CASE CLOSURE IN ADULT PROTECTIVE SERVICES

TRAINER’S MANUAL

Case Closure in Adult Protective Services

Curriculum Developed by
Susan Castano

MODULE 23

-1-
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

© 2012. San Diego State University School of Social Work, Academy for Professional Excellence. Please acknowledge this copyright in all non-commercial uses and attribute credit to the developer and those organizations that sponsored the development of these materials. No commercial reproduction allowed.
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)
PARTNER ORGANIZATIONS

Lori Delagrammatikas, Program Coordinator for MASTER The Academy for Professional Excellence 6505 Alvarado Road, Suite 107 San Diego, California 92120 (909) 213-6059 ldelagra@projects.sdsu.edu http://theacademy.sdsu.edu/programs/

Krista Brown, APS Project Coordinator The Academy for Professional Excellence 6505 Alvarado Road, Suite 107 San Diego, California 92120 (510)419-3600 krbrown@projects.sdsu.edu http://theacademy.sdsu.edu/programs/

Kathleen Quinn, Executive Director National Adult Protective Services Association 920 South Spring Street, Suite 1200 Springfield, IL 62704 (217) 523-4431 / (271) 522-6650 Kathleen.quinn@apsnetwork.org

Paul Needham, Chair NAPSA Education Committee Oklahoma Dept of Human Services PO Box 25352, Oklahoma City, OK 405-521-3660 paul.needham@okdhs.org

Jennifer Bransford-Koons, Chair Protective Services Operations Committee of the County Welfare Director’s Association 9335 Hazard Way, San Diego, CA 92123 jennifer.bransford@sdcounty.ca.gov
ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. 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
- Los Angeles County Adult Protective Services Agency
- 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**
- Beverly Johnson, LCSW, Staff Development Officer, Riverside County
- Carol Castillon, APS Supervisor, San Bernardino County
- Carol Kubota, LCSW, Staff Development Officer, Orange County
- LaTanya Baylis, Staff Development Officer, San Bernardino County
- 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**
- Susan Castaño, LCSW

**Evaluation Consultants**
- James Coloma, Evaluation Consultant
- Cindy Parry, Evaluation Consultant
# TABLE OF CONTENTS

## General Information
- Introduction ................................................................. 3
- Partner Organizations .................................................. 4
- Acknowledgements ....................................................... 5
- Table of Contents .......................................................... 6
- How to Utilize This Manual ............................................ 8
- Course Outline ............................................................. 9
- Training Goal and Objectives ......................................... 10
- Trainer Guidelines ....................................................... 11
- Guide for Course Organizer .......................................... 13
- Handout 1: Executive Summary ..................................... 14

## Presentation
- Welcome and Introductions ........................................... 17
- Handout 2: Letter to Participants .................................. 20
- Handout 3: ID Code Assignment .................................... 24
- Warm-up Activity ......................................................... 26
- Closing APS Cases ....................................................... 27
- Handout 4: NASW Code of Ethics .................................. 29
- Handout 5: Risk Resolved or Risk Reduced ...................... 34
- Case Vignettes ............................................................. 44
- Handout 6: Can I Close This Case? ................................. 45
- Dynamics of Case Termination for Worker and Client ....... 53
- Handout 7: Determining Whose Needs Were Met ............. 59
- Handout 8: Feelings About Case Termination ..................... 63
- Dealing With The Stress Of Termination: Self Care ............ 65
- Handout 9: Signs of Burnout, Compassion Fatigue & Compassion Satisfaction ............................ 66
HOW TO UTILIZE THIS TRAINING MANUAL

The course outline, provided in the next section of this manual, is the class schedule used during the piloting of this training. It can be used to help you determine how much time you might need to present each section. However, times will vary based on the experience and engagement of your audience.

Customizing the Power Point:
It is recommended that you teach the curriculum as developed. However, you may also need to include program specific policies and procedures which may involve the addition of custom slides or a change in the timing of the course. The curriculum is set up to make this possible.

Once you decided on how you want to divide up your time in presenting this material, you may want to customize your Power Point. The Microsoft Office Power Point software allows you to hide any slides you don’t want to use.

Hide a slide instructions

1. On the Slides tab in normal view, select the slide you want to hide.
2. On the Slide Show menu, click Hide Slide.

The hidden slide icon appears with the slide number inside, next to the slide you have hidden.

Note: The slide remains in your file, even though it is hidden when you run the presentation.

Please note that this manual is set up so that the trainer script/ background material is on the same page as the accompanying Power Point slide making it easy to also customize your manual to match the slides you have decided to use, Just remove the unneeded pages.
<table>
<thead>
<tr>
<th>Content</th>
<th>Total Time</th>
<th>Activities</th>
<th>Slides/Handouts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Welcome, Introductions, Learning Objectives</td>
<td>15 min</td>
<td>Lecture</td>
<td>Slides 2-6 Handouts 1-3</td>
</tr>
<tr>
<td>Warm up Activity</td>
<td>15 min</td>
<td>Large Group Activity</td>
<td>Slide 7</td>
</tr>
<tr>
<td>Closing APS Cases: Policies, Reasons, Conditions, Making a Reasonable Effort</td>
<td>30 min</td>
<td>Lecture Large Group Discussion</td>
<td>Slides 8-22 Handouts 4, 5</td>
</tr>
<tr>
<td>Case Vignettes</td>
<td>30 min</td>
<td>Small Group Activity Large Group Discussion</td>
<td>Slide 23 Handout 6</td>
</tr>
<tr>
<td>BREAK</td>
<td>15 min</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dynamics of Case Termination For Worker and Client</td>
<td>45 min</td>
<td>Lecture Small Group Activities Large Group Activity</td>
<td>Slides 24-29 Handouts 7, 8</td>
</tr>
<tr>
<td>Dealing With the Stresses of Case Termination: Self Care</td>
<td>30 minutes</td>
<td>Large Group Brainstorming Optional Activity</td>
<td>Slides 30-33 Handouts 9, 10</td>
</tr>
<tr>
<td>LUNCH</td>
<td>60 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measuring Success</td>
<td>30 min</td>
<td>Lecture Small Group Activity</td>
<td>Slides 34-35 Handout 11</td>
</tr>
<tr>
<td>Steps to Take Before Closing an APS Case</td>
<td>30 minutes</td>
<td>Lecture Large Group Activity Transfer of Learning</td>
<td>Slides 36-38 Handouts 12, 13</td>
</tr>
<tr>
<td>BREAK</td>
<td>15 minutes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Writing a Case Summary</td>
<td>45 minutes</td>
<td>Lecture Practice Activity Individual /Large Group Transfer of Learning</td>
<td>Slides 39-43, Handouts 14, 15</td>
</tr>
<tr>
<td>Practice Determining Whether to Close the Case: Card Game</td>
<td>45 minutes</td>
<td>Cards and Directions Group Activity</td>
<td>Slide 44</td>
</tr>
<tr>
<td>Closing: Q &amp; A and Evaluations</td>
<td>15 minutes</td>
<td>Q &amp; A Evaluations</td>
<td>Slide 45 Evaluations</td>
</tr>
</tbody>
</table>

