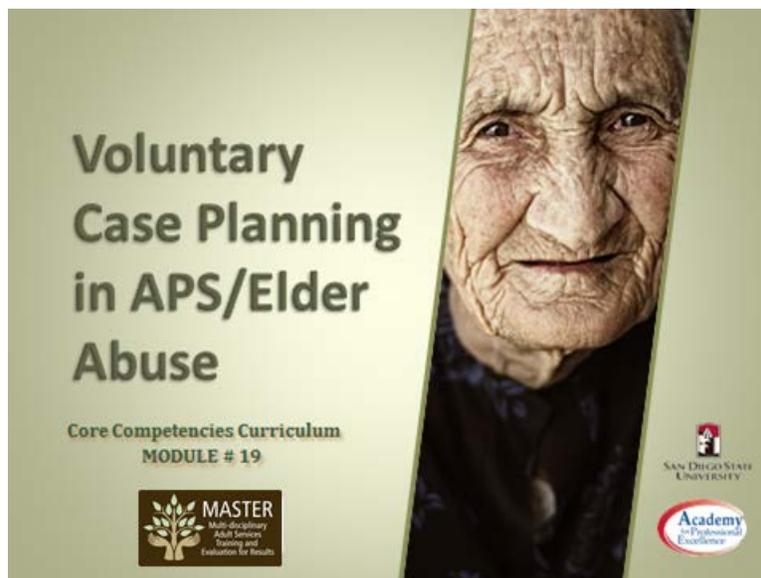


VOLUNTARY CASE PLANNING IN APS/ELDER ABUSE

TRAINER'S MANUAL



MODULE 19

TRAINER'S MANUAL
VOLUNTARY CASE PLANNING IN APS



This training was produced by the San Diego State University School of Social Work, Academy of Professional Excellence under grant #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: TRAINER'S MANUAL

INTRODUCTION

THE ACADEMY FOR PROFESSIONAL EXCELLENCE

We are pleased to welcome you to the Voluntary Case Planning in Adult Protective Services/ Elder Abuse 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
- California State University Sacramento IHSS Training Project
- Protective Services Operations Committee of the California Welfare Director's Association (PSOC)
- California Social Work Education Center Aging Initiative (CalSWEC)

VOLUNTARY CASE PLANNING: TRAINER'S 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
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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National Adult Protective Services Association Education Committee
Protective Services Operations Committee of the California Welfare Directors' Association

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HOW TO USE THIS TRAINING MANUAL

The course outline, provided in the next section of this manual, is the class schedule used during the piloting of this training. It can be used to help you determine how much time you might need to present each section. However, times will vary based on the experience and engagement of your audience.

Customizing the Power Point:

Once you decided on how you want to divide up your time in presenting this material, you may want to customize your Power Point. The Microsoft Office Power Point software allows you to hide any slides you don't want to use.

Hide a slide instructions

1. On the **Slides** tab in normal [view](#), select the slide you want to hide.
2. On the **Slide Show** menu, click **Hide Slide**.

The hidden slide icon  appears with the slide number inside, next to the slide you have hidden.

Note: The slide remains in your file, even though it is hidden when you run the presentation.

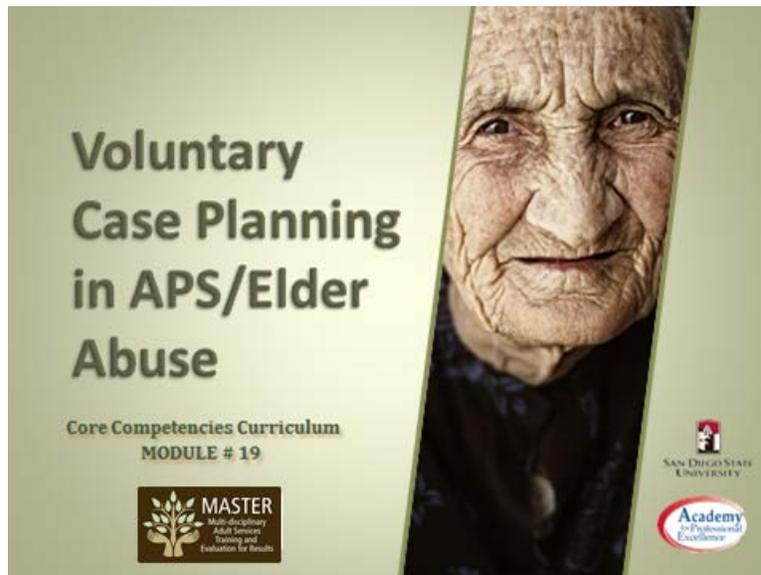
Please note that this manual is set up so that the trainer script/ background material is on the same page as the accompanying Power Point slide making it easy to also customize your manual to match the slides you have decided to use, just remove the unneeded pages.

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

COURSE OUTLINE

Content	Total Time	Activities	Slides/Handouts (H.O.)
Welcome & Introductions: Objectives, Overview of Project, Housekeeping	15 min	Lecture	Slides 2-5 H.O. 2: Letter to Participants, H.O. 3: ID Assignment
Learning Objectives Warm-up Activity	35 min	Large group activity Video or Eva Case	Slides 6-8
Factors That Influence Service Planning BREAK	70min (including break)	Lecture/discussion Small group activity /large group process	Slides 9-21 H.O. 4: Pre-Planning Conditions
Receptivity to Receiving Help	30 min	Lecture, Discussion,	Slides 22-28
Where Do We Begin? Bring Your L.O.A.F.	5 min	Small group activity LOAF activity	Slide 29
Focusing on Strengths	15 min	Lecture/discussion	Slides 30-31 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	Lecture Systems activity Optional group activity	Slides 32-35
How Do We Meet the Need?	10 min	Lecture TOL Activity	Slides 36-37 H.O. 6: Scavenger Hunt
Essentials of the Case Plan	30 min	Lecture/discussion Large group activity /case vignettes	Slides 38-40 H.O. 7: Case Planning Essentials H.O. 8: Evaluating the Case Plan H.O. 9: Strength-Based Care Planning
BREAK	15 min		
Safety Planning Packet	75 min	Lecture Small group activity /large group process	Slides 41-53 IRENE CARDS H.O. 10 & 11: Safety Plans & Safety Planning Packet
Self evaluation/ Satisfaction survey	15 min		Slide 54 H.O. 12: Self-Assessment
Total time	6 hours		

TRAINING GOALS AND OBJECTIVES



By the end of this training, 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.
- Explain when and how to use a Domestic Violence Safety Planning tool.

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

TRAINER GUIDELINES

Teaching Strategies	<p>The following instructional strategies are used:</p> <ul style="list-style-type: none">◆ Lecture segments◆ Interactive exercises (e.g. Table Top Activities, experiential exercises, role plays)◆ Question/answer periods◆ Slides◆ Participant guide (encourages self-questioning and interaction with the content information)◆ Embedded evaluation to assess training process◆ Transfer of Learning activity
Materials and Equipment	<p>The following materials are provided and/or recommended:</p> <ul style="list-style-type: none">◆ Computer with LCD (digital projector)◆ CD-ROM, thumb drive or other storage device with the slide presentations◆ Easel/Flip chart paper/markers◆ “Irene” Cards◆ Trainer’s Guide: This guide includes the course overview, introductory and instructional activities, and an appendix with reference materials.◆ Participant Guides: This guide includes a table of contents, course introduction, all training activities/handouts, and transfer of learning materials.◆ Name tags/names tents.◆ Water access/snacks/restroom access/lunch plans◆ Optional: A Mother Never Gives Up Hope video from Terra Nova Films

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

COURSE TIMELINE

- 9:00 Welcome, Intro, Overview, Housekeeping
- 9:15 Learning Objectives; Warm up Activity: I'm from the government and I'm here to help you
- 9:50 Lecturette and discussion: Factors That Influence Service Planning
(15 mins) Break- as needed during Factors That Influence Service Planning
- 11:10 Lecturette and Discussion: Receptivity to Receiving Help via Staircase Model
- 11:40 Activity: Where Do We Begin, Bring Your LOAF
- 11:45 Handout activity: Focusing on Strengths, Reframing Situations
- 12:00 Lunch
- 1:00 What Systems Are Out There?
- 1:20 Transfer of Learning Activity: How Do We Meet The Needs?
- 1:30 Lecturette and Discussion: Essentials of The Case Plan: components, is it consistent, doable, ethical? Case vignettes
- 2:15 Break
- 2:30 DV Safety Planning
- 3:45 Self Assessment of Learning
- 4:00 End

INTRODUCTION TO TRAINING MANUAL

Once the assessment is made, the APS worker must develop a case plan with the client. In serious emergencies where the client lacks capacity or cannot consent to services, involuntary action may be necessary. Those situations will be covered in the Involuntary Case Planning module. In other situations, where the client has capacity and can consent to services, a voluntary case plan needs to be developed with the client. In this module we will discuss this voluntary case planning process. We will begin with background information which should be considered before the case plan is developed, then discuss some of the issues around the client's readiness to engage in the case plan. We will explore the case planning process focusing on the strengths of the client and the resources available. We will analyze the consequences of case plans and discuss safety planning with the client.

