

Working with Less: Coping During Times of Scarce Resources

PARTICIPANT MANUAL

Working with Less

Coping During Times
of Scarce Resources
APS Supervisor Training

Developed by:
Statewide APS Training Project
Academy for Professional Excellence
SDSU School of Social Work



PARTICIPANT MANUAL

Working with Less: Coping During Times of Scarce Resources



Department of
SOCIAL SERVICES

CDSS



This training was developed by the Academy for Professional Excellence, which is funded by California Department of Social Services, Adult Services Branch.

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INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to “Working with Less: Coping During Times of Scarce Resources” developed by the Adult Protective Services (APS) Training Project, a project of MASTER/Academy for Professional Excellence.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

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.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

The APS Training Project is a CDSS funded project of MASTER/Academy for Professional Excellence and has the overarching goal to develop standardized core curricula for new APS social workers and supervisors and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their victims. The APS Training Project has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)
- California Association of Public Administrators, Public Guardians and Public Conservators

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ACKNOWLEDGMENTS

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

Agencies

California Department of Social Services, Adult Services Branch
Alameda County Department of Social Services
California Social Work Education Center Aging Initiative

Committees

Protective Services Operations Committee of the California Welfare Directors' Association
National Adult Protective Services Association Education Committee
Project MASTER Steering Committee
APS Core Curriculum Committee

Evaluation Consultants

James Coloma, Evaluation Consultant

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EXECUTIVE SUMMARY

Course Title: *Working with Less: Coping During Times of Scarce Resources*

Curriculum Development: Jill Nielsen, LCSW, in collaboration with the Protective Services Operations Committee and the Statewide APS Training Project/Academy for Professional Excellence.

Target Audience: APS Supervisors.

Training Description: Supervisors as well as frontline staff are under increased pressure and demands as a result of increasing caseloads, increased case complexity, fewer community resources and staffing reductions/reorganization. These trends place a challenge on the supervisor who attempts to balance the needs of the APS clients with the needs of his/her direct reports.

In this dynamic and interactive training, supervisors will acquire tools to assist them to effectively and efficiently balance their roles and responsibilities and provide appropriate guidance and support to their staff. This training utilizes lecture, PowerPoint, and large and small group activities.

Learning Objectives:

Upon completion of this training, APS frontline supervisors will be able to:

1. Demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.
2. Train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.
3. Describe how interagency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.
4. Demonstrate techniques to recruit one new, multi-disciplinary partner.
5. Practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.
6. Practice self-care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

Transfer of Learning: *Ways supervisors can prepare for the training and then utilize knowledge and skills acquired during the training on the job.*

BEFORE the training

Supervisors can work with their managers to identify the biggest challenge they currently face in their role as supervisor and what they would like to do differently to address this challenge in the future.

AFTER the training

Supervisors can practice the following activities:

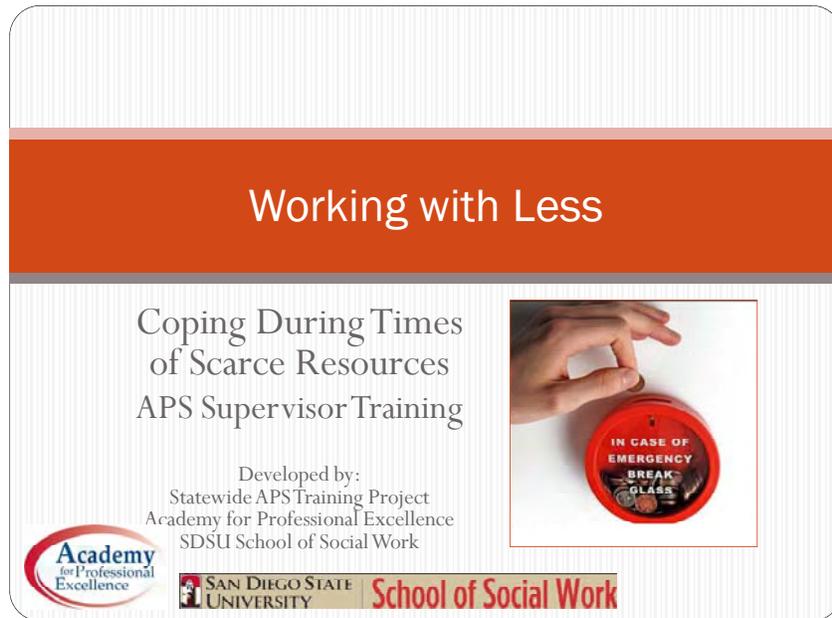
1. Review the “Keeping Your Manager Informed” activity with your manager to get a better idea of what your boss really does want to know.
2. Review the sample Structured-Decision Making® Intake tool that was presented in class and identify 3-5 basic ideas from the sample structured intake tool that you can adapt for your own intake unit.
3. At the end of the training, develop an action plan outlining how you will help yourself and your workers manage heavy caseloads based on the information you learned in the training (e.g. Help workers with time management, Clarify response time criteria, Organize your workspace, etc.). Revisit your action plan in 3 months to check your progress and resulting outcomes.

COURSE OUTLINE

Content	Total Time
Welcome; Introductions; Housekeeping; Learning Objectives <ul style="list-style-type: none"> - Letter to Participants - ID Code Assignment 	30 minutes
Increasing Challenges <ul style="list-style-type: none"> - What Types of Financial Abuse Cases Are You Seeing? - Impacts of Increasing Challenges 	25 minutes
Screening and Prioritizing Cases <ul style="list-style-type: none"> - Risk Assessment - Structured Decision-Making® - What Response Times Do You Use When Assigning Cases? - What Are the Advantages/Disadvantages of NIFFI? - Sorting Response Times 	30 minutes
Break	15 minutes
Screening and Prioritizing Cases (cont.)	30 minutes
Communicating With Your Boss <ul style="list-style-type: none"> - Keeping Your Manager Informed 	20 minutes
Lunch	60 minutes
Multi-Disciplinary Collaborations <ul style="list-style-type: none"> - What Relationships Already Exist With MDT Partners? - MDT Partners 101 - Recruiting APS Partners 	45 minutes
Time Management Skills <ul style="list-style-type: none"> - Self-Test: How Good Are Your Time Management Skills? (Internet Resource) - What Are Your Most Useful Time Management Skills? - Managing Time When You're Back in the Office - Teaching Time Management to Staff 	15 minutes
Burnout <ul style="list-style-type: none"> - Supervisor's Role in Preventing Burnout - What Types of Burnout Symptoms Show Up Among Workers/Colleagues? - Developing Your Burnout Toolkit - Framework for Analyzing Performance Problems - What types of clues are present when staff is underperforming? 	50 minutes
Break	15 minutes
Providing Effective Feedback <ul style="list-style-type: none"> - Feedback Statements - How is Praise Different from Positive Feedback? 	40 minutes

<ul style="list-style-type: none">- How is Criticism Different from Negative Feedback?- Feedback Role Play	
Supervisor Self-Care <ul style="list-style-type: none">- Assessing Your Success in Implementing Self-Care- Current Self-Care Techniques- Deep Breathing/Progressive Muscle Relaxation	30 minutes
Final Review/Evaluation <ul style="list-style-type: none">- Transfer of Learning Action Plan	15 minutes
Total Time (including lunch)	7hrs

TRAINING GOALS AND OBJECTIVES



Upon completion of this training, APS frontline supervisors will be able to:

- Demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.
- Train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.
- Describe how interagency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.
- Demonstrate techniques to recruit one new, multi-disciplinary partner.
- Practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.
- Practice self-care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

PRESENTATION

Working with Less

Coping During Times
of Scarce Resources
APS Supervisor Training

Developed by:
Statewide APSTraining Project
Academy for Professional Excellence
SDSU School of Social Work



School of Social Work



WELCOME AND INTRODUCTIONS

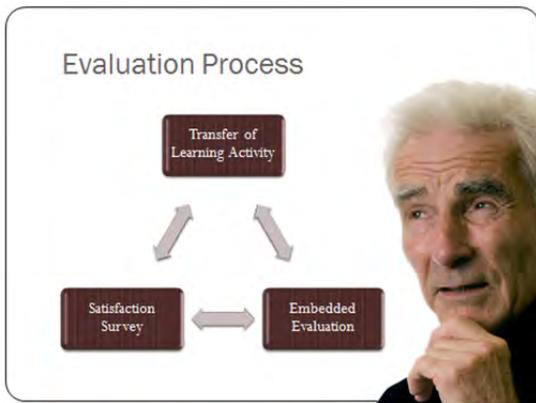


TIME ALLOTTED: 30 minutes

Slide #2

Facilitator Introduction &
Housekeeping

Slide #3



Slide #4

Developing an ID Code

- What are the first three letters of your mother's *maiden* name? Alice
Smith
- What are the first three letters of your mother's *first* name? Alice
Smith
- What are the numerals for the DAY you were born? Nov 29th

Trainee ID Code

S	M	I	A	L	I	2	9
---	---	---	---	---	---	---	---



December 2009

Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (*Multi-disciplinary Adult Services Training & Evaluation for Results*) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities.

These training evaluation activities have two main purposes:

1. To improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

Our goal is to evaluate training, NOT the individuals participating in the training.

In order to evaluate how well the training is working, we need to link each person's assessment data using a code. You will generate the code number using the first three letters of your mother's maiden name, the first three letters of your mother's first name, and the numerals for the day you were born. **Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time.** ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy's training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

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Trainee ID Code

Date / /
M M D D Y Y

YOUR IDENTIFICATION CODE:

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother's *maiden* name?
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

___ ___ ___

2. What are the first three letters of your mother's *First* name?
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

___ ___ ___

3. What are the numerals for the DAY you were born?
Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example **0 9**).

___ ___

Combine these parts to create your own identification code (example: **S M I A L I 2 9**). Please write your identification code in the space at the top right corner of all evaluation materials you receive.

Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.

Slide #5

Learning Objectives

Upon completion of the training, frontline supervisors will be able to demonstrate screening and prioritizing clients based upon their level of risk for experiencing abuse or neglect.

Slide #6

Learning Objectives

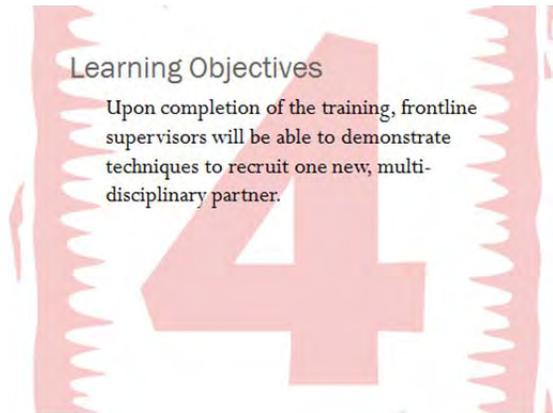
Upon completion of the training, frontline supervisors will be able to train intake workers on how to screen low-risk clients over the phone, through referrals to community resources and support services.

Slide #7

Learning Objectives

Upon completion of the training, frontline supervisors will be able to describe how inter-agency collaborations can enhance their ability to serve APS clients in the midst of staffing reductions.

Slide #8



Slide #9

Learning Objectives

Upon completion of the training, frontline supervisors will be able to practice providing supportive feedback to workers that are showing signs of stress and burnout, and who appear to be underperforming.

Slide #10

Learning Objectives

Upon completion of the training, frontline supervisors will be able to practice self care techniques and demonstrate them to APS field workers with the goal of reducing staff burnout and enhancing performance.

Slide #11

Participant Introductions

- Name
- County
- Position
- **Biggest challenge**

INCREASING CHALLENGES



TIME ALLOTTED: 25 minutes

Slide #12

Increasing Challenges



Slide #13

Increasing Caseloads



- 61% increase in reports of adult maltreatment nationally between 2000-2004.

- In recent AARP study, 25 out of 28 states reported an increase in APS services during 2010

Teaster, P. B., Otto, J. M., Dugar, T. D., Mendonco, M. S., Abner, E. L., & Cecil, K. A. (2006).

