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Structuring Decisions in Adult Protective Services

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- *Over 500,000 incidents of adult maltreatment occur in the United States each year.*
- *A 2004 study of state APS programs showed a 61% increase in the number of adult maltreatment reports since 2000 (Teaster et al., 2006).*
- *Breaking down the complexity of APS interventions into key decision points can increase consistency and accuracy in the assessment of vulnerable adults.*
- *With a reliable and valid method of discerning which clients are at the highest risk for future maltreatment, APS agencies can more effectively manage limited resources.*

Introduction

It is estimated that over 500,000 incidents of adult maltreatment occur in the United States each year. While only a small percentage are formally reported to adult protective services (APS) agencies responsible for investigating them, the number of reported incidents is steadily increasing (Jogerst et al., 2003). The number of maltreatment reports will continue to grow as more states require mandatory reporting by social workers and medical service providers, and the U.S. population ages (Bronstein & Admiraal, 2005; Jogerst et al., 2003). A 2004 study of state APS programs showed a 61% increase in the number of adult maltreatment reports since 2000 (Teaster et al., 2006). Adults age 65 and older currently represent approximately 12.4% of the total population, but will comprise approximately 20% in the year 2030, with an estimated population size of 71.5 million (Administration on Aging, 2007). These increases in population size and number of mandated reporters are likely to result in a dramatic increase in the demand for the services provided by APS agencies.

States created APS agencies to provide social services and legal aid to adults who may need assistance to defend or care for themselves (Otto, 2000). A primary task of these agencies is to respond to allegations of maltreatment, including abuse (physical, emotional, and sexual), financial exploitation, neglect by another person, and self-neglect. State APS agencies vary in terms of the extent of service provision beyond initial investigation, which is more often than not defined by state law. But while APS policies and procedures may differ, all APS agencies face very similar case management decisions. For example, as part of their investigations, APS workers must evaluate the current safety of their clients as well as the risk to their clients' future well-being.

APS workers' decisions are made more difficult by limited resources and increasing caseloads. For instance, workload does not allow for the immediate investigation of every abuse and neglect report. A worker and/or supervisor must decide, often based on little information, if an investigation must be conducted immediately to prevent imminent harm to an adult. Similarly, APS staff must decide which adults should be offered services in a manner that makes the most

effective use of existing resources. Identifying adults who are at high risk of subsequent involvement with APS agencies may help workers target engagement efforts more effectively toward those adults most in need of long-term services.

The Benefits of Structuring Decisions in APS

Decades of research support the conclusion that, for complex decisions, structured frameworks result in more reliable and accurate decisions than clinical judgment alone, even for highly skilled professionals. Decisions in adult protection are among the most complex in the social services field, given difficulties in reliably assessing older adults' capacity for decision making (Braun, Gurrera, Karel, Armesto, & Moye, 2009) and ethical dilemmas raised when adults refuse services (Killick & Taylor, 2009).

Given these complicating factors, APS agencies are recognizing the value of structured assessment tools to guide key decisions at critical points in their involvement with a client. Structuring these decisions can lead to valid and reliable decision making and ultimately help an APS agency identify its most vulnerable clients. Interventions can then be targeted to individuals who may need them most.

The SDM[®] System for APS

The simple notion of directing resources to those clients most in need of them is at the heart of the decision-support model known as the Structured Decision Making[®] (SDM) system. Currently, the National Council on Crime and Delinquency (NCCD) is working with three U.S. jurisdictions to develop and implement SDM[®] assessments to support the work of APS practitioners. This work is based on over 20 years of experience in developing structured decision-support processes in social services. Based on a national model of best practices, the SDM system is intended to promote the safety of vulnerable adults, identify and address their needs, decrease the incidence of self-neglect and maltreatment, enhance service delivery, and provide data

needed for program administration. The SDM system for APS includes assessments, definitions, and policies and procedures to assist APS staff in performing intakes, investigations, and case planning by providing a consistent approach to obtaining and evaluating information.

