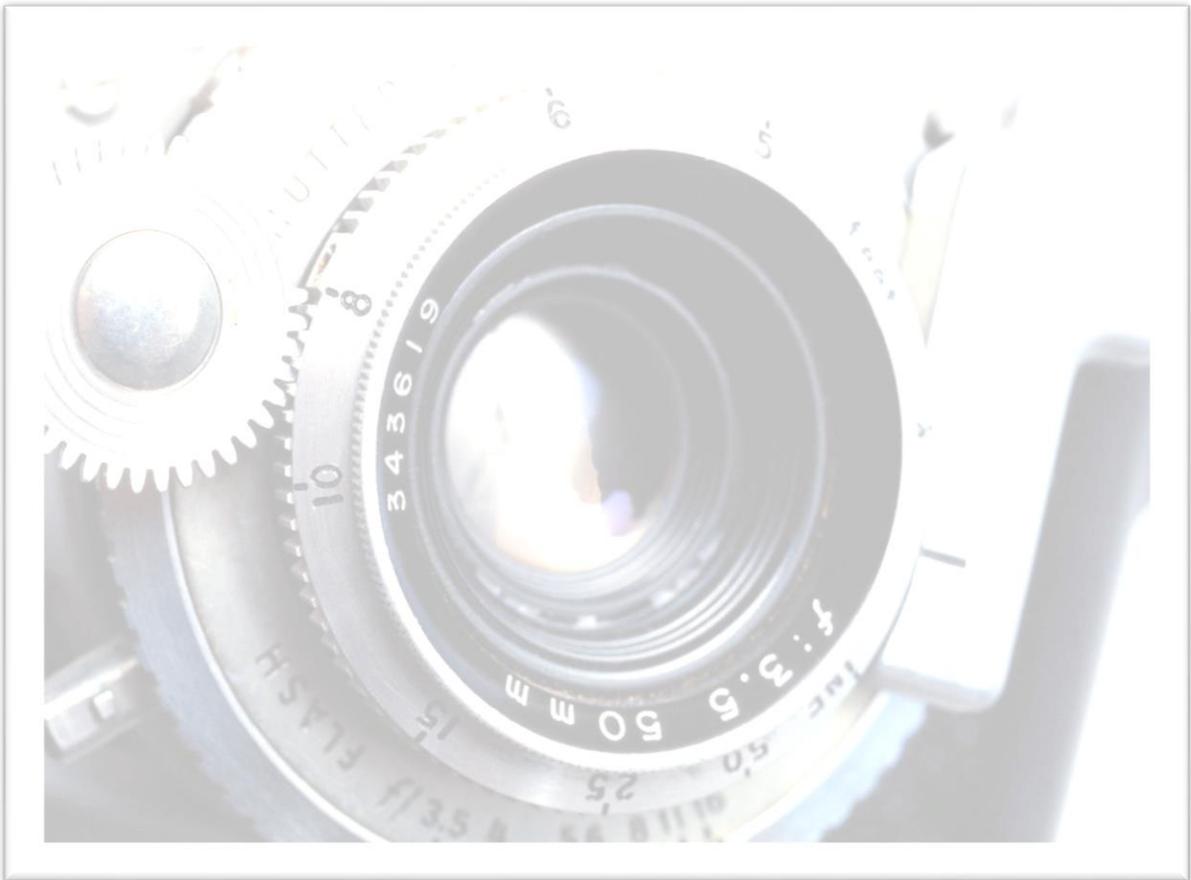


PROFESSIONAL COMMUNICATION
Seeing the World Through Other Lens

TRAINER MANUAL



Professional Communication
Seeing the World through Other Lens



This training (original version) was developed by the Academy for Professional Excellence, funded by a generous grant from the Archstone Foundation.

**Curriculum Developer 2010
Version 1 and 2
Lori Delagrammatikas**



Curriculum revisions (version 3) was developed by the San Diego State University School of Social Work, Academy for Professional Excellence with funding from the California Department of Social Services, Adult Programs Division

**Curriculum Revisions 2018
Version 3
Paul Needham**

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INTRODUCTION

ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the *Professional Communication* Trainer Manual, developed by MASTER, a program of the Academy for Professional Excellence under a grants from the Archstone Foundation and California Department of Social Services, Adult Programs Division.

The **Academy for Professional Excellence**, a project of [San Diego State University School of Social Work](#), was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

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.

MASTER (Multi-disciplinary Adult Services Training and Evaluation for Results) is a program of the Academy for Professional Excellence. MASTER is designed to provide competency-based, multidisciplinary training to Adult Protective Services Workers and their partners. MASTER's overarching goal is the professionalization of Adult Protective Services workers to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services. In partnership with state and national organizations, MASTER has developed a nationally recognized Core Competency Training Curriculum for Adult Protective Services workers. This curriculum is reviewed and approved by experts in the elder and dependent adult abuse fields.

MASTER's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

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<p style="text-align: center;">Version 1-2 Agencies</p> <p>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</p> <p style="text-align: center;">Regional Curriculum Advisory Committee</p> <p>Carol Mitchel, APS Manager and PSOC Representative, Orange County Beverly Johnson, LCSW, Staff Development Officer, Riverside County Brenda Pebley, APS Manager, Imperial County Carol Castillon, APS Supervisor, San Bernardino County Carol Kubota, LCSW, Staff Development Officer, Orange County LaTanya Baylis, Staff Development Officer, San Bernardino County Zachery Roman, Staff Development Officer, Los Angeles County</p> <p style="text-align: center;">Committees</p> <p>MASTER Steering Committee APS Core Curriculum Committee National Adult Protective Services Association Education Committee Protective Services Operations Committee of the California Welfare Directors Association</p> <p style="text-align: center;">Special Consultants</p> <p>Dr. Nora Balderian, Consultant Dr. Scott Modell, Consultant Donna Pence, Consultant Susan Castano, Consultant</p> <p style="text-align: center;">Evaluation Consultants</p> <p>James Coloma, Evaluation Consultant Jane Birdie, Evaluation Consultant Cynthia Parry, Evaluation Consultant</p> <p style="text-align: center;">Video</p> <p>Terra Nova Films, Inc</p>	<p style="text-align: center;">Version 3 Agencies</p> <p>California Department of Social Services, Adult Programs Division County of Los Angeles Workforce Development, Aging and Community Services Orange County Social Services Agency Riverside County Department of Public Social Services San Bernardino County Department of Aging and Adult Services County of San Diego Aging and Independence Services</p> <p style="text-align: center;">Regional Curriculum Advisory Committee</p> <p>Ralph Pascual, Human Services Administrator, Los Angeles County Carol Kubota, Senior Social Services Supervisor, Orange County Jessica Paradee, Staff Development Officer, Riverside County LaTanya Baylis, Training and Development Specialist, San Bernardino County Carlos Morales, APS Supervisor, San Diego County</p> <p style="text-align: center;">Committees</p> <p>APS Training Planning Committee National Adult Protective Services Association Education Committee Protective Services Operations Committee of the California Welfare Directors Association</p> <p style="text-align: center;">Curriculum Revisions</p> <p>Paul Needham, TSC Services</p>
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How to Utilize This Manual

This training was developed in three distinct sections; each containing multiple exercises, so that you can customize the training to meet the needs of your audience. As the trainer, you will have to make informed decisions on how to best use your time in the classroom to improve the skills of your participants.

Section One:

The first section contains information and activities that teach basic interviewing skills. It is recommended that you assess your audience during the registration process (e.g. ask them to indicate their level of education and experience) to determine whether you will be able to review this section quickly or will need to cover this section in detail. If most of your participants have MSW degrees, you may be able to do a quicker review. However, everyone can always use practice in a setting where direct feedback can be given. It is important that participants have a good grasp of interviewing skills before you move on to the second section.

Section Two:

The second section is the “meat” of this training. This section is on “Question Typologies” which is a way of conceptualizing investigative interviewing. This section needs to be trained as provided.

Section Three:

The third section addresses the special considerations that arise when interviewing individuals with various types of limitations and disabilities. Depending on the experience of the participants, this can be quickly reviewed or it can be reviewed in detail. You will also need to determine which activities will meet the needs of your participants.

The course outline, provided in the next section of this manual, was used in the pilot of this training, but can be augmented based on the experience and engagement of your audience.

Use of language: Throughout the manual, client is used most to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, the term victim is used. Also, alleged perpetrator is used to describe the person alleged to have committed the abuse or neglect. However, if concept or material was directly quoted from copyrighted material, the term abuser is used. Finally, when information applies to anyone being interviewed (e.g. witness, client, alleged perpetrator), the term interviewee is used.

He and she has been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

Continued

Training topics are in **bold** with expected time.

Actions which the trainer takes during the training are written in **bold**.

Trainer Notes are **entirely written in bold text box** and are provided as helpful hints, based on feedback from the pilot.

The Trainer Manual and Participant Manual differ in page numbers. It's suggested you make note of activities and handout page numbers from the Participant Manual for ease.

Total content of material is 5.5 hours, with two 15-min breaks and one hour lunch built in for a 7 hour day.

Customizing the PowerPoint: Once you decide on how you want to divide up your time in presenting this material, you may want to customize the PowerPoint. The Microsoft Office PowerPoint software allows you to hide any slides he/she does not want to use.

Hide a slide instructions

1. On the **Slides** tab in normal view, select the slide to be hidden.
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.

TRAINER GUIDELINES

<p>Teaching Strategies</p>	<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 and video clips ◆ Participant Manual (encourages self-questioning and interaction with the content information) ◆ Transfer of Learning activities
<p>Materials and Equipment</p>	<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/Flipchart paper/markers ◆ Disability Part 2- The Pre-Interview Video Clip (download and save to thumb drive or computer IN ADVANCE) ◆ Self-Neglect Initial Home Visit Video Clips (download and save to thumb drive or computer IN ADVANCE) ◆ Individual reading glasses for each participant, duct tape and Vaseline/“new skin” (Must be prepared IN ADVANCE) ◆ Cotton balls ◆ Password Activity Cards (Must be prepared IN ADVANCE) ◆ Trainer Manual: This manual includes the course overview, introductory and instructional activities, and an appendix with reference materials. ◆ Participant Manual: This manual 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

Executive Summary

Course Title: Professional Communication- *Seeing the world Through Other Lens*
(Module 9 of the NAPSA Core)

In this engaging and highly interactive introductory training, participants learn the basic components of interviewing clients. Participants will understand the importance of trust and relationship building, demonstrate the use of engagement skills; learn how and when to use various questions types and styles including open-ended questioning and responding to abuse disclosures, and will have the skills to adjust their interviewing techniques to accommodate a variety of individuals with disabilities.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussions, experiential exercises); question/answer periods; PowerPoint slides; video clips; participant guide (encourages self-questioning and interaction with the content information); 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 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.

Target Audience: This course is designed for new APS professionals as well as Aging & Adult Service partners (e.g. In-Home Supportive Services, Long-Term Care Ombudsman). This course is also appropriate for experienced staff that could benefit from knowledge and/or skills review.

Learning Outcomes:

1. Demonstrate the following interviewing skills:
 - a. Trust and relationship building
 - b. Engagement Technique
 - c. Open-ended questioning
 - d. Listening/reflection of content and feeling
 - e. Responding to disclosures
 - f. Showing empathy/compassion
2. Correctly identify 5 question types
3. Correctly identify 3 distinct question content levels
4. Adjust the interview to the functional level of the interviewee in order to get accurate information and understanding

Participants will have learned the following values:

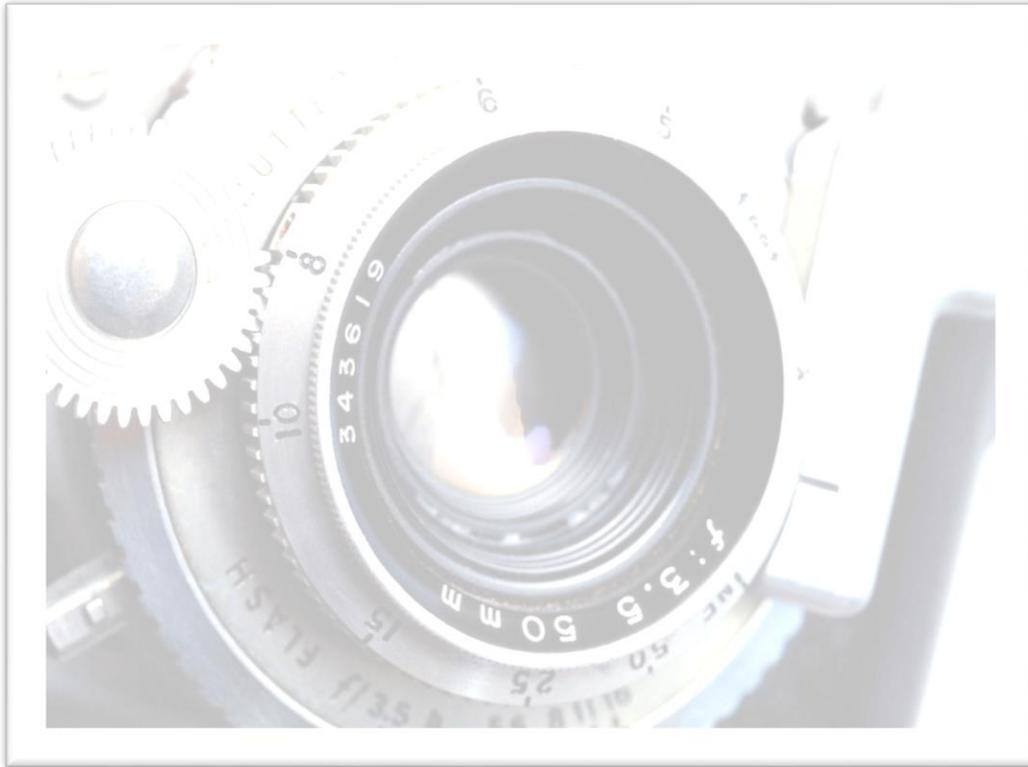
- To respect and acknowledge the client's individuality, dignity and right to self preservation.
- To value the needs of the most vulnerable individuals in our society.
- To value the opportunity to connect with the client on a dynamic, deeply personal level during a time of crisis.

Course Outline

<u>CONTENT</u>	<u>MATERIALS</u>	<u>TIME</u>
WELCOME, INTRODUCTIONS, COURSE OVERVIEW		TOTAL: 15 minutes
TYPES OF INTERVIEWS AND INTERVIEWEES		TOTAL: 15 minutes
<i>Activity #1- Self-Reflection (Individual)</i>	<i>PowerPoint Slide #7</i>	2 minutes
PREPARING FOR THE INTERVIEW		TOTAL: 30 minutes
<i>Activity #2- Disability Interview Part 2 (Large group; individual)</i>	<i>PowerPoint Slide #10 Video Clip- Disability Interview</i>	15 minutes
<i>Activity #3- Interview Preparation (Table-top)</i>	<i>PowerPoint Slide #11 Handout #1a (Trainer) Handout #1b (Participants)</i>	5 minutes
BASIC INTERVIEWING SKILLS		TOTAL: 95 minutes
<i>Activity #4- Establishing Rapport Shout-Out (Large group)</i>	<i>PowerPoint Slide #16</i>	5 minutes
<i>Activity #5- Self-Neglect Initial Home Visit (Large group)</i>	<i>PowerPoint Slide #17 Video Clip(s)- Self-Neglect Initial Home Visit</i>	10-15 minutes
BREAK		15 minutes
<i>Activity #6- (Optional) Reflecting Emotions (Large group OR pairs)</i>	<i>PowerPoint Slide #21 Handout #5</i>	5-15 minutes
<i>Activity #7- Reflecting Emotions & Content (Large group)</i>	<i>PowerPoint Slides #26-30 Video Clips Video Clips Summary</i>	10 minutes
QUESTION TYPOLOGY		TOTAL 95 minutes

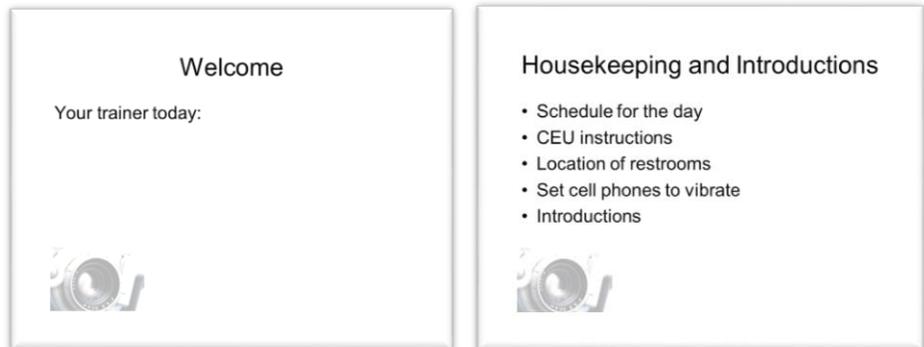
<i>Activity #8- Head to Head Challenge (Large group)</i>	<i>PowerPoint Slide #40</i>	10 minutes
<i>Activity #9- Leading Questions (Individually)</i>	<i>PowerPoint Slide #51 Handout #9</i>	10 minutes
LUNCH		60 minutes
<i>Activity #10- Password Game (Triads)</i>	<i>PowerPoint Slide #53 Sets of Labels for Password Cards</i>	10 minutes
<i>Activity #11- Interview Practice (Triads)</i>	<i>PowerPoint Slide #54 Handout #11</i>	30-40 minutes
BREAK		15 minutes
SPECIAL CONSIDERATIONS		TOTAL: 60 minutes
<i>Activity #12- Sensory Awareness (Large group)</i>	<i>PowerPoint Slides #56-57 Prepared glasses and cotton balls</i>	15 minutes
<i>Activity #13 (Optional)- Broken English (Pairs)</i>		10 minutes
WRAP-UP & EVALUATIONS		TOTAL: 20 minutes
<i>Lessons Learned & Validation</i>	<i>PowerPoint Slide #70</i>	20 minutes
TOTAL (INCLUDING LUNCH AND BREAKS)		7 hours

PRESENTATION



WELCOME AND INTRODUCTIONS

Time Allotted: 15 minutes



Slide #2 and #3:

Topic: Welcome and Housekeeping

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

Review Housekeeping Items

- There will be two 15-min breaks and an hour for lunch.
- Use the restrooms whenever needed, they are located:
- Please turn cell phones to silent or vibrate. If you must make or receive a call, please leave the training room and return quickly as possible. Check the course outline to see what you have missed.

Ask participants to make a brief self-introduction including name, job title, organization and state their biggest concern about interviewing clients who have experienced abuse.

Trainer Note: Either jot their concerns down, or keep them in mind. As you cover the content throughout the day, reference the lesson back to their concerns. If some concerns are NOT covered in this training, encourage participants to discuss them during their supervision.

