



Texas Department of
Family and Protective Services

Opening the Door to Engagement

How to work effectively
with those who are at risk for elder abuse



BROOKDALE CENTER
for Healthy Aging

Hunter College / The City University of New York



Adapted through collaboration with the Texas APS program and the CLOE/APS
Training Division




**TURN
IT OFF.**



Training Objectives

- Focuses narrowly on the dynamics of engagement
- Addresses building relationships and problem-solving

A person wearing a white jet suit is running through a field of tall, golden-brown grass. The person is seen from behind, moving away from the viewer towards the horizon. The sky is a mix of blue and grey, with some clouds. A semi-transparent white rectangular box is overlaid on the center of the image, containing the text.

Our goal is to practice and support skill development, not to critique.



What is Engagement?

To *ENGAGE* is to:

- Occupy, attract or involve someone's interest or attention
- Cause someone to become involved in conversation
- Connect

The background of the slide features a photograph of a person's legs and feet as they descend a set of stairs. The person is wearing green trousers and dark sneakers with white soles. The stairs have grey treads and bright orange-painted risers. A semi-transparent white rectangular box is centered on the left side of the image, containing the title and list of stages.

Stages of Engagement

Stage 1: Pre-engagement

Stage 2: Building rapport

Stage 3: Reaching for mutual understanding



Preparing for Engagement: Before the Visit



Preparing for Engagement: Safety





During the Visit

- After knocking on the door or ringing the doorbell, move slightly to one side.
- Have identification visible
- Observe and document the condition of the home; be sure to keep an eye out for infestation
- Remain in area accessible to an exit
- Ask permission before entering

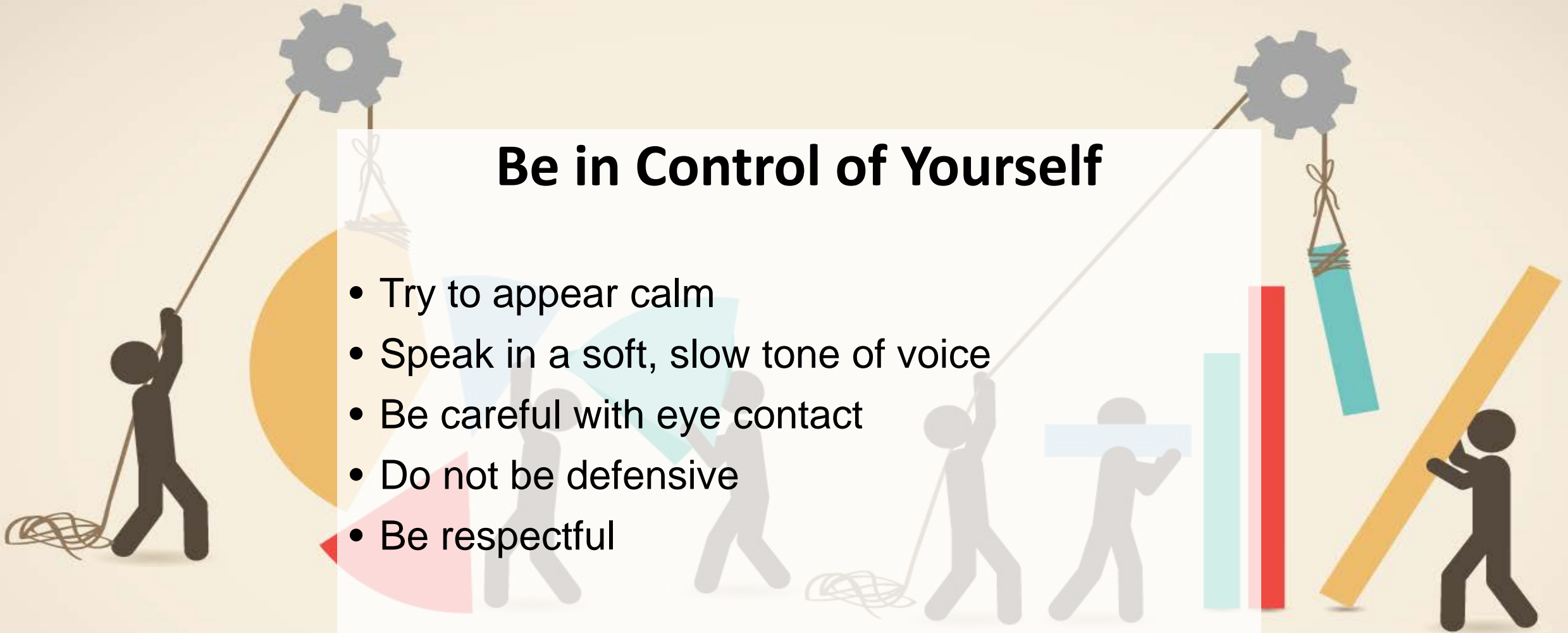
An elderly woman with short, light-colored hair is looking through a white doorway. She has a concerned or cautious expression on her face. She is wearing a light purple collared shirt under a cream-colored cardigan. Her right hand is visible, resting on the white door frame. To her right, a portion of a teal-colored door is visible. The background is slightly blurred, showing an interior space.

Safe Communication

- Clearly and respectfully identify yourself, your agency, and your purpose
- Ask if anyone else is home
- Politely decline any food or beverage
- Be alert

