

APS Training Video Discussion Guide: Successful Initial Home Visit, Self-Neglect

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APS Training Video Discussion Guide: Successful Initial Home Visit, Self-Neglect

Objective:

This video discussion guide is designed to facilitate learning and enhance interviewing and assessment skills using the Adult Protective Services Workforce Innovations (APSWI) training video: [Successful Initial Home Visit, Self-Neglect](#).

How to Use:

Facilitators or Supervisors can use this video discussion guide to complement the learning experience from the Working with People Experiencing Self-Neglect [core competency](#) curriculum **or** independently to foster conversations, critical thinking, and enhance assessment skills when working with clients experiencing self-neglect. This can be done during instructor-led training, unit meetings or one-on-one supervision.

- With staff, watch [this](#) 12:44 minute video portraying an APS professional conducting an initial home visit with an APS client who is allegedly experiencing self-neglect.
 - You may want pause the video at the indicated minute markers to consider the questions, or you may choose to watch the video in its entirety, then discuss.
- The video discussion questions are organized in two ways:
 - Categorized based on common skills needed in APS work. Choose which skills staff might need more support in.
 - Single questions in order of timing of the video. Discuss questions in order of the video.
- Possible answers are provided. Adding your own expertise and agency policy is encouraged.
- Allow for discussion on what participants might do differently.

Content Warning:

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

Discussion Questions- Categorized

Prepping for the Interview

1. Based on the information provided by the narrator at the beginning of the video, what are the specific allegations of self-neglect the APS Professional is tasked with investigating? **00:00 – 1:00**
 - a. **Possible answers:** *Non-compliance with prescribed medication and nutrition plan resulting in high blood pressure after recently being released from the hospital for Congestive Heart Failure (CHF).*
2. Based on additional information that the narrator provides about the client's recent history and current circumstances, what are some other areas of consideration that the APS Professional may want to explore? **00:00-1:00**
 - a. **Possible answers:** *Cognitive impairment, physical ability to self-care due to arthritis diagnosis, depression/grief due to spouse's recent death, passive/active suicidal thoughts, social isolation, support system.*
3. Based on all this information, what are some resources and information that you might want to collect ahead of time and bring with you to this home visit? **00:00 – 1:00**
 - a. **Possible answers:** *Community nursing services for medication management and nutrition education (in case home health is short term and closes case), mental health services for assessment and/or counseling services, grief support group, Senior Center for meals and socialization, Meals on Wheels, Friendly Visitor program, caregiver services, case management services.*

Rapport and Soft Skills

1. What skills or techniques did the APS Professional use to gain access into the home? How did she attempt to gain the trust of the client once she was inside the home? **1:30 – 2:45**
 - a. **Possible answers:** *Friendly, kind, calm, helpful. During this home visit, the APS professional chose to keep her introduction and purpose of visit vague and at a higher level until she was in*

the home and seated with the client. This technique may have been strategic as the likelihood of him asking her to leave once she is in the home and has begun the interview is much lower (however still possible). She used reassurance that her visit would not take a lot of the client's time. She was firm but not pushy when client expressed some hesitance about meeting with her. She appeared to "roll" with his ambivalence while continuing to attempt to engage him. To build trust, she showed client her work badge to reassure him that she was who she said she was. As she entered the home, she reinforced her non-threatening behavior by offering to retrieve his mail for him and once in the home she built rapport and attempted to forge a connection by commenting on a quilt in his living room.

2. How did the APS Professional explain her role and the purpose of her visit? Do you feel comfortable explaining this when you meet a new client? Notice how the APS Professional also explains that her visit and APS services are voluntary, and client can decline both. Why would she tell the client this, especially when this APS client already appears hesitant to accept services? **2:50 – 3:25** and **7:04 – 8:58**
 - a. **Possible answers for role and purpose of visit:** *The APS professional started the conversation by explaining that APS services were voluntary. She then explained the purpose of her visit using simple language and non-threatening/non-accusatory statements. She emphasized that she was there out of a place of concern for his well-being with a goal of helping him if he wanted/needed assistance. She also told him up front that he could ask her to leave at any point during the conversation if he wanted to.*
 - b. **Possible answers for explanation that APS services are voluntary:** *Since this client presented as initially hesitant and suspicious about the APS Professional's visit, sharing that his participation in services were voluntary, was a strategy that she may have used to make him feel empowered and more in control of the circumstances and outcome. Knowing that he could terminate the conversation and ask her to leave at any time, may have made this client feel more open to hear what she has*

to say and less intimidated about her presence and the process. From an ethical perspective, it is also important to share this information with your clients as it supports the client's right to self-determination.

