

De-escalation Skills

Instructor Led Training

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, 2025

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Introduction

We are pleased to welcome you to **De-escalation Skills 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) and the National Adult Protective Services Training Center (NATC)
- 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) Committee

Partner Organizations

Dawn Gibbons-McWayne, Program Director, APSWI

Academy for Professional Excellence

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

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Jennifer Spoeri, Executive Director, National Adult Protective Services Association (NAPSA)

<https://www.napsa-now.org/>

Paul Needham, Chair, NAPSA Education Committee

<https://www.napsa-now.org/>

James Treggiari, Adult Protective Services Liaison, Adult Protective Services Division

California Department of Public Social Services

cdss.ca.gov/Adult-Protective-Service

Jason Kemp Van Ee and Emily Nicholl, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association (PSOC)

<https://www.cwda.org/about-cwda>

Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and line staff 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

National Adult Protective Services Association

Committees:

California's Curriculum Advisory Committee. For this content, the following committee members contributed:

- Amanda Servin, Social Worker Supervisor II, San Luis Obispo County
- Carmen Wyttenbach, Adult Protective Services Supervisor, Ventura County
- Marisa Hunt, Social Services Supervisor I, Orange County
- Terri Pearson, Adult Protective Services Specialist, San Diego County

Southern California's Training Planning Committee

National Adult Protective Services Association (NAPSA) Education & Development Committee

Curriculum Developer

Quatana Hodges, MPA

How to Use This Manual

This curriculum was developed as a virtual **4-hour workshop, not including breaks**, 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.

The Participant Manual should be sent ahead of time as a fillable PDF if using Adobe Acrobat or to allow participants to print a hard copy.

- Actions which the trainer takes during the training are written in **bold**
- *Trainer Notes* are italicized.

Use of language: Throughout the manual, APS professional is 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 slide instructions:**
1. On the Slides tab in normal view, select the slide you want to hide.

On the Slide Show menu, click Hide Slide. The slide number will have a line through it to show you have hidden it.

NOTE: The slide remains in your file even though it is hidden when you run the presentation.

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 an extensive background working in Adult Protective Services (APS) or social services and/or case management facilitate this training. In addition, strong skills in moderating emotionally charged and sensitive discussions with care and respect to prevent further escalation or re-traumatization of learners is required. The training can be co-facilitated by instructors who have a combination of the above experience.

There are handouts that are located in the Participant Manual and should be shared with learners prior to the start of the training. Each section and activities have prompts for the trainer and should be reviewed thoroughly to prepare.

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.).
- 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 25-30 participants.

<p>Teaching Strategies</p>	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none"> ○ Lecture segments ○ Interactive exercises (e.g., breakout groups, chat box discussion, video demonstration, polling activities) ○ Question/answer periods ○ PowerPoint Slides
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Materials and Equipment	The following materials are provided and/or recommended: <ul style="list-style-type: none">○ Trainer Manual○ Participant Manual (fillable PDF)○ PowerPoint Slides○ Headset with microphone Computer○ <u>Financial Abuse—Alleged Perpetrator A/P interview</u> video clip○ <u>Managing Conflict and Encouraging Client Engagement</u> video clip
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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

Course Description

APS professionals meet people in their homes, the community, and other locations to discuss allegations of abuse, neglect, and exploitation. That doesn't come without dynamics that can be challenging for all involved. This course will discuss practical tools to utilize in tense situations to help APS professionals keep their interactions calmer and productive as well as recognize when it's best to leave an unsafe situation. Participants will explore ways that APS professionals can maintain their professionalism in difficult situations and respond in ways that effectively address the underlying cause of someone escalating. Participants will leave with strategies to help diffuse conflict, which promotes their safety while improving outcomes with clients, alleged perpetrators, and collateral contacts.

Instructor Led Training

This Instructor Led Training (ILT) is designed to be delivered either virtually or in-person.

Intended Audience

This training is intended for new and experienced line staff who interview clients and collaterals, provide risk assessments, develop service plans and/or provide case management service.

Learning Objectives:

Upon completion of this training, participants will be able to:

- Identify how an APS professional's self-awareness and interpersonal relationship skills can prevent a situation from escalating.
- Identify common activators that contribute to negative reactions and responses.
- Discuss techniques that can address specific behaviors and ease agitation
- Explain signs that a situation may not be safely de-escalated.

Course Outline

CONTENT	MATERIALS	TIME
Welcome, Introductions, and Course Overview	Slide #1 - #8	Total: 20 minutes
About the Academy & APSWI		
Land Acknowledgement		
Housekeeping & Introductions		
Learning Objectives		
Content and Discussions		
Poll & Icebreaker Questions		<i>10 mins</i>
The Role of the APS Professional in Safety and Risk Reduction	Slides #9 - #17	Total: 40-45 minutes
The Emotional Dynamics of APS		
Review of General Safety Practices and Purpose of this Course		
Self-Awareness		
Reflection Activity: Activation and Self Control (<i>Individual</i>)	Handout: Activation and Self-Control Handout: Feelings Wheel	<i>5 mins</i>
Have a Self-Control Plan		

CONTENT	MATERIALS	TIME
Non-Verbal Cues/Communication		
Counter-transference	Poll	<i>2 mins</i>
Building Empathy		
Escalation Root Causes and Techniques to Diffuse	Slides #18 - #23	Total: 45-50 minutes
Where might the behavior be coming from?		
Activity: Identify Your Root (<i>Individual/Option to share</i>)	Handout: Identify Your Root	<i>5-10 mins</i>
Root Causes and How to Respond		
Focused Techniques	Handout: Focused Techniques	
Additional Techniques	Handout: Focused Techniques cont.	
Effectively Expressing Empathy		
Putting it into Practice	Slides #24 - #28	Total: 75 minutes
Activity: Video Demonstrations (<i>Large Group Discussion</i>)	APSWI Videos: <ul style="list-style-type: none"> • <i>#1 Managing Conflict,</i> • <i>#2 Financial Abuse-Interview with A/P</i> Handout: Video Activity	<i>35 mins</i>

CONTENT	MATERIALS	TIME
Activity: Case Scenarios (<i>Small Group Discussion and Report Out</i>)	Handouts: Case Scenarios #1 - 4	<i>20-25 mins</i>
When You Can't De-escalate		
Additional Scenarios to Consider		
What To Do Afterwards		
Wrap-Up & Evaluations	Slides #28 - #30	Total: 15-20 minutes
Key Takeaways		
PIE Wrap Up		
TOTAL (Excluding Breaks)		3.5 hours

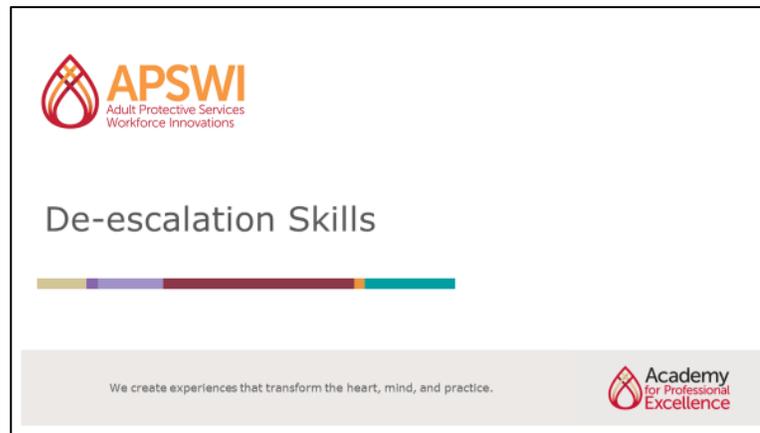
Welcome, Introductions and Course Overview

Time Allotted: 20 minutes

Associated Objective(s): N/A

Method: Poll Question, Icebreaker Question, Lecture

Slide #1: De-escalation Skills



Welcome participants and allow everyone to settle in.

Ask participants to sign in or type names, titles, and counties/units into chat box.

Slide #2: About the Academy & Adult Protective Services Workforce Innovations (APSWI)



The slide content includes the following elements:

- Logos for Academy for Professional Excellence and APSWI (Adult Protective Services Workforce Innovations) at the top.
- Section title: "About the Academy & APSWI"
- Text: "The Academy is a project of San Diego State's School of Social Work. Serving over 20,000 health and human services professionals annually, the Academy's mission is to provide exceptional workforce development and learning experiences for the transformation of individuals, organizations and communities."
- Text: "APSWI, or Adult Protective Services Workforce Innovations, is a training program of the Academy that provides innovative workforce development to APS professionals and their partners."
- Image of a building at San Diego State University.
- Section title: "ACADEMY PROGRAMS"
- Logos for APEX, APSWI, CWDS, LIA, and SACHS.

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 #3-4 Land Acknowledgement



Trainer Note: These slides incorporate a national land acknowledgment to honor the land that anyone who accesses the materials is on. When training, insert the land you're training from.

