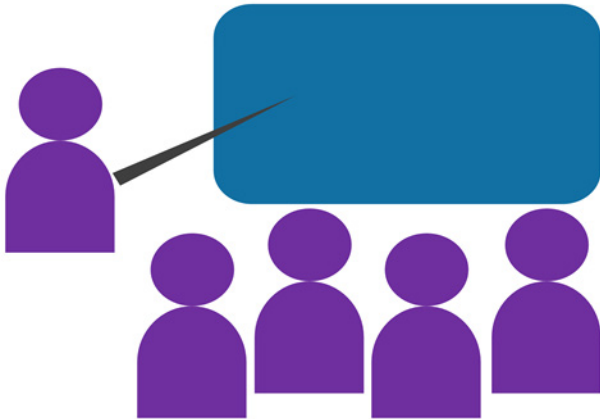


## Tips From the Field to Streamline Your Investigation and Casework



### Introduction

APS work is challenging! Workers must be intelligent, have emotional dexterity, and the skills to manage demanding workloads. Experienced workers have learned how to streamline their work to help them more efficiently complete their investigations and keep their caseload manageable. We asked your colleagues - APS workers currently working in the field - for tips that help them organize their casework and thinking to streamline the work they do. This brief provides advice from individual workers to you - the individual worker. In addition to the individual tips, we've also collected recommended trainings or tools that others have found especially helpful.

### The Importance of Planning

You can improve the efficiency of your casework by planning your work before you leave the office. (Academy for Professional Excellence, nd)

### Review Past Case History

The [National Voluntary Consensus Guidelines for State Adult Protective Services Systems](#) (hereafter referred to as "Guidelines") recommends in section 2A that workers review "all appropriate department records including records that are not in the APS case management database; and... (search) the APS case management database for previous reports." (Administration for Community Living, 2020). You can save yourself time by searching your case management system to see if the client had a previous case, if not readily apparent in your case management system. The information in the case file can help you determine several factors which can help streamline your investigative process and improve your work. These factors include:

- **Access Issues** - The case file can help you identify access issues. For example, there may be a locked gate or an unfriendly dog that might prevent your entry or the client may be reluctant to allow access and only let you in if you are accompanied by a trusted family member. Knowing these things ahead of time can save you a second visit.

#### Tips from the Field

Read the APS history thoroughly prior to working the case to see if there are other agencies (such as case management, etc.) involved that could help address the current concerns.

Also consider reviewing property, court and benefits databases if you have access.

- **Physical and Mental Health Status** - The case file should provide information about the client's previous physical and mental health status. This information will allow you to determine whether the client has deteriorated since the most recent investigation, although you will still need to determine whether this information is germane to the client's current situation. Understanding the client's previous physical or mental health state can be especially important when the client is exhibiting a "sudden" onset of dementia, which may actually be a delirium caused by an underlying, urgent, and treatable condition.
- **Client Support Network** - The previous case file will also list the people who have been involved in your client's life in the past, including contact information for family members. This can save you time, especially if a self-neglecting client is experiencing cognitive deficits and cannot provide that information.
- **Case Dynamics** - The previous investigation may have also uncovered some of the dynamics that underly the current situation. It is helpful to be clued into this information as you begin your interviews with the client and family members.
- **Services from Other Agencies** - It is helpful to know whether your client is already receiving services from other agencies. You can cross check the information obtained from the client with what is known by other professionals. It can also help you with service planning to address the maltreatment.
- **Language or Hearing Issues** - Knowing that you need a translator or an [assistive listening device](#) before you visit the client saves time.

### Tips from the Field

Call law enforcement (LE) on cases in which LE is involved to find out what interventions have been used in the past (such as arrest or protective orders).

Search available databases for temporary restraining orders and/or incarceration information, as these interventions may have resolved the protective issue.

