APS Supervisor Core: Supervising Complex Cases

Instructor Led Training (Virtual or In-person)

TRAINER MANUAL

The Academy for Professional Excellence is a project of the San Diego State University School of Social Work

Funding Sources

This training was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, 2022

Brenda Wilson-Codispoti

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Introduction

We are pleased to welcome you to **APS Supervisor Core: Supervising Complex Cases Trainer Manual**, developed by Adult Protective Services Workforce Innovations (APSWI), a program of the Academy for Professional Excellence under a grant from the 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 with the goal of revolutionizing the way people work to ensure the world is a healthier place. Our services integrate culturally responsive and recovery-oriented practices into our daily work to promote healing and healthy relationships. Providing around 70,000 learning experiences to health and human service professionals annually, the Academy provides a variety of workforce development solutions in Southern California and beyond. With five programs, three divisions and over 100 staff, the Academy's mission is to provide exceptional learning and development experiences for the transformation of individuals, organizations and communities.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services.

APSWI partners with state and national organizations and experts in the older adult and adults with disabilities professions to empower APS professionals and those they serve to live safely, peacefully and in a world that is free from abuse and neglect.

APSWI'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)
- California's Curriculum Advisory Committee (CAC)

Partner Organizations

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Academy for Professional Excellence

https://theacademy.sdsu.edu/programs/apswi/

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Academy for Professional Excellence

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https://napsa-now.org

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https://napsa-now.org

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California Dept. of Public Social Services

https://cdss.ca.gov/Adult-Protective-Service

Francisco Wong and Melinda Meeken, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association

https://cwda.org/about-cwda

Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division
Arizona Department of Economic Security, DAAS-Adult Protective Services
National Adult Protective Services Association

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Committees

National Adult Protective Services Association Education Committee
Supervisor Curriculum Advisory Committee

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How to Use This Manual

This curriculum was developed as a virtual 240-minute workshop using the Zoom platform, paying close attention to virtual training best practices. It can be tailored to a different virtual platform (WebEx, GoTo Training, etc.), if necessary. It may also be trained in-person by modifying activity and engagement prompts as necessary. When possible, virtual and in-person prompts are given.

- Actions which the trainer takes during the training are written in **bold**.
- When there are both Trainer and Moderator notes on same page, Trainer and Moderator is **underlined**.
- Expected time per slide is provided next to slide number and topic on each page.

Trainer Notes are written entirely in bold text box and are provided as helpful hints.

Moderator Notes are written entirely in bold text box and are provided as helpful hints.

Use of language: Throughout the manual, staff is used most often to describe supervisees or units/teams. The broader term APS Professional is also used to denote individual staff who may go by various titles. The term client is used most often to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, another term may be used.

He and she have 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.

Customizing the Power Point:
This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide.

Hide a slide instructions:

1. On the Slides tab in normal view, select the slide you want to hide.
2. On the Slide Show menu, click Hide Slide.

The slide number will have a line through it to show you have hidden it.

The course outline, provided in the next section of this manual, is the class schedule used for development of this curriculum. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

Trainer Guidelines

It is recommended that someone with APS supervisory experience facilitate this virtual workshop.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
  - A Moderator/Co-Host Tip sheet is on Page 84
- Test out the use of the breakout room feature prior to conducting this training.
- Log in at least 30 minutes prior to the training to ensure the virtual classroom is fully functioning and that you are comfortable navigating it.
- Your equipment and platform may dictate how you do some activities or discussion. There are times you may not be able to see everyone's faces, names or reactions (thumbs up, mute/unmute, etc.). There is a need for both verbal discussion and chat discussion. At such times, the moderator will fill a critical role monitoring those features you cannot. Practice during a run through how you will use the various functions for each section.
- The optimal size for this virtual training is 20-25 participants.

Teaching Strategies	The following instructional strategies are used: ○ Lecture segments ○ Interactive exercises (e.g., breakout groups, chat box discussion, polling activities) ○ Question/answer periods ○ PowerPoint Slides
Materials and Equipment	**The following materials are provided and/or recommended:** ○ Trainer Manual ○ Participant Manual (fillable PDF) ○ PowerPoint Slides ○ Headset with microphone ○ Computer

Virtual Training Tips

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

- Assume nothing.
- Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
- Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
- The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
- "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
- This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
- Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
- As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle

nonverbal skills we relied on the in-person training room do not translate well in the virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.

- Be mindful of your space.
- Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
  - It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.

Executive Summary

APS Supervisor Core: Supervising Complex Cases

APS supervisors face multiple challenges, managing multifaceted roles, and responsibilities that they carry out daily. One critical area of oversight is guiding staff with investigating, case planning, and navigating complex cases. The very definition of the word complex implies that the situation is complicated, intricate, involved, knotty meaning having confusing interrelated parts, it applies to what offers great difficulty in understanding, solving, or explaining. In this interactive training we will provide examples of complex cases and the role of the APS supervisor in providing oversight of these investigations. You will learn about tools, best practices, and strategies that you can share with your staff to guide and support them through the investigation process and that promote quality assurance, alignment with agency policy and procedures, and insure the well-being of the clients served in our communities.

Virtual Training:

- The following virtual instructional strategies are used throughout the course: short lectures (lecturettes), interactive activities/exercises including breakout groups, chat box discussions, large group discussions, self-reflection, poll options, and individual practice. PowerPoint slides and role playing/demonstrations are used to stimulate discussion and skill development.
- Participants will need access to a computer with video conferencing capability and be able to connect to the virtual platform being used to deliver this training. A headset or earbuds with microphone and a video camera are highly encouraged. Participant Manual is a fillable PDF if using Adobe Acrobat. Participants are encouraged to either print a hard copy or ensure access to Adobe Acrobat to allow for highlighting, typing in comments and filling out worksheets.
- **Course Requirements: None**
  Target Audience: This workshop is intended for new supervisors, APS Professionals that may be wanting to promote, or experienced staff who may require a refresher.

Outcome Objectives for Participants:

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

- Describe and provide examples of complex cases and role of the APS Supervisor with providing oversight of these challenging investigations.
- Explain the value of risk assessments and how risk assessments assist APS workers and supervisors with complex cases.

- Identify tools and strategies that APS supervisors can use to guide supervisory sessions with staff. APS supervisors will be able to train their staff on using the tools and strategies to develop their competencies to assess and analyze complex cases pre-initial 1st visit/contact (pre-case planning), during initial face to face visit, and post visit.
- Understand the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams to address complex APS cases.
- Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Course Outline

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, & COURSE OVERVIEW		20 minutes
Welcome, Housekeeping, Technology Overview, and Introductions	Lecture Slides 1-4	18 minutes
Learning Objectives	Lecture Slide 5	2 minutes
WHAT IS A COMPLEX CASE?		35 minutes
What is a Complex Case	Lecture and Break out Activity Slide 6	30 minutes
Examples of Complex Cases and Supervisor's Role	Lecture Slide 7-8	5 minutes
WHAT IS THE VALUE OF A RISK ASSESSMENT		15 minutes
What is a Risk Assessment	Lecture Slide 9	2 minutes
Why do a Risk Assessment	Lecture Slide 10	2 minutes
Do Risk Assessments help APS Professionals	Lecture Slide 11	5 minutes
How do Risk Assessments assist APS Professionals	Lecture Slide 12	3 minutes
How do Risk Assessments assist APS Supervisors	Lecture Slide 13	3 minutes
BREAK		10 minutes
RISK ASSESSMENT TOOLS AND STRATEGIES		65 minutes
The 3 S's of Risk Assessment	Lecture Slide 14	2 minutes

Handout # 1 The 3 S’s Risk assessment tool	Lecture Slides 15-16	5 minutes
Ready-Set-Go! 5 Minute Coaching Questions	Slides 17-18	3 minutes
Case Planning with Voluntary Clients	Lecture Slide 19	5 minutes
Case Planning with Involuntary Clients	Lecture Slide 20	5 minutes
Considerations for Voluntary vs. Involuntary Clients	Lecture Slide 21	3 minutes
Phases of Risk Assessment	Slide 22	35 minutes
Break Out Group Activity # 2	Group Activity #2 Slide 24	11 minutes
Phases of Risk Assessment	Lecture Slide 27-28	3 minutes
Risk Factors vs. Risk indicators	Lecture Slide 29	7 minutes
What are the 5 Domains of Risk	Lecture Slide 30	2 minutes
Victim-Related Risk Factors	Lecture Slide 31	2 minutes
Perpetrator-Related Risk Factors	Lecture Slide 32	2 minutes
Types of Risk Indicators	Lecture Slide 33	2 minutes
Assessing in 5 Domains	Lecture Slide 34	2 minutes
Signs of Medical Emergencies	Handout Slide 35	1 minutes
Activity # 3 Using the 3 S’s of Risk and 5 Domains Assessment	Group Discussion Activity Slide 36	30 minutes
Service Plans	Lecture Slide 37	3 minutes
BREAK		10 minutes
COLLABORATION AND MDTS		50 minutes
What is a Multidisciplinary Team	Lecture Slide 38	5 minutes

Examples of MDTs	Lecture Slide 39	3 minutes
Informal Supports and Community Providers	Lecture Slide 40	5 minutes
CASE CLOSURE AND QUALITY ASSURANCE		10 minutes
Planning for Case Closure	Lecture Slides 41-42	3 minutes
Reassessments and Case Closure	Slide 43	2 minutes
Transfer of Learning	Slide 44	5 minutes

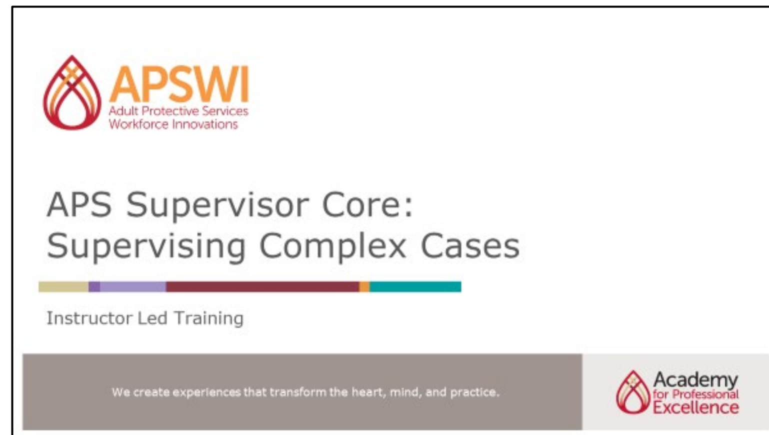
Welcome, Introductions and Course Overview

Time Allotted: 20 minutes

Associated Objective(s): NA

Method: Lecture

Slide #1: APS Supervisor Core: Supervising Complex Cases



Allow for a few minutes for participants to settle in.

Chat Box:

Ask participants to type in their names, titles, and counties (or APS programs) for attendance purposes

Introduce yourself and briefly highlight your interest in this topic and relevant experience with the subject.

Introduce moderator(s) or **ask** moderator(s) to introduce themselves.

- **Describe** moderator's role—monitor the chat box, assign breakout rooms, handle any administrative issues, etc.

Highlight information from chat box such as number of counties participating.

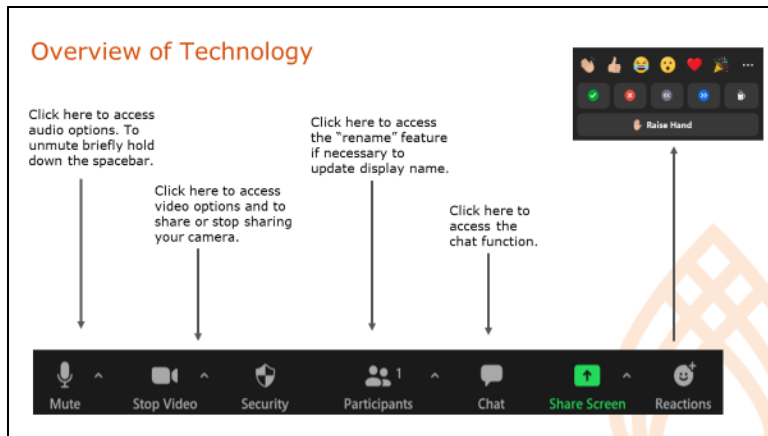
Slide #2:About the Academy and APSWI

Explain that the Academy for Professional Excellence is a project of San Diego State School of Social Work. Its mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities.

Explain that Adult Protective Services Workforce Innovations (APSWI) provides innovative workforce development to APS professionals and their partners. APSWI is a program of the Academy for Professional Excellence along with others listed on the slide.

Slide #3: Overview of Technology

<u>**Trainer/Moderator**</u> **Note: If participants are equally comfortable with the virtual platform you are using, this slide might not be needed. However, it provides participants an opportunity to get involved right away and establishes that the Moderator is a key partner in this training (if available).**



Content (Normal heading, 12 pt Verdana font)

Explain: Many of you are pros at navigating through a virtual learning course like this one, while this may be less familiar for some. Therefore, we will review the various functions we will use during this course.

