**THE INITIAL INVESTIGATION:**

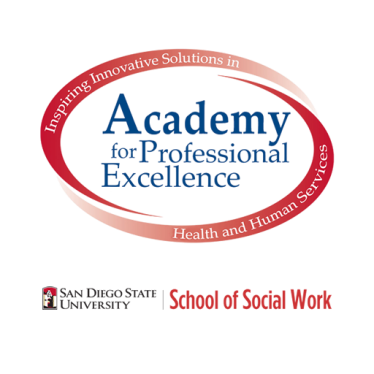
**Taking the First Steps**

****

**Participant Manual**

**MODULE 16**PARTICIPANT MANUAL

**The Initial Investigation: Taking the First Steps**

 archstone foundation **** 

**This training was developed by the Academy for Professional Excellence, which is funded by a generous grant from the Archstone Foundation.**

**Curriculum Developer**

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**INTRODUCTION**

**THE ACADEMY FOR PROFESSIONAL EXCELLENCE**

We are pleased to welcome you to The Initial Investigation: Taking the First Steps Training developed by Project MASTER, a program of the Academy for Professional Excellence and the product of the National APS Training Partnership.

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

MASTER is an Archstone Foundation funded program of the Academy for Professional Excellence which has the overarching goal to develop standardized core curricula for new APS social workers 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. MASTER 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)
* The Statewide APS Training Project
* 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)

**PARTNER ORGANIZATIONS**

|  |  |
| --- | --- |
| **Lori Delagrammatikas**, Program Coordinator for MASTER  The Academy for Professional Excellence  6505 Alvarado Road, Suite 107  San Diego, California 92120  (909) 213-6059  [ldelagra@projects.sdsu.edu](mailto:ldelagra@projects.sdsu.edu)  <http://theacademy.sdsu.edu/programs/> | **Krista Brown**, Project Coordinator  APS Training Project Academy for Professional Excellence (510) 459-0731  [krbrown@projects.sdsu.edu](mailto:krbrown@projects.sdsu.edu)  <http://theacademy.sdsu.edu> |
| **Kathleen Quinn**, Executive Director  National Adult Protective Services Association  920 South Spring Street, Suite 1200  Springfield, IL 62704  (217) 523-4431 / (271) 522-6650  [Kathleen.quinn@apsnetwork.org](mailto:Kathleen.quinn@apsnetwork.org) | **Joanne Otto**, Chair  NAPSA Education Committee  960 Lincoln Place,  Boulder, CO 80302  (303) 443-9655  [joanneotto@msn.com](mailto:joanneotto@msn.com) |
| **Mark Sellers**, Chair  Protective Services Operations Committee of the County Welfare Director’s Association  4060 County Circle Drive  Riverside, Ca 92503  [MSellers@riverside.dpss.gov](mailto:kathy.young@ventura.org) | **Kathy Sniffen**, Coordinator  CalSWEC Aging Initiative  University of California, Berkeley School of Social Welfare Marchant Building, Suite 420 6701 San Pablo, Berkeley, CA 94720-7420  (209) 605-3875  [kasniffen@sbcglobal.net](mailto:kasniffen@sbcglobal.net) |

**Academy for Professional Excellence**- 6505 Alvarado Road, Suite 107

Tel. (619) 594-3546 – Fax: (619) 594-1118 – <http://theacademy.sdsu.edu/programs/>

**ACKNOWLEDGMENTS**

This training is the product of the National APS Training Partnership and 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. Project MASTER would like to thank the following individuals and agencies:

**Agencies**

Bay Area Academy, Statewide APS Training Project

California Department of Social Services, Adult Services Branch

California Social Work Education Center Aging Initiative

Imperial County Department of Social Services

Orange County Social Services Agency

Riverside County Department of Public Social Services

San Bernardino County Department of Aging and Adult Services

San Diego County Aging and Independence Services

**Regional Curriculum Advisory Committee**

Carol Mitchell, APS Manager and PSOC Representative, Orange County

Beverly Johnson, LCSW, Staff Development Officer, Riverside County

Carol Castillon, APS Supervisor, San Bernardino County

Carol Kubota, LCSW, Staff Development Officer, Orange County

LaTanya Baylis, Staff Development Officer, San Bernardino County

Zachery Roman, Staff Development Officer, Los Angeles County

**Committees**

Project MASTER Steering Committee

APS Core Curriculum Committee

National Adult Protective Services Association Education Committee

Protective Services Operations Committee of the California Welfare Directors’

