

# Case Closure in APS

## Module 23

### Case Closure - Susan Castano

The Topic: due to the complexity and nature of APS cases, the decision to close a case is often wrought with anxiety for the worker. Does risk still remain, and, if so, what is the level? Have all appropriate assessments been done? Has any stone been left unturned? Workers must be able to answer those questions and supervisors must be able to guide their workers and support them in those difficult decisions. This module will provide the guidance and the practice for workers in case closure.

- 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.



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

- Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case
  1. identify conditions under which to close an APS case
  2. describe the steps that workers must take before closing a 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)

#### Supervisor Activities:

The following pages contain a variety of activities that may be used with new workers and processed in individual or group supervision. Please read the Case Closure Trainer's Manual as it will give you a wealth of didactic material and resources to support these activities

#### Selected Reading:

[http://www.nccdcrc.org/ncccd/dnld/  
Home/Structuring\\_Decisions\\_in\\_Adult\\_Protective\\_Services.pdf](http://www.nccdcrc.org/ncccd/dnld/Home/Structuring_Decisions_in_Adult_Protective_Services.pdf)

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Park, Katherine; Johnson, Kristin;  
Flasch, Shannon; and Bogie, Andrea.  
“Structuring Decisions in APS” February  
2010.

[http://theacademy.sdsu.edu/resources\\_new/  
APS\\_Risk\\_Assessment\\_curve.pdf](http://theacademy.sdsu.edu/resources_new/APS_Risk_Assessment_curve.pdf)

APS Risk Assessment Curve. 2009

**Identify factors and conditions which indicate appropriateness/  
inappropriateness of closing an APS case**

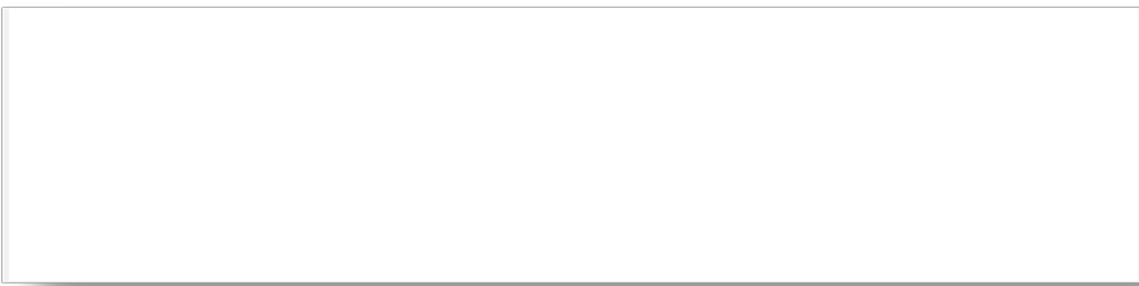
**P**rovide your agency's APS case termination policy to new worker for review before you meet with her/him. Then, ask:

- According to the policy, what is the goal of APS intervention?

- According to policy, what are the circumstances under which a case can be closed?

- According to the policy, what is required of worker in order to close a case? (*specific documentation, reports, etc*)

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### Discussion Questions: Identify factors and conditions which indicate appropriateness/inappropriateness of closing an APS case

**N**ew workers to APS may have varied backgrounds. Some may have been in the social work field for many years, others may be fresh out of school, others may have come from a completely different field. Although case termination is discussed in most social work schools, APS termination is more complex and involves more than just the emotional piece that is normally addressed. These questions will start new workers thinking about the issues around terminating APS clients and well as some of the ethical principles.

- What are the most common reasons for terminating a case in APS? (*Risk ameliorated or reduced, unable to locate, client refused services, client referred to another agency, client placed, client deceased*)
- What do you see as some of the challenges facing workers when deciding whether to terminate a case? (*doing too much, not doing enough, dealing with the community or family response, something bad happening to the client right after the case is closed, newspaper articles about what APS did or didn't do..*)
- What are some of the ethical issues involved with closing an APS case? (*share NASW ethics handout and use for discussion if desired*)
- How do you know if you have done enough, covered all your

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bases? (*made a thorough risk assessment, made sure the client understood all her options, contacted all appropriate*

*collaterals, made sure that worker actions were not a result of personal issues..*)

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### Case Consultation Methods: Explain how aspects of the helping relationship affect the outcome of the case at termination

Using a new case, help worker connect how the establishment of a helping relationship can help them in the successful termination of the case.

