APS Case Documentation: Skill Building

INSTRUCTOR LED TRAINING
(Blended with eLearning)

TRAINER MANUAL

Academy for Professional Excellence

APSWI
Adult Protective Services Workforce Innovations

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's Adult Protective Services Workforce Innovations program, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer (Revisions), 2025

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With additional expertise provided by:

Workforce Development Specialist Brenda Wilson-Codispoti, LCSW

Previous Curriculum Developers

Susan Castaño, LCSW (original)

Krista Brown, 2015

Dawn Gibbons-McWayne, APSWI Program Manager, 2016

Kat Preston-Wager, Curriculum Development Specialist, 2019

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Table of Contents

Funding Sources **1**
Table of Contents **2**
Introduction **3**
Acknowledgements **4**
How to Use This Manual **5**
Trainer Guidelines **6**
Virtual Training Tips **7**
Executive Summary **9**
Course Outline **10**
Welcome, Introductions and Course Overview **13**
Case Documentation: What We Know **20**
Accurate and Complete Documentation **25**
Objective, Clear, Concise and Purposeful **39**
Person-Centered Documentation **51**
Case Records **58**
Wrap-up and Evaluations **67**
References **71**
Appendix: Transfer of Learning **72**

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Introduction

We are pleased to welcome you to **APS Case Documentation: Skill Building Instructor-Led Training (blended with eLearning) 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

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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 Services Division

National Adult Protective Services Association

Committees:

California's Curriculum Advisory Committee

Southern California's Training Planning Committee

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

Curriculum Developer (2025 Revisions)

Amy Waszak, LMFT

Additional expertise provided by:

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How to Use This Manual

This curriculum was developed as a virtual **3.5 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/content material is on the same page as the accompanying PowerPoint slide.
- To hide a slide in PowerPoint, 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.
- The slide remains in your file even though it is hidden when you run the presentation.

Course Outline:

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.

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Trainer Guidelines

It is recommended that someone with a strong background in APS facilitate this virtual workshop.

Suggestions for virtual training when possible:

- Have a moderator or co-host who can primarily focus on the virtual aspects of this training (e.g., monitoring chat box, launching polls, assigning breakout groups, monitoring participant reactions, etc.).
- 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.

The following **teaching strategies** are incorporated:

- Lecture segments
- Interactive exercises (e.g., breakout groups, chat box discussion, video demonstration, polling activities)
- Question/answer periods
- PowerPoint Slides

The following **equipment and materials** are needed:

- Trainer Manual
- Participant Manual
- PowerPoint Slides
- Headset with microphone
- Computer

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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

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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.

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Executive Summary

Course Title: APS Case Documentation: Skill-Building Instructor-Led Training (blended with eLearning)

Course Description: Effective documentation is pivotal to APS work and ensuring clients are served with program and agency protocols in mind. In this engaging introductory training, participants will build upon crucial documentation elements gained from the pre-requisite eLearning. This course expands on the concepts of accurate and completion documentation that is objective, purposeful and person-centered. Participants will be provided opportunities to practice writing narratives, challenge subjective documentation and identify case record requirements.

Instructor Led Training

This course is a blended Instructor Led Training, designed to be facilitated virtually or in-person, after participants have completed the foundational eLearning.

Course Requirements

Participants will need to complete APSWI's APS Case Documentation and Report Writing eLearning before attending this workshop. This course can also be completed after completing the National Adult Protective Services Training Center's (NATC) Case Documentation eLearning.

Intended Audience

This training is intended for new and experienced line staff who interview clients and collaterals, provide risk assessments and develop service plans. Staff from other disciplines (IHSS, Ombudsman, etc.) may also find it helpful.

Learning Objectives:

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

- Summarize documentation standards of practice
- Determine the differences between subjective and objective documentation
- Construct narratives that are clear, concise and purposeful
- Identify case record requirements

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Course Outline

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, COURSE OVERVIEW	**PPT slides 1-7**	**Total: 20 minutes**
Land Acknowledgment and Housekeeping		
Trainer/s introduction		
Activity: The Three F's (*Large group)*		10 minutes
Learning Objectives and Course Overview		
CASE DOCUMENTATION: WHAT WE KNOW	**PPT slides 8-9**	**Total: 20 minutes**
Review of eLearning Content		
Activity: Key Concepts Self-Assessment (*Individual*)	Polling ability	10 minutes
ACCURATE & COMPLETE DOCUMENTATION	**PPT slides 10-14**	**Total: 40 minutes**
Key Elements for Accurate Documentation: • Indicators of Abuse, • Screening Decision-Making Ability, • Risk Assessment		

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CONTENT	MATERIALS	TIME
Activity: Identifying All Actions Taken (*Individual, Large Group*)	Handout: Noah J. & Answer Key	15-20 minutes
OBJECTIVE, CLEAR, CONCISE, & PURPOSEFUL	**PPT slides 15-19**	**Total: 60 minutes**
Activity: Rat Feces (*Individual and Large Groups*)	Handout: Rat Feces & Answer Key	15 minutes
Activity: Is it Subjective or Objective? (*Individual)*	Video Clip, Polling Ability & Answer Key	10-15 minutes
Clear, Concise, & Purposeful Guidelines		
Activity: Writing Case Narratives (*Small groups*)	Case Narrative Sample	20-25 minutes
PERSON-CENTERED	**PPT slides 20-23**	**25 minutes**
Activity: Benefits of Person-Centered Practices (*Individual/Large Group*)		5-7 minutes
Person-centered specifics • Documenting During Client Interactions		
CASE RECORDS	**PPT slides 24-26**	**25 minutes**
Documentation Requirements	Case records program specific requirements	

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CONTENT	MATERIALS	TIME
Timing Documentation Activity: Ways to Document (*Individual*)	Polling Ability	2-3 minutes
Activity: Case Record Scavenger Hunt (*Small groups*)	Handout: Case Record Case Scenarios & Answer Key	15-20 minutes
WRAP UP	**PPT slides 27-29**	**20 minutes**
Key Concepts		
Activity: PIE (*Individual*)		
Evaluations		
TOTAL TIME (excluding breaks)		**3.5 hours**

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Welcome, Introductions and Course Overview

Time Allotted: 20 minutes

Associated Objective(s): N/A

Method: Discussion and chat (if virtual)

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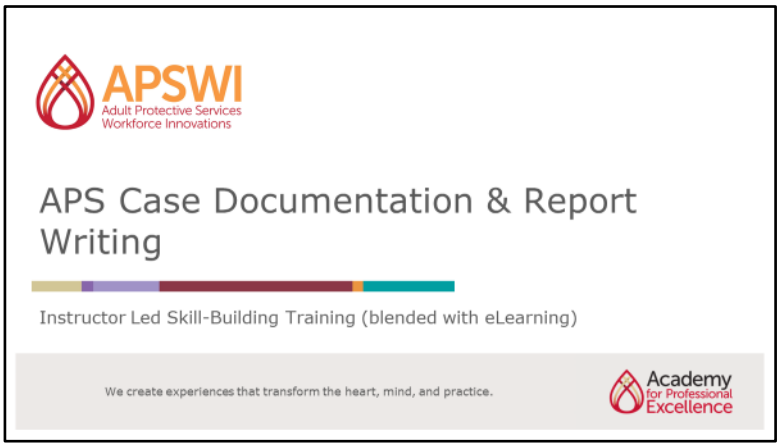
Slide #1: APS Case Documentation & Report Writing



Welcome participants to the training and allow everyone to settle in.

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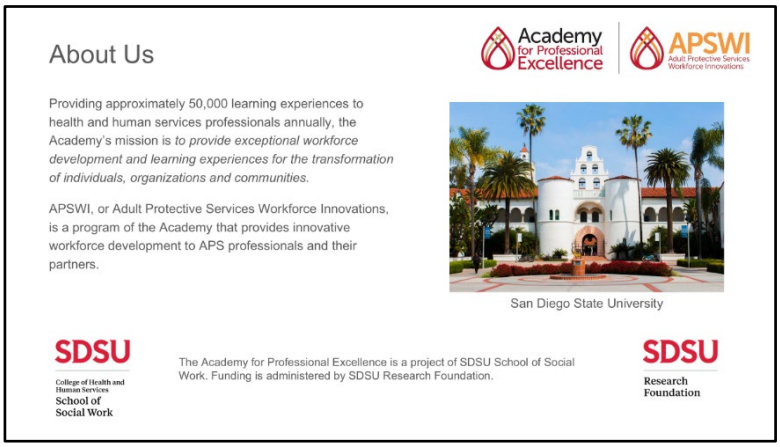
Slide #2: About the Academy and APSWI



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

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

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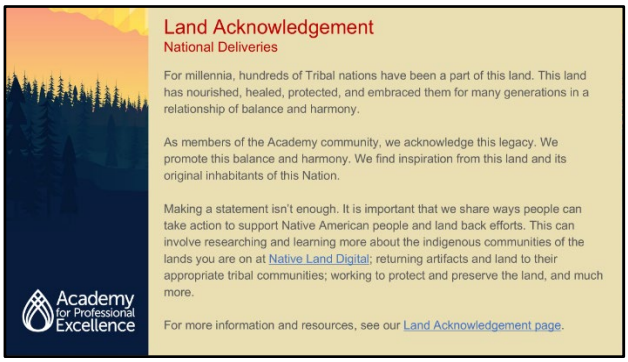
Slide #3 & 4: Land Acknowledgment





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 at Native Land Digital.

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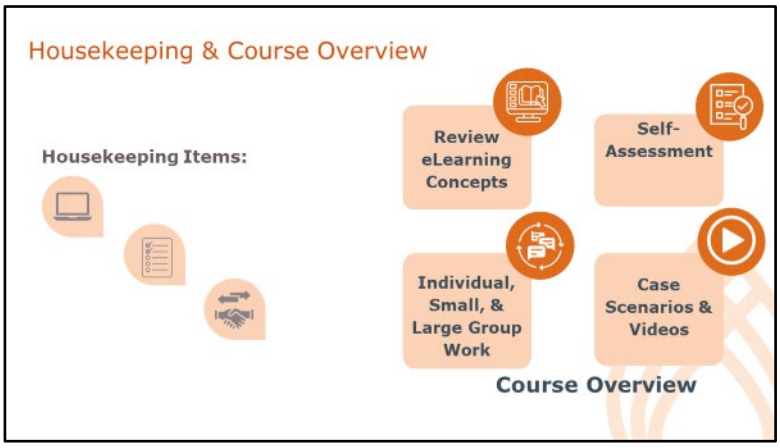
Slide #5: Housekeeping and Overview of Workshop



Cover any housekeeping items, including virtual technology if needed. Some items may include:

- Length of course
- Breaks
- Expectations and agreements of participation, timeliness, supporting each other as learners and APS professionals
- Location of restroom, etc.