Share:

- Slide #3- The purpose of a land acknowledgement is to recognize the relationship of Indigenous peoples to the land. It is multi-faceted in its meaning. It shows respect to the people of the land, to the land itself and to their relationship to one another. They are statements that recognize the dispossession from the land, the harm brought by colonial practices, beliefs and policies. They validate and recognize the continued presence of Indigenous peoples everywhere. Lastly, when offered in earnest and with sincerity, they are the first steps in reconciliation and healing.
- Slide #4- For millennia, hundreds of Tribal nations have been a part of this land. This land has nourished, healed, protected, and embraced them for many generations in a relationship of balance and harmony. As members of the Academy community, we acknowledge this legacy. We promote this balance and harmony. We find inspiration from this land; the land of the original inhabitants of this Nation.

Find the tribe(s) in your area: <https://native-land.ca/>

Slide #5: Housekeeping and Introductions

Housekeeping & Introductions

- Location of restrooms
- Set cell phones to silent/vibrate
- Schedule
 - Please return promptly from breaks and help us keep to the schedule
- Comfort breaks – please feel free to walk about or stretch throughout the day as needed
- Materials
 - PowerPoint Slides
 - Participant Materials
- Introductions



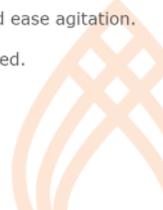
Share any important housekeeping items, including virtual items if training virtually. **Review** the participant materials.

Allow for introductions, to include how long they've been in their position.

Slide #6: Learning Objectives

Learning Objectives

- Identify how an APS professional's self-awareness and interpersonal relationship skills can prevent a situation from escalating.
- Identify common activators that contribute to negative reactions and responses.
- Discuss techniques that can address specific behaviors and ease agitation.
- Explain signs that a situation may not be safely de-escalated.



Explain that in today's training, we will review information and skills in order to help strengthen your ability to handle challenging situations with sensitivity and respect for diverse, cultural and generational backgrounds. Safety (physical, psychological, and physiological) is crucial for Adult Protective Services (APS) professionals.

We recognize that comprehensive safety skills and training are available and may be required before conducting home visits.

This course consists of:

- A brief overview of essential safety skills,
- The primary focus will be on strategies APS professionals can use to prevent situations from escalating,
- Strategies to manage conflict in a calm and composed manner, and
- When to leave a situation if de-escalation is not working, allowing APS professionals to feel confident in their assessment and skills so they can remain safe.

Review the following learning objectives:

Upon completion of the course, participants will be able to:

- Identify how an APS professional's self-awareness and interpersonal relationship skills can prevent a situation from escalating.
- Identify common activators that contribute to negative reactions and responses.
- Discuss techniques that can address specific behaviors and ease agitation.
- Explain signs that a situation may not be safely de-escalated.

Slide #7: Content and Discussions

Content and Discussions

- APS work is both challenging and rewarding
- Content may activate feelings
 - Please take care of yourself
- Case Scenarios may bring up uncomfortable feelings
 - If you feel safe enough, sit with your feelings
- Exploration of feelings can result in insights, growth and increased resilience.



Share the following about the content in today's workshop:

- 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.
- Content and discussion around heightened or intense situations that may include micro-aggressions, offensive language, or intense emotions today may activate feelings based on personal or professional experiences, including secondary and/or vicarious trauma and we encourage everyone to do what they need to do in order to safely engage in the training today.
- Reading and discussing case scenarios can bring up uncomfortable feelings for some individuals, for a variety of reasons. However, individuals are encouraged, if there is discomfort (and they feel safe enough to do so), to develop awareness of their uncomfortable feelings and allow them to simply be there.
- It is possible that exploration of these feelings could bring about personal insights, growth, and increased resilience, if handled with care, curiosity, and sensitivity. Striving to foster a learning environment that harnesses the power of experiential learning while also respecting an individual's sensitivity to particular topics and/or learning experiences is the goal.

Slide #8: Poll Activity and Icebreaker Question

Poll Activity and Icebreaker Questions

- Question 1 (Poll Activity)
- Question 2
 - Reflect on a tense situation you were in recently that you were successfully able to diffuse. What did you do?



Explain that you are going to launch a poll question. If in person, read the question and answer options and allow learners to vote by raising their hands.

- Poll Question: *What is your first instinct when you're in a situation with a client or alleged perpetrator who is visibly upset, or beginning to escalate?*
 - a. Listen and let them vent
 - b. Offer immediate solutions
 - c. Set firm boundaries
 - d. End the visit

Show the results of the poll to the group. **Explain** we'll discuss immediate reactions, techniques, and more throughout this course.

- Icebreaker Question: *Think about a recent tense situation you managed to resolve successfully. What's one thing you did or said that helped ease the situation?*

After **allowing** learners to think about the Icebreaker Question, **invite** learners to share a situation they were in and what they did to diffuse it, or keep it from escalating. (*If training **virtually**, invite the participants to share in the chat box and read a few aloud.*)

Acknowledge that we all have varied experience, and that you are aware that many, if not all, participants, have great skills in this area. Today we hope to reinforce those skills and provide new insight and strategies.

The Role of the APS Professional in Safety and Risk Reduction

Time Allotted: 40-45 minutes

Associated Objective(s): Identify how an APS professional's self-awareness and interpersonal relationship skills can prevent a situation from escalating.

Method: Lecture, Individual Reflection, Polling, Group Discussion

Slide #9: The Emotional Dynamics of APS

The Emotional Dynamics of APS

APS work may not always be received favorably.

- It involves confronting uncomfortable issues where emotions are heightened.
- The presence of APS professionals and the issues you explore can activate clients and collaterals, even if pure intentions.
- This work may also evoke strong feelings within your own self.



Trainer Note: These next two sections (The Emotional Dynamics of APS & Review of General Safety Practices) are brief refreshers and reminders to provide a foundation for the skill building opportunities later in the course.

Explain:

- APS professionals should understand and accept that your work may not always be received favorably.
- Investigations involving neglect and/or abuse allegations involve engaging in uncomfortable conversations about issues where emotions can be heightened.
- The presence of APS professionals and the issues you explore can be activating for clients for various reasons, even if your intentions are pure and coming from a place of kindness.
- The work of APS professionals may also evoke strong feelings within your own self.
- Recognizing these emotional dynamics is important to conduct work with compassion, empathy, and professionalism.
- We will explore and work through these complicated dynamics.

Slide #10: Review of General Safety Practices

Review of General Safety Practices

- What precautions do you currently take to help ensure your safety?
- If you're a supervisor, how do you promote the safety of your staff?
- What safety protocols do your agencies have in place?



Ask what precautions do you currently take to help ensure your safety? If you are a supervisor, how do you promote the safety of your staff? What safety protocols do your agencies have in place?

Safety techniques to **review** and **discuss** can include:

- Reviewing the prior case for safety alerts
- Attempting to schedule an appointment when appropriate
- Making sure your supervisor is notified of your whereabouts (some counties complete field itineraries, and some use their calendar to list where they'll be and when)
- Being mindful of where you park your car
- Being aware of where the exits are in a home and having direct or quick access to an exit during the visit
- Teaming with a coworker or supervisor on a visit
- If it is reported that there are weapons in the home, going on the home visit with Law Enforcement

Explain that physical safety is very important, and there are courses and materials that focus primarily on how to prepare and assess safety concerns prior to and during home visits. The purpose of this training today is to focus on how APS professionals can interact with others and keep those interactions calm, which promotes their physical, emotional, psychological safety.

Slide #11: Self-Awareness

Self-Awareness

Self-awareness is defined as “an awareness of one’s own personality or individuality.”

- Navigating clients’ and alleged perpetrators’ negative reactions requires awareness of our own learned conflict history and emotional triggers.
- Your level of patience may vary on different days and times—and that is okay! Knowing your limits will keep you from unintentionally escalating in a situation.



Explain that self-awareness is defined as “an awareness of one’s own personality or individuality.” (Merriam-Webster.com, 2025)

Share:

- Navigating clients' and alleged perpetrators' negative reactions requires awareness of your own learned conflict history and emotional activations.
 - Be aware of what types of situations are difficult for you and recognize when an individual's behavior may be challenging your capability to maintain professionalism and productivity.
- Your level of patience may vary on different days and times—and that is okay!
 - Knowing your limits will keep you from unintentionally escalating in a situation.

Ask, “How do you recognize when you feel yourself reacting out of emotion?” (e.g. behavior, tone or level or voice, words used.)

Ask, “How do you calm yourself down and get back to your baseline?”

Acknowledge that exploring what makes us emotional may be more challenging for some people than others. Not everyone grew up talking about feelings or was taught healthy coping mechanisms. However, we are asking to reflect on this today because recognizing how we react in certain situations can help us keep interactions calm and safe.

Refer participants to the Handout-Feelings Wheel. Highlight that there are many feelings to describe what we might be experiencing at different times. **Encourage**

participants to use this as a resource prior to home visits and when they can get back into the office, to help name how they're feeling in their day-to-day work.

Slide #12: Reflection Activity

Reflection Activity

PAUSE
& REFLECT

- Individual Activity--*Activation and Self-Control*
 - Take a few moments to reflect on the types of people and/or situations you've encountered in the course of your work that immediately caused a strong reaction in you. Write down 2 examples.
 - Write down some indicators you noticed and in what ways did you react?



Reflection Activity: Activation and Self-Control (5 minutes)

Method: Individual Work

Allow learners to take a few moments to reflect on the types of people and/or situations they've encountered in the course of their work that immediately caused a strong reaction in them. **Guide** them to write down two examples.

