APS Supervisor Core: Supervising Complex Cases

INSTRUCTOR LED TRAINING

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, with funding from the California Department of Social Services, Adult Programs Division.

Curriculum Developer, Original 2022 (Revisions), 2026

Brenda Wilson-Codispoti, LCSW

Table of Contents

Introduction

We are pleased to welcome you to **APS Supervisor Core: Supervising Complex Cases, 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 and NAPSA's former Supervisor Curriculum Advisory Committee (SCAC)

Partner Organizations

Dawn Gibbons-McWayne, Program Director, APSWI

Academy for Professional Excellence

Kat Preston-Wager, Workforce Development Supervisor, APSWI

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

National Adult Protective Services Association

Paul Needham, Chair, NAPSA Education Committee

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

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

California Department of Social Services

Emily Nicholl and Allison Kokonas, Co-Chairs, Protective Services Operations Committee of the County Welfare Director's Association

County Welfare Director's Association

Acknowledgements

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and line staff across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. APSWI would like to thank the following individuals and agencies:

Agencies

California Department of Social Services, Adult Programs Division
Arizona Department of Economic Security, DAAS-Adult Protective Services
National Adult Protective Services Association

Committees:
National Adult Protective Services Association Education Committee
Supervisor Curriculum Advisory Committee for the original version

Curriculum Developer
Brenda Wilson-Codispoti, LCSW

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.

Trainer Guidelines

It is recommended that someone with APS supervisory experience 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 20-25 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

Virtual Training Tips

Training and facilitation have always been an art. Virtual training is no exception. Below are some helpful tips to remember and implement when training in a virtual environment.

- Assume nothing.
  - Do not assume everyone has the same knowledge or comfort level with technology or has access to equipment like printers, video camera, headsets or even reliable Wi-Fi.
- Distractions are everywhere.
  - Participants have greater access to distractions (email, phone, others at home) which can take their focus away from the training. Therefore, explain everything and summarize before asking participants to complete an activity and check for clarification.
- Over explain when possible.
  - The virtual room doesn't allow for participants to see everything you're doing as they can in-person. Share as you navigate the virtual environment. If you are silent while looking for something or finding a screen, they may think something is frozen.
- Mute with purpose.
  - "Mute all" function can help ensure we don't hear conversations we're not supposed to. However, it can also send a message to the participants that they are a passive participant and may not make them feel comfortable taking themselves off mute when you want them to speak.
- Two screens can be a lifesaver.
  - This allows you to move your chat box or participant gallery view away from your presentation so you can see more of what's going on.
- Rely on practice, not luck.
  - Winging it during an in-person training or facilitation may work from time to time, but doesn't work in the virtual environment. In addition to covering the content, you have to manage all of the technology issues, learning styles in a virtual room, and it will show if you're not prepared.
- Bring the energy.
  - As trainers, we are no strangers to being "on," standing and moving around. However, some of the body language, subtle nonverbal skills we relied on the in-person training room do not translate well in the

virtual environment. While this may make you more tired, it's important to up your enthusiasm, voice, and presence in order to engage with attendees.

- Be mindful of your space.
  - Training virtually brings an entirely new component of what we're willing to share with others. Learners can get distracted with what's in your background, whether what is physically there or if you set your video to use a virtual background.
  - It's important to reflect on questions of privilege, diversity and equity when thinking of your training space.

Executive Summary

Course Title: APS Supervisor Core: Supervising Complex Cases Instructor-Led Training.

Course Description: Adult Protective Services Supervisors navigate a wide range of responsibilities each day, including guiding staff through investigations, case planning, and the management of extraordinarily complex situations. These situations often require careful analysis, thoughtful oversight, and a steady supervisory presence to support staff in making sound decisions.

In this interactive training, you will explore examples of complex cases and examine how supervisory leadership shapes the quality and direction of APS investigations. You will learn about tools, best practices, and strategies to help your staff manage challenging situations while adhering to agency policies, strengthening quality assurance, and safeguarding the well-being of adults in our communities.

Instructor Led Training

This course is designed to be facilitated virtually or in-person

Course Requirements

None

Intended Audience

This workshop is intended for new supervisors, APS professionals that may be wanting to promote, or experienced staff who may require a refresher.

Learning Objectives:

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

- Explain what a complex case means in the APS Supervisor role.
- Identify tools and strategies that APS Supervisors can use to guide supervisory sessions with their staff.
- Explain the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams.
- Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Course Outline

CONTENT	MATERIALS	TIME
WELCOME, INTRODUCTIONS, COURSE OVERVIEW	**PPT slides 1-7**	**Total: 20 minutes**
Land Acknowledgement		
Housekeeping and Learning Objectives		
Trainer/s Introduction Activity: The Three F's (*large group)*		10 minutes
WHAT IS A COMPLEX CASE	**PPT slides 8-11**	**Total: 30 minutes**
Activity: What is a Complex Case and My Role *(small group)*		20-25 minutes
Examples of Complex Cases		
Supervisory Tasks		
THE VALUE OF RISK ASSESSMENTS	**PPT slides 11-14**	**Total: 15 minutes**
Activity: How Risk Assessments Support APS Professionals and Supervisors (*Individual)*	Polling Ability	5 minutes
What is a Risk Assessment?		

CONTENT	MATERIALS	TIME
How do Risk Assessments Support APS Professionals		
How do Risk Assessments Support APS Supervisors'		5 minutes
RISK ASSESSMENTS TOOLS AND STRATEGIES	**PPT slides 15-21**	**Total: 55 minutes**
The 3 S's of Risk assessment		
Ready-Set-Go! 5 Minute Coaching Questions		
Differences in Service Planning		
People Who Have Accepted APS Services or Those That Need Involuntary Interventions		
Service Planning for Voluntary and Safety Required Situations		
The 3 Phases of Risk Assessment		
Activity: A Complex Case and the Supervisor's Role in Case Consultation *(small group)*	Handout: Christoph and Freida Case Scenario	20 minutes
WORKING TOGETHER: CONSULTATION,	**PPT slides 22-26**	**Total: 45 minutes**

CONTENT	MATERIALS	TIME
COLLABORATION, AND MULTIDISCIPLINARY TEAMS		
Multidisciplinary Teams		
Informal Supports and Community Providers		
Activity: Review a Case Scenario *(individual and large group)*	Handout: Christoph and Fredia Case Scenario Identify Resources and Referrals	10 minutes
Activity: Supervisor Consultation on a Complex Case (Small group)	Video clip	30 minutes
CASE CLOSURE AND QUALITY ASSURANCE	**PPT slides 27-29**	**Total: 15 minutes**
Planning for Case Closure		
Reassessments and Case Closure		
Supervisor Transfer of Learning		
WRAP UP	**PPT slides 30-33**	**Total: 20 minutes**
Summary and Key Concepts		
Activity: Individual PIE		
Evaluations		
Total Time	**N/A**	**Total: 3.5 hours**

CONTENT	MATERIALS	TIME
(excluding breaks)		

Welcome, Introductions and Course Overview

Time Allotted: 20 minutes

Associated Objective(s): N/A

Method: Discussion and chat (if virtual)

Slide #1: Title Slide

Welcome participants and allow everyone to settle in.

Introduce yourself and briefly highlight your interest in this topic and relevant experience with the subject.

Introduce moderator(s) or **ask** moderator(s) to introduce themselves.

Describe moderator's role—monitor the chat box, assign breakout rooms, handle any administrative issues, etc.

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.

Slide #3 & 4: Land Acknowledgment

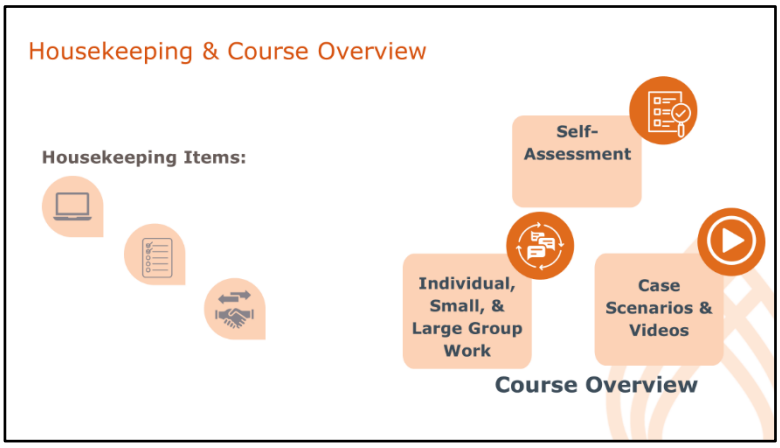
<u>Trainer note:</u> These slides incorporate a national land acknowledgment to honor the land that anyone who accesses the materials is on. When training, insert the land you're training from.

