

Transfer of Learning: NATC Case First Steps and Professional Safety eLearning (CA)

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Transfer of Learning: NATC Case First Steps and Professional Safety (California) eLearning

Objective:

This Transfer of Learning (TOL) is designed as a supplemental learning tool to complement the [NATC Case First Steps and Professional Safety eLearning \(California\)](#). It can be used to enhance the learning of APS professionals by prompting discussion and decision-making practice about some of the more complex and potentially high-risk circumstances and safety concerns that may be encountered when conducting home visits in the community.

The scenarios presented in this TOL represent the following eLearning concepts:

1. [Preparing for an Initial Visit](#)
2. [Personal safety](#)
3. [The art of de-escalation](#)

How to Use:

- Trainers, supervisors, or learning facilitators can use this TOL during instructor-led training (virtual or in-person), unit meetings, individual supervision, and coaching sessions.
- There are three learning scenarios, with accompanying questions designed for open-ended discussion to practice critical thinking and decision making about complex safety concerns.
- Each scenario has a *Trainer Support* section, which includes the discussion questions and information to support trainer response and guidance.

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Questions and discussion may activate feelings based on personal or professional experiences, including vicarious trauma, and we encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

Preparing for an Initial Visit

Scenario 1

Preparing and Assessing the Environment for Safety

You receive a referral for a 74-year-old female who lives alone on the 2nd floor of an apartment complex with outdoor balconies around the premises. The reporting parties are a neighbor and a hospital social worker. The neighbor has made previous reports to APS as she has discovered the client on the floor of her home several times in the past year. The neighbor becomes concerned when she doesn't see the client for a few days, then goes to the door and can hear the client crying out. The neighbor then calls paramedics, who come in and take the client to the hospital, and then she is usually discharged back home.

In previous APS reports hospital records show: the client has a diagnosis of Alcohol Use Disorder, history of urinary tract infections, and history of a broken wrist from falling. There is a concern that when the client gets intoxicated, she falls, cannot get up, and becomes dehydrated during that time. The paramedics reported to the hospital that upon arrival, there was a strong order of ammonia, the client did not have sufficient food in the home, and that the home was cluttered and had rodent feces on the floor and counter.

The intake report states that the client has two adult children that she is mostly estranged from, and they do not live locally. It is reported that the client still drives occasionally, but it's unclear if she has a valid driver's license.

Knowing that the client was discharged home from the hospital two days ago, you arrive at the home for an unannounced visit.

Discussion Questions:

1. What information would you gather prior to leaving for the home visit?
2. What safety measures are needed prior to leaving for the home visit?
What if the apartment is an area that may pose emotional or physical safety concerns for you given your own demographics and experience?
3. When you arrive at the apartment complex, how would you assess for environmental safety?
4. What engagement cues would you look for to prepare to build rapport if the client answers the door?

5. How do you proceed if there is no answer, but you suspect the client is home?

Scenario 1 Trainer Support

Preparing and Assessing the Environment for Safety

Discussion Questions:

1. What information would you gather prior to leaving for the home visit?
 - a. *Review APS case history to see information about prior referrals, assessments, services, and interventions.*
 - b. *Check the case history for any information about accessing the apartment complex, such as parking information and access codes.*
 - c. *Contact the reporting parties to gather more information about their concerns and current information about the client's functioning.*

2. What safety measures are needed prior to leaving for the home visit? What if the apartment is in an area that may pose emotional or physical safety concerns for you given your own demographics and experience?
 - a. *Enter the home visit information into your shared calendar so that your colleagues and supervisor will know where you are in the community*
 - b. *Ensure your cell phone is fully charged and important phone numbers are programmed into your phone.*
 - c. *Consider taking a mask since the report says the residence has an odor of ammonia.*
 - d. *Facilitator note: Often times people consider safety in terms of neighborhood that has illegal activity or violence. What if the area is unsafe for the APS professional due to the demographics and lived experience of your staff? (e.g.: they identify as Black, LGBTQIA+ or may be perceived as a threat to the community).*
 - i. *Is it safer (emotionally and physically) to assign the case to another APS professional if available? Are non face-to-face visits an option?*

3. When you arrive at the apartment complex, how would you assess for environmental safety?
 - a. *Park in a location that allows for safe exit.*

