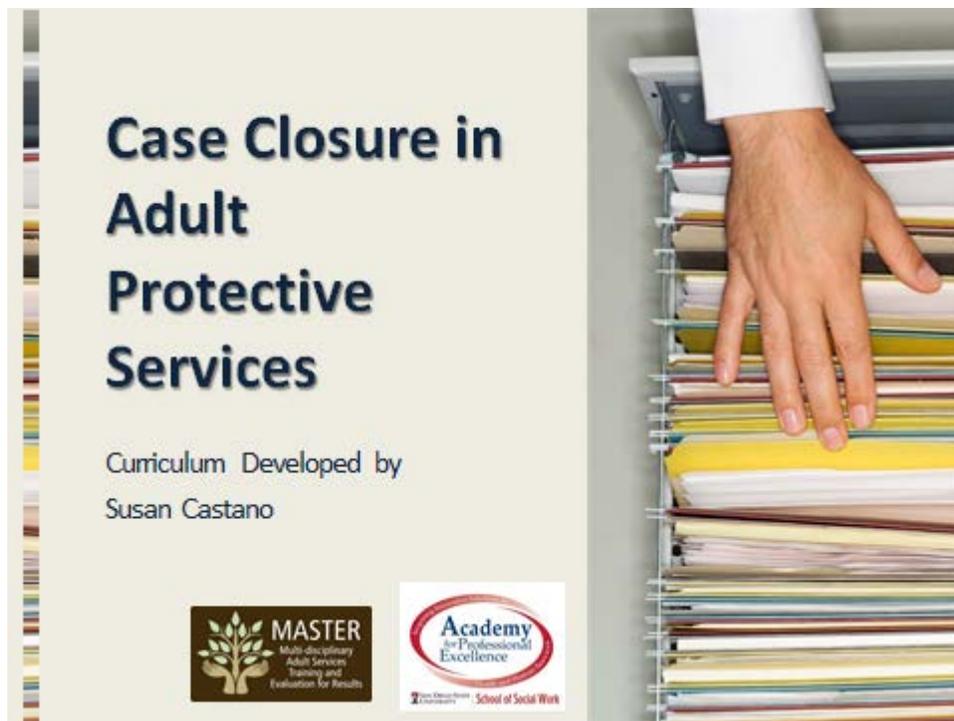


# CASE CLOSURE IN ADULT PROTECTIVE SERVICES

## PARTICIPANT MANUAL



## MODULE 23

**PARTICIPANT MANUAL**  
**CASE CLOSURE IN ADULT PROTECTIVE SERVICES**



**This training was produced by the Academy for Professional Excellence under 2009-SZ-B9-K008, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this training are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.**

**Curriculum Developer**  
Susan Castaño, LCSW

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# CASE CLOSURE: PARTICIPANT MANUAL

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## INTRODUCTION

### THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Case Closure in Adult Protective Services Training developed by Project MASTER, a program of the 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

MASTER is an Office of Victims of Crime funded program of the Academy for Professional Excellence which has the overarching goal is 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 of the Bay Area Training Academy
- 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)

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## 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**

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 Mitchel, 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  
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Ralph Pascual, 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 Castano, LCSW

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### **References**

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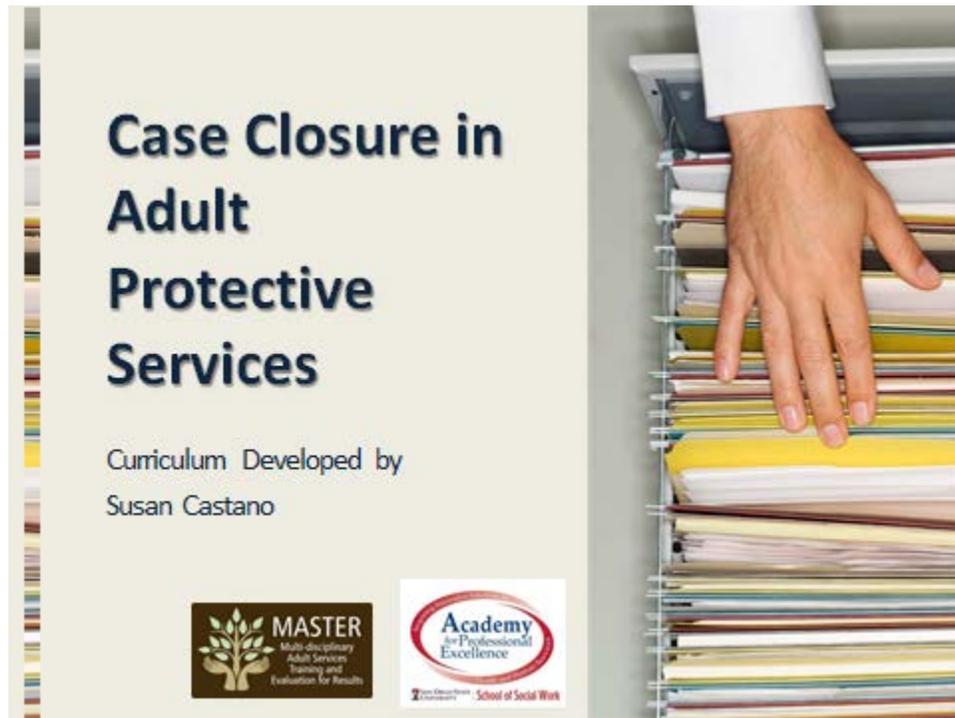
## CASE CLOSURE: PARTICIPANT MANUAL

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### COURSE OUTLINE

<b>Content</b>	<b>Total Time</b>	<b>Activities</b>	<b>Slides/Handouts</b>
<b>Welcome, Introductions, Learning Objectives</b>	15 min	Lecture	Slides 2-6 Handouts 1-3
<b>Warm up Activity</b>	15 min	Large Group Activity	Slide 7
<b>Closing APS Cases: Policies, Reasons, Conditions, Making a Reasonable Effort</b>	30 min	Lecture Large Group Discussion	Slides 8-22 Handouts 4, 5
<b>Case Vignettes</b>	30 min	Small Group Activity Large Group Discussion	Slide 23 Handout 6
<b>BREAK</b>	15 min		
<b>Dynamics of Case Termination For Worker and Client</b>	45 min	Lecture/Discussion Small Group Activities Large Group Activity	Slides 24-29 Handouts 7, 8
<b>Dealing With the Stresses of Case Termination: Self Care</b>	30 minutes	Large Group Brainstorming Optional Activity	Slides 30-33 Handouts 9, 10
<b>LUNCH</b>	60 minutes		
<b>Measuring Success</b>	30min	Lecture/Discussion Small Group Activity	Slides 34-35 Handout 11
<b>Steps to Take Before Closing an APS Case</b>	30 minutes	Lecture/Discussion Large Group Activity Transfer of Learning	Slides 36-38 Handouts 12, 13
<b>BREAK</b>	15 minutes		
<b>Writing a Case Summary</b>	45 minutes	Lecture/Discussion Practice Activity : Individual /Large Group Transfer of Learning	Slides 39-43, Handouts 14, 15
<b>Practice Determining Whether to Close the Case: Card Game</b>	45 minutes	Cards and Directions Group Activity	Slide 44
<b>Closing: Q &amp; A and Evaluations</b>	15 minutes	Q & A Evaluations	Slide 45 Evaluations

### TRAINING GOALS AND OBJECTIVES



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

1. Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case.
2. Explain how aspects of the helping relationship affect the outcome of the case at termination.
3. Evaluate the effectiveness of service delivery in 3 key areas (Risk, Satisfaction and Adherence to Policy).
4. Write a case closure summary that includes all essential case elements.
5. Recognize how grief and loss dynamics lead to worker stress at case closure and identify a personal method to relieve burnout.

## EXECUTIVE SUMMARY

HANDOUT #1

**Course Title:** *Case Closure in Adult Protective Services*

In this interactive and thought provoking introductory training, participants learn the factors and conditions which indicate a case should or should not be closed. They will be able to explain how client rapport and other aspects of the helping relationship affect the outcome of the case. Participants will be able to evaluate the effectiveness of the service plan and to write a comprehensive case summary. In addition, participants will learn to recognize the stresses related to case closure and will be challenged to come up with personalized stress relief.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, case studies); question/answer periods; PowerPoint slides; participant guide (encourages self-questioning and interaction with the content information); embedded evaluation to assess training content and process; and transfer of learning activity to access knowledge and skill acquisition and how these translate into practice in the field.