Total Time: 7 Hours
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.
### Teaching Strategies

The following instructional strategies are used:

- Lecture segments
- Interactive exercises (e.g. Table Top Activities, experiential exercises, role plays)
- Question/answer periods
- Slides
- Participant guide (encourages self-questioning and interaction with the content information)
- Embedded evaluation to assess training process.
- Transfer of Learning activity

### Materials and Equipment

The following materials are provided and/or recommended:

- Computer with LCD (digital projector)
- CD-ROM or other storage device with the slide presentations
- Easel/paper/markers
- **Preprinted and cut “Your Case is Closed” game cards**
- Trainer’s Guide: This guide includes the course overview, introductory and instructional activities, and an appendix with reference materials.
- Participant Guides: This guide includes a table of contents, course introduction, all training activities/handouts, and transfer of learning materials.
- Name tags/names tents.
- Water access/snacks/restroom access/lunch plans

**NOTE:** This training covers the best practices in determining when to close an APS case. However, actual policy regarding criteria for closing cases varies greatly. You will need to collect agency specific information before delivering this training. **Segments written in blue** indicate areas where you will need to do research about the policies and procedures specific to your agency or jurisdiction.
CASE CLOSURE: TRAINER’S MANUAL

Course Timeline

9:00am Welcome, Intro, Overview, Learning Objectives
9:15  Warm up Activity
9:30  Closing APS Cases: Policies and Conditions
10:00 Case Vignettes
10:30 Break
10:45 Dynamics of Case Termination For Worker and Client
11:30 Dealing with the Stresses of Case Termination: Self Care
12:00pm Lunch
1:00  Measuring Success
1:30  Steps to Take Before Closing a Case
2:00  Break
2:15  Writing a Case Summary
3:00  Practice Determining Whether to Close the Case/Card Game
3:45  Q and A, Evaluations
4:00  End

Introduction to Training Manual

The goal of intervention in APS is to reduce or eliminate risk of abuse, neglect, or exploitation of a vulnerable adult. Once that goal is met, the case is closed. Preparing for termination begins once findings are substantiated; all interventions including establishing a trusting relationship with the client will hopefully lead to a successful outcome and subsequent termination of the case. Of course, the process is not always smooth sailing and the outcome may not be ideal. APS workers often struggle with the grey areas and the inability to do more: this can cause frustration, soul-searching, and stress.

In this module we will help to clarify why, when, and how the termination process occurs and provide the practical skills in proper documentation for case closing. We will also examine the critical dynamics of the helping relationship as it relates to termination and discuss realistic outcomes; giving the the critical thinking tools to analyze how/if self-determination and safety were balanced at the closing point of the case.

Trainer's Note: in this module we will use the terms client and victim interchangeably. Although the individual may be a victim of elder abuse, the individual also has many positive qualities that workers have the opportunity to examine and strengthen. It is important to see the victim of elder abuse as a viable, strong person with much to offer. In that way, the victim is also a client.
GUIDE FOR THE COURSE ORGANIZER

This is a full day training. It is recommended for new workers or workers needing remediation in the area of case closure. This module should be presented to a small class of no more than 30 participants. Seating should be in small groups of 4-6 people to facilitate small group activities.

BEFORE the training, send an email to each participant asking them select a case that is ready to be closed and bring the redacted case documentation to the class. They will leave the training with a completed case summary.

You may want to send the Executive Summary to each participant’s supervisor to inform them about what the worker will learn in the course and to encourage them to promote transfer of learning activities.

ADDITIONAL STEPS TRAINERS CAN TAKE TO PREPARE TO TEACH THIS COURSE:

You will need to create cards for the case closure card game. Download the PDF file, “Your Case is Closed Cards”. Print the cards in black and white onto card stock paper and then cut out the cards. This will make 8 decks of cards.
EXECUTIVE SUMMARY

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).

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

Case Closure in Adult Protective Services

Curriculum Developed by Susan Castano
WELCOME AND INTRODUCTIONS

TIME ALLOTTED: 15 minutes

Slide #2

TOPIC: OVC language

This training was produced by the Academy for Professional Excellence under a grant from 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.
TOPIC: Housekeeping and Introductions

Welcome the participants and introduce yourself by name, job title, organization, and qualifications as Trainer.

Review Housekeeping Items

- There will be two 15-minute breaks and an hour for lunch today: 12-1 pm in…
- Use the restrooms whenever you need to do so. The restrooms are located at….
- Please set your cell phones to vibrate for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

Participant Introductions

Ask participants to:

- make a brief self-introduction including name, job title, and organization.
TOPIC: Introducing participants to the evaluation process

For this training, you will be completing a training satisfaction survey, an embedded evaluation (completed in class). All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. We want APS training to become an evidenced based practice that truly provides the knowledge and skills we believe it provides. The purpose of the evaluation process is more fully explained in your “Letter to Participants”.

HANDOUT #2: Participant Letter of Consent

- Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) begun a process of evaluating training delivered to Adult Protective Service workers
- 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 aim to: (1) improve trainings’ effectiveness and relevance to your needs, and help you better serve adults and their families; and (2) see if the training has been effective in getting its points across.
- If you agree to participate, you will fill out a questionnaire administered before and after the training.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential.
Dear Training Participant,

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

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

These training evaluation activities have two main purposes:

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

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

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

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

If you agree to participate, you will fill out a questionnaires administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.
There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

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

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

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

James Coloma, MSW
Training & Evaluation Specialist
Academy for Professional Excellence
San Diego State University – School of Social Work
6505 Alvarado Road, Suite 107
San Diego, CA 92120
(619) 594-3219
jcoloma@projects.sdsu.edu
TOPIC: Developing an ID code

We are NOT evaluating you and no one from your agency will see your individual responses. We will be evaluating the training. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout and write in your ID code on the Handout:

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: SM 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: AL I. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

3. What are the numerals for the DAY you were born?
HANDOUT #3: MASTER Identification Code Assignment

• In order to track each of your evaluation responses while maintaining your anonymity, we need to assign you an identification 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.

