

Supervisor Core Module 4 Case Consultation

Virtual Course

Trainer Manual



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



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
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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to Case Consultation Trainer 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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Agencies

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HOW TO USE THIS MANUAL

This curriculum was developed as a virtual 3-hour workshop using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in-person by modifying activity and engagement prompts as necessary. When possible, virtual and in-person prompts are given.

The Pre-Training Assignment (See Appendix A) and instructions should be sent via email one-week prior to the training date. The Participant Manual should also be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

- Actions which the trainer takes during the training are written in **bold**.

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

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

- When there are both Trainer and Moderator notes on same page, Trainer and Moderator is **underlined**.
- Expected time per slide is provided next to slide number and topic on each page.

Use of language: Throughout the manual, staff is used most often to describe supervisees or units/teams. The broader term (APS) worker is also used to denote individual staff who may go by various titles. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

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

Customizing the Power Point:

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

Hide a slide instructions:

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

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

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

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

TRAINER GUIDELINES

It is recommended that someone with APS supervisory experience facilitate this virtual workshop.

It is recommended that the trainer research and apply state specific information/regulations as some content references California dispositions.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
 - A Moderator/Co-Host Tip sheet is on Page 73
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 20-25 participants.

| | |
|--------------------------------|---|
| Teaching Strategies | The following instructional strategies are used: <ul style="list-style-type: none"> ○ Lecture segments ○ Interactive exercises (e.g., breakout groups, chat box discussion, polling activities) ○ Question/answer periods ○ PowerPoint Slides |
| Materials and Equipment | The following materials are provided and/or recommended: <ul style="list-style-type: none"> ○ Trainer Manual ○ Participant Manual (fillable PDF) ○ PowerPoint Slides ○ Headset with microphone ○ Computer |

VIRTUAL TRAINING TIPS

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

- Assume nothing.
 - Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
 - Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
 - The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
 - "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
 - This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
 - Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
 - As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.
- Be mindful of your space.

Continued

Module 4: Case Consultation

- Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
- It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.

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 | 1-6 |
| Learning Objectives and Activity | Lecture, activity #1 | 15 | 7-8 |
| The 3 W's of Case Consultation (What, Why, & When) | Lecture, activity #2 | 40 | 9-13 |
| Risk assessment | Lecture | 10 | 14 |
| BREAK | | 10 | |
| Investigation | Lecture, question and answer, activity #3 | 35 | 15 |
| Service and Safety Planning | Lecture | 10 | 16 |
| Case Closure | Lecture | 10 | 17 |
| Documentation | Lecture, question and answer, Activity #4 | 20 | 18 |
| Caseload Prioritization | Lecture, question and answer, Handout | 10 | 19 |
| Transfer of Learning | Lecture | 5 | 20 |
| Closing and Evaluations | Closing and Evaluations | 5 | 21 |
| 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 | 23-25 |
| BREAK | | 10 | |
| Professional Boundaries | Lecture, handout | 5 | 26 |
| Values and Ethics | Lecture, handout | 10 | 27-28 |
| Debriefing Trauma | Lecture | 5 | 29 |
| Closing and Evaluations | Closing and Evaluations | 10 | 30 |
| Total Time (Including Breaks) | | 1.5 Hours | |
| Total Credit Time for Module | | 5 Hours | |

MODULE 4

WELCOME AND INTRODUCTIONS

Time Allotted: 30 minutes

Slide #1: Welcome (5 minutes)



Allow for a few minutes for participants to settle in.

Chat Box:

Ask participants to type in their names, titles, and counties (or APS programs) for attendance purposes and estimate how many alleged perpetrators (A/Ps) they have interviewed.

Introduce yourself and briefly highlight your interest in this topic and relevant experience with the subject.

Introduce moderator(s) or **ask** moderator(s) to introduce themselves.

- **Describe** moderator's role—monitor the chat box, assign breakout rooms, handle any administrative issues, etc.

Highlight information from chat box such as number of counties participating, and experience interviewing A/Ps.

Share that if any participants have attended the in-person or eLearning version of this course they will see some repeated content as well as new.

Slide #2: SDSU School of Social Work (1 minute)



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.

Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Slide #3: About APSWI and the Academy (1 minute)

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:

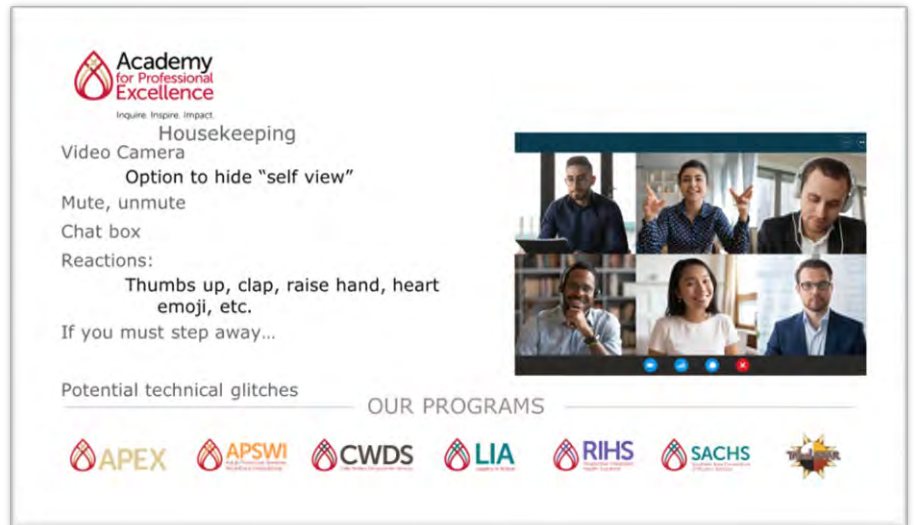
- CWDS
- APSWI
- RIHS
- LIA
- SACHS
- APEX

Academy for Professional Excellence
We create experiences that transform the heart, mind, and practice.

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

Slide #4: Technology Overview (2 minutes)

Trainer/Moderator Note: If participants are equally comfortable with the virtual platform you are using, this slide might not be needed. However, it provides participants an opportunity to get involved right away and establishes that the Moderator is a key partner in this training (if available).



Explain: Many of you are pros at navigating through a virtual learning course like this one, while this may be less familiar for some. Therefore, we will review the various functions we will use during this course.

Video Camera: when you find, turn off/on.

Mute: Everyone locate it, mute and unmute yourself. While you are listening or others are speaking, please mute yourself. Unmute if you are about to speak or while in break-out rooms.

Chat box: Ask participants to type "Got it" once they've located the chat box.

Hand clap/thumbs up: Ask participants to press the hand clap icon or give thumbs up when you've found it. There are other icons in the same area.

- **Explain** that you will ask participants to use any of these reactions in place of the raising hand feature as participants cannot see all see the raise hand feature. You may need to remind them of this a few times.

Trainer/ Moderator Note: In Zoom, certain icons are only visible to the Host/Co-Host of Zoom, not the participants. If no Moderator is available, these will be very hard to keep track of, so encourage participants to give a different reaction like clap, thumbs up or heart to get your attention.

Icons to facilitator: Raise hand, slow down, need a break, stepping away.

Remind participants they are expected to attend the entire course, but if they need to leave, they should type BRB (be right back) in chat box and then "I'm back" on return.

Slide #5: Housekeeping for In-Person Delivery

Trainer Note: Set up the room to accommodate up to 6 groups of 5 people.

Include name tents, pens, highlighters, and sticky notes.



Review housekeeping items for the in-person delivery with the participants of important reminders and information for the day.

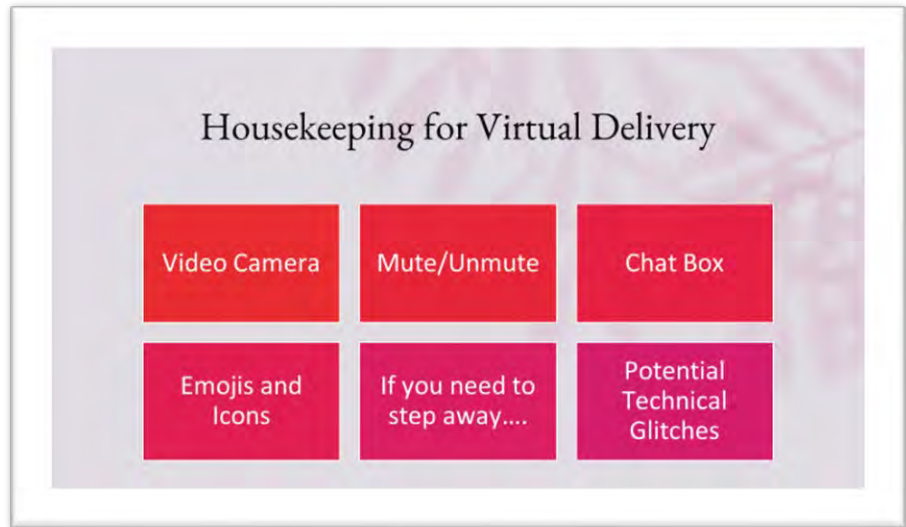
1. Please turn off your cell phone for the duration of the training. If you must make or receive a call, please leave the training room, and return as quickly as possible. You may want to check the course outline to see what you have missed.
2. This is a 4 hour training with one 10 minute break.
3. Course materials include a participant manual, and Transfer of Learning Action Plan.

