

# Mental Health in APS Practice

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Instructor Led Training (Virtual or In-Person)

**PARTICIPANT 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 in 2017, revised in 2022 and 2023 with funding from the California Department of Social Services, Adult Programs Division.**



Curriculum Developer, Version 1, 2017  
Carol Kubota, LCSW

**Curriculum Developer for revisions, Version 2 (2022) and  
Version 3 (2023)  
Katie Wilson, MS**

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## INTRODUCTION

### THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to **Mental Health in APS Practice: Skill-Building Instructor-Led Training, Participant Manual**, 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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## ACKNOWLEDGEMENTS

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

### Agencies

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

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National Adult Protective Services Association Education Committee

### Curriculum Developer, Version 1 2017

Carol Kubota, LCSW

### Curriculum Developer for Revisions, Version 2 (2022) and Version 3 (2023)

Katie Wilson, MS

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## EXECUTIVE SUMMARY

### Mental Health in APS

This training is Module 6 of the NAPSA Core Competency Curriculum and designed for Instructor-Led facilitation for either in-person or virtually.

During this highly engaging and captivating skill building session, participants will continue the learning from the foundational eLearning and review characteristics of common mental health disorders to better understand challenges and problem solve solutions when working with clients with mental health conditions. While exploring the stereotypes and stigmas surrounding mental health conditions, participants will develop empathy which will help the APS professional enhance rapport building skills and understanding to ensure a thorough service plan is created. Participants will work through a powerful thought disorder simulation, allowing them to engage in an experiential activity of someone who is living with an untreated mental health condition. This skill-based session provides participants a safe place to explore working through a suicide risk assessment in order to confidently assess for suicide risk when working in the field.

The following instructional strategies are used: Experiential exercises (e.g. small group discussion, case studies); PowerPoint slides and video clips; participant guide (encourages self-questioning and interaction with the content and process); and transfer of learning tool to access knowledge and skill acquisition and how these translate into practice in the field.

**Training Goal:** Better equip APS professionals to understand and communicate with clients and tailor referrals. Familiarizing oneself with mental health conditions will help the staff develop appropriate intervention skills, such as a suicide risk assessment, and be able to effectively communicate with mental health partners.

**Learning Objectives:** Upon completion of this training session, participants will be better able to:

- Describe the common symptoms and behaviors of the five broad categories of mental health disorders and how they may impact APS casework.
- Identify personal and cultural experiences which influence working with clients with mental health conditions.



- Explain ways to adapt the interview and case planning process to better accommodate a client experiencing symptoms of mental health conditions.
- Identify and practice elements of a suicide risk assessment.

**Course Requirements:** This instructor-led skill-building session was developed as a blended model, designed to be used to practice and reinforce the skills and information presented in the Mental Health in APS Practice eLearning. Participants should complete the eLearning prior to this Instructor-Led Training. eLearning registration can be found at <https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/mental-health-in-aps-practice-elearning/>

**Target Audience:** This course is designed for new APS professionals as well as Aging & Adult Service partners (e.g. IHSS, Long-Term Care Ombudsman). This course is also appropriate for experienced staff that could benefit from knowledge and/or skills review

**COURSE OUTLINE**

<b>CONTENT</b>	<b>MATERIALS</b>	<b>TIME</b>
WELCOME, INTRODUCTIONS, & COURSE OVERVIEW		20 minutes
<i>Welcome and Housekeeping</i>		
<i>Learning Objectives and Guidelines</i>		
<i>Introductions and Icebreaker</i>		10 Min
MENTAL HEALTH DISORDERS		100 minutes
<i>Activity #1: Mental Health Disorders Review and Presentations (Small Groups)</i>	Paper, Flip Charts, Markers, Extra PPT slides	45 min
<i>Activity #2: Depression Video and Discussion</i>	Video clip	15 min
<i>Schizophrenia Discussion</i>		5 min
<i>Activity #3: Experiential Thought Disorder (Small Groups)</i>	Handouts #1 & #2, paper towel roll or rolled paper, cell phone, ear bud, YouTube link or audio clip	20 min
STIGMA AND STEREOTYPES OF INDIVIDUALS WITH MENTAL HEALTH CONDITIONS		30 minutes
<i>Stigmas and Stereotypes Discussion</i>		15 min
<i>Personal Experiences with Mental Health Conditions</i>		15 min
CAROLINE CARSON CASE		50 minutes
<i>Activity #6, Part 1: Intake Review (Large Group)</i>	Handout #3	5 min
<i>Activity #6, Part 2: At the Door (Large Group)</i>		15 min
<i>Activity #6, Part 3: Interviewing the Client (Large and Small Group)</i>		30 min
SUICIDE RISK ASSESSMENT		60 minutes
<i>SAFE-T From</i>	Handout #5	5 min
<i>Activity #7- Assessing Caroline for Suicide Risk (Individual)</i>	Handout #6	10 min
<i>Activity #8: Suicide Risk Assessment Demonstration Scenario 1 (Large Group)</i>		15 min
<i>Activity #9: Suicide Risk Assessment Demonstration Scenario 2 (Large Group)</i>	Handout #7	20 min

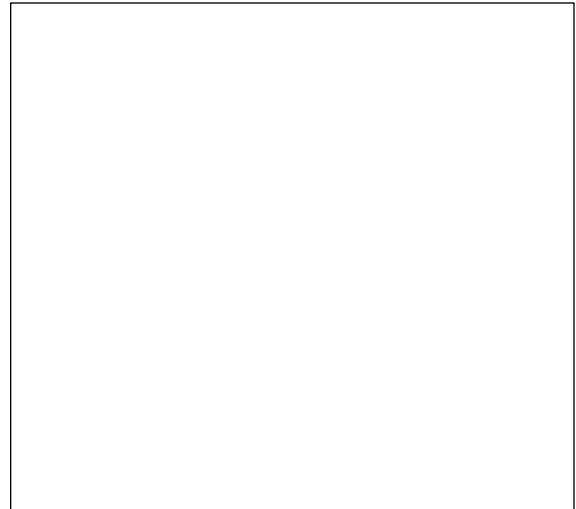
WRAP-UP AND EVALUATIONS		10 minutes
<i>Training Takeaways</i>	List of Resources	
<i>Questions and Evaluations</i>		
<b>TOTAL TIME (WITHOUT BREAKS)</b>		<b>4.5 hours</b>



## Mental Health in APS Practice

Instructor Led- Skill Building (Virtual or In-Person)

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



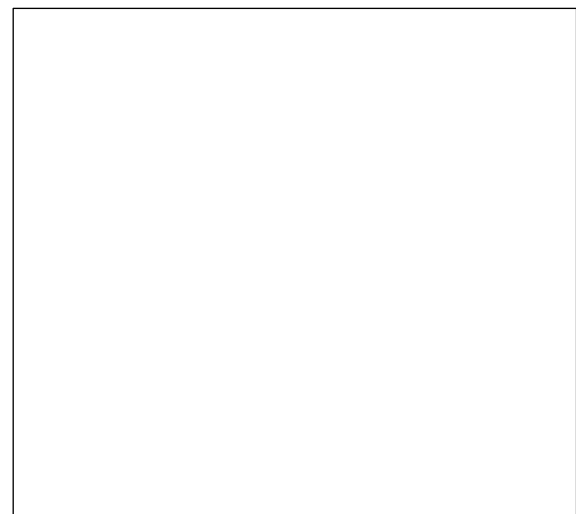
### About the Academy & APSWI

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.



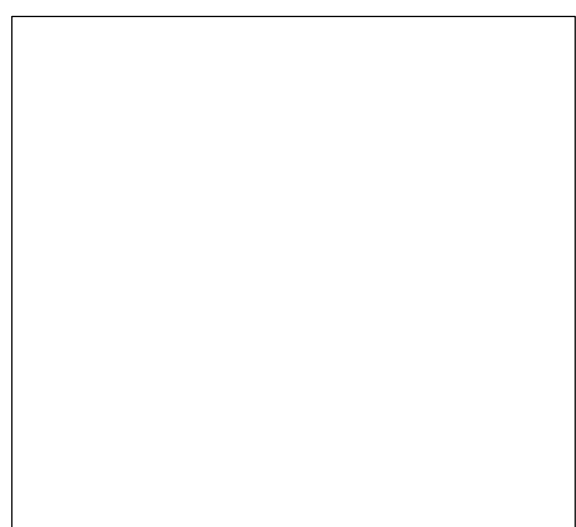
APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners.