Slide # 4
Topic: Learning Outcomes

Learning Outcomes

Participants will be able to:

- Demonstrate the following interviewing skills:
 - Trust and relationship building
 - Engagement Technique
 - Open-ended questioning
 - Listening/reflection of content and feeling
 - Responding to disclosures
 - Showing empathy/compassion
- Correctly identify 5 question types
- Correctly identify 3 distinct question content levels
- Adjust the interview to the function level of the interviewee in order to get accurate information and understanding



Briefly **paraphrase** the learning outcomes and **go over** the plan for the day. **Review** the materials in their participant manuals.

Explain we will be starting with the basics of interviewing in the morning and then talk about various types of clients and those who may sometimes be challenging. This will be a day of experiencing, learning, taking chances, and building confidence. You will not be sitting back and listening to a lecture. The expectation is that you will be learning and practicing new skills throughout the day.

TYPES OF INTERVIEWS AND INTERVIEWEES

Time Allotted: 15 minutes

Slide #5

Topic: Types of Interviews

The slide is titled "Types of Interviews" and compares two types: Investigative and Clinical. It features two columns of bullet points. On the left, under "Investigative", the points are: Fact-finding in nature; Objective/Non-interpretive; Conducted by APS or Law Enforcement; Structured; Time limited; Competency of the client is questioned; No leading; Interested in objective reality of client; and Client may be lying. On the right, under "Clinical", the points are: Therapeutic in nature; Subjective/Interpretive; Conducted by mental health professional; Unstructured; Ongoing/engaging; Competency is not a concern; Some leading; Interested in client's subjective experience; and Client is viewed as trustworthy. At the bottom right, it says "Adapted from Laurie Fortin, Investigative Interviewing Institute," with a small camera lens graphic to the left.

<u>Investigative</u>	vs.	<u>Clinical</u>
<ul style="list-style-type: none">• Fact-finding in nature• Objective/Non-interpretive• Conducted by APS or Law Enforcement• Structured• Time limited• Competency of the client is questioned• No leading• Interested in objective reality of client• Client may be lying		<ul style="list-style-type: none">• Therapeutic in nature• Subjective/Interpretive• Conducted by mental health professional• Unstructured• Ongoing/engaging• Competency is not a concern• Some leading• Interested in client's subjective experience• Client is viewed as trustworthy

Adapted from Laurie Fortin,
Investigative Interviewing Institute,

Ask the participants “Why do we conduct interviews?”

Possible answers may include:

- To find the truth of allegations
- To develop safety/care plans
- To assess the client and their situation
- To determine the legal needs of the client

The purpose of a fact finding interview is to obtain a complete and accurate report from a client and collateral contacts. During fact finding interviews, the interviewer collects information to corroborate or refute an allegation. The interviewer must be impartial and objective and must consider all reasonable alternative explanations for the allegations. Although the fact finding interview uses clinical skills, as can be seen on the slide, it is fundamentally different from a clinical interview.

We will be concentrating on fact finding interviewing skills in this training.

Slide #6**Topic: Types of Interviewees**

Types of Interviewees

- Clients/Victims
- Perpetrators
- Collateral contacts
- Family/ group interview



Explain that APS professionals routinely interview a wide variety of people who have different roles in the investigative process. In this training, we will be concentrating on interviews with the client. However, most of these techniques can be used with other types of interviewees.

Inform participants that throughout the training, the term “client” is mostly used when discussing individuals APS works with. “Victim” is used if concept is from copyrighted material. “Interviewee” is used when concept can be applied to anyone being interviewed.

Slide #7**Topic: Role of Self**

Presentation	Professional, non-threatening, warm, friendly
Stance	Open-minded, unbiased
Point of view	Strength-based
Strategies for eliciting information	Active listening, supportive, empathetic, reassuring
Strategies for reaching common understanding	Practice, clarify, recapitulate

Adapted from Laurie Fortin,
Investigative Interviewing Institute,

As APS professionals, your personal demeanor will have a major effect in the success of your investigative interviews. Research consistently shows that the personal characteristics and techniques listed on this slide are important to client disclosures in general and are especially helpful in securing disclosures of abuse. We will be talking about each of these elements throughout the course of the morning.

Activity #1 Self-Reflection (2 min)

Ask participants to take 2 minutes and write down in their participant manuals, which personal characteristics and techniques from this list they feel they do well and which ones they feel they can work on.

Encourage them to pay attention to these throughout the training for skill building opportunities.

PREPARING FOR THE INTERVIEW

Time allotted: 30 minutes

Slide #8

Topic: Preparing to Interview the Client

Preparing to Interview the Client

Review the report for:

- Age
- Language
- Disability
- Cognitive Impairment
- Previous history with APS
- Allegations
- Family dynamics
- Cultural/gender considerations
- Possible dangers



The success of your interview begins even before you speak with the client. It is important to review the initial abuse report for the information listed on the slide.

Trainer Note: This slide is animated. As each category is read, explain what questions the professional needs to ask about that category. This section could also be done as a shout out if time allows.

1. **Age:** Does this client meet your agency's client age criteria? (*What is the age criteria for your agency?*)
2. **Language:** Does the client speak a language you know? Do you need to bring a translator? (*What is your agency's policy on using translators?*)
3. **Disability:** Do you have basic information about this client's disability or do you need to talk to a medical or disability expert to learn more about the condition? None of us know about every disability. It's helpful to understand what's involved in an individual's care or what communication barriers they may have BEFORE starting the interview. If disability is a client criterion for your agency, does this client meet the criteria? (*What is your agency's disability criteria?*)

Continued

4. **Cognitive impairment:** It is helpful to know whether a client has a memory loss or mental illness BEFORE the interview. Although these interviewees can give accurate information (don't prejudge them), you may want to know what other individuals are available to provide corroboration for the client's statements.
 - a. Let the participants know that they can use the internet to research health, mental health, and disability issues since no one can be an expert on every kind of disability or impairment.
 - b. Possible examples:
 - i. National Institute on Health at <http://www.nih.gov/>
 - ii. Web MD at <http://www.webmd.com/>
 - iii. National Institute on Mental Health at <http://www.nimh.gov/>
5. **Previous history with APS:** Is this the first report that has come to your agency or have there been numerous reports? What were the results of the previous investigations? Who was the alleged abuser(s) in that case and is it the same in this case? Is the reporter the same or different? Although you need to treat each report as a new investigation, your investigation should be informed by the client's previous history. Sometimes numerous inconclusive investigations piled together make a pretty convincing picture of abuse. (*Does your agency require review of previous reports? How is this done?*)
6. **Allegations:** What kind of abuse are you investigating? What is the level of immediacy? What is the level of risk to the client? (e.g. is it a financial abuse case and the allegation is that the client is signing over the mortgage today? Is it a domestic violence allegation and they are afraid to go home because their spouse is drunk?) (*What is your agency's policy about when to go out immediately on a report? Are there other timelines you need to know?*)
7. **Family Dynamics:** Based on the abuse report and previous investigations (if applicable) you might want to know who is fighting with whom within the family and how angry they are with each other.
8. **Cultural/gender considerations:** Do you have basic understanding of this client's cultural background? Is there someone in your office you could ask for cultural advice before seeing the client? (e.g. who is the head of this family and how should approach them about interviewing the client?) How does this culture view people in authority? Is this family likely to be undocumented and afraid to speak with you?
9. **Possible dangers:** You should always review the report for dangers to both the client and yourself. Is this a dangerous neighborhood? Are there guns in the home? Are there dogs in the yard? How about gang activity? Does anyone in the home have a felony conviction or known substance use disorder? (*What is your agency's policy about going out with another APS professional or law enforcement?*)

Slide #9**Topic: Preparing to Interview the Client (con't)****Preparing to Interview the Client**

- Determine what information you need and who should be contacted.
- Determine what agency policies and procedures apply and what paperwork you need to bring.
- Determine how you are going to keep yourself and the client safe if there are indicators of danger.
- Determine who should be the lead interviewer if more than one agency is involved.



Once you have reviewed the initial report, you need to determine whom you need to speak with. These people could include the reporting party, family members, friends, neighbors, collateral contacts, client, alleged perpetrator, law enforcement, and medical experts. You also need to check on your agency's policies and procedures about responding to reports.

Trainer Note: Discuss with participants what their agency's policies are on the following:

- **contacting the reporting party for more details before going out to interview the client**
- **how soon do APS professionals need to contact the client?**
- **what type and how many attempts have to be made before the APS professional is "unable to locate" the client?**
- **what is their agency's policy on requirements for cross reporting to law enforcement?**

Always refer the participants back to their agency's administration.

If time allows, this would be a great time to share some safety tips with participants. They are also covered in the "Investigation First Steps" Module of the Core Curriculum, Module 16.

Slide #10**Topic: Video: Disability Interview Part 2 and debrief**

Victims with Disabilities- The Forensic Interview (Part 2)

Victims with Disabilities: The Forensic Interview Techniques for Interviewing Victims with Communication and/or Cognitive Disabilities
From Office for Victims of Crime- Video



As you watch the video, write down in your participant manuals key elements/points to all four steps of the pre-interview process.

Activity #2: Pre-interview Steps-Video (15 min)

Inform participants you are about to show a video clip and **ask** them to write down in their participant manuals the key elements/points for all four pre-interview steps.

Trainer Note: This video is 10 min, 28 sec long. Test that the embedded video works on the computer you will be using. If not, play the clip you downloaded prior to training.

The four pre-interview steps are:

- 1. Personal Preparation**
- 2. Victim Knowledge**
- 3. Methods of Communication**
- 4. Site and Time Schedule**

During the video debrief, ensure you cover other key take-a-ways you feel are important.

Slide #11

Topic: Interview Preparation Activity

Interview Preparation Activity



For 5 minutes, in table groups, read your assigned vignette and determine what steps you would want to take and what information you might want to know before interviewing the client.

Activity #3: Interview Preparation Activity- 5 min

1. **Assign** each table one of the five vignettes from the “**Interview Preparation**” **Handout (Handout #1b)**, found in their participant manual.
2. **Ask** each table to assign a recorder who will report out after the activity.
3. **Instruct** that they have 5 min to read their assigned vignette and determine the following:
 - a. what steps they would want to take
 - b. what information they might want to know before interviewing the client
4. After 5 min, **ask** each table’s reporter to report out.
5. **Elicit** feedback from other tables on anything else that might be added.
6. **Ensure** you cover the need to reach out to collateral contacts if not mentioned in the report-out.

Trainer Note: Handout #1a is for you as the trainer with answer keys. Handout #1b is the participant copy in their participant manual

Handout #1a-Interview Preparation (Trainer Copy)

Important steps and information an APS professional would want to consider are in *italics*.

Participant Manuals contain Handout #1b without the considerations in *italics*.

1. Mimi is female, 80 years old, Spanish speaking and diagnosed with Alzheimer's Disease. *Does Mimi speak any English or is a translator needed? Can her husband translate and do you want to use him? Culturally, is Mimi likely to speak against her husband or do you expect resistance? How advanced is Mimi's Alzheimer's and will she be an accurate historian? If not, what do you want to look for?* Her 86-year-old husband, Jesus, is her caregiver. According to her neighbor, Jean, Jesus has been drinking lately to the point where he is unable to care for himself or his wife. *Do you want to talk with Jean before you go to the home? Why or why not? How do you want to approach Jesus about this drinking to decrease resistance?* There is also a son, Hermes, who lives in the home and works during the day. *Do you want to go in the day time when Hermes is not home for safety reasons?* There is a previous APS case on file from last year, in which Hermes was alleged to have struck his mother. That allegation was unfounded as no one witnessed the alleged assault, there was no physical evidence and Mimi denied the allegation during the investigation. *Do you want to talk to the previous APS professional to get their take on how dangerous Hermes might be? Can you ask law enforcement whether there have been calls to this address?*
2. Charlie is male, 63 years old, English speaking and has been diagnosed with bipolar disorder. *Does your agency handle the abuse of individuals under age 65? How might his diagnosis affect your interview?* According to Code Enforcement, there is no running water or electricity in this home and the toilet and sinks do not work. There are feces on the carpet and "junk" piled everywhere. *Is this home a health hazard?* It is unclear whether the feces are human or animal as he has two large dogs. *Are the dogs a hazard? If so, what might you do to decrease the hazard?* Charlie does not follow doctor's orders or take medications. There are three previous APS reports on file over the last two years. They are all related to self-neglect. These allegations were confirmed but Charlie consistently refuses services. The APS professional was able to get Charlie committed for a psychiatric evaluation last year but once he took his medications, he was released. *Should you contact the previous APS professional to find out what they tried as engagement strategies?*

Continued

3. Min-Jee is female, 72 years old, Korean speaking and lives with her son Duck-Hwan and his family. Min-Jee speaks no English and has only been in the U.S. for 2 years. How do you get an interpreter for Min-Jee? Do you want to let her use family members to interpret? Culturally, do you expect Min-Jee to speak against her family? Min-Jee is in extremely frail condition and needs help ambulating. The reporting party is a friend of the family who is concerned that Duck-Hwan and his wife leave Min-Jee alone all day while they are at work. When will you make your home visit? Will you ask the family to be there during the day? According to the friend, who refused to give her name, they do this because they cannot afford in-home care and they don't want their mother to go to a nursing home. What are the cultural issues around use of nursing home care? Would you want to check whether Min-Jee (as a recent immigrant) might qualify for state sponsored home health care?

4. Kimani is female, 61 years old, African American, English speaking, blind and uses a wheelchair. Does your agency handle the abuse of dependent adults? What is your agency's policy about having a blind victim sign forms? Kimani lives in the home of her adult daughter, Laquita and Murray, Laquita's boyfriend. Kimani is making the report. According to Kimani, Murray was angry with her last night and struck her in the head with his cellphone. Kimani stated that Murray also fights with her daughter on a regular basis and that the police are "always" being called to the house. Do you want to call law enforcement to confirm that there is an on-going domestic violence case in this home and to gauge the safety threats? Do you want law enforcement to go out with you? What is your agency's policy about providing emergency shelter to victims? This is the first report to APS.

5. Herman is a 69 year old, deaf, German man. Do you need an interpreter for the hearing impaired and/or a German translator? According to his apartment manager, Herman has a history of substance use disorder, and is being evicted for having unauthorized guests in his assisted living apartment. Do you want to talk to the manager and determine whether there is a better time of day to interview Herman? Do you want to know whether the manager is willing to change his mind about the eviction? Does your agency have jurisdiction in an assisted living apartment? The manager is concerned that these female guests are taking Herman's money. Do you want to test Herman's mental capacity to understand the consequences of giving his money away? Herman walks with a cane.

Handout #1b-Interview Preparation (Participant Copy)

1. Mimi is female, 80 years old, Spanish speaking and diagnosed with Alzheimer's Disease. Her 86-year-old husband, Jesus, is her caregiver. According to her neighbor, Jean, Jesus has been drinking lately to the point where he is unable to care for himself or his wife. There is also a son, Hermes, who lives in the home and works during the day. There is a previous APS case on file from last year, in which Hermes was alleged to have struck his mother. That allegation was unfounded as no one witnessed the alleged assault, there was no physical evidence and Mimi denied the allegation during the investigation.
2. Charlie is male, 63 years old, English speaking and has been diagnosed with bipolar disorder. According to Code Enforcement, there is no running waters or electricity in this home and the toilet and sinks do not work. There are feces on the carpet and "junk" piled everywhere. It is unclear whether the feces are human or animal as he has two large dogs. Charlie does not follow doctor's orders or take medications. There are three previous APS reports on file over the last two years. They are all related to self-neglect. These allegations were confirmed but Charlie consistently refuses services. The APS professional was able to get Charlie committed for a psychiatric evaluation last year but once he took his medications, he was released.
3. Min-Jee is female, 72 years old, Korean speaking and lives with her son Duck-Hwan and his family. Min-Jee speaks no English and has only been in the U.S. for 2 years. Min-Jee is in extremely frail condition and needs help ambulating. The reporting party is a friend of the family who is concerned that Duck-Hwan and his wife leave Min-Jee alone all day while they are at work. According to the friend, who refused to give her name, they do this because they cannot afford in-home care and they don't want their mother to go to a nursing home.
4. Kimani is female, 61 years old, African American, English speaking, blind and uses a wheelchair. Kimani lives in the home of her adult daughter, Laquita and Murray, Laquita's boyfriend. Kimani is making the report. According to Kimani, Murray was angry with her last night and struck her in the head with his cellphone. Kimani stated that Murray also fights with her daughter on a regular basis and that the police are "always" being called to the house. This is the first report to APS.
5. Herman is a 69 year old, deaf, German man. According to his apartment manager, Herman has a history of substance use disorder and is being evicted for having unauthorized guests in his assisted living apartment. The manager is concerned that these female guests are taking Herman's money. Herman walks with a cane.

Slide #12

Topic: Translators

Translators



- Find out your agency's policy regarding translators.
- Use professionals when possible.
- Consider the possibility that your potential translator is the alleged perpetrator.
- Speak to the interviewee, not the translator.



It is important that you know your agency's policy on when you should (or are required to) use translators. Some agencies have internal employees who act as translators and those agencies have policies for how to access the internal translators. Other agencies use formal, external translating services and have specific procedures for engaging them. Your agency may also have a firm policy about the use of children as translators since it is generally considered bad practice to use children, except for accessing routine information (e.g. "Please ask your mother for your father's telephone number") or in emergencies.

Bringing a translator with you is especially important if the alleged perpetrator is the caregiver/translator for the client or if the family translator is under control of the alleged perpetrator, (e.g. adult son is the translator and his father is violent and controlling).

It is also very important that you speak TO the client and not the translator. This is both good manners and helpful in establishing rapport. Remind the translator that they need to translate exactly what is said. They should not be providing opinions or other comments.

Trainer Note: Point out the "I Speak" cards in the participant's manual as an easy way to determine the language of the literate non-English speakers.