Read these reflection questions:

- What indicators or changes did you notice about your body, thoughts, energy, disposition etc. that first arose when you felt yourself reacting to those situations? (ex. Was your heart beating fast, did you find yourself wanting to argue, did you begin to speak faster or louder than usual?)
- How did you react in those situations?

Ask participants to write down their indicators and how they reacted

***Trainer Note:** Once the learners have a few moments to write their answer down, **prompt** them to think about solutions they can implement to help calm themselves.*

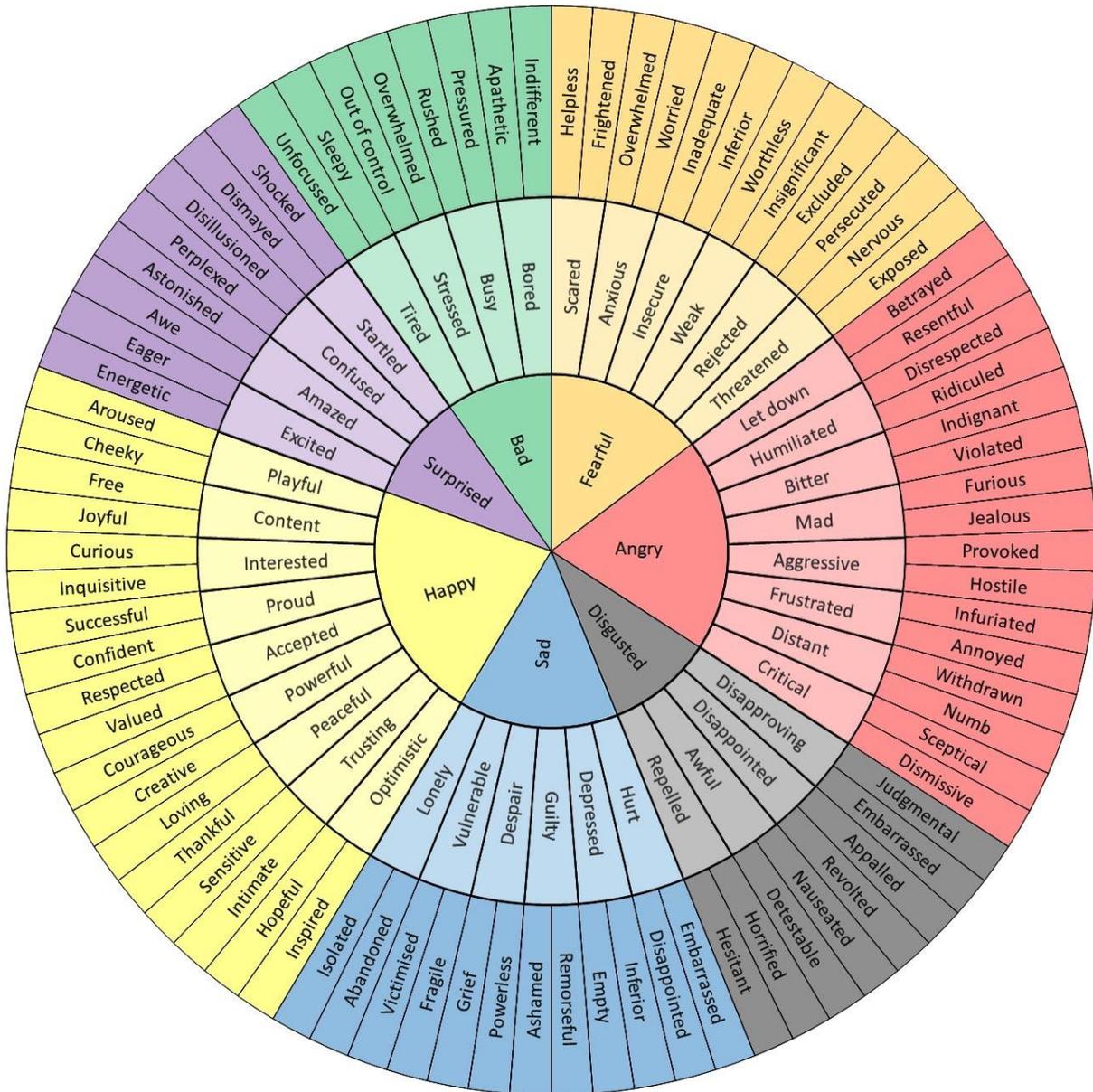
Handout: Activation and Self-Control

Take a few moments to reflect on the types of people and/or situations you've encountered in the course of your work that immediately caused a strong reaction in you. Write down two examples.

What indicators or changes did you notice about your body, thoughts, energy, disposition etc. that first arise when you feel yourself reacting to a situation? (ex. Was your heart beating fast, did you find yourself wanting to argue, did you begin to speak faster or louder than usual?) Write down 1-2 indicators you notice when you are starting to feel activated and what ways did you react?

Now, think of something you did to calm and center yourself.

Handout: Feelings Wheel



The Feel Wheel, Geoffrey Roberts (2015).

Slide #13: Have a Self-Control Plan

Have a Self-Control Plan

In order to maintain your composure and professionalism even in challenging situations, try the following:

- Deep breathing
- Self-talk
- Pausing, waiting to respond
- Offer to take a break
- Grounding techniques
- "Name it to tame it"



What is something you'd be willing to try?

***Trainer Note:** This section is intended to introduce the learner to possible strategies for self-regulation, knowing what works for them during difficult situations and to have a plan. Slide titled "Focused Techniques" goes into more detail of focused techniques of possible reasons certain behavior arises and how to reduce that behavior from escalating.*

Explain that APS professionals are held to a high standard while serving the community. You are expected to maintain your composure and professionalism even in challenging situations. Having effective strategies in place (having a plan) to help you remain calm can play a crucial role in preventing situations from escalating.

Discuss the following strategies:

- Deep breathing
- Self-talk (affirming statements "I don't have to react to this", "I can handle this")
- Pausing and waiting a few seconds before responding
- Step away or take a break, offer a break to the person you're communicating with
- Ground yourself by focusing on an object, or something physical, such as the feeling of your feet on the floor
- "Name it to tame it": Try to identify what you're feeling (I'm frustrated, I'm angry, I'm offended, etc.) and this may make it easier for you to control your reaction

Ask learners to share a technique they're willing to try that they haven't utilized before.

Slide #14 & 15: Non-Verbal Cues/Communication

Non-Verbal Cues/Communication

Dr. Albert Mehrabian has done extensive research on body language, and he developed the “7-38-55 rule”.

- 7% of our communication is through actual words
- 38% is done through tone of voice
- 55% is conveyed through body language.



Non-Verbal Cues/Communication—cont.

- Tone of voice
 - It’s not what you say, but the way you say it.
 - Tone can greatly impact the way a message is received.
- Body Language
 - Be aware of your body language.
 - Are your arms crossed? How is your posture or stance?
- Facial Expressions
 - Are you frowning? Is your jaw clenched? Did you narrow or roll your eyes?

Explain that a surprising amount of our communication with one another is nonverbal. Dr. Albert Mehrabian (meh-ray-bee-an) is a behavioral psychologist and UCLA professor who has done extensive research on body language. As a result of his studies, he developed the “7-38-55 rule”. Dr. Mehrabian’s findings suggest that 7% of our communication is through actual words, 38% is done through tone of voice, and 55% is conveyed through body language. (Mehrabian, 1981).

- Tone of voice
 - There is a common phrase “it’s not what you say, but the way you say it”? which means that tone can greatly impact the way a message is received. It can build or break the rapport you are attempting to develop.
 - **Discuss** the following examples of what tone can convey:
 - Sincerity
 - Friendliness
 - Sarcasm
 - Fear
 - Nervousness
 - Confidence
 - Arrogance
 - Words express our thoughts, but tone can express our feelings and attitude. The intent of what you say may not always have the impact you want, and your tone can influence that.
 - A warm tone can set the atmosphere for an open and friendly dialogue while a cold tone can cause someone to shut down or become defensive. Your tone can influence building trust and can help you keep your conversations calm and productive.

- Body Language:
 - Be aware of your body language. Are your arms crossed? How is your posture or stance? What are you conveying with your body language; how could it be interpreted by the person you're speaking with?
- Facial Expressions:
 - Are you frowning? Is your jaw clenched? Did you narrow or roll your eyes? What are you conveying with your facial expressions; how could they be interpreted by the person you're speaking with?
- Eye contact is also something to be mindful of.
 - It can convey that someone is being genuine, engaged and interested.
 - In some cultures, direct eye contact can be considered inappropriate or disrespectful.
 - Some can find it intimidating, especially from someone they perceive to be in a position of authority.
 - Direct eye contact could possibly be activating for some trauma survivors as well.
 - Some neurodivergent individuals find it difficult to maintain eye contact, therefore, just because they aren't looking directly at you doesn't mean they aren't engaged in the conversation.
- In addition to being aware of your body language and facial expressions, be mindful of the other person's body language and facial expressions as well. Their body language can indicate:
 - Successful rapport building and putting the person at ease
 - They are escalating and you may need to change your approach, or pivot quickly and change the topic of discussion.