ACADEMY PROGRAMS



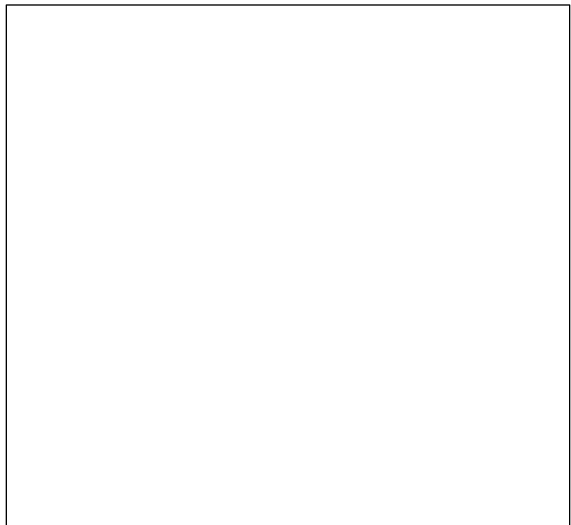
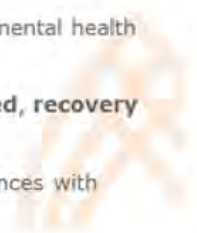
### Welcome and Housekeeping

- Facilitator Introduction
- Housekeeping:
  - Respect everyone's opinions and time
  - Raise hand
  - Confidentiality



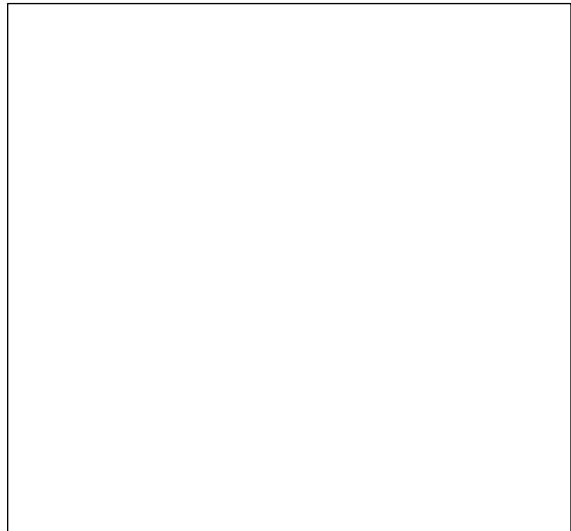
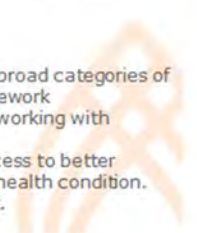
**Terminology**

- \* 'Mental condition'- general term used to describe a condition that affects a person's thinking, feeling, behavior, or mood. These conditions deeply impact day-to-day living and may affect the ability to relate to others.
- \* 'Mental disorder'-used when referring to a specific mental health diagnosis to reflect the DSM 5-TR.
- \* Be mindful and make effort to use **person-centered, recovery oriented and trauma-informed** language.
- \* Acceptance that there are people with lived experiences with mental health conditions in training today.



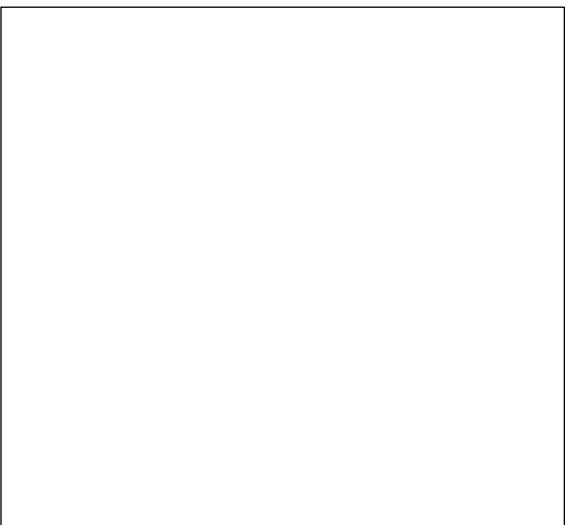
**Learning Objectives, Guidelines, & Outline**

- \* Blended learning: builds upon the eLearning
- \* Course Goal:
  - o Familiarize yourself with mental health conditions to develop appropriate intervention skills and be able to effectively communicate with mental health partners
- \* Learning Objectives:
  - o Describe the common symptoms and behaviors of the five broad categories of mental health disorders and how they may impact APS casework
  - o Identify personal and cultural experiences which influence working with clients with mental health conditions.
  - o Explain ways to adapt the interview and case planning process to better accommodate a client experiencing symptoms of a mental health condition.
  - o Identify and practice elements of a suicide risk assessment.



**Icebreaker and Introductions**

- \* In groups, each person share the following:
  - o Name, background, # of years in APS and an example of a TV show, movie or book that portrays a character with a mental health condition.
  - o Based on your current knowledge of mental health conditions, do you think that conditions is/was accurately portrayed?

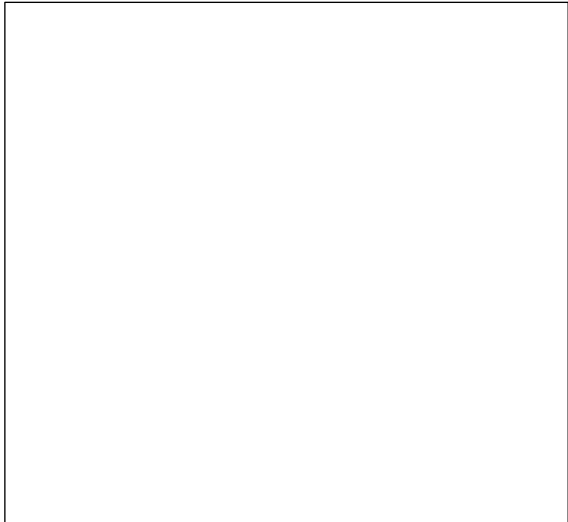


**Mental Health Disorders Review**

1. Anxiety Disorders \*
2. Mood Disorders
3. Personality Disorders \*
4. Psychotic Disorders
5. Trauma and Stress Related Disorders \*

Each group will be assigned a common mental health disorders from the \* categories.

- You have 10 min. to review/research your assigned mental health disorder **and** prepare a 5 min. presentation.
  - Use credible resources only
  - Presentation style is up to you
- Include a summary of the disorder including common symptoms and behaviors and how these could impact APS casework.

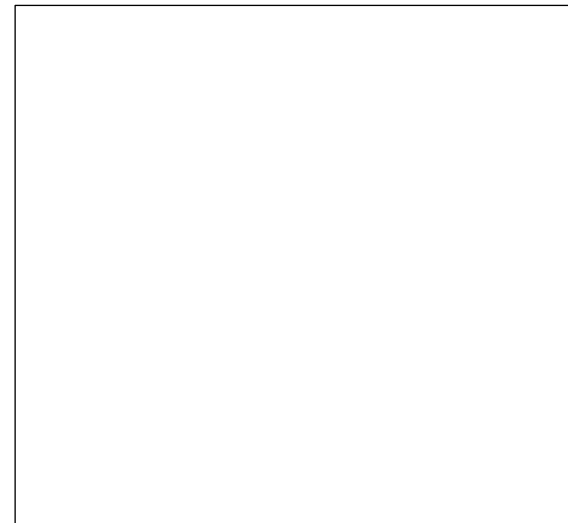


**Depression Discussion**

- ~8.4% of adults in US has experienced at least 1 major depressive episode
- Impact of the COVID-19 pandemic

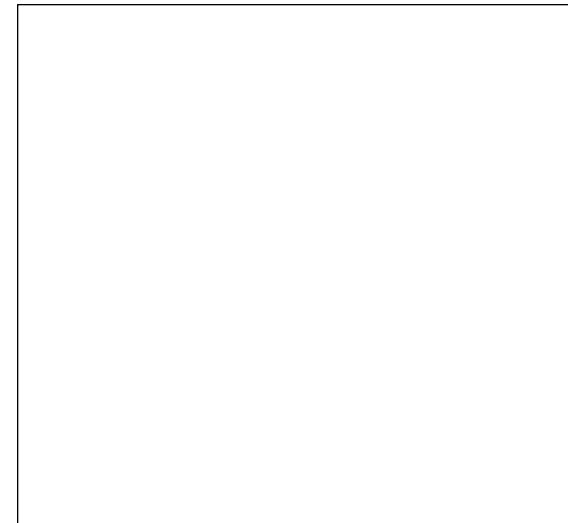
I Had a Black Dog, His Name Was Depression [video](#)

- What signs and symptoms did you see?
- How is major depression different from grief/sadness or feeling blue?
- How can the symptoms of major depression interfere with APS casework?