Slide #6: Housekeeping for Virtual Delivery

Trainer Note: It is recommended for the virtual platform to have no more than 20 participants.

Trainer may want to assign *break out groups* prior to beginning training.

Trainer may also want to utilize the *mute upon entry* function to cut down on background noise as participants join the training



Acknowledge that some participants may be more familiar than others navigating through a virtual learning course.

Explain that we will now review the various functions of the virtual environment.

1. **Video Camera:** Find the camera icon; when you do, please turn it off and on.
 - a. *Emphasize* the importance of keeping the video camera on as this is an interactive course.
2. **Mute/Unmute:** Please locate the microphone; when you do, please practice muting and unmuting yourself.
3. **Chat box:** Find the chat icon; we will be using the chat function throughout the course.
4. **Emojis and Icons:** These differ within the different virtual platforms.
 - a. **Trainer: Review** which icons seem appropriate with the class, if any, and have the participants practice using them.
5. **Explain** that this is a 3-hour training and there will be one 10-minute break; however, use the restrooms and if you have to step out alert the facilitator and co-host as needed.

Continued

- a. Remind the participants that they are expected to attend the entire course, but if they need to step away, please private chat the trainer and the co-host.

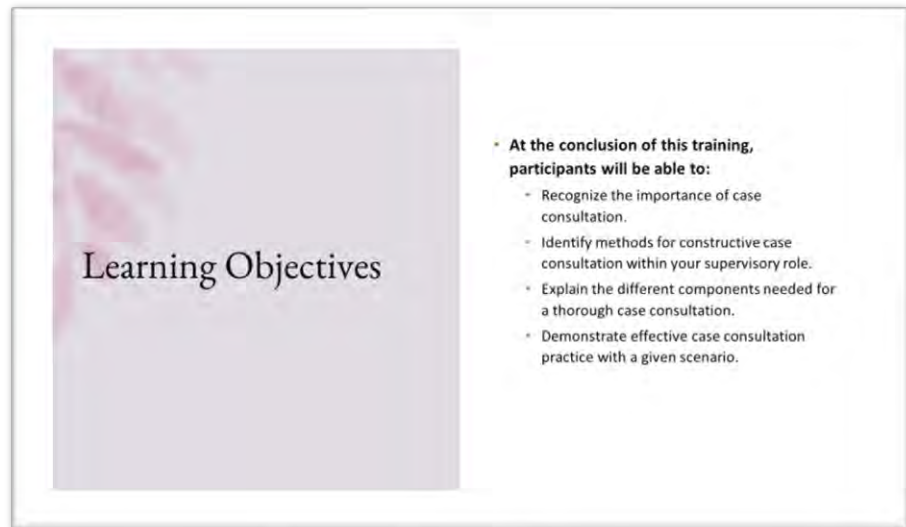
Emphasize that technical glitches are inevitable on both your end and the participants; encouraging all participants to be patient and forgiving as you all navigate this virtual platform together.

TRAINER NOTE

Participant Manual: If utilizing a PDF version of the participant manual, trainer may want to go over the functionality of the PDF manual (ex. Taking notes, highlighting, erasing, etc.).

It is highly recommended that the trainer shares their Participant manual virtually to participants by utilizing the Share Screen feature and demonstrate the functionality of the PDF participant manual. This may require the trainer to become familiar with the PDF participant in advance of the training.

Slide #7: Learning Objectives (2-3 minutes)



Paraphrase the learning objectives with the participants.

At the conclusion 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.

Acknowledge that we all have different experiences with the case consultation process. This is an interactive training that will allow participants to share case consultation successes and challenges with each other.

Explain that in today's training, participants will gain experience needed to be successful in facilitating case consultations, at all stages of an APS case, with their staff.

Slide #8: Activity 1

Virtual Delivery Tip:
Trainer may want to have break out groups assigned in advance.



Explain to the participants that in a moment, they will be discussing a question with their table group, (in-person) or they will be put into break out groups (virtual).

Inform the participants that they will be given **10 minutes** to first introduce themselves, and then have participants discuss the following questions:

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

Virtual Platform

Assign break out groups.

Trainer Note: Depending on which virtual platform that is being utilized, participants may need to click the "join group" feature. Trainer or co-host can broadcast messages through the virtual platform (ex. 2 minutes left, etc.).

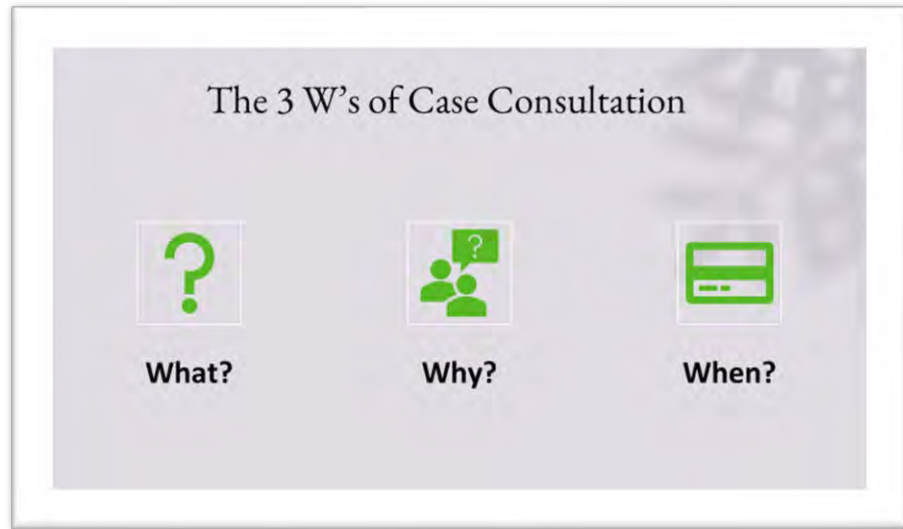
Welcome everybody back after 10 minutes.

Ask for a few volunteers to respond.

Virtual environment: participants can respond by utilizing the chat box, or by taking themselves off mute.

Validate/Discuss that their group discussions reinforce the purpose of the training stated in the learning objectives.

Slide #9: Case Consultation: The 3 W's



Inform participants that there are many different styles, methods, and approaches to effective case consultation. You may already have a style of your own, or just be starting out. Regardless, whatever your approach, or your experience with case consultation be, it is essential to know that case consultation does need to have some type of structured, methodical, and systemic process.

A systemic process parallels with critical thinking; when the critical thinking process is applied to case consultation, you can explore options outside of the problem itself and minimize the safety/risk for your worker and the client. This process involves open ended questions, a problem-solving approach, and didactical conversation with your staff member.

When consulting with your staff, you do not need all the answers, but you need to be able to ask questions to solicit and promote critical thinking with staff. Many of the clinical skills you used to use in the field with your clients can be applied when consulting with your staff.

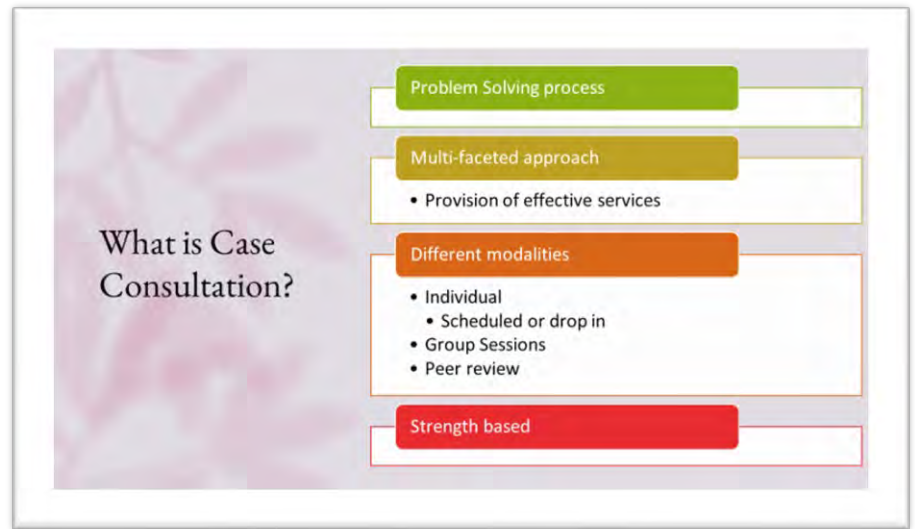
Critical thinking is a key component to case consultation, and really to social work itself. It is important for you, within your supervisory role, to model what critical thinking looks like. Social work is not an exact science; client's situations can be complex, and time/resources are limited. So, it is essential that you, the supervisor, and your staff member, ensure that the case consultation process is effective, and outcome driven.