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 by visiting the Native Land Digital website.

Slide #5: Housekeeping and Course Overview



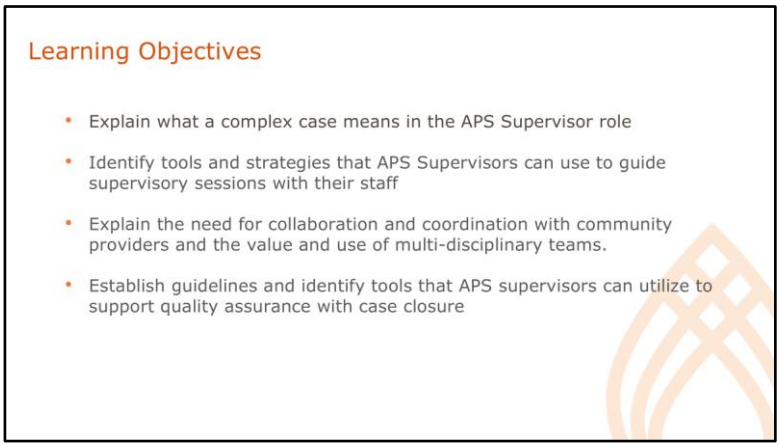
Cover any housekeeping items, including virtual technology if needed. Some items may include:

- Length of course
- Breaks
- Expectations and agreements of participation, timeliness, supporting each other as learners and APS supervisors

Share the overview of the day:

- Today's workshop consists of:
  - Discussion of what a complex case is and the APS's supervisor's role
  - Strategies that can be used and applied to supervisory sessions with staff
  - The use of multi-disciplinary teams with complex cases
  - Guidelines and tools that promote quality assurance with case closure

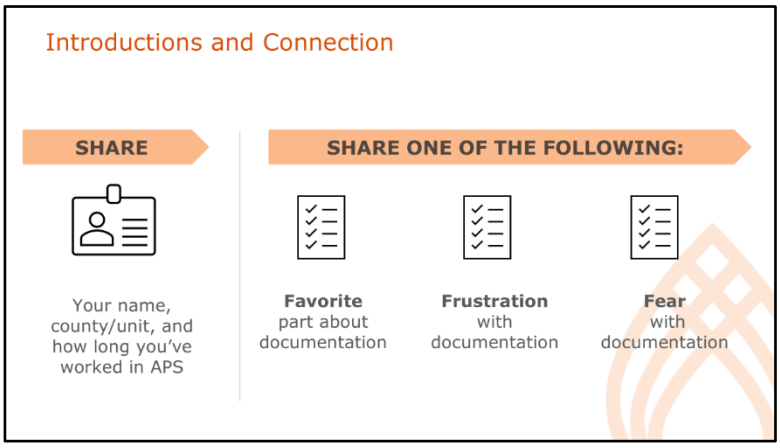
Slide #6: Learning Objectives



Cover the learning objectives of this workshop:

- Explain what a complex case means in the APS Supervisor role
- Identify tools and strategies that APS Supervisors can use to guide supervisory sessions with their staff.
- Explain the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams.
- Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Slide #7: Introductions and Connection



<u>Connection Activity: Introductions and 3 F's (10 minutes)</u>
Individual, Large group Discussion

Instructions:

1. **Ask** participants to introduce themselves with name, county/unit, how long they have been in APS, and state any of their three F's - Favorite, Frustration, or Fear:
    a. Their favorite part about supervising complex cases
    b. Their biggest frustration with supervising complex cases, or
    c. Their biggest fear with supervising complex cases
2. **Highlight** any themes and **share** if content from today's workshop will address any of their three F's.

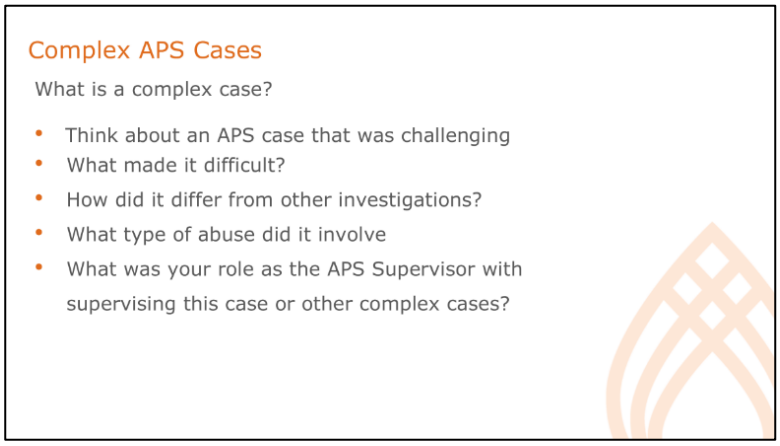
What is a Complex Case?

Time Allotted: 30 minutes

Associated Objective(s): Explain what a complex case means in the APS Supervisor Role

Method: Lecture, small and large group discussion

Slide #8: What is a Complex Case?



Activity: What is a Complex Case and My Role (20-25 minutes)

Small groups & Large group debrief

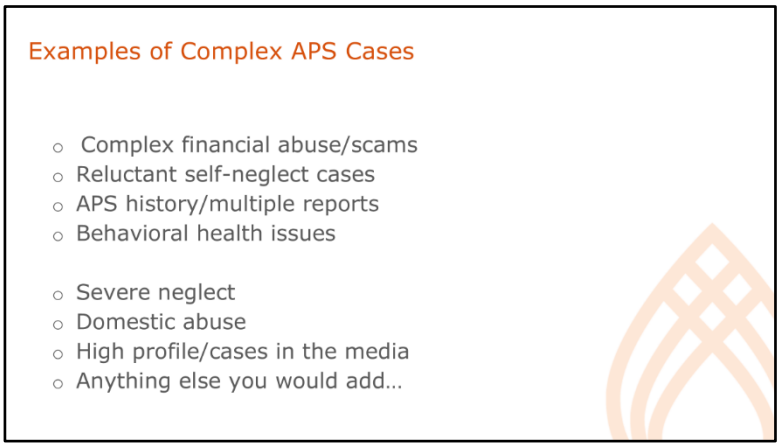
Trainer note: This activity can also be done as a large group discussion instead of small groups

Instructions:

1. **Inform** learners that they will be assigned to breakout groups for 15 minutes and will discuss the following prompts together:
    a. Think about a case that your staff was assigned that was challenging.
    b. Share what made it difficult and how it differed from other types of investigations.
    c. What type of abuse did it involve?
    d. What was your role with supervising this case or other complex cases?
2. **Ask** them to decide which group member will be reporting out.
3. **Provide** 15 minutes for small group discussion and then come back for large group discussion.

4. **Debrief*: Ask*** each group to share about their group's discussion and use any of the following questions for additional discussion:
    a. What similarities did you notice across the cases your group discussed?
    b. What made these cases feel different from more routine investigations?
    c. Where did complexity show up in the dynamics, the systems, the people involved, or the unknowns?
    d. What supervisor actions or supports were most needed in these cases?

Slide #9: Examples of Complex APS Cases



Share: Complex APS cases often involve layers of risk, ambiguity, and competing needs. These situations may include:

- Financial exploitation or scams
- Reluctant or self-neglect
- Behavioral health concerns
- Neurocognitive impairment
- Severe neglect
- Domestic abuse
- High-profile or media-sensitive cases

Ask if there is anything else they might add.

Share that each of these elements can create a case that is complicated, emotionally activating, and difficult to resolve, requiring careful supervisory oversight.

- APS supervisors carry the responsibility of helping staff navigate these complexities.
- You manage multifaceted roles everyday coaching APS professionals through investigations, supporting case planning, and ensuring alignment with program policy, safety considerations, and ethical practice.
- When a case becomes complex, the supervisor's role becomes even more critical.

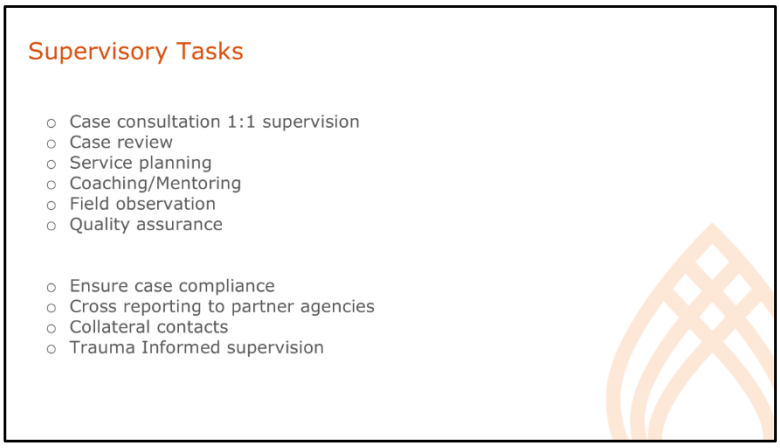
Ask: When cases get complicated what supervisory actions do you find yourself doing more often?

