

Involuntary Service Planning for APS Professionals Transfer of Learning

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Involuntary Service Planning for APS Professionals: Transfer of Learning

Objective:

This Transfer of Learning (TOL) is designed to accompany the [Adult Protective Services Workforce Innovations](#) (APSWI) *Involuntary Service Planning eLearning*. It can also be used with the [National Adult Protective Services Training Center](#) (NATC) *Involuntary Service Planning eLearning*. It is designed to transfer concepts from the eLearning and apply them to APS practice.

How to Use:

This TOL can be used by learners individually to enhance their learning or can be facilitated by a trainer during a one-on-one coaching session or group training session.

- Learners are encouraged to use the resources and handouts found in the eLearning.
- There are [Facilitator Discussion Points](#) to provide support. It's helpful to add your own expertise and specific organization's protocols/practices to the feedback provided to the learner.

TOL Contents:

- Discussion questions to help new APS professionals define involuntary service planning.
- Two case scenarios with discussion questions to assist in determining whether an involuntary service plan is needed.
- One case scenario for discussion to explore ethical issues in the decision to use an involuntary intervention.
- Case consultation activity to help determine next steps and justification for an involuntary intervention.
- Research activity to help determine which agencies can assist with involuntary interventions.

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 secondary and vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

Sample Questions for Discussion: Define Involuntary Service Planning

The topic of involuntary service planning is an important one in APS. Supervisors, trainers, and APS professionals can engage in discussion of this issue by asking some important questions and raising awareness of the responsibility involved in making the decision to intervene against the wishes of a vulnerable client.

What is meant by “involuntary service planning”? This can be confusing to even a seasoned APS professional. Simply put, it is an intervention initiated by APS professional, without the client’s consent, for the purpose of safeguarding the vulnerable adult at risk of abuse or neglect. Below are some questions that you can use to facilitate critical thinking, a discussion and create awareness especially with new APS professionals.

1. What do you think is the most often used involuntary intervention in APS work? (just the act of an APS visit may seem to many as an infringement on the client’s right to privacy)
2. Many APS clients have physical or neuro-cognitive vulnerabilities that may put them at risk. What kind of risks would warrant an involuntary intervention?
3. Under what circumstances would an involuntary intervention be appropriate?
4. What types of involuntary interventions might protect a client from harm?

Facilitator Discussion Points for Sample Questions for Discussion: Define Involuntary Service Planning

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What is meant by “involuntary service planning”? This can be confusing to even a seasoned APS professional. Simply put, it is an intervention initiated by APS professional, without the client’s consent, for the purpose of safeguarding the vulnerable adult at risk of abuse or neglect. Below are some questions that you can use to facilitate critical thinking, discussion and create awareness especially with new APS professionals.

1. What do you think is the most often used involuntary intervention in APS work? (just the act of an APS visit may seem to many as an infringement on the client’s right to privacy)
2. Many APS clients have physical or neuro-cognitive vulnerabilities that may put them at risk. What kind of risks would warrant an involuntary intervention?
 - a. Ideas: a client presenting with a medical emergency such as being severely injured or unresponsive, APS may need to call 911 immediate medical intervention. This may also happen when a medical emergency, like severe dehydration is impacting the client’s decision-making ability.
3. Under what circumstances would an involuntary intervention be appropriate?
 - b. Ideas: if the client lacks decision making ability, if the client has no family/other support,/support with decisions, if the client is at risk of imminent danger or an imminent danger to self or others.
4. What types of involuntary interventions might protect a client from harm?
 - c. Ideas: involuntary mental health hold, 911 call for medical or law enforcement intervention, conservatorship

It can be very difficult to know when an involuntary service plan is needed. It is important to consult with your supervisor, peers, and community partners. Multi-Disciplinary Team Meetings (MDTs) can also be helpful in determining next steps. Seek out consultation with community partners. The first step is developing rapport and a trusting relationship with your client.

This will help you understand who your client is and what they want and value. Starting where the client is will help with next steps.

