Transfer of Learning: Critical Analysis in APS Casework

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APSWI
Adult Protective Services Workforce Innovations

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Transfer of Learning: Critical Analysis in APS Casework

Objective:

This Transfer of Learning (TOL) is intended to supplement, not replace, the Adult Protective Services Workforce Innovations (APSWI) **Critical Analysis in APS Casework** Instructor Led Training (ILT).

Participants will have the opportunity to further practice the following skills:

- **Information Seeking:** identifying and accessing alternative sources of information to gather data during an APS investigation
- **Considering Multiple Solutions:** analyzing situations from the varied perspectives of multiple stakeholders
- **Emotional Intelligence:** reflecting on strategies to promote resilience and wellbeing in the face of secondhand trauma
- **Tolerating Ambiguity:** navigating complex situations by developing client-centered service plans
- **Effective Communication:** evaluating oral and written communication skills

How to Use:

APS professionals who have completed the *Critical Analysis in APS Casework* ILT may complete these TOL activities independently or with support from their direct supervisor. Activities include personal reflection, written responses, videos, and engaging with scenarios that reflect APS casework. APS professionals may choose to engage in any or all of the activities in the TOL. Each one is independent of completion of any other TOL activity. Some of the activities will require a basic understanding of APS investigation and social work techniques such as interviewing skills, intervention and service plan development, and case documentation.

Content Warning:

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

Critical Analysis Skills: I.C.E.T.E

The Critical Analysis in Casework ILT covered these five following skills:

Letter	Skill	Description
I	*Information Seeking*	Gathering sufficient information to make a judicious decision.
C	*Considering Multiple Solutions*	Exploring and evaluating various approaches and perspectives to better understand the situation.
E	*Emotional Intelligence*	Understanding and applying a high level of Self-Awareness, Self-Regulation, and Interpersonal Skills
T	*Tolerating Ambiguity*	Ability to cope with unclear tasks, goals, or communication by adapting to change and using problem-solving skills
E	*Effective Communication*	Understanding and applying verbal, non-verbal, and written communication skills

The "ICETE" acronym was created by Valerie Smith, LCSW, 2024. CONSULTING, ADVOCACY, AND THERAPEUTIC SERVICES, LLC, based on the work of Goleman, D. (2004); Hitchcock, D. (2017); Mathias, J. (2015).

Information Seeking: Interview Skills and Sourcing Evidence

Interview Question Types

As explained in the ILT **Critical Analysis in APS Casework**, gathering information on an APS referral is the cornerstone of APS casework. An APS professional seeks to be as well informed as possible about the client they serve, the presenting allegations, and contextual information related to the client and their risk and safety. The way that the APS professional frames questions posed to an APS client, to collateral support, or to an alleged perpetrator will influence the quantity and quality of information received in that exchange.

Activity: Variety of Sources (10 minutes)

Interviewing clients is just one way for APS professionals to gather data that informs the investigation.

Instructions: On the following handout, list at least five other sources of information, beyond asking the client, where you might be able to engage in information seeking.

Handout: Variety of Sources

Client's medical history and current prescriptions:

1. _____
2. _____
3. _____
4. _____
5. _____

Client's marital status and/or family tree:

1. _____
2. _____
3. _____
4. _____
5. _____

Alleged perpetrator criminal background:

1. _____
2. _____
3. _____
4. _____
5. _____

Client's benefits and insurance coverage details:

1. _____
2. _____
3. _____
4. _____
5. _____

Persons assigned as client's POA/Trustee:

1. _____
2. _____
3. _____
4. _____
5. _____

Specific physical care needs of the client:

1. _____
2. _____
3. _____
4. _____
5. _____

Considering Multiple Solutions: Positionality

Applying concepts of positionality

To engage critical analysis in APS casework, APS professionals must be able to consider issues from a range of different, and sometimes competing, perspectives. Doing so will allow them to maintain empathy and compassion for those they are serving; to communicate in ways that convey a solution focused goal; consider creative solutions otherwise undiscovered; and keep the focus of the intervention on the client.