Trainer's Note: in this module we will use the terms client and victim interchangeably. Although the individual may be a victim of elder abuse, the individual also has many positive qualities that workers have the opportunity to examine and strengthen. It is important to see the victim of elder abuse as a viable, strong person with much to offer. In that way, the victim is also a client.

Also, different agencies may use different terms when referring to the plan: case plan, service plan, action plan, etc. We use these terms interchangeably in this module.

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: TRAINER'S 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.*

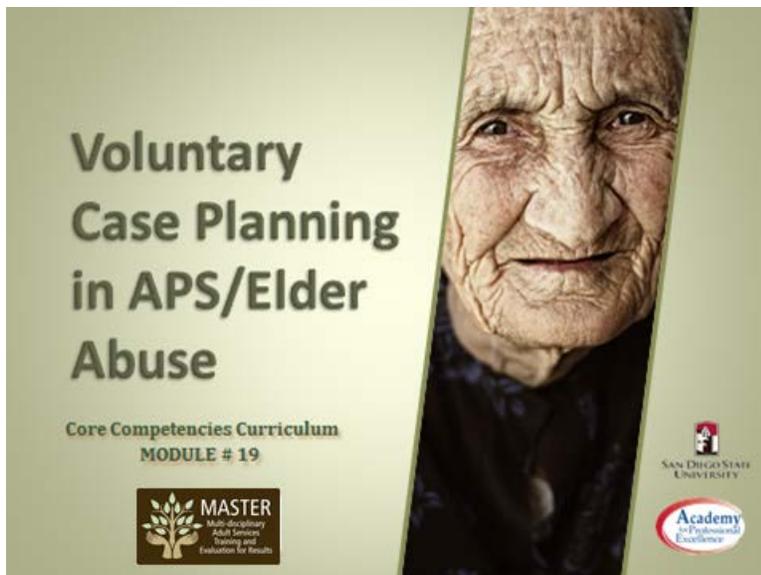
BEFORE the training

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

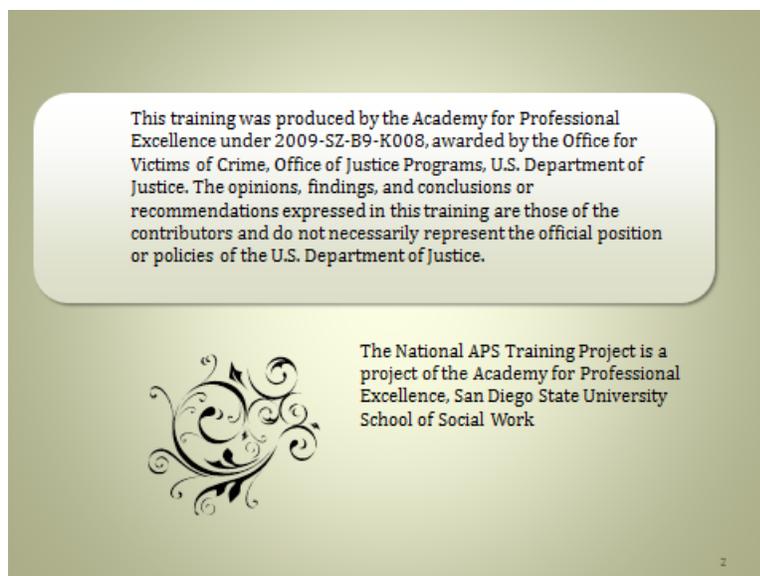


WELCOME AND INTRODUCTIONS



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

TOPIC: OVC funding

This training was produced by the San Diego State University School of Social Work, Academy of Professional Excellence under grant #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.

SLIDE #3

Housekeeping and Introductions

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



3

TOPIC: Housekeeping

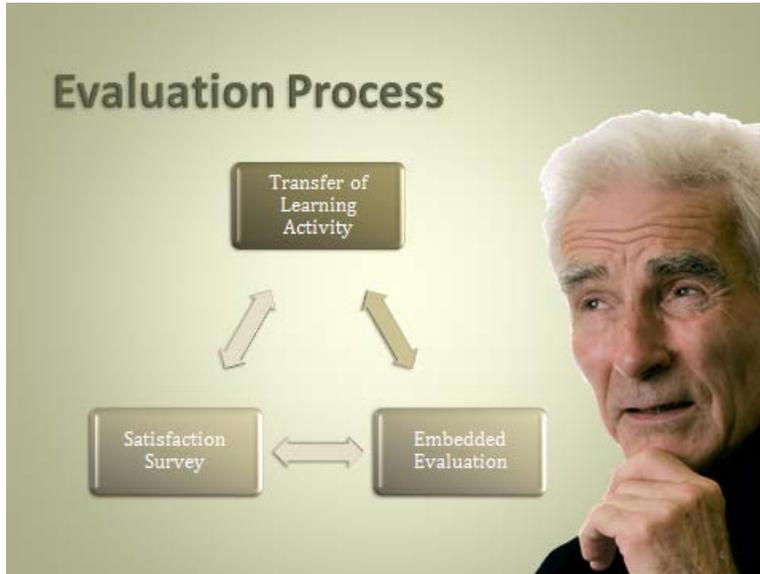
WELCOME: Trainer introduce yourself and then have participants *briefly* introduce themselves by stating their name, job title, years of experience. If the group is small, you may want to ask what they would like to learn from the training.

NOTE: Please make sure to stay within the allotted time for introductions by keeping it brief. If you wish, you can individualize the PowerPoint slides by adding information in the “notes” section of each slide

Review Housekeeping Items

- There will be two 15-minute breaks and an hour for lunch today: 12-1 pm in...
- The restrooms are located at....
- Please set your cell phones to vibrate for the duration of the training. If you must make or receive a call, please leave the training room and return as quickly as possible. Check the course outline to see what you have missed.

SLIDE #4



HANDOUT #2:
Letter to Participants
Participant Manual pg. 15

TOPIC: Introducing participants to the evaluation process

For this training, you will be completing a training satisfaction survey, an embedded evaluation (completed in class) and a post training transfer of learning exercise. (Explain when the post training Transfer of Learning will be due). All of these measures are intended to allow you to practice what you have learned and measure whether the training was effective. We want APS training to become an evidenced based practice that truly provides the knowledge and skills we believe it provides. The purpose of the evaluation process is more fully explained in the "Letter to Participants".

HANDOUT #2: Participant Letter of Consent

- Academy for Professional Excellence at San Diego State University School of Social Work, MASTER (Multi-disciplinary Adult Services Training & Evaluation for Results) begun a process of evaluating training delivered to Adult Protective Service workers
- 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 aim to: (1) improve trainings' effectiveness and relevance to your needs, and help you better serve adults and their families; and (2) see if the training has been effective in getting its points across.
- If you agree to participate, you will fill out a questionnaire administered before and after the training.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential



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: TRAINER'S 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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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 **29th**

Trainee ID Code

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

3

HANDOUT #3:
ID Code Assignment
Participant Manual pg. 17

TOPIC: Developing an ID code

We are NOT evaluating you and no one from your agency will see your individual responses. To keep your responses confidential, we are going to develop your personal ID code. Follow along with your ID Assignment Handout and write in your ID code on the Handout:

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:
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?

CONTINUED

HANDOUT #3: MASTER Identification Code Assignment

- In order to track each of your evaluation responses while maintaining your anonymity, we need to assign you an identification 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.
- The questionnaires will be coded with a unique identifier system and all responses will be confidential. Only you will know your ID code refers to you.
- Aggregate data may be used for future research to improve training for Adult Protective Service workers.

VOLUNTARY CASE PLANNING: TRAINER'S 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:

4. 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.

___ ___ ___

5. 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.

___ ___ ___

6. 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**).