Possible answers may include:

- *Ensuring trauma informed and person-centered engagement*
- *Guiding staff through uncertainty and conflict*
- *Helping look at interrelated issues*
- *Supporting balanced decision making*
- *Maintaining quality assurance and documentation standards, etc.*

Explain that Supervisors play a key role in helping staff work through complicated cases. They provide steady guidance so staff can make sound decisions, protect client well-being, and follow APS standards.

Slide #10: Supervisory Tasks



Share that supervising complex APS cases often means providing support beyond routine supervision, including ad-hoc consultations and on-the-spot guidance.

- Supervisors review cases in depth, help shape service plans, coach and mentor staff, and may accompany APS professionals on home visits when needed.
- Supervisors ensure casework is accurate, ethical, and aligned with APS policy, and they often field calls from family members, alleged abusers, and community partners connected to the case.
- APS work can be emotionally heavy, especially in complex cases.
    - Staff may experience compassion fatigue or secondary trauma, and supervisors are often the first to notice and respond.
    - This can mean watching workloads, reducing exposure to highly distressing situations, checking in, debriefing, and advocating for staff who've been impacted.
    - Additional resources such as research articles, risk assessments and other tools are included in the Participant Manual.

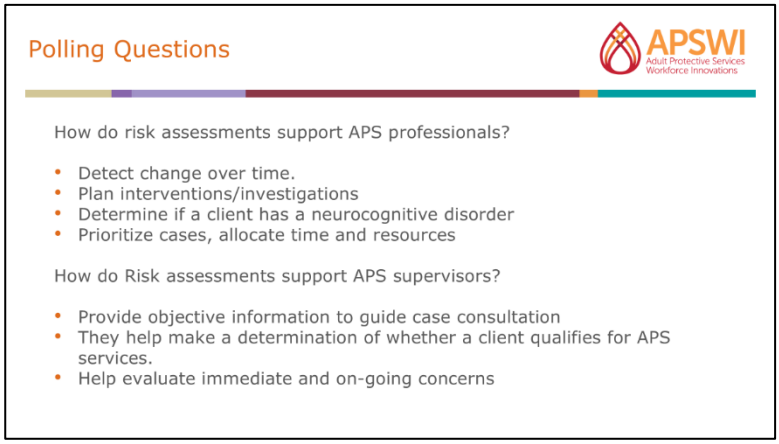
The Value of Risk Assessment

Time Allotted: 25 minutes

Associated Objective(s): Identify tools and strategies that APS Supervisors can use to guide supervisory sessions with their staff.

Method: Lecture, poll, and large group discussion.

Slide #11: Polling Questions

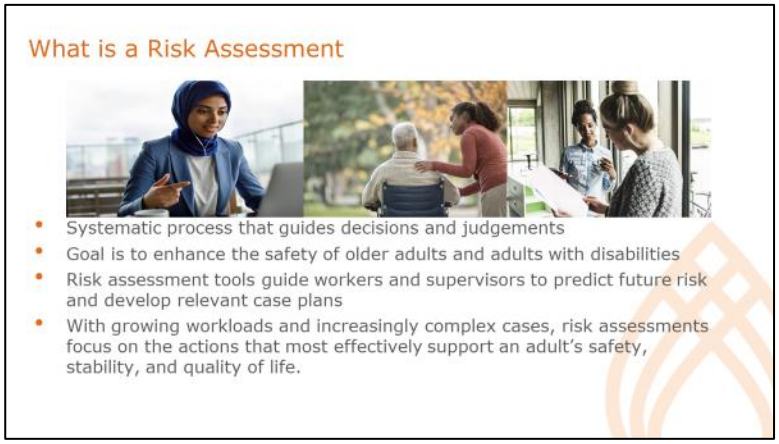


Trainer note: This activity allows you to conduct a poll. The questions animated are on the slide and can be replace if desired to use a polling option. Consider if an anonymous or general polling modality is needed as well as the available technology for participants, (e.g.: Zoom poll, Mentimeter, Slido,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

Activity: How Risk Assessments Support APS Professionals and Supervisors (5 minutes)
Individual

1. **Explain** you're going to ask two (2) questions related to skill areas and participants will answer using (insert technology).
2. **Share** if poll will be anonymous or not.
3. **Launch** poll and ask participants to choose all of the responses that apply. Correct answers are in bold.
    a. How do risk assessments support APS professionals?
        i. **Detect change over time.**
        ii. **Plan interventions/investigations**
        iii. Determine if a client has a neurocognitive disorder
        iv. **Prioritize cases, allocate time and resources**
4. How do risk assessments support APS Supervisors?
        i. **Provide objective information to guide case consultation**
        ii. They help make a determination of whether a client qualifies for APS services.
        iii. **Help evaluate immediate and on-going concerns**

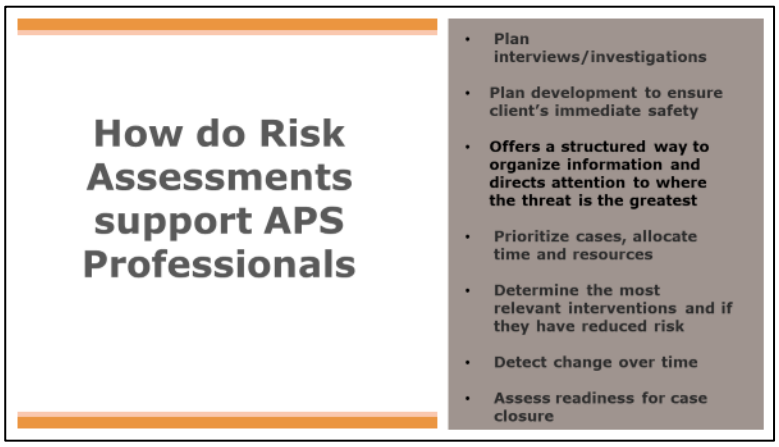
Slide #12: What is a Risk Assessment



Share the following functions of a risk assessment:

- Provide a structured way to help APS professionals make informed decisions that support the safety of adults
- Combines what staff learn during an investigation with what research tells us about factors that increase or reduce risk
- Guides staff and supervisors in gathering key information, interpreting it clearly, and using it to understand future risk and develop effective service plans
- With growing workloads and increasingly complex cases, risk assessments help APS professionals focus on the actions that most effectively support an adult's safety, stability, and quality of life.

Slide #13: How do Risk Assessments Support APS Professionals



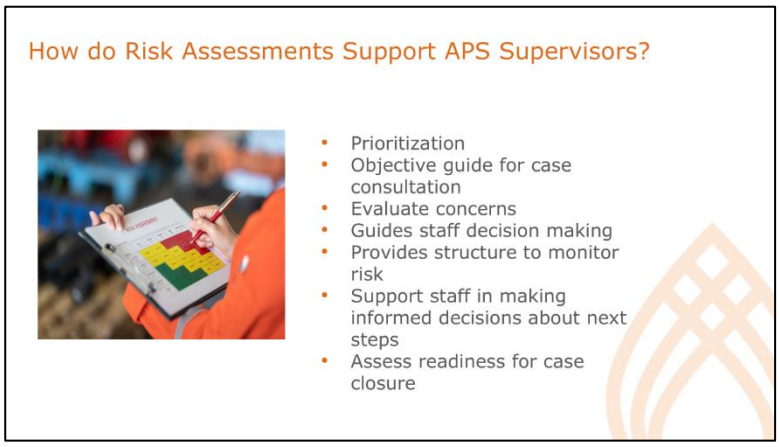
Trainer note: this slide is animated.

Ask: How do risk assessments support APS professionals? Participants can type in the chat if done virtually.

Highlight responses and then **review** the following:

- Plan interviews/investigations
- Plan development to ensure client's immediate safety
- Offers a structured way to organize information and directs attention to where the threat to an adult's safety is the greatest
- Prioritize cases, allocate time and resources
- Determine the most relevant interventions and if they have reduced risk
- Detect change over time
- Assess readiness for case closure

Slide #14: How do Risk Assessments Support APS Supervisors?