### **Course Requirements:**

Please note that training participants are expected to participate in a variety of in-class and post-training evaluation activities. These activities are designed to enhance the learning experience and reinforce the skill acquisition of training participants as well as determine the overall effectiveness of the trainings.

An executive summary of each training and directions for post-training evaluation activities will be provided to training participants and their supervisors.

### **Target Audience:**

This course is designed for new APS social workers as well as Vulnerable Adult Abuse partners (e.g. conservatorship investigators, workers in the aging and disability networks, law enforcement). This training is also appropriate for senior staff that require knowledge and/or skills review.

### **Outcome Objectives for Participants:**

Learning goals – Upon completion of this training session, participants will be able to:

1. Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case.
2. Explain how aspects of the helping relationship affect the outcome of the case at termination.
3. Evaluate the effectiveness of service delivery in 3 key areas (Risk, Satisfaction and Adherence to Policy).

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4. Write a case closure summary that includes all essential case elements.
5. Recognize how grief and loss dynamics lead to worker stress at case closure and identify a personal method to relieve burnout.

**Transfer of Learning:** *Ways supervisors can support the transfer of learning from the training room to on the job.*

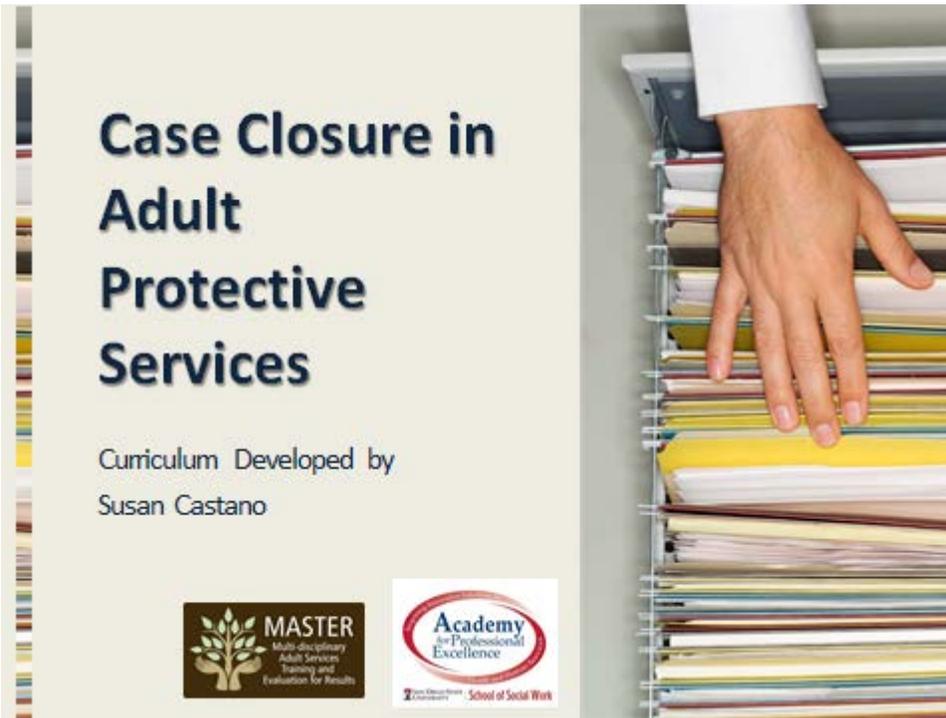
### **BEFORE the training**

Supervisors can encourage line staff to attend the training and help them identify particular strengths and/or challenges that they have had in closing cases in the past. Training participants can share these experiences during training.

### **AFTER the training**

Supervisors can read the training executive summary and instructions for out-of-class transfer of learning activity. Supervisor and training participant will then schedule a time to complete the activity together – at this point the trainees can share what specific skills they obtained from the training. If further staff involvement is available, trainees may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

# PRESENTATION



# WELCOME AND INTRODUCTIONS



**TIME ALLOTTED: 15 minutes**

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## Slide #3

**Housekeeping and Introductions**

- Schedule for the day
- CEU instructions
- Location of restrooms
- Set cell phones to vibrate
- Introductions



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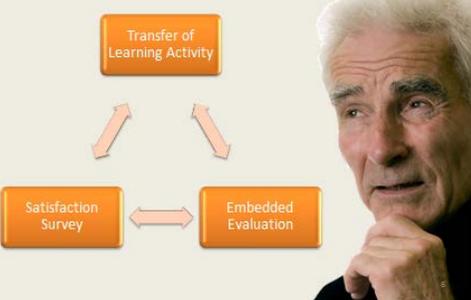
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## Slide #4

**Evaluation Process**



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### HANDOUT #2 – Letter to Participants

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.

## CASE CLOSURE - PARTICIPANT MANUAL

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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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Training & Evaluation Specialist  
Academy for Professional Excellence  
San Diego State University – School of Social Work  
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(619) 594-3219  
[icoloma@projects.sdsu.edu](mailto:icoloma@projects.sdsu.edu)

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Slide #5

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
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# CASE CLOSURE - PARTICIPANT MANUAL

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## HANDOUT #3

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.  
  
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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 1<sup>st</sup> through the 9<sup>th</sup>, 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 #6

**Learning Objectives**

- Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case.
- Explain how aspects of the helping relationship affect the outcome of the case at termination.
- Evaluate the effectiveness of service delivery in 3 key areas (Risk, Satisfaction and Adherence to Policy).
- Write a case closure summary that includes all essential case elements.
- Recognize how grief and loss dynamics lead to worker stress at case closure and identify a personal method to relieve burnout.

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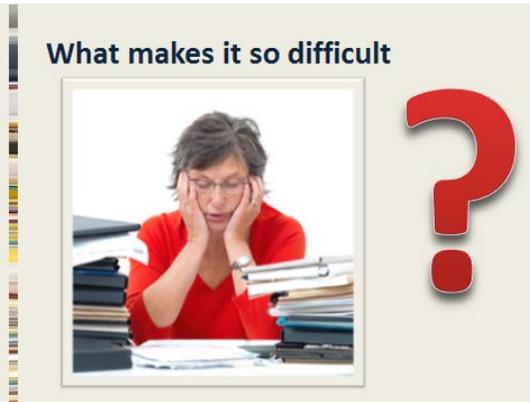
## WARM-UP ACTIVITY



**TIME ALLOTTED: 15 minutes**

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**Slide #7**



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# CLOSING APS CASES: POLICIES, REASONS, CONDITIONS, MAKING A REASONABLE EFFORT



**TIME ALLOTTED: 30 minutes**

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**Slide #7**

**What the Policy Says**

- Goal of APS intervention
- Achievement of goal
- Non-achievement of goal
- Documentation requirements
- Follow up requirements



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**Slide #8**

**NASW: Code of Ethics Termination**

- Safeguard clients' rights
- Time termination
- Avoid abandonment
- Minimize possible adverse effects
- Ensure continuity of service

NASW Code of Ethics: effective January 1997, revised 2008



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# CASE CLOSURE - PARTICIPANT MANUAL

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## HANDOUT #4

### NASW Code of Ethics: Social Workers' Ethical Responsibilities to Clients

#### 1.14 Clients Who Lack Decision-Making Capacity

When social workers act on behalf of clients who lack the capacity to make informed decisions, social workers should take reasonable steps to safeguard the interests and rights of those clients.

#### 1.15 Interruption of Services

Social workers should make reasonable efforts to ensure continuity of services in the event that services are interrupted by factors such as unavailability, relocation, illness, disability, or death.

#### 1.16 Termination of Services

- (a) Social workers should terminate services to clients, and professional relationships with them, when such services and relationships are no longer required or no longer serve the clients' needs or interests.
- (b) Social workers should take reasonable steps to avoid abandoning clients who are still in need of services. Social workers should withdraw services precipitously only under unusual circumstances, giving careful consideration to all factors in the situation and taking care to minimize possible adverse effects. Social workers should assist in making appropriate arrangements for continuation of services when necessary.
- (c) Social workers in fee-for-service settings may terminate services to clients who are not paying an overdue balance if the financial contractual arrangements have been made clear to the client, if the client does not pose an imminent danger to self or others, and if the clinical and other consequences of the current nonpayment have been addressed and discussed with the client.
- (d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.
- (e) Social workers who anticipate the termination or interruption of services to clients should notify clients promptly and seek the transfer, referral, or continuation of services in relation to the clients' needs and preferences.
- (f) Social workers who are leaving an employment setting should inform clients of all available options for the continuation of service and their benefits and risks.