Continued

Case consultation can also be looked at as shared liability: you and your staff member are looking at each case through a thorough and effective lens; therefore, providing the best and safest outcome tailored to each APS client.

Case consultation also allows you to offer your expertise and training to your staff.

Slide #10: What is Case Consultation?



Consultation is a problem-solving process in which advice, knowledge, and reflection is offered by someone possessing specialized expertise.

Consultants may be engaged to help workers identify gaps in knowledge or blocks in understanding or explore other ways of seeing issues.

Individual Sessions or one-on-one sessions are typically one hour in length, regularly scheduled and tailored to meet the individual practitioner's specific learning objectives in relation to providing better client service. Individual sessions can also be on a "drop in" basis to touch base and/or follow up. Both are recommended; cases do not fold out neatly, so having an open-door policy to have an informal consultation is crucial. You also may want to employ some type of structured case consultation template to assist in guiding the conversation.

Group Sessions are led by a supervisor or a consultant to address the needs of a group. Group members learn from one another in addition to the group leader by sharing practice experiences and challenges. Talking to others about difficult practice and/or work-related issues reduces stress and a sense of isolation. Group sessions also have the advantage of being time efficient. You can also use the group sessions as an opportunity to have your own mini-MDT. That is, having staff members bring cases that they may be struggling with and having the group provide input as to different alternatives that would help bring success to the case.

Continued

Work Groups are useful in providing mutual support, sharing practice knowledge and resources, etc. These groups are usually composed of individuals with the same or similar levels of knowledge and expertise and do not have any administrative responsibility or accountability in relation to others in the group. This type of group is effective in streamlining processes.

Effective case consultation needs to be strength based, and can also involve components of motivational interviewing, reflective listening, and use of your administrative skills.

Inform participants that they will have an opportunity to work on a case consultation template as part of this training.

Slide # 11-Why Case Consultation?



Supportive supervision creates an environment that is conducive to the provision of effective services. Supportive supervision can: improve morale, alleviate work-related stress, provide encouragement and reassurance, and improve overall job satisfaction for social workers. Like administrative supervision, supportive supervision may be provided by non-social workers. Supportive supervision can also be seen as a learning opportunity with peers, other teams, and external partners.

The purpose of **case consultation** is to use the knowledge and expertise of the supervisor and designated regional staff to guide the casework being completed by staff and ensure that staff are completing tasks/objectives as delineated in the assessment, case plan, and as supported by the supervisor.

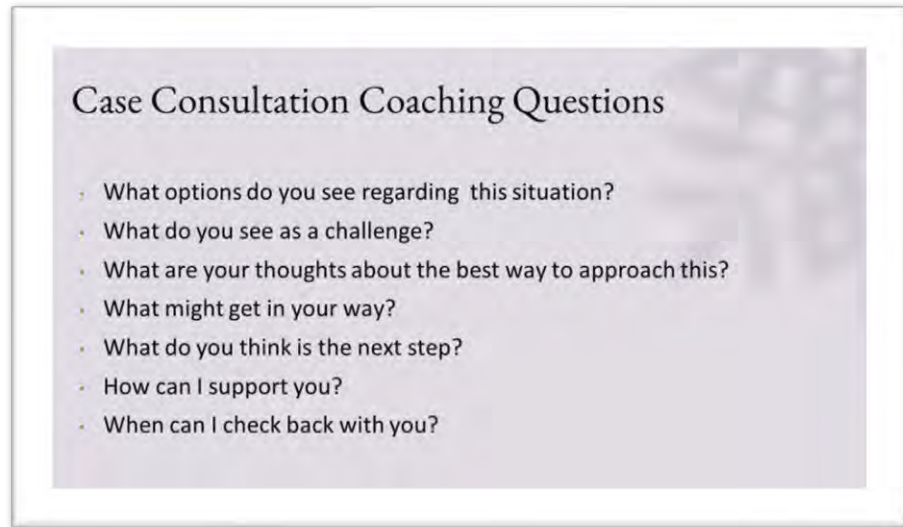
Additionally, case consultation will continue to promote consistent APS investigation best practices.

Explain that in Socratic teaching, we focus on giving students questions, not answers. This type of method should be applied within the case consultation process between you and your staff member.

Thinking outside of the problem may include not necessarily solving the problem; that is, just reducing negative consequences to the client; including harm reduction principles.

The following slide provides a list of example coaching questions that the supervisor can use in a case consultation with staff to help prompt critical thinking.

Slide #12- Case Consultation Coaching Questions

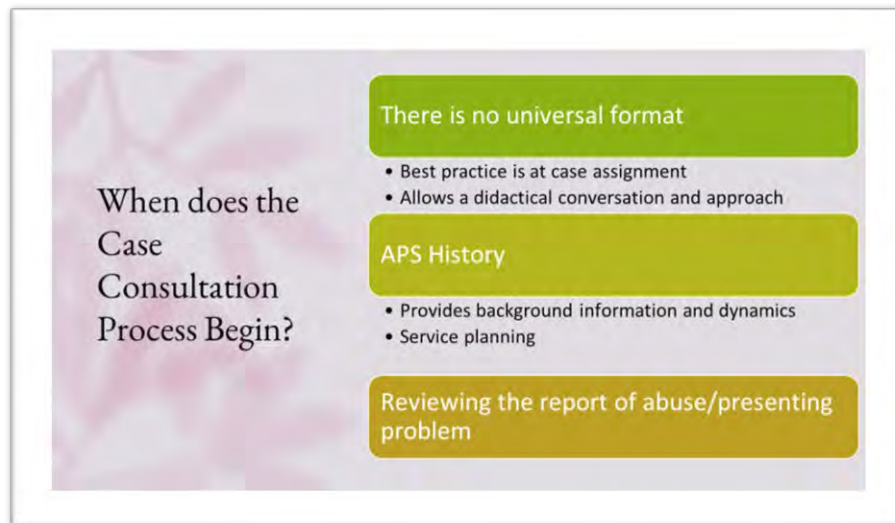


Let's briefly review the questions.

- 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 the way?
- What do you think is the next step?
- How can I support you?
- When can I check back with you?

These Case Consultation Coaching Questions can be used with staff to help them identify possible risks, options/interventions, and implement best strategies that can lead to successful case planning and goal setting.

Slide #13-WHEN Does Case Consultation Begin? & Activity #2



Case consultations should be tailored to each specific APS client, and there is no universal format to be followed. However, the case consultation process should begin at case assignment to develop preliminary investigation plans with your staff member.

It is recommended to review the following:

- Assess whether the level of risk to the client is consistent with the response timeline.
- Review the case with the assigned worker to see if the case response time needs to be upgraded or downgraded based on the client's risk and safety.
- Research and review previous APS reports, public court sites, law enforcement contacts, medical information, external resources (i.e., family, friends, neighbors, case management agencies, home health) and other relevant databases for history on both the client and suspected abuser.
- Use this research to review background information, what past service/safety planning did or did not work, why they did or did not work, any important background information, and contextual factors (client's income, functional abilities, limitations, and support systems) that are important to understanding the presenting problem, such as family dynamics. This is also an opportunity to see if other agencies have been involved in the past.

It is also helpful to consult with your staff member regarding the following Continued

- Identifying information –demographic information about the client, any cultural considerations to keep in mind, communication barriers, if an interpreter is needed, and any type of disability that may require accommodation.
- APS History – this section provides an opportunity to review the contextual history of the client and the case.
- Presenting Problem-this section provides information as to why APS intervention may be warranted.
- Medical and Psychiatric history –medical and/or psychiatric information needed to understand the client's functioning, such as diagnoses, chronic health conditions, and/or addictive syndromes.
- Personal and/or social history –relevant information about the client's social functioning, including but not limited to any legal issues, and safety concerns such as being in a crisis state or any safety considerations that could put your staff member in potential danger such as: weapons in the home, domestic violence, family dynamics, substance abuse, dogs, etc.