Video Camera: when you find, turn off/on.

Mute: Everyone locate it, mute and unmute yourself. While you are listening or others are speaking, please mute yourself. Unmute if you are about to speak or while in break-out rooms.

Chat box: **Ask** participants to type "Got it" once they've located the chat box.

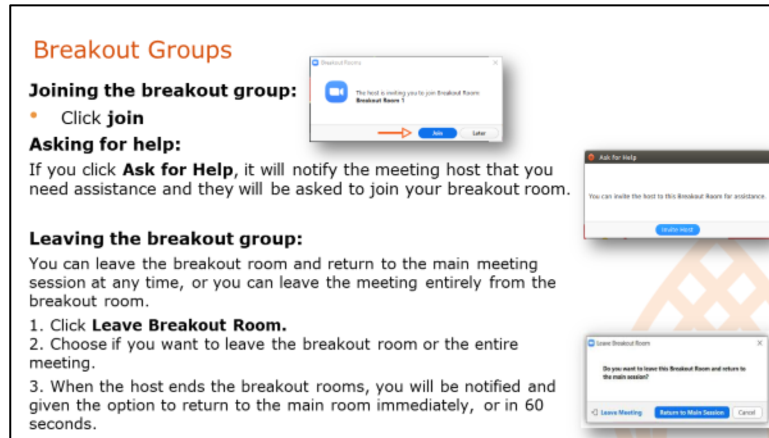
Hand clap/thumbs up: Ask participants to press the hand clap icon or give thumbs up when you've found it. There are other icons in the same area.

- <u>**Explain** that you will ask participants to use any of these reactions in place of the raising hand feature as participants cannot see all see the raise hand feature. You may need to remind them of this a few times.</u>

Icons to facilitator: Raise hand, slow down, need a break, stepping away. **Remind** participants they are expected to attend the entire course, but if they need to leave, they should type BRB (be right back) in chat box and then "I'm back" on return.

<u>**Trainer/ Moderator**</u> **Note: In Zoom, certain icons are only visible to the Host/Co-Host of Zoom, not the participants. If no Moderator is available, these will be very hard to keep track of, so encourage participants to give a different reaction like clap, thumbs up or heart to get your attention.**

Slide #4: Breakout Groups



Moderator to provide overview of breakout rooms that will be used throughout the training and then pass it to trainer.

Slide #5: Learning Objectives

Learning Objectives

After completing this course, you will be able to:

1. Describe and provide examples of complex cases and role of the APS Supervisor.
2. Explain the value of risk assessments and how risk assessments assist APS professionals and supervisors with complex cases.
3. Identify tools and strategies that APS Supervisors can use to guide supervisory sessions with their staff.
4. Explain the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams.
5. Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Trainer: Review and paraphrase the points on the slide**.**

- Describe and provide examples of complex cases and role of the APS Supervisor.
- Explain the value of risk assessments and how risk assessments assist APS professionals and supervisors with complex cases.
- Identify tools and strategies that APS supervisors can use to guide supervisory sessions with their staff.
- Explain the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams.
- Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Highlight that this course is interactive and uses various technology tools to stimulate thinking and discussion. The course is also practical and gives you the opportunity to practice developing skills and asking question.

What Is A Complex Case?

Time Allotted: 35 minutes

Associated Objective(s): 1. Describe and provide examples of complex cases and the role of the APS Supervisor.

Method: Small group discussion, large group discussion & lecture

Slide #6: What is a Complex Case?

Virtual Delivery Tip: Trainer may want to have break out groups assigned in advance. Optimal size is no more than 4-5 participants assigned to a breakout group.

Complex APS Cases

What is a complex case?

- Think about an APS case that was challenging
- What made it difficult?
- How did it differ from other investigations?
- What type of abuse did it involve
- What was your role as the APS Supervisor with supervising this case or other complex cases?

Trainer: Explains to participants that in a moment they will be discussing in their breakout group (virtual) or at their table (in-person) what a complex APS is?

Participants will be asked to think about an APS case that your staff was assigned or that you had that was challenging. What made it difficult and how did it differ from other types of investigations? Also, what type of abuse did it involve? What was your role as the APS Supervisor with supervising this case or other complex cases?

Participants will have 15 min for the activity. Facilitator will assign a spokesperson to each small group who will be the group's scribe and report back to the large group when reconvened.

<u>Virtual Platform</u>

<u>Trainer or Moderator</u> can broadcast messages through the virtual platform (ex. 2 minutes left, etc.).

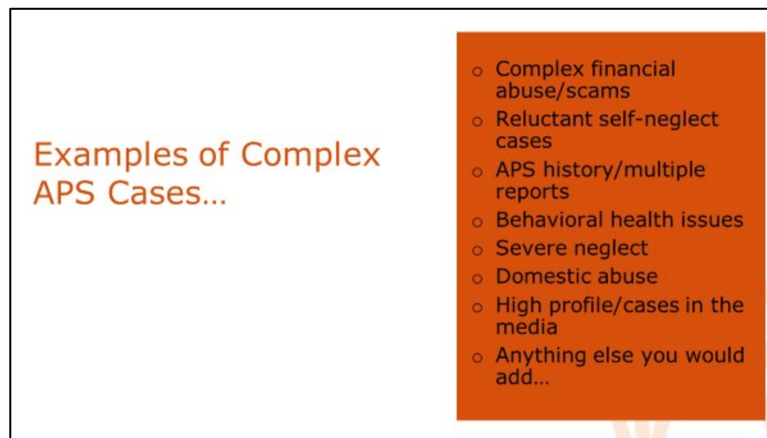
Welcome everybody back after 15 minutes.

Ask for a few spokespersons to respond. Allow 10 minutes for Debrief

Virtual environment: participants can respond by utilizing the chat box, or by taking themselves off mute.

Trainer: Summarize participants' responses and validates/discusses that their group discussions reinforce the purpose of the training stated in the learning objectives.

Slide #7: Examples of Complex APS Cases



Trainer: Let's compare your responses with some of the responses on the slide regarding complex cases. Complex cases can involve financial abuse/scams, sexual abuse, reluctant self-neglect, behavioral health concerns, cognitive impairment, high profile/media cases rising to a high level, cases with extensive APS history or that involve multiple reports, severe neglect, and domestic abuse.

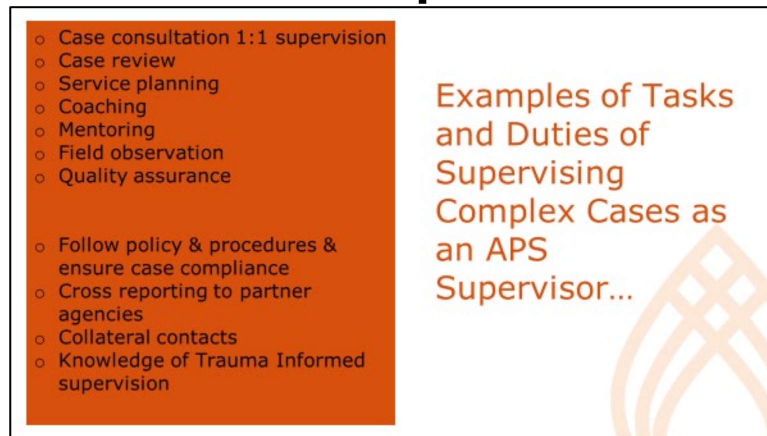
As APS supervisors you face multiple challenges with managing multifaceted roles and responsibilities that you carry out on a daily basis. One critical area of oversight is guiding staff with investigating, case planning, and navigating complex cases.

The very definition of the word complex implies the situation is complicated, intricate, involved, and knotty. Meaning having confusing interrelated parts, it applies to what offers great difficulty in understanding, solving, or explaining. One can have a very negative, visceral reaction just hearing the word, "complex".

There are however strategies that we can apply to these cases to "tease out the knots" and help staff use tools and best guidelines to assess and mitigate risks during the pre-initial visit phase, during the initial face to face visit phase, post case planning phase, and case closure. In today's training you will learn about the tools, best practices, and strategies that you can share with your staff to guide and support them through the investigation process and that promote quality assurance, alignment with agency policy and procedures, and ensure the well-being of the clients served in our communities.

Now that we have a sense of what is meant by a complex case, we can now explore how we can assess these cases and develop intervention strategies that minimize risk and promote safety.

Slide #8: Examples of Tasks and Duties of Supervising Complex Cases as an APS Supervisor



Trainer: Let's compare your responses about supervising complex cases as an APS supervisor. As an APS supervisor providing oversight on a complex case there is often case consultation that is happening more frequently outside of routine supervision such as Ad hoc supervision or supervision on the fly due to case complexities. Other tasks include in-depth case review, service plans, coaching, mentoring, accompanying The APS Professional on a field visit. Supervisors are responsible for the quality of staff's work, ensuring findings are consistent with the facts of the case and that the investigation followed the policy and procedures of the program. Also ensuring the casework was conducted in an ethical manner and appropriate referrals and cross-reports are made to partner agencies. You as the supervisor may also be contacted frequently by collateral contacts such as family members, alleged abusers, and other community providers who may also be involved or have a concurrent open case.

Lastly, having knowledge of trauma informed supervision. Understanding that APS casework and especially complex cases can expose staff and supervisors to human suffering and other traumatizing situations. Exposure to the suffering of others, especially when in a position as an APS professional that has a duty to assist can result in compassion fatigue which can result in trauma symptoms such as sleep disturbances or an inability to stop reliving distressing events. APS supervisors are often the first line of defense in responding to worker trauma. This can look like managing workflow and monitoring staff's exposure to trauma, limiting exposure to highly distressing situations, and debriefing and advocating for workers that have been trauma exposed.

There are several resources that you will find on this topic in your Participant Guide.

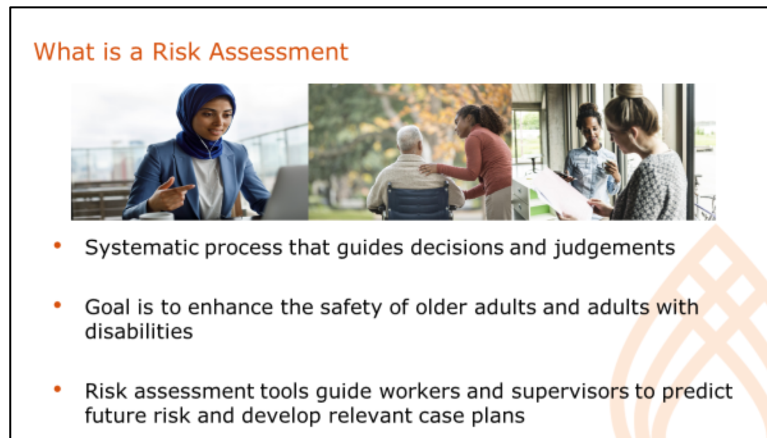
What Is The Value Of A Risk Assessment

Time Allotted: 15 minutes

Associated Objective(s): 2. Explain the value of risk assessments and how risk assessments assist APS professionals and supervisors with complex cases.

Method: Lecture and large group discussion

Slide#9: What is a Risk Assessment?



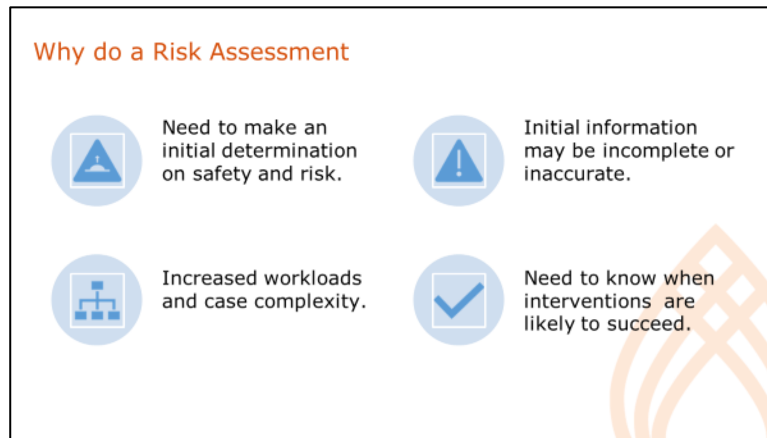
Trainer: The following information about Risk Assessment comes from Module 18 Risk Assessment from APSWI Core competencies for APS professionals.

Risk assessment is a systematic process that guides decisions and judgments. The goal is to enhance the safety of adults who are vulnerable by providing guidance to individual workers, supervisors, and managers.

Risk and safety assessments represent a merging of 1) what workers discover as they conduct investigations and 2) what researchers and other practitioners have learned through studies, surveys, and practice.

