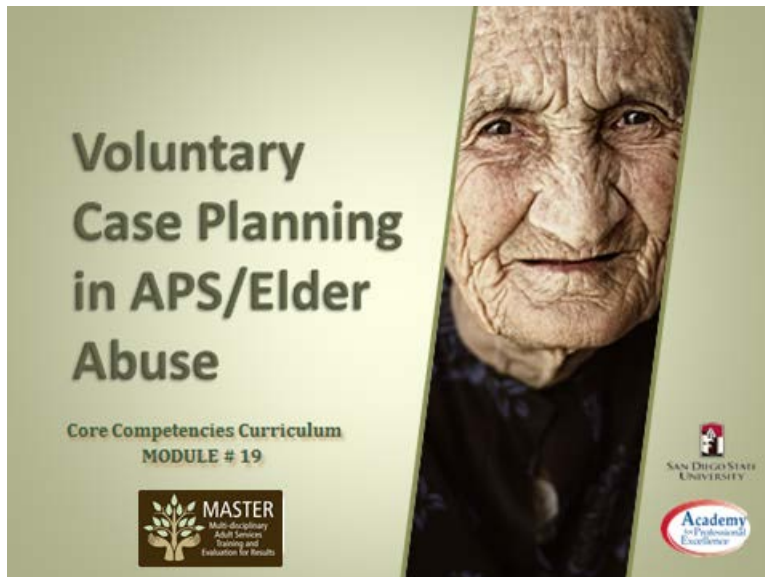


VOLUNTARY CASE PLANNING IN APS/ELDER ABUSE

PARTICIPANT MANUAL



MODULE 19

PARTICIPANT MANUAL

VOLUNTARY CASE PLANNING IN APS/ELDER ABUSE



This training was produced by the Academy for Professional Excellence under 2009-SZ-B9-K008, awarded by the Office for Victims of Crime, Office of Justice Programs, U.S. Department of Justice. The opinions, findings, and conclusions or recommendations expressed in this training are those of the contributors and do not necessarily represent the official position or policies of the U.S. Department of Justice.

Curriculum Developer

Susan Castano

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VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Voluntary Case Planning training, developed by Project MASTER, a program of the Academy for Professional Excellence.

The Academy for Professional Excellence was established in 1996 and provides training, technical assistance, organizational development, research, and evaluation to public and private health and human service agencies and professionals.

The Academy is a project of San Diego State University School of Social Work (founded in 1963), which offers both a bachelor's and master's degree in Social Work. The School of Social Work at San Diego State University was founded in 1963 and has been continuously accredited by the Council of Social Work Education since 1966.

The Academy has extensive experience in providing specialized services, including:

- multi-disciplinary competency-based trainings
- curriculum development
- needs assessment
- research
- evaluation
- meeting facilitation
- organizational development consultation services

MASTER is a program of the Academy for Professional Excellence which has the overarching goal is to develop standardized core curricula for new APS social workers and to share these trainings on a national scale. Professional training opportunities are a critical step toward ensuring APS social workers have the appropriate tools to serve their victims. MASTER has worked extensively with state and national partner agencies in the development of this curriculum.

Our partners include:

- National Adult Protective Services Association Education Committee (NAPSA)
- The Statewide APS Training Project of the Bay Area Training Academy
- California Department of Social Services, Adult Services Branch
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

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ACKNOWLEDGMENTS

This training is the result of a collaborative effort between Adult Protective Services administrators, supervisors, staff development officers and workers across the state and the nation; professional educators; and the Academy for Professional Excellence staff members. Project MASTER would like to thank the following individuals and agencies:

Agencies

Bay Area Academy, Statewide APS Training Project
California Department of Social Services, Adult Services Branch
California Social Work Education Center Aging Initiative
Imperial County Department of Social Services
Orange County Social Services Agency
Riverside County Department of Public Social Services
San Bernardino County Department of Aging and Adult Services
San Diego County Aging and Independence Services

Regional Curriculum Advisory Committee

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Beverly Johnson, LCSW, Staff Development Officer, Riverside County
Brenda Pebley, APS Manger, Imperial County
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Committees

Project MASTER Steering Committee
APS Core Curriculum Committee
National Adult Protective Services Association Education Committee
Protective Services Operations Committee of the California Welfare Directors Association

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James Coloma, Evaluation Consultant
Jane Berdie, Evaluation Consultant
Cynthia Parry, Evaluation Consultant

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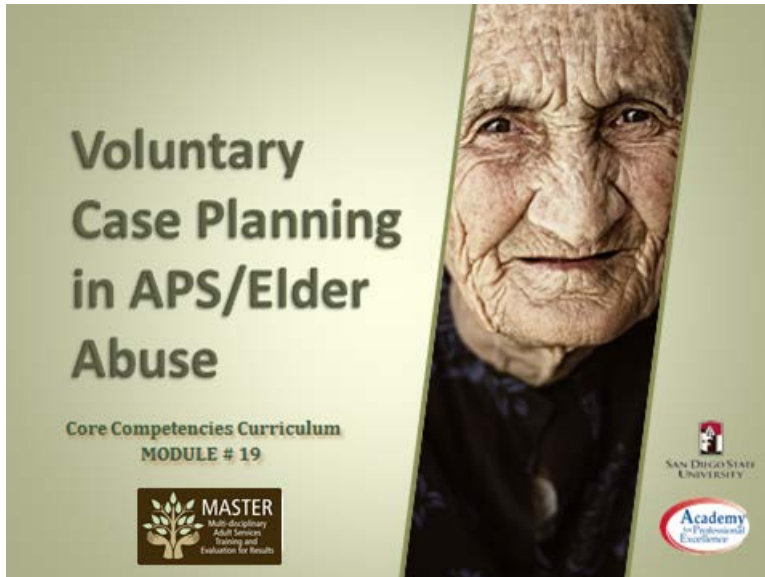
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COURSE OUTLINE

Content	Total Time	Activities/Handouts (HO)
Welcome & Introductions: Objectives, Overview of Project, Housekeeping	15 min	Lecture HO 2: Letter to Participants HO 3: ID Assignment
Learning Objectives Warm-up Activity	35 min	Large group Warm-up Activity
Factors That Influence Service Planning	70 min (including break)	Lecture/discussion Small group activity HO 4: Case Studies: Pre- Planning Conditions
BREAK	when needed during previous section	
Receptivity to Receiving Help	30 min	Lecture, Discussion
Where Do We Begin? Bring Your L.O.A.F.	5 min	Small group activity
Focusing on Strengths	15 min	Lecture/discussion H.O. 5: Reframing Situations
LUNCH	1 hour	
What Systems Are Out There? OR Presentation by Aging and Disability Resource Centers (ADRCs) Representative	20 min	Systems Activity
How Do We Meet the Need?	10 min	Transfer of Learning Activity H.O. 6: Scavenger Hunt
Essentials of the Case Plan	45 min	Lecture, Discussion, Large group Activity /case vignettes H.O. 7: Case Planning Essentials H.O. 8: Evaluating the Case Plan H.O. 9: Strengths-Based Care Planning
BREAK	15 min	
Safety Planning Packet	75 min	Lecture, Small group Activity H.O. 10 & 11: Safety Plans & Safety Planning Packet
Self evaluation/ Satisfaction survey	15 min	H.O. 12: Self-Assessment

TRAINING GOALS AND OBJECTIVES



Upon completion of this training session, participants will be better able to:

- Identify the factors that influence intervention needs.
- Discuss strategies to engage the victim in developing mutual goals to decrease risk of abuse.
- Determine appropriate interventions that would decrease risk of abuse.
- Explain when and how to use a Domestic Violence Safety Planning tool.