Association

**Curriculum Developer/ Consultant**

Susan Castaño, Consultant

**Evaluation Consultant**

James Coloma, Evaluation Consultant

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COURSE OUTLINE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Content** | **Total Time** | | **Activities** | **Slides/pages** |
| **Welcome & Introductions: Objectives, Overview of project, housekeeping**  **Learning Objectives** | 15 min | | Lecture | Slides 1-6  Handouts: Letter to Participants, ID Assignment, Demographic Survey |
| **How is intake done in your agency?** | 15 min | | Large group Warm-up Activity | Slide 7  Shout-Out Activity |
| **Intake Process: Definitions, Goals, Skills** | 15 min | | Lecture | Slides 8-11 |
| **The S.T.O.R.Y. Approach to Intake,**  **Evaluating Reports** | 30 min | | Lecture, small group activity  Step I | Slides 12-18  Handouts 1-2; Small group activity developing the questions/large group process |
| **Conducting the Intake Interview** | 30min. | | Small group activity  Step II | Small group role play based on intake case  Handouts 1-3 |
| **Social Workers and Safety Issues** | 15 min | | Lecture, Discussion | Slide 19; Handout 4 |
| **BREAK** | 15 min | |  |  |
| **Preparing for the Initial Visit** | 30 min | | Lecture, discussion | Slides 20-23 |
| **Preparing for Initial Visit, cont. Safety Issues** | 30 min | | Lecture, Discussion, Activity | Large group shout out; Slides 24-25; Handouts 5-6 |
| **LUNCH** | 1 hour | |  |  |
| **At the Door** | 30 min | | Dyad Activity | Exercise in introductions  Slide 27; Handout 7 |
| **Gaining Access: Dos and Don’ts, Dealing with Resistance and Refusal of Access** | 30 minutes | | Lecture, Discussion, transfer of learning | Lecture, Discussion, Handout 8  Slides 28-33 |
| **Beware/ Be Aware** | 15 min | | Activity | Slide 34  Handout 9: Beware/Be aware |
| **BREAK** | 15 minutes | |  |  |
| **Interviewing Alleged Abuser: Preparation, Dos and Don’ts** | 45 minutes | Lecture, Discussion, Small Group Activity | | Slides 35-38  Handouts 10-11 |
| **Assessing Potential Danger & De-escalating Tense Situations** | 30 minutes | Lecture, Discussion,  Activity | | Slides 39-48  Handouts 12-14  Case Vignette |
| **Ethical Practice, Wrap-up, Q and A** | 15 minutes |  | | Slide 49-50 |

TRAINING GOALS AND OBJECTIVES



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

* Define intake and describe the goal of the intake process
* Describe interviewing, communication, and rapport building strategies which would lead to a comprehensive intake interview with a reporter
* Identify collaterals and other information that would assist in preparing for the initial visit
* Evaluate information received in initial report to determine if statutory requirements are met
* Describe safety precautions that can be taken in preparation for the initial visit including when it is appropriate to contact law enforcement
* Demonstrate rapport building strategies with the client at the door
* Discuss methods of dealing with client’s resistance to access
* Demonstrate techniques for interviewing suspected abuser
* Assess potentially dangerous situations in order to remain safe and discuss ways to deescalate these situations should they arise

**PRESENTATION**

**WELCOME AND INTRODUCTIONS**

**TIME ALLOTTED: 15 minutes**



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| **Slide #3**  MWSnap003.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #4**  **MWSnap004.jpg** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |



December 2011

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 an embedded skills evaluation within the training day. This embedded skills evaluation will take about 15 minutes. You will be asked to determine what types of questions are being asked in a written interview.

This evaluation has 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 questionnaires 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 in California.

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:

James Coloma, MSW

Training & Evaluation Specialist

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| **Slide #5 Learning Objectives**  MWSnap005.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Slide #6 Learning Objectives**  MWSnap006.jpg | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | | | |

**HOW IS INTAKE DONE IN YOUR AGENCY**

**TIME ALLOTTED: 15 minutes**



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| **Slide #7 Warm Up**  MWSnap007.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INTAKE PROCESS: DEFINITIONS, GOALS, SKILLS**

**TIME ALLOTTED: 15 minutes**



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| **Slide #8 What is Intake?**  MWSnap008.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #9 Goals of the Intake Interview**  MWSnap009.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #10 Role of the Intake Worker**  MWSnap010.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #11 Skills for Effective Intake Interviews**  MWSnap011.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