NASW Code of Ethics <http://www.socialworkers.org/pubs/code/code.asp>

# CASE CLOSURE - PARTICIPANT MANUAL

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## Slide #10

**APS Case Closing Conditions**

- Risk resolved or reduced
- Unable to locate
- Client refused services
- Client referred to another agency
- Client placed
- Client deceased



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## Slide #11

**Risk Resolved or Reduced**

Conditions?

- Presenting problem addressed successfully
- Client's needs being met
- Services in place
- Perpetrator no longer a threat
- Guardian/conservator appointed



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## CASE CLOSURE - PARTICIPANT MANUAL

### HANDOUT #5 - Risk Resolved or Risk Reduced

<b>Type of Case</b>	<b>No Longer at Risk: Full Resolution</b>	<b>Risk Reduced and Client Stabilized:</b>
Exploitation	<p>The exploitation stopped. For example:</p> <ul style="list-style-type: none"> <li>• Measures were taken to prevent future exploitation.</li> </ul> <p>Or:</p> <ul style="list-style-type: none"> <li>• Law enforcement is pursuing prosecution of the perpetrator.</li> </ul> <p>Or:</p> <ul style="list-style-type: none"> <li>• Exploited resources were restored.</li> </ul>	<p>The exploitation stopped.</p> <ul style="list-style-type: none"> <li>• Measures were taken to reduce likelihood of future exploitation.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• The client's needs are met.</li> </ul>
Physical, sexual, or emotional/verbal abuse	<p>The abuse stopped. For example:</p> <ul style="list-style-type: none"> <li>• The perpetrator no longer has access to the client or factors leading to the abuse are fully remedied.</li> </ul> <p>Or:</p> <ul style="list-style-type: none"> <li>• Law enforcement is pursuing prosecution of the perpetrator.</li> </ul>	<p>The abuse stopped.</p> <p>The perpetrator still has access to the client, but services addressing factors leading to abuse have started and recurrence is less likely.</p>
Medical-Neglect	<p>The disease or disorder is cured. For example:</p> <ul style="list-style-type: none"> <li>• For chronic or terminal medical conditions, the client is receiving all treatment desired.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• All other major needs are being met.</li> </ul> <p style="text-align: right;"><i>Adapted from Texas APS IH 2008</i></p>	<p>The disease or disorder is following a normal course. The client is receiving treatment or pain relief appropriate for the stage of illness and deemed adequate by an attending physician.</p>

## CASE CLOSURE - PARTICIPANT MANUAL

Type of Case	No Longer at Risk: Full Resolution	Risk Reduced and Client Stabilized:
Self-Neglect (Environmental)	<p>All major needs are met and likely to be met indefinitely. For example:</p> <ul style="list-style-type: none"> <li>• Client is approved for all services and support for which they are eligible.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Services are being managed well.</li> </ul>	<p>All major needs are met and are likely to be met for at least three months, or no long-term resources to meet all client needs are available.</p> <ul style="list-style-type: none"> <li>• The client has applied for all services and support and benefits for which they are eligible.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Financial management issues were addressed</li> </ul>
Self-Neglect (Substance Abuse)	<p>Issues causing the self-neglect are addressed. For example:</p> <ul style="list-style-type: none"> <li>• Client accepts treatment and ceases to abuse substances.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• All needs are met.</li> </ul>	<ul style="list-style-type: none"> <li>• Client does not accept treatment for substance abuse.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Client receives services that manage the ongoing needs for basic food, clothing, shelter and health care.</li> </ul>
Self-Neglect (Mental Illness)	<p>Issues causing the self-neglect are addressed. For example:</p> <ul style="list-style-type: none"> <li>• Client receives treatment for mental illness, including taking medication as prescribed.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Client has ongoing contact with a mental health case manager.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• All of the client's needs for food, clothing, shelter and health care are met.</li> </ul> <p><i>Adapted from Texas APS IH 2008</i></p>	<ul style="list-style-type: none"> <li>• Client receives treatment for the most recent problems stemming from untreated mental illness.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Client is currently compliant with prescribed medications or if not compliant, serious physical or emotional harm is not likely to result.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Client has access to food, clothing, shelter and health care.</li> </ul> <p>And:</p> <ul style="list-style-type: none"> <li>• Client has been referred for mental health services.</li> </ul>

**Slide #12**

**Unable to Locate**

Conditions?

- Not at current address
- Moved to another state with no contact
- Unable to make contact with client
- Made reasonable efforts to get locating information



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**Slide #13**

**Client Refused Services**

Conditions?

- Client has capacity
- Client making informed decision
- Client does not wish to take recommended action
- Client does not allow worker in home
- All reasonable efforts made



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**Slide #14**

**Client Referred to Another Agency**

Conditions?

- No longer meets APS criteria
- Guardian/conservator assumed responsibility
- Case turned over to law enforcement/prosecutor
- Client care assumed by mental health system or DD system
- Client is out-of-state



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Slide #15

**Client Placement**

Conditions?

- Long term care facility
- Supervised living facility not under APS jurisdiction



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Slide #16

**Client Deceased**

Conditions?

- Death not related to allegations of abuse, neglect, or exploitation



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Slide #17

**What is Reasonable Effort?**  
**Let's be Realistic**

- Personal choice on the part of the client may limit the effectiveness of APS intervention;
- Resources available to APS for helping clients are limited; and
- APS cannot remedy all situations.



Texas APS In Home Training, December 2008 (3 slides)

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# CASE CLOSURE - PARTICIPANT MANUAL

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## Slide #18

**Reasonable Efforts Include:**

- Searching for a solution among available regional resources, if resources are unavailable;
- Searching for a solution in other parts of the state, if those services meet the needs of the client;

A map of the state of Mississippi, showing major cities like Jackson, Meridian, and Natchez, and geographical features like the Mississippi River and Lake Pontchartrain.

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## Slide #19

**Reasonable Efforts Include:**

- Changing the service plan if an intervention fails to solve the problem, and a different action is likely to be more effective;

A silhouette of a person standing next to a signpost with multiple arrows pointing in different directions, symbolizing a choice or a change in direction.

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## Slide #20

**Reasonable Efforts Include:**

- Evaluating services continually to ensure effectiveness;

A close-up photograph of a magnifying glass, symbolizing evaluation or inspection.

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# CASE CLOSURE - PARTICIPANT MANUAL

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## Slide #21

**Reasonable Efforts Include:**

- Recognizing that some problems cannot be solved if the resources are not available
- Recognizing that some clients are not willing to change their circumstances.



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## Slide #22

**Reasonable Efforts do NOT include:**

- Keeping a case open indefinitely in the eventuality that a resource will become available;
- Making a positive outcome an absolute condition for closure; or
- Doing more for one client than would be done for another in the same situation.



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# CASE VIGNETTES



**TIME ALLOTTED: 30 minutes**

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## Slide #23

A slide titled "Case Vignettes" with three bullet points and a photograph of an elderly man. The slide has a vertical bar on the left with colored segments. The text on the slide is:

**Case Vignettes**

- What is the criteria for termination?
- Is this case ready for termination?
- What reasonable efforts been made to meet the goal?

A portrait of an elderly man with white hair, wearing glasses and a blue and white plaid shirt, smiling slightly.

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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #6 - Can I Close This Case?

#### Case #1: Joseph Martin

Joseph Martin, age 86, was referred to APS by an anonymous friend due to alleged exploitation and neglect by his son James. Mr. Martin's bills are overdue and he is at risk of losing his electricity. Mr. Martin has COPD and uses oxygen. The APS Worker interviewed Mr. Martin who stated his son had run into some bad luck and was staying with him. Mr. Martin acknowledged that James had taken money but he did not wish to get James in trouble since James has already had some encounters with law enforcement. He stated he depends on James to take him to the doctor and buy his cigarettes, and sees the money as a form of payment for services rendered. When questioned about the possible utility shut-off he said that his daughter would pay the bill.

The APS Worker interviewed James, who seemed angered by the visit. He stated he helps his father as much as he can and his father gives him money freely. He said that, "He deserves the money and he will get it after the old man dies, so what is the big deal." He then stated, "It was nobody's business what happens between him and his father."

The APS Worker went back to see Mr. Martin and expressed concerns about James' attitude. Mr. Martin assured worker that he was all right and stated that James was moving out.

