

Administration for Community Living  
Adult Protective Services (APS) Client Outcomes Study

# INTERVIEW GUIDE FOR APS CLIENTS

Conducted by: New Editions Consulting, Inc.

Site Name: \_\_\_\_\_

Moderator Names: \_\_\_\_\_

Date: \_\_\_\_\_

## **Public Burden Statement**

According to the Paperwork Reduction act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. Public reporting burden for this collection of information is estimated to average 45 minutes per response, including time for introduction, reviewing instructions, responding to questions, and concluding. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Health and Human Services, 330 C Street, SW, Washington, DC 20201, attention Stephanie Whittier Eliason, Administration for Community Living, Mary E. Switzer Room 1132A or email [Stephanie.WhittierEliason@acl.hhs.gov](mailto:Stephanie.WhittierEliason@acl.hhs.gov) and reference the OMB Control Number 0985-xxxx.

## Instructions to Interviewers

The purpose of this guide is to help the interviewers gather data during interviews with APS clients who receive services from APS. “Clients” include anyone with allegation(s) of elder maltreatment who have received at least an APS investigation into the allegation(s).

Each participant will provide informed consent before each interview. These interviews are one data source in the larger APS client outcomes study designed to address the following research questions:

- I. **Satisfaction.** What changes do clients report as a result of receiving APS services? How satisfied are clients with the APS services they receive? To what extent do clients report APS helps them achieve their goals? To what extent do clients report APS supports their right to self-determination?
- II. **Safety/Risk.** To what extent do APS programs affect client risk of maltreatment? How do APS programs intervene to reduce risk of maltreatment (or increase safety)? What factors help or hinder APS efforts to reduce client risk of maltreatment?
- III. **Well-Being.** To what extent do APS programs affect client well-being (e.g., quality of life, financial, physical health, etc.)? How do APS programs intervene to improve client well-being? What factors help or hinder APS efforts to improve client well-being?

Client interviews will be semi-structured. The information gathered from interviews will be used to better understand the needs and experiences of clients who received services from APS. Throughout the interviews, interviewers will refer to the guide for discussion topics and questions. However, interviewers should recognize valuable diversions and allow important discussion to continue even if it is not included in the guide. Throughout the interview, interviewers should summarize/reflect key points with client participants to confirm understanding.

During client interviews, the interviewers should document key themes and salient findings using Table 1, provided at the end of the interview guide. Space is also provided to record other topics that are discussed. The interviewers should use the completed tables during a debrief meeting immediately following each interview to address questions and clarifications, agree on key themes and salient findings, and discuss any differences of opinion and interpretation of the participant responses.

- Introduce yourselves.
- Thank the participant for their time.
- Use part I of the informed consent form (Information Sheet) to let them know who we are and why we are having the interview.
- Ask if there are any questions and respond to them, if possible.
- Provide a copy of the consent form to the participant.
- Review part II of the consent form.
- Ask if there are any questions and respond to questions, if possible.
- Have participant sign the certificate of consent.
- Ask the participant for permission to start the digital recording.
- Turn on both digital recorders.
- Capture date and interview type along with their consent to record on the digital recorder.

- Begin the interview.

# INFORMED CONSENT FORM

## APS Clients

Title of Study: Adult Protective Services Client Outcome Study

Sponsor: Administration for Community Living, Department of Health and Human Services

Third-Party Evaluator: New Editions Consulting, Inc.

Participant's Printed Name: \_\_\_\_\_

### Part I. Information Sheet

#### Introduction

My name is [*insert name of moderator*] and this is [*insert name of support staff*]. We work for a company called New Editions Consulting, located in Falls Church, Virginia. We were hired by the Administration for Community Living, which is an agency within the U.S. Department of Health and Human Services, to conduct a national study titled 'Adult Protective Services (or APS) Client Outcome Study'. We will explain the study to you and invite you to be part of it.

Taking part in this study is entirely voluntary. We urge you discuss any questions about this study and your participation with us. If you decide to participate, you must sign the consent form to show that you want to take part.

#### Purpose of the Study

APS is an important social services program to help older adults and adults with disabilities who have experienced abuse, neglect, self-neglect, or financial exploitation. At this time, we know little about the impact of APS on the lives of the individuals they assist, or APS clients. Thus, we want to learn more about APS programs, client's experiences using APS, and the impact APS has on clients' lives. The purpose of our conversation today is to understand your experiences as an APS client and the impact that APS made on your life. Your insights and feedback will be used by federal personnel to consider ways to support and improve APS programs.

#### Procedures and Duration

We are conducting APS clients like yourself in 4 states, and 3 counties in each of those states, including yours. Our goal is to talk with approximately 24 clients. The interview today will take

approximately 45 minutes and we will ask about your experience with APS. The questions will focus on the help and the difference they made for your life.