**THE S.T.O.R.Y. APPROACH TO INTAKE, EVALUATING REPORTS**

**TIME ALLOTTED: 30 minutes**



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| **Slide #12 The STORY Approach**  MWSnap012.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #13 Specifics**  MWSnap013.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #14 Tale**  MWSnap014.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Slide #15 Others**  MWSnap015.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Slide #16 Reporting Party**  MWSnap016.jpg | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **Slide #17 Yes, (or No)**  MWSnap017.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **Slide #18 Screen In or Out?**  MWSnap018.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HANDOUT # 1**

**Getting the S.T.O.R.Y.**

**SPECIFICS**

**\_\_\_\_\_\_\_Name, Address, Phone**

**\_\_\_\_\_\_\_Directions and Location**

**\_\_\_\_\_\_\_Age, impairments which may affect initial contact**

**\_\_\_\_\_\_\_Household composition**

**\_\_\_\_\_\_\_Environmental issues (dogs, cats, etc) which may affect initial contact**

**\_\_\_\_\_\_\_Safety Issues which may affect initial contact**

**TALE**

**\_\_\_\_\_\_\_Allegations and clarification of details**

**\_\_\_\_\_\_\_History**

**\_\_\_\_\_\_\_Witnesses**

**\_\_\_\_\_\_\_Victim Abilities: ADL, IADL, medical and cognitive issues**

**\_\_\_\_\_\_\_Ability to protect self**

**\_\_\_\_\_\_\_Guns, drugs, law enforcement involvement**

**\_\_\_\_\_\_\_Environmental concerns/dangers**

**OTHERS**

**\_\_\_\_\_\_\_Relatives, Friends, Neighbors**

**\_\_\_\_\_\_\_Medical, Mental Health, Recent Hospitalizations**

**\_\_\_\_\_\_\_Other agencies**

**\_\_\_\_\_\_\_Income/Source**

**\_\_\_\_\_\_\_Attorneys, Bankers**

**\_\_\_\_\_\_\_Health/housing inspectors**

**REPORTING PARTY**

**\_\_\_\_\_\_\_NAME, ADDRESS, TELEPHONE**

**\_\_\_\_\_\_\_REQUESTS ANONYMITY**

**\_\_\_\_\_\_\_EXPECTATIONS**

**\_\_\_\_\_\_\_PERCEPTION OF IMMEDIATE RISK**

**\_\_\_\_\_\_\_PERCEPTION OF CLIENT'S ACCEPTANCE OF HELP**

**YES, or NO**

**\_\_\_\_\_\_\_CASE ACCEPTED FOR APS EVALUATION**

**\_\_\_\_\_\_\_CASE NOT ACCEPTED**

**\_\_\_\_\_\_\_REFERRALS MADE Prepared by** Susan Castano, ACSW, LCSW

**HANDOUT #2**

**Using the STORY Approach**

**Step I: Developing the Questions**

You have received the following information on a potential APS intake. Using the STORY approach as your guide, develop a list of questions and clarifications you would need in order to determine if the case should be screened “in” or “out” for an initial APS visit.

**Intake Case #1:**

Name: Maria Gonzalez

Address: 44 Elm St (senior building)

Los Angeles, Ca

Age: 85

Referred by: Carol O’Brien, Building Manager

Allegations: “Ms. Gonzales collects junk. Her apartment is piled up. She never takes the garbage out. There are roaches everywhere. There is hardly a path to get around. Ms. Gonzales is in a wheelchair. The neighbors are complaining because of the smell. We’ve tried to talk to her, but she pretends not to understand English. We’ve called her daughter and left messages, but she doesn’t return our calls. If this continues, we may have to evict her. You (APS) should put her in a nursing home where she belongs.

**Intake Case #2**

Name: Flora Popovka

Address: RD 4

Amityville, Ca

Age: 74

Referred by: Judy Brown, Daughter

Allegations: “My mother is very frail and can’t take care of herself. My brother Dimitri moved in with her about 4 years ago. He had been in jail and then couldn’t find a job (as usual) and now he is living off my mother’s income. She has even bought him a car. I take her to doctor’s appointments and sometimes have to bring her food because there is no decent food in the house. When I tell her she should kick him out, she says everything is fine, but I think she is losing it. My brother won’t even talk to me. You (APS) should get him out of there so she can live a peaceful life.”

