Addressing High Risk of Death: Video Discussion Guide

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Academy for Professional Excellence

APSWI
Adult Protective Services Workforce Innovations

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Addressing High Risk of Death: Video Discussion Guide

Objective:

This video discussion guide is designed to complement the Adult Protective Services Workforce Innovations (APSWI) video "Addressing High Risk of Death." It is intended to enhance APS professionals' understanding of this deeply complex topic. *Content Warning: In the video, APS professional Dani (they/them) visits the home of APS client Geni (she/her), whose son recently slapped her and threatened her life. The video shows a successful home visit, an assessment of the current situation, and a discussion of a safety plan.

- **Initial reactions**
- **Worker and client safety**
- **Building rapport**
- **Recognizing high risk indicators**
- **Safety planning**
- **Addressing self-care post interview**

How to Use:

- This discussion guide is designed to be used by a supervisor, facilitator, or lead staff. It is recommended participants view the video in full prior to discussion.
- This guide can be used in its entirety, or facilitators can focus on specific topics where staff particularly need support.
- Adding your own experiences and expertise may be helpful to show real-life application.
- Apply your organization's policy as each county and state operate differently and this video presents a general picture of an assessment in high risk of death by homicide situation.

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Questions and discussion may activate feelings based on personal or professional experiences, including vicarious and secondary trauma and we encourage everyone to do what they need to do in order to safely engage in this video discussion guide.

Initial Reactions:

After showing the video, invite participants to pause and reflect on their immediate responses before moving into structured discussion. This opening reflection helps APS professionals surface things that impact their assessment and decision-making. Encourage staff to take a moment to notice what stood out to them and what they felt in their body or thoughts as they watched the scenario unfold.

Discuss the following questions:

- What emotions did you experience while watching the video?
- What concerns stood out immediately?
- What aspects of the situation felt most urgent?
- What information would you want before making contact?
- How can APS professionals remain objective while still recognizing imminent danger?

Worker and Client Safety

Facilitators can use this section to guide APS professionals in thinking through safety before, during, and after a home visit. Because APS staff often enter situations with limited information, it is important to help them practice anticipating risk and scanning their environment. Use the points below to facilitate discussion and reinforce county-specific safety expectations.

Practical safety steps before going out:

- Search if there is a criminal history.
- Assess whether being accompanied by your supervisor, a peer or law enforcement is warranted.
- Consider if it would be appropriate to contact the client by phone ahead of the home visit. Discuss options with your supervisor.
- Identify whether the Reporting Party (RP) can help assess safety prior to the visit.

Practical safety steps when arriving at the home:

- Scan the environment for anything that appears out of place or suggests escalating risk.
- Note whether the alleged perpetrator is present or may return unexpectedly.
- Observe the client's comfort level speaking inside the home and offer an alternative location if needed.
- Position yourself where you can see the full room and maintain a clear path to exit.
- Adjust your approach if the alleged perpetrator answers the door or enters during the visit.
- Decide whether to pause, delay, or return later with additional support, including law enforcement, if safety concerns increase.

Reflection questions for discussion:

- How does firearm access change your approach to the visit?
- At what point would you identify the situation as imminent danger?
- What environmental cues might indicate increased risk?
- How would you adapt your engagement if the alleged perpetrator were present?
- What strategies would help you maintain rapport while prioritizing safety?

Building Rapport

Use this section to help APS professionals explore how rapport-building supports safety, disclosure, and client engagement during high-risk visits. Clients may minimize or protect the person causing harm for many reasons, and it can take time for trust to develop.

In the video, Dani models a trauma-informed approach by beginning gently, listening without judgment, and shifting to more direct questions only after establishing connection. As you facilitate discussion, encourage participants to reflect on how tone, pacing, and empathy influence the client's willingness to share information.

Discuss the following questions:

- How would you engage the client if they immediately denied abuse and tried to shut down the interview, but there were clear indicators of abuse?
- How would you explore safety concerns while maintaining trust?
- How might this approach shift if the alleged perpetrator were present?