• The questionnaires will be coded with a unique identifier system and all responses will be confidential. Only you will know your ID code refers to you.

• Aggregate data may be used for future research to improve training for Adult Protective Service workers.
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:

4. 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.
   
   ___  ___  ___

5. 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.
   
   ___  ___

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

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

Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.
CASE CLOSURE: TRAINER’S MANUAL

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.

**TOPIC: Learning Objectives**

Paraphrase learning objectives. Explain that knowing when and how to terminate a case are essential skills for all helping professions. Stress that they are preparing for termination as soon as they open the case. Also acknowledge the challenges in defining a successful outcome.
Slide #7:

What makes it so difficult

Topic: What makes it so difficult?

As a warm-up activity, ask participants to share their questions or struggles when deciding when it is time to close an APS case. List them on a flip chart.

Note which issues will be addressed in this training.

Possible responses include:

- Did I do everything needed?
- Fear of further harm to client
- Client capacity may be unclear
- Maybe a resource will become available
- Maybe the client will accept services later
- I know I’m going to get another report on the client
Slide# 8:

**What the Policy Says**

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

**Topic: What the Policy Says**

Discuss termination policy in your particular agency related to the bullet points on the slide.

**TRAINER NOTE:** You should to have a meeting, before the training, with the agency administration to get a very clear understanding of both the official and unspoken criteria for case closures. This is important information to have in order to address the problems and issues of line staff.
Slide #9:

**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*

**HANDOUT #4:**

NASW Code of Ethics: Social Workers Ethical Responsibility to Clients
Participant Manual pg. 21

**Topic: NASW Code of Ethics: Termination**

Share Handout #4: NASW Code of Ethics: Social Workers Ethical Responsibility to Clients stressing the highlighted items. Discussion points are in italics.

You may also want to point out that most professions have similar ethical codes to these codes for social workers, especially if other professions are among the participants.

**Trainer Note:** Many of these topic areas will be covered in later sections of the module, so don’t spend too much time on them.
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. Discussion Point: We always have the client’s interests as well as rights in mind, as we try to balance safety with self-determination.

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. Discussion Point: Challenges? How do we know the service will continue after termination? Sometimes putting services in the home stabilizes the situation and lessens the risk. How do we know if the client or family member will dismiss the services that were put in place? Who will follow up?

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. Discussion Point: Do we sometimes keep cases open too long? Do we sometimes close them prematurely? We will discuss some of those dynamics later this morning.

(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. Discussion Point: Of course, sometimes clients do not want the services we offer. Sometimes we have to terminate if the situation does not meet the APS criteria. Is there a referral mechanism in place?

(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. (Not applicable)
(d) Social workers should not terminate services to pursue a social, financial, or sexual relationship with a client.

*Discussion Point: This is an ethical tenet.*

(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.

*Discussion Point: Clients should be involved in the termination process as much as possible and follow up as much as possible.*

(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.
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.

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

**Topic: APS Case Closing Conditions**

Although programs may have different standards for case termination, these conditions are fairly common for most programs. This is an overview slide. Each bullet point has its own slide which follows.
Slide # 11:

**Risk Resolved or Reduced**

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

**Topic:** Risk Resolved or Reduced

Ask: how can you be sure of these conditions?

Share **Handout #5: Risk Resolved or Risk Reduced**. Review some of the examples for the different types of abuse.
### Handout #5 – Risk Resolved or Reduced

<table>
<thead>
<tr>
<th>Type of Case</th>
<th>No Longer at Risk: Full Resolution</th>
<th>Risk Reduced and Client Stabilized:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploitation</td>
<td>The exploitation stopped. For example:</td>
<td>The exploitation stopped.</td>
</tr>
<tr>
<td></td>
<td>• Measures were taken to prevent future exploitation.</td>
<td>• Measures were taken to reduce likelihood of future exploitation.</td>
</tr>
<tr>
<td></td>
<td>Or:</td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td>• Law enforcement is pursuing prosecution of the perpetrator.</td>
<td>• The client’s needs are met.</td>
</tr>
<tr>
<td></td>
<td>Or:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Exploited resources were restored.</td>
<td></td>
</tr>
<tr>
<td>Physical, sexual, or emotional/</td>
<td>The abuse stopped. For example:</td>
<td>The abuse stopped.</td>
</tr>
<tr>
<td>verbal abuse</td>
<td></td>
<td>The perpetrator still has access to the client, but services addressing factors leading to abuse have started and recurrence is less likely.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td>Or:</td>
<td>• The perpetrator no longer has access to the client or factors leading to the abuse are fully remedied.</td>
</tr>
<tr>
<td></td>
<td>• Law enforcement is pursuing prosecution of the perpetrator.</td>
<td></td>
</tr>
<tr>
<td>Medical-Neglect</td>
<td>The disease or disorder is cured. For example:</td>
<td>The disease or disorder is following a normal course.</td>
</tr>
<tr>
<td></td>
<td>• For chronic or terminal medical conditions, the client is receiving all treatment desired.</td>
<td>The client is receiving treatment or pain relief appropriate for the stage of illness and deemed adequate by an attending physician.</td>
</tr>
<tr>
<td></td>
<td>And:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• All other major needs are being met.</td>
<td></td>
</tr>
<tr>
<td>Type of Case</td>
<td>No Longer at Risk: Full Resolution</td>
<td>Risk Reduced and Client Stabilized:</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Self-Neglect (Environmental)</td>
<td>All major needs are met and likely to be met indefinitely. For example:</td>
<td>All major needs are met and are likely to be met for at least three months, or no long-term</td>
</tr>
<tr>
<td></td>
<td>• Client is approved for all services and support for which they are eligible.</td>
<td>resources to meet all client needs are available.</td>
</tr>
<tr>
<td></td>
<td>And:</td>
<td>• The client has applied for all services and support and benefits for which they are eligible.</td>
</tr>
<tr>
<td></td>
<td>• Services are being managed well.</td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Financial management issues were addressed</td>
</tr>
<tr>
<td>Self-Neglect (Substance Abuse)</td>
<td>Issues causing the self-neglect are addressed. For example:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Client accepts treatment and ceases to abuse substances.</td>
<td>• Client does not accept treatment for substance abuse.</td>
</tr>
<tr>
<td></td>
<td>And:</td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td>• All needs are met.</td>
<td>• Client receives services that manage the ongoing needs for basic food, clothing, shelter and</td>
</tr>
<tr>
<td></td>
<td></td>
<td>health care.</td>
</tr>
<tr>
<td>Self-Neglect (Mental Illness)</td>
<td>Issues causing the self-neglect are addressed. For example:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Client receives treatment for mental illness, including taking medication as prescribed.</td>
<td>• Client receives treatment for the most recent problems stemming from untreated mental illness.</td>
</tr>
<tr>
<td></td>
<td>And:</td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td>• Client has ongoing contact with a mental health case manager.</td>
<td>• Client is currently compliant with prescribed medications or if not compliant, serious physical</td>
</tr>
<tr>
<td></td>
<td>And:</td>
<td>or emotional harm is not likely to result.</td>
</tr>
<tr>
<td></td>
<td>• All of the client’s needs for food, clothing, shelter and health care are met.</td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Client has access to food, clothing, shelter and health care.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>And:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Client has been referred for mental health services.</td>
</tr>
</tbody>
</table>
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