- If you were to close this case, what is your reason for termination?
  - Risk resolved or reduced
  - Unable to locate
  - Client refused services
  - Client referred to another agency
  - Client placed
  - Client deceased
- Is this case ready to close?
- What reasonable efforts been made to meet the goal? What else might be tried?

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #2: Maria Rodriguez

Maria Rodriguez, age 68, was referred by a local shopkeeper who stated that Ms. Rodriguez had mental problems and, when last seen, had multiple bruises on her face and arms. The shopkeeper believes that someone has been physically abusing her. She was described as disheveled, talking to herself, and yelling at passers-by. The shopkeeper said that he thinks Ms. Rodriguez rents a room from someone at 14 Main St.

The APS Worker visited the address indicated but nobody was home. The Worker looked at the public record to see who owned the home. The Worker then wrote a letter to the homeowner but got no response. The Worker went to the shop and walked around the fountain but couldn't find Ms. Rodriguez.

- If you were to close this case, what is your reason for termination?
  - Risk resolved or reduced
  - Unable to locate
  - Client refused services
  - Client referred to another agency
  - Client placed
  - Client deceased
  
- Is this case ready to close?
  
- What reasonable efforts been made to meet the goal? What else might be tried?

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #3: Georgia McVie

Georgia McVie, age 75, was referred to APS by the Visiting Nurse. Ms McVie is diabetic, morbidly obese, has one foot amputated, and doesn't like to use her wheelchair. Ms. McVie has a caregiver, Mary. Ms. McVie and Mary have on-going shouting matches about Ms. McVie's diet, her refusal to use her wheelchair, and her failure to take her insulin on time. The Visiting Nurse was concerned that Ms. McVie will fall or have serious medical complications because of her quarrelsome relationship with her caregiver. The APS Worker visited while the nurse and the caregiver were there and noted that there was a need for APS involvement.

The APS Worker made three subsequent attempts at visiting Ms. McVie but was refused entry. On the fourth visit, Ms. McVie threatened to call the police but did let the APS Worker in. Ms. McVie spoke loudly and used abusive and racist language to the worker. She stated that she understood what would happen if she didn't take her insulin. She said, "it was a free country and she can choose to live or die anyway she wishes." Ms. McVie asked the worker to leave and told her not to come back.

- If you were to close this case, what is your reason for termination?
  - Risk resolved or reduced
  - Unable to locate
  - Client refused services
  - Client referred to another agency
  - Client placed
  - Client deceased
  
- Is this case ready to close?
  
- What reasonable efforts been made to meet the goal? What else might be tried?

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #4: Jennie Mae Michaels

Jennie Mae Michaels, age 68, was referred to APS because she had failed to show up for renal dialysis twice in a week. Ms. Michaels had been on dialysis for a number of years, since being the victim of serious domestic violence. This is the first time she had missed appointments. The APS Worker met with the Ms. Michaels at her home. She stated that she was tired of having her life revolve around dialysis and that it isn't doing much good these days. Ms. Michaels stated that, "she had put her affairs in order and she is ready to die." The worker asked whether the client would reconsider her decision but the client refused although she was willing to talk to a psychologist to prove that she was "in her right mind".

The APS Worker arranged to take the Ms. Michaels to see a mental health professional. The evaluation found that she was not cognitively impaired and was not clinically depressed although she was, of course, unhappy about her health.

The APS Worker convinced Ms. Michaels to accept hospice care and visited her once more after that care was in place. The worker again appealed to the client to return to dialysis, which she again refused to do. Ms. Michaels thanked the worker for the concern.

- If you were to close this case, what is your reason for termination?
  - Risk resolved or reduced
  - Unable to locate
  - Client refused services
  - Client referred to another agency
  - Client placed
  - Client deceased
  
- Is this case ready to be closed?
  
- What reasonable efforts been made to meet the goal? What else might be tried?

# DYNAMICS OF CASE TERMINATION FOR WORKER AND CLIENT



TIME ALLOTTED: 45 minutes

## Slide #24

**Stages of the Helping Relationship**

- Helping clients clarify key issues**
  - Worker engages client to define the issue(s), often worker and client define problem differently
  - Goal = develop agreement on issue(s)
- Helping clients determine outcomes**
  - Definition of issue defines target outcome, often worker and client disagree on target outcome
  - Goal = develop agreement on outcome
- Helping clients develop strategies to accomplish goals**
  - Goal = worker and client come to agreement on how to accomplish goals
  - Often worker and client will agree on issues and outcomes but will disagree on how to move forward

Egan, Gerald (2002) The Skilled Helper - A problem-management and opportunity-development approach to helping

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## Slide #25

**Stages of the Helping Relationship**

- Helping clients clarify key issues**
  - A 85 yr old woman whose son is taking financial advantage of her.
  - She may define the problem as her son needing help rather than needing to protect her funds from her son.
- Helping clients determine outcomes**
  - The worker may want to secure a restraining order so that the son has no access to the client's funds.
  - The client may want a promise from the son that he will not use her money.
- Helping clients develop strategies to accomplish goals**
  - The client may block any efforts to arrest her son, feeling that it's a family issue that needs to be handled within the family or, at least, outside of the criminal justice system.

Egan, Gerald (2002) The Skilled Helper - A problem-management and opportunity-development approach to helping

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# CASE CLOSURE - PARTICIPANT MANUAL

## Slide #26




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**Scenario 1:**  
**Client lives in a studio apartment with 47 cats and is being threatened with eviction.**

**Scenario 2: Client lives with son who drinks and has become physically abusive.**

Stage	Challenges	Challenges
Helping clients to clarify the key issues calling for change.		
Helping clients determine outcomes.		
Helping clients develop strategies for accomplishing goals.		

## Slide #27

**Whose Needs Were Met?**

- Cooperative?
- Adversarial?
- Whose needs were met?
- Rush to close?
- Push to keep open?



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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #7 - Determining Whose Needs Were Met

1. "That client was so abusive to me. She was never satisfied with what I was offering her. She reminded me of my mother, always critical. I got so tired of going there and accomplishing nothing. This client probably has a personality disorder and there is no treatment for that. The last straw was putting in a home health aide- the client called and yelled at me, saying she didn't want "those people" in her home. She is a racist and nobody will be able to help her."
2. "That place was so scary. I thought I would fall through the porch and break my ankle. I have never seen such a disgusting home. And there were at least ten cats. The smell was awful. I had to take my clothes off as soon as I got home from the visit... there must have been fleas and I got bitten. The client chooses to live this way. This is her lifestyle and I need to respect that. The neighbors may not like it, but I am closing the case."
3. "He is such a sweet old man. I seem to be the only one who understands him. I got him meals on wheels, and a home health aide, and a friendly visitor. I used emergency funds to clean up his home. I found furniture for him. I enjoy listening to his stories about the war and about his life. I can't close the case yet. He really needs me and I know that no other worker will take the time to understand him the way I do."
4. "This case has been referred three times before. The abusive son moves in, case opened. He is arrested for some infraction, case closed. I tried to get her to file a restraining order. She promises she won't take him back, but she always does. They have such a codependent relationship. Can't she see that he is no good?  
  
I've had the case opened for a long time, I admit, but it is not worth closing it. The son will be out of jail in 3 months and the client is worried about him. I can't imagine going through all the paperwork again, so I might as well just sit on it and wait."
5. "My client's daughter called me today to let me know that her mother died at home last night. The daughter was really angry with me. She said it was my fault that her mother died. If I hadn't taken mom's side about wanting to be at home with hospice, her mother would still be alive. She has no understanding of why I supported her mother. She is so selfish. I am so glad I can close this case

Slide #28

**So, Where do YOU fit in?**

- Helping relationship begins with YOU
- Rapport and empathy are the source
- Self-awareness is crucial to the helping process
- Your feelings, attitudes, assumptions influence the outcome



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Slide #29

**Activity: Dynamics of Case Termination**

- Dependence
- Fear
- Guilt
- Anxiety
- Relief
- Dealing with and clarifying value differences
- Dealing with and accepting resistance/anger



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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #8 - Feelings about Termination

<b>Feeling</b>	<b>Client</b>	<b>Worker</b>
<i>Dependence (Example)</i>	<i>Worker abandoned me. I have suffered so many losses and this is another one</i>	<i>Client still needs me. If I had more time, more could be done.</i>
Fear		
Guilt		
Anxiety		
Relief		
Cultural values		
Dealing with resistance		

# DEALING WITH THE STRESSES OF CASE TERMINATION: SELF CARE



**TIME ALLOTTED: 30 minutes**

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Slide #30

**Don't "Sleep" With Your Clients**

- Not ethical ☺
- Not good for your mental health
- Not good for your other relationships
- Not good for professional morale

I forgot to call Mr. B and I need a food voucher for Alice

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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #9

**Burnout Defined** – “The condition of someone who has become very physically and emotionally tired after doing a difficult job for a long time.” (Merriam-Webster)

#### Signs of Burnout

- Have you become cynical or critical at work?
- Do you drag yourself to work and have trouble getting started once you arrive?
- Have you become irritable or impatient with co-workers, customers or clients?
- Do you lack the energy to be consistently productive?
- Do you lack satisfaction from your achievements?
- Do you feel disillusioned about your job?
- Are you using food, drugs or alcohol to feel better or to simply not feel?
- Have your sleep habits or appetite changed?
- Are you troubled by unexplained headaches, backaches or other physical complaints?