EXECUTIVE SUMMARY

HANDOUT #1

Course Title: *Voluntary Case Planning in APS/Elder Abuse*

Outline of Training:

In this interactive and thought provoking introductory training, participants learn the basic components of developing a safety plan for elder abuse victims. Trainees will be able to identify the factors that influence the victim's intervention needs. They will learn strategies to work with the victim to develop mutually acceptable goals that will decrease the risk to the victim. And, they will learn to use a safety planning tool developed for use with elder abuse victims.

The following instructional strategies are used: lecture segments; interactive activities/exercises (e.g. small group discussion, case studies); question/answer periods; PowerPoint slides; participant guide (encourages self-questioning and interaction with the content information); embedded evaluation to assess training content and process; and transfer of learning activity to access knowledge and skill acquisition and how these translate into practice in the field.

Course Requirements:

Please note that training participants are expected to participate in a variety of in-class and post-training evaluation activities. These activities are designed to enhance the learning experience and reinforce the skill acquisition of training participants as well as determine the overall effectiveness of the trainings.

An executive summary of each training and directions for post-training evaluation activities will be provided to training participants and their supervisors. Certificates of course completion will be awarded upon completion of ALL course activities.

Target Audience:

This course is designed for new APS social workers as well as Vulnerable Adult Abuse partners (e.g. conservatorship investigators, workers in the aging and disability networks, law enforcement). This training is also appropriate for senior staff which require knowledge and/or skills review.

Outcome Objectives for Participants:

Learning goals – Upon completion of this training session, participants will be able to:

- Identify the factors that influence intervention needs.
- Discuss strategies to engage the victim in developing mutual goals to decrease risk of abuse.
- Determine appropriate interventions that would decrease risk of abuse.

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

- Explain when and how to use a Domestic Violence Safety Planning tool.

Transfer of Learning: *Ways supervisors can support the transfer of learning from the training room to on the job.*

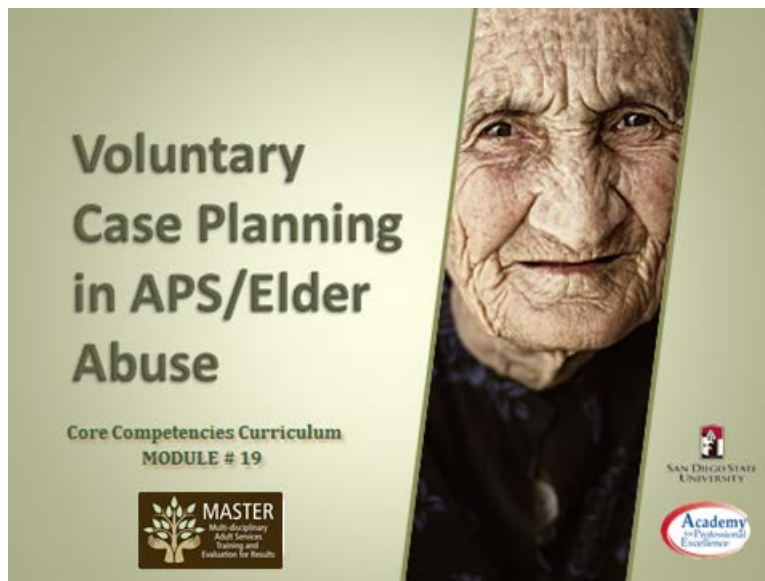
BEFORE the training

Supervisors can encourage line staff to attend the training and help them identify particular strengths and/or challenges that they have had in developing safety plans for victims in the past. Training participants can share these experiences during training.

AFTER the training

Supervisors can read the training executive summary and instructions for out-of-class transfer of learning activity. Supervisor and training participant will then schedule a time to complete the activity together – at this point the trainees can share what specific skills they obtained from the training. If further staff involvement is available, trainees may present an overview of what was learned to other staff members to encourage collaboration and a culture of learning.

PRESENTATION




WELCOME AND INTRODUCTIONS



TIME ALLOTTED: 15 minutes

Slide 2:

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The National APS Training Project is a project of the Academy for Professional Excellence, San Diego State University School of Social Work

2

Slide 3

Housekeeping and Introductions

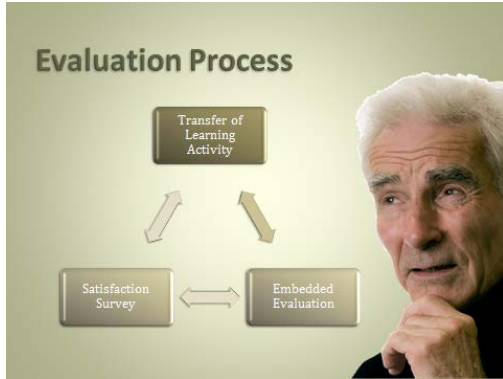
- Schedule for the day
- CEU instructions
- Location of restrooms
- Set cell phones to vibrate
- Introductions



3

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Slide 4



Slide 5

Developing an ID Code

- What are the first three letters of your mother's *maiden* name? **Alice *Smith***
- What are the first three letters of your mother's *first* name? ***Alice* Smith**
- What are the numerals for the DAY you were born? **Nov *29*th**

Trainee ID Code

S	M	I	A	L	I	2	9
---	---	---	---	---	---	---	---



June 2011

Dear Training Participant,

As a training program for the Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (*Multi-disciplinary Adult Services Training & Evaluation for Results*) has begun a process of evaluating training delivered to Adult Protective Service workers. As part of this evaluation, we need your help.

At certain points during this training series, in addition to the usual workshop evaluation forms, you will be asked to complete various training evaluation activities.

These training evaluation activities have two main purposes:

1. To improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and
2. To see if the training has been effective in getting its points across.

Our goal is to evaluate training, NOT the individuals participating in the training.

In order to evaluate how well the training is working, we need to link each person's assessment data using a code. You will generate the code number using the first three letters of your mother's maiden name, the first three letters of your mother's first name, and the numerals for the day you were born. **Please put this 8-digit ID code on each of your assessment forms, exactly the same way each time.** ID code information will only be used to link demographic data to test data to ensure that the training is working equally well for all participants. Once this linking is done, we will only be looking at class aggregate scores, rather than individual scores.

Only you will know your ID code refers to you. All individual responses to evaluation exercises are confidential and will only be seen by the Academy's training program and evaluation staff. Only group averages and percentages will be reported. Individual results will not be reported to your employer. Aggregate data may be used for future research to improve training for Adult Protective Service workers.

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

If you agree to participate, you will fill out a questionnaire administered before and after the training. The questionnaire will be coded with a unique identifier system and all responses will be confidential.

There are no foreseeable risks to you from participating. There is also no direct benefit to you. Your responses will contribute to the development of a series of evaluation tools that will be able to accurately assess the effectiveness of adult protective service training. It is hoped that these tools will assist the Academy for Professional Excellence in improving training for adult protective service workers and therefore improve services to adults and families.

Your participation is voluntary and you may withdraw your consent and participation at any time. Participation or non-participation will have no effect on your completion of this training series.

By completing and submitting the questionnaire, you agree to participate. You further agree to permit us to use your anonymous responses in written reports about the questionnaires.

Your help with this evaluation process is greatly appreciated. Your feedback will be instrumental in helping to improve adult protective service training for future participants. If you have any questions about the evaluation or how the data you provide will be used, please contact:

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VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

HANDOUT #3

Trainee ID Code

Date / /
M M D D Y Y

YOUR IDENTIFICATION CODE:

In order for us to track your evaluation responses while maintaining your anonymity, we need to assign you an *identification code*. We would like you to create your own *identification code* by answering the following questions:

1. What are the first three letters of your mother's *maiden* name?
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **S M I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

___ ___ ___

2. What are the first three letters of your mother's *First* name?
Example: If your mother's maiden name was Alice Smith, the first three letters would be: **A L I**. If the name has less than three letters, fill in the letters from the left and add 0 (zero) in the remaining space(s) on the right.