Risk assessment tools guide workers and supervisors through investigations by making sure they collect the information that's needed to predict future risk. The tools can also help workers and supervisors analyze and interpret that information and use it to develop relevant case plans.

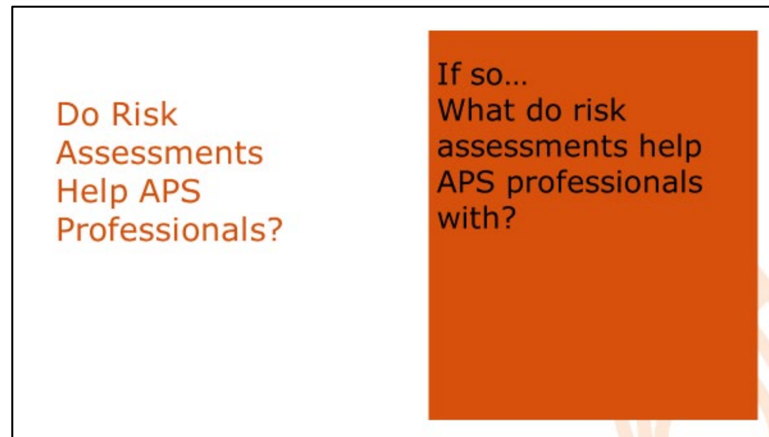
Slide#10: Why Do a Risk Assessment?



Trainer: APS staff are responsible for making determinations of clients' safety and risk.

These determinations can be challenging due to many factors: Initial information provided at intake may be incomplete or inaccurate and situations aren't always what they seem to be initially. Victims may deny that they've been abused or are at risk. Some downplay what has happened, while others overstate it. APS professionals are dealing with increased workloads and increased case complexity and focus on clients with the most pressing need is important. APS professionals need to consider the chances they'll be able to improve a client's safety, security, and quality of life. The consequences of wrong decisions may be high and as an APS Supervisor you are responsible for the quality of your staff's case work. It's not surprising that APS professionals have identified assessment as one of the most difficult aspects of their work. That said, risk assessments can assist staff and supervisors in better serving clients by helping to manage and focus efforts and activities on cases that are more complex and posing a greater threat to an individual's safety.

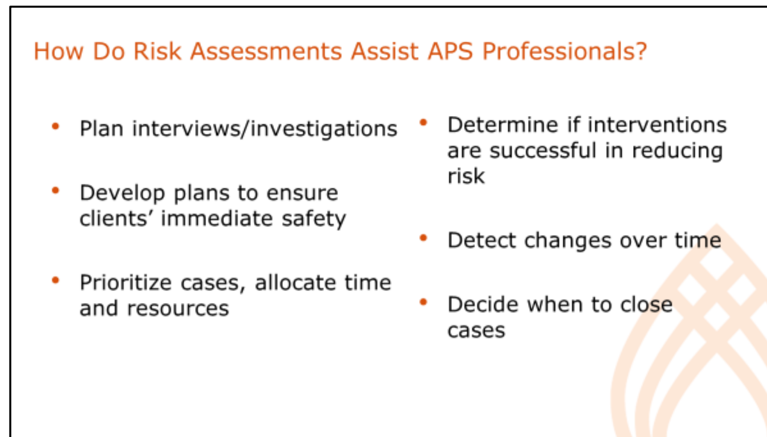
Slide#11: Do Risk Assessments Help APS Professionals?



Trainer: Ask participants if they think risk assessments help their staff's work and if so what does it help with? Participants can type in chat or unmute themselves and share if done virtually.

Summarize participant responses. After discussion, show the bullet points listed on the next slide.

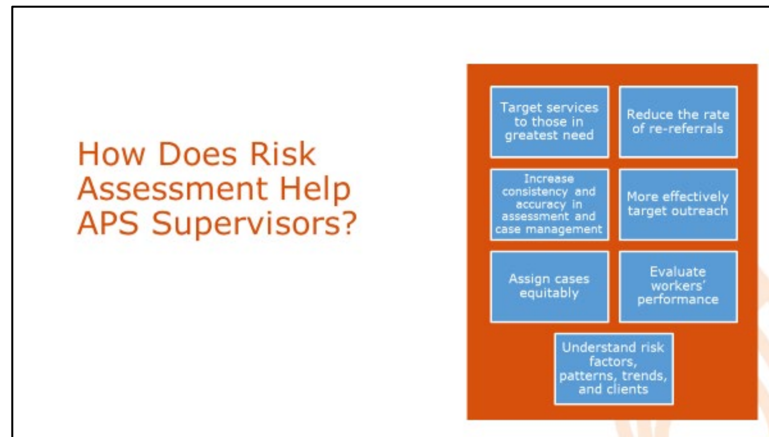
Slide #12: How Do Risk Assessments Assist APS Professionals?



Trainer: Let's compare your responses with some of the responses on the slide.

Risk assessments helps APS Professionals plan interviews/investigations, develop plans to ensure clients' immediate safety and reduce future potential risk pre-initial first face to face visit, during initial visit, and post initial face to face visit. It helps the worker think critically about information they need to gather and collateral persons that they want to interview to determine how safe the client is in their current situation. Risk assessments help staff and supervisors prioritize cases and allocate time and resources for cases posing a greater threat. It helps to detect changes over time and to determine if interventions are successful in reducing risk. By conducting risk assessments APS professionals and supervisors can also make decisions about when to close cases. Risk assessments help APS professionals assess their client's vulnerability and needs, develop, and monitor case plans, and make decisions about how to use their time and resources

Slide #13: How Does Risk Assessment Help APS Supervisors?



Trainer: Conducting risk assessments during the intake process or post initial face to face visit allows supervisors to determine the level of threat posed to the client, prioritize cases, and allocate services to those in greatest need.

By using a risk assessment tool cases can be more deeply analyzed for safety which can reduce the rate of re-referrals.

By conducting a global assessment of all of the risk factors and indicators occurring on the case it allows for increased consistency and accuracy in assessment and case management

The use of a risk assessment tool allows the worker to more effectively target areas of the client's life necessitating the greatest need for intervention.

It also allows the supervisor to assign cases more equitably that require more time. It can assist the supervisor with evaluating a worker's performance and how thoroughly they are conducting their case investigations

It helps supervisors build currency and knowledge of risk factors, patterns, trends, and clients.

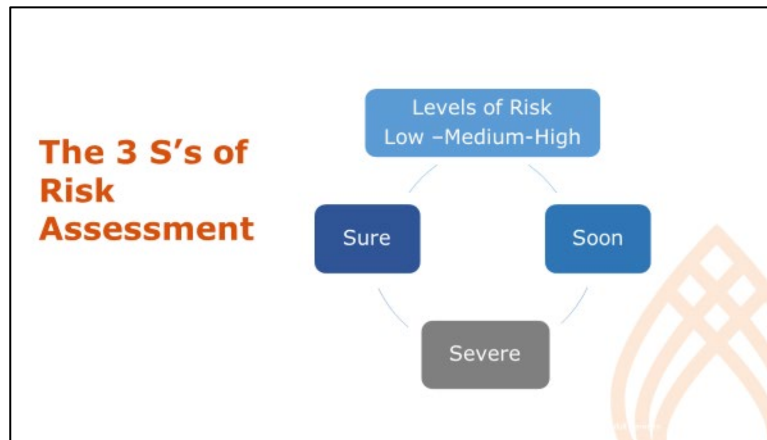
Risk Assessment Tools And Strategies

Time Allotted: 65 minutes

Associated Objective(s): 3. Identify tools and strategies that APS supervisors can use to guide supervisory sessions with their staff.

Method: Lecture, small group activity, & large group discussion

Slide #14: The 3 S's of Risk Assessment



Trainer: Refers participants to Handout # 1 of the Participants Guide to the 3 S's of Risk Assessment Tool (on page 19-20 in participant manual). **The 3 S's of Risk Assessment** tool are questions to ask your staff in pre-planning conference prior to staff's 1st initial visit based on APS report received. We will do a group activity together to walk you through how to use this tool. This tool can be used with your staff to assess risk prior to the first initial visit, post/following initial visit/on-going face to face contact for case planning, and also prior to case closure.

Questions in the assessment include:

How Soon might the client be harmed?

How Severe might the harm be?

How Sure are you that the harm will occur? (this can also be thought of in terms of likelihood) We will practice and discuss together using the 3 S's of Risk Assessment tool with the case scenario which is located in the participant manual in just a few minutes.

Slide #15: The 3 S’s of Risk Assessment Tool (Handout #1, Page #1)

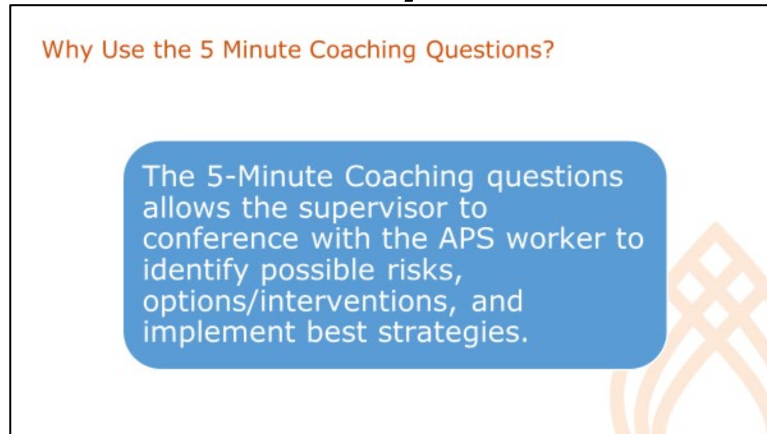
Trainer: The 3 S’s of Risk Assessment Handout in the **Participant Manual on page 23 and 50**, and once again on page 46 for Break Out Group Activity #3: 3 S’s of Risk & 5 Domains Assessment.

Trainer goes over the instructions and how to use the 3 S’s of Risk Assessment.

Slide #16: The 3 S's of Risk Assessment Tool (Handout #1, Page #2-3)

The 3 S's of Risk Assessment tool **is on page ## of the Participant Manual**, and once again on page 46 for Break Out Group Activity #3: 3 S's of Risk & 5 Domains Assessment.

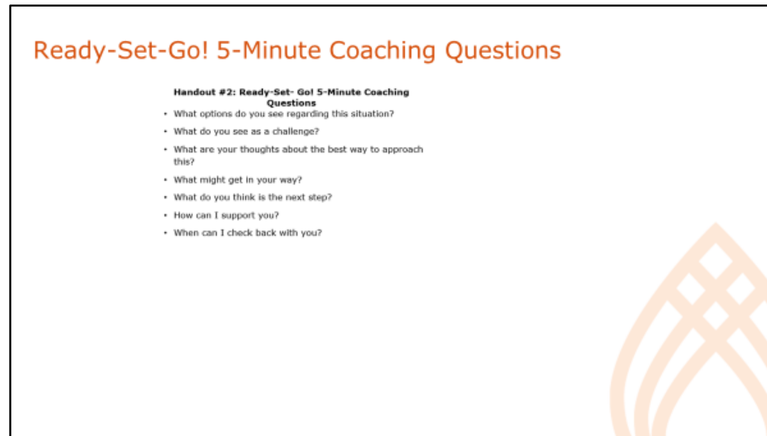
Slide #17: What are the Ready-Set-Go! 5 Minute Coaching Questions and Why Use Them?



Trainer: In addition, to the 3 S's of Risk tool, we'll be incorporating a list of **Ready-Set-Go! 5- minute Coaching Questions** in the next group activity**.** The Ready-Set-Go! 5-Minute Coaching Questions was part of the curriculum from Supervisor Core Module 3 Coaching for APS Supervisors.

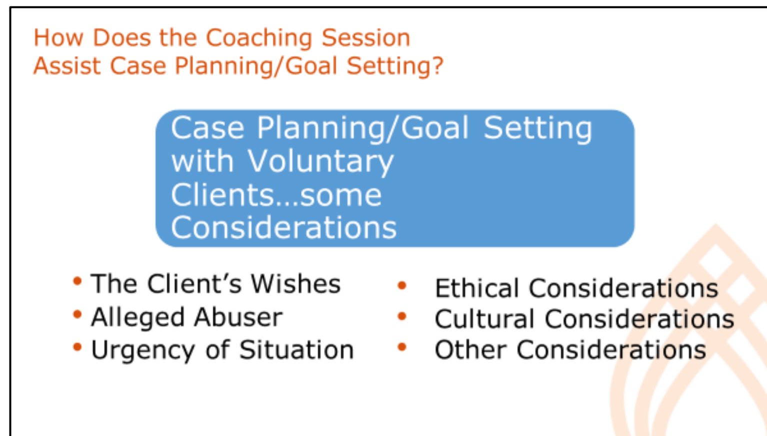
The 5-Minute Coaching questions incorporate the 3 S's Risk Assessment to support the APS professional with thinking more critically about the case, taking an even deeper dive to work with their supervisor to identify possible risks, options/interventions, and implement best strategies that can lead to successful case planning and goal setting.