___ ___

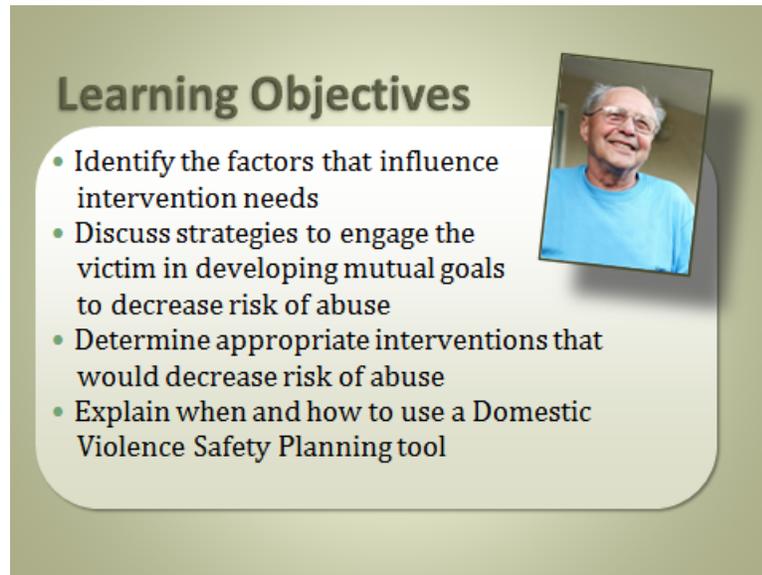
Combine these parts to create your own identification code (example: **S M I A L I 2 9**). Please write your identification code in the space at the top right corner of all evaluation materials you receive. ***Remember your identification code and write it at the top of every evaluation form provided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

TOPIC: Learning Objectives

Begin by paraphrasing learning objectives. Explain that there will be a lot of material covered, and some of it will reinforce what they learned in the Professional Communications Skills Module (if these modules have been taught in order).

Emphasize that rapport building and communications skills are at the heart of APS work and we try to teach those skills in many different ways.

Explain that once the assessment is made, the APS worker must develop a case plan with the client. In serious emergencies where the client lacks capacity or cannot consent to services, involuntary action may be necessary. Case planning for those situations is covered in the module **Involuntary Case Planning**. In other situations, where the client has capacity and can consent to services, a voluntary case plan needs to be developed with the client. This module covers that voluntary case planning process. It begins with background information which should be considered before the case plan is developed,

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

then discusses some of the issues around the client's readiness to engage in the case plan. It explores the case planning process focusing on the strengths of the client and the resources available. It analyzes the consequences of case plans and discusses safety planning with the client.

You may want to explain to the participants that this module focuses on case examples that involve domestic violence including intimate partner violence and violence by other family members. Other types of abuse (Sexual Abuse, Caregiver Neglect, Self-Neglect, and Financial Abuse) are the subject of their own modules.

Please note: All of the case studies used in this training make the assumption that the client has capacity. Therefore some of the victims in the case studies may not meet your jurisdiction's definition of vulnerability (e.g. *The Story of Eva* in the next section). You may need to edit them to be compatible with your state's definitions.

Explain to the participants that, in this module, we will use the terms client and victim interchangeably. Although the individual may be a victim of elder abuse, the individual also has many positive qualities that workers have the opportunity to examine and strengthen. It is important to see the victim of elder abuse as a viable, strong person with much to offer. In that way, the victim is also a client. **Remember, we don't want to treat them as victims.**

Also, different agencies may use different terms when referring to the plan: case plan, service plan, action plan, etc. We use these terms interchangeably in this module.

Slide #7



TOPIC: I'm from the Government.....

Ask if they have heard this before. If so, in what context?

President Ronald Reagan called the phrase “the nine most terrifying words in the English language” in 1986.



What does it mean to you as a helper? How do you see your role?

Slide #8



FLIPCHART



TOPIC: I Can Help You

Now put the shoe on the other foot. Read the statements on the slide and tell them that someone has shown up at *their* (the participants’) door to help them.

Imagine that government official has made one of the statements from the power point slide to them. Have them each name one feeling that it brought out in them. Write those feelings on a flip chart. Observe how their reactions may be very strong even though they can defend themselves, dismiss the ideas, or say no. Imagine how someone who is already vulnerable may feel. This is what we will be discussing this morning.

Trainer Note: Before moving on, show the class the Ruth and Lova segment from the video “A Mother Never Gives Up Hope: Older Mothers and Abusive Adult Sons”, available from Terra Nova Films, Inc. (22 minutes).

If the video is not available, have the class read “The Story of Eva”, provided in the participant manual on page 19. Explain that you (the trainer) will be using the information in the case study (Ruth and Lova or Eva) to illustrate points about voluntary case planning throughout the day.

Reminder: You will need to assess whether Eva in *The Story of Eva* meets your state’s definition of an APS victim.

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 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

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

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 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



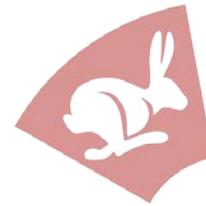
TIME ALLOTTED: 70 minutes

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



Cover quickly

TOPIC: Factors influencing the service plan



Trainer's note: Most participants should have some familiarity with these concepts so this section should be presented as a quick overview rather than an in-depth discussion of each issue. This section is intended to remind the participants of the factors that influence the service plan, not to teach those factors, and needs to be covered quickly to stay on time. However, it is important to adjust the lecturette as needed to meet the needs of the participants.

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Slide Script: Even before approaching the development of the service plan, there is much to consider. Understanding the factors on this slide will help decide which approaches may be the most appropriate and the most effective. This information comes from Lisa Nerenberg's book and she has graciously offered to share it with us.

This slide is an overview of the factors we will be examining in this **quick overview** of the factors influencing the service plan.

Note: Ethics and cultural considerations are covered in the *Ethics, Values and Cultural Competence in Adult Protective Services* module. In addition, training on interviewing perpetrators can be found in the *Initial Investigation* module.

Slide #10

Client Wishes

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



Cover quickly

TOPIC: Client Wishes

Of course, first and foremost, we have to assess the client's mental capacity and willingness to consent. If, during the capacity screening, we have determined that the client lacks this capacity and is at extreme risk, then involuntary services may be indicated. Usually this question is not so clear and the answer lies in a gray area, leaving us a challenge. There are certain risk factors that also influence what services would be most appropriate or acceptable to the client. What kind of support systems client has available to her/him will also help determine the kind of interventions suggested. Let's explore the client issues now.

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



Cover quickly

TOPIC: Mental Capacity and Ability to Consent

There are different categories that characterize the client's willingness and ability to accept help. These can be described as:

- **Capable and consenting:** if the client is in this category, the worker's job is to give information, help client evaluate options, and respect the decisions the client makes.
- **Capable and non-consenting:** if the client is in this category, the worker still has to respect the client's wishes. Rather than give up immediately though, the worker still can try to "negotiate consent" (Harry Moody, 1998) with the client. This is done through building of a trusting relationship and provision of acceptable options, which we will discuss later.
- **Incapable and consenting:** this may raise some ethical questions so make sure documentation is clear.
- **Incapable and nonconsenting:** this would indicate the need for involuntary interventions, especially if the risk is very high.

Note: instruction on working with clients who lack capacity and are at high risk can be found in the *Involuntary Case Planning* module.

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

It is important to remember that the client's capacity may fluctuate.



Ask: what may influence this fluctuation?

Possible answers: Poor nutrition, medication interactions, time of the day, depression, infections, and sleep issues are all possibilities.

There also may be particular reasons for lack of consent.



Ask: what could some of these reasons be?

Possible answers: Fear, shame, mistrust, despair, and learned helplessness due to perpetrator control. We will talk about these issues in more detail as the day progresses.



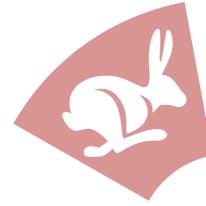
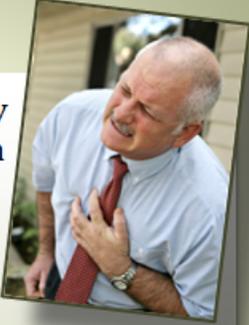
Ask: Did Lova/Ruth/Eva have capacity (based on the information available)?

Yes, but she doesn't always act in her own best interest.

