

Intervention Strategies in Adult Protective Services

Third in a Three-Part Series of Training for Adult Protective Services
Professionals

Developed through a grant from the WI Department of Health Services

Curriculum developed by Joan Groessel, MSW, PhD, LCSW
through
University of Wisconsin Green Bay
Office of Continuing Education and Community Outreach



Introductory Conversations

- ▶ Pair up with someone you do not know and briefly introduce yourselves.
- ▶ Using the cards, we will discuss the topic on the card.
 - ▶ The person who is responding to the card is the only one who can talk.
 - ▶ Listener cannot speak.
 - ▶ When instructed to do so, we will switch roles and the second person in the pair answers/talks about the prompt on their card and the other person listens.



Training Objectives

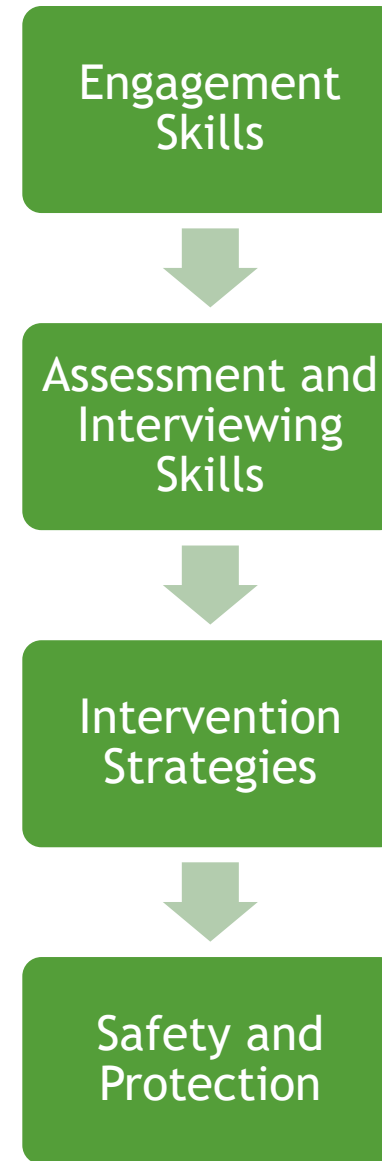
- ▶ Complete risk assessments using sample case scenarios.
- ▶ Identify key components of case planning.
- ▶ Highlight basic interviewing skills.
- ▶ Utilize assessment tools for practice situations.
- ▶ Outline documentation requirements and additional reporting.
- ▶ Apply ethical principles to intervention.
- ▶ Examine professional development needs for future practice.

Agenda

- I. Overview, Introductions, and Follow-Up
- II. Effective Case Management Strategies
- III. Assessment
- IV. Planning
- V. Documentation within Adult Protective Services
- VI. Professional Development Planning



Effective Case Management Strategies



Initial Home Visit: Self Neglect

- ▶ **Part 1**

- ▶ <https://www.youtube.com/watch?v=LJ46wWBESoY&feature=youtu.be>

- ▶ 4:15

- ▶ **Part 2**

- ▶ <https://www.youtube.com/watch?v=nuxV1Z51YPI&feature=youtu.be>

- ▶ 15:45

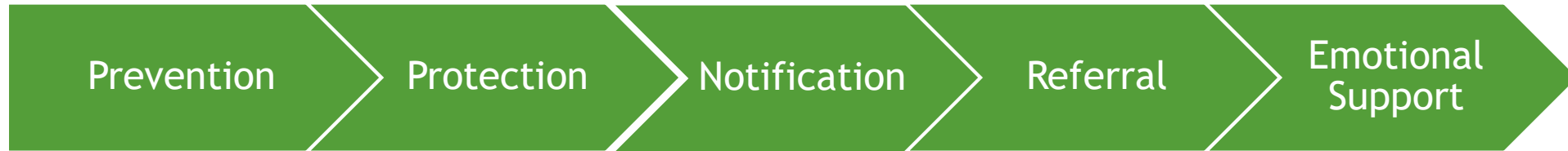
Best Practice

- ▶ Trauma Informed Approaches
- ▶ Person-Centered
- ▶ Use of Supported Decision-Making when Possible
- ▶ Clear, Concise, and Accurate Documentation