Handout #2: iSpeak Identification Cards

2004 Census Test	United States Census 2010
<input type="checkbox"/> وضع علامة في هذا المربع إذا كنت تقرأ أو تتحدث العربية.	1. Arabic
<input type="checkbox"/> Խնդրում ենք նշում կատարել այս քանակությունը, եթե խոսում կամ կարդում եք հայերեն:	2. Armenian
<input type="checkbox"/> যদি আপনি বাংলা পড়েন বা বলেন তা হলে এই বাক্স দাগ দিন।	3. Bengali
<input type="checkbox"/> ឈ្មួញក្នុងប្រអប់នេះ បើអ្នកអាន ឬនិយាយភាសា ខ្មែរ ។	4. Cambodian
<input type="checkbox"/> Motka i kahhon ya yangin ûntûngnu' manaitai pat ûntûngnu' kumentos Chamorro.	5. Chamorro
<input type="checkbox"/> 如果你能读中文或讲中文，请选择此框。	6. Simplified Chinese
<input type="checkbox"/> 如果你能讀中文或講中文，請選擇此框。	7. Traditional Chinese
<input type="checkbox"/> Označite ovaj kvadratić ako čitate ili govorite hrvatski jezik.	8. Croatian
<input type="checkbox"/> Zaškrtněte tuto kolonku, pokud čtete a hovoříte česky.	9. Czech
<input type="checkbox"/> Kruis dit vakje aan als u Nederlands kunt lezen of spreken.	10. Dutch
<input type="checkbox"/> Mark this box if you read or speak English.	11. English
<input type="checkbox"/> اگر خواندن و نوشتن فارسی بلد هستید، این مربع را علامت بزنید.	12. Farsi

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- | | | |
|--------------------------|--|--------------------|
| <input type="checkbox"/> | Cocher ici si vous lisez ou parlez le français. | 13. French |
| <input type="checkbox"/> | Kreuzen Sie dieses Kästchen an, wenn Sie Deutsch lesen oder sprechen. | 14. German |
| <input type="checkbox"/> | Σημειώστε αυτό το πλαίσιο αν διαβάζετε ή μιλάτε Ελληνικά. | 15. Greek |
| <input type="checkbox"/> | Make kazye sa a si ou li oswa ou pale kreyòl ayisyen. | 16. Haitian Creole |
| <input type="checkbox"/> | अगर आप हिन्दी बोलते या पढ़ सकते हैं तो इस बक्स पर चिह्न लगाएँ। | 17. Hindi |
| <input type="checkbox"/> | Kos lub voj no yog koj paub twm thiab hais lus Hmoob. | 18. Hmong |
| <input type="checkbox"/> | Jelölje meg ezt a kockát, ha megérti vagy beszél a magyar nyelvet. | 19. Hungarian |
| <input type="checkbox"/> | Markaam daytoy nga kahon no makabasa wenno makasaoka iti Ilocano. | 20. Ilocano |
| <input type="checkbox"/> | Marchi questa casella se legge o parla italiano. | 21. Italian |
| <input type="checkbox"/> | 日本語を読んだり、話せる場合はここに印を付けてください。 | 22. Japanese |
| <input type="checkbox"/> | 한국어를 읽거나 말할 수 있으면 이 칸에 표시하십시오. | 23. Korean |
| <input type="checkbox"/> | ໃຫ້ໝາຍໃສ່ຊ່ອງນີ້ ຖ້າທ່ານອ່ານຫຼືປາກພາສາລາວ. | 24. Laotian |
| <input type="checkbox"/> | Prosimy o zaznaczenie tego kwadratu, jeżeli posługuje się Pan/Pani językiem polskim. | 25. Polish |

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<input type="checkbox"/>	Assinale este quadrado se você lê ou fala português.	26. Portuguese
<input type="checkbox"/>	Însemnați această căsuță dacă citiți sau vorbiți românește.	27. Romanian
<input type="checkbox"/>	Пометьте этот квадратик, если вы читаете или говорите по-русски.	28. Russian
<input type="checkbox"/>	Обележите овај квадратик уколико читате или говорите српски језик.	29. Serbian
<input type="checkbox"/>	Označte tento štvorček, ak viete čítať alebo hovoriť po slovensky.	30. Slovak
<input type="checkbox"/>	Marque esta casilla si lee o habla español.	31. Spanish
<input type="checkbox"/>	Markahan itong kuwadrado kung kayo ay marunong magbasa o magsalita ng Tagalog.	32. Tagalog
<input type="checkbox"/>	ให้กาเครื่องหมายลงในช่องสี่เหลี่ยมหรือทุกภาษาไทย.	33. Thai
<input type="checkbox"/>	Maaka 'i he puha ni kapau 'oku ke lau pe lea fakatonga.	34. Tongan
<input type="checkbox"/>	Відмітьте цю клітинку, якщо ви читаете або говорите українською мовою.	35. Ukrainian
<input type="checkbox"/>	اگر آپ اردو پڑھتے یا بولتے ہیں تو اس خانے میں نشان لگائیں۔	36. Urdu
<input type="checkbox"/>	Xin đánh dấu vào ô này nếu quý vị biết đọc và nói được Việt Ngữ.	37. Vietnamese
<input type="checkbox"/>	באצייכנט דעם קעסטל אויב איר לייענט אדער רעדט אידיש.	38. Yiddish

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BASIC INTERVIEWING SKILLS **(Establishing Rapport, Reflecting Emotions and** **Content, Speed and Pacing)** **Time Allotted: 95 minutes**

Slide #13

Topic: Active Listening

Trainer Note: Acknowledge that this next section may be a review for those participants who have a social work background, but remind all participants that everyone can benefit from a review and practice!

Reflective Listening



- Establish rapport
- Acknowledge the interviewee's emotions
- Paraphrase the content
- Be patient and attentive
- Convey warmth and understanding
- Use open ended questions



Explain that active listening involves:

1. Establish Rapport (finding common ground with the interviewee; meeting them as another unique person).
2. Acknowledge the interviewee's emotions (giving them permission to be happy, sad, afraid, upset, etc. by verbally paying attention to their feelings).
3. Paraphrase the content (repeating what they have said in a way that conveys your understanding of their meaning).
4. Be patient and attentive (not hurrying them, giving them your undivided attention)
5. Convey warmth and understanding (we all need to feel positively valued).
6. Use open-ended questions (open-ended questions invite the interviewee to tell their story in their own words).

Direct participants to review **Handout #3-Reflective Listening**

Handout #3- Reflective Listening

Mirror Body Language and Vocal Characteristics

- Maintain eye contact (if culturally appropriate)
- Relaxed, alert posture
- Match the interviewee's postural shifts
- Replicate shifts in vocal tonality, tempo, volume, timbre and intonation
- Match the interviewee's gestures and characteristic poses (respectfully)
- Use the phrases that the interviewee uses
- Lean slightly forward

Don't:

- Show impatience
- Slouch
- Yawn, sigh, act bored or disinterested
- Multi-task while interviewee is speaking



Listening Skills:

- Speak in a kind, measured voice that conveys warmth and interest
- Assure the interviewee that they are being heard
- Paraphrase interviewee's statements so they feel validated
- Ask open-ended questions
- Acknowledge interviewee's emotions (e.g. "That must have made you feel...." Or "It sounds like you feel...")
- Respond to content, paraphrasing when appropriate (e.g. "You are really concerned about...").
- Stay engaged until the interviewee has finished telling their story

Don't

- Interrupt the interviewee
- Tell the interviewee how they should feel
- Disagree with the interviewee
- Evaluate what the interviewee is saying
- Ask questions that convey blame (e.g. why didn't you...?)
- Be closed minded
- Jump to conclusions or fill in details
- Use vocabulary that isn't understood or is alienating
- Talk too much
- Know all the answers

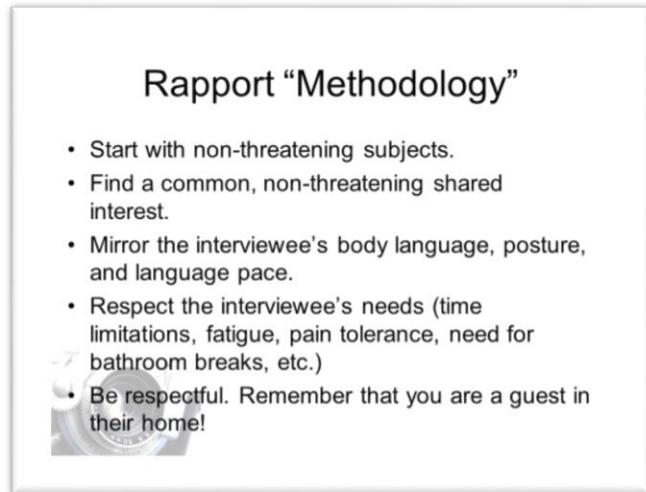
Slide #14**Topic: Establishing Rapport****Establishing Rapport**

- Allows the interviewee to relax, diminishes fear.
- Establishes the interviewee's normal behavior vs. behavior under stress.
- Allows the interviewee to trust and therefore disclose.



Explain that active listening is the first step to establishing rapport. The benefits of rapport are listed on the slide as well as below:

- Allows the interviewee to relax, diminishes fear.
- Establishes the interviewee's normal behavior vs. behavior under stress.
- Allows the interviewee to trust and therefore disclose.

Slide #15**Topic: Rapport “Methodology”**

Rapport “Methodology”

- Start with non-threatening subjects.
- Find a common, non-threatening shared interest.
- Mirror the interviewee’s body language, posture, and language pace.
- Respect the interviewee’s needs (time limitations, fatigue, pain tolerance, need for bathroom breaks, etc.)
- Be respectful. Remember that you are a guest in their home!

The first few minutes of “socializing” during a home visit are an important part of developing a working relationship with the client. They must see you as a real person with a genuine interest in them before they are going to engage with you.

Mirroring their body language may feel artificial when you first start consciously thinking about it, but it is effective in making the other person feel you “get them”. (Most of us do it, to some extent, unconsciously.) It’s a communication dance we do when we are actively attending to the other person. And doing it intentionally will help you signal that you are attending to those you are interviewing.

You must also be very considerate of your interviewee’s needs. The minute they perceive you as rushing and thinking of them as a “means to an end” (i.e. getting your case closed) they will shut down and their cooperation with your investigation will be finished. Also, the client will not be able to concentrate on your questions when their more basic needs are clamoring for their attention.

Slide #16**Topic: Establishing Rapport****Activity #4: Establishing Rapport Shout-Out (5 min)**

Open the floor for a brief shout-out.

First, **ask** participants how they might connect with client pictured here.

Answers may include:

- Talking about her dog
- Asking about the books she's read.
- Asking about the family photos.

Next, **ask** participants about other opportunities they might use to engage with clients during home visits.

Trainer Note: During the second portion of Shout-Out (other opportunities they use to engage), you can use this as a demonstration activity. Once a participant has given an example (e.g.) "I look to things that might be family heirlooms and ask about them", you can role play as the client yourself and have the participant engage with you as they would an actual client. This acts as a mini-role play, where participants can practice as well as learn from observing.

Slide #17:**Topic: Self-Neglect Home Visit Video**

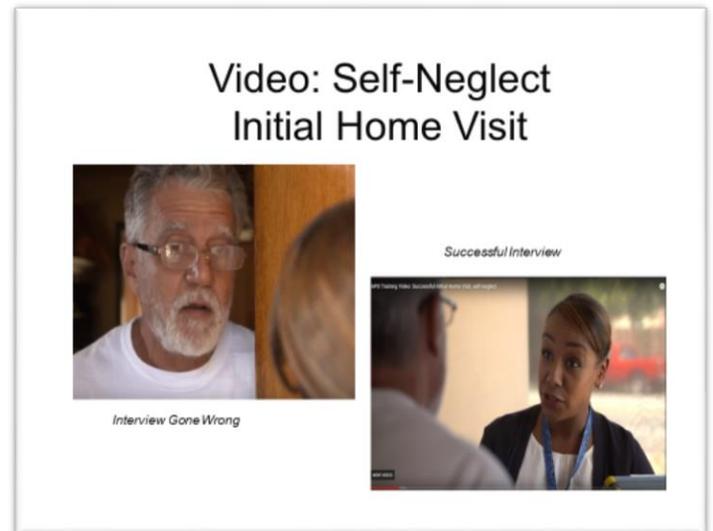
Trainer Note: Ensure embedded videos work, on the computer you're using, prior to training. If not, copy the following URLs (which are found on the notes section of the PowerPoint slide)

Gone Wrong:

<https://www.youtube.com/watch?v=IJ46wWBESoY&feature=youtu.be>

Successful Interview:

<https://www.youtube.com/watch?v=RBCo4UBOliU&feature=youtu.be>

**Activity #5: Self-Neglect Initial Home Visit Video Discussion (10-15 min)**

Explain that we will now see an APS professional in action, building rapport to not only get in the house to conduct the first interview, but follow through with active listening, engaging with the client and validating his feelings.

Debrief video(s) with shout-out from participants when they felt rapport was built, active listening demonstrated, etc.

Trainer Note: There are two video clips. “Gone Wrong” runs 5 min 26 sec and “Successful” runs 16 min 44 sec. If you are short on time, it’s suggested to show only “Successful” up to 4 min 5 sec. If time allows, show entire “Gone Wrong”, debrief video, and then show “Successful” for as long as you deem appropriate for this module. The content in video is used for various modules.

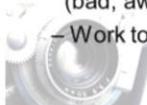
Slide #18**Topic: Identifying Emotions**

Trainer Note: First, review the steps on the slide with participants and then emphasize the research the below.

Identifying Emotions

To achieve empathy you need to:

- Accurately reflect the interviewee's emotions
- Match the emotional intensity of the interviewee
(e.g. annoyed vs. infuriated).
- Avoid noncommittal (overused) words
(bad, awful, terrible, frustrated, confused)
- Work to increase your emotional vocabulary.



Explain:

Part of rapport is communicating empathy; the ability to put oneself in another's place. Research (Robert Shearer's *Interviewing: Theories, Techniques, Practices*. Chapter 5, *Skillfully Communicating Accurate Empathy*) indicates that empathy:

1. establishes rapport
2. improves understanding
3. lubricates the communication process
4. keeps the focus on the interviewee
5. paves the way for later acceptance of stronger action

So correctly identifying the interviewee's emotions is important to the communication process.

Research also indicates that interviewees will correct you if you label an emotions as more intense than they feel (e.g. "I'm not really furious but I did find it pretty annoying") but they will NOT correct you if you understate their emotional intensity.

Trainer Note: Point out the "Emotional Vocabulary" handout and stress the importance of having the correct word to reflect the interviewee's emotional state. This is also important to document accurately.

Handout #4- Emotional Vocabulary

Low Intensity



High Intensity

Positive Emotions

Amused
Anticipating
Comfortable
Content
Glad
Pleased
Relieved

Delighted
Eager
Happy
Hopeful
Joyful
Surprised
Up

Ecstatic
Elated
Enthusiastic
Excited
Fulfilled
Proud
Thrilled

Anger

Annoyed
Bothered
Bugged
Irked
Irritated
Peeved
Ticked

Disgusted
Hacked
Mad
Provoked
Put upon
Resentful
Spiteful

Angry
Contemptuous
Enraged
Fuming
Furious
Hateful
Hot

Fear

Apprehensive
Concerned
Tense
Tight
Uneasy

Afraid
Alarmed
Anxious
Fearful
Frightened

Desperate
Overwhelmed
Panicky
Scared
Terrified

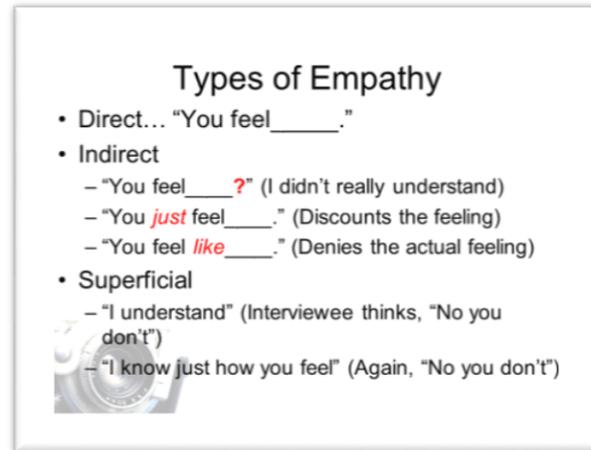
Sadness

Apathetic
Bore
Disappointed
Discontented
Mixed-up
Resigned
Unsure
Unhappy

Abandoned
Discouraged
Distressed
Drained
Hurt
Lonely
Lost
Sad

Crushed
Depressed
Despairing
Helpless
Humiliated
Miserable
Overwhelmed
Tortured

*Adapted from Robert Shearer's
"Interviewing, Theories, Techniques, Practices"*

Slide #19**Topic: Types of Empathy**

Types of Empathy

- Direct... "You feel _____."
- Indirect
 - "You feel _____?" (I didn't really understand)
 - "You *just* feel _____." (Discounts the feeling)
 - "You feel *like* _____." (Denies the actual feeling)
- Superficial
 - "I understand" (Interviewee thinks, "No you don't")
 - "I know just how you feel" (Again, "No you don't")

Three types of empathy are listed on the slide.

Explain that participants always want to use direct empathy. Indirect empathy is distancing and superficial empathy may totally shut down communication and can cause resentment.

Explain:

Even in situations where you may have experienced almost exact similarities, we are individuals who react and feel differently. Therefore, we cannot know exactly how someone feels.

Trainer Note: If time allows, demonstrate each type of empathy for participants. You can do this with one scenario for all three types, or take 3 different scenarios from participants. For example, ask a participant to share a recent frustration with their child or family member. (e.g. participant shares "I spent 2 hours doing homework with my daughter and she didn't turn in it, I am still irritated." Answer back with direct empathy. Have the participant say the same statement and reply using indirect and superficial. OR, take 2 different statements to demonstrate indirect and superficial empathy.

Slide #20**Topic: Affirmations**

Affirmations

- Statements which demonstrate that you appreciate the client's situation and are supportive of them as a person as they struggle with the situation.

A photograph showing a red tube of paint lying on a white surface. The paint has been squeezed out to form a heart shape. The tube is partially squeezed, and the paint is still visible inside the tube's opening.

Explain that affirmations demonstrate that you appreciate the client's situation and are an excellent way to recognize the client's strengths.

Ask participants to shout-out a couple of examples of affirmations they might tell a client after they disclose abuse.

Possible examples may include:

- "It took a lot of courage to talk about what happened!"
- "It's probably difficult to tell me about that. You did great."
- "It's understandable that this situation made you feel foolish but you are being very sensible asking for help to rectify the situation."

Slide # 21**Topic: Reflecting Emotion Activity**

Trainer Note: This is an optional activity. It is recommended when participants have minimal experience in social work interviewing, or when they may not feel as confident with their skills. It may be skipped or shortened.



Trainer Note: Slide is animated to have the last comment appear when it's time to debrief the activity.

Activity #6: Reflecting Emotion, (5-15 min):

This activity can be done in 1 of 3 ways;

1. Large-Group Trainer Demonstration,
2. Large-Group with Volunteer Demonstrations; or
3. Role-Play with pairs.

Large Group, Trainer Demonstration: Ask participants to close their manuals. Trainer reads each statement **Handout #5- “Reflecting Emotion”**, mimicking the stated emotions and intensity. Ask for volunteers to identify each emotion. It's important that the participants reflect both the appropriate emotion and (as accurately as possible given written statements) the intensity of the emotion. Make it clear that you are not asking for a case plan. You want them to focus on the “summarizing the content” formula.

Trainer Note: If using either below option, it's suggested that the Trainer demonstrates 1 or 2 statements prior to participants

Large Group, Volunteer Demonstration: Ask participants to close their manuals. Ask for 3-5 volunteers who are comfortable coming to the front of the room. Assign each volunteer 4 statements to read in front of the group, mimicking the stated emotions and intensity; and ask participants to identify each emotion and the intensity of the emotion. Make it clear that you are not asking for a case plan. You want them to focus on the “summarizing the content” formula.

