Advancing the Field of APS through Research:

Key Findings from the Tool for Risk, Interventions, and Outcomes (TRIO)

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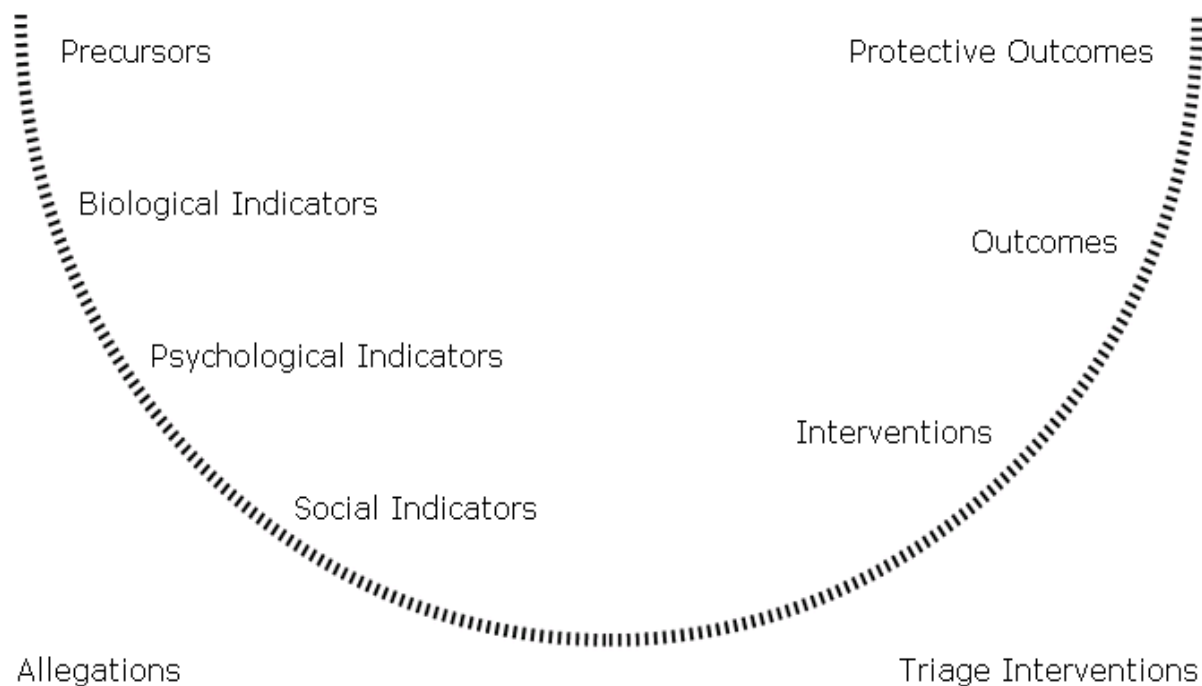*County of Ventura*

Why the TRIO…

- Limited standardization of terminology within APS field and APS social workers

- Limited APS data, particularly on APS interventions and outcomes

- Changing demographics necessitates improved APS research and practice

- Therefore, need a comprehensive evidence-based framework and measurement tool designed to:

  ▪ Provide practice guidance to APS social workers

  ▪ Promote practice consistency, and

  ▪ Improve outcomes for clients served

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Adult Protective Services Tool for Risk, Interventions and Outcomes

Precursors

Protective Outcomes

Biological Indicators

Outcomes

Psychological Indicators

Interventions

Social Indicators

Allegations

Triage Interventions

Routledge
Taylor & Francis Group

Multidimensional Measurement Within Adult Protective Services: Design and Initial Testing of the Tool for Risk, Interventions, and Outcomes

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TRIO Data Research Goals

- To better characterize and describe:

    - 1) who we serve

    - 2) what we do

    - 3) what we achieve

    - 4) and most importantly, *the relationships between*:

        - ➢ who we serve

        - ➢ what we do

        - ➢ what we achieve

TRIO Data Client Characteristics

- A total of 2,128 persons with 2,505 episodes

- 27% Dependent Adults (18-64) and 73% Older Adults (65+)

- 65% Female

- 68% Caucasian, 21% Hispanic, 3% Asian, 3% African American 5% Other/Unknown

- Of the older adult allegations referred to APS

  - 50% confirmed

  - 25% inconclusive

  - 25% unfounded

- Results discussed today primarily focus on **older adult** episodes with **confirmed** allegations (n=917)

Prevalence of Common Risk Factors by Confirmed Allegation Type - Older Adults (N=917)