We will record our conversation today so that we can listen back to what was said and be sure everything is correct in our report. Your name and the name of your APS program will not be used in our report. All of our interviews across the country will be recorded like this and we'll never use anyone's name in our report. Recordings will only be shared with members of the research team and will be erased once the report is written.

### **Voluntary Participation**

Your participation is completely voluntary. You are welcome to share whatever information you are comfortable sharing. You may choose to answer some questions and not to answer other questions for any reason. You may exit the interview at any time for any reason.

### **Risks and Benefits**

The risks of participating are very small. Participating in this interview is completely your choice. You are welcome to share whatever information you are comfortable sharing. If you become uncomfortable at any point during the interview, we can take a break, and if you choose, you may end the interview at any time and for any reason. Also, [caseworker name] is available [(1) onsite today – if interview is being conducted at the APS office; (2) by phone – if interview is being conducted at the client's home or other location] if you need to talk.

You will receive a \$20 gift card as a thank you for taking the time to talk with us today. There will be no other direct benefits to you for participating in the interview. However, the information you share might benefit APS programs and future clients. But your participation will have no effect on the services you receive from [insert name of APS program].

### **Privacy**

Your interview record will not have any information that identifies you (e.g., name, Social Security Number) and will be reviewed, stored, and analyzed on a secure server at New Editions Consulting. Only staff involved in this study will have access to the record. Your responses will be considered along with all the other participants. You will not be identified in public reports and nothing you say will be personally attributed to you or your APS program. The evaluation team will not share anything you say with anyone outside the evaluation team. Participants will be advised not to share anything they heard from other participants with other staff in their programs. Your signed consent form will be kept separate from your interview record.

### **Study Funding**

This study is funded by the Administration for Community Living, Department of Health and Human Services.

### **Who to Contact**

If you have any questions, you can ask them now or later. If you wish to ask questions later, you may contact any of the following: [name, address/telephone number/e-mail]. This study has been reviewed and approved by [name of the local IRB], which is a committee whose task it is to

make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact [name, address/telephone number/e-mail].

### **Part II. Certificate of Consent**

Before making the decision regarding participation in this study, you should have:

- Discussed this study with a member of the research team
- Reviewed the information in this form
- Had the opportunity to ask any questions you may have.

Your signature below means that you have received this information, have asked the questions you currently have about the study, and have received answers to those questions. You will receive a copy of the signed and dated form to keep for future reference.

**Participant:** By signing this consent form, you indicate that you are voluntarily choosing to take part in this study.

\_\_\_\_\_  
Signature of Participant                      Date                      Printed Name

**Person Explaining the Study:** Your signature below means that you have explained the study to the participant and have answered any questions about the research.

\_\_\_\_\_  
Signature of person who explained this research                      Date                      Printed Name

# **INTERVIEW WITH APS CLIENTS**

## **I. Introduction and APS Case Initiation (5 minutes)**

*Thank you again for taking the time to talk with us today. Before we talk about your experience with [name of APS program], do you mind telling us a little bit about yourself?*

- A. How do you spend your free-time? What do you like to do for fun and to relax?

*OK, let's talk about your introduction to [name of APS program] and [name of APS caseworker]:*

- B. How did you learn or hear about [name of APS program]?
- C. Can you please describe how you first started talking with staff from [name of APS program] (e.g., received a phone call, in-person visit at your home)?
- D. When you first encountered [name of APS program], did you think you needed their help?
- E. Did you feel comfortable talking with the staff from [name of APS program] right from the start?

PROBE 1: If yes, what did they do to help you feel comfortable?

PROBE 2: If no, did you ever consider stopping contact with staff from [name of APS program] or turning down the help they offered? What was it that eventually made you feel comfortable enough to use their help?

PROBE 3: What could the staff from [name of APS program] have done to make you more comfortable about using their help?

- F. Was that the first time you worked with [name of APS program] or have you worked with them in the past as well?

PROBE 1: If yes, how many times have you been a client? When was the most recent time?

## **II. APS Services (10 minutes)**

*Next, I'm interested in learning more about the kinds of help that you received from [name of APS program and/or name of APS caseworker]. I'd like to ask you some questions about the specific help that you were offered and what help you found useful:*

- A. What kind of help did [name of APS program] caseworker give to you? (e.g., talk to you about your situation, make suggestions of ways to improve your situation, talk to others about your situation, refer you to services in the community?)

*Next, I would like to learn more about the services the caseworker arranged for you (e.g., legal services, housing) and whether you actually received those services:*



- B. Did you actually receive the services the caseworker arranged for you? (e.g., legal services, housing).

PROBE 1: If so, what helped for you to actually receive those services?

PROBE 2: If you did not actually receive those service, why did you not receive them (e.g., were the services not available; did they not match with your needs)?

### Self-Determination

- C. Did you work with the [*name of APS program*] caseworker to come up with goals for yourself?

