

Realistic Job Preview **Adult Protective Service Worker (A.P.S.W.)**

Diane Langley: Adult Protective Services, uh, within the Bureau of Adult and Elderly Services is really designed as a safety net for people that are really vulnerable in the community. There are often people that are isolated, they may have families in different parts of the country, uh, economically they may be just getting by, uh, their existence may be relatively marginal, uh, they may suffer from, uh, early onset dementias, uh, they may also experience, um, symptoms of mental illnesses that as they've aged have become more troublesome or problematic and have created them with problems in the community.

Adult Protective Service Worker

Renee: Good morning, Adult Protective Services, this is Renee. How may I help you?

Pat: Our main objective is to try to help people stay in their homes and to provide the services that'll keep them safe.

Blake: We deal with adults, uh, one day we may have an eighteen-year-old victim and we've actually had, uh, perpetrators over a hundred years old.

Is this a position for you?

Rhonda: This job is not for everyone. Some people just can't go and do protective work, um, I think they get intimidated. You have to have a certain amount of confidence going in there.

Fleurette: Not everyone is eager to see us knocking on their door. Um, I've had clients who've slammed the door in my face. I've had, um, even police officers saying, "You don't want to go there unless you're with an officer."

Blake: She would stand in the window behind a sheer curtain and what she didn't realize is that we could see her. So she's talking nicely to us while she's giving us the finger and sticking her tongue out at us.

Chapreese: I go over to her house, and I'm going over the paperwork and she starts yelling and screaming and cursing and she calls me the "n word". And I thought, "Oh my god." I'm sitting there going, "No, she didn't just say that after all I'm trying to do and all this that's going on."

Herb: A lot of folks don't want to accept the fact that they're failing and that they need that extra help. And sometimes it's very hard to overcome that inertia because you have a lot of older generations before my time that are very self-reliant, very independent, and they do not want to give up.

Michelle: I have a father that built his house and does not want to leave, which...he's of sound mind and this is his choice, but it makes it very hard because he thinks everything's gonna get better when at his age, indeed it's not going to.

Video Playing: *I would say that's probably some of the most severe psychosocial stress a human can experience.*

Diane Langely: You have to have the ability to work as a member of a team because you're not in it by yourself and you need to rely on the skill sets of your colleagues. You need to be comfortable enough so that you ask questions of your colleagues but you don't feel like the burden is entirely on you. No matter how you describe it, it's still not the same as when you actually get out and see situations and, um, I think that's when the rubber hits the road, you know, once you're actually there and you see what you're going to be dealing with.

Fleurette: If you're used to having the client come to you in an office setting, then this might not be for you. I mean you might have to go to, uh, a client's home, you might have to go to, um, an apartment, you might have to go to a hospital, a jail, some of our clients live in cars, campers. It's wherever the client is and you need to, you need to be prepared for that.

Rhonda: Sometimes I go into a home and it's spotless. Um, other times I go into a home and it's like a goat path getting through because there's hoarders; you see a lot of hoarders. So um, uh, you just never know what type of home you go into.

Blake: Preparing oneself for a visit, we have all learned that there's just some things that you take with you. Uh, I have sanitary hand wash, uh I have a pair of boots that I might put on, um, there have been homes I've gone to that I'm afraid that I may fall through the floor so I look through the floor joists to step from. Uh, I have a jacket that I can tie around my waist, so if I find that I have no option but to sit down, I'm sitting down on something that I know I can wash.

Fleurette: I had to climb in to get into the home and it was filled with soiled clothing, dog feces, I had to climb over things and balance myself on a wall to get to the client.

Sue: I could see the cockroaches in the ceiling and I kind of just stepped over 'cause I just didn't really want it to drop on my head.

Chapreese: The smells. Those are I think probably one of the things that stand out to me the most. I didn't realize how weak my stomach was until I got this job.

Blake: Seeing the mold on the wall made it difficult to breathe. I wore a mask. I had to excuse myself. I had to leave.

