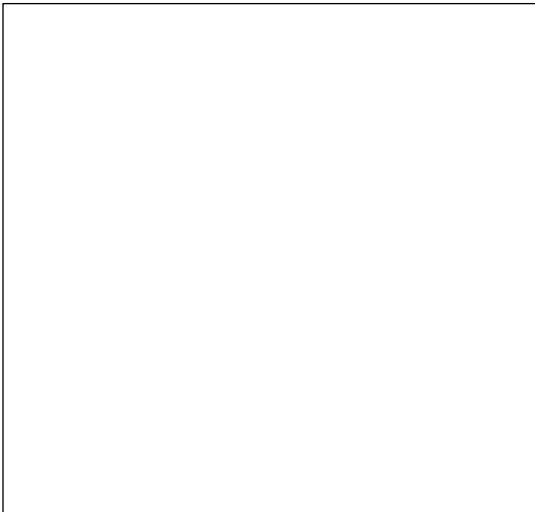
We create experiences that transform the heart, mind and practice.



Overview of Technology 

- Video camera
- Mute, unmute
- Chat box
- Hand clap/thumbs up
- Icons to indicate facilitator needs to slow down or you need a break
- If you must step away briefly...

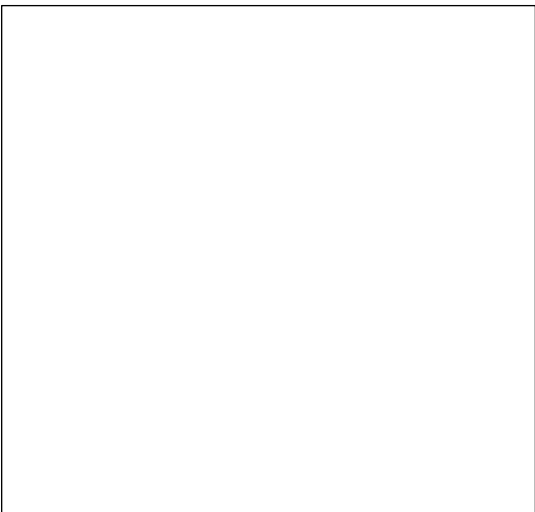
- Technical problems with technology




Housekeeping for In-Person Delivery



CELL PHONES ON SILENT OR VIBRATE SCHEDULE FOR THE DAY COURSE MATERIALS LOCATION OF RESTROOMS AND EMERGENCY EXITS

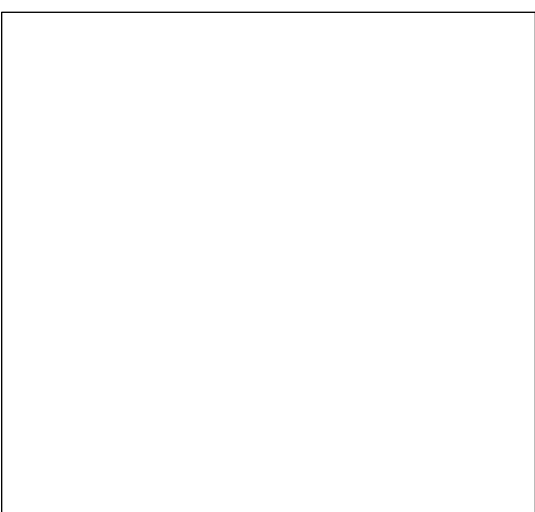


Housekeeping for Virtual Delivery



Video Camera Mute/Unmute Chat Box

Emojis and Icons If you need to step away... Potential Technical Glitches




Learning Objectives

- **At the conclusion of this training, participants will be able to:**
 - Recognize the importance of case consultation.
 - Identify methods for constructive case consultation within your supervisory role.
 - Explain the different components needed for a thorough case consultation.
 - Demonstrate effective case consultation practice with a given scenario.






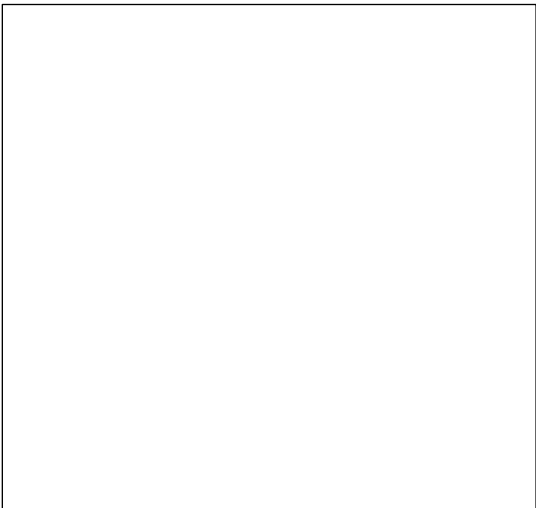
Activity #1

- Why is case consultation important in APS?
- What is the role of the APS Supervisor within the Case Consultation process?



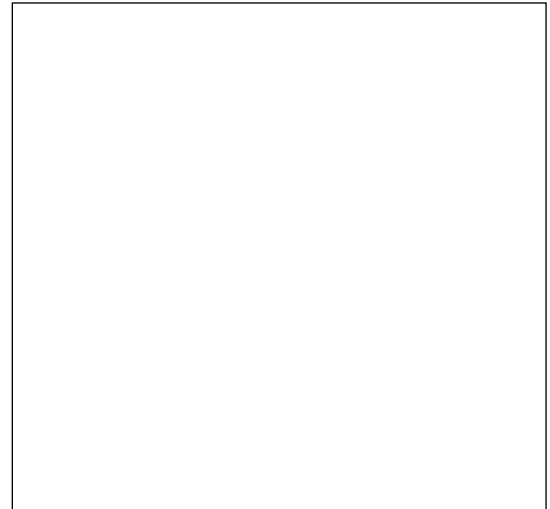
The 3 W's of Case Consultation

		
What?	Why?	When?



What is Case Consultation?

- Problem Solving process**
- Multi-faceted approach**
 - Provision of effective services
- Different modalities**
 - Individual
 - Scheduled or drop in
 - Group Sessions
 - Peer review
- Strength based**



Why Case Consultation?

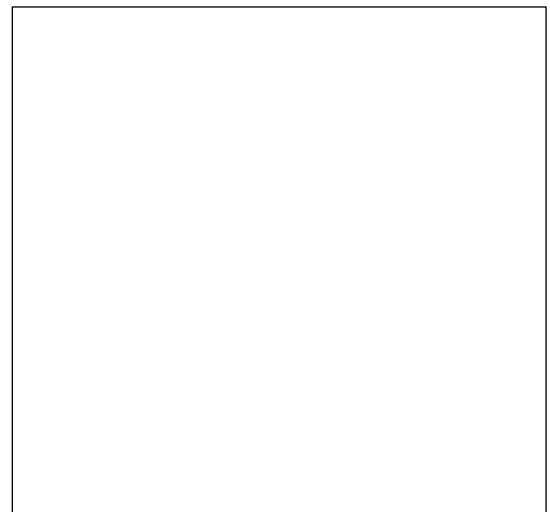


- Working in silos is not productive
 - Cases are complex
 - Resources are limited
- Supportive Role
 - Engagement technique
 - Promotes critical thinking
 - Assists in the decision-making process
 - Structured environment/provides framework
 - Professional Development



Case Consultation Coaching Questions

- What options do you see regarding this situation?
- What do you see as a challenge?
- What are your thoughts about the best way to approach this?
- What might get in your way?
- What do you think is the next step?
- How can I support you?
- When can I check back with you?



Handout: Case Studies

Case Study A-Princess Williams

Princess is a 72-year-old African American female. Princess speaks English; however, is deaf. Princess's medical conditions include diabetes, hypertension, bipolar disorder, L side paralysis from a past stroke, is non-ambulatory, and has a history of alcohol abuse. Princess lives with her daughter, Laquita, who is her caregiver. Laquita assists Princess with most of her ADL's and IADL's. Laquita is making the report. Laquita states that her boyfriend, Colin, came over last night and brought alcohol to her mother. Laquita states that both Colin and Princess started drinking and then started arguing. Laquita states that Colin then struck her in the face. Laquita informs APS that this happens quite often, and the police are called; however, this is Laquita's first call to APS. There is a 72-hour response time assigned to this case (by the call/intake center).

You, the experienced supervisor, assign this case to your worker that has been here for 5 weeks.

Individually answer the following questions:

- What discussion would you have with the staff member surrounding the response time?
- Why would APS intervention be warranted? What parties would you contact prior to going out and why?
- Are there any considerations that needs to be discussed regarding the client's medical and behavioral health information?
- What safety precautions should you be discussion with the staff member?
- What next steps would you recommend to the APS Professional?

Discuss what you came up individually and write down best practices shared from your group here:

Continued

Case Study B-Cathleen Green

Part 1

Cathleen Green is a 44-year-old Caucasian female, is a dependent adult, and has an extensive APS history. Cathleen is diagnosed with Cerebral Palsy, and Post Traumatic Stress Disorder. Cathleen is high functioning, independent with most of her ADL's and IADL's, and is alert and oriented; however, she has impaired judgement, and goes to a day program. Cathleen was sexually abused as a child. Cathleen has a history of making false allegations of sexual abuse against staff at the day program. APS has been out several times and the allegations have been unfounded. Cathleen is now self-reporting that the Janitor that works at the day program, Adam Adame, sexually assaulted her in the bathroom 3 months ago.

You, the supervisor, assign this case to Margaret Wright, an experienced APS worker, that has seen Cathleen several times in the past. Margaret expresses frustration as Cathleen has been untruthful in the past. Margaret states to you "why even go out, we all know she is lying again. I know that the allegations will be unfounded. I have other clients to see that really need my help."

Individually answer the following question:

- What type of discussion would you have with Margaret to address any biases that she has regarding Cathleen?

Part 2

Margaret goes out to see Cathleen while Cathleen is at her day program. Cathleen's gives a detailed explanation of events that transpired regarding the alleged sexual abuse, and that she was forced to have sex with Adam. Cathleen states she was going to the bathroom, Adam came in and locked the bathroom door, and stated to Cathleen "I will not let you out of here until you have sex with me". Cathleen also reports that she went to her doctor a few weeks ago and found out she was pregnant. Cathleen provides lab work to Margaret confirming that she is pregnant.