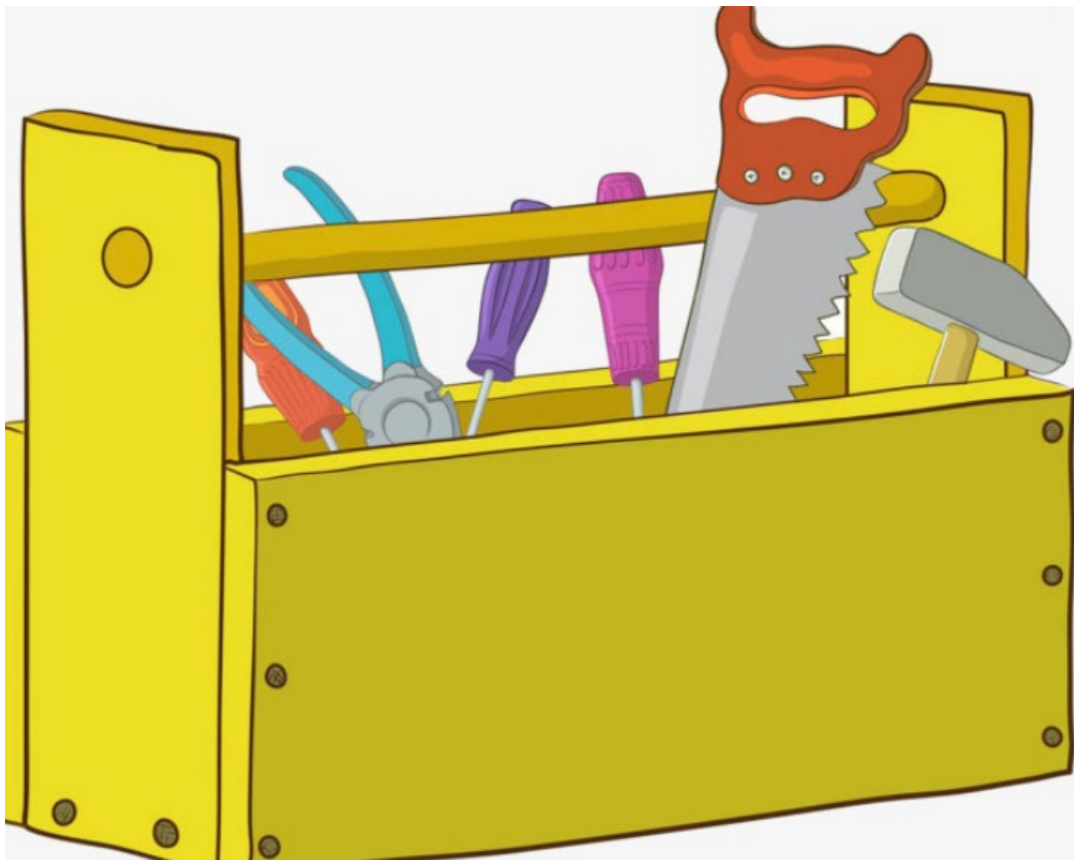
Safeguarding Adults: Peter's Story

- ▶ https://www.youtube.com/watch?v=2zcux_ilu0I

Safety Planning



Assessment

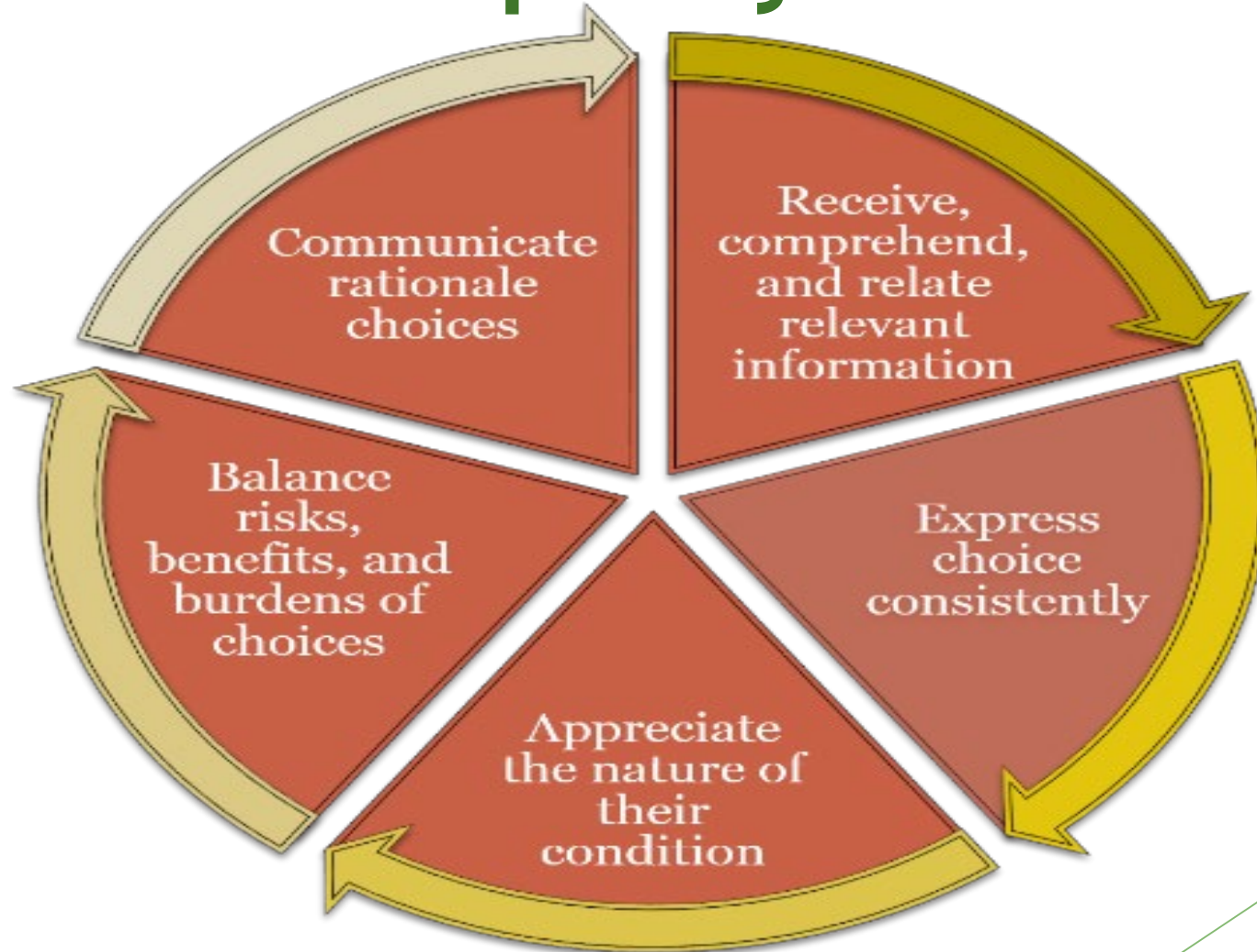


Capacity Assessment Skills

- ▶ Do your homework: know your client
 - ▶ Educational level
 - ▶ Language issues
 - ▶ Cultural factors
- ▶ Set the stage
- ▶ Join with client
- ▶ Be prepared for responses



Attributes of Capacity



Capacity Evaluation

A complete capacity evaluation usually includes:

- ▶ A physical examination
- ▶ A neurological examination
- ▶ Short and long term memory assessment
- ▶ Assessment of executive function
- ▶ Exam for existing psychological disorders
- ▶ Diagnosis of any existing addictive syndromes.

Source: Oklahoma APS 2005

The Three D's

Dementia

Delirium

Depression

ACTIVITY: Differentiating the Three D's

Question 1	Question 2	Question 3
What are the indicators that client may have a mental status problem?	Does the client appear to have dementia, delirium or depression?	What more information do you need and how would you get it?



Dementia Defined

