

Collaborating for Best Practice

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

Developed through a grant from the WI Department of Health Services

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



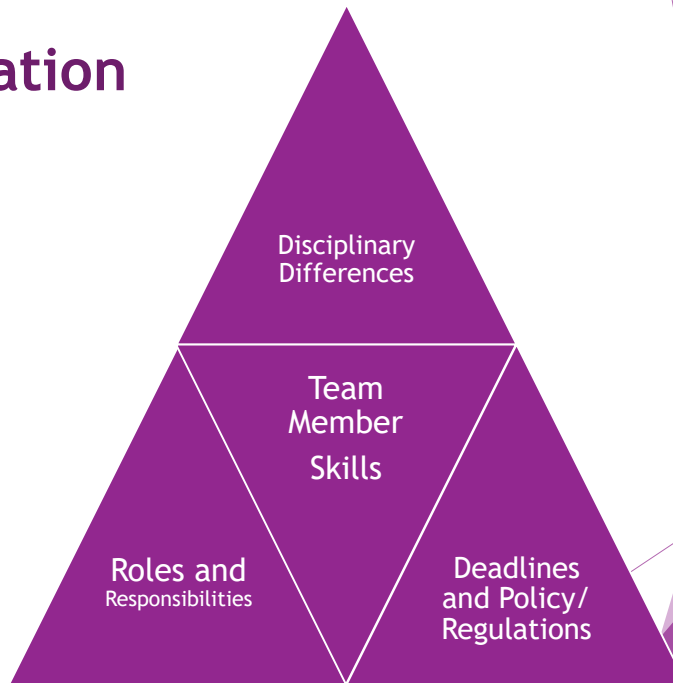
Training Objectives

- ▶ Examine best practice in Adult Protective Services.
- ▶ Outline statutes and administrative codes that intersect with Adult Protective Services practice.
- ▶ Describe systems of care for adults-at-risk in WI.
- ▶ Evaluate the impact of cultural differences on practice.
- ▶ Apply decision-making to challenging situations and ethical dilemmas that arise in Adult Protective Services.
- ▶ Highlight opportunities for collaboration across systems.
- ▶ Outline strategies for safety and self-care in practice.

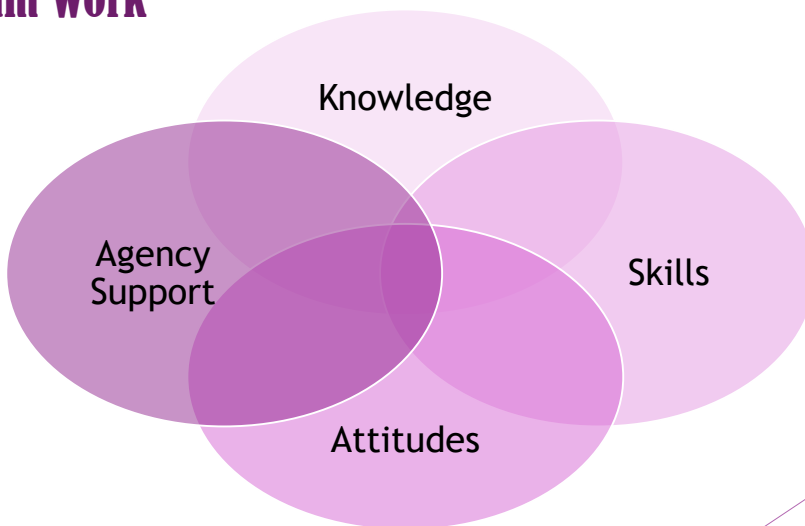
Agenda

- I. Overview, Introductions and Brief Review of Prior Training
- II. Collaboration across Systems
- II. Expanding Statutory Awareness
- IV. Wisconsin's System of Care for Adult Protective Services
- V. Ethical Imperatives
 - Best Practice in Adult Protective Services
 - Cultural Impacts on Practice
 - Applications for Practice

Collaboration across Systems



Competencies Required In Interdisciplinary Team Work



Team Member Skills

- ▶ Competencies
 - ▶ Discipline Specific
 - ▶ Knowledge about Roles of Others in the Team
- ▶ Capabilities
 - ▶ Attitudes and Values
 - ▶ Interpersonal Skills and Characteristics
 - ▶ Communication Skills
 - ▶ Conflict Resolution Skills

Effective Communication

(adapted from FoundationCoalition.org)

- ▶ Clarity of Verbal and Written Communication
- ▶ Attention to Non-Verbal Communication
- ▶ Attitudes
- ▶ Soliciting Information
- ▶ Listening and Giving Feedback
- ▶ Awareness of Cultural Differences
- ▶ Working through Conflict

A FRAMEWORK FOR THE DISCUSSION OF A CONFLICT

Actively Listen

Define the Problem

Open ended questions

Clarify Responses

Paraphrase /Reframe and Summarize

Proactive Responses to Conflict

Defensive: **Escalates**

Evaluation: places judgment- "YOU"

Superiority: "I'm the boss."

Certainty: "My way or no way" - dictator

Neutrality: typical bureaucrat

Strategy: manipulation

Supportive: **Diffuses**

Description: "I"

Equality: Working Together- "We"

Provisionalism: reexamination

Empathy: acknowledge

Spontaneity: open minded and up front.

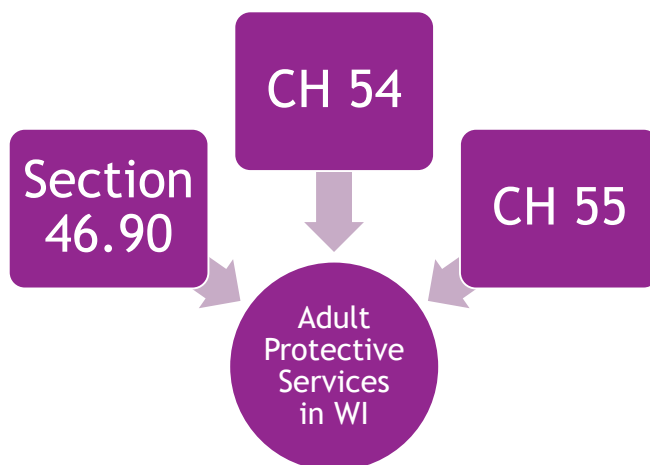
Taken from Jack R. Gibb's book
Trust, Appendix C, Defensive Communication

Resolving Conflict

- ▶ Define what success looks like for each person and agency.
- ▶ Be sure the right people are at the table
- ▶ Develop action plans for resolution
- ▶ Check in
- ▶ If you have a role in fixing the issue, do your part as soon as possible.



