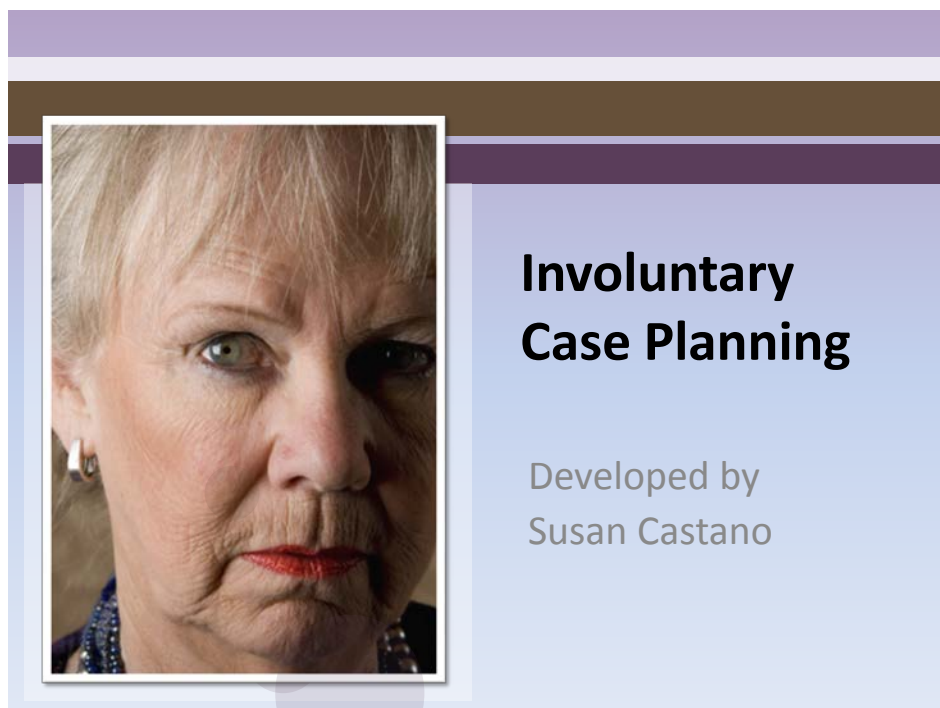


**INVOLUNTARY CASE PLANNING IN
ADULT PROTECTIVE SERVICES**

TRAINER'S GUIDE



MODULE 20

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

TRAINER'S MANUAL INVOLUNTARY CASE PLANNING IN APS



This training was developed by the Academy for Professional Excellence, which is funded by a generous grant from the Archstone Foundation.

Curriculum Developer
Susan Castaño

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INVOLUNTARY CASE PLANNING: 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)
- The Statewide APS Training Project of the Bay Area Training Academy
- California Department of Social Services, Adult Services Branch
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)

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INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

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

Bay Area Academy, Statewide APS Training Project
California Department of Social Services, Adult Services Branch
California Social Work Education Center Aging Initiative
Imperial County Department of Social Services
Orange County Social Services Agency
Riverside County Department of Public Social Services
San Bernardino County Department of Aging and Adult Services
San Diego County Aging and Independence Services

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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

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TABLE OF CONTENTS

General Information

Introduction.....	3
Partner Agencies.....	4
Acknowledgements.....	5
Table of Contents.....	6
How to Utilize this manual.....	8
Training Goal and Objectives.....	10
Trainer Guidelines.....	11
Course Outline.....	12

Presentation

Welcome and Introductions.....	14
It's a Free County...or is it?.....	22
Reviewing the Case.....	24
How Does it Feel?.....	43
Ethical Issues.....	45
NAPSA Code of Ethics.....	47
When Does Safety Trump Self Determination?.....	56
Too Far or Not Far Enough.....	58
Who are Your Allies?.....	60
Using Involuntary Interventions.....	63
Learning the Language.....	68
Tell it to the Judge.....	74
Tell it to the Judge Activity.....	77
Tell it to the Judge Worksheet.....	78
The Case for Creativity.....	79

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Guest Presenter.....	81
References	
References.....	83

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.

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

COURSE OUTLINE

Content	Total Time	Activities	Slides/pages
Welcome & Introductions: Objectives, Overview of project, housekeeping Learning Objectives	15 minutes	Lecture	Slides Handouts: Letter to Participants, ID Assignment
It's a Free Country, or is it?	15 minutes	Large group Warm-up Activity	Slides Shout-Out Activity
Reviewing the Case to determine need for involuntary intervention	55 minutes	Lecture/discussion	Slides Small group activity /large group process
BREAK	15 minutes		
How Does it Feel?	30 minutes	Experiential activity	Large group activity
Ethical Issues in Making the Decision	30 minutes	Lecture/Discussion	Slides, LOAF activity
When Does Safety Trump Self-Determination	15 minutes	Case vignettes	Large Group Activity Handouts
LUNCH	1 hour		
Who are your Allies?	15 minutes	Transfer of Learning Activity	Large group shout out, handouts, slides
Using Involuntary Interventions Step by Step	30 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
The Case for Creativity	10 minutes	Lecture, Discussion	Slides, handout
Guest presenter	35 minutes		
What we learned and self evaluation	15 minutes		Slides, Q and A

TRAINING GOALS AND OBJECTIVES



Involuntary Case Planning

Developed by
Susan Castano

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.