**Activity Debrief**

- Application to real-life case work
  - Seem distracted or disconnected
  - May be seen in other disorders: PTSD, depression, bipolar, postoperative delirium
- How can we adapt our interviews to be more effective?
  - Allow plenty of time
  - Check-in for clarity and understanding
  - Go slowly, write down questions, reschedule
  - Repeat as necessary
- Never presume experiencing symptoms = lack of intellect or ability to communicate



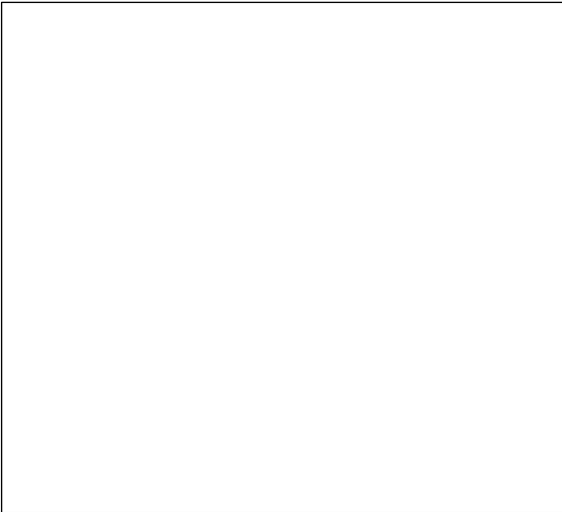
### Schizophrenia Simulation Exercise

#### CONTENT WARNING

4 roles (if applicable)

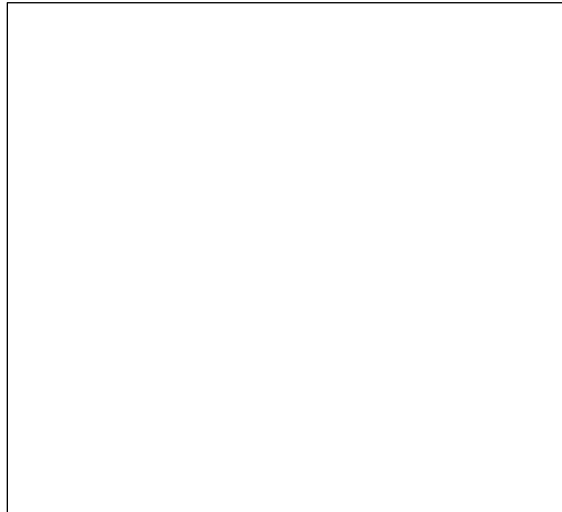
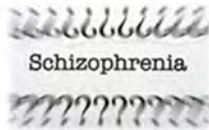
- Client \*
- Social Worker \*
- Voice
- Observer

Switch roles every 3 min to allow everyone various experiences



### Schizophrenia Discussion

- One of the top leading causes of disability worldwide
- What are delusions?
  - Persecutory
  - Grandiose
  - Erotomaniac
- What are hallucinations?
  - Auditory
  - Visual
  - Olfactory and gustatory
  - Tactile
- What are some negative symptoms?
- How can this impact APS casework?



## HANDOUT #1-VOICE SCRIPT FOR THOUGHT DISORDER SIMULATION

Instructions:

Using the cardboard tube or a rolled-up stack of paper, *whisper* into your client's ear, the following phrases:

- Why are they asking that!? It's not their business. They're trying to trick you.
- Don't answer. Remember the last time they asked questions. They put you away.
- They're not your friends, they want to put you away. They'll put you away and you'll be lost forever. Don't listen to them, you can't trust them. You'll be sorry.
- You're so stupid. Don't look up. Don't say anything. They won't ever leave you alone. Tell them that you'll do whatever they want.
- No!
- They'll just control you and then they'll put you away. Listen! Shh, if you talk, your thoughts will bleed out. That's how they catch you.
- Don't you know what's true? Why are you here? It's worse if you try, then they'll know. They'll know and they'll see.

Repeat the paragraph, if needed.



# HANDOUT #2-BENEFIT APPLICATION

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Please use black or blue ink because it is easy to read and copies best. Please print your answers. If you need more space to answer a question(s), use page 10 "Additional Writing Space" section and attach additional sheets of paper if needed to provide the information. Please be sure to identify which question you are writing about in the extra space or on the additional sheets of paper.

**1. APPLICANT'S INFORMATION**

NAME (FIRST, MIDDLE, LAST)		OTHER NAMES (MAIDEN, NICKNAMES, ETC.)		SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS)	
HOME ADDRESS OR DIRECTIONS TO YOUR HOME			CITY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			CITY	STATE	ZIP CODE

**CONTACT AUTHORIZATION**

Please give the county the best contact information to reach you. This will help in processing your application. By providing your contact information below, you are authorizing the county to contact you by phone, email or text, or to leave a phone message regarding your application.

HOME PHONE	CELL PHONE	CHECK BOX FOR TEXT <input type="checkbox"/>
WORK/ALTERNATIVE/MESSAGE PHONE	EMAIL ADDRESS	

Are you homeless?  Yes  No If **yes**, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)? \_\_\_\_\_  
 What language do you prefer to speak (if not English)? \_\_\_\_\_

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here

(PLEASE CHECK ONE)

Do you or anyone in your household have a disability (optional question)?  Yes  No

Do you or anyone in your household need an accommodation due to a disability (optional question)?  Yes  No

Has there been a history of domestic violence/abuse (optional question)?  Yes  No

Are you interested in applying for Medi-Cal? If you answer **yes** the County will use your answers to find out if you can get Medi-Cal.  Yes  No

Is your household's monthly gross income less than \$150 and cash on hand, or in checking and savings accounts is \$100 or less?  Yes  No

Is your household's combined monthly gross income and cash on hand or in checking and savings accounts less than the combined cost of rent/mortgage and utilities?  Yes  No

Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100 and either your income stopped or you will not get more than \$25 in the next 10 days?  Yes  No

- I understand that by signing this application under penalty of perjury (making false statements), that:
- I read, or had read to me, the information in this application and my answers to the questions in this application.
  - My answers to the questions are true and complete to the best of my knowledge.
  - Any answers I may give for my application process will be true and complete to the best of my knowledge.
  - I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1) for the CalFresh Program.
  - I read, or had read to me, the CalFresh Program Rules and Penalties (Program Rules Page 2).
  - I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility for CalFresh is fraud. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits.
  - I understand that Social Security Numbers or immigration status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.

SIGNATURE OF APPLICANT (OR ADULT HOUSEHOLD MEMBER/AUTHORIZED REPRESENTATIVE/GUARDIAN)	DATE
---	------

**\*If you have an Authorized Representative please complete question 2 on the next page.**

CF 285 (4/21) REQUIRED FORM - SUBSTITUTES NOT PERMITTED

**2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE**

You may authorize someone 18 years or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? (Please Check One)  Yes  No

If **yes**, complete the following section:

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE PHONE NUMBER
--------------------------------	--

Do you want to name someone to receive and spend CalFresh benefits for your household? (Please Check One)  Yes  No

If **yes**, complete the following section:

NAME		PHONE NUMBER	
STREET ADDRESS	CITY	STATE	ZIP CODE

**3. RACE/ETHNICITY**

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

Check this box if you do not want to give the County information about your race and ethnicity. If you do not, the County will enter this information for civil rights statistics only.

ETHNICITY	Are you Hispanic or Latino? (Please Check One)	If you are of Hispanic or Latino origin, do you consider yourself:		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Mexican	<input type="checkbox"/> Puerto Rican	<input type="checkbox"/> Cuban
		<input type="checkbox"/> Other _____		

**RACE/ETHNIC ORIGIN**

White  American Indian or Alaskan Native  Black or African American  Other or Mixed \_\_\_\_\_

Asian (If checked, please select one or more of the following)

- Filipino  Chinese  Japanese  Cambodian  Korean  Vietnamese  Asian Indian  Laotian
- Other Asian (specify) \_\_\_\_\_

Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)

- Native Hawaiian  Guamanian or Chamorro  Samoan

**4. INTERVIEW PREFERENCE**

You or another adult member in your household will need to have an interview with the County to discuss your application and to receive CalFresh benefits. Interviews for CalFresh are usually done by phone, unless you can be interviewed when giving your application to the County in person or would prefer an in-person interview. In-person interviews will only happen during the County's normal office hours.

- Please check this box if you would prefer an in-person interview.
- Please check this box if you need other arrangements due to a disability.

Please check the boxes below for your preferred day and time for an interview:

- Day:  Today  Next available day  Any day  Monday  Tuesday  Wednesday  Thursday  Friday
- Time:  Early morning  Mid-morning  Afternoon  Late afternoon  Anytime

**5. OTHER PROGRAMS**

Have you or anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Medicaid, Supplemental Nutrition Assistance Program [CalFresh], General Assistance (GA)/General Relief (GR), etc.)? (Please Check One)  Yes  No

IF YES, WHO?	WHERE (COUNTY/STATE)?
IF YES, WHO?	WHERE (COUNTY/STATE)?

**6a. HOUSEHOLD'S INFORMATION**

Complete the following information for all persons in the home that you buy and prepare food with, including you. If applying for noncitizens, please complete question 6b and 6c. If not, go to question 6d.

