National Voluntary Consensus Guidelines for State Adult Protective Services Systems

Proposed Updated Guidelines
Extracted Updates
February 2019

Administration for Community Living
Office of Elder Justice and Adult Protective Services
U.S. Department of Health and Human Services
Washington, D.C. 20201

Purpose

This document lists the **proposed updates only** for the 2016 National Voluntary Consensus Guidelines for State Adult Protective Services (APS) Systems (Guidelines) by Guidelines domains. Only domains for which updates are proposed are listed. Content from the 2016 Guidelines is included in square brackets as needed for context.

The Guidelines were first released by the Administration for Community Living (ACL) in 2016 to provide the APS field with guidance for effective practices. The Guidelines were based on findings from published studies as well as experiences from the field.

This year, ACL is updating the Guidelines to incorporate new research findings and new areas of interest in APS practices and policies. To identify new findings, a literature search of peer-reviewed journal articles, published between April 1, 2014 and November 30, 2018, was conducted. A final group of 24 articles met the inclusion criteria and were used to draft proposed updates to the Guidelines, based on the authors' findings and recommendations. The proposed updates are provided below. To see the full version of the Guidelines with the proposed updates, please see the document titled 'Proposed Updates to the APS Guidelines_All Content'.

Proposed Updates

1. PROGRAM ADMINISTRATION

1B. DEFINITIONS OF MALTREATMENT

On page 24, in the Background, ACL proposes the following content be added:

A 2016 study revealed that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings may lead to variability of APS findings regardless of type of maltreatment (Mosqueda, 2016).

1D. MANDATORY REPORTERS

On page 25, in the Background, ACL proposes the following content be added:

Researchers in Massachusetts found that reports made by mandated reporters to APS were more likely to be substantiated and less likely to result in service refusal than reports made by non-mandated reporters. The findings highlight that those with the legal responsibility to report are more likely to report situations that are truly mistreatment (i.e., are substantiated through APS investigation) and that will result in victims receiving some type of intervention aimed at alleviating their risk. (Lees, K, 2018). Another study that examined the impact of a new mandated reporting law for child sexual abuse (CSA) in Australia, determined that the mandatory reporting law for CSA is associated with a substantial and sustained increase in identification of cases of CSA (Mathews, 2016).

1E. COORDINATION WITH OTHER ENTITIES

On page 26, in the Background, ACL proposes the following footnote be added:

A multidisciplinary team is a model that brings together the distinct client systems (e.g., health, social, and protective services) with the justice systems (e.g., law enforcement, attorneys, and victim advocates) (Gassoumic et al., 2015).

On page 26, in the Background, ACL proposes the following content be added:

[Formal multidisciplinary teams (MDTs) have been shown to increase effectiveness, satisfaction of workers, rates of prosecution,] and be associated with a reduction in future mistreatment risk (Navarro et al., 2013; Rizzo et al., 2015; Wiglesworth, 2006). Specifically, assessing the impact of an elder abuse forensic center on collaboration of staff from multiple agencies the authors found that staff believed they were more efficient and effective when they collaborated with the forensic center (Wiglesworth et al., 2006). Assessing the involvement of an elder abuse forensic center in financial exploitation case, compared to cases engaged in usual practice, Navarro et al. (2013) found that the center's cases were more often submitted to the District Attorney, more often resulted in filing of charges, and increased the odds of establishing a perpetrator's guilt. Findings from Rizzo et al., (2015) showed a significant reduction in future mistreatment risk for clients who received services through an MDT model consisting of social workers and lawyers under the same room, compared to clients receiving social work services only. Additional research has that another MDT model – the Elder Abuse Forensic Center model – is an effective approach for determining whether cases should be referred to a public guardian or if conservatorship should be established, to ultimately ensure the safety of victims who require the highest level of protection (Gassoumis et al., 2015). Similarly, Wilber et al. (2014) have shown that MDT/Forensic Centers significantly increase prosecution rates and conservatorships for cognitively impaired older adults, and reduce the rate at which cases re-enter the APS system.

Research focusing on coordination with other entities, including mental health and substance use services, have also shown positive outcomes. For instance, Sirey et al. (2015) have shown that APS clients with mental health needs are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution services, supporting the potential for elder abuse service providers to work in tandem with mental health clinicians. He and Phillips (2017) found that more intense collaboration (i.e., having an MOU and co-location of staffs) with child welfare and drug and alcohol services on service delivery, resulted in greater availability of substance use disorder (SUD)-related resources. These findings provide support for improving collaboration between child welfare and SUD providers. The results also highlight the potential benefit for collaboration between APS and SUD providers since recent referrals of older adults to APS show an increase in substance abuse among clients (Susman et al., 2015).