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

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.◆ Evaluation Guide: contains all post training and transfer of learning evaluation tools.◆ Name tags/names tents.◆ Water access/snacks/restroom access/lunch plans
<p>NOTE: There are 35 minutes in the agenda for a guest presenter to explain your agency's procedures for making a referral for a conservatorship, medical evaluation, psychological evaluation OR mental health hold since this national training can not address those agency specific topics. Please discuss with your management which topic would be most helpful to new staff and schedule a presenter.</p>	

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

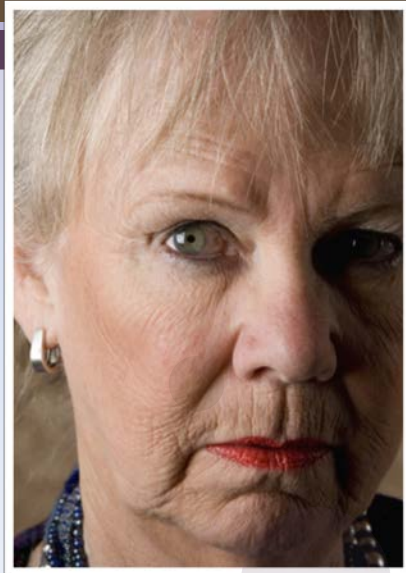
Course Outline

- 9:00 Welcome Intro Overview LO
- 9:15 Warm up Activity: It's a Free Country, or is it?
- 9:30 Lecturette and discussion: Case Review
- 10:45 Break
- 11:00 Experiential Activity
- 11:30 Lecturette and Discussion: Making Ethical Decisions
- 12:00 Lunch
- 1:00 Activity
- 1:15 Transfer of Learning Activity: Cultivating Allies
- 1:30 Lecturette and Discussion: Incorporating Involuntary Interventions Step by Step Part one)
- 2:00 Break
- 2:15 Activity: Tell it to the Judge
- 3:00 Guest Presenter
- 3:35 Self Assessment of Learning
- 4:00 Adjourn

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 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. We will also 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.



Invuntary Case Planning

Developed by
Susan Castano

PRESENTATION

WELCOME AND INTRODUCTIONS



TIME ALLOTTED: 15 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 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 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.

CONTINUED

Participant Introductions



Ask participants to:


- make a brief self-introduction including name, job title, organization

Slide 3

Evaluation Process

- All APS Training has 3 evaluation components:

```
graph TD; TLA[Transfer of Learning Activity] <--> SS[Satisfaction Survey]; TLA <--> EE[Embedded Evaluation]; SS <--> EE;
```



TOPIC: Introducing participants to the evaluation process

Refer participants to the Letter to Participants and the ID Assignment Handout, which is embedded in their Participant Manual.

For this training, you will be completing a demographic survey, a training satisfaction survey, an evaluation regarding question typology (completed in class) and a post training transfer of learning exercise (to be turned in _____). All of these materials can be found in your **Evaluation Manual**, and they 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”.



January 2012

Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, we have 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 training effectiveness and relevance to your needs in helping you better serve adults and their families; and
2. To determine if the training has been effective in addressing the key learning objectives.

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 link is made, we will only look at class aggregate scores, not 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

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

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 questionnaires administered before and after the training. The questionnaires will be coded with your ID code 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 training.

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

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San Diego, CA 92120
(619) 594-3219
jcoloma@projects.sdsu.edu

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?

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Trainee ID Code

Date / /
M M D D Y Y

MASTER IDENTIFICATION CODE ASSIGNMENT

YOUR IDENTIFICATION CODE:

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother's *maiden* name?
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

____ _

2. What are the first three letters of your mother's *First* name?
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

____ _

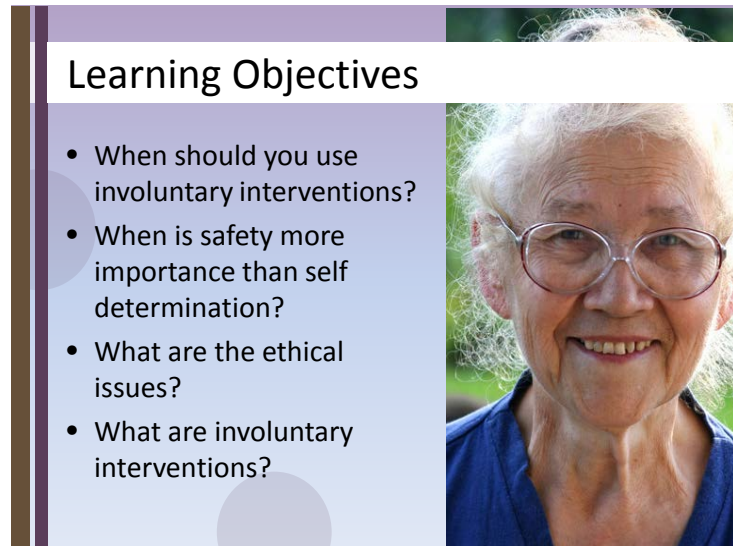
3. What are the numerals for the DAY you were born?
Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example **0 9**).

____ _

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.

Slide 5:

The slide features a purple header with the title "Learning Objectives" in white. Below the header, on the left, is a light blue box containing four bullet points. On the right is a photograph of an elderly woman with short, curly white hair, wearing glasses and a blue top, smiling. The background of the slide is a light purple color with a subtle pattern of overlapping circles.

Learning Objectives

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

TOPIC: 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.

IT'S A FREE COUNTRY, OR IS IT?



TIME ALLOTTED: 15 minutes

Slide 6:



FLIPCHART



TOPIC: It's a Free Country, or is it?

On the flipchart, divide the sheet into 2 columns.



Ask participants what freedom means to them personally.

Write their answers on the left hand column of the flipchart.



Then ask if any of those freedoms could be limited and why.

CONTINUED

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Write the limitations on the right hand side. Have them discuss their feelings around the limitations of these freedoms and how this would relate to their APS work.