One of the central principles of the SDM system is identification and differentiation of decision points. APS workers make critical decisions based on limited information; they must decide whether the adult maltreatment reports they receive should be investigated, how quickly an investigation should be initiated, whether there are safety concerns, and whether to offer protective services at the close of each investigation. Differentiating decision points is supported by the American Medical Association (1992), which recommends that APS agencies use a decision-making protocol for each key case-related question (e.g., “Is there an immediate danger?”). An assessment focused on a specific decision is more likely to be concise, which may increase the assessment’s reliability and field utility (Bonnie & Wallace, 2003).

The goal of this approach is increased consistency and accuracy when assessing vulnerable adults at critical decision points during APS involvement. Using this approach can help workers accurately identify clients at highest risk and focus resources on them, increasing the efficiency of APS operations. Use of structured assessments also provides data that managers can use to monitor practice and evaluate service provision.

Developing the SDM® System for APS

In 2004, NCCD partnered with Riverside County (California) APS, and in 2006, with the New Hampshire Bureau of Elderly and Adult Services (BEAS), to develop valid and reliable assessments to help support APS workers’ decision making at key points in the APS service delivery system.

The SDM for APS decision-support assessments were developed in partnership with agency field staff and managers, then field-tested to determine their usefulness in decision making and how to improve them. Reliability testing, conducted as part of the field test to ensure that the assessments and corresponding definitions lead to reliable decision making, indicated that the assessments can help inform decision making. The resulting case management approach is composed of the following assessments (see below).

As noted below, the actuarial risk component of this system is currently in development. This assessment will aid workers in determining the risk of future maltreatment. The ability to accurately classify adults in terms of risk affects each individual client as well as the agency. When APS resources are directed to lower risk clients, resources are depleted with little impact on client safety. Conversely, there can be serious consequences when high risk clients are not served. To date, however, very little research has been conducted about the risk factors for APS involvement. With a reliable and valid method of discerning which clients are at highest risk

Components of a Decision-support System for APS Workers

SDM® Assessment	Critical Decision Point
Intake assessment <ul style="list-style-type: none"> • Screening criteria • Response priority 	Does report meet criteria for an APS investigation? If so, how quickly does a response need to be initiated?
Safety assessment	Is the alleged victim in immediate danger of serious harm, and are there immediate interventions that can be recommended to ensure safety?
Strengths and needs assessment <ul style="list-style-type: none"> • Client • Caregiver 	Determines recommendations for priority strengths and needs to focus service planning efforts.
Actuarial risk assessment (currently in development)	What is the likelihood of future harm? What actions should be taken to mitigate future harm?

for future maltreatment, an APS agency can more effectively manage limited resources by targeting interventions to the clients most in need of them. The next section describes efforts to develop a risk assessment for APS.

Toward a Research-based Approach to Risk Assessment in APS

Effective intervention on behalf of a vulnerable adult requires that a worker estimate the likelihood, or risk, of future harm at the close of a protective services investigation. Caseworkers in APS have typically used the case study method, which is a form of clinical appraisal, to estimate the likelihood of

future maltreatment.

It is not known whether most current APS risk assessments accurately estimate future harm.

In this method, the investigating worker relies almost entirely upon his or her clinical experience, intuition, and interviewing skills

to assess the future risk to the adult. Many states attempt to structure the clinical assessment with an instrument that identifies specific case characteristics, often selected from careful reviews of past research studies, that the worker should assess. These instruments, however, are rarely derived from an empirical analysis of case outcomes in the jurisdiction where they are used (Wolf, 2000). Most structured APS risk assessments currently in use have been tested for reliability and construct validity, but few have been tested for predictive validity (Goodrich, 1997). In other words, it is not actually known whether these assessments accurately estimate future harm.

Actuarial risk assessment has proven to be an effective case management approach in corrections and child welfare case management; the successful development of a similar approach for APS may offer similar benefits. Clearly, APS agencies perform comparable case management functions to child welfare agencies, but under significantly greater resource constraints. Another important difference is that while child protection workers can seek a court order to remove children and/or to require families to participate in

service intervention, adult maltreatment victims can refuse agency involvement. Actuarial risk assessment can, however, still help inform APS decision making. For example, agencies could have workers make extra attempts to engage high risk clients who refuse involvement, in an attempt to prevent subsequent harm.