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



Cover quickly

TOPIC: Client Risk Factors

- Health and functional ability: victims tend to be in poorer health.
- Dementia and mental health problems: cognitive impairment, even at early stages, put clients at higher risk.
- Dependency: if the client needs assistance with ADLs and IADLs and must depend on others, this increases the risk.
- Relationship to abuser: if client is dependent on a family member, there may be issues of loyalty and shame that increase the risk.
- Isolation/lack of social support: most victims of abuse tend to be isolated, either self-isolation or isolation by a perpetrator. Isolation increases risk.
- Age/gender/ethnicity: most victims are Caucasian older women
- Recent losses: individuals who are recently widowed may be at greater risk.



Ask: why these might be risk factors?

Possible answers: Never had to manage money, never had to manage a household (cook, clean), loneliness may invite predators or “new best friends.”



Ask: which of these risk factors are present in the Lova/Ruth/Eva case?

Slide #13

Client Resources and Support Systems

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



Cover quickly

TOPIC: Client Resources and Support Systems



Ask: what informal networks might the client have?

Possible answers: Family, friends, church, community groups, and civic organizations.

These informal networks can play an important part in providing emotional support and encouragement, assist the client in seeking safety, give relief to caregivers, and be “gatekeepers.” It is important that these networks do not see you or APS as a substitute for their involvement, causing them to withdraw. You may need to reach out and develop relationships with the individuals in these networks. You will learn more about this in the APS Core module *Pieces of the Puzzle: Collaboration in APS Work*.

Clients may be eligible for services through public agencies or they may have enough income to purchase services from private agencies. These services may have loopholes or waiting lists or not wish to get involved with your particular client. We will explore the types of services and how to access them later.

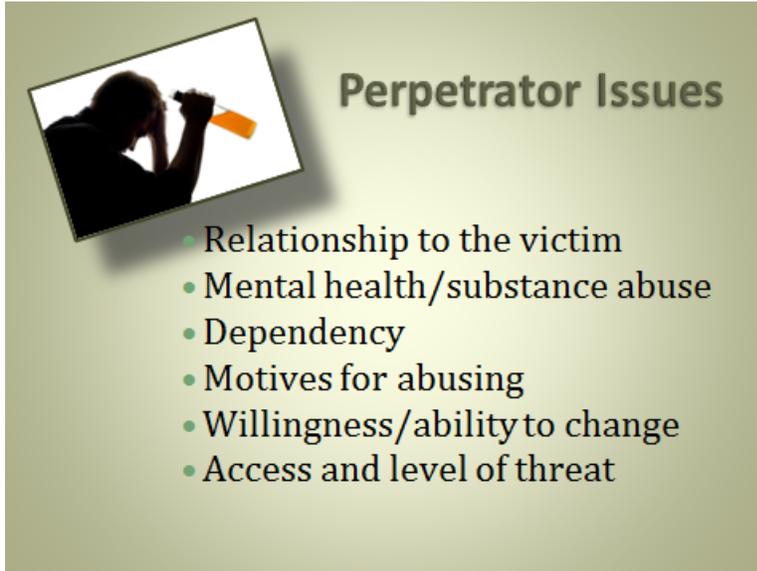
Sometimes the client does not want to purchase the service and feels that all services should be provided for free. It is possible that the client is saving money “for a rainy day” when it is obvious that they desperately need to use their savings to meet their current needs.

CONTINUED



Ask: what resources were present in the Lova/Ruth/Eva case?

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



Cover quickly

TOPIC: Perpetrator Issues

When there is a perpetrator, it is essential to consider what role that individual plays in the victim's life and how he/she may influence the victim's willingness to accept services. That relationship and its level of power and control over the victim, as well as the victim's loyalty to the perpetrator, should determine how you present the services to the client. Research has shown that most (90%) perpetrators are family members, most abuse and financial exploitation are committed by adult children.

Perpetrators are likely to have mental health, substance abuse, and/or behavioral problems (Anetzberger, 2005). Many have a history of violence (Lachs and Pillemer, 1995) and some abusive family caregivers have a history of depression (Coyne, Reichman, and Berbig, 1993).

Adult children who abuse their elderly parents are likely to be unemployed, unmarried, and dependent on their victims. Often there is codependence: the elderly parent is dependent on the adult child for emotional support (even if it doesn't seem that the adult child is supportive) and some assistance (however minimal) while the adult child is dependent on the elderly parent emotionally, financially, and for housing.



Ask: what perpetrator issues were present in the Lova/Ruth/Eva case?

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Now let's examine how the abuser's motives, willingness to change, and level of threat to the victim can influence the intervention plan.



Suggested Reading for participants who want to know more about perpetrators:

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

Trainer Note: This reference is listed in the participant manual on page 24.

Slide #15



Motives for Abusing

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



Cover quickly

TOPIC: Perpetrator's Motives for Abusing

- Financial gain: This is a motive not only for financial abuse but for other types of abuse as well including physical abuse, neglect, and intimidation.
- Mental illness/substance abuse/other impairment: Besides mental illness and substance abuse, some caregivers have dementia and may not understand or have control over their behavior. Also, some adult children with developmental disabilities are not capable of assisting their elderly parents who need care.
- Caregiving issues: Many individuals take on the responsibility of caregiving without the desire, skills, empathy, or understanding of what caregiving entails. Some believe that the person with dementia, for whom they provide care, is being difficult on purpose.
- Dependency: We covered this mutual web of dependency when we spoke about client factors.
- Interpersonal dysfunction: Long-term dysfunctional behaviors may exist in the family which become exacerbated when the older person needs care. These may include resentment, jealousy, retribution for past abuse, etc.
- Power and control: This has been demonstrated to be an underlying motivation in domestic violence situations.

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

When we consider the types of services to offer in our case plan, we need to look at the domestic violence service system to see what services may be available.

We also must examine if there are laws governing caregivers and the “duty” to provide care.

And, we must understand the victim’s wishes when it comes to the abuser: does she want to end the relationship, or get help for the abuser. Is he/she worried about the abuser’s emotional, financial, or housing support?



Ask: what perpetrator motivations were present in the Lova/Ruth/Eva case?

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



Cover quickly

TOPIC: Assessing Abuser's Willingness and Ability to Change

The worker must be sensitive to what victims want to see happen to the abuser.



Ask: what could happen if you don't acknowledge this?

Possible answer: If a victim is not ready to sever the relationship and you push that, they may kick you out. If you don't show empathy for the client's dilemmas and loyalty, you may not be able to build a trusting relationship.

The abuser's willingness to change will be an important consideration in your case plan. How the abuser views his/her behavior will give you an indication of the willingness and ability to change:

- Will they voluntarily stop the abuse due to feelings of guilt, remorse, shame or because they have gained insight into their problems?
- Will they stop because they have been court ordered to do so, even if they feel no remorse?
- Do they believe that what they did was wrong at all?

Those abusers who deny or minimize the abuse probably are not likely to stop abusing voluntarily. Some other abusers cannot or will not change because of their own mental illness, dementia, or developmental disabilities

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

When developing the case plan, it is important to assess the abuser's potential for change:

- Is he/she in treatment?
- Can the treatment be monitored?
- If the abuser will not or cannot stop the abuse, how can we ensure the victim's ongoing safety?



Ask: What did Lova/Ruth/Eva want to happen to the perpetrator?

Slides #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



Cover quickly

TOPIC: Assessing Abuser's Access and Level of Threat

***Trainer's note: Before the training, check DV programs about notification laws in your state as questions may arise here or in later exercises.**

Before a service plan can be developed, the worker and the victim must take into account the immediacy of the threat posed by the abuser.

It's important to remember that some abusers are deceptively charming and believable when considering the following factors:

- Continued access to victim: When there is still access to the victim, the focus must be made on safety and security. If the abuser has access to the victim's finances, action may be needed to preserve and recover assets.
- Potential access to victim: Even if the abuser has moved away or been incarcerated, workers and victims still must anticipate future risk. Workers may need to stay in touch with law enforcement or probation and parole officers to monitor the abuser. Victim and worker can request notification of release date if abuser is incarcerated.*
- Victim's ability/desire to deny access: It is important to realize that the victim may not be able to deny access due to physical vulnerability nor may they want to deny access due to emotional dependence and loyalty issues. If the victim has

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

capacity and understands the consequences of their decisions, provision of emergency information and follow up may be the only recourse for the worker.

Safety planning, which we will discuss this afternoon, is indicated.

- Weapons in the home: Easy access to weapons greatly increases the risk to the client.

Note: There is information about worker safety and dealing with perpetrators in *The Initial Investigation* training module.