___ ___ ___

3. What are the numerals for the DAY you were born?
Example: If you were born on November 29, 1970, the numerals would be **2 9**. If your birth date is the 1st through the 9th, please put 0 (zero) in front of the numeral (example **0 9**).

___ ___

Combine these parts to create your own identification code (example: **S M I A L I 2 9**). Please write your identification code in the space at the top right corner of all evaluation materials you receive. **Remember your identification code and write it at the top of every evaluation form provided to you throughout this training.**

WARM-UP ACTIVITY




TIME ALLOTTED: 35 minutes

Slide #6

Learning Objectives

- Identify the factors that influence intervention needs
- Discuss strategies to engage the victim in developing mutual goals to decrease risk of abuse
- Determine appropriate interventions that would decrease risk of abuse
- Explain when and how to use a Domestic Violence Safety Planning tool



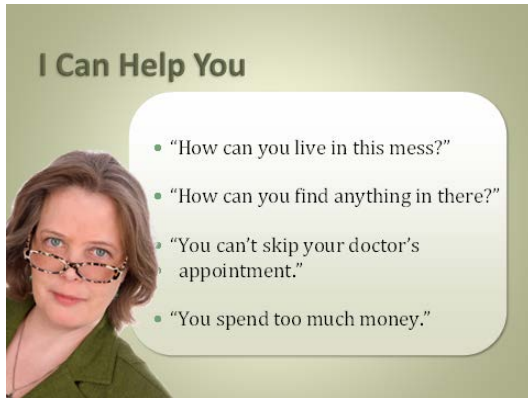
Slide #7



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search ID: man2009

"Hi — I'm from the Government,
and I'm here to help you!"

Slide #8



The Story of Eva

Eva is a 74 year old widow who lives in a small two bedroom mobile home in a senior mobile home park. Eva uses a walker to ambulate and is currently receiving help from a home care agency with bathing, housework and grocery shopping. She has one good friend, Myrtle, who lives nearby but is otherwise isolated. She has one child and no living siblings. She called APS to ask for help dealing with her 52 year old son, Gene, who is pressuring Eva to let him move in with her. Here is what she tells you:



“Thank you so much for coming. I am just beside myself. I don’t know what to do. I love my son and I want him to be in my life but I am also afraid of him.”

Gene (my son) has lived with me his whole life and, until his father died 4 years ago, things were okay. I mean, Gene got into his fair share of trouble. He never could hold a job for very long because he tends to talk back to anyone giving him orders. He really doesn’t like people telling him what to do. And, he has always drunk too much. But, his father kept him in line at home.

After Gene’s father died, Gene decided that he was the man-of-the-house and that he should be in charge of everything, including me. He felt that my money was his money since he paid all the bills (something his father did before he died). We had lots of arguments about how money should be spent. For example, he thought beer was a

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

necessity but my blood pressure medication wasn't important. He'd get really mad when we argued, he'd slam out of the house and go drinking.

Three years ago, he used all of my savings to buy a new car and then he totaled it one month later when he was drinking. In the accident, he hit another car and the woman in that car was badly hurt. Gene was hurt too. He was arrested and put in the jail ward of the hospital. He spent nearly a month in the hospital and he now walks with a cane. He spent a year in jail for driving under the influence and then moved back home with me. He is disabled and can't work. And, he has chronic pain.

If I thought things were bad before, back when we argued about money all the time, things got really bad when he came back home from jail. He developed an addiction to pain pills and getting pills was the most important thing in his life. He didn't care whether there was food in the house or whether bills got paid. He only cared about his drugs. And, if I said anything... complained about anything... he would fly into a rage. He would throw things at me. He punched holes in the walls. Once he pulled a knife on me and told me that he wouldn't have to listen to me complain if he cut my throat. I was terrified. I felt like a prisoner in my own home, afraid to ask for a decent meal or a moment of peace. It was very hard on my nerves. And, I never got much sleep because he would have friends in and run the TV all hours of the night. Some nights I almost wished he would cut my throat so I could have some peace.

A couple of times you folks (APS) came to the house but I always turned the social worker away. It is so embarrassing to have to admit that your own child would treat you so horribly. Or that your parenting was so bad that you raised a child who could be so mean. I felt like a failure as a mother and a human being. I didn't tell anyone about the terror I was experiencing in my own home.

One night, about 6 months ago, Gene wanted me to give him all my jewelry to sell. I would have let him have most of it. But, he even wanted the engagement ring that his father gave me. I refused and he threw me against the wall. I hit my head and was unconscious for a time. A neighbor had heard the fight and called the police. When I came to, the police and paramedics were here. Gene was gone and so was my engagement ring. The police had a victim advocate help me to get a restraining order so Gene couldn't come back.

The restraining order is still in place but Gene has been calling the house asking to come home. I have been trying to stay strong since my life is so much more peaceful these days. There is food in the refrigerator and my bills are paid on time. But, Gene

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

has been living on the streets and he sounds awful. He was in the hospital last month with an infection in his bad leg and a social worker called me to see if he could be released to my house. I felt terrible saying no. I felt like such a bad mother. I mean, who turns away their sick child? Gene is back on the streets now. He promises that he isn't using drugs anymore. He keeps calling and begging to come home. What should I do? I really want to help him but I am afraid to have him come home. Should I give him another chance?

FACTORS THAT INFLUENCE THE SERVICE PLAN



TIME ALLOTTED: 70 minutes

Slide #9

Factors Influencing the Service Plan

- Client wishes
- Perpetrator issues
- Urgency of the Situation
- Professional ethics
- Cultural Considerations

Adapted from Elder Abuse Prevention: Emerging Trends and Promising Strategies, Lisa Nerenberg, 2008

Slide #10

Client Wishes

- Mental capacity/ ability & willingness to consent
- Risk factors
- Resources and support systems


Slide #11

Mental Capacity and Ability to Consent

- Levels of consent

Capable and consenting	Capable and non-consenting	Incapable and consenting	Incapable and non-consenting
------------------------	----------------------------	--------------------------	------------------------------


- Capacity can fluctuate over time
- Varied reasons for lack of consent



Slide #12

Client Risk Factors

- Health and functional ability
- Dementia and mental health problems
- Dependency
- Relationship to abuser
- Isolation/lack of social support
- Age/gender/ethnicity
- Recent losses



Slide #13

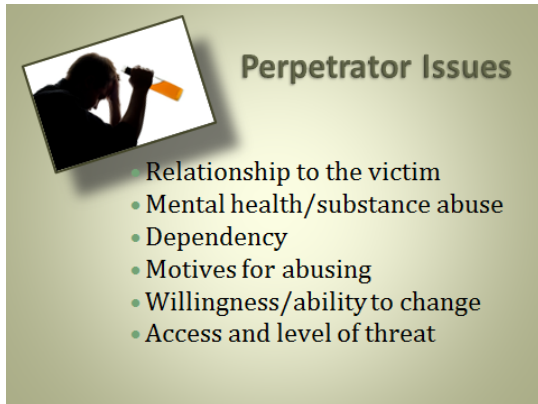
Client Resources and Support Systems

- Informal networks
- Public/ private services
 - Benefits and limitations
- Finances
 - Availability
 - Willingness to spend
 - Eligibility and waiting lists



VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Slide #14



Perpetrator Issues

- Relationship to the victim
- Mental health/substance abuse
- Dependency
- Motives for abusing
- Willingness/ability to change
- Access and level of threat

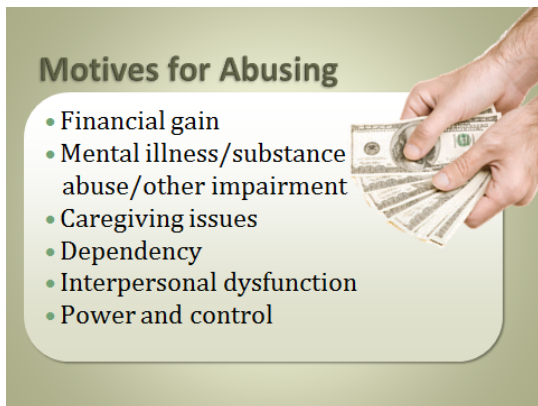
The slide features a small inset image of a person in silhouette holding a lit lighter to their face, set against a light green background.