Walls, J., Gifford, K., and Ruckl C. Weathering the Storm: The Impact of The Great Recession on Long-Term Services and Supports Page 12 of 60 - AARP Public Policy Institute. 1/2011

Slide #14

Increasing Case Complexity

- What types of financial abuse cases are you currently seeing?
- Training Resource: Free online training modules on:
 - Undue Influence
 - Living Trust & Annuities Scams
 - Credit Card Fraud & ID Theft
 - Reverse Mortgage Scams
 - Deed Theft & Foreclosure Rescue Scams
 - Power of Attorney Abuse
 - http://theacademy.sdsu.edu/programs/Project_Master/core.html

Slide #15

Fewer Community Services



- AARP study reported, 31 states cut Older American's Act (OAA) funding in 2010.

Walls, J., Gifford, K., and Rudd C. Weathering the Storm: The Impact of The Great Recession on Long-Term Services and Supports Page 12 of 60 - AARP Public Policy Institute, 1/2011

Slide #16

Staff Reductions



Slide #17

Impact

What is the impact of these challenges on the APS workers under your supervision?

SCREENING AND PRIORITIZING CASES



TIME ALLOTTED: 60 minutes

Slide #18

Screening & Prioritizing

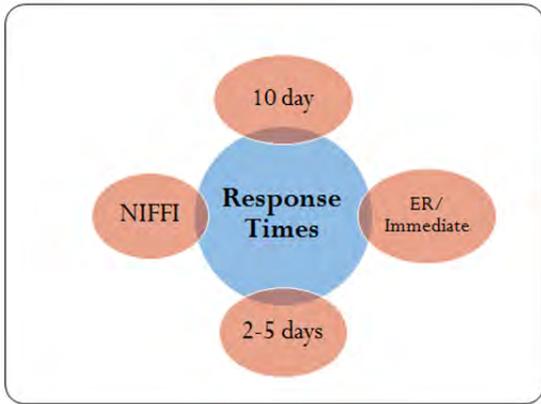


Slide #19

Response Times

What response times do you use when assigning cases?

Slide #20



Slide #21

NIFFI (No Initial Face-to-Face Investigation)

<http://www.dss.cahwnet.gov/getinfo/acl03/pdf/03-07.pdf>

Slide #22

NIFFI (No Initial Face-to-Face Investigation)

What do you think are the potential advantages and disadvantages of utilizing the NIFFI response category?

Slide #23

Risk Assessment



Slide #24

Risk Assessment

Levels of Risk

- High, Medium, Low

The Three S's (a framework for considering risk)

- How Soon might the client be harmed?
- How Severe might the harm be?
- How Sure are you that the harm will occur? (likelihood)

What is Risk Assessment?

What is Risk Assessment?

An analysis that uses information from investigations, research, and practice experience, to:

- Help workers protect clients' safety, health, independence, and rights.
- Help managers optimize resources and ensure quality, effectiveness, efficiency, and fairness.

How Does Risk Assessment Help Managers?

- Target services to those in greatest need
- Reduce the rate of re-referrals
- Increase consistency and accuracy in assessment and case management
- More effectively target outreach
- Assign cases equitably
- Evaluate workers' performance
- Understand risk factors, patterns, trends, and clients

The 3 S's of Risk (a framework for considering risk)

Questions to ask yourself:

- How **S**oon might the client be harmed?
- How **S**evere might the harm be?
- How **S**ure are you that the harm will occur? (this can also be thought of in terms of likelihood)

Slide #25

Risk Assessment

- Training Resource – **Coming Soon!**
- Free in-person training module on Risk Assessment which includes:
 - Trainer and participant manuals
 - Activities and handouts
 - Evaluation and transfer of learning activity
 - Supervisor transfer of learning activity workbook
 - Will be posted to:
http://thecademy.sdsu.edu/programs/Project_Master/core.html

Slide #26

Sorting Response Times



Sorting Response Times

Scenario A.

The reporting party (RP) is a hospital social worker. She calls to report that an 82 year old female has arrived in the ER with signs of severe bruising, lacerations, and possible brain trauma from a blow to the head. Her adult daughter and caregiver has accompanied her into the ER and she is angry, yelling, and trying to remove her mother from the ER against doctor's orders.

Scenario B.

The reporting party (RP) is the fraud department at a major bank. The RP reports that a 66 year old male reported to the bank that his wallet was stolen about two weeks ago. During that time, someone accessed his checking account through his debit card and \$200 was taken from the account. Per the RP, since that time, the client has closed this account and opened a new one, he has filed a police report, and the bank has refunded him the \$200.

Continued

Sorting Response Times

Scenario C.

The reporting party (RP) is a neighbor who states that she is calling about a 45 year old, disabled female who lives next door to her. Per the RP, the client (clt) is in a wheelchair and she has a caregiver who assists her daily. The RP recently overheard the caregiver shouting and cussing at the clt in a very inappropriate way. The RP asked the clt at a later time if she needed help with the caregiver and the clt denied any problem to the RP.

Scenario D.

The reporting party (RP) is a local police officer who was called to do a Health and Welfare check on a 90 year old man by his son who lives out of state. The RP states that the client (clt) allowed him into his home and he observed that it was cluttered and presented a fall risk to the clt. The clt had food and all of his utilities were working, but his hygiene appeared poor and he reported that he did not have any help in the home. The clt did not present with any signs or symptoms of dementia and he refused the RP's offer to connect him to the local senior center for further support services. Per the RP, the client has diabetes, has not been to the doctor in a long time, although he did not present as needing to go on an ER basis during the Health and Welfare Check.

Slide #27

Structured Decision Making (SDM)

Basic Tenets of SDM:

- Result in more reliable decisions than clinical judgment alone.
- Directs resources to those who need them most.
- Intended to promote the safety of vulnerable adults.
- Identify and address the needs of APS clients.
- Decrease the incidence of self-neglect and maltreatment while enhancing service delivery.
- Provide data needed for program administration

© 2010 NCCD. All Rights Reserved Structured Decision Making® Special Bulletin



Structured Decision Making®
Special Bulletin
Adult Protective Services Program
APS Best Practices

- Over 500,000 incidents of adult maltreatment occur in the United States each year.
- A 2004 study of state adult protective services (APS) programs showed a 61% increase in the number of adult maltreatment reports since 2000 (Teaster et al., 2006).
- Breaking down the complexity of APS interventions into key decision points can increase consistency and accuracy in the assessment of vulnerable adults.
- With a reliable and valid method of discerning which clients are at the highest risk for future maltreatment, APS agencies can more effectively manage limited resources.

APS agencies provide social services and legal aid to adults who may need assistance to defend or care for themselves (Otto, 2000). A primary task of these agencies is to respond to allegations of maltreatment, including abuse (physical, emotional, and sexual), financial exploitation, neglect by another person, and self-neglect. State APS agencies vary in terms of the extent of service provision beyond initial investigation, which is more often than not defined by state law. But while APS policies and procedures may differ, all APS agencies face very similar case management decisions. For example, as part of their investigations, APS workers must evaluate the current safety of their clients as well as the risk to their clients' future well-being.

APS workers' decisions are made more difficult by limited resources and increasing caseloads. For instance, workload does not allow for the immediate investigation of every abuse and neglect report. A worker and/or supervisor must decide, often based on little information, if an investigation must be conducted immediately to prevent imminent harm to an adult. Similarly, APS staff must decide which adults should be offered services in a manner that makes the most effective use of existing resources. Identifying adults who are at high risk of subsequent involvement with APS agencies may help workers target engagement efforts more effectively toward those adults most in need of long-term services.

The Benefits of Structuring Decisions in APS

Decades of research support the conclusion that, for complex decisions, structured frameworks result in more reliable and accurate decisions than clinical judgment alone, even for highly skilled professionals. Decisions in adult protection are among the most complex in the social services field, given difficulties in reliably assessing older adults' capacity for decision making (Braun, Gurrera, Karel, Armesto, & Moye, 2009) and ethical dilemmas raised when adults refuse services (Killick & Taylor, 2009).

Given these complicating factors, APS agencies are recognizing the value of structured assessment tools to guide key decisions at critical points in their involvement with a client. Structuring these decisions can lead to valid and reliable decision making and ultimately help an APS agency identify its most vulnerable clients. Interventions can then be targeted to individuals who may need them most.

The SDM® System for APS

The simple notion of directing resources to those clients most in need of them is at the heart of the decision-support model known as the Structured Decision Making® (SDM) system. Currently, the National

Council on Crime and Delinquency (NCCD) is working with three U.S. jurisdictions to develop and implement SDM® assessments to support the work of APS practitioners. This work is based on over 20 years of experience in developing structured decision-support processes in social services. Based on a national model of best practices, the SDM system is intended to promote the safety of vulnerable adults, identify and address their needs, decrease the incidence of self-neglect and maltreatment, enhance service delivery, and provide data needed for program administration. The SDM system for APS includes assessments, definitions, and policies and procedures to assist APS staff in performing intakes, investigations, and case planning by providing a consistent approach to obtaining and evaluating information.

One of the central principles of the SDM system is identification and differentiation of decision points. APS workers make critical decisions based on limited information; they must decide whether the adult maltreatment reports they receive should be investigated, how quickly an investigation should be initiated, whether there are safety concerns, and whether to offer protective services at the close of each investigation. An assessment focused on a specific decision is more likely to be concise, which may increase the assessment's reliability and field utility (Bonnie & Wallace, 2003).

The goal of this approach is increased consistency and accuracy when assessing vulnerable adults at critical decision points during APS involvement. Using this approach can help workers accurately identify clients at highest risk and focus resources on them, increasing the efficiency of APS operations. Use of structured assessments also provides data that managers can use to monitor practice and evaluate service provision.

A Research-based Approach to APS

Breaking down the complexity of APS work into critical decision points and applying structured assessments accordingly creates a decision-support framework for caseworkers that can increase consistency and equity in service delivery recommendations and improve outcomes for clients. Essentially, research-based risk assessment will provide APS agencies with 1) an evidence basis for determining which clients are at greatest risk for future harm, 2) data that can be shared with community partners and governmental bodies to advocate for increased resources, and 3) mechanisms to evaluate staffing levels and caseworker workload distribution based on assessed risk levels on individual cases. Using a research-based risk assessment instrument that can validly classify investigated adults by their likelihood of future maltreatment enables APS agencies to make informed policy and practice decisions about how to direct and utilize limited resources on behalf of the adults who need them most.

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Structured Decision Making® and SDM®
Registered in the U.S. Patent and Trademark Office

The National Council on Crime and Delinquency is a nonprofit social research organization

Slide #28

Sample SDM Intake Tool

- Currently used in San Diego County
- Helpful in tightening up eligibility criteria.
- Helps define the protection issue.
- Initially number of immediate-response cases increases slightly.
- Over time overall number of face-to-face assignments are reduced.
- Number of confirmed findings increases.

SAN DIEGO COUNTY AGING AND INDEPENDENCE SERVICES
 ADULT PROTECTIVE SERVICES
 SDM® INTAKE ASSESSMENT

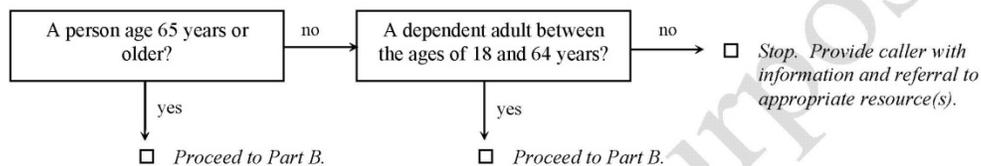
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Client Name: _____ Client #: _____
 Client DOB: ____/____/____ Report Date: ____/____/____ Report Time: _____:_____ a.m./p.m.

SECTION 1. ABUSE AND NEGLECT SCREENING CRITERIA

Part A. Determination of Screening Eligibility

Does the report allege maltreatment or risk of maltreatment to:



Part B. Allegation Type

Mark the specific maltreatment type and the specific allegations that are being reported under each applicable maltreatment type. Note: "Abduction" and "Abandonment" are self-explanatory and do not include more specific allegations.

Abuse of an elder or a dependent adult includes physical abuse, neglect, abandonment, financial abuse, isolation, abduction, or other treatment which results in physical harm, pain, or mental suffering; or the deprivation by a care custodian of goods or services that are necessary to avoid physical harm or mental suffering (Section 15610.07 of the Welfare and Institutions Code).

