

INVOLUNTARY CASE PLANNING IN ADULT PROTECTIVE SERVICES

TRAINER'S GUIDE



Involuntary Case Planning

Developed by
Susan Castano

MODULE 20

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

TRAINER'S MANUAL

INVOLUNTARY CASE PLANNING IN APS



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INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the APS Intake Process: Screening and the First Visit 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 Archstone Foundation 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)
- 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)

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Agencies

California Department of Social Services, Adult Services Branch
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

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Protective Services Operations Committee of the California Welfare Directors' Association

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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:

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.

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COURSE OUTLINE

Content	Total Time	Activities	Slides/pages
Welcome & Introductions: Objectives, Overview of project, housekeeping Learning Objectives It's a Free Country, or is it?	30 minutes	Lecture and Discussion	Slides Handouts: Letter to Participants, ID Assignment Slides Shout-Out Introductions
Ethical Issues in Making the Decision	15 minutes	Lecture/Discussion	Slides
Review Transfer of Learning Activity	15 minutes	Lecture	
Using Involuntary Interventions Step by Step	45 minutes	Lecture, Discussion,	Lecture, Discussion, Slides, Handouts,
BREAK	15 minutes		
Tell it to the Judge	45 minutes	Activity	Small group case planning, presenting case to judge in large group Handouts
What we learned and self evaluation	25 minutes		Slides, Q and A

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TRAINING GOALS AND OBJECTIVES



**Involuntary
Case Planning**

Developed by
Susan Castano

By the end of this blended 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.

RECOMMENDED CLASS SIZE

This course is best delivered to a small group of at least 10 and not more than 30 new elder abuse workers.

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TRAINER GUIDELINES

Teaching Strategies	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none">◆ 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	<p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none">◆ Computer with LCD (digital projector)◆ CD-ROM or other storage device with the slide presentations◆ Easel;/paper/markers◆ 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

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Schedule of the Day

8:30 Welcome Intro Overview LO and It's a Free Country, or is it?
9:00 Ethics
9:15 Review of Transfer of Learning Exercise
9:30 Involuntary Interventions
10:15 Break
10:30 Tell it to the Judge Activity
11:15 Evaluation
11:30 Lunch

Introduction to Training Manual

Once the assessment is made, the APS worker must develop a case plan with the client. In many situations, where the client can consent to services, a voluntary case plan is developed with the client. In serious emergencies where there has been a determination of extreme risk and the client lacks capacity or cannot consent to services, involuntary action may be necessary. The decision to take involuntary action should not be taken lightly. In this blended learning module we will examine how workers come to the conclusion that an involuntary action should be pursued. In order to do this, we will explore the case review process as well as the ethical dilemmas and issues surrounding the decision to use involuntary services. The three part eLearning segment of this training should be completed by participants before they come to this skill building in-person training. In the classroom, we will discuss particular types of involuntary and emergency interventions and how workers can make their case legally and in the least restrictive manner. Workers will have the opportunity to integrate what they learn through experiential activities, case vignettes, in-depth case studies, and other learning modalities.

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.

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APS Core Competency Training Module - Executive Summary

Course Title: *Involuntary Case Planning*

Outline of Training:

In this engaging and highly interactive introductory training, participants learn to identify situations where the client's safety takes precedence over the client's right to self determination and how to think through making that determination. They will explore the ethical issues involved in these tough cases and learn how to document their decisions appropriately so that their decisions can be defended.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, experiential exercise); 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. Certificates of course completion will be awarded upon completion of ALL course activities.

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:

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

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- Identify the appropriate resources needed to be able to implement an involuntary case plan
- Develop and defend an involuntary intervention plan.

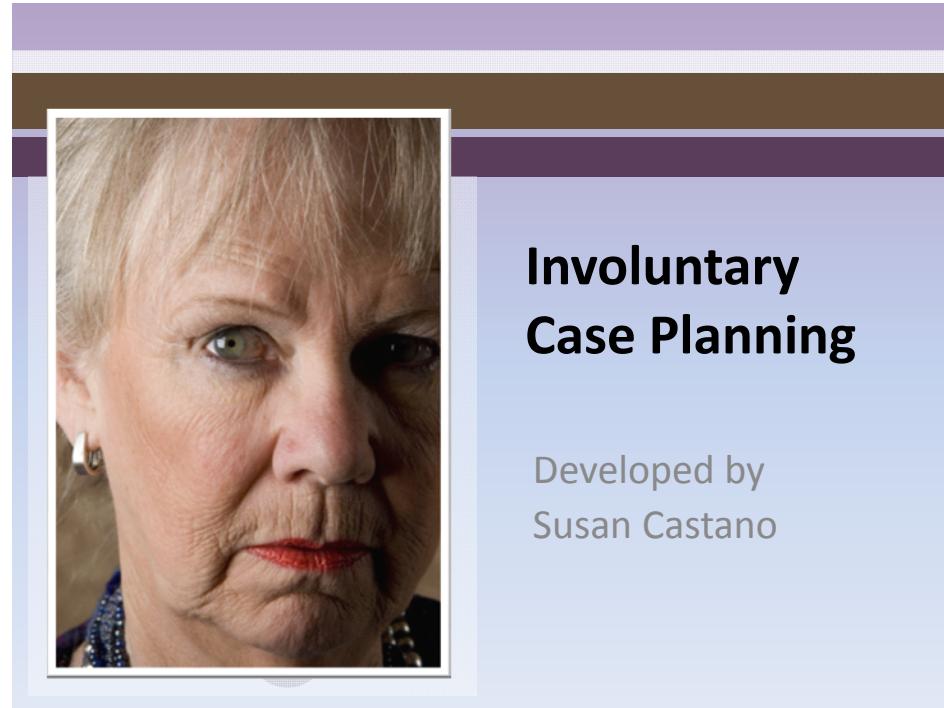
Transfer of Learning: *Ways supervisors can support the transfer of learning from the training room to on the job.*

BEFORE the training

Supervisors can encourage line staff to attend the training and help them identify particular strengths and/or challenges that they may have had (or imagine they may experience) in providing involuntary case planning. 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 trainee can share what specific skills they obtained from the training. If further staff involvement is available, trainee may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.