**Topic: Unable to Locate**

Ask: What efforts have to be made according to your agency’s policy? Is one attempt enough? Are five attempts too many? Is a computer search necessary? Are you required to question neighbors?

**TRAINER NOTE:** Make sure you know your agency’s policy on this so you can provide accurate information.

Brainstorm with class about how they might locate a client for whom they have limited residential information.

**Possible responses might include:**

- Check homeless shelters
- Check soup kitchens
- Check Salvation Army or other local assistance agencies
- Check locations where homeless individuals congregate and ask around
Topic: Client Refused Services

Ask: How can you be sure the client has capacity and is making an informed decision? Possible answers: capacity assessment by physician, documentation, etc.

Point out that the case should not be closed if the client lacks capacity and services have not been put in place. Always discuss these cases with your supervisor.

How do you respect client’s wishes if the result is lack of safety?

Ask: How often do you try to gain access? What creative approaches did you use? Possible answers: going with someone the client knows/likes, going when a home health aide was there, etc.

Do you need to have a consultation with your supervisor before closing?

**TRAINER NOTE:** Make sure you know your agency’s policy on this so you can provide accurate information.
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

**Topic: Client Referred to Another Agency**

**How was the referral made?**

**How will follow up be done?**
Emphasize that APS must confirm that the other agency has picked up the case and begun to provide services BEFORE closing the case.

**How many law enforcement jurisdictions are there within your service area?**
Note that jurisdictions may overlap and it may be necessary to make multiple referrals at the regional, state, or even national (FBI) level. Be sure to follow-up to make sure that the case is not lost.

**What is the system for transferring an APS case to another state or county APS office?**

**TRAINER NOTE:** Make sure you know your agency’s policy on this so you can provide accurate information.
Topic: Client Placement

Who has jurisdiction? Is follow-up required?

TRAINER NOTE: Make sure you know your agency’s policy on this so you can provide accurate information.
If the client’s death is a result of the abuse or neglect, when is it appropriate to terminate the case? Is there a requirement to notify the Office of the Chief Medical Examiner or a local coroner? How is that notification done?

**TRAINER NOTE:** Make sure you know your agency’s policy on this so you can provide accurate information.
Slides #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.

**Topic: What is Reasonable Effort? Let’s be Realistic.**

Oftentimes APS workers are accused of not doing enough… and also of doing too much, of exceeding the parameters of their mandate and trampling on the rights of the client. It is a difficult balance.

Critics may wonder why certain services were not in place… we all know that there are gaps in services and resources are limited. We do the best we can with the resources available, trying to be creative at every turn. But we cannot manufacture something that does not exist.

Although the community may not believe it, APS cannot remedy every situation. Sometimes we have to be satisfied with baby steps and reducing risk.
Review slides.

Ask: Can you think of examples?

Ask: Can you think of examples?

If time permits, have a short discussion about working with clients with personality disorders and the frustrations involved. Discuss at what point do they think they have “done enough” for these kinds of clients?

Ask: Have you advocated for resources to resolve a client’s unmet need? How did you do it? Why is advocacy important?
Topics: Reasonable Efforts Do Not Include:

Ask: Are any of these situations familiar to you? Ask participants to share experiences if they have any.

Issues of keeping a case open too long, closing it prematurely; doing more for one client than for others will be discussed in the section on dynamics of termination.

It is important that our expectations be realistic - if we expect too much of ourselves in a situation, it can lead to burnout. We will talk about that in the afternoon.
CASE VIGNETTES

Time Allocated: 30 minutes

TRAINER NOTE: Review case vignettes and suggested answers prior to the training to make sure they align with your agencies policies on case closure.

Handout #6 – Can I Close This Case? has four case vignettes for discussion. Explain that participants will be using the information discussed earlier to analyze the cases and answer the questions.

Divide participants into small groups of 4-5 people per group and assign one vignette to each group. Have each group choose a recorder as answers will be processed as a large group.

Give groups 10 minutes to read and answer the questions and the spend the remainder of the time processing the cases as a large group.
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? No

- What reasonable efforts been made to meet the goal? What else might be tried? Worker did interview James and did express concern to client. How could worker be sure that the exploitation was stopped or reduced? How did worker know that James really moved out? Did worker assess the dynamics between client and son? Was there no risk of abuse or retaliation? Worker could have called the daughter for more information and to see if she was really going to pay the bill.
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? No

- What reasonable efforts been made to meet the goal? What else might be tried? Worker made the effort to find the owner of the home, albeit unsuccessfully. Worker might try calling the Mental Health agency to see if she is known to them. Worker might try calling Law Enforcement to see if client is known to them. Call post office, call utilities. Worker might stop at different shops, or go to other neighbors to see if anyone knows or has seen client.
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? No

- What reasonable efforts been made to meet the goal? What else might be tried? It seems that worker felt threatened or at best insulted by this client. Did worker close the case so as not to have to deal with the client’s abuse? Was worker sure that the client had capacity to make decisions? If so, where is the evidence?
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 the 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? Yes

- What reasonable efforts been made to meet the goal? What else might be tried? The APS Worker made all reasonable efforts in this case and case closure is appropriate.
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 #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 #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 #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 the 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?
Slide #24 & 25:

**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.

- Helping clients clarify key issues:
  - A 25 year 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 assist 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.