Role-Play, Pairs: Ask participants to get in to pairs. Using **Handout 5-Reflecting Emotions**, each person takes 6-8 statements, read and mimic the emotions and intensity. **Instruct** the person who is NOT reading, to close their participant manual. They will identify each emotion and the intensity. Then they will switch roles. Make it clear that you are not asking for a case plan. You want them to focus on the “summarizing the content” formula.

Handout #5- Reflecting Emotions

1. [Frustrated; concerned; resignation (medium intensity)]
My son just can't seem to catch a break. His wife left him and took his kids. Then he lost his job. He has always been staying with me for the last two years but he can't seem to find steady employment. I've ended up supporting him. I don't mind. He's my son after all. But, sometimes it's hard to make ends meet.
2. [Lonely; gratitude (low intensity)]
Jerome is the only one who takes the time to talk to me.
3. [Angry; embarrassed (high intensity)]
I can't believe that I feel for this con artist! He was so sincere when he offered to help me fix things around the house. Then he did absolutely nothing but rip me off!
4. [Angry; insulted; self-protective; defensive (high intensity)]
Go away! Why are you bothering me? I can take care of myself. I always have. You might not like how I keep my house and yard, but it's my stuff and my business!
5. [Apprehensive; unsure; anxious (high intensity)]
I don't think I can ask him to move out. He has nowhere to go. And, he'll be really upset. I can't upset him like that. I'll just have to wait until the time is right to discuss it with him.
6. [Confused; concerned; worried (high intensity)]
I don't remember what happened. She was here yesterday. We talked for a while and then I took a nap. She says that I told her it was ok to take my car but I don't remember that. Could I have given her permission and forgotten it?
7. [Sad; lonely; grief (medium intensity)]
All my friends are dead or in nursing homes.
8. [Overwhelmed, (high intensity)]
Please don't ask me to make a decision about this. Too many things are happening right now. I have to see the doctor tomorrow for my test results and my daughter needs me to watch my grandson and I still need to find out what's happening with my utilities.
9. [Unsure, annoyed, tired (low/medium intensity)]
Are we going to be done soon?
10. [Enraged; humiliated, (high intensity)]
You don't understand. I needed that money to pay my rent and keep my utilities on. That S.O.B. took my money and ruined my life. I could just kill him!

11. [Annoyed; unsure; resigned, (medium intensity)]
What should I do about Martha? She means well but she just never finishes anything. She does a poor job of cleaning the house. She buys the wrong things at the store and she forgets my appointments. She is so sweet and lovable but I can't count on her to even show up on time.
12. [Mad; disappointed; hurt; alone; abandoned; unloved (high intensity)]
My daughter never calls anymore. She just lives one town over but she can't seem to even pick up the phone. She knows I need help. She obviously doesn't understand how difficult this is for me.
13. [pleased; happy; upbeat (medium intensity)]
Things seem to be going better now. Kira is a darling and we are getting along very well. She even learned to make pot roast from my mother's recipe.
14. [Anxious; fearful; confused; scared (high intensity)]
Why do I need to sign this? I don't understand why you think I need this service. I really don't understand why anyone thinks I have a problem.
15. [Desperate; scared; overwhelmed; frightened; alone; unprotected (high intensity)]
What should I do now? I can't let my care provider back into my house but I need someone to help me. Who else can I get to cook and go to the store and help me to the bathroom? Good Lord, what am I going to do tonight? I can't get anyone else right away and I can't stay alone!
16. [Resentful; drained (medium intensity)]
My marriage has always been difficult. We fought a lot in the early years. And now that Jim is ill, he is really cranky and irritable. It's hard to be patient with him.
17. [Anxious; unsure; humiliated; confused; needy (medium intensity)]
Could you call and explain all this to my daughter? It's pretty confusing and she's going to think I'm an old fool when I can't explain it.
18. [Depressed; hopeless; sad; defeated (high intensity)]
My life is such a mess that nothing is going to make a difference.

Slide #22:
Topic: Speed and Pacing



Speed and Pacing

- **Keep control of the interview**
- **Match the pace of client**
 - Remember: Slower = calmer
- **The client should do most of the talking**
 - Use encouragers (Uh huh, I see, what else?)
 - Pay active attention
- **If client talks too much:**
 - Break eye contact, say “Hold on”, “Stop”, “You’ve lost me”

Explain:

Speed and pacing are important both to keep control of the interview and to maintain rapport. Matching the pace of the client helps make them feel understood. However, if they are very upset, slowing them down, by slowing down your responses, will calm them down. Also, if they are talking too fast, you need to step in and stop them so that you can get back control of the interview.

Is it important that you set up the expectation, right at the beginning of the interview, that the client is going to do most of the talking and you are there to listen. If you ask too many questions or do too much of the talking, they will give very short answers because they expect you to talk. You don't learn anything from talking! You learn from listening the client. Make it clear by your actions that you are there to listen to their story.

Slide #23**Topic: Use of Silence**

Use of Silence



- Allow the client to be silent to:
 - Think and get emotions under control
 - Communicate confusion
 - Feel you are listening
- Use your own silence to:
 - Give yourself time to think
 - Stop yourself from giving speeches
 - Create a calm mood
 - Keep from interrupting
- But, don't let it become hostile

Explain:

Silence is an important tool. The interviewee may need to be silent to gather their thoughts and to get their emotions under control. When you allow them to be silent, they understand that you expect them to speak and are not going to put words in their mouth. Many new interviewers are often uncomfortable with silence and rush in to fill the void. DON'T! Let the interviewee tell their story in their own time. The only exception to this is when the silence becomes hostile. If the interviewee is trying to out wait you, move on to another topic or another activity.

Trainer Note: At some point in the training day, take 30 seconds of your facilitation time and be silent. Possibly before answering a participant's question or before explaining an activity. After the 30 seconds is up, ask how long it felt and how people felt. This reinforces that silence can feel awkward at first and some will want to fill the silence.

Slide #24**Topic: Summarizing Content**

Summarize Content

Lead in \longrightarrow **Content** \longrightarrow **Check**

"What I hear you saying is (content), is that correct?"
"What I understand is that (content), am I on the right track?"
"Do you mean (content), or am I misunderstanding?"
"It sounds like you feel/saw/heard (content), am I right?"

A summary can include facts or emotions or both of either a statement or just the most critical points of the interview.



Shearer, "Interviewing: Theories, Techniques, Practices"

Another method of developing rapport with clients is summarizing the content of their statements. Summarizing:

- Shows respect
- Demonstrates active listening
- Confirms accuracy of information
- Tracks a mixed/difficult message
- Clarifies perspectives when resolving conflicts; and
- Confirms a contract/ sets priorities/ confirms an action plan

There are three parts to a summary.

1. The Lead in: where you let the individual know that you are going to summarize what they said/felt.
2. The Content: where you indicate what you understood them to have said or felt.
3. The Check: where you ask for confirmation that you correctly understood their message or feeling.

Slide # 25
Topic: Reflecting Emotions and Content Activity

Trainer Note: This activity is made up of 5 very short video clips, featuring a statement by Norman, a victim of elder abuse. The clips require a brief “set-up” to let the participants know the context of the statement. These are provided in the table on the following page. Inform participants that the clips are less than 15 seconds, and encourage them to listen carefully.

Reflecting Emotions and Content Activity

- As you listen to Norman, write a statement that reflects both his emotion and the content of his statement.




Activity #7: Reflecting Emotions and Content (10 min)
Instructions

- For each of the 5 video clips, **provide** the set-up (found on the following page).
- After each clip, **ask** for a volunteer to summarize the Norman’s statement as if they were responding directly to him.
 - Transcripts of Norman’s statements are found in the Participant Manuals on their PowerPoint slide.
- Inform** the participants you will be listening for the lead-in/content/check format and for the accuracy of the summarization.
 - This is not easy for new professionals so be very supportive of their attempts to accurately summarize statements.
- Remind** them that they are NOT developing a care plan; they are only practicing the summarizing formula.
 - This exercise can be shortened if needed.

Slide #26

 **Norman: First Time**

(47) "So the first thing I know, I got cracked. I got a black eye. He knocked me on the floor. (From Norman Jr.) From Norman Jr. I could have signed a complaint then but the thing was, if I signed a complaint I was afraid that when go home, they are gonna beat me up."
 (1:08)

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Slide #27

 **Norman: Explanation**

(2:48) "I don't want to run over here all the time and tell 'em that I got beat up. I should never get beat-up to be honest with you. I shouldn't wanta."
 (2:57)

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Slide #28

 **Norman: Decision**

(3:33) " If I go back, it will last so long. And then, something will happen again. And maybe they'll kill me one of these days. I couldn't say but you never know. I don't want to see them put in jail. Let 'em go home with my wife and that's it. I'll never go see them no more."
 (3:46)

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Slide #29

 **Norman: Follow Up**

(5:17) "Well, I haven't got any friends or relations or anything. You know, it's not very easy to answer. I'm 77, or will be in a few weeks and actually, where can you go? When you haven't got no friends. You can't walk the streets."
 (5:37)

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Slide #30

 **Norman: Walking**

(8:02) "It's not like being with your wife and two sons. I don't like to go. I'd rather stay with them until the day I pass away."
 (8:19)

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Continued

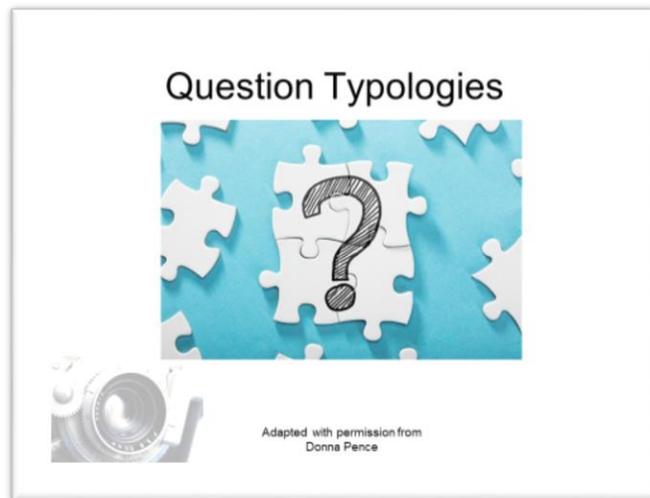
Video Clip	Sample Summary
<p>Video Clip #1- Norman: First Time Set-up: In this clip, Norman is talking about the first time he was physically abused by one of his sons.</p> <p>Norman: <i>“So the first thing I knew, I got cracked I got a black eye. He knocked me on the floor. (From Norman Jr.?) From Norman Jr. I could have signed a complaint then but the thing was, if I signed a complaint I was afraid that when I go home, they are gonna beat me up.”</i></p>	<p>“It sounds like you are afraid to go home even though you want to go home, is that right?”</p>
<p>Video Clip #2- Norman: Explanation Set-up: In this clip, Norman is talking about his feelings when he comes to the police for assistance.</p> <p>Norman: <i>“I don’t want to fun over here all the time and tell ‘em that I got beat up. I should never get beat-up to be honest with you. I shouldn’t wanta.”</i></p>	<p>“It seems like it is hard for you ask for help. Am I correct?”</p>
<p>Video Clip #3- Norman: Decision Set-up: In this clip, Norman is asked if he will return home.</p> <p>Norman: <i>“If I go back, it will last so long. And then, something will happen again. And maybe they’ll kill me one of these days. I couldn’t say but you never know. I don’t want to see them put in jail. Let ‘em go home with my wife and that’s it. I’ll never go see them no more.”</i></p>	<p>“My impression is that you want to care for your family but you think you are the problem. Do you think you are the problem?”</p>
<p>Video Clip #4- Norman: Follow-Up Set-up: In this clip, Norman discusses his social support system.</p> <p>Norman: <i>“Well, I haven’t got any friends or relations or anything. You know, it’s not very easy to answer. I’m 77, or will be in a few weeks and actually, where can you go? When you haven’t got no friends. You can’t walk the streets.”</i></p>	<p>“You sound like you have no one you can count on for help, is that how you feel?”</p>
<p>Video Clip #5- Norman: Walking Set-up: In this clip, Norman is speaking about living in a board and care.</p> <p>Norman: <i>“It’s not like being with your wife and two sons. I don’t like to go. I’d rather stay with them until the day I pass away.”</i></p>	<p>“So, no matter how bad it is at home, it’s better than being lonely? Do I understand you correctly?”</p>

QUESTION TYPOLOGIES

Time allotted: 95 minutes

Slide #31:

Topic: Question Typologies



Explain:

We are now going to move into a discussion of how to structure your fact finding interview and what types of questions to ask.

Trainer Note: Depending on time, you may need to break this lesson up for your lunch break.

Slide #32**Topic: Question Continuum**

Question Continuum

- Moves from open-ended to close-ended questions.
- Moves from more confidence in the accuracy of the information (with open-ended questions) to less confidence (with close-ended questions).



Direct the participants to Handout #6- Your Question Styles.

Explain this handout shows the continuum of question styles starting with open-ended questions at the top of the chart and moving down through a variety of more closed ended questions. As we move down this continuum of question types, we can be less sure that the information we get is accurate.

Review the various question types and **explain** we will cover each, in-depth, throughout this next section but this handout provides a nice overview.

Handout #6-Question Style

Question style refers to the structure of the questions and the type of response the particular structure is designed to elicit.

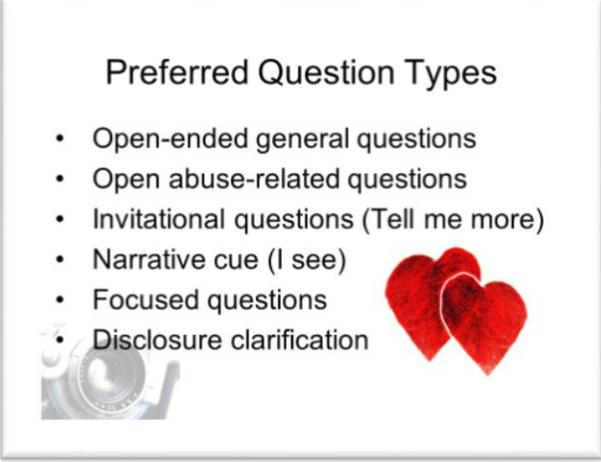
TYPE	DEFINITION	EXAMPLES
Open-Ended	Open-ended questions are designed to present a broad topic and allow the victim to choose to provide a narrative response (a description relating to how they perceive the topic).	<ul style="list-style-type: none"> • Why do you think I came to see you today? • Can you tell me what happened to you yesterday?
Multiple Choice	A question that presents the victim with a number of alternative responses from which to choose.	<ul style="list-style-type: none"> • Did you sign the power of attorney or did he sign it for you? • Did he hit you one, twice, or more than that?
Yes/No (Closed-ended)	A question structured so as to limit (either directly or by implication) the victim's options to a "yes" or "no" response.	<ul style="list-style-type: none"> • Did she feed you today? • Did he give you your medication? • Do you want to go home?
Leading (Suggestive)	Leading or suggestive questions are those which make it clear to the listener the answer the interviewer is looking for. It can include the answer within the question itself. It frequently ends with a "tag" comment or question.	<ul style="list-style-type: none"> • Didn't you tell him that you didn't want to go to the doctor? • He was doing his best to care for you, wasn't he?
Coercive	Use of inappropriate inducements or threats to gain cooperation or to elicit information from a victim.	<ul style="list-style-type: none"> • Tell me what happened or we may have to place you in a facility to protect you.

Adapted with permission from Donna M. Pence

Slide #33:
Topic: Preferred Question Types

Preferred Question Types

- Open-ended general questions
- Open abuse-related questions
- Invitational questions (Tell me more)
- Narrative cue (I see)
- Focused questions
- Disclosure clarification

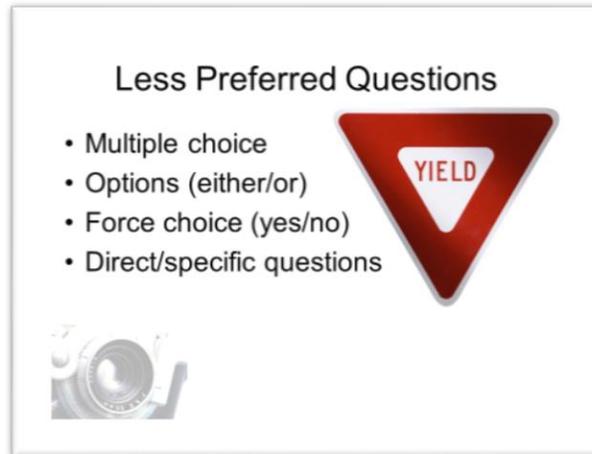
The slide is titled "Preferred Question Types" and lists six types of questions: Open-ended general questions, Open abuse-related questions, Invitational questions (Tell me more), Narrative cue (I see), Focused questions, and Disclosure clarification. To the right of the list are two red hearts, one overlapping the other. To the left of the list is a small icon of a camera.

Explain that open-ended questions are the preferred types of questions to ask to get accurate information. There are a number of different types of open-ended questions:

1. There are **general open-ended** questions that leave the field wide open to whatever the client wants to talk about. Questions such as “How are things going?” fit into this category. When I ask, “How are things going?” you might answer in relationship to your health (e.g., I’m feeling great!) or your job (e.g. I just started a new assignment and I’m really enjoying it), or your family (e.g., We’re talking the kids to Disneyland next week!) or what you are doing right now (I’m really enjoying this fabulous class!).
2. There are **invitational** questions such as “Tell me more”, “What happened next”, “And then what else happened” that keep the client talking without providing specific direction to the conversation.
3. **Narrative Cues** also keep the client talking. These include “I see”, “ok”, *nodding*, and “uh-huh”.
4. The next type of open-ended questions is **focused** questions which ask about very specific aspects of the possible abuse but, again, do not suggest the answer. An example might be “Who hit you?”
5. The last type of open-ended questions is **disclosure clarifications**. These questions drill down to the specific details of the abuse the client has disclosed without suggesting the answer. For example, “You said he touched you. Where did he touch you?”

Slide #34

Topic: Less Preferred Questions



Explain that the next category of questions can be useful but, because they limit the client's options, they may not get much accurate information.

1. **Multiple choice** questions force the client to choose between two (or more) options that you have presented. The major problem here is that, since you don't know what happened, you may not include the correct answer in your options.
 - a. These questions are however useful when the client has communication limitations and we will discuss that more this afternoon.
2. **Either/or** questions and yes/no questions are even more limiting. They can be used when the client has extremely limited or nonverbal abilities. However, when used with non-disabled clients, they limit the detail you get from them since they do not invite elaboration. And, as mentioned above, the answer may not be either of the options provided.
3. **Direct/specific** questions can be used to nail down details but may be leading.