3. How does the APS Professional answer the client's question about the identity of the reporting party? Clients often want to know this information. How do you answer this question when you are asked?

3:25

- a. **Possible answers:** *In her response, she honestly explains that she cannot share the identity but uses empathy when she explains that the report was made from genuine concern for client's well-being. She then quickly redirects to a different line of questioning. This was probably done strategically to prevent the client 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.

4. Notice the APS Professional's question, "Can we look at your medications together?" Do you think that her subtle inclusion of the word "together" in this statement was strategic? If so, for what purpose? **5:14**

- a. **Possible answers:** *The APS Professional most likely intentionally made this statement as a way of engaging client in*

the task, and/or building rapport and client's buy-in through including him in the process. She may be subtly signaling to him that she is there with him to look at the problem and help resolve it, but she needs his input.

5. How did the APS Professional subtly gauge the client's orientation to time as well as his memory and insight into the purpose and dosage of his medications? **5:48**

a. **Possible answers:** *Having a client explain to you their understanding of something (in this case, client's medication) is a great strategy to not only obtain this information for your assessment but to also help you assess a person's memory, orientation, and insight. In this case, the client appears to have started with a small lie or had some memory issues when he states that he took his medication everyday but when the APS Professional pointed out the full pill box, the client realized that he would need to tell the truth. He later was able to tell the APS Professional when he was prescribed the medications, when he last took them, what they were for, and why he had chosen not to take them. This strategy can be used with other assessment questions as well and is helpful to give you a more robust picture of how the client is functioning and managing their daily tasks.*

6. How does the APS Professional use empathy, limited self-disclosure, and client's hospital discharge papers to engage the client in a discussion regarding his alleged poor nutrition/diet? **8:24 – 10:00**

a. **Possible answers:** *Even though the APS Professional knew about the client's poor nutrition prior to the visit, notice how she uses his hospital discharge papers to segue into a conversation with him about this? This strategy took factual recommendations that the doctor/hospital made into a conversation about how a healthier diet/nutrition is important for client's current health. When the client became defensive about this subject and attempted to justify his current eating habits, the APS Professional used empathic statements and laughs along with client stating that she understands because she doesn't like vegetables either. She then gives a personal example to him*

about how adding salsa helps her eat them. She then gently encourages him to take small steps toward changes and gives him suggestions (instead of telling him that he must make changes immediately).

Behavioral Health

1. Even though there is no reference to alcohol use/abuse in the APS report, the APS Professional still asks the client about the frequency of his alcohol consumption. Is this relevant to the concerns about the client's well-being? As an APS Professional, are your observations of the client and their environment equally as important as the verbal dialogue? If so, why? If not, why not? **10:00**

a. Possible answers: *Questions about the client's alcohol use could be part of this APS Professional's general assessment questions or it could be related to her observations of the empty wine bottles on the table. Either way, knowing that substance use can amplify health and safety risks that already exist in the population that APS serves, it is important to address this issue in all of your assessments to better gauge how it may impact a client's ability to self-care both physically and mentally. Keep in mind, substance use along with certain prescription medications and health conditions can put this population at higher risk for dangerous complications.*

Facilitator note: Share that an APS assessment should be all encompassing and include the actual verbal dialogue as well as observations of the home (both inside and out), the client's appearance, how the client may function in the home (i.e.: were they able to answer the door without any issues, were they able to find their medications when you asked for them?), how they interact with others, etc. Engage the viewers in a conversation about why these observations are important and what these observations can add to the assessment.