PRESENTATION

WELCOME AND INTRODUCTIONS



TIME ALLOTTED: 30 minutes

Slide #2:

Housekeeping and Introductions

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



2

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

Review Housekeeping Items

- There will be a break at approximately...
- The restrooms are located at....
- Please turn off your cell phones 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

CONTINUED

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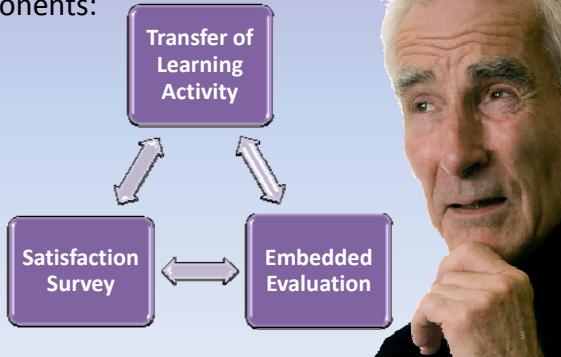
Ask participants to:

- make a brief self-introduction including name, job title, organization
- mention one thing that they remember, or had trouble with, from the eLearning modules on involuntary case planning that they took.

Slide 3

Evaluation Process

- All APS Training has 3 evaluation components:



TOPIC: Introducing participants to the evaluation process

Provide the participants with the Letter to Participants and the ID Assignment Handouts from the Evaluation materials

For this training, you will be completing a training satisfaction survey, an embedded evaluation regarding question typology (completed in class) and a post training transfer of learning exercise (to be turned in next week). 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".

Slide 4

Developing an ID Code

- What are the first three letters of your mother's *maiden name*? **Alice Smith**
- What are the first three letters of your mother's *First name*? **Alice Smith**
- What are the numerals for the DAY you were born? **Nov 29th**

Trainee ID Code

S	M	I	A	L	I	2	9
---	---	---	---	---	---	---	---

4

TOPIC: Developing an ID code

We are NOT evaluating you and no one from your agency will see your individual responses. 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: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.
2. What are the first three letters of your mother's *First name*? Example:
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.
3. What are the numerals for the DAY you were born?

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Slide 5:

Learning Objectives

- When should you use involuntary interventions?
- When is safety more important than self determination?
- What are the ethical issues?
- What are involuntary interventions?



Shout-out questions
for the class



TOPIC: What have you learned?

Let's review the eLearning you all took:



1. Can you name some involuntary interventions?

- a. Mental Health Hold,
- b. Conservatorship/guardianship,
- c. Emergency Hospitalization,
- d. Home Haz Mat Clean-up,
- e. Money Management,
- f. Access to client,
- g. Limited Guardianships

2. When should you use involuntary interventions?

When the client lacks decision-making capacity, has no representative and is at risk.

3. When is safety more important than self-determination?

When the risk is high and the client is unable to make an informed decision.

4. What are some ethical principles you should use when determining whether to employ an involuntary intervention? Can you give an example?

- a. Do no harm.

Continued

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- b. Avoid imposing personal values on others.
 - c. Use substitute judgment
 - d. Use the least restrictive services first.
 - e. Consider the best interest of the client
- 5. Why are case reviews important?**
- a. Clarify questions
 - b. Fact finding
 - c. Take a step back
 - d. Listen to different perspectives
 - e. Develop potential intervention steps
 - f. Discuss potential consequences of each step
- 6. What questions might your supervisor ask you when you want to employ an involuntary case plan?**
- a. What involuntary intervention are you suggesting?
 - b. What interventions have you tried?
 - c. What documentation do you have to support your intervention?
 - d. Is it legal and ethical? What are the possible unintended consequences?
 - e. What will happen if this particular involuntary intervention is not granted?

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Slide 6:

It's a Free Country... Or Is It?

FLIPCHART



TOPIC: It's a Free Country Activity

At this point in the training, select someone from the back of the room (preferably someone outgoing and vocal) and tell them that you would need them to move to a seat in the front of the room to enhance their learning experience. You need to stress that you are trying to help them learn the subject matter but be persistent. (However, if they get upset, don't make them move.) If the first person moves without an argument, select a second person and have them move as well. Again, stress that you are being helpful and that the move is in their best interest.



Once the individuals have settled in, ask them how it felt to be singled out and made to do something that they didn't see as necessary? Record their comments on the flip chart. Once you have debriefed the trainees' feelings,

CONTINUED



Ask how they think their clients feel when an involuntary intervention is implemented? Record these answers on the flip chart.



Ask the trainees how they feel about imposing those involuntary interventions?

Allow the individuals who moved the option of returning to their previous seats. Thank them for being so helpful.

