



NATIONAL ADULT PROTECTIVE
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THE NATIONAL APS RESOURCE CENTER

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Investigation Protocols

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The National Adult Protective Services Resource Center (NAPSRC) provides monthly Technical Assistance (TA) calls on subjects requested by the field. Our team of adult protective services (APS) experts provides this national TA to state APS administrators. This brief summarizes the information provided during the January 2015 call.

The NAPSRC has received multiple requests for technical assistance regarding investigation protocols. In the 2014 survey completed by APS administrators it was among the top five TA needs identified. Additionally, about one-third of the states that requested in-depth TA during the 2013-2015 Resource Center cycle asked for help on this topic. In partial response to these requests, this brief addresses the framework that APS programs need to provide to guide investigators. This framework, or protocol, also guides supervision, quality assurance, and other

program measures that oversee investigations. Investigation protocols are typically provided in the form of APS regulations, policies, and operating procedures and must be consistent with state laws governing the program.

The NAPSA Recommended Minimum Program Standards (NAPSA, 2013) provide guidance in crafting and revising investigation protocols. These standards define a protective services investigation as, "A systematic, methodical, detailed inquiry and examination of all components, circumstances, and relationships pertaining to a reported situation." They call for APS programs to have, "a systematic method, means, and ability to conduct and complete investigations in a timely and efficient manner to determine if reported abuse has occurred, and if services are needed."

The standards further call for APS programs to: make a determination of the veracity of the report including whether maltreatment has occurred, have a systematic method for making that determination and recording findings, and substantiate the report or not based upon careful evaluation of all investigation findings. Investigations must be conducted consistent with the NAPSA Code of Ethics, a key principle of which is, "... persons... who are victims of mistreatment should be treated with honesty, caring, and respect" (NAPSA, 2004).

To implement these standards, APS programs must have policies in place that address the various components. A procedure for receiving reports in a consistent and timely

About the National Adult Protective Services Resource Center (NAPSRC)

The National Adult Protective Services Resource Center (NAPSRC) is a project (No. 90ER0003) of the Administration for Community Living, U.S. Administration on Aging, U.S. Department of Health and Human Services (DHHS), administered by the National Adult Protective Services Association (NAPSA). 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.

manner statewide must be established along with reporting criteria and an intake protocol. Criteria and a method must be in place for determining whether reports will be screened in for investigation or screened out, perhaps with referral to another program. Triaging criteria to assess the urgency of needed response and required timeframes for commencing and completing investigations are needed. Required investigation components must be delineated to guide staff in conducting thorough assessments of abuse allegations and the client's safety. Established procedures for APS reports to other authorities such as law enforcement are also needed.

Essential supervision throughout the investigation should be spelled out in the form of "required supervisory junctures" or specific decision-making points at which investigators must receive and document the guidance and approval of their supervisors for key decisions.

Investigation policies and procedures must be clear and consistently applied throughout the program. It is also essential to build in room for clinical judgment and pathways for investigators to obtain management approval to deviate from standard procedures when required to preserve safety and implement the ethic of "do no harm." To illustrate, while a visit to the home of the client is an integral investigation step, sometimes this is impossible or contra-indicated. For example, a client who hoards and is profoundly embarrassed or fearful of allowing an investigator to enter the home may be willing to meet at a local coffee shop. This meeting may facilitate assessment of the client's condition and rapport building so that a home visit eventually occurs. As another example, an APS worker insisting upon visiting a victim of domestic violence in her home could exacerbate danger by enraging a controlling and suspicious perpetrator.

While unannounced visits are often essential in determining client risk level, in some circumstances they can trigger a crisis for the victim and potentially the investigator, particularly if the abuser is present. Well-informed investigation protocols identify normal procedures AND create mechanisms through which trained personnel can obtain management approval to tailor those procedures, based upon evidence, to protect safety.

Assessment tools utilized to assess client functioning must be valid, reliable, and standardized and used for their intended purpose. Investigators should not use tools unless they are specifically trained and authorized to administer, score, and interpret them. Formal evaluations, such as capacity evaluations conducted by

Recommended Minimum Program Standards call for investigations to include:

1. An assessment of report information to determine danger to client and the urgency (or triage level) with which the investigation should commence
2. A method for assessing potential danger to the assigned investigator
3. A visit to the client's home during which the investigator will respond to emergencies
4. Interviews with the reporter, client, collaterals, family, the alleged perpetrator(s) and relevant others
5. A review of relevant documents such as police reports and medical records
6. A needs and risk assessment to systematically screen the client's physical health, functional ability, mental health status and capacity, formal and informal supports, environment, and finances.
7. An assessment of the alleged perpetrator(s) to ascertain risk to the client's safety and independence. (This component obviously does not apply in self-neglect cases, although all other information does.)

From [NAPSA Recommended Minimum Program Standards](#).