Share the overview of the day:

- Today's workshop consists of:
  - Brief review of eLearning concepts
  - Documenting key actions
  - Creating clear, concise, and objective narratives
  - Person-centered documentation
  - Case records requirements

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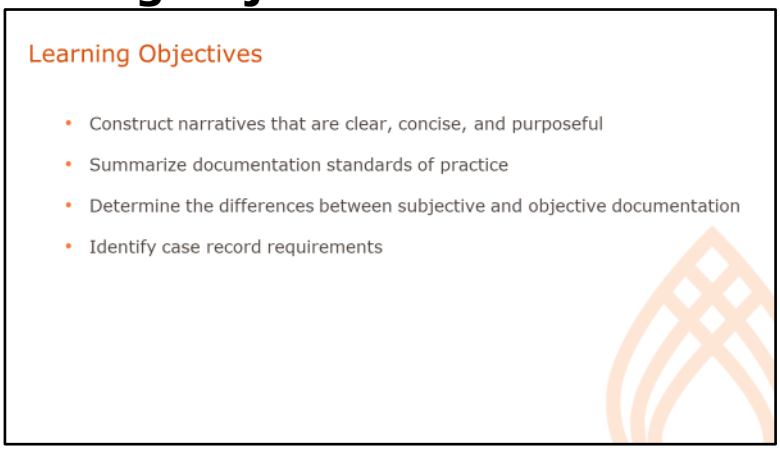
Slide #6: Learning Objectives



Cover the learning objectives of this workshop:

- After completing this course, participants will be able to:
  - Summarize documentation standards of practice
  - Determine the differences between subjective and objective documentation
  - Construct narratives that are clear, concise and purposeful
  - Identify case record requirements

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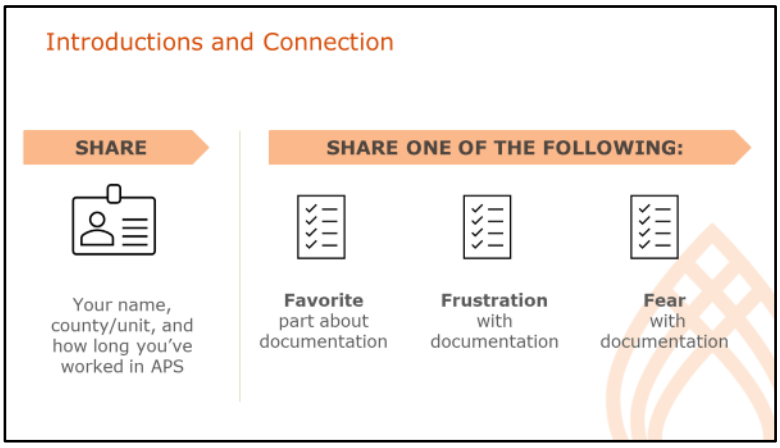
Slide #7: Introductions and Connection Activity



Introduce yourself and share your take on the importance of documentation in APS work. **Explain** this topic continues to be an area where all levels of APS staff have asked for more support on.

Connection Activity: Introductions and 3 F's (10 minutes)
Individual, Large Group

Ask participants to introduce themselves – name, county/unit, how long they have been in APS, and state either of their 3 F's - Favorite, Frustration, or Fear:

- Their favorite part about documentation,
- Their biggest frustration with documentation, or
- Their biggest fear with documentation.

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Case Documentation: What We Know

Time Allotted: 20 minutes

Associated Objective(s): Summarize documentation standards of practice

Method: Lecture, Polling

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Slide #8: eLearning Review



Trainer note: this slide is animated.

Explain that today's workshop is going to build on what was learned in the eLearning. **Remind** participants that eLearning covered documentation concepts such as:

1. The purpose of documentation
2. Objective vs Subjective
3. Person-centered
4. Confidentiality

Briefly review eLearning Concepts

- **The Purpose of Documentation:**
  - Case History and Baseline Data: Documentation allows us to establish a baseline from which we can have a record of perceived changes in a client's level of functioning.
  - Legal Involvement: Documentation is a legal record that may be used in criminal or court proceedings.
  - Accountability: Strong documentation shows the APS professional's handling of the case and the justifications for steps that were taken.
  - Professionalism: Documentation of quality work reflects professionalism in APS practice.
  - Consistency: Documentation in adherence with program standards allows for consistency and measures program metrics, which are common goals in APS programs.

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  - Staffing and Funding: Documentation can help provide the justification for funding to maintain needed APS staffing and resources.

- **Objective vs Subjective:**
  - Objective: Based on observable facts, measurable data, and factual descriptions
  - Subjective: Described through the lens of personal perceptions, feelings, opinions, and personal experiences.

- **Person-Centered:** Prioritizes a person's strengths, perspectives, and choices. Emphasizes self-determination, and considers a holistic view of the person, taking into account their culture, experiences, and perspectives.

- **Confidentiality:** Confidentiality is foundational to APS work and there are very specific guidelines around it. While laws and regulations may vary from state to state, there are usually guidelines that protect client information from being freely shared. APS case information can usually be shared with entities that are trained to participate in the intervention of abuse, such as law enforcement, other involved social work professionals, and members of multidisciplinary teams that are actively addressing or attempting to prevent and/or ameliorate the abuse.

Ask participants if they have any questions or want to highlight anything that was a takeaway from the eLearning. **Mention** if anything they bring up will be covered more in depth in today's workshop.

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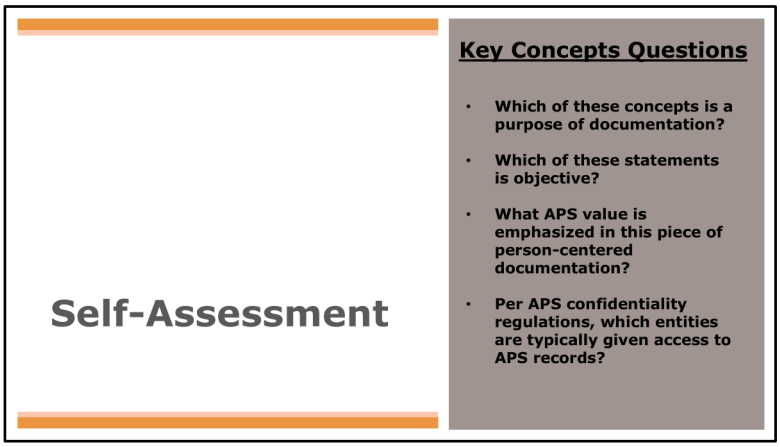
Slide #9: Self-Assessment Activity: Key Concepts



Trainer note: This activity allows you to conduct a poll. The questions animated are on the slide and replace if desired to use a polling option. Consider if an anonymous or general polling modality is needed as well as the available technology for participants, (eg.: Zoom poll, Mentimeter, Slido, etc.) Insert the type of technology you plan on using below.

Activity: Key Concepts Self-Assessment (10 minutes)
Individual

Explain you're going to ask four (4) questions related to skill areas and participants will answer using (insert technology). **Share** if poll will be anonymous or not.

1. Which of these concepts is a purpose of documentation?
    a. Using direct quotes
    b. Accountability
    c. Using approved abbreviations
2. Which of these statements is objective?
    a. The client appeared frazzled and was very upset
    b. The client had what appears to be a yellowish-brown bruise on his left upper arm, approximately 3 inches in diameter
    c. The client seemed intoxicated
3. What APS value is emphasized in this piece of person-centered documentation? [The client expressed their choices about the situation, although the APS professional was concerned about the client's decisions.]
    a. Collaboration

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b. Reduces stigma
c. Self-determination

4. Per APS confidentiality regulations, which entities are typically given access to APS records?
   a. Attorneys
   b. Adult children of the client
   c. Law Enforcement

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Accurate and Complete Documentation

Time Allotted: 40 minutes

Associated Objective(s): Summarize Documentation Standards of Practice

Method: Lecture, Discussion and Case Scenario

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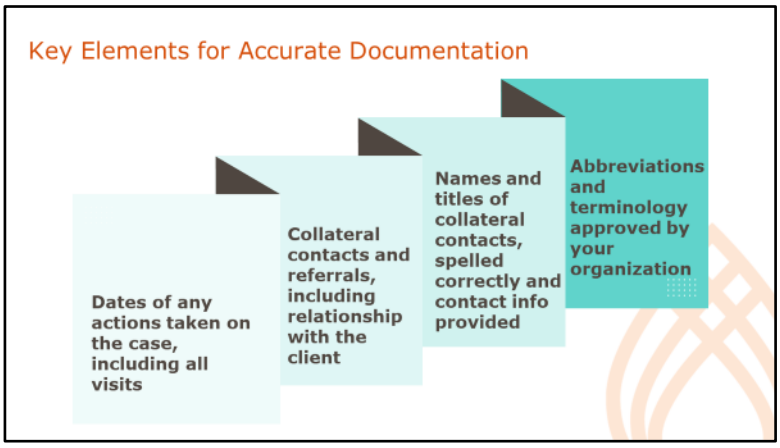
Slide #10: Key Elements for Accurate Documentation



Remind participants that the eLearning shared important elements that make documentation accurate and complete, showing a timeline of events. Those included:

- Dates of any action taken on the case, including all visits.
- Collateral contacts and referrals, including relationship with the client.
- Names and titles of collateral contacts, spelled correctly and contact information provided.
- Abbreviations and terminology approved by your organization.

In this section, we're going to explore some additional elements to help support documenting any actions taken on the case.

Ask participants what are key actions taken during their visits that need to be documented in addition to what's listed above?

> *Possible answers may include: decision-making ability screenings, biopsychosocial assessments, risk assessment was conducted, indicators of abuse (or lack of) that justify findings, etc.*

Explain that:

- Documenting indicators of abuse (or lack of) help support why certain actions were taken or not and why APS reached findings on the case.
- Documenting that APS screened for decision-making ability, especially when in question, is another imperative part of overall documentation.
- Because one of the foundational goals in providing APS services is to reduce or eliminate risk, documenting that risk assessments were conducted is also needed.

We're going to explore what's needed when documenting indicators of abuse, screening for decision-making, and risk assessments on the next slides and then apply them to a case scenario.

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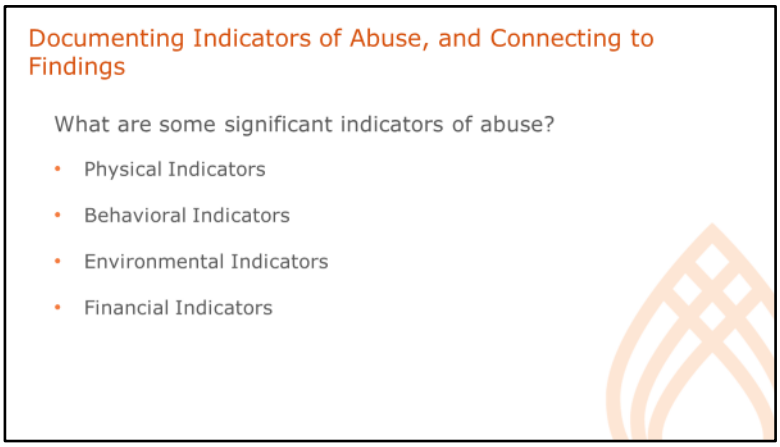
Slide #11: Documenting Indicators of Abuse, and Connecting to Findings



Trainer note: This slide is animated.