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MODULE 9

-23-

1/23/2014

Version 2

ETHICAL ISSUES



TIME ALLOTTED: 15 minutes

Slide 7:

A photograph of a paved road with yellow double lines, curving through a dense green forest. To the left of the image is a vertical decorative bar with three colored segments: brown, purple, and white. A text box in the upper left corner contains the question "Too Far or Not Far Enough?". In the upper right corner of the slide area is a small rectangular box labeled "Handout".

Activity: Too Far or Not Far Enough?

Now let's look at a few situations to try and determine if the worker went too far or not far enough. *Trainer's note: Read these vignettes and ask for a show of hands... how many think the worker went too far? How many think she did not go far enough? Ask for reasons.*

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

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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: scoring high on a MMSE is not enough to close the case.*

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.*

Too Far or Not Far Enough?

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.

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.

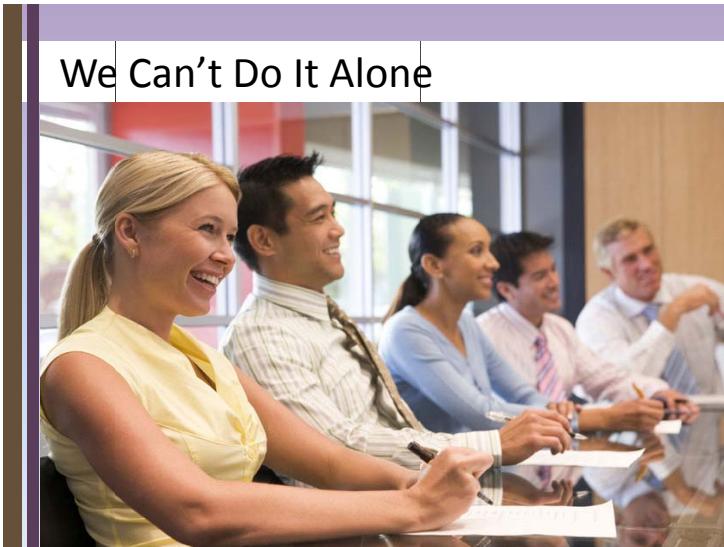
3. Client is an 89 year old man who has been a widower for 25 years. He recently met a 32 year old woman and has fallen in love. He informs his adult children that he will marry this woman. He has changed his will, leaving all his substantial assets to her. The children inform APS and the worker puts a freeze on client's bank account.

HOMEWORK FROM ELEARNING



TIME ALLOTTED: 15 minutes

Slide 8



Shout-out questions
for the class



TOPIC: We cannot do this alone.



Ask the trainees to bring out the Transfer of Learning homework that they downloaded from the eLearning. Review the form and ask for volunteers to provide information for each category.

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Involuntary Case Planning Transfer of Learning

Involuntary Intervention Needed (Is it available?)	Who Can Assist (Name of Agency or Entity and Contact Person)	Procedure to Initiate the Intervention	What they can do (responsibilities/mandate)	What they cannot do (limitations)	Special Circumstances
Mental Health Hold <input type="checkbox"/> Not available					
Medical Emergencies <input type="checkbox"/> Not available					
Conservatorship / Guardianship <input type="checkbox"/> Not available					

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Involuntary Case Planning Transfer of Learning

Involuntary Intervention Needed (Is it available?)	Who Can Assist (Name of Agency or Entity and Contact Person)	Procedure to Initiate the Intervention	What they can do (responsibilities/mandate)	What they cannot do (limitations)	Special Circumstances
Protective Custody <input type="checkbox"/> Not available					
Freezing Bank Accounts <input type="checkbox"/> Not available					
Daily Money Management <input type="checkbox"/> Not available					

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Involuntary Case Planning Transfer of Learning

Involuntary Intervention Needed (Is it available?)	Who Can Assist (Name of Agency or Entity and Contact Person)	Procedure to Initiate the Intervention	What they can do (responsibilities/mandate)	What they cannot do (limitations)	Special Circumstances
Substance Abuse Treatment					
<input type="checkbox"/> Not available					
Other					
Other					

USING INVOLUNTARY INTERVENTIONS



TIME ALLOTTED: 45 minutes

Slide 9

Proving the Need for Intervention

Ethical Questions

Understand the legal process

Determine who else should be involved



TOPIC: Involuntary Intervention: Step by Step, Proving the Need

Because the decision to force intervention is such a delicate and difficult one, it is important that workers have “all their ducks in a row.” In the next part of this training we will cover these issues (listed on slide). Learning to do this step by step will give you more confidence in your decision and increase your comfort level with your decision. You will need to “make a case” for your decision – with your supervisor, agency attorney, prosecutor, judge, etc. Making sure your plan is legal, ethical, and meets the “least restrictive alternative” criteria is crucial. Gathering facts and documentation will make your case solid. Examining all the possible consequences will help you sleep better at night.

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Slide 10

Do No Harm

Avoid Imposing Personal Values on Others

Use Substitute Judgment

Consider the Best Interest of the Client

Shout-out questions
for the class



Use Least Restrictive Services First

Ethical Questions



Ask the participants for examples of how violating these principles might be problematic.

Examples:

Do No Harm: (How might a client be harmed by an involuntary intervention?)

- Depression over placement
- Physically/financially harmed by bad conservator
- Hurt while resisting a mental health hold

Avoid Imposing Personal Values on Others: (How might a worker impose their personal values on a client?)

- Forcing the client to live with family members because “family is best”.
- Putting pressure on the client to have a specific medical treatment
- Influencing client against a “bad” family member

Use Substitute Judgment (How might a worker violate this principle?)