Trainer note: this slide is animated.

Ask: How do risk assessments support APS Supervisors? Participants can type in the chat if done virtually.

Highlight responses and then **review** the following.

- Prioritize workload and allocate resources
- Provide objective information to guide case consultation
- Helps evaluate immediate and on-going concerns
- Guides staff decision-making
- Provide a structured way to monitor risk over time
- Support staff in making informed decisions about next steps
- Assess readiness for case closure

Ask participants if their program has a specific risk assessment tool they use with staff?

Possible answers may include:

- *LEAPS a statewide case management database that uses a risk assessment tool during the intake process*
- *An internal template/tool developed by a county program*
- *An assessment that identifies client factors, environmental factors, history of abuse/neglect exploitation that may have a scoring system, (e.g. low/moderate/high risk).*

  - *The California statewide County Welfare Director's Association (CWDA), Adult Protective Services Consistency Guidelines.*
- cases where the threat to an adult's safety is greatest.

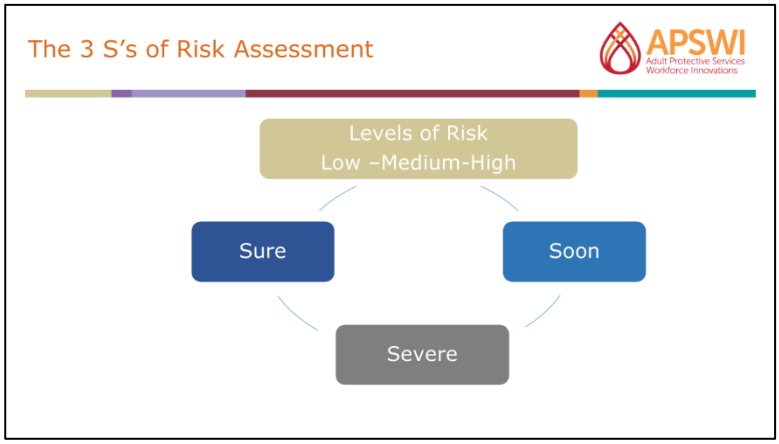
Risk Assessment Tools and Strategies

Time Allotted: 55 minutes

Associated Objective(s): Identify tools and strategies that APS supervisors can use to guide supervisory sessions with their staff.

Method: Lecture, small group activity, & large group discussion

Slide #15: The 3 S's of Risk Assessment



Refer participants to **Handout: The 3 S's of Risk Assessment Tool** in their participant manual and **ask** that they follow along.

- The 3 S's of Risk Assessment tool is a template with questions to use with your staff in any of phase of the investigation.
- The assessment also allows you to assign a risk level of: low, medium, or high.
- This tool can be used with your staff to assess risk during the 1st phase, prior to the first initial visit, the 2nd phase post/following initial visit/on-going face to face contact for case planning, and the 3rd phase during reassessment, prior to case closure.

Share that the questions in the assessment include:

- **How Soon** might the client be harmed?
- **How Severe** might the harm be?
- **How Sure** are you that the harm will occur? (this can also be thought of in terms of likelihood).

Explain that participants will practice and use this tool with a case scenario in a group activity.

Handout: Risk Assessment Chart

Directions: Using a current case, complete the risk assessment chart based on your observations and the information from the case.

For each Risk Factor that you identify:

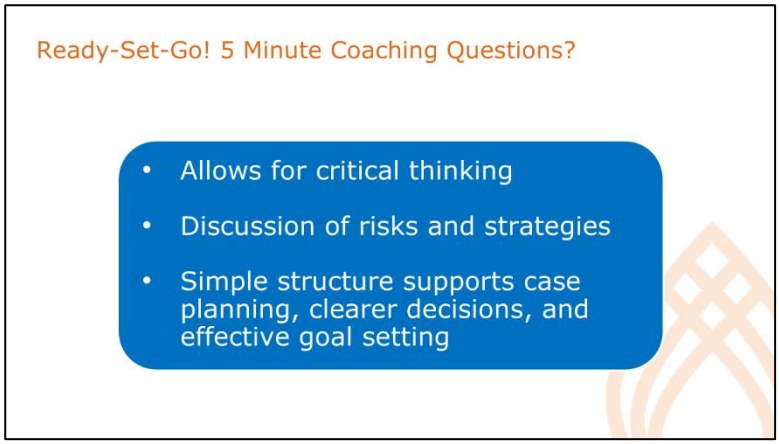
1. List the apparent risk next to the # in the Risk Factor column.
    a. Circle or highlight whether you find that risk to be low, medium or high.
    b. Using the 3 S's note how **Soon** might the client be harmed, how **Severe** might they be harmed and how **Sure** are you that the harm will occur (i.e. the likelihood).
        i. Make sure to include why you believe that to be true.
2. Identify and discuss any observable signs that indicate that risk may be present in the Risk Indicators column.
3. Provide any history and context around this particular risk in the Global Assessment column.
4. Note any factors such as the client's strengths, motivation, and support network in the Factors that Mitigate the Risk column.
5. Identify services for each risk in the Service Plan column.

RISK FACTORS (Conditions which put a person at risk of - harm)	**RISK INDICATORS** (Observable signs that indicate that risk may be present)	**GLOBAL ASSESSMENT** (History and context around this particular risk)	**FACTORS THAT MITIGATE THE RISK** (Client's strengths, motivation, support network)	**SERVICE PLAN** (Identify services that might be of help and follow up if connections were made.)
#1. • Soon • Severe • Sure				

Based on the 3 S's, the level of risk is: Low, Med, or High?				
#2. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#3. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#4.				

• Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				
#5. • Soon • Severe • Sure Based on the 3 S's, the level of risk is: Low, Med, or High?				

Slide #: 16 Ready-Set-Go! 5 Minute Coaching Questions



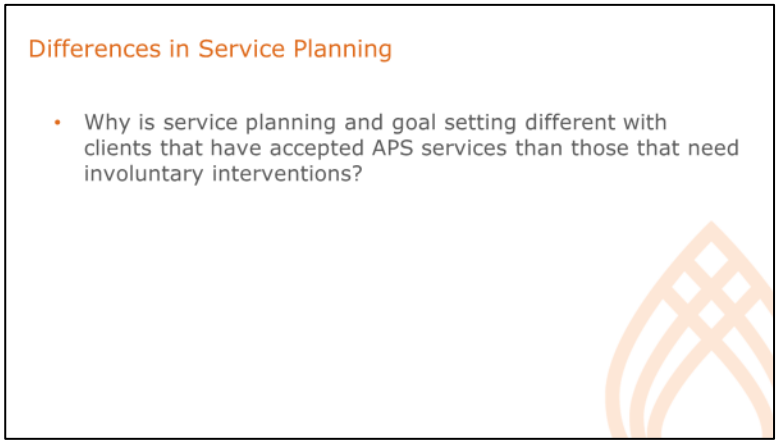
Share that along with the 3 S's of Risk tool, we'll also use the **Handout: Ready-Set-Go! 5-Minute Coaching Questions** in our next group activity, which can be found in their participant manuals.

- These questions come from Supervisor Core Module 3 and are designed to help APS professionals think critically and more deeply about the case and talk through possible risks and options with their supervisor.
- They offer a simple structure that supports stronger case planning, clearer decisions, and effective goal setting.

Handout: Ready-Set-Go! 5-Minute Coaching Questions

- What options do you see regarding this situation?
- What do you see as a challenge?
- What are your thoughts about the best way to approach this?
- What might get in your way?
- What do you think is the next step?
- How can I support you?
- When can I check back with you?

Slide #17: Differences in Service Planning



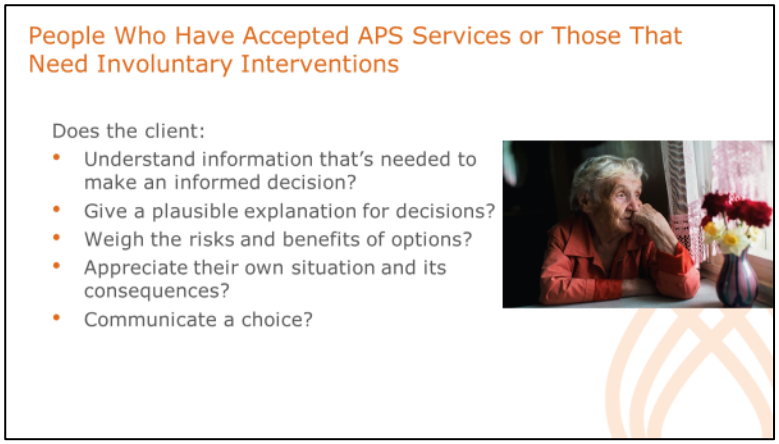
Explain that service planning and goal setting is different depending on if the client has accepted services and is participating or if there is a need for involuntary interventions. Then **ask**, "What service planning and goal setting factors do you need to consider?"