In their research on positionality in social work, Lechuga Peña et al. (2015) write, "Positionality refers to one's social location and worldview, which influences how one responds to power differentials in various contexts. This construct is important for social work, as one's own positionality impacts one's approach when working with clients, during community engagement, and policymaking." In other words, APS professionals' understanding of their own view and position in various social contexts will facilitate invitation, and broader understanding, of others' views and positions.

Activity: Considering Multiple Solutions (15 mins)

Instructions: To practice understanding positionality, and applying the ICETE skill of considering multiple solutions, you will be presented with a scenario that is reflective of APS casework. You will be asked to provide specific reflections from the perspective of multiple stakeholders and challenged to consider a situation from someone else's vantage point.

Case Scenario *Content Warning* Sexual Exploitation:

The identified APS client is 34 years old and has intellectual delays. She is served by your local Regional Center and has several Regional Center vendors in place. She attends a vocational day program 5 times per week and is part of a supported living program. The client is authorized for in-home care through the Regional Center and there are staff from the supported living program in the home daily from 8:00am-8:00pm. The client has an adult female roommate, who has intellectual delays served by the same supported living program. The APS client's parents live in the area, are very involved with her support team, attend every care conference, and visit with the client 1-2x/wk.

APS received a referral for financial exploitation and sexual exploitation of this client. The allegations are that the client befriended the alleged perpetrator (AP) while at her vocational day program. The AP and client traded cell phone and social media information, and the AP has been communicating with the client with increasing frequency. A staff person recently observed communication on the client's phone indicating that the AP requested (and received) nude selfie photos from the client. The client is also suspected of sending the AP information about her bank account. The client used to carry spending cash but recently does not have any money to buy lunch or snacks when she is out. When supported living staff asked the client about her relationship with the AP, client stated "he's my boyfriend, we are going to be married one day." The staff report seeing a new vehicle parked across from the client's home lately, suspecting that the AP is hanging out there. The client recently left the home alone, and it took the staff nearly 2 hours to locate her walking in a nearby neighborhood.

The best you can, assume the position of **the APS client** and answer the following:

1. What is the primary concern or risk to you?
2. What's working well?
3. Who should be involved in discussing the concerns?
4. What are my goals?
5. What is the ideal resolution?

The best you can, assume the position of **the client's roommate** and answer the following:

1. What is the primary concern or risk to the APS client?
2. What is the primary concern or risk to you?
3. What's working well?
4. Who should be involved in discussing the concerns?
5. What are my goals?
6. What is the ideal resolution?

The best you can, assume the position of **the supported living staff** and answer the following:

1. What is the primary concern or risk to the APS client?
2. What is the primary concern or risk to you?
3. What's working well?
4. Who should be involved in discussing the concerns?
5. What are my goals?
6. What is the ideal resolution?

The best you can, assume the position of **the client's parents** and answer the following:

1. What is the primary concern or risk to the APS client?
2. What is the primary concern or risk to you?
3. What's working well?
4. Who should be involved in discussing the concerns?
5. What are my goals?
6. What is the ideal resolution?

Now consider that **as the APS professional**, you are facilitating a meeting with the client, her supportive living team, her parents, and her roommate. What are your goals for this meeting? How would you elicit different perspectives, needs, and goals around the following:

1. What is the primary concern or risk to the APS client?
2. What is the primary concern or risk to you?
3. What's working well?
4. Who should be involved in discussing the concerns?
5. What are my goals?
6. What is the ideal resolution?

Emotional Intelligence: Secondhand Trauma

Emotional Intelligence in the context of Secondhand Trauma

The Critical Analysis in APS Casework ILT addresses self-regulation as a key element of critical analysis. Self-Regulation involves self-awareness, self-management, social awareness and relationship management. These skills are interdependent and necessary for APS professionals to remain effective in their casework. It's important to be aware of how self-regulation skills are vulnerable to the effects of secondhand trauma, which includes secondary trauma and vicarious trauma.

