How Did the Updated APS Guidelines (2020) Change?

The Voluntary Consensus Guidelines for Adult Protective Services (APS) Systems (Guidelines) were recently updated to reflect new research and promising practices. The updated Guidelines are now available on the Administration for Community Living (ACL) website at https://acl.gov/programs/elder-justice/final-voluntary-consensus-guidelines-state-aps-systems. This brief summarizes how the 2020 APS Guidelines were updated and what sections of the Guidelines were updated.

I. Why Have Guidelines?

In response to feedback from the APS field and others, ACL believed that it would be helpful to states' APS programs if the federal government facilitated the development of field-driven, consensus-informed, national APS guidelines to address the diversity of practice among state APS programs. The goal of the Guidelines is to provide a core set of principles and common expectations to encourage consistency in the policies and practices of APS programs across the country, and to ensure that adults are afforded similar protections and service delivery by APS programs, regardless of their state or jurisdiction.

ACL facilitated the development of the first Guidelines (ACL, 2016), which were published in 2016. At that time, ACL committed to facilitating the updating of the Guidelines at regular intervals. The updates for the 2020 Guidelines are based on new published research as well as input from APS stakeholders and subject matter experts.

II. Process for Updating the Guidelines

To support APS programs, it is more important than ever to demonstrate the effectiveness of APS programs and practices in improving client outcomes. In accordance with this goal, a multistep approach was implemented for updating the Guidelines, with each step building on the work of the previous step. These steps included an updated literature review to identify new research evidence; draft revisions and additions to the Guidelines based on new evidence; a stakeholder engagement process to obtain feedback for the proposed updates; a comprehensive data analysis of the feedback received from stakeholders; and, finally, convening of a technical expert panel to refine and build consensus for the updates based on the proposed new research and feedback from stakeholders.

The 2020 and 2016 Guidelines have an identical overall structure, with the content organized by seven broad domains (or topics) and a number of specific elements (or subtopics) within each domain. For each element, the Guidelines contain a background section followed by the actual guidance statements.

Reviewing New Literature
First, a literature search was conducted to identify new evidence published in peer-reviewed journal articles (April 2014 – November 2018) focused on the evaluation of APS programs and practices. Twenty-four articles met the inclusion criteria and were included in the literature review. This was a significant increase from the eight relevant articles that were identified for the original Guidelines.

The summary below presents highlights from the new literature. In all cases, the findings from the literature were used to enhance the background sections of the Guidelines domains and elements. In two instances, the findings were also used to change actual guidance (see bold notes in parentheses).

1. Clients are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution service. Additionally, results support the potential for elder abuse service providers to work in tandem with mental health clinicians (Sirey et al., 2015). (See changes to Guidance in 5A. Voluntary Service Implementation.)

2. Using a web-based portal and low-cost videophone technology to connect an APS agency and its clients to a centralized geriatric and elder mistreatment expert medical team for virtual in-home assessments could serve as a model for fostering state protective agencies and medical professional collaborations (Burnett, Dyer, Clark, & Halphen, 2018).

3. Findings highlight the importance of creating a positive and supportive work environment for APS workers, and of implementing management strategies for the prevention of burnout among APS workers (Ghesquiere, Plichta, McAfee, & Rogers, 2018).

4. A longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering (Mariam, McClure, Robinson, & Yang, 2015).

5. The Elder Abuse Decision Support System short form can be used to standardize and increase efficiency of APS investigations and may also offer researchers new options for brief elder abuse assessments (Beach et al., 2017).

6. A list of standardized questions for caseworkers to use during investigation may provide an objective and detailed approach for investigation (Conrad, Iris, & Liu, 2017).

7. Elder mistreatment social service programs should aim to promote elder participation in supportive community social outlets, such as senior centers (Burnes, Rizzo, & Courtney, 2014). When social support from family or friends is unavailable or deficient, policy should direct services to compensate or supplement this factor (Acierno, Hernandez-Tejada, Anetzberger, Loew, & Muzzy, 2017).

8. Findings highlight the need to identify and intervene in elder mistreatment cases as early as possible in the mistreatment trajectory, and the need to develop targeted safety planning for clients experiencing different forms of abuse and/or neglect (Burnes, Rizzo, & Courtney, 2014; Jackson & Hafemeister, 2014).