Ask participants, "What are some significant indicators of abuse?"

Share the following about abuse indicators:

1. **Physical Indicators:** Examples include bruises, injuries, unhealing wounds and/or pressure ulcers, poor hygiene, malnutrition/dehydration, and untreated medical conditions.
2. **Behavioral Indicators:** Examples include fearfulness, withdrawal, anxiety, hesitation to speak freely in the presence of another person, sudden or unexplained changes in mental status.
3. **Environmental Indicators:** Examples include unsafe living conditions, lack of working utilities, lack of food and/or spoiled food, and excessive clutter that creates a trip hazard or interferes with the functionality of the space.
4. **Financial Indicators:** Examples include missing money or belongings, unauthorized transactions, sudden changes in estate planning documents, unpaid bills, questionable individuals managing the client's finances.

Ask participants, "How do you document indicators of abuse? Is there a template in your documentation system?"

Explain that when documenting indicators of abuse, the best practice is ***objective documentation***, which we'll be practicing in this training today. Objective documentation focuses on documenting facts or conditions as observed or perceived without distortion by personal feelings, bias, or interpretations.

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Documenting indicators of abuse is important not only for risk assessment, but to help the APS professional determine ***findings*** on a case and justify those findings.

- Findings are usually either confirmed, inconclusive, or unfounded, and are reached based upon gathering the facts of the case, including indicators of abuse, evidence, statements made by the client and/or others, and information or evidence provided by collateral contacts, such as law enforcement, medical professionals, or financial institutions. We'll be practicing connecting documentation of abuse indicators to findings in a case scenario.

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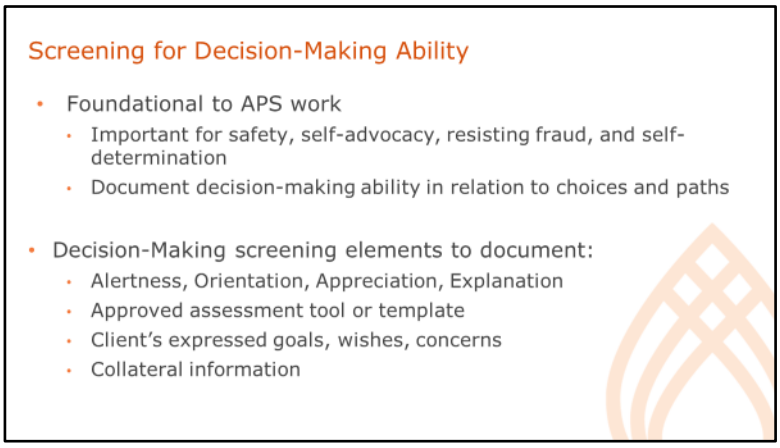
Slide #12: Screening for Decision-Making Ability



Trainer note: this slide is animated.

Share the following about screening for decision-making ability:

- Screening for decision-making ability is foundational to APS work. A client's ability to make informed decisions is important for their safety, ability to self-advocate, ability to resist fraud and undue influence, and is essential for self-determination.
- Also important is the APS professional's skill in screening for decision-making ability and documenting how the screening was done, as well as the outcome of the screening. This documentation upholds important case decisions.
- A client will often make decisions around whether or not to pursue certain interventions. It's important for their decision-making ability to be documented in relation to the choices they make and the paths they choose to take.

Ask participants, "Does your agency use any approved assessments for this?" "What kinds of information would be documented that addresses decision-making ability?"

Below are some important elements to document; doing so provides a record that the screening was done and provides a baseline or update, if previously assessed, in a client's cognitive functioning:

- Documenting alertness: Awake and responsive? Drowsy or lethargic? Confused or disoriented? Unresponsive?
- Orientation (X4) Person, Place, Time and Situation
- Is an approved assessment tool or template being used? If so, name the assessment and document the score or results.

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- Is the client able to express concerns, wishes, decisions, goals, etc.?
- Is there information from a healthcare professional (PCP, neurologist, psychologist, etc.) available that pertains to the client's cognitive health? For example, a capacity declaration, a diagnosis of neurocognitive disorder, or medications prescribed for a neurocognitive disorder.
- Can the client:
    - Comprehend relevant facts about their situation, options and consequences?
    - Express choice consistently and without change due to external pressure?
    - Appreciate the nature of their condition?
    - Balance risks, benefits and potential consequences of choices?
    - Explain the rationale or thought process around a decision?
    - Align choices with personal beliefs, values, culture, and preferences?

Ask participants to share their experience on how and when they document these important elements in their decision-making ability screenings, including if there is a mental status section in the case management system used by their organization.

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Slide #13: Documenting Risk Assessment



Ask participants, "What are some different areas of risk?"

Share the following information about documenting risk assessment and what concerns or issues need attention. Include documenting which interventions and resources were offered to reduce or eliminate risk:

- **Allegations and protective concerns**
  - What are the allegations? Were the allegations assessed at the home visit and during the interview with the client? Did the client confirm, express, or describe any protective concerns?
- **Environment**
  - What is the condition of the home and are any safety hazards identified or observed? Are there working utilities?
- **Care**
  - Are the client's care needs met? Is the client able to perform their ADLs (bathing, dressing, mobility, toileting, feeding) and IADLs (managing money, meal prep, chores, shopping, transportation, medical appointments)? What do they need assistance with?
- **Finances**
  - Are the client's finances being appropriately managed by either the client or someone else? Are there any concerns about financial loss or financial abuse?
- **Cognitive and mental health status**
  - Are there areas of concern related to the client's cognitive status or a mental health condition? Do any of these conditions create a vulnerability?

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- **Social support**
  - Does the client have family, friends, or caregivers involved?
- **Interventions, resources, and referrals**
  - What was discussed with the client (caregiver services, IHSS, home-delivered meals, etc.). Did the client accept any resources, recommendations, or referrals? What referrals will be made by the APS professional?
- **Immediate safety concerns**
  - Are there any immediate interventions needed for the client's safety and well-being? For example, law enforcement involvement, restraining order, caregiver services, or emergency shelter?

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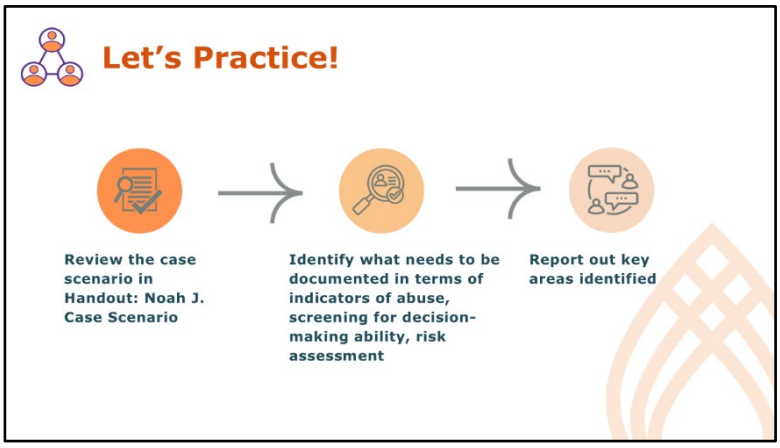
Slide #14: Let's Practice!



<u>Activity: Identifying All Actions Taken (15-20 minutes)</u>
Individual, Large Group report out

Explain that participants will use **Handout: Noah J. Case Scenario** in their participant manuals.

- **Share** that this is an individual activity to allow them to practice on their own.
- **Explain** they will have approx. five (5) minutes to review the case scenario and five (5) minutes to fill out the documentation areas.
- **Ask** them to identify what needs to be documented in terms of indicators of abuse, screening for decision-making ability, and risk assessment.
- If time allows, there will be a short, five (5)-minute report out, calling on a few key areas that participants identified.

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HANDOUT: NOAH J. CASE SCENARIO

You are an APS professional who visits the home of Noah J., an 84-year-old man who lives alone. When asked, Noah identifies his gender as male and he describes himself as heterosexual and widowed. He describes his race/ethnicity as African American and Native American.

Your visit occurred on (fill in the date) and the length of the visit was 1 hour, 15 minutes.

The case was referred to APS due to allegations of neglect and difficulty in caring for self, commonly referred to as self-neglect. The client's caregiver is the alleged perpetrator for neglect.

Noah's 34-year-old nephew, Jordan, is his caregiver and comes over four times per week to help with household chores, food prep, and to help Noah bathe. Jordan is paid for caregiving services through In-Home Supportive Services (IHSS). Noah also gives Jordan his debit card so that Jordan can purchase groceries for Noah. As you're interviewing him, Jordan arrives, and Noah immediately stops talking and appears fearful.

As Jordan begins putting away groceries, Noah changes the subject and begins discussing his medical conditions, as though you are medical professional. As you're talking with Noah, you notice his hygiene is very poor, as evidenced by dirt and grime caked on the skin of his neck and underneath his fingernails. You also notice his clothing appears unwashed, with what appears to be several days' worth of food stains and layers of grime, as though he's been wearing the same clothes for days.

Noah asks Jordan to go pick up his medications at the pharmacy. While Jordan is gone, Noah explains he has been out of his medications for several weeks, stating "he won't get them for me." He also stated in a loud whisper "he's using my debit card to pay for video games!"

You notice that Noah's ankles appear swollen. When you ask to see his list of medications, he provides it, and you see that one of the prescribed medications is Furosemide (Lasix), which is a diuretic that helps remove excess fluid from the body.

While Jordan is gone, Noah gives you permission to look around the house. You notice piles of unwashed clothes on the floor of Noah's bedroom, as well as a foul odor in the bedroom emanating from the dirty laundry on the floor.

During your interview, you screen for potential cognitive issues and decision-making ability. You use your organization's approved assessment tool, the Clock Draw Test (CDT). The client scores a six (out of 10 points) on the CDT, indicating mild cognitive impairment. You ask a series of questions designed to assess

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Noah's decision-making ability in addition to investigating the allegations. You ask the following questions and receive the following responses from him.

APS professional: Can you tell me about the decision to have Jordan be your caregiver?

Noah: Well….. I don't know….my sister noticed I needed some help and she said her son Jordan could help me. And get paid for it.

APS professional: What, if any, concerns do you have about Jordan being your caregiver?

