

The Biopsychosocial Assessment of Noah Jackson Video Discussion Guide

Developed by Amy Waszak, LMFT

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APStraining@sdsu.edu for
questions or feedback.*



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Biopsychosocial Assessment Video Discussion Guide

Objective:

This guide is designed as a complement to the Adult Protective Services Workforce Innovations (APSWI) video "[Biopsychosocial Assessment of Noah Jackson](#)" to enhance learning and foster a deeper understanding of concepts portrayed. In the video, APS professional Angel Vasquez visits the home of Noah Jackson who has been referred to APS for possible financial exploitation. This video illustrates a comprehensive biopsychosocial assessment starting from building rapport at the door, a variety of assessments and concludes with a supervisor case consultation. The full video has been edited into five episodes in the following focus areas:

[Episode 1: Approach and Rapport Building](#)

[Episode 2: Discussing the Allegation\(s\)](#)

[Episode 3: Screening for Decision-Making Ability](#)

[Episode 4: Assessing the Home and Discussing New Concerns/Allegations](#)

[Episode 5: Supervisor Case Consultation](#)

How to Use:

- This discussion guide can be used by a trainer, facilitator/lead or supervisor during individual supervisor or coaching meetings, or in a group training session or meeting.
- If assigned for individual work, it is recommended to schedule time for discussion with supervisor or APS lead.
- Exploration of possible answers are provided. Adding in your expertise and applying your organization's policy is encouraged.
- Allow for discussion and exploration on what participants might do differently.

Content Warning:

We recognize that APS work is both challenging and rewarding and APS professionals are whole human beings who have their own experiences before and during APS work. Video content, which includes discussions of suicide and other difficult topics may activate feelings based on personal or professional experiences, including vicarious trauma. We encourage everyone to do what they need to in order to comfortably engage in this transfer of learning.

Episode 1: Approach and Rapport Building

1. Noah seemed to need a better understanding about why Angel was visiting him. How do you do the following:
 - a. Explain the reason for your visit
 - b. Build rapport quickly
 - c. Engage the client in participating in a home visit, especially when they seem impatient or hesitant

2. Angel shared early on that there was a report of concern.

What do you think of Angel's timing on sharing that? When or how do you typically mention there is a concern?

3. Angel explained that the reason for the visit was to address some concerns about possible financial exploitation and safety; she also expressed interest in hearing if Noah is experiencing any difficulties that he might need help with.

In what ways do you emphasize *person-centered interviewing* during a home visit?

Possible Strategies:

- *I've explained why I'm here to see you, and I'm interested to hear from you; tell me how things have been going lately from your perspective?*
- *Is there anything you've been having difficulty with?*
- *If you could change something about your current situation, what would it be?*
- *What does a "good day" look like for you right now? What makes a "bad day" difficult?*

4. In an effort to approach Noah in a trauma-informed way, Angel is transparent about APS, explaining what APS is and how the program serves the community.

How do you inform people about your program?

Episode 2: Discussing the Allegation(s)

1. Angel approaches the topic of Tina's identity and the financial exploitation with gentleness and curiosity.

How might you approach a conversation about financial exploitation when the client may have developed an emotional attachment to the perpetrator?

Pro Tip: Focus on the external consequences rather than the person's character.

Possible Strategies:

- *Instead of putting yourself in opposition to the client, partner with them and look at the discrepancies together.*
- *Remember: Validate the feeling, not the facts. You do not have to agree that the romance is real to acknowledge that the connection and/or validation the client feels is real.*

Possible ways to frame the conversation:

- *"I can see that this connection you have with [name] feels real. It's understandable that having companionship is something you need in your life."*
- *"I'm in a tough spot here. I see how much you care for [name], and I'm also looking at all of the money you've given, and I'm concerned about your financial security."*

2. Angel explains to Noah how romance scams operate. Noah replies, "what a dope I was." Then Angel clarifies "you're not a dope, you're a victim."

When a client uses self-limiting or self-stigmatizing language about themselves, how can you, the APS professional, help them reframe this labeling?

Pro tip: As an APS professional, your goal is to move the blame from the *person* to the *process*.

Possible Strategies:

- *Shift the focus to the sophistication of the scammer: "I hear how much you're blaming yourself, but it's important to know that these scammers are professional manipulators. You were targeted by a sophisticated scam."*
- *Shift the focus to the client's strengths: "Calling yourself 'a dope' suggests you think you were being foolish, but I see a person who is trusting and has a desire for human connection. Those are strengths."*

3. How does your organization view using the term "victim"? Does your organization encourage other terminology instead of "victim"? If so, what terminology is encouraged?