**Topic: Stages of the Helping Relationship**

Explain that the worker is building up to case closure from the minute she/he opens a case since APS is generally a short-term intervention, not a long-term case management program. How the case starts will have a definite impact on how it ends.

On the next few slides, we will go over the stages of the helping relationship and talk a little about how the helping relationship and the process of setting and accomplishing goals impact whether the client accepts services, works towards goals and is safer at the time of termination. Relationship and rapport building have been addressed in-depth in other modules. In this module we want to connect the helping relationship to the termination process.

Review the stages of the helping relationship on slide #24, and then follow with example of each stage on slide #25.
<table>
<thead>
<tr>
<th>Stage</th>
<th>Description/Goal/Example</th>
</tr>
</thead>
</table>
| Helping clients to clarify the key issues calling for change.        | In this stage the worker has to engage with the client to define “the problem”. Often the worker and the client define the problem differently.  

**Goal:** Developing agreement about the issue(s) to be address is the major goal of this stage.  

**Example 1:** a woman whose son is taking financial advantage of her may define the problem as her son needing help rather than her needing to protect her funds from her son. |
| Helping clients determine outcomes.                                  | Which issue is defined as the problem will influence selection of a target outcome. Even when the worker and the client agree on the definition of the problem, they may differ on the desired outcome.  

**Goal:** Developing agreement about the targeted outcome is the major goal of this stage.  

**Example 1:** The worker may want to secure a restraining order so that the son has no access to the client’s funds but the client may want a promise from the son that he will not use her money. |
| Helping clients develop strategies for accomplishing goals.          | Goal: In this stage, the worker and the client must come to an agreement about how to accomplish the goals. Often the client will agree with the definition of the problem and the desired outcome but will disagree with the worker about how to move forward.  

**Example 1:** In the situation of the financial abusive son, 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. |
Slide #26:

Time allotted: 10 minutes

Topics: Challenges at Each Stage

Have participants break into pairs, assign one of the sample scenarios, and have them work the scenario through each stage that has been discussed, identifying ways to build the relationship with the client and potential challenges they may encounter at each stage. Give the pairs 5 minutes. Both scenarios and empty answer grid are located on page 35 of the participant manual.

Process scenario as a large group asking for volunteers to share their answers.

Teaching Point:
A recurring challenge may be related to goals. It is important for participants to realize that if their goals contradict the goals of the client, their chance of success will be limited. In order to bring a case to a successful conclusion, the client has to feel that he/she is a part of the solution.

Samples responses for each scenario:

<table>
<thead>
<tr>
<th>Scenario 1: Client lives in a studio apartment with 47 cats and is being threatened with eviction.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A client who hoards cats may not believe that having 47 cats is a problem and you will need to help her come to the realization she can't care for</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Scenario 2: Client lives with son who drinks and has become physically abusive.</th>
</tr>
</thead>
<tbody>
<tr>
<td>A client whose son has hit her may minimize the problem as a one-time occurrence and you will need to help her come to the</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stage</th>
<th>Challenges</th>
<th>Challenges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping clients to clarify the key issues calling for change.</td>
<td>A client who hoards cats may not believe that having 47 cats is a problem and you will need to help her come to the realization she can't care for</td>
<td>A client whose son has hit her may minimize the problem as a one-time occurrence and you will need to help her come to the</td>
</tr>
</tbody>
</table>
### CASE CLOSURE: TRAINER’S MANUAL

<table>
<thead>
<tr>
<th>Helping clients determine outcomes.</th>
<th>In this same case, your ideal outcome (her having only one cat) may not match her best outcome which is having help to keep all her cats.</th>
<th>Your ideal outcome (the son moving out and staying away under a restraining order) may not match your client’s best outcome which is her son staying at home and changing his behavior.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helping clients develop strategies for accomplishing goals.</td>
<td>Once you both agree that she can’t keep all the cats, you still have the challenge of deciding the best method to rehouse the cats (interviewing prospective adopters one by one vs. giving the cats to an animal shelter).</td>
<td>Once your client realizes that she is in on-going danger from her son, you still have the challenge of how you are going to remove the son from the home and under what conditions (a restraining order, his promise to stay away, supervised visitations with the client, etc.).</td>
</tr>
</tbody>
</table>

If time allows, ask participants for examples of other challenges that may occur at each stage. Some possible answers include:

- Helping 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,

- Helping 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, the client may not be able to identify appropriate goals.

- Helping 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.
Slide #27:

**Whose Needs Were Met?**

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

**Time Allotted: 10-15 Minutes**

**Topic: Whose Needs Were Met?**

For most states, APS is a crisis intervention program and not a case management program. The goal is to stabilize the situation and terminate. When the worker is considering closing a case, it is important that she/he analyzes the nature of the relationship to make sure that the reasons for termination are appropriate.

If the case went smoothly and the relationship was cooperative, the worker can look back and see what worked. If the relationship was adversarial, there could be a variety of reasons: it could be the worker’s approach to the situation, the client’s resistance in spite of all efforts to build a relationship, an abuser’s interference. These relationships can be explored with supervisor individually or in a peer setting. Sometimes other workers can help the new worker “see the forest from the trees.”

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?

To illustrate some of these situations, refer participants to Handout #7 – Determining Whose Needs Were Met.

There are five worker statements. Ask for a volunteer to read each statement to the group. After the statement is read, ask the group to comment on what seems to be going on with the worker, with the worker-client relationship, and what contributed to the termination (or lack of it).
Teaching point: APS workers should always examine the motivation behind the termination to make sure that personal issues are not a factor. Talking it through with a supervisor or with coworkers may help them separate the personal from the professional.

Observations: If a case is closed quickly (for example for refusal of services), the worker needs to examine the efforts that were tried and analyze if the quick closing had to do with the client’s personality or the worker’s fears or frustrations. There are situations that push our buttons - clients or family members that remind us of someone we know (parents, siblings). There may be situations that are particularly uncomfortable for some workers (animals, hygiene, abusive language) and closing the case may be the worker’s way out. Was the client too needy or too demanding? Was the situation too scary?

On the other side, if a case is kept open after stabilized, is it because the worker has connected to the client and would like to follow up? It is tempting to keep a “nice” case open so that the worker can avoid getting a new case.
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

**Topic: So Where do YOU fit in?**

Building on what we just discussed, it cannot be emphasized enough that the time taken up front to develop a relationship with the client will pay off at termination time.