Noah: Well….he doesn't always show up. I'm kind of a mess around here….can't do it myself. I told him to pick up my medications and he didn't do it!

APS professional: Can you tell me more about Jordan's use of your debit card?

Noah: I thought it would be easier if I just gave him my card so he can get my groceries and stuff. But then I saw on my bank statement these weird charges….I didn't know what they were for. I asked my neighbor about it, and he looked it up on his computer and told me it was for video games.

APS professional: How do you monitor your finances/bank account?

Noah: I don't use on-line banking, don't trust it, but I receive my statements in the mail. I usually look at them. If I have any questions I usually go to my bank in person, if I can get there, and ask one of the people that works at the bank. They're usually able to help me figure it out.

APS professional: What are the risks of giving Jordan access to your debit card/bank account?

Noah: He's charging up those video games without asking me. I didn't say anything yet, because I don't want him to get mad. Even though he doesn't do that much for me, I rely on him for certain things. I'm on a tight budget, if he charges too much it might overdraw my account. And I don't want that.

APS Professional: Can you tell me about what medications you are supposed to take and what conditions they treat?

Noah: I take a water pill, for my edema (points to swollen ankles), a medication for my high-blood pressure, and a heart medication.

At the end of the interview, you discuss the following with Noah:

- You tell him about alternative options for caregiver services, including a local program that he might be eligible for that provides on-site primary care, case management, medications, meals, and other services, including caregiver services in the home.

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- You encourage him to contact his IHSS SW to get a list of providers should he decide to choose another caregiver instead of Jordan.
- You offer to connect him to home-delivered meals

<u>Complete the following documentation areas</u>:

1. Name, gender, pronouns, marital status, sexual orientation, race/ethnicity, age:

2. Date/time/length of visit:

3. Protective issues:

4. Indicators of abuse:
    a. **Physical**:

    b. **Behavioral**:

    c. **Environmental**:

    d. **Financial**:

5. Screening for decision-making ability:

6. Risk assessment:

7. Interventions, resources, referrals (offered), immediate concerns:

8. What allegations would you add to the referral allegations?:

9. What statements made during the interview would be connected to evidence for findings?:

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TRAINER ANSWER KEY

1. Name, gender, pronouns, marital status, sexual orientation, race/ethnicity, age:
    a. Noah J., Male/he/him, Widowed, Heterosexual, African American and Native American

2. Date/time/length of visit:
    a. (fill in date/time) 1 hour, 15 minutes

3. Protective issues:
    a. Neglect, Financial Abuse, Self-Neglect (possible)

4. Indicators of abuse:
    a. **Physical:** Swollen ankles, Poor hygiene, Unwashed clothing, Lack of medications
    b. **Behavioral:** Changing the subject when Jordan arrives, Appearing fearful in Jordan's presence, Client expressed fear of making Jordan "mad"
    c. **Environmental:** Piles of dirty laundry, Foul odor
    d. **Financial:** Unauthorized use of client's debit card, Unusual charges on client's bank statement (video games), Lack of medications

5. Screening for decision-making ability:
    a. Administering the Clock Draw Test, Asking how client made the decision to have Jordan be his caregiver, Asking the client if he has any concerns about Jordan being his caregiver, Asking about Jordan's use of client's debit card, Asking how client monitors his finances/bank account, Asking client about the risks of giving Jordan access to his debit card/bank account, Asking client about what medications he takes and what conditions the medications treat

6. Risk assessment:
    a. **Allegations and protective concerns**: Neglect (by caregiver), Self-neglect (possible), Financial Abuse (concern expressed by client during home visit)
    b. **Environment**: Dirty laundry, Foul odor
    c. **Care**: Client has a caregiver, Jordan, Client said Jordan "doesn't always show up", Client indicated his place is a mess and he can't take care of it himself, Client has IHSS, Client needs medications, Client has poor hygiene, Client has swollen ankles and needs medication, Client is wearing dirty clothing, Client's sister noticed he

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needed help, It appears client is unable to run errands on his own and depends on Jordan for this

d. **Finances**: Client may need formal assistance to help him manage and protect his finances, Client usually looks at his bank statements (unclear how consistently), Client noticed unusual charges on his bank account, Client gave Jordan access to his debit card, Client's eligibility for IHSS indicates he is on a low/fixed income with little assets, Client said he's on a "tight budget"
e. **Cognitive and mental health**: The Clock Draw Test indicates client is experiencing mild cognitive impairment, The client sometimes needs help with his finances, The client is vulnerable to financial exploitation
f. **Social Support**: The client has a sister, The client is widowed, The client lives alone, The client depends on Jordan for errands, food, medications, and chores

7. Interventions, resources, referrals (offered):
    a. Alternative options for caregiver services, Local program that provides case management and multiple services, Coordination with IHSS to choose another caregiver, Home delivered meals
    b. Immediate Safety Concerns: The client's ankles are swollen (he may need medical attention), The client has been without meds for several weeks, The client is fearful of Jordan

8. What allegations would you add to the referral allegations?:
    a. Financial abuse

9. What statements made during the interview would be connected to evidence for findings?:
    a. Client stated "he won't get them for me" in regards to needing Jordan to pick up his medications from the pharmacy., Client said he been out of his medications for several weeks. Client stated "he's using my debit card to pay for video games". Client said that Jordan doesn't always show up. Client explained his place is a mess and he can't take care of it himself. Client said he noticed "weird" charges on his bank statement and found out it was for video games. Client said he didn't talk to Jordan about the video game charges because he doesn't want him to get mad. Client said he's on a tight budget is expressed concern that Jordan might overdraw his bank account.

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Objective, Clear, Concise and Purposeful

Time Allotted: 60 minutes

Associated Objective(s):

- Determine the differences between subjective and objective documentation
- Construct narratives that are clear, concise, and purposeful

Method: Individual reflection, video clip, small group narratives

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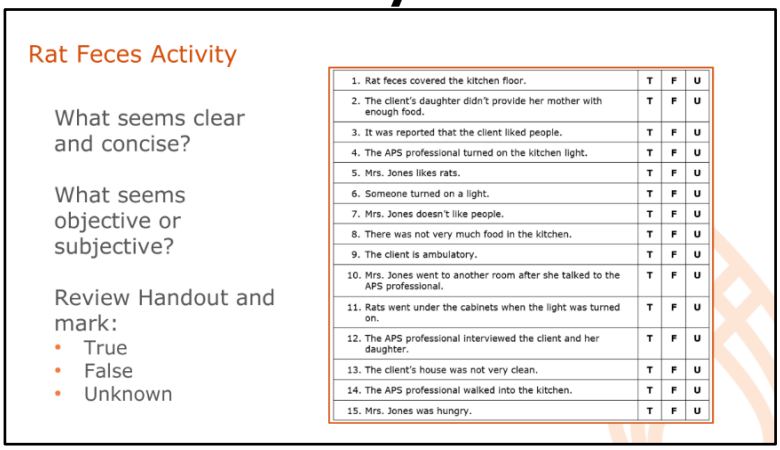
Slide #15: Rat Feces Activity



Explain that the eLearning covered many basic elements of documentation, including ***clear and concise documentation***, and ***objective documentation.***

- This section will focus on enhancing participants' ability to write clear, concise and objective documentation.
- These concepts may seem obvious and easy to put into practice. However, they continue to be areas where APS struggle and more support is needed.

Activity: Rat Feces (15 minutes)
Individual

Explain that in this next activity, participants will use **Handout: Rat Feces** to read over a narrative and answer if statements about the narrative are True, False, or they're Unsure based off the narrative only. Then, as a large group, they'll share their answers, collectively.

Share that there may be disagreements and that is where the learning takes place. It's not intended to make anyone feel wrong. Rather, highlight where something might seem obvious or clear, when it may not be the case.

Allow 3-5 minutes for participants to fill out their handout and then process "Rat Feces" as a group.

Take 10 minutes and **go through** each statement, allowing participants to share their answers and discuss discrepancies. **See** trainer note for support on discrepancies.

Trainer note:

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- *If training virtually, during the large group share, have everyone type in the chat T, F, U as you read each statement. If in training in-person, ask everyone to shout out T, F, U as you read each statement.*
- *The narrative appears relatively straightforward when in reality it presents little if any clear information.*
    - *Large group discussion may reveal how APS can make assumptions, draw conclusions, and form opinions when they do not have sufficient clear information.*
    - *APS often operates in the grey area, but this exercise is designed to give statements that are true, false and unknown from the narrative written.*
    - *Ex:*
        - *Some might say that #1 is true because the narrative mentions rats and then feces. This is likely drawing a conclusion, as the narrative doesn't state what type of feces is on the floor. Based just on the sentence in the narrative; "feces were all over the floor", the statement, "rat feces covered the kitchen floor" would be false as we don't know the type of feces.*
        - *Some might say that #2 is unknown because we truly don't know if the client's daughter provides food at all. From the narrative, there is no mention that the daughter is supposed to, does or does not provide food, so the answer would be false.*
        - *Some might say that #13 is true, because many think that feces on the floor means the house is dirty. This may be an assumption. Nothing in the narrative mentions the rest of the house, just as it is not clear what kind of feces is on the floor.*
- *Processing this activity is an opportunity to discuss both clear and objective writing.*
- *This activity was adapted and modified from previous versions of this curriculum.*

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HANDOUT: RAT FECES (Participant Copy)

Read the following narrative information carefully:

The APS professional walked into the kitchen and observed rats scurrying under the cabinets when the light was turned on. Feces were all over the floor. The client's daughter said her mother liked rats but she didn't like people. Mrs. Jones said she was surprised that the rats stayed around with so little food in the house, then she walked out of the room.

Now read the following statements about the narrative. Circle "T" if the statement is true, "F" if the statement is false, and "U" if you are unsure.

Statement	True	False	Unsure
1. Rat feces covered the kitchen floor.	**T**	**F**	**U**
2. The client's daughter didn't provide her mother with enough food.	**T**	**F**	**U**
3. It was reported that the client liked people.	**T**	**F**	**U**
4. The APS professional turned on the kitchen light.	**T**	**F**	**U**
5. Mrs. Jones likes rats.	**T**	**F**	**U**
6. Someone turned on a light.	**T**	**F**	**U**
7. Mrs. Jones doesn't like people.	**T**	**F**	**U**
8. There was not very much food in the kitchen.	**T**	**F**	**U**
9. The client is ambulatory.	**T**	**F**	**U**
10. Mrs. Jones went to another room after she talked to the APS professional.	**T**	**F**	**U**
11. Rats went under the cabinets when the light was turned on.	**T**	**F**	**U**
12. The APS professional interviewed the client and her daughter.	**T**	**F**	**U**
13. The client's house was not very clean.	**T**	**F**	**U**

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14. The APS professional walked into the kitchen.	**T**	**F**	**U**
15. Mrs. Jones was hungry.	**T**	**F**	**U**

HANDOUT: RAT FECES (Trainer Copy)

Read the following narrative information carefully:

The APS professional walked into the kitchen and observed rats scurrying under the cabinets when the light was turned on. Feces were all over the floor. The client's daughter said her mother liked rats but she didn't like people. Mrs. Jones said she was surprised that the rats stayed around with so little food in the house, then she walked out of the room.

