Version 1

Transfer of Learning Guide

Risk Assessment in APS Cases

May 2019

**Risk assessments are a process and help APS professionals assess clients’ vulnerability and needs, develop and monitor care plans, and make decisions about how to use their time and resources.**

*-NAPSA Core Competency Module 18: Risk Assessment*

**How to Use:**

This Transfer of Learning Guide is designed as a companion to NAPSA Core Competency Module 18: Risk Assessment.

Designed as a user friendly chart, it provides APS professionals the opportunity to evaluate various risk factors and indicators, discuss the history and context of each factor, identify mitigating factors and create service plans.

The Risk Assessment Transfer of Learning Guide can be used in a variety of settings to include:

* Classroom Training with support from a facilitator
* Individual activity to guide assessing risk, with follow up discussion during supervision or peer support
* During supervision when coaching staff around the skill of risk assessment
* Unit Meeting as a group activity with guidance from a Supervisor or Lead Staff

This Risk Assessment Transfer of Learning Guide can be completed using the [Successful Initial Home Visit, self-neglect video](https://www.youtube.com/watch?v=RBCo4UBOliU&list=PLTkfyRcpER10MW7Qe40B8mJGXEcBCD719&index=1) and/or in the field with APS cases.

* **Please see page 2 for an example of how to use this guide to assess one risk factor using a short case vignette.**

The first section of this guide uses the video found at <https://theacademy.sdsu.edu/programs/apswi/apswi-videos/>.

The second section of this guide is designed as a template to use for actual cases.

**Learning Objectives:**

Use the Successful Initial Home Visit, self-neglect video or a case from the APS Professional’s caseload to do the following:

1. Identify risk factors and assess their level of urgency.
2. Provide a history and context of the risk factor(s)
3. Use the information from the Risk Assessment Chart to assess the overall level of risk and develop a service plan.

***Case Vignette example:*** APS received a report from Deonte Howard’s neighbor, Marcella Rodriquez, with concerns for self-neglect and possible eviction. During the initial home visit, the APS professional learned that Mr. Howard has recently been laid off and has been buying pain killers from a person at his men’s group, as he can no longer afford his prescription. He has very little savings and his bills are starting to pile up.

**Risk Assessment Chart Case Vignette Example**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Factors**  (Conditions which put a person at risk of harm) | **Risk Indicators**  (Observable signs that indicate that risk may be present) | **Global Assessment**  (History and context around this particular risk) | **factors that mitigate the risk**  (Client’s strengths, motivation, support network) | **Service Plan**  (Identify services that might be of help and follow up if connections were made.) |
| #1. Recently laid off   * Soon: Within the next 1-2 months, as client does not have a lot in savings. * Severe: Very severe; he is at risk of losing his electricity and possible eviction. * Sure: Very Sure; He doesn’t have any job interviews currently lined up.   Based on 3 S’s, the level of risk is: Low, Med, High? | Client stated he was worried about how he was going to pay his bills as he used his savings last year to help his son buy a house.  Client reported having an electricity bill due in 12 days and that rent is due in 15 days and he has enough money for ½ rent.  During the interview, APS professional saw the electricity bill that is due in 12 days. | Client has worked at company for 6 years, but has no pension with this company. He had savings from his previous work, but used it to help his son and daughter-in-law purchase a home, as they recently had twin babies. Client is 68 years old and does not have any leads currently on a new job. | Client has various job skills in accounting and administrative work.  He has a relationship with his son.  He wants to still work and is physically able to do so. | * Provide information on how to apply for low energy income assistance programs * Provide information on local food pantry programs in order to reduce spending in this area and provide more budget for rent * Per client’s permission, contact son to determine whether he is able to assist client financially * Discuss housing options, including moving in with son, renting a room or shared housing |

**Directions**: Using the [Successful Initial Home Visit, self-neglect video](https://www.youtube.com/watch?v=RBCo4UBOliU&list=PLTkfyRcpER10MW7Qe40B8mJGXEcBCD719&index=1), complete the Risk Assessment Chart based on your observations and the information provided in the video.

For each Risk Factor that you identify:

1. List the apparent risk next to the #.
   1. Circle or highlight whether you find that risk to be low, medium or high.
   2. Work through the 3 S’s by noting how **Soon** might the client be harmed, how **Severe** might they be harmed and how **Sure** are you that the harm will occur (i.e. the likelihood).
      1. Make sure to include why you believe that to be true.
2. Discuss any risk indicators.
3. Provide a global assessment of that particular risk.
4. Note any factors that may mitigate that risk.
5. Create a service plan for each risk.

**RISK ASSESSMENT CHART**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Factors**  (Conditions which put a person at risk of harm) | **Risk Indicators**  (Observable signs that indicate that risk may be present) | **Global Assessment**  (History and context around this particular risk) | **factors that mitigate the risk**  (Client’s strengths, motivation, support network) | **Service Plan**  (Identify services that might be of help and follow up if connections were made.) |
| #1.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| # 2.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #3.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #4.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #5.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |

**Directions**: Using a current case, complete the risk assessment chart based on your observations and the information gained during your investigation.

For each Risk Factor that you identify:

1. List the apparent risk next to the #.
   1. Circle or highlight whether you find that risk to be low, medium or high.
   2. Work through the 3 S’s by noting how **Soon** might the client be harmed, how **Severe** might they be harmed and how **Sure** are you that the harm will occur (i.e. the likelihood).
      1. Make sure to include why you believe that to be true.
2. Discuss any risk indicators.
3. Provide a global assessment of that particular risk.
4. Note any factors that may mitigate that risk.
5. Create a service plan for each risk.

**RISK ASSESSMENT CHART**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Risk Factors**  (Conditions which put a person at risk of harm) | **Risk Indicators**  (Observable signs that indicate that risk may be present) | **Global Assessment**  (History and context around this particular risk) | **factors that mitigate the risk**  (Client’s strengths, motivation, support network) | **Service Plan**  (Identify services that might be of help and follow up if connections were made.) |
| #1.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #2.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #3.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #4.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |
| #5.   * Soon * Severe * Sure   Based on 3 S’s, the level of risk is: Low, Med, High? |  |  |  |  |

This Transfer of Learning Guide was developed in collaboration with APSWI and the Southern California APS Curriculum Advisory Committee.