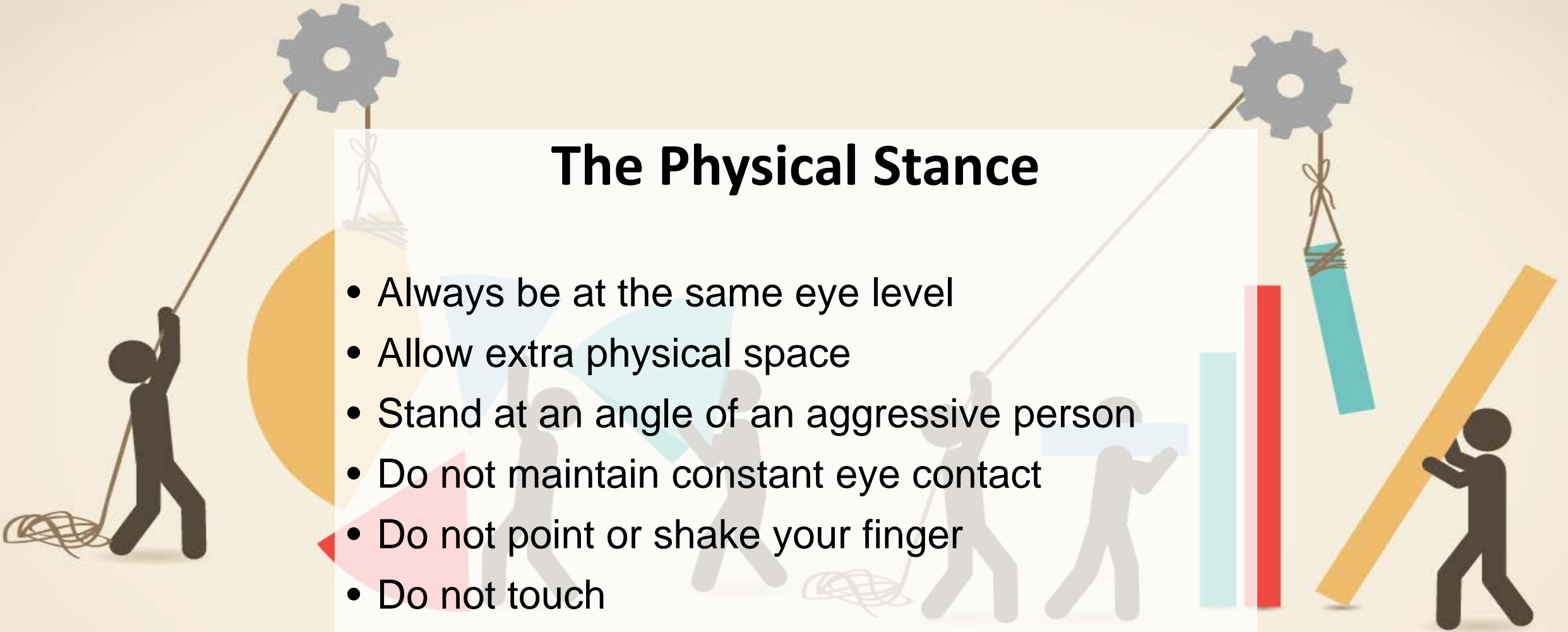
Be in Control of Yourself

- Try to appear calm
- Speak in a soft, slow tone of voice
- Be careful with eye contact
- Do not be defensive
- Be respectful



The Physical Stance

- Always be at the same eye level
- Allow extra physical space
- Stand at an angle of an aggressive person
- Do not maintain constant eye contact
- Do not point or shake your finger
- Do not touch
- Keep hands out of pockets



The “Jack Benny Stance”





The De-Escalation Discussion

- Primary goal - try to bring person's level of agitation down
- Do not raise your voice or tell the person to calm down
- Do not argue or try to convince
- When in doubt, **LEAVE IMMEDIATELY**





V - E - R - B

VALIDATE

You **validate** a person's feelings and experience.



V - E - R - B

E – EXPLORE & EXPLAIN

You actively explore the situation by asking for details, and always explain in a warm, concerned manner why the information is important.



V - E - R - B

REFLECT & RESPECT

You reflect (repeat) important information that the person says or otherwise expresses, to show that you are listening and comprehending, always with respect for the client's circumstances and feelings.



V - E - R - B

BUILD

You **build** trust.

You **build** the relationship.

The background of the slide features a photograph of two individuals. On the left, the back of a person's head and shoulders are visible; they have short, curly grey hair and are wearing a teal-colored shirt. On the right, a woman with curly brown hair is smiling broadly, wearing an orange long-sleeved top. They are standing in front of a red brick wall. A semi-transparent white rectangular box is centered over the image, containing the title and a bulleted list. A thin yellow horizontal line is positioned above the white box.

The “Universal Greeting”

- Appropriate greeting with name, (if known)
- Identify yourself / affiliation (if unknown)
- Explain the reason for the contact
- Ask a relevant question, if needed

Engagement Practice: At the Door

- Approaching the home
- Assessing safety
 - If no one answers?
- Assess immediate client health and safety concerns
- Observe and document condition of the home
- Observe client's physical appearance, body language and behavior



Role Play Exercise

The background features silhouettes of five people in various poses, suggesting a group discussion or role-play activity. Above them are several large, colorful speech bubbles in shades of orange, pink, light blue, red, and green. A semi-transparent white box is centered over the image, containing the title and a list of discussion questions.

Discussion of role plays

- What worked well in this role play?
- What was a challenge?
- What could be improved?

A woman with curly hair, wearing an orange top, is smiling and holding a white business card. She is standing in front of a brick wall. To her left, the back of a person wearing a teal shirt is visible. A semi-transparent white box with a light orange border is overlaid on the image, containing the text.

Remember...

- Do not appear to be in a hurry
- Introduce yourself with the “Universal Greeting”
- Show badge and provide a business card
- Be respectful



Remember...

- Regulate body language, tone, and gestures
- Speak calmly, clearly, and slowly
- Be mindful of tablet use

Remember...

- Behaviors to avoid:
 - Rigid, confrontational posture
 - Slouching
 - Fidgeting