Strategies to Highlight:

- Use the environment to build comfort and connection. Encourage staff to notice items in the home that can help the client feel at ease and open conversation.
- Model empathy and validate. Staff can be direct about safety while still affirming the client's feelings and autonomy.
- Avoid pressure or ultimatums. Clients may minimize due to fear, loyalty, grief, or trauma. Rapport grows when APS professionals honor this complexity.
- Open-ended questions or statements help assess danger while strengthening rapport.

Discuss the following regarding open-ended questions or statements:

In the video Dani uses various open-ended questions and statements. Ask participants to share some examples that Dani used?

Some examples of Dani's open-ended questions are:

- "Can you think of a time that Justin's ever hurt you or said something concerning?"

- "You said no, but your mannerisms have changed. Tell me more about that…"
- "Can you tell me about what happened when he hit you?"
- "What happens when your son becomes angry?"
- "On a scale of 1 to 5, how safe do you feel at home?"
- "What concerns you most right now?"

Ask participants of other important open-ended questions they might use in situations like this?

Recognizing High Risk Indicators

Use this section to help APS professionals identify and interpret high-risk indicators that may signal escalating danger in a client's situation. Clients often experience warning signs long before serious harm occurs. However, they may minimize, normalize, or overlook them due to fear, loyalty, grief, or trauma. Facilitators can explore with participants how to name risk clearly, support client insight, and move toward safety planning in a trauma-informed way.

Discuss the key concepts from the video:

- What do you identify as high risk indicators based on what you viewed in the video?
- The client shared statements made by her son ("It should have been you" and "It's not too late"), which are strong indicators of potential harm or death.
- The client did not initially recognize these statements as dangerous. Dani used gentle education and perspective-taking to help her see the seriousness of the situation.
- Dani encouraged the client to imagine hearing the same story from a friend, which helped her view the situation more objectively.
- The client also disclosed that she had seen a weapon in her son's possession. Although she minimized this, Dani used the information to reinforce the level of risk and transition into assessing weapon access and safety planning.

Practice tips for supporting client insight:

- Help the client view the situation from a safer emotional distance.
- Name risk indicators plainly and compassionately, especially when the client minimizes them.
- Connect the dots between threats, access to weapons, substance use, and escalating behavior.
- Acknowledge grief, stress, or family loyalty while reinforcing that harm is never acceptable.
- Move gently toward safety planning once risk indicators are identified.

Discussion Prompts:

- How did Dani support the client in understanding the seriousness of this information?

- How else might you allow the client to see the situation from a different angle to recognize risk?
- Discuss how Dani used this information to reinforce the level of risk the client was in.
- Discuss how this disclosure helped Dani and Geni move into assessing weapon access and planning for safety.

The client's abuser is her son, who is experiencing multiple stressors (his father's death, job loss, alcohol misuse, and relationship difficulties) making the conversation even more complex. This context can influence how the client interprets risk and how the APS professional approaches the discussion.

Discussion Prompts:

- How would you discuss the client's relationship with her son, knowing they are both grieving?
- How might you validate that grief affects people differently while reinforcing that harming others is never acceptable?

Safety Planning

Use this section to guide APS professionals in understanding how to support clients through safety planning during high-risk visits. Safety planning can feel overwhelming for a client. It is important to help staff practice pacing, meeting the client where they are, and avoiding added pressure.

In the video, Dani models this by responding to the client's cues, naming risk clearly, and focusing on immediate, realistic steps. Encourage participants to reflect on how they can balance client autonomy with the need to address imminent danger.

Discuss practice tips for safety planning:

- Consider arriving with printed materials, such as emergency numbers, a list of items for a "go bag," or an emergency phone (if your agency provides these).
- Be prepared to call 9-1-1 while with the client if you find yourself in danger.
- Ensure your supervisor knows where you are by updating your calendar or sending an email prior to the visit.
- Engage thoughtfully when a weapon is present, using clear and calm communication to assess immediate danger.
- Identify challenges when the victim and abuser live together, including limited privacy, ongoing exposure to harm, and the client's emotional ties.
- Honor the client's right to self-determination, even when they refuse safety interventions, while still documenting risk and offering options.
- Plan ahead for possible retaliation, as Dani did by suggesting the removal of their identification lanyard in case the alleged perpetrator entered unexpectedly.

Discussion questions for assessing and responding to risk:

- As an APS professional, how would you engage a client when a weapon is present?
- What challenges exist when the victim and abuser live together?
- What if the client refuses safety interventions?
    - Think of resources that might support the client's emotional wellbeing.