- **Previous APS Service Plan** - The previous case file will also tell you what service options have been suggested to the client in the past, whether they were accepted or rejected and why. This information can help inform your service planning. However, just because the client refused a service in the past, does not mean you should not recommend it in the present case. Knowing why a previous service plan did not work can help you strategize your approach to the client this time around.
- **Worker Safety Issues** - Lastly, reviewing the previous case can help you identify safety issues. Knowing that you need to do a joint visit with a colleague or law enforcement from the start of the case can save you a second trip to the client's residence and help keep you safe.

One caveat: You should not let the conclusions of the previous case influence whether you confirm the allegations in your investigation. Each case must be decided on its own merits based on the current facts.

## Prioritize Your Cases

You need to keep a close eye on the due dates of your cases. You do not want a standard response report to suddenly become urgent because it is due tomorrow and you left it on your “to do list” for too long. If your case management system doesn’t provide you with a list of reports assigned to you by due date, you might want to keep your own list or use a calendar to track dates. Check with your administration regarding your agency’s policy on putting client information into your calendar. If you use a calendar that is not secure, identify clients with case numbers or other confidential methods. The Guidelines suggested that establishing and utilizing time frames can help you with caseload and time management as well as keeping cases moving through the system (Administration for Community Living, 2020).

### Tips from the Field

Spend 15 mins at the end and/or beginning of each day for planning and leave time in your day for new cases and emergencies.

## Plan Your Visit Schedule

When planning your visits, give yourself time to complete all documentation (if you have remote access to your case management system) and arrange for client services during the visit. You can potentially make referrals while at the client’s home and do the interview of the alleged perpetrator if possible and appropriate. The more you can accomplish while at the home, the less likely you are to have to make multiple visits.

## Plan Your Route

Many APS workers complain about how much of their day is devoted to “wind shield time”, the time spent traveling to and from clients’ homes. You may

### Tips from the Field

Do not make unnecessary visits. If you can get the needed information by phone, make a phone call instead of a visit.

not be able to plan for immediate response reports, but you should plan your travel when investigating standard reports to minimize your time on the road. Wherever possible, you should group your visits by geographic area. Map your route before leaving the office. Free online mapping tools can help you plan the most direct route with the shortest distances between stops.

Preplanning will help you to address the tension that comes with balancing case timeframes and geographic location to save time and effort.

## Use Your Electronic Calendar Effectively

Consistently using your electronic calendar can help you stay organized, on-time and safe. You should consider entering all the required deadlines on each of your cases into your calendar when the case is assigned, using client case numbers or other confidential means as required. If you can immediately see which face-to-face interviews are due, which service plans need to be entered, and which cases need to be closed, you are less likely to miss a deadline. You may also want to “schedule” tasks such as following up with the client’s doctor or contacting a landlord into your calendar.

It is recommended that you enter your home visit schedule into your calendar each day, if allowed by your administration. If you can share your calendar with your supervisor, this also helps keep you safe. Using your calendar consistently will also help you plan your casework around required unit meetings, trainings, etc.

## Develop a Checklist

Most APS programs require workers to provide clients with specific forms or brochures, get specific signatures, and collect specific pieces of information. Having a checklist to ensure that you bring all necessary forms with you and provide them to the client is a simple but effective way to keep you from having to duplicate your efforts. If your program has a supervisor case review form, this could be “repurposed” to be used as a worker checklist in the field.

In addition to client-specific forms, you’ll want to bring a resource list, chargers for electronics (phone, laptop or tablet), and personal safety equipment (sanitizer, gloves, masks, etc.). These can also be added to your checklist.

### Tips from the Field

If your agency allows it, consider volunteering to be stationed in a specific neighborhood or community. This allows you to get to know your clients over time and, more importantly, the clients and the community get to know you.

## During the Investigation

### Don’t Skip the “Chitchat”

When workers become concerned about meeting deadlines and saving time, they tend to want to get right down to business when interviewing the client. However, skipping the niceties that build rapport with your client is not effective. This is not idle chitchat. Rapport building is absolutely necessary if you expect the client to open up and trust you. Spending time at the beginning of the case to engage with the client will actually shorten the amount of time needed to collect information and work with

the client on a service plan. Many APS supervisors have mentioned rapport building as the key to a successful APS investigation because, according to Dr. Aldo Civico (Civico, 2015), “Without rapport, there is little chance to influence or to persuade others.”