Margaret speaks to Adam Adame who refuses to give a statement and yells at Margaret to "Go Away"!

Margaret debriefs the case with you and says "even if she is pregnant, she is probably lying about how she became pregnant. I do not want to damage Adam's reputation." Margaret turns in her case to you with the Allegation of Sexual Abuse unfounded.

Continued

Individually answer the following question:

- How would you discuss with Margaret that the Unfounded determination may not be appropriate? What type of direction would you give her?

Discuss what you came up individually and write down best practices shared from your group here:

Case Study C-Armini Zare

Armini Zare is a 77 year old Iranian male whose primary language is English. Armini is diagnosed with hypertension, diabetes, and Chronic Obstructive Pulmonary Disease (COPD). Armini has a caregiver that assists Armini with cooking, cleaning, grocery shopping, errands, dressing, bathing, and accompaniment to doctor appointments. Armini has an extensive APS history. Armini's caregivers frequently call APS to report that Armini continuously smokes cigarettes with his oxygen on. Several APS Professionals have gone to visit Armini and Armini refuses APS's recommendation to not smoke with his oxygen on.

You assign the case to Jessica Hernandez who visits Mr. Zare. Jessica educates Mr. Zare on the potential consequences of smoking while using his oxygen machine. Mr. Zare refuses Jessica's recommendation and states "I have been smoking with oxygen on for years, I know how to play it safe". Jessica leaves several resources for Mr. Zare and reviews them with Mr. Zare. Mr. Zare becomes angry and then terminates the interview and asks Jessica to leave. Jessica debriefs the case with you and just wants to close the case "client refuses services".

Continued

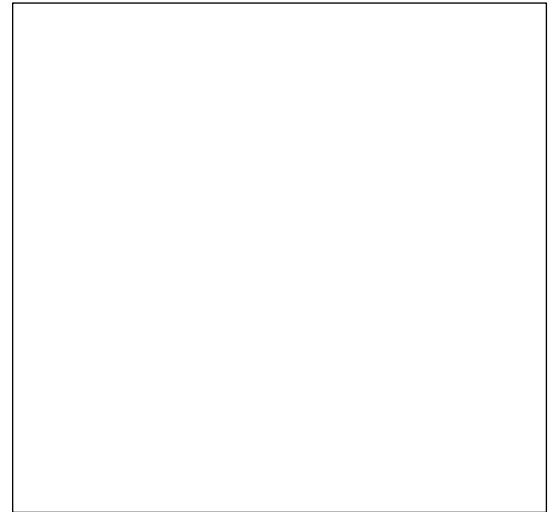
Individually answer the following question:

- How would you engage Jessica regarding documenting the services that she did provide; even though the client refused services?

Discuss what you came up individually and write down best practices shared from your group here:

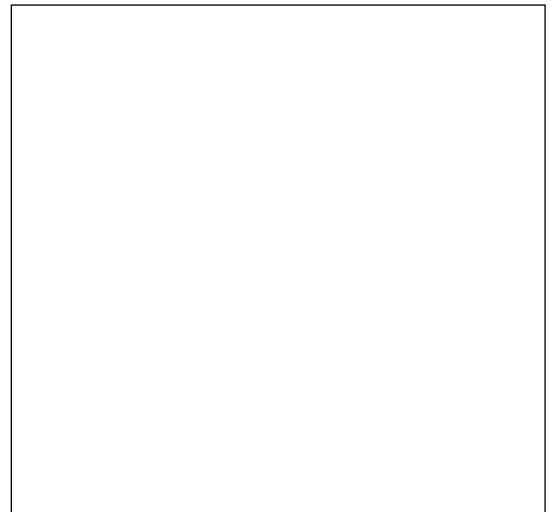
When does the Case Consultation Process Begin?

- There is no universal format
 - Best practice is at case assignment
 - Allows a didactical conversation and approach
- APS History
 - Provides background information and dynamics
 - Service planning
- Reviewing the report of abuse/presenting problem



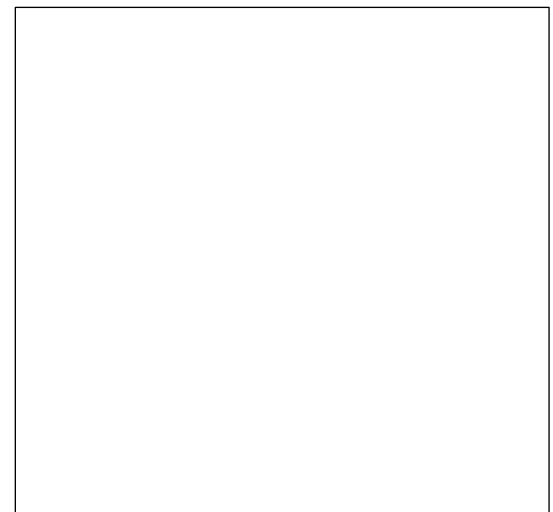
Risk Assessment

-  Clients immediate and future risk
-  Baseline client information
Detect changes over time
-  Strength based risk assessment
-  Risk assessment template



Investigation

- Biases
- Findings
 - Fact versus Feeling
- Preponderance of evidence
- Evidentiary Guidelines

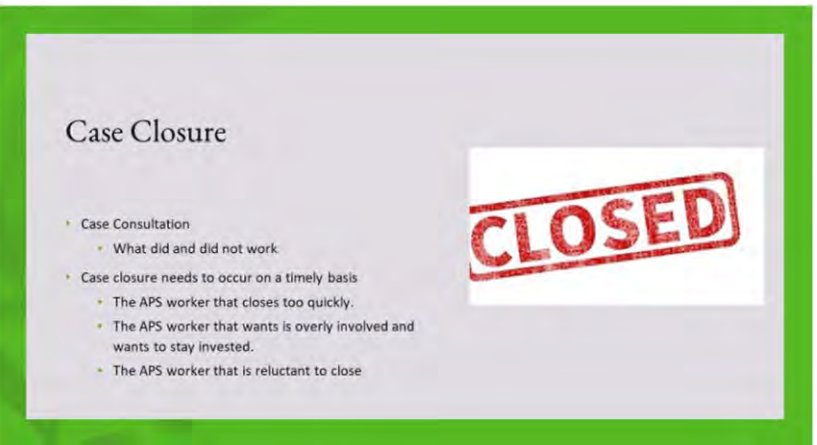
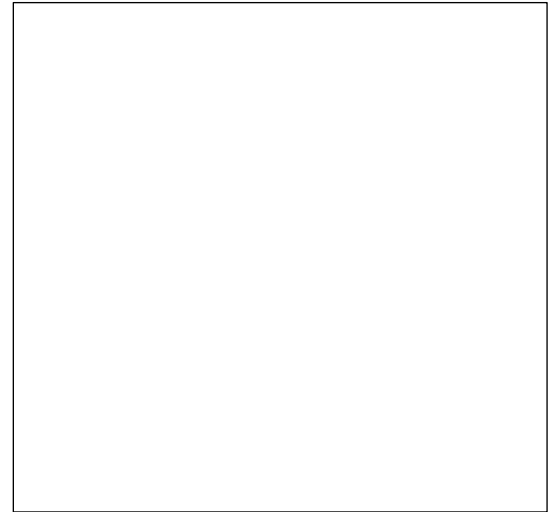




Service and Safety Planning


- What has or has not worked?
- Is the client open to accepting services
- Risks and Benefits
- The art of education

A diagram titled "Service and Safety Planning" with a light purple background and a faint floral pattern. It features four colored rounded squares arranged in a 2x2 grid, each containing a question or topic. The top-left square is green and contains the text "What has or has not worked?". The top-right square is yellow and contains "Is the client open to accepting services". The bottom-left square is orange and contains "Risks and Benefits". The bottom-right square is red and contains "The art of education".

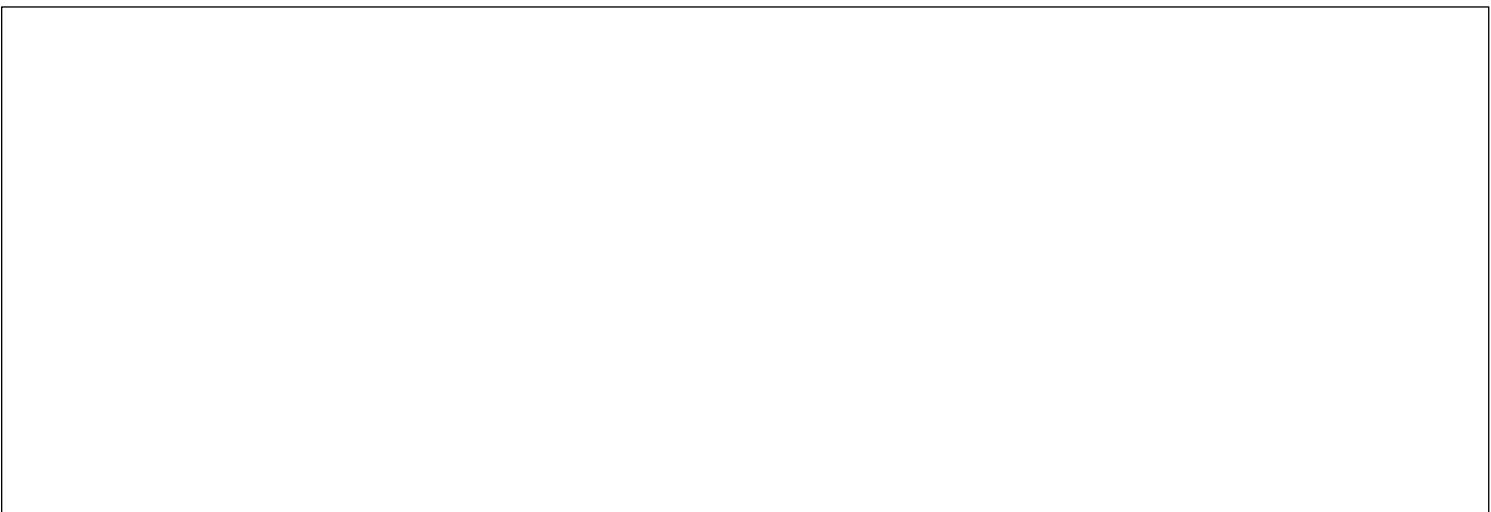
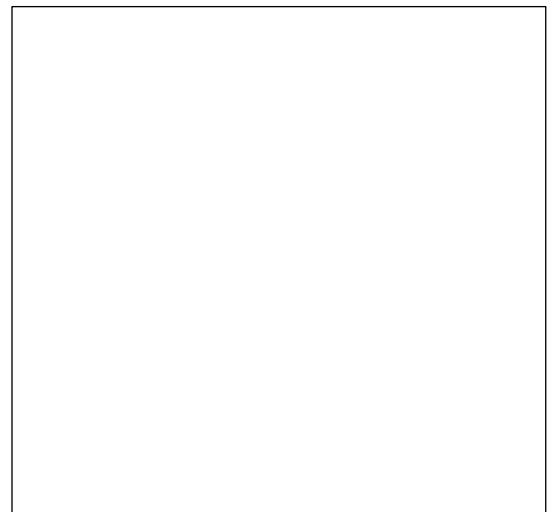