Slide #18: What are the Ready-Set-Go! 5 Minute Coaching Questions (Handout #2 in the Participant Guide)



Trainer: Ready-Set-Go Handout can be found on page 26 of the Participant Guide

Slide #19: Case Planning/Goal Setting with Voluntary Clients

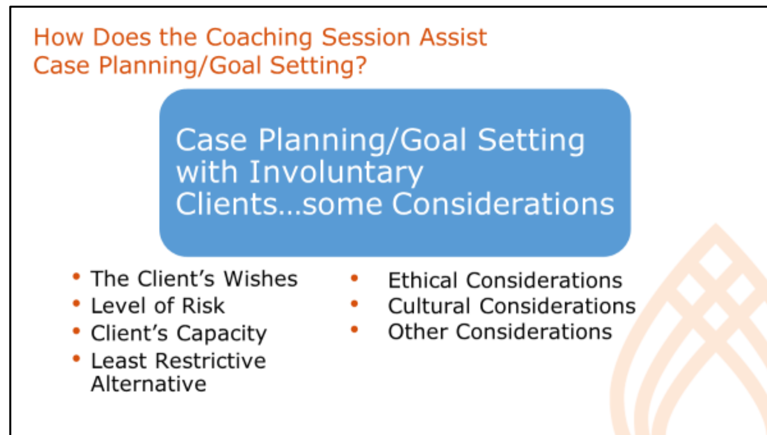


Trainer: Here are some considerations for Case Planning/Goal Setting with Voluntary Clients.

- The client's wishes
- The alleged abuser
- The urgency of the situation
- The ethical considerations
- The cultural considerations

Trainer: Asks participants to type in the chat or unmute themselves regarding other considerations that want to add.

Slide #20: Case Planning/Goal Setting with Involuntary Clients



Trainer: Here are some considerations for Case Planning/Goal Setting with Involuntary Clients

- The client's wishes
- The level of risk
- The client's capacity
- The least restrictive alternative
- The ethical considerations
- The cultural considerations

Trainer: Asks participants to type in the chat or unmute themselves and share their thoughts about why case planning and goal setting is different with voluntary clients vs. involuntary clients.

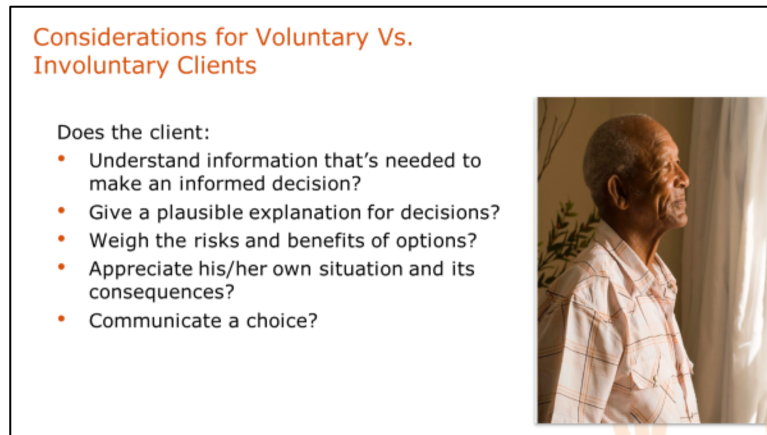
A primary consideration in developing service plans is whether victims are capable of giving (or refusing to give) consent. These are some of the factors we look for:

Does the client:

- Understand information that's needed to make an informed decision?
- Give a plausible explanation for decisions?
- Weigh the risks and benefits of options?
- Appreciate his/her own situation and its consequences?
- Communicate a choice?

Trainer: Summarizes and validates participant's responses

Slide #21: Considerations For Voluntary vs. Involuntary Clients



Trainer: A primary consideration in a developing service plan is whether clients are capable of giving (or refusing to give) consent. Clients without capacity are at a much higher risk of threat to their safety as they are unable to make informed decisions or advocate on their own behalf to minimize risk.

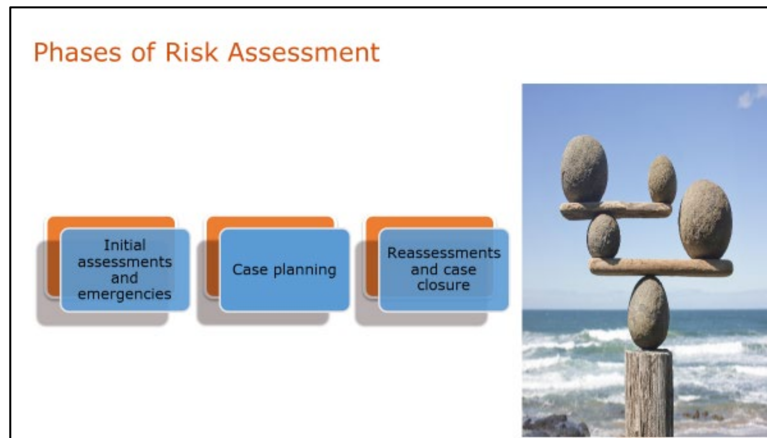
Some of the factors we want APS professionals to look for as follows:

Does the client:

- Understand information that's needed to make an informed decision?
- Does the client give a plausible explanation for their decisions?
- Are they able to weigh the risks and benefits of options?
- Appreciate their own situation and its consequences?

Communicate a choice?

Slide #23: Phases of Risk Assessment



Facilitator Says:

Now that we learned about the 3 S's of Risk and also discussed case planning with involuntary and voluntary clients– let's look at the 3 Phases of Risk Assessment and the type of evaluation that your staff can conduct in each phase of the process. We will begin by discussing the Initial Assessment and Emergency (Phase 1). Then we will participate in a group activity. During the group activity, you will read an APS Case scenario report and do case planning during that Initial and Emergency Phase (Phase 1) which is prior to the initial 1st face to face visit the APS professional has with their client. Following the group activity, we will then go on to explore Phase 2 and Phase 3 of Risk Assessment, Case Planning, and Reassessment, and Case Closure.

- The following information about the 3 Phases of Risk comes from Module 18 Risk Assessment from APSWI core competencies for APS social workers. The facilitator refers participants to **the 3 Phase of Risk Handout # 1** in their Participant's Manual (page 23 and 50 in participant manual).

Slide #23: Phases of Risk Assessment- Phase 1

Phases of Risk Assessment

Phase 1: Initial Assessment and Emergencies

Helps workers decide:

- Whether/how quickly to investigate
- Immediate danger? (**soon**)
- Consequences if delayed? (**severe**)
- Why is the reporter calling now?
- Is client able to understand/make decisions?
- What is at risk?
- What, if any, immediate measures are needed?
- What is the likelihood that they will be harmed without intervention? (**sure**)

Trainer: Phase 1: Initial Assessment and Emergencies

Phase 1 helps staff decide:

- Whether to investigate a report - Does the situation meet the criteria of a client being at risk?
- How quickly an investigation should be initiated - Do you need to go out immediately?
- Are older/or adults with disabilities adults in immediate danger - e.g. Are they alone and unable to manage? How soon might they come to harm?
- Why are they calling now? Did something just happen?
- Does the client understand what's going on? Is the client's cognitive status affected to the point they do not understand they are at risk?
- Is the client capable of making decisions?
- What's at risk (life, health, property)?
- What are the consequences of delay? How severe might the harm be?
- What emergency or protective measures and services are needed?
- What is the likelihood (or how sure are you) that they will be harmed without intervention?

Phase 1: Initial Assessments and Emergencies

Initial assessments may begin as early as the initial call as APS professionals and supervisors determine whether to investigate, how quickly, if the person is in immediate danger, and why they (or someone else) is/are calling now. In the early stages of risk assessment, staff and supervisors are concerned with clients' immediate safety.

Slide #24: Breakout Group Activity # 2

<u>Trainer Moderator note:</u> Creates breakout rooms with 4-5 participants in each room. The trainer assigns a scribe/spokesperson to represent their group in the large group discussion.

Break out Group Activity:

- Read the case scenario Handout #3 Mrs. Anderson.
- Create responses using Handout #1 (3 S's of Risk Assessment), identifying **one risk factor.**
- Then identify a few of the Ready-Set-Go questions that you would use with your staff and/or other open-ended questions, or comments to assist the APS professional with critically thinking, exploring case concerns, and engaging in case planning.
- Participants will be given 15 minutes for the activity in the break-out groups

Trainer: Break out Group Exercise

Materials needed for this Group Activity:

Handout#3 (case scenario of Mrs. Anderson) on page 23 in the participant manual

Handout#1 (3-S's of Risk Assessment) on page 24 in the participant manual

Handout#2 (5-Minute Coaching Questions) on page 26 in the participant manual.

Trainer/Moderator: Form groups of 4-5 participants in person or virtually. Assign a scribe/spokesperson.

Participants will do the following:

1. Read the case scenario of Mrs. Anderson Handout.
2. Create responses using Handout #1 (3 S's of Risk Assessment), identifying **one risk factor**.
3. In your group decide what "Ready-Set-Go! 5-Minute Coaching Questions" that you would use with the assigned staff and/or other open-ended questions, or comments to assist the APS professional with critically thinking, exploring case concerns, and engaging in case planning with the APS Professional.

Trainer Instructions: Participants will be given 15 minutes to do group activity.

This will include reading the **case scenario**, drafting their responses to the **3 S's of Risk Assessment** *identifying one risk factor*, and then identify what **5-Minute Coaching Questions or other open-ended questions the group would use** to conduct a case consult. The trainer or moderator should tell the group participants will be given a 2-minute reminder by the moderator prior to the end of the break-out session.

Continued

Trainer will allow 10 minutes for a large group discussion. If delivering virtually, participants can either unmute themselves to speak or use the chat box.

Trainer- suggestions for debrief questions:

- What was the Risk Factor your group identified
- What did you identify as the risk indicators, the global assessment, risk mitigating factors, and what would be included in the service plan
- What 5-minute coaching questions or other questions/comments would you use when consulting with staff
- Additional thoughts about this activity?

Handout# 3: Case Scenario Mrs. Anderson

You have received a report on a Monday morning that Mrs. Anderson has not been seen by her neighbor for the last three weeks since coming home from the hospital after a stroke or heart attack (she was not sure which). Mrs. Anderson's daughter's car had been in the driveway until last Friday when the daughter left Mrs. Anderson alone and she has been gone all weekend. The daughter's name is Jenna and she lives about 20 miles away. There is also a son, Paul, but the neighbor didn't have any contact information for him. The neighbor believes that Mrs. Anderson has been home alone since last Friday. The neighbor doesn't know whether or not Mrs. Anderson can provide for her own care. The neighbor did see Mrs. Anderson walk into the home when she returned from the hospital so she knows that Mrs. Anderson can ambulate on her own. The neighbor has no other information about Mrs. Anderson's current condition.

Ask yourself:

- Does APS investigate the report? Does the situation meet the criteria of a client being at risk?
- How quickly should your investigation be initiated? Do you need a worker to go out immediately?
- Is Mrs. Anderson in immediate danger? How soon might she come to harm?
- Why is the neighbor calling now? Did something just happen?
- Does the client understand what's going on? Is the client's cognitive status affected to the point they do not understand they are at risk?
- Is the client capable of making decisions?
- What's at risk (life, health, property)?
- What are the consequences of delay? How severe might the harm be?
- What emergency or protective measures and services are needed?
- What is the likelihood (or how sure are you) that Mrs. Anderson will be harmed without intervention?

What other collaterals might the worker need to gather information on and speak with (i.e. primary care physician, hospital)

Handout #1: The 3 S's of Risk Assessment Tool

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 #.
    a. Circle or highlight whether you find that risk to be low, medium or high.
    b. 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).
        i. 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 the 3 S's, the level of risk is: Low, Med, or High?				

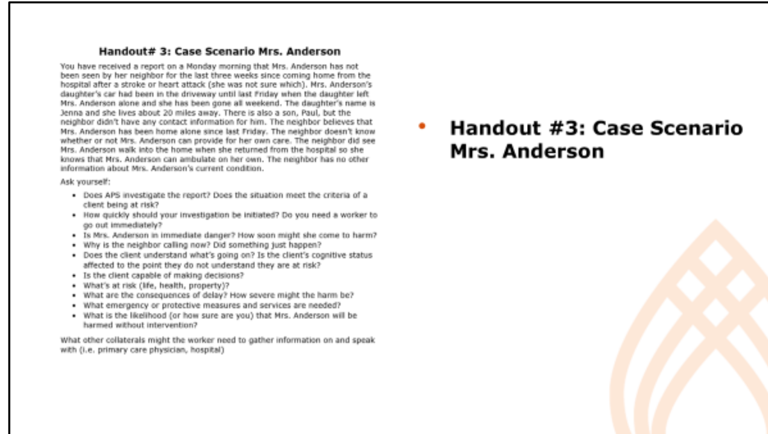
#2. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#3. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#4. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#5. • Soon • Severe • Sure				

Based on the 3 S's, the level of risk is: Low, Med, or High?				