- Unlike burnout or general overwhelm, secondary trauma occurs when APS professionals are deeply impacted by hearing about others' traumatic experiences, leading them to exhibit symptoms like those of the trauma survivor.
- Vicarious trauma can develop through repeated exposure to others' traumatic experiences, gradually altering the helper's perception of the world.
- Cumulative effects of secondhand trauma include lower perceptions of health and unhealthy habits, psychological distress, impairment at work, and increased workforce turnover (Armes, et al 2020).
- Secondary or vicarious trauma is common and may significantly affect an APS professional in all aspects of their lives, not just at work.
- Talk to your supervisor about potential resources such as Employee Assistance Programs that can help address effects of secondary trauma.

Activity: Video Reflections (10 mins)

Instructions: Watch the following two videos on the YouTube platform. Each is just over one minute long. You will hear several examples of how secondary trauma, and/or vicarious trauma, may show up for APS professionals. Take note of the examples provided in the videos that resonate with you.

- What is Vicarious Trauma
- 6 Common Signs of Vicarious Trauma (youtube.com)

Consider the following: you may want to make note of your responses, share with your supervisor, or bring this experience to a professional for assistance addressing secondary trauma in your work as an APS professional.

- What thoughts or feelings came up for you while watching the videos?
- Did any of the examples resonate, or feel familiar to you?
- Consider an experience you have had with secondary trauma in your work with APS? What did that feel like and how did you work through it, if you were able to?
- What would you like to receive from your team, supervisor and/or agency to better prepare you for secondary trauma in your work as an APS professional?

Self-Reflections:

Tolerating Ambiguity: Service Planning

Working in the Grey

Some of the most challenging APS cases involve working in the grey areas, where it is difficult to identify the best direction or action. Balancing clients' right to self-determination with the APS professional's duty to protect the safety of the client results in seemingly infinite examples of working in grey areas. Risk assessments and services plans must consider shifting variables such as the client's decision-making ability, family dynamics, self-determination, the voluntary nature of services, and more.

This activity will allow you to practice developing a service plan for a case with few certainties and a lot of grey. Remember, there is no absolute correct answer in many APS situations.

Activity #4: Developing a Service Plan (15mins)

Instructions: Read the following *APS Intake Narrative and Initial Face to Face interview note*. Consider the variations and context presented. After reading, create a service plan that will serve to protect the client's safety, respect the client's right to self-determination, and meets your programs mandates.

APS Intake Narrative:

Allegations of self-neglect, and neglect by caregiver, for this 77 y/o male reported by Law Enforcement (LE).

The client has APS history (hx) with 13 prior referrals for similar concerns. The Reporting Party (RP) stated that the client is actively leaving the home and becoming lost, often requiring intervention from LE. Per APS hx, client has diagnosis of Alzheimer's Disease and requires 24/7 supervision to remain safe at home. Per APS hx, the alleged perpetrator (AP) has not been able and/or willing to implement sufficient safety measures in the home such as wander guards, increased caregiving, or respite care.

RP stated that LE responded to a missing person's report filed by the client's primary caregiver (AP). The client left the residence unsupervised, and the

AP lost track of him. LE searched for the client around the community. The client was found 3 hours after the initial call at a local gas station, unable to provide information about how he got there or how to get back to his residence. The RP stated that the AP appears unable and/or unwilling to maintain the care client needs to remain in the home. The RP stated that LE resources have been inappropriately overused by this client and AP with over 20 calls for service in the past two months.

APS Professional IF2F Interview Note:

Conducted Initial Face to Face (IF2F) unannounced home visit with client at his home to discuss allegations and assess his safety. Due to client's cognitive impairment, he was unable to meaningfully participate in a conversation about allegations. AP also interviewed to gather more information.