Case Closure


- Case Consultation
 - What did and did not work
- Case closure needs to occur on a timely basis
 - The APS worker that closes too quickly.
 - The APS worker that wants is overly involved and wants to stay invested.
 - The APS worker that is reluctant to close




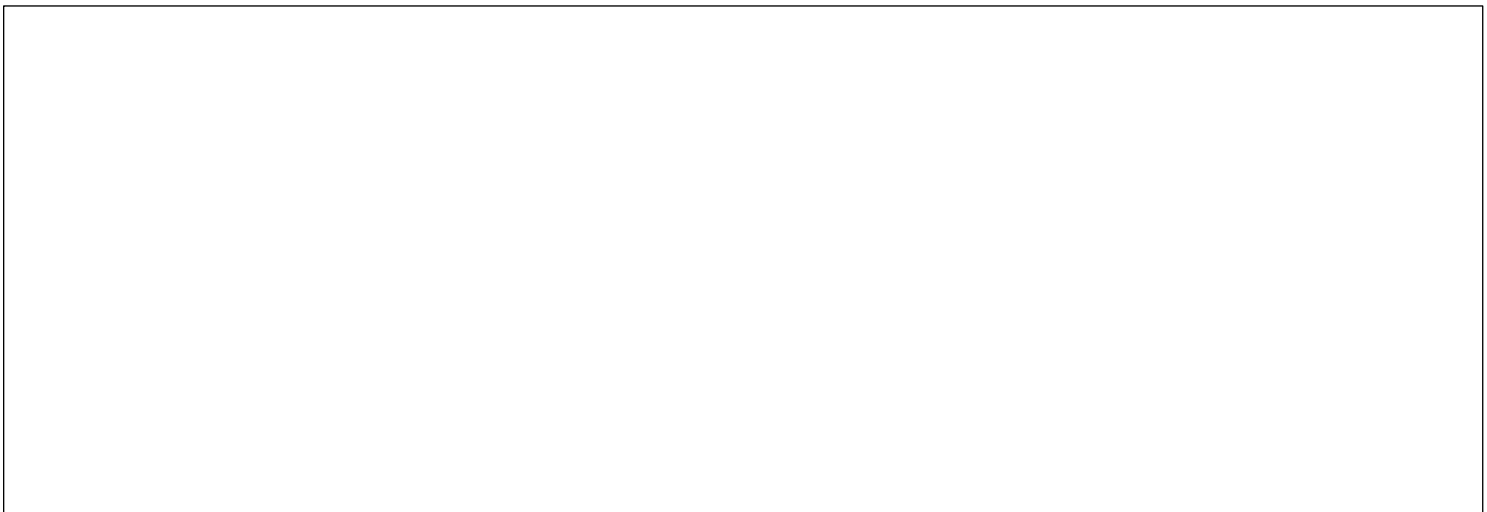
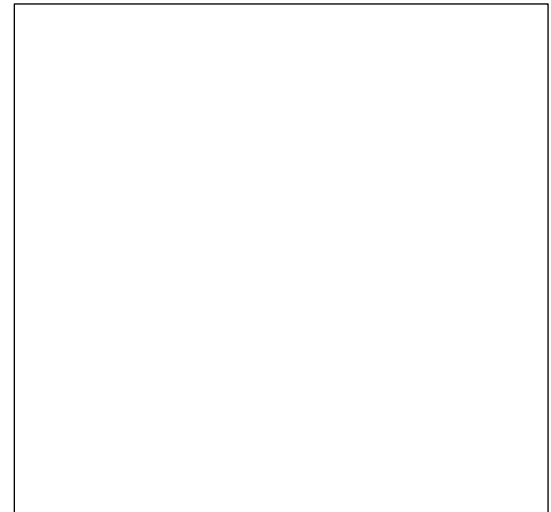
A slide titled "Case Closure" with a light grey background and a green border. It contains a bulleted list of points. To the right of the text is a red stamp with the word "CLOSED" in white, slanted slightly to the right.



Documentation


Case Consultation
Elements, evidence, observations, risks, and safety concerns
What interventions/services were or were not offered
• Was the client willing to accept services

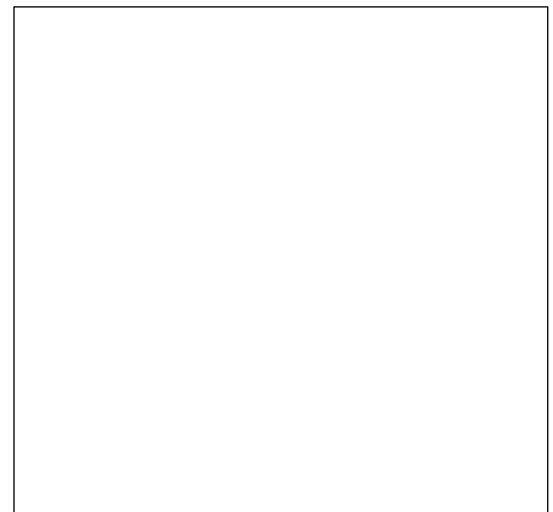


APS TARC Documentation Checklist
Summarize the allegation
Summarize the investigation
document the evidence that you found that supports your disposition identify and ongoing APS needs."



Caseload Prioritization

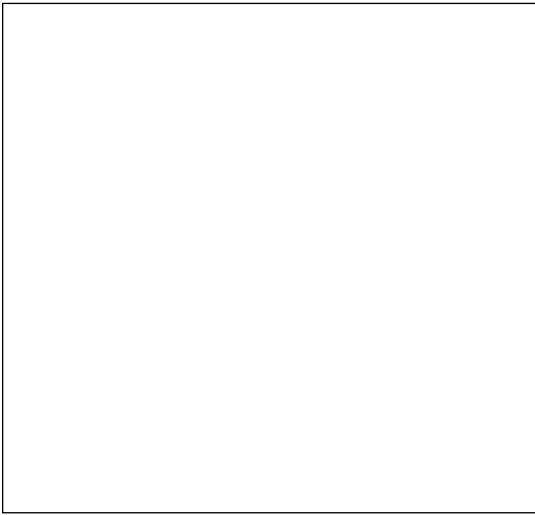
- Newly assigned or an open case has an emergent need
- A co-worker calls out
- Community partner requests assistance
- Competing priorities

PRIORITIZATION



Transfer of Learning (TOL)

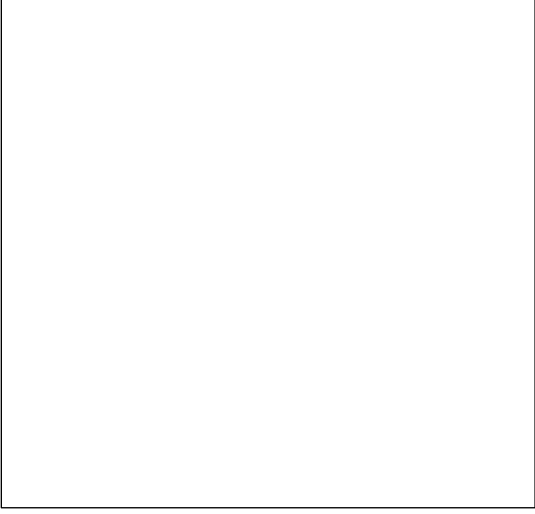
- Needs to be completed outside of this training
- Should take about 30 minutes
- You will need this for Day 2 of training



Closing & Evaluations

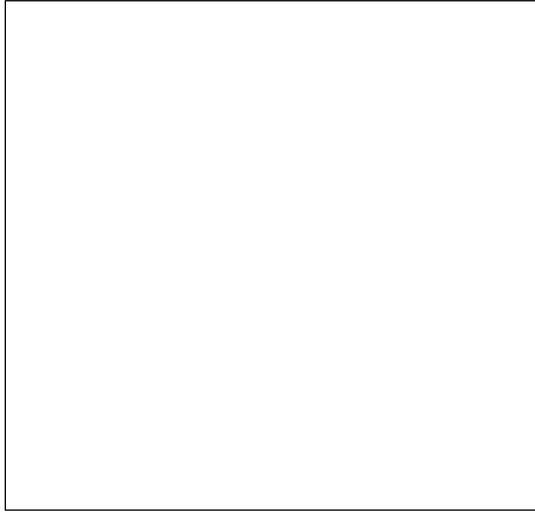



Reflection Activity

- Evaluations
- Thank you for your participation

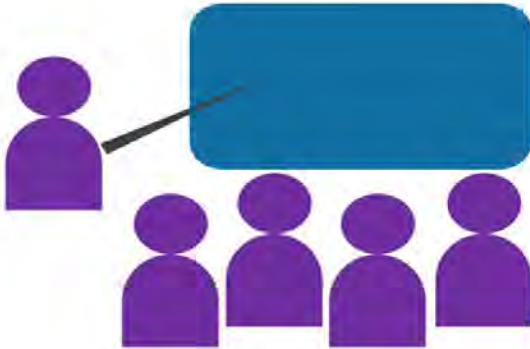


Thank You!

We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place.



Tips From the Field to Streamline Your Investigation and Casework



Introduction

APS work is challenging! Workers must be intelligent, have emotional dexterity, and the skills to manage demanding workloads. Experienced workers have learned how to streamline their work to help them more efficiently complete their investigations and keep their caseload manageable. We asked your colleagues - APS workers currently working in the field - for tips that help them organize their casework and thinking to streamline the work they do. This brief provides advice from individual workers to you - the individual worker. In addition to the individual tips, we've also collected recommended trainings or tools that others have found especially helpful.