Handout #2: Ready-Set- Go! 5-Minute Coaching Questions

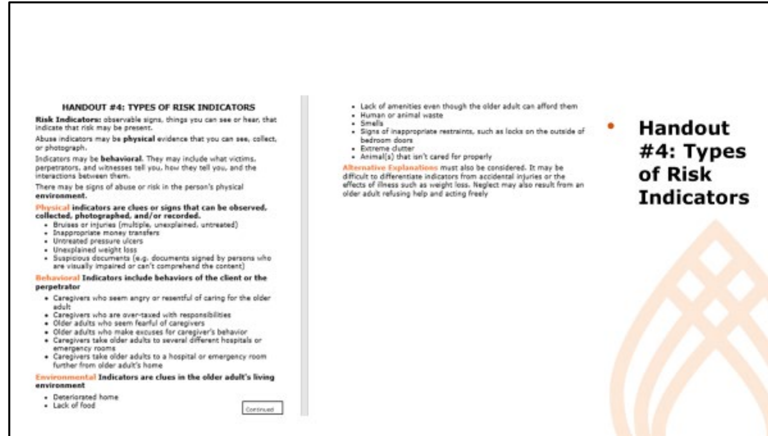
- What options do you see regarding this situation?
- What do you see as a challenge?
- What are your thoughts about the best way to approach this?
- What might get in your way?
- What do you think is the next step?
- How can I support you?
- When can I check back with you?

Slide #25: Handout #3: Case Scenario Mrs. Anderson



Handout #3 (case scenario of Mrs. Anderson) is on page **22** in the participant manual.

Slide #26: Handout #4: Types of Risk Indicators



Handout #4 is on page 27 of participant manual.

HANDOUT #4: Types Of Risk Indicators

Risk Indicators: observable signs, things you can see or hear, that indicate that risk may be present.

Abuse indicators may be **physical** evidence that you can see, collect, or photograph.

Indicators may be **behavioral**. They may include what victims, perpetrators, and witnesses tell you, how they tell you, and the interactions between them.

There may be signs of abuse or risk in the person's physical **environment**.

Physical indicators are clues or signs that can be observed, collected, photographed, and/or recorded.

- Bruises or injuries (multiple, unexplained, untreated)
- Inappropriate money transfers
- Untreated pressure ulcers
- Unexplained weight loss
- Suspicious documents (e.g. documents signed by persons who are visually impaired or can't comprehend the content)

Behavioral Indicators include behaviors of the client or the perpetrator

- Caregivers who seem angry or resentful of caring for the older adult
- Caregivers who are over-taxed with responsibilities
- Older adults who seem fearful of caregivers
- Older adults who make excuses for caregiver's behavior
- Caregivers take older adults to several different hospitals or emergency rooms
- Caregivers take older adults to a hospital or emergency room further from older adult's home

Environmental Indicators are clues in the older adult's living environment

- Deteriorated home
- Lack of food

Continued

- Lack of amenities even though the older adult can afford them
- Human or animal waste
- Smells
- Signs of inappropriate restraints, such as locks on the outside of bedroom doors
- Extreme clutter
- Animal(s) that isn’t cared for properly

Alternative Explanations must also be considered. It may be difficult to differentiate indicators from accidental injuries or the effects of illness such as weight loss. Neglect may also result from an older adult refusing help and acting freely

Handout #5: Phases of Risk Assessment

Phase 1: Initial Assessment and Emergencies

Helps workers decide:

- Whether to investigate a report - Does the situation meet the criteria of a client being at risk?
- How quickly an investigation should be initiated - Do you need to go out immediately?
- Are older/dependent adults in immediate danger - e.g. Are they alone and unable to manage? How **soon** might they come to harm?
- Why are they calling now? Did something just happen?
- Does the client understand what's going on? Is the client's cognitive status affected to the point they do not understand they are at risk?
- Is the client capable of making decisions?
- What's at risk (life, health, property)?
- What are the consequences of delay? How **severe** might the harm be?
- What emergency or protective measures and services are needed?
- What is the likelihood (or how **sure** are you) that they will be harmed without intervention?

Phase 2: Case Planning

Matching Services to Types and Levels of Risk:

- Are protective services needed on an ongoing basis to prevent future harm or abuse?
- How likely is it that harm or abuse will occur?
- What factors make it likely that abuse will occur in the future?

Factors to consider:

- Do abusers pose on-going risk?
- What factors mitigate risk (e.g. clients' strengths and resources)?
- Are informal supports available to help?

Continued

- How do older adults view the situation? What do they want to do about it? Are they capable of making choices and assisting with care plans?

Phase 3: Reassessments and Case Closure

- Has risk changed over time? Is the client at higher or lower risk?
- What accounts for the changes? Are new issues emerging? Are perpetrators out of the picture? Have threats been removed? Have interventions reduced risk? Has the client changed his or her mind about accepting services?
- Are changes to the care plan needed? What preventative measures are needed?

What is the likelihood that the situation will recur?

Slide #27: Phases of Risk Assessment- Phase 2

Trainer: Now that we have discussed and have participated in a group activity about Phase 1-Assessment and Emergencies, let's explore Phase 2- Case Planning: Matching Services to Types and Levels of Risk. Some questions to ask include the following

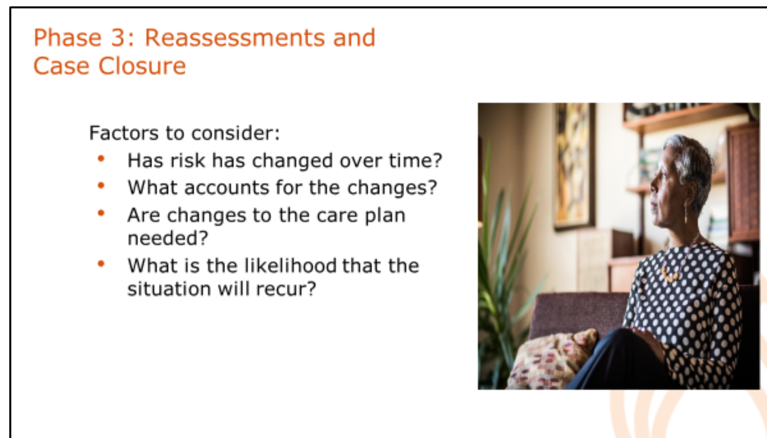
- Are protective services needed on an ongoing basis to prevent future harm or abuse?
- How likely is it that harm or abuse will occur?
- What factors make it likely that abuse will occur in the future?
- Do abusers pose on-going risk?
- What factors mitigate risk (i.e., clients' strengths and resources)?
- Are informal supports available to help?

How does the client view the situation? What do they want to do? Are they capable of making choices and assisting with case plans?

Phase 2: Case Planning

Case planning can begin during initial 1st visit/contact as APS professional assesses client's safety. This can also continue post visit in debriefing with supervisor and/or with peers to determine a case plan that aligns with the client's needs and level of risk.

Slide #28: Phases of Risk Assessment- Phase 3



Trainer: During Phase 3 when reassessing the case and thinking about case closure the following are factors to consider:

Phase 3: Reassessments and Case Closure

Has risk changed over time? Is the client at higher or lower risk?

What accounts for the changes? Are new issues emerging? Are perpetrators out of the picture? Have threats been removed? Have interventions reduced risk? Has a client changed his or her mind about accepting services?

Are changes to the care plan needed? What preventative measures are needed?

What is the likelihood that the situation will recur?

Phase 3: Reassessments and Case Closure

APS professionals must decide when situations are stable enough to terminate protective services based on risk assessment, and what will happen if the situation recurs. Situations will be re-assessed as the client's situation develops and as more information is gathered. Agencies have their own policies and practices, but the basic goals of re-assessment are the same. To determine if situations are getting worse or better and modify care plans accordingly.

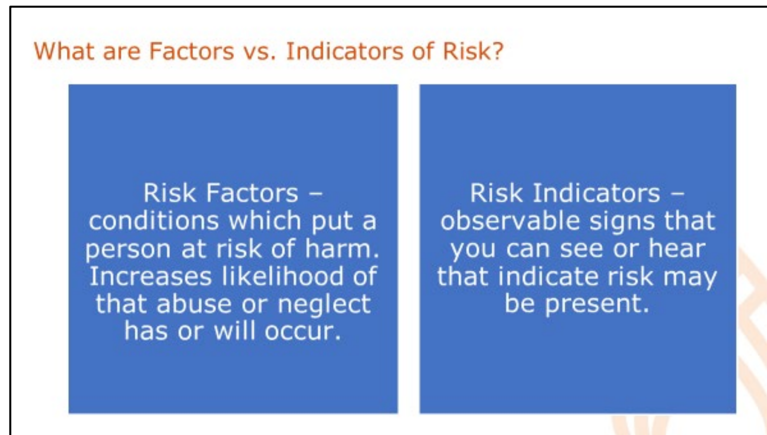
Risk assessments and re-assessment can help with case closure decisions. Some questions you'll want to ask your staff are as follows:

- Is the client's risk of abuse and/or neglect reduced or eliminated?

- Has a client with capacity requested their case be closed? Only a client who has capacity may request their case be closed.

- Did the client die or leave jurisdiction?

Slide #29: What are Factors of Risk vs. Indicators of Risk?



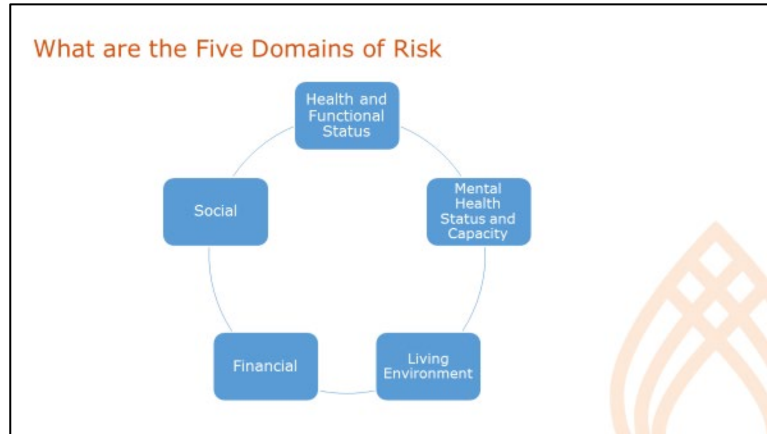
Trainer: Now that we have an understanding of the 3 Phases of Risk, let's look at the difference between Risk Factors and Risk Indicators:

- Two important concepts that help to determine whether abuse or neglect has occurred or is likely to occur are "Risk Factors" and "Risk Indicators." These concepts can be discussed with staff in supervision along with the 5 Domains of Risk which we will talk about in just a couple of moments so that staff can use these assessments with the 3 S's of Risk to effectively case plan.

Trainer: Handouts #6,#7, and #8, which we will review in a few minutes, can be shared with your staff in supervision to further discuss Risk Factors and Risk indicators.

- Risk Factors are conditions which put a person at risk of harm. If a risk factor is present, it increases the likelihood that abuse, or neglect has already occurred or will occur in the future. They are sometimes called "predictors"
- Risk Indicators are the observable signs, things you can see or hear, that indicate that risk may be present. Indicators may be physical, behavioral, or environmental.

Slide #30: What are the Five Domains of Risk?



Trainer: Risk factors fall into **Five domains**: Health and Functional Status; Mental Health Status and Capacity; Living Environment; Financial; and Social

Facilitator refers participants to Participant's Guide **Handout # 6: Victim Related Risk Factors, Handout # 7 Perpetrator Related Risk Factors, and Handout # 8 Assessing Risks in the 5 Domains**

Trainer: Asks participants to type in the chat or raise their hand and unmute themselves to share some examples of Risk Factors that your staff might identify on their cases? Trainer then asks for some examples of Risk Indicators. Trainer summarizes and validates responses.

HANDOUT #6: Victim-Related Risk Factors

Risk Factors: conditions which put a person at risk of harm. If a risk factor is present, it increases the likelihood that abuse or neglect has already occurred or will occur in the future. They are sometimes called "predictors". Risk factors fall into five domains: Health and Functional Status; Mental Health Status and Capacity; Living Environment; Financial; and Social.