It is important to know that case consultation is an ongoing and flexible process. Case consultation will occur through different phases of a case.

Activity #2

Refer participants to the **Handout** entitled “Case Studies”.

Inform participants that this activity is in 2 parts.

Solicit a volunteer to read **Case Study A-Princess Williams**.

Encourage participants to read along as the volunteer reads aloud.

First, have participants individually answer the following questions (**10 minutes**):

- What discussion would you have with your 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, behavioral health, and/or addictive syndromes?
- What safety precautions should you be discussing with the assigned staff member?
- What next steps, if any, would you recommend to the staff?

Next, for 5 minutes, have participants discuss at their table group (in person) or breakout room (virtual environment), what they came up individually and to share best practices. Encourage the participants to write down the best practices shared in the group.

Continued

Virtual Platform

Assign break out groups.

Trainer Note: Depending on which virtual platform that is being utilized, participants may need to click the “join group” feature. Trainer can broadcast messages through the virtual platform (ex. 2 minutes left, etc.).

Welcome everybody back after 15 minutes.

Ask for a few volunteers to respond.

Virtual environment: Participants can respond by utilizing the chat box, or by taking themselves off mute.

Trainer note: Some of the responses may include, but not limited to:

- Moving up the response time due to the concern of substance abuse and physical abuse allegations.
- The potential need for an interpreter.

Module 4: Case Consultation

- Contacting law enforcement prior to responding to see if there have been contacts.
- Does the worker need to take law enforcement out due to potential safety concerns?
- Discussing potential safety/service planning/resources that the client may need prior to going out?
- Conducting a trauma-informed investigation with the client.
- Contact with medical professionals involved with the client's care.

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".

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:

Slide #14-Risk Assessment



Explain that risk assessment represents a crucial role in the case consultation process. Risk assessment (also known as the bio/psycho/social assessment) is an opportunity for you to engage with your staff to ensure the client's immediate, and future safety/risk is discussed along with the client's current situation. This also allows a didactical conversation between you and your staff regarding baseline client information; if there is an APS history, if there have been any changes over time; and to determine if interventions are successful in reducing risk.

Consultation at this phase also allows the supervisor to see where the staff member may need professional development; that is, are they gathering all the key information? Remember, when we are doing investigations, the worker is not only investigating the reported allegation but conducting a global assessment that captures all potential types of abuse that may or may not be occurring. Also, as mentioned earlier, risk assessment is not just about immediate and current risk, but future risk as well.

Additionally, it is important for you to engage the staff member regarding the client's strengths. Often, clients are in poor situations, and it is easy to focus solely on the limitations. Ensuring that staff provide a strength-based assessment will aid in service/safety planning for the client.

It may be helpful for you to incorporate a risk assessment template. This can be used to prompt what information that the APS Professional needs to gather and can also be used as a Quality Assurance process.

Continued

Safeguarding that the staff member conducts a trauma-informed assessment is vital. Touch base with your staff to ensure that they continue to have a trauma informed approach.

The Center for Disease Control identify six key elements of a trauma informed approach which include the following:

- Safety
- Trustworthiness & transparency
- Peer support
- Collaboration & mutuality
- Empowerment & choice
- Cultural, historical & gender issues

Slide #15-Investigation & Activity #3



During the investigation phase of case consultation, you have an opportunity to meet with your staff member to discuss whether abuse occurred or not, and to be aware of any types of biases and/or impartial judgement that you and your worker may have regarding the client.

We all have biases. People are naturally biased—they like certain things and dislike others, often without being fully conscious of their prejudice.

Part of the supervisory case consultation role is for you to establish a strength-based work culture; that is, recognizing biases and addressing them. Having a bias does not necessarily make you a bad person as not every bias is negative or hurtful. Paying attention to helpful biases—while keeping negative, prejudicial, or accidental biases in check—requires a delicate balance between self-protection and empathy for others.

Removing biases during the investigation phase can be difficult. Many times, your mind may be made up about allegations before really examining the facts.

Trainer may want to give an example of an experience with a bias before transitioning into the next question. Since this is a delicate topic, this will allow, or give permission to those who are thinking about some potential biases.

EX: There is a client who has a history of giving her money away to scammers. You receive a report of abuse that states that she lent her caregiver \$1000.00 and the caregiver did not pay her back. You automatically assume that she was “Scammed Again”.

Continued

Ask: By a show of hands, how many of you have had biases when receiving a case? Maybe with a client that has an extensive APS history that has chosen to continue to make poor choices? How did you address and overcome that bias? If your staff member came to you with biases, how would you handle it?

Solicit a few volunteers to report out.

Explain that it is common to refer to clients with an extensive APS history as “frequent flyers”; that statement alone shows a type of bias. It is important for you, the supervisor, to communicate to staff that a client may be ready to change their circumstances at any time.

Clarify that the investigation process is “fact” driven versus “feeling” driven. It is the role of the worker to collect evidence and see if that evidence meets the definition of a confirmed, inconclusive, or unfounded finding. When consulting with the worker at this stage, you may need to redirect emotions or feelings attached to the case. Validation of the emotions is warranted; however, when determining a finding/s, the facts of the case need to be examined. This includes the workers observations, client statements, corroborating evidence, circumstantial evidence, unobserved/third party suspicions, and (potentially) the client’s APS history are all pertinent to the investigation and need to be at the forefront of the consultation.

Trainer Note: The next portion of this slide discusses what the definitions and thresholds for determining a finding, which was developed specifically for the State of California, and

is being used in this training for case consultation purposes only. This may or may not apply to other states and/or municipalities. Encourage participants to reach out to their policy teams to get clarification regarding findings.

Inform participants that according to the *National Voluntary Consensus Guidelines for State Adult Protective Services Systems*, the “decision to substantiate the allegation(s) is based on a careful evaluation of all information gathered during Intake, Investigation, and Needs and Risk Assessment phases”. That information could be abuse indicators and/or factors, observations make by the social worker, statements made by the client and other collateral contacts, and any other evidence gathered during the investigation (police records, hospital paperwork, etc.).

Many times, workers want to be 100% sure whether abuse, neglect, or exploitation has occurred. The threshold for APS professionals looks quite different from that of the criminal justice system burden of proof standard. The burden of proof for APS workers is “preponderance of evidence standard

Continued

requiring that at least slightly more than half of the evidence supports an allegation to substantiate it. This standard is quite different from the clear and convincing/beyond a reasonable doubt standard typically applied in criminal situations”.

In Attachment B: State of California APS Guidelines to Supplement Regulations: Chapter 2: Guidelines for Consistency Standards has evidentiary guidelines that you can use with your staff member to determine whether abuse occurred.

- **Unfounded**-The information gathered reasonably refutes the essential elements of the alleged abuse or neglect.
- **Confirmed**-The information gathered must reasonably support all of the essential elements of the alleged abuse or neglect.
- **Inconclusive**-The information gathered reasonably supports only some of the essential elements of the alleged abuse or neglect.

Using this information to assist staff in coming to a finding will make the decision-making process much easier.

Ensure that the staff member has also cross reported to the appropriated agencies. That could be law enforcement, the ombudsman, licensing, etc.

Activity #3

Refer participants to the handout entitled “Case Studies”.

Inform participants that this activity is in 3 parts.

Solicit a volunteer to read Part 1 of **Case Study B-Cathleen Green**

Encourage participants to read along as the volunteer reads aloud.

First, have participants individually answer the following question (**5 minutes**):

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

Solicit a volunteer to read Part 2 of **Case Study B-Cathleen Green**

Encourage participants to read along as the volunteer reads aloud.

Next, have participants individually answer the following question (**5 minutes**):

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

Continued

Next, for **10 minutes**, have participants discuss at their table group (in-person) or breakout room (virtual environment), what they came up individually, and to share best practices. Encourage the participants to write down the best practices shared in the group.

Virtual Platform

Assign break out groups.

Trainer Note: Depending on which virtual platform that is being utilized, participants may need to click the “join group” feature. Trainer can broadcast messages through the virtual platform (ex. 2 minutes left, etc.).

Welcome everybody back after 10 minutes.

Ask for a few volunteers to respond.

Virtual environment: participants can respond by utilizing the chat box, or by taking themselves off mute.