- Physical Abuse:** The infliction or threat of physical pain or injury to an elder or dependent adult by any person. Mark all that apply:
 - ___ Assault: attempt or threat of battery (PC 240).
 - ___ Battery: actual physical contact with intent to harm (PC 242).
 - ___ Assault with a deadly weapon or force likely to produce great bodily injury (PC 245).
 - ___ Physical restraint.
 - ___ Use of physical or chemical restraint or psychotropic medication as punishment for a period beyond which the medication was ordered or for any purpose not authorized by a licensed physician.
 - ___ Poisoning
- Neglect:** The failure of an individual having care, custody, or control of an elder or dependent adult to exercise a degree of care that a reasonable person in a similar position would exercise. Mark all that apply:
 - ___ Refusal or failure to assist in adequate personal hygiene.
 - ___ Refusal or failure to provide adequate (check all that apply):
 - ___ food ___ clothing ___ shelter
 - ___ Refusal or failure to prevent malnutrition or dehydration.
 - ___ Refusal or failure to provide prescribed medical treatment for (check all that apply):
 - ___ physical needs (includes, but is not limited to, situations where the elder or dependent adult requires specific goods or services to maintain his/her health. Examples include provisions of hearing aid batteries, prescribed medications for serious medical needs such as insulin for diabetes, or regular physical therapy).
 - ___ mental health needs.
 - ___ Refusal or failure to provide an elder or dependent adult with adequate supervision or physical care.
- Abandonment:** Desertion or willful forsaking of an elder or dependent adult by anyone having the care or custody of that person under circumstances in which a reasonable person would continue to provide care and custody.
Complete Neglect/Abandonment by Alleged Perpetrator Response Priority Decision Tree.

- Financial Abuse:** The taking, hiding, or using of the money or property of an elder or dependent adult wrongfully or with intent to defraud. Mark all that apply:
 - A person in a position of trust has taken, hidden, or used money or property of an elder or dependent adult.
 - Sudden change in the financial situation of the elder or dependent adult.
 - Failure to make available the property or assets of the elder or dependent adult to him/her or his/her representative.
 - Undue influence used to appropriate property or assets of the elder or dependent adult.
 - Financial scams including but not limited to outright taking of money or property, or forging a signature on a legal document, such as a will or deed; getting paid for products or services and then not providing them; telemarketing or mail fraud; charging excessive amounts of money for services; offering false prizes.

- Isolation:** Purposeful prevention of communication between the elder or dependent adult and others (excluding activities pursuant to the instructions of a licensed physician or activities that are a reasonable response to a threat of danger to property or physical safety). Mark all that apply:
 - Intercepting mail or phone calls.
 - Telling a visitor or caller that the elder or dependent adult is not present or does not want to see/talk to him/her.
 - False imprisonment (PC 236).
 - Physical restraint for the purpose of preventing the elder or dependent adult from visiting with others.*Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.*

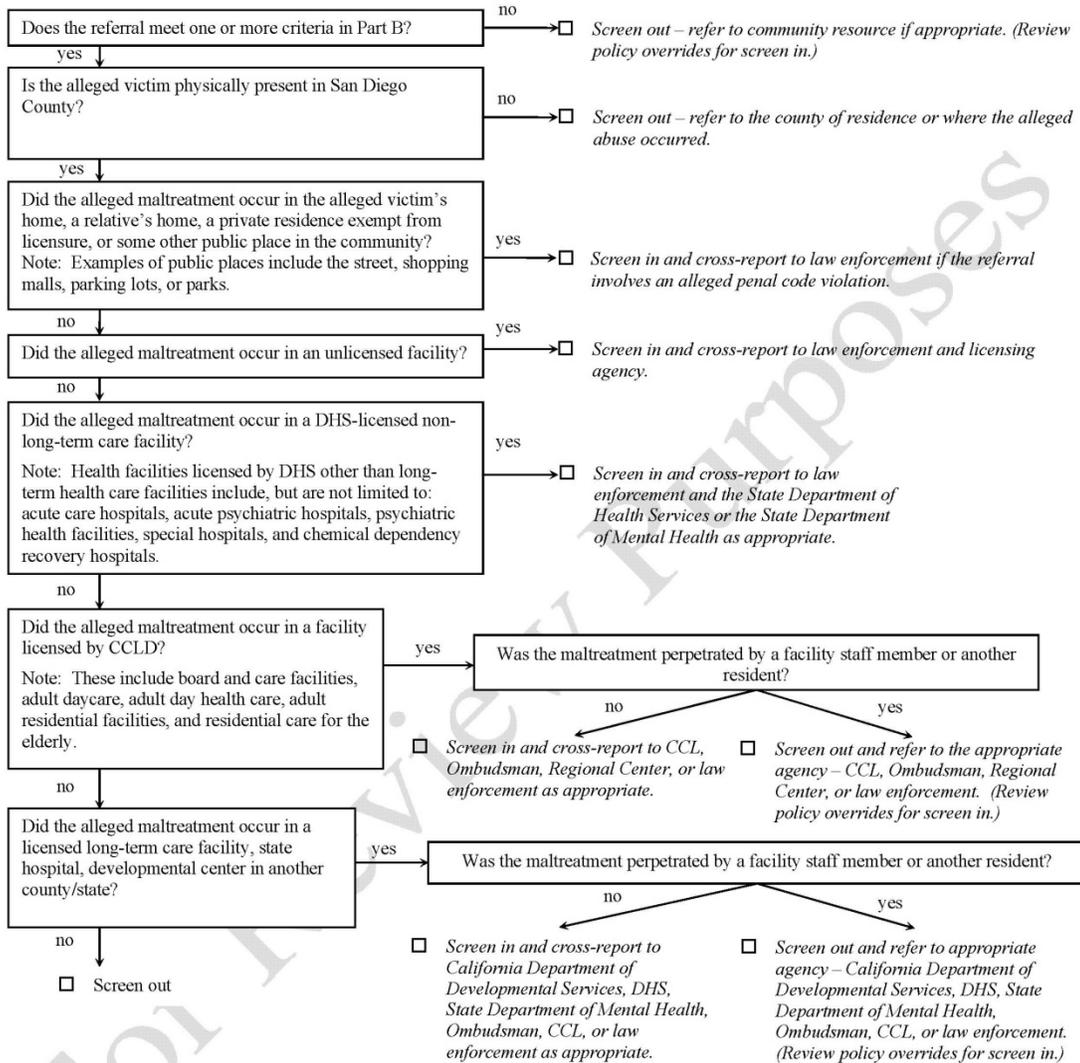
- Abduction:** Removal from the state or restraint from returning to the state of California against the will of any elder or dependent adult who does not have the capacity to consent (including any conservatee without the consent of the conservator or the court).
Complete Physical Abuse/Isolation/Abduction Response Priority Decision Tree.

- Sexual Abuse:** Non-consensual sexual contact with, or exploitation of, an elder or dependent adult (PC 243.4, 261, 264.1, 262, 285, 286, 288a, 289). Mark all that apply:
 - Self-report or disclosure of sexual abuse.
 - Any physical evidence or injury indicating possible sexual contact.
 - Suspicion of sexual abuse based on observations of unusual behavior patterns including, but not necessarily limited to, unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression.
 - Victim is without the capacity to consent.

- Self-neglect:** Failure of a person to provide him/herself appropriate personal hygiene, medical care, or protection from hazards or to prevent malnutrition or dehydration due to ignorance, illiteracy, incompetence, mental limitation, substance abuse, or poor health (WIC 15610.57). Mark all that apply:
 - Hoarding behavior that creates a safety hazard.
 - Failure to take prescribed medications or refusal to seek medical treatment for serious illness.
 - Dangerous behaviors (e.g., leaving a stove unattended).
 - Extremely poor hygiene leading to health hazards.
 - Clothing or lack thereof that creates or leads to a health hazard.
 - Conditions of the residence that create a serious health or safety hazard.
 - Failure to prevent dehydration or malnutrition.
 - Demonstrates continuing decline in care for self and no suitable caregiver.
 - Financial harm (e.g., sweetheart scams, not paying bills, giving money away inappropriately)

- Mental Suffering:** Fear, agitation, confusion, severe depression, or serious emotional distress brought on by intimidating behavior, threats, harassment, or deceptive acts/false or misleading statements made with malicious intent against an elder or dependent adult.
 - Verbal abuse.
 - Threats of bodily harm (including domestic violence among any members of the household).
 - Threatens disruption of lifestyle (e.g., threat of placement, change in caretaker).
 - Threats to property including pets.

Part C. Screening Decision – Answer each question “yes” or “no” until reaching a recommended screening decision.



Recommended Screening Decision: Screen in for APS investigation Screen out for APS investigation*

***Policy Override to Screen In for APS Investigation (Mark all that apply):**

- Another APS jurisdiction is requesting a concurrent investigation.
- Administrative request.
- Law enforcement is requesting an investigation.
- An Ombudsman is requesting an investigation.

Call Center Supervisor Approval of Override: _____ Date: ____/____/____

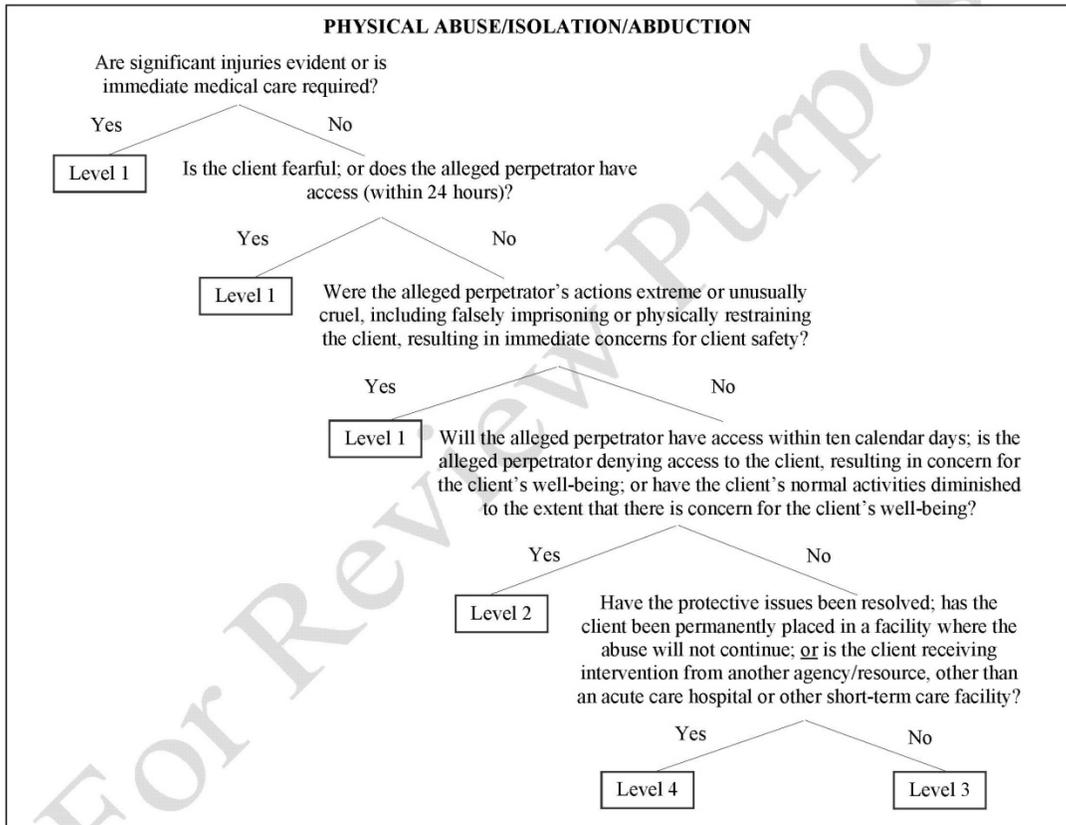
Final Screening Decision: Screen in for APS investigation Screen out for APS investigation

SECTION 2: RESPONSE PRIORITY (complete for screened-in reports)