Case Scenarios with Discussion Questions to Assist in Determining Whether an Involuntary Service Plan is Needed

Case Scenario 1: Sisters Needing Support

Sadie S., age 87, lives with her sister, Sheila, who is 82. Neither sister has been married and they currently live in their family home. Both worked as nurses and have been retired for approximately 20 years. They were involved with their local church and senior center for years, but since the pandemic, they have not been back to either and tend to stay home most of the time. There are no surviving siblings, but there is a niece who lives across the country who they do not have contact with. Sadie has been diagnosed with Alzheimer's Disease and Sheila has been her caregiver. Sheila recently had a stroke and was hospitalized, leaving Sadie alone in the home. While Sadie can perform most ADLs on her own, she needs assistance with IADLs, including grocery shopping, transportation, bill paying, meal preparation, and housecleaning. Sadie is very upset about her sister being in the hospital and has become increasingly agitated. She is also known to leave her house and not be able to find her way home. Police have been called twice in the last week to help her home, since Sheila is in the hospital.

Questions for discussion:

- What is the level of risk that harm occurring to Sadie?
- How urgent is Sadie's situation?
- What are the cultural and ethical issues?
- What is the least restrictive environment?
- What other information would you need to make a determination on whether an involuntary intervention is needed?

Case Scenario 2: Grieving the Loss of a Spouse

Richard R., age 74, lost his husband Manuel to a heart attack two years ago and he is still grieving. He has been diagnosed with insulin-dependent diabetes and depression. He has lost 20 lbs in the last two months and has not been following his diabetic diet. He has also been drinking more alcohol recently and has fallen twice in his apartment. His SSI income is \$800 a month and he lives in subsidized affordable housing. He was recently found on the floor by his neighbor. He stated that he was dizzy, but the neighbor

noticed a strong odor of alcohol. His foot was swollen and discolored. His neighbor offered to call 911, but Richard refused.

Questions for discussion:

- How significant is the risk of harm to Richard?
- What is the urgency?
- What are the cultural and ethical issues?
- What is the least restrictive environment?
- What other information would you need to make a determination on whether an involuntary intervention is needed?

Case Scenario for Discussion to Explore Ethical Issues in the Decision to Use an Involuntary Intervention

Salima K. is a 60-year-old female who recently emigrated to the US from Kerala, India where she has lived her whole life. She was brought to the US by her 35-year-old son, Arshad, who is a doctor. Arshad came to the US for medical school and currently works in a local hospital. He has an American wife and an infant daughter. He wanted his mother to care for his daughter, so his wife could return to her job as a teacher. Salima speaks some English but is not familiar with the culture or customs in her son's home. Salima is Muslim, but her son's family does not practice her religion. Salima has also been experiencing some mental health issues over the last several years, and her behavior in her son's house has been strange. She has been making threatening gestures towards her daughter-in-law and has been telling her son she is "tired of living". Her son is gone most of the time at work and does not think he can address Salima's needs.

Exploring Ethical Issues

There are many things that could influence the APS professional's decision to use or not use an involuntary intervention. Look at the following four categories and reflect or have a discussion about what might influence you in either direction with this case.

Client's wishes:

Professional Obligations/Agency Mandates:

Personal Values:

Community:

Facilitator Discussion Points

Case Scenario #1: Sisters Needing Support

Questions for discussion:

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- How urgent is Sadie's situation?
- What are the cultural and ethical issues?
- What is the least restrictive environment?
- What other information would you need to make a determination on whether an involuntary intervention is needed?

Case Scenario #2: Grieving the Loss of a Spouse

Questions for discussion:

- How significant is the risk of harm to Richard?
- What is the urgency?
- What are the cultural and ethical issues?
- What is the least restrictive environment?
- What other information would you need to make a determination on whether an involuntary intervention is needed?

Case Scenario #3: Ethical Issues and Salima K.'s Complex Situation

Client wishes:

IDEAS How does the client feel about her current situation? What does the client want?:

- Professional Obligations:
- *IDEAS: If the client is a danger to herself or others (daughter in-law) Behavioral health would need to be called to assess for an involuntary hold ("threatening gestures" and "tired of living" statements need to be explored). Does the client need a psychiatric hold evaluation? Does the client need medical intervention? Is the son neglecting the client?*

Personal Values:

- *IDEAS: Cultural and religious views should be explored. Is the client able to practice her religion in a way that she wants? What are the APS professional's views about working with clients from other cultures and*

religion? Does the APS professional have any feelings about the family dynamics?

Community:

- *IDEAS: What referrals to other community partners and resources could the client benefit from?*

Discussion for Next Steps and Justification for Involuntary Intervention

APS professionals will need to justify the use of an involuntary intervention. Common questions that might be asked are:

- Were all least restrictive options explored?
- Have all of the facts been documented?
- Have all professionals and appropriate agencies been consulted?
- Did the APS professional conduct an extensive investigation and develop an appropriate service plan to address the client's needs or did they go too far?