Review: Parameters for Practice



Expanding Statutory Awareness

- ▶ CH 51: State Alcohol, Drug Abuse, Developmental Disabilities and Mental Health Act
- ▶ DHS 34: Emergency Mental Health Service Programs



WI System of Care for APS

- Wisconsin Department of Health Services
- Bureau of Aging and Disability Resources
- Designated Adult Protective Services Agency in every County or Tribe

Guidelines for Interdisciplinary Collaboration (NASW, 2013)

- ▶ Self-awareness
- ▶ Explain your position with confidence
- ▶ Seek to understand their perspective
- ▶ Find common ground
- ▶ Be patient- develop trust
- ▶ Address conflict





Worker Safety and Well-Being (ACL, 2016)

Systems in place to know where workers are when conducting investigations in the field

Real-time access to consultation with supervisors to review safety assessment and determine responses

Access to resources to protect from biological and safety hazards

Work/agency cell phones

Protection of personal information

Respond only once adequate safety supports are available

Access to supportive professional counseling for job-related trauma and stress

Planning for Safety

- Scheduling
- Communication
- Car and Travel
- Tools and Dress
- Involving Law Enforcement

Involving Law Enforcement at Initial Visit

When is it recommended

- Worker feels unsafe
- Weapons in home
- Crime committed
- Danger to self or others
- Recommended by law enforcement
- Recommended by supervisor or agency attorney

Disadvantages

- Fear and suspicion of client
- Difficult for trust-building with client and/or alleged perpetrator
- Black/white/shades of gray: language difference between APS and Law Enforcement





Ethical Imperatives

- ▶ Understanding Diversity
- ▶ Cultural Competence
- ▶ Communicating Cultural Values
- ▶ Ageism Awareness
- ▶ Disabilities Awareness
- ▶ Adherence to Best Practice

Best Practice in APS

- ▶ APS is provided with respect to cultural, ethnic, religious and lifestyle choices.
- ▶ APS supervisors and direct service personnel are familiar with the APS statutes governing their program and deliver services accordingly.
- ▶ APS is provided consistent with NAPSA's code of ethics and practice guidelines.

(NAPSA Recommended Minimum Program Standards, 2013)

Guidelines for Best Practice

- ▶ Service Provision
 - ▶ Least Restrictive Alternative
 - ▶ Person-Centered Service
 - ▶ Trauma-Informed Approach
 - ▶ Supported Decision-Making
- ▶ Protection of Program Integrity
- ▶ Administrative Considerations
 - ▶ Staffing Ratios and Supervision
 - ▶ Worker Safety and Well-being
 - ▶ Training
- ▶ Outreach, Engagement, and Coordination

(National Voluntary Consensus Guidelines, September 2016)

Best Practice as Ethical Imperative

- ▶ Shared belief in justice and equal treatment for all people.
- ▶ Confronting Bias and Discrimination:
 - ▶ Stereotypes and Implicit Bias
 - ▶ Ageism
 - ▶ Able-ism
- ▶ Advance wellbeing and fight social injustice.

NASW Standards for Best Practice

- ▶ Adherence to the NASW Code of Ethics, mission, values & principles
- ▶ Advocate for rights to self-determination, confidentiality, access to supportive services and resources, and appropriate inclusion in decision-making affecting their well-being
 - ▶ (NASW Standards for Social Work Case Management, 2013)
- ▶ Honor the uniqueness of each family system, support family caregivers in navigating health care and social service systems, accessing resources, and identifying service gaps and barriers
 - ▶ (NASW Standards for Social Work Practice with Family Caregivers of Older Adults, 2010)

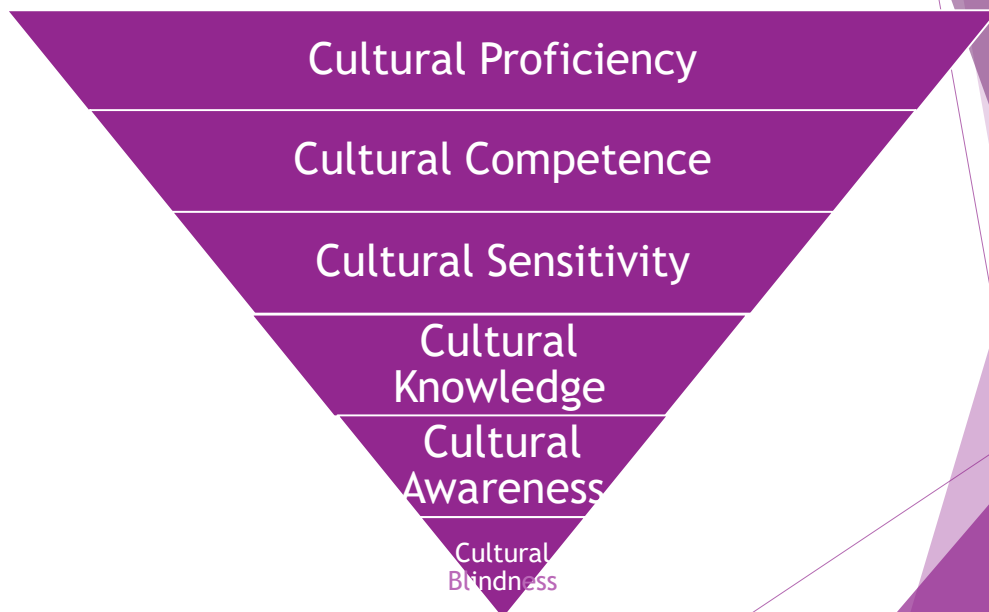
Cultural Intelligence

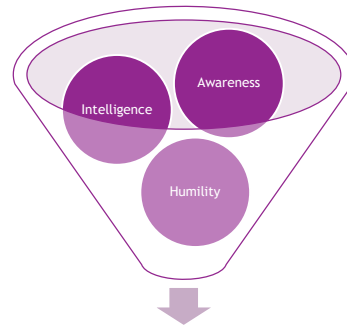
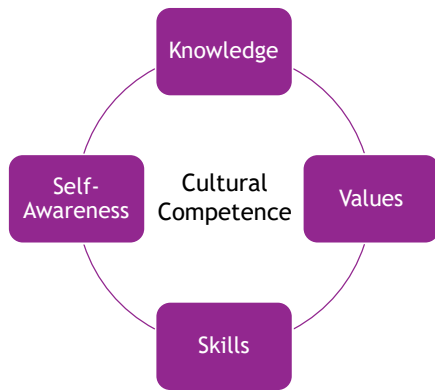
- ▶ Understand self
- ▶ Role of culture
- ▶ Cultural intelligence is the ability to successfully function in environments where individuals have experienced different [cultural training].

Source: Offermann and Phan 2002.

- ▶ Characteristics:

- ▶ Uses the knowledge and skills APS workers already have.
- ▶ Understands one's own learned values and biases.
- ▶ Understands others.
- ▶ Matches appropriate behaviors and expectations to the situation.