NCCD Survey of State APS Agencies

In order to determine the need for reliable and valid risk assessment in APS, NCCD conducted a survey of state APS agency representatives to find out what risk assessment instruments are currently being used, at what point in the process risk is assessed, and for what purpose. NCCD obtained the list of APS agency representatives from the National Adult Protective Services Association (NAPSA). NCCD surveyed these representatives during the summer of 2007 and made at least five attempts to reach someone at each state agency. Survey findings were as follows.

- Thirty-seven states responded.
- Twenty-six states had a state-sponsored risk assessment.
- Seven states were currently reviewing various risk assessment protocols for potential implementation but did not currently use a specific assessment as part of APS practice.
- Very few of the responding state APS agencies had conducted reliability research to ensure that the risk assessment resulted in consistent decisions, or validity research to ensure that the risk assessment measured what it was designed to measure.
 - › Three state agencies reported testing their assessments for reliability.
 - › Three agencies reported testing for validity; however, this did not include testing for predictive validity to determine how well the assessment classified alleged victims by the likelihood of future harm.

The 26 agencies with a state-sponsored risk assessment varied in terms of when workers completed the assessment. In some agencies, workers assessed risk just after the first face-to-face contact, while other agencies had workers complete a risk assessment at investigation close. Twelve of the agencies noted that workers complete a risk assessment at multiple points in time (for example, immediately after the first face-to-face contact, at investigation close, and at reassessment intervals). See Figure 1.

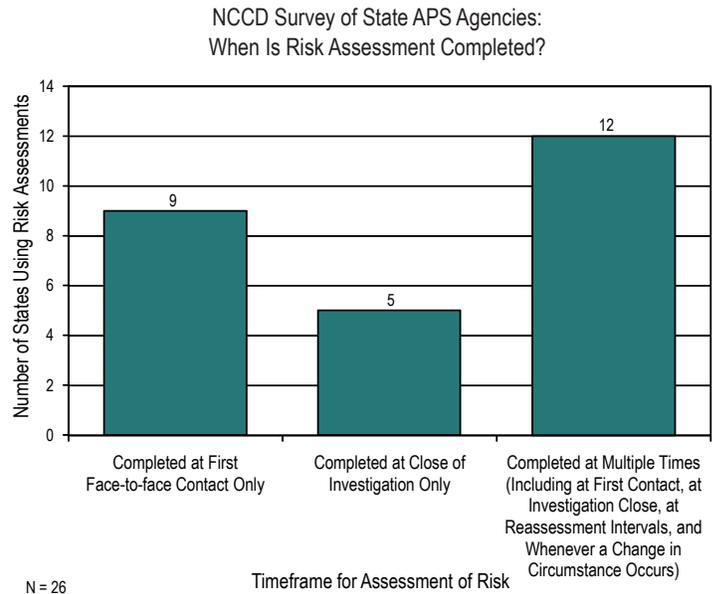
The 26 state agencies also differed in how they defined risk. For example, some agencies conceptualized risk as immediate safety concerns that are present; others defined risk as the likelihood of future harm; and some conceptualized risk as a comprehensive needs assessment to inform service planning. Additionally, among the states who submitted a risk assessment as part of their survey response, the number of assessment items ranged from 13 to 302 (the mean number of items was 129, and the median was 133). Assessments that informed multiple decisions tended to contain more items.

Literature Review

Assessing the feasibility of developing an actuarial assessment included a review of risk-related research conducted to date. Most of the research conducted about adults involved with APS consists of cross-sectional studies that observed adults at a single point in time but did not observe whether characteristics were predictive of future adult maltreatment. Identifying risk factors predictive of future adult maltreatment requires a longitudinal study design. To date, there are only two longitudinal studies of elder maltreatment noted in the research literature. These studies were based on general populations of elderly people living in the community.

- The most extensive longitudinal study of elder maltreatment sampled 2,812 adults over the age of 65 living in New Haven, Connecticut, and followed them to observe APS involvement and subsequent maltreatment. Initial findings showed that functional disabilities (such as requiring assistance for eating, bathing, and dressing), minority ethnic status, and/

Figure 1



or age over 75 were related to a higher likelihood of being referred to APS for maltreatment allegations during a two-year follow-up period (Lachs, Berkman, Fulmer, & Horwitz, 1994).