	SN% N=424	A % N=420	SN/A% N=73	Sig.
Lives alone	58.0	22.9	37.7	***
Poor judgment/decisions	57.1	34.3	67.1	***
History of APS referrals	48.3	36.2	63.0	***
Underweight/frail	29.7	11.7	37.1	***
Lack social support	27.8	8.1	26.0	***
Refuses help	22.9	5.2	11.0	***
Marital/family conflict	18.6	47.6	35.6	***
Ev of exploitation by others	1.7	34.5	27.4	***

*** p<.001

Prevalence of Common Risk Factors & Outcomes by Confirmed Allegation Type - Older Adults (N=917)

	SN% N=424	A % N=420	SN/A% N=73	Sig.
Lives alone	58.0	22.9	37.7	***
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Marital/family conflict	18.6	47.6	35.6	***
Ev of exploitation by others	1.7	34.5	27.4	***
Unresolved protective Issue	*28.3*	*26.0*	*24.7*	
180-day APS recurrence	*14.8*	*6.5*	*38.0*	***

*** p<.001

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Summary of Key Findings

- **Similar prevalence** confirmed self-neglect & abuse-by-other episodes (each ~45%)

- **~8% "both"** forms of confirmed allegations

- The **prevalence** of many risk indicators **varies significantly** by allegation type

  - **Self-neglect:** Generally had higher *poor health, diminished hygiene,* and *isolation* characteristics

  - **Abuse-by-Other:** Generally had higher *family conflict*, *exploitation*, and *declarations of abuse* characteristics

- **Differential outcomes** by allegation type

The TRIO and APS Research

- Indicates a need for APS research to better understand the prevalence and types of:

  - client risk characteristics,

  - interventions provided,

  - outcomes achieved,

  - ***and*** *the relationships between these 3 dimensions*

- So we begin our "deeper dive" into the TRIO data research…

The TRIO and APS Research

- First, we will examine relationships between:

  - Individual APS client risk characteristics, and

  - APS outcomes of:

    - Unresolved Protective Issue (UPI)

    - APS Recurrence

Select Risk Factors and Unresolved Protective Issue (UPI)

	RF: No % UPI	RF: Yes % UPI	Sig.
Self-Neglect			
Refuses help	23.9	43.3	***
Confusion	34.2	18.9	**
Physical disability	30.7	17.1	*
Abuse-by-Other			
Refuses help	24.6	50.0	**
Passive behavior	23.4	39.1	**
Marital/family conflict	20.9	31.5	*
Both			
Passive behavior	18.6	50.0	*
Confusion	36.8	11.4	*

* p<.05; ** p<.01; *** p<.001

Select Risk Factors and 180-Day APS Recurrence

	RF: No % Recr.	RF: Yes % Recr.	Sig.
Self-Neglect			
Lack social support	14.6	24.7	*
History of APS referrals	12.0	24.2	**
Abuse-by-Other			
Shame/guilt	8.2	35.3	**
History of APS referrals	6.7	15.0	*
Both			
Refuses help	34.1	83.3	*
Passive Behavior	27.0	76.9	**
Lack social support	28.6	66.7	*
Underweight/frail	27.6	57.1	*

* p<.05; ** p<.01

Summary of Key Findings

- Key individual risk factors associated with APS outcomes

- Most (but not all) risk factors associated with **higher likelihood** of a **negative APS outcome**

- ***Refuse help*** and ***APS history*** as "global" risk factors that cross allegation types

- Other risk factors primarily allegation specific:

  - <u>**Self-neglect**</u>: ***Lack social support***, ***Confusion***

  - <u>**Abuse-by-other**</u>: ***Family conflict***, ***Shame/guilt***

Questions and Comments?

- *Based on your experiences, are you surprised by any of the TRIO findings presented so far?*

- *Are there other specific client risk factors in your setting that you think (or know) are associated with achieving desired APS outcomes?*

- *Why do you think (or) how do you know so?*

TRIO Data & APS Client Risk Profiles

- TRIO risk factor items can help identify clients with similar risk profiles

- Latent Class Analysis (LCA) used to develop APS clients groupings

- LCAs **"let the data speak for themselves"**

LCA and the TRIO

- We conducted separate LCAs for each type of confirmed allegation:

  - 1) **self-neglect**
  - 2) **abuse by other**
  - 3) **self-neglect** AND **abuse by other** episodes

- The 3 sets of LCAs resulted in:

  - 4 self-neglect profiles,
  - 4 abuse-by-other profiles, and
  - 2 "both" risk profiles