2. What statement does the client make which prompts the APS Professional to begin assessing the client for suicidal ideations? What specific questions does she ask to assess the client's risks? How

comfortable would you be asking a client these same questions? What is your agency's policy or guidance when a client expresses suicidal or homicidal ideations? **10:30 – 12:05**

- a. **Possible answers:** *During one portion of the interview, the client repeatedly makes the statement "Nothing matters anymore". He then is more specific stating, "I don't want to be here anymore". These hopeless statements along with the client's assessed risk factors (older, lives alone, limited/no support system, recent death of spouse of 43 years, health issues, noncompliance with medications/healthy diet, possible alcohol misuse) are red flags that should not be ignored. The APS Professional adeptly hones in on these statements and follows up with appropriate questions to further assess client's risk and/or intention of harming himself such as "How long have you been feeling this way?", "Have you thought about killing yourself?", "Can you tell me exactly what that means (not wanting to be here anymore)?" and "Do you have a plan to end your life?". In this scenario, the client admits his sadness and hopelessness due to the losses in his life, but he denies active suicide intentions or a plan to self-harm.*
- b. *These types of conversations can be uncomfortable for an APS Professional but necessary to assess risks when a client makes either passive or active suicidal or homicidal statements during a conversation. Process with the viewers their comfort level in asking these probing questions. How they would handle a similar scenario. What would be their next steps if a client did disclose an intent or plan for death by suicide? For example, when would they just provide resources as in this scenario versus immediately contacting mental health or if necessary, law enforcement to conduct a more in-depth assessment? Ask viewers to share their agency's policy and/or guidance on working with client's who express suicidal/homicidal ideations. If they don't know their agency's policy or guidance, encourage them to follow up so that they are aware of their responsibility and required procedures in dealing with these types of situations.*

Wrap-Up: Prioritizing Risks and Needs, Resources and Follow-Up

1. To wrap up the visit, the APS Professional provides client with only three resources – Grief Support Group, Suicide Crisis Line, Friendly Visitor Program. How do you think that the APS Professional’s assessment of the risks and the severity and urgency of the client and his circumstances played into this decision? **12:44**
 - a. **Possible answers:** *Based on client’s hopeless statements and expressed sadness in the interview, it appears that the APS Professional believes that the client’s resistance to taking his medications correctly or eating healthier may stem from some grief/depression about his spouse’s recent death. Knowing that home health services continue to monitor his medications and overall health for the time being, it appears that the APS Professional prioritizes his mental health and isolation as a starting place. She suggests the resources and explains how she thinks the client could benefit from them. She then develops a collaborative plan with the client to follow up with him and assist him in accessing these resources if needed.*
 - b. *Ask the viewers if they agree with the APS Professional’s choice of resources. Would they have provided additional resources or different ones? If so, what would that look like and why?*

Participant/Viewer Follow-Up

1. What were your overall reflections of this video? What went well? Would you have done anything differently?

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

Discussion Questions- Stand Alone

1. Based on the information provided by the narrator at the beginning of the video, what are the specific allegations of self-neglect the APS Professional is tasked with investigating? **00:00 – 1:00**
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the home and seated with the client. This technique may have been strategic as the likelihood of him asking her to leave once she is in the home and has begun the interview is much lower (however still possible). She used reassurance that her visit would not take a lot of the client's time. She was firm but not pushy when client expressed some hesitance about meeting with her. She appeared to "roll" with his ambivalence while continuing to attempt to engage him. To build trust, she showed client her work badge to reassure him that she was who she said she was. As she entered the home, she reinforced her non-threatening behavior by offering to retrieve his mail for him and once in the home she built rapport and attempted to forge a connection by commenting on a quilt in his living room.

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 - b. *Ask the viewers if they agree with the APS Professional’s choice of resources. Would they have provided additional resources or different ones? If so, what would that look like and why?*
13. What were your overall reflections of this video? What went well? Would you have done anything differently?
14. What new skills or approaches did you gain that you might be able to incorporate into your own practice in the future?

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OUR WHY:

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



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