#### How to Handle Job Burnout

Here are some actions that you can take if you are experiencing burnout:

- **Manage the stressors that contribute to job burnout.** Identify and address the issues that are fueling your feelings of burnout.
- **Evaluate your options.** Talk to your supervisor about your concerns. Brainstorm together now to change the situation to reduce your stress. Is job sharing an option? What about telecommuting or flexing your time? Would it help to establish a mentoring relationship? What are the options for continuing education or professional development?
- **Adjust your attitude.** If you're a cynic, look for ways to improve your outlook. Remember the pleasurable aspects of your job. Look for opportunities to recognize co-workers for a job well done. Take your breaks and use your vacation time. Spend time doing things you enjoy outside of work.
- **Seek support.** Look for support and collaboration to help you cope with your feelings of stress and burnout. Reach out to co-workers, friends, loved ones or others. Take advantage of available services such as employee assistance programs (EAP).
- **Assess your interests, skills and passions.** If your burnout is severe, you may need to consider an alternate job that better matches you interests, core values, or personality. An honest assessment of your interests, skills and passions will help you decide. Source: <http://www.mayoclinic.com/health/burnout/WL00062/NSECTIONGROUP=2>

## CASE CLOSURE - PARTICIPANT MANUAL

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**Definition of Compassion Fatigue** - Figley (1995) defined it as a secondary traumatic stress reaction resulting from helping or desiring to help a person suffering from traumatic events. Its symptomology is nearly identical to that of post-traumatic stress disorder (PTSD).

### Managing Compassion Fatigue:

Help make your workplace more supportive by taking or asking for:

- Regular breaks
- Assessing and changing workloads
- Regular “check-in” times to discuss impact of work on personal/professional life.
- Mental health days
- Peer support
- Improved access to professional development

You can improve your personal situation by assess your life situation:

- Is there a balance between nourishing and depleting activities in your lives?
- Do you have access to regular exercise, non-work interests, personal debriefing?
- Are you a caregiver to everyone or have you shut down and cannot give any more when you go home?
- Are you relying on alcohol, food, gambling, shopping to de-stress?

### Compassion Fatigue Toolkit

- What are my warning signs – on a scale of 1 to 10, what is a 4 for me, what is a 9?
- Schedule a regular check in, every week – how am I doing?
- What things do I have control over? What things do I not have control over?
- What stress relief strategies do I enjoy? (taking a bath, sleeping well or going for a massage)
- What stress reduction strategies work for me? Stress reduction means cutting back on things in our lives that are stressful (switching to part time work, changing jobs, revising your caseload, etc.)
- What stress resiliency strategies (e.g. relaxation methods that we develop and practice regularly, such as meditation, yoga or breathing exercises) can I use?

Source: Françoise Mathieu - <http://www.compassionfatigue.org/pages/RunningOnEmpty.pdf>

**Compassion Satisfaction Defined** - Compassion Satisfaction is about the pleasure you derive from being able to do your work. For example, you may feel like it is a pleasure to help others through what you do at work.

Source: [http://proqol.org/Compassion\\_Satisfaction.html](http://proqol.org/Compassion_Satisfaction.html)

**Slide #31**

# CASE CLOSURE - PARTICIPANT MANUAL

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How to Sleep at Night...and Get Through the Day...



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## Slide #32

Compassion Satisfaction/  
Fatigue Self-Test for Helpers



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# CASE CLOSURE - PARTICIPANT MANUAL

## HANDOUT #10

### PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

#### COMPASSION SATISFACTION AND COMPASSION FATIGUE (PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

**1 = Never**

**2 = Rarely**

**3 = Sometimes**

**4 = Often**

**5 = Very Often**

- \_\_\_\_\_ 1. I am happy.
- \_\_\_\_\_ 2. I am preoccupied with more than one person I *[help]*.
- \_\_\_\_\_ 3. I get satisfaction from being able to *[help]* people.
- \_\_\_\_\_ 4. I feel connected to others.
- \_\_\_\_\_ 5. I jump or am startled by unexpected sounds.
- \_\_\_\_\_ 6. I feel invigorated after working with those I *[help]*.
- \_\_\_\_\_ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
- \_\_\_\_\_ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
- \_\_\_\_\_ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
- \_\_\_\_\_ 10. I feel trapped by my job as a *[helper]*.
- \_\_\_\_\_ 11. Because of my *[helping]*, I have felt "on edge" about various things.
- \_\_\_\_\_ 12. I like my work as a *[helper]*.
- \_\_\_\_\_ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
- \_\_\_\_\_ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
- \_\_\_\_\_ 15. I have beliefs that sustain me.
- \_\_\_\_\_ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
- \_\_\_\_\_ 17. I am the person I always wanted to be.
- \_\_\_\_\_ 18. My work makes me feel satisfied.
- \_\_\_\_\_ 19. I feel worn out because of my work as a *[helper]*.
- \_\_\_\_\_ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.

## CASE CLOSURE - PARTICIPANT MANUAL

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- \_\_\_\_\_ 21. I feel overwhelmed because my case [work] load seems endless.
- \_\_\_\_\_ 22. I believe I can make a difference through my work.
- \_\_\_\_\_ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I [help].
- \_\_\_\_\_ 24. I am proud of what I can do to [help].
- \_\_\_\_\_ 25. As a result of my [helping], I have intrusive, frightening thoughts.
- \_\_\_\_\_ 26. I feel "bogged down" by the system.
- \_\_\_\_\_ 27. I have thoughts that I am a "success" as a [helper].
- \_\_\_\_\_ 28. I can't recall important parts of my work with trauma victims.
- \_\_\_\_\_ 29. I am a very caring person.
- \_\_\_\_\_ 30. I am happy that I chose to do this work.
- \_\_\_\_\_

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## CASE CLOSURE - PARTICIPANT MANUAL

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of this section.

### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

- 3. \_\_\_\_\_
- 6. \_\_\_\_\_
- 12. \_\_\_\_\_
- 16. \_\_\_\_\_
- 18. \_\_\_\_\_
- 20. \_\_\_\_\_
- 22. \_\_\_\_\_
- 24. \_\_\_\_\_
- 27. \_\_\_\_\_
- 30. \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about

- \*1. \_\_\_\_\_ = \_\_\_\_\_
- \*4. \_\_\_\_\_ = \_\_\_\_\_
- 8. \_\_\_\_\_
- 10. \_\_\_\_\_
- \*15. \_\_\_\_\_ = \_\_\_\_\_
- \*17. \_\_\_\_\_ = \_\_\_\_\_
- 19. \_\_\_\_\_
- 21. \_\_\_\_\_
- 26. \_\_\_\_\_
- \*29. \_\_\_\_\_ = \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

the effects of helping when you are *not* happy so you reverse the score

### Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added them up you can find your score on the table to the right.

- 2. \_\_\_\_\_
- 5. \_\_\_\_\_
- 7. \_\_\_\_\_
- 9. \_\_\_\_\_
- 11. \_\_\_\_\_
- 13. \_\_\_\_\_
- 14. \_\_\_\_\_
- 23. \_\_\_\_\_
- 25. \_\_\_\_\_
- 28. \_\_\_\_\_

**Total:** \_\_\_\_\_

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

## CASE CLOSURE - PARTICIPANT MANUAL

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Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

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### Compassion Satisfaction \_\_\_\_\_

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

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### Burnout \_\_\_\_\_

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a “bad day” or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

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### Secondary Traumatic Stress \_\_\_\_\_

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other’s trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others’ traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

**Slide #33**

How can we enjoy life while being responsible to others?