Investigation To Do List

- Determine if report is accurate
- Determine if client is at risk
- Assess client's over-all care, condition, abilities, and limitations
- Screen for unreported maltreatment
- Document all findings including unsuccessful attempts to collect information
- Offer needed emergency/crisis intervention
- Use supervision to plan and conduct required steps, analyze findings, and draw conclusions
- Comply with program policies and standards.

trained specialists, should be arranged when indicated (see Ramsey-Klawnsnik, 2014 for a discussion of cognitive assessment tools and procedures).

To conduct thorough and effective investigations that accurately assess the veracity of the allegations and client risk level, investigators need to know forensic principles, or methods of collecting and documenting evidence in an objective, logical, and accurate manner. They also require the ability to build rapport, conduct skillful interviews, analyze information gathered, and document essential findings. Worker compliance with regulations is absolutely essential, including applying abuse definitions and required response times, key steps, completing required forms and documentation, and using supervision.

State investigation protocols need to delineate the specific steps that are typically required to investigate alleged maltreatment and reflect that these steps need to be carried out in a logical order.

During planning review the reported and known information and identify the triage level and required response time. Strategize steps to be taken to mitigate safety risks to client and investigator. Identify people to interview and records to review. Determine sequence and method of accessing information sources and create a list of information needed from all sources. Revise the plan as the investigation proceeds based upon findings.

Providing principles and techniques of investigative interviewing is beyond the scope of this brief. It is imperative, however, that APS programs provide adequate training for investigators in interviewing alleged victims, people with disabilities, alleged perpetrators, and relevant collaterals. Close supervision is needed to help investigators prepare for these challenging and sensitive interviews as well as analyze findings following interviews. There are sources of information available regarding investigative interviewing skills, including the Academy for Professional Excellence elearning APS courses, Ramsey-Klawnsnik, 2004 a & b, 2005 a & b; and Ramsey-Klawnsnik & Klawnsnik, 2004. It is important that investigators recognize that throughout all interviews sensory perceptions (what they see, hear, smell, etc.) are important data to be factually documented along with verbal findings.

Analyze collected data to determine its relevancy to the allegations. Consider conditions under which data was provided. For example, a hospitalized client who is interviewed the day following surgery is expected to demonstrate cognitive ability below that person's norm due to trauma and medications. Consider which specific findings support and refute each allegation, if there is missing information (for example, banking records), if missing data can be obtained, and the impact of missing data on conclusions. Review state abuse definitions and accumulated evidence to determine which allegations, if any, to substantiate. Protocols should establish a standard of evidence to be applied when investigation conclusions are reached. Typically APS programs apply the "preponderance of evidence" standard requiring that at least slightly more than half of the evidence supports an allegation to substantiate it. This standard is very different from the "clear and

convincing” and “beyond a reasonable doubt” standards typically applied in criminal situations. For a discussion of evidence standards, see Heisler, 2014.

Another essential element to address in state investigation protocols is documentation requirements. Individual case records should reveal:

- The specifics of allegation(s) made in the report
- Agency action taken (screen in or screen out report for investigation and triage level if accepted)
- All casework decisions made and the rationale for these
- Action steps taken to investigate
- The findings from these steps
- Worker/supervisor analysis of these findings
- Conclusions or substantiation decisions reached
- Interventions offered during the investigation and the outcome (whether or not accepted, if

About the Author

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. Her work on federal projects includes those funded by the U.S. AoA, CDC, NIA, NIJ, OVC, and OVW.

Typical Investigation Steps and Sequence

- Plan the investigation
- Contact the reporter to confirm information received
- Observe and attempt to interview the client
- Collect collateral data such as information from care providers and relevant records
- Interview the alleged perpetrator(s)
- Analyze all findings
- Make substantiation decisions
- Accurately document investigation steps and findings in a timely manner
- Respond to emergencies throughout

accepted or arranged through court order, the impact of that intervention).

Documentation needs to reveal that agency policies and procedures, ethical principles, and relevant laws were followed throughout the investigation and that supervision occurred at key casework junctures.

An effective and thorough investigation protocol is essential for APS programs. This protocol guides the work of staff and is directly related to the quality of investigations conducted. Of course, having a protocol in place is not sufficient to insure adequate investigations. Investigation quality is also intricately linked to staffing patterns, hiring procedures, basic and ongoing staff training provided, supervision and administration provided, professional consultation available to investigators, quality assurance measures in place, the documentation system in use, and program relationships with community partners including law enforcement and health professionals. Internal consistency among APS program components is also needed. For example, timelines for investigation completion must be consistent with caseloads. (See Ramsey-Klawnsnik & Teaster, 2012 for a

discussion of APS programmatic issues affecting investigation quality).

The quality of investigations conducted by an APS program determines the appropriateness and effectiveness of the interventions that the program can provide. Investigation quality is also linked to the degree to which clients and the public are well-served by the program, community perceptions about the program, staff morale, and the outcome of hearings and appeals that may follow investigative decisions.

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