**Intake Case #3**

Name: Bob Stevens

Address: Smith’s Rooming House

Oakland

Age: 64

Referred by: Bubba Jones, Friend

Allegations: “Bob and I have been friends for years. He can’t work anymore because he is pretty confused and acting crazy. He doesn’t change his clothes and hasn’t showered in a while. He has always liked to drink a bit and have a good time, but now he drinks mostly in his room. I don’t know why they deliver all that booze to him. When he goes out, he gets lost. I’m afraid he will get hit by a car. He has a son in New Jersey somewhere and a daughter in Virginia, but they don’t keep in touch with him. Somebody has to look out for him (APS).

**Intake Case #4**

Name: Laverne Jackson

Address: 443 Linden Rd

Fresno, Ca

Age: 34

Referred by: Frances Brower, Administrator, Sunrise Adult Day Program

Allegations: “Laverne is developmentally disabled. She lives with her mother and stepfather, a sister and her sister’s 4 children. Laverne has been coming to our program for a few years. Lately we have noticed that she is not taken care of very well. She is very hungry when she comes. We noticed some bruises on her face, a bite mark on her arm, and seemed upset. When we asked her mother, she said Laverne is clumsy and walks into things. She also said that they have a new puppy. There is more to this than meets the eye. Someone (APS) needs to look into this.

**Intake Case #5**

Name: Penelope Starlight

Address: 7 Magnolia Place

Beverly Hills, Ca

Age: 79

Referred by: Harold Demone, Mayor

Allegations: “Ms. Starlight is an elegant woman of means and connections. She still lives in her lovely home but is having trouble keeping it clean. Her attorney contacted me and wants to get help for her. He says he noticed that she is going downhill. She has paid her taxes and deserves to live better. I understand you protect older people and expect that you (APS) will take care of this situation.”

**CONDUCTING THE INTAKE INTERVIEW**

**TIME ALLOTTED: 30 minutes**



**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HANDOUT # 3**

**The STORY Approach to Intake**

**Step II: Role Play Intake Interview**

**Directions**:

Now that you have developed your questions, it is time to practice! In your small group, select one person to play the Reporter and another to play the Intake worker. The rest will be observers and may act as coaches to the Intake Worker. There will be 15 minutes for the total interview , 5 minutes to discuss it in your small group, and 10 minutes (total) for all groups to share 3 things they learned from this experience.

**Purpose of activity**: Conduct an APS Intake Interview using the STORY approach and applying the communications skills discussed earlier.

**Role of Reporter**: Make the referral to the APS Intake Worker using the information that was provided in writing. You will have to “make up” answers depending on the questions posed to you. Use the “persona” or role as a guide, but listen and respond to the type of question and the way it is posed to you. Make sure you understand what is going to happen as a result of your referral.

**Role of Intake Worker:** Using the questions you developed and the discussion you have had in your group, discuss the referral with the reporter. Go through the steps of the STORY including the explanation of what will happen as a result of the referral. Remember to connect to the reporter, use the skills we discussed, and be the ambassador of good will.

**Role of Observers/Coaches**: Observe how questions are posed and responded to, how information is obtained. Offer help to Intake Worker **if it is requested**. Please do not interrupt the interview unless worker requests it.

**Small Group Process**: Discuss feedback from reporter, challenges for intake worker, and any observations that are helpful to the learning process.

**Large Group Process:** Share with the large group 3 things that you learned as a result of this activity.

**SOCIAL WORKERS AND SAFETY ISSUES**

**TIME ALLOTTED: 15 minutes**



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**Slide #19: A Few Facts about Safety**

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**Handout # 4**

**PLANNING FOR SAFETY**

**Before the Visit**

1. **Safety Assessment - Prior to a visit**
   1. Accept responsibility to plan for safety - risk exists
   2. Learn about the home environment and neighborhood
   3. Review client files to determine potential risks
2. **Develop a Safety Action Plan**
   1. Know agency protocols
   2. Conduct visits with a co-worker or law enforcement when appropriate
   3. Think through scenarios and outcomes from similar visits and adapt plans accordingly
   4. Consult with a supervisor, if needed
   5. Post a schedule of your home visits with addresses and phone numbers
   6. If the schedule changes let someone at the office know about the change.