On page 26, in the Guideline, ACL proposes the following content be added:

[To improve communities' response to adult maltreatment, it is recommended that APS systems create policies and protocols], including the development of Memoranda of Understanding, cross-training, and co-location of staffs, . . .

On page 26, for the categories of organizations or agencies, with which APS should collaborate, ACL proposes the following content be added:

- Add the word 'providers' to 'medical' (medial providers)
- Mental health providers
- Alcohol and drug abuse service providers
- Legal service providers

1I. ACCESS TO EXPERT RESOURCES

On page 30, in the Background, ACL proposes the following content be added:

To address the scarcity of expert resources for APS client assessment, especially in rural areas, Burnett et al. (2018) created a Forensic Assessment Center Network that uses 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. The authors suggest it can serve as a model for fostering state protective agencies and medical professional collaborations. The authors highlight that the technology makes it easier to gather data, access records, complete evaluations, and transmit reports, which facilitates timely provision of assessments. In addition, it streamlines communication, makes the process quicker, and helps prevent unexpected process delays, such as reports being lost in the mail. The authors note that virtual assessments also increase timeliness and efficiency by dissolving geographic barriers that limit expert availability and increase assessor travel time, and offers a way to enhance collaborations.

Access to trained forensic personnel remains a challenge for state APS systems. Brink et al. (2015) studied the differences in child welfare case determinations between cases that went to a multi-disciplinary team and cases that went to Child Protective Services (CPS). The authors suggest that the results highlight the importance of the forensic interview in CPS decisions of child sexual abuse, and the potential role for child advocacy centers in providing trained professionals to conduct a high-quality interview during the initial assessment. The findings may also support the use of forensic interviewing in APS cases.

On page 30, in the Guideline, ACL proposes the following content be added:

It is also recommended that states test the use of technology to bring needed resources to clients who might not otherwise be able to access experts in their physical locations.

1K. WORKER SAFETY AND WELL-BEING

On page 31, in the Background, ACL proposes the following content be added:

In a survey of 321 APS workers and supervisors to assess their responses to APS work environments, 92.8% of respondents reported exposure to at least one hazard in their APS careers and 71% reported exposure to one or more hazards in the past month. In the past month, respondents reported an average of 3.42 different hazard exposures, 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, work turnover in APS might decrease (Ghesquiere, et al., 2018).

1M. COMMUNITY OUTREACH AND ENGAGEMENT

On page 33, in the Background, ACL proposes the following content be added:

[Although the public's awareness of adult maltreatment is rising, the awareness of how to respond to suspicions of that maltreatment] and how to reduce repeat visits [is still lacking]. Recent research sheds light on the kinds of maltreatment cases that are not reported to APS (i.e., 90% of financial maltreatment perpetrated by family and friends and 85% of emotional maltreatment regardless of relationship to perpetrator goes unreported) (Acierno, 2018). [APS programs should play a role in educating the public about adult maltreatment,] how and where to report it, [and the goals and services of the APS program.] Recent research also indicates that lack of awareness and miscommunication may be amenable for education interventions for professionals, families and communities to help reduce repeat visits (Susman et al., 2015).

2. TIME FRAMES

2C. CLOSING THE CASE

On page 35, in the Background, ACL proposes the following content be added:

A 2015 study (Mariam, et al.) assessed the effectiveness of an elder abuse intervention and prevention program, for building alliances between elders with suspected abuse and trained outreach specialists, and for helping elders overcome ambivalence regarding making difficult life changes. In this program, outreach specialists met with elders in person and used different strategies, including motivational interviewing, to build an alliance and connect elders to resources in the community based on their readiness to change, preferences, and needs. Results showed that risk factors of elder abuse decreased over the course of the intervention. In addition, nearly 75% of participants made progress on their treatment goals and 43% moved into the stages of action and maintenance regarding their goal. The authors note that, for other

agencies serving at-risk elders, the project's findings suggest that a longer-term, relationship-based intervention for entrenched elders who are reluctant to receive services may be effective and therefore worth considering.

On page 35, in the Guideline, ACL proposes the following content be added:

In addition, APS systems should consider trying longer-term, relationship-based interventions for elders who are reluctant to receive services.

4.   CONDUCTING THE INVESTIGATION

4A. DETERMINING IF MALTREATMENT HAS OCCURRED

On page 37, in the Background, ACL proposes the following content be added:

[Some programs use a structured decision-making tool to standardize the collection of information and guide the investigator in evaluating collected evidence] through an objective and more detailed approach. For instance, substantiation rates have shown to be higher with the use of the technology-based Elder Abuse Decision Support System (EADSS) full interview guide and short-form, compared to and APS protocols (Beach et al., 2017; Conrad et al., 2017).