You Can't Change Everything

Chapreese: As social workers you kind of want to just go in and make everything better. And it's not always that easy, and that's the hardest part for me, is realizing that sometimes people don't want help and you have to respect that even though you may not agree with it.

Fleurette: Sometimes you have to step back and, and say just because you think that's what would make the situation better it may not be what your client wants. So you really have to step back and, um, you can't go in there, um, going gung-ho into a client's home and saying we need to do this, we need to do that. You really need to step back and see where the client is, see what they're willing to accept, understand their personality, their lifestyles. You cannot be judgmental in this job.

Rachel: Our office received a call of concern about you and so we would like to follow up on....

Rachel Lakin: We don't have a lot of recourse when people don't want to engage in services and I think a lot of people have standards as to what they think is right in life. That, um, people should, um, live a certain way and keep their house a certain way and follow through on doctor's appointments and take medication and, and behave, basically, that people should behave. And, and I think when our clients don't do that we have to accept that this, these are their decisions to make. They're not our decisions. We can't control them.

Blake: Whether we agree with their choices really at the end of the day doesn't matter. Understanding that they have chosen to behave or act or live in a certain way is what we do need to understand.

On the Job

Rhonda: We get a lot of mentoring and shadowing. But it's good to have a background in human services working with people.

Pat: We do have a lot of, um, a lot of reports that we do need to write and there are time constraints, so there are, there's a lot of, um, a lot of time at the computer.

Sue: You have to be organized. You have to look at your day and figure out what your, what are my job priorities, what's my priority for the day? What do I have to accomplish? You have to be flexible because that can all change at the drop of a hat.

Pat: You can plan your day. But you can't plan on having it go the way that you planned it. Um, I try to set up certain days that I can do my writing and reports and things of that sort. But, uh, crises arise and if something happens with one of your clients, um, you need to go out.

Rachel Lakin: It's gotta be somebody who likes problems and likes solving problems, um, because we're often confronted with problems every day and sometimes there's not an easy solution to those problems and we really have to have somebody who is able to tackle those problems and to be able to kind of deal with the unexpected.

Chapreese: You need to be patient. You need to be a very good listener. And you need to be proactive. You need to be able to see what you can do in a situation to try to make it better for that time being. And you need to be able to come up with other ideas, and thinking outside the box.

Sue: It's not a 9 to 5 thing where, um, where you do widgets. You know, 'cause you think of it all the time. Okay, I gotta do this, I gotta remember that; while you're in the shop, while you're cooking supper, while you're getting ready to go to work. It's, it's, it comes in to you.

Rachel Lakin: Many people take their work home with them emotionally and in their mind and I always say there's a sleep factor when I'm looking at a client. What kind of thing needs to happen here today before I leave so that I'll be able to sleep tonight because I have, as I think many social workers have, uh, lost sleep over some of the situations they've seen in the course of a day.

Diane Langely: You see things that a lot of other people will never see in their lives and they're things that are very difficult to see. Uh, they're painful to see, they're painful to deal with but you're also able to impact on them.

Chapreese: When I get to the hospital he's there and they find out that he has cancer. And, um, he can't go back home. I think the hardest thing was knowing that he had no one to come in and see him – at all. And I just started watching him slowly die and I had never experienced anything like that before. And probably about a week before he passed, we're sitting there drinking coffee and I get ready to go leave, and he reaches up and he takes my hand and he goes to give me a kiss on the forehead and he said that, um, "You're my only friend. And thank you so much for being here with me."

Rhonda: Yeah, when you help someone it's the best feeling 'cause they're so appreciative they thank you a hundred times and you just feel so good. You're on cloud nine.

Pat: I enjoy it. I enjoy people; I enjoy the different types of people that I meet. And everybody has a story. Um, they really do and I enjoy being able to find the time to listen to them.

Client: I do not know how we would have got by the last few years if she hadn't helped us.

***Thank you for taking the time to consider this position.
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