If a worker really empathizes and understands the client’s wishes and fears, the plan can address those fears, decrease the resistance, and make the client a partner instead of an adversary.

Even in cases of severe mental impairment (intellectual functioning), the client’s feelings (emotional functioning) remain intact. It is important not to ignore them and to use listening and engagement skills to better relate to the client.

APS cases do not always have a happy ending… sometimes for the worker, sometimes for the client. Workers often operate in grey areas, which are uncomfortable (especially for new workers) – it is tempting to try and make things more black and white quickly or by artificial means rather than taking the time and effort and frustration level required to do a comprehensive and complete job.

Ask: Whose agenda might be served by closing the case quickly? In what situations might it be your agenda rather than the needs of the client that are being served? Possible answers: ignoring client’s wishes, taking unethical steps, proceeding with own agenda, closing a case prematurely due to non-compliance.
Questions to ask about aging issues: Is this population (elderly or disabled) new for you? What are some of the issues that have come up for you? Possible answers: terminal illness, death, hygiene, environmental hazards, hoarding, multiple pets, right to make bad decisions.

What were some of the adjustments that you had to make? How have you adapted? What has helped?

**TRAINER’S NOTE:** If there is time, you can make this into a dyad exercise and ask: What are the new issues that have come up for you while working with this population? How have you dealt with the adjustment?
Activity: Dynamics of Case Termination

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

Time allotted: 20 minutes

**Topic:** Dynamics of Case Termination

Case Closure - How does it feel for the client? How does it feel for the worker?

Refer participants to **Handout #8: Feelings About Case Termination**.

Have participants work in small groups to provide two statements for each feeling. Have them choose a recorder.

Give groups 10 minutes and then process the statements in the large group asking for volunteers.

Comment on the difficulties and the dynamics that both workers and clients face when the case is terminated.

Ask each group what they have done in the past to help themselves and their clients cope with these feelings?

Remind participants that stress and compassion fatigue can happen at any point in the life of the case and in the next section we will discuss self-care.
<table>
<thead>
<tr>
<th>Feeling</th>
<th>Client</th>
<th>Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependence</td>
<td>Worker abandoned me. I have suffered so many losses and this is another one</td>
<td>Client still needs me If I had more time, more could be done.</td>
</tr>
<tr>
<td>Fear</td>
<td>Will I be able to manage on my own? Will my son find a way to continue to take my money?</td>
<td>What if something happens to client (falls, return to noncompliance with meds, depression worsens, suicide)? What happens when her son is released from prison?</td>
</tr>
<tr>
<td>Guilt</td>
<td>If I had been nicer to the worker, she might have given me more attention.</td>
<td>I didn’t do enough. I pushed her into a nursing home and she didn’t want to go. My intervention imperiled the relationship between my client and her family.</td>
</tr>
<tr>
<td>Anxiety</td>
<td>Now what will happen to me? How will I manage in a facility? How will my relationship with my family (abuser) be impacted?</td>
<td>What if the newspaper finds out and misinterprets the situation? What if the abuser returns? What if services are refused or fall apart?</td>
</tr>
<tr>
<td>Relief</td>
<td>Worker wanted me to do things I did not wish to do. [Worker did not understand my relationship with my son/daughter (perpetrator)]</td>
<td>I can sleep at night. I don’t have to deal with that abusive client/caregiver/system anymore.</td>
</tr>
<tr>
<td>Cultural values</td>
<td>Worker did not understand how we do things in my culture/religion.</td>
<td>The oldest son was making decisions and not listening to his mother. He brought her to this country and should be taking care of her.</td>
</tr>
<tr>
<td>Dealing with resistance</td>
<td>I had to push worker away. I don’t want anyone to know what is going on. It isn’t anyone’s business but mine. The worker wants me to go to a doctor… I don’t want to go to a hospital or a nursing home. I want my independence. I can take care of myself.</td>
<td>I am feeling rejected. All my efforts have been resisted. There is no gratitude in this job.</td>
</tr>
</tbody>
</table>
### Feelings about Termination (Trainee Version)

<table>
<thead>
<tr>
<th>Feeling</th>
<th>Client</th>
<th>Worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dependence</td>
<td>Worker abandoned me. I have suffered so many losses and this is another one</td>
<td>Client still needs me. If I had more time, more could be done.</td>
</tr>
<tr>
<td>Fear</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilt</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Relief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cultural values</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dealing with resistance</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Dealing with the Stresses of Case Termination: Self Care

TIME ALLOTTED: 30 minutes

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

HANDOUT #9:
Signs of Burnout, Compassion Fatigue and Compassion Satisfaction
Participant Manual pg. 41

Topic: Don’t “Sleep” With Your Clients
Now let’s take some time out and talk about your stress related to the job and closing cases.

Of course, the title of this slide has nothing to do with having sex with clients (make sure participants see the humor in it) but has to do with thinking about APS situations outside the office.

The complexity of APS cases and the anxiety over what action to take and when to terminate a case can cause workers distress. It is important that workers do not take their work home and that they learn to separate their professional from their personal life. They will see, as they get more experienced on the job, that it will be easier to separate.

Review Handout #9 - Signs of Burnout, Compassion Fatigue and Compassion Satisfaction with the class.
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](http://www.mayoclinic.com/health/burnout/WL00062/NSECTIONGROUP=2)
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?


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
Topic: How to Sleep at Night… and Get Through the Day…

Ask the participants to brainstorm and shout-out activities they can do for stress relief. Chart their answers on the flip chart.
Possibilities include: debriefing with supervisor or peers, making sure you are organized at work, signs and visible reminders to relax, hobbies, yoga, hot bath, shopping, exercise, sports, music…
Post the list(s) on the wall and ask participants to walk around and put a check mark next to any activity they currently engage in on a regular basis. Figure out what most people are doing for stress relief and point out any especially interesting/useful ideas.

Ask the class how they have handled the stress of tragic ending (e.g. client deaths, suicides, homicides). Emphasize the use of supervision and the availability of employee assistance counseling if needed.

End by having participants write in their participant manual 2-3 things they will do to reduce stress and improve self-care.

Remind workers that self-care is an ethical obligation.
Slide #32:

**Topic:** Professional Quality of Life Scale (PROQOL)

**Optional Activity**

Refer participants to **Handout #10 – Professional Quality of Life Scale (PROQOL).** This questionnaire will help determine scores for Compassion Satisfaction, Burnout, and Secondary Stress.