Risk Domain	Associated Risk Factors
Health and functional status	• Older adults in poor health and who have functional limitations are at heightened risk (Fisher & Regan, 2006). • Poor health was identified as a specific risk factor in financial neglect cases (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009). • Because neglect involves older adults who depend on others for care, neglect victims tend to be in poor health and have functional limitations (County Welfare Directors Association of California, 2004). • Mistreated or neglected elders were more likely to have worse performance on IADLs and worse executive function performance (Ernst, Ramsey-Klawsnik, Schillerstrom, Dayton, Mixson, & Counihan, 2014). • Certain types of abuse presume cognitive impairment. For example, inducing someone who lacks decision-making capacity to surrender property is a form of financial abuse (Flint, Sudore, Widera, 2010). • Substantiated reports of elder abuse in persons over the age of 60+, 42.8% were 80 years old and over (National Center on Elder Abuse, 2004).

	• The risk of abuse increases with age. Older adults 80 years old and older are 2 to 3 times more likely than other older adults to be the victims of all categories of abuse (National Center on Elder Abuse, 1998, CWDA 2004).
Mental Health Status and Capacity	• Some studies show that victims are more likely than non-victims to have dementias. Some suggest that it is violent or disruptive dementia-related behavior that increases risk (Bonnie & Wallace, 2003). • Victims are likely to experience mental health problems, including depression, low self-esteem, and substance abuse (Dyer, Pavlik, Murphy, & Hyman, 2000; Fisher & Regan, 2006). • On average, maltreated older adults are in their late 70's, frail, and cognitively impaired (Choi & Mayer, 2000; Amstadter et al, 2011). • The loss of a spouse or other family member may increase older adults' need for care, which, when not responded to, results in neglect (Quinn, 2002). • Individuals who have experienced very traumatic events in the past may be more inclined to stay in environments that facilitate risk (e.g. emotional, sexual or financial mistreatment) (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009).
Living Environment	• Victims are likely to live with others (Lachs & Pillemer, 2004; National Research Council, 2003; Pillemer & Finkelhor, 1988; Paveza et al,1992). • A vast majority of elder abuse reports occur in domestic settings (National Center on Elder Abuse, 2004).
Financial	• Low income status (below $35,000 per year) was associated with increased risk for neglect in older adults (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009). • The Social Care Institute (2011) identified the following risk factors for financial abuse cases

	involving elders - low levels of financial literacy (capability or ability to deal with financial products and services); increased assets and low-cost lifestyles; and overly trusting nature. ● An increased risk of neglect in older adults of minority ethnic status may indicate fewer resources for their potential caretakers (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009).
Social	● Victims are likely to be socially isolated (Compton, et al, 1997). ● Social support emerged as a central risk (low/no social support) or protective factor (social supports in place) for all forms of elder mistreatment (Acierno, Hernandez-Tejada, Muzzy, & Steve, 2009). ● In 2004, fifteen states reported that 65.7% of elder abuse victims were female (National Center on Elder Abuse, 2004). ● Institutionalized oppression, including racism, classism, heterosexism, and ageism increase the vulnerability of women to both individual acts of violence and to institutionalized acts of violence (Domestic Abuse Intervention Project of Duluth, Minnesota). ● Economic, social and political status of women and the older adult, as well as the cumulative effects of ageism and sexism, contribute to elder abuse (Nerenberg, 2002). ● Older women are more likely to be mistreated than older men (Biggs et al., 2009). ● Minority ethnic status is related to a higher likelihood of being referred to APS for maltreatment (NCEA,1998).

Handout #7 – Perpetrator-Related Risk Factors

Perpetrator characteristics with respect to:	Associated Risk Factors
Relationship to Victims	• Among perpetrators adult children (50%) were most frequently identified. (Naughton et al, 2012) • 65% of perpetrators are family members (including adult children, spouse/intimate partners and other family) (National Center on Elder Abuse, 2004). • Abuse by adult children is reported most often than spousal abuse (National Center on Elder Abuse, 1998; Teaster, Dugar, Mendiondo, Abner, & Cecil, 2006). • Approximately half of perpetrators of elder emotional mistreatment are family members, with a third of perpetrators living with the victim (Amstadter et al, 2011). • 83% of perpetrators of physical abuse on women are relatives with 80% of these perpetrators living with the victim. For male victims, 40.5% of the perpetrators of physical abuse are relatives. (Amstadter et al, 2011). • Amstadter et al also found that approximate 36% of sexual perpetrators were family members (2011).
Mental health and behavioral problems	• Perpetrators are likely to have mental health, substance abuse, and behavioral problems (Anetzberger, 2005). • 20% of perpetrators struggle with addiction according to Naughton et al (2012). • Sexual assault by family members is often associated with mental health or substance abuse problems (Teaster & Roberto, 2004). • Murder-suicide cases are distinct in that either domestic violence is involved or the men are caregivers to their wives. In either case, the men suffer from depression. The marriage may have been a happy one, but serious medical conditions and a lack of family /outside support gave the husband a sense of hopelessness and helplessness (Malphur and Cohen, 2005)
Dependency	• Perpetrators of physical mistreatment against men are more likely to be unemployed (67%) compared to 31% for female victims (Amstadter et al, 2011). Naughton et al (2012) found that 50% of perpetrators in their study were unemployed.

Handout #8: Assessing Risk in Five Domains

Assess Risk Level:

- Is the client in immediate danger? How **soon** might the client come to harm?

- Do you need to go out immediately? What are the consequences of delay? How **severe** might the harm be?

- What is the likelihood (or how **sure** are you) that the client will be harmed without intervention?

What is the client's level of risk?

Identify the risk indicator(s):

Physical:

Continued

Behavioral:

Environmental:

Identify the risk factor(s) and consider the following questions:

1. Health and Functional Status domain

- Is this client in poor health?
- Does the client need help with daily activities?

2. Mental Health Status and Capacity domain

- Is the client capable of making decisions for him/her(self)?
- Does the client have other mental health problems like depression, anxiety, or substance abuse?

3. Living Environment domain

- Is client in a safe and protected environment?

Continued

- Is client's home unsafe or unhealthy?

4. Financial Status domain

- What's the client's financial situation?
- Does client have resources?
- Are client's assets in jeopardy?

5. Social Status domain

- Are there people in client's life who can help?
- Are there people who pose a danger to the client?

Continued

Are emergency or protective measures and services needed? Why or why not?

What factors may mitigate the risk of harm?

- Client’s strengths, resiliency, and motivation

- Interpersonal relationships

- Support networks/services

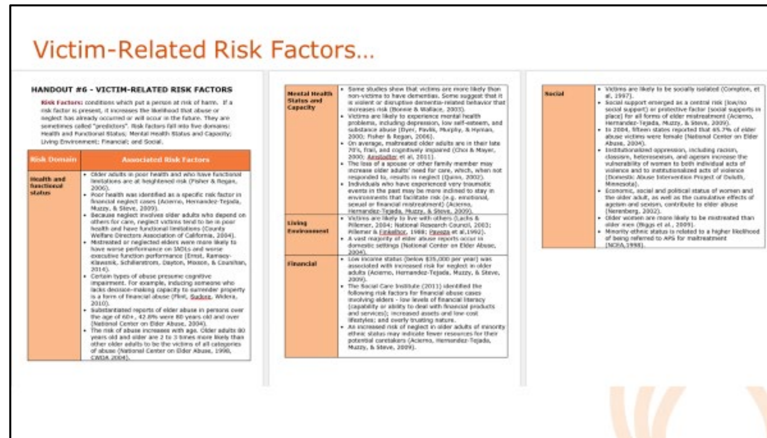
Handout #9 - Signs of Medical Emergencies

Emergency	Signs
Stroke	• Sudden numbness or weakness of the face, arm or leg, especially on one side of the body. • Sudden confusion, trouble speaking or understanding. • Sudden trouble seeing in one or both eyes. • Sudden trouble walking, dizziness, loss of balance or coordination. • Sudden, severe headache with no known cause. (American Stroke Association, http://www.strokeassociation.org)
Drug related	Factors associated with drug related emergencies include: • Adverse drug reactions • Non-compliance with medication regimens • Poor recall of medication regimens • Seeing numerous physicians • Multiple drugs • Switching to complementary and alternative treatment.
Heart attack	• Chest discomfort or pain • Stomach pain • Shortness of breath • Anxiety • Lightheadedness • Sweating • Nausea • vomiting • Women are more likely than are men to have heart attack symptoms without chest pain.
Heat Stress	Older adults (people aged 60 years and older) are more prone to heat stress than younger people for several reasons:

	• Older adults do not adjust as well as young people to sudden changes in temperature. • They are more likely to have a chronic medical condition that changes normal body responses to heat. • They are more likely to take prescription medicines that impair the body's ability to regulate its temperature or that inhibit perspiration.
Heat Stroke	Heat stroke, the most serious heat-related illness, occurs when the body cannot control its temperature. The body's temperature rises rapidly, the body loses its ability to sweat, and it is unable to cool down. Body temperatures rise to 106°F or higher within 10 to 15 minutes. Heat stroke can cause death or permanent disability if emergency treatment is not provided. **Symptoms** of Heat Stroke include: • Extremely high body temperature (defined as above 103°F) • Red, hot, and dry skin (no sweating) • Rapid, strong pulse • Throbbing headache • Dizziness • Nausea
Head Injury	• Confusion • Headache • Fluid from the nose or ears • Unwitnessed head/face injury
Strangulation	• Difficulty breathing • Hoarse voice • “Sniffing position” (nose pointed upwards, stretching neck to allow freer breathing)

Hip fracture	• Difficulty walking • Pain in hips • One leg shorter than the other in the presence of pain • Leg deformity
Other	• Acute burns • Nonresponsiveness • Rapid breathing • Agitated behavior • Respiratory distress • Confusion • Delirium

Slide #31: Victim-Related Risk Factors (Handout # 6)



Trainer: Risk Factors: Are conditions which put a person at risk of harm. If a risk factor is present, it increases the likelihood that abuse or neglect has already occurred or will likely occur in the future. Risk factors fall into five domains: Health and Functional Status; Mental Health Status Capacity; Living Environment; Financial; and Social. Risk Domain Associated Risk Factors Health and functional status.

Older adults in poor health and who have functional limitations are at heightened risk (Fisher & Regan, 2006).

Slide #32: Risk Factors: Perpetrator-Related Risk Factors (Handout# 7)

HANDOUT 7 – Risk Indicators (Page 36 of participant manual)

Risk Indicators are observable signs, things you can see or hear, that indicate that risk may be present. Abuse indicators may be physical evidence that you can see, collect, or photograph. Indicators may be behavioral. They may include what victims, perpetrators, and witnesses tell you, how they tell you, and the interactions between them. There may be signs of abuse or risk in the person's physical environment. Physical indicators are clues or signs that can be observed, collected, photographed, and/or recorded.

Slide #33: Types of Risk Indicators (Handout# 4)

Risk Indicators are observable signs, things you can see or hear, that indicate that risk may be present. Abuse indicators may be physical evidence that you can see, collect, or photograph. Indicators may be behavioral. They may include what victims, perpetrators, and witnesses tell you, how they tell you, and the interactions between them. There may be signs of abuse or risk in the person's physical environment. Physical indicators are clues or signs that can be observed, collected, photographed, and/or recorded.

Slide #34: Assessment in Five Domains (Handout #8)

Assessment in Five Domains….

Slide #35: Handout # 9-Signs of Medical Emergencies

Trainer: Now that we understand the difference between Risk Indicators, Victim-Related Risk Factors, Perpetrator-Related Risk Factors, and Risk Indicators we can incorporate and bring all of this information together into the Assessing Risk in Five Domains Tool (**Handout #9**). Trainer refers participants to Participant Guide's **Handout #9** and **Handout # 10**, "Signs of Medical Emergencies." All of these Handouts can be used to train staff to use during a 1:1 supervision conference or as a group in a unit meeting. All of these tools can assist staff when navigating complex cases and developing a case plan with relevant interventions.

Slide #36: Small Group Activity

<u>Trainer or Moderator</u> can copy and paste the instructions and questions in the chat for participants if done virtually. Trainer will designate a spokesperson for each small group. Participants will be given 15 for the activity and 10 minutes for the debrief.

Small Group Activity

You will be given a Complex Case Scenario and then asked to identify 1 risk indicator and 1-2 Risk Factors from the case to use for the 5 Domains of Risk Assessment chart

In your small group discuss the following questions:

- What was one risk indicator and was it Physical, Behavioral, or Environmental?
- What are 1-2 risk factors and what did you identify about the risk factors in each of the 5 domains?
- What are some factors that you identified that would mitigate the risk of harm?
- Did either of the tools help identify services and interventions for the case?
- What are the important elements of these tools that you would want to emphasize with your staff?
- Additional thoughts about this activity?