Now read the following statements about the narrative. Circle "T" if the statement is true, "F" if the statement is false, and "U" if you are unsure.

Statement	True	False	Unsure
1. Rat feces covered the kitchen floor.	**T**	**F**	**U**
2. The client's daughter didn't provide her mother with enough food.	**T**	**F**	**U**
3. It was reported that the client liked people.	**T**	**F**	**U**
4. The APS professional turned on the kitchen light.	**T**	**F**	**U**
5. Mrs. Jones likes rats.	**T**	**F**	**U**
6. Someone turned on a light.	**T**	**F**	**U**
7. Mrs. Jones doesn't like people.	**T**	**F**	**U**
8. There was not very much food in the kitchen.	**T**	**F**	**U**
9. The client is ambulatory.	**T**	**F**	**U**
10. Mrs. Jones went to another room after she talked to the APS professional.	**T**	**F**	**U**
11. Rats went under the cabinets when the light was turned on.	**T**	**F**	**U**

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12. The APS professional interviewed the client and her daughter.	**T**	**F**	**U**
13. The client's house was not very clean.	**T**	**F**	**U**
14. The APS professional walked into the kitchen.	**T**	**F**	**U**
15. Mrs. Jones was hungry.	**T**	**F**	**U**

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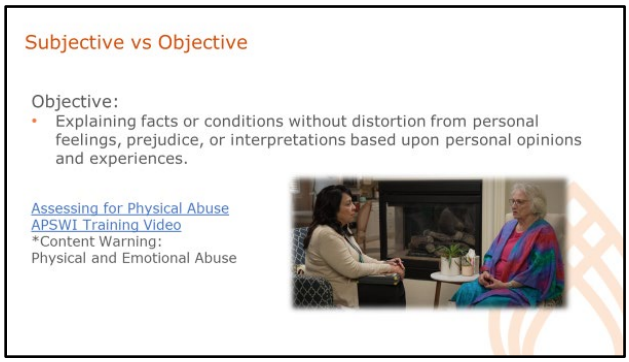
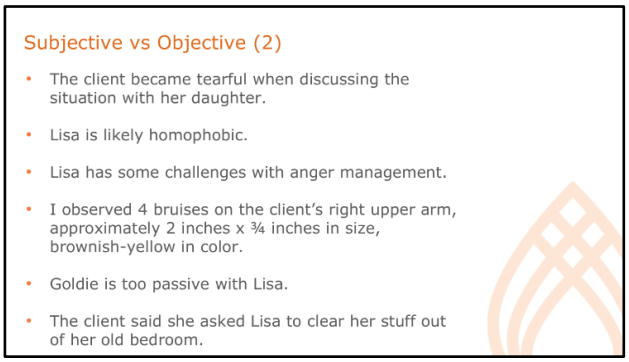
Slides #16 & #17: Subjective vs Objective





Activity: Is it Subjective or Objective? (10-15 minutes)
Individual, Large Group

Explain you'll be showing a three-minute video clip from the Physical Abuse video that was in the eLearning. This is a different piece of that video.

- **Inform** participants that after the clip, they'll be first doing an exercise around objective vs. subjective documentation and then another activity where they will write a narrative based on the clip in small groups.
- **Encourage** participants to take notes of what they observed in the video clip using clear, concise, and objective statements.
    - **Remind** them to include direct quotes including behavioral indicators to help describe the person's emotional state when they provided the statement.
        - Eg: staring at the floor, whispered, was crying, fists were clenched, voiced was raised, etc.
- **Remind** participants what **objective** documentation is**:**
    - Explaining facts or conditions without distortion from personal feelings, prejudice, or interpretations based upon personal opinions and experiences.
- **Show** video clip 3:39–7:31 of Assessing for Physical Abuse video (APSWI).
- After the clip, **allow** participants a few moments to jot down any notes. **Explain** you're going to provide six statements and participants will indicate if the statement is objective or subjective.
- **Display** the following documentation sentences in mixed order and **ask** participants to choose if they are subjective or objective.
- *Trainer note: the statements are animated.*

Objective:

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- The client said she asked Lisa to clear her stuff out of her old bedroom.
- I observed 4 bruises on the client's right upper arm, approximately 2 inches x ¾ inches in size, brownish-yellow in color.
- The client became tearful when discussing the situation with her daughter.

Subjective:

- Goldie is too passive with Lisa.
- Lisa is likely homophobic.
- Lisa has some challenges with anger management.

Ask participants to choose one of the subjective sentences and rewrite it as objective.

Trainer note: depending on the comfortability and vulnerability of the group and if training in-person or virtually, you can ask participants to re-write one sentence in their participant manual, chat, or using a virtual platform like Whiteboard, Mentimeter, Mural etc. If asking them to write in their manuals, you can ask for some volunteers to share their re-writes. If displaying re-writes using a virtual platform, highlight a few that clearly show objectivity.

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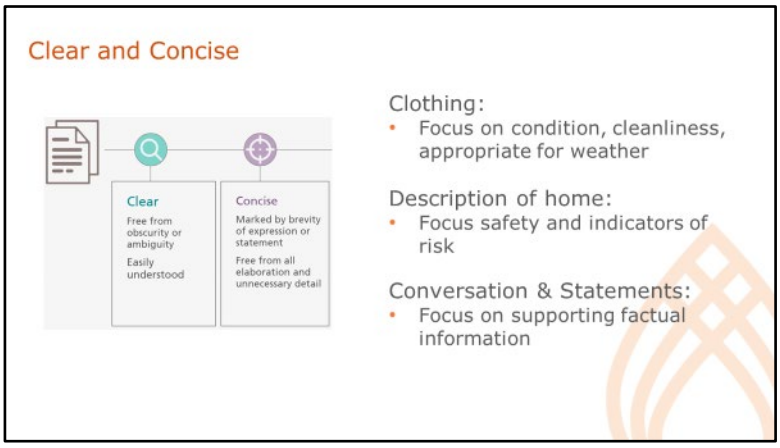
Slide #18: Clear and Concise



Trainer note: this slide is animated.

Review the following:

- **Clear and concise:** Easily understood, explaining facts and exactly what you saw, heard, or smelled. This includes direct quotes made by the client or anyone else that are important to the assessment. Brevity is important, explaining just what is needed for the reader to understand the circumstances, without elaboration and unnecessary detail.

Ask participants in shout-out or chat method: What kinds of details in any given case would be considered excessive, elaboration, or superfluous?

- **Explain** that superfluous content detracts from the essential ideas and purpose to be conveyed by the documentation, and can detract from the reader's comprehension of the information.

Examples of irrelevant or excessive concepts in documentation:

- Color/pattern of clothing worn by client (such as white shirt with purple flowers).
    - ***Suggest instead:*** *Focus on condition, cleanliness, or appropriateness of clothing for the temperature/weather.*
- Describing too many details of the home's furnishings or décor, unless relevant to safety and/or cleanliness.
    - ***Suggest instead:*** Focus on information related to safety and/or indicators of risk.
- Documenting an entire conversation and/or all statements made by the client or anyone else.
    - ***Suggest instead:*** Focus on the statements that support factual information for the assessment and/or case findings.

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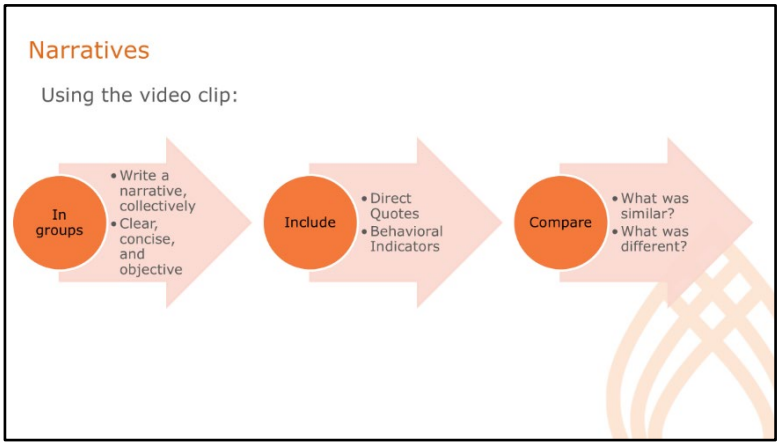
Slide #19: Narratives



<u>Trainer note</u>: this activity can be adapted for in-person or virtual training, but requires some preparation. You'll need to be aware of what technology learners have access to (e.g. can they share screen if virtual, do they have each other's emails, can they use space in their participant manuals or have blank sheets of paper). Suggested ways to conduct activity:

- *In person: have blank paper and extra pens for groups to construct narrative, have tablets or laptop and use Word document to construct narrative, utilize space in participant manual to construct narrative*
- *Virtually: utilize whiteboard for each group to construct narrative, allow participants to share screen while one person types their collaborative narrative, save narrative and email to participants in group, utilize Mural or other virtual platforms*

<u>Activity: Writing Case Narratives (20-25 minutes with debrief)</u>
Small Groups

Share that we're going to put what we just covered into practice.

In groups, participants will write a group narrative of the video clip using clear, concise, and objective principles.

- **Inform** them they have approx.:
  - 2 minutes to review their notes to recap the video clip
  - 15 minutes to collectively write a group narrative.
  - **Encourage** them to include direct quotes including behavioral indicators.

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- **Remind** participants that behavioral indicators help describe the person's emotional state when they provided the statement: under what circumstances the person provided that statement.
- Eg: staring at the floor, whispered, was crying, fists were clenched, voiced was raised, etc.

Debrief

- Once back in the large group, **display**, or **ask** participants to review the sample narrative located in the appendix of their participant manual.
- **Allow** a few minutes for participants to individually compare the sample narrative with their narrative and notice any areas of alignment or areas for improvement.
- **Call** on groups to share what was similar and where they notice there could be improvement in their group's narrative.

Trainer note: if displaying the narrative, you'll want to prepare this prior to training.

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NARRATIVE SAMPLE

*****Note: some people may write in first person "this writer" or "I," or third person "the APS professional." Either is acceptable and different organizations may have different preferences for this.

*Behavioral indicators are in *italics*.

The APS professional (Alejandra Ruiz) asked the client (Goldie Rosenberg) about the incident of physical abuse perpetrated by Lisa, Goldie's daughter. The client explained that Lisa has lost her temper with her a few times and that recently, when Lisa was here cleaning out her old bedroom, "she just lost it" and "she kind of grabbed my arm and left little bruises."