Buddhists advise:  
"Act as if the future of the universe depends on what you do, while laughing at yourself for thinking that your actions make a difference."



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**LUNCH BREAK**

# MEASURING SUCCESS



**TIME ALLOTTED: 30 minutes**

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## Slide #34

**What is a Successful Outcome?**

1. Safety/Health: Risk resolved or reduced
2. Quality of Life: self-determination respected, least restrictive alternative used
3. Legal, ethical, agency guidelines followed



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## Slide #35

**Measuring Outcomes Activity**

- What would have to happen for me to know the client was safer or healthier?
- How would I gauge client satisfaction with the outcome?
- How would I make sure that the interventions were based on ethical principles, legal standards, and agency procedures?



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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #11 - Measuring Outcomes Activity

#### Case #1

Mac Jones, age 89, was referred to APS because his son, Harold, who is unemployed and has a substance abuse problem, was living with Mr. Jones and taking his money. The financial exploitation was substantiated. There were large sums of money withdrawn from Mr. Jones' account. Utilities were about to be shut off. Property taxes were overdue and it was possible Mr. Jones would lose the house. Mr. Jones understood the gravity of his situation but did not want to hurt his son and didn't want him prosecuted. He liked having Harold in the house because he would bring food sometimes and often they would have a few beers together and watch the football games.

The APS Worker arranged for a home health aide to assist Mr. Jones with personal care and shopping. The worker found a program that would help Mr. Jones manage his money and made arrangements with the utility company and the tax office for a payment plan. The representative payee froze Mr. Jones' accounts. The case was terminated.

When Harold realized that he would no longer have access to his father's money, he moved to another state and no longer contacted his father.

1. What is the evidence that the client is safer and no longer at risk (or at reduced risk)?
  
  
  
  
  
  
  
  
  
  
2. What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?
  
  
  
  
  
  
  
  
  
  
3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed?



## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #3

Roberta Kingston is a 67 year old African-American woman who was referred to APS for domestic violence. Her husband, Jerome Kingston, age 73, uses a wheelchair and is legally blind. Mrs. Kingston is his only caregiver. The reporting party stated that Mrs. Kingston had a black eye and large purple bruises on the upper portion of her arms yesterday. When asked about her injuries, Mrs. Kingston told the reporting party, "Even in a wheelchair that mean S.O.B. can still make me miserable."

When the APS Worker interviewed Mrs. Kingston, she denied that Mr. Kingston had caused her injuries. She said that the bruises on her upper arms were the result of lifting Mr. Kingston from his wheelchair into bed. She said that Mr. Kingston "hangs on tight" during transfers because he is afraid she might drop him. She stated that the black eye happened when she was hit by an elbow in a crowd. She denied that she had any problems at all with Mr. Kingston.

The APS Worker offered to arrange for another caregiver for Mr. Kingston but Mrs. Kingston stated that Mr. Kingston wouldn't allow anyone else to care for him. The worker also offered to provide Mrs. Kingston with emergency shelter, which she refused. The worker tried to explain safety planning to Mrs. Kingston but she stopped her saying that she didn't need a plan because she was not in danger from her husband. The worker asked permission to talk to Mrs. Kingston's children but Mrs. Kingston refused. She didn't want them involved.

After the interview with Mrs. Kingston, the worker called the reporting party and explained that Mrs. Kingston had denied the abuse. The worker asked the reporting party to please call again if there is additional evidence of abuse.

1. What is the evidence that the client is safer and no longer at risk (or at reduced risk)?
2. What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?
3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #4

Henrietta Pulowski, age 62, was referred to APS by a neighbor due to self-neglect. She has multiple sclerosis and a personality disorder. Mrs. Pulowski would walk very unsteadily in her neighborhood and yell and threaten children out playing. She dumped trash on her neighbor's property. She had 10 cats and no litter boxes. The house smelled terrible and was in disrepair. It took three visits to be able to assess the situation as Mrs. Pulowski refused the APS Worker's entry in the beginning. She was very resistant to worker's intervention but the worker listened to her complaints and tried to address them. Mrs. Pulowski felt that the neighbors were plotting against her and the neighborhood kids were harassing and making fun of her. She asked that the worker not contact her daughter.

The worker felt the need to contact the daughter for more collateral information, since the Mrs. Pulowski would not share any information. The daughter was very angry and said she was tired of these complaints. The daughter called her mother and told her to behave. At the worker's next visit, she was denied entry. Mrs. Pulowski said worker had betrayed her. She used very abusive language to the worker and told the worker that she needed no help and she was fine. The worker contacted the Mental Health Screeners and asked them to evaluate Mrs. Pulowski's risk to others for an involuntary commitment. The screeners did not find that Mrs. Pulowski met the criteria. The case was terminated due to refusal of services.

1. What is the evidence that the client is safer and no longer at risk (or at reduced risk)?
  
  
  
  
  
  
  
  
  
  
2. What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?
  
  
  
  
  
  
  
  
  
  
3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed?

# STEPS TO TAKE BEFORE CLOSING AN APS CASE



**TIME ALLOTTED: 30 minutes**

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## Slide #36

**Closing an APS Case: Necessary Steps**

- Risk reassessment
- Evaluation of case intervention and progress
- Referrals
- Review of documentation
- Discussion with supervisor



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## Slide #37

**Case Closure Checklist**

- ✓ Evidence as required
- ✓ Investigate and document all allegations
- ✓ Make Update risk assessment
- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

Adapted from Texas APS IH January 2010

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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #12 Case Closure Checklist

- ✓ Evidence as required
- ✓ Investigate and document all allegations
- ✓ Make/Update risk assessment
- ✓ Verify protective services have been offered/provided
- ✓ Make sure all reasonable efforts have been tried
- ✓ Notify other agencies or boards as needed
- ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
- ✓ Closing Case Summary to Supervisor

*Adapted from Texas APS IH January 2010*

## Slide #38



**Taking the Steps Activity**

- Make the case your own
- Take all necessary steps to prepare for termination
- Write what you would do if it were your case

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## CASE CLOSURE - PARTICIPANT MANUAL

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### Handout #13

#### Case Termination Checklist Activity

**Review these cases and make them yours...decide what you would do to make sure these cases are ready for termination. Answer the questions for each case below.**

#### Case #1

Mac Jones, age 89, was referred to APS because his son, Harold, who is unemployed and has a substance abuse problem, was living with Mr. Jones and taking his money. The financial exploitation was substantiated. There were large sums of money withdrawn from Mr. Jones' account. Utilities were about to be shut off. Property taxes were overdue and it was possible Mr. Jones would lose the house. Mr. Jones understood the gravity of his situation but did not want to hurt his son and didn't want him prosecuted. He liked having Harold in the house because he would bring food sometimes and often they would have a few beers together and watch the football games.

The APS Worker arranged for a home health aide to assist Mr. Jones with personal care and shopping. The worker found a program that would help Mr. Jones manage his money and made arrangements with the utility company and the tax office for a payment plan. The representative payee froze Mr. Jones' accounts. The case was terminated.

When Harold realized that he would no longer have access to his father's money, he moved to another state and no longer contacted his father.

How would you....

- Update risk assessment
- Collect evidence as required
- Investigate and document all allegations
- Make sure protective services have been offered/provided
- Make sure all reasonable efforts have been tried
- Notify other agencies or boards as needed
- Inform client of case closure. If the client lacks capacity to consent, notify a significant other

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #2

Mrs. Patel, age 75, was referred to APS due to emotional abuse and possible neglect by her son Dr. Proful Patel. Dr. Patel is a physician who brought his mother to his home from India so that she would care for his children while he and his wife, also a physician, work. Dr. Patel has cared for his mother but finds she is not as reliable and is interfering with his wife and his children. He says, "Mother does not understand this culture and I have to keep her in the basement so she doesn't cause more friction in the family." Dr. Patel threatens to send his mother back to India but tells the APS Worker that he would never do that because he is responsible for her.

Mrs. Patel appears to be in good health, although the basement is cold and damp. Her daughter-in-law brings food to her and seems to treat her kindly. Mrs. Patel does not speak much English and appears a bit confused. Mrs. Patel says she does not like it here but has nowhere else to go. She says, "My son knows what is best for me."

The APS Worker suggested to Dr. Patel that the family get counseling, bring Mrs. Patel back into the family setting, and stop isolating her in the basement. The case was terminated – the client was no longer at risk.

