Involuntary Case Planning

Module 20

Involuntary Case Planning

The Topic: Providing services against client’s wishes can be a difficult ethical dilemma for new workers. The decision often touches workers deeply and strongly. It is important to give new staff the opportunity to examine their motivations as well set forth the standard for appropriate APS intervention.

Learning Objectives:

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

- Define involuntary services and discuss the case review format for determining when involuntary intervention may be indicated
- Identify those situations where the client’s immediate safety takes precedence over the client’s right to self determination
- Explore the ethical issues in the worker’s decision to use involuntary intervention
- Document information needed to justify the use of involuntary intervention
- Identify the appropriate resources needed to be able to implement an involuntary case plan
- Develop and defend an involuntary intervention plan.

Supervisor Activities:

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

Trainer’s Note: In this module, we assume that participants have experienced training on capacity assessment, risk assessment, and legal issues. We also assume that participants have a basic knowledge of medical and mental health indicators of risk/danger.

Selected reading:

Sample Questions for Discussion: Define involuntary services

The topic of involuntary services is an important one in APS. Supervisors must set the stage for discussion of the issue by asking some important questions and raising awareness of the responsibility involved in making the decision to intervene against the wishes of a vulnerable client.

Share the definition of involuntary services: Interventions initiated by APS workers, without consent of affected adult, for the purpose of safeguarding the vulnerable adult at risk of abuse, neglect, or exploitation. Below are some questions that you can use to spark discussion and awareness in your new worker.

1. What do you think is the most often used involuntary intervention in APS work? (Just the act of an APS visit may seem to many as an infringement on the client’s right to privacy)

2. A government worker comes to your door and decides that your lifestyle (hygiene standards, behavior, etc) is unacceptable and puts you at risk. The worker tells you that, unless you conform to the “standards,” action will be taken to make changes against your will. What kind of feelings does that provoke in you? What action would you take?

3. Many of our APS clients have physical or cognitive vulnerabilities that may put them at risk. What kind of risks would warrant an involuntary intervention?

4. Under what circumstances would an involuntary intervention be appropriate? (If the client lacks capacity, if there is nobody authorized to act on behalf of the person, and if a court orders the intervention).

5. What types of involuntary interventions might protect a vulnerable adult from harm?

Never underestimate the importance of your job and how critical your role is in protecting vulnerable individuals who, for a variety of reasons, may not be able to protect themselves. As new workers, this may seem scary and overwhelming, but as you gain more experience and as you develop relationships with your supervisors and peers and other agencies, you will become more comfortable with this awesome task.

The task always begins with developing a trusting relationship with your client, with understanding who the client is and who she/he was, what she/he values. When we start with the human aspect, it is easier to build the next steps.
On the Job Training/Case Review:

Discuss the case review format for determining when involuntary intervention may be indicated.

Stress that the case review must be preceded by a good assessment that includes a holistic view of the client’s situation:

- Known facts
- Social history and situation: preferences, cultural, ethnic, religious background
- Medical history/conditions: functional status
- Mental status: decisional capacity
- Perpetrator information
- Previous interventions/actions
- Immediate safety concerns

Workers should have knowledge/skill of doing an assessment before making the determination of when voluntary intervention may be indicated.

Assign a case which seems to warrant intervention to the new worker (or have worker shadow a more experienced worker on a difficult case). Have the worker answer the questions above and then bring it to you for the case review. When you review the case, you may want to include other workers in the process, perhaps in a unit meeting. If it seems indicated (and if it is possible in your setting) you might want to invite the APS attorney to sit in on the meeting. This will give the worker the opportunity to flush out the case and the questions on different levels and increase the confidence level as difficult decisions may need to be made.

The assignment is on the following page.
The Case Review

The case review can clarify any issues and discover new facts, helping you to “see the forest from the trees.” It will give you the opportunity to step back and look at the situation from different perspectives. By going through this review process, you may feel more confident in the action you are about to take. You will be able to discuss the steps needed as well as the potential consequences to the client, the alleged perpetrator (if there is one), the family, and the agency. Involuntary interventions can be high profile. APS workers are vulnerable to criticism from families and communities and even the media... we either did “too much” or “not enough.” We cannot always avoid this uncomfortable position, but we can make sure that we have done all we can to review the situation methodically and get input from others. Like good scouts, we must “be prepared.