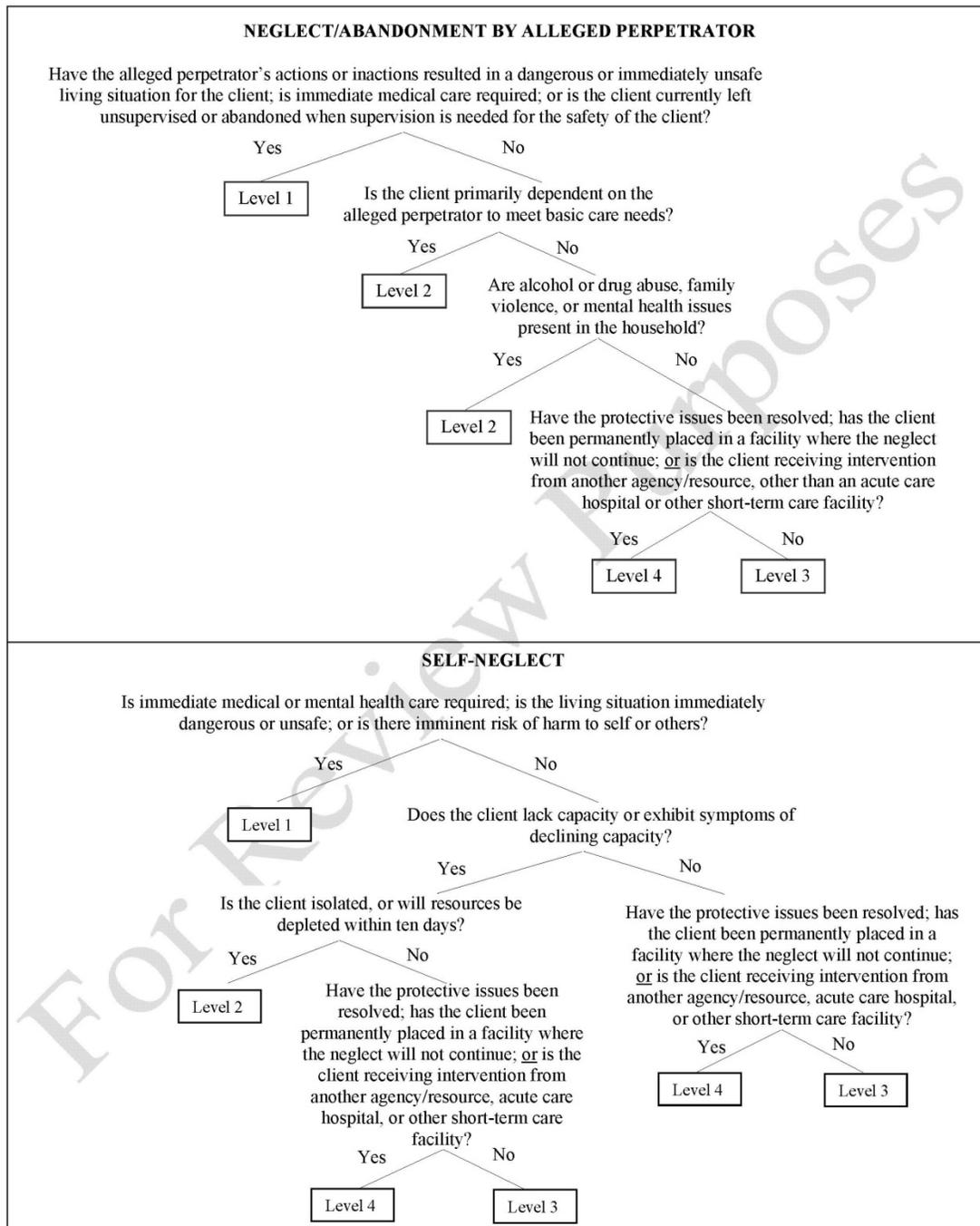
Part A. Response Priority Decision Trees

Complete the appropriate response priority decision tree based on the type of allegation(s) reported. If there are multiple allegations, start with the response priority decision tree for the most serious allegation. If a Level 1 (immediate) response is reached for the most serious allegation, it is not necessary to complete additional decision trees. If the answer to a question is unknown, answer in the most protective way. Response priority levels are as follows:

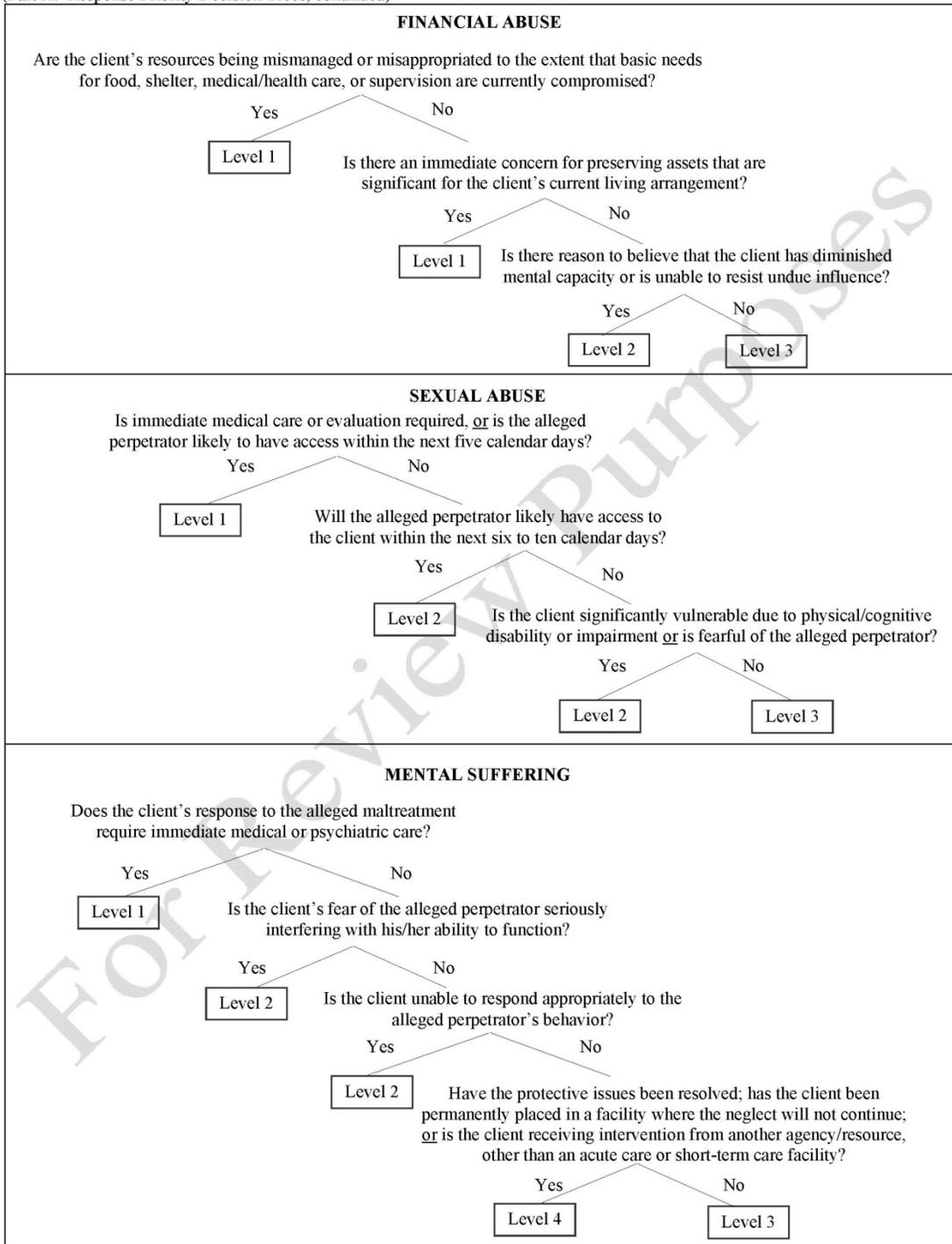
- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible.
- Level 2 = Evaluate for response priority.
- Level 3 = Non-emergency/within 10 calendar days from receipt of the referral.
- Level 4 = No initial face-to-face investigation (NIFI)/telephone-only investigation.



(Part A. Response Priority Decision Trees, continued)



(Part A. Response Priority Decision Trees, continued)



Part B. Response Priority Assignment

Recommended Response (select one):

- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible
 - (a) referral received prior to 4:30 p.m. M-F
 - (b) referral received after hours (at or after 4:30 p.m. M-F)
- Level 2 = Evaluate for response priority
- Level 3 = Non-emergency/within 10 calendar days from receipt of the referral
- Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation

Policy Override to Level 1:

- Law enforcement requests an immediate response.
- Administrative request.

Policy Override from Level 1 to Level 2 or 3:

- The adult is in an alternative safe environment and is expected to remain there pending a Level 2 or 3 response.

Policy Override to Level 4:

- The recommended response is Level 3 AND the report is from a non-credible source (a person with a history of non-credible reporting or one whose report is significantly in conflict with known facts, his/her own statements, and/or statements from other neutral sources).

Discretionary Override to any level:

- Yes (specify reason): _____

Assignment Unit Approval of Override: _____ Date: ____/____/____

Final Assigned Response (select one):

- Level 1 = Within 24 hours from receipt of the referral and within two hours whenever possible
 - (a) referral received prior to 4:30 p.m. M-F
 - (b) referral received after hours (at or after 4:30 p.m. M-F)
- Level 2 = Evaluate for response priority
- Level 3 = Non-emergency/within 10 calendar days from receipt of the referral
- Level 4 = No initial face-to-face investigation (NIFFI)/telephone-only investigation

Worker: _____ Date: ____/____/____

Supervisor: _____ Date: ____/____/____

Slide #29

Sample SDM Intake Tool

Are there any basic ideas from this sample
SDM tool that you could adapt for your
own intake unit?

COMMUNICATING WITH YOUR BOSS



TIME ALLOTTED: 20 minutes

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Communicating With Your Boss



Communicating with Your Manager

Listening for What Your Manager Emphasizes

- This process involves a combination of listening and clarifying, as well as observing your manager's actions.
- Sit down and ask what s/he sees as important goals that need to be accomplished.
- Ask for her/his input on how to achieve these goals.
- Give feedback to your manager when you have carried out activities towards accomplishing these goals.
- Clarify for your manager when goals may not be achieved and for what reasons. In this case ask for direction from her/him.

Finding out what your Manager Expects From You

- Hold one on one conversations regarding expectations periodically and consistently.
- Expectations can be documented for your reference.
- Review the expectations with your manager and clarify what you don't understand.
- Check in with your manager frequently to see if new expectations have developed.

Handling Conflict with Your Manager

- Conflict is more likely to arise if you do not understand what is expected of you and if you do not feel that you have any say in decisions that impact you.
- Give your manager the "benefit of the doubt" by assuming that the conflict is not aimed at you personally.
- Ensure that you and your manager have ground rules set up for dealing with conflict in a safe way.
- Take advantage of the conflict to clarify expectations.
- Discuss with your manager if there are ways that you can have input into decisions that are made that impact you and your workers.
- In some instances, bringing in a third person can provide a fresh perspective on the situation.

Keeping Your Manager Informed

- Seek guidelines on what should be given verbally and what information should be in written format.

Continued

- You do not want your manager to feel “blindsided” so it is usually best to provide more information rather than less and it is best to be the first to give this information.
- Give your manager a “heads up” when there are potential problems looming that might impact you or your unit.

Adapted from: Albright, Mary and Carr, Clay. 101 Biest Mistakes Managers Make and How to Avoid Them (1997) Paramus, N.J., Prentice Hall and Bittel, Lester R. and Newstrom, John W. What Every Supervisor Should Know. (1990) New York, McGraw-Hill Inc.

Slide #31

Activity

What does my boss need to know?

Keeping Your Manager Informed

1. A member of the Board of Supervisors makes a report of abuse through the intake line and requests that APS respond *expeditiously*.

Yes _____ No _____ Maybe _____

2. You learn that one of your field workers is overdue on face-to-face responses for over half her caseload.

Yes _____ No _____ Maybe _____

3. An "open" APS client is found deceased by the police and foul play is involved. You review your worker's case notes and you learn that your worker failed to conduct their monthly visit to check on the client. The worker is also overdue on his state mandated documentation for this case.

Yes _____ No _____ Maybe _____

4. The intake unit receives a report of abuse from a social worker with In-Home Supportive Services program regarding an elderly female who appears to be at risk of self neglect. The social worker asks that the APS worker who is assigned to the case follow up with her so that they can conduct a joint home visit.