Suggested Reading:



Ramsey-Klawnsnik, Holly (2000). Elder abuse offenders: A typology, *Generations*, 24, 17-23. (available online)

Slide #15

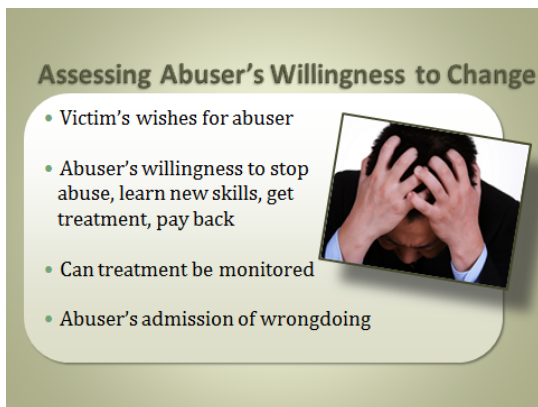


Motives for Abusing

- Financial gain
- Mental illness/substance abuse/other impairment
- Caregiving issues
- Dependency
- Interpersonal dysfunction
- Power and control

The slide features a small inset image of hands holding a fan of US dollar bills, set against a light green background.

Slide #16



Assessing Abuser's Willingness to Change

- Victim's wishes for abuser
- Abuser's willingness to stop abuse, learn new skills, get treatment, pay back
- Can treatment be monitored
- Abuser's admission of wrongdoing

The slide features a small inset image of a person in a suit covering their face with their hands, set against a light green background.

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Slide #17


Assessing Abuser's Level of Threat



- Continued or potential access to victim
- Victim's ability/desire to deny access
- Weapons in the home
- Mitigating factors
 - Others in home to monitor
 - Assets secured

Slide #18

Urgency of Situation



- Lack of supervision
- Imminent danger of violence
- Imminent eviction
- Unsafe environment
- Imminent risk of serious financial losses

Slide #19


Ethical Considerations



- Autonomy vs. protection
- Least restrictive alternative
- Benefits and risks of each alternative
- Competing and conflicting principles
- Self-awareness
 - Whose needs are being met?
 - Whose life is it anyway?

Slide #20

Cultural Considerations




- Values
- Attitudes about abuse
- Which services are acceptable, compatible, accessible
- Who should provide them and how

Slide #21

Case Study: Preplanning

- Select a recorder and reporter
- Read the case
- Complete the exercise



HANDOUT # 4 Case Studies: Pre-Planning Conditions

Case #1: Juanita Rodriguez

Juanita Rodriguez is a 78 year old widow who has been living in senior housing since her husband died 7 years ago. She is from El Salvador and has been in this country for 25 years. She speaks limited English and has been involved with the Adventista Church for many years. She is a diabetic and is now in a wheelchair due to a recent right leg amputation. Her son Paco stays with her when he is between jobs. During those times she gets behind in her bills because she helps Paco with his debts. Recently her electricity was shut off, which makes it difficult for her to keep her insulin refrigerated. Also the visiting nurse noticed that Ms. Rodriguez was low on syringes. It is reported that Paco may be using drugs. The nurse states she is uncomfortable when Paco is in the home because his behavior is erratic and scary. Ms. Rodriguez loves her son and feels it is her responsibility to take care of him.

What steps would you take to determine the following issues? What other questions would you need to ask to better understand the issues to be addressed in this case?

Victim Wishes

Alleged Abuser Issues

Urgency of Situation

Ethical Considerations

Cultural Considerations

Other factors

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Case #2: Mildred Jackson

Mildred Jackson, age 92, lives in a small bungalow in a rural area. She has lived there for 60 years and she owns it. Ms. Jackson is frail and has some periods of confusion. The home has been in disrepair for many years. Housekeeping standards and hygiene have never been very high. She does not like to go to the doctor, but does see a woman who mixes herbs for her. Ms. Jackson has 6 children who live within an hour drive from her. She also has an “adopted” daughter Emma (someone she raised), age 65, who lives with her. Emma has mental health problems and hears voices. She has had frequent hospitalizations but does not consistently follow through with treatment or medication. Ms. Jackson’s other children are concerned that she is more vulnerable and cannot protect herself from Emma’s outbursts.

What steps would you take to determine the following issues? What other questions would you need to ask to better understand the issues to be addressed in this case?

Victim Wishes

Alleged Abuser Issues

Urgency of Situation

Ethical Considerations

Cultural Considerations

Other Considerations

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Case #3: Sadie Miller

Sadie Miller, age 85, lives in a big home in a beautiful neighborhood. She has been widowed for 10 years. Her husband was quite successful and left her very financially very comfortable. She has one daughter who is living with her family in Israel. Mrs. Miller had always managed very well on her own. She was active in the Senior Center and in her Temple. She had many friends with whom she played cards and went shopping. Recently she had a dizzy spell at the Senior Center and was taken to the hospital where she remained for a few days. The discharge planner arranged for home health services and sent Mrs. Miller home with a prescription for antibiotics. Since her return home, Mrs. Miller has begun to deteriorate. When her friends have called, the home health aide tells them that Mrs. Miller cannot come to the phone because she is too weak. Mrs. Miller has not been out of the house in a month and her friends are concerned that there is something going on with the home health aide.

What steps would you take to determine the following issues? What other questions would you need to ask to better understand the issues to be addressed in this case?

Victim Wishes

Alleged Abuser Issues

Urgency of Situation

Ethical Considerations

Cultural Considerations

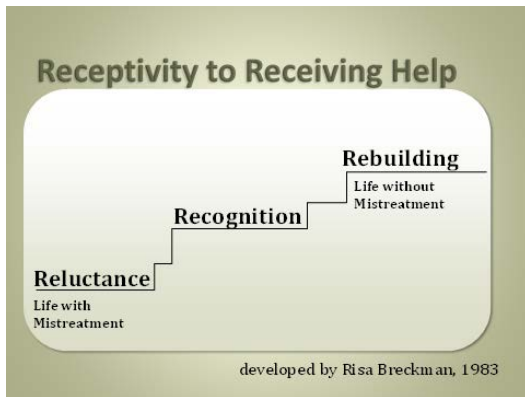
Other Factors

RECEPTIVITY TO RECEIVING HELP



TIME ALLOTTED: 30 minutes

Slide #22



Slide #23


Reluctance Stage

- Characteristics
 - Has not acknowledged abuse
 - Denial
 - Self-blame
 - Low self-acceptance
 - Ambivalence
 - Isolation
 - Belief that abuser needs help

Slide #24

Reluctance Stage

- Interventions
 - Provide emergency assistance
 - Provide information on
 - Elder abuse
 - Options
 - Accessing help
 - Implement "keep in touch" method
 - Provide services/make referrals



Slide #25

Recognition Stage

- Characteristics
 - Problem recognized as complex
 - Realization that problem can't be managed alone
 - Continued ambivalence
 - Lessening of denial, self-blame
 - Desire to share with others



Slide #26

Recognition Stage

- Intervention
 - Provide emergency assistance
 - Explore options extensively
 - Provide services according to need and/or make appropriate referrals



Slide #27

Rebuilding Stage


- Characteristics
 - Reshaping identity
 - Seeking lifestyle alternatives
 - Diminished self-blame
 - High self-acceptance
 - Development of support system



Slides #28

Rebuilding Stage

- Interventions
 - Provide emergency assistance
 - Assist/support with adjustments and life changes
 - New housing arrangements
 - Enforcement of orders of protection
 - Provide services according to need/make referrals



WHERE DO WE BEGIN? BRING YOUR L.O.A.F.