### Plan Your Questions

It is useful to think through what questions you need to ask to prove or disprove that a specific type of maltreatment has occurred. Determining the questions ahead of time has several advantages. First, you will need to think about what information is needed and how best to approach the client and other parties to obtain that information. Second, it will help you to organize your interview and develop a logical sequence for questions. Lastly, it will ensure that you do not forget to ask necessary questions. This will prevent you having to make a return visit or phone call to get additional information.

One tool that might help you to think through the questions you need to ask for the various types of abuse is a matrix such as the California Consistency of Findings Matrix (County Welfare Directors Association, 2012). This document was originally developed to improve the consistency of findings between counties in California by delineating the signs of abuse, the essential elements of the various types of abuse, and the evidentiary issues that need to be considered. Since it was first developed, this matrix has been adopted and adapted by several other programs.

Below is a small sample from one section from the California Consistency of Findings Matrix:

**Table 1 – Excerpt from California Consistency of Findings Matrix**

Abuse Category	Operational Definition	Essential Defining Elements	Evidentiary issues to Consider <sup>1</sup>	Signs of Abuse <sup>1</sup>
Psychological Abuse	Psychological abuse is the infliction of fear, anguish, or other emotional distress through verbal or nonverbal actions.	Emotional distress is exhibited by the client.  <b>AND</b>  The emotional distress is the result of someone else’s behavior.	Examples include but are not limited to: <u>General Considerations:</u> What are the indications, if any, the client is being or has been: <ul style="list-style-type: none"> <li>▪ Verbally assaulted, insulted or threatened;</li> <li>▪ Intimidated, humiliated (e.g. treated as an infant), and harassed;</li> <li>▪ Given the “silent treatment” or had affection withdrawn.</li> </ul>	Examples include but are not limited to:  Suspected abuser observed or heard yelling at, belittling, and/or threatening the client.  Client looks depressed.  Client is confused or disoriented.

Here is how you might use the matrix to think about the questions you need to ask in your investigative interview. If you were investigating an allegation of psychological abuse, using this matrix you would first review the defining elements in column three of the table. In this case you would need to determine whether the client is exhibiting distress (column one) that is the result of someone else’s behavior (column two). You would determine this by asking questions to uncover the evidentiary issues listed in column four.

Potential evidentiary issues to consider include, “Has anyone verbally assaulted the client?” “Does the client ever feel intimidated?” or observed any of the signs and symptoms of abuse such as “Does the client appear disoriented or depressed”. Having such questions clear in your mind before the interview can help you keep the interview focused.

### Know What Evidence You Need to Collect

A consistency of findings matrix can also be useful in determining what evidence you might need to collect to confirm the abuse did or did not occur. It provides guidance on the types of statements and documents you need. This can help you determine who to interview, what to ask them, and what types of documentation they might be able to provide.

**Tips from the Field**

Request records early, including medical records (to assess VA status, and concerns relating to neglect) and financial records (financial exploitation cases) if necessary. Request records back 3 – 5 years so the prosecutor does not ask you to go back and request more.

<sup>1</sup> Section has been abbreviated.

## Stay Focused but Watch for Signs of Other Types of Maltreatment

Although we have emphasized focusing your investigation on those questions that determine whether the reported allegation is true, you also need to be aware of indicators of other types of maltreatment. Always ask follow-up questions if you suspect other maltreatment. Otherwise, you are leaving the client at risk and, in terms of casework, there is a good chance that this case will come back to APS in the future. It is a false type of efficiency to only investigate the reported allegation.

## Use Phone Calls Effectively

During the COVID pandemic more programs have relied on telephone contacts, which has made it clear that good quality casework can be done by phone. Making more calls to collaterals helps improve insight and enhances your in-depth knowledge of the case facts and the accuracy of your substantiations. According to a workgroup in Texas, “Obtaining information and perspective from additional collaterals and others with information/insight/perspective, strengthens casework assessments and fortifies decision-making” (Texas Department of Family & Protective Services, 2021). Phone calls can also save time by minimizing home visits while providing needed information and corroboration.