Inclusive Practice

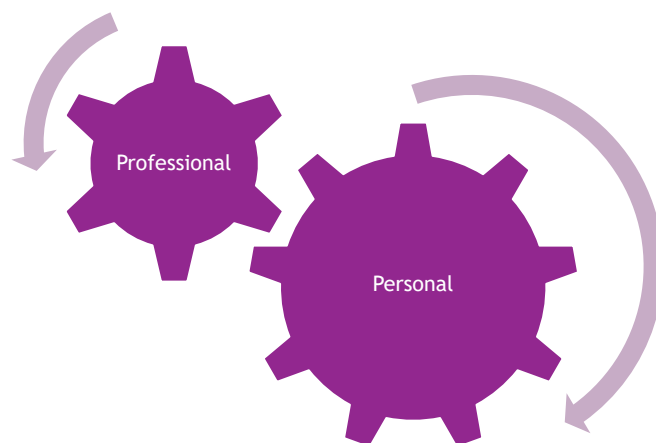
Ethical Approaches and Culture



Small Group Activity: Ethical Principles and Culture

- ▶ In small groups, discuss the ethical principles listed on Handout 7
- ▶ To determine your responses, ask yourself:
 - ▶ What questions do we need to ask ourselves when thinking of the principle and cultural differences?
 - ▶ What types of situations might trigger an interface of these principles in practice?
 - ▶ What must you do to insure you are meeting this ethical principle in practice?
- ▶ We will reconvene and share responses in 10 minutes.

Boundaries



Boundaries for Practice

► NASW Standards

- 1.06 Conflicts of interest (a) - (h)
 - 1.09 Sexual Relationships (a) - (d)
 - 1.10 Physical Contact
- We can also apply these standards to relationships with colleagues and as professionals.

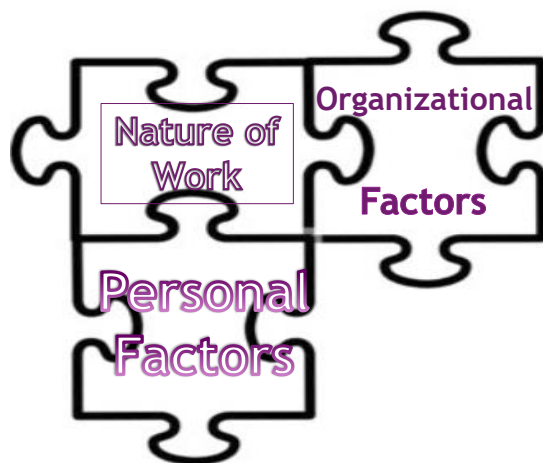
Dual Relationships

- **MPSW 20.02(13).** Failing to avoid dual relationships or relationships that may impair the credentialed person's objectivity or create a conflict of interest. Dual relationships prohibited to credentialed persons include the credentialed person treating the credentialed person's employers, employees, supervisors, supervisees, close friends or relatives, and any other person with whom the credentialed person shares any important continuing relationship

DSPS Actions



Self- Care: Influential Factors



Nature of the Work

- ▶ Complexity
- ▶ Social Work is ‘Emotional Labor’
- ▶ Crisis Orientation
- ▶ Exposure to Trauma
- ▶ Professional Obligations

Professional Ethical Obligations

NASW Code of Ethics

4.05 Impairment

2.09 Impairment of Colleagues

2.10 Incompetence of Colleagues

2.11: Unethical Conduct of Colleagues

MPSW 20

Organizational Factors

- Organizational Culture
 - Expectations
 - Relationships
- Workload Issues
 - Burnout vs. Compassion Fatigue
- Supervision

Implications: Compassion Fatigue and Burnout

Burnout	Compassion Fatigue
Gradual response to workplace , becomes progressively worse if not addressed	More rapid onset Symptoms in common with burnout
Linked to job strain, erosion of idealism, and void of achievement	Symptoms often disconnected from real causes
Symptoms: Fatigue/exhaustion, Sleep and somatic problems, irritability, withdrawal, dehumanize clients, poor work performance	Feelings of helplessness and confusion Feelings of isolation
	Faster recovery rate but result in a changed world view
	Severe: PTSD

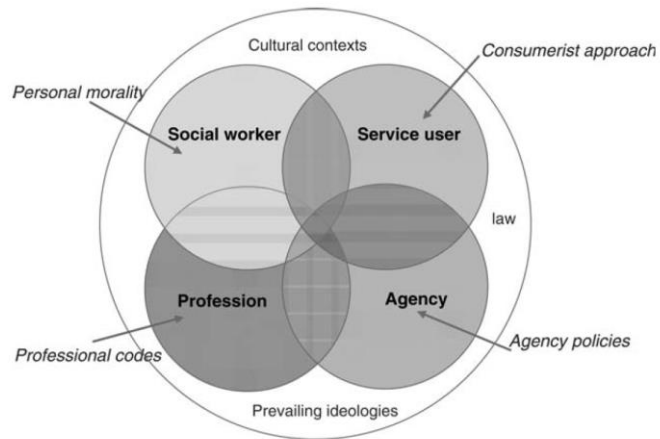
Personal Coping and Style

- ▶ Emotional Intelligence
- ▶ Risk and Resiliency Factors
- ▶ Coping Style
- ▶ Boundaries
- ▶ Professional Identity

Risk and Resiliency

Risk Factors	Protective Factors
Empathy	Feeling of Self- Efficacy
Role Conflict/Lack of Clarity	Relational Supports
Trauma History	Optimistic Outlook
Avoidant Coping Style	Sense of Personal Control
Large Caseloads	Self-Awareness/Reflection
Isolation at Work	Organizational Culture: Open to Discussing Challenges
Value Conflicts	Effective Supervision

Boundaries



Doel et al, 2010

Applied Ethical Decision Making

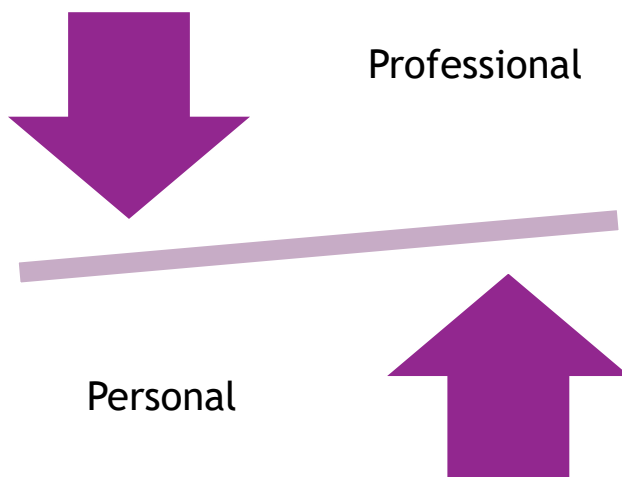
- DO Define opposing: the Dilemma
- E Evaluate values of all stakeholders
- T Think about ethical standards, laws, policies
- H Hypothesize options
- I Investigate Harms
- C Consultation
- S Scribe, Sequel, and Self-Care

Adapted by J. Groessl from Congress (2000).