Social Security number is optional for members not applying for benefits. You must answer the questions below for each person applying for benefits.

Applying for benefits ( <input checked="" type="checkbox"/> Check Yes or No)	Name (Last, First, Middle Initial)	How is the person related to you?	Date of birth	Gender (M or F)	U.S. Citizen or National ( <input checked="" type="checkbox"/> Check Yes or No) If no, complete question 6b below	Social Security Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> Yes <input type="checkbox"/> No					<input type="checkbox"/> Yes <input type="checkbox"/> No	

Please list the names of anyone who lives with you that does not buy and prepare food with you:

NAME	NAME
NAME	NAME

**6b. NONCITIZEN INFORMATION** - Complete for those listed in question 6a above who are not citizens and are applying for aid.

Name	Date of Entry into U.S. (If known)	Give one of the following (if known): Passport Number, Alien Registration Number, etc.	Sponsored? ( <input checked="" type="checkbox"/> Check Yes or No) If yes, complete question 6c below.
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
		DOCUMENT TYPE: _____ DOCUMENT NUMBER: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Does anyone listed above have at least 10 years (40 quarters) of work history or military service in the USA? (PLEASE CHECK ONE)  
If yes, who? \_\_\_\_\_  Yes  No

Does anyone listed above have, or have they applied for, or do they plan to apply for a T-Visa, U-Visa or VAWA status?  
If yes, who? \_\_\_\_\_  Yes  No

**6c. SPONSORED NONCITIZEN INFORMATION** - Complete for those listed in question 6b above who are sponsored noncitizens and are applying for aid.

Did the sponsor sign an I-864?  Yes  No If yes, please answer the rest of the question. If the sponsor signed an I-134 then skip this question.

Does the sponsor regularly help with money?  Yes  No If yes, how much? \$ \_\_\_\_\_

Does the sponsor regularly help with any of the following (check all that apply)?

rent  clothes  food  other \_\_\_\_\_

SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER
SPONSOR'S NAME	WHO IS SPONSORED?	SPONSOR'S PHONE NUMBER

**6d. STUDENTS**

Is anyone who is applying for benefits including you attending a college or vocational school? (Please Check One)  Yes  No  
 If **yes**, please answer this question. If **no**, skip to the next question.

Name of person	Name of school/training	Enrolled status (✓ Check one)	Are they working?
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units: _____	Average work hours per week: _____
		<input type="checkbox"/> Half-time or more <input type="checkbox"/> Less than half-time Number of units: _____	Average work hours per week: _____

**6e. Is there a foster child living in your home?**  Yes  No If **yes**, who? \_\_\_\_\_

Please answer the following questions about the child(ren):

Was this child(ren) placed in your home under a dependence order of the court? (Please Check One)  Yes  No

Do you want the foster care child(ren) counted in your CalFresh case? (Please Check One)  Yes  No

If **yes**, the foster care income you receive will be counted as unearned income.

If **no**, the foster care income will not be counted as unearned income.

**7. UNEARNED INCOME**

Do you or anyone you buy and prepare food with get income that does not come from a job (unearned)?

(Please Check One)  Yes  No

If **yes**, please answer this question. If **no**, skip to the next question.

Check all types of unearned income that apply from these examples (there may be others not listed here):

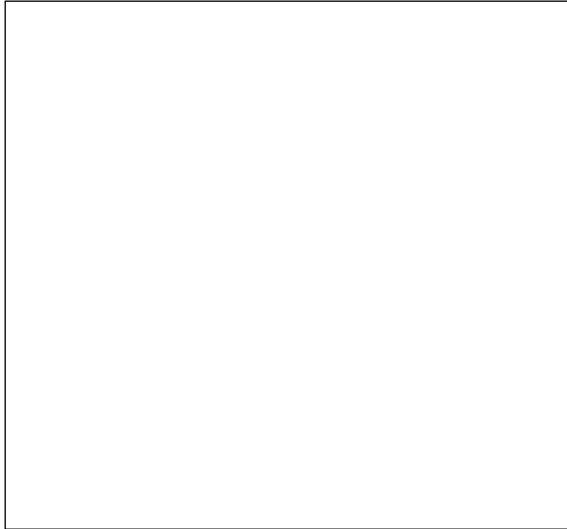

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Social Security                              | <input type="checkbox"/> Veteran benefits, or Military pension                   | <input type="checkbox"/> Lottery/gambling winnings        |
| <input type="checkbox"/> SSI/SSP                                      | <input type="checkbox"/> Financial aid (school grants/loans/scholarships)        | <input type="checkbox"/> Help with rent/food/clothing     |
| <input type="checkbox"/> Cash aid                                     | <input type="checkbox"/> Gift of money   | <input type="checkbox"/> Insurance or legal settlements   |
| <input type="checkbox"/> CalWORKs/TANF/GA/GR/CAPI                     | <input type="checkbox"/> Unemployment Insurance/State Disability Insurance (SDI) | <input type="checkbox"/> Private disability or retirement |
| <input type="checkbox"/> Room and board (from your renter)            | <input type="checkbox"/> Worker's compensation                                   | <input type="checkbox"/> Strike benefits                  |
| <input type="checkbox"/> Pension                                      |  | <input type="checkbox"/> Other _____                      |
| <input type="checkbox"/> Child/Spousal support                        |  |   |
| <input type="checkbox"/> Government/railroad disability or retirement |  |   |

Person getting the money?	From where?	How much?	How often received? (Once, weekly, monthly, or other)	Expect to continue? (✓ Check Yes or No)
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
		\$		<input type="checkbox"/> Yes <input type="checkbox"/> No

If this income is not expected to continue, please explain:

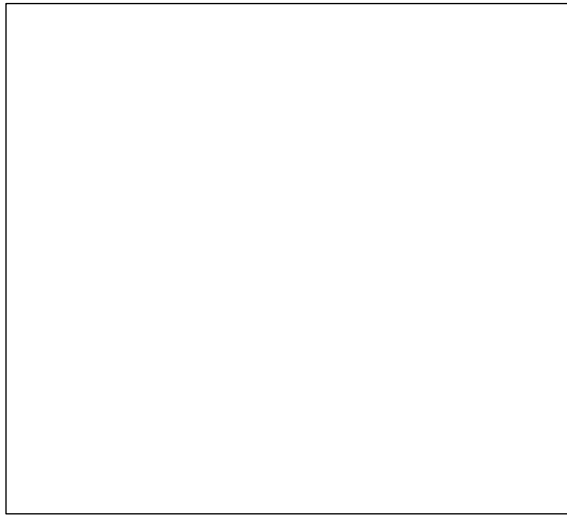
### Stigma and Stereotypes

- Influence of stereotypes and stigmas
- What are some common stereotypes you have encountered (could be in media examples shared earlier)?
- Common stereotypes of people with mental health conditions:
  - Are more violent
  - Aren't trying hard enough to 'get better'



### Personal Experiences with Mental Health

- Share only to the level you're comfortable with.
- Use "I" or in "my experience".
- What were you told about mental health conditions in any of your cultural identities, families (given or chosen), or communities?
- Have your views about mental health conditions changed over time?
- What can we do to help minimize stereotypes or stigma?



### Caroline's Intake

- Age 65, Widow, African-American, Retired
- Has been diagnosed with breast cancer six months ago
- RP unable to contact client for f/u
- Spouse died 12 months ago
- Client retired from bank when spouse died



**HANDOUT #3 CAROLINE CARSON INITIAL REPORT**

Client Name: Caroline Carson

Age: 65

Ethnicity/Race: African-American

Language: English

Employment: Retired bank teller

Marital Status: Widowed

Living Situation: Unknown, owns her home

Reporting Party: Ellen Williams, Office Manager for Dr. Patel, client's physician

**Allegation:**

Client was diagnosed with breast cancer six months ago and was to have returned for a surgical consult two weeks ago. Client missed that appointment. Reporting Party (RP) has left voicemail messages on client's phone and sent emails to client, to reschedule appointment. Yesterday, client did pick up the phone and told RP to "Leave me in peace," and hung up the phone. RP is concerned as client has always been very talkative and followed up in the past-she has been a patient for 10 years.

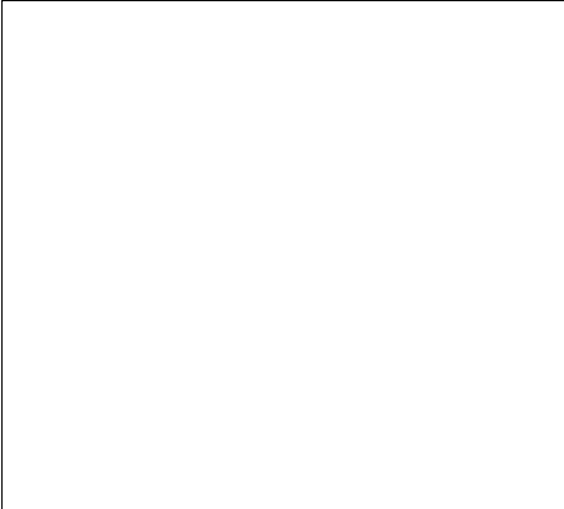
RP states that client's spouse died from a heart condition about a year ago. Client then retired. Client has two adult children who live out of state. Her emergency contact is a neighbor, named Delores DeLa Cruz.