The Texas workgroup created a tip-sheet/tool to help make each call more productive. That tip-sheet recommends that you read the case history and pre-plan your call, making a list of information you need to obtain. It recommends that you use good phone etiquette including:

- Identifying yourself,
- Speaking clearly,
- Asking very specific questions.

- Giving yourself enough time that your call is not rushed.
- Being prepared to leave a voicemail message that provides enough information to peak the client’s interest without providing confidential information.

During your call, the tip sheet recommends that you ask, “How do you know about the issue in question? Do you have firsthand knowledge?” Get as many details as you can including: who, what, where, when, how, why, timeframe, frequency, photos, documents, etc. Make a point of clarifying discrepancies. Before ending the call, review your list to ensure you asked all pertinent questions.

Next, the tip sheet recommends that you follow-up the call by contacting other individuals named during the call who may have information, re-interviewing persons as needed to clear up discrepancies and gather additional information, and then use the information gained to reassess the risk/safety issues for the client.

Lastly, of course, you need to document your calls.

### Tips from the Field

Keep a steady work pace even when caseloads are lower. It is easier to stay “caught up” when workloads increase.

## Get as Much Training as You Can

Nothing will slow down your investigation faster than being stuck because you don’t know what to ask or what to do next. For example, having a good understanding of the elements of capacity can help you quickly determine if the client’s capacity is a concern and they need to be referred for assessment by a professional. This will inform your case plan and allow you to decisively move forward. So, while attending trainings does take you away from your



caseload, the time saved later by being able to quickly respond in a wide variety of situations will make it very worthwhile. You need to resist the tyranny of the urgent (casework) over the important (training). You can find links to a wide variety of APS training in the [APS Education and Training Toolkit](#).

### Do Not Perseverate on a Problem

If you are stuck figuring out how to address a situation or whether the maltreatment has occurred or what action to take next, don't let yourself procrastinate. Ask for a case consult with your supervisor, work together on an action plan, put it in place and move on.

If you and your supervisor cannot come up with a plan, then elevate the problem to your multidisciplinary team, if applicable. Often other professionals can help you look at the case from another perspective and offer solutions you may not have considered. However, in some cases, there is no good solution to the client's situation and hearing from colleagues that you have already done all you can, may be helpful. But, in either case, you will not remain stuck and you will be more effective at managing your caseload.

You should also consider contacting subject matter expert consultants (e.g., legal aid attorney, forensic accountant,) to help you identify problems and client needs and locate resources. They can help you move your case forward timely.

#### Tips from the Field

For an inventory of screening and assessment tools, visit the Adult Maltreatment Screening and Assessment Tools Inventory at <https://ncea.acl.gov/Resources/Tools-Inventory.aspx>.

## Making a Determination

Section 4D of the Guidelines (Administration for Community Living, 2020) recommends "that APS systems create and implement a systematic method to make a case determination and record case findings, including protocols for the standards of evidence applied..."

Use of a consistency of findings matrix, in conjunction with the elements of good case theory, means you should:

1. Gather information about the who, why, and where of the allegations, and watch for red flags. This involves conducting interviews of the client, the suspected abuser and all collateral contacts, documenting their statements and, in some cases collecting physical evidence such as bank statements, medical records or legal documents.
2. Apply the elements of proof for the suspected allegation(s) and test the sufficiency of your evidence against the required elements. This requires you to analyze all the information collected, develop a theory of what happened and test that theory against what you have discovered. Always consider whether an alternate theory is also supported by the evidence.
3. Based on the available evidence, determine whether the evidence collected meets the required standard of proof for your state program.
4. Document how you reached your findings.