Through the Door



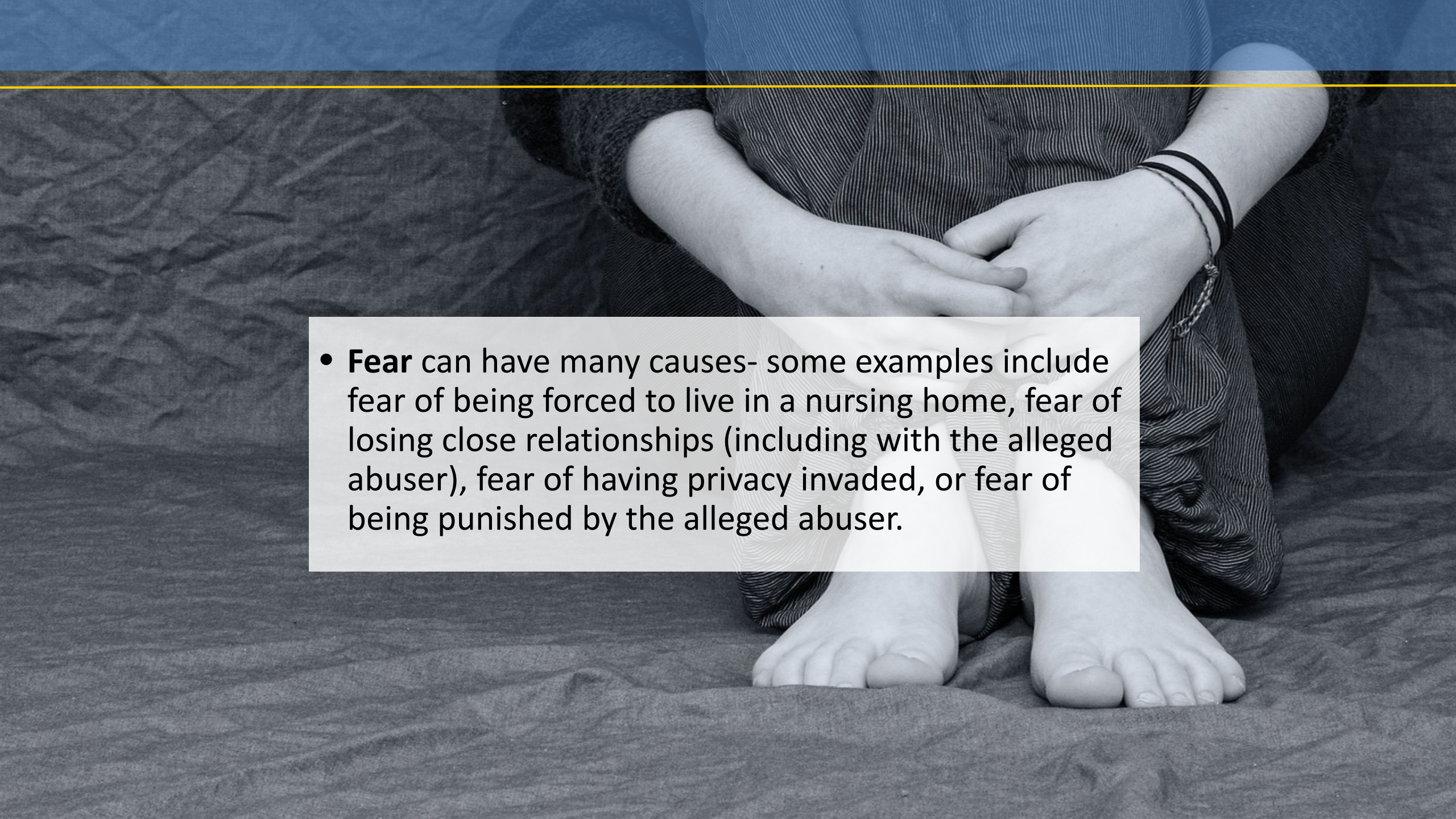
Engagement Practice: Barriers to Engagement