AP confirmed allegations as they were reported to APS. AP provided additional details about the client's most recent wandering incident. AP stated that client "likes to go out walking" and does so approximately "once a week." AP stated that sometimes she follows the client (in her car), other times she tracks him via cell phone, and sometimes she does not maintain awareness of his location. This writer discussed safety concerns related to the client walking unsupervised from the home, noting the busy street nearby and the client's inability to find his way home. This writer suggested that AP join the client when he leaves the home for walks, however, AP stated that she is unable to walk far due to medical issues. This writer suggested that AP follows the client by car, until a more long-term safety plan is developed. Discussed potential for conservatorship of the client with the goal of placement. AP is not in favor of this, and desires alternative options for increasing client safety at home. AP was agreeable to a referral to an Adult Day Healthcare Center for daily attendance to increase support and monitoring for client and provide respite to AP.

The client was observed seated at an outdoor patio table during this visit. The client greeted the writer warmly with a smile and did not appear to recognize the writer from prior visits. The client was holding a large stuffed teddy bear and appeared to be appropriately dressed and groomed. The client was unable to respond appropriately to orientation questions. When asked about his walks, the client stated, "I don't want to be in jail, I can walk anywhere I want." When the topic of ADHC was addressed, the client

stated, "I don't want to go there, I am not a child" and "no thank you, I will stay home with teddy."

Create Service Plan

Following this IF2F, consider the service plan items you might create for this case. List at least five interventions that you can explore with the client and AP. Identify the benefits and challenges with each:

Service Item	Potential Benefits	Potential Challenges
Ex: Referral to IHSS	*Increased care, respite for AP, additional assessment points*	*Not active with MediCal; reluctance of AP to have others in the home; shortage of IHSS providers*

Effective Communication: Self-Auditing

Effective Communication in APS Documentation

The *Critical Analysis in APS Casework* ILT reviewed how effective communication is one critical analysis skill that allows the APS professional to develop, communicate and implement successful service plans. The APS professional must be confident in their oral and written communication skills.

Activity: Effective Communication (20 mins)

Individual

Instructions: For this exercise, you will self-audit a variety of your recent communications. You will reflect on your findings and consider changes you may want to make moving forward.

Part 1: Open a recent Interview Note for an APS case you are working on. Review the note and assess the following:

Interview Notes	Yes	No
Are references to individuals consistent with agency policy?		
Are references to individuals consistent within the note?		
Is the language clear?		
Is the language objective?		
Does the language convey respect for the client?		
Does it include acronyms without explanation?		
Is everything in the text necessary and unduplicated?		
Is everything that should be captured there?		
Is the text free of typos, spelling or grammar errors?		
Other Observations:		

Part 2: Go to your email account and open a recently sent email. Review the email and consider the following:

Email Notes	Yes	No
Is the greeting line respectful and clear?		
Is the text free of typos, spelling and grammar errors?		
Does the signature line meet my agency's policy?		
Is the language clear?		
Is the language objective?		
Does the language convey respect for the recipient?		
Does it include unexplained acronyms?		
Is everything in the text necessary and unduplicated?		
Is everything that should be captured there?		
Am I meeting my intended goal of [*sharing information, requesting information, documenting actions***] by sending this email?**		
Other Observations:		

Part 3: (If Applicable) Think back to a recent Multi-Disciplinary Team (MDT) meeting where you either presented a case or contributed to discussion around a case consultation. From your recollection, consider the following. If you prefer and are comfortable, you may ask a team member or supervisor for their assistance with reflection on MDT participation:

Discussion Area	Yes	No
Were references to individuals consistent with agency policy?		
Were references to individuals consistent throughout the conversation?		
Were your statements clear?		
Was the language objective?		
Did your language convey respect for the client?		
Did you use acronyms without explanation?		
Were your statements necessary and unduplicated?		
Did you provide all relevant information needed for the discussion?		
Were you inviting of others' thoughts, ideas, opinions and experiences?		
Other Observations:		

References and Resources

Armes, S., Lee, J., Bride B., & Speonk's, D. (2020). Secondary trauma and impairment in clinical social workers. *Child Abuse and Neglect,* 110(3). doi:10.1016/j.chiabu.2020.104540

Asis International. (n.d.). *Fast facts: 6 common signs of vicarious trauma.* [Video]. Youtube.