- The following tables provide an overview of these LCA identified risk profiles

Select Risk Indicators by LCA Risk Profile for Confirmed Abuse by Other Episodes

	Profile 5 N=48	Profile 6 N=133	Profile 7 N=96	Profile 8 N=143
Confusion/cognitive impairment	**60.4**	38.3	11.5	10.5
Underweight/frail	**50.0**	7.5	7.3	5.6
Unclean/unsafe environment	**33.3**	1.5	8.3	0.7
Alcohol by caregiver	**33.3**	0.0	7.3	0.0
Evidence of exploitation	18.8	**82.7**	26.0	0.0
Misuse of money	8.3	**39.1**	9.4	0.0
Marital/family conflict	50.0	**22.6**	**84.4**	45.5
Self-blame	8.3	3.0	**45.8**	0.7
Poor judgment/poor decisions	45.8	34.6	**60.4**	**12.6**
History APS referrals	**68.8**	30.8	**49.0**	**21.7**
Alert declaration psych abuse	8.3	3.0	**35.4**	**33.6**
Alert declaration of phy/sex abuse	6.3	0.0	14.6	**21.7**

Select Risk Indicators by LCA Risk Profile for Confirmed Abuse by Other Episodes

	Profile 5 Confusn/ Frail N=48	Profile 6 Exploit/ Financial N=133	Profile 7 Conflict/ Psych N=96	Profile 8 Diffuse/ Decl Abs N=143
Confusion/cognitive impairment	High	Moderate	Low	Low
Underweight/frail	High	Vry Low	Vry Low	Vry Low
Evidence of exploitation	Low	Vry High	Mod	Vry Low
Misuse of money	Low	Rel High	Low	Vry Low
Marital/family conflict	High	Rel Low	Vry High	High
Self-blame	Low	Vry Low	High	Vry Low
History APS referrals	High	Moderate	High	Rel Low
Alert declaration psych abuse	Low	Vry Low	Rel High	Rel High
Alert declaration of phy/sex abuse	Vry Low	Very Low	Low	Moderate

Abuse-by-Other Risk Profiles

- 5) **11%:** High APS history, High confusion, High frailty, Rel. high unsafe environment, Rel. high alcohol use by caregiver

- 6) **32%:** High evidence of exploitation, Rel. high money misuse, Rel. *low* family conflict

- 7) **23%:** High family conflict, High self-blame, High poor judgment, Rel. high declaration of psych. abuse

- 8) **34%:** Few risk factors overall, Rel. *low* APS history, Rel. high declaration of psych. Abuse, Rel. high declaration of physical/sexual abuse

Risk Profile Questions

- Thinking of your APS client characteristics:

    - *What do you think of these profiles?*

    - *Do you think you would find similar groupings?*

    - *Any specific client profiles/characteristics you have experienced that differ from these profiles?*

Overall Risk Profiles Summary

- LCA analyses identified:
  - **4** Self-neglect risk profiles
    - ➢ 1 **13%:** Unclean/poor decisions
    - ➢ 2 **22%:** Poor decisions
    - ➢ 3 **8%:** Mental health concerns
    - ➢ 4 **57%:** Diffuse/relatively new to APS

  - **4** Abuse-by-other risk profiles
    - ➢ 5 **11%:** Confusion/frailty
    - ➢ 6 **32%:** Exploitation/financial concerns
    - ➢ 7 **23%:** Family conflict/psychological concerns
    - ➢ 8 **34%:** Diffuse/declarations of abuse

  - **2** "Both" risk profiles
    - ➢ 9 **49%:** Family conflict/psychological concerns
    - ➢ 10 **51%:** Confusion/exploitation

Risk Profiles and APS Outcomes

- Do risk profiles help us understand the types of outcomes achieved by APS?

Select Outcomes by LCA Risk Profile for Confirmed Abuse-by-Other Episodes

	All N=420	Profile 5 Confusn/ Frail N=48	Profile 6 Exploit/ Financial N=133	Profile 7 Conflict/ Psych N=96	Profile 8 Diffuse/ Decl Abs N=143	Sig.
Financial	12.4	8.3	24.8	7.3	5.6	***
Health	17.6	29.2	9.8	26.0	15.4	**
Safety	57.9	64.6	54.9	69.8	50.3	**
Unresolved protective issue	26.0	20.8	21.8	37.5	23.8	*
180-day APS recurrence	6.5	10.3	3.3	9.7	6.1	

* p<.05; ** p<.01; *** p<.001

Summary: Risk Profiles and APS Outcomes

- Different APS risk profiles exhibited significant and substantial variation across certain APS outcomes

- Most differences were consistent with practice-based expectations. For example:

  - Exploitation/financial issues profile was most likely to achieve a financially related APS outcome

  - Family conflict profiles were most likely to have unresolved protective issue

  - While not statistically significant, the more "difficult" or complex profiles tended to have highest 180-day APS recurrence rates

What about APS Interventions?