- Client wanted to stay in her own home but worker thought a nursing home would be better for the client and pushed him in that direction.
- Client loves her 15 dogs but you call animal control and have them all removed.

Consider the Best Interest of the Client (What other interests might the worker consider?)

- Government officials want client to quit complaining to the media
- Client’s children want you to “make” client do something (sell their car, hire a caregiver, etc.)

CONTINUED

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

- Neighbors want you to stop the client from smoking since she falls asleep

Use Least Restrictive Services First (Name a less restrictive intervention for each of the following)

- Conservatorship ⇒ Limited conservatorship
- Nursing Home Placement ⇒ Live in caregiver
- Medical Health Hold ⇒ Calling in a family member to calm the client

In developing an argument for an involuntary intervention, you need to search your soul regarding the first four ethical principles but you need to be able to justify why you did not use less restrictive Interventions to your partners.

Vignette Exercise

Assign one vignette from Handout 1 to each table. Ask the participant to read the client's background and the situation. Then have them answer the first 2 questions: "What interventions should you try before moving to an involuntary case plan?" and "What involuntary intervention do you want to try?" Next, have each table report out their answers. Ask the participants at the other tables if they can think of any other non-involuntary interventions.

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Vignette 1

Background:

Mrs. J is a 75 year old Afro-American woman. She has high blood pressure, diabetes, and is significantly overweight. Mrs. J lives alone in a senior apartment. Her husband died 8 years ago. She has been handling her own ADLs and most of her IADL's. Her daughter, Jenna, does her housework, grocery shopping and laundry. Mrs. J. has been active with her church; in the choir and with a bible study group.

Situation:

The apartment manager called APS because, since early this morning, Mrs. J. has been wandering the hallways of the apartment complex, asking residents "Where is Jenna?" The manager took Mrs. J. back to her apartment and called Jenna. However, before Jenna could arrive, Mrs. J. left the apartment and was again wandering the halls, looking for Jenna. When Jenna finally got to the apartment, they spent an hour finding Mrs. J. again. Unfortunately, Mrs. J. did not recognize Jenna and continued to try to leave the apartment to find her.

- What interventions should you try before moving to an involuntary case plan?

- What involuntary intervention do you want to try?

- Is it legal and ethical?

- What documentation will you need to support your intervention?

- What are the possible unintended consequences?

- What will happen if this particular involuntary intervention is not granted?

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Vignette 2

Background:

Mrs. K is a 70 year old Irish woman. She has arthritis, osteoporosis, and is being treated for depression. Mrs. K lives with her daughter (Mary Louise), son-in-law and 3 teenage grandsons in a two story home. She lived in the "old country" until last year when her husband passed away. She uses a walker and needs help with most of her ADLs as she has trouble dressing, bathing, and ambulating. She handles her own toileting. Mrs. K is not involved in any activities outside the home except going to mass on Sundays.

Situation:

Mrs. K called her priest and told him that she is contemplating suicide. The priest came to the home and spent most of the afternoon talking with Mrs. K. She was extremely depressed, couldn't stop sobbing and continued to insist that she had nothing to live for and was just a burden to everyone. The priest felt that her situation went beyond his ability to give spiritual comfort so he called APS for assistance. Mrs. K refuses to talk to the APS worker.

- What interventions should you try before moving to an involuntary case plan?

- What involuntary intervention do you want to try?

- Is it legal and ethical?

- What documentation will you need to support your intervention?

- What are the possible unintended consequences?

- What will happen if this particular involuntary intervention is not granted?

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

Vignette 3

Background:

Mrs. L is a 85 year old Caucasian woman. She has an arrhythmia, arthritis and some memory issues. Mrs. L lives alone in a small, run down, single family home. She has a state funded caregiver who comes in daily to help her with bathing and dressing, as well as housework, shopping cooking and laundry. Mrs. L has 3 children who live on the other side of the country. Mrs. L is not involved in any activities outside the home.

Situation:

Mrs. L's caregiver called APS stating that Mrs. L is now expecting her to buy Mrs. L's weekly groceries with a handful of change. Mrs. L seems to no longer have any concept of how much things cost. The caregiver also states that Mrs. L's memory issues are getting worse. During the APS interview, it was clear that Mrs. L cannot follow a normal conversation. Mrs. L responded to most questions with either a blank look or a totally inappropriate answer. Mrs. L was unable to answer any questions requiring problem solving skills such as "If your caregiver didn't come tomorrow, what would you do?" or "What would you do if there was a fire in your home?"

- What interventions should you try before moving to an involuntary case plan?

- What involuntary intervention do you want to try?

- Is it legal and ethical?

- What documentation will you need to support your intervention?

- What are the possible unintended consequences?

- What will happen if this particular involuntary intervention is not granted?

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

Vignette 4

Background:

Mr. M is a 67 year old, English speaking, Hispanic man. He is very thin and has high blood pressure. Mr. M rents a room in a single room occupancy (SRO) building. Mr. M handles his ADLs and IADLs without help. Mr. M has a long history of alcoholism. Mr. M has not had any contact with his family (ex-wife and 4 children) in many years. Drinking with his buddies and fishing are his only outside activities. Mr. M receives SSI income.

Situation:

Mr. M's landlord called APS because he is on the verge of evicting Mr. M. (Mr. M is two month's behind in his rent). When APS interviewed Mr. M, he appeared totally unconcerned about his possible homelessness. He was unable to explain how he budgets his money or even state the amount of his monthly income. There was no food in his room. However, there was a twelve pack of beer and a trash can full of empties. Mr. M was unable to appropriately answer any questions requiring problem solving skills such as "If you were evicted tomorrow, what would you do?" or "Where would you get food if you didn't have any money?" Mr. M is unhappy that APS has been called as he "Doesn't want any damn social workers messing in his business". It is unclear whether he is intoxicated at this time.