Yes _____ No _____ Maybe _____

5. On behalf of one of your APS Workers you receive a Court Order directing you to appear in court the following week and bring all case documents regarding a currently closed case.

Yes _____ No _____ Maybe _____

Multi-Disciplinary Collaborations



TIME ALLOTTED: 45 minutes

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Multi-Disciplinary Collaborations

Slide #33

MDT Collaborations

What are some examples of relationships that may already exist in your county with public/private community providers?

Handout – MDT Partners 101

MDT Partners 101

Agency	How they help	Areas of conflict
Law Enforcement	<ul style="list-style-type: none"> • Welfare Checks on clients • “Back-up” for workers in dangerous situations • Enforce “Stay Away” orders • Prosecute perpetrators • Can fingerprint/ID lost/demented clients 	<ul style="list-style-type: none"> • Not all abuse is criminal • Have a different standard of proof • Need different level of evidence • Have different confidentiality rules • See some situations as civil • Focus is on the perpetrator, not the client
Mental Health	<ul style="list-style-type: none"> • Can hospitalize individuals who are a danger to themselves or others • Can deal with suicidal clients • Can provide treatment for mentally ill clients/perpetrators 	<ul style="list-style-type: none"> • Dementia is organic and not a mental health problem (they won’t do a mental health hold or treat dementia) • Generally don’t bring treatment to the home • Generally won’t do an assessment in the home • Generally can’t provide transportation • Have different (stricter) rules about confidentiality
Public Health	<ul style="list-style-type: none"> • Can check on clients who refuse to go to doctor • Can provide consultation on care needs • Clients are often more willing to talk to a nurse than anyone else 	<ul style="list-style-type: none"> • May not be available for every case
Public Guardian/ Conservator	<ul style="list-style-type: none"> • Can freeze bank accounts • Can conserve a person or estate to safeguard them • Can ask the court to require a client to be medicated if necessary. • Can make medical decisions • Can make placement decisions 	<ul style="list-style-type: none"> • Higher level of proof required than the general public’s idea of incapacitated • Often overworked/overwhelmed • Refuse cases if they don’t meet eligibility criteria (varies by agency) • Takes a long time to conserve a client • Can’t cross state lines

Office on Aging (Services are variable)	<ul style="list-style-type: none"> • May offer case management services • May have a caregiver registry • May offer help with home repairs • May help clients complete forms, etc • May offer free legal services 	<ul style="list-style-type: none"> • Focus is on “healthy aging” rather than on vulnerability • May have looser confidentiality rules
Home Delivered Meals	<ul style="list-style-type: none"> • Provide meals either free or at low cost • Can be an extra set of eyes in the home 	<ul style="list-style-type: none"> • May not deliver to some areas (especially rural areas) • May not provide meals on weekends • May not have special diet available
Code Enforcement	<ul style="list-style-type: none"> • Can be the “bad guy” in hoarding cases, putting pressure on the client to clean things up. • Will often work with APS to give the client time to clean-up a situation. 	<ul style="list-style-type: none"> • Often require clients to clean-up too fast (hoarders will revert later). • May require clients to pay large fines or clean-up fees. • The client’s mental health is not their priority.
Animal Control	<ul style="list-style-type: none"> • Can be the “bad guy” in animal hoarding cases, putting pressure on the client to give up animals/ provide care • Will often work with APS to help the client improve their situation 	<ul style="list-style-type: none"> • May require client to give up all animals • May push for a quicker resolution than the client can handle. • The client’s mental health is not their priority.
Adult Day Health Centers/Adult Day Social Centers	<ul style="list-style-type: none"> • Can provide a safety net for clients for part of the day. • Can provide respite to caregivers 	<ul style="list-style-type: none"> • Participant on participant abuse can happen • More caregivers can mean more chance of abuse
Caregiver Agency	<ul style="list-style-type: none"> • Can provide hired caregivers for clients either free (if it’s a government or insurance based service) or for a fee. • Can be a source of respite or emergency care • May fingerprint/background check caregivers 	<ul style="list-style-type: none"> • May refuse to believe/investigate claims that their caregivers have acted wrongly • May refuse to serve difficult/demanding clients • May not be able to provide caregivers as timely as they claim

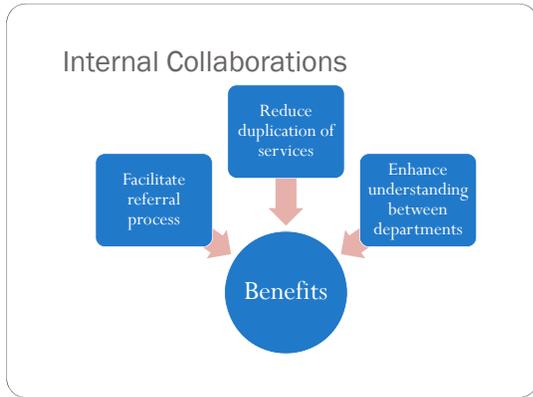
		<ul style="list-style-type: none"> • May fail to send caregivers for a shift (and not let anyone know)
Utility Companies	<ul style="list-style-type: none"> • Can work out payment options for clients • May have low-income programs • May have programs for people with disabilities 	<ul style="list-style-type: none"> • Need to get paid by <i>someone</i> (They are a business, not a charity) • May not be willing to cut a deal in every case.
Social Security	<ul style="list-style-type: none"> • Can assign a Representative Payee to clients that need help managing their money. • Can provide background information about a client (address, name of rep payee, previous occupations, Medicare eligibility, etc.) • Can put a hold on a check in order to protect the client or his money 	<ul style="list-style-type: none"> • Can be very difficult to get in touch with staff to confirm information about the client's SSA benefits
Representative Payee Program	<ul style="list-style-type: none"> • Can help client manage their money • Usually charge the client a small fee • Some provide case management 	<ul style="list-style-type: none"> • May be a source of financial abuse • May have high fees
Private Doctors/Hospitals	<ul style="list-style-type: none"> • Can provide consultation on care needs • Clients are often more willing to talk to their doctor than others • Can determine whether a client needs a conservator 	<ul style="list-style-type: none"> • Doctors often do not want to complete conservatorship paperwork. They don't want to upset their patient or testify in court.
Care Licensing Agency	<ul style="list-style-type: none"> • Investigate and cite facility violations. 	<ul style="list-style-type: none"> • They handle the issues with the facility but are not responsible for providing services to individual victims. • Often have a very limited staff to facility ratio so may only check on a facility once every 2-3 years.

State Contractor's Licensing Board	<ul style="list-style-type: none"> • Can go after contractors who rip off clients 	<ul style="list-style-type: none"> • Not always able to do much (if anything) against unlicensed contractors
Medicaid	<ul style="list-style-type: none"> • Provides medical care for low income seniors 	<ul style="list-style-type: none"> • May not pay for specialized care or procedures or equipment
Veterans Administration	<ul style="list-style-type: none"> • Depending on eligibility, may provide medical care, trauma services, medical transportation, etc. 	<ul style="list-style-type: none"> •
Disability Resource Center/ Disability Advocates	<ul style="list-style-type: none"> • Depending on eligibility, may provide training to deal with disability, help with housing, caregivers, respite care, sheltered workshop activities, social and recreational activities, etc. 	<ul style="list-style-type: none"> • There may be philosophical differences with APS- may want to promote client independence at the expense of safety.
Long Term Care Ombudsman	<ul style="list-style-type: none"> • Investigate complaints of residents of long term care facilities and act as their advocates 	<ul style="list-style-type: none"> • Must have the consent of the client to report to law enforcement or other agencies. • Often use volunteers who may not have the skills to deal with specialized types of abuse (undue influence for example)
Welfare Fraud Investigations	<ul style="list-style-type: none"> • Investigates situations where the client or other (e.g. caregiver) is defrauding the welfare system 	<ul style="list-style-type: none"> • APS may have a conflict if the client is the one being fraudulent
Domestic Violence	<ul style="list-style-type: none"> • Provide emergency shelter to victims of DV • Provide counseling to victims • Provide help obtaining services • Help with restraining orders, stay away orders, etc. 	<ul style="list-style-type: none"> • May not be set-up to handle elderly/disabled clients • Support groups may be made up of younger women with different needs • There is a philosophical difference between APS and DV that seems to cause friction. (They see abuse as caused by power and control issues, APS sees additional causes such as ageism, responsibility for perp/child and caregiver burn out)

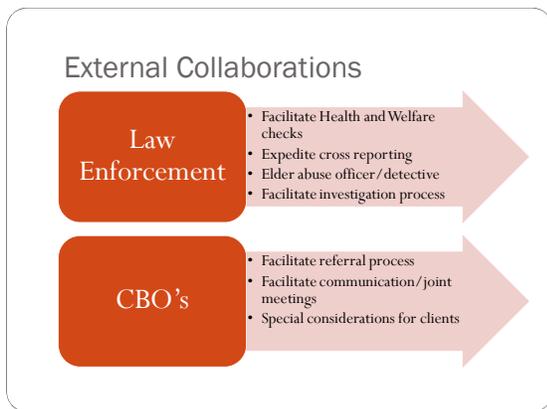
		<ul style="list-style-type: none"> DV may also compete with APS for limited funding in some situations
Victim Witness	<ul style="list-style-type: none"> Help victims cope with the criminal justice system Help with restraining orders, stay away orders, etc. May pay for counseling services, moving costs, hospital costs 	<ul style="list-style-type: none"> Victim must cooperate with law enforcement in order to get services.
Better Business Bureau	<ul style="list-style-type: none"> Can help identify individuals and companies involved in consumer fraud. 	<ul style="list-style-type: none">
Coroner	<ul style="list-style-type: none"> Can provide evidence in elder abuse deaths Can help figure out what went wrong (with the safety net) in elder abuse deaths 	<ul style="list-style-type: none"> May not like you pushing for more autopsies/ "accusing" him of missing cases
Emergency Medical Tech	<ul style="list-style-type: none"> First Responders to elder abuse Can be a witness to initial conditions of the home and client Can provide emergency transport of your client to the hospital 	<ul style="list-style-type: none"> May want you to "do something" about clients who call them too often (e.g. client gets drunk every Friday night, falls and calls EMTs to help her up) May not understand elder abuse and so may miss it!
Rape Crisis Center	<ul style="list-style-type: none"> Can provide SART exams for victims Can provide counseling for victims 	<ul style="list-style-type: none"> May not be use to providing services to elderly/ disabled clients and may need some education. Counseling groups tend to be made up of younger victims with different issues
Medicaid Fraud Control Unit	<ul style="list-style-type: none"> Can investigate situations where doctors or facilities are not providing the services for which they are billing/responsible 	<ul style="list-style-type: none">
Non-profit legal aid services	<ul style="list-style-type: none"> Can help clients fight evictions, consumer fraud, ID theft, correct problems with bank or credit accounts, deal with wills, mortgage issues, etc. 	<ul style="list-style-type: none"> Services are limited Some problems (like annuity scams) are very hard to prove Most legal aid services don't know a lot about elder law issues

Hospice programs	<ul style="list-style-type: none">• Provides nursing and counseling services at home to patients who have less than 6 months to live.	<ul style="list-style-type: none">•
Food Banks	<ul style="list-style-type: none">• Can provide staples for clients who need food	<ul style="list-style-type: none">• May require the client to come in themselves• May have service area limitations• May not be able to provide food for special diets• May limit amount of food offered to a couple days worth
Durable Medical Equipment Closets	<ul style="list-style-type: none">• Can provide wheelchairs, walkers, hospital beds, etc	<ul style="list-style-type: none">• Available equipment may be limited

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Slide #35



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- Developing Partnerships
- Approach organizations that also serve APS clients.
 - Identify how a partnership can be mutually beneficial to both the organization and APS.
 - Seek out support from senior management of APS and the partner organization.
 - Develop a Memorandum of Understanding (MOU) to outline responsibilities of APS and the partner organization.
 - Encourage professional relationships and collaborations between staff of the organization and APS.