## Risk Assessment

Most APS programs utilize some type of risk assessment tool and/or list of questions to consider in determining the client's risk of on-going or future

harm. You should, of course, focus on those tools or requirements. But a simple acronym that many APS workers have found helpful to focus their questions and think through the risks during the interview with the client is the “3 S’s” (The Academy for Professional Excellence, 2015). The 3 S’s are:

1. How **Severe** might the harm be (e.g., Is the client’s entire estate at risk or is this petty theft)?
2. How **Sure** are you that the harm will occur (e.g., Is it almost certain that the son will continue stealing from the client or is this a one-time occurrence as the son no longer has access to the client)?
3. How **Soon** might the harm occur (e.g., Is the son currently changing the title of the

client’s house into his name or is this something that he seems to be planning to do in the future)?

**Consider Using a Biopsychosocial Checklist**

While APS workers generally do not have the luxury of doing a complete biopsychosocial assessment such as is done with clients in formal counseling, APS workers should always touch on the basics of such an assessment. In his book “The Checklist Manifesto”, Atul Gawande (Gawande, 2009) argues that under pressure, we make simple mistakes and overlook the obvious. So, you may want to consider using a simplified version of a biopsychosocial assessment to quickly cover those basics. A simplified checklist may look something like this:

**Table 2 – Example Checklist**

Biological	Psychological	Social	Financial	Environmental
<ul style="list-style-type: none"> <li>• Diseases</li> <li>• Self-care (e.g., diet, hygiene, hydration)</li> <li>• IADLs</li> <li>• ADLs</li> <li>• Meds Management</li> <li>• Dr. appointments attended/missed</li> <li>• Pain</li> <li>• Addiction</li> <li>• Assistive Devices</li> <li>• Healthcare Directive needed</li> </ul>	<ul style="list-style-type: none"> <li>• Lacks Insight</li> <li>• Behavioral Issues</li> <li>• Emotional/Affect</li> <li>• Cognitive</li> <li>• Perceptual</li> <li>• Dementing conditions</li> <li>• May lack Capacity</li> </ul>	<ul style="list-style-type: none"> <li>• Client’s role in family</li> <li>• Family is:                             <ul style="list-style-type: none"> <li>○ Supportive</li> <li>○ Dysfunctional</li> </ul> </li> <li>• Friends</li> <li>• Cultural</li> <li>• Religious</li> <li>• Community services</li> <li>• Client is Isolated</li> </ul>	<ul style="list-style-type: none"> <li>• Adequate funds</li> <li>• Lack of funds</li> <li>• Unpaid bills</li> <li>• Mismanaged funds</li> <li>• Needs POA</li> <li>• Individuals with access to client’s:                             <ul style="list-style-type: none"> <li>○ Bank account</li> <li>○ ATM</li> <li>○ Credit cards</li> <li>○ Other</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• Safety of home</li> <li>• Accessibility</li> <li>• Cleanliness</li> <li>• State of repair</li> <li>• Neighborhood issues (noise, crime)</li> <li>• Transportation</li> <li>• Availability of local services</li> </ul>

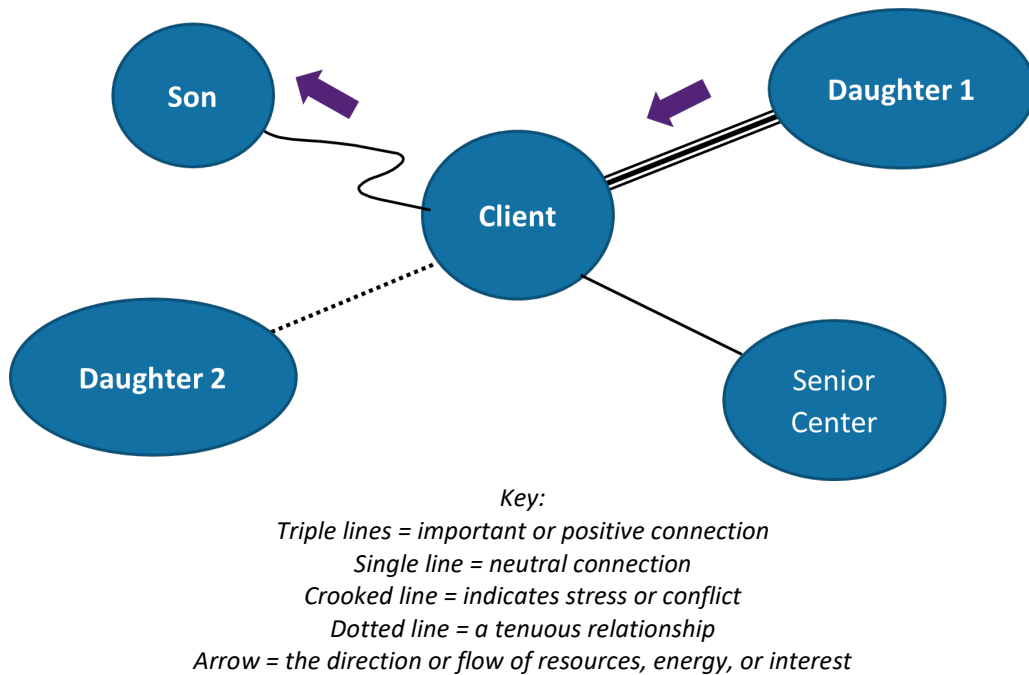
**Consider Ecomapping Your Client’s Relationships**