REVIEWING THE CASE TO DETERMINE NEED FOR INVOLUNTARY INTERVENTION



TIME ALLOTTED: 55 minutes

Slide 7:

Involuntary Services: A Definition

- 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

TOPIC: Involuntary Services: A Definition

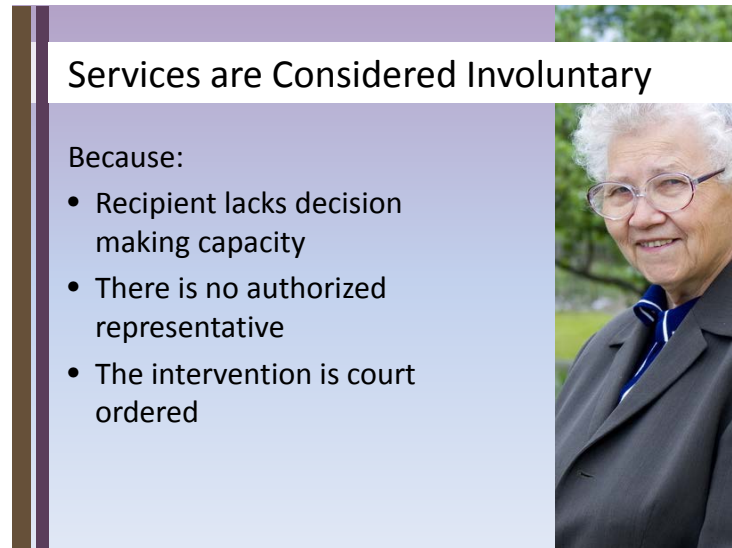
Read the definition and ask if they have anything to add.



Ask: why might the APS investigation itself can be seen as an involuntary service?

Possible answers: mandatory reporting laws require APS to investigate, most of our clients do not self refer, most do not believe they need help, many are fearful of what APS represents.


Slide 8:



Services are Considered Involuntary

Because:

- Recipient lacks decision making capacity
- There is no authorized representative
- The intervention is court ordered



TOPIC: Services are Considered Involuntary because:

There are keywords in these 3 reasons.



Ask: can you identify the most important word in each sentence? Answers: Capacity, Authorized, and Court. Explain that capacity is a big issue, not just determined by a score on the mini mental exam. There are many contributing factors which we will discuss this morning. Also, there may be a situation where the individual “authorized” or closest to the victim may not be the appropriate person to make that decision – that individual may be the abuser or exploiter and not have the victim’s best interest at heart. Finally in most situations APS needs some legal standing either by going to court or by involving another agency that has legal jurisdiction in order to provide an involuntary intervention.

Slide 9:

Balancing Capacity with Risk

When risk is high and capacity is low, the APS worker should intervene, even if this means involuntary interventions.



TOPIC: Balancing Capacity with Risk

This is the heart of APS work, isn't it? It is a nice diagram, but not always as simple as it looks.

Slide 10:



Examples



Ask participants for examples of types of involuntary services.

Slide 11:

“When confronted with an adult who lacks the ability to make an informed choice, whose need for help is urgent, and whose suffering will continue unless there is intervention, the role of the APS social worker is to decide whether the provision of protective services is justified in the absence of the adult’s expressed consent to received the essential services.”

Duke, J. (1997) A National Study of Involuntary Protective Services to Adult Protective Services Clients. JEAN, Vol 9. #1


TOPIC: Quote from Joy Duke

Read the quote and explain the history. Joy Duke was the APS Administrator from Virginia who did a research study in the early 90s trying to get a handle on how different states approached involuntary services. Although this study was done many years ago, the meaning of this statement is still valid. Elicit responses from participants.

Slide 12:

Please Remember

- Making the decision to intervene against a person's will is an AWESOME responsibility
- It requires much deliberation, care, and consideration



TOPIC: Please Remember

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.

Slide 13:



Deciding the Need for Involuntary Services

- Known facts
- Social history
- Medical history/conditions
- Mental status
- Perpetrator information
- Previous interventions/actions
- Immediate safety concerns



TOPIC: How Do We Determine the Need for Involuntary Services?

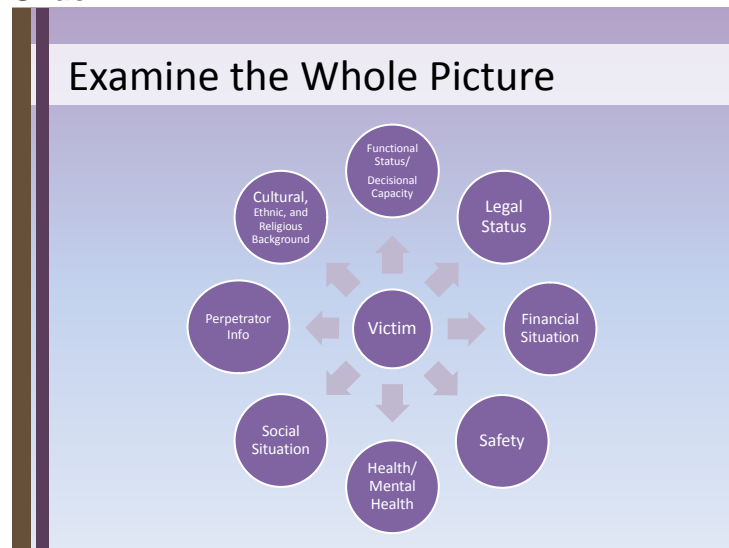
This list contains your basic assessment questions that you use for any case. These become more critical when considering taking legal or other involuntary action.



Ask participants what they look for in each of these categories. This can be done as a large group shout out.

- Known facts: baseline demographic information, reason for referral
- Social history: family background and history,
- Medical history/conditions: diagnoses, treatment, medications, doctor contacts, previous hospitalizations and dates
- Mental health history/status: tests done/results, diagnoses, previous hospitalizations, geriatric/psychiatric workups and documentation
- Perpetrator information: history of relationship, factors that may cause obstacles or sabotage
- Previous interventions/actions: has intervention for this problem been tried before; if so, what were the results
- Immediate safety concerns: what will happen if there is no immediate intervention

Slide 14:



TOPIC: Examine the Whole Picture

We must always remember the many influences on our clients.

- Functional Status/Decisional Capacity
- Legal Status
- Financial Situation
- Safety
- Health/ Mental Health
- Social Situation
- Perpetrator Information
- Cultural, Ethnic, and Religious Background

Slide 15:

Purpose of Case Review

- Clarify questions
- Fact finding
- Take a step back
- Listen to different perspectives
- Develop potential intervention steps
- Discuss potential consequences of each step



TOPIC: Purpose of Case Review

The goal of the case review is to develop a comprehensive case plan which is a roadmap for the course of action to address and resolve the presenting problem. When contemplating taking involuntary action, it is helpful for workers, especially new ones, to be able to discuss the case with others. Sometimes workers get so involved with a case that the situation seems overwhelming – it becomes difficult to sort out all the factors and make the decisions necessary. 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.”