The Importance of Planning

You can improve the efficiency of your casework by planning your work before you leave the office. (Academy for Professional Excellence, nd)

Review Past Case History

The [National Voluntary Consensus Guidelines for State Adult Protective Services Systems](#) (hereafter referred to as "Guidelines") recommends in section 2A that workers review "all appropriate department records including records that are not in the APS case management database; and... (search) the APS case management database for previous reports." (Administration for Community Living, 2020). You can save yourself time by searching your case management system to see if the client had a previous case, if not readily apparent in your case management system. The information in the case file can help you determine several factors which can help streamline your investigative process and improve your work. These factors include:

- **Access Issues** - The case file can help you identify access issues. For example, there may be a locked gate or an unfriendly dog that might prevent your entry or the client may be reluctant to allow access and only let you in if you are accompanied by a trusted family member. Knowing these things ahead of time can save you a second visit.

Tips from the Field

Read the APS history thoroughly prior to working the case to see if there are other agencies (such as case management, etc.) involved that could help address the current concerns.

Also consider reviewing property, court and benefits databases if you have access.

Tips from the Field to Streamline Your Investigation and Casework

- **Physical and Mental Health Status** - The case file should provide information about the client's previous physical and mental health status. This information will allow you to determine whether the client has deteriorated since the most recent investigation, although you will still need to determine whether this information is germane to the client's current situation. Understanding the client's previous physical or mental health state can be especially important when the client is exhibiting a "sudden" onset of dementia, which may actually be a delirium caused by an underlying, urgent, and treatable condition.
- **Client Support Network** - The previous case file will also list the people who have been involved in your client's life in the past, including contact information for family members. This can save you time, especially if a self-neglecting client is experiencing cognitive deficits and cannot provide that information.
- **Case Dynamics** - The previous investigation may have also uncovered some of the dynamics that underly the current situation. It is helpful to be clued into this information as you begin your interviews with the client and family members.
- **Services from Other Agencies** - It is helpful to know whether your client is already receiving services from other agencies. You can cross check the information obtained from the client with what is known by other professionals. It can also help you with service planning to address the maltreatment.
- **Language or Hearing Issues** - Knowing that you need a translator or an [assistive listening device](#) before you visit the client saves time.

Tips from the Field

Call law enforcement (LE) on cases in which LE is involved to find out what interventions have been used in the past (such as arrest or protective orders).

Search available databases for temporary restraining orders and/or incarceration information, as these interventions may have resolved the protective issue.

- **Previous APS Service Plan** - The previous case file will also tell you what service options have been suggested to the client in the past, whether they were accepted or rejected and why. This information can help inform your service planning. However, just because the client refused a service in the past, does not mean you should not recommend it in the present case. Knowing why a previous service plan did not work can help you strategize your approach to the client this time around.
- **Worker Safety Issues** - Lastly, reviewing the previous case can help you identify safety issues. Knowing that you need to do a joint visit with a colleague or law enforcement from the start of the case can save you a second trip to the client's residence and help keep you safe.

One caveat: You should not let the conclusions of the previous case influence whether you confirm the allegations in your investigation. Each case must be decided on its own merits based on the current facts.

Tips from the Field to Streamline Your Investigation and Casework

Prioritize Your Cases

You need to keep a close eye on the due dates of your cases. You do not want a standard response report to suddenly become urgent because it is due tomorrow and you left it on your “to do list” for too long. If your case management system doesn’t provide you with a list of reports assigned to you by due date, you might want to keep your own list or use a calendar to track dates. Check with your administration regarding your agency’s policy on putting client information into your calendar. If you use a calendar that is not secure, identify clients with case numbers or other confidential methods. The Guidelines suggested that establishing and utilizing time frames can help you with caseload and time management as well as keeping cases moving through the system (Administration for Community Living, 2020).

Tips from the Field

Spend 15 mins at the end and/or beginning of each day for planning and leave time in your day for new cases and emergencies.

Plan Your Visit Schedule

When planning your visits, give yourself time to complete all documentation (if you have remote access to your case management system) and arrange for client services during the visit. You can potentially make referrals while at the client’s home and do the interview of the alleged perpetrator if possible and appropriate. The more you can accomplish while at the home, the less likely you are to have to make multiple visits.

Plan Your Route

Many APS workers complain about how much of their day is devoted to “wind shield time”, the time spent traveling to and from clients’ homes. You may

Tips from the Field

Do not make unnecessary visits. If you can get the needed information by phone, make a phone call instead of a visit.

not be able to plan for immediate response reports, but you should plan your travel when investigating standard reports to minimize your time on the road. Wherever possible, you should group your visits by geographic area. Map your route before leaving the office. Free online mapping tools can help you plan the most direct route with the shortest distances between stops.

Preplanning will help you to address the tension that comes with balancing case timeframes and geographic location to save time and effort.

Use Your Electronic Calendar Effectively

Consistently using your electronic calendar can help you stay organized, on-time and safe. You should consider entering all the required deadlines on each of your cases into your calendar when the case is assigned, using client case numbers or other confidential means as required. If you can immediately see which face-to-face interviews are due, which service plans need to be entered, and which cases need to be closed, you are less likely to miss a deadline. You may also want to “schedule” tasks such as following up with the client’s doctor or contacting a landlord into your calendar.

It is recommended that you enter your home visit schedule into your calendar each day, if allowed by your administration. If you can share your calendar with your supervisor, this also helps keep you safe. Using your calendar consistently will also help you plan your casework around required unit meetings, trainings, etc.

Tips from the Field to Streamline Your Investigation and Casework

Develop a Checklist

Most APS programs require workers to provide clients with specific forms or brochures, get specific signatures, and collect specific pieces of information. Having a checklist to ensure that you bring all necessary forms with you and provide them to the client is a simple but effective way to keep you from having to duplicate your efforts. If your program has a supervisor case review form, this could be “repurposed” to be used as a worker checklist in the field.

In addition to client-specific forms, you’ll want to bring a resource list, chargers for electronics (phone, laptop or tablet), and personal safety equipment (sanitizer, gloves, masks, etc.). These can also be added to your checklist.

Tips from the Field

If your agency allows it, consider volunteering to be stationed in a specific neighborhood or community. This allows you to get to know your clients over time and, more importantly, the clients and the community get to know you.

During the Investigation

Don’t Skip the “Chitchat”

When workers become concerned about meeting deadlines and saving time, they tend to want to get right down to business when interviewing the client. However, skipping the niceties that build rapport with your client is not effective. This is not idle chitchat. Rapport building is absolutely necessary if you expect the client to open up and trust you. Spending time at the beginning of the case to engage with the client will actually shorten the amount of time needed to collect information and work with

the client on a service plan. Many APS supervisors have mentioned rapport building as the key to a successful APS investigation because, according to Dr. Aldo Civico (Civico, 2015), “Without rapport, there is little chance to influence or to persuade others.”

Plan Your Questions

It is useful to think through what questions you need to ask to prove or disprove that a specific type of maltreatment has occurred. Determining the questions ahead of time has several advantages. First, you will need to think about what information is needed and how best to approach the client and other parties to obtain that information. Second, it will help you to organize your interview and develop a logical sequence for questions. Lastly, it will ensure that you do not forget to ask necessary questions. This will prevent you having to make a return visit or phone call to get additional information.

One tool that might help you to think through the questions you need to ask for the various types of abuse is a matrix such as the California Consistency of Findings Matrix (County Welfare Directors Association, 2012). This document was originally developed to improve the consistency of findings between counties in California by delineating the signs of abuse, the essential elements of the various types of abuse, and the evidentiary issues that need to be considered. Since it was first developed, this matrix has been adopted and adapted by several other programs.

Below is a small sample from one section from the California Consistency of Findings Matrix:

Tips from the Field to Streamline Your Investigation and Casework

Table 1 – Excerpt from California Consistency of Findings Matrix

Abuse Category	Operational Definition	Essential Defining Elements	Evidentiary issues to Consider ¹	Signs of Abuse ¹
Psychological Abuse	Psychological abuse is the infliction of fear, anguish, or other emotional distress through verbal or nonverbal actions.	Emotional distress is exhibited by the client. AND The emotional distress is the result of someone else’s behavior.	Examples include but are not limited to: <u>General Considerations:</u> What are the indications, if any, the client is being or has been: <ul style="list-style-type: none"> ▪ Verbally assaulted, insulted or threatened; ▪ Intimidated, humiliated (e.g. treated as an infant), and harassed; ▪ Given the “silent treatment” or had affection withdrawn. 	Examples include but are not limited to: Suspected abuser observed or heard yelling at, belittling, and/or threatening the client. Client looks depressed. Client is confused or disoriented.

Here is how you might use the matrix to think about the questions you need to ask in your investigative interview. If you were investigating an allegation of psychological abuse, using this matrix you would first review the defining elements in column three of the table. In this case you would need to determine whether the client is exhibiting distress (column one) that is the result of someone else’s behavior (column two). You would determine this by asking questions to uncover the evidentiary issues listed in column four.

Potential evidentiary issues to consider include, “Has anyone verbally assaulted the client?” “Does the client ever feel intimidated?” or observed any of the signs and symptoms of abuse such as “Does the client appear disoriented or depressed”. Having such questions clear in your mind before the interview can help you keep the interview focused.

Know What Evidence You Need to Collect

A consistency of findings matrix can also be useful in determining what evidence you might need to collect to confirm the abuse did or did not occur. It provides guidance on the types of statements and documents you need. This can help you determine who to interview, what to ask them, and what types of documentation they might be able to provide.

Tips from the Field

Request records early, including medical records (to assess VA status, and concerns relating to neglect) and financial records (financial exploitation cases) if necessary. Request records back 3 – 5 years so the prosecutor does not ask you to go back and request more.

¹ Section has been abbreviated.

Tips from the Field to Streamline Your Investigation and Casework

Stay Focused but Watch for Signs of Other Types of Maltreatment

Although we have emphasized focusing your investigation on those questions that determine whether the reported allegation is true, you also need to be aware of indicators of other types of maltreatment. Always ask follow-up questions if you suspect other maltreatment. Otherwise, you are leaving the client at risk and, in terms of casework, there is a good chance that this case will come back to APS in the future. It is a false type of efficiency to only investigate the reported allegation.