TIME ALLOTTED: 5 minutes

Slide #29



Listen: to what the client says, to what they do not say, to the sound of fear, mistrust, or anger in their voice, go slowly, give them a chance to talk.

Observe: their demeanor, body language, surroundings, items in the environment that might give you insight into their history (photos, pets, medications, plants, garden).

Ask: for permission, for their perception of her situation. Beware of inflammatory language, buzzwords, and lingo.

Facilitate: discussion of fears, past history with service providers, feelings about family/abuser.

FOCUSING ON STRENGTHS, REFRAMING SITUATIONS



TIME ALLOTTED: 15 minutes

Slide #31



HANDOUT # 5: Reframing Situations

Below are some words we use frequently when discussing clients and their situations. The negative connotations may get in the way of our success in the mutual development of a case plan that empowers the client and improves the safety conditions. Consider how your own personal values/biases may come into play in these scenarios.

Read the following worker statements and try to find the strengths rather than the weaknesses. Change the statements to objective, neutral language.

1. "She knows how to work the system. She **manipulates** one agency against the other."
2. "She needs so much care but is so **resistant** to anything I offer. She doesn't want a home health aide. She doesn't want a nursing home. She just wants to be left alone."
3. "She and that no good son of hers can't survive without each other. Their **codependency** is so destructive."
4. "I just can't get her to move on any suggestion. She is so **passive** about the horrible situation she is in. It is so frustrating."
5. "Anyone who chooses to stay in such an abusive situation is using **poor judgment**. It is time to determine if he can make these decisions for himself."

Slide #31

Strengths to Consider

- Hardiness and adaptive skills
- Willingness to learn and use resources
- Loyalty and forgiveness
- Survival instincts
- Kindness and compassion
- Strong faith or religious values
- Creativity



WHAT SYSTEMS ARE OUT THERE?



TIME ALLOTTED: 20 minutes

Slide #32

What's Out There?

- What are the systems?
 - Aging network
 - Financial assistance
 - Mental health care
 - Medical care
 - Domestic violence services
 - Legal assistance



Slide #33

How To Find The Services



VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Slide #34

Eligibility for Services

- Based on need
- Based on income
- Based on residence
- Based on age
- Based on disability
- Immigration status



Slide #35

Beware

- Stay up to date
 - Funding time limited
 - Funding income limited
 - Funding finished
 - Brochures/directories out of date
- Maintain professional ethics
 - Do not overstate or understate



HOW DO WE MEET THOSE NEEDS?




TIME ALLOTTED: 10 minutes

Slide #37

APS Service Planning Considerations


- Complexity of cases
- Creativity
- “Outside the Box” Thinking



Slide #38

Scavenger Hunt Transfer of Learning

- Match Client Needs to Available Services
- Begin your own resource directory
- Select 6 service needs and research a resource that will meet the need
- Complete Activity Sheet and return to trainer



HANDOUT # 6 - Scavenger Hunt

Transfer of Learning Activity

Now that you have identified systems that may be able to address the needs of your clients, it is time to identify the needs and get **specific**. Back at your agency, begin exploring what is available to meet your clients' needs. Using the attached worksheet, select **6** different needs of specific clients and find the resource that can meet those specific needs. You will research the agency, services provided, eligibility requirements, cost, and referral process and record your results on the worksheet.

You should obtain this information directly from the source but feel free to get recommendations from your coworkers, supervisor, MDT members.

You may want to keep a copy of this list and add to it as you discover new resources.

When you have completed your hunt, please return your worksheet to:

_____.

Deadline is: _____.

Good luck and happy hunting!!

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Scavenger Hunt

Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Major Home Cleaning					
Home Health Care					
Emergency Shelter					

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Respite Care					
Home Delivered Meals					
Pet food/care					
Podiatrist (home visit)					

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Emergency food					
Medical Transportation					
Friendly visitor					

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Help with Utility Bills					
Substance Abuse treatment					
Caregiver support					

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Financial Management					

ESSENTIALS OF THE CASE PLAN




TIME ALLOTTED: 45 minutes

Slide #38

Case Planning Essentials

The Case Plan Should Be:

- Collaborative
- Problem oriented
- Appropriate to client's functional level and dependency needs
- Consistent with culture and lifestyle
- Realistic, time-limited, and concrete
- Dynamic and renegotiable
- Inclusive of follow up



HANDOUT #7: CASE PLANNING ESSENTIALS


A good case plan should be:

- **Collaborative:** it should be developed mutually. If it is imposed by the worker and the client does not “buy in” or participate in the process, the plan is likely to be sabotaged.
- **Problem-oriented:** the plan should be focused on problem resolution, with the problem/issue being defined and shared by worker and client.
- **Appropriate to client’s functional level and dependency needs:** it should be based on an accurate assessment of the client’s abilities and needs.
- **Consistent with culture and lifestyle:** it should not cause conflict with the client’s beliefs or values.
- **Realistic, time-limited, and concrete:** the case plan must be doable. Setting expectations too high will disappoint the client and may result in a negative experience that the client will not repeat. It will also frustrate the worker. The case plan may need to happen in small increments, with trial periods, and check-ups.
- **Dynamic and renegotiable:** in APS work, we never know what new information will become available, what friend or relative will appear/disappear, what medical or psychiatric condition will change. Therefore the plan (and the worker) must be flexible and willing to renegotiate depending on the circumstances.
- **Inclusive of follow up:** it is important to follow up with the client as well as with the service providers, family members, and others who are a part of the plan.

Slide #39

Goal of the Case Plan


- Maximizing independence
- Resolving crises and emergencies
- Healing, empowering, supporting victims
 - Providing choices
 - Helping victims save face
- Cultivating new resources
- Preserving, protecting, recovering assets
- Ensuring safety/risk reduction



Slide #40

Evaluating Case Plan

- Hidden/unintended consequences
- Ethical dilemmas
- Workability
- Whose needs are being served
- Plan B



HANDOUT #8: Evaluating the Case Plan

1. Marie Rodriguez, who is a very frail elderly woman, lives with her 58 year old son Javier who has a developmental disability. Javier has never left home, has always been cared for by his mother, and has been in many day programs. He can get out of hand and has pushed his mother a few times. Mrs. Rodriguez now is unsteady on her feet and can't protect herself from Javier's outbursts like she used to. The worker arranges for Javier to be placed in a facility.
2. Joe Jones resides in an apartment in an unsafe neighborhood. He has a heart condition and diabetes. He has had four toes amputated, uses a wheelchair, and is housebound. His unemployed son, George, lives with him. It was reported by client's daughter that her brother is a drug addict, takes her father's money and threatens him. The daughter tells the APS worker that her brother is known to the police and asks the APS worker to have George removed from the home. When the APS worker meets with Joe Jones, he says that he understands his son and doesn't wish to take an action against Jesus since the son helps him out. The APS worker says that there are many agencies that can provide the services he needs and convinces client to file a restraining order.
3. Amanda Forsythe, a lively 95 year old, lives with her daughter in a small apartment. She has little furniture and sleeps on a mat on the floor. Her daughter sleeps in a twin bed. The APS worker is very concerned about the situation and secures a bed and new bedding for the client, setting it up for her. The APS worker returns the following week and the bed is gone. Client states, "Maybe you can find someone else to help, dear. Goodbye."