- What interventions should you try before moving to an involuntary case plan?

- What involuntary intervention do you want to try?

- Is it legal and ethical?

- What documentation will you need to support your intervention?

- What are the possible unintended consequences?

- What will happen if this particular involuntary intervention is not granted?

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

Vignette 5

Background:

Mrs. N is 71 year old Russian woman. She is remarkably agile given her age. She is 50 lbs. overweight and has problems with allergies. She speaks English with a strong accent. She lives alone in a small, single family home. Mrs. N handles her ADLs and IADLs without help. Mrs. N. still drives and loves to visit yard sales. She has many friends at the local senior center but never invites them to her home.

Situation:

Mrs. N's doctor calls APS because he has treated Mrs. N twice in the last month for food poisoning. Apparently, Mrs. N views food expiration dates as "suggestions" and routinely ignores them. APS finds the home severely cluttered with Mrs. N's yard sale "finds" and food shopping "deals". Every surface has objects on them and there are only narrow pathways within and between rooms. Much of the food in Mrs. N's refrigerator is rotten or passed its expiration date. Mrs. N believes that if a can isn't "puffy", the contents are still good. Mrs. N seems to have an intact memory. Her problem solving abilities also appear to be intact except when it comes to disposing of food or her yard sale items. On those two subjects, she is unwilling (unable?) to identify the risks (of food poisoning, of falling due to clutter, of infestation, etc.) and does not see the need for remediation.

- What interventions should you try before moving to an involuntary case plan?

- What involuntary intervention do you want to try?

- Is it legal and ethical?

- What documentation will you need to support your intervention?

- What are the possible unintended consequences?

- What will happen if this particular involuntary intervention is not granted?

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

Vignette 6

Background:

Mr. O is 77 year old Puerto Rican man. He is frail and uses a walker. Mr. O has a heart condition and arthritis. He speaks English very well. He lives with his wife, daughter, son-in-law and 2 adult grandchildren in a four bedroom home. Mr. O receives helps on his ADLs from both his wife and daughter. Mr. O has no outside activities but the house is always full of family and friends.

Situation:

APS receives a call from Mr. O's daughter, Lily. Mr. O has been diagnosed with kidney failure but he is refusing dialysis. According to Lily, the doctors say that the dialysis treatment could extend Mr. O's life by up to 5 years. When APS interviews Mr. O, he seems very depressed but determined. He states that he is tired. He says his life is too painful these days. Aside from some normal memory and word retrieval issues, Mr. O does not seem cognitively impaired. He can tell you the pros and cons of receiving dialysis. In discussing his decision, he says, "I have made my peace and I am ready to die."

- What interventions should you try before moving to an involuntary case plan?

- What involuntary intervention do you want to try?

- Is it legal and ethical?

- What documentation will you need to support your intervention?

- What are the possible unintended consequences?

- What will happen if this particular involuntary intervention is not granted?

Slide 11

Understand the Legal Process

- What are the statutes governing this action?
- Has a crime been committed?
- What are the legal consequences to the victim?
- What are the legal consequences to the perpetrator?
- Does the action meet legal standards?



TOPIC: Understanding the Legal Process

Trainer's note: participants should have had training on the appropriate statutes that pertain to their work. You may ask that question at the beginning and should provide the appropriate statutes in their participant manual for their information.

If the involuntary intervention you plan to implement is governed by statute, you need to be familiar with that statute. If a crime has been committed you may be required to contact law enforcement and provide information to assist.



Ask: under what circumstances would you contact law enforcement? Possible answers: to gain access, to report a domestic violence/assault, in a mental health emergency when the client or perpetrator is a danger to others.

When taking a legal action against a client/victim's wishes, it is important to examine the consequences of that action both to the client and to the alleged perpetrator if there is one. Example: if the victim lives with her abusive son but does not want to "get him in trouble," there may be a time that you observe the abuse and need to report it. Is arrest mandatory? If so, how long will the abuser be out of the house? Who signs the restraining order? How will the restraining order be enforced? Will the victim allow the abuser to return to the home in spite of the restraining order? What are the rights of the abuser?

CONTINUED



Ask for other examples. Remember, just because a situation seems unfair or abusive does not mean that it is illegal.

Vignette Exercise

Have the participants review their vignette to answer the third question, “Is the intervention legal and ethical?” Have each group report out their answers.

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Slide 39

Who Else Should be Involved?

- Who are your partners/Who can help you reach your goal?
- Respond to the challenges
- Learn their language

HANDOUT: Learning the Language



TOPIC: Determine Who Else Should Be Involved

Most often APS workers cannot take an involuntary action alone. There are other individuals, disciplines, agencies that must be “on board” to make intervention happen. Working with other agencies or disciplines can present some challenges. Frequently APS is misunderstood and mysterious to the outside world. This could be due to confidentiality rules as well as to unrealistic expectations.



What is your experience getting cooperation with partner agencies? What worked? What didn't? Sometimes there is a history of mistrust perhaps due to the misconceptions about the responsibilities and limitations of APS, about the definitions of abuse and neglect, about the issue of self-determination. There may be turf issues or a conflict of roles – who is to do what in what kind of case. Just as other agencies/disciplines may not fully understand APS, APS also needs to make the effort to understand the responsibilities and limitations of those from whom they are requesting assistance.