Slide #16: Counter-transference

Counter-transference

- This is when a therapist or social work professional's reactions and responses to a client are rooted either in a past relationship, experience, or unresolved trauma.
- The feelings can be positive or negative.
- Poll Activity



Ask participants if they have heard of the term transference and if so, would they like to share what it means.

Explain: The concept is typically used in therapy but is also relevant in client/APS professional interactions.

- **Transference:**
 - Occurs when a client unconsciously projects feelings, attitudes, and behaviors from a past relationship or experience onto their therapist or social work professional.
 - These feelings can be either positive or negative.
- **Counter-transference:**
 - Is the opposite of transference.
 - Happens when a therapist or social work professional's reactions to a client are influenced by their own past relationships, experiences, or unresolved trauma.
- If you experience a particularly strong reaction to a client or alleged perpetrator:
 - Pause and reflect on the reason behind your reaction.
 - This may be a sign of counter-transference.
 - Counter-transference can make it difficult to remain calm and effectively de-escalate a situation.

Launch Poll Question (2 minutes):

Have you ever had a client who reminded you of someone, or a past experience and you realized it affected the way you worked with them? (Yes or No)

Remind learners that the feelings projected onto the client can be positive or negative.

- Example, an APS professional that made several visits to a home and had a difficult time closing a case because the client reminded them of their grandfather, who they have very fond memories of.
- It's important to be aware of when you're having these feelings so you can address them, control them and ensure they don't negatively impact your work.

Ask if a few of the learners will share some of their experiences.

Slide #17: Building Empathy

Building Empathy

- Empathy is the unconditional acceptance and understanding of a person's feelings and perspectives. (Dubble, 2025)
- It's trusting that this is what they are experiencing and feeling at this moment in time.
- As an APS professional, it is imperative to remain empathetic, culturally responsive, and trauma informed.



Explain:

Empathy is the unconditional acceptance and understanding of a person's feelings and perspectives. (Dubble, 2025)

- It's trusting that this is what they are experiencing and feeling at this moment in time.

As an APS professional, it is essential to:

- Remain empathetic.
- Be culturally responsive.
- Practice trauma-informed care.

Being culturally responsive involves:

- Staying curious about others' experiences.
- Engaging in ongoing self-awareness and self-reflection during interactions.

Consider the client's perspective during an APS visit:

- A stranger arrives at their home, uninvited and unexpectedly.
- The stranger wants to discuss deeply personal topics like health, finances, and family history.
- Most APS clients did not request help or intervention.

Cultural and generational norms can influence how clients talk about themselves and their families.

- Clients may fear being judged or seen as helpless.
- Some may avoid appearing vulnerable, as it can be perceived as weakness.

Older and dependent adults often face stereotypes and biases about their abilities.

- This can lead to defensiveness and wariness toward strangers.

Building trust involves:

- Understanding the client's history, culture, and unique circumstances.
- Acknowledging the discomfort of the situation.
- Respecting their right to refuse services.
- Clearly communicating that your role is to help and support them.

Escalation Root Causes and Techniques to Diffuse

Time Allotted: 45-50 minutes

Associated Objective(s): Identify common activators that contribute to negative reactions and responses.

Method: Lecture, Individual Work, Group Discussion

Slide #18 & 19: Where Might the Behavior Be Coming From?

<p>Where might the behavior be coming from?</p> <p>Being culturally responsive, client centered, and trauma informed</p> <ul style="list-style-type: none"> • Includes acknowledging trauma that many marginalized groups have experienced. • Includes negative experiences with government agencies. • Some communities have a history of unfair treatment and abuse by institutions of authority. • Some clients will perceive your position as having power over them. 	<p>Where might the behavior be coming from?</p> <ul style="list-style-type: none"> • What are other possible root causes of why clients, alleged abusers, and/or collateral contacts begin to escalate? • <u>Individual Activity—Identify Your Root</u> <ul style="list-style-type: none"> ◦ In your handout, you will review five situations and rate your emotional reaction, 1 (no reaction) - 4 (I feel angry). ◦ Why do you think some instances bother you more than others? ◦ For the things you rated 3 or 4, are you able to identify what it is about them that evokes such a strong reaction in you? 
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Explain that as mentioned earlier it is important to remain culturally responsive, client-centered, and trauma informed. This includes working from the mind frame that most people have experienced some form of trauma in their life.

- Due to power and oppression, people who have been and/or are currently being marginalized have a history of unfair treatment and abuse by institutions of authority.
- Sometimes clients will perceive your position, as an APS professional, as one that has power over them and may feel threatened.

Ask learners what are other possible root causes of why clients, alleged perpetrators, and/or collateral contacts begin to escalate?

Trainer Note: If not mentioned by the learners, other root causes you can discuss include the following:

- Fear
- Embarrassment
- Feeling judged
- Feeling misunderstood/miscommunication
- Guilt or Defensiveness
- Denial
- Resentment (of APS's presence, of their situation)
- Sick and tired (of being sick and tired, or experiencing pain)
- Mental Health history or symptoms
- Substance use or misuse
- Physical pain
- Medical/physical (TBI) challenges

- Cognitive decline/difficulties
- Behavioral health challenges
- Emotional challenges (overwhelmed or overstimulated)
- Transference

Activity: Identify Your Root (5-10 minutes)

Method: Individual Work

Trainer Note: The purpose of this activity is to allow the learner to recognize if there is an emotional or physical reaction to the below situations, it is important to reflect on the last questions to help the learner identify the root of those feelings.

Explain that participants will now review a few situations that could have an emotional reaction.

- Refer participants to **Handout: Identify Your Root**
- Individually, participants will take 1-2 minutes to first review five short prompts and rate their response from 1-4 (1-no reaction, 2-mildly irritated, 3-incredibly frustrated, 4-I feel angry). Please read #1-#5 out loud to the participants.
 - 1) Getting cut off in traffic
 - 2) Someone cutting in line
 - 3) Being interrupted when you're trying to speak
 - 4) Someone parking in your parking space or blocking your car in
 - 5) Bullying (witnessing it or experiencing it directly)
- Next, participants can take 3-5 minutes to reflect on these questions:
 - Why do you think some instances bother you more than others?
 - For the things you rated 3 or 4, are you able to identify what about it evokes such a strong reaction in you?

Ask if any of the learners would like to share.

Trainer Note Optional: If time allows, a poll can be created with the five prompts to help with the visualization of diverse responses.

Handout: Identify Your Root

Let's talk about some things that may stir up emotion in us. On a scale of 1-4, (1-no reaction, 2-mildly irritated, 3-very frustrated, 4-I feel angry) rate the following instances:

- _____ A. Getting cut off in traffic
- _____ B. Someone cutting in line
- _____ C. Being interrupted when you're trying to speak
- _____ D. Someone parking in your parking space or blocking your car in
- _____ E. Bullying (witnessing it or experiencing it directly)

Why do you think some instances bother you more than others? For the things you rated 3 or 4, are you able to identify what about it evokes such a strong reaction in you?

Slide #20: Root Causes and How to Respond

Root Causes and How to Respond



Behaviors are patterns developed to fulfill needs, whether they are physical or emotional.

- Certain behaviors serve to either obtain something desirable or avoid something undesirable.
- It can help when attempting to de-escalate a situation if you can discern the nature of the behavior directed toward you.



Explain that behaviors are patterns developed to fulfill needs, whether they are physical or emotional.

- Certain behaviors serve to either obtain something desirable or avoid something undesirable.
- A main strategy to de-escalate a situation is the ability to discern the nature of the behavior directed toward you (i.e. manipulation, intimidation, or both) or to understand the underlying motivations behind the behavior.
 - This enables you to respond in a manner that addresses the person's needs. This could be very effective in keeping a situation calm or reducing agitation.
 - Common motives of aggressive behaviors are fear, frustration, feeling disrespected, and loss of choice or power.

Share that we'll cover common reasons for the escalated behavior and provide techniques to address those specific behaviors or feelings being expressed on the next slides.

Refer learners to **Handout: Focused Techniques**, to follow along for the next three sections.

- There is also an active learning opportunity which allows learners to fill out the definitions of the three levels of active listening.
- They can use this handout following the training as a reminder and quick reference guide.

Slide #21: Focused Techniques

Focused Techniques

- Fear
 - Reduce the threat or unknown
- Frustration
 - Active listening and lending control
- Manipulation
 - Detach and redirect
- Intimidation
 - Identify consequences and state your boundaries
- Hopelessness
 - Empower them
- Loss of Power/Control
 - Lend control and provide choices
- Feeling judged/Defensiveness
 - State clearly what your intentions are, and what they are not
 - Focus on problem solving



***Trainer Note:** In this section, focus on the root cause and de-escalation technique. The examples are provided to reinforce the technique.*

Explain that many of the techniques we'll address are examples of soft-skills that are often used in APS work in other situations. We'll be discussing using them specifically to de-escalate situations that are safe to do so.