Wrap-Up



Boundaries and Identity





Adult Protective Services Training Day 2

Collaborating for Best Practice

Participants will earn 5.5 Continuing Education Hours, 2.5 of the hours are ethics and boundaries.

Agenda

9:00 – 9:35	Overview, Introductions and Brief Review
9:35 – 10:40	Collaboration across Systems
10:40 – 10:50	Break
10:50 am – 11:40	Expanding Statutory Awareness
11:40 – 12:00	Wisconsin's System of Care for Adult Protective Services
12:00 - 12:45	Lunch
12:45 – 3:20	Ethical Imperatives
12:45 – 1:10	Best practices
1:10 – 1:50	Cultural Competence
1:50 – 2:00	Break
2:00 – 2:25	Boundaries
2:25 – 3:20	Self-Care
3:20 – 3:30	Closing

[Timing is approximate]

Training Objectives

- (1) Examine best practice in Adult Protective Services.
- (2) Outline statutes and administrative codes that intersect with Adult Protective Services practice.
- (3) Describe systems of care for vulnerable adults in WI.
- (4) Evaluate the impact of cultural differences on practice.
- (5) Apply decision-making to challenging situations and ethical dilemmas that arise in Adult Protective Services.
- (6) Highlight opportunities for collaboration across systems.
- (7) Outline strategies for safety and self-care in practice.

Interdisciplinary Team Exercise

Instructions

1. You are a member of the Interdisciplinary Team.
2. You are attending a meeting of the team to discuss a specific case.
3. You are to select the most promising suspect who will become the subject of a search warrant that law enforcement member(s) will serve.
4. You are also required to determine what type of short and long term supports and protective services are needed for the victim and determine who will provide what services.
5. You have been provided with a statement of facts and a list of potential suspects.
6. Your task is to select the most likely perpetrator and to eliminate the other six suspects for a specific reason. Reasons for disqualification must be recorded by the group.
7. Assume that there is one correct suspect.
8. Assume that all data is correct and complete.
9. You have approximately 30 minutes to choose the suspect.
10. There must be substantial agreement in your group that the problem has been solved.
11. You must solve the problem as a group.
12. You may organize your work in any way that you please.

Task

You are a member of the Interdisciplinary Team. A recent sexual assault has led to this meeting. The initial investigation has yielded a list of possible suspects. As there is considerable physical evidence in this case, the team is discussing the possibility of obtaining a search warrant for comparison purposes. Your assignment is to determine which suspect should be the subject of a search warrant.

Subject Profiles

Name: Bill McHann; Age:42
Blood Type: O+
Hair Color: Brown
Employment: Erratic history in construction
Criminal History: None

Name: Paul Strong; Age: 38
Blood Type: B+
Hair Color: Brown
Employment: Attorney
Criminal History: None

Name: Jeff Green; Age: 23
Blood Type: B+
Hair Color: Green
Employment: Adult Daycare Program
Worker
Criminal History: One Arrest for Disorderly
Conduct

Name: Mike Eagleheart; Age: 29
Blood Type: B+
Hair Color: Black
Employment: Police Officer
Criminal History: None

Name: Pete Podgerski; Age: 49
Blood Type: B+
Hair Color: Brown
Employment: Unemployed
Criminal History: Two Arrests for DUI,
One Arrest for Public
Drunkenness

Name: Rex McHann; Age: 17
Blood Type: B+
Hair Color: Red
Employment: Student
Criminal History: Two Juvenile
Arrests, Currently on
Probation

Name: Mike Rogge; Age: 26
Blood Type: B+
Hair Color: Brown
Employment: Temporary Substitute Adult
Daycare Program Worker
Criminal History: One Narcotics Arrest

COLLABORATION LEARNING INVENTORY¹

The following is to be used as a guide for your own self-awareness. By completing the following inventory, you will have an opportunity to identify your own strengths and learning areas as a collaborator. The behavior, trait or knowledge associated with each item is what our best thinking shows for successful collaboration. This guide is based on research on collaboration and from successful collaboration efforts. You have an opportunity to gain awareness of how you help or prevent collaboration. Awareness is the first step in learning. You will find this activity the most useful when you can be your most honest. **You will not be required to share your responses.**

Please rate yourself on a scale of 1 to 5.

1 = This is a great opportunity for me to LEARN/DEVELOP MY SKILLS

5 = This is a great opportunity for me to TEACH/MODEL for others

KNOWLEDGE and ATTITUDES

I can articulate the mission, and services of APS.	1	2	3	4	5
I can articulate the mission, services and role of partner organizations.	1	2	3	4	5
I practice and value good communication strategies.	1	2	3	4	5
I find common elements and shared mission as the focus of my communications with partners.	1	2	3	4	5
I believe collaborative efforts are an effective way to deliver optimal services to my clients.	1	2	3	4	5
I am perceived by others as having expertise in my field.	1	2	3	4	5
I can describe how collaborative group process differs from other group processes.	1	2	3	4	5
I can identify specific barriers to collaboration and common methods to overcome them.	1	2	3	4	5

¹ Adapted by NAPSA with permission from: Training Module: Collaboration to Provide Services to At Risk Families. Academy for Professional Excellence, San Diego, CA

SKILLS: Personal traits/characteristics and communication style

I am perceived as a positive person.	1	2	3	4	5
I use humor effectively.	1	2	3	4	5
I am flexible in communication and making decisions.	1	2	3	4	5
Others describe me as fair and tolerant.	1	2	3	4	5
I encourage direct, honest communication.	1	2	3	4	5
I know my strengths and weaknesses.	1	2	3	4	5
I am flexible.	1	2	3	4	5
I make a conscious effort to improve my skills through training and sharing of information/research.	1	2	3	4	5
I am not ego or turf centered, but known as a doer and collaborator	1	2	3	4	5

SKILLS: Nurturing and sustaining effective relationships with partners

I make active efforts to build relationships with people who are my collaborative partners.	1	2	3	4	5
I provide a safe environment for others to express their feelings and concerns.	1	2	3	4	5
I can initiate and maintain effective collaborations.	1	2	3	4	5
I can access and utilize the skills and knowledge of others.	1	2	3	4	5
I can identify the principles of conflict resolution.	1	2	3	4	5
I employ principles of conflict resolution to address issues, when needed.	1	2	3	4	5
I regularly employ active listening techniques to avoid or address conflicts/communication challenges.	1	2	3	4	5
I identify and contact a variety of community resources	1	2	3	4	5

Star ★ the items that indicate additional learning needs for you. It may be where you scored a 1 or a 2, or ones that you identify as high priority for your work role or personal development.