- Mitigating factors
 - Others in home to monitor: Provision of home health services, visiting nurse services, friendly visitors, and informal support networks may help protect the victim by acting as gatekeepers.
 - Assets secured: Once assets are secured, it will be more difficult for the abuser to access them. There are ways of securing assets and protecting social security checks. Even if the victim has direct deposit of social security checks, the abuser may still intimidate or coerce the victim to go to the bank and withdraw money.



Ask: If Lova/Ruth/Eva's son came back home, what would her level of risk be?

Slide #18

Urgency of Situation

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



Cover quickly

TOPIC: Urgency of the Situation

These are all emergency situations. What action can or should be taken depends on who is at risk, how great the risk is, and what is available to assist. Of course, the action also depends on the victim's capacity and ability to understand the consequences of taking action or not taking action.

Note: instruction on dealing with urgent situations when the client lacks capacity can be found in *The Involuntary Case Planning* module.



Ask: If Lova/Ruth/Eva's son came back home, how urgent would the situation be?

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?



Cover quickly

TOPIC: Ethical Considerations

The basic dilemma in APS work is balancing the right of self-determination/autonomy with the responsibility to protect. Building a trusting relationship, which we will discuss later, will help workers engage and understand the victim's wishes. A case plan must weigh these dilemmas, explore the benefits and risks of each alternative, and look for the least restrictive intervention.

There are times when the community pressure conflicts with the wishes of the client and/or with the APS professional responsibilities. Workers face a challenge when balancing needs and deciding the best approach to take. Self-awareness is very important at this stage. The worker's personal values may be conflicting with the decisions that need to be made.

The worker may wish to implement a plan that will help the worker sleep at night, but may not take into account the wishes or values of the client. There are times that the worker becomes so enmeshed in the client situation that she/he cannot see the forest from the trees.

Access to supervision and peer support is crucial at times like this. Case discussion, either individually with a supervisor or in a group of coworkers, can help the worker sort out the issues or examine the situation more clearly and systematically.

Ask: Which of these ethical considerations come into play with Lova/Ruth/Eva's case?

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Ethical Consideration	Examples to use if clarification is requested
Autonomy vs. protection	Client wants to smoke while on oxygen. How much should we protect him from himself?
Least restrictive alternative	<p>Client needs supervision but doesn't want to live in a nursing home.</p> <p>Can arrangements be made for live-in care in the home or for the client to move into a relative' home?</p>
Benefits and risks of each alternative	Forcing a client into a nursing home to "keep him safe" may lead to his premature death if he gives up on living. It's important to look at both the positive and negatives of each alternative.
Competing and conflicting principles	The client's right to confidentiality may compete with the need to secure emergencies services for him in cases of extreme confusion or mental illness. The welfare of the community may compete with the client's right to self determination in cases of extreme hoarding in an apartment building.
Self-awareness: Whose needs are being met?	<p>Is you desire to move a client out of a hoarding situation the result of :</p> <ol style="list-style-type: none"> 1) your assessment of his best interest, 2) your visceral revulsion to how horrible the home looks and smells or 3) your need to address pressure from neighbors and government agencies? <p>Is your desire to reunite the client with his daughter the result of:</p> <ol style="list-style-type: none"> 1) your assessment of his best interest, 2) yours feeling about your own relationship with your parents/children or 3) your hope that his daughter will stabilize him and get him off your caseload? <p>Is your desire to pacify the perpetrator the result of:</p> <ol style="list-style-type: none"> 1) your assessment of the client's best interest, 2) your discomfort with confrontation or 3) your identification with the perpetrator's frustration with an overbearing elder?

Trainer Note: It is also important for you to be aware of, and mention to the class, any state/agency practice standards that apply to these situations.

Slide #20

Cultural Considerations



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



Cover quickly

TOPIC: Cultural Considerations

Workers must consider the victim's cultural values before trying to implement a case plan.

Culture impacts family relationships, expectations, and conduct.

Issues such as immigration, racism, poverty, caregiving, interdependence, and esteem placed on elders must be considered when thinking about the case plan.

Certain services may not be acceptable to the victim. The victim may have strong feelings about who should be consulted, who should provide the help, and what should be provided. If the plan is not consistent with the victim's culture and values, there is less chance that it will be taken seriously.



Ask: What cultural values and attitudes are involved in Lova/Ruth/Eva's case?

Slide # 21

Case Study: Preplanning

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



HANDOUT #4

**Case Studies: Pre-Planning
Conditions
Participant Manual pg. 27**

Flipchart



TOPIC: Case Study

Now is the time to integrate what we have learned.

Trainer's note: There are 3 case studies. Divide class into groups of 4 or 5 and assign one case per group. Depending on the size of the class there may be 2 groups doing the same case. Have them select a recorder and a reporter. Read each case out loud to the whole class before assigning it to a group (or groups).

Participant instructions - Based on just the information in the case study, what would you need to know in order to begin the case planning process? Reflect on what is provided BUT also add questions you would need to ask to better understand the issues to be addressed in the case plan.

Remind them that, we covered each factor that influences the case plan (i.e. Victim Wishes, Alleged Abuser Issues, Urgency of Situation, Ethical Considerations, and Cultural Considerations).

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: TRAINER'S 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: TRAINER'S 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

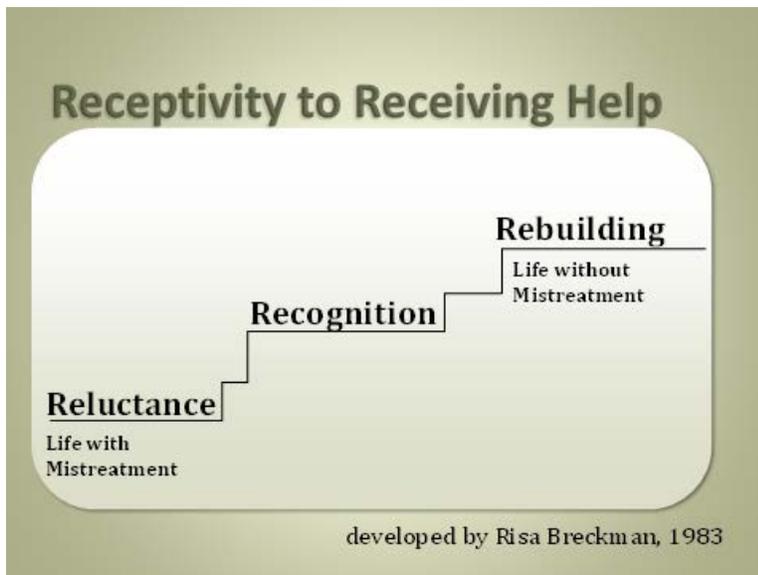
BREAK

RECEPTIVITY TO RECEIVING HELP



TIME ALLOTTED: 30 minutes

Slide #22



TOPIC: Receptivity to Receiving Help

Now that we have examined the considerations for developing the case plan and we have begun to engage the victim in a trusting relationship, we will explore how best to gauge the victim's receptivity to receiving help.

This three stage model (referred to as the "Staircase Model") was developed in 1983 by Risa Breckman. Although these stages may overlap, they represent the process of change as our interventions move towards the rebuilding stage.

Trainer's note: These stages could also be explained as "Awareness"/ "Acceptance"/ "Action" for participants who have difficulty understanding Breckman's theory.

Slide #23



Reluctance Stage

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

The slide features a photograph of an elderly woman with glasses and a green beanie, looking down with a sad expression.

TOPIC: Reluctance Stage: Characteristics

At this stage there is denial of the problem; the victim does not admit she is being mistreated.

He/she may blame themselves for the abuser's problems and seek to get help for the abuser rather than themselves.

Victims at this stage are usually ambivalent about receiving any help at all. They may feel that receiving outside help is a betrayal of trust.

They are usually isolated from friends and other family, either due to the abuser's tactics or because they don't want others to think badly about the abuser or the situation. This isolation keeps victims from realizing that others have similar problems. They feel alone and suffer in silence.



Ask: What might you hear from a victim who is denying the abuse?

Possible answers: "I must have done something wrong as a parent for him to be this way." "My son is a good boy and just needs a little help." "He drinks a little but would never hurt me intentionally." "If I were a better person, these things wouldn't happen." "This is a family matter."

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Note: *The reluctance stage manifests itself in self-neglect cases as well as abuse cases. The client does not see the problem and is very protective of their way of life and their autonomy. Usually they are isolated, either because they have always isolated themselves or they may be ashamed or fearful of having visitors. They may have always lived this way and have been seen as eccentric. They may have had recent losses, physical, cognitive, or emotional (death of a spouse for example) that has isolated them. They may have alienated their family/friends due to mental illness, substance abuse, etc. and have become isolated. "Leave me alone. I can take care of myself."*



Ask: Thinking back to Lova/Ruth/Eva, can you identify when she was in the reluctant stage? What behaviors/statements told you that she was in that stage?