Cover the following techniques and invite participants to share their experience of when these have worked, or when there's been challenges:

- Fear (reduce the threat and the unknown)
 - Ex. If a client expresses fear about the outcome of a home visit, the APS professional can assure them that APS is a voluntary program, and they will not be forced to do anything they don't want to do. You only want to check on their wellbeing and see how you can help them.
- Frustration (active listening/lend control),
 - Ex. A client is upset that the APS professional will not tell them who made the APS report. The APS professional can respond by acknowledging their feelings and letting them know that proceeding with the visit is their choice. "I understand that this is frustrating. If you don't want to talk to me, I can leave. Is it alright if I contact you another time?"
- Manipulation (detach and redirect)
 - Ex. An alleged perpetrator is attempting to complement you or get you to align with them in hopes this will affect the outcome of your investigation. "I can tell you're very smart. You can see what's going on here, right? My mother is just trying to get attention. Have you ever been the sole caregiver for a parent? I'm sure you

- can understand what this is like.” The APS professional can choose not to respond or discuss any of their personal details with the person. Instead, redirect the conversation by asking concrete questions: “You’re the sole caregiver? Can we discuss your responsibilities and daily routine?”
- Manipulation can include someone attempting to bait you into an argument, especially if the intent is to prevent an APS professional from conducting their investigation and stop them from asking pertinent questions. If you are able to maintain self-control, then the technique of detaching and redirecting can be effective.
 - Intimidation (identify and verbalize consequences and/or state your boundaries)
 - Ex. An alleged perpetrator refuses to let you speak to your client. They start using foul language. The APS professional can state a boundary, such as “We can discuss your concerns, but I need us to do so respectfully. I need to speak with my client, and if you don’t allow that, then I’ll have to call law enforcement. I’d like to avoid that if I can.”
 - Just because you feel intimidated doesn’t necessarily mean someone is trying to intimidate you. Be mindful of this, as sometimes this is where our biases can come into play.
 - Hopelessness (empower them)
 - Ex. A client has a family member living in their home that they’d like to move out, but they feel like there’s no way they can make them leave. They say “I don’t even know why you’re here. You can’t help me either—nothing’s going to change.” An APS professional can educate the client of their rights, encourage them, and let them know that there is help available to them. A response could be, “This is your home and it is up to you who is allowed to be here. Let’s go over some information about your rights.”
 - Loss of control (lend control and provide choices)
 - Ex. A client now needs assistance with their care after surviving a stroke. They are having difficulty processing all the recent changes in their life. Frustrated, they say, “It doesn’t matter what I want anymore. I guess I have to move to one of those homes since I need help every day.” The APS professional can let this person know that they have options. A response could be, “You may not have to move if you don’t want to. There are in-home caregivers, adult day care centers, and programs such as IHSS. Would you like to discuss all of your options?”

- Feeling judged, or defensiveness (clearly state your intentions, focus on problem solving)
 - State what your intentions are as well as what they are not.
 - Show empathy for the other person's situation.
 - Ex. A client referred to APS for concerns of self-neglect perceives the home visit as an insult or a judgement on the way they live. The APS professional can clearly state their intent and offer concrete solutions to what the issue may be: "You missed your last medical appointment, and I just want to make sure everything is alright. I'm not here to berate you. Is there an issue with transportation? If so, there are some services I can discuss with you."
 - When speaking to an alleged perpetrator, they may immediately feel judged when they're told there has been an APS referral involving them or their loved one.
 - Ex. An APS professional is investigating neglect by someone's caregiver and the caregiver is upset by the visit. A response could be, "I can imagine how difficult it is to be the sole caregiver. I am not here to criticize you, I want to see how I may be able to help you get some assistance and perhaps some respite."

(Pro-Act, Inc., 2022 and the Crisis Prevention Institute, 2021)

Slide #22: Additional Techniques

Additional techniques

- Identify a common goal or interest
 - Appeal to their sense of logic or reason, giving them the sense that you are on the same team with the same goal
 - Shift the feeling of you vs. them to both of you vs. the issue

- Demonstrate empathy
 - Provides a space to share without feeling judged
 - Often an unexpected response, interrupting their expectations and redirects
 - Shows compassion, even in disagreements
 - Allows for self-reflection



Share that all of the techniques covered are really about identifying the root cause behind the behavior. However, there are general techniques that can also be applied:

- Identify a common goal or interest
 - Particularly helpful with agitated or aggressive alleged perpetrators, family members, or collaterals, as the professional you can appeal to their sense of logic/reason and give them the sense that you are on the same team and have the same goal as them which is the client's safety and well-being. (This removes the feeling of you versus them and changes the dynamic to both of you versus the problem or issue.)
 - This can help combat feelings such as defensiveness, offensiveness, fear and frustration.
 - Ex. "I know we both want to make sure your father is getting the care he needs. Let's talk about how I may be able to help your family."

- Demonstrating empathy
 - It may sound overly simple, but empathy is one of the most powerful tools to de-escalate a tense situation.
 - **Invite** participants to think of a time in their professional work where they felt "heated" about something, and another person was involved. What helped them regulate? Did someone, not only the other person involved, validate, listen, stay silent? They likely were expressing empathy.
 - Empathy creates a safe space for the person you're speaking with to share their feelings without fear of judgement. It helps you to build rapport and find common ground.

- It's also an unexpected response when people begin to become agitated with you. When someone is expressing anger, they often expect the person they're speaking with to do the same or to argue. However, if you respond with a thoughtful statement acknowledging their feelings and showing compassion, it could interrupt their expectations and redirect the entire conversation.
- In many instances, the agitated party may stop, self-reflect, and begin to match your calm energy.

Slide #23: Effectively Expressing Empathy

Effectively Expressing Empathy

Practice:

- Active Listening: Internal, Focus, & Global
- Reflective Responses
- Validating Emotions
- Using "I" statements cautiously
- Showing Compassion
- Offer Support



Avoid:

- Argumentative Statements
- Judgmental or Blaming Statements
- "I know how you feel"



Review the following techniques/statements that can help express empathy:

- Active listening: According to [Co-Active Training Institute \(CTI\)](#) (2024) there are 3 levels of active listening: Internal (Level 1), Focus (Level 2), and Global (Level 3) Listening.
 - Internal listening is when a person listens to the sounds of their own inner voice.
 - Focus listen is where there is a hard focus between people.
 - Global listening is when a person is aware of the energy between themselves and others.
 - The overall goal is to be aware of your own opinions/feelings and make sure they don't prevent you from being truly engaged with the other person and observing their mood, tone, body language while being present.
- Reflective responses/statements: Asking clarifying questions, paraphrasing, and reflecting the person's emotions, such as "It sounds like you're feeling frustrated."
- Validating emotions: "It is okay to be angry, it is completely understandable", "your feelings are valid", "I can imagine how troubling this is."
- Using "I" statements cautiously. The goal is to acknowledge the other person's feelings and/or express your thoughts without being judgmental or placing blame. "I can see that this is very difficult for you", "I am concerned for your safety", "I hear that you are frustrated".
- Showing Compassion: "I'm very sorry someone did this to you", "Thank you for sharing this with me".
- Offer Support: "Take your time, I'm here to listen", "There is help for you, you don't have to go through this by yourself."

Review the following types of statements to avoid:

- Statements that are argumentative, that judge or place blame
- Avoid saying “I know you how feel.”
 - You want to show the person that you are truly trying to understand them and their situation.
 - It is unlikely that you will be able to fully relate to their experience(s).
 - By saying “I know how you feel” it could be perceived as disingenuous or dismissive, which could cause your client to become frustrated and unheard. It is better to ask how they feel and listen attentively.

Handout: Focused Techniques

Fear → Reduce the threat and the unknown

Frustration → Active listening/lend control

Manipulation → Detach and redirect

Intimidation → Identify and verbalize consequences and/or state your boundaries

Hopelessness → Empower them

Loss of control → Lend control and provide choices

Feeling judged, or defensiveness → Clearly state your intentions, focus on problem solving

Additional Techniques:

Identify a common goal or interest → Give them the sense that you are on the same team and have their safety and well-being in mind.

Demonstrate empathy → Creates a safe space for sharing their feelings without fear or judgement, helping build rapport

Effectively Expressing Empathy:

Active listening → 3 levels of active listening (Co-Active Training Institute, 2024)

(Level 1) Internal - _____

(Level 2) Focus - _____

(Level 3) Global - _____

Reflective responses/statements → Ask clarifying questions, paraphrasing, and reflecting the person's emotions

Validate emotions → Verbalize and support their emotions

Using "I" statements → Acknowledge their feelings without being judgmental

Show compassion → Thanking them for sharing their feelings

Offer support → Provide supportive words and time in the moment

Statements to avoid → Argumentative, judgmental or place blame

Putting it Into Practice

Time Allotted: 75 minutes

Associated Objective(s): Discuss techniques that can address specific behaviors and ease agitation. Explain signs that a situation may not be safely de-escalated.

Method: Lecture, Videos, Break out groups

Slide #24: Video Activity

Video Activity

- [Managing Conflict and Encouraging Client Engagement](#) 
- [Financial Abuse Allegation – Alleged Perpetrator Interview](#) 
- Large Group Discussion
 - After viewing the videos, discuss the questions in your handout.



Activity: Video Demonstrations (35 Minutes)

Method: Large Group Discussion

Trainer Note: Having the videos queued at the starting time and ending at the time noted will help manage time.

