

# APS TARC

Adult Protective Services Technical Assistance Resource Center

enhancing  
effectiveness of  
**APS** programs

## ACL's National Voluntary Consensus Guidelines for State APS Systems: Updates and Revisions

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Stephanie Whittier-Eliason, MSW, Administration for Community Living

Anne Leopold, MSc, New Editions Consulting, Inc.

Mary Twomey, MSW, Consultant



# Disclaimer

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# Content Disclaimer

This Guidelines were updated for the Office of Elder Justice and Adult Protective Services (OEJAPS), Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS), by New Editions Consulting, Inc., under contract number HHSP233201500113I/HHSP23337002T. The contents of this presentation do not necessarily represent the policy of OEJAPS, ACL, or HHS, and readers should not assume endorsement by the Federal Government.

# About the APS TARC

The mission of the APS TARC is to enhance the effectiveness of state APS programs by:

- Supporting federal, state, and local partners' use of data and analytics,
- Applying research and evaluation to practice, and
- Encouraging the use of innovative practices and strategies.

# Peer to Peer Calls

Have you ever wished that you could tap into the expertise of other APS workers, supervisors or state administrators who are struggling with the same issues and concerns that you deal with daily? The APS TARC provides Peer to Peer calls for workers, supervisors and managers/state administrators.

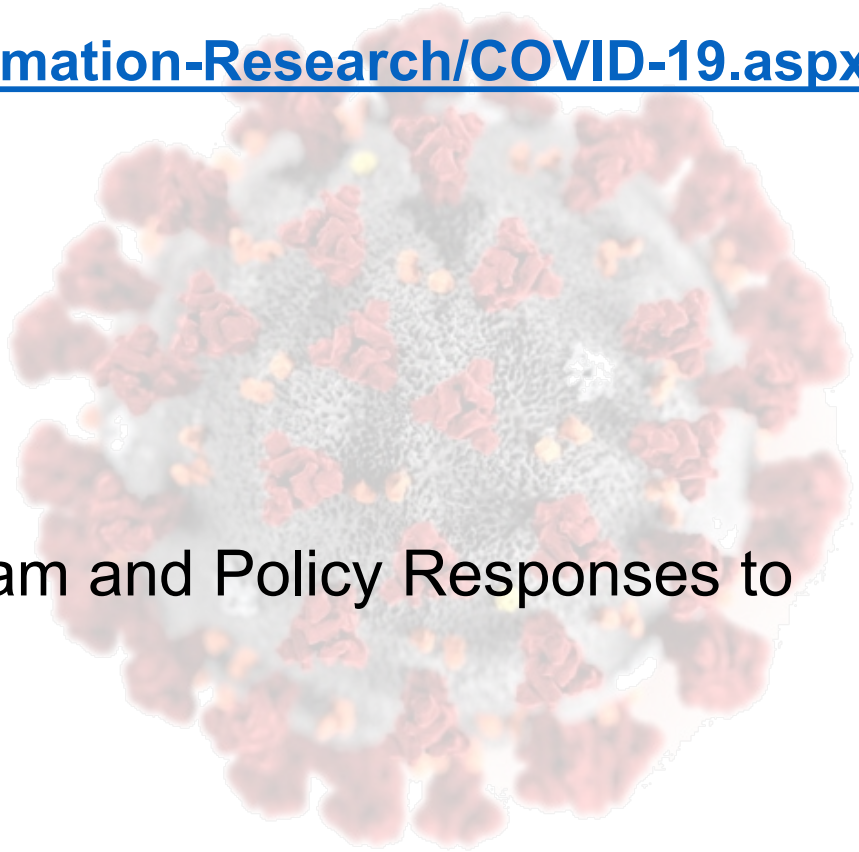
- **Workers' Call:** The 2nd Wednesday of each month
- **Supervisors' Call:** The 3rd Wednesday of each month
- **Administrators'/Managers' Call:** The 4th Wednesday of each month

Register via the link sent out at the end of each month by the APS TARC or email us in order to receive the registration link!

# APS & COVID-19

<https://apstarc.acl.gov/Information-Research/COVID-19.aspx>

- Resource Information
- Federal brief addressing:
  - Personal Safety
  - Continuity of Operations
- Summary of State Program and Policy Responses to COVID-19



# Housekeeping

- This session is being recorded and will be posted online at a later date. All registrants will be notified when available.
- To ask a question or to make a comment, please use the “Questions” box on your GoToWebinar Control Panel.
- If you have audio problems, we suggest closing the webinar and then logging back in. You must use your computer to listen to audio for this event.
- Today’s slides are available for download in the “Handouts” section of your GoToWebinar control panel.

