

Technical Assistance Brief

Clinical Issues in Supervising APS Practice

Holly Ramsey-Klawnsnik, PhD

February 2016

Supervising APS staff is fraught with challenges - high workloads, complex cases, resource shortages, the crisis nature of the work, and the dearth of evidence-based practices - to name a few. Excellent workers are often promoted to supervisor without benefit of formal supervisory skills training or supervisory experience. The resulting “trial by fire” leaves many overwhelmed and uncertain regarding their abilities. Conversely, new supervisors who have supervised elsewhere but not worked in APS lack intricate knowledge of the APS program, responsibilities, clientele, and perhaps abuse and neglect dynamics, resulting in a different set of challenges from those experienced by promoted APS workers.

The need for supervisory resources was revealed in the results of the 2014 NAPSRC TA Needs Survey. “Advanced Supervisor Training” was among the four most highly ranked needs by APS Administrators.

Several excellent resources on the topic are available, including the San Diego State University Project MASTER APS Supervisor Core Competency Training and the Fundamentals of APS Supervision NAPSRC 2015 TA Brief authored by Joanne Otto, MSW. The NAPSA Recommended Minimum APS Program Standards also provide guidance, specifically:

- A recommended ratio of supervisor to direct service personnel is established and regulated by the program.
- APS supervisors are qualified by training and experience to provide supervision.
- An established training curriculum for supervisors minimally includes APS supervisor core competencies or equivalencies as identified by NAPSA.
- APS direct service personnel have access to knowledgeable case supervision.
- A case review process is standardized and consistently applied.

The purpose of this brief is to address some of the more clinical aspects of supervising APS casework.

Challenges for Supervisors

APS supervisors face multiple challenges including hiring, training, mentoring, evaluating, and retaining qualified workers while dealing with the needs and requests (and sometimes demands) of their workers, clients served, perpetrators, clients’ family members and care providers, interdisciplinary colleagues, and APS administration. It is imperative that supervisors develop skills in remaining resilient, finding ways to give to others (APS workers, peers, and management as well as the community and colleagues outside of the program), while not depleting themselves. Supervisors need to continually upgrade their own skills, keep abreast of emerging vulnerable adult abuse findings and practices, and manage the overall work flow of their unit. The overriding supervisory responsibility is quality assurance - the supervisor is responsible for quality of supervisees’ work. Supervisors must insure that agency policies and practices are effectively, efficiently,

ethically, legally implemented to benefit clients and take steps to ensure that clients are well served.

The clinical aspects inherent in APS supervision include (1) guiding workers as they gather, analyze, and apply information regarding client safety and functioning to conduct thorough investigations, and (2) overseeing the development and implementation of effective intervention plans for clients deemed at-risk. The frequent complexity of APS cases and the inherent challenges involved in tasks such as screening for cognitive loss, determining the veracity of allegations, and gaining the trust and cooperation of victimized people present both workers and supervisors with an ongoing set of ever-changing clinical challenges. Supervisors must also insure that casework is conducted in an ethical manner consistent with legal and program requirements.

Supervisor oversight is essential for the protection of all involved or potentially involved with the program: alleged victims and perpetrators, APS program staff and administration, collaborating agencies, and the public. Oversight includes knowing and enforcing agency policies, assigning and monitoring workloads, and assuring timely completion of intakes, report screenings, investigations, service plans, case documentation, and case closures. Supervisors must mentor workers, evaluate their performance, provide feedback, set measurable goals for improvement, and facilitate and monitor worker improvement. Praising, supporting, rewarding, and backing-up workers is essential, as is setting and enforcing acceptable work performance limits.

Additionally, supervisors must complete their own paperwork including documenting worker and case direction provided. Supervisors must also use supervision, consultation and ongoing training to upgrade their own skills. They are depended upon to promote harmonious relations within the program and between the program and the community, preserve client and worker safety, and report to and collaborate with program administration.

This brief listing of key APS supervisory tasks reveals the enormity and importance of the job. Also revealed is the need for resources to enable supervisors to function effectively, including basic and ongoing advanced supervisor training. Inadequately funded APS programs are often hard-pressed to provide these.

An effective approach to APS supervision is to consider varying worker needs correlated with their experience, training level, and individual abilities. Supervision must, to some degree, be tailored to the individual worker. Employing the concept “Stages of Worker Development” is useful.