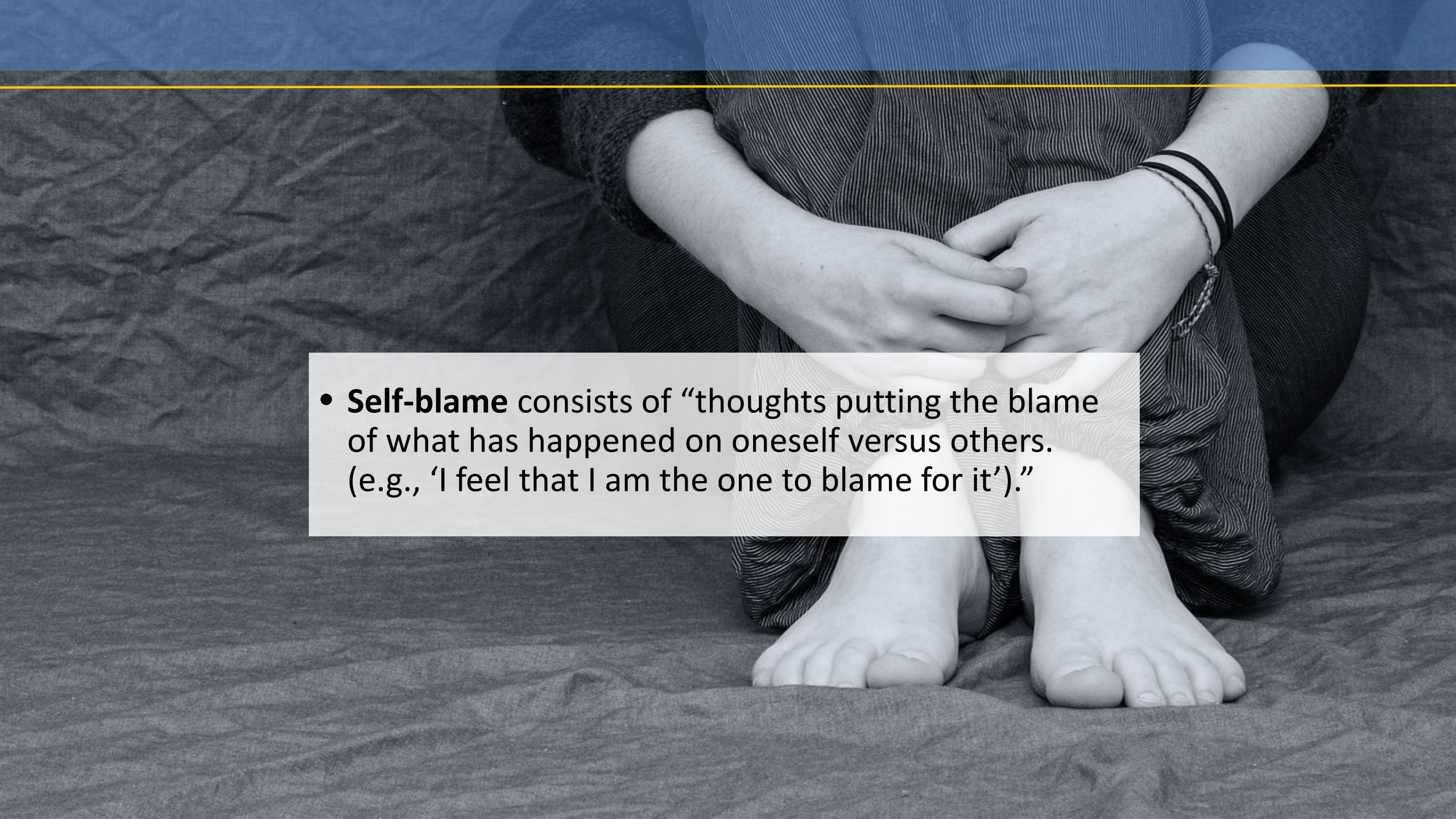


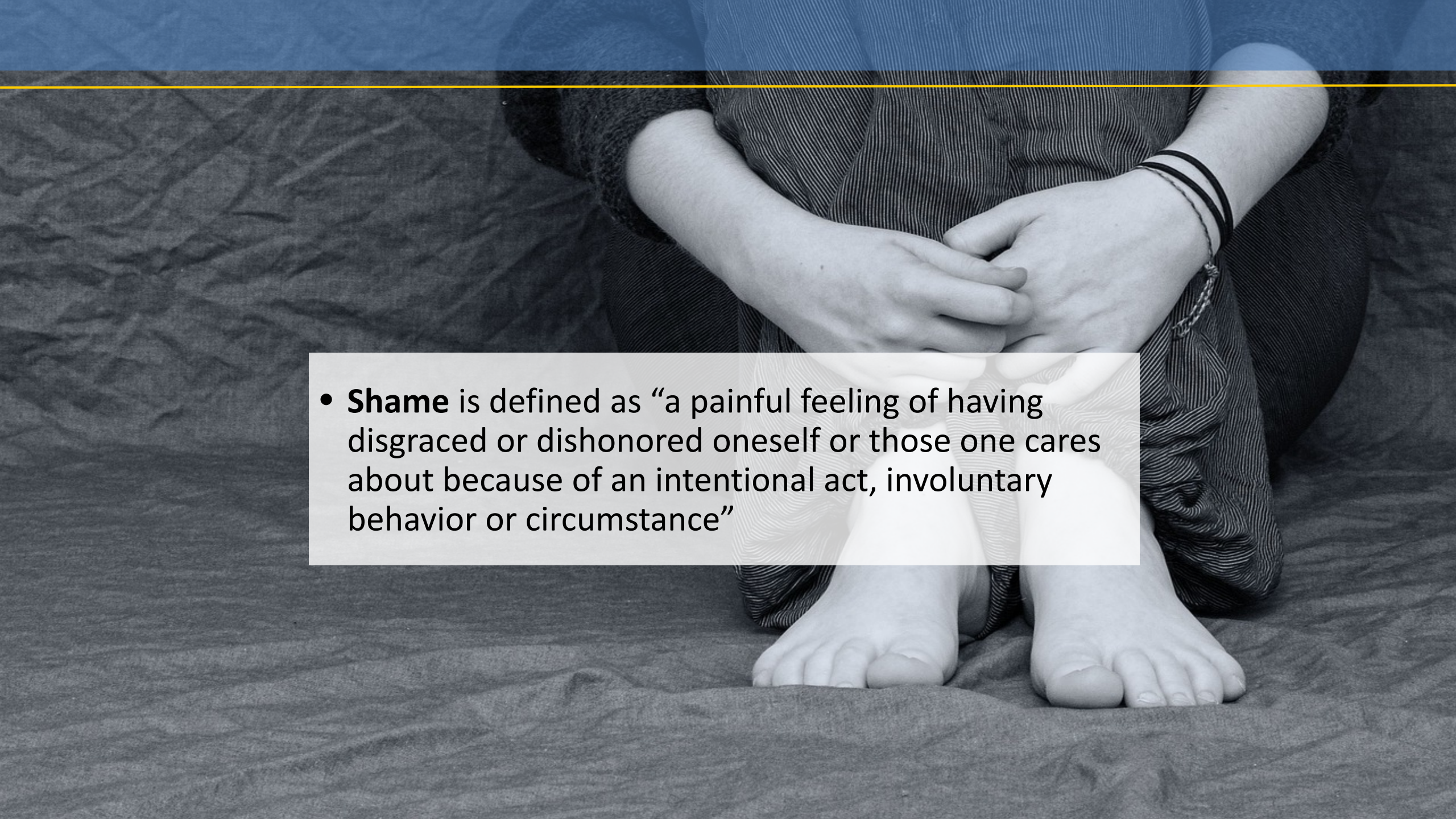
Mistrust



Fear, Self-Blame and Shame

- 
- **Fear** can have many causes- some examples include fear of being forced to live in a nursing home, fear of losing close relationships (including with the alleged abuser), fear of having privacy invaded, or fear of being punished by the alleged abuser.

- 
- **Self-blame** consists of “thoughts putting the blame of what has happened on oneself versus others. (e.g., ‘I feel that I am the one to blame for it’).”

- 
- **Shame** is defined as “a painful feeling of having disgraced or dishonored oneself or those one cares about because of an intentional act, involuntary behavior or circumstance”



Group Discussion

Engaging with Alleged Abusers



- It is normal to experience fear, anger and other strong emotions when thinking about working with alleged abusers
- To engage with alleged abusers, we must be willing to temporarily try to look at things from their perspective

A background image showing two men in a conversation. On the left, a white man with short brown hair, wearing a light blue and white striped shirt, is looking towards the right. On the right, a Black man with short dark hair, wearing a light green button-down shirt, is seen in profile, looking towards the white man. The background is a blurred indoor setting with a wooden railing visible on the left.

Summary- Engaging with Alleged Abusers

- Conversing with the alleged abuser does not mean condoning abuse
- Remember that your job as an APS specialist is to listen, assess, document, and investigate, not to prosecute

Summary- Engaging with Alleged Abusers



- Many approaches that are effective with alleged victims (like V-E-R-B) can also work with alleged abusers
- Both specialist and client safety should always be top priority



Group Discussion



The background features a collage of torn paper in various shades of yellow, tan, and brown. A purple speech bubble is positioned in the upper center, containing the title. The overall aesthetic is crafty and textured.

Group Exercise

1. What can you say to the client to provide closure for the visit?
2. How can you use body language to underscore the end of your visit?
3. An older adult client does not recognize that the interview is over. What can you say to end the visit?



Remember...

Self-care can prevent exhaustion, making it easier to engage without getting overwhelmed.



Questions?



THANK YOU



Opening the Door to Engagement

Training for APS Specialists in How to Work Effectively with individuals Who Are at Risk for Elder Abuse

Facilitator's Guide

What is Engagement?

Engagement means getting to know individuals and listening to their views, feelings and experiences. It is not merely seeking answers to the questions you have about their present safety or any abuse that may have occurred, but getting information about needed change or support. Engagement includes building a trusting, professional relationship with the purpose of eliciting information that will help you help the client.

Engagement is a constant, ongoing process. It begins from when you first get assigned a case, to when you go on your first visit, and continues until the case is closed.