Trainer/Moderator: Divide participants into groups of 3-5 people, depending on the number of participants. Assign one of the Complex Case Scenarios 1 - 4 to each group. (If you have more than 4 groups, you may assign the same scenario to more than one group)

Materials needed for this Group Activity:

-Handouts #11 which includes 4 case scenarios

-Handout #1 (3 S's of Risk Assessment)

-Handout #8 (five domains Risk in Five Domains Tool)

Participants will do the following:

1. Read the Complex Case Scenario assigned to their group (from Handout #10)
2. Identify 1 risk indicator and 1-2 risk factors associated with the case scenario, using the 3 S's of Risk **Assessment** (Handout #1)
3. Incorporate the information from the **3 S's Risk Assessment** into the **Assessing Risk in Five Domains Tool** (Handout #9).
4. The groups will have 15 minutes to complete the activity, and will be given a 2-minute reminder by the moderator prior to the end of the break-out session.
5. Each group will assign a spokesperson who will present the group's feedback on **Assessing Risk in Five Domains Tool** to the large group.
6. Trainer will allow 10-15 minutes for a large group discussion to process the feedback.

Trainer suggestions for debrief questions:

- What was one risk indicator and was it Physical, Behavioral, or Environmental?
- What do you identify about the risk factor in each of the 5 domains?
- What are some factors that you identified that would mitigate the risk of harm?
- Did either of the tools help identify services and interventions for the case?
- What are the important elements of these tools that you would want to emphasize with your staff?
- Additional thoughts about this activity?

Trainer: Welcome back everyone. Trainer calls on spokesperson from 2 to 3 groups to share their responses. Trainer asks for other spokespersons to share on behalf of their group if they have something different to add. Trainer validates and summarizes the discussion.

Handout #10: Case Scenario # 1- Gavin Parks

An APS professional receives a report about Gavin Parks from a neighbor. Mr. Parks is eighty-four years old, has diabetes, and is legally blind. He lives alone in a house that is cluttered but livable. Mr. Parks is becoming increasingly forgetful and recently started a cooking fire. Although it wasn't serious, the neighbor is worried.

Mr. Parks used to get out and do his own shopping but fell recently and has been afraid to leave the house ever since. He has a daughter who visits occasionally. The neighbor checks in on Mr. Parks every few days and has bought him groceries a few times. Although the neighbor doesn't mind helping out, she is worried that she can't do everything that needs to be done.

When the APS professional tried to call Mr. Parks, she found that the phone was disconnected so she made a home visit. Mr. Parks was friendly and appeared to be oriented. He was willing to accept help but unwilling to move. He told the worker that the phone had been disconnected for nonpayment. He cannot see well enough to pay his bills but says he will ask the neighbor to write a check and mail it for him. When the worker suggests a daily money manager, Mr. Parks responds that he doesn't want to "be beholden to anyone."

- **What type of abuse do you suspect?**
- **What is at risk?**
- **What is the level of risk (low, medium, high)**

Use the 3 S's (Soon, Severe, Sure)

What services or supports can be employed to reduce or eliminate the risk(s)?

Handout #10: Case Scenario # 2- Denise Fairbanks

An APS on-call worker receives a report from the Police Department about Denise Fairbanks, a 79 year old woman who they found wandering around her neighborhood at 3:00 am. A neighbor directed the police officer to the woman's house and said that she lived with her daughter Cathy. The police officer brought Mrs. Fairbanks home. When Cathy answered the door, she was very upset. She thanked the officer and explained that her mother has Alzheimer's disease and often wanders at night and she had difficulty keeping track of her. She admitted that she occasionally locked her in her room at night to keep her safe. She also admitted that she had once or twice struck Mrs. Olson out of frustration.

The next day, the APS worker made a home visit. Cathy admitted that she had struck her mother on several occasions. She was upset about these incidents but insisted that she didn't want her mother in a nursing home. Cathy said that she had two brothers who lived close by, but never helped out. They believed it was Cathy's responsibility as the daughter to care for their mother.

Cathy is a single mother with two teenage sons. During the visit, Mrs. Fairbanks occasionally interrupted to say that she needed to get home to make dinner for her husband, who had died twelve years earlier.

- **What type of abuse do you suspect?**
- **What is at risk?**
- **What is the level of risk (low, medium, high)**

  Use the 3 S's (Soon, Severe, Sure)

What services or supports can be employed to reduce or eliminate the risk(s)?

Handout #10: Case Scenario # 3- Evelyn Adams

APS received a referral about Evelyn Adams from a neighbor. Mrs. Adams lives with her husband in a small apartment. Over the years, Mrs. Adams has confided to the neighbor that her husband has been physically abusive. Since Mrs. Adam's husband retired, he appears to become more abusive.

Recently, the neighbor heard Mrs. Adam's husband shouting at her and threatening to kill her. The neighbor made an APS report.

When an APS worker went to the home and spoke to Mrs. Adam's, she admitted that her husband was abusive but said that she had learned to live with the situation and wished the neighbor would mind her own business.

- **What type of abuse do you suspect?**
- **What is at risk?**
- **What is the level of risk (low, medium, high)**

    Use the 3 S's (Soon, Severe, Sure)

What services or supports can be employed to reduce or eliminate the risk(s)?

Handout #10:Case Scenario # 4- Dolores Brown

APS received a report from a bank employee about a customer, Dolores Brown. Mrs. Brown's son came to the bank and tried to make a withdrawal from his mother's account. He produced a power of attorney for finances. The bank typically requires customers to sign a special bank POA and explained this to the son, who became very angry. The employee contacted Mrs. Brown, who said the son did not have her permission to withdraw cash. She asked to talk to her son, and he began shouting at her over the phone. When they'd finished their exchange, Mrs. Brown asked to speak to the bank employee again and told her to go ahead and release the funds. When the son left, the teller called APS. A worker, Sandy Holms, was assigned to investigate.

Sandy called Mrs. Brown and informed her of the bank's concerns. Mrs. Brown stated that she had been intimidated into giving her son permission to make the withdrawal and that he used the money to get his car repaired. It is not the first time he has used the POA for his own benefit without her knowledge or by bullying her.

Mrs. Brown stated that she wants her son to have the POA, even though her other children have been trying to convince her to revoke it. She said, "He is a good boy and is just having a rough time. He is too proud to ask for help and thinks I won't notice. I only keep a little money in this account. My savings are in another bank and he doesn't have a POA for that one. This is what I want."

- **What type of abuse do you suspect?**

- **What is at risk?**

- **What is the level of risk (low, medium, high)**

Use the 3 S's (Soon, Severe, Sure)

Handout #1: The 3 S's of Risk Assessment Tool

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:

6. List the apparent risk next to the #.
    a. Circle or highlight whether you find that risk to be low, medium or high.
    b. 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).
        i. Make sure to include why you believe that to be true.
7. Discuss any Risk indicators.
8. Provide a global assessment of that particular risk.
9. Note any factors that may mitigate that risk.
10. 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 the 3 S's, the level of risk is: Low, Med, or High?				

#2. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#3. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#4. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#5. • Soon • Severe • Sure				

Based on the 3 S's, the level of risk is: Low, Med, or High?				

Slide #37: Services Plans…

Service Plans…

Service Plan Goals and the 5 Domains

- **Health and Functional Capacity**: Reduce the risk of illness, accidents, dependency, neglect, and abuse.
- **Mental Health Status and Capacity**: Reduce the risk or mitigate the impact of mental health problems.
- **Living Environment:** Victims are likely to live with others.
- **Financial:** Reduce the risk of financial loss or abuse, and secure finances that are in jeopardy.
- **Social:** Goals of service plans in this domain are to reduce the risk of abuse and neglect by others.

Trainer: Now that we have explored the use of the 3 S's of Risk Assessment and how this can be incorporated into the Assessing Risk in 5 Domains tool we will now learn about how staff can create services plans to optimize client safety in the post phase of case investigation after initial or subsequent visits.

Service plans to reduce risk and ensure safety will reflect the five domains of risk. They also reflect the level of risk, ranging from services to prevent problems from occurring to those that stop serious problems and prevent them from recurring. In case planning also giving consideration or review of any history on the case/family in each of the 5 domains is helpful. It's important to gather information for historical context as well as prediction of current and future risk**.** Workers also need to stay up to date on services and legal interventions that are available in their states and communities. So let's explore the goals in each of the 5 domains.

- **Health and Functional Capacity**: Goals in this domain are to reduce the risk of illness, accidents, dependency, neglect, and abuse.
- **Mental Health Status and Capacity**: Goals of service plans in this domain are to reduce the risk or mitigate the impact of mental health problems.
- **Living Environment:** Victims are likely to live with others. A vast majority of elder abuse reports occur in domestic settings.
- **Financial**: Goals of service plans in this domain are to ensure that clients have adequate resources, reduce the risk of financial loss or abuse, and secure finances that are in jeopardy.
- **Social:** Goals of service plans in this domain are to reduce the risk of abuse and neglect by others.

APS Professionals also need to consider the level of risk and balance it with clients' capacity. In situations that pose moderate or low risk to clients who have moderate to low capacity, the APS professional should pursue interventions that

Continued

are geared toward encouraging the adult to accept services, increasing capacity, and/or reducing or eliminating risks (motivational, interviewing, risk reduction).

Collaboration and MDTS

Time Allotted: 50 minutes

Associated Objective(s): 4. Explain the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams.

Method: Lecture & large group discussssion

Slide #38: What is a Multidisciplinary Team

What is a Multidisciplinary Team?

- A Multidisciplinary Team is a collaborative effort with other professionals
- It consists of group of individuals committed to a common purpose
- Collaborative elder mistreatment alliances typically focus on one or more of the following: prevention, awareness, intervention, and systems review
- The established teams may be short term or long-lasting community members
- They can involve, two, three, or more members from different disciplines.

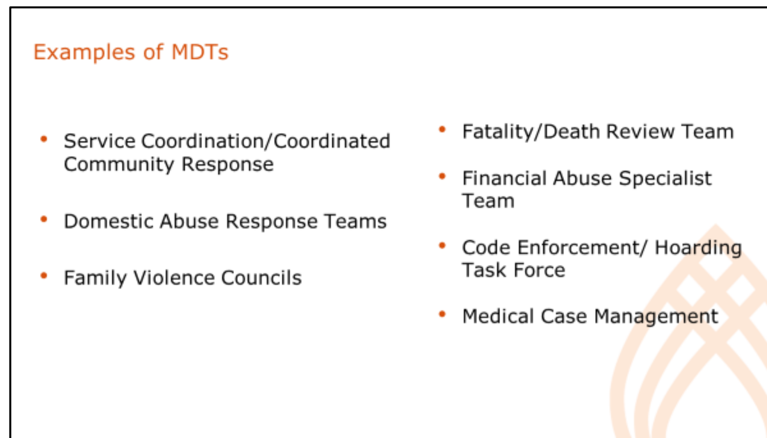
Trainer: Now that we looked at strategies we can use to assist our staff to build their skills in developing relevant case plans to address risk and increase safety, let's explore teams or external referrals that can help with case consultation and assessment in an effort to reduce and maximize safety and well-being.

According to Brandl, Bet. al in the text "Elder Abuse Detection and Intervention (2006) an elder abuse collaboration, multidisciplinary team is a cooperative effort with other professionals and disciplines to best serve the needs of victims and society. It consists of a small group of individuals committed to a common purpose, performance goals, and approach for which they hold themselves accountable. Collaborative elder mistreatment alliances typically focus on one or more of the following: prevention, awareness, intervention, and systems review. Collaboration may take on many forms. The established teams may be short term or on an ad hoc basis or long-lasting community members. They can involve, two, three, or more members from different disciplines. More formal collaborations may involve memorandums of understanding."

Trainer: Asks participants to type in the chat or to raise their hand or if training on a virtual platform to unmute themselves and answer what community partners they collaborate with and/or some of the MDT's that they their APS teams participate in.

Great responses everyone. Now let's review the next slide to see if there are additional examples.

Slide #39: Examples of MDTS



Trainer: Let's review the slide to review additional partners or MDTs. What's included here are Fatality/Death review Teams, Financial Abuse Specialist Team, Code Enforcement Hoarding Task Force, Medical Case Management, Coordinated Community Response, Domestic Abuse Response Teams, and Family Violence Councils. Referring cases to multi-disciplinary can assist your staff with minimizing risk by getting other agencies involved for assessment, consultation, and on-going case monitoring. Collaborations are formed for a variety of reasons. Some, like Fatality Review Teams, are developed to examine gaps in services. Others like task forces are developed to ensure services are coordinated through community service providers. Some teams collaborate with individual clients and, in some cases, alleged perpetrator to create interventions. MDTs can streamline efforts and support reduction in duplication of services when utilizing the informed opinions of collaborating partners during case evaluations and discussions. Expert opinion can lead to focused investigations, better conclusions, and case outcomes. Clients benefit from reduced recidivism, more effective and appropriate intervention, and improved quality of life.

Trainer Note: Trainer can summarize a few dot points or can mention a particular point that wasn't mentioned in discussion.