Use Phone Calls Effectively

During the COVID pandemic more programs have relied on telephone contacts, which has made it clear that good quality casework can be done by phone. Making more calls to collaterals helps improve insight and enhances your in-depth knowledge of the case facts and the accuracy of your substantiations. According to a workgroup in Texas, "Obtaining information and perspective from additional collaterals and others with information/insight/perspective, strengthens casework assessments and fortifies decision-making" (Texas Department of Family & Protective Services, 2021). Phone calls can also save time by minimizing home visits while providing needed information and corroboration.

The Texas workgroup created a tip-sheet/tool to help make each call more productive. That tip-sheet recommends that you read the case history and pre-plan your call, making a list of information you need to obtain. It recommends that you use good phone etiquette including:

- Identifying yourself,
- Speaking clearly,
- Asking very specific questions.

- Giving yourself enough time that your call is not rushed.
- Being prepared to leave a voicemail message that provides enough information to peak the client's interest without providing confidential information.

During your call, the tip sheet recommends that you ask, "How do you know about the issue in question? Do you have firsthand knowledge?" Get as many details as you can including: who, what, where, when, how, why, timeframe, frequency, photos, documents, etc. Make a point of clarifying discrepancies. Before ending the call, review your list to ensure you asked all pertinent questions.

Next, the tip sheet recommends that you follow-up the call by contacting other individuals named during the call who may have information, re-interviewing persons as needed to clear up discrepancies and gather additional information, and then use the information gained to reassess the risk/safety issues for the client.

Lastly, of course, you need to document your calls.

Tips from the Field

Keep a steady work pace even when caseloads are lower. It is easier to stay "caught up" when workloads increase.

Get as Much Training as You Can

Nothing will slow down your investigation faster than being stuck because you don't know what to ask or what to do next. For example, having a good understanding of the elements of capacity can help you quickly determine if the client's capacity is a concern and they need to be referred for assessment by a professional. This will inform your case plan and allow you to decisively move forward. So, while attending trainings does take you away from your

Tips from the Field to Streamline Your Investigation and Casework

caseload, the time saved later by being able to quickly respond in a wide variety of situations will make it very worthwhile. You need to resist the tyranny of the urgent (casework) over the important (training). You can find links to a wide variety of APS training in the [APS Education and Training Toolkit](#).

Do Not Perseverate on a Problem

If you are stuck figuring out how to address a situation or whether the maltreatment has occurred or what action to take next, don't let yourself procrastinate. Ask for a case consult with your supervisor, work together on an action plan, put it in place and move on.

If you and your supervisor cannot come up with a plan, then elevate the problem to your multidisciplinary team, if applicable. Often other professionals can help you look at the case from another perspective and offer solutions you may not have considered. However, in some cases, there is no good solution to the client's situation and hearing from colleagues that you have already done all you can, may be helpful. But, in either case, you will not remain stuck and you will be more effective at managing your caseload.

You should also consider contacting subject matter expert consultants (e.g., legal aid attorney, forensic accountant,) to help you identify problems and client needs and locate resources. They can help you move your case forward timely.

Tips from the Field

For an inventory of screening and assessment tools, visit the Adult Maltreatment Screening and Assessment Tools Inventory at <https://ncea.acl.gov/Resources/Tools-Inventory.aspx>.

Making a Determination

Section 4D of the Guidelines (Administration for Community Living, 2020) recommends "that APS systems create and implement a systematic method to make a case determination and record case findings, including protocols for the standards of evidence applied..."

Use of a consistency of findings matrix, in conjunction with the elements of good case theory, means you should:

1. Gather information about the who, why, and where of the allegations, and watch for red flags. This involves conducting interviews of the client, the suspected abuser and all collateral contacts, documenting their statements and, in some cases collecting physical evidence such as bank statements, medical records or legal documents.
2. Apply the elements of proof for the suspected allegation(s) and test the sufficiency of your evidence against the required elements. This requires you to analyze all the information collected, develop a theory of what happened and test that theory against what you have discovered. Always consider whether an alternate theory is also supported by the evidence.
3. Based on the available evidence, determine whether the evidence collected meets the required standard of proof for your state program.
4. Document how you reached your findings.

Risk Assessment

Most APS programs utilize some type of risk assessment tool and/or list of questions to consider in determining the client's risk of on-going or future

Tips from the Field to Streamline Your Investigation and Casework

harm. You should, of course, focus on those tools or requirements. But a simple acronym that many APS workers have found helpful to focus their questions and think through the risks during the interview with the client is the “3 S’s” (The Academy for Professional Excellence, 2015). The 3 S’s are:

1. How **Severe** might the harm be (e.g., Is the client’s entire estate at risk or is this petty theft)?
2. How **Sure** are you that the harm will occur (e.g., Is it almost certain that the son will continue stealing from the client or is this a one-time occurrence as the son no longer has access to the client)?
3. How **Soon** might the harm occur (e.g., Is the son currently changing the title of the

client’s house into his name or is this something that he seems to be planning to do in the future)?

Consider Using a Biopsychosocial Checklist

While APS workers generally do not have the luxury of doing a complete biopsychosocial assessment such as is done with clients in formal counseling, APS workers should always touch on the basics of such an assessment. In his book “The Checklist Manifesto”, Atul Gawande (Gawande, 2009) argues that under pressure, we make simple mistakes and overlook the obvious. So, you may want to consider using a simplified version of a biopsychosocial assessment to quickly cover those basics. A simplified checklist may look something like this:

Table 2 – Example Checklist

Biological	Psychological	Social	Financial	Environmental
<ul style="list-style-type: none"> • Diseases • Self-care (e.g., diet, hygiene, hydration) • IADLs • ADLs • Meds Management • Dr. appointments attended/missed • Pain • Addiction • Assistive Devices • Healthcare Directive needed 	<ul style="list-style-type: none"> • Lacks Insight • Behavioral Issues • Emotional/Affect • Cognitive • Perceptual • Dementing conditions • May lack Capacity 	<ul style="list-style-type: none"> • Client’s role in family • Family is: <ul style="list-style-type: none"> ○ Supportive ○ Dysfunctional • Friends • Cultural • Religious • Community services • Client is Isolated 	<ul style="list-style-type: none"> • Adequate funds • Lack of funds • Unpaid bills • Mismanaged funds • Needs POA • Individuals with access to client’s: <ul style="list-style-type: none"> ○ Bank account ○ ATM ○ Credit cards ○ Other 	<ul style="list-style-type: none"> • Safety of home • Accessibility • Cleanliness • State of repair • Neighborhood issues (noise, crime) • Transportation • Availability of local services

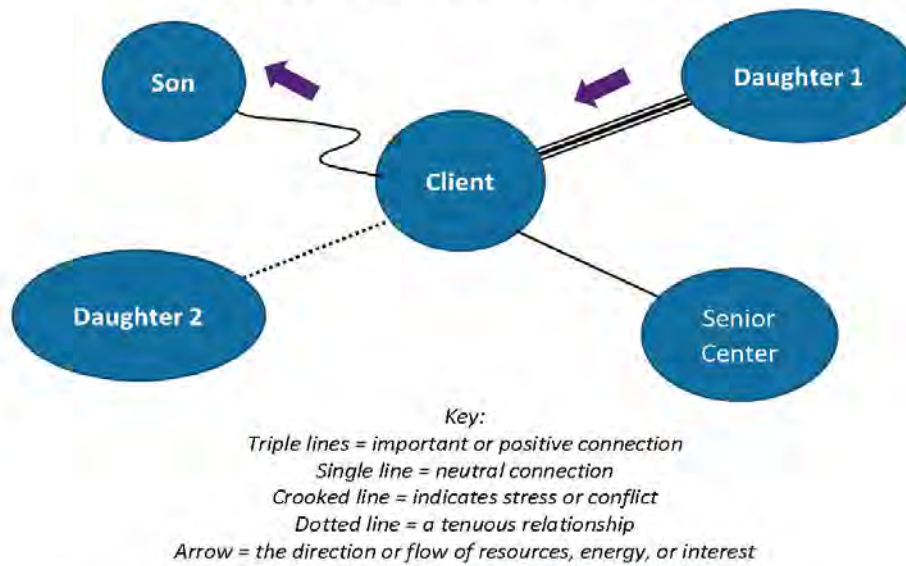
Consider Ecomapping Your Client’s Relationships

Melinda Lewis (Lewis, 2021) defines an ecomap as “a structural diagram of a client’s most important relationships with people, groups, and

organizations”. It depicts sources of support and sources of conflict for the client. Below is an example of a very simplified ecomap of a client whose son is financially exploiting her. Daughter 1 is supporting her. Daughter 2 is out of state and has a tenuous relationship with the client.

Tips from the Field to Streamline Your Investigation and Casework

Figure 1 – Ecomap of Client Relationships



If you received a call about a crisis on this case and needed to quickly determine which family member to call to provide help to the client, who would you call? Ecomapping is recommended as it quickly provides a visual representation of all the client’s relationships. You might also develop the ecomap with your client when developing a service plan. It can help you both think through who the client might want to call upon to help her with needed services.

Service Planning

Motivational Interviewing

In section 5a of the Guidelines (Administration for Community Living, 2020), it is recommended that APS consider “providing longer-term interventions focused on building a working alliance with the client and applying motivational interviewing techniques” for clients who are reluctant to accept services. If you have not yet had an opportunity to attend training on Motivational Interviewing, consider seeking it out. A search of the internet will locate both training programs and videos to get you started.

Documentation

Use Technology

Now that many workers have access to tablets and laptops, it has become clear that taking this technology into your interviews can enhance the quality and timeliness of your documentation. Being able to document directly into your case management system avoids the duplication of handwriting notes and transcribing them later. Documenting on-site in real time also improves the accuracy of your recall/narrative.

Tips from the Field

Ask the client for 2 key pieces of information to guide you:

1. What are you most hoping I can help you with?
2. What is your greatest strength?

Tips from the Field to Streamline Your Investigation and Casework

Texas' "As You Go" Casework Model (Reed)

Texas has been doing extensive work in improving casework efficiency for over 15 years. They use technology extensively and have adjusted their policies and procedures to support a more streamlined work model. Texas found that this has required a cultural change within the organization since workers are accustomed to using pen and paper to capture their notes during interviews and then returning to their offices to enter case notes, make phone calls and arrange for services.