Think of engagement as **three stages**:

- Stage One: "Pre-engagement" - Considering any assumptions the specialist makes about the client, family member, or environment. Assumptions might depend on the allegation(s), or client age, gender, race, and family history. Your assumptions might be expressed through body-language, showing interest, facial expression, or tone of voice throughout any time spent with clients or family members. Also think about any points that you'd like to get more information about.
- Stage Two: "Establishing Rapport" - Starting to build a relationship with the client or family member so that the specialist can gather important information. This includes rituals like saying hello and following client's lead regarding shaking hands. And it also includes behaviors like demonstrating respect, showing concern or curiosity, or being genuine.
- Stage Three: "Reaching for Mutual Understanding" - Specialist and client exchange information in an effort to come to some common understanding of the situation, who the client is, what's important to the client, and their experiences.

Engagement is the process through which you build a genuine and appropriate relationship with a client and with others involved in the client's life. The engagement process is important to consider throughout the entire case.

Before the Visit

Let's begin by discussing Stage One: "Pre-engagement". Take a couple of minutes and write down what you typically do to prepare for a visit in the field.



Activity 1: Preparing for the Interview

Instructions: Provide participants 2 minutes to write down ways that they prepare before going into the interview with an alleged victim or client. Answers may include reviewing the intake report, preparing questions, reviewing the client's medical history, or staffing the case with their supervisor. After a couple of minutes, ask for some volunteers to share what they wrote down.

Other things to consider before going into the interview include:

- Have you conducted a victim/client and alleged perpetrator search?
- What are some pre-conceived notions that you might have about a client before you meet the client? How are these assumptions harmful or helpful?
- How do you typically feel when you're on the way to make an initial home visit? What do you do to prepare emotionally? Mentally?
- How does knowing your own needs, motives and feelings help you to engage?

Preparing for Engagement: Safety

Your safety is also important and should be taken into consideration before entering a person's property. In preparation for the visit, a specialist must feel *and* be safe so that they can address a client's health and safety. Safety is always the first concern. You can end the visit and leave whenever you feel unsafe.

ASK

What are some steps that you can take to make yourself safer while in the field?

Answers may include:

- Park on the street facing the exit, **not** in the driveway
- Do not carry anything unnecessary – bring only what you need to conduct the interview
- Wear very little jewelry and leave any expensive jewelry at home
- Wear light colored clothing, making it easier to spot any insects that leave the facility/home with you
- Wash your hands with antiseptic or antimicrobial soap both before and after each visit
- Move valuables to your trunk or hide them before you leave for a visit

During the Visit

- After knocking on the door or ringing the doorbell, move slightly to one side.
- Have your identification visible, but do not wear it around your neck where someone could grab it. Confirm if there are pets and if so, ask if pets can be contained during your visits.
- If you suspect an insect infestation, ask to open blinds or curtains or to turn on lights. Nocturnal insects usually hide from light.
- If you suspect a rodent infestation, you can look for droppings around food packages, in drawers or cupboards, and under the sink; nesting material such as shredded paper; and signs of chewing on food packaging, walls, and floors.
- Be aware of your surroundings and pay attention to items in the home, especially if you see weapons. Also keep in mind that many things can be used as weapons against you.
- Do not assume that a frail or older person cannot be dangerous.
- Try not to sit with your back to any exposed doorways; try to remain in an area with easy access to an exit. Always know your exit strategy.
- If someone locks the door behind you, ask if they can unlock it. Also do not let anyone get between you and a door.
- Do not interview in the kitchen where knives and other dangerous kitchen utensils are readily available, especially if there is a risk that the person could become agitated.
- Sit in a solid chair instead of on a fabric-covered couch or chair when possible. It is easier to get up and may prevent exposure to germs and insects. Likewise, do not place any items on upholstered furniture, bedding, or carpet.

Safe Communication Techniques

If you do find yourself in a situation that feels unsafe, there are 3 parts to verbal de-escalation (*Instructor then covers the following points, demonstrating “The Physical Stance” as necessary, and refers participants to the Participant’s Guide*):

1. Be in control of yourself

- Try to appear calm even if you don’t feel it. Relax facial muscles and shoulders. Your anxiety can make others feel anxious which can escalate aggression.
- Speak in a soft, slow tone of voice.
- Be careful with eye contact when the other person is upset- both too much sustained eye contact and too little eye contact can worsen the situation.

- Do not be defensive-even if the comments or insults are directed at you, they are not about you. Do not defend yourself or anyone else from insults, curses or misconceptions
- Be very respectful even when setting limits or calling for help. The agitated individual can be very sensitive to feeling shamed and disrespected. We want him/her to know that it is not necessary to show us that they must be respected. We automatically treat them with dignity and respect.

2. The Physical Stance

- Always be at the same eye level. Encourage the person to be seated, but if they are standing, you stand up also. Never let someone stand over you.
- Allow extra physical space between you – about four times your usual distance.
- Do not stand full front to the aggressive person. Stand at an angle so you can sidestep away if needed.
- Do not maintain constant eye contact. Allow the agitated person to break his/her gaze and look away.
- Do not point or shake your finger.
- Do not touch. Cognitive dysfunction in agitated people allows for easy misinterpretation of any physical contact. Generally, it's a good practice not to touch someone who is agitated.
- Keep hands out of your pockets, up and available to protect yourself. It also demonstrates, non-verbally, that you do not have a concealed weapon.
- *Instructor shows slide of the “Jack Benny” stance and notes:* You can try the “Jack Benny” stance, in which you stand sideways and bring your hand near your face with the elbow down. You could do this by scratching your head, rubbing your nose or adjusting glasses. Try to look harmless and relaxed. It also demonstrates, non-verbally, that you do not have a concealed weapon.

Engagement Practice: V-E-R-B

V-E-R-B is an original training concept created by The Brookdale Center for Healthy Aging that helps APS specialists to engage with clients. V-E-R-B can be applied in all stages of engagement with alleged victims of elder abuse and alleged abusers, but can be especially important in **Stage 2 “Establishing Rapport”** and **Stage 3: “Reaching for Mutual Understanding.”**

V-E-R-B

V = VALIDATE

E = EXPLORE & EXPLAIN

R = REFLECT & RESPECT

B = BUILD

Validate, explore and explain, and **reflect and respect** are basic techniques that can assist in engaging with clients. Using these techniques, you can **build** the kind of relationship that leads to positive case outcomes. One way to remember V-E-R-B is to think of the interview process as a verb, an active and authentic part of your skill set as a professional helper.