- ▶ It is a descriptive term for a collection of symptoms that can be caused by a number of disorders that affect the brain. It includes a memory deficit *plus* a deficit in at least one other cognitive domain.
- ▶ Final common “behavioral pathway” for many diseases/ etiologies that affect the brain.



Irreversible Dementias

- ▶ Alzheimer's Disease
- ▶ Vascular Dementia
- ▶ Parkinson's Disease
- ▶ Frontal-Temporal Dementia
- ▶ Dementia with Lewy Bodies
- ▶ Alcohol-related Dementia



Image from Daily Times



Causes of Reversible Dementias

Drugs, dehydration, depression

Electrolyte imbalances

Mental health or metabolic disorders

Endocrine disorders

Nutritional Deficiencies

Trauma, tumor

Infections (urinary tract)

Acute illness, arteriosclerosis complications

Seizures, strokes, sensory deprivation

Delirium

- ▶ Disturbance in alertness, consciousness, perception, and thinking
- ▶ Sudden onset
- ▶ Caused by infection, dehydration, changes in chemical balance, head trauma, post surgical recovery
- ▶ Medical emergency
- ▶ Treatable and reversible

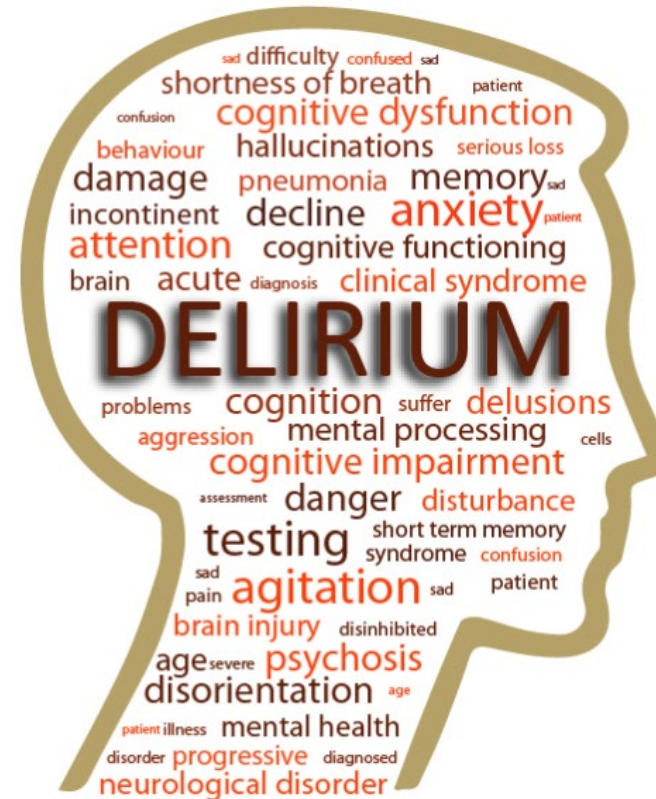


Image: Toronto Transplant Inst.