# Quick Attendee Poll

Which of the following do you identify the most with?

- Adult Protective Services Professional
- Other Social Services Professional
- Medical Professional
- Legal Professional
- Other



# Our Speakers



**Stephanie Whittier-Eliason, MSW**

Aging Services Program Specialist  
Office of Elder Justice and Adult Protective Services,  
Administration for Community Living, U.S. Department of  
Health and Human Services



**Mary Twomey, MSW**

Consultant on elder justice and adult protective services  
New Editions Consulting, Inc.



**Anne Leopold, MSc**

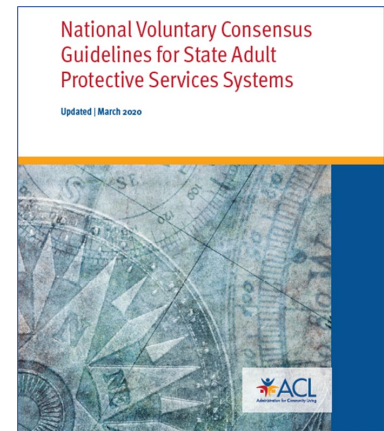
Senior Project Manager  
New Editions Consulting, Inc.

# Learning Objectives

Objective 1: Explain the role and purpose of the APS Guidelines

Objective 2: Describe the process for updating the APS Guidelines

Objective 3: Describe updates made to the APS Guidelines

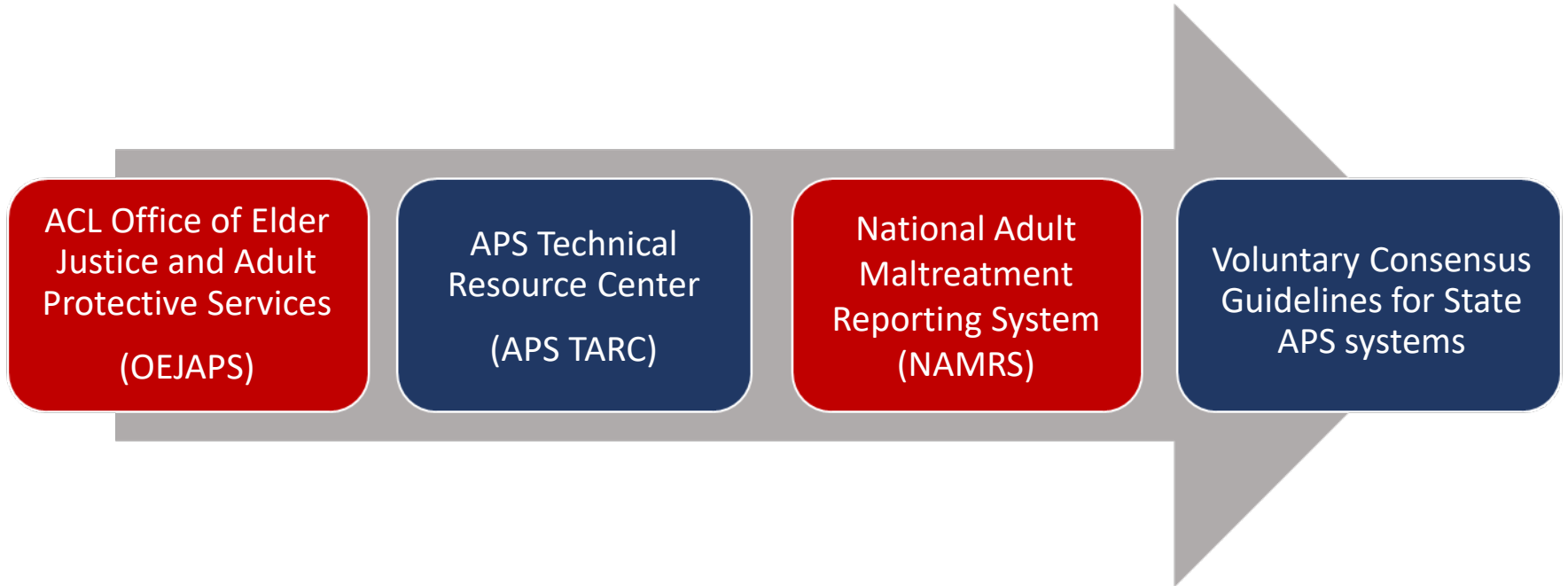


# Attendee Poll 2

**Before today's webinar, how familiar were you with the Voluntary Consensus Guidelines for State APS Systems?**

- Extremely familiar
- Very familiar
- Somewhat familiar
- Slightly familiar
- Not at all familiar