In addition, each discipline has its own “language” –the lingo it uses as well as the professional terminology and definitions used to guide their practice. To enhance your ability to access the people you need, you must learn their language.



Ask if any have dealt with law enforcement or mental health crisis teams? Were they aware of any “language barrier” regarding the lingo? Law enforcement works in

CONTINUED

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"black and white", so the "language" deals with facts. Mental Health defines a crisis as "danger to self or others", so you need to understand what that means. Learning the "language" does not imply that you manipulate/fabricate the story in order to get the attention of another agency. (We know that other agencies do that when referring to APS, and we are not happy about that.) It means that you understand and respect the mandate of the other and that you speak clearly, are assertive (but not aggressive).

*Trainer's note: refer to handout **Learning the Language**.*

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

Learning the Language

Helpful Hints to Access the Help of Other Agencies/Disciplines

Mental Health

- Educate yourself on the legal mandates, responsibilities and limitations of the agency
- Approach with an open mind rather than being set on a particular outcome
- Provide a baseline by describing:
 - Client's typical behavior and how current behavior differs from it
 - Changes in sleep pattern, appetite, activity level, mood, or behavior
- Review factors leading up to the problem and inform them of any factors that might be relevant
- Inform them of any medical problems and all medications, including dose and frequency
- Find out if there is a family history of mental illness or previous diagnosis of mental illness

Law Enforcement

- Understand the laws, what the officer is mandated to do, what the officer cannot do
- Focus on the facts, avoid gray areas
- Gather documentation which would support the case
- Discuss crimes and penal code violations, not social problems

EMT

- Provide all medical and medication history that is available to you
- If client is resistant or fearful of hospitalization, use your social work skills to find out what the source of the fear is. Was it a previous negative experience or perhaps a feeling of shame due to her present hygiene? Validating client's feelings and understanding the resistance may help you eliminate the barriers.

Financial Institution

- Understand your state statutes regarding fraud and financial exploitation
- Provide the institution with your suspicions and reason for investigation.
- Provide documentation if available.

Slide 41

Gather the Evidence

- Focus on observations
 - Who
 - What
 - Where
 - When
 - How
- Obtain support for your information from other sources



TOPIC: Gather the Evidence

As we have been saying all day, you must build a case for any involuntary action you plan to do. This morning we discussed the case review process which is the first step. We have to then assemble all the facts. These include:

- Who: witnesses, victims, complainants, reporting parties
- What: happened, what is the evidence
- Where: did it happen, are the persons involved
- When: did it happen, was it reported
- Why: did it happen, was it reported.
-

We also need to include our observations and gather all information from other sources that will support our case. Those sources should be reliable and credible.



Ask: *when would a witness not be reliable or credible?* Sibling feuds, someone with a grudge.

Slide 42

Document Clearly

- Facts
 - Medical records
- Observations
 - Hospital records
- Dates
 - Bank records
- Collateral information:
 - Affidavits
 - Utility shut-off
 - Eviction/foreclosure
- Collateral documentation



TOPIC: Document Clearly

Remember that your documents may wind up in a court of law, so be factual, objective, and concise. Make sure you have as much supporting documentation as possible.

Vignette Exercise

Have the participants review their vignette to answer the fourth question, "What documentation will you need to support your intervention?" Have each group report out their answers. Ask the other tables if they can think of any additional documentation that might be needed?

Slide 40

Evaluate the Social Consequences

- What will happen to client/victim?
- What will happen to perpetrator?
- What will be the effect on family members?
- How will you respond to the larger community?



TOPIC: Evaluate the Social Consequences

Now that we have determined what is legal and who can help you achieve your goal of involuntary intervention, we need to be aware of the social consequences of this action. *Trainer's note: as you go through these items, ask participants for their own examples. We want them to evaluate the potential consequences of their actions very carefully so they can prepare for them as much as possible.*

- What will happen to client/victim?
 - Will this action remove her from her home? If so, for how long? Where will she go? Who will be “in charge” while she is out of the home?
 - If she is transported to a mental health facility, how long can they hold her? What kind of medication will she be on? Who will follow up when she is released?
 - If the action removes the perpetrator who has been providing care or supervision, who will continue to provide care or supervision? If client was against the removal of the perpetrator due to loyalty or love, what will be done to fill the emotional gap? Will the victim feel obliged to take perpetrator back? Does victim have other supports? Can APS cultivate them?
- What will happen to perpetrator? Where will he/she go?
 - To jail: for how long? What will the conditions of his/her release be? Does perpetrator have income? How will he support himself if he is not with the victim?

CONTINUED

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

- To a hospital for mental health/ substance abuse treatment? For how long? Who will follow up? Where will he go upon discharge?
- What will be the effect on family members?
 - If a guardianship is being pursued, who will be named guardian? Will any family members contest the appointment? Will they secure their own attorney? Are there any financial or property issues that we should be aware of?
 - If a spouse is arrested for domestic violence, will there be repercussions from adult children or other relatives? How will that affect the victim?
- How will you respond to the larger community?
 - What are the chances of this action hitting the newspapers? According to APS confidentiality rules, what can/should and cannot/should not be shared?

Vignette Exercise

Have the participants review their vignette to answer the fifth and sixth questions, “What documentation will you need to support your intervention?” and “What will happen if this particular involuntary intervention is not granted? Have each group report out their answers. Ask the other tables if they can think of any additional unintended consequences that might occur. Gently challenge any consequences of not implementing the involuntary intervention that appear to be unrealistic.

TELL IT TO THE JUDGE



TIME ALLOTTED: 45 minutes

Slide 43

Tell It to the Judge

- Mental health hold
- Emergency hospitalization
- Home cleanup
- Gaining access to your home
- Freeze bank accounts
- Conservatorship



- Groups: prepare your cases
- Judges: prepare your questions
- Groups: present your cases
- Judges: ask your questions and make a decision



TOPIC: Tell it to the Judge

CONTINUED

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

Now it is time to build your case and prepare it so that you can defend it in front of a “judge.” We are using the term “judge” in a general way- so you will not be in a court room, but your “judge” will expect to hear an ethical, legal, and APS argument for why involuntary intervention should be granted. The “judge” will decide if your request has merit and share her/his concerns with you. This is a learning experience incorporating what we have discussed today. As they say, practice makes perfect (maybe not perfect, but pretty good).

Trainer's Note: This activity brings together what participants have learned throughout the day. Ask for 5 volunteer “judges” and divide the rest of the group into 5 subgroups. Assign one judge for each subgroup and distribute the 5 case scenarios: example - give group 1 and “Judge” #1 the same scenario and continue the assignments until all scenarios are distributed. (We have figured on a class of 30 – with 5 participants in each group and 5 “judges”. If the class is smaller, you can adjust the number of cases and use 4 groups and 4 “judges”.) Each group will discuss the scenario and come up with a case for involuntary intervention. The scenarios contain only bare bones basic information. They will have to develop the case as they go along and document what they have added. To support their case, they will provide:

- *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*

The “judges” will work in their own small group, looking at their scenarios and discussing their expectations and the cases with each other. Each “judge” should list questions and concerns about their case which they will want answered by the group.

The questions and concerns that the judges come up with may include the following:

- *Legal definitions of who gets the intervention and under what circumstances*
- *Agency mandates*
- *Caseload issues*
- *Funding issues*
- *Public pressure*

After 10 minutes, have each group present their case to the “judge”. The “judge” will hear the case and decide if the involuntary intervention should be granted, making sure her/his questions and concerns are addressed.

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After each group has defended it's involuntary case plan to the judge, process the exercise in the large group. Ask what it felt like to defend their case plan... ask the "judges" what it felt like to be in that position.

We have allowed 1 hour and 15 minutes- good luck.

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

TELL IT TO THE JUDGE ACTIVITY

Case #1: Mary Jones, age 90 – Guardianship/conservatorship

The Basics: Client wandering, inappropriately dressed, no interested family, no supervision, leaving stove on, refusing to accept help, losing weight, house in disrepair, bills not paid, bruises from falling.

Case #2: Liliana Rodriguez, age 74 – Domestic Violence

The Basics: Victim diabetic, right leg amputee, dependent on spouse, fearful of intervention, refusing to leave her home or to file a restraining order. Long history of domestic violence. Spouse recently drinking more heavily, expecting victim to provide for his needs, pushed victim off wheelchair.

Case #3: Mathew Borosky, age 80 – Freeze bank account

The basics: Victim owns home and has assets, limited mobility, legally blind, dependent on live in aide. Live-in refuses to allow calls or visits, recently purchased a new BMW, uses victim's ATM card for groceries. 4 recent withdrawals of \$200 each.

Case #4: Soon Lee Park, age 64- Mental Health hold

The basics: Client has M.S. and slurs speech, believes neighbors want to kill him, taped windows shut in summer, says there are evil spirits in the air conditioner, mental health history

Case #5: Gertrude Rosenberg, age 76 – Emergency Medical

The basics: Lives alone, losing weight, taking antibiotics, suddenly incoherent with disorganized thinking, in and out of consciousness.

Case #6: Barbara Smithers, age 82 – Access to client for evaluation

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

INVOLUNTARY CASE PLANNING: SKILL BUILDING TRAINER'S MANUAL

TELL IT TO THE JUDGE WORKSHEET

Read the case vignette and discuss the basic information you are given. Build a case for the involuntary intervention **adding** your own actions, evidence and documentation to support it.

Involuntary Intervention Needed:

Reason:

Case:

- *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*

EVALUATION



TIME ALLOTTED: 45 minutes

Evaluation for Involuntary Case Planning

Please have the participants read the following case vignette and answer the questions:

Mrs. Birdie is an 84 year old woman living in a house full of pigeons. According to Mrs. Birdie, her first pigeons were kept in cages but, as the population grew, she ran out of cages and began turning over entire rooms to the birds – first the laundry room, then the bedroom, and so on. Eventually the pigeons took over the house, making it uninhabitable. Everything is covered with years old bird droppings and feathers. Mrs. Birdie is now living in her RV and only uses the bathroom in the house.

Mrs. Birdie's doctor at the local hospital called in the APS report because Mrs. Birdie left the hospital against medical advice and refused to have her right foot amputated. She stated, "Who is going to feed my birds while I am being tortured in this quack house. Those are my babies and they need me ." Her foot is gangrenous due to uncontrolled diabetes.

You interview Mrs. Birdie and uncover the facts listed below:

Please answer the following questions.

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Indicate whether or not the statement: supports an involuntary intervention **OR** does not support an involuntary intervention. *Note: Each fact does not have to justify the provision of an involuntary intervention by itself. It should be a piece of the evidence needed.*

	SUPPORTS an involuntary intervention	DOES NOT SUPPORT an involuntary intervention	Answer Key
A. Mrs. Birdie is friendly, likeable and outgoing.	<input type="checkbox"/>	<input type="checkbox"/>	N
B. Mrs. Birdie states she can currently handle her own personal care, but evidence suggests that she cannot.	<input type="checkbox"/>	<input type="checkbox"/>	S
C. Mrs. Birdie defends her animal hoarding stating she loves her birds and she doesn't care that they have ruined her house. She understands that she is losing her investment in her home.	<input type="checkbox"/>	<input type="checkbox"/>	N
D. Animal Control states that the birds appear to be healthy although they don't approve of their living situation.	<input type="checkbox"/>	<input type="checkbox"/>	N
E. Mrs. Birdie states that she is concerned that she will not be able to continue living in the RV because of the stairs if she has an amputation. She is fearful that she will end up in a nursing home.	<input type="checkbox"/>	<input type="checkbox"/>	N
F. There is little food in the RV and most of it is high calorie/high carbohydrate foods. There are no fruits or vegetables. Mrs. Birdie can't explain the principles of a diabetic diet. When asked, she says that she is not supposed to eat candy unless she is tired.	<input type="checkbox"/>	<input type="checkbox"/>	S
G. Mrs. Birdie has a low income but her bills are paid up to date and she does have enough money to pay for groceries.	<input type="checkbox"/>	<input type="checkbox"/>	N
H. Mrs. Birdie is not taking any of her medications, including the antibiotics	<input type="checkbox"/>	<input type="checkbox"/>	S

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that were prescribed to keep her gangrene under some minimal control.			
I. Mrs. Birdie has a life long history of refusing medical care.	<input type="checkbox"/>	<input type="checkbox"/>	N
J. Mrs. Birdie states that she does understand that she may die of the gangrene if her foot is not amputated.	<input type="checkbox"/>	<input type="checkbox"/>	N
K. Mrs. Birdie raises somewhat illogical "reasons" that everything you suggest (caretaker for birds, ramp into RV, visiting nurse for diet and wound care, hazmat clean-up of home, etc.) will not work.	<input type="checkbox"/>	<input type="checkbox"/>	S
L. Mrs. Birdie missed 2 items on the Mini Mental Status Exam (administered at the RV).	<input type="checkbox"/>	<input type="checkbox"/>	N
M. Mrs. Birdie has a score on the Geriatric Depression Scale (administered at the RV) that indicates that she is moderately depressed.	<input type="checkbox"/>	<input type="checkbox"/>	S
N. Mrs. Birdie refuses to return to the hospital.	<input type="checkbox"/>	<input type="checkbox"/>	S
O. Mrs. Birdie has no support system	<input type="checkbox"/>	<input type="checkbox"/>	S

Review the correct answers with the participants and then discuss the following questions as part of your debriefing:

Is an involuntary intervention justified/needed in this case? If so, what type of intervention would be appropriate? If not, why not?

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SLIDE 47: Last Thoughts

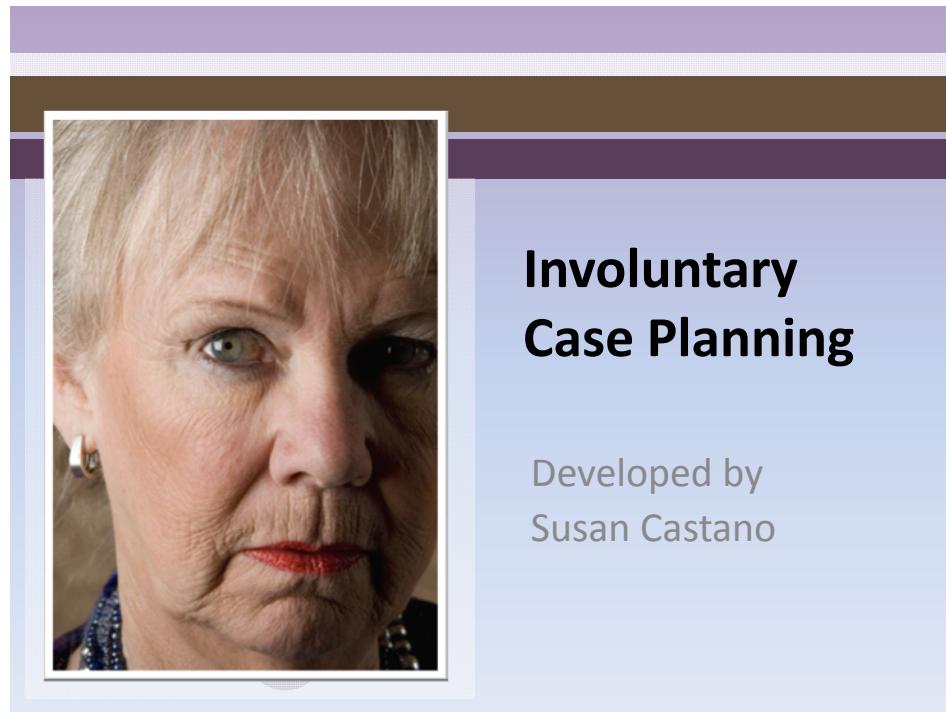


Understanding all the factors that may impede rational choice is complex and requires highly sophisticated and critical thinking. Professionals working with the elderly and APS workers must procure on-going training, consultation and supervision, and participate in collaborative activities regarding the principle of self-determination and the duty-to-protect abused elders. In answering the question: “Do we know enough?”we do not. The next question is “Are we willing to learn?”

L. Rene Bergeron (2006)

Ask for final questions, thank the participants for their attention and leave them with these final thoughts.

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