If time allows, have participants complete and score the questionnaire. Ask if any volunteers would like to comment on what they noticed about the test and their results.

Does the test give them any ideas about how they can reduce their own stress?

If time is short, encourage participants to complete the questionnaire on their own later or at lunch break.

Source: [http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf](http://www.proqol.org/uploads/ProQOL_5_English_Self-Score_3-2012.pdf)

**Trainer Note:** Review the questionnaire and scoring prior to the training in case questions arise.
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.

<table>
<thead>
<tr>
<th></th>
<th>1 = Never</th>
<th>2 = Rarely</th>
<th>3 = Sometimes</th>
<th>4 = Often</th>
<th>5 = Very Often</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>I am happy.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>I am preoccupied with more than one person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I get satisfaction from being able to [help] people.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>I feel connected to others.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>I jump or am startled by unexpected sounds.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>I feel invigorated after working with those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>I find it difficult to separate my personal life from my life as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>I am not as productive at work because I am losing sleep over traumatic experiences of a person I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>I think that I might have been affected by the traumatic stress of those I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>I feel trapped by my job as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Because of my [helping], I have felt &quot;on edge&quot; about various things.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>I like my work as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>I feel depressed because of the traumatic experiences of the people I [help].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>I feel as though I am experiencing the trauma of someone I have [helped].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>I have beliefs that sustain me.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>I am pleased with how I am able to keep up with [helping] techniques and protocols.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>I am the person I always wanted to be.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>My work makes me feel satisfied.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>I feel worn out because of my work as a [helper].</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>I have happy thoughts and feelings about those I [help] and how I could help them.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
____ 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.
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 the 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.

<table>
<thead>
<tr>
<th></th>
<th>The sum of my Compassion Satisfaction questions is</th>
<th>So My Score Equals</th>
<th>And my Compassion Satisfaction level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The sum of my Compassion Satisfaction questions 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 the effects of helping when you are not happy so you reverse the score.

<table>
<thead>
<tr>
<th></th>
<th>The sum of my Burnout Questions is</th>
<th>So my Score equals</th>
<th>And my Burnout level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>*1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*15.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*17.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>*29.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The sum of my Burnout Questions is:

- 22 or less: 43 or less, Low
- Between 23 and 41: Around 50, Average
- 42 or more: 57 or more, High

### 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 then up you can find your score on the table to the right.

<table>
<thead>
<tr>
<th></th>
<th>The sum of my Secondary Trauma questions is</th>
<th>So My Score Equals</th>
<th>And my Secondary Traumatic Stress level is</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The sum of my Secondary Trauma questions is:

- 22 or less: 43 or less, Low
- Between 23 and 41: Around 50, Average
- 42 or more: 57 or more, High
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.

**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.

**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.

**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.
Close this self-care section by sharing the following Buddhist saying:

“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.”
MEASURING SUCCESS

TIME ALLOCATED: 30 minutes

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

Topic: What is a Successful Outcome?

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 three factors when we are determining if the desired outcome has been reached. We look at:

1) Risk/safety issues - Is the client safer/healthier and how do we know that?
2) Quality of life issues - What might be the client’s perspective on the outcome?
3) The legal, ethical, procedural issues - Has intervention met those criteria?

Often we cannot ensure the client’s safety because of the client’ right to self-determination (e.g., they refuse our help), our agency’s regulations determine our actions regardless of the client’s desires (e.g., reporting animal hoarding to animal control), or the risk to the client is so extreme that we have to over-ride their self-determination (e.g., when the client qualifies for an involuntary commitment to a psychiatric facility). In any of these cases, we will have a less than desired outcome in one factor but, overall, we have a successful case.
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?

**Topic: Measuring Outcomes Activity**

So, how do we measure these? How do we know for sure? What can we observe or quantify that will help us know where we stand at case termination?

Divide participants into small groups, have them choose one person as recorder. Groups will review the four cases and answer the three questions for each case on Handout #11- Measuring Outcomes Activity. Give groups about 15 minutes.

Then process activity as large group, having each group share answers for a scenario. Supplement answers with information from the trainer version of Handout #11 below.

If time allows, chart answers.

*Trainer Note:* These scenarios will be used again for the Case Termination Checklist Activity (Handout #13)
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)? *Client has a money manager making sure bills get paid, son has moved out of the home, client has a home health aide who is providing the care that used to be provided by the son.*

2. What is the evidence that client’s self-determination was respected and the least restrictive interventions were taken? *After finances were straightened out and services put in place, client was able to remain in his home. Son was not prosecuted. BUT, how did the intervention affect the relationship client had with his son. Would client agree that his quality of life had improved and/or that his wishes were respected?*

3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed? *Legal procedures such as freezing bank account and finding a neutral money manager were done. There is no mention of an interview with the son or any attempt to address that issue directly.*
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.

1. What is the evidence that the client is safer and no longer at risk (or at reduced risk)? *If worker believed that the client was at risk, it seems that she communicated mostly with the son and was convinced that he was overwhelmed with the situation. She trusted that the son would take her suggestion and go for counseling (we don’t know what kind of counseling was recommended or if he followed through) and that he would follow the APS Worker’s advice to integrate the client into the family.*

2. What is the evidence that client’s self-determination was respected and the least restrictive interventions were taken? *Worker could not determine how client felt about her quality of life. Worker did advocate for her but not directly with her.*

3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed? *It is unclear if procedures were followed carefully and if the son was really held accountable for his actions. The worker should have used a qualified interpreter and followed up on client’s physical and cognitive status with her physician (or a medical professional that is not a family member) as she appeared confused and is living in a cold/damp basement.*
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)? There is no clear evidence, however, Mrs. Kingston now knows some of the available services.

2. What is the evidence that client’s self-determination was respected and the least restrictive interventions were taken? Mrs. Kingston’s refusal of services was accepted by the worker even though she was not safe.

3. What is the evidence that the case was handled ethically and legally, and agency procedures were followed? Ask the participants if they are allowed by agency procedures to contact the reporting party.
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. Pulkowski 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. Pulkowski 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. Pulkowski’s risk to others for an involuntary commitment. The screeners did not find that Mrs. Pulkowski 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)? 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.
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 # 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.