Slide 40: Informal Supports and Community Providers

Trainer: Informal supports such as family, friends, neighbors can be part of an effective case plan to assist with supporting a client to remain in the least restrictive environment and with increasing their safety and well-being. Informal collaboration often occurs between key agencies working on the same case. Numerous examples of informal collaborations exist. For example a worker from Behavioral Health, the Public Guardian, and APS teaming together to address a client who may be presenting with capacity deficits.

Trainer: Asks participants to take a couple of minutes and refer to their previous case scenario from their group activity. Would they consider suggesting to their staff to refer the case to one of the above-mentioned resources or MDTs? If so, which one or ones would they support their staff in referring the case to and why? After a couple of minutes Trainer asks participants to unmute themselves or type their response in the chat.

Trainer: Summarizes and validates responses.

Case Closure and Quality Assurance

Time Allotted: 10 minutes

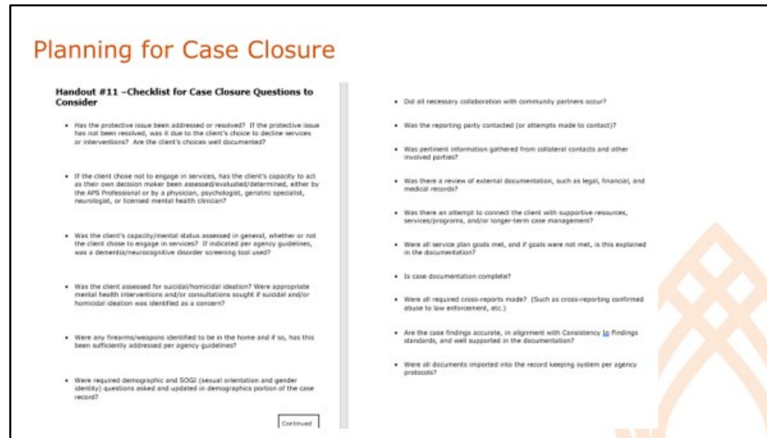
Associated Objective(s): 5. Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Method: Lecture

Slide #41: Planning for Case Closure

Trainer: An article written by Andrew Capehart posted on the APS Technical Assistance Resource Center (TARC) January 20,2020, regarding quality assurance stated that APS could involve examining policy and practice although practice may be more difficult as it is harder to define standards for it. For example, checking to see if an investigation was initiated within required timeframes may be simpler than evaluating if the APS worker took all the actions necessary to reduce maltreatment. Further measuring the quality of APS services that the client received is crucial. One way to ensure that clients have received the best services available and appropriate interventions/case plans to address the maltreatment is to do a case review prior to case closure. While Capehart suggested this type of review can be conducted by peers, it can also be conducted by a supervisor prior to case closure on a complex case.

Slide #42: Checklist for Case Closure (Handout #11)



Facilitator: You can find Handout # 11 in your participant guide on page 55.

Handout #11 –Checklist for Case Closure Questions to Consider

- Has the protective issue been addressed or resolved? If the protective issue has not been resolved, was it due to the client's choice to decline services or interventions? Are the client's choices well documented?

- If the client chose not to engage in services, has the client's capacity to act as their own decision maker been assessed/evaluated/determined, either by the APS Professional or by a physician, psychologist, geriatric specialist, neurologist, or licensed mental health clinician?

- Was the client's capacity/mental status assessed in general, whether or not the client chose to engage in services? If indicated per agency guidelines, was a dementia/neurocognitive disorder screening tool used?

- Was the client assessed for suicidal/homicidal ideation? Were appropriate mental health interventions and/or consultations sought if suicidal and/or homicidal ideation was identified as a concern?

- Were any firearms/weapons identified to be in the home and if so, has this been sufficiently addressed per agency guidelines?

- Were required demographic and SOGI (sexual orientation and gender identity) questions asked and updated in demographics portion of the case record?

Continued

- Did all necessary collaboration with community partners occur?
- Was the reporting party contacted (or attempts made to contact)?
- Was pertinent information gathered from collateral contacts and other involved parties?
- Was there a review of external documentation, such as legal, financial, and medical records?
- Was there an attempt to connect the client with supportive resources, services/programs, and/or longer-term case management?
- Were all service plan goals met, and if goals were not met, is this explained in the documentation?
- Is case documentation complete?
- Were all required cross-reports made? (Such as cross-reporting confirmed abuse to law enforcement, etc.)
- Are the case findings accurate, in alignment with Consistency In Findings standards, and well supported in the documentation?
- Were all documents imported into the record keeping system per agency protocols?

Slide #43: Phase 3: Reassessments and Case Closure

Reassessments and Case Closure

Handout # 5

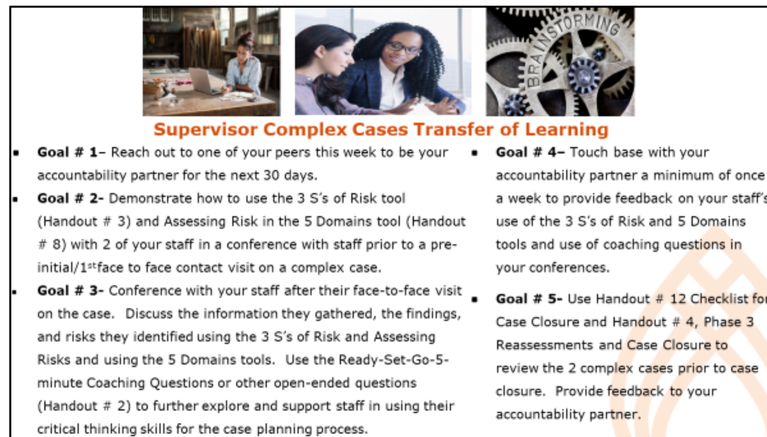
Phase 3: Reassessments and Case Closure

- Has risk changed over time? Is the client at higher or lower risk?
- What accounts for the changes? Are new issues emerging? Are perpetrators out of the picture? Have threats been removed? Have interventions reduced risk? Has a client changed his or her mind about accepting services?
- Are changes to the care plan needed? What preventative measures are needed?
- What is the likelihood that the situation will recur?

Trainer: In addition to using this case review tool prior to case closure, it would also be advisable to refer and use the tool in Handout #4 The Phases of Risk Assessment, Phase 3: Reassessments and Case Closure

Handout # 5 The Phases of Risk Assessment (page 29 in participant manual), Phase 3: Reassessments and Case Closure.

Slide #44: Transfer of Learning- Supervising Complex Cases for APS:



Trainer: Explain that that there is a Transfer of Learning (TOL) activity based upon the training that you attended today: *Supervising Complex Cases*

The purpose of the TOL is to practice and apply information received in today's training outside of the training environment for on-going sustainment of the concepts and strategies learned.

There are 5 different goals for you to participate in the next 30 days as follows:

It is expected to take about 60 minutes to prepare and engage in these activities.

- Goal # 1 – Reach out to one of your peers this week to be your accountability partner for the next 30 days.
- Goal # 2 - Demonstrate how to use the 3 S's of Risk tool (Handout # 3) and Assessing Risk in the 5 Domains tool (Handout # 9) with 2 of your staff in a conference with staff prior to a pre-initial/1st face to face contact visit on a complex case.
- Goal # 3- Conference with your staff after their face-to-face visit on the case. Discuss the information they gathered, the findings, and risks they identified using the 3 S's of Risk and Assessing Risks and using the 5 Domains tools. Use the Ready-Set-Go-5-minute Coaching Questions or other open-ended questions (Handout # 2) to further explore and support staff in using their critical thinking skills for the case planning process.

- Goal # 4 - Touch base with your accountability partner a minimum of once a week to provide feedback on your staff's use of the 3 S's of Risk and 5 Domains tools and your use of coaching questions in your conferences.

- Goal # 5 - Use Handout # 12 Checklist for Case Closure and Handout # 4, Phase 3 Reassessments and Case Closure to review the 2 complex cases prior to case closure. Provide feedback to your accountability partner.

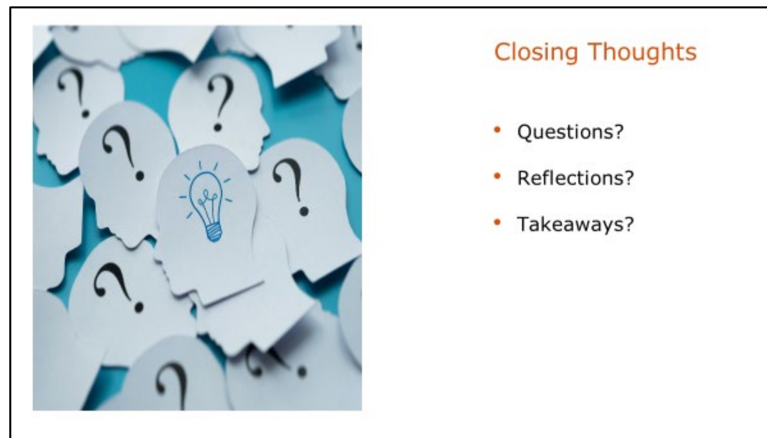
Wrap-Up and Evaluations

Time Allotted: 25 minutes

Associated Objective(s): NA

Method: Large group discussion & written evaluations

Slide #45: Closing Thoughts



Trainer: In today’s training we looked at different examples of complex cases and explored some different tools that can be shared with your staff in supervisory conferences or meetings that can be helpful in identifying, evaluating, and mitigating risk. We also discovered tools and questions that can assist staff with critical thinking and identifying multiple strategies to create positive outcomes.

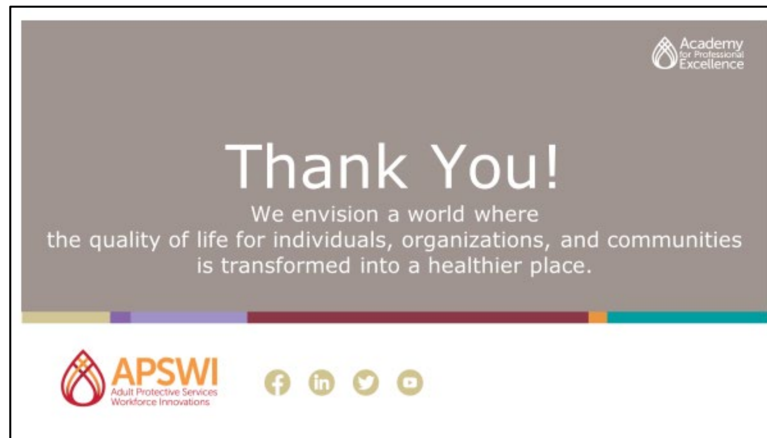
Trainer: Remind participants that effectively supervising complex cases requires ongoing attention, care, and flexibility.

Trainer: Asks participants to type in the chat or unmute themselves to share a couple of take always from today’s training that stood out for them and how they might apply them going forward.

Trainer: Ask participants if there are any questions or anything else they would like to reflect regarding today’s session.

Trainer: I want to thank you for your time, energy, and focus today.

Slide #46: Thank You



Thank participants for their time today and active participation.

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Continued

Web Resources

A Developmental Model for Understanding Adult Protective Services: Risk Assessment Curve (ventura.org)

Adult Protective Services Handbook (state.tx.us)

APSWI/Supervising_Complex_Cases/402-Clinical-Aspects-of-Supervising-APS-Practice-1.pdf

APS TARC - Toolkits (acl.gov)

Issues in Capacity: Balancing Empowerment and Protection (acl.gov)

National Adult Protective Services Association (NAPSA): membership information available at National Adult Protective Services Association (napsa-now.org)

NCEA - Tools Inventory (acl.gov)

PerformanceManagementCycle.pdf

QABrief-APSTARC.pdf

Training Supervisors in Adult Protective Services: Guidance and Resources (acl.gov) (TARC Brief)

VASS Tool.pdf

Training Resources for APS Supervisors

- Center APS Technical Assistance Resource
- https://apstarc.acl.gov/Education/toolkits.aspx
- APSWI Adult Protective Services Workforce Innovations
- https://theacademy.sdsu.edu/programs/apswi/

Trauma Informed Resources for APS Supervisors

ACESAware.org (https://www.acesaware.org/

Advancing Trauma Informed Responses to Elder Abuse:

- Webinar: https://www.elderjusticecal.org/recording---advancing-trauma-informed-responses-to-elder-abuse.html
- Report: https://ncea.acl.gov/NCEA/media/Publication/WCEJ_Trauma-Symposium-report-2020.pdf

SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach. (2014). https://ncsacw.samhsa.gov/userfiles/files/SAMHSA_Trauma.pdf

Trauma Informed Approaches for Adult Protective Services Brief (APS TARC). https://apstarc.acl.gov/getattachment/Education/Briefs/Trauma-InformedApproachtoAPS.pdf.aspx?lang=en-US

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