HANDOUT #9: Strengths-Based Care Planning and Goal Setting

Traditional care planning: Social worker identifies resources; decides who will provide them; and arranges type and frequency of services.

Client-driven care planning, strengths model: takes into account client preferences and interests; client's participation in developing the care plan; clients need for personal planning and goal-setting; and the client's ability to incorporate his/her strengths into planning process.

Process:

- Engagement
 - Know client in holistic way
- Begin where client is physically and emotionally and move with him/her towards higher participation
 - Capitalize on strengths
 - Access: current status (identified problem), client's desires, and client's personal/social resources (what he/she has used in the past)
 - Consider life domains
 - Daily living situation
 - Health
 - Finances
 - Social supports
 - Spirituality/religion
 - Leisure/recreational interests
- Expand client's confidence in making choices and selecting options

Payoff:

- Better outcomes, more chance for compliance.
- Less anxiety for worker, less poor decisions.

Personal Goal Plan:

- Blends client's needs with desires.
- Generated from client's perception of problem.
- Break broad goals into manageable parts.
- Strengthens client-worker relationship.

Key considerations in selecting intervention activities include:

- Pick the least drastic and most gradual available.
- Insure deliberation and agreement with the adult.
- Be certain about the adult's knowledge and ability to follow through.

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

- Include all steps.
- Break complex activities into parts.
- Have reasonable time frames.
- Provide reciprocal accountability.

APS plan implementation activities include:

- Identifying available and appropriate providers.
- Making referrals to identified providers.
- Preparing providers for handling the referrals by providing necessary information about the victim or perpetrator and that person's situation.
- Following up to make sure the resources are provided and used.
- Communicating with providers regularly to evaluate progress and reassess need.

Domestic Violence Safety Planning



TIME ALLOTTED: 75 minutes

Slide #41

Domestic Violence Safety Planning



What is safety planning?

Slide #42

Safety Plans Include:

				
Prevention Strategies	Protection Strategies	Notification Strategies	Referral/ Services	Emotional Support

Slide #43

A Victim Centered Plan

-  Where Will The Victim Live?
-  Money
-  Health
-  Who Else Is Affected By The Abuse?
-  Legal

Slide #44

Safety Planning Steps

Build rapport and listen to the victim



Slide #45

Safety Planning Steps

Learn what the victim fears



Slide #46

Safety Planning Steps

Ask what the victim wants to do



Slide #47

Safety Planning Steps

Think creatively together about a variety of options and ideas



Slide #48

Safety Planning Steps

Build a safety plan that is victim centered



Slide # 49

Safety Planning is NOT:

Telling the victim what to do.	Helping a victim accomplish <i>your</i> goals	Simply referring the victim to local agencies.
Ignoring cultural, spiritual or generational values	Recommending strategies that could increase the risk for the victim.	Blaming the victim

HANDOUT #10 - Safety Planning

Safety plans include:

PREVENTION STRATEGIES: Preventing future incidents of abuse (e.g. going to a shelter or moving to another residence; obtaining a restraining/ protective order; hiding/disarming weapons; or changing schedules and routes to avoid being found).

PROTECTION STRATEGIES: Discussing methods victims can use to protect themselves during an abusive or violent incident (e.g. having an escape route or having victim seek shelter in a room where a door can be locked with a working phone available and/or where weapons are not present).

NOTIFICATION STRATEGIES: Developing methods for seeking help in a crisis situation (e.g. cell phones; emergency numbers readily available; life lines; security systems; towel in the window; code words with friends/family/neighbors).

REFERRAL/SERVICES: Recognizing and utilizing services that can offer assistance (e.g. domestic violence, sexual assault, adult protective services, criminal justice, aging and disability network, faith and community organizations, etc.).

EMOTIONAL SUPPORT: Considering methods of emotional support and ways to become less isolated (e.g. music, exercise, yoga, reading positive or spiritual materials, hobbies, art, friends, support groups, and other community activities).

Safety planning is NOT:

- Telling the victim what to do. (e.g. "I think you should go to a shelter.")
- Helping a victim accomplish your goals for his or her safety. (e.g. "Let's call the police and make a report.")
- Simply referring the victim to local agencies. (e.g. "Here's a list of agencies you can call. Let me know if you need other help.")
- Ignoring cultural, spiritual or generational values that influence the options the victim sees as available. (e.g., "I think your only choice here is to divorce him.")
- Recommending strategies that could increase the risk for the victim. (e.g. purchasing a gun or weapon, attending couples counseling, "just standing up to him.")
- Blaming the victim if he or she does not follow the safety plan and experiences further abuse.

Slide #50



HANDOUT 11 Safety Planning Packet

This packet was designed to assist Adult Protective Services (APS)/elder abuse workers safety plan with victims of abuse. These materials provide a philosophical framework and cover many “nuts and bolts” of safety planning. The packet contains three documents:

I. Victim Centered Safety Planning

This handout briefly describes the guiding principles and safety planning process. Additional considerations including victim mobility, victim capacity, and worker safety issues are also covered briefly.

II. Safety Planning Tips

This document can be used to guide an interview with a victim of abuse. The document can also be given to the victim if it is safe. The categories of tips covered in this handout include: 1) During a Violent or Dangerous Incident; 2) Preparing to Leave; 3) After You Have Left or Separated; 4) Improving Your Living Space; and 5) Protecting Your Emotional Health.

III. Checklist for Leaving – Temporarily or Permanently

This tool is designed for APS workers to use with a victim who may need to leave quickly or wants to leave permanently. The tool may be used to guide a discussion or given to a victim if it is safe.

Key Considerations for Adult Protective Services (APS)/Elder Abuse Workers

WHAT IS SAFETY PLANNING?

Safety planning is a process where a worker and a victim jointly create a plan to enhance the individual's personal safety. The safety plan is victim driven and centered. It is based on the victim's goals, not the professional's opinions and recommendations.

**REMEMBER THAT A SAFETY PLAN,
REGARDLESS OF HOW WELL
THOUGHT OUT, IS NOT A
GUARANTEE OF SAFETY.**

WHO CAN BENEFIT FROM SAFETY PLANNING?

Safety planning can benefit a victim who is living in fear or being physically and/or sexually abused. Some victims who are being financially exploited or neglected may find safety planning useful while others may need other case management remedies to address their situation. The process can provide useful strategies for victims who choose to maintain relationships with abusers; those who leave and return to abusers; or those who end the relationship permanently.

GUIDING PRINCIPLES

- Respect the integrity and authority of victims to make their own life choices.
- Hold perpetrators, not victims, accountable for the abuse and for stopping their behavior. Avoid victim blaming questions and statements.
- Take into consideration victims concepts of what safety and quality of life mean.
- Recognize resilience and honor the strategies that victims have used in the past to protect themselves.
- Redefine success – success is defined by the victim, not what professionals think is right or safe.

INCREASED DANGER FOR VICTIMS WHO END RELATIONSHIPS

Ending a relationship or leaving an abuser can increase the possibility of serious injury due to retaliation or death. Indicators of potential danger may include weapons in the home, a history of or escalation of violence, or suicidal comments by abuser. Offenders who fear they are losing control over their victims lives and resources may become more dangerous.

Key Messages for Victims

- No one deserves to be abused.
- I am concerned about you.
- You are not alone.
- Help is available.