- b. Look for signs of any safety hazards on the balcony or stairs.*
 - c. Notice any strong odors coming from the apartment*
 - d. Look for signs of rodent or other infestations*
 - e. Check for the presence of animals/pets*
- 4. What engagement cues would you look for to prepare to build rapport if the client answers the door?
 - a. Check for any items such as color of apartment building, surrounding areas, flowers, decorations, or pets to comment on and build a connection with the client*
- 5. How do you proceed if there is no answer, but you suspect the client is home?
 - a. Discuss any policies or expectations of how many times to knock or call before leaving and/or possible welfare check procedures.*
 - b. Discuss any policies, statutes or memorandum of understanding (MOUs) around confidentiality and cross reporting.*

Personal Safety

Scenario 2

Personal safety, law enforcement involvement, and alternatives to calling law enforcement.

You receive a referral for a 60-year-old male client with a history of mental health conditions. The reporting party (RP) is a female neighbor and reported to APS that the client is “out of control and aggressive,” but details about the behavior were not provided. It is unclear if the client is receiving mental health treatment. The RP says that she has called law enforcement many times and “nothing has been done.” The client lives in a separate house that appears to be poorly maintained on the back of his mother’s property. Per the RP, the client avoids interacting with law enforcement when they arrive on scene. You arrive at the home and observe the client in the driveway yelling and throwing things towards his mother, who is an older adult. She appears frightened and distressed and is standing behind the screen door of her home. The client is a large man, looks disheveled, and is yelling incoherently. You observe him making a threatening gesture towards his mother, pointing his finger at her, then he points his finger at you in a threatening manner. After seeing that you appear to be an authority figure, he quickly enters his home and slams the door.

Discussion Questions:

1. How would you proceed?
2. Is the threat level towards you and the mother high enough to warrant calling law enforcement? Is this a 911 call or a non-emergency?
3. What are our agencies’ protocols and resources around consulting with law enforcement prior to visits to find out what their experience has been with this address? Why would you or wouldn’t you do so in this case?
4. If able to have researched APS case history for this address prior to this home visit, what kinds of information would you have searched for?
5. How might you assess the safety of the mother?
6. Would you initiate opening an APS case for the mother?
7. What alternatives are there to calling law enforcement?
8. Would you knock on the son’s door to attempt to talk with him?

9. What steps would you take to ensure your emotional safety is addressed after this visit?

Scenario 2 Trainer Support

Personal safety, deciding whether or not to contact law enforcement, and alternatives to calling law enforcement:

Discussion Questions:

1. How would you proceed?
 - a. *Allow learner to freely explore their ideas*
 - b. *Provide any program and county specific protocols or procedures if applicable.*

2. Is the threat level towards you and the mother high enough to warrant calling law enforcement? Is this a 911 call or a non-emergency?
 - a. *If the mother feels threatened, this might warrant law enforcement initiating an Emergency Protective Order. In addition, if the mother has been physically assaulted or specifically threatened by the son, law enforcement may initiate an arrest. If there is no actual emergency, calling the non-emergency number (versus 911) is usually the correct protocol. 911 should be reserved for emergencies of any type. It is useful to have all of the local dispatch phone numbers pre-programmed into the APS professional's work cell phone.*
 - b. *Facilitator note: explore any biases (conscious or unconscious) that learners have. Would their actions change if the size of the son was different? What about if the threats were coming from a daughter?*

3. What are our agencies' protocols and resources around consulting with law enforcement prior to visits to find out what their experience has been with this address? Why would you or wouldn't you do so in this case?
 - a. *APS should establish communication processes with local law enforcement for sharing of relevant information and for law enforcement to be able to provide history of police activity at the address. This can provide information about the people who live there, as well as history of crimes, weapons, animals, threats, illegal activities, etc. This information is useful in predicting risk and planning for a safer visit.*

4. If able to have researched APS case history for this address prior to this home visit, what kinds of information would you have searched for?
 - a. *It is best practice to review APS case history for the client and/or address, as well as referrals/cases for other people on the property or people that may be related to the client. In a case like this, it's possible that there is case history for the mother. Typically, this information would be searched for by the intake professional and may be assigned as a companion case (multiple cases related to one another).*