Slides 16:



TOPIC: Process of Case Review

The supervisor is the principal reviewer in most APS cases. The supervisor is (or should be) aware of the consequences of interventions on the agency and program, should be able to see the “big picture.”

Having a group of APS coworkers to bounce off ideas and concerns is really helpful as well. This can be done informally, but having a structured time to look at urgent cases is a good idea.

Some APS programs use the interdisciplinary team approach to their work. This approach gets the input and support from a variety of disciplines and helps the decision-making be more methodical.

When using the APS statute to provide involuntary interventions, your supervisor may also want to consult with the attorney who represents the program.

Slide 17

Step by Step Decision making

- Assess risk
- Assess ability to consent
- Determine urgency
- Do it ethically
- Use least restrictive alternative



TOPIC: Deciding When Involuntary Intervention is Needed: Step-by-Step

These steps are part of any APS case plan. We will discuss them in relation to providing involuntary interventions. Before the break we will discuss assessing risk, assessing the ability to consent, and determining urgency.

Slide 18



Assess Risk

- What is the risk?
- How great is the risk?
- What supports are available?

TOPIC: Assess Risk

There is a separate module devoted to risk assessment, so we won't go into all the details. We must define the risk to the client. What would be the consequences to this individual if no action is taken? Has it happened before, and what were the results? What makes it different this time?

Slide 19

Assess Risk: Lethality Assessment

- Access to/ownership of guns
- Use of weapon in prior incidents
- Threats with weapons
- Serious injury in prior abusive incidents
- Threats of suicide
- Drug or alcohol abuse
- Forced sex
- Obsessiveness/extreme jealousy or dominance



TOPIC: Assess Risk: Lethality

Although many involuntary interventions come as a result of self neglect, there is also the need to examine the consequences of perpetrator abuse on vulnerable older victims. The listings on this slide are red flags that your client may be at serious risk of harm or even death. There are many reasons that victims of domestic violence do not take action or refuse help.




Ask: why could this happen? Possible answers: learned helplessness, depression, fear of the unknown, shame, loyalty. Oftentimes, the victim may seem like she is making an informed choice, but she is not. We must be sensitive to these emotional factors and be prepared to take necessary action to protect the victim. This means developing a trusting relationship and negotiating consent whenever possible.

Slide 20

Assess Ability to Consent

- Capacity
- Undue influence
- Medical condition
- Mental illness: danger to self or others
- Depression/ Learned Helplessness
- Substance Abuse



TOPIC: Assess Ability to Consent

This is a crucial factor in the decision whether or not to take involuntary action. It is not a simple process because there are many variables.

- **Capacity:** If an individual is determined to lack capacity, it does not always mean that involuntary intervention has to be used. The individual may have a strong support system or there may be voluntary services (home health care, visiting nurses, home-delivered meals, bill-paying) in place that keep the individual safe. If that individual is isolated and at extreme and urgent risk, involuntary intervention should be considered. *Trainer's note: There is an entire module on assessing capacity, so please refer participants to it.*
- **Undue influence:** Sometimes, even when an individual seems to have the capacity to understand the dangers of the situation, undue influence by family members, exploiters or abusers may be contributing to the denial or refusal of services. *Trainer's note: This is usually associated with financial exploitation and is covered in the financial exploitation module. Please refer participants to it.*
- **Medical condition:** There are medical conditions that cause temporary capacity issues and require emergency attention. These may include delirium, medication interactions, diabetic coma, and gangrene.
- **Mental illness; danger to self or others:** Mental illness alone is not a reason for involuntary intervention. Many individuals manage to get through life with mental diagnoses. When an untreated or mistreated mental illness results in an

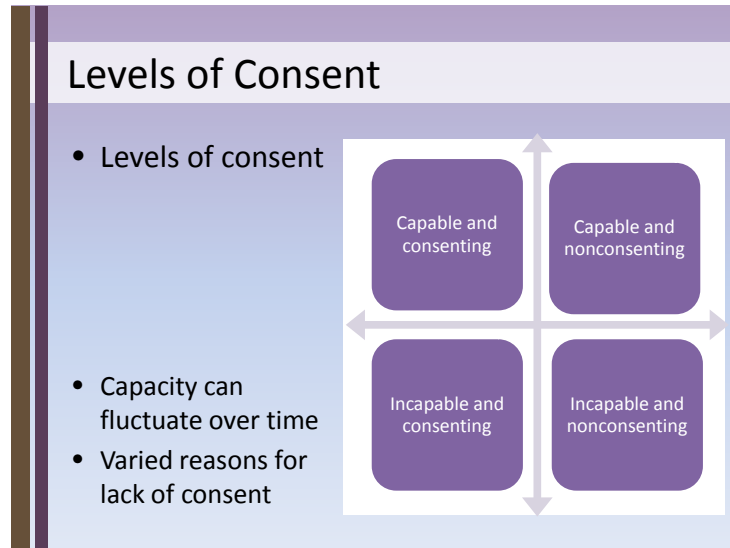
INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

individual threatening himself (suicide/suicidal ideation) or threatening others (violence/homicidal ideation), involuntary intervention may be indicated.

- **Depression/ Learned Helplessness and Hopelessness:** As we mentioned earlier, people who have lived with domestic violence may not be able to see their lives any differently. They have been conditioned to believe that they deserve the situation they are in and feel helpless to change it/hopeless that anything can make it better. Of course, depression can manifest itself for other reasons. Older people suffer many losses that cause them extended grief reactions which cloud their ability to consent to services.
- **Substance Abuse:** This can affect the individual's ability to evaluate the risks facing them as well as their decision to accept services. Whether an individual has had a long history of substance abuse or has begun drinking more recently perhaps as a result of depression, loneliness, and isolation, APS workers must be aware of the effects of substance abuse on the mental and physical functioning of the older person.

Trainer's Note: there are training modules which address medical and mental health issues as well as much information on substance abuse and the elderly. Please encourage participants to seek them out.