Symptoms of Depression

- ▶ Sleep Disturbance
- ▶ Loss of Energy/ Libido
- ▶ Change in Appetite/ Weight
- ▶ Psychomotor Retardation/ Agitation
- ▶ Poor Concentration/ Attention
- ▶ Anhedonia - Loss of Interest in Usual Activities
- ▶ Somatic Complaints
- ▶ Dysphoria - Flat Affect
- ▶ Sense of Hopelessness/ Worthlessness
- ▶ Suicidal Ideation



Cognitive Domains

- ▶ Orientation
- ▶ Attention
- ▶ Memory
- ▶ Language
- ▶ Visual-Spatial Organization
- ▶ Executive Functioning



Screening for Dementia

- ▶ https://www.youtube.com/watch?v=_hRBPrfDQVI
- ▶ First six minutes

Cognitive Domains: Orientation

- ▶ Person, Place, Time, Situation
- ▶ Tests of recent and longer-term memory
- ▶ Response is also influenced by level of alertness, attentiveness, and language capabilities.
- ▶ If there has been a precipitous change in orientation, this could signal a critical medical condition such as delirium.
- ▶ **Screens: MMSE, MoCA, SLUMS**

MMSE (Mini Mental State Exam)

A 30-item test

Mini-Mental State Examination (MMSE)

Patient's Name: _____ Date: _____

Instructions: Ask the questions in the order listed. Score one point for each correct response within each question or activity.

Maximum Score	Patient's Score	Questions
5		"What is the year? Season? Date? Day of the week? Month?"
5		"Where are we now: State? County? Town/city? Hospital? Floor?"
3		The examiner names three unrelated objects clearly and slowly, then asks the patient to name all three of them. The patient's response is used for scoring. The examiner repeats them until patient learns all of them, if possible. Number of trials: _____
5		"I would like you to count backward from 100 by sevens." (93, 86, 79, 72, 65, ...) Stop after five answers. Alternative: "Spell WORLD backwards." (D-L-R-O-W)

"Spell world
Backwards"



Cognitive Domains: Attention

- ▶ Nonspecific abnormalities that can occur in
 - ▶ Focal brain lesions,
 - ▶ Diffuse abnormalities such as dementia, encephalitis, and in behavioral or mood disorders.
- ▶ Impaired attention is also one of the hallmarks of delirium.

MoCA (Montreal Cognitive Assessment)

		2nd trial										
ATTENTION	Read list of digits (1 digit/ sec.).	Subject has to repeat them in the forward order	<input type="checkbox"/>	2	1	8	5	4	___/2			
		Subject has to repeat them in the backward order	<input type="checkbox"/>	7	4	2						
	Read list of letters. The subject must tap with his hand at each letter A. No points if ≥ 2 errors		<input type="checkbox"/>	FBACMNAAJKLBAFAKDEAAAJAMOFAB					___/1			
	Serial 7 subtraction starting at 100	<input type="checkbox"/>	93	<input type="checkbox"/>	86	<input type="checkbox"/>	79	<input type="checkbox"/>	72	<input type="checkbox"/>	65	___/3
		4 or 5 correct subtractions: 3 pts , 2 or 3 correct: 2 pts , 1 correct: 1 pt , 0 correct: 0 pt										
LANGUAGE	Repeat: Look! Look! that looks like the one to help today. F. 1											

“Name the animals”