V – VALIDATE

You **validate** a person's feelings and experience. For example:

"That is a difficult situation. I can understand why you were feeling frustrated and overwhelmed." Or, with positive events: "That does sound wonderful. I can see why you still feel proud of that achievement."

Non-verbal communication can also help with validation. Show that you are listening and understanding through gestures (e.g. nods, smiles, looks of concern) and brief verbal cues (e.g. *"I see"* or *"I understand."*).

E – EXPLORE & EXPLAIN

You actively **explore** their situation by asking for details, and always **explain** in a warm, concerned manner why the information is important. For example:

"Tell me more about what happened. I know this is difficult for you, but I need this information to get a clearer picture of what's going on."

"I'm required to ask these questions. My purpose is to help."

You can also probe further about any general statements. *For example:*

"What kinds of things are concerning you?"

"What does he/she say or do that gives you that idea?"

You can also offer a few words of reassurance while nodding, leaning slightly forward: *"It's okay"* or *"You can take your time."*

R – REFLECT & RESPECT

You **reflect** (repeat) important information that the person says or otherwise expresses, to show that you are listening and comprehending, always with **respect** for the client's circumstances and feelings. For example:

"What I hear you saying is that you're concerned about what happens next" or "It sounds like you're anxious about what's happened, Mr. Jones."

Talk directly to an older client using the same tone of voice that you would use with any other adult. Never 'speak down' to the person, or talk about the person to others in the room as if the person was not present.

B – BUILD

You **build** trust. You **build** the relationship. For example:

"Let's see if we can solve this problem together. I'll need your help."

Validating, exploring and explaining, reflecting and demonstrating respect should help you in building trust and establishing engagement. This in turn facilitates disclosure so that you can gather detailed, valid information that will guide your next steps. These steps always include building the expectation that help is in fact available, and that things can change for the better.

During the Visit



Activity 2

The "Universal Greeting" is the first step in conducting an effective interview and helps avoid unintentionally escalating the behaviors of the person you are interviewing. In preparation for the first visit, you should be familiar with the Universal Greeting.

Instructions: Ask participants to work with the person sitting next to them for this activity. Each person will introduce themselves using the Universal Greeting.

1. Appropriate greeting with name (if known)
2. Identify yourself/affiliation (if unknown)
3. Explain the reason for the contact
4. Ask a relevant question, if needed

For example, "Good morning, my name is Amanda Notto from Adult Protective Services in Texas. I'm here to get to know you a bit and to work with you to better understand the engagement process. Would you mind introducing yourself?"

Once you have introduced yourself, now it's time to get through the door. You first establish a connection by building rapport with the individual, which is stage two of the engagement process. This may lead to stage three, "Reaching for Mutual Understanding"; however, sometimes you are simply setting the stage for engagement; you do not necessarily need to enter the home in order to engage.

ASK

What are some ways that you have built rapport with clients in the past?

Once you have established trust and connection, then you may assess any immediate client health and safety concerns by asking questions such as, “How are you feeling today? Do you need anything before we start to talk? Have you eaten yet? I usually find it easier to talk when I’m not hungry.” If there are any immediate medical concerns, call 911. Next, document your observations of the overall condition of the home. Is the home relatively clean? Are utilities working? Is there food in the home? It’s important to note that this observation can also facilitate engagement. For example, you can make observations that start to build rapport (e.g. asking about a family photo you see on the wall, comment on friendly pets, potential hobbies).



Activity 3

Instructions: Ask for a volunteer to play the investigator in this scenario. As the trainer, you will play the client from one of the following scenarios:

Group 1: Specialist is greeted by a nervous/fearful older person. They are afraid about letting the specialist in, and does not provide detailed answers to any questions. This is an initial visit and initial assessment regarding an elder abuse referral.

Group 2: Specialist arrives and the older adult seems confused and disoriented when the specialist tries to explain who they are. This is the initial visit and initial assessment regarding potential self-neglect.

Group 3: Specialist is greeted by a person who is an alleged victim of elder abuse. The specialist already spoke with them on the phone the person agreed to have the specialist come. The person seems irritable, and refuses entrance to the APS specialist.

The goal of this activity is for the investigator to make it through the door by practicing the V-E-R-B techniques. The trainer should try her best to act as the client in this situation.

Once completed, thank the participant for their assistance and ask the following to the class:

- What worked well in this role play?
- What was a challenge?
- What could be improved?

Throughout the discussion, **Instructor emphasizes** that specialists should:

- Remain calm.
- Be clear and firm, but not defensive.
- If you are clearly threatened or feel threatened, **end the visit and leave immediately.**

- A visit can be a success just leaving your card; you don't need to necessarily enter the home to be successful in beginning the engagement process

Through the door

Once through the door, begin the interview with orienting information, such as the purpose of the interview and what you would like to accomplish.

Ask permission to enter the home or to sit. A simple, respectful request can help the client to feel less anxious.

Begin with open-ended questions to help to build trust and rapport, as well as assess your client's strengths. Be careful not to ask leading questions, especially initially, about specific problems or people. Examples: "How are you feeling?" not, "What happened to your arm?"

Avoid leading questions. Leading questions like "Don't you think you'd be happier if you stopped yelling at your father?" or, "Isn't your son the one who threatened you?" don't lead to the truth. Instead, ask open-ended questions that prompt others to tell their version of the truth.

"Tell me what happened next."

"What did you do then? How did he react?"

Ask for specific details. Sometimes, people get stuck in generalizations that need more exploration or may not be true. When someone makes a general statement, ask them to explain more specifically what they mean. Use a concerned, attentive tone of voice; it's an interview, not an interrogation.

Daughter: "My mother makes me angry."

Specialist: "How does she do that?"

Mother: "I guess I'm just too stupid to know what's right for her."

Specialist: "What makes you think that?"

