BALANCING AUTONOMY AND SAFETY: CREATING AN ETHICAL AND TRAUMA-INFORMED APS WORK ENVIRONMENT

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Montgomery County, Maryland
<table>
<thead>
<tr>
<th>IMPACT</th>
<th>On Worker</th>
<th>On Workplace</th>
<th>On Client</th>
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<tbody>
<tr>
<td></td>
<td>Burn-out</td>
<td>High staff turnover</td>
<td>Case closure without appropriate intervention</td>
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<td></td>
<td>Fatigue</td>
<td>Cases not worked thoroughly</td>
<td>Inadequate exploration of client's refusal/capacity</td>
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<td>Internalized Guilt</td>
<td>Cases not closed on time</td>
<td>Increased risk (recidivism, falls, hospitalizations, injuries, death)</td>
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<td>Anxiety</td>
<td>Poor documentation</td>
<td>Client complaints</td>
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<td>Secondary Trauma</td>
<td>Conflicts in workplace</td>
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With so many competing daily tasks how does the Investigator make the time needed to fully consider ethical dilemmas?

APS Investigator
IMPACT ON WORKPLACE

- Lack of Agency Support
- Inadequate Supervision
- Insufficient Training
- Inadequate Staffing/High Turnover
IMPACT ON CLIENT

- Unsupportive Workplace
- Insufficient Staffing & Unmanageable Caseloads
- Lack in Consideration of Ethical Dilemmas
- Insufficient Training & Supervision
- Worker Burnout & Stress
- Inadequate Service Plan
- Increased Risk to Client
ETHICAL DECISION-MAKING IN APS
In the comments section please send a word/phrase that comes to mind when you think of ethical decision-making in Adult Protective Services.
Worker Self-Awareness

Maximized Independence

Client's Best Interests

Self-Determination

Client Rights

Least Restrictive Intervention

Respect

Autonomy

Safety

Willingness to Work with Your Client

Do No Harm
COMMON ETHICAL DILEMMAS IN APS

- The family who insists that you place the unwilling client in a higher level of care.
- The wandering client whose family refuses to provide supervision or placement.
- The client with mental capacity who refuses medical treatment and services.
- The abusing adult child in the basement who client does not want to remove.
- The neighbors who want the hoarding client removed.
- A client at high medical risk who has mental capacity and refuses treatment.
- A client who appears to lack capacity but is consenting to a service plan.
- Family refuses to use funds for client’s care despite availability of financial resources.
CASE OF MS. B

What ethical dilemmas do you notice in this case example?

Do you notice any issues with implicit bias?
Implicit Bias

- Unconsciously and inherently held attitudes towards others and associated stereotypes and assumptions
- Involving racial groups, genders, LGBTQ population, immigrants, religions, cultural groups
- Both the individual and the client harbor often unrecognized implicit bias
- Consequences: lack of trust, refusal to accept certain service providers, failure to appreciate client's cultural background/differences/attitudes
TRAINING APS INVESTIGATORS ON ETHICAL DECISION-MAKING
NEW STAFF ORIENTATION

6-Week New Staff Orientation Schedule
- Assignment of a Peer Mentor for the first 6 Weeks
- State of Maryland New Worker Training Course
- Interviews with Supervisors of Other Programs in our Section
- Study of Program Manuals, Local Statutes, Internal/External Resource Guides, and Reviews of Completed Investigation Documentation

Slow and Graduated Case Assignment Schedule
- Week 2 – Case 1 Assigned
- Week 4 – Case 2 Assigned
- Week 6 – 1 Case/Week Rotation
- Week 10 – 2 Cases/Week Rotation
  Full Case Rotation & On-Call Rotation at Investigator/Supervisor’s Discretion
ONGOING STAFF TRAINING

NAPSA Certificate Program Monthly In-Person (now virtual) Modules

Partnerships with Agency & Community partners to train staff

Team is encouraged to seek agency-sponsored trainings and local trainings during work hours
### BUILT-IN TOOLS TO ASSIST WITH ETHICAL DECISION-MAKING

<table>
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<th>Tool</th>
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<tr>
<td>One-on-One Supervision</td>
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<td>Group Supervision</td>
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<tr>
<td>Peer Support</td>
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<tr>
<td>Appointed Specialist Investigators (Hoardning &amp; Financial Exploitation)</td>
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SAFETY & SELF-CARE OF STAFF
SAFETY TRAINING
# PROMOTION OF SELF-CARE

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<th>Formal Benefits</th>
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<td>Employee access to County &amp; Union Wellness Program, Fitness Benefits, and Stress Reduction resources</td>
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<tr>
<td>Employee Assistance Program availability for therapy with up to 6 sessions for each incident</td>
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<th>Informal Benefits</th>
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<td>Was a lot easier pre-pandemic!</td>
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<td>Office support groups, lunch clubs, book club, meditation, yoga, Zumba, etc</td>
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<td>Holiday parties, retreats, birthdays, and other celebrations</td>
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SAFE WORK ENVIRONMENT

Office as a Safe Place
- Security @ Front Desk
- ID Badges
- Emergency Call Buttons

Safe Work Culture
- No tolerance of workplace violence
- Supportive Team
- Appropriate Humor
- Limit Gossip/Negative Speech
How have your investigation procedures changed?

A. No Face to Face visits
B. Hybrid Model (For ex. Risk is estimated and only the cases with high risk received face to face visits)
C. No Change in investigation procedures
MONTGOMERY COUNTY’S APS RESPONSE PROTOCOLS DURING COVID

- Referral screened in
- Level 1 Investigator Assigned
- Low Risk – Investigation Completed Remotely
- High Risk – Level 2 Investigator Assigned and Home Visit(s) Conducted
ETHICAL CONSIDERATIONS DURING COVID

Balancing Risk Of Client/Worker COVID Exposure vs. Risk & Safety of the Client