Instructions:

- 1. Refer** participants to their **Handout: Video Activity**.
- 2. Explain** that we are going to watch two videos where the APS professional de-escalates situations.
- 3.** After viewing the videos, take 2-3 minutes to answer the questions on the handout.
- 4. Prompt** the learners to keep in mind that they may not agree or like the APS professional's demeanor or interview style, but that is because we all have our own approach and do not interview the same way.
- 5. Play** the following video from 0:42 until 5:02:
 - a. Managing Conflict and Encouraging Client Engagement:**
- 6.** Discuss the following questions: (5-7 minutes)
 - a.** What behavior tactic(s) did the son use to attempt to stop the APS professional from seeing his mother?
 - i.** *Possible answers: Intimidation, manipulation (his stance, his tone, refusing to allow the APS professional inside the home), avoidance, lying.*
 - b.** What do you think was behind the behavior?
 - c.** What techniques did the APS professional use to de-escalate the son?
 - i.** *Possible answer: The APS professional-remained firm, reminded the son of the rules and consequences of his behavior, applied*

reasoning, appealed to their sense of reason, "we want the same thing" (shifts the conflict from a "you versus me" to "us versus the problem" mindset)

7. Play the following video from 0:18 until 4:30

a. Financial Abuse—Alleged Perpetrator A/P interview:

8. Discuss the following questions: (5-7 minutes)

a. What behavior tactic(s) did the alleged perpetrator use?

i. *Possible answers: The alleged perpetrator tried intimidation, manipulation (shut down, tone of voice/delivery, rolled her eyes, direct insults, got close to the social worker and pointed her finger)*

b. What do you think was behind the behavior?

c. What techniques did the APS professional use to de-escalate the A/P?

i. *Possible answers: The APS professional remained calm, stated her boundaries ("I'm going to have to ask you not to point at me like that") and offered to take a break)*

Report out in large group discussion (10 mins)

Handout: Video Activity

Managing Conflict and Encouraging Client Engagement:

- a. What behavior tactic(s) did the son use to attempt to stop the APS professional from seeing his mother?
- b. What do you think was behind the behavior?
- c. What techniques did the APS professional use to de-escalate the son?

Financial Abuse—Alleged Perpetrator A/P interview:

- a. What behavior tactic(s) did the alleged perpetrator use?
- b. What do you think was behind the behavior?
- c. What techniques did the APS professional use to de-escalate the A/P?

Slide #25: Case Scenarios

Case Scenarios

Small Group Activity

- In your groups, read through the assigned case scenario and discuss the corresponding questions.
- Please choose a volunteer to record your responses and report out 😊



Activity: Case Scenarios (20-25 minutes)

Method: Small Group Discussion and Report Out

Explain that you will divide everyone into groups. You will assign each group a case scenario (#1 – #4).

Instructions:

1. As a small group, read the case scenario (aloud or individually)
2. Take 10 minutes to answer and discuss the questions.
3. Each group will have the opportunity to report out to the large group.
4. Each group choose a volunteer (individual or as a group) to report out.

Divide learners into groups of 3-4 per group. **Assign** each group a Case Scenario number. **Provide** 10 minutes for small group discussion.

Trainer Note: Each Case Scenario is printed as a Handout on its own page for learners to print and/or reference with their groups. When the groups come back from their small group discussions, assist the volunteer by reading the summary of the case scenario and then allowing them to share their groups discussion/answers.

Case Scenario #1:

You receive an APS report about Claire (she/her), who is 70-years-old woman that alleges self-neglect. The reporting party states that Claire has been seen wearing unkempt stained clothing and there is trash piled up by her door and inside her home it is untidy and cluttered. The reporting party states that Claire

was diagnosed with rheumatoid arthritis two years ago, and she's had an increasingly difficult time meeting her needs and managing household chores since then. The reporting party states that prior to her diagnosis, Claire was always very well groomed and kept a tidy, organized house. There is concern that Claire may need assistance caring for herself. She has friends in the neighborhood that are available to help with some tasks, but she told one of them that she feels too embarrassed to ask. When you arrive at the client's home, Claire answers your knock at the door. Initially, she appears happy to have a visitor. However, when you explain that you are following up on an APS report, she starts showing signs of being agitated. Her demeanor changes and her voice starts to raise as she asks, "who called the hotline on me?" You explain that you are unable to share that information. Claire begins to get angrier, and asks, "how can you just show up at my home, and not tell me where this report came from and who has been talking about me? I've been taking care of myself just fine for a long time. Who said I need 'protective services'?"

Summary for Trainer: Claire, 70 years old, reported for self-neglect, has recent mobility issues from rheumatoid arthritis and observed declining self and household care, became agitated and angry when an APS professional arrived and refused to reveal the source of the report.

1. How would you attempt to ease the tension and de-escalate this situation?
2. What do you think are possibly the underlying feelings that are causing the client's reaction?
3. How could you, as the APS professional, tailor your approach to respond to these feelings?
4. Would you find it difficult to remain calm in this situation?

Trainer Note: The client could possibly be feeling embarrassment and judgement. The APS professional can let the client know there is no judgement here, only the desire to help. Reframe the call to APS from "someone talking about her" to someone expressing care and concern. Attempt to redirect the conversation to ways that you can help the client if she would like support. Give control by reiterating that although you can't provide information regarding the report party, it is her choice to speak with you.

Case Scenario #2:

You receive a report regarding Steven (he/him), who is 80 years old. A neighbor smelled gas when they were visiting Steven in his home. They brought Steven to their house and called the gas company on his behalf. It was discovered he'd left one of the burners of his stove on, and since there was no flame Steven didn't

notice it. The reporting party said that Steven did notice the smell, but didn't know what to do about it. Steven has a daughter named Gloria. She is his caregiver, but she was not present at the time of the incident. The APS report alleges self-neglect, and neglect by Gloria. When you arrive at the home, Steven is present. He allows you inside and invites you to sit with him in his living room. You are able to engage him and during your conversation, he shares that he has been experiencing memory loss. He has been diagnosed with Alzheimer's disease and takes prescribed medication. His daughter, Gloria, helps take care of him. She comes over every day to check on him and make sure he takes his medicine. You've been speaking with Steven for about 20 minutes, then Gloria arrives at the home. She asks, "Who are you and what are you doing here?" You introduce yourself and with Steven's permission, explain the reason for your visit. Gloria is visibly upset. She says, "I'm doing the best I can to help my father. How dare anyone judge us and then send you here to criticize me!" She states that Steven leaving his burner on was an accident, and she can't watch him every minute. "You have no idea how hard this is, and all the changes I've made to be here for him. And you're here accusing me of abuse?!"

Summary for Trainer: A report of self-neglect and caregiver neglect involving 80-year-old Steven, who has been diagnosed with Alzheimer's and left the gas burner on. Steven's daughter, who is his caregiver, reacted angry and defensive when interviewed.

1. What, if anything might come up for you that is activating or cause a reaction?
2. How would you attempt to ease the tension and de-escalate this situation?
3. What do you think are possibly the underlying feelings causing her reaction?
4. How could you, as the APS professional, tailor your approach to respond to these feelings?

Trainer Note: Gloria could possibly be feeling judged and/or disrespected, and perhaps a loss of control since she is now in the role of caregiver for her father and must check in with him often. The APS professional can show empathy, acknowledge how difficult it is being a caregiver, ask how she's feeling, assure her you're there to offer assistance and that you both want the same thing for the client. The APS professional can show support by discussing alternatives that can help her and her father, such as: senior centers specifically for older adults experiencing cognitive decline, in-home care, the Alzheimer's Association, In-Home Support Services, etc.

Case Scenario #3:

You receive a report about Cheryl (she/her), who is a 65-year-old woman, who lives with her son, Richard. The report alleges emotional and financial abuse by Richard. The reporting party states that Richard moved into Cheryl's home a year ago. He doesn't work or contribute to the household financially. Cheryl reports that when she has asked Richard in the past about getting a job, he becomes agitated, yells at Cheryl, slamming and throwing items around. Richard has intense mood swings and will yell at Cheryl. She reports that she is afraid of him. You arrive at Cheryl's home and she answers the door. You see a man inside the home sitting on the couch. You introduce yourself and ask if Cheryl feels comfortable speaking at this time. She says yes and invites you into her home. She leads you to the kitchen and motions for you to sit at the table. Cheryl confirms that the man on her couch is her son, Richard. She tells you she allowed him to move into her home after he lost his job last year and "he was having a hard time". She is beginning to divulge more details, then Richard comes into the kitchen. He asks what you're talking about. Cheryl tells him, "This is a social worker, they're just checking in on me. Isn't that nice?" Richard begins to ask you questions and you tell him that you'll be happy to speak with him after you finish speaking with Cheryl. The client invites you to their bedroom to finish speaking in private. However, Richard comes into the room after a few minutes demanding to know what is being discussed. He says he knows that you're a "busybody who is here to make trouble". Cheryl tries to appease Richard, but doesn't tell him directly to leave her room. He attempts to insult you again, speaking louder. He calls you a "dumb county worker" and "a puppet for the government".

Summary for Trainer: Investigating alleged emotional and financial abuse of Cheryl who is 65-years-old, by her son, Richard. Richard interrupts the investigation by insulting the APS professional.