Melinda Lewis (Lewis, 2021) defines an ecomap as “a structural diagram of a client's most important relationships with people, groups, and

organizations”. It depicts sources of support and sources of conflict for the client. Below is an example of a very simplified ecomap of a client whose son is financially exploiting her. Daughter 1 is supporting her. Daughter 2 is out of state and has a tenuous relationship with the client.



Figure 1 – Ecomap of Client Relationships



If you received a call about a crisis on this case and needed to quickly determine which family member to call to provide help to the client, who would you call? Ecomapping is recommended as it quickly provides a visual representation of all the client’s relationships. You might also develop the ecomap with your client when developing a service plan. It can help you both think through who the client might want to call upon to help her with needed services.

## Service Planning

### Motivational Interviewing

In section 5a of the Guidelines (Administration for Community Living, 2020), it is recommended that APS consider “providing longer-term interventions focused on building a working alliance with the client and applying motivational interviewing techniques” for clients who are reluctant to accept services. If you have not yet had an opportunity to attend training on Motivational Interviewing, consider seeking it out. A search of the internet will locate both training programs and videos to get you started.

## Documentation

### Use Technology

Now that many workers have access to tablets and laptops, it has become clear that taking this technology into your interviews can enhance the quality and timeliness of your documentation. Being able to document directly into your case management system avoids the duplication of handwriting notes and transcribing them later. Documenting on-site in real time also improves the accuracy of your recall/narrative.

#### Tips from the Field

Ask the client for 2 key pieces of information to guide you:

1. What are you most hoping I can help you with?
2. What is your greatest strength?

### ***Texas' "As You Go" Casework Model*** (Reed)

Texas has been doing extensive work in improving casework efficiency for over 15 years. They use technology extensively and have adjusted their policies and procedures to support a more streamlined work model. Texas found that this has required a cultural change within the organization since workers are accustomed to using pen and paper to capture their notes during interviews and then returning to their offices to enter case notes, make phone calls and arrange for services.

Texas has implemented the "As You Go" casework documentation model which goes beyond just entering documentation timelier. It involves supporting a completely mobile workforce. Workers are asked to complete tasks in real time in the field before moving on to their next task. This model requires the worker to have a tablet (or at minimum a smart phone) and remote connectivity capability to the agency's case management system. The fundamental concept of this model is that workers document as much as possible at the client's home or immediately upon leaving the home. Examples include:

- Documenting the essential elements of the interview in the home.
- If documentation cannot be done in the home, pulling over to a parking lot and completing the documentation before moving on to the next visit.
- Uploading evidence into the case record as it is collected.
- Arranging services from the client's home before leaving.
- Handling emergency safety needs before leaving the home.
- Having agency policy required documentation be entered and edited by midnight of the following business day.