Slide #34

Topic: Least Preferred Questions

Least Preferred Questions



- Leading questions
- Tag questions
 - “isn't it true?”, “didn't he?”
- Coercive questions

Explain that there are questions you need to avoid.

1. **Leading** questions are those questions that provide the expected answer within the question.
 - a. For example, “Isn't this a wonderful training?”
2. **Tag** questions make a statement and then “tag-on” a question portion that indicates you are supposed to agree with the statement.
 - a. For example, “You sure are learning a lot about asking questions, aren't you?”
3. **Coercive** questions are questions that use inappropriate inducements or threats to gain cooperation or to elicit information. Leading questions are not considered coercive unless they promise something or threaten something.
 - a. Coercive questions should never be used with clients.

Slide #36**Topic: General Open-Ended Questions****General Open-Ended Questions**

- General inquiry
- Interviewee picks the topic
- Provides more information than yes/no
- Assumes nothing
- This type of question is most likely to yield accurate information

Explain: Studies suggest that most interviewers use very few open-ended questions EVEN AFTER TRAINING and despite the fact that research shows that we get the most accurate information using open-ended questions. Some studies show as few as 4% of all interviewer utterances were invitational (Lamb, Sternberg, Orbach, Hershkowitz and Esplin, 1998).

Emphasize that it is important that the participants PRACTICE, PRACTICE, PRACTICE!

Slide #37**Topic: Examples of General Open-Ended Questions**

Examples of General Open-Ended Questions

- How can I help you? 
- Tell me why you think I came here today?
- How have things been going for you?
- What would you like to talk about? 

Ask for volunteers to read each statement on the slide out loud.

Then **ask** for volunteers to provide (shout-out) additional examples of general open-ended questions that they've used in practice.

Trainer Note: Refer the participants to Handout #7- "Examples of Open-Ended Questions" for question stems they can use in developing open-ended questions.

Handout #7-Examples of Open-Ended Questions

What happened?

What do you want...?

Talk to me about...

Tell me what happened.

Tell me more about..?

How do you usually...?

What happens when...?

What were you doing when??

What do you think will happen when?

What else happened?

Who did it?

Why did you...?

Who said...?

What made you think...?

Please elaborate.

What did you expect to happen?

What were you asked to do?

How else could you have...?

Help me understand what happened.

Who else was involved?

How did it make you feel?

Why do you think...?

What did you do?

Where did it happen?

When did it happen?

Where did you go next?

Where were you when...?

What can you tell me about...?

Explain to me how it happened.

Tell me about your situation.

Tell me how...?

Please explain what happened.

How did you feel?

How much of the time?

What else can you tell me?

What else can you add?

What do you know about...?

What has helped previously?

Slide #38**Topic: Open Abuse Related Questions**

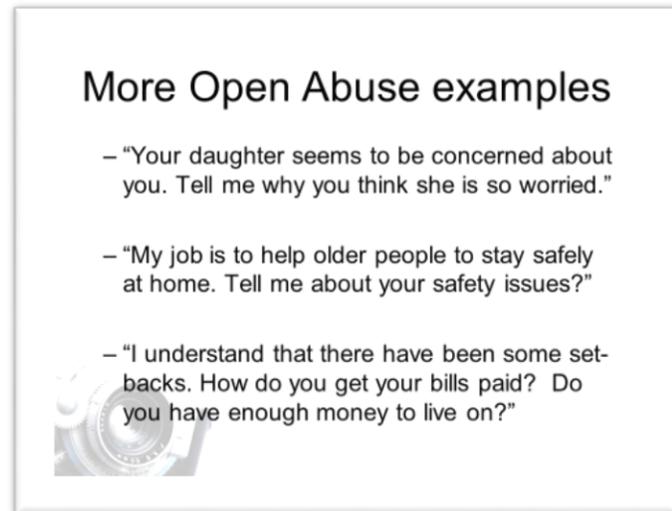
Open Abuse Related Questions

- These are open-ended questions that assume abuse or neglect may have occurred.
 - “I heard that there have been some concerns around your care, tell me about that?”
 - “I have a report that something upsetting may have happened to you. Talk to me about what happened”.



Explain: Once you have established a minimum level of rapport, you can begin asking open-ended questions regarding the abuse allegations. These questions still need to give the client a wide range of choices of responses so that you are not putting words in their mouth or make assumptions about what happened.

Trainer Note: Participants often confuse abuse related open-ended questions with leading questions. It is important to clarify that abuse related questions do not suggest the answer (like leading questions) but do ask about possible abusive situations. Emphasize that the client still has a wide range of possible answers.

Slide #39**Topic: More Open Abuse Examples**

More Open Abuse examples

- “Your daughter seems to be concerned about you. Tell me why you think she is so worried.”
- “My job is to help older people to stay safely at home. Tell me about your safety issues?”
- “I understand that there have been some setbacks. How do you get your bills paid? Do you have enough money to live on?”

Ask volunteers to read each example. Then, **ask** volunteers to provide (shout-out) additional examples of possible abuse related open-ended questions.

You may need to **provide** the participants with an abuse allegation to respond to such as “If the allegation stated that Mrs. Moser had been left without any care for three days, what might you ask?”

Slide #40**Topic: Head to Head Challenge****Activity #8- Head to Head Challenge (10 min)**

Trainer Note: This can be done in 3 ways; depending on time, the mood of the group, how well they know each other, and their comfort level with public speaking.

Competitive Version:

Ask participants to form two teams (either count off 1,2,1,2 or split the room in half) and form two, head to head lines at the front of the classroom. Anyone not wanting to participate can be the judge. Teams need to have equal numbers of contestants. Ask the contestants in this challenge to step forward (taking turns) and ask an open-ended question related to a client assessment (e.g. how they handle their Activities of Daily Livings (ADL's), who provides their care, what they can do for themselves, etc.). If they ask an open-ended question, they go back to the line and get another turn. If the question they ask is closed-ended, they are "out" and have to sit down. Judges say "Yes" or "Out" after each questions. The team with the last member standing is the winner. (Alternately, the team with the most remaining members at the end of ten minutes can be declared the winner.) You have the final say if the Judges are split about the question being open or closed.

Noncompetitive Version:

In this version, you divide the participants into 2 groups, standing on opposite sides of the room. Then, have the participants take turns asking open-ended questions about the client's assessment with each participant taking a turn at answering. If the participant asks a non-open-ended question, simply help them rephrase the question. As in the competitive version, please give the participants an option to sit-out the activity.

Shout-Out Version:

Ask the participants to shout out open-ended questions they might ask during a client's assessment. Encourage them to think of as many questions as possible. Rephrase any questions that are non-open-ended. Continue until they run out of questions.

Trainer Note: Debrief about how hard it is to think of open-ended questions under pressure and how important it is to practice, practice, and practice!!!

Slide #41**Topic: Invitational Prompts and Cues**

Invitational Prompts and Cues

Tell me about that.	"I see".
Tell me more.	"Ok".
Then what happened?	<i>Nodding</i>
What happened next?	"And then...?"
What else can you remember?	



Often the best question you can ask to get a client talking isn't a "question" at all. It's an encouraging statement that lets them know you are listening. Invitational prompts and cues are excellent tools in your interviewing toolkit.

Review slide.

Slide #42**Topic: Move to Focused Questions**

Move to Focused Questions

Use focused questions to ask about a particular topic and trigger the reporting of critical information.

The slide content is enclosed in a light gray border. At the bottom of the slide, there are two small images: on the left, a camera lens, and on the right, a target with three red arrows hitting the bullseye.

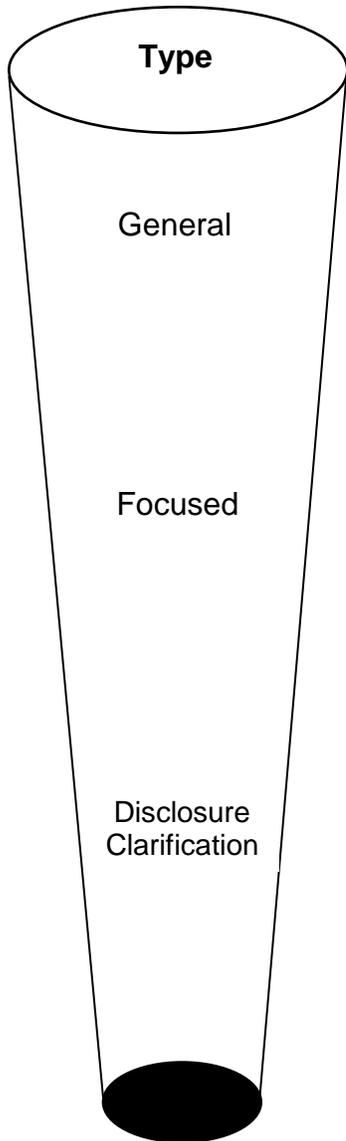
Direct participants to Handout #8-Question Content.

Explain:

As the client begins talking about their situation, you want to move into more focused questions that help you begin to get more specific information about their situation. These questions focus on a particular topic such as violence in the home. These are still open-ended questions but are asking for information around a specific topic.

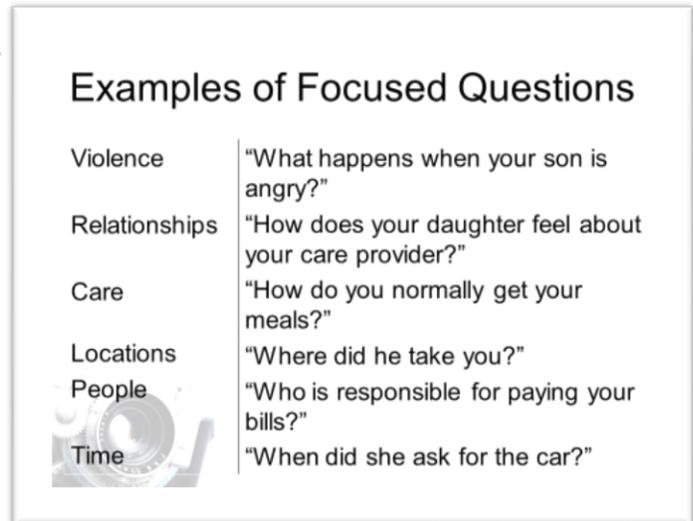
Handout #8- Question Content

Questions designed to gain information about a variety of matters, related to general functioning as well as possible abuse



Definition	Examples
<p>These are interview questions about the interviewee’s well-being. Rapport-building, general demographic data, and “getting to know you” questions fall into this category</p>	<ul style="list-style-type: none"> • What’s going on with you? • How are you feeling today? • How many grandchildren do you have? • What is your caregiver’s name?
<p>These are follow-up “probe” questions that focus on specific topics, including topics dealing with the abuse allegations. These questions may be asked before or after the victim discloses abuse.</p>	<ul style="list-style-type: none"> • Tell me about your care needs. • What happens when your caregiver gets frustrated? • How does she react to your toileting accidents?
<p>These questions are asked after the victim has disclosed about the possible abuse or has described an incident that may be abuse related. These questions seek to clarify for the interviewer exactly what the victim is describing. The issue for clarification relates to either the disclosure or the possible abuse-related incident.</p>	<ul style="list-style-type: none"> • You said that your caregiver hit you. Tell me more about that. • Had she ever hit you before? • What happened before she hit you? • Did she hit you with an open or closed hand?

Adopted with permission from Donna M. Pence

Slide #43**Topic: Examples of Focused Questions**

Examples of Focused Questions	
Violence	"What happens when your son is angry?"
Relationships	"How does your daughter feel about your care provider?"
Care	"How do you normally get your meals?"
Locations	"Where did he take you?"
People	"Who is responsible for paying your bills?"
Time	"When did she ask for the car?"

Explain that the slide shows some examples of more focused questions around some common topics that APS professionals will encounter.

Ask participants to take 5 minutes and write in their participant manual additional examples of an open-ended question for each topic. **Ask** for volunteers to provide (shout-out) what they wrote down.

Slide #43**Topic: Disclosure Clarification**

Disclosure Clarification

Once the client has made a statement about the alleged abuse, gather: the who, what, where, when and how.



Explain that once the client has disclosed abuse, it is essential to get the specific details of the incident. This includes finding out the “W”s: Who, What, Where, When and How. This is where most people have real trouble using open-ended questions. But, you can do it! It takes practice and a concerted effort but it is well worth it because you will be certain of the information you gather.

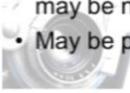
Teaching Point: A question is only a disclosure clarification **AFTER** the client has confirmed an abusive act or situation has occurred. Questions asked before the abuse disclosing statement are either general or abuse focused questions. Hinting at possible abuse (e.g. “He gets angry sometimes”, “I don’t like being alone”) are not abuse disclosures. So, the follow-up questions (e.g. “What happens when he gets mad?”, “How often are you alone?”) are still abuse focused questions rather than disclosure clarification questions.

Trainer Note: This distinction can be difficult for participants so it is important to make sure that they understand the difference.

Slide #45**Topic: Avoid “Why”**

Avoid “Why”

- It's judgmental.
- May cause the client to withdraw, rationalize, defend or attack.
- Client may not understand complex motivations.
- May be naïveté or insensitive since there may be no answer.
- May be prying into embarrassing areas.



Ask: Did anyone notice what common “W” we left out when discussing Who, What, When, Where and How?

Answer: Why!

Explain: You don't want to ask why unless you are looking for the client's straight forward motivation for doing something. For example: “Why did you call your daughter that day?” or “Why did you go to see the doctor?”

Many “why questions are judgmental such as “Why do you let him treat you that way?” or “Why didn't you call the police?” These types of questions make the client feel defensive and they may either withdraw or attack. In either case, you will not get useful information.

In some cases, the client may not have a clear understanding of their own motivations because they have a complex relationship with the other person. For example, many people struggle with “why” their marriage failed. It is naïveté on your part to think the client can answer that type of question.

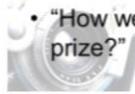
And, “Why” can be embarrassing for many people because they have to face the unsavory motivations of those people who are supposed to care about them (e.g. “Why would your daughter treat you like that?”).

Trainer Note: Remind them that fact finding is an objective process. The APS professional may find information about why a person did what they did and it can be helpful when creating a care plan or assessing risk. If information about why comes to the attention of the APS professional, it should be fully documented.

Slide #46**Topic: Disclosure Clarification
Question Examples**

**Disclosure Clarification
Question Examples**

- "Who called you?"
- "When did they call the first time?"
- "How often did they call?"
- "What did they say they would do for you?"
- "Where did they tell you to send the money?"
- "How were they going to deliver your prize?"



Explain the slide shows examples of disclosure clarification questions about a telemarketing scam.

Ask for volunteers to provide (shout-out) additional examples of possible clarification questions related to a telemarketing scheme. **Listen** for leading questions and **ask** the participants to reword the questions to be open-ended.

Slide #47**Topic: Direct/Specific Questions**

Direct/ Specific Questions

- Are more likely to be suggestive.
- Limit the amount of information asked for and provided.
- Provide clarification/ establish the “facts of the crime” .
- Should be paired with open ended prompts/probes.



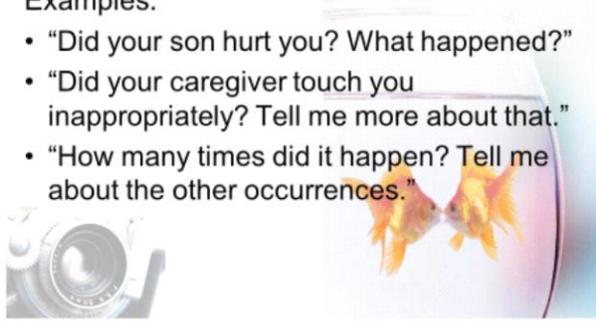
When you ask very direct (yes or no) questions, you limit the amount of detail that will be provided by the client. And, your question (e.g. “Did your son hit you?”) may suggest possibilities (e.g. “Maybe I can say he hit me and get him arrested!”) that may not have occurred to the client. On the other hand, direct questions can be used to nail down the facts of the crime. When they are used, they should be paired with open-ended prompts.

Slide #48**Topic: Pairing Specific/Open-Ended**

Pairing Specific/ Open-Ended

Examples:

- “Did your son hurt you? What happened?”
- “Did your caregiver touch you inappropriately? Tell me more about that.”
- “How many times did it happen? Tell me about the other occurrences.”



Explain that the slide shows examples of pairing a direct question with an open-ended prompt.

Ask for volunteers to provide (shout-out) additional examples of possible paired questions around a woman’s daughter failing to provide care.

Slide #49**Topic: Multiple Choice Questions**

Multiple Choice Questions

- Don't allow for details.
- People with cognitive impairments may:
 - Automatically answer yes to yes/no questions.
 - Pick the second option, even if they don't understand the question or know the answer.
 - Feel they have to pick one of the options.
- If used, always give a third open ended option.



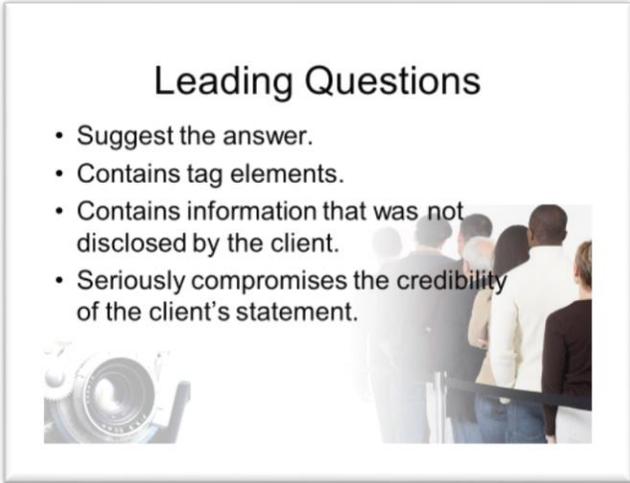
Multiple choice questions have many of the same problems as yes/no questions. In addition, they are problematic for people with cognitive impairments. First, people in general try to be agreeable which means that individuals who are cognitively impaired tend to answer yes to questions they don't understand, just to be agreeable. They also tend to pick the second option when they don't understand the question or know the answer. They don't understand that they don't have to pick one of the options presented.

However, multiple choice questions can be a good option for people who have physical communication impairments if you also include a "none of the above" option. We will be talking more about accommodations for people with communication impairments this afternoon.

Slide #50**Topic: Leading questions**

Leading Questions

- Suggest the answer.
- Contains tag elements.
- Contains information that was not disclosed by the client.
- Seriously compromises the credibility of the client's statement.



These are the questions that you want to avoid as much as possible. Leading questions are defined as questions that suggest the answer expected by the interviewer and they can seriously compromise the credibility of the information you receive from the client. Many leading questions include a tag element such as “didn’t you”, “wasn’t it”, etc., at the end of the question.