Further studies observed this cohort for a nine-year follow-up period. Analysis showed that elders living with someone else, from a minority ethnic group, with a low income, with a cognitive disability, and/or with chronic health conditions had greater odds of subsequent maltreatment by another person (Lachs, Williams, O'Brien, Hurst, & Horwitz, 1997). Elders with clinical levels of depression and cognitive impairments at baseline, those who lived alone, and elders who had a history of hip fracture and/or a history of stroke had increased odds of subsequent self-neglect (Abrams, Lachs, McAvay, Keohane, & Bruce, 2002).

- Another study sampled 1,797 adults living in Amsterdam, the Netherlands, but did not observe a continuous follow-up period. The researchers observed the sampled adults' characteristics in 1990, and then observed whether any characteristics were related to maltreatment reported in 1994 (Comjris, Smit, Pot, Bouter, & Jonker, 1998). Their analysis showed that the risk factors associated with financial maltreatment differed from the risk factors associated with physical or verbal aggression.

Living alone, being male, and/or requiring physical assistance were associated with subsequent financial exploitation, while living with someone else and/or being in poor health were associated with physical and/or verbal aggression. The exception was having symptoms of depression, which was significantly related to financial exploitation as well as physical and verbal aggression.

These results suggest that it is feasible to develop a research-based risk assessment. For example, the risk factors identified in the longitudinal studies can be examined using administrative data to determine if they are related to the likelihood of future maltreatment among APS clients.

NCCD Longitudinal Study of APS Clients

The literature review and survey of states' risk assessment practices identified a need for a valid and reliable risk assessment, and identified potential risk factors to examine using administrative APS data. In 2008, New Hampshire BEAS and NCCD conducted a retrospective longitudinal study of 536 APS clients. The purpose of analysis was to observe how often APS clients were re-referred to the agency for maltreatment, and whether risk factors observed in other studies were related to future maltreatment among APS clients.

Among the 536 adults referred to APS, approximately three fourths (71.5%) were alleged to be self-neglecting, 28.5% were referred for maltreatment by another person, and two individuals were referred for both maltreatment by another person and self-neglect (not shown). An examination of subsequent referrals to APS during a standardized 12-month follow-up period showed that 14.5% of adults with founded (confirmed) maltreatment were re-referred for maltreatment allegations during the following year, and 10.3% were subsequently founded as a maltreatment victim (see Figure 2).

Among the 536 adults, 9.3% were re-referred for self-neglect during the follow-up period, 4.5% were re-referred for maltreatment by another person, and

Figure 2

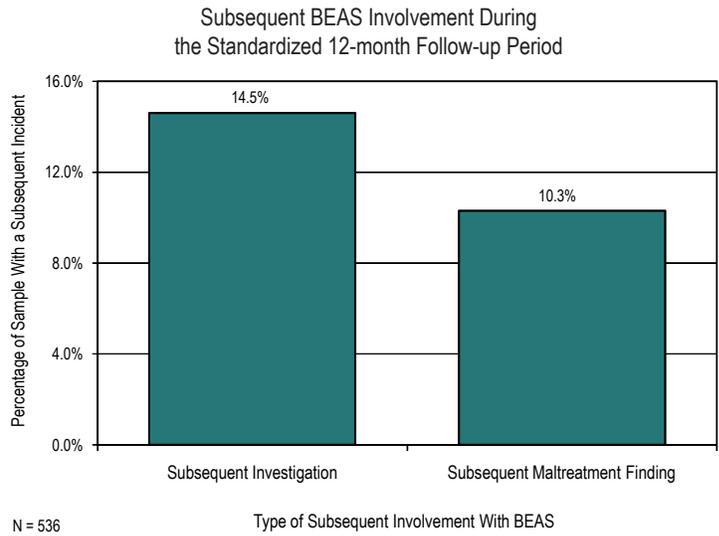
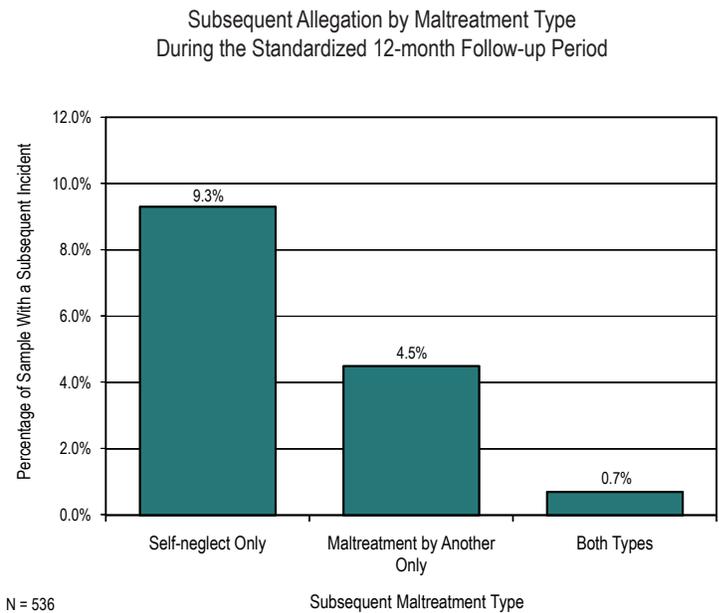