The client described a bit more about the dynamics between herself and Lisa. She said that she divorced Lisa's father a few years ago after she met a woman, Jackie, in an art class and fell in love with her. *The client smiled and looked happy when describing meeting Jackie*. The client explained that Lisa has been angry with her since she was a teenager, but even more angry since client ended her marriage and began a relationship with Jackie. The client explained that Jackie sold her house and is moving in with her so they can start a life together.

When asked to describe more about what was happening before the incident, the client reported the following: she asked Lisa to clear the stuff out of her old bedroom, so that Jackie could move her stuff in, and Lisa became angry. The client explained that Lisa was mad, huffing around, slamming stuff, practically throwing boxes around. The two argued briefly, "and then she walked past me, she grabbed my arm really hard, dug her fingers into me, it really hurt!" *The client was upset and tearful and her tone seemed very sad when describing the abuse as evidenced by looking down and tightening her lips when tearful.*

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Person-Centered Documentation

Time Allotted: 25 minutes

Associated Objective(s): Summarize documentation standards of practice

Method: Discussion, Individual reflection

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Slide #20: Person-Centered



Review the NCAPPS definition on slide:

- "Person-centered thinking focuses language, values, and actions towards respecting the views of the person and their loved ones. It emphasizes quality of life, well-being, and informed choice". -NCAAPS

Explain that person-centered practices in social work emphasize:

- Treating individuals with dignity and respect
- Centering support and services around the person's needs, goals, and preferences
- Encouraging self-determination and choice
- Recognizing strengths and capabilities rather than just focusing on deficits
- Collaborating with families, caregivers, and communities to create a support network

Activity: Benefits of Person-Centered Practices (5-7 minutes)
Individual and Large Group

Ask participants take 2-3 minutes to reflect on how incorporating NCAPPS's definition of person-centered thinking and person-centered practice in APS work can be beneficial to clients, families/support systems, and APS programs.

After a few minutes, **ask** for volunteers to share examples of person-centered thinking and practice in their work, to include it's benefits on clients, support people and the organization.

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Trainer note: if participants only share examples and how this thinking and practice benefits clients, provide some possible answers from below and inquire about their experiences.

Possible responses:

- Client feels seen, heard, respected.
- Client feels safe to discuss their concerns and express their choices.
- Client feels validated by APS professional and thus may be more inclined to collaborate with APS about their safety and well-being.
- Client feels empowered by self-determination to take steps to increase their safety, if they choose.
- Client is offered multiple resources so that they may choose what is alignment with their cultures, values, etc.
- Families/support systems are involved if client wants and can increase protective factors
- Enhances quality and reputation of APS program.
- Reduces the perception of APS as being forceful or authoritarian.
- Enhances interviewing skills of APS professionals.
- Helps the APS professional identify which interventions to pursue.

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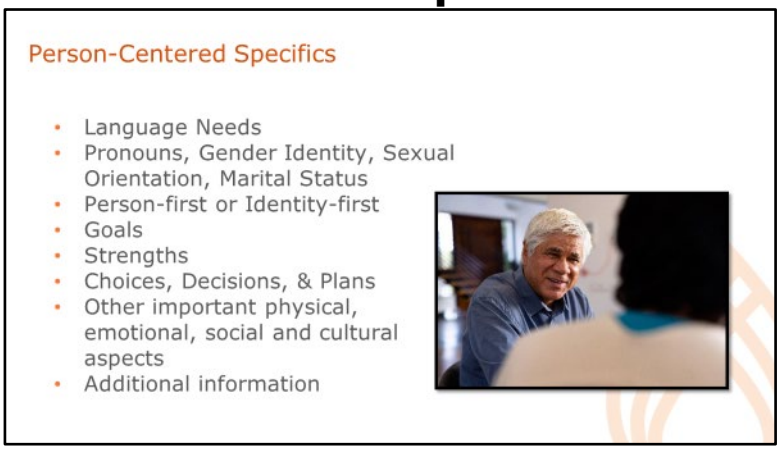
Slide #21: Person-Centered Specifics



Trainer note: this slide is animated.

Explain There are many things that APS is required to do to ensure person-centered practice and they need to be documented. There are others that are best practice. Documenting these adds to the professional and person-centered aspect of our work.

Ask participants:

- Does your organization have an electronic case management system? What is it called?
- If you're familiar with your case management system, what kinds of information does it capture? What information does it prompt you to enter? What demographic info is required by your organization to document in the case record?

Share the following ways to practice person-centered interviewing and **ask** how and where are they documented in their case records? *Trainer note: participants may not know how or where all of these are documented or may have different ways in which they document them. The idea behind this is to make the connection between person-centered practice and person-documentation and that no matter where they document, these practices need to be documented.*

- Ask the client about:
  - Their language needs (Civil Rights laws require that agencies accommodate communication needs of individuals based upon their language needs as well as those with speech, hearing, or cognitive limitations.)

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        - Potential answers: designated field in the assessment template, intake & assessment
    - Their pronouns, gender identity, sexual orientation, marital status.
        - Potential answers: demographic section, intake & assessment, reporting & analytics
    - How they choose to refer to their condition, illness, or disability (ex: do they prefer identity-first language or person-first language?)
        - Potential answers: Intake and assessment
    - Their goals (what do they want to achieve?)
        - Potential answers: case planning and goal setting
    - Their strengths (what skills and resources do they possess to help them take their desired steps?)
        - Potential answers: Intake & assessment, case planning & goal setting
    - Their choices, decisions, and plans.
        - Potential answers: Intake & assessment, case planning & goal setting, narratives
    - Other factors that are important to them (holistic view), such as physical, emotional, social, and cultural aspects.
        - Potential answers: Narratives, Intake & assessment, case planning & goal setting
    - Anything else they would like the APS professional to know about them?
        - Potential answers: Intake & assessment, case planning & goal setting

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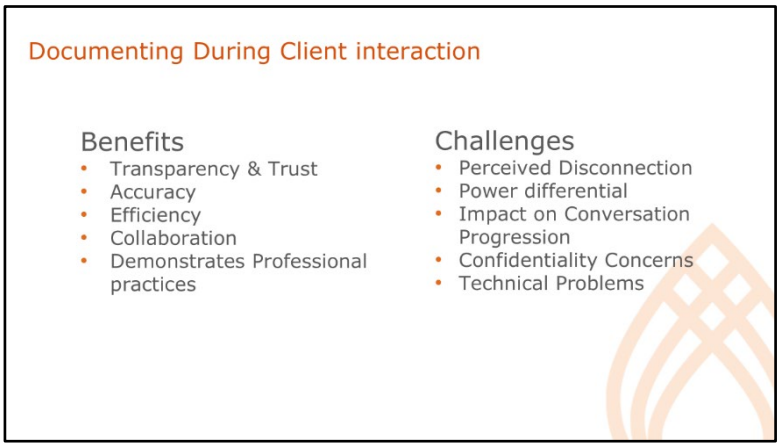
Slide #22: Documenting During Client Interaction



Trainer note: this slide is animated.

Explain that person-centered documentation also requires us to think about how and when we document. There are benefits and challenges of documenting while meeting with the client.

Share some of the Benefits:

- Transparency & Trust: Clients can see what's being recorded, which can build trust and reduce anxiety about what's "going in the file."
- Accuracy: Capturing information in the moment reduces the risk of forgetting or misrepresenting details later.
- Efficiency: Saves time by reducing the need for post-meeting documentation.
- Collaboration: Invites clients to co-create their narrative, reinforcing autonomy and engagement.
- Demonstrates professional practices: Can normalize documentation as part of care or service delivery.

Share some of the Challenges:

- Perceived Disconnection: Clients may feel unheard if your attention is focused on documenting.
- Power Dynamics: Seeing their words interpreted in real time can feel vulnerable or intimidating.
- Impact on the Progression of the Conversation: Live documentation may slow the flow of conversation or feel disruptive.
- Confidentiality Concerns: Clients may worry about who sees the notes or how they're used.
- Tech Problems: Glitches, slow typing, and other technical issues can create distractions and impact rapport.

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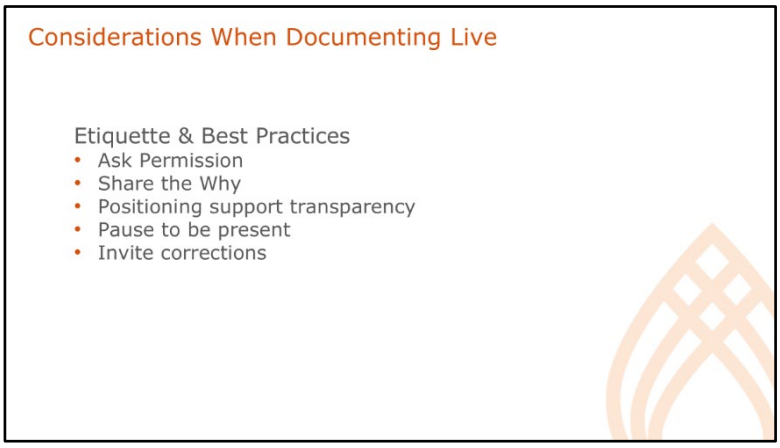
Slide #23: Considerations When Documenting Live



Cover the following etiquette and best practices when documenting in person:

- Ask Permission: "Would it be okay if I take some notes while we talk? It helps me make sure I capture what you've shared accurately."
- Explain the Why: Share the purpose of documentation and how it supports the client's goals or services.
- Positioning Supports Transparency: Sit side-by-side or angle your screen so the client can see what you're typing or writing, if appropriate.
- Pause to be Present: Don't let the screen or the pencil become a barrier to your engagement. Make eye contact and listen actively.
- Invite Corrections: "Let me know if I'm getting anything wrong or if you'd like me to change something or word it differently."

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Case Records

Time Allotted: 25 minutes

Associated Objective(s): Identify case records requirements

Method: Small group case scenarios and discussion

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Slide #24: Documentation Requirements



Ask participants if they can recall from the eLearning or program requirements what needs to be included in a case record for it to be determined "complete".

In California, per the CDSS Manual of Policies and Procedures for APS, when applicable, each case record shall contain:

1. Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. Cross-report to Law Enforcement (SOC 343)
3. Written assessments
4. Service plan
5. A chronological narrative of contacts made with, or on behalf of, the client
6. Documentation of any refusal of services
7. Copies of all case related documents received or sent by APS
8. Case closure summary
9. Documentation of specific supervisory approvals

Share that this is not an all-inclusive list of what your organization may require to be included in your APS case records. Always consult with your supervisor and/or your organization's specific policies & procedures.

Trainer note: if training outside of California, revise the requirements according to the program's policies where training is taking place.

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Slide #25: Timely Documentation



Explain that documenting immediately is a critical component of APS practice.