Texas has implemented the "As You Go" casework documentation model which goes beyond just entering documentation timelier. It involves supporting a completely mobile workforce. Workers are asked to complete tasks in real time in the field before moving on to their next task. This model requires the worker to have a tablet (or at minimum a smart phone) and remote connectivity capability to the agency's case management system. The fundamental concept of this model is that workers document as much as possible at the client's home or immediately upon leaving the home. Examples include:

- Documenting the essential elements of the interview in the home.
- If documentation cannot be done in the home, pulling over to a parking lot and completing the documentation before moving on to the next visit.
- Uploading evidence into the case record as it is collected.
- Arranging services from the client's home before leaving.
- Handling emergency safety needs before leaving the home.
- Having agency policy required documentation be entered and edited by midnight of the following business day.

This model accomplishes three main objectives:

1. Increased accuracy of information/evidence for the case record
2. Increased safety for alleged victims
3. Increased efficiency for workload management

Evidence Collection and Data Entry

Immediately documented evidence is preserved. In the past, workers did a good job of gathering evidence, but the information was often left in paper notes sitting in piles of paperwork. With increased caseloads, details from this information could be lost during the time lapse between taking the notes and entering them into the system. In addition, management could not see the status of open cases. Entering evidence into data systems in real time significantly improves the integrity/quality of the information obtained and enables management to effectively support their staff.

Safety

- Arranging for goods or services at the time of the interview with the client enhances the client's safety.
- This concept also frees up time for workers to spend with their clients and allows them to conduct more thorough interviews.

Tips from the Field to Streamline Your Investigation and Casework

Workload Management

- Unnecessary travel to and from the office to enter case information or make additional phone calls is a time waster. Often, these tasks get fall by the wayside as “urgent” matters arise. This slows down case work as documentation and calls to arrange services have to be completed before the case can be closed.
- Real time documentation allows others to assist with cases as needed.

Consider Using a Documentation Checklist

Your case documentation should always:

4. Summarize the allegation.
5. Summarize the investigation.
6. Document the evidence you found that supports your disposition.
7. Identify risks.
8. Identify the ongoing APS needs.

Consider using a checklist to ensure that you remember to cover all the required elements of documentation. Again, if your state has a supervisor case review form, this could be “repurposed” to be used for documentation.

Provide Evidence to Support Your Conclusions

It is important to remember to provide evidence to support your conclusions. Statements such as, “The allegation of self-neglect is confirmed based upon the lack of food in the home and the unpaid utility bills”, or “The client appears to lack the capacity to refuse services as evidenced by collateral contact report from her doctor” make it clear why you came to these conclusions. This will also help your supervisor more quickly review and approve your cases since they will more readily see why you made the decisions you made.

Be Thoughtful About the Details You Include

Good documentation does not have to be extensive. However, every detail included should support or refute the allegations or be important to your risk assessment or service plan. So, for example, you do not need to include that the client wore a pink flower dress (what difference does that make to the case?), but you might include that her dress was clean/dirty or appropriate/inappropriate for the weather to support or refute an allegation of neglect.

If you find yourself spending too much time on documentation, consider reviewing your case documentation and asking, “so what?” about the details you have included in your narrative. Then practice editing your documentation down to those details that support your conclusions and your case findings. You can find a good practice activity in the [APS Case Documentation and Report Writing](#) core competency module activity entitled “Case Record Diet” (Academy for Professional Excellence, 2019). Also consider viewing the APS TARC webinar [“If It Is Not Documented, It Is Not Done”](#).

Document Services Offered and Risks Discussed

Always document any services you have offered to the client – even those that were refused. Make sure you discuss and then document that the risks of not accepting the services were discussed with the client. Such documentation can protect you and your agency from potential lawsuits if the client is later

Tips from the Field to Streamline Your Investigation and Casework

harmed because they accepted those risks. Just one line in your case file, such as “Discussed the dangers of refusing medical treatment with the client and he said he understood”, could serve to protect your agency down the road.

Close Your Case Timely

If you leave a case open because you put off completing the final documentation and closure, you are likely to have to take additional phone calls or make follow-up client contact. Completing the documentation for closing a case as soon as it is done, according to your agency guidelines, can keep your caseload under control. More than one worker

has found him or herself drowning in unclosed, but originally completed, cases.

Conclusion

APS workers across the country are challenged to handle large caseloads, involving intense interviews, analyze complex fact patterns, and arrange for a variety of services. Workers can learn important lessons from each other about how to streamline their investigations and move their casework forward. Many of the tips presented here involve planning your casework ahead of time and documenting your work as soon as possible. We hope that the information provided is helpful to you. If you have a helpful tip or tools, [please let us know](#).



What did you think of this brief? [Take our five-question satisfaction survey](#) to let us know!

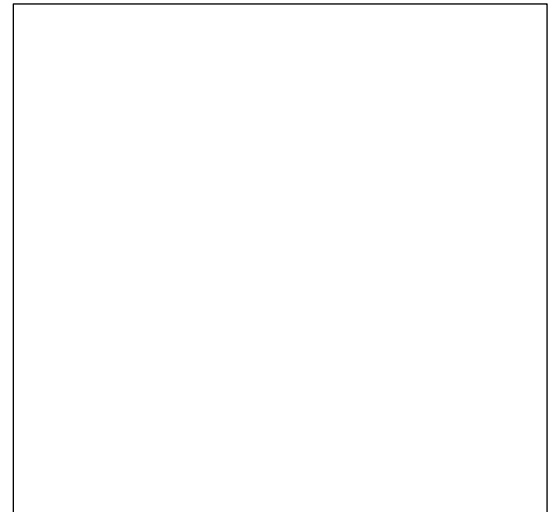
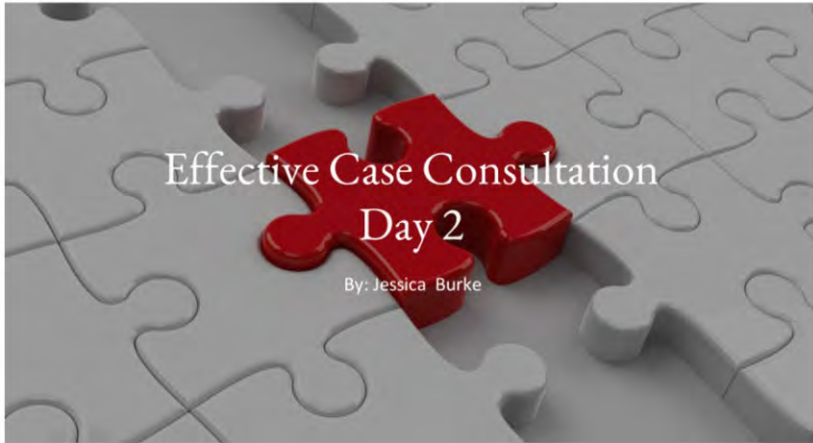
The National Adult Maltreatment Reporting System and the Adult Protective Services Technical Resource Center is a project (HHSP 2332015000421) of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor's findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.

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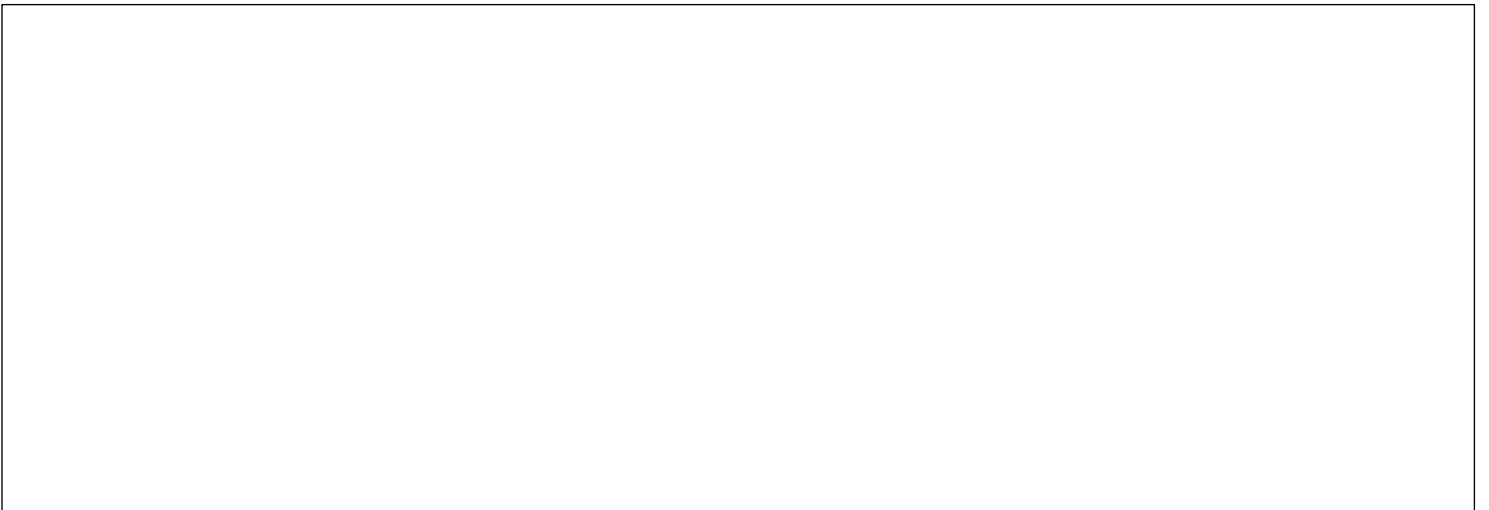
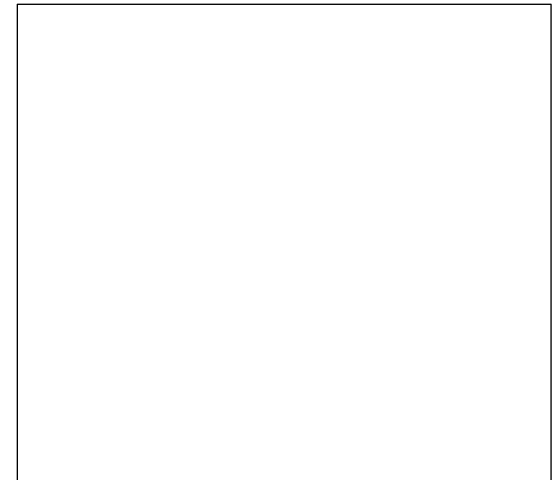
SUPERVISOR CORE

MODULE 4 A & B, DAY 2



Activity #5-Case Consultation Template

- Retrieve your case consultation template.
- In your groups, complete the following:
 - Discuss and evaluate each other's case consultation template as a team.
 - Come to a group consensus as on which case consultation template should be presented .
 - The owner of the case consultation form that is chosen will report out to the class.