- To what extent do APS interventions facilitate the achievement of desires APS outcomes?

- How might that vary by APS risk profile?

Relationship between Risk Profile, Interventions, and Client Outcomes

- Conducted an "intervention" LCA for each risk profile

- Intervention LCAs results consistently identified 2 groups for each risk profile:

  - 1) **High Engagement Clients:** *high frequency* participation in **core interventions activities**

  - 2) **Low Engagement Clients:** *low frequency* participation in **core intervention activities**

Select Interventions by LCA Intervention Profile: Self-Neglect Profile 4 (Diffuse, Low APS History)

	Profile 4a N=139	Profile 4b N=101	Sig.
Bond/engage w/social worker	92.1	38.6	***
Accept education / information	86.3	22.8	***
Agrees to case management	77.7	3.0	***
Referral to services	70.5	16.8	***
Support system work w/APS	51.8	28.7	***
In-home nursing assessment	48.2	5.0	***

*** p<.001

Profile 4a

Very high levels of participation in most core interventions

Profile 4b

Fairly low levels of participation in the core interventions

Select Outcomes by LCA Intervention Profile: Self-Neglect Profile 4 (Diffuse, Low APS History)

	All N=240	Profile 4a High Engaged N=139	Profile 4b Low Engaged N=101	Sig.
Financial	8.3	12.2	3.0	*
Health	25.0	33.8	12.9	***
Safety	61.3	73.4	44.6	***
Unresolved protective issue	28.8	16.5	45.5	***
180-day APS recurrence	12.3	15.6	8.0	

* p<.05; *** p<.001

Select Interventions by LCA Intervention Profile: Abuse-by-Other Profile 6 (Exploitation)

	Profile 6a N=82	Profile 6b N=51	Sig.
Bond/engage w/social worker	100.0	19.6	***
Accept problem exists	81.7	7.8	***
Accept education / information	78.0	11.8	***
Support system work w/APS	56.1	29.4	**
Agrees to case management	45.1	9.8	***
Referral to services	41.5	23.5	*

* p<.05; ** p<.01; *** p<.001

Profile 6a

Very high levels of participation in most core interventions

Profile 6b

Fairly low levels of participation in the core interventions

Select Outcomes by LCA Intervention Profile: Abuse-by-Other Profile 6 (Exploitation)

|	All N=133	Profile 6a High Engaged N=82	Profile 6b Low Engaged N=51	Sig.
Financial	24.8	30.5	15.7	
Health	9.8	12.2	5.9	
Safety	54.9	65.9	37.3	**
Unresolved protective issue	21.8	13.4	35.3	**
180-day APS recurrence	3.3	5.3	0.0	

** p<.01

Summary: Select Risk Profiles, APS Interventions and APS Outcomes

- Overall pattern of *"highly" engaged APS clients* within each risk profile who received more of APS interventions and generally *achieved better APS outcomes*

- However, relationship between *APS "engagement"* and *APS recurrence* appears to be **more nuanced**

An Opportunity for Improved Outcomes – Prognosis for APS Non-Recurrence

- At case closure, APS social worker records a prognosis for APS non-recurrence in the TRIO

- "Prognosis" is a *6-point categorical scale* ranging from "poor" to "excellent"

- Based on *all* APS social worker knowledge of episode

- To what extent does *"prognosis" indicator* correspond to *actual APS recurrence?*