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Recruiting APS Partners



Recruiting APS Partners

Sample Scenario

A small APS unit located within a geographically large rural county is finding it difficult to serve their elderly clients that are at risk for self-neglect. APS workers are unable to follow up with clients after completing the initial home visit and assessment because they must spend so much time traveling to their clients homes. Recidivism rates of these clients is high because APS workers are not able to follow through with service plans and these elders do not have adequate support services.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Sample Answers – Partnerships should be made with local CBO that carries that handles case management services. This might be a local senior center or a non-profit providing mental health services or services to disabled adults. An MOU could be made up facilitating communication between CBO social workers and APS Workers. With a signed release, APS Workers can make referrals directly to local case management services and information regarding the abuse issues can be provided as necessary and appropriate. APS Workers can rely on more locally based services for face to face follow up with clients with the goal of reducing likelihood of future incidents of self-neglect.

Scenario A

APS Workers in one urban county are finding it difficult to successfully refer their clients for probate conservatorships despite the tremendous need. In this county the probate court requires that a Capacity Declaration be completed as part of the conservatorship petition packet. It is also necessary to include contact information for first degree family members as well as details regarding the client's finances. Obtaining the declaration and other information can be challenging for workers given that most proposed of these clients will not cooperate with the APS worker, they refuse to leave the house, and they almost always have some degree of memory loss and confusion.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Scenario B

APS workers in a dense, urban county are frustrated because the largest police jurisdiction in their county is making it difficult for them to obtain police reports. The Assistant DA that handles elder abuse cases frequently asks you, the APS Supervisor, why there are not any APS cases crossing her desk for prosecution. Per your APS Workers, obtaining police reports is difficult and having these cases assigned for investigation, almost impossible. Police officers who respond to the scene are hesitant to take police reports regarding elder abuse incidents and there is not a designated detective assigned to investigate elder abuse cases.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

Scenario C

In a large, sparsely populated rural county APS Workers are reporting to you, their APS Supervisor, that they are concerned for their safety when they go out on certain cases involving a potentially dangerous perpetrator. When workers request a “civil stand-by” they may be waiting two to three hours before they receive assistance. Additionally, obtaining Restraining Orders on behalf of their clients is very challenging. Their clients need to travel a long distance to meet with the local legal aid organization and even farther to appear in court. Travel is very difficult for most of your disabled and elderly clients. Your workers are reporting that many clients end up not following through with the Restraining Order process despite initially stating that they would like to obtain one for their safety.

What types of partnerships would make it easier for APS Workers to serve these clients and how would you go about forming these relationships?

TIME MANAGEMENT SKILLS



TIME ALLOTTED: 15 minutes

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Time Management Skills

SelfTest: How good are your time management skills?

http://www.mindtools.com/pages/article/newHTE_88.htm

How Good is Your Time Management?

Use the online test below, and click the 'Calculate my total' button at the foot of the test.

© Mind Tools Ltd, 1995-2008. http://www.mindtools.com/pages/article/newHTE_88.htm

Instructions: For each question, click the button in the column that most applies. Click the 'Calculate My Total' button to add up your score and check your result using the scoring table underneath.

Question		Not at all	Rarely	Some times	Often	Very Often
1	Are the tasks you work on during the day the ones with the highest priority?	<input type="radio"/>				
2	Do you find yourself completing tasks at the last minute, or asking for extensions?	<input type="radio"/>				
3	Do you set aside time for planning and scheduling?	<input type="radio"/>				
4	Do you know how much time you are spending on the various jobs you do?	<input type="radio"/>				
5	How often do you find yourself dealing with interruptions?	<input type="radio"/>				
6	Do you use goal setting to decide what tasks and activities you should work on?	<input type="radio"/>				
7	Do you leave contingency time in your schedule to deal with "the unexpected"?	<input type="radio"/>				

8	Do you know whether the tasks you are working on are high, medium, or low value?	<input type="checkbox"/>				
9	When you are given a new assignment, do you analyze it for importance and prioritize it accordingly?	<input type="checkbox"/>				
10	Are you stressed about deadlines and commitments?	<input type="checkbox"/>				
11	Do distractions often keep you from working on critical tasks?	<input type="checkbox"/>				
12	Do you find you have to take work home, in order to get it done?	<input type="checkbox"/>				
13	Do you prioritize your "To Do" list or Action Program?	<input type="checkbox"/>				
14	Do you talk with your boss to prioritize the work you're doing?	<input type="checkbox"/>				
15	Before you take on a task, do you check that the results will be worth the time put in?	<input type="checkbox"/>				
						Total = 0

Score Interpretation

Score	Comment
46-75	You're managing your time very effectively! Still, check the sections below to see if there's anything you can tweak to make this even better.
31-45	You're good at some things, but there's room for improvement elsewhere. Focus on the serious issues below, and you'll most likely find that work becomes much less stressful.
15-30	Ouch. The good news is that you've got a great opportunity to improve your effectiveness at work, and your long term success! However, to realize this, you've got to fundamentally improve your time management skills. Start below!

As you answered the questions, you probably had some insight into areas where your time management could use a pick-me-up. The following is a quick summary of the main areas of time management that were explored in the quiz, and a guide to the specific tools you can use for each.

Goal Setting (Questions 6, 10, 14, 15)

To start managing time effectively, you need to set goals. When you know where you're going, you can then figure out what exactly needs to be done, in what order. Without proper goal setting, you'll fritter your time away on a confusion of conflicting priorities.

People tend to neglect goal setting because it requires time and effort. What they fail to consider is that a little time and effort put in now saves an enormous amount of time, effort and frustration in the future. Mind Tools has two great articles on goal setting that are must-reads for everyone. If you are serious about time management, we suggest you start with [Personal Goal Setting](#) and [The Golden Rules of Goal Setting](#). We also recommend [Treasure Mapping](#).

Continued

Prioritization (Questions 1, 4, 8, 9, 13, 14, 15)

Prioritizing what needs to be done is especially important. Without it, you may work very hard, but you won't be achieving the results you desire because what you are working on is not of strategic importance.

Most people have a "to-do" list of some sort. The problem with many of these lists is they are just a collection of things that need to get done. There is no rhyme or reason to the list and, because of this, the work they do is just as unstructured. So how do you work on To Do List tasks – top down, bottom up, easiest to hardest?

To work efficiently you need to work on the most important, highest value tasks. This way you won't get caught scrambling to get something critical done as the deadline approaches. For information on how to start prioritizing your tasks, see [Activity Logs](#), [Prioritized To Do Lists](#), [Prioritization](#), [The Action Priority Matrix](#), and [The Urgent/Important Matrix](#).

Managing Interruptions (Questions 5, 9, 11, 12)

Having a plan and knowing how to prioritize it is one thing. The next issue is knowing what to do to minimize the interruptions you face during your day. It is widely recognized that managers get very little uninterrupted time to work on their priority tasks. There are phone calls, information requests, questions from employees, and a whole host of events that crop up unexpectedly. Some do need to be dealt with immediately, but others need to be managed. Two excellent tools that discuss how to minimize your interrupted time are [The Urgent/Important Matrix](#) and [Managing Interruptions](#).

However, some jobs need you to be available for people when they need help – interruption is a natural and necessary part of life. Here, do what you sensibly can to minimize it, but make sure you don't scare people away from interrupting you when they should.

Procrastination (Questions 2, 10, 12)

"I'll get to it later" has led to the downfall of many a good employee. After too many "laters" the work piles up so high that any task seems insurmountable. Procrastination is as tempting as it is deadly. The best way to beat it is to recognize that you do indeed procrastinate. Then you need to figure out why. Perhaps you are afraid of failing? (And some people are actually afraid of success!)

Once you know why you procrastinate then you can plan to get out of the habit. Reward yourself for getting jobs done, and remind yourself regularly of the horrible consequences of not doing those boring tasks! For more help on recognizing and overcoming procrastination see our guide to [Beating Procrastination](#).

Scheduling (Questions 3, 7, 12)

Much of time management comes down to effective scheduling of your time. When you know what your goals and priorities are, you then need to know how to go about creating a schedule that keeps you on track, and protects you from stress.

This means understanding the factors that affect the time you have available for work. You not only have to schedule priority tasks, you have to leave room for interruptions, and contingency time for those unexpected events that otherwise wreak chaos with your schedule. By creating a robust schedule that reflects your priorities and well as supports your personal goals, you have a winning combination: One that will allow you to control your time and keep your life in balance. To learn specific scheduling skills, see our articles on [Pickle Jar Theory](#) and [Scheduling Skills](#).

Key points:

Time management is an essential skill that helps you keep your work under control, at the same time that it helps you keep stress to a minimum.

We would all love to have an extra couple of hours in every day. Seeing as that is impossible, we need to work smarter on things that have the highest priority, and then creating a schedule that reflects our work and personal priorities.

With this in place, we can work in a focused and effective way, and really start achieving those goals, dreams and ambitions we care so much about.

Slide #39



Slide #40

Don't Let Your Email Manage You!

- Do not respond to email "on demand".
- Use your Outlook functions to manage your email.
- Do not respond to email first thing in the morning.

Basic Email Management By Susan Ward, About.com

Slide #41

Make Meetings Productive

Tips:

- Invite only who absolutely needs to attend.
- Set an agenda and stick to time limits.
- Is it a necessary meeting?

Slide #42

Time Management Techniques

- What is the most useful time management technique you currently use?
- What will you do when you return to the office to manage your time?

Optional Discussion Question:

- Any ideas/techniques for teaching time management skills to your staff?

BURNOUT



TIME ALLOTTED: 50 minutes

Slide #43

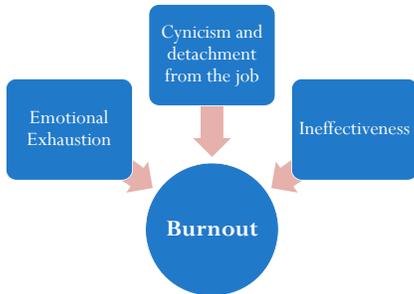
What is Burnout?

“Exhaustion of a practitioner’s mental and physical resources attributed to his or her prolonged and unsuccessful striving toward unrealistic expectations, internally or externally derived.”
(Azar, 2000)



Slide #44

Dimensions of Burnout



Slide #45

Symptoms of Burnout

- Irritable
- Quick to show anger or frustration
- Cry easily
- Take unnecessary risks
- Substance abuse
- Exhibit excessive rigidity, stubbornness
- Feel threatened or attacked by others
- Appears depressed

Slide #46

Risk Factors for Burnout

- Younger
- Single
- Men
- High level of education
- Low level of resiliency
- External locus of control
- Passivity

Slide #47



Addressing Burnout

- The role of the supervisor
 - Handout: Supervisor's Role in Preventing Burnout
- Organizational satisfaction
- Co-worker support

Supervisor's Role in Addressing Burnout

Supervisors Must:

- Recognize the symptoms of burnout.
- Evaluate their own and their worker's reaction to burnout.
- Analyze the cause of burnout within the internal and external environment.
- Intervene to change.
- Offer staff the opportunity to participate in decision-making.
- Train staff on techniques for participatory management.
- Meaningfully recognize efforts of staff.
- Support and strengthen a strong peer network and group cohesiveness.
- Encourage working together between staff and management.
- Help staff develop realistic coping strategies.
- Develop career planning strategies.
- Evaluate workers' strengths ahead of weaknesses.
- Promote special interests of staff.
- Arrange for assignment changes.
- Create a learning environment.

Foundations of Supervision Training – Day Three CYFD Supervisor's Core, pg. 25 – Participant.

Slide #48

Burnout Tool Kit



Compassion Satisfaction/Fatigue Self-Test for Helpers

Helping others puts you in direct contact with other people's lives. As you probably have experienced, your compassion for those you help has both positive and negative aspects. This self-test helps you estimate your compassion status: How much at risk you are of burnout and compassion fatigue and also the degree of satisfaction with your helping others. Consider each of the following characteristics about you and your current situation. Write in the number that honestly reflects how frequently you experienced these characteristics the last week. Then following the scoring directions at the end of the self-test.