Figure 3



0.7% were re-referred for both types of allegations (Figure 3).

The research showed that observed outcome rates (i.e., base rates) for recurrence of maltreatment among a sample of adults with founded maltreatment are sufficient to support development of an actuarial risk assessment (Johnson, Bogie, Flasch, & Wagner, 2008).

Analysis also showed that adults with unfounded maltreatment allegations are as likely to be re-referred as adults with founded allegations (Johnson, Bogie, Park, Langley, & Varney, 2009).

Finally, the risk factors observed in the two longitudinal studies were not always related to subsequent maltreatment among APS clients. For example, re-referrals for self-neglect were similar whether the alleged victim lived alone or not.

Current Research

Through a grant from the National Institute of Justice, NCCD is working with BEAS to develop and prospectively validate an actuarial risk assessment to classify APS clients by the likelihood of future maltreatment.¹ Phase I involves collecting data on adults investigated for maltreatment during 2009 and observing any subsequent APS involvement. The goal is to develop a simple, objective risk assessment procedure that accurately classifies adults by the likelihood of future maltreatment. BEAS plans to have workers complete the risk assessment at the end of an investigation to help inform subsequent case actions and engagement with the client. Phase II of the research effort is a process evaluation to solicit worker feedback and to identify how to improve the assessment and strengthen implementation. Phase III is a prospective validation study to examine how well the actuarial assessment classifies adults by the likelihood of future maltreatment. The hope is that this research will result in a risk assessment protocol that can be adopted by other APS agencies to inform decisions about the allocation of limited resources.

Conclusion

Rising trends in the number of reports of adult maltreatment, combined with the fact that adult protection programs receive no federal funding to develop and execute critical services, paint an alarming picture of the future in terms of the capacity of our nation's APS agencies to meet increasing demands for

services with existing resources. Use of structured decision-support protocols and research-based risk assessment has proven to be a reliable, valid, and more efficient approach to assessment across many different social services areas. APS agencies can benefit from similar approaches.

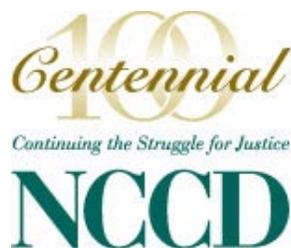
Breaking down the complexity of APS work into critical decision points and applying structured assessments accordingly creates a decision-support framework for caseworkers that can increase consistency and equity in service delivery recommendations and improve outcomes for clients. Essentially, research-based risk assessment will provide APS agencies with 1) an evidence basis for determining which clients are at greatest risk for future harm, 2) data that can be shared with community partners and governmental bodies to advocate for increased resources, and 3) mechanisms to evaluate staffing levels and caseworker workload distribution based on assessed risk levels on individual cases. Using a research-based risk assessment instrument that can validly classify investigated adults by their likelihood of future maltreatment enables APS agencies to make informed policy and practice decisions about how to direct and utilize limited resources on behalf of the adults who need them most.

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