Possible Answers:

The Argument Against "Victim" (The move to empowerment)

- *Passivity versus Self-Determination: The term "victim" can imply a state of helplessness or passivity. APS professionals often prefer another term that highlights the individual's strength, resilience, and active role in their situation.*

The Argument for "Victim" (The need for acknowledgment)

- *Validation of harm: For some, "victim" is a powerful, validating word. It acknowledges that an injustice occurred and that the responsibility lies entirely with the perpetrator.*
- *Legal and forensic clarity: In police reports or court proceedings, "victim" may be legal terminology. It may be required to activate certain rights, such as victim compensation, advocacy, restraining orders, or specific protective services.*

The "person-first" alternative

- *Many organizations are adopting person-first language to bridge the gap in language preferences.*

Current terminology: Instead of "victim," professionals are encouraged to use "the person who experienced [event]" or the "person harmed."

4. Describe three different example scenarios that illustrate when it would be appropriate to use victim, person-first, or self-identified terminology.

Possible Answers:

- **Use of victim:** *Submitting a cross-report to law enforcement in which the APS client is named as a "victim" of elder abuse.*
 - **Person-first:** *Defining a client as "a person who experienced abuse" which creates space for their identity outside of the abuse/trauma.*
 - **Self-identified:** *Mirroring the client's language of "I'm a victim of this scam."*
5. Angel asks Noah questions about how much money he has spent on Tina. What kinds of questions can you ask to obtain details about how much money the client has lost due to financial abuse?

Possible Strategies:

- *Have you given or sent this person any money, gifts, or financial support?*
- *About how much would you estimate you've spent or sent so far?*
- *How were those funds sent? (For example: wire transfer, gift cards, apps, cash, bank transfers?)*
- *Have there been requests for increasing amounts over time?*
- *Did the person give specific reasons for needing the money (emergencies, travel, business issues)?*

6. What kinds of questions can you ask the client to encourage them to recognize and articulate their own awareness that they're being financially scammed/abused?

Possible Strategies:

- *Have there been any moments that didn't quite feel right to you?*
- *Have you ever felt pressured to send money quickly or keep things secret?*
- *Has the person avoided meeting you in person or video chatting?*
- *Have their stories or situations changed over time?*
- *What concerns, if any, have others raised about this relationship?*

Pro tip: If a client's decision-making ability is in a "gray area," and there are significant risks to their finances and/or safety, APS may decide to have a formal "Capacity Declaration" and/or Neuropsychological Evaluation done by a qualified psychologist or physician.

Episode 3: Screening for Decision-Making Ability

1. Angel approaches the topic of assessing mental status in a way that normalizes the connection between brain health and functioning.

What are some ways that an APS professional can approach the topic of assessing mental status in a way that elicits participation from a client?

Possible Strategies:

- *Focus on "brain health" versus "mental health"*
 - *The "protection" aspect; the APS professional wants to gauge how well the client can keep themselves safe*
 - *Agency protocol: the APS professional explains that part of the usual assessment protocol is to evaluate cognitive functioning.*
2. What kind of assessment and screening tools are approved for use by your organization?

Examples:

- *Montreal Cognitive Assessment (MoCA)*
 - *Mini-Mental State Examination (MMSE)*
 - *Mini Cognitive Assessment (Mini-Cog)*
 - *Interviewing for Decisional Ability (IDA)*
3. How might an APS professional assess decision making ability and brain health if a client declines to participate in a formal assessment?

Possible Answers:

- *Gather information through casual conversation, such as asking about the following: names/locations of family members, recent or upcoming appointments/activities, what the person had for breakfast or last meal, recent or current decisions being made, names of doctors or medications, financial information (source of income, where the person banks, etc.) details about the allegations (who, what, where, and consequences/potential harm)*

- **Assessing orientation:** *Instead of asking "What day is it?" ask about routines or events.*
- **Assessing memory (short-term and long-term):** *Asking conversational questions about recent (short-term) and past (long-term) events/information.*
- **Assessing Executive Functioning (planning, organizing, problem-solving):** *Asking conversational questions about managing things, such as medications, paying bills, etc.*

4. Noah's decision-making abilities seem to be in a "gray area." He has some memory deficits, but at the same time seems to have a good overall awareness of his situation and is still acting as his own decision maker. What assessment strategies can an APS professional use to gain further insight into a client's decision-making abilities when it seems to be unclear?