RP does not have any other information about the client.

**Home Visit**

*At 11 AM, you make an unannounced visit to Caroline’s home which is an upper middle-class neighborhood. The garden is overgrown. As you drive up, you notice a woman, watering the lawn next door.*

*You knock several times at the door and call out, asking to be let in. After two minutes, a woman’s voice calls out from behind the door, "Whatever it is, I’m not interested. Go away."*



**At the Door Activity**

- In groups, decide what is the best next step and why:
  1. Leave immediately, leaving your card in the door, plan on coming back the next day.
  2. Call the mental health crisis assessment team in your area.
  3. Call the police to assist getting in the door.
  4. Knock on the door and try again.
  5. Go over to the neighbor and enlist her help in getting in to see Mrs. Carson.

What did your group decide?



**What is the best next step and why?**

**Note the number corresponding with the answer your group chose as it will be shared in debrief.**

1. Leave immediately, leaving your card in the door, plan on coming back the next day.
2. Call the mental health crisis assessment team in your area.
3. Call the police to assist getting in the door.
4. Knock on the door and try again.
5. Go over to the neighbor and enlist her help in getting in to see Mrs. Carson.

## The Interview

### Handout #4

- In groups, decide what is best next move and why:
  1. Tell her you know about the breast cancer diagnosis and explore her treatment options with her.
  2. Get consent to speak with Mrs. DeLa Cruz, conclude the interview and then interview Mrs. DeLa Cruz for additional information.
  3. Assess the client for depression and possible suicide risk.
  4. Refer the client to community resources for bereavement counseling and conclude the interview.
  5. Recommend the client go see her doctor to find out why she has no energy and conclude the interview.

### What is the best next step and why?

**Note the number corresponding with the answer your group chose as it will be shared in debrief.**

1. Tell her you know about the breast cancer diagnosis and explore her treatment options with her.
2. Get consent to speak with Mrs. DeLa Cruz, conclude the interview and then interview Mrs. DeLa Cruz for additional information.
3. Assess the client for depression and possible suicide risk.
4. Refer the client to community resources for bereavement counseling and conclude the interview.
5. Recommend the client go see her doctor to find out why she has no energy and conclude the interview.



**HANDOUT #4 CAROLINE CARSON INTERVIEW**

Using your best rapport building skills, you convince the woman, who turns out to be Caroline, to let you in. You interview her in her living room, which is nicely furnished, but dusty. On the tables and chairs are piles of what appears to be unopened mail. On the walls are photos depicting what you assume are family members.

Caroline is dressed in a clean nightgown and a bathrobe, she states she had been sleeping when you knocked. She is thin and her hair is unkempt. Her responses are brief and to the point.

You explain that your office received a call asking your office to make sure she was OK. She states "I'm fine" in a tired voice. You ask about her health, she states "I'm fine," with no mention of breast cancer diagnosis.

You ask about the photos on the wall, she reveals her spouse died last year and that she has weekly phone calls from both of her children, who live out of state. She tells you she still goes to church every week with her neighbor, Mrs. DeLa Cruz, but otherwise, spends most of her days in bed. She tells you she has lost weight, because she doesn't feel like eating when she is up.

### SAFE-T Form



### CONTENT WARNING

1. IDENTIFY RISK FACTORS
2. IDENTIFY PROTECTIVE FACTORS
3. CONDUCT SUICIDE INQUIRY
4. DETERMINE RISK LEVEL/INTERVENTION
5. DOCUMENT



## HANDOUT #5- SAFE-T FORM

### RESOURCES

- Download this card and additional resources at [www.sprc.org](http://www.sprc.org) or at [www.stopasuicide.org](http://www.stopasuicide.org)
- Resource for implementing The Joint Commission 2007 Patient Safety Goals on Suicide [www.sprc.org/library/jcsafetygoals.pdf](http://www.sprc.org/library/jcsafetygoals.pdf)
- SAFE-T drew upon the American Psychiatric Association Practice Guidelines for the Assessment and Treatment of Patients with Suicidal Behaviors [www.psychiatryonline.com/pracGuide/pracGuideTopic\\_14.aspx](http://www.psychiatryonline.com/pracGuide/pracGuideTopic_14.aspx)
- Practice Parameter for the Assessment and Treatment of Children and Adolescents with Suicidal Behavior. Journal of the American Academy of Child and Adolescent Psychiatry, 2001, 40 (7 Supplement): 24s-51s

### ACKNOWLEDGEMENTS

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National Suicide Prevention Lifeline  
**1.800.273.TALK (8255)**

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[www.sprc.org](http://www.sprc.org)



[www.mentalhealthscreening.org](http://www.mentalhealthscreening.org)

# SAFE-T

## Suicide Assessment Five-step Evaluation and Triage

*for Mental Health Professionals*

**1**  
**IDENTIFY RISK FACTORS**  
 Note those that can be modified to reduce risk

**2**  
**IDENTIFY PROTECTIVE FACTORS**  
 Note those that can be enhanced

**3**  
**CONDUCT SUICIDE INQUIRY**  
 Suicidal thoughts, plans behavior and intent

**4**  
**DETERMINE RISK LEVEL/INTERVENTION**  
 Determine risk. Choose appropriate intervention to address and reduce risk

**5**  
**DOCUMENT**  
 Assessment of risk, rationale, intervention and follow-up

NATIONAL SUICIDE PREVENTION LIFELINE  
**1.800.273.TALK (8255)**

*Suicide assessments should be conducted at first contact, with any subsequent suicidal behavior, increased ideation, or pertinent clinical change; for inpatients, prior to increasing privileges and at discharge.*

**1. RISK FACTORS**

- ✓ **Suicidal behavior:** history of prior suicide attempts, aborted suicide attempts or self-injurious behavior
- ✓ **Current/past psychiatric disorders:** especially mood disorders, psychotic disorders, alcohol/substance abuse, ADHD, TBI, PTSD, Cluster B personality disorders, conduct disorders (antisocial behavior, aggression, impulsivity).  
*Co-morbidity and recent onset of illness increase risk*
- ✓ **Key symptoms:** anhedonia, impulsivity, hopelessness, anxiety/panic, insomnia, command hallucinations
- ✓ **Family history:** of suicide, attempts or Axis 1 psychiatric disorders requiring hospitalization
- ✓ **Precipitants/Stressors/Interpersonal:** triggering events leading to humiliation, shame or despair (e.g., loss of relationship, financial or health status—real or anticipated). Ongoing medical illness (esp. CNS disorders, pain). Intoxication. Family turmoil/chaos. History of physical or sexual abuse. Social isolation.
- ✓ **Change in treatment:** discharge from psychiatric hospital, provider or treatment change
- ✓ **Access to firearms**

**2. PROTECTIVE FACTORS** *Protective factors, even if present, may not counteract significant acute risk*

- ✓ **Internal:** ability to cope with stress, religious beliefs, frustration tolerance
- ✓ **External:** responsibility to children or beloved pets, positive therapeutic relationships, social supports

**3. SUICIDE INQUIRY** *Specific questioning about thoughts, plans, behaviors, intent*

- ✓ **Ideation:** frequency, intensity, duration--in last 48 hours, past month and worst ever
- ✓ **Plan:** timing, location, lethality, availability, preparatory acts
- ✓ **Behaviors:** past attempts, aborted attempts, rehearsals (tying noose, loading gun), vs. non-suicidal self injurious actions
- ✓ **Intent:** extent to which the patient (1) expects to carry out the plan and (2) believes the plan/act to be lethal vs. self-injurious; Explore ambivalence: reasons to die vs. reasons to live

*\* For Youths: ask parent/guardian about evidence of suicidal thoughts, plans, or behaviors, and changes in mood, behaviors or disposition*

*\* Homicide Inquiry: when indicated, esp. in character disordered or paranoid males dealing with loss or humiliation. Inquire in four areas listed above.*

**4. RISK LEVEL/INTERVENTION**

- ✓ **Assessment** of risk level is based on clinical judgment, after completing steps 1-3
- ✓ **Reassess** as patient or environmental circumstances change

RISK LEVEL	RISK / PROTECTIVE FACTOR	SUICIDALITY	POSSIBLE INTERVENTIONS
<b>High</b>	Psychiatric disorders with severe symptoms, or acute precipitating event; protective factors not relevant	Potentially lethal suicide attempt or persistent ideation with strong intent or suicide rehearsal	Admission generally indicated unless a significant change reduces risk. Suicide precautions
<b>Moderate</b>	Multiple risk factors, few protective factors	Suicidal ideation with plan, but no intent or behavior	Admission may be necessary depending on risk factors. Develop crisis plan. Give emergency/crisis numbers
<b>Low</b>	Modifiable risk factors, strong protective factors	Thoughts of death, no plan, intent or behavior	Outpatient referral, symptom reduction. Give emergency/crisis numbers

(This chart is intended to represent a range of risk levels and interventions, not actual determinations.)