Case Consultation Template Report Out

- What was your group consensus for the case consultation template?
- How and why was this template chosen? What stood out?

Professional Boundaries

- Over identification
- Limit self-disclosure
- Maintain confidentiality at all times
- No dual relationships
- NASW Code of Ethical Principles
 - <https://www.socialworkers.org/About/Ethics/Code-of-Ethics/Code-of-Ethics-English>
- NASW Professional Boundaries Brochure
 - <http://careers.socialworkers.org/documents/Professional%20Boundaries.pdf>

Values and Ethics

- Do no harm
- Balance autonomy/self determination vs. public safety
- Involvement of the client
- **Questions to ask the worker:**
- How does taking/not taking this action serve the client's best interest?
- What is the potential liability/risk to client/worker/agency/public in taking/not taking this action?
- Lawsuit, media exposure, others get hurt.
- Will you be able to sleep tonight with the decision you make?

Values and Ethics Continued

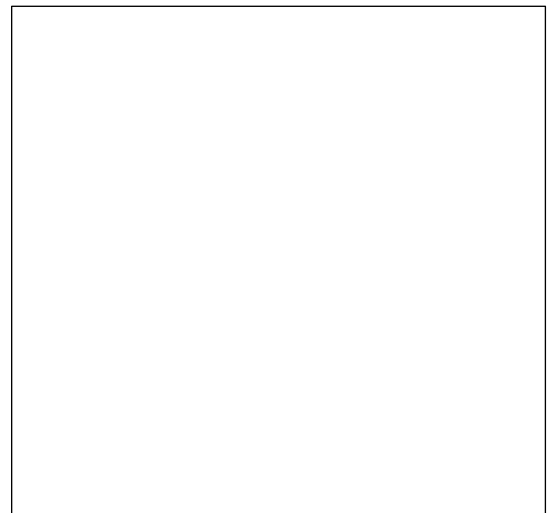
- Confidentiality
- Cross-reporting (law enforcement; child protective services; adult protective services)
- Tarasoff/duty to warn varies state to state- defining who is required to warn & under what circumstances.



Debriefing Trauma

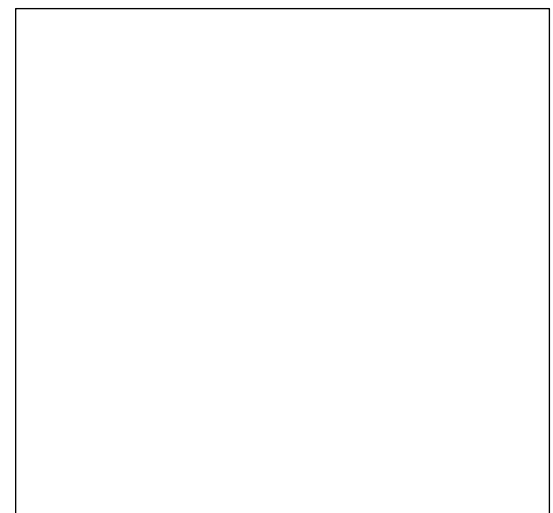


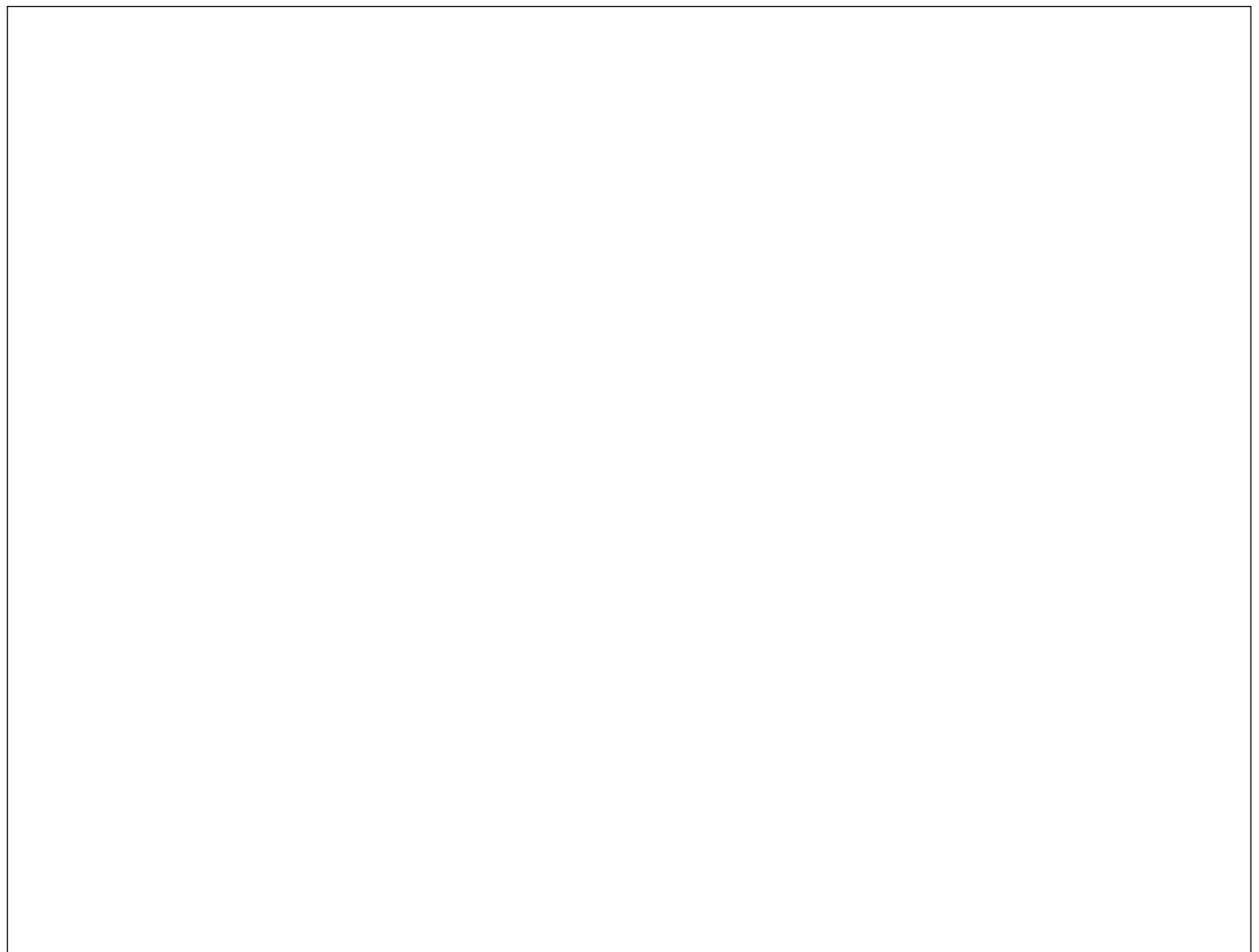
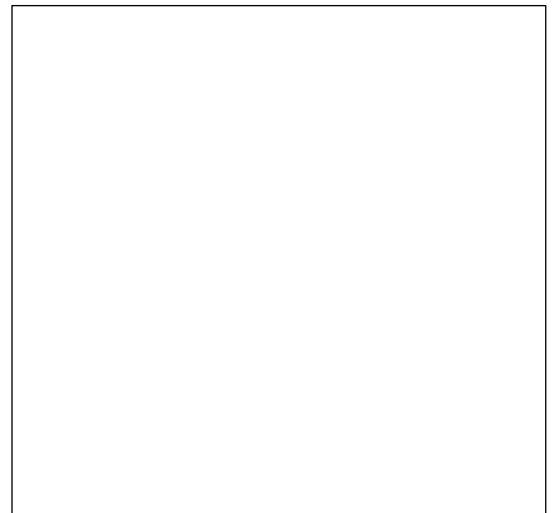
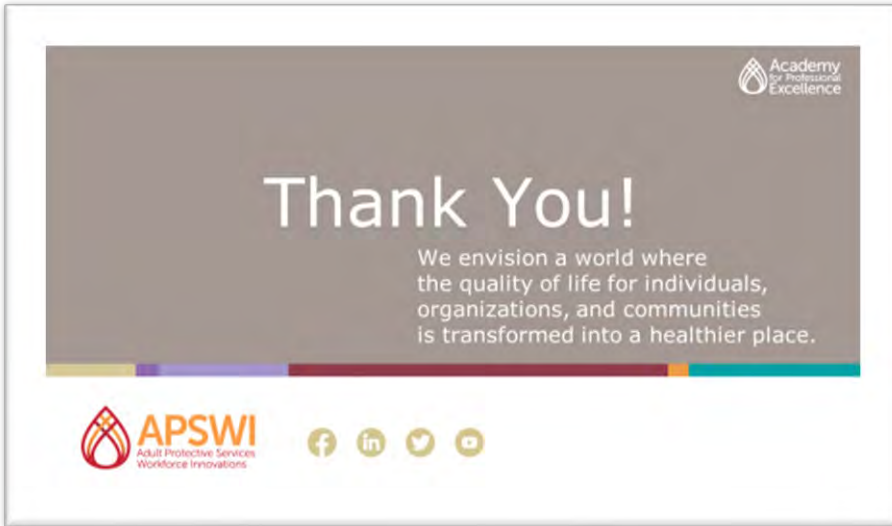
- Trauma-psychological or emotional injury caused by exposure to a deeply disturbing event.
 - Ensure the well-being of the worker
 - Appreciate silence
 - Allow tears and venting



Closing & Evaluations Day 2

- Evaluations
- Thank you for your participation!





leadership ladders:

STEPS TO A GREAT CAREER IN SOCIAL WORK

NOVEMBER 2011



setting and maintaining professional boundaries

The ability to set and maintain professional boundaries is critical to an effective, sustainable career in social work. Social workers make judgments regarding boundaries on a daily basis, and these decisions affect not only their own well-being but also that of their clients, colleagues, and loved ones. It is not surprising, then, that the topic of boundaries pervades social work education from introductory curricula through advanced professional development workshops.