Possible Strategies:

The APS professional might use "if/then" scenarios:

- *If you ran out of your heart medication on a Saturday, what steps would you take to get a refill?*
- *If you received a notice from the bank that your account was overdrawn, what would you do?*
- *If you spend down all of your savings, how might this affect you, now and in the future?*

Episode 4: Assessing the Home and Discussing New Concerns/Allegations

1. Angel approaches the topic of safety of the home environment and asks if she can look around the apartment.

What are some ways an APS professional can lead into a conversation about assessing the home environment?

Possible Strategies:

- *"I'm noticing [enter observation- trip hazards, lack of food, disorganized medications, etc.], is it okay if I/we take a look around to check if you have what you need/if your environment is safe for you?"*
- *Ask- "Do you feel safe in your home?" Allow the APS client to share/point out concerns.*
- *Ask- how do you accomplish the following: grocery shopping, medication refills/medication management, house cleaning, laundry, etc.?*

2. Angel gently approaches assessing for suicidal thoughts by first acknowledging and validating Noah's feelings of sadness and overwhelm.

What are some ways that an APS professional can approach assessing for suicidal ideation in a way that feels natural and less like a checklist?

Possible Strategies:

- *Use the client's feelings or situation as a touch-point. When an APS client shares an experience that is upsetting, or a situation that makes them feel sad or hopeless, this can be a starting point for the conversation. Start with broad questions about their feelings and/or quality of life and gradually narrow down to specific safety questions.*
- *"You've experienced some really tough situations [insert hardship/struggle/loss]. Many people in your shoes find*

themselves feeling quite overwhelmed or hopeless. Have you had days where you've felt that way?"

3. Which suicide assessment tools are approved for use by your organization?

Possible Answers:

- *Geriatric Depression Scale (GDS)*
- *Columbia-Suicide Severity Rating Scale (C-SSRS)*

Remember: [988](https://www.988lifeline.org) is the U.S. national mental health crisis hotline number. A person can call or text 988, or chat via [988lifeline.org](https://www.988lifeline.org), to reach trained crisis counselors 24/7.

4. Angel conducts a general home safety assessment, and finds concerns with disorganized medications, piled up mail, unwashed dishes, lack of food in the home, washer, and dirty clothing. What services or resources would you recommend increasing Noah's safety and well-being?

Possible Answers:

- *Home health services, caregiver services, or nursing case management services that can help organize medications and set up a medication administration system.*
- *Money management services that can help organize mail, bills, and assist with bill payment/management of finances (power of attorney, representative payee services, trusted friend or family member, case management).*

- *Caregiver and/or housekeeping services (private pay or community/income based, such as IHSS or other needs-based community services).*
- *Appliance repair through apartment maintenance department.*

Episode 5: Supervisor Case Consultation

1. What channels of supervisor consultation are available to you as an APS professional?

Possible Answers:

- *Scheduled 1:1 supervision*
 - *By request (urgent and/or time-sensitive)*
 - *Group supervision/consultation/staff meetings*
 - *Multidisciplinary Team Meetings (MDTs)*
2. Angel presents the following information to her supervisor for case consultation: Client description, cognitive status, abilities and needs, safety/risk concerns, steps taken, interventions in place, financial information.

What case information is helpful to have to get the most valuable and helpful case consultation?

Possible Answers:

- *Client description (age, abilities, cognition)*
- *Client strengths (ability to self-advocate, resources in place, supports in place)*
- *Client needs (assistance with finances, caregiver services, meals, legal protections, etc.)*
- *Immediate safety concerns/risk level (emotional, physical, financial, medical)*
- *Steps already taken/interventions in place*
- *Protective services needed*
- *Financial status (helps determine ability to pay for needed resources, identifies monetary amounts at risk)*
- *Partnering agencies (law enforcement, home health, caregiver services, IHSS, Probate)*
- *Medical (providers, insurance, medications, home health care, caregiver services)*
- *Possible referrals/resources (Public Guardian, law enforcement, supportive services)*

3. In APS, there is a philosophy of honoring a client's self-determination/autonomy by implementing interventions on a continuum of least restrictive interventions first, moving up the ladder to more restrictive interventions only when deemed necessary and for the sole purpose of client safety.

What are some ways to honor this philosophy of least restrictive interventions first?

Possible Strategies:

- *Ask the client:*
 - *What steps are you willing to take to address this situation/make yourself safer?*
 - *Would you be willing to do (x, y, or z?)*
 - *How can we prevent this [insert safety concern] from continuing to happen?*
- *Offer voluntary strategies first: for example, caregiver services, case management, POA/estate planning, money management services, etc.*

References or Resources

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theacademy.sdsu.edu 6505 Alvarado Road, Suite 107; San Diego, CA
92120 (619) 594-3546