Trainer note: Some of the responses may include, but not limited to

- Discussing the importance of fair and equitable treatment of each individual APS client, regardless of past or current situations.
- Biases can interfere with Margaret’s ability to conduct a neutral investigation as her previous experience with Cathleen is shaping how she is perceiving this current situation.
- An unfounded finding in this case may not be appropriate for this situation due to statements, evidence, etc. based upon the definition of preponderance of evidence.

Encourage participants to review their agencies policies regarding investigative findings.

Slide #16-Service and Safety Planning



Explain that due to APS services being voluntary, and that clients have the right to self-determination, service and safety planning can be difficult at times. Balancing self-determination with risk and safety can be problematic for workers. Also, you and your staff member may need to discuss what actions are in the best interest of the client? Will potential interventions do more harm than not? This can potentially cause an ethical dilemma for your worker.

When clients are willing to accept services and change their situation, the case consultation with your staff member will be more along the lines of giving an update versus a consultation.

When staff have clients who are unwilling to accept recommendations by the worker, or when involuntary measures are needed, this is when you and your staff member will consult to brainstorm as to what the next steps are; this may involve both of you consulting with other agencies to determine the best outcome for the client without violating their right to self-determination.

Remind staff that service planning can change, so flexibility is essential. You may be working with the staff member at the early stages to address emergent needs, and throughout the case to address and offer interventions to stabilize safety. Services need to be client specific and be effective in protecting the client from negative outcomes.

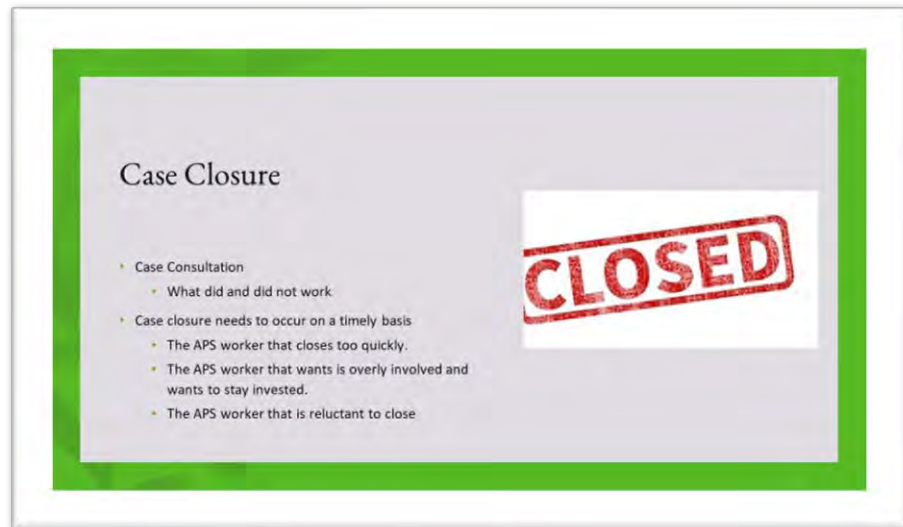
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Even when a client is unwilling to accept services, there should still be an educational piece to the service plan. As APS workers, we can still provide education to the client; this includes the potential consequences of continuing to engage in a negative behavior.

Also, some staff may struggle with implementing services if capacity impairments may be present.

At this stage of the case, your case consultation should also include whether to involve other agencies, or to bring the case to an MDT.

Slide #17-Case Closure



Case closure is allowing you and the staff member to touch base as to any changes that have occurred through the life cycle of the case, determine what interventions will and will not succeed, the chance of the case potentially coming back to APS, and discuss whether the case is ready to close.

Some APS workers may have difficulty closing a case, especially when a client is not consenting to services or refusing interventions.

The case closure process is tailored to each specific client, and each worker may have their own style with the case closure process. In your supervisory role, it is your duty to oversee that case closure is happening in a timely manner. There are several different types of scenarios that you may encounter when consulting with your staff member at the case closure phase:

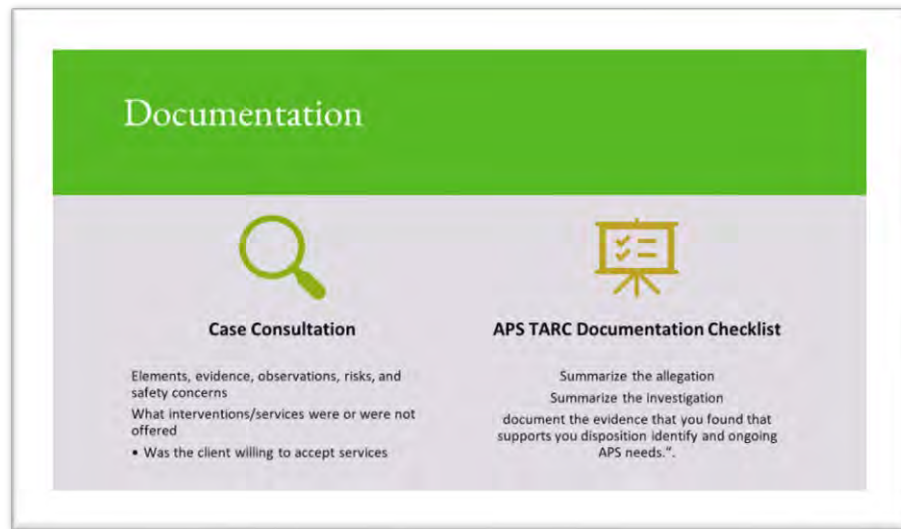
- *The APS Worker that wants to close the case too quickly*-You may have an APS worker that is efficient, able to put services quickly into place, and is ready to close. It is important to discuss that before closing the case, there may be a specific amount of time needed before closure to see what interventions are or are not working. If you close a case too soon, the recidivism rate could be higher. This may cause some frustration with the worker as they are eager to get the case off their case load.
- *The APS Worker that is overly involved and wants to stay invested*-Many of us got into the field because we are empathic individuals; and we genuinely want to help in any and every way possible. This type of scenario may have the APS worker wanting to hold onto the case to

Continued

ensure that the client's needs are met on a continuous basis. Overall, APS is short term management, so if APS services are no longer warranted, the relationship needs to be terminated. So, you may need to engage and empower your staff member to close a case and circle back and validate all the work that the APS worker did for the client.

- *The APS Worker that is on the fence*-Some of your staff members may be hesitant about closing a case; especially when the risk is not resolved, or the client continues to engage in risky behaviors. Ensuring that the APS worker documented carefully, offered interventions/resources/safety plans, and why or why not the client accepted services is crucial in this situation. Many APS workers are concerned with liability, but it is important to remember that we are working with adults, and adults with capacity have the right to make decisions; even those that may be harmful.

Slide #18: Documentation & Activity #4



Ask: How many of you in the room have heard the phrase “If it is not documented it did not happen”?

Engaging your staff member in the documentation process allows both parties to ensure that the essential elements, evidence, observations, and potential risks of the case are documented; evidence is preserved and documented, any emergency safety needs are appropriately addressed and documented, and any safety/services planning is identified; including what services were offered and why or why not they were accepted by the client.

Case consultation at the documentation process of the case allows you to promote integrity with your staff. This is also an opportunity for your employee to show their work; and for you to give feedback on whether the documentation is sufficient.

Many APS workers have high caseloads and competing priorities. This should not take away from accurately and thoroughly documenting their case.

Case documentation needs to be clear, concise, accurate, and fact driven. This includes accuracy, objectivity, and unbiased documentation. Documentation also needs to clearly support a case finding.

The Adult Protective Services Technical Resource Center has a brief entitled: *Tips from the Field to Streamline Your Investigation and Casework*, that gives a template, or “documentation checklist” that may be useful for you and your staff member. It states, “Your case documentation should always: Summarize the allegation, summarize the investigation, document the evidence that you found that supports your disposition, identify risks, and identify the ongoing APS needs.”

Continued

Ask: Remember when you had to write those 10, 20, 30 plus page papers in college? And you were scrambling to fill up the paper with words? That is not the case with good documentation.

Explain that having good documentation does not have to be extensive; however, it does need to be detailed, clear, and concise. Meeting with your staff member to ensure that good documentation becomes a habit is essential in the case consultation process.

Activity #4

Refer participants to the handout entitled "Case Studies".

Inform participants that this activity is in 2 parts.

Solicit a volunteer to read Part 1 of Case Study C- Armini Zare

Encourage participants to read along as the volunteer reads aloud.

First, have participants individually answer the following question (**5 minutes**):

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

Next, for 10 minutes, have participants discuss at their table group (in-person) or breakout room (virtual environment), what they came up individually and to share best practices. Encourage the participants to write down the best practices shared in the group.