**During the Visit**

1. **Safety Assessment**
   1. Notice the neighborhood environment and make a plan of action for entering and exiting your destination.
   2. Notice the home environment
   3. Be aware of who is in the home or may be coming to the home
   4. Pay attention to your intuition and "gut level" feelings. These are often the first warning signs of danger. Leave if you feel threatened even if "nothing happened". You can always come back later with a co-worker or law enforcement.
   5. Be aware of cultural biases, stereotypes and prejudices that may impact judgment
   6. If the client or someone in the home denies access, or is threatening and angrily demands that you leave, you should leave immediately. If you feel the client is endangered, return later with law enforcement assistance.
2. **A word of caution - don't get carried away**
   1. Most families are not a threat
   2. Safety assessments and action plans are useful because they promote awareness and reduce fear so workers can focus on helping.

(Children's Services Practice Notes. Vol.3,No.2, July 1998.)

**PREPARING FOR THE INITIAL VISIT**

**TIME ALLOTTED: 60 minutes**



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| **Slide #20 Preparing for the Initial Visit**  MWSnap019.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #21 Pre-Investigation Investigation**  MWSnap020.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #22 Pre-Service Service Planning**  MWSnap021.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #23 Consultation, Support, Backup**  MWSnap022.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #24 Decision on Type of Visit**  MWSnap023.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #25 Planning for Safety**  MWSnap024.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**HANDOUT # 5**

**Planning for Safety (Activity)**

In your team, discuss and list safety precautions you can take between the office and your first visit to the client.

Team #1: Scheduling

Team #2: Communication

Team #3: Travel

Team #4: Car Safety

**Handout # 6**

**SAFETY PLANNING TIPS FOR HOME VISITS**

**Scheduling**

* + Go early in the day to high-crime neighborhoods,
  + Schedule the most challenging case first ,
  + Know perpetrator’s schedule,
  + Know when home health aide is at the house,
  + Know client’s schedule (day program, senior center, ongoing medical treatment.

**Communication**

* + Leave your schedule with supervisor and coworkers
  + Discuss emergency signal plan with supervisor or coworkers
  + Have emergency numbers available
  + If meeting law enforcement, wait for them to arrive
  + If a client or someone else in the home denies access, or is threatening and angrily demands that you leave, you should leave immediately. If you feel the client is endangered, ask for law enforcement assistance and return later. with them.
  + Be alert and aware of what is occurring, such as verbal and non-verbal communication, level of tension, etc. Keep in touch with your intuition and “gut level feelings”. If you start feeling nervous or afraid, even if “nothing happened”, make an excuse and leave. Come back later with another APS worker.

**Car / Travel**

* + Use county car when possible to avoid hostile clients learning your license plate number or damaging your car
  + Have your insurance # and AAA # handy
  + Keep maps in car; know where you are going. Avoid wandering on foot through rough neighborhoods or apartment complexes looking for the client's residence.
  + Have a full tank of gas; make sure spare tire is in good repair; make sure you have a blanket, jumper cables, water, shovel
  + Lock doors and windows.
  + Don’t open window more than 2-3 inches to talk to strangers.
  + Carry keys in your hand. Have extra car door key separate from other keys.
  + Choose a safe path to your car.
  + Make sure valuables are not visible – lock them in the trunk when you leave.
  + If you think you are being followed, drive to the police or fire station or to a public building

**Tools/Dress**

* + Flashlight
  + Cell phone (fully charged)
  + Whistle
  + Hand cleaner gel
  + Dog biscuits
  + Dress practically and sensibly.
  + Maintain a low profile.
  + Leave jewelry at home. Take only what you can afford to lose.
  + Carry a shoulder bag rather than a purse – secured between your arm and body
  + Keep hands free - no unnecessary parcels or bags

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| **Slide #26 Involving Law Enforcement**  MWSnap025.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**INTRODUCING YOURSELF AT THE DOOR**

**TIME ALLOTTED: 30 minutes**



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**HANDOUT # 7**

**Intake Process:**

**Introducing Yourself at the Door**

In dyads, you will practice introducing yourself to the client at the door. You will each take turns being the worker. Each person will have 5 minutes to introduce themselves.

The scenario is as follows:

The **client** is 82 years old, frail, and a little suspicious. She has been told not to open the door to strangers because the neighborhood that has been deteriorating. Her neighbors have been robbed and she feels that anyone coming to her door must have an ulterior motive. She is very fearful that someone will come and take her from her home.