**5. DOCUMENT** Risk level and rationale; treatment plan to address/reduce current risk (e.g., setting, medication, psychotherapy, E.C.T., contact with significant others, consultation); firearm instructions, if relevant; follow up plan. For youths, treatment plan should include roles for parent/guardian.

### Caroline's Level of Risk

- What are some of Caroline's protective factors?
- What are some risk factors which may lead you to believe she could be suicidal?

#### Assessing Caroline for Suicide Risk:

1. Individually, write down some questions that would help assess Caroline's suicide risk. These will be used in a role-play/demonstration.
  - o Address additional risk or protective factors, intent, plan and/or means to carry out plan



A large, empty rectangular box with a black border, occupying the lower two-thirds of the page. This area is intended for participants to write down questions for assessing Caroline's suicide risk as instructed in the text above.

# HANDOUT #6-GERIATRIC DEPRESSION SCALE (SHORT FORM)

## Geriatric Depression Scale (Short Form)

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Choose the best answer for how you felt over the past week. Note: when asking the patient to complete the form, provide the self-rated form (included on the following page).

No.	Question	Answer	Score
1.	Are you basically satisfied with your life?	YES / <b>No</b>	
2.	Have you dropped many of your activities and interests?	<b>YES</b> / No	
3.	Do you feel that your life is empty?	<b>YES</b> / No	
4.	Do you often get bored?	<b>YES</b> / No	
5.	Are you in good spirits most of the time?	YES / <b>No</b>	
6.	Are you afraid that something bad is going to happen to you?	<b>YES</b> / No	
7.	Do you feel happy most of the time?	YES / <b>No</b>	
8.	Do you often feel helpless?	<b>YES</b> / No	
9.	Do you prefer to stay at home, rather than going out and doing new things?	<b>YES</b> / No	
10.	Do you feel you have more problems with memory than most people?	<b>YES</b> / No	
11.	Do you think it is wonderful to be alive?	YES / <b>No</b>	
12.	Do you feel pretty worthless the way you are now?	<b>YES</b> / No	
13.	Do you feel full of energy?	YES / <b>No</b>	
14.	Do you feel that your situation is hopeless?	<b>YES</b> / No	
15.	Do you think that most people are better off than you are?	<b>YES</b> / No	
TOTAL			

(Sheikh & Yesavage, 1986)

**Scoring:**

Answers indicating depression are in bold and italicized; score one point for each one selected. A score of 0 to 5 is normal. A score greater than 5 suggests depression.

**Sources:**

- Sheikh JI, Yesavage JA. Geriatric Depression Scale (GDS): recent evidence and development of a shorter version. *Clin Gerontol.* 1986 June;5(1/2):165-173.
- Yesavage JA. Geriatric Depression Scale. *Psychopharmacol Bull.* 1988;24(4):709-711.
- Yesavage JA, Brink TL, Rose TL, et al. Development and validation of a geriatric depression screening scale: a preliminary report. *J Psychiatr Res.* 1982-83;17(1):37-49.

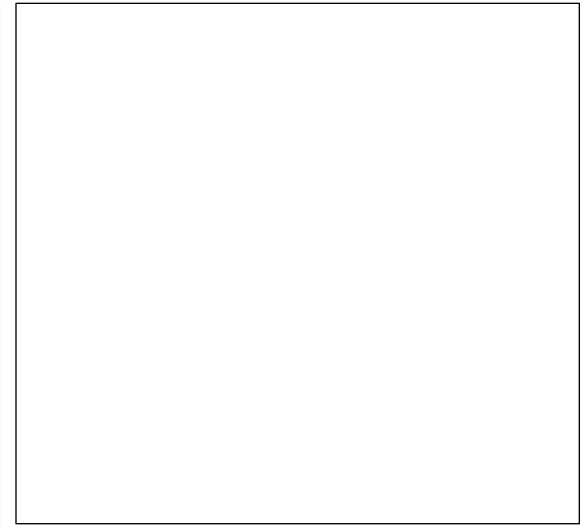
### Demonstration Scenario 1

- Everyone will ask their questions.
- Listen to the answers from Caroline.
- Once activity is complete, use SAFE-T Form to assess Caroline's level of risk.



### Demonstration Debrief

- Is Caroline's risk for suicide low, moderate or high?
- Is it okay to directly ask Caroline if she is considering suicide?
- What resources would you consider including in your service plan?



**Demonstration Scenario 2**

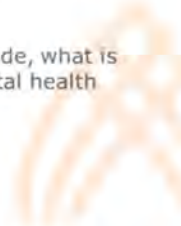
- Everyone will ask their questions.
- Listen to the answers from Caroline.
- Once activity is complete, use SAFE-T Form to assess Caroline’s level of risk



Empty rectangular box for notes or observations during the demonstration scenario.

**Demonstration Debrief**

- What is Ms. Carson’s risk for suicide? Low, moderate, or high?
- When and how would you ask Ms. Caroline if she is thinking of death by suicide?
- If someone is considered to be at high risk for suicide, what is your agency’s policy on accessing appropriate mental health providers?




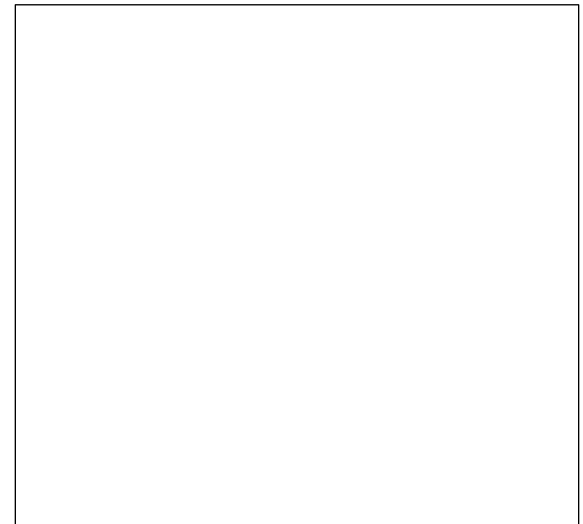
Empty rectangular box for notes or observations during the demonstration debrief.

Large empty rectangular box for additional notes or observations.



**Training Takeaway**

- Write down something beneficial you received in training today and share with your Supervisor.
- What is one takeaway from today's training?
- Transfer of Learning for continued practice and development
- Additional resources:
  - American Association of Suicidology: [www.suicidology.org](http://www.suicidology.org)
  - Center for Disease Control and Prevention: <https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>
  - National Alliance on Mental Illness: <https://www.namih.org/>
  - National Institute of Mental Health: [www.nimh.nih.gov/health/statistics/suicide.shtml](http://www.nimh.nih.gov/health/statistics/suicide.shtml)
  - Substance Abuse and Mental Health Services Administration (SAMHSA): [www.samhsa.gov](http://www.samhsa.gov)

List of Resources

American Association of Suicidology: [www.suicidology.org](http://www.suicidology.org)

Center for Disease Control and Prevention:  
<https://www.cdc.gov/violenceprevention/suicide/riskprotectivefactors.html>

National Alliance on Mental Illness: <https://www.namih.org/>

National Institute of Mental Health:  
[www.nimh.nih.gov/health/statistics/suicide.shtml](http://www.nimh.nih.gov/health/statistics/suicide.shtml)

Substance Abuse and Mental Health Services Administration (SAMHSA):  
[www.samhsa.gov](http://www.samhsa.gov)

### Questions and Evaluations

- Questions from today's training?
- Please be honest when filling out evaluations.
- Thank you for investing in your own professional development!