Emphasize that a direct question that follows up on information provided by the client is not a leading question. For example, if the client says, “My son can be mean,” it is not leading to ask, “What does your son do when he is mean” because you are following the client’s statement (they are “leading” you.) You can only tell if a question is leading within the context of the interview.

Slide #51**Topic: Leading Questions Activity****Activity #9-Leading Questions (10 min)****Instructions:**

This activity is made up of the leading questions on the Transforming Leading into Non-Leading Questions handout.

1. **Ask** participants to locate Handout #9- Transforming Leading into Non-Leading Questions.
2. Together as a large group, **transform** the first leading question "Does your son cook your dinner?" into a non-leading question "Who cooks dinner at your house?"
3. **Ask** participants to complete questions 2-7 individually.
4. Once complete, **ask** for volunteers to shout-out their transformed questions.
5. **Debrief** with participants about this experience.
 - a. Was this difficult?
 - b. Will the transformed questions get to the same information?
 - c. **Reinforce** the point that leading questions compromise the credibility of your information.
6. **Explain** that participants can practice with the remaining questions after class if they want additional reinforcement.

Handout #9- Transforming Leading into Non-Leading Questions

Instructions: Please rewrite each question on the left so that is no longer a leading question.

LEADING	NON-LEADING
1. Does your son cook your dinner?	
2. This picture must be of your care provider.	
3. I understand that you are having a problem with your son.	
4. Does your daughter use your credit cards?	
5. Did your grandson remember to give your medications today?	
6. Your caregiver didn't take you to the doctor did she?	
7. Did your husband take away your car keys?	

Handout #9- Transforming Leading into Non-Leading Questions- (continued)

LEADING	NON-LEADING
8. Did he take you to his lawyer's office?	
9. Does she lock you in your bedroom every night?	
10. That must have made you very angry.	
11. Was watching pornography your son's idea?	
12. Isn't it true that you knew she couldn't repay you?	
13. How many times did he strike you?	
14. Did she force you to write the checks?	

Adapted with permission from Paul Needham

Slide #52**Topic: Coercive Questioning****Coercive Questioning**

- Repeating the questions- suggests that the first answer was unacceptable.
- Not accepting "No", "I don't know" or "I don't remember" as answers.
- Promising tangible or intangible rewards for disclosure.
- Being angry or frustrated with the client.
- Not allowing the client to end the interview.

A question is coercive if (1) it promises something, (2) threatens something or (3) can be characterized as badgering. You should never use coercive questioning with a client. Beyond the fact that using your position and authority against them, it is a violation of social work ethics and the information you gain is extremely likely to be inaccurate. The slide provides examples of 5 types of coercion.

Refer participants to **Handout #10- Question Content and Style** to recap this section. This handout provides specific examples for abuse related questions.

Handout #10- Question Content & Style

Question Content

Question Style

	GENERAL	FOCUSED	DISCLOSURE CLARIFICATION
OPEN- ENDED	Tell me about yourself.	Tell me what happened when your caregiver was here yesterday	You said that she pushed you. Tell me more about that.
MULTIPLE CHOICE	Do you prefer to have your caregiver cook for you or to go to a restaurant for your meals?	When your caregiver was in your room, did she handle your purse, open our drawers, or touch any of your valuables?	Did it happen in your room, the family room or somewhere else?
YES/NO	Do you have grandchildren?	Has your caregiver done something to you?	Did you confront Molly about getting into your purse?
LEADING	I understand that you have a caregiver named Molly, right?	Isn't it true that Molly pushed you after you grabbed her backpack?	This wasn't the only thing she stole, was it?
COERCIVE	You need to sit here and talk to me.	You leave after you tell me what your caregiver did to you.	I know that she stole from you. Don't you want to keep her from stealing from others?

Adapted with permission from Donna M. Pence

Slide #53

Topic: Password Game

Trainer Note: Preparation needed prior to training-

Print and cut a part 10 sets of Password Cards.

Password Game



Choose:

- One person to “ask” (they get the question type cards from observer)
- One person to “receive” (they are asked the question & determine what type of question the asker is using)
- One person to observe and score keep (they give the asker the type card & determine whether the asker, in fact, asked the appropriate type of question).

Give points for correct questions and correct question identification.



Activity #10- Password Game (10 min)**Instructions:**

1. **Divide** the participants into triad groups.
2. **Give** each group a set of cards.
3. **Ask** them to designate one person to ask the questions, one person to receive the question and determine its content type and question style, and one person to be the observer.
 - a. **Inform** the “asker” that they will be using their own experience and asking questions based on their own hypothetical allegations. **Acknowledge** that this may be very difficult, as they are not given scenarios. **Encourage** them to start thinking of allegations.
 - b. **Inform** the observer that they will shuffle the cards and give one to the “asker” (one-at-a-time). They will also keep score and determine whether the “asker” asked the appropriate question types (e.g. they would determine whether it was actually a focused open-ended question) and whether the “receiver” correctly identified the question (even if the “asker” thought they were asking a different type of question).
 - c. **Inform** the “receiver” they can see the list of question types in their participant manual.
4. **Instruct** the observer to keep score on a sheet of paper.
 - a. All correct questions asked (content and style) and identified earn one point for the group.
 - b. So, if the “asker” correctly asks a focus and open ended question and the “receiver” identifies the content type and the question style of the question, then that group would get 4 points.
 - c. If the “asker” correctly asks a focus-open-ended question and the “receiver” identifies the content type correctly but thinks it is a leading question, the group only earns 3 points.
5. **Inform** them they have 10 minutes for this activity and are not expected to go through then entire deck.
6. **Debrief** their experience with this activity.

**Labels for Password Cards
(1 full set)**

GENERAL OPEN-ENDED	FOCUSED OPEN-ENDED	DISCLOSURE CLARIFICATION OPEN-ENDED
GENERAL MULTIPLE CHOICE	FOCUSED MULTIPLE CHOICE	DISCLOSURE CLARIFICATION MULTIPLE CHOICE
GENERAL YES-NO	FOCUSED YES-NO	DISCLOSURE CLARIFICATION YES-NO
GENERAL LEADING	FOCUSED LEADING	DISCLOSURE CLARIFICATION LEADING
GENERAL COERCIVE	FOCUSED COERCIVE	DISCLOSURE CLARIFICATION COERCIVE

Slide #54

Topic: Interview Practice Activity

Interview Practice

1. Select an interviewer, interviewee and a recorder. (Note: You will switch roles later.)
2. Read the abuse report.
3. Conduct a mock interview.
4. The recorder is to write down the content type and the question style of each question. (abbreviations at right).

Content Type
G=General
F=Focused
D=Disclosure Clarification
Question Styles
O=Open-ended
M/C=Multiple Choice
Y/N= Yes/No
L=Leading
C=Coercive

Activity #11: Interview Practice (30-40 min)**Instructions:**

1. **Explain** that participants will have an opportunity to practice interviewing, using the skills we've just covered, but in a more realistic situation.
2. In the same groups of three as the Password Game, participants need to select an interviewer, an interviewee and a recorder.
 - a. **Explain** they should be different from the roles they experienced in the Password Game, and they will switch roles again.
3. **Assign** each triad three abuse reports from **Handout #11- Reports of Abuse**.
 - a. Many groups will get the same reports.
4. **Inform** the Interviewer they will ask questions, to determine whether the abuse occurred.
 - a. For this exercise, they don't get to use any handouts.
5. **Explain** the Interviewee can add to the scenario, including pretending the abuse occurred or didn't occur, as much as they want, but they should not be so uncooperative that it's impossible to interview.
6. **Explain** the recorder should use the chart in the Interviewer's participant manual to write down the questions the interviewer asked, in the appropriate section.
 - a. For instance, if they hear the interviewer ask, "Did she take the money from your purse, wallet, or off the dresser?" they would summarize that in the Multiple Choice section on the chart.
 - b. They are writing in the Interviewer's manual so they can reference their own questions when they're back in the field.
7. **Explain** they have 8 minutes to read the first of their assigned abuse reports as a group and then conduct the interview.
 - a. After 8 minutes, they will debrief as a group for 2 minutes discussing:
 - i. Did they ask mostly open-ended questions?
 - ii. What did they learn?
 - iii. Is it getting easier?
8. **Have** them switch roles and abuse reports and they have another 8 minutes to read, conduct interview and 2 minutes to debrief.
9. Finally, switch roles again and complete the 3rd abuse report interview and debrief.

Handout #11- Reports of Abuse

Abuse allegations adapted from allegations listed in "A Day in the Life of APS" (2004) available at <https://www.cwda.org/sites/main/files/file->

1. Vera: 86 y/o Caucasian woman experiences paranoia, has left food burning on the stove and has a history of falls at home. She is non-compliant with medical care. She is now home alone and her safety is at risk.
2. Trone: 70 y/o African American man who has severely infected legs. His daughter, Nyasha, is getting paid by the county to care for him, but she is rarely home and never takes him to the doctor.
3. Anzu: 82 y/o Japanese woman who doesn't know why her neighbor's name, Jan, is on her property title. The client is not taking care of her financial responsibilities.
4. Elvira: 25 y/o Mexican woman is developmentally disabled and lives with her parents. The alleged perpetrator is her father who has a substance abuse disorder and is verbally abusive. The client is afraid of him.
5. Ester: 96 y/o Puerto Rican woman, who has 24-hour care at home, was left alone by her caregiver and fell in her home. She was transported to the hospital. The reporting party alleges that the care provider is taking the victim's money and using it for personal expenses.
6. Mildred: 76 y/o Caucasian woman lives in condemned trailer, filled with canine feces. The Sheriff's Department reported directly from client's home. She has some disabilities, is weak, has a history of congestive heart failure and may now be bed bound. She is dependent on a younger, live-in male caregiver, Henry, who has a history of intimidating and scaring off female providers. There is no paid care provider at present moment.
7. Darrell: 69 y/o African American male diagnosed with cancer. The woman, Keandra, whose house he is living in wants to evict him but has not given him an eviction notice. The woman and her friends monopolize the bathroom, so the client must use a trash can for urination and defecation. They harass Darrell and are so noisy that he cannot get any rest. He is not allowed to use the kitchen.
8. Jerome: 81 y/o African American male whose caregiver, Maude, drinks while on duty. The reporter believes that Jerome doesn't receive proper care when Maude is drunk.
9. Kwan: 80 y/o Korean man who is blind and trying to care for his wife, Soo, who is living with Alzheimer's. Their mobile home smells of urine and feces. Their children do not visit.
10. Beatrice: 42 y/o Hispanic woman has developed AIDS and her life expectancy is 3 weeks. Numerous adopted adult children of hers are reportedly financially abusing her: Alejandro, Lara and Carmen. The reporting party believes that the children are running a sex trafficking ring.

SPECIAL CONSIDERATIONS

Time allotted: 60 minutes

Slide #55

Topic: Special Considerations

Special Considerations

Interviewing people:

- With sensory disabilities
- With communication barriers
- With cognitive disabilities
- Unwilling to accept help
- Who are hostile



Next, we will be spending some time experiencing what it's like to see the world through the lens of some of our more challenging interviewees. These clients require you to take into consideration their special circumstances in order to conduct an effective interview. We will be discussing:

1. Clients with sensory disabilities who include low vision, blind and the newly (or legally) blind elders, deaf and hard of hearing clients, and clients overwhelmed with pain.
2. Clients with communication barriers who include individuals with a wide range of physical and psychological disabilities, as well as individuals with different cultural and language backgrounds.
3. Clients with cognitive disabilities who include individuals with developmental disabilities and those with various dementias. These "difficult" clients can also be the most rewarding to interview because you have a chance to give a voice to the voiceless, to hear someone who has not been listened to, and to help someone who has been confused to figure out a way out of a desperate situation.

Slide #56**Topic: Sensory Awareness Exercise**

Trainer Note: This activity is intended to sensitize participants to the difficulties that some individuals with visual and hearing impairments encounter just being interviewed and provides an opportunity to build empathy for the interviewee. Each participant is given one of the following “visual challenges” as well as experiences hearing impairment.

Sensory Awareness Exercise

- Glasses simulate:
 - Glaucoma (tunnel vision),
 - Macular Degeneration (lack of central vision)
 - Cataracts (clouding of vision)
 - Difficulty focusing (20/40 vs 20/20)
- Cotton balls in ears stimulate normal decline in hearing

**Activity #12- Sensory Awareness Exercise (15 min)**

1. Glasses #1 has duct tape over the lens with only a paper punch sized hole in the center. This is to simulate Glaucoma (tunnel vision) which can be a frequent condition for older adults.
2. Glasses #2 has paper circles in the center of the lens. This is to simulate Macular Degeneration. This disease causes a loss of the center of the individual's field of vision.
3. Glasses #3 has Vaseline or “New Skin” smeared on the lens to simulate cataracts. Cataracts blur the individual's vision.
4. Glasses #4 are magnifying glasses of 2.50 or more to simulate difficulty focusing that some individuals endure.

Tips on developing materials:

“Cheater” reading glasses are available at 99 cent stores for approximately a dollar a piece. Vaseline can be used to smear the lens. A product called “New Skin” or “Liquid Bandage” can also be used to obscure the lens. That product has the advantage of drying hard so it doesn't continue to smear as the glasses are handled. You will also need duct tape and use an Exacto knife to trim the duct tape on the Glaucoma simulating glasses. Office supply stores or 99 cent stores have sticky colored dots that can be used to block central vision.

If purchasing supplies will hinder you from facilitating this exercise, its suggested to reach out to Social Service Agencies in your community that may have extra glasses for you to borrow.

Slide #57

Topic: List of Words

Trainer Note: This exercise takes time to set-up and most importantly, debrief. To be effective and sensitive to the material, do not rush through the debrief. Before training day, it's suggested you read about the challenges and tips for successes of an exercise like this:

<http://seniormatter.com/simulations-help-understand-elderly/>. Ensure participants demonstrate maturity and sensitivity before, during, and after this exercise.

- Bread
 - Eggs
 - Bacon
 - Cookies
 - Potatoes
 - Margarine
 - Bananas
 - Cheese
- Carrots
 - Milk
 - Chicken
 - Onions
 - Ground beef
 - Broccoli
 - Tuna
 - Oranges

Activity #12 Instructions:

1. **Introduce** each kind of glasses and the disability they simulate.
2. **Give** each table group either ear plugs or cotton balls to muffle their hearing and simulate the hearing losses or age. (Another option is to cover your mouth to muffle your voice as you read the list of words below)
3. **Ask** the participants to put on their glasses and put the cotton balls in their ears. (Note that people who already wear glasses may want to just remove their glasses for this exercise.)
4. Now with their eyeglasses on and ear plugs in, **explain** that you are going to read them a list of words. **Tell** them NOT to write anything until they are asked to do so.
5. Once you read the list, they will be given approximately one minute to write down, in their participant manuals, as many words as they can recall from the list.
6. **Show** the following slide on the screen. (Note: this slide is not in the participant manual so they do not have prior access to the list of words.)
7. When reading the list, **cover** your mouth to muffle your voice and read quietly to simulate a hearing loss (if not using cotton balls).
8. **Hide** the slide after you read, so the participants no longer have access to the words.

Continued

Debrief the participants about their experience.

Questions to ask:

- How did it feel to not be able to hear the instructions?
- How frustrating was it to not be able to see what you were reading?
- How do you think it affected your performance on the task?
- How might they accommodate these challenges in the interview setting?

IMPORTANT: Point out the following information (if it is not generated during the discussion):

- ❖ A larger font size is needed to see as clearly as a younger person. Most experts recommend a font size of point 12 for publications for individuals with vision impairments. The ideal font is 18pt. Verdan.
- ❖ Individuals with vision impairments often need a high contrast between text and background on reading materials. (Note the difference in difficulty seeing the words on the right side of the slide compared to the left hand side.)
- ❖ Individuals with vision impairments often have difficulty seeing in dim light.
- ❖ Individuals with vision impairments may adapt more slowly to darkness.
- ❖ Individuals with vision impairments may have trouble with glare.

Adapted from "Health Literacy: Teaching Clear Communication in Geriatrics and Gerontology" materials provided by the California Geriatric Education Center (CGEC) in collaboration with the UCLA Academic Geriatric Resource Center (AGRC).

Slide #58**Topic: Sensory Disabilities**

Sensory Disabilities

- Can the interviewee:
 - See you?
 - Hear you?
- Is the interviewee:
 - In pain?
 - Tired, hungry, thirsty?
 - Traumatized?
 - Afraid?




When interviewing clients, it's important to take into consideration possible sensory disabilities. You need to consider the following questions:

1. Can they see you? Ask if they wears glasses and ask them to use them. If they do have eye glasses, ask if they are the right prescription? Can they see your face enough to read your expression? You will want to make sure that the light hits your face and that you are not backlit. When the light is behind you, you are just a solid black silhouette (like the person in the slide). You will also want to be sure that the client has enough light to read any forms you might need them to read. Wearing bright lipstick or keeping your mustache trimmed can help the client see your lips.
2. Can they hear you? If wearing hearing aids, are they turned on? Do they have good batteries? Can they see your face to read your lips? Many hearing impaired individuals read expressions and lips without being aware that they are doing so. **Refer to the Hearing and Vision Handout.**
3. Is the client comfortable? Are they in pain? Do they need pain medications? Might they have taken too much pain medication? Are they tired, hungry, or thirsty? – Clients need to meet their basic needs before they can concentrate on your interview.
4. Has the client been traumatized? If so, you need to stay calm and focused. Express sorrow for what has happened to them and be understanding if they do not wish to repeat the details of the victimization. **Refer to Trauma Handout.**
5. Are they afraid? Clients are often afraid of placement, being left alone, or of retaliation. It's important to interview them alone and provide appropriate reassurance (but don't promise what you can't deliver). You should also correct any misinformation about your role and powers.

Handout #12 - Approaches to the Elderly Hearing Impaired Person

- Stand or sit directly in front of, and close to, the person.
- Make sure the person is paying attention and looking at your face.
- Address the person by name, pause, and then begin talking.
- Speak distinctly, slowing and directly to the person.
- Do NOT exaggerate lip movements because this will interfere with lip reading.
- Avoid covering your mouth, or turning your head away.
- Avoid or eliminate any background noise.
- Do not raise the volume of your voice. Rather, try to lower the tone while still speaking in a moderately loud voice.
- Keep all instructions simple and ask for feedback to assess what the person heard.
- Avoid questions that elicit simple yes or no answers.
- Keep sentences short.
- Use body language that is congruent with what you are trying to communicate.
- Demonstrate what you are saying.
- Make sure that only one person talks at a time; arrange for one-on-one communication whenever possible.
- Provide adequate lighting so that the person can see your lips; avoid settings in which there is a glare behind or around you.