- Discuss the following stages of the helping relationship as it pertains to their particular case situation. Have there been challenges? What has the worker done to address the challenges? Alternately you can go through these stages at a unit meeting and let coworkers listen to challenges and make suggestions.
  - Help clients to clarify the key issues calling for change. *Challenges may include: client mental status, client not seeing a problem or a need for change, client resistance to agency intervention, client fear or shame regarding actions of a caregiver/abuser,*
  - Help clients determine outcomes. *Challenges may include: how do I get a resistant or confused or mentally ill client to take part in the process? My goals and the client's goals are not the same.*
  - Help clients develop strategies for accomplishing goals. *(Challenges may include: client doesn't see a way out due to depression or hopelessness or loyalty to abuser, strategies are sabotaged, resources are limited or non-existent, there is not enough time to build a relationship because caseloads are so high and demanding, worker's goal may be different from the client's goal)*
- An important element in case termination is determining whose needs were met. Was the intervention provided primarily to help the worker sleep at night, or to appease the community, or because it was the least restrictive alternative which respected the client's wishes as much as possible? Ask how personal issues may get in the way when deciding when it is appropriate to terminate a case.
- Individually or in a unit meeting, read the worker statements and ask what might be going on with the worker:
  - "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

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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."

- "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 10 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."
- "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."
- "This case has been referred 3 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."

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- Individually or at a unit meeting ask worker how these feelings may surface for clients and workers... ask for examples.

Feeling	Client	Worker
Dependence		
Fear		
Guilt	.	
Anxiety		
Relief		
Cultural values		

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Resistance		

### Case Vignettes: Evaluate the effectiveness of service delivery in 3 key areas (Risk, Satisfaction and Adherence to Policy)

In order to ensure that APS intervention is working, we need to find a way to figure out if our work has been successful. It is helpful to look at these 3 factors when we are determining if the desired outcome has been reached. We look at risk/safety issues (is client safer/healthier and how do we know that), quality of life issues (what might be the client's perspective on the outcome) and the legal-ethical- procedural issues (has intervention met those criteria). Share this vignette and ask them to answer the questions.

Henrietta Pulowski, age 62, was referred to APS due to self-neglect. She has multiple sclerosis and a personality disorder. She would walk very unsteadily in her neighborhood and yell at children, threatening them. 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 3 visits to be able to assess the situation as client refused worker's entry in the beginning. She was very resistant to worker's intervention but worker listened to her complaints and tried to address them. Ms. Pulkowski felt that the neighbors were plotting against her and the neighborhood kids were harassing and making fun of her. Ms. Pulkowski asked that worker not contact her daughter. Worker felt the need to contact the daughter for more collateral information, since client would not share any information. Daughter was very angry and said she was tired of these complaints. She then called her mother and told her to behave. At worker's next visit, she was denied entry. Ms. Pulkowski said worker had betrayed her. She used very abusive language to the worker and told worker that she needed no help and she was fine. Worker contacted the Mental Health Screeners and asked them to evaluate Ms. Pulkowski's dangerousness to others to see if she was committable. The screeners did not find that client met the criteria. Case was terminated due to refusal of services.

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1. What is the evidence that the client is safer and no longer at risk (or at reduced risk)? *There is no clear evidence. Worker covered herself by using the Mental Health Screeners as proof that client was not at risk. There was no evidence that the client was demented and no mental health involvement.*
2. What is the evidence that client's self determination was respected and the least restrictive interventions were taken? *Client's wishes were not respected – the calling of her daughter – perhaps the reasons she didn't want worker to call daughter could have been explored with her. It is unclear if calling the Mental Health Screeners was a result of concern for client's dangerousness or to cover the worker's decision to terminate.*
3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed? *It seems that worker's buttons were pushed by this type of client and interventions were taken in spite of the client instead of necessarily for her benefit. There are some ethical questions regarding worker's behavior.*

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### Transfer of Learning/ Written Activity:

#### Write a case closure summary that includes all essential case elements

Using a case of your own in the office, please prepare the case for termination (when it is appropriate, of course). Please use handouts 12 from the in-person training as a guide to determine whether to close the case and how to write the case summary.

- Answer the Measuring Outcomes questions
  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?
- Follow the Case Closure Checklist
  1. All risk factors, including the root causes of problems, have been identified
- 2. Adequate attempts have been made to collect evidence
- 3. Allegations have been appropriately investigated and documented;
- 4. All protective services have been provided before the completion of the investigation
- 5. All reasonable efforts have been made to ensure that the client is not in a state of abuse, neglect, or exploitation because of a lack of APS effort
- 6. Notifications to external agencies and licensing boards have been made according to policy
- 7. The client has been informed of case closure. If the client lacks capacity to consent, another person involved in the client's care may be informed on the client's behalf
- 8. The case summary is submitted to the supervisor for review.
- Write a Case Summary as required by the agency. If the agency does not require a summary, please write one using the information given to you in the handouts.
- Submit the materials to your supervisor for discussion and feedback in a supervisory session.

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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*