This model accomplishes three main objectives:

1. Increased accuracy of information/evidence for the case record
2. Increased safety for alleged victims
3. Increased efficiency for workload management

### ***Evidence Collection and Data Entry***

Immediately documented evidence is preserved. In the past, workers did a good job of gathering evidence, but the information was often left in paper notes sitting in piles of paperwork. With increased caseloads, details from this information could be lost during the time lapse between taking the notes and entering them into the system. In addition, management could not see the status of open cases. Entering evidence into data systems in real time significantly improves the integrity/quality of the information obtained and enables management to effectively support their staff.

### ***Safety***

- Arranging for goods or services at the time of the interview with the client enhances the client's safety.
- This concept also frees up time for workers to spend with their clients and allows them to conduct more thorough interviews.

## Workload Management

- Unnecessary travel to and from the office to enter case information or make additional phone calls is a time waster. Often, these tasks get fall by the wayside as “urgent” matters arise. This slows down case work as documentation and calls to arrange services have to be completed before the case can be closed.
- Real time documentation allows others to assist with cases as needed.

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## Consider Using a Documentation Checklist

Your case documentation should always:

4. Summarize the allegation.
5. Summarize the investigation.
6. Document the evidence you found that supports your disposition.
7. Identify risks.
8. Identify the ongoing APS needs.

Consider using a checklist to ensure that you remember to cover all the required elements of documentation. Again, if your state has a supervisor case review form, this could be “repurposed” to be used for documentation.

## Provide Evidence to Support Your Conclusions

It is important to remember to provide evidence to support your conclusions. Statements such as, “The allegation of self-neglect is confirmed based upon the lack of food in the home and the unpaid utility bills”, or “The client appears to lack the capacity to refuse services as evidenced by collateral contact report from her doctor” make it clear why you came to these conclusions. This will also help your supervisor more quickly review and approve your cases since they will more readily see why you made the decisions you made.

## Be Thoughtful About the Details You Include

Good documentation does not have to be extensive. However, every detail included should support or refute the allegations or be important to your risk assessment or service plan. So, for example, you do not need to include that the client wore a pink flower dress (what difference does that make to the case?), but you might include that her dress was clean/dirty or appropriate/inappropriate for the weather to support or refute an allegation of neglect.

If you find yourself spending too much time on documentation, consider reviewing your case documentation and asking, “so what?” about the details you have included in your narrative. Then practice editing your documentation down to those details that support your conclusions and your case findings. You can find a good practice activity in the [APS Case Documentation and Report Writing](#) core competency module activity entitled “Case Record Diet” (Academy for Professional Excellence, 2019). Also consider viewing the APS TARC webinar “[If It Is Not Documented, It Is Not Done](#)”.

## Document Services Offered and Risks Discussed

Always document any services you have offered to the client – even those that were refused. Make sure you discuss and then document that the risks of not accepting the services were discussed with the client. Such documentation can protect you and your agency from potential lawsuits if the client is later

harmed because they accepted those risks. Just one line in your case file, such as “Discussed the dangers of refusing medical treatment with the client and he said he understood”, could serve to protect your agency down the road.

### Close Your Case Timely

If you leave a case open because you put off completing the final documentation and closure, you are likely to have to take additional phone calls or make follow-up client contact. Completing the documentation for closing a case as soon as it is done, according to your agency guidelines, can keep your caseload under control. More than one worker

has found him or herself drowning in unclosed, but originally completed, cases.

### Conclusion

APS workers across the country are challenged to handle large caseloads, involving intense interviews, analyze complex fact patterns, and arrange for a variety of services. Workers can learn important lessons from each other about how to streamline their investigations and move their casework forward. Many of the tips presented here involve planning your casework ahead of time and documenting your work as soon as possible. We hope that the information provided is helpful to you. If you have a helpful tip or tools, [please let us know](#).



What did you think of this brief? [Take our five-question satisfaction survey](#) to let us know!

*The National Adult Maltreatment Reporting System and the Adult Protective Services Technical Resource Center is a project (HHSP 233201500042I) of the U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services, administered by the WRMA, Inc. Contractor’s findings, conclusions, and points of view do not necessarily represent U.S. Administration for Community Living, Administration on Aging, Department of Health and Human Services official policy.*

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