Bourassa, DB. Compassion fatigue and the adult protective services social worker. (2009). *Journal of Gerontological Social Work,* 52(3), 215-29. doi: 10.1080/01634370802609296.

CTRI. (n.d.). *What is vicarious trauma?.* [Video]. YouTube.

Dubble, Chris. (2015). *Practical ethics in protective services.* [PowerPoint slides]. NAPSA. Retrieved from https://www.napsa-now.org/resources/805-practical-ethics-in-protective-services/

Gibbons, J., & Gray, M. (2004). Critical thinking as integral to social work practice. *Journal of Teaching in Social Work,* 24(1-2), 19-38. DOI: 10.1300/J067v24n01_02

Hitchcock, David. (2017). *On Reasoning and Argument Essays in Informal Logic and on Critical Thinking* (1st ed. 2017). Springer International Publishing. Retrieved from https://doi.org/10.10007/978-3-319-53562-3

Jenicek, M., Croskerry, P., & Hitchcock, D.L. (2011). Evidence and its uses in health care and research: the role of critical thinking. *Medical Science Monitor*, 17(1), RA12-RA17. Retrieved from https://doi.org/10.12659/MSM.881321

Lawitz, A., Delagrammatikas, L. (2017, August 30). *Practical application of ethical considerations in APS casework: Staying on course with the rubber hits the road.* [PowerPoint slides]. National Adult Protective Services Association Conference, Milwaukee, Wisconsin. Retrieved from https://www.napsa-now.org/wp-content/uploads/2017/08/708-The-Practical-Application-of-Ethical-Considerations-in-APS-Casework.pdf

Lechuga Peña, S., Klawetter, S., Brown, S. M., & Begun, S. (2015). MSW students' understanding of social location: The development of a positionality measure. Perspectives on Social Work, 11(2): 32-41. Retrieved from: http://www.uh.edu

Living, A. f. (n.d.). National Voluntary Consensus Guidelines for State Adult Protective Services Systems. Retrieved from Administration for Community Living: https://acl.gov/programs/elder-justice/final-voluntary-consensusguidelines-state-aps-systems

Mathias, J. (2015). Thinking like a social worker: Examining the meaning of critical thinking in social work. *Journal of Social Work Education*, 51(3), 457-474. Retrieved from https://doi.org/10.1080/10437797.2015.1043196

National Adult Protective Services Association (2021, March 12). *NAPSA (or APS) Code of Ethics*. NAPSA. Retrieved from https://www.napsa-now.org/about-napsa/code-of-ethics/

Psychology Today. (n.d.). *Emotional intelligence.* Retrieved from

https://www.psychologytoday.com/us/basics/emotional-intelligence

State of California Health and Human Services Agency Department of Social Services. (2001). *Manual of Policies and Procedures*. Adult Protective Services Program. Retrieved from www.cdss.ca.gov

State of California. (2024). APS Guidelines to Supplement Regulations. *Coordinated by County Welfare Directors Association.* Retrieved from www.cwda.org

Wade, C. (1995). Using writing to develop and assess critical thinking. *Teaching of Psychology,* 22(1), 24-28. Retrieved from https://doi.org/10.1207/s15328023top2201_8

Welfare and Institutions Code. (2024). WIC § 15600-15675. https://leginfo.legislature.ca.gov/faces/codes_displayexpandedbranch.xhtml?lawCode=WIC&division=9.&title=&part=3.&chapter=11.&article=6.&goUp=Y

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