How would you....

- Update risk assessment
- Collect evidence as required
- Investigate and document all allegations
- Make sure protective services have been offered/provided
- Make sure all reasonable efforts have been tried
- Notify other agencies or boards as needed
- Inform client of case closure. If the client lacks capacity to consent, notify a significant other

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #3

Roberta Kingston is a 67 year old African-American woman who was referred to APS for domestic violence. Her husband, Jerome Kingston, age 73, uses a wheelchair and is legally blind. Mrs. Kingston is his only caregiver. The reporting party stated that Mrs. Kingston had a black eye and large purple bruises on the upper portion of her arms yesterday. When asked about her injuries, Mrs. Kingston told the reporting party, "Even in a wheelchair that mean S.O.B. can still make me miserable."

When the APS Worker interviewed Mrs. Kingston, she denied that Mr. Kingston had caused her injuries. She said that the bruises on her upper arms were the result of lifting Mr. Kingston from his wheelchair into bed. She said that Mr. Kingston "hangs on tight" during transfers because he is afraid she might drop him. She stated that the black eye happened when she was hit by an elbow in a crowd. She denied that she had any problems at all with Mr. Kingston.

The APS Worker offered to arrange for another caregiver for Mr. Kingston but Mrs. Kingston stated that Mr. Kingston wouldn't allow anyone else to care for him. The worker also offered to provide Mrs. Kingston with emergency shelter, which she refused. The worker tried to explain safety planning to Mrs. Kingston but she stopped her saying that she didn't need a plan because she was not in danger from her husband. The worker asked permission to talk to Mrs. Kingston's children but Mrs. Kingston refused. She didn't want them involved.

After the interview with Mrs. Kingston, the worker called the reporting party and explained that Mrs. Kingston had denied the abuse. The worker asked the reporting party to please call again if there is additional evidence of abuse.

How would you....

- Update risk assessment
- Collect evidence as required
- Investigate and document all allegations
- Make sure protective services have been offered/provided
- Make sure all reasonable efforts have been tried
- Notify other agencies or boards as needed
- Inform client of case closure. If the client lacks capacity to consent, notify a significant other

## CASE CLOSURE - PARTICIPANT MANUAL

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### Case #4

Henrietta Pulowski, age 62, was referred to APS by a neighbor due to self-neglect. She has multiple sclerosis and a personality disorder. Mrs. Pulowski would walk very unsteadily in her neighborhood and yell and threaten children out playing. She dumped trash on her neighbor's property. She had 10 cats and no litter boxes. The house smelled terrible and was in disrepair. It took three visits to be able to assess the situation as Mrs. Pulowski refused the APS Worker's entry in the beginning. She was very resistant to worker's intervention but the worker listened to her complaints and tried to address them. Mrs. Pulowski felt that the neighbors were plotting against her and the neighborhood kids were harassing and making fun of her. She asked that the worker not contact her daughter.

The worker felt the need to contact the daughter for more collateral information, since the Mrs. Pulowski would not share any information. The daughter was very angry and said she was tired of these complaints. The daughter called her mother and told her to behave. At the worker's next visit, she was denied entry. Mrs. Pulowski said worker had betrayed her. She used very abusive language to the worker and told the worker that she needed no help and she was fine. The worker contacted the Mental Health Screeners and asked them to evaluate Mrs. Pulowski's risk to others for an involuntary commitment. The screeners did not find that Mrs. Pulowski met the criteria. The case was terminated due to refusal of services.

How would you....

- Update risk assessment
- Collect evidence as required
- Investigate and document all allegations
- Make sure protective services have been offered/provided
- Make sure all reasonable efforts have been tried
- Notify other agencies or boards as needed
- Inform client of case closure. If the client lacks capacity to consent, notify a significant other

# WRITING A CASE SUMMARY



**TIME ALLOTTED: 45 minutes**

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**Slide #39**

**Case Summary Essentials**

- Dates of all visits
- Contacts with collaterals
- Describe presenting problems and all interventions to address them
  - Services offered, services accepted, services refused
- Describe present risk status and reasons why case is ready for termination



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## CASE CLOSURE - PARTICIPANT MANUAL

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### Handout #14

#### Case Example for Case Closure Exercise

Using the sample case below or one of your own, prepare it for termination. Do the following:

1. Answer the Measuring Outcomes questions:
  - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?
  - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?
  - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?
  
2. Follow the Case Closure Checklist:
  - ✓ Evidence as required
  - ✓ Investigate and document all allegations
  - ✓ Make Update risk assessment
  - ✓ Verify protective services have been offered/provided
  - ✓ Make sure all reasonable efforts have been tried
  - ✓ Notify other agencies or boards as needed
  - ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
  - ✓ Closing Case Summary to Supervisor
  
3. Write a Case Summary as required by your agency. If your agency does not require a summary, write one using the information given to you in this training.

## CASE CLOSURE - PARTICIPANT MANUAL

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### Josef, Marvin case # 60-57382-01

1-05-12 The building manager of an exclusive senior residence called APS to report that Mr. Josef, a 78 year old retired successful businessman who lives in the building, is being financially preyed upon by an unsavory younger man named Donald Koch. Mr. Josef has told the manager that he is trying to help Mr. Koch turn his life around by assisting him financially. The manager reports that Koch comes around at all hours and often appears high on something. He has seen Koch be verbally disrespectful and very demanding to Mr. Josef. Other residents have complained that Mr. Koch is rude and intimidating to them. Because of the complaints, the manager asked Mr. Koch not to come to the building anymore. Koch responded by becoming very belligerent and threatening and refused to comply. If Mr. Josef continues to allow Mr. Koch to visit him at home, the building management will be forced to evict Mr. Josef as he is putting other residents at risk.

1-9-12 Interviewed Mr. Josef in his apartment. Mr. Josef was very pleasant during the interview. He reported that he needs no help with his activities of daily living or his instrumental activities of daily living. He was clean and well groomed. The apartment was tidy and the kitchen was well stocked.

Mr. Josef reported he met Mr. Koch while volunteering as a lay minister doing counseling with prison inmates. Mr. Koch was in prison for drug possession, grand theft, and assault and battery. Upon his parole, 3 months ago, Koch contacted Mr. Josef for financial help. Over the past 3 months Mr. Josef has bought him a new SUV, is paying \$3000/month rent on an apartment for him, and is giving him a \$2500/month allowance for living expenses. Mr. Josef says he often must "lend" Mr. Koch more money because Koch is trying to start his own business and has many expenses. When asked how long he plans to continue assisting Mr. Koch, he replied "as long as it takes." Mr. Josef believes he is doing god's work by reaching out to help someone less fortunate and he believes Koch will pay him back. Mr. Josef has no record of the amount of money he has given to Mr. Koch. There are no loan documents. Mr. Josef believes that Mr. Koch is keeping track of the loans.

Mr. Josef seems unable to understand that Mr. Koch might be taking advantage of his generosity. Mr. Josef consented to a Mini Mental Status Exam and scored 29 out of 30. His thinking is relatively concrete and he tends to persevere. He refused an evaluation by a psychologist. Mr. Josef signed a release of information for his bank records to confirm how much money he has "loaned" to Mr. Koch. Mr. Josef refused to talk to a psychologist. He also refused help from APS to "straighten out" his financial affairs. However, he agreed to allow APS worker to return. And, he was willing to allow APS to intercede with his apartment manager to help prevent an eviction.

1-9-12 Contacted Mr. Josef's apartment manager. Explained that APS would be contacting Mr. Koch and would reinforce the manager's request that Mr. Koch not visit the apartment building. Asked the manager to call worker the next time he sees Mr. Koch in the building. Manager agreed not to begin eviction proceedings without first contacting APS.