0=Never	1=Rarely	2=A Few Times	3=Somewhat Often	4=Often	5=Very Often
---------	----------	---------------	------------------	---------	--------------

Items About You

- _____ 1. I am happy.
- _____ 2. I find my life satisfying.
- _____ 3. I have beliefs that sustain me.
- _____ 4. I feel estranged from others.
- _____ 5. I find that I learn new things from those I care for.
- _____ 6. I force myself to avoid certain thoughts or feelings that remind me of a frightening experience.
- _____ 7. I find myself avoiding certain activities or situations because they remind me of a frightening experience.
- _____ 8. I have gaps in my memory about frightening events.
- _____ 9. I feel connected to others.
- _____ 10. I feel calm.
- _____ 11. I believe that I have a good balance between my work and my free time.
- _____ 12. I have difficulty falling or staying asleep.
- _____ 13. I have outbursts of anger or irritability with little provocation.
- _____ 14. I am the person I always wanted to be.
- _____ 15. I startle easily.
- _____ 16. While working with a victim, I thought about violence against the perpetrator.
- _____ 17. I am a sensitive person.

Continued

- _____ 18. I have flashbacks connected to those I help.
- _____ 19. I have good peer support when I need to work through a highly stressful experience.
- _____ 20. I have had first-hand experience with traumatic events in my adult life.
- _____ 21. I have had fist hand experience with traumatic events in my childhood.
- _____ 22. I think that I need to “work through” a traumatic experience in my life.
- _____ 23. I think that I need more close friends.
- _____ 24. I think that there is no one to talk with about highly stressful experiences.
- _____ 25. I have concluded that I work too hard for my own good.
- _____ 26. Working with those I help brings me a great deal of satisfaction.
- _____ 27. I feel invigorated after working with those I help.
- _____ 28. I am frightened of things a person I helped has said or done to me.
- _____ 29. I experience troubling dreams similar to those I help.
- _____ 30. I have happy thoughts about those I help and how I could help them.
- _____ 31. I have experienced intrusive thoughts of times with especially difficult people I helped.
- _____ 32. I have suddenly and involuntarily recalled a frightening experience while working with a person I helped.
- _____ 33. I am pre-occupied with more than one person I help.
- _____ 34. I am losing sleep over a person I help’s traumatic experiences.
- _____ 35. I have feelings about how I can help the victims I work with.
- _____ 36. I think that I might have been “infected” by the traumatic stress of those I help.
- _____ 37. I think that I might be positively “innoculated” by the traumatic stress of those I help.
- _____ 38. I remind myself to be less concerned about the well being of those I help.
- _____ 39. I have felt trapped by my work as a helper.
- _____ 40. I have a sense of hopelessness associated with working with those I help.
- _____ 41. I have felt “on edge” about various things and I attribute this to working with certain people I help.
- _____ 42. I wish that I could avoid working with some people I help.
- _____ 43. Some people I help are particularly enjoyable to work with.

Continued

- _____ 44. I have been in danger with people I help.
- _____ 45. I feel that some people I help dislike me.

Items About being a Helper and Your Helping Environment

- _____ 46. I like my work as a helper.
- _____ 47. I feel like I have the tools and resources that I need to do my work as a helper.
- _____ 48. I have felt weak, tired, run down as a result of work as a helper.
- _____ 49. I have felt depressed as a result of my work as helper.
- _____ 50. I have thoughts that I am a “success” as a helper.
- _____ 51. I am unsuccessful at separating helping from my personal life.
- _____ 52. I enjoy my co-workers.
- _____ 53. I depend on my co-workers to help me when I need it.
- _____ 54. My co-workers can depend on me for help when they need it.
- _____ 55. I trust my co-workers.
- _____ 56. I feel little compassion toward most of my co-workers.
- _____ 57. I am pleased with how I am able to keep up with helping technology.
- _____ 58. I feel I am working more for the money/prestige than for personal fulfillment.
- _____ 59. Although I have to do paperwork that I don’t like, I still have time to work with those I help.
- _____ 60. I find it difficult separating my personal life from my helper life.
- _____ 61. I am pleased with how I am able to keep up with helping techniques and protocols.
- _____ 62. I have a sense of worthlessness/disillusionment/resentment associated with my role as a helper.
- _____ 63. I have thoughts that I am a “failure” as a helper.
- _____ 64. I have thoughts that I am not succeeding at achieving my life goals.
- _____ 65. I have to deal with bureaucratic, unimportant tasks in my work as a helper.
- _____ 66. I plan to be a helper for a long time.

Continued

Scoring Instructions

Please note that research is ongoing on this scale and the following scores should be used as a guide, not confirmatory information.

1. Be certain you respond to all items.
2. Mark the items for scoring:
 - a. Put an X by the following 26 items: 1-3, 5, 9-11, 14, 19, 26-27, 30, 35, 37, 43, 46-47, 50, 52-55, 57, 59, 61, 66.
 - b. Put a check by the following 16 items: 17, 23-25, 41, 42, 45, 48, 49, 51, 56, 58, 60, 62-65.
 - c. Circle the following 23 items: 4, 6-8, 12, 13, 15, 16, 18, 20-22, 28, 29, 31-34, 36, 38-40, 44.
3. Add the numbers you wrote next to the items for each set of items and note:
 - a. *Your potential for Compassion Satisfaction (x)*: 118 and above=extremely high potential; 100-107=high potential; 82-99=good potential; 64-81=modest potential; below 63=low potential.
 - b. *Your risk for Burnout (check)*: 36 or less=extremely low risk; 37-50=moderate risk; 51-75=high risk; 76-85=extremely high risk.
 - c. *Your risk for Compassion Fatigue (circle)*: 26 or less=extremely low risk; 27-30=low risk; 31-35=moderate risk; 36-40=high risk; 41 or more=extremely high risk.

<http://www.isu.edu/-bhstamm/pdf/satfat.pdf> or <http://www.isu.edu/-bhstamm/satfat.htm>

Adapted with permission from Figley, C.R., (1995). *Compassion Fatigue*, New York: Brunner/Mazel. Copyright B.Hudnall Stamm, Traumatic Stress research Group, 1995-1999 <http://www.isu.edu/-bhstamm>. This form may be freely copied as long as (a) authors are credited, (b) no charges are made, & (c) it is not sold.

Slide #49

Identifying Performance Issues

If one of your workers is underperforming, what types of things do you first notice with their work that clues you into this?

Performance issues + client vulnerability = RISK

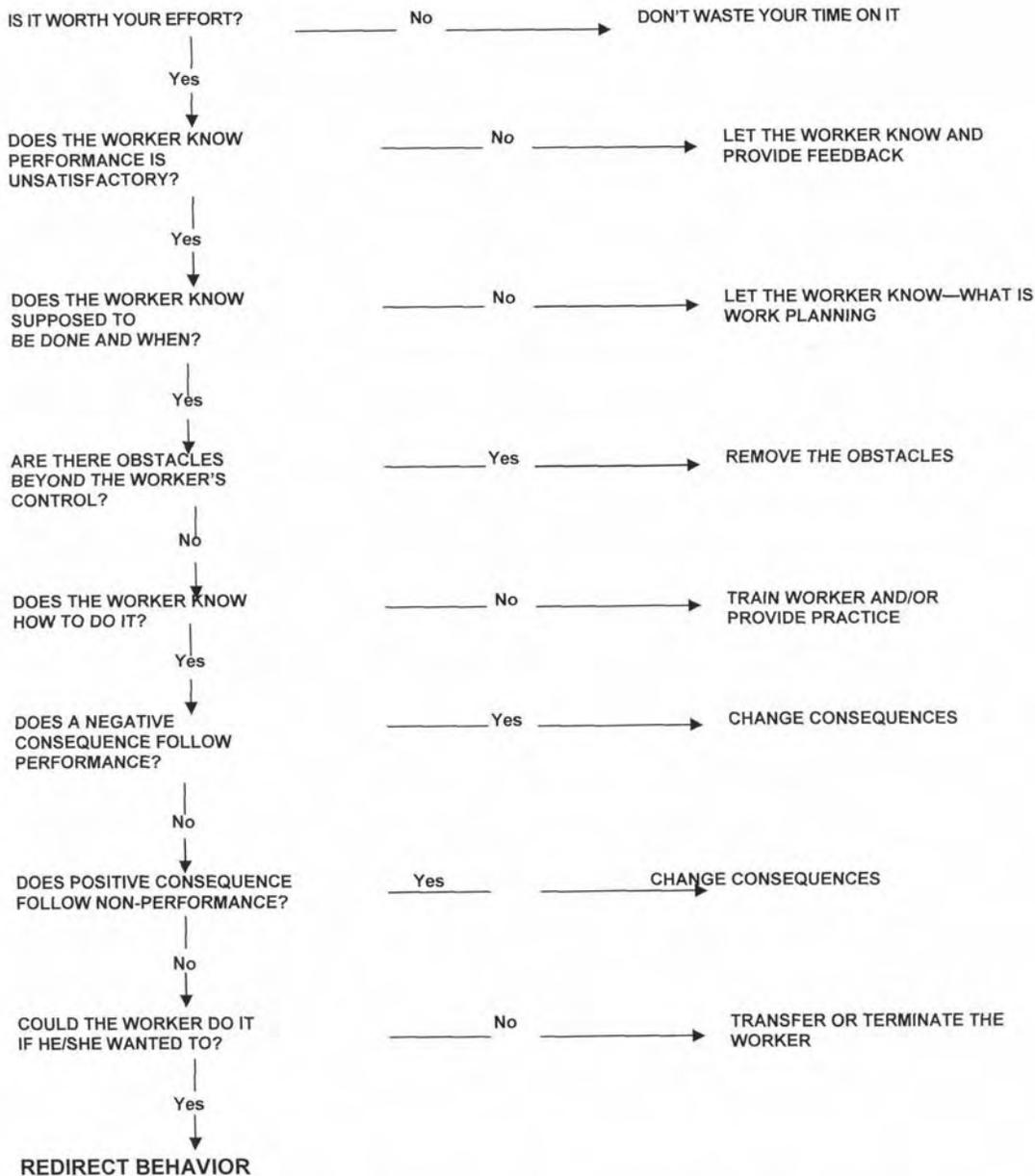
Slide #50

Managing Performance Issues
Related to Burnout



Framework for Analyzing Performance Problems*

IDENTIFY UNSATISFACTORY PERFORMANCE



* Fournies, F. (1987). *Coaching for Improved Work Performance*. PA: Liberty House.

PROVIDING EFFECTIVE FEEDBACK



TIME ALLOTTED: 40 minutes

Slide #51

Elements of Effective Feedback



Slide #52

Types of Feedback

Constructive

- Information specific
- Issue-focused
- Based on observation

Positive

- A statement about an effort well done

Negative

- A statement about an effort that needs improvement

Slide #53

Praise vs. Criticism



Praise is favorable judgment about an effort or outcome.



Criticism is negative judgment about an effort or outcome

Feedback Statement Exercise

1. You did a great job with that case plan. Your objectives were right on target based upon the family's strengths and needs.
 - A. Constructive Feedback
 - B. Praise/Criticism

2. Great job on the Hernandez case. Really good work!
 - A. Constructive Feedback
 - B. Praise/Criticism

3. Way to go, Joe! Awesome job this week!
 - A. Constructive Feedback
 - B. Praise/Criticism

4. Here are my concerns about the work you did with the Barry family. I did not see that you contacted the case manager to coordinate your work.
 - A. Constructive Feedback
 - B. Praise/Feedback

5. You really dropped the ball the Sanchez case. I hope you do better next time.
 - A. Constructive Feedback
 - B. Praise/Criticism

6. What is going on with the Anderson case? I was very disappointed with your service plan?
 - A. Constructive Feedback
 - B. Praise/Criticism

Continued

7. Now don't take this personally. You failed to meet your face to face response times on the Williams case.

- A. Constructive Feedback
- B. Praise/Criticism

8. Great job working out the scheduling conflict with the other members of the intake unit! The way you facilitated the coordination was very skillful. You solicited ideas from the group and then you came to a joint decision.

- A. Constructive Feedback
- B. Praise/Criticism

9. You are a really good worker and I appreciate the hard work that you do.

- A. Constructive Feedback
- B. Praise/Criticism

10. I am concerned about the way that you have been dividing your time with the clients on your caseload. For example, you have visited Ms. Lee six times in the past month and you have mentioned to me in supervision that you relate to her very well. You have also mentioned being frustrated with Mr. Parker and I noticed that you have not seen him in almost a month.