Possible answers may include:

- *A primary consideration in developing service plans is whether victims are capable of giving (or refusing to give) consent. Do they have decision-making ability*
- *Appreciate the circumstances of their situation?*
- *Give a plausible explanation for decisions?*
- *Weigh the risks and benefits of options?*
- *Can they communicate a choice?*

Summarize and validate responses.

Slide #18: People Who Have Accepted APS Services or Those That Need Involuntary Interventions

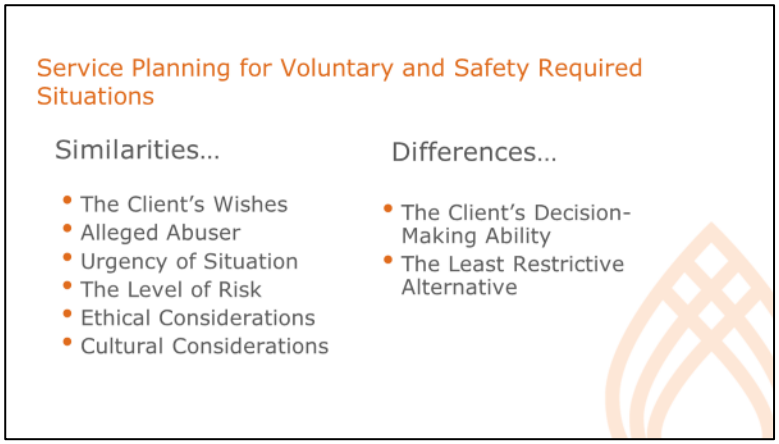


Compare participant's responses to the responses on the slide. Explain that a primary consideration in developing service plans is whether adults are capable of giving (or refusing to give) consent. Clients without decision-making ability are at a much higher risk of threat to their safety as they are unable to make informed decisions or advocate on their own behalf to minimize risk.

Some of the factors we want APS professionals to look for are as follows:
Does the client:

- Understand information that's needed to make an informed decision?
- Does the client give a plausible explanation for their decisions?
- Are they able to weigh the risks and benefits of options?
- Appreciate their own situation and its consequences?
- Communicate a choice?

Slide #19: Service Planning for Voluntary and Safety Required Situations



Share There are a lot of similarities when service planning with clients who are choosing to participate in services and those that are involved in services due to safety concerns or mandated circumstances.

The similarities include:

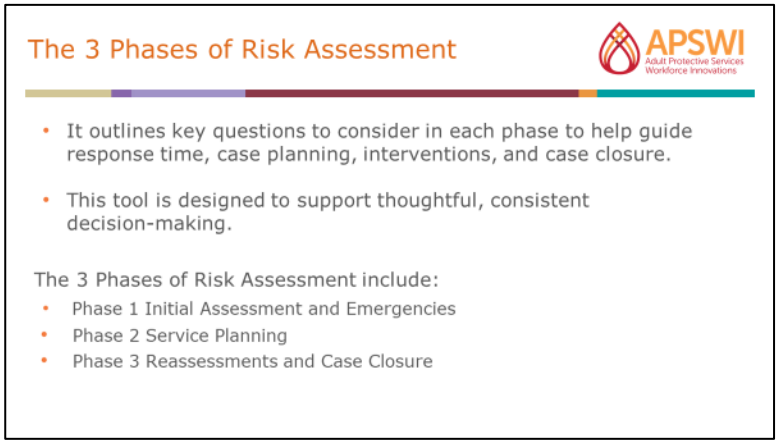
- The Client's Wishes
- Alleged Abuser
- Urgency of Situation
- The level of risk
- Ethical Considerations
- Cultural Considerations

Some additional considerations with clients who are receiving involuntary services include:

- The client's decision-making ability
- The least restrictive alternative

Ask: What other considerations would you include?

Slide #20: The 3 Phases of Risk Assessment



Ask participants to locate **Handout- The 3 Phases of Risk Assessment** in their participant manual and follow along.

- It outlines key questions to consider in each phase to help guide response time, case planning, interventions, and case closure.
- This tool is designed to support thoughtful, consistent decision-making and can be shared with your staff for use during case consultations and case reviews.

Share that Phase 1 of Initial Assessment and Emergencies assist APS professionals and supervisors with considering several key questions during the initial stages of a report, including:

- Should this report be investigated? Does the situation meet criteria for a client at risk?
- How quickly should we respond? Is an immediate visit needed?

Share that Phase 2 is Service Planning. Service planning can begin during initial 1st visit or contact as the APS professional assesses client's safety. This can also continue post visit in debriefing with supervisor and/or with peers to determine a service plan that aligns with the client's needs and level of risk. Some examples of question include:

- How likely is future harm or abuse?
- What factors increase the likelihood of future abuse?
- Does the alleged perpetrators present an ongoing risk?

Explain that during Phase 3, APS professionals reassess the situation and determine whether the case is ready for closure. Key questions include:

- Has the level of risk changed over time? Is the client now at higher or lower risk?
- What explains these changes? Are new issues emerging? Have threats been removed? Have interventions reduced risk? Has the client changed their mind about services?

Handout: The 3 Phases of Risk Assessment

Phase 1: Initial Assessment and Emergencies

Helps workers decide:

- Whether to investigate a report - Does the situation meet the criteria of a client being at risk?
- How quickly an investigation should be initiated - Do you need to go out immediately?
- Are older/dependent adults in immediate danger - e.g. Are they alone and unable to manage? How **soon** might they come to harm?
- Why are they calling now? Did something just happen?
- Does the client understand what's going on? Is the client's neurocognitive status affected to the point they do not understand they are at risk?
- Is the client capable of making decisions?
- What's at risk (life, health, property)?
- What are the consequences of delay? How **severe** might the harm be?
- What emergency or protective measures and services are needed?
- What is the likelihood (or how **sure** are you) that they will be harmed without intervention?

Phase 2: Service Planning

Matching Services to Types and Levels of Risk:

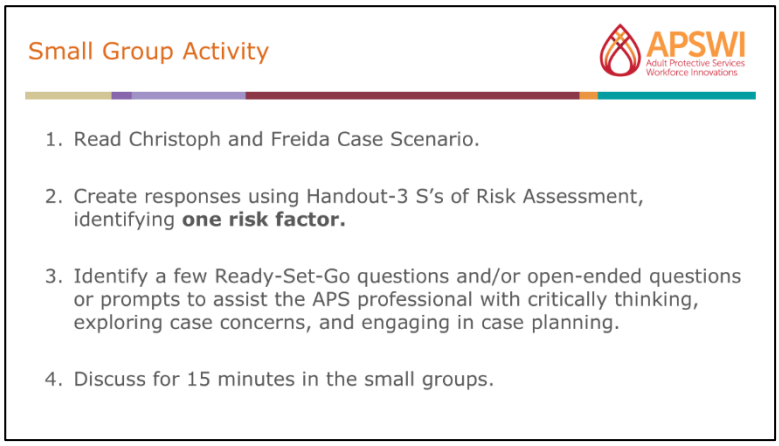
- Are protective services needed on an ongoing basis to prevent future harm or abuse?
- How likely is it that harm or abuse will occur?
- What factors make it likely that abuse will occur in the future?
- Factors to consider:
    - Do abusers pose on-going risk?
    - What factors mitigate risk (e.g. clients' strengths and resources)?
    - Are informal supports available to help?
    - How do older adults view the situation? What do they want to do about it? Are they capable of making choices and assisting with care plans?

Phase 3: Reassessments and Case Closure

- Has risk changed over time? Is the client at higher or lower risk?
- What accounts for the changes? Are new issues emerging? Are perpetrators out of the picture? Have threats been removed? Have interventions reduced risk? Has the client changed his or her mind about accepting services?

- Are changes to the care plan needed? What preventative measures are needed?
- What is the likelihood that the situation will recur?