Share:

- Timely documentation supports legal accuracy and is essential to uphold legal standards
- Captures details while fresh as memories can quickly fade especially in complex cases.
    - It preserves client statements and the APS professional's observations
- Ensures facts are captured accurately and minimizes gaps or inconsistencies
- Mitigates risk and protects both the client and the APS professional in reducing liability and clarifying decision-making
    - Supports meeting mandates and deadlines for timelines and assists maintain case compliance

<u>Activity: What are ways you document right away? (2-3 minutes)</u>
Individual

Explain this poll demonstrates ways in which people may document. **Encourage** participants to choose answers that supports timely documentation.
Poll Question: What are the best practices for documenting APS case without delay? (select all that apply)

1. Ask permission to document in real time during the visit with the client
2. Drive to a safe location and type your notes immediately between visits
3. Schedule one day a week for note typing.
4. Dictate notes and record notes verbally into secure apps on your phone

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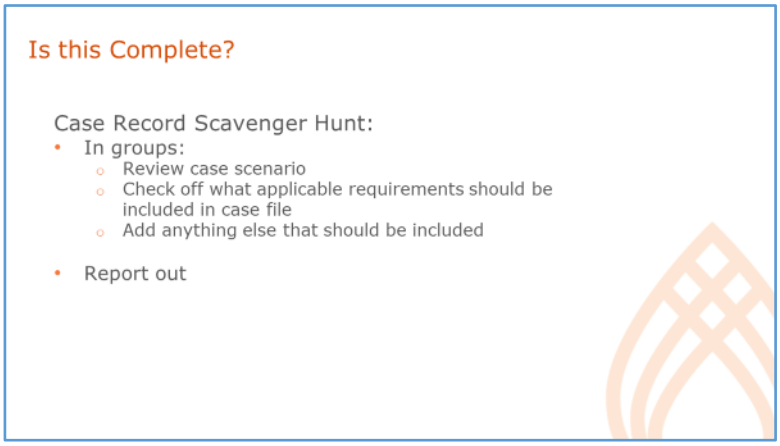
Slide #26: Is this Complete?



<u>Activity: Case Record Scavenger Hunt (15-20 minutes)</u>
Small groups & Large group debrief

Instructions:
Share that in breakout groups participants will:

- Review a case scenario and check off what required documentation should be included in the case file. Note, not all will apply.
- They will have 8-10 minutes to review the case scenario and check-off the items. They can also add anything else they think should be included.
- **Ask** them to decide which group member will be reporting out.
- *<u>Trainer note</u>: note which scenario was assigned to each group.*

Debrief*:*

- When calling on each group, **first provide** a brief summary of the scenario for participant awareness.
- **Ask** each group to share what needed to be included in their case file and if they had any additional documents or information that should be added.

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HANDOUT: CASE RECORDS CASE SCENARIOS

Scenario 1:

On 3/9, you receive a referral for a 79-year-old widowed female who lives alone. She recently hired a caregiver, who is the alleged perpetrator (AP), through a recommendation by someone in her senior community. The caregiver is supposed to help the client with chores, shopping, meal prep, and transportation to medical appointments. The referral states that since the client hired the caregiver, there have been multiple unusual and suspicious transactions via debit card on her bank account, such as for bail bonds, a car payment (the client has a paid-for vehicle), and credit card payments.

On 3/10, you call the Reporting Party (RP), a local banker that is familiar with the client's spending habits and noticed the unusual transactions which were flagged by their data system. The bank's automated fraud detection system attempted to contact client regarding the transactions, but she did not respond. Now the debit card has been shut down until further notice. The banker emails you a copy of the suspicious transactions via encrypted email.

On 3/10, you visit the client unannounced. The AP is not present. The client said that she gave the AP her debit card and PIN to do shopping for her, and when asked about the suspicious transactions, the client confirmed they were not made by her. She has not contacted bail bonds, she does not have a car payment, and she does not possess a credit card account that is specified in the transactions. The client believes that the AP is probably the one who conducted the fraudulent transactions as she was insistent on using the debit card instead of cash to do the shopping for the client.

Check off the required documentation items for this scenario on the list below:

1. _____ Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. _____Cross-report to Law Enforcement (SOC 343)
3. _____Written assessments
4. _____Service plan
5. _____A chronological narrative of contacts made with, or on behalf of, the client
6. _____Documentation of any refusal of services
7. _____Copies of all case related documents received or sent by APS
8. _____Case closure summary
9. _____Documentation of specific supervisory approvals

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Scenario 2

On 4/4, you receive a referral for a 68-year-old male client who is living in a subsidized housing apartment. The allegation is for self-neglect. The Reporting Party (RP) is a neighbor who would like to remain anonymous and did not leave a call back #. The RP explains that the client has become increasingly isolated, has not left the apartment in weeks, possibly months. The RP does not know how the client is obtaining food, and when the client's apartment door was open, the RP observed a very cluttered environment. The RP did momentarily see the client, and he appeared to have lost a significant amount of weight in a short time. The RP does not know if the client has any support system or family. When the RP has spoken with the client on a few occasions, the client seemed "lost."

On 4/6 you arrive at the apartment for an unannounced visit. You knock on the door, and the client yells from within "who is it"? You explain you are a social worker who is there to check on him and see if he needs anything, and he yells back "I didn't request a social worker, I don't need one, I don't need anything…..now go away." You attempt again to engage the client in an interaction, but he refuses to open the door. You call out that you will leave your business card in the door and if he changes his mind he can call you or the 800#. You place your card in between the door and door jam and leave the premises.

When you return to the office, you document the refusal of services and initiate the process for your supervisor to change the status of the case to refusal of services in your case management system.

Check off the required documentation items for this scenario on the list below:

1. _____ Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. _____Cross-report to Law Enforcement (SOC 343)
3. _____Written assessments
4. _____Service plan
5. _____A chronological narrative of contacts made with, or on behalf of, the client
6. _____Documentation of any refusal of services
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Scenario 3 (Content warning: sexual assault)

On 5/6, you receive a referral for a 38-year-old male who lives with a developmental disability. The allegation is sexual abuse. The client lives alone in an apartment and has independent living support services (ILS) which helps him live independently. The Reporting Party (RP) is his ILS specialist who works with the client one-on-one to build skills in the areas of shopping, meal-prep, cleaning, money management, and using public transportation. When visiting client's apartment, the RP has noticed an adult male/alleged perpetrator (AP) "hanging out" in client's apartment and lingering around when the RP is trying to work with the client on skills. The client seems uncomfortable around the AP. During a time when the AP is not present, the RP asks the client about his relationship with the AP. The client reluctantly admits that the AP has forced him to engage in sexual activity, and the client is uncertain whether or not it was consensual.

You conduct a full investigation, including offering to initiate a sexual assault forensic examination with the local Sexual Assault Nurse Examiner and they accept. You conclude that allegations of sexual abuse are confirmed.

Check off the required documentation items for this scenario on the list below:

1. _____Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. _____Cross-report to Law Enforcement (SOC 343)
3. _____Written assessments
4. _____Service plan
5. _____A chronological narrative of contacts made with, or on behalf of, the client
6. _____Documentation of any refusal of services
7. _____Copies of all case related documents received or sent by APS
8. _____Case closure summary
9. _____Documentation of specific supervisory approvals

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TRAINER ANSWER KEY

Scenario 1:

1. _X__ Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. _X__ Cross-report to Law Enforcement (SOC 343)
3. _X__ Written assessments
4. _X__ Service plan
5. _X__ A chronological narrative of contacts made with, or on behalf of, the client
6. _____ Documentation of any refusal of services
7. _X__ Copies of all case related documents received or sent by APS
8. _X__ Case closure summary
9. _X__ Documentation of specific supervisory approvals

Scenario 2:

1. _X__ Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. _____ Cross-report to Law Enforcement (SOC 343)
3. _____ Written assessments
4. _____ Service plan
5. _X__ A chronological narrative of contacts made with, or on behalf of, the client
6. _X__ Documentation of any refusal of services
7. _____ Copies of all case related documents received or sent by APS
8. _X__ Case closure summary
9. _X__ Documentation of specific supervisory approvals

Scenario 3:

1. _X__ Report of Suspected Dependent Adult/Elder Abuse (SOC 341)
2. _X__ Cross-report to Law Enforcement (SOC 343)
3. _X__ Written assessments
4. _X__ Service plan

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5. _X__ A chronological narrative of contacts made with, or on behalf of, the client
6. _____ Documentation of any refusal of services
7. _X__ Copies of all case related documents received or sent by APS
8. _X__ Case closure summary
9. _X__ Documentation of specific supervisory approvals

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Wrap-up and Evaluations

Time Allotted: 20 minutes

Associated Objective(s): N/A

Method: Individual reflection

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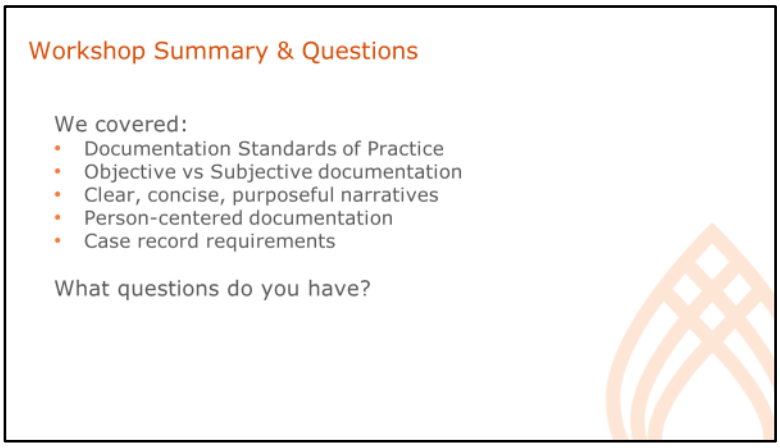
Slide #27: Workshop Summary & Questions



Explain: today we focused on some of the key concepts of APS documentation, including: documentation standards of practice, objective vs subjective documentation, narratives that are clear, concise, and purposeful, person-centered documentation, and case record requirements.

Ask what questions participants have and **validate** how valuable documentation is in APS work.

Share there is a transfer of learning participants can access, which will help support their continued efforts. It can be found in their participant manual and on APSWI's website.