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



TOPIC: Reluctance Stage: Interventions

When we think about where our client “is” in relation to accepting help, we must gauge our potential interventions to that stage. In the reluctance stage, it is important to provide as much information as possible regarding abuse, options, and services. Providing a service that the client requests is a first step. Building a trusting relationship is crucial. In a few minutes we will discuss ways to build this relationship.



Ask: What else can you do at this stage? What might have worked for Lova/Ruth/Eva when she was in this stage?

Possible answers: Leave pamphlets (if this will not inflame the abuser), send information, follow up by phone, give information to someone client trusts (with permission).

If the victim has capacity, understands the consequences of the decisions, and still does not wish to engage or discuss options, oftentimes the APS worker may need to walk away. It is important to “leave the door open,” to leave on a positive note so that the victim feels comfortable enough to call when she is ready.

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

(A photograph of an elderly woman with glasses, resting her chin on her hand, is shown on the right side of the slide.)

TOPIC: Recognition Stage: Characteristics

At this stage, the victim begins to recognize that there is a problem and that they may not be able to handle it alone. Although they may have less denial and self-blame, they are still ambivalent about the course of action to take. Although they may reach out to friends and community supports, they may still fear the retaliation of the abuser.



*Ask: Did Lova/Ruth/Eva show her ambivalence during the recognition stage?
"I know I shouldn't take my son back in the house after his release, but I am not sure I have the strength to say no to him."*

Slide #26

Recognition Stage

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

solution

The slide features a magnifying glass icon positioned over the word "solution". The background is a light olive green with a white rounded rectangle containing the text and list.

TOPIC: Recognition Stage: Interventions

When the client reaches this stage, it may be due to your relationship, patience and perseverance. You have more opportunity to explore together the options in detail and the consequences of each option. You need to continue to be supportive and empathetic, since they may still be ambivalent and feel reluctant to make a move.

Please note: You may not get to explore options with a client if you have not worked through the reluctant stage with the client.

Slide #27



TOPIC: Rebuilding Stage: Characteristics

This is a stage to which APS workers aspire for their clients, but do not see as often as they would like. At this rebuilding stage, victims reshape their identity (i.e. stop thinking of themselves as a victim and having to support the abuser and his/her behavior) and do not compromise their safety in order to maintain the connection to their abuser. They accept help and use a wide range of options to stay safe.



Ask: what makes this stage difficult to reach in APS work?

Possible answers: Many of our clients have multiple impairments and rebuilding is a challenge. Their dependency needs may outweigh their desire for safety. They may have cognitive issues which make it impossible to regain total autonomy.



Ask: what stage is Lova/Ruth and Eva in at the point of time when we are introduced to her?

Lova and Ruth are at the rebuilding stage at the beginning of the video. Eva is also at the rebuilding stage but shows signs of slipping back into an earlier stage.

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

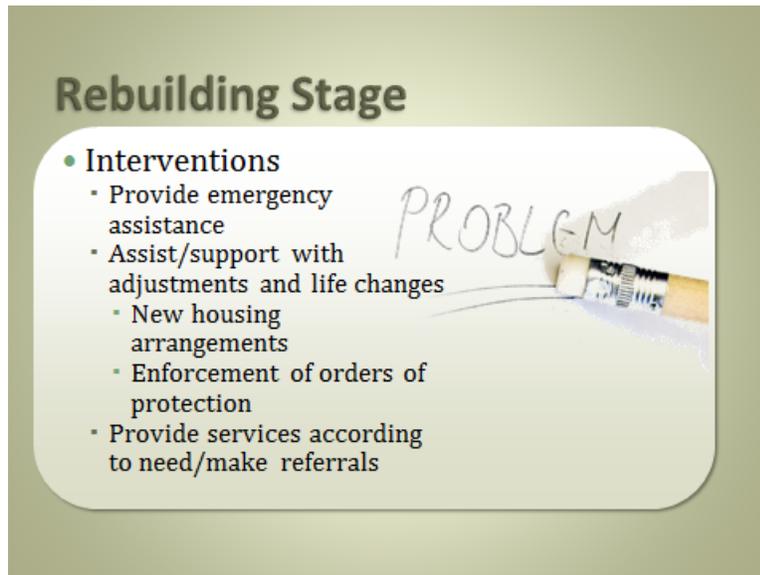
What has she done to rebuild her life?

Lova has become “hard” (firm) with her son and has refused to allow him to live with her. Ruth also understands that she cannot allow her son to live with her. Eva has, so far, maintained the restraining order and refused to let him son move back home.

Do you think she might backslide into an earlier stage?

All of them could backslide based on their feelings of guilt, responsibility and love for their children.

Slide #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

PROBLEM

TOPIC: Rebuilding Stage: Interventions

At this stage, you must not only “be there” for the client, but be aware of all the possibilities that can occur when making such big changes. You must have plan A, B, and even C and be able to help your client deal with the challenges that face her.

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



TIME ALLOTTED: 5 minutes

Slide #29

A slide with a light green background. At the top, the text "Where Do We Begin?" is written in a dark green font. Below it, "Bring your L.O.A.F." is written in a smaller, dark green font. There are four blue, rounded rectangular buttons stacked vertically. Each button has a small circular profile picture on the left and a white text label on the right: "Listen" (with a woman's photo), "Observe" (with a woman's photo), "Ask" (with a woman's photo), and "Facilitate" (with a man's photo).

This acronym comes from the story of a social worker who didn't listen to her client but continued to push her own agenda to "fix" the client. Finally, the client said, "If you really want to help, bring me a loaf of bread!"

TOPIC: Where Do We Begin?

Now that we have explored the considerations for pre-planning as well as the stages of receptivity to receiving help, it is time for you to deal directly with your client. As we have said before, getting to know your client is the first step in developing a service plan.

L.O.A.F. skills are basic rapport builders that will allow you and your client to access deeper issues relevant to the case.

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

For example, often workers receive information on a new case and the desired outcome may be stated by the reporter or by the worker who reads the information. What the reporter or APS sees as the problem may not be how the client sees the problem. If the worker starts with her own agenda and the client does not agree with that agenda, the trusting relationship will not happen. It is important for the worker to build rapport slowly and “start where the client is.”

So, if you see the problem as “you are at extreme risk and can’t take care of yourself, so we will put you someplace safe” and the client sees the problem as “this stranger is trying to arrest my son and ruin my life”, then the worker needs to use L.O.A.F. skills.

Start with the client/victim’s identified need and try to address that to show that you “hear” them.

So what is the L.O.A.F? It is a pneumonic that guides us into the best way to get to know the client. The concepts are Listen, Observe, Ask, Facilitate and we’re going to explore what we can do under each topic to get to know our client better. The following outline is in the participant manual on page 33.

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.

In order to get a sense of the where the victim is in relation to the helping process, it is important to find out what previous experiences have been with service providers and the services provided. The victim may have utilized many systems in the past- domestic violence, the courts, home health aides, financial services, etc – knowing which strategies worked and which didn’t will shed light on the victim’s present state of mind.

FOCUSING ON STRENGTHS, REFRAMING SITUATIONS



TIME ALLOTTED: 15 minutes

Slide #30



HANDOUT #5: Reframing Situations
Participant manual pg. 35

TOPIC: Starting from Strengths: Reframing

Although our work is focused on problems and vulnerabilities, it is important not to ignore the strengths. When you look for the positive aspects of the client's situations, you may find more areas for which you can help them achieve success. The benefit of that is that you will feel better about your role as an agent of change. When you can see the positives, it will keep your work challenging rather than overwhelming... and it may decrease stress and burnout.

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

That said, it is also important to remember to talk with your co-workers and supervisor about difficult clients and/or cases, document your cases in objective and neutral language and be aware of your personal values/biases.

On handout 5, page 35 of the participant manual, there are worker statements that illustrate how common it is to frame situations negatively.

Trainer note: Have participants read the statements and discuss how the negative word impacts on the case planning... and have them reframe the situation using the client's strengths rather than weaknesses. Have them consider how their own personal values/biases may come into play in these situations.

1. "She knows how to work the system. She **manipulates** one agency against the other."