Responding During the Visit	
Client	You
Who told you to come here?	<i>I can't give you that information. All information about referral sources is confidential.</i>
Are you going to send me to a nursing home?	<i>My job is to make sure that you are safe and that essential needs are taken care of. We would only work with you and your loved ones to change where you lived if that was clearly the best possible choice for you.</i>

Are you going to send my son to jail?	<i>My job is to make sure that you are safe and that essential needs are taken care of. We would only involve law enforcement if that was clearly necessary and affected your safety.</i>
You have no right to be here.	<i>We are required by law to make a home visit for any person that we accept for assessment.</i>
Get out of here and don't come back!	<i>I understand that you would rather not have me here. I am required to visit and to assess the current situation here, until I'm able to make sure that everyone is safe and essential needs are being take care of. It seems like this might not be the best time.</i> Note: Depending upon body language and tone, you may need to leave immediately

Barriers to Engagement



There are many things that can make engagement challenging, including client fear, self-blame, shame, mistrust of authorities. We'll discuss a few of these, knowing that this will not be totally complete.

Mistrust is very common- Just as you may have assumptions about clients or family members before meeting them, alleged victims and alleged abusers can have negative ideas about APS specialists. They may have had poor experiences with social service systems in the past.

Fear, self-blame and **shame** are common barriers, and may sometimes be the root cause of challenges in engagement.

Fear can have many causes- some examples include fear of being forced to live in a nursing home, fear of losing close relationships (including with the alleged abuser), fear of having privacy invaded, or fear of being punished by the alleged abuser.

Self-blame consists of “thoughts [of] putting the blame of what has happened on oneself versus others. (e.g., ‘I feel that I am the one to blame for it’).” (Balzarotti, S., Biassoni, F., Villani, D. , Prunas, A., & Velotti, P. (2016).

Individual differences in cognitive emotion regulation: Implications for subjective and psychological well-being. *Journal of Happiness Studies*, 17(1), 125-143)

Shame is defined as “a painful feeling of having disgraced or dishonored oneself or those one cares about because of an intentional act, involuntary behavior or circumstance” (Social Work Dictionary, 2003).

As one general example, consider an older man who feels embarrassed that a “stranger” comes to his home every day to bathe, dress and feed him. He also has to hand over his monthly Social Security check to his daughter who pays the caregiver and also provides care for him. If his caregiver(s) becomes

emotionally abusive toward him or steals from him, he might blame himself. (e.g. “*I deserve this. I can’t even take care of myself.*”)



Activity 4

Instructions: Working with their partners, have participants review the following questions and discuss for 2 – 3 minutes. Then, ask for a volunteer to share what they talked about.

- Think about a case one or more participants have had in which engagement was especially difficult...
- Why do you think the client had difficulty engaging with you?
- What did you do to overcome these barriers?
- What did you do to build trust?

Engaging with an Alleged Abuser

It is normal to experience fear, anger and other strong emotions when thinking about working with alleged abusers. It is important to be able to discuss these feelings with a supervisor. To engage with alleged abusers, we must be willing to temporarily try to look at things from their perspective – their way of thinking, grievances, and needs.

Conversing with the alleged abuser does not mean supporting abuse. It means that you are trying to understand his or her point of view, what he/she might be doing, and why. In this way, you begin to lay the groundwork for an effective intervention.

When you engage an alleged abuser you *may* find that they also feel victimized. For example, they may talk about how stressful caring for their aging parent is, or talk about situations at work or in other relationships that feel unfair to them. You can empathize with these feelings without implying that any alleged abuse is justified.

Many approaches that are effective with alleged victims (e.g. V-E-R-B) can also work with alleged abusers. Be prepared for the possibility that alleged abusers may be defensive, anxious, agitated, and unfocused or even hostile. Safety should always be your first priority.



Activity 5

Instructions: Allow participants a couple of minutes to discuss with their learning partner the following questions. After a couple of minutes, ask for volunteers to share what they discussed.

- Think back to an interview you had with an alleged abuser. What went well with the interview? What aspects of the V-E-R-B model could you have incorporated?



Activity 6

Instructions: Allow a few minutes of open group discussion over the following points:

- What can you say to the client to provide closure for the visit?
- How can you use body language to underscore the end of your visit?
- An older adult client does not recognize that the interview is over. What can you say to end the visit?

Conclusion

To end the training, the instructor covers the following:

- Advise participants that the Engagement Tips Summary page can be found in the back of their Participants' Guide.
- Remind that the summary of the information reviewed today is in their Participants' Guides.
- Ask if there are any final questions or comments
- Thank them for their time and participation and say goodbye.



Opening the Door to Engagement

Training for APS Specialists in How to Work Effectively with individuals Who Are at Risk for Elder Abuse

Participant's Guide

What is Engagement?

Engagement is a constant, ongoing process. It begins from when you first get assigned a case, to when you go on your first visit, and continues until the case is closed.

Think of engagement as **three stages**:

- Stage One: "Pre-engagement"

- Stage Two: "Establishing Rapport"

- Stage Three: "Reaching for Mutual Understanding"

Engagement is the process through which you build a genuine and appropriate relationship with a client and with others involved in the client's life. The engagement process is important to consider throughout the entire case.

Before the Visit

Let's begin by discussing Stage One: "Pre-engagement". Take a couple of minutes and write down what you typically do to prepare for a visit in the field.



Activity 1: Preparing for the Interview

Instructions: You will have 2 minutes to write down ways that you prepare before going into the interview with an alleged victim or client.

Other things to consider before going into the interview include:

Preparing for Engagement: Safety

Your safety is also important and should be taken into consideration before entering a person's property. In preparation for the visit, a specialist must feel and be safe so that they can address a client's health and safety. Safety is always the first concern. You can end the visit and leave whenever you feel unsafe.

ASK

What are some steps that you can take to make yourself safer while in the field?

Engagement Practice: V-E-R-B

V-E-R-B is an original training concept created by The Brookdale Center for Healthy Aging that helps APS specialists to engage with clients. V-E-R-B can be applied in all stages of engagement with alleged victims of elder abuse and alleged abusers, but can be especially important in **Stage 2 “Establishing Rapport”** and **Stage 3: “Reaching for Mutual Understanding.”**

V-E-R-B

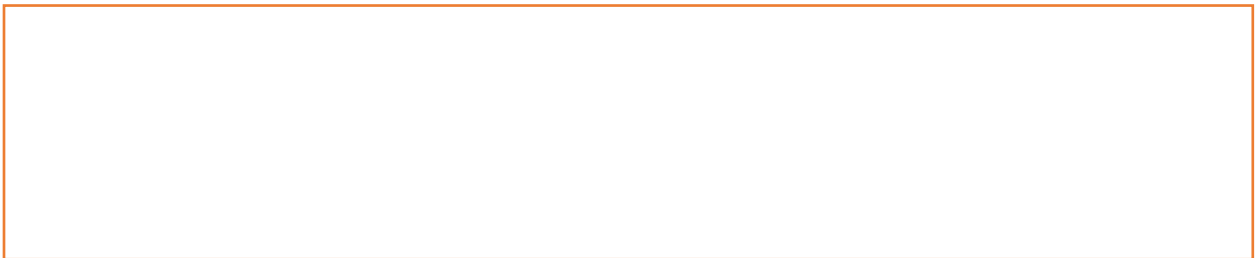
V –



E –



R –



B –



During the Visit



Activity 2

The "Universal Greeting" is the first step in conducting an effective interview and helps avoid unintentionally escalating the behaviors of the person you are interviewing. In preparation for the first visit, you should be familiar with the Universal Greeting.