Virtual Platform

Assign break out groups.

Trainer Note: Depending on which virtual platform that is being utilized, participants may need to click the "join group" feature. Trainer can broadcast messages through the virtual platform (ex. 2 minutes left, etc.).

Welcome everybody back after 10 minutes.

Ask for a few volunteers to respond.

Virtual environment: participants can respond by utilizing the chat box, or by taking themselves off mute.

Trainer note: Some of the responses may include, but not limited to:

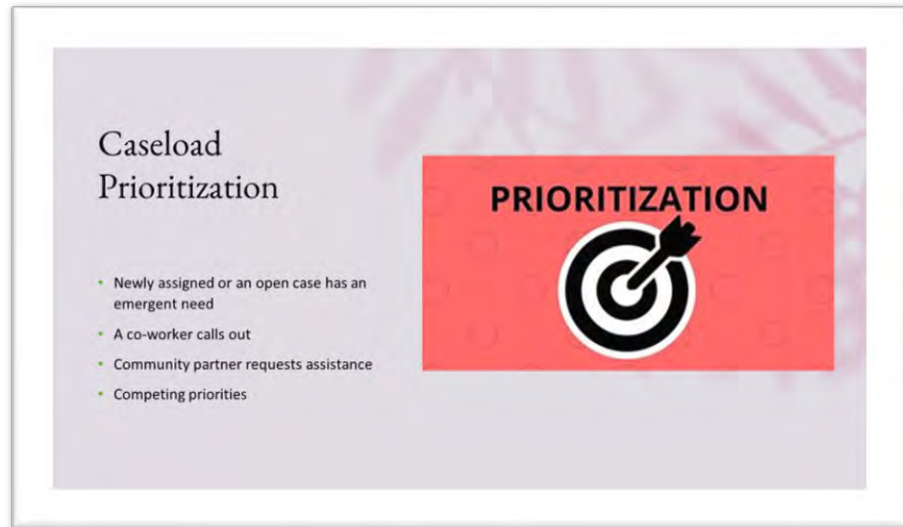
- There was a concern that Mr. Zare may be putting himself at risk as he is smoking cigarettes while using his oxygen. Jessica met with the client

Continued

Module 4: Case Consultation

and provided education regarding the risks of smoking while using oxygen. Mr. Zare is alert, oriented, and understands the potential risks and consequences of continuing to smoke with his oxygen machine on. Jessica provided resources and attempted to go over these resources with Mr. Zare; however, Mr. Zare refused to go over the resources, terminated the interview, and asked Jessica to leave.

Slide #19-Caseload Prioritization & Activity #5



Explain: whatever your role may be with APS, flexibility is essential. When it comes to being efficient, planning is EVERYTHING.

But what happens when something unexpected comes up?

Inform participants that this portion of the training does not focus on time management, it focuses on the relationship between you and your staff member when it comes to caseload prioritization and flexibility.

There are times in which you will have to meet with the staff member to prioritize cases. This could be due to the following reasons:

- A newly assigned case or open case has an emergent need-There could be a case that you just assigned your worker, and a telephone call or something else comes up in which the case needs to be seen sooner. It could also be an open case that has been stabilized, and an additional concern comes up.
- A co-worker calls out-There could be times when staff call out and has clients that need to be seen; you may need to reassign these cases to other workers. This could lead to other workers having to re-prioritize their cases.
- A community partner requests assistance-Law Enforcement, political figures, hospitals, etc., and may want the APS worker to come out at a certain time, on a certain day.
- Competing priorities-A staff member could have a court case in which they have to testify on a case and are unavailable to see their clients.

Continued

Be ready to have these conversations with your employees and offer your expertise to caseload prioritization. (Trainer may want to give an example of their own).

Ask: Are there any other examples you can think of?

Additionally, as with any type of consultation with your staff member, the use of strength-based language is highly recommended. As Supervisors, you should also be utilizing strength-based language, which means using a communication style that is positive, empowering, inclusive, and empathetic. Let's demonstrate this with a case example. Consider a scenario in which a staff member is having an issue managing their caseload and comes to you for assistance. You have several ways of phrasing the question you pose to get more information.

A: "Why are you having issues managing your caseload?"

B: "What causes you to feel overwhelmed with your caseload on occasion?"

C: "What has helped you in the past to manage your caseload?"

Ask: Which of these questions do you think are the most or least empowering, and why or why not? For clarification, by empowering, we mean language that emphasizes the capability to do or achieve something.

Keep in mind that with strength-based language, you are not denying that problems exist, rather, you are simply emphasizing that your employees have strengths, competencies, resources, potentials, and creativity that they might be ignoring, forgetting, or underutilizing.

Refer participants to the **handout** entitled "APS TARC: *Tips from the Field to Streamline Your Investigation and Casework*"

Additional resources for participants to create their "Case Consultation Template"

1. Steps of Developing a QA Process

<https://apstarc.acl.gov/APS-Blog/May-28-2020.aspx>

2. Quality Assurance Spotlight: Peer Review

<https://apstarc.acl.gov/APS-Blog/January-31-2020.aspx>

Inform participants that this brief discusses many best practices that were introduced in this module today. Encourage participants to read through this brief to really solidify the case consultation best practices.

Slide #20- Transfer of Learning (Case Consultation)



Explain that there is a Transfer of Learning (TOL) activity based upon the training that you attended entitled: *Case Consultation in APS*.

Transfer of Learning (TOL) allows the learner to take education, ability or insight obtained from a prior setting and use it effectively in a new setting. The purpose of the TOL is to practice and apply information received in today's training outside of the training environment.

Explain to participants that there are many different types of case consultation templates that are effective and efficient. Many of them may have a case consultation template of their own.

Explain to participants that they will need to construct their own case consultation template; specifically with the different stages of case consultation that was provided in the training.

Please be explicit, concise, and thorough when creating this template.

It is expected to take about 30 minutes and can be completed immediately after logging off, or at a later time; however, it must be completed prior to the next training day.

Inform participants that during the Day 2 of this training, they will be reviewing each other's case consultations as a team and come to a consensus on which case consultation template will be presented to the class. Therefore, they must have this completed before logging in to Day 2 of the training.

Slide #21-Final Questions and Evaluations



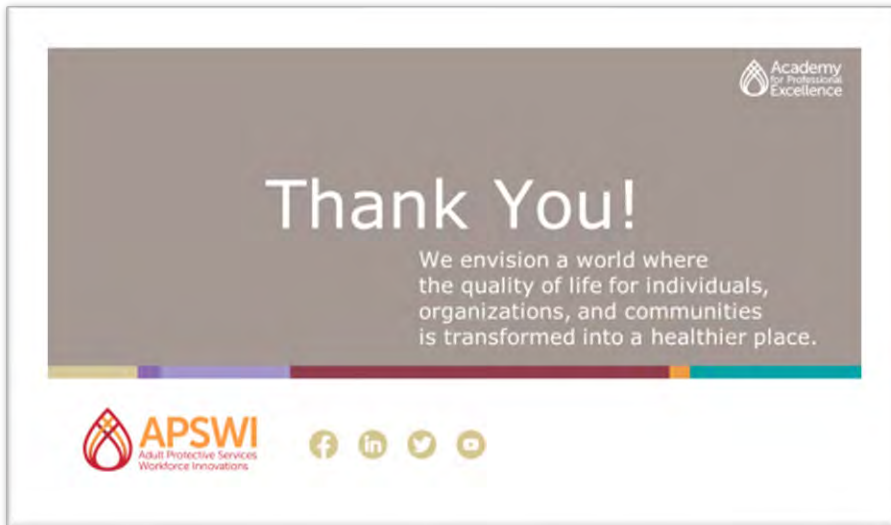
Ask if there are any questions regarding today's session or next steps before completing the evaluation and logging off.

Ensure that participants are clear on the expectations for Day 2 (case consultation template).

Thank them for taking time for their own professional development by attending this training and for what they do every day for older and adults with disabilities in our communities.

Allow time and **provide** information for evaluations.