Answer the following question, using this tool as a guide. What are my top five areas of strength as a collaborator?

1)

2)

3)

4)

5)

Statutory Parallels

	Adult Protective Statutes: CH 54 & 55	Mental Health, Developmental Disabilities and Alcohol and other Drug Abuse under CH 51
Referral for services under CH 54/55 and emergency detention under CH 51.20		<p>Must meet all criteria:</p> <ul style="list-style-type: none"> -Mentally ill, drug dependent, or developmentally disabled and Detention is least restrictive alternative appropriate -Meets one of the following: <ul style="list-style-type: none"> (a) Substantial probability of physical harm to self (recent threats/attempts of suicide or serious bodily harm) (b) harm to others-evidence of homicidal or other violent behavior, reasonable fear of harm by other, recent acts, attempt, or threat (c) probability of impairment or injury due to Impaired judgment as manifested by act or omission; unable to protect in the community (d) Due to mental illness, unable to satisfy basic needs/treatment; will not avail of services <p>Alternative standard: Recent acts or omissions indicate unable to satisfy basic needs without prompts & adequate treatment. Person unwilling to use available services. Death, serious physical harm, debilitation, or disease if does not receive services.</p>
Timeline for Hearings		<p>Petition filed within 24 hours of detention.</p> <ul style="list-style-type: none"> -State public defender's office informed of detention and represents all indigent. -Individual informed of rights at detention. -Superintendent of facility may release if find no cause before the probable cause hearing occurs. <p>Probable cause hearing held within 72 hours of detention. (At request of subject, may delay 7 days from date of detention)</p> <ul style="list-style-type: none"> (a) Settlement-agrees to probable cause and agrees to treatment for 90 days OR (b) Final hearing held within 14 days of detention. If not detained, hearing scheduled within 30 days, if fails to appear, orders detention & hearing within 48 hours. Petition includes planned treatment plan. Commitment

		<p>for up to six months must be re-evaluated for extension.</p> <ul style="list-style-type: none"> -Right to jury trial 5 of 6 jurors must agree. -Extensions must be requested at least 21 days before commitment expires; Commitments can be extended up to one year (consecutive order allowed) <p>Hearings are open unless request by subject to be closed.</p>
Guardianship Appointment		Court may determine need for guardian at probable cause hearing & appoint temporary guardian for period of 30 days. Petition for guardianship and protective services follows.
Medication Orders		Probable cause hearing determines if competent to refuse medications.
Examination		By psychiatrist or psychologist appointed by the court before final hearing. Determines if proper subject for treatment and ability to understand re: medications
Fees/Costs		Witnesses reimbursed in accordance with other cases when subpoenaed Expenses are the responsibility of the county from which the subject resides; reimbursement to the county in which was detained.
Records		Records are confidential and privileged. Informed written consent of the subject individual is required to release to anyone. (Exceptions for continuity of care). Additional limitations for AODA records.
Residence		Intent to reside or return to prior county within one year. Must have fixed habitation Guardian may declare county of residence.
Other important considerations		<p>If has a guardian, both guardian and individual must consent to admission to a mental health facility.</p> <p>Commitment proceedings may occur while the person is incarcerated; does not expunge responsibility unless determined within the criminal court process.</p> <p>A petition for detention may be made by three adults when able to present evidence that lacks self-control due to alcohol/drugs to extent of substantial impairment and endangered.</p>

	Agency	How they help	Potential Areas of conflict
1.	Other County/Tribal Adult Protective Services	<ul style="list-style-type: none"> - Provide history on some victims and perpetrators - Back-up for large projects (like emergency placements during a disaster) - Source of resources/ information 	<ul style="list-style-type: none"> - Jurisdictional issues (is it my case or yours?) - Struggle for limited resources/ funding - There may be philosophical differences in how to handle cases
2.	Home Delivered Meals	<ul style="list-style-type: none"> - Provide meals free or at low cost - Can be an extra set of eyes in the home - May provide assistance referrals 	<ul style="list-style-type: none"> - May not deliver to some areas (especially rural areas) - May not provide meals on weekends - May not have special diet available
3.	Ordinance Enforcement	<ul style="list-style-type: none"> - Can be the “bad guy” in hoarding cases, putting pressure on the client to clean things up. - Will often work with APS to give the client time to clean-up a situation. 	<ul style="list-style-type: none"> - Often require clients to clean-up too fast. - May require clients to pay large fines or clean-up fees. - The client’s mental health is not their priority.
4.	Animal Control	<ul style="list-style-type: none"> - Can be the “bad guy” in cases involving animal care, putting pressure on the client to give up animals - Will often work with APS to help the client improve their situation 	<ul style="list-style-type: none"> - May require client to give up all animals - May push for a quicker resolution than the client can handle. - The client’s mental health is not their priority.
5.	Corporate Guardian/ Conservator	<ul style="list-style-type: none"> - Can safeguard individual’s assets - Can ask the court to require a client to be medicated if necessary. - Can make medical decisions - Can make placement decisions 	<ul style="list-style-type: none"> - Higher level of proof required than the general public’s idea of incapacitated - Often overworked/overwhelmed - Legal process is time consuming
6.	Adult Day Health Centers/Adult Day Social Centers	<ul style="list-style-type: none"> - Can provide a safety net for clients for part of the day. - Can provide respite to caregivers 	<ul style="list-style-type: none"> - Participant on participant abuse can happen - Service areas can be limited
7.	Caregiver Agency	<ul style="list-style-type: none"> - Can provide hired caregivers for clients either free (if it’s a government or insurance based service) or for a fee. - Can be a source of respite or emergency care - Caregivers meet background check criteria - Can provide an “extra set of eyes” on the client’s situation 	<ul style="list-style-type: none"> - May refuse to believe/investigate claims that their caregivers have acted wrongly - May refuse to serve difficult/demanding clients - May not be able to provide caregivers as timely as they claim - May fail to send caregivers for a shift (and not let anyone know)
8.	Utility Companies	<ul style="list-style-type: none"> - Can work out payment options for clients - May have low-income programs - May have programs for people with disabilities 	<ul style="list-style-type: none"> - Need to get paid by <i>someone</i> (They are a business, not a charity) - May not be willing to cut a deal in every case.
9.	Law Enforcement	<ul style="list-style-type: none"> - Welfare Checks on clients - “Back-up” for workers in dangerous 	<ul style="list-style-type: none"> - Not all abuse is criminal - Have a different standard of proof