180-Day APS Recurrence by APS Social Worker "Prognosis" at Case Closure
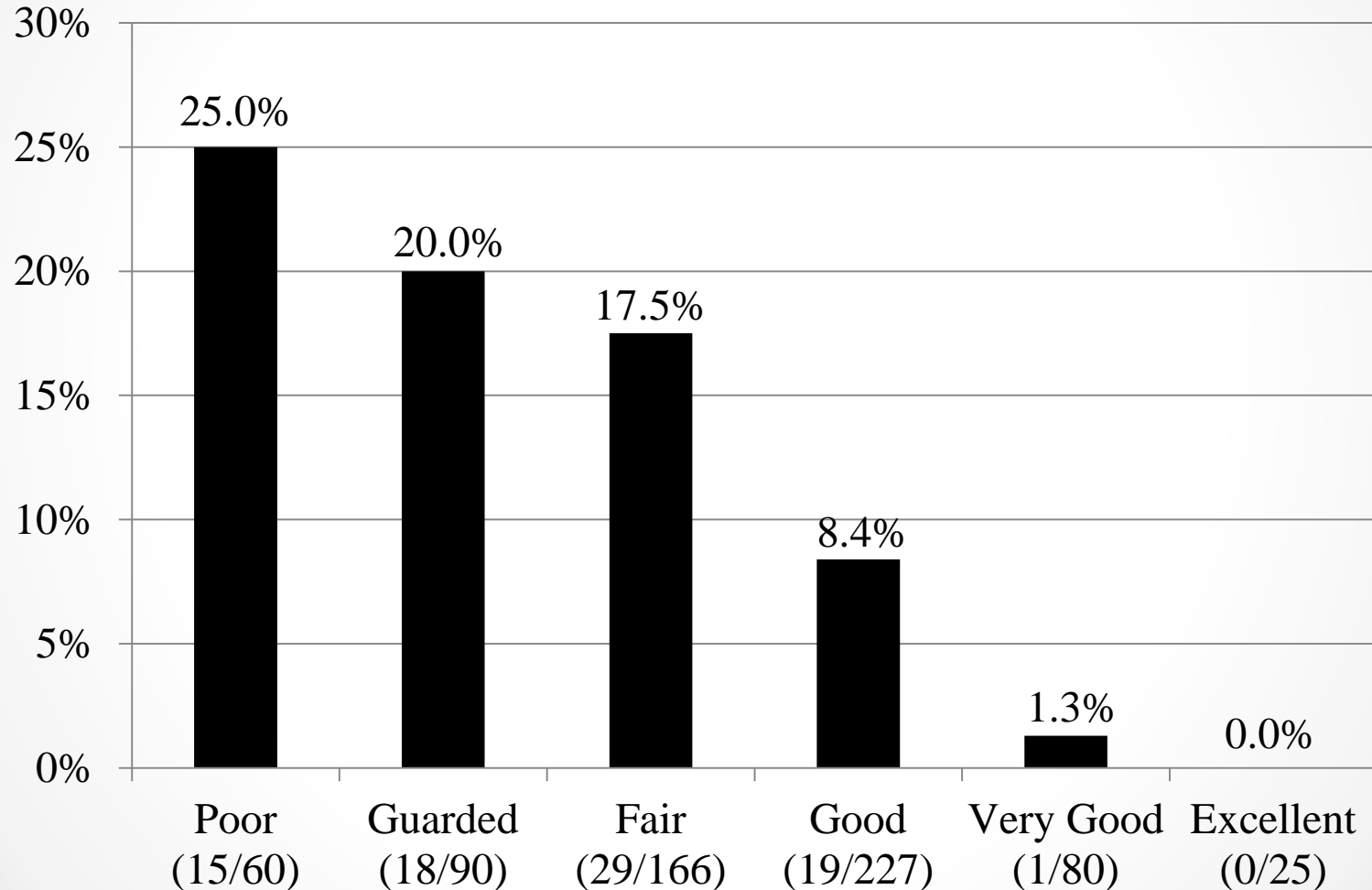
APS Recurrence and "Prognosis"

- APS social worker assessment expertise:

  - Statistically and substantially significant capacity to accurately assess risk of APS recurrence

- In APS systems *with* existing long-term follow-up or case management:

  - TRIO results indicate "prognosis" as valid technique for targeting scarce resources to high recurrence risk clients

- In APS systems *without* long-term follow-up or case management:

  - TRIO results provide empirical support for capability of APS social workers to accurately identify high recurrence risk clients, which could help justify value of long-term follow-up or case management programs

TRIO: Concluding Thoughts

- In addition to TRIO **APS practice benefits** (e.g., standardization), TRIO data are instrumental for *agency and field level knowledge development*

- Key contributions include a better understanding of:

  - *Who is served by APS*, particularly with the multi-faceted risk profiles exhibited by APS clients

  - *What interventions are typically provided* to what type of APS clients

  - *What types of outcomes are achieved* by the end of an APS episode

  - *What factors influence APS outcome achievement* (e.g., client risk profiles, interventions provided, level of "engagement" of client)

  - The capacity of APS social workers to *accurately identify clients at high risk for APS recurrence*

TRIO: Concluding Thoughts

- *Overall, the TRIO contributes to an APS strategy that seeks to provide the right intervention, at the right time, to the right client*

Acknowledgements

- County of Ventura APS Team

- Dr. Gregory A. Aarons, Ph.D. University of California San Diego, Professor of Psychiatry

- Rapid Response Team members

- Panoramic Software Corporation

- Administration on Aging

- Archstone Foundation

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