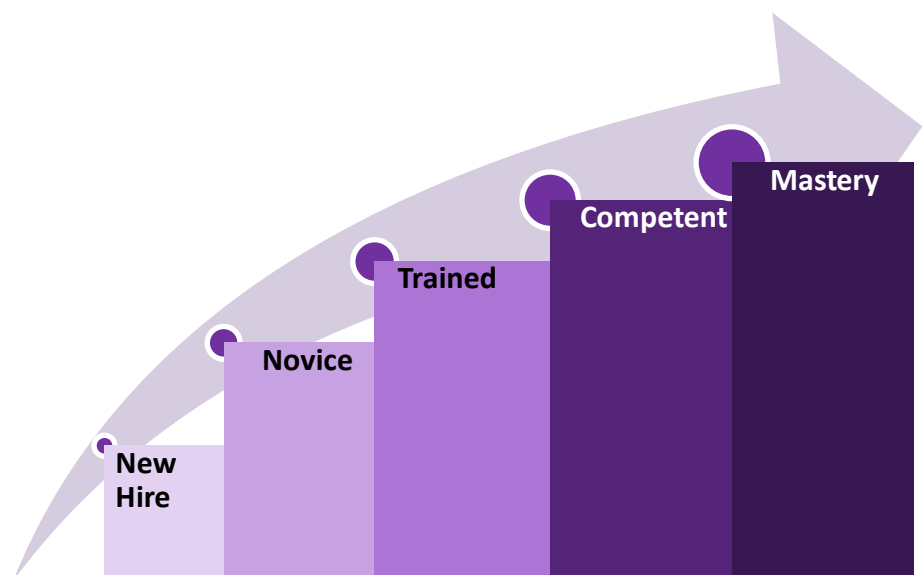
Stages of Worker Development

We can conceptualize worker level of expertise as a continuum ranging from new hire to job mastery:

1. New Hire
2. Novice
3. Trained
4. Competent
5. Mastery

Stage 1 - New Hires

New hires and novices are unable to independently handle cases. They require intense supervision, primarily teaching and directing, and an extraordinary amount of supervision time. The supervisor must make all case decisions and



guide them through needed casework steps.

Explaining the rationale for case decisions enables them to learn the job and develop casework judgment. Stage 1 supervision methods include having workers read policy and practice manuals and case records, shadow stage 4 and 5 workers, and participate in classroom and on-line trainings and case conferences.

Stage 2 – Novices

Stage 2 workers need instruction in developing and implementing investigation and case plans and completing documentation. Having them move beyond shadowing to assist advanced workers facilitates their learning, provides experienced workers opportunity to mentor and thereby increase clinical skills, and lightens the supervisor's burden. Frequent performance feedback to stage 1 and 2 workers is essential as well as teaching concepts that generalize and the exceptions. Provide these workers with a "macro-level" or big picture understanding of the job and required responsibilities before going into job details to decrease their anxiety and confusion and facilitate learning. For example, discussing the finer points of investigative interviewing overwhelms a new worker lacking understanding of the over-all purpose, goals, and steps of APS investigation.

Stage 3 - Trained

Stage 3 workers are technically trained, but still learning and developing skills and need experienced others to guide them. Their developing knowledge base outweighs their performance capability. The high anxiety and confusion inherent in being new in a complex job abates. Job-confidence begins, and recognition of casework dynamics and needed response grows. Supervisors do less training and more traditional supervision by providing a supportive situation in which planned and completed casework and worker performance and findings are discussed. Frequent and specific feedback is needed regarding tasks done well, errors and omissions, and appropriate and flawed decision-making. The supervisor should provide workers with specific plans and timeframes for remedying errors and omissions. Careful review of the worker's investigation and service plans, case notes, investigation and case summaries enables the supervisor to provide feedback to insure that the case is well handled and that the worker learns and performs the job in compliance with requirements.

Supervising stage 1 and 2 workers is labor- and time-intensive and stage 3 workers continue to need careful and detailed supervision.

Stage 4 - Competent

The Stage 4 competent worker has a solid APS knowledge base that includes the tools and methods appropriate for responding to various case situations and knows when and how to apply them. They seek ad hoc supervision on occasion, but are less likely to do this than workers in the previous stages. The competent worker has encountered most types of APS cases, but may struggle with allegations that are not as frequently reported as others (e.g. – sexual abuse, abandonment). Stage 4 workers continue to need intense supervision during crisis intervention.

Stage 5 - Mastery

Stage 5 mastery workers are highly skillful. They recognize and appreciate the complexity of the job, the diversity of clients and their situations, and the intricacies of abuse and neglect dynamics. They realize the potential for and consequences of casework errors, anticipate and prevent many errors through careful planning and use of good judgment, and skillfully identify and correct mistakes. They are ready to train and supervise others and are candidates for promotion.