- A. Constructive Feedback
- B. Praise/Criticism

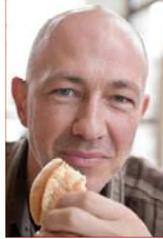
Adapted from Foundations of Supervision - Getting Great Performance, pg. 23-24

Slide #54

Feedback Role Play



Beth



Alex

Supervisor

You are a Beth, a frontline APS supervisor and you will be meeting with Alex for one-on-one supervision. Alex has been an APS worker for almost ten years. He rarely consults with you about his cases and often will make up excuses to get out of meeting with you for his scheduled supervision sessions. You have noticed that he has made several angry comments against “management” at recent unit meetings.

You have been evaluating his work performance and you found that his overall caseload has grown by almost 50% in the past six months, and he is currently overdue on almost 30% of his face-to-face response times.

Your unit is understaffed by two workers because there has been a year long hiring freeze due to budget cuts and Alex, along with the rest of the unit, has been receiving more cases every month than was considered normal over a year ago.

APS Worker

You are Alex, an APS field worker and you will be meeting with your supervisor Beth for one-on-one supervision. You have been an APS Worker for almost ten years and you do not feel that you need to consult with Beth about your cases because you already know how to do the job. Over the past few months you have been really busy and as a result you have not been able to keep up with your work, but you feel like you still know how to manage these cases.

You feel that things have never been worse around the office and you are pretty fed up with all of the politics and constant budget cuts. You have more work than you ever have had and you do not feel that your supervisor or other managers have any idea how impossible it is to keep up. When you are out in the field you feel more relaxed because you enjoy meeting with clients and you feel good about helping them. But every time you come back to the office you feel tense again and it makes it hard to complete your documentation. You feel that staff meetings are a waste of time.

SUPERVISOR SELF-CARE



TIME ALLOTTED: 30 minutes

Slide #55

Supervisor Self-Care

- Why should supervisors provide for their own self-care?
 - Ethical responsibility
 - Meet the needs of team and clients
 - Model behavior for workers
- Survey – assess your own self-care effectiveness

Survey: Assessing Your Success in Implementing Self-Care Strategies

Please complete the following questionnaire according to the following:

5 = Frequently

4 = Occasionally

3 = Rarely

2 = Never

1 = It never occurred to me

Physical Self-Care

Eat regularly (e.g., breakfast, lunch, and dinner)

Eat healthy

Get regular medical care for prevention

Get medical care when needed

Take time off when sick

Participate in routine physical activity (dance, swim, walk, run, play sports)

Get enough sleep

Take vacations

Make time away from telephones

Other examples you use: _____

Psychological Self-Care

Make time each day for self-reflection

Write in journal

Read materials unrelated to work

Do something at which you are not an expert or not in charge

Pay attention to your inner thoughts – listen to your judgments, beliefs, attitudes, and feelings

Routinely participate in a mentally stimulating activity – go to an art museum, read a book on a new subject, etc.

Ask for and accept help and support from others

Continued

__ Other examples you use: _____

Emotional Self-Care

__ Spend time with others whose company you enjoy

__ Stay in contact with important people in your life

__ Give yourself affirmation or praise

__ Identify and seek out comforting activities and relationships that may include people and/or pets

__ Allow yourself to fully experience the “human condition” – cry, feel sadness loneliness

__ Laugh every day

__ Other examples you use: _____

Spiritual Self-Care

__ Explore and make time for activities that are spiritually meaningful, such as meditation, time spent in nature, prayer, etc.

__ Be open to inspiration

__ Cherish your optimism and hope

__ Find literature that brings a sense of inspiration, optimism, or hope

__ Other examples you use: _____

Workplace or Professional Self-Care

__ Take a break during the workday (e.g. lunch)

__ Take time to connect personally with co-workers

__ Identify project or tasks that are exciting and rewarding

__ Set limits on time spent with clients and colleagues

__ Balance your workload (time with clients and paperwork)

__ Arrange your work space so that it is comfortable and comforting

__ Get regular supervision or consultation

__ Other examples that you use: _____

Continued

Balance

Strive for balance within your work-life and workday

Strive for balance among work, family, relationships, play, and rest

Other examples that you use: _____

Adapted by David Conrad and Nancy McDaniel. Survey originally from Saakvitne, Pearlman, & Staff of the TSI/CAAP. (Norton, 1996). Transforming the Pain: A Workbook on Vicarious Trauma

Slide #56

Self-Care Techniques



Deep Breathing Activity

Note: This activity can be done with soothing instrumental music

You can become relaxed simply by becoming more aware of your breathing. To do this, find a quiet place and sit in a comfortable chair with your back straight. Your eyes may be open or closed. First, place one hand on your abdomen. Take a deep breath.

Does your abdomen move outward when you do this? If not, try it again. When we breathe only from our chest, we restrict our ability to relax. As you breathe in again, can you allow your abdominal muscles to relax? Try this a few times until it comes easily.

You are probably feeling more relaxed already. Now we are going to follow our breath for a short time. You may keep hand on your abdomen if you like, or not. Don't try to speed up or slow down your breathing. Just notice where you place your attention. Is it at your nostrils as the air moves in and out? Or is it at your nose or throat? Are you more focused on the expansion of your chest or your abdomen? There's no right or wrong way to do this.

You may find that your mind wanders away from your breathing. This is perfectly natural. When you notice that you're not paying attention to you to your breathing, Just bring your focus back to it. Continue to breathe naturally for a few moments.

You may be feeling even more relaxed now. Next, we are going to deepen the relaxation by deepening the breathing. When you breathe in again, make your abdomen go out a little further than normal. Take a few breaths like this while slowing your breathing slightly.

Now gradually go back to normal abdominal breathing. How do you feel? More relaxed and refreshed, calm, alert? Slowly take notice of the chair you're sitting in and your surroundings.

Practice this technique a number of times a day.
When you're standing in line or taking a break or driving.
You now know a simple technique to let you relax any time you want.
This is the end of the deep breathing exercise.

Kaiser Permanente – Relaxation Methods Deeping Breathing Exercise
<https://kphealthylifestyles.org/toolbox/videos.html?video=deep>

Progressive Muscle Relaxation

Note: This activity can be done with soothing instrumental music

Progressive muscle relaxation, or PMR, is a method for relaxing groups of muscles by tensing the muscles and then quickly letting the tension go. It helps you distinguish between sensations of tenseness and deep relaxation. Each muscle group is tensed for five to seven seconds then relaxed for 20 to 30 seconds. Get into a comfortable position, either sitting or lying down in a quiet area where you won't be disturbed. You may feel better if you take off your shoes and loosen your clothing.

First, take slow deep breaths, making sure that your abdomen moves out every time you breathe in. Feel your body start to relax.

We're going to start with your feet. Move your toes toward your head and tense the muscles in your calves at the same time. Then let go. Now stretch your toes outward. And let go. Repeat these two movements.

Feel the looseness in your lower legs.

Next, tighten your buttocks and thighs. Hold for five seconds. And let go. Repeat. Let go.

Do you feel the difference?

Moving to the upper body, clench both your fists and bend the wrists backwards. Feel the tension in your forearms. Then relax. Repeat. Feel the looseness in your hands and forearms.

Now, bend your elbows and tighten your biceps for 5 seconds. And let your arms go. Do it again. Do your arms feel any different?

Next, bring your shoulders up to your ears, tensing the neck and shoulder muscles. Hold before relaxing. Then relax. Repeat. Notice the difference between tensing and relaxing those muscles.

Turning to your face. Wrinkle your forehead as hard as you can. Feel the tension all the way back into your scalp. Then loosen your muscles and let your forehead relax. Repeat. Feel the tension melt away.

Now frown and notice where you feel strain. Relax. And Repeat.

Next, squeeze your eyes closed as tight as you can. Relax, but keep your eyes

comfortably closed. Then if you can, open your mouth wide and feel the tension in your face. Relax. Repeat these movements.

Notice the contrast between tension and relaxation. Now purse your lips and hold for five seconds. Relax. And repeat. Where do you feel the tension letting go?

Now focus on your chest and take in a deep breath. Hold your breath and feel the tension within your chest. Exhale and allow your chest to relax. Now breathe in a gentle way allowing your abdomen to expand with each in breath.

As you breathe comfortably, notice your muscles becoming more and more relaxed. Continue to breathe as freely and naturally as you can.

You can take this time to relax your muscles ever more. Go though your body from toe to head feeling your body loosen and let go of all the tension.

Relax your feet. Relax your ankles. Relax your legs. Let your thigh muscles go. Relax your buttocks. Relax your lower back and your shoulders and upper back. Relax your chest. Relax your hands and your arms. Relax your neck muscles and your scalp. Feel the warmth of relaxation coursing through your whole body. Relax your face muscles, your jaw, and forehead. Every time you take a breath, you're relaxing more and more. Continue to breathe slowly and deeply. Your whole body is loose, relaxed, calm, and rested.

Kaiser Permanente – Relaxation Methods Progressive Muscle Relaxation
<https://kphealthylifestyles.org/toolbox/videos.html?video=prog>

Final Review/Evaluation



TIME ALLOTTED: 15 minutes

Slide #57

Final Review

- Name the 3 's of Risk Assessment:
 - Soon
 - Severe
 - Sure
- What local partner agency will you approach to develop a collaborative relationship?
- Name one new technique or strategy you will implement to care for your workers.
- Name one new technique or strategy you will implement for your own self care.

Slide #58

Evaluations



Thank you for your participation!

TOL Action Plan

Transfer of Learning: *Ways supervisors can prepare for the training and then utilize knowledge and skills acquired during the training on the job.*

At the end of the training, develop an action plan outlining how you will help yourself and your workers manage heavy caseloads based on the information you learned in the training (e.g. help workers with time management, clarify response time criteria, organize your workspace, etc.).

We will send you your action plan and brief survey via email in 3 months so you can check your progress and resulting outcomes. The survey data will be used to assess training content efficacy and skill transfer.

Please Note: No one will review your individual action or hold you accountable for the results. The action plan is strictly a learning plan for you.

Please print:

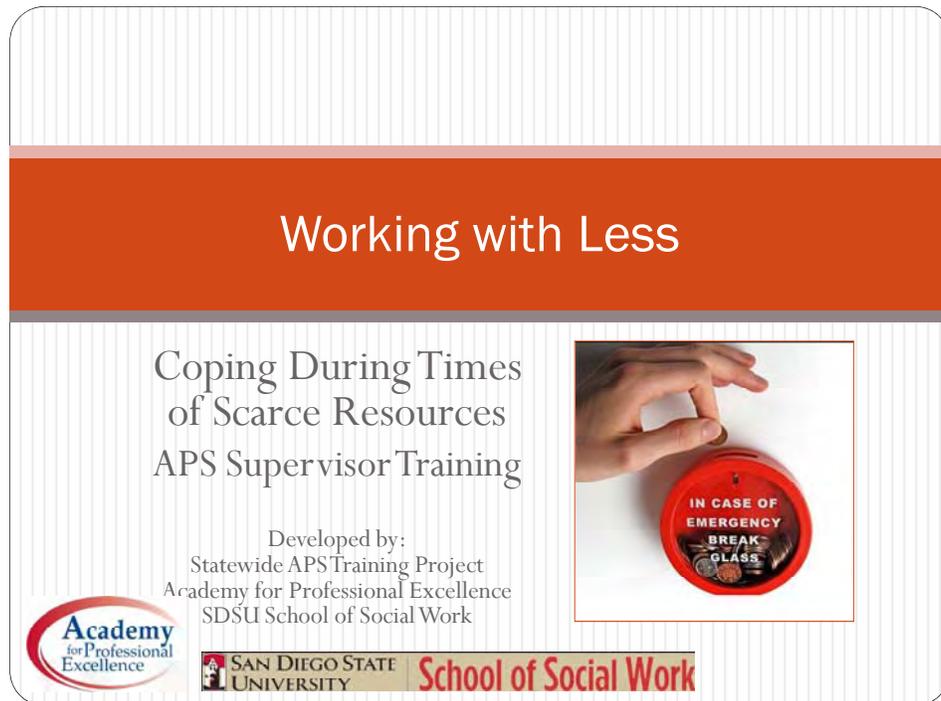
Participant Name:	Email:
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Action Item #1:

Action Item #2:

Action Item #3:

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