Instructions: Working with the person sitting next to you, introduce yourself using the Universal Greeting.

1. Appropriate greeting with name (if known)
2. Identify yourself/affiliation (if unknown)
3. Explain the reason for the contact
4. Ask a relevant question, if needed

Once you have introduced yourself, now it's time to get through the door. You first establish a connection by building rapport with the individual, which is stage two of the engagement process. This may lead to stage three, "Reaching for Mutual Understanding"; however, sometimes you are simply setting the stage for engagement; you do not necessarily need to enter the home in order to engage.

What are some ways that you have built rapport with clients in the past?



Activity 3

Instructions: A volunteer will attempt to get through the door of an alleged victim/client in any given scenario. The goal of this activity is for the investigator to make it through the door by practicing the V-E-R-B techniques.

Through the door

- Once through the door, begin the interview with orienting information, such as the purpose of the interview and what you would like to accomplish.

- Ask permission to enter the home or to sit. A simple, respectful request can help the client to feel less anxious.
- Begin with open-ended questions to help to build trust and rapport, as well as assess your client's strengths.
- Avoid leading questions.
- Ask for specific details.

Responding During the Visit	
Client	You
Who told you to come here?	<i>I can't give you that information. All information about referral sources is confidential.</i>
Are you going to send me to a nursing home?	<i>My job is to make sure that you are safe and that essential needs are taken care of. We would only work with you and your loved ones to change where you lived if that was clearly the best possible choice for you.</i>
Are you going to send my son to jail?	<i>My job is to make sure that you are safe and that essential needs are taken care of. We would only involve law enforcement if that was clearly necessary and affected your safety.</i>
You have no right to be here.	<i>We are required by law to make a home visit for any person that we accept for assessment.</i>
Get out of here and don't come back!	<p><i>I understand that you would rather not have me here. I am required to visit and to assess the current situation here, until I'm able to make sure that everyone is safe and essential needs are being take care of. It seems like this might not be the best time.</i></p> <p>Note: Depending upon body language and tone, you may need to leave immediately</p>

Barriers to Engagement

There are many things that can make engagement challenging, including client fear, self-blame, shame, mistrust of authorities. We'll discuss a few of these, knowing that this will not be totally complete.

Mistrust



Fear, self-blame and **shame** are common barriers, and may sometimes be the root cause of challenges in engagement.

Fear



Self-blame



Shame



As one general example, consider an older man who feels embarrassed that a “stranger” comes to his home every day to bathe, dress and feed him. He also has to hand over his monthly Social Security check to his daughter who pays the caregiver and also provides care for him. If his caregiver(s) becomes emotionally abusive toward him or steals from him, he might blame himself. (e.g. *“I deserve this. I can’t even take care of myself.”*)



Activity 4

Instructions: Working with your learning partner, review the following questions and discuss for 2 – 3 minutes.

- Think about a case you have had in which engagement was especially difficult...
- Why do you think the client had difficulty engaging with you?
- What did you do to overcome these barriers?
- What did you do to build trust?

Engaging with an Alleged Abuser



Activity 5

Instructions: Discuss with your learning partner the following questions:

- Think back to an interview you had with an alleged abuser. What went well with the interview? What aspects of the V-E-R-B model could you have incorporated?



Activity 6

Instructions: Take a few minutes to discuss with the class the following points:

- What can you say to the client to provide closure for the visit?

- How can you use body language to underscore the end of your visit?

- An older adult client does not recognize that the interview is over. What can you say to end the visit?

Engagement Tips

- An aggressive, “investigative” approach can make it difficult to build trust and encourage open communication. Instead, specialists need to collaborate using engagement skills.
- The goal is to get to know the client, the people in their lives, and to understand their situations from their perspectives, not merely to get answers to the questions a specialist has about safety in the home and abuse that may or may not have occurred.
- **Show respect in the way you speak to the person.** Speak directly to the older adult (do not talk about him or her with others as if they are not present), and use the same tone of voice that you would use with any other adult (*i.e.*, do not ‘speak down’ to the person as if talking to a child). Always use a professional interpreter when interviewing someone who speaks a language in which you are not fluent.
- **Keep it simple.** Speak in short, simple sentences.
- Validate, Explore and Explain, and Reflect are important techniques specialists can use to build a relationship with their clients (**V-E-R-B**).
- Indicate that you are listening and understanding through gestures (*e.g.* nods, smiles, looks of concern) and brief verbal cues (*e.g.* “Uh-huh,” “I understand.”)
- **Ask for specific details.** When someone makes a general statement, ask the person to explain in some detail, for example: Daughter: “*My mother makes me angry.*” Specialist: “*How does she do that?*”
- **Pace yourself and be patient.** Ask only one question at a time and allow for moments of silence.
- **Provide just enough feedback.** Use nonverbal cues. (*e.g.* nods, smiles, looks of concern) and minimal verbal confirmation (*e.g.* “*I understand*” “*I see.*” “*Uh-huh*”) to indicate that you are hearing and understanding what the person is saying. DO NOT rush to reassure the person with your own generalizations (*e.g.* “*Everyone feels that way*”) because they can sound dismissive or insincere.
- **Assess and adjust.** Assess how the person is responding and then adjust your approach as necessary. Remember that abuse, as well as advanced age, changes how a person thinks and responds, which may cause confusion and reluctance or inability to speak openly.
- Specialists must take additional steps and precautions when engaging with individuals who have **visual, auditory, or cognitive impairments**.

- Watch out for clients who **blame themselves** for their abuse. One aspect of the APS specialist's job is to help alleged victims understand that they are not to blame for the abuse they have experienced.
- **Self-care** can prevent you from getting exhausted by this work and make it easier to engage without getting overwhelmed.