# Building Blocks to a National APS System



ACL Office of Elder  
Justice and Adult  
Protective Services  
(OEJAPS)

APS Technical  
Resource Center  
(APS TARC)

National Adult  
Maltreatment  
Reporting System  
(NAMRS)

Voluntary Consensus  
Guidelines for State  
APS systems

# Goals of APS Voluntary Consensus Guidelines

- Provide a core set of principles and common expectations to encourage consistency
- Help ensure that adults are afforded similar protections and service delivery regardless of locale
- Support interdisciplinary and interagency coordination
- Enhance effective, efficient, and culturally competent delivery
- Not regulations, do not create any new legal obligations, nor impose any mandates or requirements



# ACL's Approach for the Guidelines

- ACL served as facilitator for the development of the 2016 Guidelines and for the updates of the Guidelines, including facilitating an extensive and wide-reaching stakeholder engagement and outreach process.
- Applied the Office of Management and Budget (2016) and National Institute of Standards and Technology (2001) process for creating field-developed, consensus-driven guidelines.
- To eliminate unnecessary duplication and complexity in the development and promulgation of the Guidelines, ACL's process remains consistent with the guidance of the National Institutes of Standards and Technology 15 CFR Part 287 (2020).

# Background: Seven Domains Covered in Guidelines

1. Program Administration
2. Time Frames
3. Receiving Reports of Maltreatment
4. Conducting the Investigation
5. Service Planning and Service Implementation
6. Worker & Supervisor Training
7. Program Performance & Quality Assurance



# Process for Updating the Guidelines

## Phase I

- Literature review of relevant research published between 2014-2018
- Drafted proposed updates based on new research

## Phase II

- Engaged stakeholders through five webinars and Request for Information portal on ACL website
- Analyzed stakeholder feedback and created report
- Synthesized results for technical expert panel (TEP)

## Phase III

- Held five TEP virtual working meetings
- Updated Guidelines based on TEP decisions



# Phase I: Literature Review and Findings



# Method and Results from the Literature

- Updated literature search: April 1, 2014 – November 30, 2018
- Results/Implications:
  - 24 peer-reviewed journal articles
  - Relevant to all domains except domain 3 (Receiving Reports of Maltreatment)
  - Several studies had findings that impacted several domains – supported the guidance or informed revisions/updates
  - Actions taken: Added text to background but did not change guidance; added text to background and changed guidance
  - None of the original guidance was deleted

# The 24 Studies focused on:

1. **Service variables** – coordination with other professions, use of MDTs/Forensic Centers
2. **APS procedures** – using decisional support system, adding mental health screening, using goal-attainment scaling
3. **Client outcomes** – mistreatment status at case closure, rate of return to APS system, client satisfaction
4. **Investigation outcomes** – rates of service refusal, rates of substantiation, rates of prosecution
5. **Training outcomes** – measuring knowledge, competence
6. **APS worker outcomes** – job satisfaction, secondary trauma levels, hazard exposure

# Examples of the Impact of New Research on the Guidelines

# 1K. Worker Safety

Added Content to Background:

- A 2018 study revealed that APS workers reported experiencing an average of 3.42 different hazard exposures per month, with the most common exposures being dangerously cluttered living spaces, garbage or spoiled food, insect infestations, and being yelled at, cursed at, or belittled by a client or client's family. (Ghesquiere, Plichta, McAfee, & Rogers, 2018).

# 4A. Determining if Maltreatment Has Occurred

Added Content to Background:

- Using a tool or system to standardize the collection of information and guide the investigator in evaluating collected evidence increased substantiation rates compared with normal APS protocols (Beach et al., 2017; Conrad, Iris, & Liu, 2017).