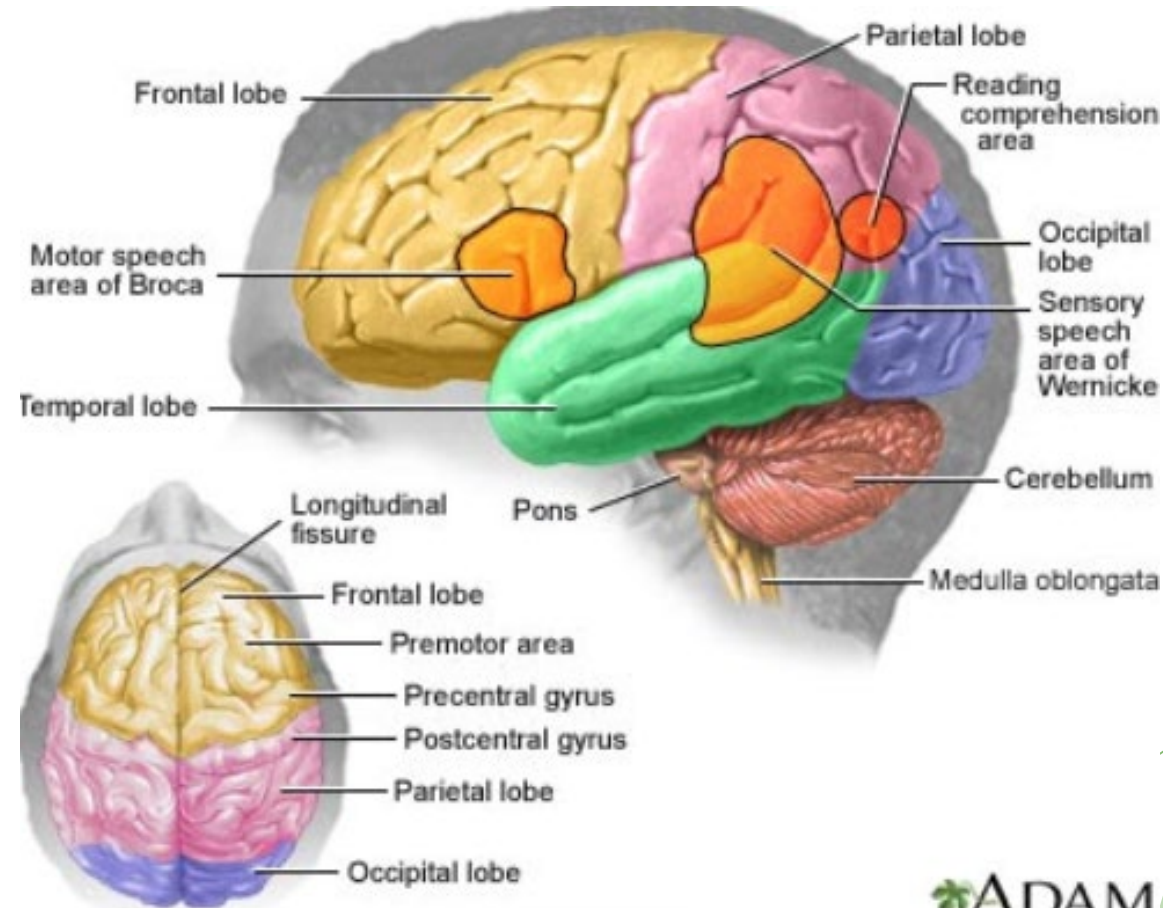
Cognitive Domains: Memory

- ▶ **Immediate memory:** recall of a memory trace after an interval of a few seconds, as in repetition of a series of digits.
- ▶ **Recent memory:** ability to learn new material and to retrieve that material after an interval of minutes, hours or days. (e.g. word lists)
- ▶ **Remote memory:** recall of events that occurred prior to the onset of the recent memory defect. Note: this cannot be reliably tested unless you have verifiable information.
- ▶ **Screens:** MMSE- registration, 3-item delayed recall;
MoCA- registration, 3-item delayed recall etc.

Cognitive Domains: Language

- ▶ **Verbal Fluency.**
- ▶ **Speech**
 - ▶ Expressive Language
 - ▶ Receptive Language
- ▶ **Comprehension**

(Highlighted areas of the brain are impacted)



ADAM.

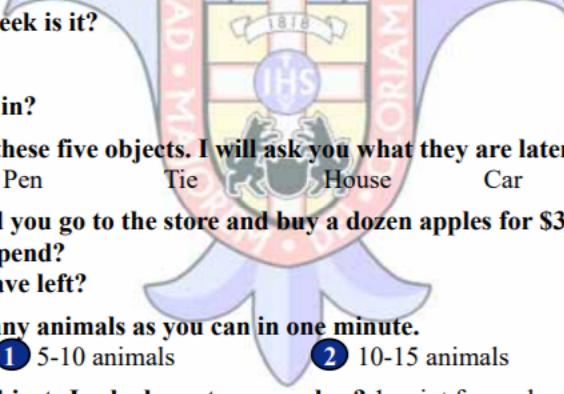

SLUMS

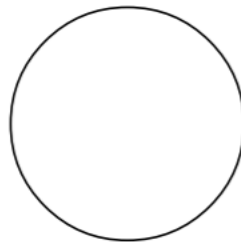
(St. Louis University Mental Status Examination)

Saint Louis University

Mental Status (SLUMS) Examination

Name _____ Age _____
Is patient alert? _____ Level of education _____

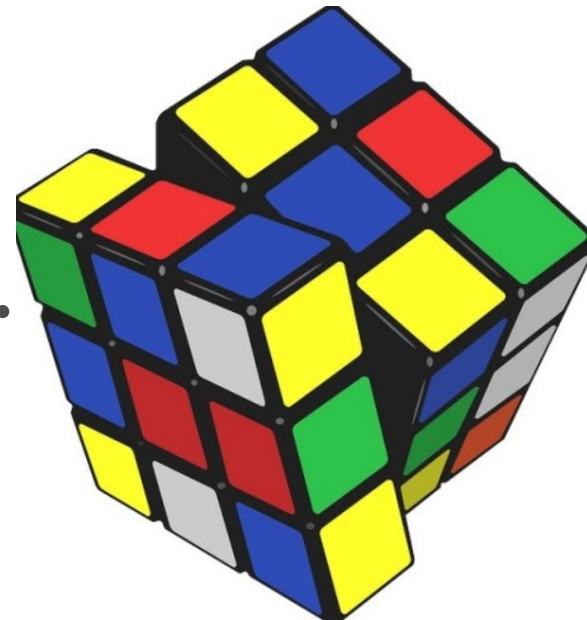
- 
1. What day of the week is it?
 2. What is the year?
 3. What state are we in?
 4. Please remember these five objects. I will ask you what they are later.
Apple Pen Tie House Car
 5. You have \$100 and you go to the store and buy a dozen apples for \$3 and a tricycle for \$20.
 - 1 How much did you spend?
 - 2 How much do you have left?
 6. Please name as many animals as you can in one minute.
 - 0 0-5 animals
 - 1 5-10 animals
 - 2 10-15 animals
 - 3 15+ animals
 7. What were the 5 objects I asked you to remember? 1 point for each one correct.
 8. I am going to give you a series of numbers and I would like you to give them to me backwards.
For example, if I say 42, you would say 24.
 - 0 87
 - 1 649
 - 1 8537
 9. This is a clock face. Please put in the hour markers and the time at ten minutes to eleven o'clock.
 - 2 Hour markers okay
 - 2 Time correct
 10. Please place an X in the triangle. 



Cognitive Domains: Visual-Spatial Organization

- ▶ Very sensitive to brain dysfunction- can pick up mild delirium and otherwise silent lesions.
- ▶ In a person's history, listen for getting lost in previously familiar environments, difficulty estimating distance or difficulty orienting objects to complete a task.
- ▶ A sensitive indicator of delirium and can occur in any dementia syndrome; it often occurs early in the course of Alzheimer's disease.

▶ **Screens:** Clock drawing;
overlapping pentagons(from MMSE).



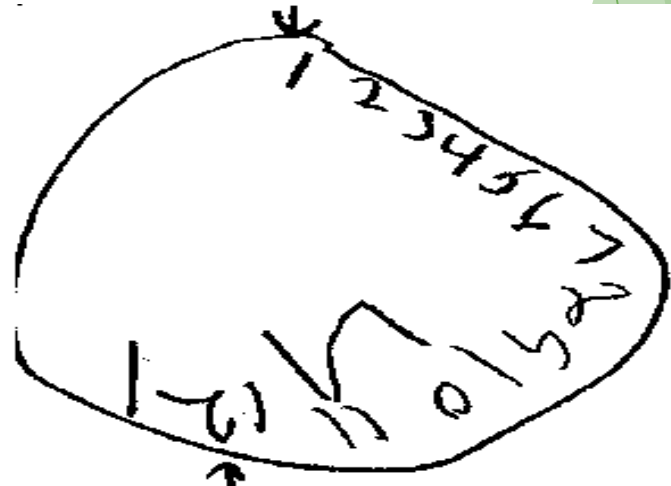
Clock Drawing

► The Clock Drawing Test

Have the person draw a clock by hand on a large piece of paper.

Have the person draw the face of a clock and put the numbers in the correct positions.

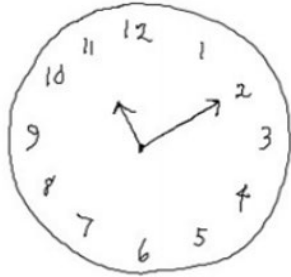
Then have them draw the hands to indicate the time like 3:40 - one hand of the clock on 3 and the other on the 8.



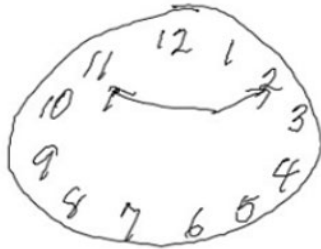
Clock Drawing Test in Action

- ▶ <https://www.youtube.com/watch?v=qp2i0NNDxCg>
- ▶ 1.46

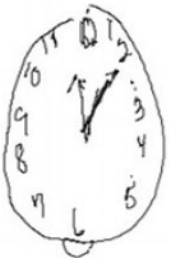
Clock Drawing



(a) Healthy Control



(b) Alzheimer's Disease



(c) Parkinson's Disease

- ▶ To score, assign the following points for each part of the drawing:
- ▶ 1 point for a closed circle
- ▶ 1 point for properly placed numbers
- ▶ 1 point for including all twelve numbers
- ▶ 1 point for properly placed hands

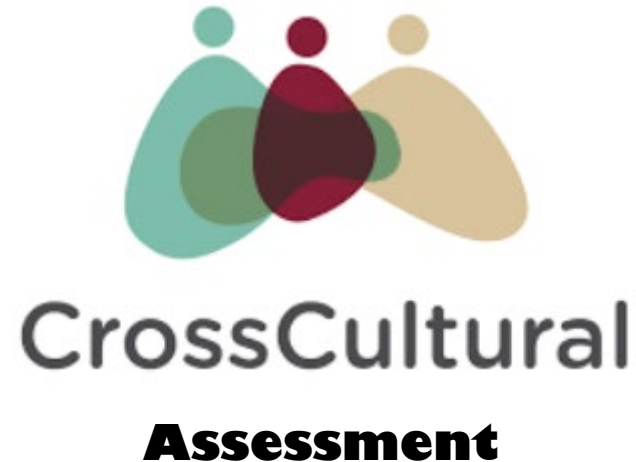
Source of Image: MIT Tech

Cognitive Domains: Executive Functioning

- ▶ Constellation of cognitive skills necessary for complex goal-directed behavior and adaptation to a range of environmental changes and demands.
- ▶ Includes planning strategies to accomplish tasks, implementing and adjusting strategies, monitoring performance, recognizing patterns, and appreciating time sequences.
- ▶ Deficits associated with disruptive behaviors and self-care limitations among patients with Alzheimer's disease.

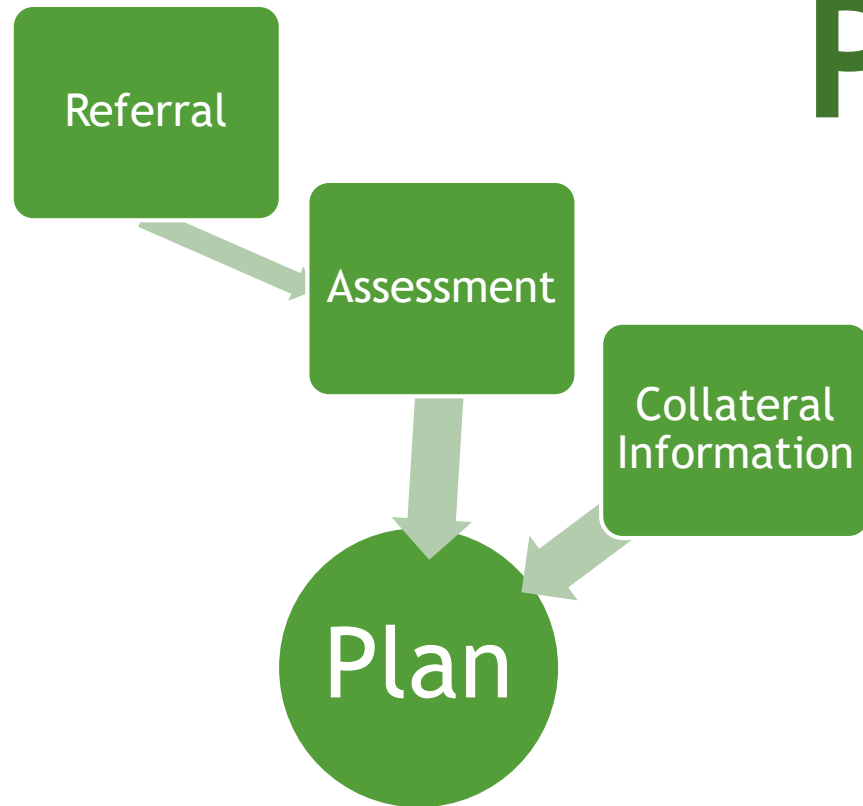
Cross Cultural Assessment

- ▶ Learn as much as you can beforehand about cultural beliefs that affect:
 - ▶ Values
 - ▶ Attitudes
 - ▶ Customs
 - ▶ Faith/religious beliefs
 - ▶ Family structure
 - ▶ Marriage
 - ▶ Roles



Source: Texas Department of Family and Protective Services 2004

Planning



Case Planning: Step by Step Decision making

- ▶ Assess risk
- ▶ Assess ability to consent
- ▶ Determine urgency
- ▶ Do it ethically
- ▶ Use least restrictive alternative



Small Group Activity: Five Most Urgent Situations

- ▶ *How would you assess the risk?*
- ▶ *How would you assess the capacity of the victim?*
- ▶ *How would you assess the urgency?*
- ▶ You have 10 minutes to discuss this and we will come back together to discuss as a group.

Weighing the Options



“Failure to intervene may result in injury, decline, financial loss, or even death. Workers and agencies may be accused of negligence or incompetence.

On the other hand, when workers initiate involuntary protective interventions, they may be accused of paternalism or authoritarianism.”

Nerenberg (2008)

Case Planning: Involuntary Step by Step Decision making

- ▶ Assess risk
- ▶ Assess ability to consent
- ▶ Determine urgency
- ▶ Do it ethically
- ▶ Use least restrictive alternative





Involuntary Interventions

- ▶ Emergency Hospitalization
- ▶ Law Enforcement Assist: Gaining Access to Victim
- ▶ Freeze Bank Accounts
- ▶ Guardianship and Protective Services
- ▶ Emergency Detention



Case Planning Essentials

The Case Plan Should Be:

- ▶ Collaborative
- ▶ Problem oriented
- ▶ Appropriate to client's functional level and dependency needs
- ▶ Consistent with culture and lifestyle
- ▶ Realistic, time-limited, and concrete
- ▶ Dynamic and renegotiable
- ▶ Inclusive of follow up



Marie Rodriguez

Marie Rodriguez, who is a very frail elderly woman, lives with her 58 year old son Javier who has a developmental disability. Javier has never left home, has always been cared for by his mother, and has been in many day programs. He can get out of hand and has pushed his mother a few times. Mrs. Rodriguez now is unsteady on her feet and can't protect herself from Javier's outbursts like she used to. The worker arranges for Javier to be placed in a facility.

Hidden consequences? Ethical considerations?

Workability? Outcomes? Plan B?

Joe Jones

Joe Jones resides in an apartment in an unsafe neighborhood. He has a heart condition and diabetes. He has had four toes amputated, uses a wheelchair, and is housebound. His unemployed son, George, lives with him. It was reported by the client's daughter that her brother is a drug addict, takes her father's money, and threatens him. The daughter tells the APS worker that her brother is known to the police and asks the APS worker to have George removed from the home. When the APS worker meets with Joe Jones, he says that he understands his son and doesn't wish to take an action against George since the son helps him out. The APS worker says that there are many agencies that can provide the services he needs and convinces client to file a restraining order.

Realistic plan? Outcomes? Client feelings? Plan B?

GROUP ACTIVITY -CASE PLANNING: ANNA K

- ▶ Using Handout 3.7, the small groups will develop a next step for Anna Kovacs, based on the client capacity assessments.
- ▶ Determine:
 - ▶ Answer the prompts on the handout.
 - ▶ Use Handout 3.8 in your planning.
- ▶ You have 15 minutes and then we will discuss as a large group.