The **worker**’s job is **ONLY** to introduce her/himself (name, agency) at the door and make the client feel comfortable with her/his presence. *Worker does NOT gain access, do an assessment, or provide any specific service!!!*

**GAINING ACCESS: DOS AND DON'TS, DEALING WITH RESISTANCE AND REFUSAL OF ACCESS**

**TIME ALLOTTED: 30 minutes**



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| **Slide #27 Rapport at the Door**  MWSnap026.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #28 Gaining Access: The Dos**  MWSnap027.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #29 Gaining Access the Dos** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #30 What We Learned from Research**  MWSnap028.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #31 Gaining Access: The Don'ts**  MWSnap029.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #32 Dealing with Resistance**  MWSnap030.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #33 If you are refused access**  MWSnap031.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**BEWARE / BE AWARE**

**TIME ALLOTTED: 15 minutes**



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| **Slide #34 Beware/Be Aware**  MWSnap032.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Handout #9**

**Beware/Be Aware**

1. “The place was so dirty I was grossed out afraid to sit down.”
2. “The client didn’t seem to understand that much English so I had to really yell.”
3. “The client speaks only Polish so I found a woman who was cleaning the apartment next door and asked her to translate.”
4. “So I told her that her son was no good and she should just kick him out. “
5. “I got out my binder and started writing everything she told me and she got so upset.”
6. “She offered me coffee but I told her we were not allowed to accept anything from clients.”
7. “He refused to help his wife… said cooking was woman’s work. “
8. “He wouldn’t even look me in the eye. I know he isn’t telling the truth.”

**INTERVIEWING THE ALLEGED ABUSER: PREPARATION, DOS AND DON'TS**

**TIME ALLOTTED: 45 minutes**



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| **Slide #35 Interviewing the Alleged Abuser: Overview**  MWSnap033.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Slide #36 Preparing for the Interview**  MWSnap034.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Slide #37 The Dos**  MWSnap035.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Handout #10**

**Interviewing the Alleged Abuser**

**Initial Questioning**

**Start slowly and generally:**

“Thank you for waiting while I interviewed your mother. I need your help – I’m trying to determine her situation so we can see what services are appropriate at this time. I would like to spend some time with you so you can tell me your perception of how things are here.”

“Tell me what you want me to know about your mother.”

“What is her medical condition? What medicine does she take?”

“How involved are you with your mother’s everyday activities and care?”

“What do you expect her to do for herself?”

“What does she expect you to do for her? Do you do those things? Are you able to do them? Have you had any difficulties? What kind?”

“Please describe how you spend a typical day.”

“Do you have any supports? Are there siblings who help?”

“What responsibilities do you have outside the home?

**Use client-centered questions.**

**If alleged abuser becomes defensive, thank him/her again for being so cooperative and providing this important information**

**Save most sensitive questions for last**

“You know those bruised on your mother’s arms? How do you suppose she got them?

“Your mother seems quite thin. How do you think she got that way?”

Adapted from Quinn and Tomita, Elder Abuse and Neglect: Causes, Diagnoses, and Intervention Strategies Springer (New York, 1986)

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| **Slide #38 The Don'ts**  MWSnap036.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Handout #11**

Meeting the Alleged Abuser

Communication-Busters!

Read the following APS worker to alleged abuser statements. Discuss what might make the statement a communication-buster and rewrite the statement making it a communication-opener.

1. I understand you’ve been leaving your mother alone at night while you go to the bar.

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1. We received a report that said you are living off your mother’s social security checks.

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1. The law states that we need to see your mother. If you don’t cooperate, I’ll come back with the police.

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1. Your mother says that you don’t shop for her and she is always hungry.

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1. Your husband told me you hit him with your cane. The poor defenseless man is in a wheelchair. How can you do such a thing?

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1. My job is to investigate allegations of abuse, neglect, and exploitation of elderly people. Are you the one caring for your mother?

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**ASSESSING POTENTIAL DANGER AND DE-ESCALATING TENSE SITUATIONS**

**TIME ALLOTTED: 30 minutes**



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| **Slide #39 Abuser Behaviors Associated with Danger**  MWSnap037.jpg | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Handout # 12**

**Predictors of Potential Violence**

These are factors that may increase the likelihood that violence will occur. Presence of specific indicators does not mean that violence WILL occur nor does the lack of indicators mean that violence WILL NOT occur. These are predictive indicators to use as tools in one's professional assessment of a situation.