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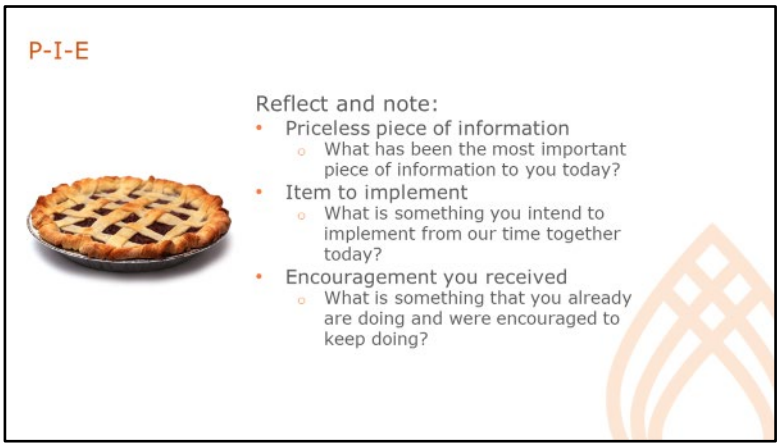
Slide #28: P-I-E



Inform participants that we'll wrap up the day by reflecting on their experience.

Ask participants to silently take five (5) minutes to answer the following questions, on their own. Those who want to share can do so after everyone's had the time to individually answer.

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?

Once complete, **ask** for volunteers to share what they wrote down for each reflection.

If time allows, **debrief** with the following questions:

- What are some of the key words that you heard while you shared?
- What were the common themes that kept 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?

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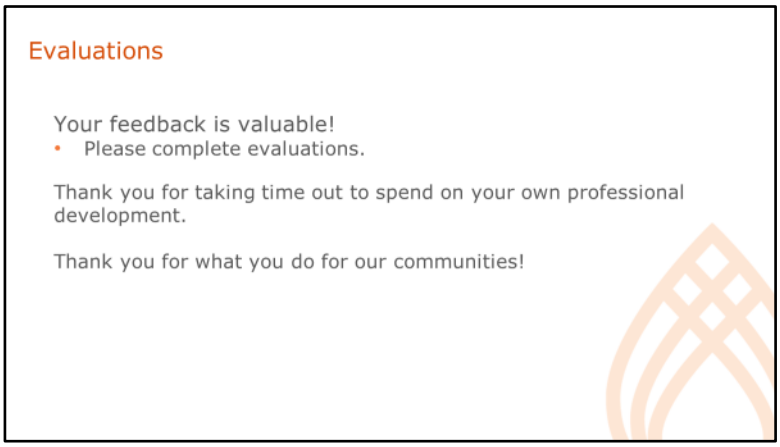
Slide #29: Evaluation



Provide information on how to complete evaluations.

Thank participants for taking time out of their day for their own professional development and dedication to support older adults and adults with disabilities.

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Academy for Professional Excellence (Producer). (2025). APS Case Documentation and Report Writing [eLearning].

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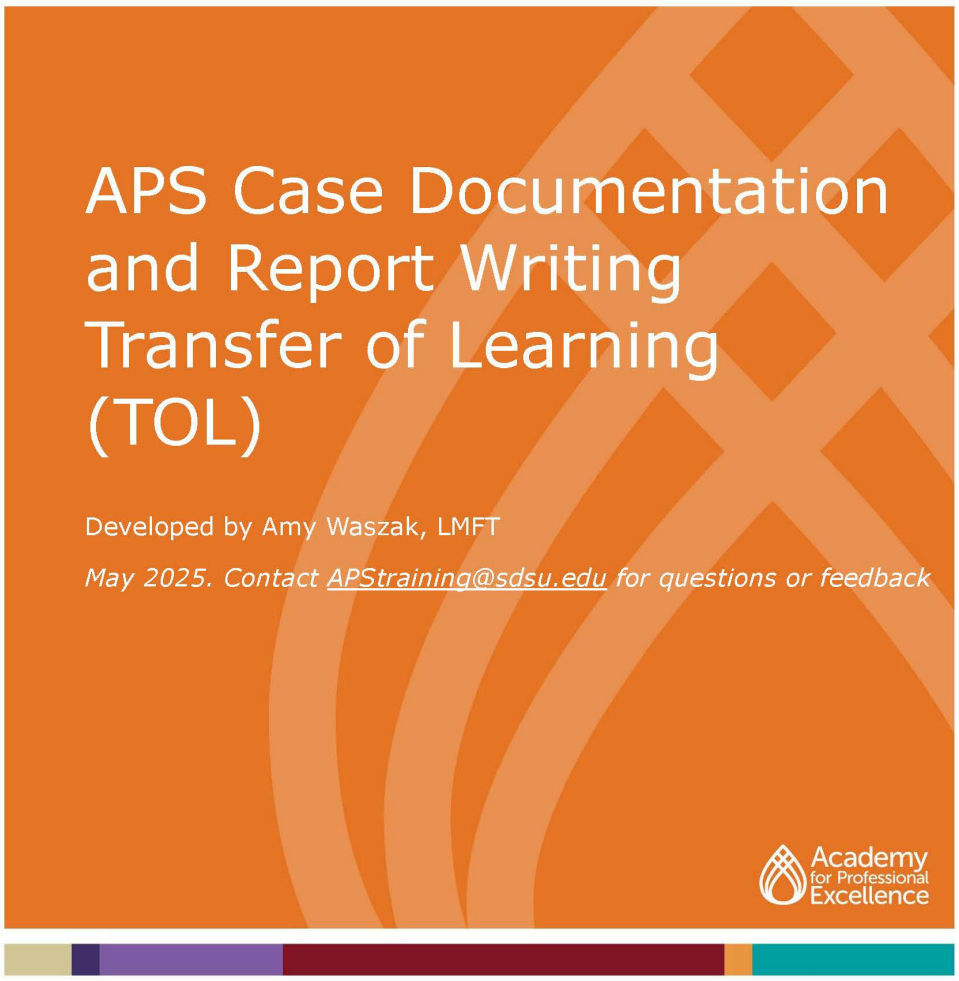
Appendix: Transfer of Learning

Below is a Transfer of Learning packet. It can be accessed on APSWI's website under the Transfer of Learning tab.



APSWI
Adult Protective Services Workforce Innovations

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APS Case Documentation and Report Writing Transfer of Learning (TOL)

Objective:

This Transfer of Learning (TOL) provides various tipsheets to reinforce key takeaways from the *APS Case Documentation and Report Writing eLearning*. The following tipsheets are included:

- **What to include and omit in case documentation**
- **How to make documentation purposeful**
- **Documenting screening for decision-making ability and staff's conclusions**

How to Use:

- Staff who have completed the eLearning can reference the tipsheets as reminders of what to include in their case documentation to ensure their efforts to support someone's safety and well-being and working within program and state requirements are being captured.
- Supervisors can utilize the tipsheets to support areas of growth in their staff's documentation skills as well as highlight where staff excel in certain areas.
- Staff and supervisors can take the opportunity to review the tipsheets and discuss any additional program expectations or requirements.



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. Content and examples that are provided may activate feelings based on personal or professional experiences, including vicarious and/or secondary trauma and we encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

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TIPS: What to Include and What to Omit

What to Include	Examples
A clear picture of the situation, including your assessment of the person's functioning, strengths and abilities, and protective concerns	✓ Ability to perform ADL's and IADL's ✓ Ability to self-advocate and make informed decisions ✓ Their concerns about their safety (person-centered perspective) ✓ Your concerns about their safety ✓ A factual record of information and statements that support the allegations and case findings.

Ensure to omit information or details that are:

- Extraneous or not relevant.
  - It can distract from the core message and can make it harder to focus on what's important.
- Superfluous, unnecessary, or excessive.
  - It can clutter the documentation, making it less concise and harder to decipher.

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TIPS: Making Documentation Purposeful

Purpose	Process	Examples
Case History and Baseline	Review case history for knowledge base about the case and review for changes in client's level of functioning	✓ What were the protective concerns in the previous cases? ✓ Same alleged perpetrator? ✓ Repeat allegations or a new concern? ✓ How was the client functioning physically and cognitively in the previous cases? ✓ What might be different now?
Legal Involvement	Keep in mind that any and all documentation may be used in criminal or court proceedings.	✓ Are there concerns about criminal allegations? ✓ What evidence is needed/collected? ✓ If the client is in need of a conservator, what kinds of cognitive assessments and/or information will the court need to accomplish this?
Accountability	Strong documentation portrays your handling of the case and the justification for steps that were taken.	✓ If APS facilitates the client obtaining a restraining order from the court, the documentation clearly describes the risk to the client and validates the need for the court order. ✓ All voluntary and involuntary services are documented and justified.
Professionalism	Documentation of quality work reflects professionalism in APS practice	✓ Thorough assessment ✓ Appropriate referrals and cross-reports ✓ Reflects program's documentation standards

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		around terminology, language and use of acronyms
Consistency	Knowing your program and state guidelines around timeline requirements and data collection contributes to program metrics that can help ensure program consistency.	✓ Ensure client is seen within required timeframe and document to support consistency in meeting program mandates. ✓ Enter case documentation within the timeframe of program guidelines
Staffing and Funding	Documentation can help provide the justification for funding to maintain needed APS staffing and resources.	✓ Caseload numbers can help justify hiring campaigns and elicit state and federal funding for APS programs to hire with. ✓ Case data can help drive the need for certain case management programs, such as housing navigation services and specialized case management

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TIPS: Documenting Screening for Decision-Making Ability

Documenting that the below areas were assessed and how they were assessed is crucial.

Area to Assess	Questions
Orientation	✓ What is your name? ✓ Where are you right now? What is the name of this place? What is your address? ✓ What's today's date? What day of the week is it? ✓ Why are you here? What happened? Do you understand why I'm here visiting you?
Understanding of the situation	✓ Can you tell me in your own words what this [situation/decision] is about? ✓ What are your concerns about this situation? ✓ What is your understanding of your choices in this situation? ✓ What is your understanding of the role of APS in regards to this situation?
Appreciation of outcomes	✓ Can you tell me what might happen if you choose [option A]? ✓ And what might happen if you choose [option B]? ✓ What are some of the [pros/cons] of this decision? ✓ How might this decision affect your life?
Reasoning & evaluation	✓ How did you arrive at this decision? ✓ What factors are most important to you when you were thinking about this? ✓ Does this decision fit with your values and what's important to you? ✓ Can you tell me about any other options you considered?
Communicating choice	✓ What is your decision? (document clearly what they stated, in their words.) ✓ Has anyone pressured you to make this decision? ✓ Do you feel free to make/state this decision? ✓ What are your thoughts/feelings about this decision? ○ *If a client has communication challenges document what accommodations were used.

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Your conclusion about someone's decision-making ability is important to include. Keep in mind the following:

- ✓ If a tool was used, document the score and what the score means, according to the tool's guidance.
- ✓ Document the person's abilities in responding to questions about their orientation, understanding, appreciation of consequences, reasoning, and ability to communicate their choices and self-advocate.
- ✓ This does not mean diagnosing a client with a neurocognitive disorder, rather documenting the client's responses and documenting your professional opinion about their ability to make informed decisions, based upon the interview.
- ✓ Always seek an evaluation by a doctor, psychologist, or other licensed clinician when seeking a formal diagnosis and/or capacity evaluation.

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OUR WHY:

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

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