		situations <ul style="list-style-type: none"> - Enforce “Stay Away” orders - Keep the peace - Arrest perpetrators - Can fingerprint/ID lost/demented clients 	<ul style="list-style-type: none"> - Need different level of evidence - Have different confidentiality rules - See some situations as civil - Focus is on the perpetrator, not the client - May lack knowledge about APS
10.	Fire/Emergency Medical Services	<ul style="list-style-type: none"> - Emergency response to individuals with medical issues - Welfare checks in some communities to individuals post-hospital - Can provide lift assist in most communities 	<ul style="list-style-type: none"> - Situations with more emergent needs will take precedence. - Some services run by volunteers and may have differing levels of expertise and ability to respond. - Transport requires medical necessity
11.	Social Security	<ul style="list-style-type: none"> - Can assign a Representative Payee to clients that need help managing their money. - Can provide background information about a client (address, name of rep payee, previous occupations, Medicare eligibility, etc.) - Can put a hold on a check in order to protect the client or his money 	<ul style="list-style-type: none"> - Can be very difficult to get in touch with staff to confirm information about the client’s SSA benefits - Cumbersome paperwork and benefits application and appeal process, lacks immediate benefit
12.	Representative Payee Program	<ul style="list-style-type: none"> - Can help client manage their money - Usually charge the client a fee - Some provide case management 	<ul style="list-style-type: none"> - May be a source of financial abuse - May have high fees
13.	Physicians, Medical Providers and Hospitals	<ul style="list-style-type: none"> - Can provide consultation on care needs - Clients are often more willing to talk to their doctor than others - Can determine whether a client needs a guardian 	<ul style="list-style-type: none"> - Doctors often do not want to complete incompetency determination paperwork. They don’t want to upset their patient or testify in court.
14.	Long Term Care Ombudsman	<ul style="list-style-type: none"> - Investigate complaints of residents of long term care facilities and act as their advocates 	<ul style="list-style-type: none"> - Must have the consent of the client to report to law enforcement or other agencies. - Often use volunteers who may not have the skills to deal with specialized types of abuse (undue influence for example)
15.	Care Licensing Agency	<ul style="list-style-type: none"> - Investigate and cite facility violations 	<ul style="list-style-type: none"> - They handle the issues with the facility but do not provide services to individual victims. - Often have a limited staff to facility ratio so may only check on a facility once every 2-3 years.
16.	State Contractor’s Licensing Board	<ul style="list-style-type: none"> - Can go after contractors who rip off clients 	<ul style="list-style-type: none"> - Not always able to do much (if anything) against unlicensed contractors
17.	Medicaid	<ul style="list-style-type: none"> - Provides medical care for low income seniors 	<ul style="list-style-type: none"> - May not pay for specialized care or procedures or equipment

18.	Mental Health	<ul style="list-style-type: none"> - Can hospitalize individuals who are a danger to themselves or others - Can deal with suicidal clients - Can provide treatment for mentally ill clients/perpetrators 	<ul style="list-style-type: none"> - Dementia is organic and not a mental health problem (they won't do a mental health hold or treat dementia) - Generally office-based for assessment and treatment - Generally can't provide transportation - Have different (stricter) rules about confidentiality
19.	Attorneys	<ul style="list-style-type: none"> - Represent individuals in civil and criminal court proceedings. - Appointment as guardian ad litem may occur through the court for private attorneys. 	<ul style="list-style-type: none"> - May not accommodate rates for lower income individuals - Depending upon who is representing, APS may have a conflict.
20.	Veterans Administration	<ul style="list-style-type: none"> - May provide medical care, trauma services, medical transportation, and other support services 	<ul style="list-style-type: none"> - May not pay for specialized care or procedures or equipment
21.	Aging and Disability Resource Center or Office on Aging (Elderly Services)	<ul style="list-style-type: none"> - May offer case management services - May have a caregiver registry - May offer help with home repairs - May help clients complete forms, etc. - May offer free legal services - Information and assistance in obtaining needed services 	<ul style="list-style-type: none"> - Focus is on "healthy aging" rather than on vulnerability - May have looser confidentiality rules
22.	Disability Advocates	<ul style="list-style-type: none"> - Depending on eligibility, may provide training to deal with disability, help with housing, caregivers, respite care, sheltered workshop activities, social and recreational activities, etc. 	<ul style="list-style-type: none"> - There may be philosophical differences with APS- may want to promote client independence at the expense of safety.
23.	Social Services Agencies	<ul style="list-style-type: none"> - Range of services to provide additional support to those in need - May provide medical care, trauma services, medical transportation, and other support services 	<ul style="list-style-type: none"> - Eligibility criteria varies - Service availability and range is dependent on community resources - Often use volunteers
24.	Public Health	<ul style="list-style-type: none"> - Can check on clients who refuse to go to doctor - Can provide consultation on care needs - Clients are often more willing to talk to a nurse than anyone else 	<ul style="list-style-type: none"> - May not be available for every case
25.	Rape Crisis Program	<ul style="list-style-type: none"> - Have expertise in sexual assault. - Can arrange a forensic exam - Can provide specialized counseling 	<ul style="list-style-type: none"> - May not have experience with older or disabled victims - Counseling groups for younger people may not be appropriate
26.	Welfare Fraud Investigations	<ul style="list-style-type: none"> - Investigates situations where the client or other (e.g. caregiver) is defrauding the welfare system 	<ul style="list-style-type: none"> - APS may have a conflict if the client is the one being fraudulent

27.	Domestic Violence Program/Shelter	<ul style="list-style-type: none"> - Provide emergency shelter to victims of DV - Provide counseling to victims - Provide help obtaining services - Help with restraining orders, stay away orders, etc. - May provide services not limited to intimate partner 	<ul style="list-style-type: none"> - Services may not be set-up to handle elderly/disabled clients - Support groups may be made up of younger women with different needs - There is a philosophical difference between APS and DV that seems to cause friction. (DV sees abuse as caused by power and control issues, APS sees additional causes such as ageism, responsibility for perp/child and caregiver burn out)
28	Managed Care Providers / IRIS	<ul style="list-style-type: none"> - Case management services which include multiple professionals, including nursing - Funding for services when need established 	<ul style="list-style-type: none"> - Individuals must meet requirements established under the functional screening criteria. - Services provided through contracted providers only
29.	Department of Justice and Corrections	<ul style="list-style-type: none"> - Provide history on some victims or perpetrators - Community Corrections can provide monitoring if the person is actively involved in their system. 	<ul style="list-style-type: none"> - There may be philosophical differences that need to be overcome (Terminology and goals differ from APS). - Large caseloads of DOJ staff
30.	Consumer Protection Agency	<ul style="list-style-type: none"> - Tracks and is able to provide information as to history of any complaints against an entity - Public education materials available for use 	<ul style="list-style-type: none"> - Relies on reporting of those impacted by scams. - Scope is broad and may have difficulty connecting with the proper individual in the agency.
31.	Legal Action (Elderly Rights)	<ul style="list-style-type: none"> - Advocates and litigates cases on behalf of older adults who have been victimized - Able to provide legal background on pertinent issues 	<ul style="list-style-type: none"> - Limited funds necessitate careful screening of those who are to receive services - Not available in every area of the state / limited staffing - Must see a legal violation
32.	Transport Providers	<ul style="list-style-type: none"> - Able to assist in the transportation of individuals to and from court proceedings or medical appointments 	<ul style="list-style-type: none"> - May require funding/contract for transportation prior to providing the services - Court transport is not reimbursable through Medicaid - Limited availability at times
33.	Homeless Shelters	<ul style="list-style-type: none"> - Immediate shelter for those displaced from their homes 	<ul style="list-style-type: none"> - May not be able to effectively accommodate those with disabilities or health needs - Often require the individual to be gone during the day