1. **Traits and factors that raise the potential for violence**
   1. Prior Violence - is the number one predictor of recurrent violence. Persons who have been violent in the past are more likely to be violent again. Review case histories for past violence prior to a visit and ask about current or previous violent behavior at the initial visit. Of particular interest would be the individual's most violent act and how often one has violent thoughts.
   2. Internal Feelings - fear, humiliation, boredom, grief, and a sense of powerlessness are associated with aggressive behaviors. To reduce risk, avoid interacting in ways that may make a client feel embarrassed. Rather, provide knowledge that will empower clients to recognize and respond with non-violent options.
   3. Physical Factors - lack of sleep, physical exhaustion, use of drugs or alcohol, brain trauma, heat, hunger, cold, physical disability, or chronic pain can increase the risk of violent responses.
   4. Situational Factors - access to weapons, a history of childhood abuse or aggression, a sense of injustice or oppression can lead to violence.
   5. Forced Removal - Growing evidence demonstrates that violence is more likely when persons are removed from their living situations, especially if it occurs in front of family or friends. Therefore removals should always be planned events and never be conducted alone.

(Children's Services Practice Notes. Vol.3,No.2, July 1998.)

1. **What to Look For**

Information about a person's past history or current emotional state is not always available, however, there are signs that you can look for from the people in the home visit environment.

1. General Observations
   * Are you able to establish rapport?
   * Seems under the influence of alcohol or drugs?
   * Feels overwhelmed, hopeless, stressed
   * Verbalizes being angry, upset in general
   * Seems angry specifically at you or your agency
2. Physical Observations
   * Appears agitated/ Pacing
   * Forced or intrusive eye contact
   * Tense facial expressions
   * Irritable
   * Movement into personal space
   * Indirect threats of violence
   * Touch - that is tight or constraining
3. Verbal Observations
   * Indirect threats of violence
   * Dehumanizing language/ verbally abusive
   * Raised voice or labored speech
   * Escalating voice or tone

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| **Slide #40 Red Flags**  MWSnap038.jpg | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Slide #41 Proactive Responses to Conflict**  MWSnap039.jpg | | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Slide #42 Warning Signs of Potential Violence**  MWSnap040.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | |

**Handout #13**

**De-escalating Tense Situations**

**General Actions**

* There is no "right " technique that will diffuse tension in every situation. The goal, however, is to help the angry person reduce the amount of tension he/she is feeling and gain control of their aggressive actions. Model calm behavior both verbally and with body language.
* One of the most important things to do, and admittedly difficult, is to remain calm. Staying calm is not always possible but it is necessary to continue to think about the options available and choose the best ones.
* It is easier to act calmly when you remember that the anger comes from the situation and is not directed personally to you. Defensiveness on your part validates the angry behavior and increases the tension.
* Be sensitive and alert to differences in cultural expressions and beliefs
* Remain self-confident and pleasant
* Maintain client's hope
* Support normal emotional responses

**Verbal Actions**

* Show respect, use empathic listening skills, and follow the angry persons lead by asking "what do you need from me?" . Talk about the frustration or problem that has come up, reflect feelings and behaviors, and take responsibility for your mistakes.
* Speak in a calm, direct and respectful tone. Keep the pitch and level of your voice evenly modulated. Slow down your speech and speak clearly, simply, and directly so the other person can understand you despite their anger. Keep sentences short and to the point and repeat, if necessary. A person who is upset may have difficulty processing and understanding what is being said and may need to hear it more than one time.
* Using phrases such as "calm down" or "take it easy" are NOT good ideas as they suggest that you do not understand why the other person is so upset.
* Interpret behavior cautiously, "You look like you are getting more upset, is that right?".
* If hostility is decreasing - Do not interrupt
* If hostility is increasing - Gently interrupt, "I need to say something right now".
* Offer choices such as talking later or agreeing on a cooling off period. Allow the person to save face - give the person a way out
* Distracting a person or changing the topic may be helpful. However it may further anger people if they realize you are diverting them
* Don't use humor - when people are angry it can easily be misinterpreted

**Physical Actions**

* Use nonthreatening, non-confrontational body language
* Move slowly, keep hands visible
* Avoid placing hands on hips or crossing arms over chest
* Avoid physical closeness; do not touch an angry person
* Reduce eye contact - don't stare or glare
* Position yourself to the side of the person, so you are not squarely facing them. Do not turn your back to the angry person.
* Let them know any physical movements you are going to make before you do it. For instance, "I'm going to use my phone to call my supervisor to see if she can help with getting what you need."
* Acknowledge the client's option to end the visit if they are feeling out of control
* Do not stand between the person and the door

**Exiting a tense situation**

* Leave the situation if you feel threatened. You might state that you are leaving and provide a reason or you may "remember" something you left in your car and simply exit.
* if a situation escalates try to keep your anxiety in check and above all keep thinking to review possible options and choose the best one.
* If you have attempted to stabilize the situation and things still seem to be escalating, leave and /or get help.
* Recognize that leaving a tense situation that is escalating is a viable and professional action. It also allows the client time to maintain their dignity.
* Ask for a cooling off period or to reschedule.
* Even if a person seems to be calming down give him/her time and physical space. It takes about 30 -40 minutes to physiologically calm down from anger. Remain alert and sensitive to the person and his/her state of mind.