Your supervisor will assign a difficult case for you to assess. Your assessment which will include
- Known facts
- Social history and situation: preferences, cultural, ethnic, religious background
- Medical history/conditions: functional status
- Mental status: decisional capacity
- Perpetrator information
- Previous interventions/actions
- Immediate safety concerns

After the assessment you will meet with your supervisor and others to review the case.

At this review you will:
- Clarify questions
- Fact finding
- Take a step back
- Listen to different perspectives
- Develop potential intervention steps
- Discuss potential consequences of each step
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Case Vignettes:

Identify those situations where the client's immediate safety takes precedence over the client's right to self determination; explore the ethical issues in the worker's decision to use involuntary intervention.

Sadie Miller, age 87, lives with her 82 year old sister Thelma in the family home. Neither sister has ever been married. Both worked as nurses and have been retired for many years. They had been connected to their temple but, due to their ages and infirmities, have not been in touch with their community in a few years. There are no other surviving siblings but there is a niece who lives 500 miles away. Sadie has been diagnosed with dementia and Thelma has been her caregiver. Thelma just suffered a stroke and was hospitalized, leaving Sadie alone in the home. Sadie is very upset about her sister and has become more agitated. She has been known to wander.

- What is the level of risk?
- Does the client have the ability to consent?
- What is the urgency?
- What are the cultural and ethical issues?
- What is the least restrictive alternative?
- What other information would you need to make a determination?

Mr. Rodriguez, age 74, is an insulin-dependent diabetic who is moderately depressed. He was widowed 2 years ago and still seems to be grieving. He has lost a lot of weight and has not been following his diabetic diet. Besides this, he has recently begun drinking and has become unsteady on his feet. His SS income is $750/month and lives in subsidized affordable housing. He was found on the floor by a neighbor. He seemed dizzy. His foot was swollen and discolored. The neighbor offered to call the ambulance, but Mr. Rodriguez refused.

- What is the level of risk?
- Does the client have the ability to consent?
- What is the urgency?
- What are the cultural and ethical issues?
- What is the least restrictive alternative?
- What other information would you need to make a determination?
Salima Kahn is a 60 year old recent immigrant from Kerala, India. She was brought here by her 35 year old son Arshad who is a physician. Arshad came to this country for medical school. He works in a local hospital. He has an American wife and an infant child. He planned that his mother would care for the child so his wife could go back to work. Salima Kahn speaks little English and is not familiar with the culture or customs in her son’s home. She is Muslim, but her son’s family does not practice her religion. She has had mental health problems for many years and her behavior in her son’s house has been very strange. Lately she has begun making threatening gestures towards her daughter in law. Her son has been keeping her in the basement but now says he cannot care for her any more.

- What is the level of risk?
- Does the client have the ability to consent?
- What is the urgency?
- What are the cultural and ethical issues?
- What is the least restrictive alternative?
- What other information would you need to make a determination?
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Written Activity:

Explore the ethical issues in the worker’s decision to use involuntary intervention

There are many influences on a worker’s decision to use or not use involuntary intervention. In the following 4 categories, write down what might influence you in either direction. You can use an actual case of one of the previous case vignettes.

Client Wishes

Professional Obligations

Personal Values

Community Pressure
**Case Consultation:** Document information needed to justify the use of involuntary intervention.

As supervisors, we must be able to determine if a worker can justify the use of involuntary intervention. Did the worker explore all options, get all the facts, and consult with the appropriate agencies and professionals? Did the worker go far enough or too far? New workers may not make the decision due to fear of the consequences/relationship with the client or they may make a decision hastily and without enough documentation due to their zeal in protecting the client.

Here are some case examples that can help you flush out some of these issues with your workers. Of course, their own examples would have more effect.