Slide #21: Small Group Activity



Activity: A Complex Case and a Supervisor's Role in Case Consultation (15-20 minutes)

Small groups & Large group debrief

Instructions:

1. **Inform** learners that they will be assigned to breakout groups for 15 minutes.
2. In groups, they will need to:
   a. Review a complex case scenario on **Handout-Christoph and Freida's Case Scenario.**
   b. Use the 3S's of Risk Handout and identify 1 risk factor to use to fill out each column of the template (e.g. Risk Factors, Risk Indicators, Global Assessment, Factors that Mitigate Risk, Services Plan).
   c. Review the Ready-Set-Go! 5-Minute Coaching Questions Handout and as a group decide what "Ready-Set-Go! 5-Minute Coaching Questions" that you would use with the assigned staff to this case scenario and/or other open-ended questions, or reflections to assist the APS professional with critically thinking, exploring case concerns, and engaging in case planning with the APS Professional.
3. **Ask** them to decide which group member will be reporting out.
4. **Start** small groups for 15 minutes.
5. In large group, **debrief** by **asking** each group to share their group's discussion and to respond to the following questions:
   a. What was the Risk Factor your group identified

b. What did you identify as the risk indicators, the global assessment, risk mitigating factors, and what would be included in the service plan
c. What 5-minute coaching questions or other open-ended questions or reflections you would use when consulting with staff

Handout: Christoph and Freida's Case Scenario

Christoph and Frieda are a married couple who are retired and live in a house they own. Christoph is 89 and Frieda is 93. They emigrated from Germany in the 1950's with their son who passed away approximately two years ago. Both are fluent in German and English.

Christoph was diagnosed with Alzheimer's Disease approximately three years ago but was managing well with assistance from Frieda and his son, prior to his death. Frieda has been having Transient Ischemic Attacks (TIAs or mini strokes) and has not been to the doctor since the TIAs started, approximately one year ago.

Recently, Frieda received an eviction notice and ran outside screaming. A neighbor noticed and attempted to help her. The neighbor went through some mail and learned that the couple were being evicted due to being one year behind with HOA fees.

The reporting party (RP) states the house has a very strong odor of urine. The house is in hoarded condition with papers, bills, kitchen items, books, and more collected all over the house. There is rotting food in the kitchen and the refrigerator is filled with rotting food and not working. There are several notices that the utilities will be shut off for non-payment. When the reporting party (RP) asked the couple about this, Christoph is pleasant, but does not appear to follow the conservation well, and continually states that "Frieda takes care of me and everything." Frieda is guarded but later admits that she has not been paying bills and is frequently not feeling well. The couple states they have no family and do not want "government assistance."

Instructions:

1. Use the 3S's of Risk Handout and identify 1 risk factor to use to fill out each column of the template (e.g. Risk Factors, Risk Indicators, Global Assessment, Factors that Mitigate Risk, Services Plan).
2. Review the Ready-Set-Go! 5-Minute Coaching Questions Handout and as a group decide what "Ready-Set-Go! 5-Minute Coaching Questions" that you would use with the assigned staff to this case scenario and/or other open-ended questions, or reflections to assist the APS professional with critically thinking, exploring case concerns, and engaging in case planning with the APS Professional.

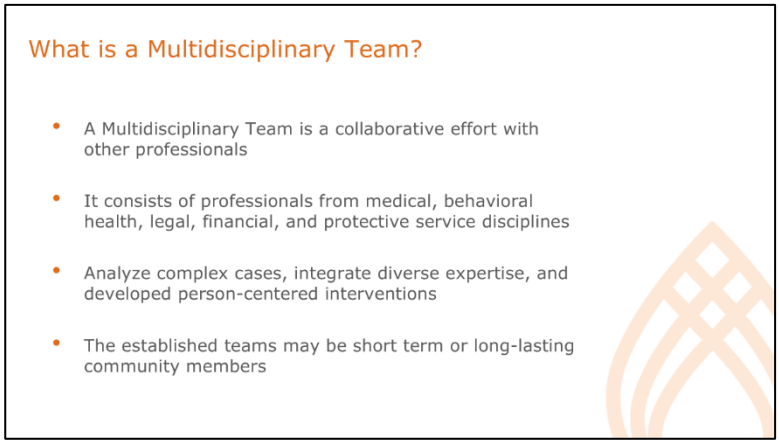
Working Together: Consultation, Collaboration, and Multidisciplinary Teams

Time Allotted: 45 minutes

Associated Objective(s): Explain the need for collaboration and coordination with community providers and the value and use of multi-disciplinary teams.

Method:, Lecture, reflection activity, Video clip, small and large group discussion

Slide #22: What is a Multidisciplinary Team?



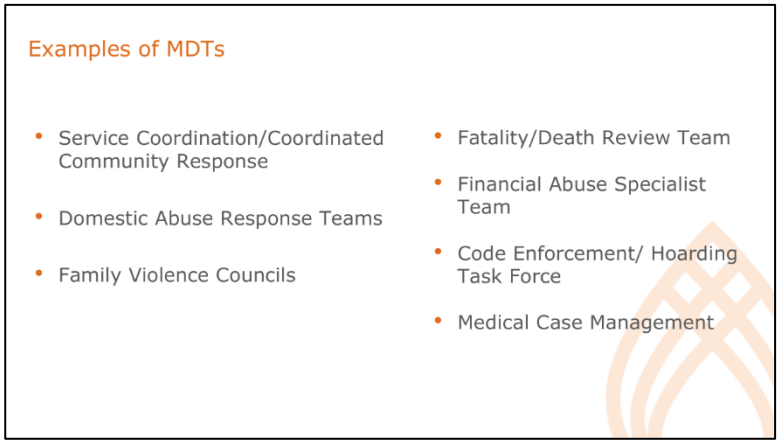
Share that when APS encounters a complex case, a multidisciplinary team (MDT) becomes a critical support that strengthens decision-making, enhances safety planning, and reduces the heavy responsibility on any single professional.

- MDTs bring together diverse expertise to address the multi-layered, intersecting issues that make a case complex.
- An MDT is a structured, collaborative group of professionals from medical, behavioral health, legal, financial, and protective service disciplines who work together to analyze complex APS cases, integrate diverse expertise, and develop coordinated, person-centered interventions that improve safety, reduce system barriers, and support ethical, trauma-informed decision-making.
- It consists of a small group of individuals committed to a common purpose, performance goals, and approach for which they hold themselves accountable.
- The established teams may be short term or on an ad hoc basis or long-lasting community members.
- More formal collaborations may involve memorandums of understanding between organizations.

Ask participants what community partners they collaborate with and/or some of the MDT's that they or their APS teams participate in.

Possible answers may include: Financial Abuse Specialists Team, Fatality/Death Review Teams, Hoarding Task Force, Family Violence Councils, Services Coordination/Community Response

Slide #23: Examples of MDTs



Trainer note: Highlight a few of the examples of MDTs that were not mentioned.

Share the following examples of MDTs:

- Coordinated Community Response
- Domestic Abuse Response Teams
- Family Violence Councils.
- Fatality/Death review Teams
- Financial Abuse Specialist Team,
- Code Enforcement Hoarding Task Force,
- Medical Case Management

Explain the benefits of MDTs:

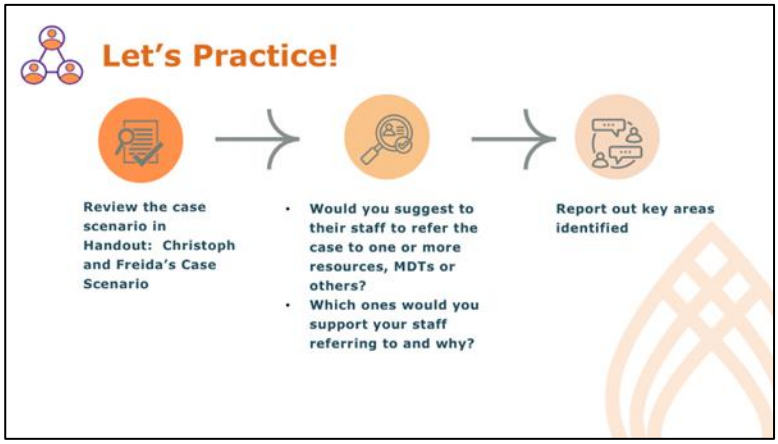
- Referring complex cases to an MDT helps APS staff reduce risk by bringing in additional agencies for assessment, consultation, and ongoing case monitoring.
- MDTs form for different purposes some, like Fatality Review Teams, identify system gaps; others, such as task forces, coordinate community services.
- Many teams collaborate directly with clients and, when appropriate, alleged perpetrators to develop effective interventions.
- By integrating expert perspectives, MDTs streamline efforts, reduce duplication, and strengthen case evaluations.
- This leads to more focused investigations, stronger conclusions, and improved outcomes, including reduced recidivism, more appropriate interventions, and better quality of life for clients.