Beware overlooking the supervision needs of stage 4 and 5 workers for support, feedback, guidance, praise, time, and suggestions due to job complexity and responsibility and the fact that much work is done solo in the

field. Quality supervision helps them to avoid burnout and secondary trauma, continue their professional development, and stay abreast of new findings and trends in the field.

Supervision Must Match Worker’s Stage of Development

It is critical to adapt supervision to the worker’s stage of development, as well as the complexity of the case at hand. The novice who receives supervision appropriate for a competent worker is unable to make use of that guidance. That information and direction is beyond the worker’s ability to comprehend and apply. Step-by-step case directions, along with feedback about tasks completed, are required to correctly learn the job and develop confidence in abilities. The under-supervised new worker will flounder and cannot progress through the stages to achieve competence. One possible outcome is an overwhelmed person who leaves the job. Another is a poorly performing worker who remains on the job, perhaps for years to come, lacking the required knowledge and skills. Conversely, the competent worker who receives supervision appropriate for a novice will feel micro-managed and frustrated. Job satisfaction will be low and often results in the loss of a valuable worker.

Skillful supervision facilitates the progression of new hires through the stages of worker development. It is essential to recognize, however, that neither longevity on the job nor quality supervision insure that a worker will progress through the stages due to individual competencies and job complexity.

Providing Supervision

Individual Supervision

Supervision is most effective when provided face-to-face on a regularly scheduled basis in a private and comfortable setting. The frequency and length of meetings is based upon multiple factors including the worker’s stage of development. This is “protected” time during which the supervisor focuses exclusively on the individual worker and that worker’s clients and job performance. Interruptions increase the risk of missing or misinterpreting case facts and providing faulty direction to the worker and can leave workers unable to explore their uncertainties. Allowing supervision to be frequently canceled, rescheduled, or interrupted communicates that these meetings are not essential. Protecting supervision time is respectful to workers and demonstrates that they are expected to fully participate, focusing on getting the most out of the time reserved for them. Both worker and supervisor prepare for the meeting bringing cases and issues for discussion.

Ad Hoc Supervision

Ad hoc, impromptu, or “supervision on the fly” or “in the hallway” involves unscheduled communications between the supervisor and a worker when case questions develop between supervision meetings. Ad hoc supervision is essential given the complexities and rapidly changing nature of many APS cases. Beware, however, of allowing ad hoc supervision to become the dominant method through which

Supervisory Tools and Methods

- Explain and refer to program policies & procedures
- Clarify job descriptions and/or contract
- Understand and apply the NAPSA Code of Ethics
- Conduct regular, fair performance evaluations
- Periodically accompany workers on client visits
- Do regular face-to-face, planned supervision
- Keep supervision notes
- Tactfully point out case errors in timely fashion
- Make & enforce plan to correct performance problems
- Use your own supervisor as a support

case direction is provided. Typically, the worker must locate and interrupt the supervisor to explain the situation needing attention. The supervisor is unlikely to have the case record at hand or the case facts in mind. There is a risk of providing poor case direction under these circumstances.

Teach workers to triage emergency from urgent and routine supervision needs. Instruct them to seek emergency supervision when it is actually required, but to hold routine case questions for your regularly scheduled supervision meeting. Providing quality over-all case direction during regular supervisory meetings reduces the need for ad hoc supervision. Urgent supervision involves situations in which case guidance is needed within the next day or two, but it does not rise to the level of an emergency and can be conducted with preparation. Distinguishing emergency from urgent from routine supervision needs saves both the worker and the supervisor valuable time and increases the quality of supervision provided.

Group Supervision

This involves bringing a group of workers together for in-depth and planned discussion of especially complex or challenging cases as well as issues commonly confronting workers. It helps to break the isolation often experienced handling cases solo. A different type of learning takes place in the group setting from the individual supervisory meeting. The supervisor facilitates the meeting, provides direction on cases, and encourages peer support. The group allows Stage 4 and 5 workers to consolidate and articulate their knowledge and facilitates learning by the earlier stage workers. The group process is extremely helpful in analyzing cases, identifying roadblocks, and brainstorming interventions. It enables colleagues to support and learn from each other in a formal way and is a wonderful adjunct to individual supervision.

However, group supervision cannot be the sole supervisory vehicle. Workers are better able to discuss their mistakes and uncertainties in the protected venue of individual supervision. Moreover, critical feedback to a worker must always be done in an individual meeting. Individual and group supervision complement each other and are both important. It is essential that the supervisor manage the group process during group supervision to create a safe and productive climate of mutual support.