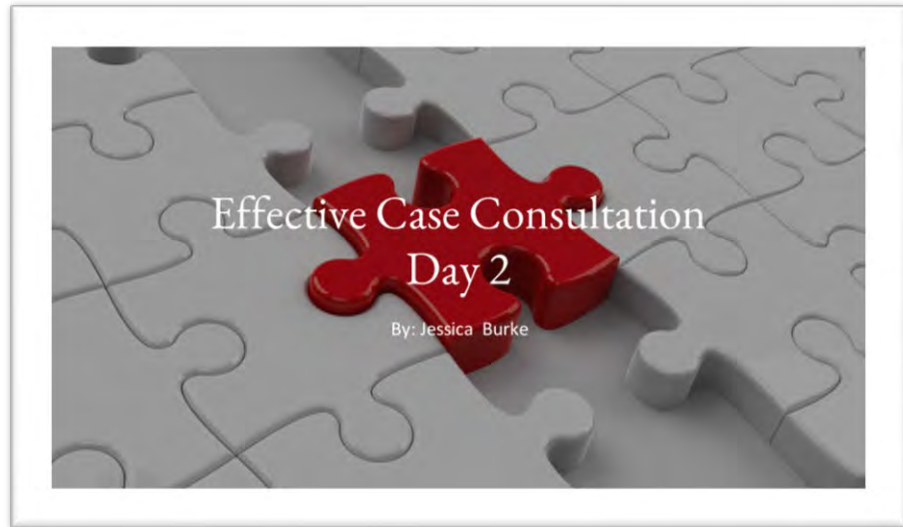
Slide #22: Thank You (2-3 minutes)



Thank participants for their time today and active participation.

Ask participants to complete evaluations for today's virtual classroom, Day 1.

Slide #23-Welcome to Session: Supervisor Core Module 4 (DAY 2)



Welcome participants back to the final module of the course and thank participants for completing their case consultation template.

Ask if there are any questions about the last training or the case consultation template activity.

Slide #24-Activity #5 Case Consultation Template Peer Discussion and Consensus

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.

Inform participants that the next activity is in 2 parts.

PART 1

Have participants **retrieve** their completed case consultation form. Instruct participants that they will be placed into table groups (in-person) or (virtual) in breakout rooms and will have 20 minutes to discuss/review/evaluate each other's case consultation template.

Inform participants they will need to come to the group consensus on which case consultation template is most effective and will be presented to the class.

Explain that whoever's case consultation template is chosen, that participant will be presenting it to the class.

Ensure that participants each have adequate time to present their case consultation template to the team, and that the team has time to vote on which one will be presented to the class.

Ask if there are any questions regarding the activity.

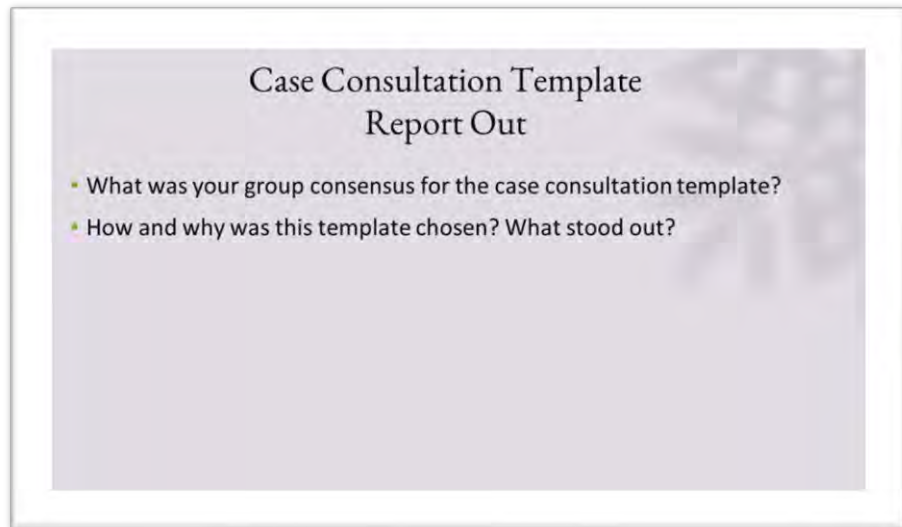
Virtual Platform

Assign break out groups.

Trainer Note: Depending on which virtual platform that is being utilized, participants may need to click the “join group” feature. Trainer can broadcast messages through the virtual platform (ex. 2 minutes left, etc.).

Welcome everybody back after 20 minutes.

Slide #25- Case Consultation Template Report Out



Allow time for the participants to settle back in.

Ask for each group to present their case consultation template group consensus and provide the case consultation template to the class.

As part of the discussion, have the participant who is reporting out explain why that they chose that particular handout (it was efficient, detailed, etc.).

After all groups have reported out, encourage participants to utilize the different styles of templates into their own case consultation form

Transition into the next part of the training by explaining that you are going to touch on professional boundaries, values, ethics, and debriefing trauma.

Slide #26-Professional Boundaries

Trainer Note: The next 4 slides are taken from and offered in the training entitled: *Foundations of Effective Supervision* provided by The Academy of Professional Excellence APSWI. Acknowledge that this may be a review for some; however, a review can be beneficial.



Explain that for the remainder of the training, we will be briefly touching on professional boundaries, values and ethics, and debriefing trauma.

Over-identification: Over-identification or countertransference is common to new social workers, who are still developing a professional persona. You can detect over identification from excessive negative/judgmental comments about the client; lack of empathy; worker interprets resistance as a personal insult-or alternatively, where workers make over-complimentary remarks -" She's so sweet, she reminds me of my grandmother" and asks for services beyond the normal scope of practice. etc.

Limit self-disclosure: In an effort to establish rapport, new social workers may self-disclose personal information about themselves. The difficulty is once one self-discloses, it becomes difficult to stop answering those personal questions. Remind workers they can be friendly to clients, but they are not the clients' friend. Workers should only self-disclose in a very general way and then redirect the discussion to the client's current situation.

Maintain confidentiality: It cannot be stressed enough that workers must maintain confidentiality, both at work and in their personal lives. That means the worker should not be mentioning names or other personally identifying information when discussing work at the dinner table or on their Facebook page. In this day of immediate access to information, the Internet/Facebook/You-tube etc. have become venues for finding everything about everyone. Remind staff not to post any personally identifying information on their social websites. Also, remind workers not to give client's

Continued

access to cell phones or social network accounts. If you read the papers, you will see that the number of lawsuits related to breach of confidentiality continue to increase.

Dual relationships: A dual relationship is when a social worker establishes a working relationship with a client and then has an additional relationship/connection with that client outside of the working relationship. Examples might be client attends the same church as the worker; client wants to rent a room to the social worker, social worker wants to buy a car from the client, social worker dating a client's family member. If the worker or the supervisor becomes aware of a dual relationship, the supervisor should ensure that the worker takes necessary steps to terminate one relationship, if not both.

Refer participants to the **handout** NASW Code of Ethical Principles and the NASW Professional Boundaries brochure. To deal with professional boundaries, guide the worker in reflecting on the client's best interest. Also reviewing the NASW Codes of Ethical Principles should reinforce professional conduct. Reflect to the worker areas in which the worker may be over identifying with the client and how this may be affecting his/her ability to serve the client's best interest.

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

Continued

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.*

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.

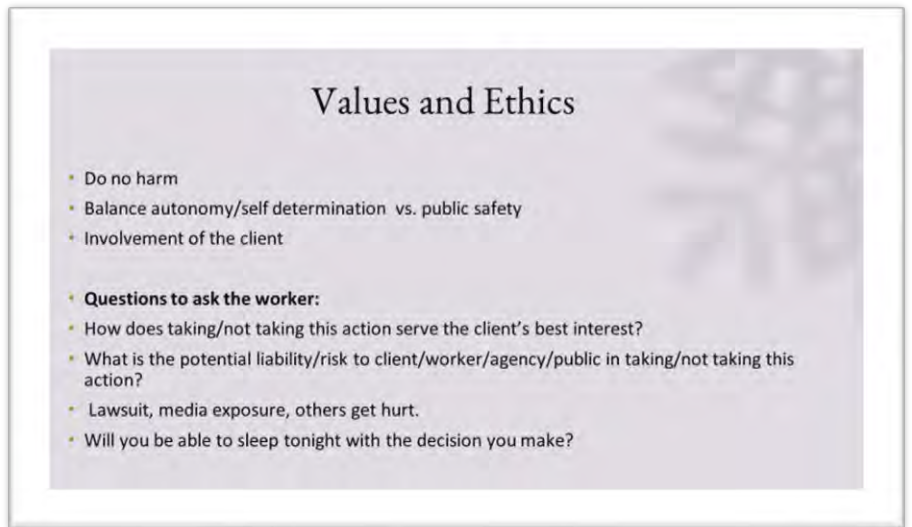
Value: *Competence*

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>

Slide #27-Values and Ethics



Refer participants to the **Handout** *The NAPSA Code of Ethics and Guidelines* in their manuals.