Not even the most skilled social worker can anticipate every situation in which challenges to professional boundaries may arise. At the same time, every social worker can—and should—examine, in an ongoing way, how her or his professional boundaries enhance or harm the following domains:

- › Relationships with clients
- › Relationships with colleagues
- › Relationships with supervisors and administrators
- › Amount of time devoted to work
- › Amount of time and quality of energy spent on off-the-job activities and relationships
- › Ability to cope with work-related stressors

» THE FOLLOWING STRATEGIES CAN HELP YOU SET AND MAINTAIN APPROPRIATE PROFESSIONAL BOUNDARIES.

- › Examine your motivations for devoting extra time and attention to particular clients. Although some clients require more energy than others, treating one client differently than you do others may be a cue that your boundaries are overextended. In such situations, assess whether your services are congruent with the client's care plan, your job description, your professional scope of practice, and your organization's mission.



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Recognize that exceeding your professional boundaries with clients sets up your colleagues and organization for failure.

- › Apply, on a consistent basis, your organization's processes for communicating with clients. Such communication systems can include office email or voicemail, dedicated cell phones or pagers, receptionists or call centers, on-call staff, and off-hours referrals to 911, emergency rooms, or community mental health crisis centers. You may think you're helping clients by deviating from existing procedures—for example, by encouraging them to contact you directly in a crisis, rather than going through appropriate channels. At some point, however, you will be unable to respond to a client in need. When that happens, the client may lose trust in you or be reluctant to seek help in other ways.
- › Recognize that exceeding your professional boundaries with clients sets up your colleagues and organization for failure. Going beyond the parameters of your service system or role creates an unfair expectation that your coworkers do the same. Inconsistent professional boundaries within teams and organizations may confuse clients and erode their confidence in your organization.
- › Be discriminate in your use of social media. Avoid "friending" clients on Facebook, for example, and limit the amount and type of online information you make available to the public—or even to your friends' social networks—to prevent conflicts of interest with clients (Hobdy, 2011). Similarly, don't attempt to access, without informed consent, online information about your clients (Hobdy, 2011). Realize, too, that posting negative information about your workplace may demonstrate a lack of respect for colleagues and violate the NASW Code of Ethics (2008) (Reamer, 2009).
- › Develop strong working relationships with your colleagues. Although your coworkers need not be your friends, friendly workplace alliances can be invaluable in coping with the stresses of social work practice and maintaining your sense of humor. Moreover, trusted colleagues can help you think through boundary related questions.
- › Use supervision and consultation to help you determine appropriate professional boundaries in challenging situations. Maintain an ongoing dialogue with your supervisor about your workload. Use tangible tools, such as assessment forms and NASW standards of practice, to communicate your clients' needs and the ways in which you spend your time on the job.
- › If systems to address client needs do not exist within your organization—or if clients repeatedly experience difficulty in accessing services—collaborate with your supervisor or administrator to address the problem, rather than trying to fill those gaps singlehandedly.
- › Be attuned to signs of workplace bullying (Whitaker, 2010). You deserve the same respect and dignity in your work environment that you offer to your clients and colleagues.
- › Find ways to nurture yourself throughout your workday and during your commute. Take regular lunch breaks—if possible, away from your desk, outside your car, or otherwise apart from work responsibilities. Find ways to change pace occasionally during the day: stand and stretch occasionally if you sit at a desk; listen to music, an audio book, or an enjoyable radio program while driving to client visits or during your commute; take a brief walk; or simply breathe deeply and consciously for a minute.
- › Take time away from your job to rejuvenate. Strive to maintain a regular work schedule and avoid working overtime on a routine basis. Determine—if appropriate, in collaboration with your supervisor—how much, if at all, you need to be

available off the job, be it overnight, when you're ill, or during vacations. Clear expectations are especially important if you use a "smart phone" or other technology to access work email remotely. Don't confuse professional responsiveness and responsibility with being accessible to your colleagues (let alone your clients) 24 hours a day, seven days a week.

- › Devote time off the job to activities that nurture you. Spending time with family or friends, reading, watching a movie, singing, journaling, meditating, exercising, or other diversions can re-energize you to return to work. Allow time for rest, too.
- › Be attuned to the ways in which you absorb work stresses and take steps to manage that stress. Even social workers with excellent external boundaries (such as a regular work schedule), supportive colleagues, and manageable caseloads often find themselves "taking work home" on an emotional level. This can result in persistent worry about client situations while away from the job or unfounded fears of professional inadequacy. Work-related stress can also result in hypervigilance within a social worker's personal life—for example, fearing the onset of illness, despite the absence of symptoms, because of constant exposure to client illness. Writing about your feelings or talking with someone you trust can help you process the impact of work on your life and maintain clear internal boundaries between your professional and personal lives.
- › If you find yourself struggling consistently to maintain professional boundaries, consider seeking support from a licensed mental health professional to understand your behavior and evaluate the sustainability of your current role or work environment.

NASW RESOURCES

- › **NASW Continuing Educational Portal**
www.socialworkers.org/ce/search.asp
Extensive listing of conferences, workshops, webinars, teleconferences, and distance learning opportunities
- › **NASW Lunchtime Series**
www.socialworkers.org/ce/online/lunchtime
Multiple archived teleconferences and webinars (2007–2011) addressing topics such as the workplace environment, social worker safety, managing competing demands, ethics, and risk management
- › **NASW Professional Education and Training Center**
www.manexa.com/naswde
Multiple ethics courses, available to both NASW members and the public
- › **NASW Specialty Practice Sections**
www.socialworkers.org/sections
Multiple archived webinars and teleconferences (2007–2011) addressing topics such as professional grief, the ethics of social networking, risk management, and ethical decision making
- › **NASW WebEd courses**
www.naswwebed.org
Three online courses addressing ethics and malpractice risk
- › **Code of Ethics of the National Association of Social Workers (2008)**
<http://preview.socialworkers.org/pubs/code>
Available in English and Spanish
- › **Encyclopedia of Social Work, 20th ed. (2008)**
www.naswpress.org/publications/reference/encyclopedia.html
Includes articles addressing professional conduct, professional impairment, and professional liability and malpractice

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- » **NASW standards for social work practice** (*various settings and populations*)
www.socialworkers.org/practice
 - » **Social Work Speaks: National Association of Social Workers Policy Statements 2009–2012 (8th ed.)**
www.naswpress.org/publications/practice/speaks.html
Includes policy statements addressing ethics, professional impairment, and professional self-care

If you find yourself struggling consistently to maintain professional boundaries, consider seeking support from a licensed mental health professional.

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Handout: NAPSA Code of Ethics

Adult Protective Services programs and staff promote safety, independence, and quality-of-life for older persons and persons with disabilities who are being mistreated or in danger of being mistreated, and who are unable to protect themselves.

Guiding Value

Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self-determination.

Secondary Value

Older persons and persons with disabilities who are victims of mistreatment should be treated with honesty, caring, and respect.

Principles

- Adults have the right to be safe.
- Adults retain all their civil and constitutional rights, e.g., the right to live their lives as they wish, manage their own finances, enter into contracts, marry, etc. unless a court adjudicates otherwise.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults have the right to accept or refuse services.

NAPSA (or APS) Practice Guidelines

APS worker practice responsibilities include:

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize individual differences such as cultural, historical and personal values.
- Honor the right of adults to receive information about their choices and options in a form or manner that they can understand.
- To the best of one's ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first whenever possible—community-based services rather than institutionally-based services.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.

Continued

- In the absence of an adult's expressed wishes, support casework actions that are in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

<https://www.napsa-now.org/napsa-code-of-ethics/#:~:text=Adult%20Protective%20Services%20programs%20and,are%20unable%20to%20protect%20themselves.>

Handout: NASW Ethical Principles

The following broad ethical principles are based on social work's core values of service, social justice, dignity and worth of the person, importance of human relationships, integrity, and competence. These principles set forth ideals to which all social workers should aspire.

Value: *Service*

Ethical Principle: *Social workers' primary goal is to help people in need and to address social problems.*

Social workers elevate service to others above self-interest. Social workers draw on their knowledge, values, and skills to help people in need and to address social problems. Social workers are encouraged to volunteer some portion of their professional skills with no expectation of significant financial return (pro bono service).

Value: *Social Justice*

Ethical Principle: *Social workers challenge social injustice.*

Social workers pursue social change, particularly with and on behalf of vulnerable and oppressed individuals and groups of people. Social workers' social change efforts are focused primarily on issues of poverty, unemployment, discrimination, and other forms of social injustice. These activities seek to promote sensitivity to and knowledge about oppression and cultural and ethnic diversity. Social workers strive to ensure access to needed information, services, and resources; equality of opportunity; and meaningful participation in decision making for all people.

Value: *Dignity and Worth of the Person*

Ethical Principle: *Social workers respect the inherent dignity and worth of the person.*

Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity. Social workers promote clients' socially responsible self-determination. Social workers seek to enhance clients' capacity and opportunity to change and to address their own needs. Social workers are cognizant of their dual responsibility to clients and to the broader society. They seek to resolve conflicts between clients' interests and the broader society's interests in a socially responsible manner consistent with the values, ethical principles, and ethical standards of the profession.

Value: *Importance of Human Relationships*

Ethical Principle: *Social workers recognize the central importance of human relationships.*

Continued

Social workers understand that relationships between and among people are an important vehicle for change. Social workers engage people as partners in the helping process. Social workers seek to strengthen relationships among people in a purposeful effort to promote, restore, maintain, and enhance the well-being of individuals, families, social groups, organizations, and communities.

Value: *Integrity*

Ethical Principle: *Social workers behave in a trustworthy manner.*

Social workers are continually aware of the profession's mission, values, ethical principles, and ethical standards and practice in a manner consistent with them. Social workers act honestly and responsibly and promote ethical practices on the part of the organizations with which they are affiliated.

Value: *Competence*

Ethical Principle: *Social workers practice within their areas of competence and develop and enhance their professional expertise.*

Social workers continually strive to increase their professional knowledge and skills and to apply them in practice. Social workers should aspire to contribute to the knowledge base of the profession.

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

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Continue

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OUR WHY:

REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
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