34.	Department of Housing & Urban Development (HUD)	<ul style="list-style-type: none"> - Entity that subsidizes housing for low-income individuals through a range of programs. 	<ul style="list-style-type: none"> - May have extensive waiting lists - Application can be cumbersome - For voucher programs, must find a landlord willing to work with the program
35.	Religious/ Faith Based Entities	<ul style="list-style-type: none"> - Provide support and occasional financial assistance to individuals in need. 	<ul style="list-style-type: none"> - Scope of assistance varies by entity. - Referral processes not always clearly outlined. - Religious foundations not accepted by some.
36.	Banks	<ul style="list-style-type: none"> - Repositories of assets - Small community banks may know and be able to refer individuals who are acting differently in their banking. 	<ul style="list-style-type: none"> - May not be willing to take action on accounts without legal paperwork

SAFETY PLANNING TIPS FOR HOME VISITS

Scheduling

- Go early in the day to high-crime neighborhoods.
- Schedule the most challenging case first.
- Know perpetrator's schedule.
- Know when home health aide is at the house.
- Know client's schedule (day program, senior center, ongoing medical treatment).

Communication

- Leave your schedule with supervisor and coworkers.
- Discuss emergency signal plan with supervisor or coworkers.
- Have emergency numbers available.
- If meeting law enforcement, wait for them to arrive.
- If a client or someone else in the home denies access, or is threatening and angrily demands that you leave, you should leave immediately. If you feel the client is endangered, ask for law enforcement assistance and return later with them.
- Be alert and aware of what is occurring, such as verbal and non-verbal communication, level of tension, etc. Keep in touch with your intuition and "gut level feelings". If you start feeling nervous or afraid, even if "nothing happened", make an excuse and leave. Come back later with another APS worker.

Car / Travel

- Use county car when possible to avoid hostile clients learning your license plate number or damaging your car.
- Have your insurance # and AAA # handy.
- Keep maps in car; know where you are going. Avoid wandering on foot through rough neighborhoods or apartment complexes looking for the client's residence.
- Have a full tank of gas; make sure spare tire is in good repair; make sure you have a blanket, jumper cables, water, shovel.
- Lock doors and windows.
- Don't open window more than 2-3 inches to talk to strangers.
- Carry keys in your hand. Have extra car door key separate from other keys.
- Choose a safe path to your car.
- Make sure valuables are not visible – lock them in the trunk when you leave.
- If you think you are being followed, drive to the police or fire station or to a public building

Tools/Dress

- Flashlight , Whistle, Cell phone (fully charged).
- Hand cleaner gel.
- Dog biscuits.
- Dress practically and sensibly.
- Maintain a low profile.
- Leave jewelry at home. Take only what you can afford to lose.
- Carry a shoulder bag rather than a purse – secured between your arm and body.
- Keep hands free - no unnecessary parcels or bags.

Cultural Interface with Ethical Principles

<i>Principle</i>	<i>Underlying Intent</i>	<i>Considerations with Culture</i>
Autonomy	Respect for persons and communities	
Beneficence & Nonmaleficence	Increasing good for the welfare of others and doing no harm	
Justice	Distributing positive and negative impacts fairly	
Fidelity	Commitment and integrity when approaching the helping relationship	
Veracity	Being truthful as a central component of relationships	

NASW Code of Ethics (2017)**1.06 Conflicts of Interest**

(a) Social workers should be alert to and avoid conflicts of interest that interfere with the exercise of professional discretion and impartial judgment. Social workers should inform clients when a real or potential conflict of interest arises and take reasonable steps to resolve the issue in a manner that makes the clients' interests primary and protects clients' interests to the greatest extent possible. In some cases, protecting clients' interests may require termination of the professional relationship with proper referral of the client.

(b) Social workers should not take unfair advantage of any professional relationship or exploit others to further their personal, religious, political, or business interests.

(c) Social workers should not engage in dual or multiple relationships with clients or former clients in which there is a risk of exploitation or potential harm to the client. In instances when dual or multiple relationships are unavoidable, social workers should take steps to protect clients and are responsible for setting clear, appropriate, and culturally sensitive boundaries. (Dual or multiple relationships occur when social workers relate to clients in more than one relationship, whether professional, social, or business. Dual or multiple relationships can occur simultaneously or consecutively.)

(d) When social workers provide services to two or more people who have a relationship with each other (for example, couples, family members), social workers should clarify with all parties which individuals will be considered clients and the nature of social workers' professional obligations to the various individuals who are receiving services. Social workers who anticipate a conflict of interest among the individuals receiving services or who anticipate having to perform in potentially conflicting roles (for example, when a social worker is asked to testify in a child custody dispute or divorce proceedings involving clients) should clarify their role with the parties involved and take appropriate action to minimize any conflict of interest.

(e) Social workers should avoid communication with clients using technology (such as social networking sites, online chat, e-mail, text messages, telephone, and video) for personal or non-work-related purposes.

(f) Social workers should be aware that posting personal information on professional Web sites or other media might cause boundary confusion, inappropriate dual relationships, or harm to clients.

(g) Social workers should be aware that personal affiliations may increase the likelihood that clients may discover the social worker's presence on Web sites, social media, and other forms of technology. Social workers should be aware that involvement in electronic communication with groups based on race, ethnicity, language, sexual orientation, gender identity or expression, mental or physical ability, religion, immigration status, and other personal affiliations may affect their ability to work effectively with particular clients.

(h) Social workers should avoid accepting requests from or engaging in personal relationships with clients on social networking sites or other electronic media to prevent boundary confusion, inappropriate dual relationships, or harm to clients.

Boundary Challenges

[illegible]

Key Standards Connected to Self-Care and Ethical Practice

NASW Code of Ethics (2017)

Ethical Responsibility to Clients:

1.01 Commitment to Clients

Social workers' primary responsibility is to promote the well-being of clients. In general, clients' interests are primary. However, social workers' responsibility to the larger society or specific legal obligations may on limited occasions, supersede the loyalty owed clients, and clients should be so advised. (Examples include when a social worker is required by law to report that a client has abused a child or has threatened to harm self or others.)