# Thank you!

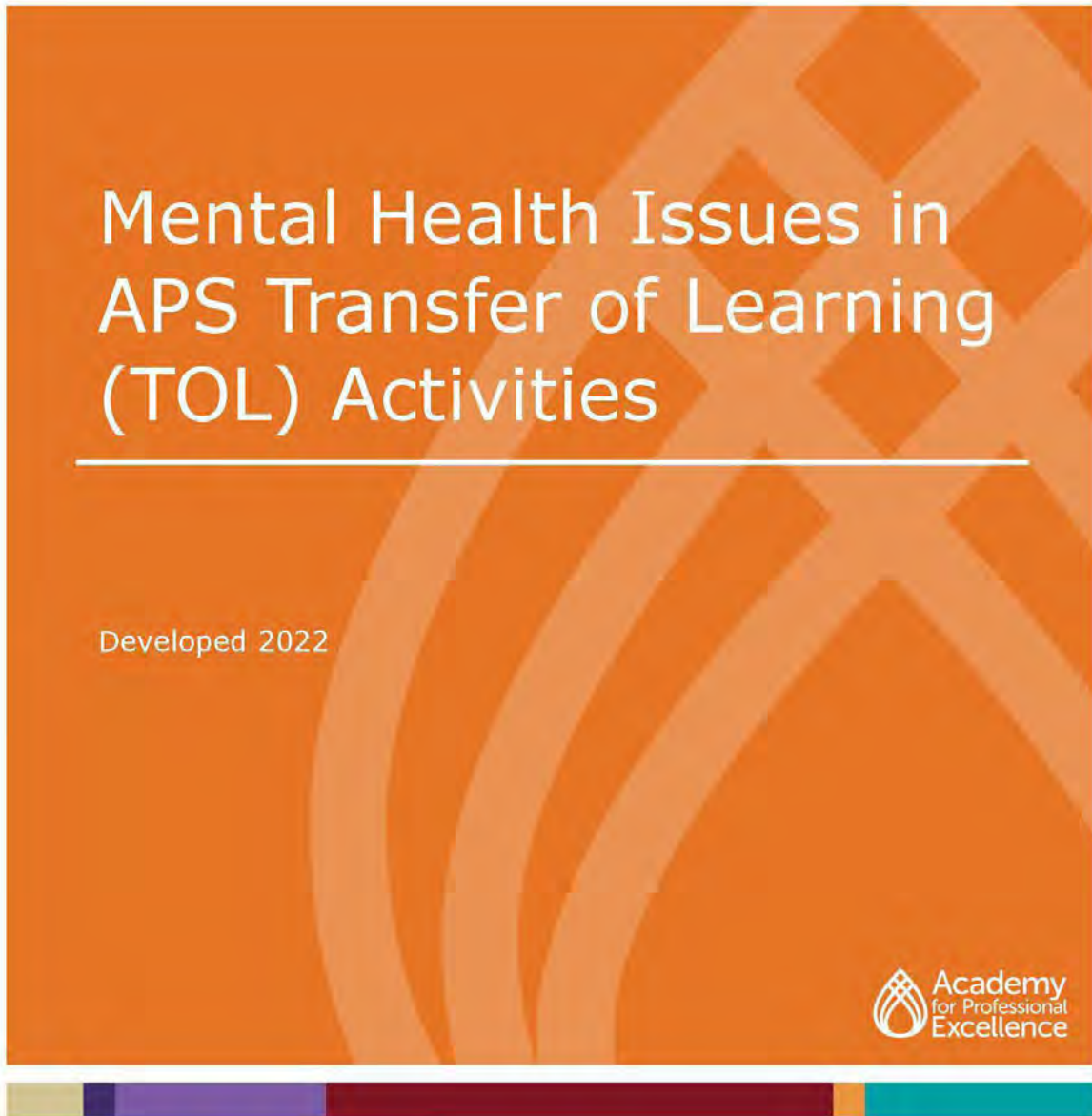
We envision a world where the quality of life for individuals, organizations, and communities is transformed into a healthier place.



# Thank You!



**APPENDIX:  
HANDOUT #7- TRANSFER OF LEARNING PACKET**



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## **Mental Health Issues in APS Practice**

### **Transfer of Learning**

#### **How to Use:**

This Transfer of Learning (TOL) Packet is designed as a companion to NAPSA Core Competency Module 6: Mental Health Issues in APS, both eLearning and ILT modalities.

This TOL packet can be used in a variety of settings to include:

- Instructor-Led Training (virtual or in-person) with support from a facilitator
- During supervision when coaching staff around the skills of identifying mental health issues with people APS interacts with and appropriate interventions and referrals
- Unit Meeting as a group activity with guidance from a Supervisor or Lead Staff
- Individually with follow-up from a supervisor or trusted peer

There are **four** activities available, independent of each other that continue the conversation around:

- Appropriate resources and referrals
- Support around suicidality and depression with clients
- Mental Health Disorders:
  - Anxiety Disorders, Mood Disorders, Personality Disorders, Psychotic Disorders and Trauma and Stress-Related Disorders
- APS staff challenges when working with people experiencing mental illness

#### **Content Warning:**

APS professionals may have lived experience with a spectrum of mental illness. Completing any of the activities may bring personal and professional challenges for the learner. **Content Warning** text will be displayed on any scenario involving suicide. Learners, Facilitator and Supervisors are all encouraged to utilize self-care while completing activities.

## Activity #1: Identifying Resources

### Purpose:

Mental Health resources are continuously changing and programs come and go based on eligibility and funding. APS is often having to think outside the box when it comes to resources they provide. This activity allows learners to review in-depth resources that are local or on-line in order to provide more informative and personalized referrals.

### Instructions:

1. Choose 1-3 resources you are likely to provide people you work with and complete the following prompts and questions. *Choose between resources you've used before, resources you've heard about from colleagues or that you have previous experience with and resources you are unfamiliar with.*
  - Suggested resources to choose from:
    - Substance Use Support Center,
    - Local Mental Health Counseling,
    - Veteran's Affairs (VA),
    - National Association for Alcoholism and Drug Abuse Counselors (NAADAC),
    - National Association Social Workers (NASW),
    - National Alliance on Mental Illness (NAMI),
    - Substance Abuse and Mental Health Services Administration (SAMHSA),
    - Crisis Intervention Team (CIT)
2. Thoroughly review the resources website, brochure, or when possible, call and speak with staff and/or schedule a visit in-person.
3. Answer (and discuss if applicable) the questions below

### Questions:

- Why is this a resource you would provide to someone?
- What is the fee?
- Are there workshops available for individuals living with mental health disorders? What are they?
- Are there workshops available for people's whose loved ones are living with mental health disorders? What are they?
- What is the eligibility requirement?

## Activity #2: Depression and Suicidality Scenarios

### Instructions:

Read the scenarios below and answer the questions with as much detail as possible.

### Scenario #1: George

#### \*Content Warning

*You have received a report of self-neglect that indicates George, a 72-year-old male is not caring for himself or taking his medication. You have completed your initial steps of the investigation by talking with the reporter and George. You conducted your 1<sup>st</sup> interview with George in his home. You learn that George is a veteran of the Navy and was married for 40 years before his wife died a year ago. While in the home you notice several food containers in and around the trash can, George's hair appears uncombed, clothing appears dirty, in disrepair and you smell what you believe to be is extensive body odor. While talking with George he reveals that he was diagnosed with PTSD and depression about 10 years ago, but he thinks it's just a bunch of new age stuff and ways to medicate people. He also shared that he had a heart attack 2 years ago. When you ask about medication, Georges states they are on the counter in the kitchen but is unable to tell you what he takes or the last time he took any medication. The reporter indicated that George has not been taking his medication as prescribed, is isolating himself and not participating in his usual activities like his daily walks around the lake or weekly meetups at the coffee shop with his best friend. When you addressed these concerns with George, he scoffs at you and tells you it does not matter what he does. As you continue to talk with George you hear a loud noise that sounds like something fell outside and suddenly Georges yells at you to get the hell out of his house and to mind your own business.*

## Questions:

1. What are your concerns, if any, for current symptoms of depression or suicide?
  - a. Document George's behavior, your observations and reason for concerns.
  
2. What steps would you take and why?
  - a. Find out what is your APS program doing with people who may be experiencing depression or having suicidal thoughts? What tools are available to you?
    - i. What is expected from you as an APS professional?
    - ii. What tools/screening instruments does your APS program use?
  
3. Are there groups, programs available for individuals living with mental health disorders?
  - a. What are they?
  - b. What is the eligibility requirement?
  
4. Are there groups or programs available for people's whose loved ones are living with mental health disorders? What are they?
  - a. What are they?
  - b. What is the eligibility requirement?

**Scenario #2: Mariela**

*You receive a report of financial exploitation of a Mariela, age 65. The reporting party is Mariela's adult child who reported that Mariela's neighbor is using her debit card without her permission. The reporting party also states they believe Mariela has early stages of Alzheimer's disease. When you meet with Mariela to discuss the reporting party's concern of possible financial exploitation, you notice her hands look extremely dirty and that she may have rheumatoid arthritis in her hands and ask about it. She informs you that she sleeps well, but has very low energy and that showering takes too much out of her lately and that she keeps forgetting to take her medication and confuses which medication is for her arthritis and which is for her heart condition.*

*She shares that she feels lonely and sad but does not want to bother anyone for help. She shares that her kids try to help out, but she has a particular way she likes things done and it's just better if she does it herself, even if it exacerbates her arthritis pain.*

Questions:

1. What are your concerns, if any, for current symptoms of depression or suicide?
  - a. Document Mariela's behavior, your observations and reason for concerns.
  - b. What questions would you ask Mariela about your concerns? (be specific)
  
2. What steps would you take and why?
  - a. Find out what is your APS program doing with people who may be experiencing depression or having suicidal thoughts? What tools are available to you?
    - i. What is expected from you as an APS professional?
    - ii. What tools/screening instruments does your APS program use?
  