A 2016 study on variability of APS findings in California concluded that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings, along with differences in worker expertise and practices, were the major contributors to variation in elder abuse data. They highlight that more rigorous means of detecting elder abuse are needed to obtain accurate prevalence data and to inform policy decisions. Specifically, the authors suggest establishing clear definitions and training to standardize the assignment of findings for elder abuse/neglect cases, and developing a statewide policy on how to address the issue of autonomy (Mosqueda, 2016).

In addition, studies examining differences in child abuse and neglect determinations have shown that an MDT approach, including a forensic interview, is an effective approach for conducting the initial assessment (Brink et al., 2015). Similar findings have been published in the area of elder abuse, showing that MDT/Forensic Centers significantly increase prosecution rates and conservatorships for cognitively impaired older adults, and reduce the rate at which cases re-enter the APS system (Wilber et al., 2014).

On page 38, in the Guideline, ACL proposes the following content be added:

[It is recommended that APS systems establish standardized practices to collect and analyze information when determining whether or not maltreatment has occurred. It is recommended that the following elements, at a minimum, be considered:]

2. APS programs are encouraged to use MDTs to support decision-making during the initial assessment.

8. [APS programs are encouraged to utilize standardized and validated] decision-making tools [and screening tools] for determining whether mistreatment has occurred.

9. APS workers are trained on and have a clear understanding of the definitions of case findings (for example, "confirmed" or "unfounded").

4B. CONDUCTING AN APS CLIENT ASSESSMENT

On page 38, in the Background, ACL proposes the following content be added:

Innovative approaches have shown that technology can be effective for conducting virtual in-home assessments, including mental health assessments, telephone-based protective service planning during interdisciplinary team meetings, and consultations services (see the Texas Elder Abuse and Mistreatment Institute Forensic Assessment Center Network [TEAM-FACN]) (Burnett et al., 2018). Virtual assessment strategies like these may be especially useful for remote areas where services are limited and lengthy travel may be required.

On page 39, in the Guideline, ACL proposes the following content be added:

APS programs are encouraged to use innovative strategies, such as videophone technology to conduct virtual in-home assessment that can increase timeliness and efficiency by overcoming geographic barriers and limited expert availability, and offers a way to enhance collaborations.

5. SERVICE PLANNING AND INTERVENTION

5A. VOLUNTARY INTERVENTION

On page 42, in the Background, ACL proposes the following content be added:

Research indicates that interventions tailored to meet the unique characteristics associated with each type of mistreatment may lead to greater victim safety (Jackson & Hafemeister, 2014). In addition, specific services or supports, such as social support and participation in supportive community social outlets, may be effective for mitigating against negative outcomes of elder mistreatment, such as depression, generalized anxiety, and poor health (Acierno et al, 2017) as well as future risk of mistreatment (Burnes et al., 2014). It has also been shown that APS clients with mental health needs are often willing to accept an offer of additional mental health services at the same time that they are receiving mistreatment resolution services (Sirey et al., 2015). Research on mental health highlights the importance of also addressing mental health issues, such as depression, and it affects an individual's perception of their need for care and their motivation, initiative, and energy to seek help and engage in services (DiMatteo et al., 2000; Sirey et al., 2005).

Research indicates that longer-term, relationship-based interventions, may be effective for entrenched elders who are reluctant to receive services (Mariam et al., 2015).

On page 42, in the Guideline, ACL proposes the following content be added:

It is recommended that programs intervene in elder mistreatment cases as early as possible and develop targeted safety planning for clients experiencing different forms of abuse and/or neglect. For clients who may be reluctant to receive services, APS should consider providing longer-term interventions focused on building a working alliance with the client and applying motivational interviewing techniques (e.g., see Eliciting Change in At-Risk Elders intervention).

[It is recommended that APS systems develop the client's APS voluntary service plan using person-centered planning principles and monitor that plan until the APS case is closed.] 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 (e.g., senior centers). Programs that facilitate bidirectional support in the form of education, volunteerism, or socialization may be most effective (e.g., Experience Corps, congregate meal program) (Anetzberger, 2018). In addition, APS systems should consider working in tandem with mental health clinicians to offer mental health services, if needed, at the same time as APS are provided (see **Pr**oviding **O**ptions **T**o **E**lderly **C**lients **T**ogether [PROTECT] intervention).

5B. INVOLUNTARY INTERVENTION

On page 43, in the Background, ACL proposes the following content be added:

Research has shown that the Elder Abuse Forensic Center model is an effective approach for determining whether cases should be referred to a public guardian or if guardianship should be established, to ultimately ensure the safety of victims who require the highest level of protection (Gassoumis et al., 2015).

On page 43, in the Guideline, ACL proposes the following content be added:

It is recommended that APS systems adopt promising models, such as the Forensic Center model, which draws on multidisciplinary experts to help make the difficult determination as to whether a public guardian and guardianship is needed.