Ethical responsibility to Colleagues

2.09 Impairment of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's impairment that is due to personal problems, psychosocial distress, substance abuse, or mental health difficulties and that interferes with practice effectiveness should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague's impairment interferes with practice effectiveness and that the colleague has not taken adequate steps to address the impairment should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.10 Incompetence of Colleagues

(a) Social workers who have direct knowledge of a social work colleague's incompetence should consult with that colleague when feasible and assist the colleague in taking remedial action.

(b) Social workers who believe that a social work colleague is incompetent and has not taken adequate steps to address the incompetence should take action through appropriate channels established by employers, agencies, NASW, licensing and regulatory bodies, and other professional organizations.

2.11 Unethical Conduct of Colleagues

(a) Social workers should take adequate measures to discourage, prevent, expose, and correct the unethical conduct of colleagues.

(b) Social workers should be knowledgeable about established policies and procedures for handling concerns about colleagues' unethical behavior. Social workers should be familiar with national, state, and local procedures for handling ethics complaints. These include policies and procedures created by NASW, licensing and regulatory bodies, employers, agencies, and other professional organizations.

(c) Social workers who believe that a colleague has acted unethically should seek resolution by discussing their concerns with the colleague when feasible and when such discussion is likely to be productive.

(d) When necessary, social workers who believe that a colleague has acted unethically should take action through appropriate formal channels (such as contacting a state licensing board or regulatory body, an NASW committee on inquiry, or other professional ethics committees).

(e) Social workers should defend and assist colleagues who are unjustly charged with unethical conduct.

Ethical Responsibility as Professionals

4.05 Impairment

(a) Social workers should not allow their own personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties to interfere with their professional judgment and performance or to jeopardize the best interests of people for whom they have a professional responsibility.

(b) Social workers whose personal problems, psychosocial distress, legal problems, substance abuse, or mental health difficulties interfere with their professional judgment and performance should immediately seek consultation and take appropriate remedial action by seeking professional help, making adjustments in workload, terminating practice, or taking any other steps necessary to protect clients and others.

Chapter MPSW 20: Code of Conduct

MPSW 20.02 Unprofessional conduct. Unprofessional conduct related to the practice under a credential issued under ch. 457, Stats., includes, but is not limited to, engaging in, attempting to engage in, or aiding or abetting the following conduct:

(9) Practicing or attempting to practice while the credential holder is impaired due to the utilization of alcohol or other drugs, or as a result of an illness which impairs the credential holder's ability to appropriately carry out the functions delineated under the credential in a manner consistent with the safety of a client, patient, or the public.

(13) Failing to avoid dual relationships or relationships that may impair the credentialed person's objectivity or create a conflict of interest. Dual relationships prohibited to credentialed persons include the credentialed person treating the credentialed person's employers, employees, supervisors, supervisees, close friends or relatives, and any other person with whom the credentialed person shares any important continuing relationship.

Sources:

Conduct, MPSW 20, WI Register No. 600, (December 2002). [Effective January 1, 2006.]

National Association of Social Workers. (2017). *Code of ethics of the National Association of Social Workers*. Washington DC: Author.

Dilemmas in Practice

When evaluating the ethical scenarios, outline what factors need to be considered when choosing how to resolve the situation. As part of the discussion, evaluate what might be the consequence of the strategy (both short and long term outcomes).

Dilemma	Strategies for Ethical Management
<p>Lori is a white social worker employed by adult protective services and provides welfare checks on senior citizens when family, friends, or neighbors call with concerns about a senior's care, safety or accommodation. Lori is dispatched to a run-down neighborhood with a high rate of drug dealing, prostitution, robbery and murder to the house of an isolated 72-year old man who has not been seen by neighbors for two weeks. When she knocks on the door, a very large man in his twenties tells her to get lost (but in more colorful language) before she can get a word in edge-wise.ⁱ</p>	<i>Factors to Consider</i>
	<i>Potential Consequences</i>
<p>Essie (73) is an African American woman whose role in life was to take care of everyone else. Ever since she had a stroke and became non-ambulatory, she has had to relinquish this role and is dependent on her children for her care. Her children have been neglecting many of her needs. One son recently moved away and her two daughters are working double shifts just to try to make ends meet. As a result, Essie is left alone for long periods of time, unable to feed herself or go to the bathroom. As her social worker, you offer help. Essie refuses help saying she has managed her whole life living at home and she plans on continuing here until she dies.ⁱⁱ</p>	<i>Factors to Consider</i>
	<i>Potential Consequences</i>

<p>A hospital social worker provided services to a 52-year old woman who was recovering from hip surgery. In addition to her physical problems, the patient also manifested some modest difficulty in learning new information and remembering learned information, and performing motor functions. The client's sister who visited the patient regularly, insisted that the social worker attempt to place her sister in an assisted living arrangement. She was very concerned about her sister's health and the risks she faced if she returned to her home to live alone. The client, however, adamantly refused to go to an assisted living arrangement and insisted that the social worker arrange home health care, the client said she was willing to assume any risk associated with her living alone.ⁱⁱⁱ</p>	<p>Factors to Consider</p>
	<p>Potential Consequences</p>
<p>Karen has worked in APS for a long time. She felt she had a talent for the work and had felt fulfilled. In recent months, Karen has noted that the clients she is working with have presented with more complex profiles and the work is becoming more difficult. The outcome was poor for one of the individuals she had worked with recently. She has begun to doubt her abilities and is contemplating taking some time off but knows that the others on her team are also very busy and would have a hard time absorbing her duties. She feels very ineffective and exhausted. She has felt that her efforts were not recognized by administration either. Karen has seen co-workers who dislike their jobs and let it be known to their co-workers and she is concerned she will become one of them.</p>	<p>Factors to Consider</p>
	<p>Potential Consequences</p>

ⁱ Horn, T. (2011) *Is it ethical? 101 scenarios in everyday social work practice*. (p. 101) Harrisburg, PA: White Hat Communications

ⁱⁱ Barsky, A. (2010). *Ethics and values in social work: An integrated approach for a comprehensive curriculum*. (p. 411) NY: Oxford University Press.

ⁱⁱⁱ Reamer, F. (2006). *Ethical standards in social work: A review of the code of ethics*. (2nd ed.) (p. 52) Washington DC: NASW Press.[Adapted]

**Ethical Decision Making Worksheet
With the Modified
Congress, (2000) ETHIC Model**

Select Scenario from the Ethical Dilemmas Worksheet and apply the DO ETHICS decision making model.

DO (Describe Opposing Values/Priorities/Standards)	
E (Examine Values)	
T (Think about ethical standards)	
H (Hypothesize different courses of action)	
I (Identify who would be harmed and helped)	
C (Consult with supervisor or colleagues)	
S (Scribe, Sequel, Self-Care)	

Note: ETHIC Decision-Making model (Congress,2000) adapted to DO ETHICS by Joan Groessl, MSW, PhD, LCSW