

# What Do Clients Want?

Early Lessons on Methodology, Implementation,  
Practice, and Measurement from Two Ongoing  
Studies of Client-Centered Advocacy  
Interventions

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# 5 Great Challenges for Field

1. Dearth of prevention & intervention data
2. Few interventions truly governed by clients' goals
3. Measuring clients' goals/definitions of success hard
  - Vary by person
  - Confounded by cognitive impairment
4. Clients' high risk choices raise serious ethical issues
5. Siloed/nonexistent response systems
  - One system for victims (APS) v. another for alleged abusers (LE/prosecution)
  - Few systems to help w/ *relationships* victims often want to keep (mediation)
  - Uncounted others who get no support or services at all

# What it Takes to do Complex, Messy, Uncharted Research

- Researchers
  - Theory, design, \$\$\$, relationships, workforce
- Funders
- Community partnerships
- Political leadership
- Existing agency (APS) or group (MDT) participation
- Creating a new role and job – *Advocates*
  - Hiring, training & feedback loops
- Data collection (quantitative, qualitative, implementation science)
- Courage, ingenuity, patience, generosity, flexibility, persistence, passion, humor

Integral to forging real change, informed by knowledge

# Client-Centered Intervention: Supported Decision Making

# Supplemental Training for Advocates

- Goal Attainment Scaling
- Motivational Interviewing
- Restorative Justice
- Teaming
- Creative Engagement
- Supported Decision Making

# 5-hour training focused on skill development

- Person-centered
- Work collaboratively
- Least restrictive
- Preserve autonomy
- Increased safety

# Devised a 4-step process

1. Identify problem to work on collaboratively
2. Develop action plan
3. Assess outcome
4. Move to incremental next step

# Step 1: Identify problem to work on

**GOAL:** Find a collaborative issue that BOTH increases safety AND represents clients' wishes.

## **BARRIERS:**

- Focused on taking on the BIG issue (Overwhelming social problems)
- What client wants vs. what's going to help (rather than both)
- Many clients with cognitive impairment, unclear regarding understand of the risks they face, questionable decisional capacity



# STRATEGIES TO ID PROBLEM

- Start with interview regarding what matters to client
  - Know their history, background and understanding of current situation
- Use client's words, speak back, amplify
- Handout on helpful language.
- Label expressed emotion
- Not either/or but BOTH, ↑ autonomy and ↓ risk
- Encourage small goals:
  - “A small something is better than a big nothing”

# Next Steps

- Step 2: Develop an action plan
  - I'll do \_\_\_\_\_ , You'll do \_\_\_\_\_
- Step 3: Assess outcome of Goal
  - When it doesn't work, Why?
- Step 4: Move incrementally from one step to the next
  - Building on successful outcomes
  - Goal Attainment Scaling

# *What do clients want?*

Lessons Learned from a  
Forensic Center Service Advocate

Julia M. Rowan, PhD

# The Forensic Center Service Advocate

- The model: field-based, long-term case management, through a Forensic Center MDT
- Criteria for services: need for assistance, determined by team
- Client characteristics
  - 77% female
  - Financial exploitation and self-neglect most common forms, 46% multiple abuse, 59% recurrent in APS
  - Abuser was well-known in 46%
  - Physical limitations: 46% mild, 23% severe
  - Cognitive impairment: 23% severe, 46% mild

# Formative Evaluation

- Qualitative case study and content analysis of narrative service documentation
- What did clients want?
  - Most agreed to continued contact from the Advocate
  - Assistance requested:
    - Desire for choice, freedom, social connectivity, and to appear capable
    - Transportation, financial assistance, restitution, help for the abuser
  - Many were protective of their homes and their privacy, and were suspicious of service providers

# Formative Evaluation

- What were the mechanisms of the service approach?



# What is Person-centered care of EM?

- Case 1: Ms. M

# What is Person-centered care of EM?

- Case 2: Mr. R



# What is success?

- Risk-reduction, including client's perception of safety
- Empowerment/control
- Maintenance of their relationship
- Cost-savings, APS
  - Closed time-consuming cases sooner (recurrent APS clients, multiple needs, safety concerns, monitoring)
  - Improved social support and safety
  - Tailored response to mandated reports