# 5A. Voluntary Service Implementation

## Added Content to Guidance:

- Social support and participation in supportive community social outlets, may be effective for mitigating against negative outcomes of elder mistreatment (Acierno, Hernandez-Tejada, Anetzberger, Loew, & Muzzy, 2017), as well as future risk of mistreatment (Burnes, Rizzo, & Courtney, 2014).
- Research indicates that longer-term, relationship-based interventions may be effective for entrenched elders who are reluctant to receive services (Mariam et al., 2015).
- APS clients with mental health needs are often willing to accept help at the same time that they are receiving APS services (Sirey et al., 2015).

## 6B. Worker Training

Added Content to Background:

- More educational preparation and longer training sessions lead to more staff effectiveness, including increased investigation and substantiation rates (Connell-Carrick & Scannapieco, 2008; Jogerst et al., 2004; Turcotte, Lamonde, & Beaudoin, 2009).
- Training improves staff knowledge, confidence, self-perceived skills, and perceived competence in delivering APS, and it leads to change in practice (DuMont, Kosa, Yange, Solomon, & Macdonald, 2017; Pickering, Ridenour, Salaysay, Reyes-Gastelum, & Pierce, 2018; Storey & Prashad, 2018).
- Improvements have shown to be significant when comparing outcomes for APS workers who did and did not complete trainings (Storey & Prashad, 2018).



# 7B. Evaluating Program Performance

## Added Content to Guidance:

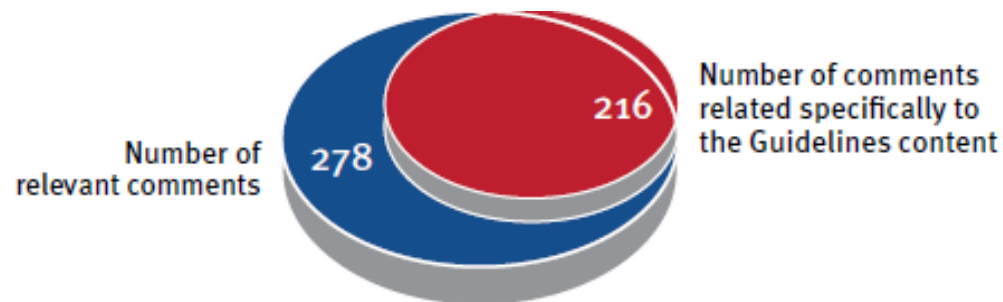
- Innovative measurement strategies that allow for client variability and that are capable of tracking change on an individualized set of outcome indicators, such as goal attainment scaling (Burnes et al., 2018), may be effective to assess client-centered APS intervention outcomes.