The Code of Ethics and Practice Guidelines for APS was developed by the National Adult Protective Services Association (NAPSA). APS workers frequently encounter ethical dilemmas in their work. As a supervisor, you will need to assist them in the process of thinking of these situations in an objective a manner as possible.

Do no harm: Inadequate or inappropriate intervention may be worse than no intervention at all.

Balance autonomy with public safety: Examples: The client with dementia who drives, the client who smokes while using oxygen, the client who abuses substances and drives; the client with human hoarding syndrome whose vermin infested home is infesting the neighbors' homes.

Involvement of the client: To the best of your abilities and given the client's ability to form choices. This is often very murky, as we deal with clients with dementia or substance abuse problems whose cognitive abilities may ebb and flow.

When discussing such dilemmas, ask these three questions:

- **How does taking this action/not taking this action serve the client's best interest?** If the worker can state how his/her intervention will benefit the client, the supervisor will be in a better position to support them – regardless of the case outcome.


Continued

- **What is the potential liability/risk to client/worker/agency/public?** Need to evaluate all potential risks, not only the risk to the client. Workers can be held liable, along with their agencies for failure to perform. While you cannot stop anyone from suing you, you can be prepared to again, demonstrate how you and the worker arrived at the decision to act/not act.
- **Will you be able to sleep tonight?** Almost every social worker can tell the story of at least one case that kept him/her up at night. Because social workers are generally conscientious-the ability to sleep at night is one way to demonstrate a social worker has reconciled that their decision was the best possible alternative, given the circumstances.

Slide #28-Values and Ethics (Continued)

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.



Confidentiality: Maintaining confidentiality of both the client and the reporting party cannot be emphasized enough, particularly with new workers.

Cross-reporting: Breaching confidentiality is required for mandated reporting. Cross reporting parameters are typically outlined in statute.

Tarasoff/duty to warn: Laws vary from state to state. It is important to be familiar with the mandates and APS practice in your state.

- Defines who is required to warn and under what circumstances.
- Consult with your organization to see what defines “duty to warn” in your state or jurisdiction

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.

Continued

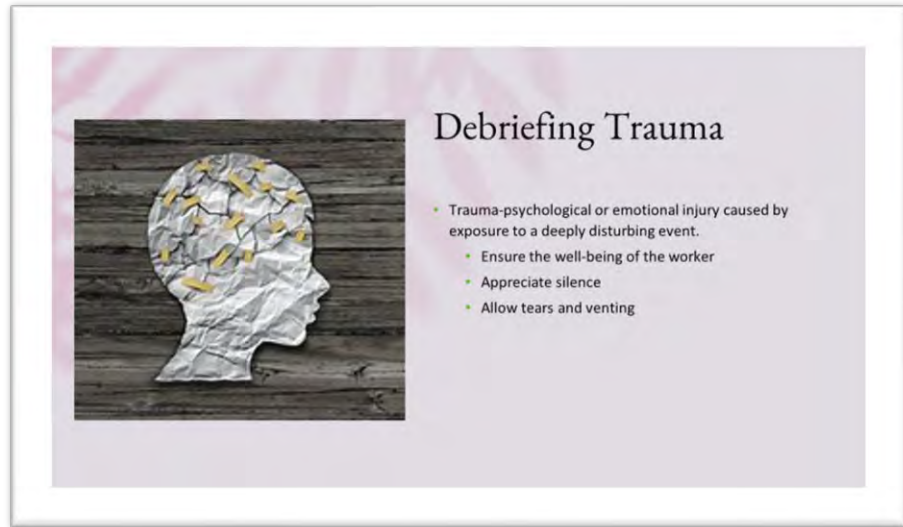
Module 4: Case Consultation

- 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.

- 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.>

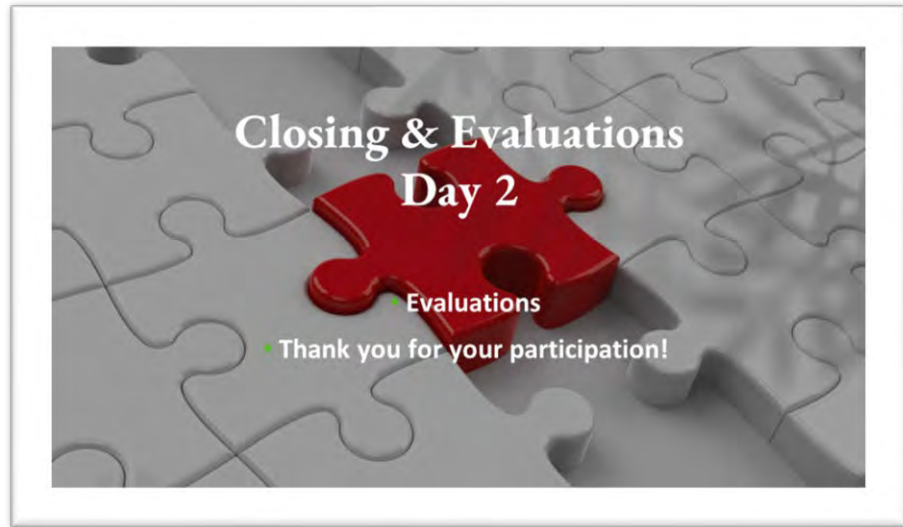
Slide #29-Debriefing Trauma



Supervisors must assist workers in identifying when they have been exposed to trauma and be available to assist with debriefing it.

- Always ensure the well-being of the worker
- Appreciate silence
- Allow tears and venting
- Become familiar with Trauma-Informed Practice concepts, research, and resources.

Slide #30-Closing and Evaluations



Remind participants that effective case consultation requires ongoing attention, care, and flexibility.

Journal activity/Individual Reflection:

Instruct participants to journal 2 items that really stood out today. If time permits, allow a few participants to share.

Ask if there are any questions regarding today's session.

Thank participants for taking time for their own professional development by attending this training and for what they do every day for their staff and older and adults with disabilities in the community.

Allow time and **provide** information for evaluations.

Slide #31: Thank You (2-3 minutes)



Thank participants for their time today and active participation.

Ask participants to complete evaluations for today's virtual classroom, Day 2.

leadership ladders:

STEPS TO A GREAT CAREER IN SOCIAL WORK

NOVEMBER 2011



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.



National Association of Social Workers
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Washington, DC 20002-4241

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/naswdc
 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

- » **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

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

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.

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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

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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

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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 |

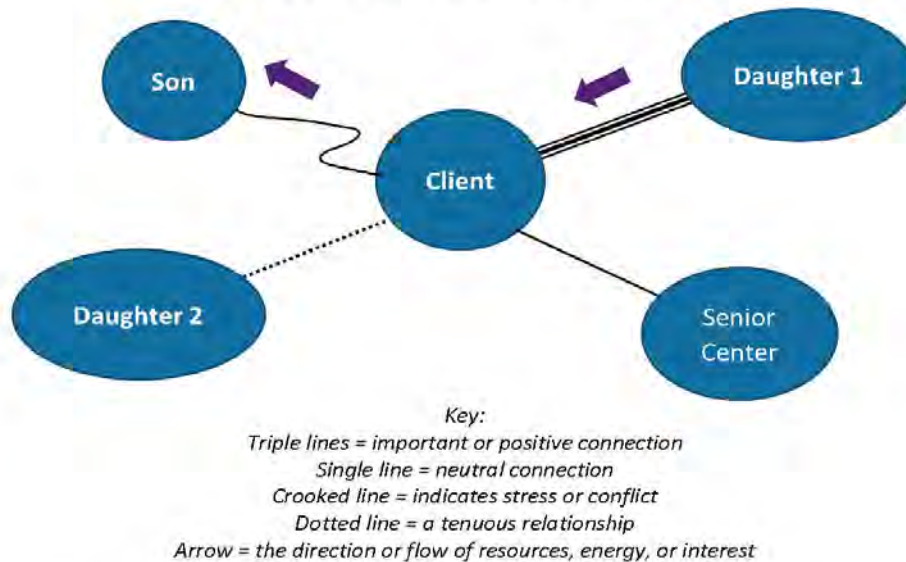
Consider Ecomapping Your Client’s Relationships

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.

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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?

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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

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harmful 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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Moderator/Co-Host Tip Sheet

Module 1

Slide #1: Welcome, page: 16

- Type in Chat Box “Please enter name, county, and role for attendance records”.

Slide #4: Technology Overview, page 19

- Remind participants if they leave, to type BRB (be right back) into chat so this can be accounted for if they leave before a breakout room is assigned.

Slide #25: Thank You and Evaluations, page 42

- Provide evaluation information (if applicable)

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