## CASE CLOSURE - PARTICIPANT MANUAL

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- 1-9-12 4:00 Telephone call to Mr. Koch, no answer, left message asking him to call at his earliest convenience.
- 1-10-12 Contacted Bank of America for Mr. Josef's bank records for the last 12 months. According to the print out, Mr. Josef has "lent" Mr. Koch over \$65,000 during the past 3 months (in addition to paying for the SUV and the rent for Mr. Koch's apartment). The records also indicate that, despite having a \$32,953 in his checking account and money market 3 CDs equaling \$750,000, Mr. Josef normally lives very frugally, spending less than \$3,000 per month on average for all his expenses.
- 1-10-12 10:45 Telephone call to Mr. Koch, no answer, again left message asking him to call at his earliest convenience.
- 1-11-12 Spoke with Detective Pulaski about this case. The detective stated that, because Mr. Josef is voluntarily giving the money to Mr. Koch and there is no proof that Mr. Josef is cognitively impaired, he felt the case was a "nonstarter" as a criminal case. Detective Pulaski stated that if we have proof of a cognitive impairment or we can prove that Mr. Koch lied to get the money (ran a con), then a criminal case might be possible.
- 1-12-12 Attempted to visit Mr. Koch at his apartment at 3390 Mission Trails Road, apt 27. No answer. Neighbor (Anna Daly in apt 28) indicated that Mr. Koch had packed up on Monday and moved out. Contacted the apartment manager who confirmed that Mr. Koch has moved and had left no forwarding address.
- 1-13-12 Interviewed Mr. Josef in his apartment. Mr. Josef stated that he has not seen Mr. Koch since last weekend. Mr. Koch had come by on Sunday and stated that his mother had just suffered a stroke and he needed to fly across country to be with her. He had borrowed \$10,000 for the trip from Mr. Josef. Explained to Mr. Josef that Mr. Koch had moved out of the apartment Mr. Josef had rented for him. Mr. Josef was saddened that Mr. Koch would move without letting him know.
- 1-16-12 Contacted Mr. Koch's parole officer (Herman Munch 951-478-3301) to get Mr. Koch's current address and his mother's address. According to Mr. Munch, Mr. Koch's mother is deceased and he did not provide a new address when he moved. Officer Much stated that Mr. Koch is in violation of his parole.
- 1-16-12 Contacted the city's office that provides business licenses. There is no record that Mr. Koch applied for any type of business license.
- 1-16-12 Contacted Detective Pulaski and brought him up to date on the case. The detective agreed to a joint interview with Mr. Josef on 1-17-12 at 10:30.
- 1-17-12 Conducted a joint interview with Detective Pulaski and Mr. Josef at Mr. Josef's apartment. Explained to Mr. Josef that Mr. Koch had lied about his mother's stroke and that there was no evidence of him applying for a business license. Mr. Josef had trouble believing that Mr. Koch would lie to him. However, he did state that Mr. Koch had not contacted him since he gave Mr. Koch money to visit his mother. Mr. Josef

## CASE CLOSURE - PARTICIPANT MANUAL

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provided Detective Pulaski with a statement regarding his relationship with Mr. Koch and when and why he gave Mr. Koch money. Detective Pulaski explained that they would be issuing a warrant for Mr. Koch's arrest and asked Mr. Josef to call if Mr. Koch contacted him. By the end of the interview, Mr. Josef appeared to understand that Mr. Koch had conned him. Explained that APS would contact victim assistance to provide follow-up assistance.

- 1-17-12 Contacted victim assistance (Unique Moore, 951-478-9372) and ask them to open a case for Mr. Josef. Arranged to conduct a joint visit on Thursday, 1-19-12 at 1:00.
- 1-19-12 Joint home visit conducted with Unique Moore at Mr. Josef's apartment. Introduced Mr. Josef to Unique. Unique explained the services available from Victim Assistance and explained that she would be helping him in the future. Explain to Mr. Josef that his APS case would be closed but that he should call again if he needed APS assistance.

Case Summary:

## Slide #40

**Practice: Transfer of Learning**

- Use your case
- Measure the outcome
- Write the summary
- Present to your supervisor



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## CASE CLOSURE - PARTICIPANT MANUAL

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### HANDOUT #15 Transfer of Learning Activity

Using a case of your own in the office, prepare it for termination when the time is appropriate. Do the following:

1. Answer the Measuring Outcomes questions:
  - What is the evidence that the client is safer and no longer at risk (or at reduced risk)?
  - What is the evidence that client's self-determination was respected and the least restrictive interventions were taken?
  - What is the evidence that the case was handled ethically and legally, and agency procedures were followed?
2. Follow the Case Closure Checklist:
  - ✓ Evidence as required
  - ✓ Investigate and document all allegations
  - ✓ Make Update risk assessment
  - ✓ Verify protective services have been offered/provided
  - ✓ Make sure all reasonable efforts have been tried
  - ✓ Notify other agencies or boards as needed
  - ✓ Inform client of case closure. If the client lacks capacity to consent, notify a significant other
  - ✓ Closing Case Summary to Supervisor
3. Write a Case Summary as required by your agency. If your agency does not require a summary, write one using the information given to you in this training.
4. Submit the materials to \_\_\_\_\_.

## Slide #41

**Bottom Line Issues:  
Cover All Bases**

- Did I do everything I could...
  - To engage the client
  - To understand/respect the client, her needs, her wishes
  - To provide appropriate services in the least restrictive manner
- Did I involve others as needed?
  - Family/friends/significant others
  - Other disciplines
  - Law enforcement



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## Slide #42

**Bottom Line Issues: Liability**

- Did I fulfill my legal responsibilities?
- Was a final risk assessment completed?
- Is my documentation clear, factual, and complete?
- Could this case come back to haunt me/my agency?
  - How have I prepared for the possibility?
  - Have I made follow-up plans when appropriate?



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## Slide #43

**Bottom Line Issues:  
Partners**

- Did I use partners from other disciplines?
- Was termination discussed with partners?
- Were confidentiality issues addressed?
- Will a partner agency be available to follow up/provide case management after APS is terminated?



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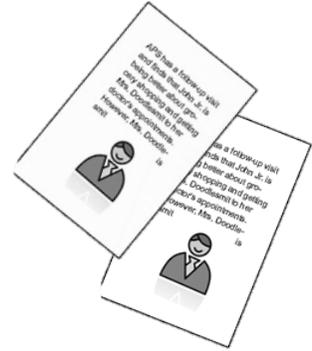
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# Practice Determining Whether to Close the Case



**TIME ALLOTTED: 45 minutes**



**Slide #44**



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## Directions for “Your Case is Closed” card game

**GOAL:** The goal of the game is to collect the most complete “Abuse Suits”. Each “Abuse Suit” is identified by matching icons on the cards. So, for example there is a suit of roof repair, broken arm, check fraud, etc. The tricky part is that each suit must include the original abuse allegation and all the reasonable actions needed before closing the case. In some cases, the suit may have only 3 cards. In other cases, the suit could have 6 cards. You have to read the cards to determine whether you have all necessary cards.

**SET-UP:** Three cards are dealt to each player. All remaining cards are placed face-down in a draw pile.

**GAMEPLAY:** Randomly choose a player to go first.

On your turn, ask a player for a specific card suit. For example: “Barb, please give me your broken arm cards”. You must already hold at least one card of the requested suit.

## CASE CLOSURE - PARTICIPANT MANUAL

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If the player you ask has any cards of the requested suit, she must give all of her cards of that suit to you. In this example, Barb would have to give you all her broken arm cards.

If you get one or more cards from the player you ask, you get another turn. You may ask any player for any suit you already hold including the one you just asked for.

If the person you ask has no relevant cards, they say, "Go Fish". You then draw the top card from the draw pile.

If you happen to draw the card you asked for, show it to the other players and you get another turn. However, if you draw any other suit, it becomes the turn of the player who said "Go Fish". You keep the drawn card.

When you believe that you have all the cards of a given suit, lay down all the cards in the suit and say "Case Closed". *If another player has an additional card for that suit, they can steal your suit and either lay down the completed suit or hold it to wait for more cards.* The game continues until the draw pile runs out.

If you give away all your cards, you must draw one from the draw pile.

**WINNING:** The winner is the player with the most completed suits at the end of the game.

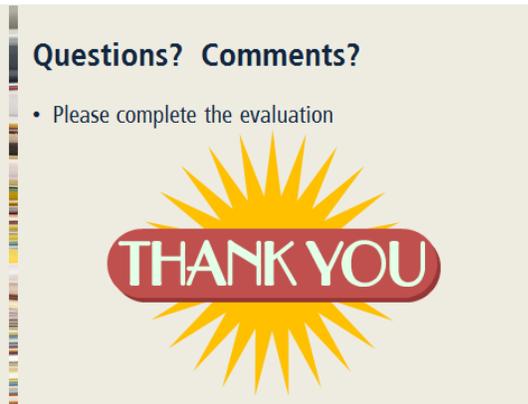
# CLOSING: Q & A AND EVALUATIONS



**TIME ALLOTTED: 15 minutes**

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**Slide #45**



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## CASE CLOSURE - PARTICIPANT MANUAL

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