# Phase II: Stakeholder Engagement

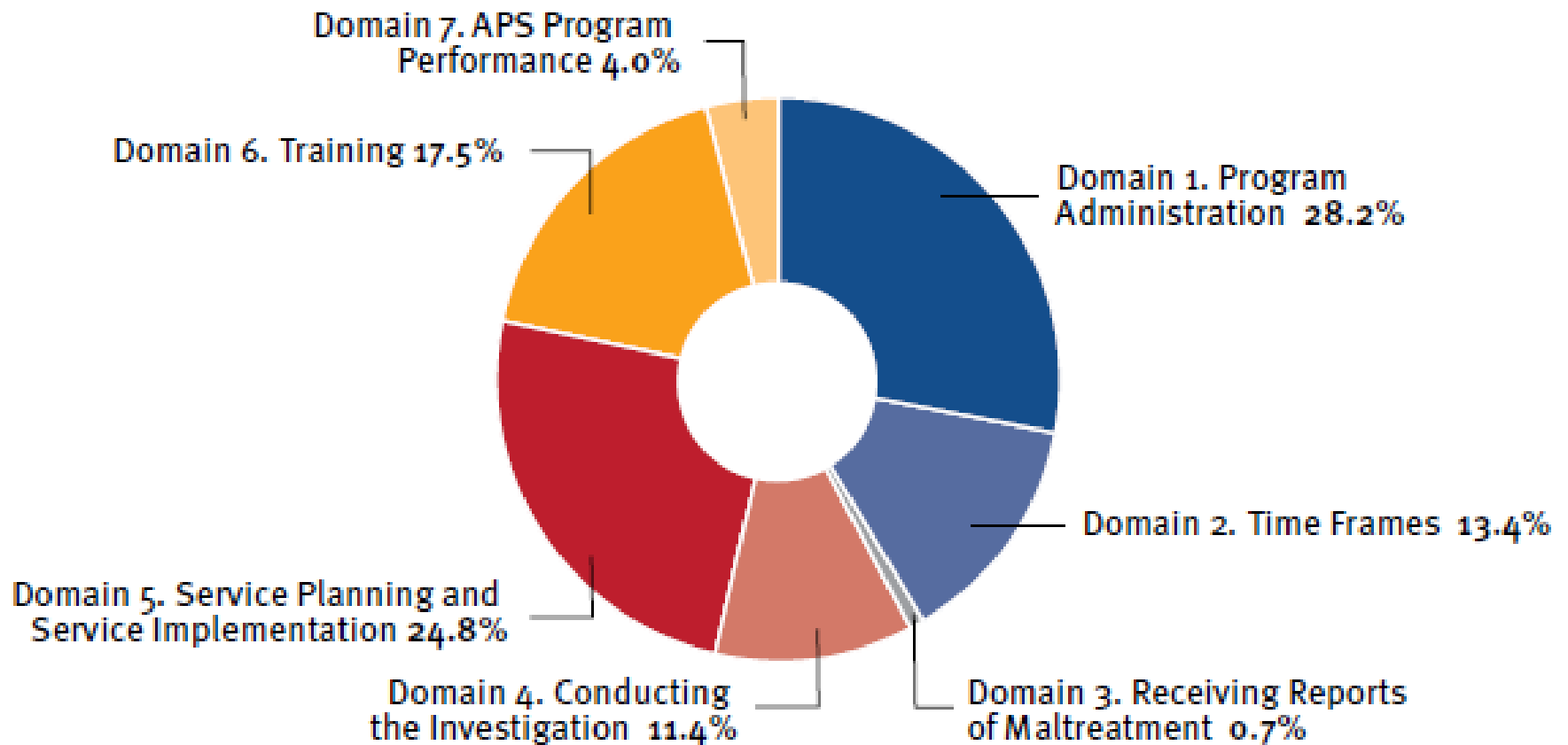


# Stakeholder Engagement – Results

- 5 webinars: ~190 stakeholders, representing 39 states and DC, and representing 9 fields (the majority from APS)
- 278 comments were coded for relevant feedback:
  - 216 comments related specifically to the **content** of the Guidelines (e.g., background and guidance).
  - 62 comments concerned **other topics** related to the Guidelines (e.g., formatting, frequency of updating dissemination).



# Comments by Domain



# Phase III: Technical Expert Panel (TEP)



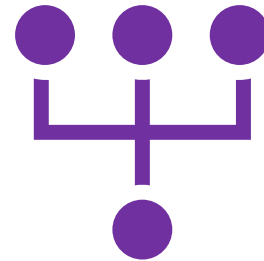
# Role of the TEP

- Nine person panel representing APS professionals and researchers in adult maltreatment and APS
- Reviewed new research and its applicability to Guidelines
- Reviewed stakeholder comments and determined applicability to Guidelines
- Identified items not revealed in research or public comments
- Applied real world experience and wisdom

# Overview of Updates

# Sources of Updates

- Research findings
- Stakeholder comments
- TEP deliberations





# Global Changes

- Created a glossary with definitions of terms used in the Guidelines to assist the reader
- Changed the word “victim” to “alleged victim” or “client” as appropriate
- Added NAMRS data and definitions to the background sections
- Added language in the introduction to clarify why references to child protective services/child welfare are included

# Updates by Domain/Element

1A. **Ethical Foundation.** Recommended the code of ethics and ethics policies be reviewed *annually*

1B. **Protecting program integrity** was moved up to follow Ethics

1B. Added “APS program policies and standards should be transparent and available to the public.”

1B. Added section on Providing Information on Rights of Perpetrators

1E. **Mandatory Reporters.** Made it clear that LTCOs are not mandatory reporters

1E. Added language that clarifies that it is recommended that mandatory reporters be immune from civil as well as criminal liability

1F. **Coordination with Other Entities.** Added LTCO, AG, P&A, Licensing, etc. to list

1H. **Staffing Resources.** Augmented content of Ratio of Supervisor to Direct APS Personnel to highlight role of supervisor and risks to clients and workers if limit is not maintained

# Updates by Domain/Element, continued

1M. **Community Outreach.** Added information on Reframing Elder Abuse

2C. **Closing the Case.** Added “Client goals have been achieved to the extent feasible”

4B. **Conducting an APS Client Assessment.** Moved Trauma-Informed Care to this section (from Ethics section)

4B. Clarified that APS programs screen for decision-making ability (but don’t make the final determination on capacity)

4C. **Investigations in Residential Care.** Added that APS should notify the LTCO when APS is investigating allegations of maltreatment in residential facilities

5. **Service Planning and Service Implementation.** Changed language; used to be *Service Intervention*.