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| **Slide #43 Preventing Dangerous Situations**  MWSnap041.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Slide #44 Your Attitude**  MWSnap042.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Slide #45 Your Listening Skills**  MWSnap043.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Slide #46 Your Communication Skills**  MWSnap044.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Slide #47 Your Gut Reaction**  MWSnap045.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Slide #48 Exiting a Tense Situation**  **MWSnap046.jpg** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Handout #14**

**Assessing Potential Violence**

**Case Vignette: Caroline Johnson**

Reason for Referral: anonymous neighbor reports hearing client’s son Harold yelling and using abusive language to his mother. Neighbor thinks Harold has a drinking or drug problem. Reports that client is 87, uses a wheelchair, and is quite frail.

When you make the initial visit, Mrs. Johnson is home alone and lets you in. The living room is messy with empty food containers and there are beer cans on the coffee table though it is only 11:00a.m.

Consider the following questions before moving on to the next paragraph:

* What safety assessment observations are available to you, the worker? (Red Flags)
* What "gut reactions" are you experiencing?
* What verbal, physical or general actions or rapport building communication will you engage in?
* What alternative safety plan are you considering , if needed?
* What pre-visit safety planning activities might reduce risk in this situation?

Mrs. Johnson says her son has gone out; she is not sure where. She states that no one else is home and casts an anxious glance toward the front door. She tells you that her son is “a good boy” but sometimes goes out and drinks a little too much. When that happens, she states that she stays in her room. She denies abuse even though she has a few bruises on her arms. She says she fell down.

Consider the following questions before moving on to the next paragraph:

* What safety assessment observations are available to you, the worker? (Red Flags)
* What "gut reactions" are you experiencing?
* What verbal, physical or general actions or rapport building communication will you engage in?
* What alternative safety plan are you considering, if needed?
* What pre-visit safety planning activities might reduce risk in this situation?

While you are speaking to her, the son, Harold, comes in the house carrying a brown paper bag, smelling of alcohol and slightly slurring his words. He looks surprised and unhappy to see you. His initial reaction is to challenge your authority and your right to be in his home. His eyes are red and he appears agitated and threatened.

Consider the following questions before moving on to the next paragraph:

* What safety assessment observations are available to you, the worker? (Red Flags)
* What "gut reactions" are you experiencing?
* What verbal, physical or general actions or rapport building communication will you engage in? What adjustments might you make to your attitude, body language, listening and communication style to try to calm the situation?
* What alternative safety plan are you considering , if needed?
* What pre-visit safety planning activities might reduce risk in this situation?

Harold removes a beer from the bag, opens it, takes a drink and tells Mrs. Johnson that "he is fed up with her going behind his back". He turns to you saying, "you have no business being in my home.

Consider the following questions before moving on to the next paragraph:

* What safety assessment observations are available to you, the worker? (Red Flags)
* What "gut reactions" are you experiencing?
* What verbal, physical or general actions or rapport building communication will you engage in? What adjustments might you make to your attitude, body language, listening and communication style to try to calm the situation?
* What alternative safety plan are you considering, if needed?
* What pre-visit safety planning activities might reduce risk in this situation?

He takes a step toward you and states, "I'm going to see to it that you get what's coming to you," and he grabs your wrist and twists it painfully. He is still standing in the doorway blocking your exit.

Consider the following questions:

* What safety assessment observations are available to you, the worker? (Red Flags)
* What "gut reactions" are you experiencing?
* What verbal, physical or general actions or rapport building communication will you engage in? What adjustments might you make to your attitude, body language, listening and communication style to try to calm the situation?
* What alternative safety plan are you considering , if needed?
* What pre-visit safety planning activities might reduce risk in this situation?

**ETHICAL PRACTICE & WRAP-UP**

**TIME ALLOTTED: 15 minutes**



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| **Slide #49 Ethical Practice**  MWSnap047.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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| **Slide #50 In Conclusion**  MWSnap048.jpg | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

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**CalSwec Core Competencies Addressed**

V.  Advanced Practice with Older Adults

6.15 Mediate situations with problem behaviors including angry or hostile older adults and/or family members.