Slide 21



TOPIC: Levels of Consent

There are different categories that characterize the client's willingness and ability to accept help. These can be described as:

- **Capable and consenting:** if the client is in this category, the worker's job is to give information, help client evaluate options, and respect the decisions the client makes.
- **Capable and non-consenting:** if the client is in this category, the worker still has to respect the client's wishes. Rather than give up immediately though, the worker still can try to "negotiate consent" (Harry Moody, 1998) with the client. This is done through building of a trusting relationship and provision of acceptable options, which we will discuss later.
- **Incapable and consenting:** this may raise some ethical questions so make sure documentation is clear
- **Incapable and non-consenting:** this would indicate the need for involuntary interventions, especially if the risk is very high.

It is important to remember that the client's capacity may fluctuate.

CONTINUED



Ask: what may influence this fluctuation? Poor nutrition, medication interactions, time of the day, depression, infections, sleep issues, state of inebriation, etc.

It is always important to realize that your relationship to the client is a crucial piece of consent.

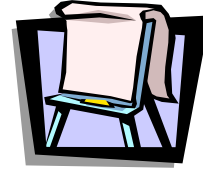
Slide 22

Determine Urgency

Name situations that may indicate the need for involuntary services



FLIPCHART



TOPIC: Determine Urgency



Ask: what situations would make involuntary intervention more urgent? Possible answers: confused client living alone with no support system, mentally ill client who is threatening herself or other people, client in a medical emergency refusing to go to the hospital, unsafe living environment, lack of supervision due to loss of caregiver (hospitalization, arrest), imminent danger of violence or physical injury by others, imminent homelessness (condemnation, foreclosure), imminent risk of severe financial losses.


Trainer's note: As participants volunteer situations, write them on a flipchart. This will be a reference for the next activity.

Slide 23

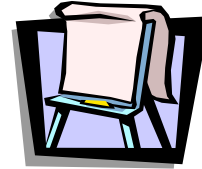
Situations Needing Involuntary Intervention

How would you assess:

- the risk?
- the victim's capacity?
- the urgency?



FLIPCHART



TOPIC: Situations Warranting Involuntary Intervention: Activity

Trainer's note: Look at the list of urgent situations on the flip chart and pick 5 of the most typical situations. Divide the class into 5 groups and assign one situation to each group. Have them discuss it and answer the following questions:

- *How would you assess the risk?*
- *How would you assess the capacity of the victim?*
- *How would you assess the urgency?*

Give them 10 minutes to do this and then process the 5 situations in a large group. You can have them write their answers on a flip chart sheet and ask the spokesperson to present it or just have them share their answers, asking for additions from the large group.

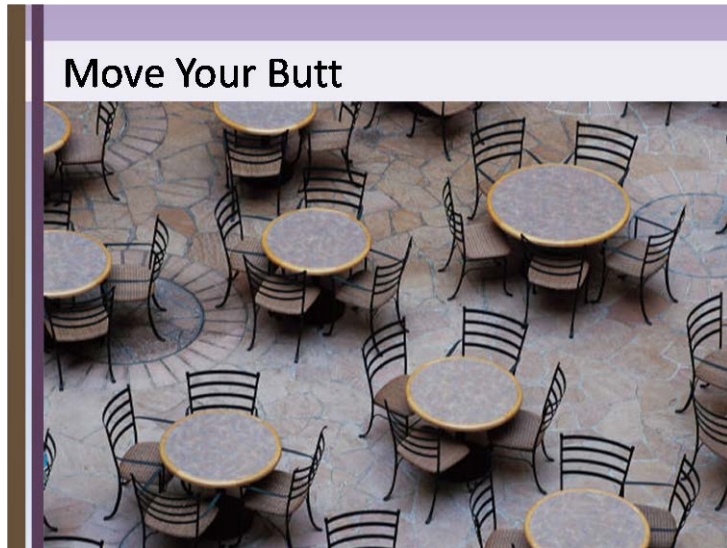
BREAK

HOW DOES IT FEEL?



TIME ALLOTTED: 30 minutes

Slide 24



FLIPCHART



TOPIC: Activity

Trainer's Instructions: Without prior announcement, say to the group:

"Before we begin, I'd like to set up for the rest of our day together. Would you please pick up your things and move to another seat, preferably not sitting next to the person you were sitting next to before?"

You then wait for the reactions and questions. You will need to repeat the directions, try to say basically the same thing, "try to sit next to someone you were not sitting next to before". If someone asks, "will we be returning to our original seats?", say, "I wouldn't count on it" and smile. Some folks will move efficiently, some will grumble, some will seem confused. Let it all happen.

CONTINUED

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

When everyone is seated, you begin with:

***"Can we take a moment to discuss what just happened?
How did this feel to you, having to move to a new location
with no advance warning?"***

Your debrief of it is what makes it effective. Write down their feelings, validate people, etc. then tie in their comments to the learning points you are making. You tie in Maslow's hierarchy of needs, personal choice, physiological changes going on and get them to consider that something as minor as changing a seat can cause these reactions. Imagine what being told to agree to a treatment you might not have chosen for yourself might be like.

Don't let people move back where they were. Some will try to do that afterward. At that point you can talk about building new networks, synergy, etc.

ETHICAL ISSUES IN MAKING DECISIONS



TIME ALLOTTED: 30 minutes

Slide 25

Addressing Ethical Questions

- Use case review format
- Examine your professional code of ethics
- Look at the ethical principles which may lead to ethical dilemmas

HANDOUT

NAPSA Code of Ethics

TOPIC: Addressing Ethical Questions

Now that we have experienced some of the feelings that arise when we are forced to do something against our will, let's discuss some of the ethical dilemmas we may confront when trying to do something against the will of our clients. Once we determine the severity of the risk, the client's ability to consent, and the urgency of the situation – and decide that involuntary intervention is warranted, how do we make sure we are doing so in an ethical manner?