5. How might you assess the safety of the mother?
 - a. *It would be necessary and appropriate to assess the mother's safety, if and when you are able to safely engage with her. This could be done during this visit, if safe to do so, or when/if law enforcement arrives on scene, to preserve the peace. It's also possible that the mother's case would be assigned to another APS professional.*

6. Would you initiate opening an APS case for the mother?
 - a. *It would be necessary to initiate an APS case for the mother, since she meets the age criteria for an older adult and threatening behavior towards her was observed. APS professionals are mandated reporters of abuse of older adults and adults with disabilities.*

7. What alternatives are there to calling law enforcement?
 - a. *It may be beneficial for the son, who appears to be experiencing mental health symptoms, to be evaluated by a psychiatric response team, if this service is available. If the son is a danger to himself and/or others, due to a mental health condition, he may meet criteria for an involuntary psychiatric hospitalization.*
 - b. *What types of psychiatric emergency responders are available in your area? How do you initiate their services? What criteria do they generally require in order to respond?*

8. Would you knock on the son's door to attempt to talk with him?

- a. *If feeling threatened by the son's gestures, behavior, and any historical information about his threat level towards others, it would be reasonable for the APS professional to refrain from attempting contact with the son until a safer situation can be created.*
9. What steps would you take to ensure your emotional safety is addressed after this visit?
 - a. *Check-in with yourself on how your feeling.*
 - b. *Debrief with a supervisor or trusted colleague*
 - c. *Document your experience in the case file*
 - d. *Engage in meaningful self-care*
 - e. *Seek out EAP or other services*

The Art of De-Escalation

Scenario 3

Managing conflict and client's concerns

You receive a referral for a 68-year-old female. The allegation is financial exploitation by a romance scam. You knock on the door, and the client answers. She is immediately defensive, asking why you showed up unannounced. When you explain your role and purpose in being there, she begins to escalate, asking in an angry tone about who's been nosing into her business and reporting information about her to APS, and questioning why the government would be concerned about her now, as every time she's asked for help from the government in the past, she's been turned down or ignored. As you try to continue the conversation, she is getting visibly angrier and more agitated.

1. How would you proceed?
2. What kinds of de-escalation techniques might you use?
3. At what point would you determine your safety is at risk? How would you end the visit if you felt unsafe?

Scenario 3 Trainer Support

Managing conflict and client's concerns

1. How would you proceed?
 - a. *Allow learner to freely explore their ideas*

2. What kinds of de-escalation techniques might you use?
 - a. *Potential Approaches:*
 - i. *Active listening*
 - ii. *Remain calm*
 - iii. *Validate client's concerns*
 - iv. *Express curiosity and concern about the client's previous negative experiences with the government*
 - v. *Shift focus of conversation to client's needs*
 - vi. *Ask client if the two of you can have a calm and respectful conversation*
 - vii. *Ask client what would put her at ease with your visit and/or allow her feel more comfortable to talk with you today*

3. At what point would you determine your safety is at risk? How would you end the visit if you felt unsafe?
 - a. *An APS professional should always prioritize their own safety first. If a person feels threatening, or will not de-escalate after a reasonable attempt, immediately leaving the situation is best option. Attempts can be made later on to contact the client by phone or develop another strategy. This is extremely individualized on a case-by-case basis, as each case has unique variables and circumstances. An APS professional can consult with their supervisor or colleagues to devise another approach. In general, APS clients have the right to decline to engage with APS. If a client is determined to be in a very high-risk situation and their decision-making ability is question, APS may need to develop an alternative plan to assess the client.*

References or Resources

1. APSWI video [*Managing Conflict and Encouraging Client Engagement*](#)

Video Description

Engaging people in services is an important aspect of APS work. This video portrays some of the barriers that may arise when an APS professional conducts an unannounced home visit, as well as some of the fears and concerns a person may have about APS involvement. In this video, an APS professional demonstrates best practices in building trust and rapport with a client and an alleged abuser. Skills demonstrated include: respectful and transparent communication, as well as interpersonal and professional skills to work through conflict, gain trust, and encourage engagement with Adult Protective Services.

2. [Video Discussion Guide](#)- Managing Conflict and Encouraging Client Engagement

3. Academy for Professional Excellence (Producer). (2024). *Case First Steps and Professional Safety (California)*. Retrieved from <https://natc.totaragovcloud.com/login/index.php>.

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THE WAY PEOPLE
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