ASSISTANCE MUST NOT, AND CANNOT BE FORCED UPON AN INDIVIDUAL

SAFETY PLANNING STEPS

- Be sure to speak to the victim alone - not in the presence or earshot of the abuser.
- Ask about the situation and current safety.
- Listen to the fear experienced and voiced by the victim.
- Ask what changes the victim would like to see to improve safety and quality of life.
- Reinforce the victim's strength and resilience. Offer kudos on current strategies.
- Learn about the victim's existing natural support system and possible allies, friends, and family who may be able to offer support and assistance.
- Listen - a victim who feels heard is more likely to trust and continue to work with you.
- Plan specific steps with a victim to enhance safety or to get away if the older adult is fearful or in danger by reviewing safety planning tips and safety planning checklist documents. (Tools of various lengths have been created that can be used to ask questions of victims or to give victims (if safe) to complete on their

own. See www.ncall.us) Ensure that tools in your office are in various formats such as audio and large print so they are accessible. Have a list of interpreters ready to work with Deaf and non-English speaking victims.

- Offer options, support, and resources without judgment.
- Remind the victim that safety comes first – before belongings, pets, and other plans.
- Update the plan. A safety plan is not a finished document, but a work in progress that will have to be revisited regularly as circumstances change.

ADDITIONAL CONSIDERATIONS

General Issues

- Ask if the victim has any need of or responsibility for caretaking.
- Determine if culture, language, religion, sexual orientation or legal status is preventing the victim from accepting help or accessing resources.
- Ask if the individual resides in congregate living. If yes, are staff a resource or source of potential retaliation?
- Is the victim willing to consider staying at a domestic violence shelter? Are the domestic violence shelters accessible? Are they willing to accept victims who do not have children, or may be parenting grandchildren rather than birth children? Can they accommodate persons with medical needs or with a caregiver?

Victim Mobility

Victims with mobility issues may need to discuss additional accommodations when safety planning. Some issues to consider:

- Consider how the abuser may use a person's physical limitations against him or her as an abusive tactic.
- Can the victim carry a cell phone at all times to call 911 in an emergency?

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- What accommodations and medical/assistive equipment will the victim need if not living at home?
- Consider adaptations to the individual's home that might make it safer and easier to escape from in a dangerous incident.
- Keep in mind issues such as spare batteries and backup assistive devices and food for services animals will need to be considered for some victims.

For more information, see “*Safety Planning: A Guide for Individuals with Physical Disabilities*” at www.ncall.us. And “*Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities*” at www.wscadv.org.

Victim Capacity

During the intake and safety planning process, consider the victim's capacity to create and follow the steps of a safety plan. The worker should presume capacity, but if it seems possible that the older adult may not be able to track information, contact health care providers who may be able to assist with a capacity assessment. When working with persons who have capacity limitations to create a safety plan, consider the following:

- Follow the victim's wishes as much as possible.
- Consider if the victim can follow a simplified plan with one or two steps such as “If I am afraid, I will call my sister Sara at_____”
- Consider whether the victim has a support network of family, friends, or paid staff who can assist with developing and implementing the safety plan.
- Consider whether a written plan or one with pictures is more effective.
- If offering a cell phone, be sure the person knows how to charge and use the phone. Consider having the phone programmed to 911.

- Safety planning may take more time with a person with cognitive limitations. A person's ability to track the plan may change over time and may need frequent updating.

For more information, see "*Safety Planning: How You Can Help*" at www.ncall.us.

Worker Issues

- Be aware, alert, and wary. Plan for your own safety when you enter someone's home.
- Be sure other staff knows your location. Keep your cell phone handy.
- If you are concerned about your personal safety, contact law enforcement to accompany you on the home visit.
- Avoid colluding with charming or sympathetic abusers. Focus on victim safety.

Success is

....listening and having the speaker feel heard

....offering non-judgmental support and information

....providing resources to enhance a sustainable safety net

*....seeing victims find their way so they trust and use their abilities
to build peaceful lives*

SAFETY PLANNING TIPS

During a Violent or Dangerous Incident

- **Plan a safe place to go** if you have to leave suddenly.
- **Plan a primary and backup escape route** out of your home.
- **Practice getting out** of your home safely.
- **Try to avoid rooms** that have only one exit like bathrooms, or that have no phone or cell phone to call for help.
- **Be aware of items** in your home that could be used as weapons, such as guns, knives, even cords used for strangulation.
- **If you are being attacked**, curl up and protect your head and heart.
- **Arrange a signal** with a trusted friend or neighbor for when you need help.
- **If you have a disability** that impacts your mobility, plan how best to escape or who to call for help.
- **Keep your purse or wallet** ready to leave suddenly.

Preparing to Leave (temporarily or permanently)

- **Hide an overnight bag** packed with your identification, important documents, medication and a change of clothes. Be sure to include things like glasses, hearing aids, dentures or canes.
- **Make copies of all your important documents** and hide them in a safe place. Tell someone you trust the location of the hiding place.
- If you have a car, back into your driveway so you can quickly drive away. Keep the gas tank full. Hide a spare set of keys.
- **Open your own checking** and/or savings account. Have a credit card in your name only. Be sure to use a password your abuser will not guess.
- **Contact Social Security or pension programs** if you need to change how you currently receive payments. If you have representative payee, be sure this

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person is aware of your situation. If the representative payee is someone you no longer trust, change representative payees.

- **Get a Post Office Box** so your abuser cannot track you by where you have your personal mail forwarded.
- **If you are 60 years of age or older**, contact your local aging or tribal program about assistance with emergency housing, health care benefits, or financial assistance you might need or want.
- **Call your local domestic violence** program for assistance with safety planning and information about counseling and legal services. You can also call the National Domestic Violence Hotline at 1-800-799-7233 (SAFE) or 1-800-787-3224 (TTY).
- **Be aware that** your abuser can discover your plans or location by monitoring your phone, cell phone, TTY, your email or computer searches, and your car. Your abuser can place a locator device in your personal belongings or your car. Also, many cell phones have a GPS device inside. Ask for help if you need assistance if any of these actions have been taken.
- **Consider getting** a domestic violence stay away or restraining order. If you are a person over 60 years of age you may qualify for additional protections in some states. Your local domestic violence program or APS worker can assist you with these orders.
- **If you are concerned** about your immigration status, speak with an immigration expert. You may qualify for special consideration under the Violence Against Women Act.

After You Have Left or Separated from a Former Spouse, Partner, Family Member, or Caregiver

- **If you are still** in the family home, change the lock. Add security devices such as motion activated exterior lights, a metal security door or gate, or an alarm system.
- **If you haven't** already done so, get Post Office Box for forwarding your mail and for deliveries. Open your new bank accounts and be sure to use a password no one will guess.
- **Consider getting** caller ID and an unlisted phone number. Many domestic violence programs can assist you with obtaining cell phone to call 911.
- **Keep your Restraining Order with you.** Make several copies. Keep one on your person, one in your car, and give a copy to a trusted friend or family member. If you haven't already gotten a restraining order, consider getting one now. Your local domestic violence program or adult protective services can often help you to obtain the court order.
- **Let your neighbors or facility staff know** about anyone who is no longer welcome on the premises. Ask them to call you and the police if they see that person(s) entering or loitering around your property.
- **Let your co-workers or persons you volunteer with know** about your situation. Ask them to screen your calls, walk you to and from your car, and keep a copy of your restraining order in your desk. Your employer may want to obtain a workplace restraining order.
- **Avoid the stores,** banks, and pharmacies you used previously. Establish new services or tell your previously used services who you are avoiding. They may be willing to help you avoid a situation that could become dangerous.

Improving your current living space

- **Phones:** Have a phone in every room of the house or have a charged cell phone that you carry everywhere with you.

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- **Handrails:** Have grab bars and handrails installed (e.g. bath tub, stairs, etc.) so you have something to hold on to if you lose your balance.
- **Lighting:** Increase the wattage of light bulbs and ensure that closets, stairs, entrances and walkways are well lit. Add motion lights outside your home so you will know if someone is outside.
- **Hearing:** If needed, increase the volume on the phones. If needed, use a smoke detector with strobe lights.
- **Mobility:** Keep floors clutter free and electric cords out of the way. Use slip resistant area rugs.