PROBE 1: If so, how did you decide on those goals? Do you feel like you accomplished your goals? If not, how could have the [*name of APS program*] done a better job of helping you accomplish your goals?

- D. Did the [*name of APS program*] caseworker include you in planning and decision-making about the help and services you were offered or received?

PROBE 1: If yes, please describe how your caseworker involved you in the planning and decision-making.

- E. Did the [*name of APS program*] caseworker refer you to any services provided by other agencies (e.g., help with finding housing, help with cleaning up your home, help with managing your financial matters, counseling or other help with emotional support, help with your court case or other legal support, help with your health or medical conditions)? If so, so, which one(s)?

- F. Of all the services you were offered, which ones did you use? Why did you use these services?

- G. Of all the services you were offered, which ones did you not use? Why didn't you use these services?

### **III. Outcomes (10 minutes)**

*We'd like to also learn about whether [*name of APS program*] made a difference for you in terms of your safety.*

#### Safety

- A. Do you feel safer because of the help you received from [*name of APS program*]?

PROBE 1: If so, how did [*name of APS program*] make you feel safer? Are there other things, besides [*name of APS program*], that have helped make you feel safer?

PROBE 2: If not, how could have [*name of APS program*] done a better job to help make you feel safer?

- B. Because of [*name of APS program*], do you think your chances of needing help for a similar problem in the future are higher, lower, or the same? Please describe why.

Now, we'd like to also learn about whether [name of APS program] made a difference for you in terms of your well-being.

Well-Being

C. Do you feel like your life is better because of the help you received from [name of APS program]?

PROBE 1: If so, how did [name of APS program] make you feel like your life is better? Are there other things, besides [name of APS program], that have helped make you feel like your life is better?

PROBE 2: If not, how could have [name of APS program] done a better job to help make you feel like your life is better?

There may be other ways that APS has made an impact on your life that we've not already talked about. Let's talk about that now.

Other

D. Is there any other part of your life that we have not talked about that has gotten better because of [name of APS program]?

E. Is there any other part of your life that we have not talked about that has gotten worse because of [name of APS program]?

**IV. Satisfaction (10 minutes)**

We'd like to spend our remaining time talking with you about whether the help you got from [name of APS program] met your needs and generally how you feel about the [name of APS program].

Satisfaction

A. Overall, were you satisfied with the help and services you received from [name of APS program]?

PROBE 1: What did [name of APS program] do that was most helpful? Why was it most helpful?

PROBE 2: What did [name of APS program] do that was least helpful? Why was it least helpful?

PROBE 3: Is there any help or services you wish you had received from [name of APS program] but didn't? If yes, what additional help or services do you think would have been helpful to you?

B. Were you satisfied with the help you received from the [name of APS program] caseworker?

PROBE 1: Was he/she respectful to you?

PROBE 2: Did he/she listen carefully to you?

PROBE 3: Did he/she answer your questions to your satisfaction?

C. Were you satisfied with the referral services that [name of APS program] provided for you?

PROBE 1: What sort of referrals did they provide you with and what about those services was most helpful? Why was it most helpful?

PROBE 2: What did the referral services do that was least helpful? Why was it least helpful?

PROBE 3: Are there any referral services you wish you had received but didn't? If yes, what additional referral services do you think would have been helpful to you?

D. If you needed help in the future, would you contact [name of APS program]? Why or why not?

E. If a friend needed similar help, would you recommend [name of APS program] to him or her? Why or why not?

## **V. Conclusion (3 minutes)**

*That brings us to the last part of the interview. We'd like to conclude by asking about your recommendations for [name of APS program] and anything else you'd like to share about [name of APS program] that we haven't discussed.*

A. How would you improve [name of APS program]?

PROBE 1: Are there any other aspects of [name of APS program] that you would change? If so, describe what changes you'd like to see.

B. Is there anything else about your experience with [name of APS Program] that you would like us to know?

*Thank you, that concludes our interview. [Turn off digital recorders].*

# **APS CLIENT KEY THEMES AND SALIENT FINDINGS INTERVIEW**

*The following information should be completed by the interviewers, and it is not part of the actual Interview Guide.*

**Table 1: Discussion Topics Covered in Interview and Key Findings/Themes**

Check if discussion topic was covered	Section	Key Interview Findings/Themes by Topic Area
<input type="checkbox"/>	<b>Introduction and APS Case Initiation</b>	
<input type="checkbox"/>	<b>APS Services</b>	
<input type="checkbox"/>	<b>Self-Determination</b>	
<input type="checkbox"/>	<b>Safety</b>	
<input type="checkbox"/>	<b>Other Outcomes</b>	
<input type="checkbox"/>	<b>Satisfaction</b>	
<input type="checkbox"/>	<b>Well-Being</b>	
<input type="checkbox"/>	<b>Recommended Changes</b>	

**Other Topic Areas Discussed:**

**Debrief Notes:**