Reflection questions for planning for unexpected situations:

- What are other ways to protect the client from possible retaliation after you leave?
- How would you handle the situation if the alleged perpetrator arrived before you left?
- How might you prioritize the most important information before leaving? What would you prioritize?

Addressing Self-Care Post Interview

Use this section to help APS professionals recognize the emotional impact of high-risk visits and practice strategies that support grounding, recovery, and long-term well-being. Cases involving potential homicide risk can activate strong emotional, physical, and cognitive responses. As the facilitator, encourage participants to notice these reactions early, use immediate self-care tools, and access ongoing support to maintain effectiveness in their work.

Reflection Questions:

- What emotions surfaced for you while watching the video?
- What strategies could you use to check in with yourself after a high-risk visit?
- What self-regulation and self-care strategies did you notice Dani using throughout the interview? Some examples can include:
    - Dani took measured deep breaths after difficult disclosures.
    - They visibly paused, then paraphrased what they understood to slow the pace and regain clarity.
    - They maintained a calm, even tone during intense moments.
    - They softened their body language to reduce tension and convey safety.
    - They validated the client's feelings to help regulate the emotional intensity of the conversation.
    - They paced the conversation intentionally, slowing down when the client became overwhelmed.
    - They named their concern gently ("I'm worried about your safety"), which helped them stay grounded and connected to purpose.

Immediate self-care strategies (right after the visit):

Facilitators can emphasize that self-care begins *right away*, not hours or days later. Invite participants to pause before turning on the car ignition and try one of the following grounding strategies:

- Take five slow, intentional breaths to shift out of "crisis response" mode.
- Listen to a favorite song to help regulate the nervous system.
- Say a grounding statement aloud such as: "I'm safe. I'm doing my best to empower others."

- Notice one thing you feel, one thing you hear, and one thing you see to re-orient to the present moment.
- Release physical tension by unclenching your jaw, relaxing your shoulders, or stretching your hands.

Short term self-care strategies (over a few days):

After the immediate grounding moment has passed, APS professionals may still be processing the emotional impact of the visit. Use the following practical steps to help participants think about how they can support their well-being in the days that follow:

- Schedule a debriefing session with your supervisor to process the visit and discuss next steps.
- Utilize your Employee Assistance Program (EAP) if you find yourself having a difficult time coping.
- Take time to check in with yourself and notice any emotional, physical, or cognitive reactions that surfaced during or after the interview.

Self-reflection activity: "Pause, Notice, Name, Plan"

As the facilitator, guide participants through this structured reflection to help them process their reactions to the video or a high-risk visit. Invite them to move slowly through each step, noticing what comes up without judgment. Participants may complete this silently, in writing, or through brief discussion depending on the needs of the group.

1. Pause: *take a moment to settle your body and shift out of "doing" mode.*
    a. Take a moment to slow your breathing.
    b. Notice sensations you feel such as tension, fatigue, alertness, or numbness.
2. Notice: *reflect on what stood out to you during the visit or video.*
    a. Did anything surprise you?
    b. Did anything feel familiar or personally activating?
    c. Did you feel rushed, overwhelmed, or hyper-focused?
3. Name: i*dentify one or two reactions you experienced. Naming reactions helps reduce their intensity and increases clarity.*
    a. Emotional: fear, sadness, frustration, worry
    b. Physical: tightness, headache, restlessness
    c. Cognitive: rumination, difficulty concentrating, replaying the visit
4. Plan: *choose one next step to support your well-being:*

a. Scheduling a supervisor debrief
b. Taking a short break before your next task
c. Using grounding techniques
d. Accessing EAP
e. Talking with a trusted colleague

Action Plan: Create a personal follow-up plan

Invite participants to end the discussion by choosing one concrete action they will take in the next 24 hours to support their emotional well-being. As the facilitator, encourage them to select something realistic and meaningful. Give participants a moment to reflect quietly before sharing (if they feel comfortable).

- What is one concrete step you can take today to care for yourself after processing this scenario?
- What is one action you can commit to that will help you decompress, reflect, or reconnect after a difficult visit?

References or Resources if applicable

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