*Many individuals do understand and utilize the system... but is that necessarily a bad thing? If workers can reframe what they see as manipulation, to the client's ability to obtain what she or he needs, to her/his **resourcefulness**, there is a better chance of mutually deciding a case plan. Congratulating the client on knowing who to call, on understanding the function of different agencies, on being an effective self-advocate... those reframe the behavior in a positive light and may help build a trusting relationship.*

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."

*Sometimes resistance is the struggle for the client to remain independent. This desire for **independence** is a positive thing and, if acknowledged instead of fought, can bring worker and client together with the mutual goal of empowerment.*

3. "She and that no good son of hers can't survive without each other. Their **codependency** is so destructive."

*We have discussed earlier the mutual dependency between victims and abusers. When we frame the situation as codependent, we may not see the underlying issues such as **loyalty, forgiveness, kindness and compassion**. When we acknowledge those feelings, the victim may not feel so threatened and the relationship between*

CONTINUED

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worker and client may be enhanced. Terms such as “codependent” or “enabling” may also lead to blaming the victim, so refrain from using these labels.

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.”

*Rather than defining the victim as passive, workers must understand how trauma and domestic violence affects individuals’ mental state, causing feelings of **helplessness** and **hopelessness**. Trying to instill hope by offering options and alternatives may set the stage for some positive work with the victim, as well as give the worker some hope that change may come... but in small baby steps.*

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.”

*Choosing to stay in an abusive situation may be the result years of **strong adaptive skills** and **survival instincts** rather than poor judgment. It may be a normal reaction or a strategic decision for coping with a dangerous situation. Workers must be careful not to jump to the conclusion that the victim who refuses to leave an abusive situation is impaired to the point of needing a conservator/guardian. It is more important to understand how the victim has coped so far and what skills she has to continue to cope.*

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



TOPIC: Strengths to Consider

- Hardiness and adaptive skills: victims have been coping in different ways over the years. We need to understand and build on those skills.
- Willingness to learn and use resources: age does not mean that individuals stop learning. Assessing that willingness will help us develop a plan with the victim that will be consistent with her
- Loyalty and forgiveness: victims often are very loyal to their friends and family members and forgive easily
- Survival instincts: many victims have been in abusive relationships for 30, 40, even 50 years and have survival strengths that can be incorporated into the case plan.
- Kindness and compassion: many victims have compassion for their abusive or neglectful spouse or adult child/caregiver and are non-judgmental in their attitude toward others
- Strong faith or religious values: these may be tools that the victim uses to stay emotionally strong.

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- Creativity: assess the musical or artistic gifts or hobbies of the victim and give them an opportunity to share those gifts.
- Tangible strengths: victims may have such tangible strengths as physical health, coping skills, and social support that can help them through rough situations.

Trainer Note: It is important to tie strengths to character traits, not things that can be taken from the client.

LUNCH

WHAT SYSTEMS ARE OUT THERE?



TIME ALLOTTED: 20 minutes

Note: If your jurisdiction has an Aging and Disability Resource Center (ADRC), the time set aside for the exercise AND Scavenger Hunt should be used to allow a representative from the local ADRC to give a presentation on local resources.

Slide #32



What's Out There?

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

The slide features three images: a male and female healthcare professional, a group of three people in a meeting, and two police officers.

FLIPCHART



TOPIC: What is out there?

At all stages, you need to know the resources available to your clients, what the eligibility requirements are, how to access these resources, and who is the best person to contact to make each service happen. When a client is reluctant and skeptical of the system, having things fall apart will just reinforce those feelings. So prepare yourself.

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The service system is vast and can be overwhelming. Let's look at these systems and what services they may be able to offer.

Trainer's note: Post 5 flip chart sheets on the wall, labeled with the following categories: aging services, mental health/substance abuse system, health care system, legal system, victim/domestic violence/sexual assault services).

Ask participants to go to each sheet and list at least one resource in each category. Give them 10 minutes to do that.

Reconvene and discuss the variety of services and how they may vary from locality to locality.

Optional Exercise: Finding Resources

If your class is unfamiliar with service providers for the elderly and has/or is expected to have difficulties with the "What Systems are Out There" flip chart activity, this optional activity (in the appendix, page 132) will allow them to become familiar with some of those services. This activity will also help them understand the need to get financial information about clients and how to screen clients for eligibility for services. Point out that community services may not be available to meet the client's needs. The client may not be able to afford the services that are available and, as a social worker, they may need to be creative. Friends and family members are considered resources in this exercise. When considering the help that they might provide, you will need to assign each group one of the options available (e.g. For group one, family will want to say "I told you so", for group two, family will want them to move in permanently, etc.)

Do this exercise after slide 35 if you choose to use it.

Ask the participants to work in 4 small groups. They need to select a reporter and then read the client description. Then they need to review the Resource Directory and determine which resources the client might be eligible to receive. They also need to determine if there are any needs that can't be met with the community resources listed in the directory. If so, what are they and how might they deal with the gap in services?

For optimal effectiveness, provide the class with a real resource directory for their service area and change the clients' addresses to match parts of their service area.

Slide #33



TOPIC: How to Find the Services

There are many avenues to researching available services. Supervisors may be familiar with the agencies and have contacts that would be helpful.

Coworkers are likely to know what is available because they are currently involved with cases with similar needs.

If APS is a member of a multi-disciplinary team, team members may be a valuable source of information.

Also, contacts that workers make in one agency may be familiar with other agencies that provide services to meet the need.

In many counties and states, resource directories are developed. Some may be sponsored by the area/county office on aging or United Way or department of human services.

The internet is also a great resource to research available resources. For example, the National Council on Aging website www.benefitscheckup.org has information on many services for older persons. This website is updated regularly.

Slide #34

Eligibility for Services

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



TOPIC: Eligibility for Services

Of course, all programs have eligibility requirements. It is important to understand (and respect) those requirements. It is also important to have the necessary client information/documentation in order to apply for the service.

If the eligibility is based on need, for example help with utility bills, a shutoff notice or back bills may be required. You may need proof of income (monthly income, previous tax return, bank statements) or proof of residence (of a particular locality, of a county, or state).

If the eligibility is based on age or disability, birth/baptismal certificate, SS papers, medical documentation, etc., may be needed.

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

TOPIC: Beware

There are challenges when trying to secure services and resources to meet your clients' needs. Many programs rely on funding which is limited. Once the money is used up, the service is no longer available. Some programs operate at determined times of the year and applications must be made by a certain date. Many programs cap the amount of money or service hours per case. Oftentimes the information we get is not up to date. Brochures may reflect old requirements and benefits: many agencies do not update their brochures. Service directories may only be printed once a year or every few years; information may be obsolete in just a few months. Workers must stay as current as possible and double check before making a service plan. It will be very discouraging to the client if a service is mutually agreed upon, and then to find out the service is no longer available (especially if it took a lot of convincing to get the client to agree to the service).

Many workers who want to secure services for their clients become frustrated at the eligibility requirements or the referral process. Sometimes, thinking it is for the good of the client, workers overstate the urgency of the situation (to make sure the client is moved up on a waiting list) or understate the mental illness or cognitive condition of the client (to get the client into a particular housing situation). Beware that exaggerating or covering up information will come back to haunt you. If you get the reputation of "crying wolf," agencies will stop believing you. Also, by understating a problem, your client may be inappropriately placed, causing harm to others and to him/herself.

Trainers: insert your own examples or ask participants to share.

HOW DO WE MEET THE NEED?



TIME ALLOTTED: 10 minutes

Slide #36

A slide with a light green background. At the top, the title "APS Service Planning Considerations" is written in a bold, dark font. Below the title, on the left, is a white rounded rectangle containing a bulleted list: "Complexity of cases", "Creativity", and "Outside the Box" Thinking. To the right of the list is a photograph of several hands of different skin tones stacked on top of each other in a circle, symbolizing teamwork or support.

APS Service Planning Considerations

- Complexity of cases
- Creativity
- "Outside the Box" Thinking

TOPIC: APS Service Planning Considerations

Remember that we are dealing with very vulnerable individuals who are in precarious life and/or family situations. Cases are complex and require complex thinking to come up with appropriate solutions. Services for many of our cases are unusual and can only be resolved through creativity and "outside the box" thinking.

For example, an older person may refuse hospitalization not due to fear of institutionalization but because:

1. She does not want to leave her pets unattended or
2. She is ashamed to go to the hospital because of her poor hygiene.

In the first case, a solution may be to find a pet sitter or someplace to take the pets which will ease the client's mind. In the second scenario, you may need to find a

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sensitive home health aide and some clean clothing so the client does not feel ashamed to be seen in public.