From: Miller, C. Nursing Care of Older Adults: Theory and Practice, p. 196

Approaches to the Elderly Vision Impaired Person

- Always identify yourself.
- Make sure you have the person's attention before you speak- call his/her name first.
- Minimize the number of distractions.
- Provide optimum lighting- avoid glare or shadows.
- Try to place things or self in best vision area.
- Speak before handing the person an object.
- Describe the room: state the position of people or objects; use the analogy of a clock.
- Ask if the person would like large print or extra light or time to read a document.
- Provide a magnifying glass or other low vision aid as needed.

From: Ebersole, P. and Hess, P. (1998) Towards Healthy Aging: Human Needs and Nursing Response, p. 424-6

Handout #13 - Effects of Trauma

IMMEDIATE EFFECTS

- Shock, surprise and terror
- Feelings of unreality (e.g. “This can’t be happening to me”)
- Physiological anxiety (e.g. rapid heart rate, hyperventilation, stomach problems)
- Helplessness

SHORT TERM EFFECTS

- Preoccupation with the abuse.
- Flashbacks and bad dreams
- Concern for personal safety and the safety of their loved ones
- Fear that they are at fault
- Fear that they won’t be believed
- Fear that they will be blamed
- Fear of law enforcement and/or social workers depending on their culture or personal history

- Inability to trust others
- Fear of another abuse incident

LONG TERM EFFECTS

- Posttraumatic stress disorder
- Depression
- Alcoholism and substance abuse
- Mental illness
- Suicide or contemplation of suicide
- Panic disorders
- Poor health as a result of the victimization (e.g. physical disabilities, sexually transmitted diseases, immune system problems, etc.)
- Obsessive- compulsive disorder
- Chronic pain
- Sexual dysfunction

WORKING WITH TRAUMA VICTIMS

- Be calm and focused.
- Express sorrow for what has happened to the victim.
- Be understanding if the victim does not wish to repeat the details of his victimization.
- Refer to the victim to mental health services based on her needs.
- Watch for substance and alcohol abuse red flags and make appropriate referrals.
- Conduct an assessment of the victim’s level of trauma including pre-victimization characteristics, prior mental health conditions, the degree of exposure to the criminal justice system and the quality of social support.

Adapted from “Listen to My Story: Communicating with Victims of Crime, Office of Victims of Crime (NCJ 19565)

Slide #59**Topic: Types of Communication Barriers**

Trainer Note: The following information is provided as background for you so you can answer participants' questions. For the purposes of this training, the participants just need to be aware that there are a wide variety of disabilities and situations that will create barriers to communication. More in-depth information will be provided in other modules of the core competency training.

Types of Communication Barriers

- Sub vocalizations and Stuttering
- Echolalia
- Aphasia
- Unintelligible Speech
- No speech
- Delusions and Hallucinations
- Deafness
- Language/Cultural Barriers



APS professionals have to deal with a wide range of possible communication barriers. These are a small sampling of those barriers:

Sub-vocalizations and Stuttering

Sub-vocalizations reflect a strategy to vocalize the thought processes in the individual's mind. In other words, they are trying to hear what they are thinking. This may also be a way of rehearsing what is going to be said or to practice something the individual is planning to do. This should not be mistaken for "stalling" or an attempt to lie. This is not the same as "talking" from person with a psychiatric disturbance (hallucination). We all recognize stuttering. The "technique" for dealing with both sub-vocalizations and stuttering is to be patient and understanding.

Echolalia

Echolalia is repeating the words spoken by others. This is normal part of child development but can also be found in individuals with a developmental delay. Echolalia is not random speech. According to Dr. Scott Modell, "The individual knows it's his turn to talk, but he is unable to generate a response, so he repeats what he heard as a way of taking his 'turn' in the conversation."

Aphasia

Aphasia is defined as either partial or total loss of the ability to communicate using words. Aphasia is caused by a brain injury. An individual with aphasia has difficulty with speaking, reading, writing, naming objects, or understanding speech. They often use the wrong word. For example, the individual may ask for a cup of soap instead of a cup of coffee. This can be the result of a traumatic brain injury, lack of oxygen to the brain during a stroke, a brain tumor or a disease such as Alzheimer's. Aphasia may be

Continued

temporary. Picture cards can be used if the visual part of the brain has not been affected. And use lots of patience!

Unintelligible Speech

There can be many reasons that a person with a disability might have unintelligible speech. There are a number of strategies you might try to facilitate communication. You might want to find out if they can write or use a computer. Do they normally use a picture board or alternative communication device? Is there a trustworthy support person who understands their speech? Do you have enough time to become accustomed to their speech?

No speech

If the victim has no speech, you will need to determine whether they can use assistive or augmentative devices. Do they know sign language? Can they answer yes or no questions (using eye blinks if necessary)?

Delusions or Hallucinations

A delusion is defined as a “false belief based on incorrect inference about external reality that is firmly sustained despite what almost everybody else believes and despite what constitutes incontrovertible and obvious proof or evidence to the contrary.” (From Diagnostic and Statistical Manual of Mental Disorders). A hallucination is a perception without external stimuli. They have qualities of real perception in that they are vivid, substantial, and located in external objective space. Individuals in the grip of mental illness are difficult to interview. However, they often respond to patience and genuine empathy.

Deafness

When working with people who are totally deaf you will need to get a sign language translator (if the individual understands sign language). It is important to speak to the person directly, not the translator, in order to develop rapport and show good manners. Only make them write in an emergency. If the person is hard of hearing, ask if your agency has any speech amplification devices that you might use.

Language/Cultural Barriers

We have already discussed the use of translators but we will also be discussing different cultural communication styles.

Slide # 60

Topic: Communication Barriers
(related to physical barriers)

Communication Barriers
(related to physical disabilities)

- Impaired communication does not indicate impaired intelligence.
- Everybody communicates. You just need to find the right strategy.
- Employ assistive devices when available.
- Remember that the care provider may be the alleged perpetrator.
- Be patient



Steven Hawking (pictured on this slide), a scientist who uses a computer to communicate because he cannot speak, is considered “the smartest man today”. Do not treat clients with verbal disabilities as having a cognitive disability. *Everybody can communicate in some way*. Even individuals with locked-in syndrome¹ (probably the most extreme form of communication barrier) can communicate with eye blinks. You may need to change the interview strategy. You may need to use multiple choice or yes/no questions (non-leading when possible) or “twenty questions” to get information from them. **The main teaching point is everybody communicates!**

Please also note the need to refer to individuals with disabilities as people **first**.
For example:

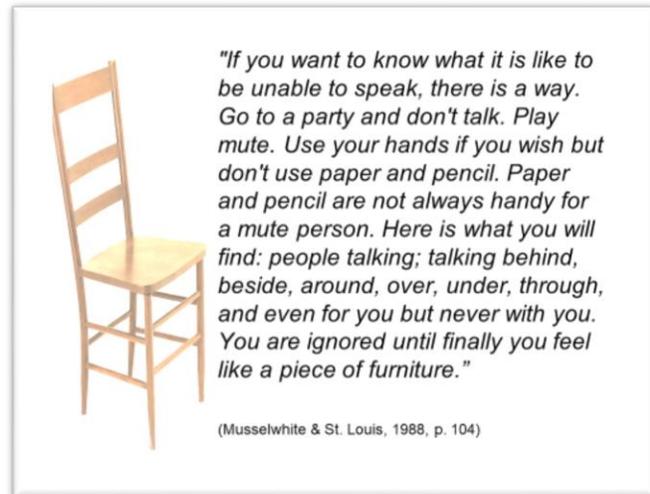
1. Individual who has paraplegia vs. paraplegic
2. Woman who uses a wheelchair vs. wheelchair bound
3. Man with schizophrenia vs. schizophrenic
4. Individual with diabetes vs. diabetic

A person is more than their disability and you need to recognize that by referring to them as people first.

¹ What is Locked-In Syndrome?

Locked in syndrome is a rare neurological disorder characterized by complete paralysis of voluntary muscles in all parts of the body except for those that control eye movement. It may result from traumatic brain injury, diseases of the circulatory system, diseases that destroy the myelin sheath surrounding nerve cells, or medication overdose. Individuals with locked-in syndrome are conscious and can think and reason, but are unable to speak or move. The disorder leaves individuals completely mute and paralyzed. Communication may be possible with blinking eye movements.

From: <http://www.ninds.nih.gov/disorders/lockedinsyndrome/lockedinsyndrome.htm>

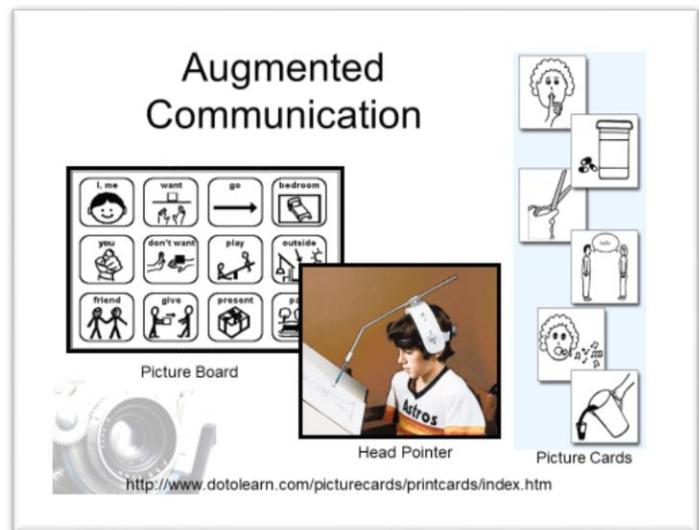
Slide #61**Topic: Quote**

It's important to understand the level of frustration that accompanies communication difficulties. You need to remember that, as difficult as it is to understand the individual during your interview, the person with a disability lives with that frustration every single day.

Slide #62

Topic: Augmented Communication

Trainer Note: The following information is provided as background for you. For the purposes of this training, the participants just need to be aware that there a wide variety of devices that can be used to augment communication. More in-depth information will be provided in other modules of the core competency training.



This slide shows three types of augmented communication.

The picture board is used by pointing to each object or verb. The head pointer is used in conjunction with a picture board. The picture cards are used in the much the same way as the picture board. There are now computer versions of these devices. Northern Arizona has an excellent on-line module about the application of assistive devices at <http://jan.ucc.nau.edu/clb232/mod3/topic4.htm#aac>. And, ready to print cards are available free of charge at <http://www.do2learn.com/picturecards/printcards/index.htm>.

When communicating with individuals using an AAC Device, you need to follow communication etiquette. You need to:

1. Speak directly to the AAC Device user.
2. Ask if they would like someone familiar to assist during the interview.
3. Do not interrupt when they are using their device.
4. Ask, "Are you finished?"
5. Be comfortable with silence.
6. Ask, "Show me how you say "yes", "no", "how your device works".
7. Say each word out loud in the order the user gives.

Slide #63

Topic: Assistive Devices

Trainer Note: the following information is more background for you.



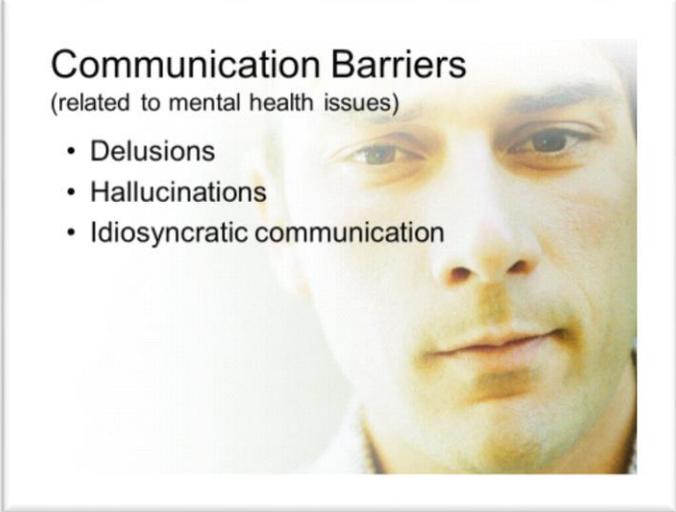
There are more types of assistive devices that you might see used.

This slide shows a computerized assistive device being used by a young woman with cerebral palsy. She is able to communicate using Morse code. The switch on one side of her head makes the dot signal and the other side makes dashes. The switches are set to detect the slightest muscle twitches. (Cattoche, Robert, J. Computers for the Disabled. Library of Congress Cataloging-in-Publication Data, 1986.)

The other photo is of a Braille TTY machine that allows a blind and deaf individual to communicate. To learn more about TTY Etiquette, see: Cagle, Sharon J. *GA and SK Etiquette – Guidelines for Telecommunications in the Deaf Community*. Bowling Green, OH: BG Press, 1991.

Video relays services for the deaf are now available. “Video Relay Service (VRS) is a form of Telecommunications Relay Service (TRS) that enables persons with hearing disabilities who use American Sign Language (ASL) to communicate with voice telephone users through video equipment, rather than through typed text. Video equipment links the VRS user with a TRS operator – called a “communications assistant” (CA) – so that the VRS user and the CA can see and communicate with each other in signed conversation. Because the conversation between the VRS user and the Ca flows much more quickly than with a text-based TRS call, VRS has become an enormously popular form of TRS. For more information about other forms of TRS, see the FCC’s consumer fact sheet at www.fcc.gov/cgb/consumerfacts/trs.html.

From <http://www.fcc.gov/cgb/consumerfacts/videorelay.html>

Slide #64**Topic: Communication Barriers
(related to mental health issues)**

Communication Barriers
(related to mental health issues)

- Delusions
- Hallucinations
- Idiosyncratic communication

Refer participants to the **Handout #14-Tips for Communicating during a Mental Health Crisis**. **Review** the handout, **emphasizing** the need to be patient and empathetic (highlighted sections).

Although it is difficult to get concrete information from someone experiencing delusions and hallucinations, it is possible to develop rapport. Once rapport is established, the client may allow you to provide needed services to stabilize their mental status so that you can get information at a later time.

Handout # 14- Tips for Communicating During a Mental Health Crisis

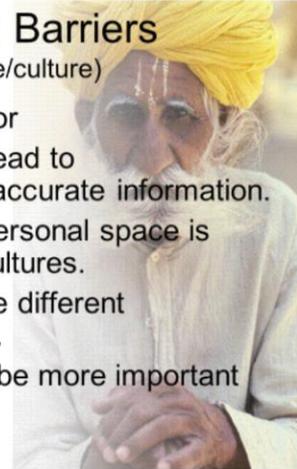
A person with mental illness may...	So you need to.....
Have trouble with reality	Be simple, truthful, not sarcastic
Be fearful	Stay calm
Be insecure	Be accepting
Have trouble concentrating	Be brief; repeat
Be over-stimulated	Limit input, not force discussion
Easily become agitated (not to be confused with dangerous)	Recognize agitation, allow retreat
Have poor judgement	Not always expect rational discussion
Be preoccupied	First get his/her attention
Be withdrawn	Initiate conversation
Have changing emotions	Disregard and have patience
Have confused plans	Stick to one plan
Have little empathy for you	Recognize this as a symptom
Believe delusions	Ignore or change the subject; don't argue
Have low self-esteem and motivation	Remain positive

*Retrieved from National Alliance on Mental Illness (NAMI) Yolo County Chapter.
<http://members.dcn.org/friends/who.html> on
 September 10 2018.*

Slide #65**Topic: Communication Barriers
(related to language/culture)****Communication Barriers**

(related to language/culture)

- Always use a translator
- Broken English may lead to misunderstandings/inaccurate information.
- Body language and personal space is different in different cultures.
- Different cultures have different communication styles.
- Group Harmony may be more important than Individuality.



Language and culture can cause a misunderstanding. As mentioned this morning, when the client speaks another language, always use a translator to ensure that you are getting accurate information.

Even when you speak the same language as the client, culturally different communication styles can cause misunderstanding. And, different value systems (e.g. harmony versus individuality) may also cause misunderstandings.

Trainer Note: This optional Broken English exercise may be used to demonstrate the need for a translator even when the interviewee speaks some English.

Optional Exercise- Activity #13- Broken English (10 min)

Ask dyads to interview each other about what they did yesterday. The interviewee is only allowed to use simple English (e.g. words a preschooler would know) and only the present tense (“I go” instead of “I went”, “I eat” instead of “I ate”, etc.). **Ask** the interviewer to determine the order of events in the interviewees’ day. **Debrief** about misunderstandings and frustrations.

Slide #66**Topic: Cognitive Disabilities**

Cognitive Disabilities

- IQ ≠ functional ability
- No two cognitively disabled individuals are the same (great variability)
- Cognitively disabled clients can be good witnesses.
 - Can communicate (Remember: *Everyone communicates!*)
 - Can tell truth from lies
 - Want to be understood.

The slide features a background illustration of a person in a dark coat holding a large, colorful umbrella that is raining. The scene is set against a light, hazy background with a city skyline.

A person's functional ability is determined by more than their IQ level. Functional ability can be moderated by training, family stability, routines, etc. in addition, the type of disability and area of the brain affected will affect the level of disability. You are going to see a great deal of variability between individuals with cognitive disabilities.

These individuals can be good witnesses. The areas where they are most likely to have difficulties include:

- Difficulty communicating what happened
- Remembering the order of events that led to the crime
- Difficulty naming people, places, and times
- Providing consistent testimony

However, ALL witnesses have difficulty with some of these areas.

Teaching Point: Do not dismiss a client because they have difficulty with one or more of these areas!

Slide #67**Topic: Points to Remember**

Points to Remember

- Likely to give socially desired responses
- Use language at the interviewee's level.
- Be as concrete as possible
- **BE PATIENT**- the more time with the interviewee, the more likely you are to understand their speech.

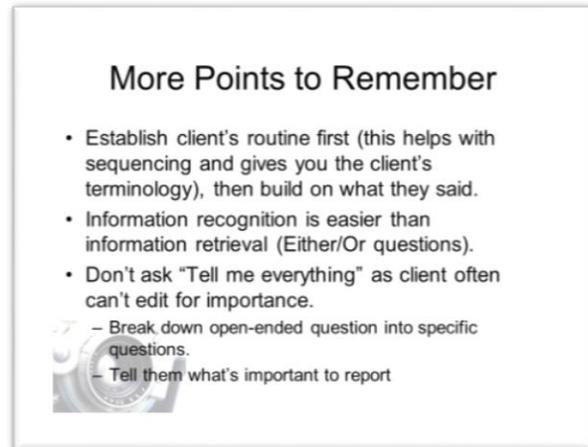


Individuals with severe disabilities are taught to “get along” with other people and respect those in authority, so they may change their responses if they think you don’t like their answer. Research suggests children with intellectual disabilities can be as accurate as individuals without disabilities, but are significantly more suggestible (Henry & Gudjonsson, 1999).

Logic suggests that these same results will apply to adults with intellectual disabilities so, avoid controversial punctuations such as “really” and “you don’t?” because they may be taken literally. And resist the temptation to fill in the blanks in their statements as they may agree with you even though your interpretation is not what they meant.