The case review with the supervisor/peers/multidisciplinary team that we discussed earlier is a good beginning for identifying potential ethical snags. Reviewing your professional code of ethics and/or the NAPSA APS Code of Ethics will also help you be assured that you are taking the ethical route. *Trainer's note: refer to the handout on the NAPSA Code of Ethics in the Participant's Manual.*

CONTINUED

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

These are 3 ethical principles that are involved in APS work. There are others and a lot more information on ethics in the Ethics module, but let's look briefly at these. We have said that the basic dilemma of APS work is balancing the client's right to self-determination with the APS responsibility to protect and keep the client safe. Also we try ethically to make sure that our interventions "do no harm."



Ask: Can you think of an involuntary intervention that you feel is necessary to protect a client which could also harm the client? Possible answers: calling the police to remove a perpetrator (against the client's wishes) and having the perpetrator return home even more angry than before; using a protective order to remove the client temporarily from her home so a major cleanup can happen which sends the client into a clinical depression due to the loss of her prized possessions;

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

National Adult Protective Services Association (NAPSA)

Code of Ethics

Adult Protective Services are those services provided to elderly and disabled adults who are in danger of mistreatment or neglect, are unable to protect themselves, and have no one else to assist them.

Interventions provided by Adult Protective Services include, but are not limited to, receiving reports of adult abuse, exploitation or neglect, investigating these reports, case planning, monitoring and evaluation. In addition to casework services, Adult Protection may provide or arrange for the provision of medical, social, economic, legal, housing, law enforcement or other protective, emergency supportive services.

Guiding Value: Every action taken by Adult Protective Services must balance the duty to protect the safety of the vulnerable adult with the adult's right to self determination.

Secondary Value: Older people and people with disabilities who are victims of abuse, exploitation or neglect should be treated with honesty, caring and respect.

Principles

- Adults have the right to life.
- Adults retain all their civil and constitutional rights unless some of those rights have been restricted by court action.
- Adults have the right to make decisions that do not conform with societal norms as long as these decisions do not harm others.
- Adults are presumed to have decision making capacity unless a court adjudicates otherwise.
- Adults have the right to accept or refuse services.

Practice Guidelines

- Recognize that the interests of the adult are the first concern of any intervention.
- Avoid imposing personal values on others.
- Seek informed consent from the adult before providing services.
- Respect the adult's right to keep personal information confidential.
- Recognize individual differences such as cultural, historical and personal values.
- Adults have the right to receive information about their choices and options in a form or manner that they can understand.

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

National Adult Protective Services Association (NAPSA)

Code of Ethics

(continued)

Practice Guidelines

- To the best of your ability, involve the adult as much as possible in developing the service plan.
- Focus on case planning that maximizes the vulnerable adult's independence and choice to the extent possible based on the adult's capacity.
- Use the least restrictive services first—community based services rather than institutionally based services whenever possible.
- Use family and informal support systems first as long as this is in the best interest of the adult.
- Maintain clear and appropriate professional boundaries.
- In the absence of an adult's expressed wishes, casework actions should support that which is in the adult's best interest.
- Use substituted judgment in case planning when historical knowledge of the adult's values is available.
- Do no harm. Inadequate or inappropriate intervention may be worse than no intervention.

Slide 26

Weighing the Options

“Failure to intervene may result in injury, decline, financial loss, or even death. Workers and agencies may be accused of negligence or incompetence.

On the other hand, when workers initiate involuntary protective interventions, they may be accused of paternalism or authoritarianism.”

Nerenberg, L (2008)

TOPIC: Weighing the Options

This, again, is the dilemma of APS workers and the reason that we discuss this so often. Our decisions are very important – so we must make sure we have a solid foundation on which to make them. In some controversial cases, you may be called upon to defend your actions to other professionals, victim’s families, courts, professional boards, or the media. You may be putting your own reputation as well as your agency’s reputation on the line.

Slide 27

What influences our decision-making?



Client wishes Professional Obligations Personal Values Community Pressure

TOPIC: Influences on the Decision-Making Process

These 4 factors can have an influence on your decision-making process.

- Client wishes: Client's action or inaction/ refusal of voluntary services is putting her/him at severe risk of harm.



Ask for examples.

- Professional Obligations: There are times when your ethical assessment and proposed decision on an APS situation comes in conflict with that of your supervisor, administrator, and state statute.



Ask for examples.

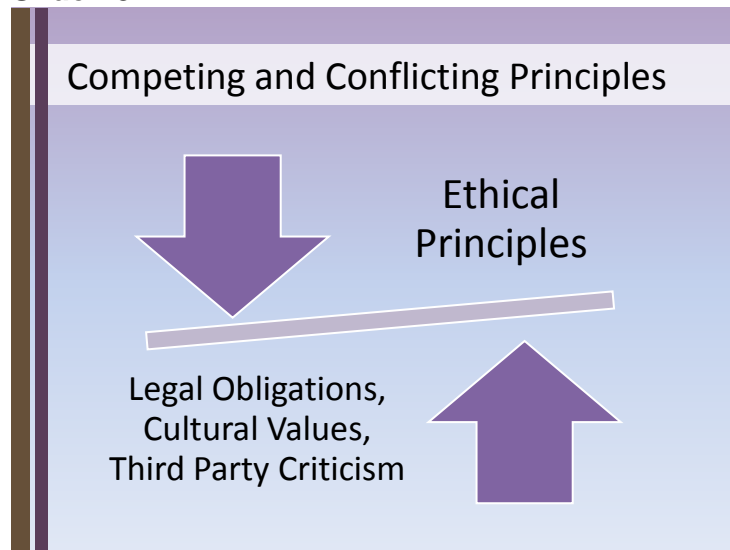
- Personal Values: There are times when certain clients, family members, or situations push your buttons and may interfere with your ability to make a sound decision. These may be cultural values or family values. There also may be times when your boundaries become too loose or too rigid.



Ask for examples.

- Community Pressure: Oftentimes outsiders, community agencies, and family members feel that they know the best decision to be made for your client.

Slide 28



TOPIC: Competing and Conflicting Principles

This is yet another way of looking at some of the dilemmas APS workers face.