1. Client lives in an apartment which is full of clutter and collectables. There is a path from the bedroom to the kitchen. Client is frail and has fallen a few times. Client says all the items in the apartment have sentimental value and he does not want to throw anything out. You call the Mental Health Screeners and ask to have him evaluated. Too far: Is he a danger to himself or others? Does he have a mental health history?

2. Client is bedbound and dependent on her daughter for care. Her daughter has substance abuse problem and has not been providing supervision and meals. Client is losing weight and seems a little fearful of her daughter but doesn’t want you to do anything about the situation. You do a mini mental and client scores 27 points. You leave and close the case, since client has capacity. Not far enough.

3. Client is an 89 year old man who has been a widower for 25 years. He recently met a 32 year old woman and has fallen in love. He informs his adult children that he will marry this woman. He has changed his will, leaving all his substantial assets to her. The children inform APS and the worker puts a freeze on client’s bank account. Too far: not enough info on the client’s capacity to make choices (even if they are choices we do not approve of), questionable motivation of the adult children.

Ask the worker what would be important to document. (facts, observations, dates, collateral information, quotes, collateral documentation such as medical records, hospital records, bank records, affidavits, shut-off notices, eviction/foreclosure procedures.)

scoring high on a MMSE is not enough to close the case.
**Transfer of Learning**: Identify the appropriate resources needed to be able to implement an involuntary case plan.

As the saying goes, it takes a village.... And it takes more than just APS to be able to resolve a crisis especially when it entails involuntary intervention. You must be able to answer: Who do I need? Who do I call? To do this, I must be able to answer the following questions:

- What do I want to happen?
- Which agency/entity can make that happen?
- Who is the best contact person?
- What can that agency do: what is its legal mandate or responsibility?
- What is the agency NOT able to do: what are its limitations?
- What is the inside scoop? What are special conditions?

Identify some agencies that might be helpful to you in developing a service plan which includes involuntary interventions. Research the agencies, obtaining information from direct contact, brochures, consultation with supervisor, recommendations of coworkers. Complete the form and then share it with your supervisor. This form may be of much value to you when you are trying to develop appropriate case plans with and for your clients.
### Involuntary Case Planning

#### Transfer of Learning

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<tr>
<th>Involuntary Intervention Needed (is it available?)</th>
<th>Who Can Assist (Name of Agency or Entity and Contact Person)</th>
<th>Procedure to Initiate the Intervention</th>
<th>What they can do (responsibilities/mandate)</th>
<th>What they cannot do (limitations)</th>
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Involuntary Case Planning

**Role Play:** Develop and defend an involuntary intervention plan.

In this activity, you the supervisor will play the judge and your worker will be presenting the case to you. The worker’s job is to build a case from some basic information and then present the evidence to you, the judge. You will “cross examine” the worker and look for the following information:

- The type of involuntary intervention they are requesting
- The actions they have already tried and the results of those actions
- Any documentation to support their case
- Evidence that the intervention they are requesting is the least restrictive alternative and is both ethical and legal
- Their assessment of what will happen if this particular involuntary intervention is not granted

You will determine ethical, legal, and APS argument for why involuntary intervention should/should not be granted. You will decide if the worker’s request has merit and share your concerns with the worker.

**Worker Instructions for Involuntary Case Planning Role Play**

**Tell it to the Judge**

In this exercise you will be preparing to defend your case plan to a judge. You will develop the case from the following information.

Barbara Smithers, age 82

**The basics:** Victim reportedly bedbound and neglected, lives with mentally unstable daughter/caregiver, refuses to allow APS worker into the home to interview client.

**Your request:** Access to client for evaluation

As you develop the case details, make sure you include the following for your interview with the judge:

- The actions you have already tried and the results of those actions
- Any documentation to support your case
- Evidence that the intervention you are requesting is the least restrictive alternative and is both ethical and legal
- Your assessment of the consequences of action or inaction
- Your follow up plan

Make sure that your plan is ethical, legal, and meets your APS requirements.