5C. CLOSING THE CASE

On page 43, in the Background, ACL proposes the following content be added:

[The NAPSA Minimum Standards state: "The goal of intervention in APS is to reduce or eliminate risk of maltreatment of a vulnerable adult. In most APS programs, once that goal is met, the case is closed."] However, safety goals should be balanced with the right, preferences and self-determination of the client, making case resolution an intrinsically subjective and multilayered outcome. Thus, goals toward case closure should be specific to each client and should be contingent on clients' attainment of their specific goals (Burnes et al, 2018).

On page 43, in the Guideline, ACL proposes the following content be added:

[It is recommended that APS systems create a systematic method to complete a case closure. The criteria for case closure should include, but are not limited to:]

- the goals of the client have been attained;

6. TRAINING

6B. CASE WORKER INITIAL AND ONGOING TRAINING

On page 45, in the Background, ACL proposes the following content be added:

[It is in the best interest of clients that APS caseworkers receive initial and on-the-job training in the core competencies of their challenging job.] For instance, research has shown that differing interpretations of definitions of confirmed, inconclusive, and unfounded case findings, along with differences in worker skill, expertise and training, may contribute to variability in APS case decisions on allegations and findings (Mosqueda et al., 2016).

[The studies indicate that training improves staff knowledge, confidence, self-perceived skills,] and perceived competence in delivering APS, leads to change in practice (DuMont et al, 2017; Pickering et al., 2018; Storey et al., 2018), ... Importantly, these improvements have shown to be significant when comparing outcomes for APS workers who did and did not complete trainings (Storey et al., 2018).

On page 46, in the Guideline, ACL proposes the following content be added:

[Subject content may be delivered in a variety of modalities, including, but not limited to classroom workshops, reading, work book exercises, case conferences, shadowing experienced workers, online courses,] and virtual-reality-/simulation-based trainings for experiential learning.

1. [Orientation to the Job
   It is recommended that, at a minimum, the following areas be addressed in the orientation:

   a) concepts articulated in the APS System's Code of Ethics, including the principles of] autonomy, [least restrictive alternatives, person-centered service, trauma-informed practice, and supported decision-making];

   d) [the types of maltreatment covered by their state's statute, including their] definition, [signs, and symptoms];

   e) [the case documentation process,] including tracking and documenting attainment of client goals;

   g) the process for determining capacity;

h) [the process for determining whether or not maltreatment has occurred,] including clear definitions of confirmed, inconclusive, and unfounded case finding determinations;

l) criteria for closing the case and applying a standardized process to determine if client goals were attained.

3. *[Core Competency Training:*
   It is recommended that APS systems provide ongoing training to workers on a regular basis. It is suggested that the following Core Competencies for APS workers be provided within the worker's first 24 months]:
   e. Interviews with Older Adults and Caregivers

6C. SUPERVISOR INITIAL AND ONGOING TRAINING

On page 47, in the Background, ACL proposes the following content be added:

Given the potential hazardous work environment and negative impact on job satisfaction, work stress, and health outcomes (physical and mental) for APS workers, it is essential that supervisors have the tools to build positive and supportive work environments. These tools may include management strategies for the prevention of burnout and secondary traumatic stress (Ghesquiere et al., 2018).

On page 48, in the Guideline, ACL proposes the following content be added:

[It is recommended that new supervisors be trained on basic supervisory skills within the first year of assuming supervisory responsibilities, including, but not limited to:]

e. Supporting APS Workers (on how to deal with client environmental hazards and how to care for themselves)

7. EVALUATION/PROGRAM RERFORMANCE

On page 48, in the Background, ACL proposes the following content be added:

Assessing program performance and client outcomes in social service programs is key for continuous quality improvement and for establishing best practices. For APS programs, research has shown clients to be overall satisfied with their APS experience, but additional work may be needed to determine whether services meet clients' specific needs (Booker et al., 2018), whether safety planning is targeted to different forms of mistreatment (Burnes et al, 2014), and at what point cases may be safe to close (Susman et al., 2015). In addition, programs may need to determine and implement policies for retaining APS records from substantiated cases to ensure the availability of longitudinal data (Susman et al., 2015).

Performance measures should assess (1) programmatic aspects and service areas to determine whether interventions were implemented timely and services met clients' needs; and (2) client-centered outcomes to determine whether clients were satisfied with the services and whether goals specific to the clients were attained. 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.

It is recommended that APS systems determine and implement policies for retaining APS records from substantiated cases to ensure the availability of longitudinal data. Programs may consider keeping records for approximately 10-15 years, but should consider their quality assurance needs when determining the most appropriate timeframe for retaining their APS records.