- Ethical principles versus legal obligations
- Ethical principles versus cultural values
- Ethical principles versus third party criticism

Slides 29



TOPIC: Beware

Self-awareness of your values, motivations, and needs is imperative in APS work, especially when you are making decisions of life and death, freedom and restrictions.

- Dogmatism: "I am the savior of victims"
- Rationalizations: "Since nobody else will help, I will do it (even if it is unethical)"
- Passivity: Not taking action, excusing behavior, blaming the victim
- Passion: Crusading for what you believe is the "right thing" to do
- Arrogance: No need for supervision, above it all

Slide 30

Ethical Decisions

- Honor preferences victim has expressed before incapacity
- Use substituted judgment
- Use “best interest”
- Allow for exchange of views
- Use ethics committees if available



TOPIC: Ethical Decisions: Honoring Your Client

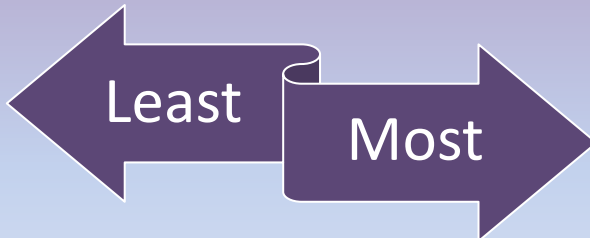
- **Honor preferences victim** has expressed before incapacity. You may be able to obtain that information by consulting past case records or discussing the situation with people who know the client.
- **Use substituted judgment.** If the client's preferences are not known, the surrogate's decision should be based on what the client would have wanted or preferred. In order to use this approach, there must be substantial information about the client's views and wishes.
- **Use “best interest.”** When there is insufficient information on which to base substituted judgment, decisions should be made on what would be in the “best interest” of the client. Judgments are not based on the surrogate decision-maker's preference, but on what a “rational normal person” would prefer. (Nerenberg, 2008)
- **Allow for exchange of views.** When the individuals involved (family members, physicians, surrogates, and service providers) disagree on what is in the client's best interest, all parties should be encouraged and provided with opportunities to meet and exchange information and views.
- If an agreement cannot be reached, use **ethics committees** if available. Other options include multidisciplinary elder abuse teams and even the courts.



Ask: How should you handle the following situation? According to friends and neighbors, your diabetic and demented client has eaten a chocolate bar for desert every night (even knowing she was diabetic) but now the caregiver won't give her chocolate because it's bad for her.

Slide 31

Use Least Restrictive Alternatives



- Home care to nursing home continuum
- Informal money management to guardianship of estate continuum
- Limited and specified guardianships

TOPIC: Use the Least Restrictive Alternative

An important tenet of APS work is that priority should be given to interventions that least restrict the client's autonomy, independence, and freedom of choice. We can look at continuums of home-based care, of money management services, of limited rather than total guardianships, having animals neutered rather than destroyed, etc.



Ask for more examples.

Slide 32

Final Considerations

- + To what extent are clients able to exercise autonomy? How can this ability be maximized?
- + Have those with diminished capacity expressed their wishes in the past? Are their wishes known?
- + Are there less restrictive alternatives? What are the benefits and risks of each?
- + Are there ethical conflicts?

= **THE BOTTOM LINE**

TOPIC: The Bottom Line: Final Considerations in the Decision to Use Involuntary Intervention

This summarizes what we have spoken about this morning.



Ask if there are any questions. Clarify answers.

Lunch

WHEN DOES SAFETY TRUMP SELF-DETERMINATION?



TIME ALLOTTED: 15 minutes

Slide 33:



Too Far or Not Far Enough?

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?*

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

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: 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.
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Slide 34

Involuntary Interventions Include

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



TOPIC: Involuntary Interventions Include:

These are some of the interventions we will be addressing this afternoon. Although APS workers often feel as though they are a lone soldier fighting an uphill battle, when we make the decision that an involuntary intervention is warranted we need the help of others. Look at this list and think about which agencies or individuals might be able to assist you.

WHO ARE YOUR ALLIES?



TIME ALLOTTED: 15 minutes

Slide 35



FLIPCHART



TOPIC: We cannot do this alone.



Ask: who are the players that can best assist and under what circumstances. Write their answers on the flip chart. Possible answers include:

Law enforcement: access to client living alone if report indicates extreme self neglect (medical, mental illness, environmental), access to client when a caregiver or perp is denying access, response to a crime

EMT: if client is in extreme medical distress or unconscious. EMT cannot transport client against his/her will, so casework is still needed.

Mental Health System: if client or perpetrator/caregiver is a danger to self or others due to mental illness

CONTINUED

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

APS attorney: Cognitive impairment causing risk: emergency placement via protective order, conservatorship/guardianship

Bank or financial institution: freezing bank account, providing documentation to build a case for financial exploitation.

Slide 36

Who do you need? Who do you call?

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



TOPIC: Transfer of Learning

A transfer of learning means that you have some homework to do. Now that we have identified the disciplines/agencies that you may need to utilize in order to provide an involuntary or emergency intervention, we want you to do some investigating back in your agency to identify the particular agency you will need and how to best avail yourself of their resources and expertise. You may have to consult with your supervisor or coworkers on this, especially to learn of particular contact people who may already be familiar with APS and have assisted others. Once you compile this list, it will serve as a resource to you when you are confronting the situation. You can add or amend any of it as you gain more experience.

*Trainer's Note: Refer to Transfer of Learning Handout located in the **Evaluation Manual** and go over instructions with them, answering any questions they have. Before the training, please decide on the deadline for submitting the Transfer of Learning, to whom it should be directed and how to submit it.*

USING INVOLUNTARY INTERVENTIONS



TIME ALLOTTED: 30 minutes

Slide 37

Proving the Need for Intervention

- Understand the legal process
- Determine who else should be involved
- Evaluate the social consequences
- Gather the evidence
- Document clearly

The slide features an image of four rubber ducks: three pink and one blue. A hand is shown holding the blue duck, which is being placed on top of the other three ducks, symbolizing the 'making a case' or 'putting ducks in a row' concept mentioned in the text.