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 #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 #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. Pulkowski 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. Pulkowski 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. Pulkowski’s risk to others for an involuntary commitment. The screeners did not find that Mrs. Pulkowski 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?
Because APS cases are so complex and situations may change from hour to hour, it is important to take all the necessary steps when making the decision to terminate a case. Such as:

- Risk reassessment: What is the level of risk at this time? How does it compare to when the case was initiated?
  Ask: How do you go about reassessing the risk?

- Evaluation of case intervention and progress: What has been done to resolve or reduce the risk?
• Referrals: What other agencies or programs have been involved? What services have been provided? How did they work out? What services are still in place? Who will follow up with these services once the APS case is terminated?

• Review of documentation: If it is not documented, it did not happen. Make sure all essential information is in the case record. We will discuss the case summary in a few minutes.

• Discussion with supervisor: Present the case to supervisor and be prepared to answer detailed questions.
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 14 January 2010

HANDOUT #12: Case Closure Checklist
Participant Manual pg. 55

**Topic: Case Closure Checklist**

*Trainer Note:* This slide is an expanded version of the previous slide. It will be used as a guide for the following activity. *Handout #12: Case Closure Checklist* has the same information and can be used.

**TRAINER NOTE:** You should check with your agency to determine whether the agency has their own checklist for use when closing a case. If so, you will need to replace this checklist with the agency’s checklist.
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
**Topic: Taking the Steps Activity**

*Trainer Note:* This activity is done as a large group shout-out. You will be using the same cases you used in the Measuring Outcomes Activity.

Refer participants to **Handout # 13 - Case Termination Checklist Activity**. This handout has the same vignettes used previously in the Measuring Outcomes Activity (that were not ready for termination) but this time participants will get to make their own decisions and make sure that the case is ready for termination.

Read each case out loud (or summarize) and have participants imagine that the case is theirs and they need to make sure the checklist is complete.

Ask them what they would do in each case situation to satisfy the checklist. Chart answers.
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 #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 #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 #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. Pulkowski 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. Pulkowski 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. Pulkowski’s risk to others for an involuntary commitment. The screeners did not find that Mrs. Pulkowski 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
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

**Topic:** Case Summary Essentials

*Trainer Note:* This is the basic information that should be in the case summary. Each APS program may have a different procedure or form. You may discuss the requirements for your program here. If participants come from different agencies, or if different counties have different requirements, have them share what is used in their program.

**Individual Practice Activity (15 minutes)**

Using [Handout #14 – Case Example for Case Closure](Participant Manual pg. 62) or a redacted case of their own that is ready for termination, participants are to:

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 – Handout #12

3. Write a Case Summary as required by the agency. If the agency does not require a summary, they will write one using the information given to them in this training.

Large Group Debrief (10-15 minutes)

Debrief this exercise by asking for volunteers to read their case summary and to talk about this experience.

- Did they include any information that they normally didn’t include?
- Did they decide that they might need to do something more before closing the case?
- Did they have any other “ah ha!” moments?
- Was the checklist helpful?
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.
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.

1-09-12  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 perseverate. He refused an evaluation by a psychologist. Mr. Josef signed a released 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.

1-09-12  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.
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 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:
Topic: Transfer of Learning Activity

Explain that it is important that participants continue to practice the skills they learned today back in the office. To help them do this, they will complete the same activity as in Handout #14 except with a case of their own that is ready for termination. That case summary should be submitted to their supervisor or trainer (with redacted information) for review. Refer participants to **Handout #15 – Transfer of Learning Activity**.

**Trainer note:** In preparing for the class, determine who will be responsible for providing the trainees with feedback on the assignment (in other words, to whom do they send the assignment) and a completion deadline.
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 _________________________________.

MODULE 23 -101-
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

**Topic: Bottom Line Issues: Covering All Bases**

The following three slides cover bottom line issues and reflect some of the most challenging parts of APS case closure and often cause workers the most stress.

This slide is self-explanatory. Most of the information has been covered earlier in the day and is a review.

Ask for feedback.
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?

**Topic: Bottom Line Issues: Liability Issues**

Fear of lawsuits and newspaper articles always causes anxiety for agencies and, of course, that anxiety comes down to the front line worker.

Workers must know all the legal responsibilities and implications of their jobs… those related to reporting, confidentiality, and accountability as well as informing law enforcement, using orders of protection, orders of access, guardianship/conservatorship processes.

This understanding as well as having complete and proper documentation will help protect the worker and the agency.

Unfortunately, the worker frequently winds up in a bind… some in the community will say that APS did not do enough, others will say APS overstepped its bounds. There is no 100% guarantee that everyone will be satisfied at the end of the day, but working legally, ethically, and respectfully and using supervision whenever necessary helps to prevent surprises.
**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?

**Topic: Bottom Line Issues: Partners**

Many APS programs participate in MDTs (multidisciplinary teams) and there are protocols in place for how they work.

New workers should be encouraged to partner with other disciplines when possible… valuable medical, legal, and resource information will be helpful when addressing difficult cases, and especially when deciding to terminate.

Good relationships with other agencies can lessen the stress on the worker and give that worker more options for the client. Workers should know the confidentiality parameters of their particular agency.
Practice Determining Whether to Close the Case

TIME ALLOTTED: 45 minutes

Slide: #44:

Topic: “Your Case is Closed” Card Game

Trainer Note: Introduce the “Your Case is Closed” card game by telling participants that this is their opportunity to use what they have learned to decide whether a case is ready for termination. The game is played like “GO FISH” except they will need to read the cards to determine whether all the necessary case elements are present to let them close the case.

The directions are in the participant manual on page 69. Go over the directions with participants and then give them 30 minutes to play. Monitor the class to make sure that they understand how to play.
Directions for “Your Case is Closed” card game

Before the class: Download the PDF entitled, “Your Case is Closed Cards”. Print up enough decks of cards to give one deck of cards to each table group of 2-6 players.

Explain to the groups that this game is played like “Go Fish”.

**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.

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.

Continued
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.

At the end of the game:

Ask the players whether they seem to close cases too early or kept them too long thinking there was more they should do?

Did they have questions about the cards? Do they think we should have included more cards in some suits or that some cards were really not necessary?
**CLOSING: Q & A AND EVALUATIONS**

**Time Allocated:** 15 minutes

*Slide #45:*

**Questions? Comments?**

* Please complete the evaluation

---

**Topic: Questions, Comments?**

Answer any remaining questions, ask participants what they will remember most from the day and remind them to complete their evaluations. Thank them for their participation.
REFERENCES