5A. **Voluntary Service Implementation.** Added language to encourage programs to provide longer-term interventions for entrenched clients

5A. Added language about services and supports should entail those that have been shown to be effective in protecting against negative outcomes, such as social support and programs that promote participation in community social outlets

5A. Added language about working in partnership with mental health practitioners

# Updates by Domain/Element, continued 3

**5B. Involuntary Service Implementation.** Add language about how using a Forensic Center can help make the difficult determination as to whether or not APS should petition for a guardianship

**6A. Caseworker and Supervisor Minimum Educational Requirements.** Candidates for APS employment should be screened for suitability and capability

**6B. Caseworker Initial and Ongoing Training.** Core Competency Training: added two new topics: Motivational Interviewing and Cognitive Deficits

**6C. Supervisor Initial and Ongoing Training.** Strengthened section on supervisor training, using materials from the [APS Leadership Development Framework](#) Report developed by Adult Protective Services Workforce Innovations (APSWI), Academy for Professional Excellence.

**7. APS Program Performance.** Divided into two sections:

- **7A. Managing Program Data.** Added language about keeping data long enough to ensure their availability for quality assurance needs
- **7B. Evaluating Program Performance.** Added language about collecting information on client outcomes

# Conclusion and Next Steps

- Process for updating drew on research, the field, and experts
- ACL will update the Guidelines with new findings and stakeholder input at regular intervals.
- The Guidelines are currently being used by ACL to inform technical assistance to a sample of pilot state APS administrators.
- As part of the pilot, states are identifying practice or policy changes they would like to make to better align with the Guidelines.
- Guidelines updates informed the creation of the first ever APS Research Agenda.

# Guidelines Make-Over

## National Voluntary Consensus Guidelines for State Adult Protective Services Systems

Updated | March 2020



1K

### 1K. Worker Safety and Well-being

#### Background

APS work can involve personal risk to the APS worker. This problem can have a marked impact on the ability of APS systems to provide services to the adults who need them most.

A 2018 study revealed that APS workers reported experiencing an average of 3.42 different hazard exposures per month, with the most common exposures being dangerously cluttered living spaces, garbage or spoiled food, insect infestations, and being yelled at, cursed at, or belittled by a client or client's family. The authors note that the findings highlight the importance of building a positive and supportive work environment for APS workers, and that results can help inform management strategies for the prevention of burnout among APS workers. In addition, based on previous studies in child welfare, the authors suggest that if work stressors identified in this study were addressed effectively, worker turnover in APS might decrease (Ghesquiere, Plichta, McAfee, & Rogers, 2018).

#### Guideline

It is recommended that APS systems create policies and protocols and provide adequate resources and training related to APS worker safety. These provisions should include, at a minimum, but are not limited to, the following:

- APS programs should have systems in place to know where their workers are when conducting investigations in the field.
- When worker safety concerns are identified, workers should have real-time access to consultation with supervisors to review safety assessments and to determine appropriate responses.
- Workers should have access to resources to protect them from biological hazards that may be encountered during home visits (e.g., gowns, masks).
- Workers should have access to resources to protect them from safety hazards, including access to information related to criminal and civil legal proceedings, the ability to request law enforcement accompaniment for home visits, and worker safety training.
- Workers should be provided with work/agency cell phones.
- Workers should be provided with the means to keep their personal information confidential, including using a business card that has only the name of the agency and using agency vehicles or other means to keep their personal car license confidential.
- Workers should never be required to respond to a situation that would put the worker at risk without adequate safety supports available.
- Workers should have access to available supportive, professional counseling for job-related trauma and stress.

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# Questions?

# Contact Information

Anne Leopold: [aleopold@neweditions.net](mailto:aleopold@neweditions.net)

These Guidelines are available at:

<https://acl.gov/programs/elder-justice/final-voluntary-consensus-guidelines-state-aps-systems>



# Contact Us

<https://apstarc.acl.gov/>  
[apstarc-ta@acl.hhs.gov](mailto:apstarc-ta@acl.hhs.gov)