Newer APS professionals may experience greater challenges with implementing an involuntary intervention due to concerns of damaging the relationship with the client. They may also have second thoughts about choosing to initiate an involuntary intervention due to their desire to protect the client. They might also question if they are justified and have enough documentation to warrant implementing an involuntary intervention.

Below are case examples that explore if an involuntary intervention is/was needed. These can be used for independent reflection or discussion (during 1:1 supervision, in a unit meeting, as a large group, etc.)

1. The client lives in an apartment which is full of papers, collectibles, and boxes. There is only a narrow path from the kitchen to the bedroom. The client has is unsteady and has fallen several times. The client says all the items are sentimental and they do not want to throw anything away. You call behavioral health to have the client evaluated for an involuntary hold for danger to self.

Was this intervention appropriate?

2. The client has limited mobility, receives bedside care and receives care from his daughter. Client's daughter has a substance use disorder and has not been providing meals or supervision. Client is losing weight and seems fearful of her daughter. Client does not want you to talk to her daughter. Client is alert, oriented to person, place, time and purpose and shows you a recent doctor exam that notes that she scored perfectly on a capacity assessment and has decision making ability. You leave and close the case, as client has the right to make her own choices.

Was this intervention appropriate?

3. Client is an 89-year-old male, whose wife passed away 25 years ago. He recently met a 32-year-old woman and informs his children that he has fallen in love and getting married. Client has decision-making ability and has no substantial medical conditions. Client's adult children insist APS refer the client for conservatorship and recommend his funds be frozen.

Is this intervention appropriate?

Facilitator Discussion Points for Next Steps and Justification for Involuntary Intervention

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Was this intervention appropriate?

Feedback:

- a. This intervention seems extreme. Items to consider: does the client have a mental health condition? Is the client a danger to self/others or gravely disabled? Is the client open to assistance?
2. The client has limited mobility, receives bedside care and receives care from his daughter. Client's daughter has a substance use disorder and has not been providing meals or supervision. Client is losing weight and seems fearful of her daughter. Client does not want you to talk to

her daughter. Client is alert, oriented to person, place, time and purpose and shows you a recent doctor exam that notes that she scored perfectly on a capacity assessment and has decision making ability. You leave and close the case, as client has the right to make her own choices.

Was this intervention appropriate?

Feedback:

This intervention is likely not enough to help increase the client's safety and well-being. Items to consider: APS can interview the daughter if she is the Alleged Abuser without client's permission to get more information and provide resources. The APS professional could share with the client some of the benefits of interviewing her daughter as APS can provide her daughter with referrals and resources as she may also need assistance and support. APS could assist with linking the client to alternative care.

3. Client is an 89-year-old male, whose wife passed away 25 years ago. He recently met a 32-year-old woman and informs his children that he has fallen in love and getting married. Client has decision-making ability and has no substantial medical conditions. Client's adult children insist APS refer the client for conservatorship and recommend his funds be frozen.

Is this intervention appropriate?

- a. This intervention seems extreme. APS does not have the authority to freeze funds. More information is needed regarding facts, observations, dates, collateral information, medical records, and bank records. It also states in the scenario that the client has decision-making ability so a referral for conservatorship does not seem appropriate. There is also not enough information about the client's love interest's motive, and motive of adult children. The least restrictive alternative needs to be explored and further investigation is needed.

Who Should We Contact for Assistance?

Independently, in supervision with your supervisor, with your peers, or at a unit meeting, identify the appropriate resources needed to help implement an involuntary case plan.

Start with the following questions:

1. What do I want to happen?
2. Which agency is likely to make that happen?
3. Who is the best contact person?
4. What can that agency do?
5. What is the agency not able to do (limitations)?

Research the following in your community and present back to your supervisor or at a unit meeting:

- Who can do an involuntary hold?
- Who can assist with medical emergencies?
- Who can assist if a client needs conservatorship?
- Who can assist with protective custody issues, if needed?
- Who can freeze bank accounts?
- Who can assist with money management?
- Who can assist with substance use treatment?

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OUR WHY:
REVOLUTIONIZE
THE WAY PEOPLE
WORK TO ENSURE
THE WORLD IS A
HEALTHIER PLACE.



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