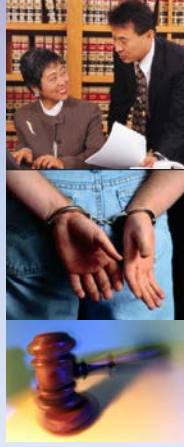
TOPIC: Involuntary Intervention: Step by Step, Proving the Need

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.

Slide 38

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.

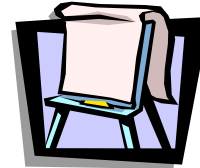
Slide 39

Who Else Should be Involved?

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



FLIPCHART



HANDOUT: Learning the Language

TOPIC: Determine Who Else Should Be Involved

As we discussed earlier, most often APS workers cannot take an involuntary action alone. We spoke about the 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.



Referring to the flip chart list, ask: what is your experience getting cooperation with these individuals? What worked? What didn't? Relate their experience to the challenges on the flip chart. 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.

CONTINUED

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL



*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 “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: 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 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.*

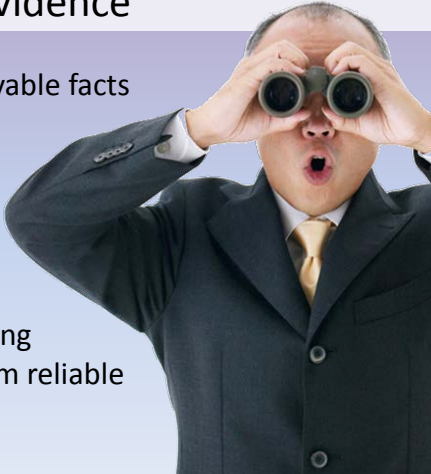
- What will happen to client/victim?
 - Will this action remove her from her home? If so, for how long? Where will she go? Who will be "in charge" while she is out of the home?
 - If she is transported to a mental health facility, how long can they hold her? What kind of medication will she be on? Who 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: 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?

Slide 41



Gather the Evidence

- Focus on observable facts
 - Who
 - What
 - Where
 - When
 - How
- Obtain supporting information from reliable 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
 - Observations
 - Dates
 - Collateral information:
quotes
 - Collateral
documentation
- Medical records
 - Hospital records
 - Bank records
 - Affidavits
 - Utility shut-off
 - Eviction/foreclosure



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.

Slide 42

Remember

- Make sure your interventions are ethical
- Make sure you use the least restrictive alternative
- Case planning must be flexible, changing when circumstances change



TOPIC: Remember

Involuntary actions are not designed to help the worker sleep at night. They are done only after the most careful deliberation, following ethical standards, trying all other options first, and using the least restrictive intervention that will meet the APS mandate. We need to maintain flexibility in the case planning process. When we receive information that may change the needs or the proposed plan, we may need to alter the plan. Maybe a distant nephew will appear and be able to take on some of the supervision responsibilities. Maybe the cognitive impairment that seems like advanced dementia is due to a urinary tract infection and can be cleared up without filing for guardianship/conservatorship.



Ask or provide examples of when we need to be flexible.

Break

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 victim
- 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: 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.

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

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: 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: 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*

THE CASE FOR CREATIVITY



TIME ALLOTTED: 10 minutes

Slide 44

Be Creative

- Negotiate consent
- Be flexible
- Offer choices
- Use salesmanship
- Use your “self”
- Think outside the box



TOPIC: Creativity

Today we have worked very diligently on the issue of involuntary interventions. You won't need to use these too often, especially if you make every effort to build a trusting relationship with your client... but there are times when you won't see another choice. Often, you are just a bit shy of the ability to use involuntary services because either the situation has not reached an emergency level or the client still has the capacity to make poor choices.

When that happens, we use the APS commandment “Be Creative.” This is your “thinking outside the box” time. What can I use as leverage? My sparkling and persuasive personality? Focusing on what is most important to the client rather than my own agenda? Engaging individuals whom the client trusts? Finding or creating a resource that might address the issue at hand? Finding an “expert” – someone of the same culture or background, someone who works with animals who can relate to an animal hoarder? Negotiating a deal?

CONTINUED

INVOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Trainer's note: You can share this case or any of your own.

Example #1

The APS worker gets called that an elder man has stripped everything out of his house and has now stripped himself. He is naked in the street. When the worker arrives, the client is naked inside his home. He has only one chair. He has no carpeting or curtains. The windows are all open and he has a small fire on the concrete floor of the living room where he has been burning the contents of his home. (This is winter in CA so it's cold but not freezing.) Because he is not in any immediate danger and can answer questions fairly rationally, the APS worker can't do anything. The APS worker asked the police to take the client on a mental health hold but the client talked his way out of that. So, the APS worker waits in his car outside the house until the client comes outside naked and then he calls law enforcement. The officers threaten to arrest the client for public indecency OR he can be placed in a facility. He chose placement. Sometimes you have to be creative!

GUEST PRESENTER



TIME ALLOTTED: 35 minutes

This training is, by necessity, very general. This time period has been allotted to allow your organization to present the local procedure for making a referral for a conservatorship, medical evaluation, psychological evaluation OR mental health evaluation. Which one you cover here should depend on which referrals are most problematic within your jurisdiction.

It is recommended that you invite the individual who actually handles the referrals in question to present on:

1. How his/her agency prefers to receive referrals,
2. What criteria they use for accepting referrals,
3. What happens after the referral is made,
4. What follow-up they expect from APS and what APS can expect from them
5. Common misconceptions about what they can and can not do

If relationships have been problematic in the past, management from both agencies should discuss the areas of disagreement BEFORE the training so new workers get a clear message about how these situations should be handled.

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.

In-class evaluation process – All evaluation documents can be found in the course evaluation guide. Please remind participants to put their ID Code on all evaluation materials.

For this training, you will be completing a demographic survey, a training satisfaction survey, an evaluation regarding question typology (completed in class) and a post training transfer of learning exercise (to be turned in _____). All of these materials can be found in your **Evaluation Manual**, and they 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.

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