9. Findings suggest that goal attainment scaling is a feasible measurement strategy to implement in the APS context (Burnes, Connolly, Hamilton, & Lachs, 2018). (See changes to 7B. Evaluating Program Performance.)

10. More rigorous means of detecting elder abuse are needed to obtain accurate prevalence data and to inform policy decisions; clear definitions and training to standardize the assignment of findings for elder abuse/neglect cases should be established (Mosqueda et al., 2016).

Engaging Stakeholders

The goal of the stakeholder engagement and outreach process was to hear from all stakeholders about their experiences with APS, ensure all stakeholders understood why and how ACL was facilitating the updating of the Guidelines for APS, and provide stakeholders an opportunity to give input for the updates to the Guidelines. Stakeholders were able to provide comments via webinars and an online request for information. A total of 278 relevant comments were received.

Engaging Subject Matter Experts

The final step in the updating process involved the convening of a nine-member technical expert panel (TEP) comprised of APS professionals and researchers. The purpose of the TEP was to serve as the voice of the field, i.e., to bring real world experience and wisdom to the updating process. TEP members made recommendations for updating based on their experiences, the proposed new research, and stakeholder input.

III. How Did the Guidelines Change?

The list below provides a summary of the changes that were made to the Guidelines as a result of integrating findings from the literature and feedback from stakeholders and the TEP.

Global changes made to the entire document:

- 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 National Adult Maltreatment Reporting System data and definitions to the background sections.
- Changed the formatting of the document to enhance the usability.

Changes made to individual domains/elements (in the order they appear in the Guidelines):

1A. Ethical Foundation: Added language recommending that the code of ethics and ethics policies be reviewed *annually*.

1B. Protecting Program Integrity:

- Moved section up to follow 1A. Ethics because the two topics are closely aligned.
- Added language: "APS program policies and standards should be transparent and available to the public."
- Added a section on Providing Information on Rights of Perpetrators.

1E. Mandatory Reporters:

- Added language that makes it clear that Long-term Care Ombudsmen (LTCOs) are not mandatory reporters.
- Added language that clarifies that mandatory reporters are immune from civil as well as criminal liability.

1F. Coordination With Other Entities: Added other professional groups to the list, including LTCOs, Attorneys General, Protection and Advocacy.

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 a caseload limit is not maintained.

1M. Community Outreach: Added information on Reframing Elder Abuse (how to effectively communicate about the topic of adult maltreatment).

2C. Closing the Case: Added language: "Client goals have been achieved to the extent feasible."

4A. Determining If Maltreatment Has Occurred: Clarified that APS programs screen for decision-making ability (but don't make the final determination on capacity).

4B. Conducting an APS Client Assessment: Moved Trauma-Informed Care to this section (from Ethics section) as trauma-informed care is more relevant to this section.

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

5. Service Planning and Service Implementation: Changed "Intervention" to "Implementation."

5A. Voluntary Service Implementation:

- Added language about how studies show that longer-term interventions are beneficial to resistant clients.
- Added language recommending that the services and supports provided be 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.
- Added language about the benefits of working in tandem with mental health practitioners.

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: Added language about how candidates for APS employment should be screened for suitability and capability.

6B. Caseworker Initial and Ongoing Training. Core Competency Training: Added new topics: Motivational Interviewing; Cognitive Deficits, including Dementia.

6C. Supervisor Initial and Ongoing Training: Strengthened section on supervisor training, using materials from the APS Leadership Development Institute at San Diego State University.

7. APS Program Performance: Divided into two sections: Managing Program Data and Evaluating Program Performance.

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.

IV. Summary

The Guidelines is a living document and, as such, requires updating to reflect the changing landscape of APS practice, research, and policies. ACL will continue to facilitate the updating of the Guidelines at regular intervals based on new findings and stakeholder input. During the process of updating the Guidelines, ACL heard from many stakeholders about how the Guidelines were being used as they were originally intended—that is, to improve APS policies and practices and to increase consistency of practice across the nation. It is believed that the updates included in the second edition of the Guidelines will further that trend by providing new research, new content, and other enhancements to continue to build the evidence base for APS practice.

V. References

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