1. How would you try to ease the tension and de-escalate this situation?
2. What tactic do you think Richard is trying here?
3. How would you tailor your response to address Richard's tactic(s)?
4. Would you find it difficult to keep yourself calm in this situation?

Trainer Note: Richard may be trying to intimidate the APS professional and distract them by baiting them into an argument, which is manipulation. If the APS professional is able to keep themselves from escalating, they can proceed with the interview by not responding to Richard's attempts at insulting them, but instead assert a boundary by stating that they will be happy to speak with Richard, but they need Richard to speak with them respectfully (detach, redirect). Remind Richard of a consequence, that you may have to call law enforcement to the home to stand by if Richard continues to keep you from speaking with the

client alone. The APS professional could also suggest meeting with the client at another time when Richard is not home or offer to meet at another location.

Case Scenario #4:

You are conducting a follow-up visit with your client, Edward (he/him), a 60-year-old man. You met with him last month. The APS report alleged neglect by the client's wife, Sheila, who is also his primary caregiver. Edward uses a wheelchair due to a spinal cord injury and needs assistance with all of his ADLs. During your initial visit, you were able to speak with him and his wife. Sheila admitted to being overwhelmed with Edward's care. She disclosed that she is also having a medical issue she is currently dealing with. You provided referrals to home care agencies, adult day healthcare centers, and suggested Sheila speak to Edward's doctor about a possible home health referral. You return to the home to see how Edward is doing and if the couple is able to access any of the resources you recommended. When you arrive at the home, Sheila answers the door. Edward comes to the door and is standing behind her. Edward asks, "What are you doing here? Why did you come back?" You are a bit taken aback by his aggressive tone, because at the initial visit you thought you established a good rapport with both Edward and Sheila. You respond that you would just like to talk and see how they are doing. They invite you into the living room, but do not invite you to sit anywhere. You remain standing near the doorway. Edward says, "I'm not sure what you want to talk about. You came here before and made it seem like we could get some help here. Some of the places we called are either too expensive for us or didn't even call us back! You got our hopes up and then left us to figure this all out alone. My wife is sick! We need help to navigate all this, and you don't even care! Why'd you bother coming back?!"

Summary for trainer: During a follow-up visit, a 60-year-old client named Edward, who uses a wheelchair, expressed aggressive frustration to the APS professional, accusing them of providing unhelpful resources and abandoning him and ailing wife.

1. How would you attempt to ease the tension and de-escalate this situation?
2. What do you think are possibly some of the underlying feelings causing this reaction?
3. How could you tailor your approach to address those feelings?
4. Would you find it difficult to remain calm in this situation?

Trainer Note: Edward and his wife appear to be frustrated and may be feeling a loss of control since they can't afford some of the caregiver agencies, can't get a response from another, and don't know how they can move forward. The APS

professional can show empathy by validating their feelings and experiences, i.e. "I'm sorry that you aren't getting responses and proper follow up, I understand that is very frustrating." The professional can lend some control and give them an option. Ask, "How can I help now? Would you like me to make some calls with you now while I'm here? Or we can talk about some other programs or services you may qualify for."

Report out and large group discussion.

Handout: Case Scenario #1

You receive an APS report about Claire (she/her), who is 70-years-old woman that alleges self-neglect. The reporting party states that Claire has been seen wearing unkempt and stained clothing, and there is trash piled up by her door and inside her home it is untidy and cluttered. The reporting party states that Claire was diagnosed with rheumatoid arthritis two years ago, and she's had an increasingly difficult time meeting her needs and managing household chores since then. The reporting party states that prior to her diagnosis, Claire was always very well groomed and kept a tidy, organized house. There is concern that Claire may need assistance caring for herself. She has friends in the neighborhood that are available to help with some tasks, but she told one of them that she feels too embarrassed to ask. When you arrive at the client's home, Claire answers your knock at the door. Initially, she appears happy to have a visitor. However, when you explain that you are following up on an APS report, she starts showing signs of being agitated. Her demeanor changes and her voice starts to raise as she asks, "who called the hotline on me?" You explain that you are unable to share that information. Claire begins to get angrier, and asks, "how can you just show up at my home, and not tell me where this report came from and who has been talking about me? I've been taking care of myself just fine for a long time. Who said I need 'protective services'?"

1. How would you attempt to ease the tension and de-escalate this situation?
2. What do you think are possibly the underlying feelings that are causing the client's reaction?
3. How could you, as the APS professional, tailor your approach to respond to these feelings?
4. Would you find it difficult to remain calm in this situation?

Handout: Case Scenario #2

You receive a report regarding Steven (he/him), who is 80 years old. A neighbor smelled gas when they were visiting Steven in his home. They brought Steven to their house and called the gas company on his behalf. It was discovered he'd left one of the burners of his stove on, and since there was no flame Steven didn't notice it. The reporting party said that Steven did notice the smell, but didn't know what to do about it. Steven has a daughter named Gloria. She is his caregiver, but she was not present at the time of the incident. The APS report alleges self-neglect, and neglect by Gloria. When you arrive at the home, Steven is present. He allows you inside and invites you to sit with him in his living room. You are able to engage him and during your conversation, he shares that he has been experiencing memory loss. He has been diagnosed with Alzheimer's disease and takes prescribed medication. His daughter, Gloria, helps take care of him. She comes over every day to check on him and make sure he takes his medicine. You've been speaking with Steven for about 20 minutes, then Gloria arrives at the home. She asks, "Who are you and what are you doing here?" You introduce yourself and with Steven's permission, explain the reason for your visit. Gloria is visibly upset. She says, "I'm doing the best I can to help my father. How dare anyone judge us and then send you here to criticize me!" She states that Steven leaving his burner on was an accident, and she can't watch him every minute. "You have no idea how hard this is, and all the changes I've made to be here for him. And you're here accusing me of abuse?!"

1. What, if anything might come up for your that is activating or cause a reaction?
2. How would you attempt to ease the tension and de-escalate this situation?
3. What do you think are possibly the underlying feelings causing her reaction?
4. How could you, as the APS professional, tailor your approach to respond to these feelings?

Handout: Case Scenario #3

You receive a report about Cheryl (she/her), who is a 65-year-old woman, who lives with her son, Richard. The report alleges emotional and financial abuse by Richard. The reporting party states that Richard moved into Cheryl's home a year ago. He doesn't work or contribute to the household financially. Cheryl reports that when she has asked Richard in the past about getting a job, he becomes agitated, yells at Cheryl, slamming and throwing items around. Richard has intense mood swings and will yell at Cheryl with little to no provocation. She reports that she is afraid of him. You arrive at Cheryl's home, and she answers the door. You see a man inside the home sitting on the couch. You introduce yourself and ask if Cheryl feels comfortable speaking at this time. She says yes and invites you into her home. She leads you to the kitchen and motions for you to sit at the table. Cheryl confirms that the man on her couch is her son, Richard. She tells you she allowed him to move into her home after he lost his job last year and "he was having a hard time". She begins to divulge more details, then Richard comes into the kitchen. He asks what you're talking about. Cheryl tells him, "This is a social worker, they're just checking in on me. Isn't that nice?" Richard begins to ask you questions and you tell him that you'll be happy to speak with him after you finish speaking with Cheryl. The client invites you to their bedroom to finish speaking in private. However, Richard comes into the room after a few minutes demanding to know what is being discussed. He says he knows that you're a "busybody who is here to make trouble". Cheryl tries to appease Richard but doesn't tell him directly to leave her room. He attempts to insult you again, speaking louder. He calls you a "dumb county worker" and "a puppet for the government".

1. Would you find it difficult to keep yourself calm in this situation?
2. What tactic do you think Richard is trying here?
3. How would you tailor your response to address Richard's tactic(s)?
4. How would you try to ease the tension and de-escalate this situation?

Handout: Case Scenario #4

You are conducting a follow-up visit with your client, Edward (he/him), a 60-year-old man. You met with him last month. The APS report alleged neglect by the client's wife, Sheila, who is also his primary caregiver. Edward uses a wheelchair due to a spinal cord injury and needs assistance with all of his ADLs. During your initial visit, you were able to speak with him and his wife. Sheila admitted to being overwhelmed with Edward's care. She disclosed that she is also having a medical issue she is currently dealing with. You provided referrals to home care agencies, adult day healthcare centers, and suggested Sheila speak to Edward's doctor about a possible home health referral. You return to the home to see how Edward is doing and if the couple can access any of the resources you recommended. When you arrive at the home, Sheila answers the door. Edward comes to the door and is standing behind her. Edward asks, "What are you doing here? Why did you come back?" You are a bit taken aback by his aggressive tone, because at the initial visit you thought you established a good rapport with both Edward and Sheila. You respond that you would just like to talk and see how they are doing. They invite you into the living room, but do not invite you to sit anywhere. You remain standing near the doorway. Edward says, "I'm not sure what you want to talk about. You came here before and made it seem like we could get some help here. Some of the places we called were either too expensive for us or didn't even call us back! You got our hopes up and then left us to figure this all out alone. My wife is sick! We need help to navigate all this, and you don't even care! Why'd you bother coming back?!"

1. How would you attempt to ease the tension and de-escalate this situation?
2. What do you think are possibly some of the underlying feelings causing this reaction?
3. How could you tailor your approach to address those feelings?
4. Would you find it difficult to remain calm in this situation?