Generally, it’s safe to begin using language at a sixth grade level. Then, match your questions to the client’s answers. (If they answer with 2 or 3 word sentences, ask simpler questions). Avoid double negatives. Avoid pronouns. Use proper names for people, locations, and acts. And, avoid abstract concepts.

The more patient you can be, the more relaxed the client will be and the more you will be able to understand them.

Slide #68**Topic: More Points to Remember**

More Points to Remember

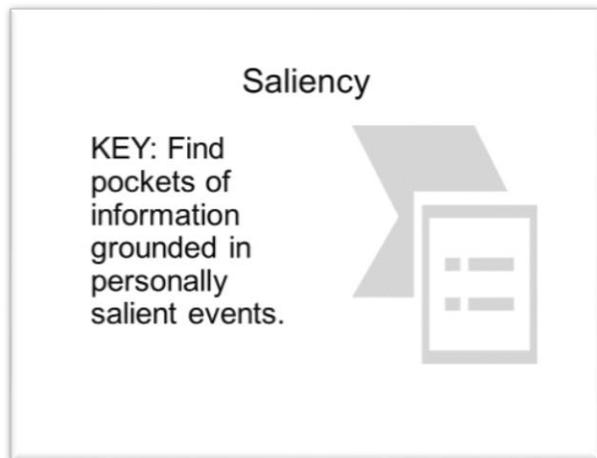
- Establish client's routine first (this helps with sequencing and gives you the client's terminology), then build on what they said.
- Information recognition is easier than information retrieval (Either/Or questions).
- Don't ask "Tell me everything" as client often can't edit for importance.
 - Break down open-ended question into specific questions.
 - Tell them what's important to report

Develop rapport with the individual by asking about their normal routine. This gives you activities and events on to which you can anchor your questions (e.g. Did Jim come to your house before you had lunch?) and help you to use the terms that the client uses.

Ask (non-leading) either/or questions as they will recognize the correct information even if they can't recall the information without help.

People with cognitive disabilities don't know what you think is important. So, break down open-ended question with specific questions or multiple choice or either/or questions. Instead of "What did you do at the sheltered workshop today?" ask "Which activity station were you working at today", "Who did you work next to today?", "I heard something happened on the bus on your way home. Can you tell me about that?"

Slide #69
Topic: Saliency



Saliency is the “emotional strength or pull” of an experience or information. It’s something that puts the individual on alert and has high personal relevance. And, it helps you remember things (good or bad). Being the victim of a crime is usually a salient event (unless it’s part of an on-going pattern of abuse). People remember more about what happened around the time of a crime then around the same time period the day before, right?

In determining the saliency of an experience you need to remember that events that we think of as ordinary may have greater saliency for individuals with intellectual disabilities. A trip out to eat or to the movies may be a significant event to them.

And, remember, what you think is relevant may not be relevant to the client. For example, we may find it relevant to know our address or location of our work, the movie theater, etc. for many individuals with intellectual disabilities, they are driven everywhere and do not need to know directions, addresses, or specific locations. Instead, ask them who lives in the house. They may know the name of their neighbor or that there is a store on the corner.

Another example: We think time is important but these individuals generally don’t tell time. However, they may be “walking TV guides” and be able to tell you whether something happened before or after their favorite TV show.

Teaching point: Remember to anchor your questions to salient events in the client’s experience.

WRAP-UP AND EVALUATIONS

Time allotted: 20 minutes

Slide #70

Topic: Conclusion

Conclusion: Your Two Lessons Learned

- Write down 2 key points that will help you in your daily work
- Share 1 of them



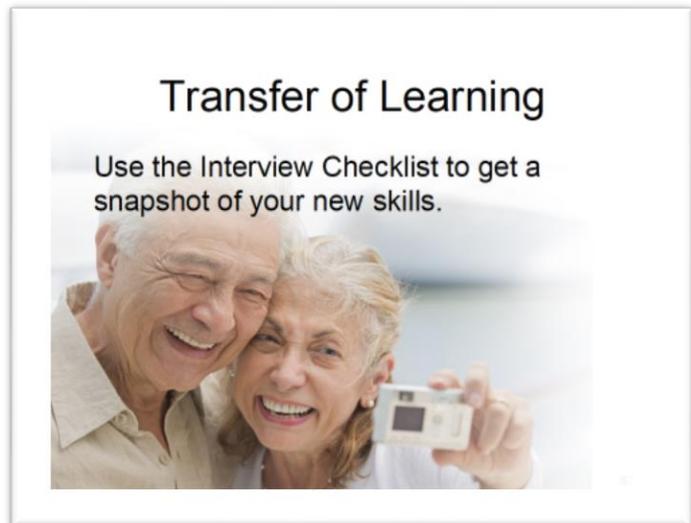
Remind participants that no matter whom they are interviewing, all individuals like being treated with respect and dignity and feel like they are being heard.

Ask if there are any questions?

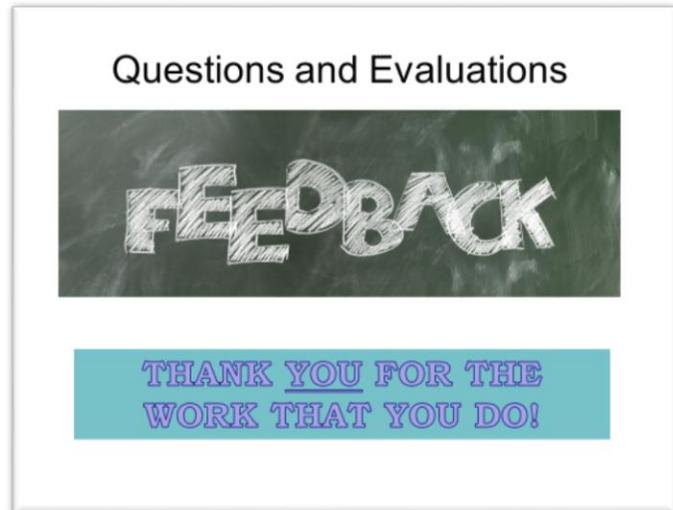
Ask participants to write in their manuals two key takeaways from today's training that they thought were the most beneficial and/or that they feel more comfortable with after today's training. **Inform** them they will be sharing at least one aloud with the group.

Allow participants to quickly share one of their takeaways.

Trainer Note: An optional video clip on validation is embedded in the picture on the screen. It's 16 min long, and can be shared while participants are writing their key takeaways or evaluations. If link doesn't work, type in <https://www.youtube.com/watch?v=Cbk980jV7Ao> in your browser. It's a fun way to look at how a person's demeanor can really change with a little validation, a key concept throughout this training. It's not suggested to show entire clip, especially if running behind in the day.

Slide #71**Topic: Transfer of Learning**

Introduce the Interview Checklist, located in the **Appendix- Transfer of Learning Tool** of their Participant Manuals as an opportunity for the participants to review what they have learned in this training and to practice those skills.

Slide #72**Topic: Questions and Evaluations**

Ask if there are any final questions from today's training.

Ask the participants to complete the training evaluation and then **dismiss** the class.

END OF WORKSHOP
Have a safe trip home.

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CalSWEC Competencies Addressed

In developing this training and curriculum revisions, care was taken to address some of the core curriculum competencies that have been identified by the California Social Work Education Center as pivotal to the development of strong social work skills for working with older adults and adults with disabilities. This training addresses the following CalSWEC core curriculum competencies:

Competency 2: CalSWEC Behaviors for Specialized Practice; Aging (AG2)

AG2.4- Develop and use practice methods that acknowledge, respect, and address how individual and cultural values, norms, and differences impact the various systems with which older adults interact, including but not limited to, families, communities, primary care systems, mental and behavioral health care systems, and integrated care systems.

Competency 6: CalSWEC Behaviors for Specialized Practice; Aging (AG2)

AG6.2- Effectively utilize interpersonal skills to engage older adults, their families, and other care providers in culturally responsive, consumer-driven, and trauma-informed integrated care that addresses mutually agreed upon service goals and balances needs for care, protection, autonomy, and independence.

AG6.4- Manage affective responses and exercise good judgement around engaging with resistance, trauma responses, and other potentially triggering situations with older adults, their families, and other care providers.

Competency 8: CalSWEC Behaviors for Specialized Practice; Aging (AG8)

AG8.1- In partnership with older adults and their families, develop appropriate intervention plans that reflect respect for autonomy and independence, as well as contemporary theories and models for interventions with older adults.

Plans should:

- Reflect cultural humility and acknowledgment of individualized needs;
- Incorporate consumer and family strengths;
- Utilize community resources and natural supports;
- Incorporate multidisciplinary team supports and interventions;
- Include non-pharmacological interventions; and
- Demonstrate knowledge of poly-pharmacy needs and issues specific to older adults.

Module 9- Professional Communication Transfer of Learning (TOL) Workbook *Created by Paul Needham, TSC Services*



This Transfer of Learning workbook contains two (2) activities that provide ways to support the transfer of learning from the training room to on the job. Ideally, this TOL workbook should be utilized within 45 days of the participant attending Module 9- Professional Communication, Instructor-Led Training.

Activity 1:

A quiz pulling from content in the training itself which can be done individually by the participant as a quick knowledge check or done with the supervisor and participant for further discussion. It contains two versions; the quiz and answer sheet.

Activity 2:

A three (3) part analysis where participants and supervisors will utilize the Professional Interview Checklist (included) from the Adult Protective Services Field Guide. The checklist itself is designed as a “Self-Rating Tool”, however will be used in in three (3) TOL segments to further examine what the participant themselves learned in training, as well as provide the supervisor an opportunity to see the progression of the APS professional.



Activity 1-Communication Quiz- Participant Copy

1. In order to save time and stay focused, leading/suggestive questions are the best to use when interviewing a person. T/F
2. The APS professional's reaction when responding to disclosure may assist or negate the interview. T/F
3. When an interviewer interrupts an interviewee, it demonstrates active listening. T/F
4. Showing empathy and compassion to the interviewee is another way of building a professional relationship with that person. T/F
5. Interrogation Technique (IT) is a useful tool to the APS professional and best used when confronting the alleged perpetrator. T/F
6. Interview Technique (IT) is the most useful tool when communicating with the client and the alleged perpetrator. T/F
7. Since APS are impartial finders of fact, cultural and gender considerations have no bearing on the interview and should not be of concern. T/F
8. Establishing rapport is a non-issue when interviewing the interviewee. T/F
9. When possible, using open-ended questions will provide the best interview with a client. T/F
10. It's best to use accusatory terms when interviewing the client. T/F
11. APS professionals should establish the client's behavior vs. behavior under stress. T/F
12. Interviewer should mirror the interviewee's posture, if possible, during the interview. T/F
13. As much as possible, interviewers should allow the interviewee to set the pace and control of the interview. T/F
14. It is never okay to summarize, for clarity, the statements of the person being interviewed. T/F
15. If the person being interviewed becomes silent, the interviewer should immediately move on to another topic. T/F
16. "Isn't it true...", is a form of leading question. T/F
17. "How can I help you?" is a form of an open-ended question. T/F
18. Motive does not matter to APS, just the facts of the situation. T/F
19. Once a disclosure has been made, it is okay to ask more focused questions specific to the situation. T/F
20. Often the best question is not a question but an imperative, e.g.: "Tell me more about that." T/F

Activity 1-Communication Quiz- Supervisor Copy

1. In order to save time and stay focused, leading/suggestive question are the best to use when interviewing a person. (False)
2. The APS professional's reaction when responding to disclosure may assist or negate the interview. (True).
3. When an interviewer interrupts an interviewee, it demonstrates active listening. (False)
4. Showing empathy and compassion to the interviewee is another way of building a professional relationship with that person. (True)
5. Interrogation Technique (IT) is a useful tool to the APS professional and best used when confronting the alleged perpetrator. (False)
6. Interview technique is the most useful tool when communicating with the client and the perpetrator. (True)
7. Since APS are impartial finders of fact, cultural and gender considerations have no bearing on the interview and should not be a concern. (False)
8. Establishing rapport is a non-issue when interviewing the client. (False)
9. When possible, using open-ended questions will provide the best interview with a client. (True)
10. It's best to use accusatory terms when interviewing the client. (False)
11. APS professionals should establish the client's behavior vs. behavior under stress. (True)
12. Interviewer should mirror the interviewee's posture, if possible, during the interview. (True)
13. As much as possible, interviewers should allow the interviewee to set the pace and control of the interview. (False).
14. It is never okay to summarize, for clarity, the statements of the person being interviewed. (False)
15. If the person being interviewed becomes silent, the interviewer should immediately move on to another topic. (False)
16. "Isn't it true...", is a form of leading question. (True)
17. "How can I help you?" is a form of an open-ended question.
18. Motive does not matter to APS, just the facts of the situation. (True)
19. Once a disclosure has been made, it is okay to ask more focused questions specific to the situation. (True).
20. Often the best question is not a question but an imperative, e.g.: "Tell me more about that." (True)

Activity 2- Home Visit Review



This TOL activity provides three (3) reviews and opportunity for self-reflection, peer review and supervision.

Peer Review:

After completing the Instructor-Led Professional Communication training, participant will have a co-worker (peer reviewer) shadow them on at least two (2) separate home visits of cases they are assigned to. The peer reviewer will use the Professional Interview Checklist within 24 hours after the shadowed visit. The peer should discuss the review with the participant and with the supervisor if desired to provide constructive feedback within 48 hours of the checklist being completed.

Self-Analysis:

After completing the Instructor-Led Professional Communication training, participant will use the Professional Interview Checklist on three (3) cases they personally took the lead on, or were assigned to investigate within 24 hours of the visit. The checklist will be used as a “self-analysis” after each visit. Within 48 hours of completing the checklist, schedule supervision and discuss the experience of self-analysis and areas to look for in which participant can improve. It’s suggested the self-analysis be completed AFTER peer review, to provide time for participant to incorporate feedback from the previous Peer Reviews.

Supervisor’s Review:

In this last and final stage, the supervisor will shadow the APS professional to the field on at least one (1) case and use the checklist as an informal evaluation of their progression in communication within 48 hours of the home visit.



*APS Field Guide can be found in its entirety at <https://theacademy.sdsu.edu/programs/master/field-guide-for-aps/>

PROFESSIONAL INTERVIEW CHECKLIST

Directions for the use of the checklist: This checklist is designed to use on yourself for an interview that you conduct. For each statement, rate yourself on the following scale:

0 = Did Not Attempt **1** = Attempted & Needs Improvement **2** = Adequate

Note: Some of the items in this list are present in more than one section because they apply to more than one activity. In some cases, you may need or want to repeat or emphasize the item by covering it more than once.

A: PREPARING FOR THE INTERVIEW

- _____ 1. Review the report.

- _____ 2. Check for previous APS history.

- _____ 3. Determine what information you need and who should be contacted.

- _____ 4. Determine what other agencies need to be involved.

- _____ 5. Determine what agency policies/procedures apply.

- _____ 6. Determine safety issues.

- _____ 7. Determine whether any accommodations are needed for the client's disability.

- _____ 8. Determine if a translator will be needed.

B: ESTABLISHING AND MAINTAINING RAPPORT

- _____ 1. Introduce yourself to the client and explain your helping role.

- _____ 2. Separate the client from the suspected abuser.

- _____ 3. Minimize noise- check for hearing (hearings aids w/working batteries?).

- _____ 4. Make sure the client is comfortable (i.e. not tired, thirsty, hot/cold, bathroom breaks, pain?).

- _____ 5. Give the client your full attention (ask if it is ok to take notes).

- _____ 6. Check-in on your own assumptions, fears, and stereotypes.

- _____ 7. Begin with non-emotional questions.

- _____ 8. Verify client's identifying information (name spelling, DOB, contact information).

- _____ 9. Find common ground with the client.

- _____ 10. Be patient and give the client time to answer questions.

- _____ 11. Refrain from being judgmental, discounting, morally outraged, etc.

- _____ 12. Be reassuring if the client is emotional.

- _____ 13. Accurately reflect the client's emotions.

- _____ 14. Acknowledge the client's anxiety and attempt to discern its cause.

C: BODY LANGUAGE OF THE INTERVIEWER

- _____ 1. Maintain eye contact (if culturally appropriate).
- _____ 2. Use a quiet, warm tone of voice.
- _____ 3. Lean forward and keep body position open.

D: FRAMING THE INTERVIEW PROCESS

- _____ 1. Explain your job as it relates to the interview.
- _____ 2. Ask the client to explain why they think you are visiting them.
- _____ 4. Explain what is going to happen during the interview, reassure him/her of your helpful intentions.
- _____ 5. Ask him/her to correct you if you misunderstand anything his/she says.
- _____ 6. Ask him/her to let you know if something is hard to talk about so that you can find an easier way to share it.

E: INVESTIGATIVE QUESTION STYLE AND USE OF LANGUAGE

- _____ 1. Begin the investigative portion of the interview with open-ended, general questions.
- _____ 2. Move into more focused open ended abuse questions as rapport is built.

- _____ 3. Use open-ended questions more than 50% of the time.
- _____ 4. Use invitational style questions (e.g. "Tell me more") to encourage responses.
- _____ 5. Use narrative cues (e.g. "Uh huh." "I see." "What else?") to keep the client talking.
- _____ 6. Avoid using leading questions.
- _____ 7. Avoid using multiple choice questions (unless the client is unable to verbalize answers).
- _____ 8. Avoid using yes/no and either/or questions (unless the client is unable to verbalize answers).
- _____ 9. Avoid using "tag" questions (e.g. "..., didn't you?").
- _____ 10. Don't repeat a question to try and get the "right" answer (coercive).
- _____ 11. Follow-up on abuse disclosures to "drill down" for more details after the client discloses abuse.
- _____ 12. Use open-ended questions to ask for the specifics of the abuse (who, what where, when and how).
- _____ 13. Don't ask the client to explain "why" the abuse occurred.

F: SPECIAL CONSIDERATIONS

- _____ 1. Identify barriers to communication and determine what adaptations can be made (e.g. translators, assistive devices, pace of the interview, etc.).

- _____ 2. Check the client's hearing and minimize noise/ provide assistance or assistive devices.

- _____ 3. Check the client's vision and make needed adjustments to the setting.

- _____ 4. Provide the client with breaks if he/she gets tired or needs the restroom.

- _____ 5. Keep tabs on the client's level of pain if pain is an issue.

- _____ 6. Be reassuring if the client has experienced trauma.

- _____ 7. Speak directly to the client, not the caregiver or translator.

- _____ 8. Consider how cultural differences may influence your communication with the client.

- _____ 9. Adapt your interview style to the functional level of the client. (Simpler language and more concrete questions).

- _____ 10. Anchor your questions in the salient events in the client's life.

G. COMMENTS ABOUT THE INTERVIEW PROCESS

Write your comments here: