

NATC

Risk Assessment Video

Facilitator Guide

Developed by Rachel Vo, MSW

August 2023

This facilitator guide was developed by Adult Protective Services Workforce Innovations (APSWI) in collaboration with the National Adult Protective Services Training Center (NATC).

Disclaimer: The National Adult Protective Services Training Center is operated by the National Adult Protective Services Association (NAPSA) (<https://www.napsa-now.org>) and is supported by the Administration for Community Living (ACL) (<https://acl.gov>), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$2,002,806 with 75% funded by ACL/HHS and \$505,806 and 25% funded by non-government sources. The contents are those of the authors and do not necessarily represent the official views of, nor an endorsement by, ACL/HHS or the U.S. Government.

NATC Risk Assessment Video Facilitator Guide: Initial and Follow-Up Visits

Objective:

This video facilitator guide is designed to facilitate learning and enhance risk assessment skills using the National APS Training Center (NATC) training videos:

 **Assessing for Risk-Initial** Visit <https://youtu.be/vrD04t-kAqE>

 **Assessing for Risk- Follow Up** Visit https://youtu.be/VagEJF_jnRU

How to Use:

Facilitators or Supervisors can use this video facilitator guide to complement the learning experience from the *NATC Risk Assessment Videos- Initial Visit and Follow Up Visit* to facilitate conversations, encourage critical thinking, and enhance risk assessment and follow-up skills when conducting home visits and interviewing clients.

This guide can be used during instructor led training, unit meetings, or individual supervision.

With staff, watch the 31-minute video portraying an APS professional conducting an initial home visit with an APS client who is experiencing self-neglect and possible financial exploitation, and the 9-minute video portraying the same APS professional conducting a follow up visit with the same client. You can pause the video at the indicated minute markers to consider the questions, or you can choose to watch the video in its entirety, and then discuss the questions.

The discussion questions are organized in order of timing of the video. If you would like to focus on specific foundational skills needed in APS work, please reference the question numbers listed after each category below:

- **Rapport and Soft Skills: 2, 3, 4, 5, 6, 11, 18**
- **Risk Assessment: 1, 7, 8, 9, 10, 12, 13, 15, 16, 19, 20**
- **Service Planning and Wrap-Up: 14, 15, 17**

The questions will help you facilitate the discussion of what participants would consider or do differently.

Potential answers are provided to assist the discussion. Facilitators are encouraged to factor in their own specialized knowledge and experience as well as reference agency-specific policies and best practice

Content Warning:

We recognize that APS work is both rewarding and challenging 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 trauma. We encourage everyone to do what they need to do in order to safely engage in this transfer of learning.

Discussion Questions for Initial Visit

1. The narrator indicates that the APS professional, Anthony, was conducting a visit following a report of self-neglect and financial exploitation. How did Anthony assess his and Rachel's safety upon initial contact?

(Video Timing: **00:00 – 2:00**)

Potential answers:

- *Anthony asked whether there were any pets or others in the home before entering.*
- *Anthony asked Rachel if she felt safe speaking with him in the home.*

2. What skills or techniques did Anthony use to gain access into the home?

(Video Timing: **00:00 - 2:45**)

Potential answers:

- *Anthony demonstrated behavior that appeared to be friendly and calm.*
- *Anthony kept the introduction and purpose of the visit vague and at a higher level until he was in the home and seated with Rachel.*

3. How did Anthony attempt to gain Rachel's trust once he was inside the home?

(Video Timing: **00:00 - 2:45**)

Potential answers:

- *To build trust, Anthony showed Rachel his work badge to reassure Rachel he was who he said he was, and respectfully asked if he could sit at the table.*
- *Anthony attempted to gain rapport by mentioning he had a colleague with the same name as Rachel's child, Riley.*
- *Anthony adjusted to Rachel's initial response to rapport building by pivoting the conversation to the purpose of the visit.*

4. How did Anthony explain the purpose of his visit? Do you feel comfortable explaining this when you meet a new client?

(Video Timing: **2:28 - 2:40**)

Potential answer:

- *Anthony explained the purpose of his visit using simple language.*

5. Notice how Anthony chooses not to address the allegation of financial exploitation until later in the interview. Why would he opt to omit this in the beginning?

(Video Timing: **2:28 – 2:40**)

Potential answer:

- *Discussing financial matters is often a sensitive topic. Since Anthony is still trying to establish rapport with Rachel, discussing financial exploitation could cause Rachel to feel reluctant to share personal information, be defensive, or want to end the interview before an assessment could be completed.*

6. How did Anthony answer Rachel’s question about the identity of the reporting party? APS clients often want to know this information. How do you answer this question when you are asked?

(Video Timing: **2:40-4:05**)

Potential answers:

- *In his response, Anthony honestly explains that he cannot share the identity but uses empathy when he explains that there are confidentiality policies in place that prevent him from sharing this information. He then quickly redirects to a different line of questioning. This was probably done strategically to prevent Rachel from further dwelling on this topic and to move the interview along.*
- *As an APS Professional, you will hear this question often. Some clients may be more persistent than others about wanting to focus on the identity of the reporting party. It is important for you to think in advance about how you might answer these questions, so you are prepared. Talking to your seasoned colleagues or supervisor is a great way to start. Typically minimizing the importance of “who” called*

in the report, being honest (by law, I cannot disclose the reporting party), and shifting the focus to them and how they are doing will help.

Facilitator note: This is a great opportunity for the viewers to share their experiences and strategies about answering these questions. What has worked and what hasn't worked with them. Role playing this scenario would also be helpful.

7. What risk indicators were present during the initial entry to the home?
(Video Timing: **00:00-4:05**)

Potential answers:

- *Physical indicators: Rachel's disheveled hair, dirty/stained shirt, Rachel appears to use a wheelchair for ambulation.*
- *Behavioral indicator: Rachel's speech is delayed.*
- *Environmental indicators: Trash on counters, clutter on floor, possible smell in the home, steps to the home (no ramp).*

8. What are Rachel's risk factors in the health and functional status domain?
(Video Timing: **4:05-8:58**)

Potential answers:

- *Rachel has a history of stroke, which limited use of her right hand, and she relies on her left hand to perform her activities of daily living (ADLs), impaired mobility, impaired ability to transfer without use of assistive devices, experiences difficulty with instrumental activities of daily living (IADLs) such as medication management, meal preparation and driving.*

9. What are Rachel's risk factors in the living environment, financial, social and capacity domains?

(Video Timing: **9:00-11:20**)

Potential answers:

- *Living environment: difficulty accessing landline phone and lack of cell phone/internet service, no assistive devices to help with transfers or toileting.*

- *Financial: Limited income and resources to pay for all needs, specifically rent, in-home caregiving and cell phone/internet services.*
- *Social: No caregivers, except Riley. May feel lonely or isolated; client has not disclosed having any other friends or family involvement.*
- *Capacity: Although Rachel's speech appears to have been impacted by the strokes, she is able to verbally express her needs and wishes, and appears to have capacity to make decisions.*

10. How did Anthony check on Rachel's safety and comfort with his presence at this point in the interview?

(Video Timing: **11:20-12:15**)

Potential answers:

- *Anthony asked how Rachel would like him to introduce himself to Riley if Riley were to return during their interview.*
- *Anthony asked Rachel if he could leave messages on her answering machine.*
- *Anthony also encouraged Rachel to tell him subtly to leave by indicating that she was "tired."*

11. How did Anthony continue to build rapport with Rachel at this point in the interview?

(Video Timing: **12:15 – 13:24**)

Potential answer:

- *Anthony normalized talking about personal care difficulties (e.g. bowel movements and adult diapers) by acknowledging it may be embarrassing for Rachel to disclose, but he talks about this topic daily with people.*

12. Why do you think Anthony focused on Rachel’s need for follow-up with a medical professional when she disclosed she had a fall?

(Video Timing: **13:25-17:18**)

Potential answer:

- *Since Rachel disclosed she had already fallen, it is reasonable to believe that Rachel has experienced injury from the fall and medical follow-up may be necessary.*
- *Rachel admitted that she does not have any upcoming appointments with her doctor.*
- *Given Rachel’s health history and disclosure that she is not taking medication (blood thinners) as prescribed, a fall could cause significant medical issues.*
- *Rachel denied that her fall was serious, as she only injured her knee and Riley was present to assist her at the time. However, given Rachel’s lack of consistent caregiving, it is likely that Rachel could be injured if she experienced another fall.*

13. What risk indicators did Anthony observe that prompted him to assess for Rachel’s mental health status and suicidal ideation? Do you feel comfortable addressing mental health concerns and suicidal ideation? What protocols does your agency have in place for assessing suicidal ideation?

(Video Timing: **17:18-20:57**)

Potential answers:

- *Rachel shared she used to be active in a neighborhood book club, but stopped participating after experiencing her strokes.*
- *Rachel shared she did not feel comfortable hosting the book club at her house, accessing books or reading them due to visual and physical impairments, and felt embarrassed by her health condition.*
- *Anthony noted that she was independent prior to her strokes, but is now suddenly dependent on others to provide for her care.*

14. How did Anthony engage Rachel about service planning using her strengths and abilities?

(Video Timing: **20:57-29:06**)

Potential answers:

- *Anthony acknowledged that Rachel has a motivation to get physically stronger and stay as independent as possible.*
- *Anthony offered to find resources that would allow her to re-engage in her interests before her strokes (library card to access adaptive and/or audio books), low-cost cell phone and internet services (to connect with Riley and grandchildren more often), personal emergency response device, home repair/ modification services, assistive devices, in-home personal care services, adult day services, housekeeping service.*
- *Anthony provided a timeline of when he would follow-up with Rachel.*

15. What resources and referrals did Rachel agree to receive? Why did Anthony repeat what he was going to research for Rachel?

(Video Timing: **20:57-29:06**)

Potential answers:

- *library services, low-cost cell phone services, personal emergency response systems, home repair/modification services, assistive devices (commode, grab bars), in-home personal care services, adult day services, housekeeping services.*
- *Anthony repeated what he was going to research to check for understanding.*

16. Anthony addresses the financial exploitation allegation at this point in the interview. How did Anthony approach discussing the allegations of financial exploitation?

(Video Timing: **22:29-25:35**)

Potential answers:

- *Anthony used simple terms - "your money" rather than "finances" or "financial exploitation", and approached the topic with the intention to ensure Rachel's money is being used for her benefit.*

- *Anthony asked how Rachel managed her bills and asked to look at a recent statement together.*
- *When Rachel seemed to defend Riley, Anthony responded in a non-accusatory manner and reassured Rachel that he would have recommended that she check her accounts regularly anyway.*
- *Anthony appeared transparent about his intended actions.*

17. Anthony asks for Rachel’s preferred pronouns toward the end of the interview. Why was it important for Anthony to ask? What could have been the advantages to waiting until the end to ask? When do you prefer to ask?

(Video Timing: **29:06-30:19**)

Potential answers:

- *Anthony did not want to assume Rachel’s gender identity, and explained this information would assist him in researching appropriate resources and providing accurate demographic information on referrals.*
- *Anthony may have waited until the end of the interview when he has gained further rapport, and to put this question into context for resource identification.*
- *Anthony may also be asking to gather accurate demographic information for state and federal statistical data purposes.*

Discussion Questions for Follow-Up Visit

18. What indicates that Anthony established good rapport with Rachel?

Potential answer:

- *Rachel is smiling, appears relaxed, thanks Anthony ("Tony") for his help.*

19. In this scenario, Anthony contacted the bank to discuss Rachel's accounts. What are your program's guidelines for contacting financial institutions? In what other ways could Anthony investigate the financial abuse before completing the case?

Potential answers:

- *Anthony still needs to interview Riley about the expenditures on Rachel's accounts; however, he is including Rachel in the process by asking her to review statements with Riley and identifying any unusual activity.*

20. Based on the follow-up visit, has risk been reduced enough to consider closing the case? What other risks are present that could be resolved before closing?

Potential answers:

- *Regarding self-neglect, Rachel has neighbors coming by to assist with housekeeping/laundry, and has cell phone service again to maintain regular contact with Riley and other services. Rachel now has library access. Rachel also received assistive devices (commode) and is pending home modification services. Rachel has a method to manage her medications.*
- *Rachel still needs a caregiver, and is not receptive to attending an adult day program.*
- *Rachel still does not have a ramp for the door.*
- *Regarding financial exploitation, Anthony may need to interview Riley to fully understand the risk level of financial exploitation.*

Participant/Viewer Follow-Up

What were your overall reflections of the initial assessment in this video?

What went well? Would you have done anything differently?

What new skills or approaches did you gain that you might be able to incorporate into your own practice in the future?

This page is left blank intentionally

Bridging Education and Practice for APS Professionals



nadc.totaragovcloud.com

In partnership with



Adult Protective Services Workforce Innovations (APSWI) is a program of the Academy for Professional Excellence, a project of the San Diego State University School of Social Work.

theacademy.sdsu.edu