Slide #26: When You Can't De-escalate

When You Can't De-escalate

- After employing all techniques, the person continues their behavior and/or their behavior escalates further.
- If they threaten you or begin to encroach on your personal space.
- If they have a weapon.
- If their current mental/emotional state will not allow them to self-regulate.
 - Ex. Someone under the influence of drugs and alcohol, someone who is experiencing a mental/emotional health crisis.



Explain that your safety is the number one priority. It is important to recognize when you cannot de-escalate a situation safely, and you have to end the conversation and remove yourself.

Review the following examples of when de-escalation is most likely not possible.

- a. After employing all techniques, the person continues their behavior and/or their behavior escalates.
 - i. The more a person's behavior escalates, the greater the chance you will not be able to de-escalate which may lead to acting out, including possible violent behavior. If you cannot redirect someone early in the interaction, the risk to your safety increases significantly.
- b. If they threaten you or begin to encroach on your personal space.
 - i. Most likely, this behavior is an attempt to intimidate you. Calmly use boundary setting language such as, "I understand that you are upset, but I have to ask that you back away." You can also remind them of the consequences, such as "If you don't back away, or if you make the choice to (whatever the necessary step is), law enforcement may have to be called. I really don't want to do that."
 - ii. **Encourage** learners to discuss the safety policies and procedures for their county or program with their supervisor. All 58 counties in California are now mandated to have a workplace violence policy and prevention plan. Some include specific protocol to follow when a professional has been threatened by anyone during the course of performing their job duties.
- c. If they have a weapon.

- i.* **Explain** that people are allowed by law to have weapons in their home, and having a weapon does not automatically make someone a dangerous person. However, if a person is beginning to escalate and has a weapon, in the interest of safety, it is best to end the interview immediately. After leaving the home, when the APS professional is in a safe place, notify the supervisor and carefully document the incident.
- ii.* If someone brandishes a weapon to you, there are legal consequences. California Penal Code 417 details the act of brandishing a weapon, which could result in assault charges.
 - d.* If their current mental/emotional state will not allow them to be regulate.
- i.* **Discuss** examples:
 1. If someone is experiencing a mental and/or emotional health crisis that is causing them the inability to self-regulate, it is out of the scope of our expertise to attempt to de-escalate them. If necessary, call for an emergency mental health response team (such as CAT, PERT, etc.) to assist the client.
 - a.* Research the agencies in your county that provide crisis intervention for those experiencing mental health issues and have their phone numbers readily available.
 2. If speaking with someone that is neurodivergent, and they begin to feel overwhelmed, show signs of distress, or appear to be experiencing sensory overload and are having a difficult time self-regulating, it is appropriate to end the discussion in order to give the person their space.
 3. If someone is under the influence of drugs and/or alcohol, it is unlikely that we will be able to de-escalate them effectively or safely. Their inhibitions, ability to think rationally and grasp consequences are lowered which could increase the level of risk in that interaction.

Slide #27: Additional Scenarios To Consider

Additional Scenarios To Consider . . .



- When a client or alleged perpetrator is verbally abusive.
- When a client or alleged perpetrator makes inappropriate comments that can be considered sexual harassment.

Additional scenarios to consider:

- When a client is verbally abusive:
 - When comments are rooted in prejudice, bias or are overtly offensive to you personally, gauge your reaction quickly and assess if you will be able to continue with the interview.
 - Some people are able to remain unaffected by comments such as these, but others may react strongly and quickly, which is completely understandable. If the person you're speaking with continues to make these types of comments throughout the conversation, it may be best to end the interview and remove yourself from the situation. It is okay to state that you do not deserve to be spoken to like this and explain you need to leave.
- When a client makes inappropriate comments that can be considered sexual harassment:
 - If someone makes advances toward you, or makes sexual comments to you, that is highly inappropriate and could be considered harassment. You can attempt to set boundaries by letting the person know that you want to continue the conversation, but their comments are making you uncomfortable. However, if the behavior continues, it is recommended that you end the conversation, exit, and notify your supervisor.

Slide #28: What To Do Afterwards

What to do Afterwards

Your physical, emotional, and psychological safety is paramount!

- Speak with supervisor/check protocol before conducting visits
- Inform supervisor immediately and document
- Peer support
- Increase positive social interaction
- Express feelings in safe environment
- Give yourself compassion
- Ask for assistance



Explain that whenever you are in a situation where your safety is at risk and you have to leave a visit, please contact your supervisor once you are in a safe place. Your safety is paramount, and numerous programs have protocol regarding worker safety. Depending on the interaction, your supervisor may be required to complete a report and notify other state agencies. Law enforcement may need to be notified as well.

Trainer Note: Reminder learners that it is important they take care of themselves after a difficult interaction. It is important to take time to process challenging days and difficult situations helping to manage burnout. Some methods to review with the learners include:

- Seek support from colleagues
 - **Remind** learners that supervise the importance of providing a safe space for their staff to debrief and share their feelings.
- Positive Social Interaction
 - Spend time with people in your circle that affirm you and make you feel understood
- Express your feelings in a safe environment
 - Laugh, cry, vent
- Be compassionate and kind to yourself
- Know when to ask for help
 - Many employers offer counseling and EAP (Employee Assistance Programs)

Ask participants to share examples of self-care practices to regulate after a difficult interaction.

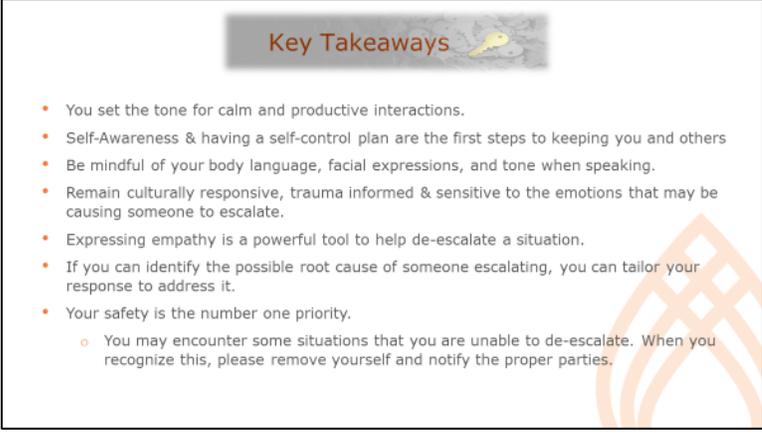
Closing And Evaluations

Time Allotted: 15-20 minutes

Associated Objective(s): N/A

Method: N/A

Slide #29: Key Takeaways



The slide features a title 'Key Takeaways' in a grey box with a yellow key icon. Below the title is a list of seven bullet points. A large, faint orange graphic of a stylized arch or bridge is visible in the background on the right side of the slide.

Key Takeaways

- You set the tone for calm and productive interactions.
- Self-Awareness & having a self-control plan are the first steps to keeping you and others
- Be mindful of your body language, facial expressions, and tone when speaking.
- Remain culturally responsive, trauma informed & sensitive to the emotions that may be causing someone to escalate.
- Expressing empathy is a powerful tool to help de-escalate a situation.
- If you can identify the possible root cause of someone escalating, you can tailor your response to address it.
- Your safety is the number one priority.
 - You may encounter some situations that you are unable to de-escalate. When you recognize this, please remove yourself and notify the proper parties.

Summarize key points from today's training:

- As an APS professional, you set the tone for calm and productive interactions.
- Self-Awareness and having a self-control plan are the first steps to keeping yourself and the people you interact with from escalating.
- Be mindful of your body language, facial expressions, and tone when speaking.
- Remain culturally responsive and trauma informed in the course of your work, and be sensitive to the emotions that may be causing someone to escalate.
- Expressing empathy is a powerful tool to help de-escalate a situation.
- If you can identify the possible root cause of someone escalating, you can tailor your response to address it.
- Your safety is the number one priority. You may encounter some situations that you are unable to de-escalate. When you recognize this, please remove yourself and notify the proper parties.

Slide #30: P-I-E Wrap Up

P-I-E Wrap Up

- P – **Priceless** piece of information.
 - What has been the most important piece of information to you today?
- I – **Item** to implement.
 - What is something you intend to implement from our time today?
- E – **Encouragement** I received.
 - What is something that I am already doing that I was encouraged to keep on doing?



Explain based on what we have talked about during our time together, answer these P.I.E. questions.

1. P – **Priceless** piece of information. What has been the most important piece of information to you today?
2. I – **Item** to implement. What is something you intend to implement from our time today?
3. E – **Encouragement** I received. What is something that I am already doing that I was encouraged to keep on doing?

Allow five minutes to answer the questions on your own. Once complete, **ask** for volunteers to share what they wrote down. If training virtually, request the participants to use the “Raise Hand” feature to volunteer to speak.

Use the following questions for debrief:

- What were some of the key words that you heard while you shared?
- What were the common themes that continue coming up?
- What would it mean for APS if we implemented the things on your PIE?
- What would it mean for APS if we did not implement the things on your PIE?

Slide #31: Thank You!



Provide any information on how to complete evaluations.

Remind participants how valuable they are and the work they do is to our communities.

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WORK TO ENSURE
THE WORLD IS A
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