3. Are there groups, programs available for individuals living with mental health disorders?
  - a. What are they?
  - b. What is the eligibility requirement?
  
4. Are there groups or programs available for people's whose loved ones are living with mental health disorders? What are they?
  - a. What are they?
  - b. What is the eligibility requirement?
  - c. What is the eligibility requirement?



### **Scenario #3: Keon**

#### **\*Content Warning**

*You received a report of physical abuse of a 90-year-old male, Keon, from a RN. The RN reported that he is on dialysis, and at his last visit he was, "sad, crying, and resentful of others around him". When you talk with Keon at his home, he tells you he is just tired, and the dialysis hurts and takes all his energy for the day. When sitting with Keon you talk to him about the process of dialysis. Keon informs you that he has kidney failure, has arthritis in his hands back and legs for the last 25 years. As you look around the home, the kitchen and living area appears clean and well kept. You can see what appears to be bruises on Keon's arms and red mark on his neck going from left to right and across the back of the neck. As you are sitting there you detect an aroma that is sweet – when you ask Keon what that aroma is, Keon states that is his stuff his daughter Jill does. Keon states she does what she wants when she wants and lives downstairs. Keon states Jill takes care of the home and takes him to dialysis. Keon explains that his daughter makes her living selling aroma things from home yet does not pay a dime for living in the home. When you ask who owns the home Keon states he does, but he can't live in the home without her help, so he lets her stay at the house for free. As you talk to Keon about his health, Keon looks to the ground and does not respond, states, "none of my kids care about me, all they do is take from me, and expect me to pay for everything". Keon states it is hopeless to think anything will change and thinks he should just stop the dialysis and die.*

Questions:

1. What are your concerns, if any, for current symptoms of depression or suicide?
  - a. Document Keon's behavior, your observations and reason for concerns.
  - b. What questions would you ask Keon about your concerns? (be specific)

2. What steps would you take and why?
  - a. Find out what is your APS program doing with people who may be experiencing depression or having suicidal thoughts? What tools are available to you?
    - i. What is expected from you as an APS professional?
    - ii. What tools/screening instruments does your APS program use?
3. Are there groups, programs available for individuals living with mental health disorders?
  - a. What are they?
  - b. What is the eligibility requirement?
4. Are there groups or programs available for people's whose loved ones are living with mental health disorders? What are they?
  - a. What are they?
  - b. What is the eligibility requirement?
  - c. What is the eligibility requirement?

## Activity #3: Mental Health Disorders Symptoms

### Purpose:

Many times, APS professionals struggle with boundaries and their own frustrations when working with people living with mental health disorders. This can result in the APS professionally informally/quietly “diagnosing” people as a way to explain why the person isn’t allowing for engagement or following through with a service plan. They may even identify a person by their diagnosis (e.g. “My borderline client”). This activity is designed to:

- a. Allow APS professionals to identify symptoms of various mental health disorders
- b. Remind APS professionals that just as there are symptoms of other illness (e.g. runny nose from a cold) there are symptoms of mental health disorders (e.g. lack of motivation from someone experiencing depression)
- c. Critically think through next steps to move toward safety and well-being and document appropriately

### Instructions:

Imagine you are on the phone or in-person with the people in the scenarios. Complete the questions with as much detail as possible.

### Scenario #1: Joanne

*Joanne is a 76-year-old Army veteran who was a Nurse when she served. Joanne’s cousin has made a report to APS on behalf of the family. It has been reported that Joanne appears confused and disoriented. The family reports they are not sure what to do and think Joanne needs to go to an assisted living or memory care unit. After confirming the initial report with the reporter, you go to Joanne’s home to speak with her. Joanne tells you about her duty as a nurse in the Army and at times she has thoughts that take her back to the days of combat and taking care of soldiers*

*who were sick and wounded. Sometimes it is very distressing for her, but she will avoid the thoughts or feelings by doing something different like going out for club activities like gardening club. Joanne tells you some days she has difficulty concentrating on current events which causes her stress and difficulty falling asleep. Joanne tells you that she has no issues, and the family is overreacting. As you are talking with Joanne, she appears to understand where she is, the day, date and year and tells you about her current activity of attending clubs and other organized events.*

Questions:

1. What are you hearing or seeing that is raising concerns for Joanne's mental health?
  - a. Document this accordingly.
2. Based on this information you have, which of the five broad categories of mental disorders (Anxiety Disorders, Mood Disorders, Personality Disorders, Psychotic Disorders, Trauma and Stress Related Disorders) would you think Joanne falls under and why?
3. What steps would you take and why?
4. Is there a screening tool your agency has for you to use?
  - a. If positive screening, what is your next steps?
5. Why would you refer Joanne and where would you refer Joanne to? (be specific)

**Scenario #2: Charlie**

*You receive a report of a 69-year-old individual named Charlie. Charlie is reported as having difficulties with the activities of daily living, unable to get in and out of the shower by himself, having occasional accidents with urine and struggles to fasten the buttons on his shirts or zip his pants. You also learn that Charlie struggles with some instrumental activities of daily living such as keeping track of his finances or paying bills. The report indicates Charlie is not sleeping well, sleep patterns appeared mixed up, and is not eating well.*

*You arrive at Charlie's house and meet Charlie's husband Robert. As you speak with Robert; you learn that Charlie has been irritable for the last 6 months. Robert states they have been married for 10 years and that he has known Charlie for about 15 years. Prior to getting married, Robert said Charlie had medical issues that included confused thoughts and disorganization. Robert stated that he has learned more about Charlie's medical history over the years. Charlie was under a lot of stress in his younger days around age 25 Charlie ended up in the hospital, had a "nervous breakdown". Robert said it was right after Charlie graduated college, told his parents he was gay. Charlie's parents were not very understanding and refused to let Charlie remain in the home. As far as he knows after a couple years Charlie got better and began to reestablish himself. From what Robert understands Charlie had several different jobs, not sure why, but since they have been together Charlie has been very calm, friendly, and took care of himself. Robert states Charlie lately can be heard talking to himself and when asked about it, becomes defensive. Some days it appears Charlie is arguing with himself. Robert said Charlie is unable to judge depth and distances which is odd for Charlie as he was always very good at judging distance, he could always tell you how close you were or how far something was. Robert reports Charlie was always very meticulous about his appearance, but lately Charlie is not showering, or keeping himself groomed; Charlie is preoccupied with what others are doing outside the home. Charlie is now isolating, avoiding groups or other activities. Robert states over the last year Charlie began to struggle to put words and thoughts together that would make sense, and it is getting worse. Robert explains it is hard to talk with Charlie. Charlie sometimes becomes very agitated, angry, and then appears to check out and stares out the window or right through you.*

Questions:

1. What are you hearing or seeing that is raising concerns for Charlie's mental health?
  - a. Document this accordingly.

2. Based on this information you have, which of the five broad categories of mental disorders (Anxiety Disorders, Mood Disorders, Personality Disorders, Psychotic Disorders, Trauma and Stress Related Disorders) would you think Charlie falls under and why?
3. What steps would you take and why?
4. Is there a screening tool your agency has for you to use?
  - a. If positive screening, what your next steps?
5. Why would you refer Charlie and where would you refer Charlie to (be specific).

## **Activity #4: Individual Reflection and Support**

### **Purpose:**

Mental Health concerns with people APS professionals interact with continues to be an area where support is needed. This activity allows the learner to first reflect on their training and what concerns, fears, or unknowns they still have. It then provides opportunities to collaborate with a Supervisor or trusted colleague around these concerns, fears and unknowns.

### **Instructions:**

1. Think about or review the training you have received, the resources you have reviewed and/or the programs you have spoken to.
2. What questions come to your mind and what possible concerns can you think of for yourself and others when working with individuals experiencing symptoms of mental or behavioral health issues?
3. Write these questions, concerns, or fears down and then set a time to talk with your mentor or supervisor to explore the stigma and your concerns. Ask them for some direction.
4. Pay attention to any cultural understandings or considerations when it comes to living with mental illness.

OUR WHY: REVOLUTIONIZE  
THE WAY PEOPLE  
WORK TO ENSURE  
THE WORLD IS A  
HEALTHIER PLACE.



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This Transfer of Learning Packet was developed by Michael Hagenlock, LCSW, LAC, in collaboration with CA's Curriculum Advisory Committee. March 2022. Contact [apstraining@sdsu.edu](mailto:apstraining@sdsu.edu) for any questions or feedback.



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