Protecting your emotional health and safety

- **Get counseling**, attend workshops or support groups. Do whatever you can to build a supportive network that will be there for you.
- **If you are thinking of returning** to your abuser have a friend, family member, or counselor you can call to support you.
- **If you must communicate** with your abuser, consider ways to do so safely. Meet in a public place, take a friend for support, or call the abuser from a phone other than your own.
- **Leaving an abusive situation** is a process; it does not happen in one day. There may be many times when you are tempted to contact your abuser just to talk, to handle unfinished business, or to discuss how hurt or angry you are. Call a trusted friend or counselor first. Once you have aired your thoughts with a trusted friend or counselor, you may be able to eliminate your need to call your abuser all together.

IF YOU NEED TO LEAVE

This checklist will help you make plans for what to do if you are afraid or being hurt. If you don't have some of the information, you can begin to gather some documents and items to pack now. You may also want to identify trusted family, friends or others who can help.

Keep this information in a safe and private place where your abuser cannot find it.

Important Phone Numbers

Police: 911 or _____

My doctor _____

My attorney _____

My safe friend _____

Other _____

I can tell these friends and neighbors about the abuse. I can call them in an emergency. I can ask them to call the police if they hear suspicious sounds coming from my house or if they cannot contact me and think I am in danger. (Think about if they can be trusted before talking to them.)

Name	phone number
_____	_____

Name	phone number
_____	_____

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I can go to these places if I have to leave my home in an emergency

The following are hidden in a safe place (these are only suggestions, hide the items that you think you must have to survive.)

I have told _____ where they are.

- (____) An extra set of car and house keys
- (____) Some extra money
- (____) A pre-paid cell phone
- (____) An overnight bag packed with medication and
a change of clothes
- (____) A spare assistive device

I can leave my pet(s) with or have livestock/other animals feed by:

Name	phone number
------	--------------

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Items to copy and hide or give to a safe friend

- My birth certificate
- My Social Security card
- My health insurance card and records
- My driver's license
- My passport
- Banking information (check book, statements etc.)
- Welfare identification papers
- Children or grandchildren's birth certificates and passports if you are their guardian
- Lease agreements or mortgage payment book
- Home, car or other insurance documents
- Divorce documents
- Other important documents such as immigration papers

A friend who can help me copy and hide these documents

Name

phone number

Items to take when it is safe to pack or if you have a pre-packed overnight bag

- Medical or assistive devices such as glasses, hearing aids, canes etc.
- Medication
- Originals of all the above documents
- Keys
- Money
- Address book
- Change of clothes
- Comfortable shoes
- Toiletries
- Pictures, jewelry, items of sentimental or monetary value
- Documents and favorite toys of children or grandchildren if you are their guardian

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

A friend who can help me pack and hide an overnight bag

Name

phone number

This information must be updated regularly. A safety plan is only as safe as it is current.

While it is helpful to have a completed list and all your belongings packed or hidden, it is always more important to escape a violent situation than to stop and gather lists or possessions.

Slide #51

Safety Plan for Irene:

Each group needs:

- Irene
- Moderator to keep the safety planning on track
- Recorder
- Primary interviewer
- Secondary interviewers



You have received a report from a neighbor stating that Mrs. Irene Newman (age 74) has a black eye. The reporter believes that Irene's son Jack hit her when he was drunk.

Irene lives with her husband, Arthur (age 77), who is paralyzed from the neck down following a very serious stroke. Arthur is now cognitively impaired and needs care 24/7. Irene and Arthur's son, Jack (age 50) lives with them. Jack normally works construction but he is currently unemployed. He lives with his mom and dad in order to "help out", mainly by running errands for this mother and doing yard and maintenance work.

If your agency requires you to interview the suspected abuser, you get the following information: Jack states that he enjoys a couple of beers in the evening and during football games. He denies having a drinking problem and says that his mother is just too straight laced. He denies hitting his mother and states that she fell and hit her head.

Slide #52

Change of plans

- Irene's husband passed away unexpectedly.
- Irene's son is drinking more and has become more aggressive.
- Based on what Irene wants, develop a new plan.



Slide #53

She needs a new plan

- Irene's son has gotten a job and is drinking less.
- Irene is lonely.
- Based on what Irene wants, develop a new plan.



Slide #54

Let's take a moment to reflect:

Questions?
What have you learned?

Please complete:
Self Assessment of Learning
Trainee Satisfaction Survey



VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

HANDOUT #12

Trainee ID Code

Date / /
 M M D D Y Y

SELF-ASSESSMENT OF LEARNING

FOR EACH OF THE AREAS LISTED BELOW USE THE SCALE OF 1 TO 5 WITH 5 REPRESENTING "FULL UNDERSTANDING":

1. Think about and rate your understanding of the knowledge or skill on each of the following areas **before** you completed the "Voluntary Case Planning in APS/Elder Abuse".
2. Then, think about and rate your understanding of the knowledge or skill on each of the following areas **after** you completed the "Voluntary Case Planning in APS/Elder Abuse".

KNOWLEDGE OR SKILL	BEFORE TRAINING					AFTER TRAINING				
	No Understanding		Full Understanding			No Understanding		Full Understanding		
1. Understand how a client's wishes influence the service plan.	1	2	3	4	5	1	2	3	4	5
2. Understand how a client's mental abilities and willingness to consent influence the service plan.	1	2	3	4	5	1	2	3	4	5
3. Understand how a client's risk factors influence the service plan.	1	2	3	4	5	1	2	3	4	5
4. Understand how a client's resources and support systems influence a service plan.	1	2	3	4	5	1	2	3	4	5
5. Understand how perpetrator's motives for abuse influence a service plan.	1	2	3	4	5	1	2	3	4	5
6. Understand how abuser's willingness and ability to change influence a service plan.	1	2	3	4	5	1	2	3	4	5
7. Understand how abuser's level of threat influence a service plan.	1	2	3	4	5	1	2	3	4	5
8. Understand how the urgency of the situation influences the service plan.	1	2	3	4	5	1	2	3	4	5

VOLUNTARY CASE PLANNING - PARTICIPANT MANUAL

Trainee ID Code

Date / /
M M D D Y Y

KNOWLEDGE OR SKILL	BEFORE TRAINING					AFTER TRAINING				
	No Understanding					Full Understanding				
9. Understand how ethical considerations influence the service plan.	1	2	3	4	5	1	2	3	4	5
10. Understand how cultural considerations influence the service plan.	1	2	3	4	5	1	2	3	4	5
11. Understand how to engage a client in the reluctance stage to develop mutual goals to decrease the risk of abuse.	1	2	3	4	5	1	2	3	4	5
12. Understand how to engage a client in the recognition stage to develop mutual goals to decrease the risk of abuse.	1	2	3	4	5	1	2	3	4	5
13. Understand how to engage a client in the rebuilding stage to develop mutual goals to decrease the risk of abuse.	1	2	3	4	5	1	2	3	4	5
14. Understand how to determine appropriate interventions for a client in the reluctance stage that would decrease risk of abuse.	1	2	3	4	5	1	2	3	4	5
15. Understand how to determine appropriate interventions for a client in the recognition stage that would decrease risk of abuse.	1	2	3	4	5	1	2	3	4	5
16. Understand how to determine appropriate interventions for a client in the rebuilding stage that would decrease risk of abuse.	1	2	3	4	5	1	2	3	4	5
17. Understand how to develop a domestic violence safety plan.	1	2	3	4	5	1	2	3	4	5

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