Documentation





Documentation in APS

“The test of a good APS Case Record is when any reasonable and prudent person can read and review the record and draw his/her own conclusion as to what occurred, based on interview statements and supportive evidence.”

- CWDA APS Guidelines to Supplement Regulations, 2.7: Guiding Principles for APS Case Documentation

Purpose of Documentation

- ▶ Detailed and reliable case history, baseline data
- ▶ Evidence for involvement - APS and/or legal
- ▶ Accountability and liability
- ▶ Professionalism
- ▶ Consistency
- ▶ Justification for staff and funding for program
- ▶ Other?





Standards for Documentation



Accurate/
Factual



Complete



Timely

Activity: Critique Documentation

- ▶ **5/15/18 - Initial Assessment/Home Visit** Conducted visit at hospital. Client's daughter, M, was with client when SW arrived. Client is being treated for a heel ulcer and she reportedly had an operation yesterday. SW attempted to speak with client but she did not respond. Client was curled-up in the fetal position. She reportedly has pulled out her IV, so something is wrapped on both her hands to keep this from happening. Daughter also reported brother medicated client's sores with over the counter medication after consulting with her primary physician. Primary physician reportedly told brother that he can't treat something he hasn't seen. Daughter indicated that son was being stubborn and insisted on treating sores himself.



Just the facts...

- ▶ Direct and systematic observations
 - ▶ What you saw, heard, smelled
- ▶ Information obtained by other professionals
 - ▶ Medical diagnosis and prognosis
 - ▶ Bank statements
 - ▶ Legal documents
- ▶ Direct quotes
- ▶ Clear language
 - ▶ Understood by any reader
 - ▶ Acronyms and lingo beware

Activity - Handout 3.10

Read the following narrative information carefully:

The worker 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.




Subjective vs. Objective Descriptions

Subjective

- Gives an interpretation of an observation. Two people seeing the same event might be likely to give different *subjective descriptions*.

Objective

- Tells what was observed. Two people observing the same thing would probably give very similar *objective descriptions*.



“The kitchen smelled like it had not been clean for a month.”

Or

“When I entered the home, I smelled a foul odor. On entering the kitchen, I saw what appeared to be spoiled meat in the kitchen sink. The meat had turned pale green.”

- ▶ Be aware of your own values
 - ▶ What pushes your buttons?
- ▶ Watch your language
 - ▶ No judgmental, inflammatory, loaded words
- ▶ Use words like “seems” and “appears”
 - ▶ Describe what led you to that conclusion

Objective Writing Activity - Handout #3.11

It's time to practice objective writing!
You can do this activity in pairs

This activity has two parts:

- ▶ First identify why the statement given is NOT objective (is it judgmental or inflammatory?).
- ▶ Then rewrite the description using clear, objective, and descriptive language.

Concise

- ▶ Get to the point
- ▶ Answer: who, what, where, when, why, and how
- ▶ Avoid unnecessary and extraneous words
- ▶ Make sure info is relevant to the case



Memory Improvement Tricks

- ▶ Brain Exercises
- ▶ General Guidelines and Mnemonics: Memory Tools (Handout 3.12)
 - ▶ Imagination
 - ▶ Association
 - ▶ Location
- ▶ Healthy Habits
 - ▶ Exercise
 - ▶ Manage stress
 - ▶ Get enough rest
 - ▶ Eat right
 - ▶ Do not smoke



Writing for Court: Rules of Evidence



▶ Admissible Evidence Criteria

- ▶ Relevant: proves or disproves a disputed fact
- ▶ Competent: legally obtained and receivable in court


▶ Exclusion of Evidence: Reasons

- ▶ Reduce violations of constitutional protections
- ▶ Avoid undue prejudice
- ▶ Prohibit unreliable evidence (e.g. hearsay)
- ▶ Protect valued interests and relationships (e.g. attorney-client privilege)

Victim/Witness Statements

- ▶ Document when statement was made and situation under which statement was made
 - ▶ Excited utterances/spontaneous statements - valuable form of evidence
- ▶ Strengthen veracity of statements
 - ▶ Witnessed by coworker
 - ▶ Documentation taken at the time statement provided
 - ▶ Documentation
 - ▶ Timely
 - ▶ Accurate
 - ▶ Dated

Language for Court Reports



DO:

- * Use “victim states” rather than “victim alleges”
- * Build case on fact not opinion
- * Write in a way that can refresh your memory and bring you back to the situation

AVOID:

- * The word “story”
- * Labeling : no opinions or biased language

Mrs. Gunther Activity

Mrs. Gunther is a 78 year old woman whose son, Dave, hit her in the face with the telephone when she threatened to call the police on him. He had been threatening her with violence if she did not give him her car keys. Because Dave was drunk, Mrs. Gunther did not want him to drive.

You are the APS worker called to interview Mrs. Gunther and you were first on the scene with the police. The police have now arrested Dave Gunther and you know that you may have to testify in court.

Professional Development Planning

- ▶ When thinking about your work in Adult Protection:
- ▶ What training do you need that was not covered fully enough in this three-day sequence?
- ▶ What advanced levels of training would be helpful?
- ▶ What would you like to learn more about?



Final Step:

Complete
evaluation