Over and Under Use of Supervision

Insecure workers may over-use supervision, turning to their supervisor for decisions they are able to make. Those who over- use tend to unnecessarily seek ad hoc supervision. Conversely, workers may under-use supervision, avoiding supervisory input on key decisions. Careful review of case documentation aids in identifying workers who under-use supervision. Be clear with workers when they under or over use supervision. Teach them which decisions they should make independently and those that require supervisory input or approval. Be consistent with the worker on these different kinds of decisions.

A clear, and effectively communicated, policy and protocol providing the framework for how APS handles cases should be in place in every program. The protocol should include the concept of “critical casework or supervision junctures,” specific decision- making points at which workers must receive and document the

Tips for Mentoring Workers

- Refrain from providing extraneous information
- Place information provided into perspective
- Give lots of examples, preferably from actual cases
- Have reasonable expectations
- Demonstrate key tasks & skills
- Provide honest, frequent, tactful feedback
- Be supportive of mistakes & uncertainties
- Expect that multiple trials will be necessary
- Help workers refine techniques
- Clearly state expectations
- Understand personal learning curves
- Avoid overdoing for the worker
- Discuss casework options
- Explain the pros & cons of various approaches
- Distinguish hypotheses from facts
- Discuss rationales for case decisions

supervisor's guidance and approval. While some essential case decisions always require supervisory approval (such as case closure), other supervisory junctures can be adjusted to the worker's stage of development.

Trauma-Informed Supervision

As a final note, it is important for supervisors to be knowledgeable regarding "Trauma-Informed Supervision." APS casework regularly exposes workers and supervisors to situations of severe human cruelty and greed and other traumatizing situations. Exposure to the suffering of others, particularly when there is a duty to assist, can result in worker trauma, referred to

as secondary or vicarious trauma or compassion fatigue. The affected worker experiences trauma symptoms (such as sleep disturbances and inability to stop reliving distressing events) even without first-hand exposure to the events that harmed the client in question. Trauma effects are cumulative and new traumas can compound old traumas and losses.

Effective supervision is an APS program's first line of defense in preventing and responding to worker trauma. Staff exposure to traumatizing material should be limited to only that necessary to effectively handle the case in question. Avoid unnecessary exposure, over-exposure and uncontrolled exposure. Trauma-informed supervision involves managing work flow to limit staff exposure to highly distressing situations and information, monitoring staff exposure to trauma, and debriefing with and advocating for workers who have been trauma-exposed. There are a number of helpful web-based resources available on this topic, see, for example: Center for Substance Abuse Treatment (US); Trauma-Informed Care in Behavioral Health Services (<https://www.ncbi.nlm.nih.gov/books/NBK207194/>), Rockville (MD), Substance Abuse and Mental Health Services Administration (US); 2014. (Treatment Improvement Protocol (TIP) Series, No. 57.) Chapter 2, Building a Trauma-Informed Workforce. Additionally, a webinar recording titled Trauma-Informed Services for Elders with Abuse Histories (<http://www.napsa-now.org/get-informed/webinars-webcasts/>).

Dr. Holly Ramsey-Klawnsnik is a sociologist researcher, Licensed Marriage & Family Therapist, and Licensed Certified Social Worker. She has provided secondary prevention services to older adults and adults with disabilities and conducted forensic evaluations and investigations for APS and court systems. She has presented continuing education programs for Adult Protective Services systems, regulatory and law enforcement agencies, health care providers, the judiciary, and domestic violence and sexual assault coalitions. Her research and practice have focused on investigating alleged abuse, interviewing skills, casework intervention and supervision, mental health and mental capacity, self-neglect, domestic violence and sexual assault in later life, and victimization in facilities. Employing quantitative and qualitative methods, she has researched APS case handling procedures and outcomes. She has authored journal articles, book chapters, training curricula, technical assistance materials, and professional reports and has also developed caseworker and supervisory training manuals for multiple APS systems. Holly has served as a contracted trainer and consultant for APS and regulatory systems nationwide.



This Technical Assistance Brief was created by the National Adult Protective Services Association when it administered the Adult Protective Services Technical Assistance Resource Center funded by a grant (No. 90ER0003) from the Administration for Community Living, U.S. Administration on Aging, U.S. Department of Health and Human Services (DHHS) from 2011-2015. Grantees carrying out projects under government sponsorship are encouraged to express freely their findings and conclusions. Therefore, points of view or opinions do not necessarily represent official Administration on Aging or DHHS policy.