Slide #24: Informal Supports and Community Providers

Share that informal supports such as family, friends, and neighbors can be part of an effective service plan to assist with supporting a client to remain in the least restrictive environment and increase their safety and well-being.

Informal collaboration often occurs between key agencies working on the same case. For example, Behavioral Health, the Public Guardian, and APS teaming together to address a client who may be presenting with decision-making ability or cognitive deficits.

Slide #25: Let's Practice

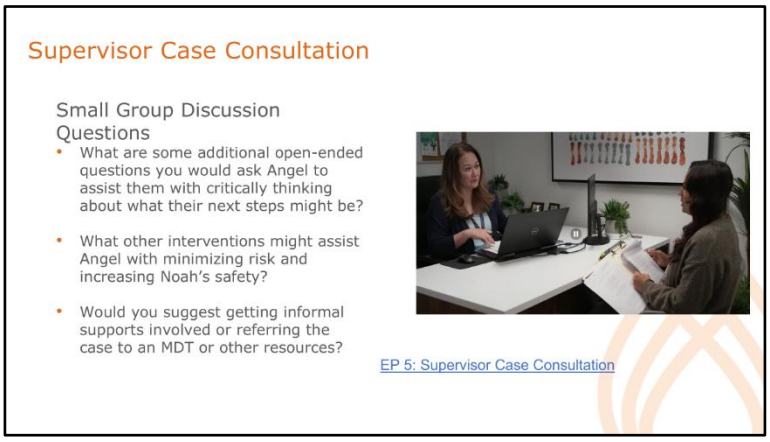


Activity: Identifying All Actions Taken (10-15 minutes)

Individual, Large Group report out

1. **Inform** participants that we are going to take 5 minutes to participate in a reflection activity
2. **Refer** to their previous case scenario of Christoph and Freida and review the scenario and answer the following questions:
    a. Would they consider suggesting to their staff to refer the case to one or more of the previously mentioned resources, MDTs or others not mentioned?
    b. If so, which one or ones would they support their staff in referring the case to and why?
3. **Allow** for 5 minutes of quiet, individual reflection.
4. **Debrief** after 5 minutes by **asking** participants to share their responses.

Slide #26: Supervisor Case Consultation



Share that we've just reflected on how MDTs bring multiple disciplines together to support APS in complex cases, but day-to-day case strategy still depends on strong supervisor oversight and consultation.

- Both serve the same purpose, helping staff think analytically, reduce risk, and make justified decisions.
- MDTs bring in expertise from different agencies, while supervisor consultation strengthens critical thinking and decision-making within the APS program itself.
- This is the internal version of multidisciplinary consultation to help analyze risk and plan the next steps.

Activity: Supervisor Consultation on a Complex Case (30 minutes)

Individual, Small Group, Large group

Instructions

1. **Explain** you'll be showing a three-minute video clip where they'll observe an APS professional consulting with their supervisor about a complex case.
2. **Ask** participants to notice how the supervisor uses questions, not answers, to help their staff clarify the issues, identify gaps, and consider next steps.
3. **Inform** participants after the clip you will meet in breakout groups after the video for 10-12 minutes and discuss the following questions:
    a. What are some additional open-ended questions you would ask Angel to assist them with critically thinking about what their next steps might be?
    b. What other interventions might assist Angel with minimizing risk and increasing Noah's safety?

   c. Would you suggest getting informal supports involved or referring the case to an MDT or other resources and what MDTs or resources would you suggest?
4. **Ask** them to decide which group member will be reporting out.
5. **Show** the video clip 1:12-4:40 of EP 5: Supervisor Case Consultation.
6. **Launch** breakout rooms for 10-12 minutes
7. **Debrief: Ask** each group to share about their group's discussion and the responses they came up with to each of the questions.

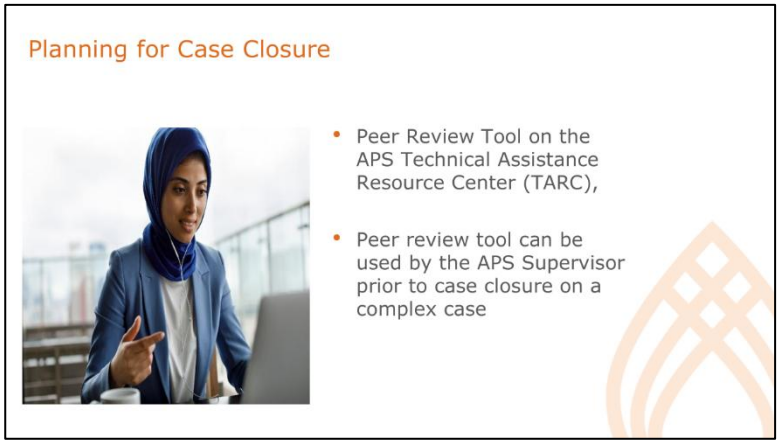
Case Closure and Quality Assurance

Time Allotted: 15 minutes

Associated Objective(s): Establish guidelines and identify tools that APS supervisors can utilize to support quality assurance with case closure.

Method: Lecture

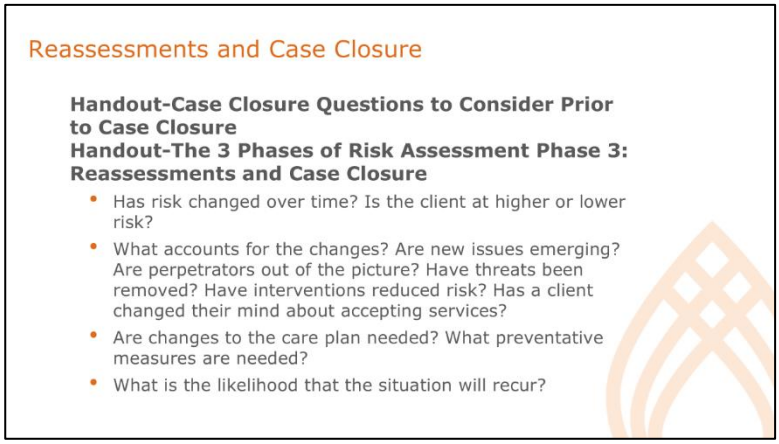
Slide #27: Planning for Case Closure



Share that in the Quality Assurance Spotlight: Peer Review (APS TARC 2020), Andrew Capehart, Director of the APS Technical Assistance Resource Center (APS TARC) noted that evaluating APS practice can be challenging because practice standards are harder to define than policy standards.

- For example, confirming that an investigation was initiated on time is straightforward, while determining whether the APS professional took all necessary steps to reduce maltreatment is more complex.
- Measuring the quality of services clients receive is essential, and one effective strategy is conducting a case review before closure.
- While it's suggested that peers can complete these reviews, it's crucial for supervisors to conduct them, especially on complex cases to ensure appropriate interventions, service quality, and alignment with APS expectations.

Slide #28: Reassessments and Case Closure



Refer participants to **Handout: Case Closure Questions to Consider Prior to Case Closure**. Explain that this is a case closure review tool that can be used in practice and allow participants a moment to review it.

Share that it's suggested to use this tool with some of the questions from in the Phases of Risk Assessment Handout. Highlight the questions that would best accompany the case closure review tool.

Phase 3: Reassessments and Case Closure

- Has risk changed over time? Is the client at higher or lower risk?
- What accounts for the changes? Are new issues emerging? Are perpetrators out of the picture? Have threats been removed? Have interventions reduced risk? Has a client changed their mind about accepting services?
- Are changes to the care plan needed? What preventative measures are needed?
- What is the likelihood that the situation will recur?

Handout: Checklist for Case Closure Questions to Consider

- Has the protective issue been addressed or resolved? If the protective issue has not been resolved, was it due to the client's choice to decline services or interventions? Are the client's choices well documented?

- If the client chose not to engage in services, has the client's capacity to act as their own decision maker been assessed/evaluated/determined, either by the APS Professional or by a physician, psychologist, geriatric specialist, neurologist, or licensed mental health clinician?

- Was the client's capacity/mental status assessed in general, whether or not the client chose to engage in services? If indicated per agency guidelines, was a dementia/neurocognitive disorder screening tool used?

- Was the client assessed for suicidal/homicidal ideation? Were appropriate mental health interventions and/or consultations sought if suicidal and/or homicidal ideation was identified as a concern?

- Were any firearms/weapons identified to be in the home and if so, has this been sufficiently addressed per agency guidelines?

- Were required demographic and SOGI (sexual orientation and gender identity) questions asked and updated in demographics portion of the case record?

- Did all necessary collaboration with community partners occur?
- Was the reporting party contacted (or attempts made to contact)?
- Was pertinent information gathered from collateral contacts and other involved parties?
- Was there a review of external documentation, such as legal, financial, and medical records?
- Was there an attempt to connect the client with supportive resources, services/programs, and/or longer-term case management?
- Were all service plan goals met, and if goals were not met, is this explained in the documentation?
- Is case documentation complete?
- Were all required cross-reports made? (Such as cross-reporting confirmed abuse to law enforcement, etc.)
- Are the case findings accurate, in alignment with Consistency In Findings standards, and well supported in the documentation?
- Were all documents imported into the record keeping system per agency protocols?

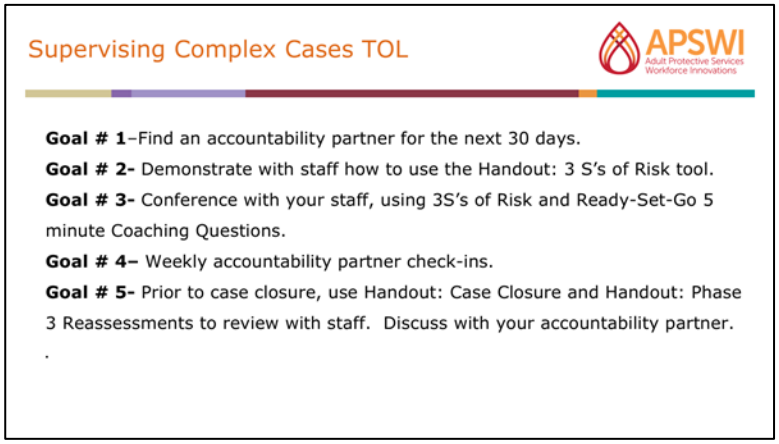
Wrap-up and Evaluations

Time Allotted: 20 minutes

Associated Objective(s): N/A

Method: Individual reflection

Slide #29: Supervising Complex Cases TOL



Explain that that there is a Transfer of Learning (TOL) activity based upon the training that you attended today: Supervising Complex Cases.

The purpose of the TOL is to practice and apply information received in today's training outside of the training environment for on-going sustainment of the concepts and strategies learned.

Refer participants to Handout- TOL. There are five different goals for you to participate in the next 30 days as follows and it's expected to take about 60 minutes. The five goals are:

- Goal # 1 – Reach out to one of your peers this week to be your accountability partner for the next 30 days.
- Goal # 2 – During supervision with your staff demonstrate how to use the Handout: 3 S's of Risk tool or another preferred risk assessment tool you use with a complex case.
- Goal # 3- Conference with your staff after their face-to-face visit on the case. Discuss the information they gathered, the findings, and risks they identified using the 3 S's of Risk. Use the Handout: Ready-Set-Go-5-minute Coaching Questions or other open-ended questions to further explore and support staff in using their critical thinking skills for the service planning process.
- Goal # 4 - Touch base with your accountability partner once a week to provide feedback on your staff's use of the 3 S's of Risk and your use of coaching/open-ended questions in your conferences.
- Goal # 5 - Before case closure, use Handout: Checklist for Case Closure and Phase 3: Reassessment and Case Closure with your staff on two complex cases. Later, share with your accountability partner how the process was.

Handout- Transfer of Learning

Instructions: In the next 30 days, complete the five goals.

- Goal # 1 – Reach out to one of your peers this week to be your accountability partner for the next 30 days.

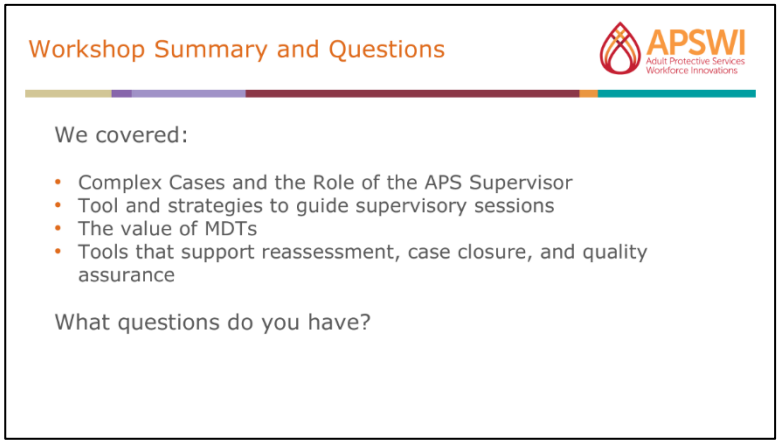
- Goal # 2 - Demonstrate how to use the Handout: 3 S's of Risk tool or another preferred risk assessment tool you use and with your staff in a conference prior to a pre-initial or post initial face to face contact visit on a complex case.

- Goal # 3- Conference with your staff after their face-to-face visit on the case. Discuss the information they gathered, the findings, and risks they identified using the 3 S's of Risk. Use the Handout: Ready-Set-Go-5-minute Coaching Questions or other open-ended questions to further explore and support staff in using their critical thinking skills for the case planning process.

- Goal # 4 - Touch base with your accountability partner once a week to provide feedback on your staff's use of the 3 S's of Risk and your use of coaching/open-ended questions in your conferences.

- Goal # 5 - Use Handout: Checklist for Case Closure and Handout: Phase 3 Reassessments and Case Closure to review the 2 complex cases prior to case closure. Provide feedback to your accountability partner.

Slide #30: Workshop Summary and Questions



Explain that today we've:

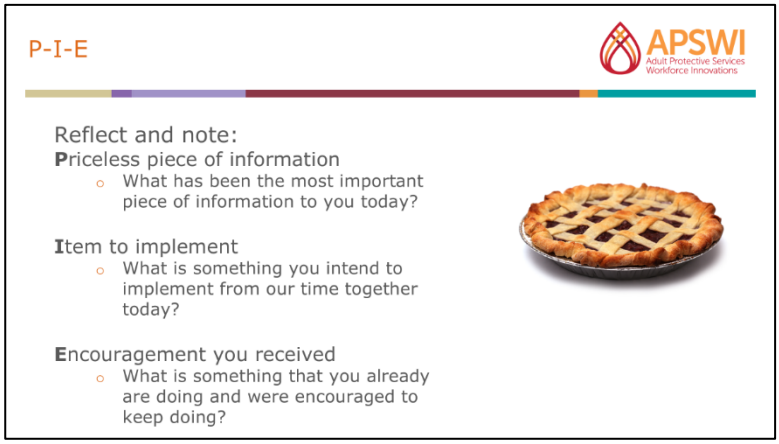
- Looked at what makes APS cases complex and the tools that help staff and supervisors identify, evaluate, analyze, and respond to risk.
- Reviewed assessments, open-ended questions, and strategies that support clearer thinking, relevant interventions, and quality assurance.
- Highlighted the value of collaboration both within APS through supervisor consultation and across programs through multidisciplinary teams.

Most importantly, we reinforced how essential the APS supervisor's role is in complex cases.

- These situations involve multiple risks and decisions that directly affect a client's safety and well-being.
- When cases become complicated, APS professionals rely on supervisors for leadership, guidance and support to stay aligned with policy and make thoughtful, justified decisions.

Ask what questions do participants have?

Slide # 31: 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.

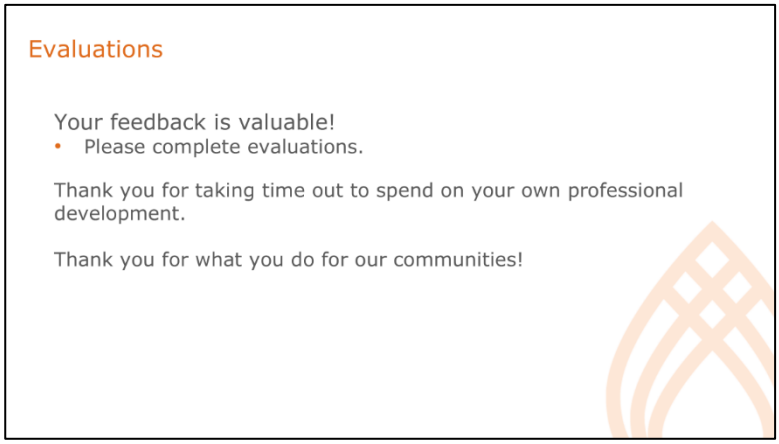
1. P- Priceless piece of information. What has been the most important piece of information to you today?
2. I- Item to implement. What is something you intend to implement from our time today?
3. E- Encouragement I received. What is something that I am already doing that I was encouraged to keep on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

Slide #32: Evaluations



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!

Slide #33: Thank You

References and Resources

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