All alternatives have to be explored. If one door is closed, then look for other doors. For example, if the mortgage assistance program has run out of funding, perhaps there are other resources to pay for other expenses (utility bills, home delivered meals, free transportation services) to free up income to pay the mortgage.

Slide #37

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
Instructions and
Worksheet
Participant Manual pg. 40**

TOPIC: Transfer of Learning:

In order to better serve victims and to prepare a case plan, workers need to be able to connect the needs of the client to the services available. In this transfer of learning activity, participants will go back to their agencies and begin the scavenger hunt.

Review handout 6; instructions worksheet on page 40 of the participant manual.

Trainer Note:

Before the training:

1. You will need to determine how best to have the trainees return the Scavenger Hunt Transfer of Learning document to you after the training. You may want to provide them with return addressed envelopes or give them instructions on how to return them through your interdepartmental mail system. Add this information to Handout 6-Scavenger Hunt.
2. You will also need to provide the participants with a deadline for returning the Scavenger Hunt.
3. You will need to decide if you want to provide an incentive for return of the Scavenger Hunt. For example, the names of the participants who return the Scavenger Hunt on time could be entered in a drawing to win a small gift certificate. You may want to receive the Scavenger Hunt Transfer of Learning document before you issue a certification of completion if this training was mandatory.

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- 4. Will there be consequences for failing to return the Scavenger Hunt? This may depend on whether all participants are employees of your agency or if this training is multidisciplinary with participants from a variety of agencies (in which case you will have no control over the return of the Scavenger Hunts.)**

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!!

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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					
Respite Care					
Home Delivered Meals					
Pet food/care					

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Service Need	Agency (Include address and phone)	Service Provided	Eligibility Requirements	Cost	Referral Process
Podiatrist (home visit)					
Emergency food					
Medical Transportation					
Friendly visitor					
Help with Utility Bills					
Substance Abuse treatment					

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Service Need	Agency <small>(Include address and phone)</small>	Service Provided	Eligibility Requirements	Cost	Referral Process
Caregiver support					
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
Participant Manual pg. 47**

TOPIC: Case Planning Essentials

The case plan is developed on the basis of specific issues identified and their priority of resolution, of identified strengths and perceptions, and of the internal psychological resources and external support systems. Ideally the case plan should meet the criteria outlined on the slide and expanded upon in the handout.

Refer participants to handout 7 on page 47 of the participant manual as you review each bullet.

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



TOPIC: Goals of the Case Plan

In APS case planning, there are general goals to which our interventions lead.



Ask: participants to shout out different types of services which may help them reach the following goals.

- Maximizing independence: Since most victims would prefer to remain at home as long as possible, the services offered should provide options towards this end. These may include visiting nurse services, home health care, reassuring calling, and home delivered meals.
- Resolving crises and emergencies: short term placement in a facility or motel, order of protection against perpetrator, law enforcement intervention, mental health crisis services, EMT, or hospitalization.
- Healing, empowering, supporting victims: mental health services, medication, counseling, or support groups.
- Cultivating new resources: involvement in senior programs, reconnection with family members, or physical therapy.

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- Preserving, protecting, recovering assets: direct deposit of SS checks, freezing bank accounts, or changing POA.
- Ensuring safety/risk reduction: safety planning, home repairs, or cleaning service.

The worker must take into consideration the client's preferences and values when considering any intervention. For example, if placement is the least restrictive and only option, the client may have some input as to the type of facility, the location, etc.

Slide #40:

Evaluating Case Plan

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



HANDOUT #8: Evaluating the Case Plan
Participant Manual pg. 49

HANDOUT #9: Strength-Based Care Planning and Goal Setting
Participant Manual pg. 50

TOPIC: Evaluating the Case Plan

We must be careful to examine our recommended case plan for the following:

- Hidden/ unintended consequences: Will the intervention put the client at more risk? Will the client be able to follow through when the worker is not available?
- Ethical dilemmas: If the client has capacity, are we respecting the right to self-determination?
- Workability: Are the services we propose available when we need them? How do we know if the perpetrator will follow through on promises?
- Whose needs are being served: Are we responding to community pressure (“How can you let a person live like that?”) or to our own value system (“I would never treat my mother that way.” “That son is a scum-bag and shouldn’t be allowed anywhere in the house.”)
- Plan B: Do we have another plan in case Plan A falls short? How do we plan to follow up?

Now that you know the essentials of good case planning, let’s evaluate the following vignettes using the criteria presented in on the slide. The vignettes are on page 49 of the participant manual.

Trainer Note: this can be done as a large group. You can leave the previous slide on the screen so participants have a reference from which to evaluate the vignettes.

HANDOUT #8: Evaluating the Case Plan (Trainer Version)

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.

Issues: What may be the emotional consequences for both client and son due to placement? How might the case plan affect the bond between Javier and client? How might the plan affect the client's role and dedication to her son? Did Javier provide any services for his mother that are now an unmet need? Did the client want Javier placed? If not, what are the ethical issues around placing the client's safety before her wishes? What might be a good plan B? Are there other family members that can help out? What about the local agency that provides services to the developmentally disabled community –what services might they be able to provide.....

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 the 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 George 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.

Issues: Consider whether the plan is realistic (are services really available to replace whatever son did)? Will the client be left with unmet needs? Might the daughter have hidden motives? Could this be sibling rivalry rather than a real problem for the client? What might happen as a result of the restraining order? How does the client feel about the possibility of his son being incarcerated? Might the son return home and threaten the client? Might the client allow the son back in despite the restraining order? Should you be "convincing" the client to do something he doesn't want to do? How might he react if this plan backfires? What might be a good plan B in this case? How might you follow-up to make sure that this plan is working? What might be an alternate way to handle this situation, rather than getting a restraining order? Could a representative payee handle the client's money so the son doesn't have access to the client's money? Might a family conference to clear-up the issues work in this case?

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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."

Issues: Did the APS worker misinterpret self-determination for caregiver abuse? Whose needs were being met when the APS worker provided the bed? What consequences might this have on the future of the relationship between client and worker?

Trainer note: Handout 9 Strength-Based Care Planning and Goal Setting on page 50 of the participant manual is a "cheat sheet" for participants to use along with all the other materials provided in this module.

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
 - Assess: 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.

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- Insure deliberation and agreement with the adult.
- Be certain about the adult's knowledge and ability to follow through.
- 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.

BREAK

DOMESTIC VIOLENCE SAFETY PLANNING



TIME ALLOTTED: 75 minutes

Slide #41:



TOPIC: Domestic Violence Safety Planning

Now let's turn our attention to one specific type of case planning, safety planning for victims of domestic violence. Elderly victims of domestic violence (DV) are at special risk of lethal abuse and victims of DV (in general) are at the highest risk when they are attempting to leave their abuser.

According to the National Clearinghouse on Abuse in Later Life (NCALL: pronounced N-CAL):

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

CONTINUED

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Abusers often isolate victims and do not allow them to make their own decisions. Safety planning is a process that restores power and control to victims over their lives as they make decisions about how to enhance their safety. A good safety planning process provides the victim with information and an array of options to choose from. Then the victim decides whether to stay with the abuser or leave, and how to remain as safe as possible, no matter what decision the victim makes.

Reference: National Clearinghouse on Abuse in Late Life's **ANTICIPATE: Identifying Victim Strengths and Planning for Safety Concerns: Training Guide** available at <http://www.ncall.us/docs/AnticipateTrnerJuly07.pdf>

Slide #42:



Topic: Safety Plans Include

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).

CONTINUED

VOLUNTARY CASE PLANNING: TRAINER'S MANUAL

Recognize that the victim may want to stay with the abuser, or may be in the process of leaving or returning to the abuser, or may have left and ended the relationship. In each of these situations, the five components of safety planning listed above are crucial.

Reference: NCALL's **A N T I C I P A T E: Identifying Victim Strengths and Planning for Safety Concerns: Training Guide** available at <http://www.ncall.us/docs/AnticipateTrnerJuly07.pdf>, used with permission

Slide 43:



Topic: A Victim Centered Plan

NCALL recommends that, for victims who are leaving or who have left, you consider the following issues:

Where Will The Victim Live?

Can the person remain in his or her home safely?
Is there an emergency shelter in the community?
Are friends or family an option?
What about church groups or other organizations?
Where does the person want to live after the immediate crisis?

Money

Can the person get money for the short term?

Health

What health related items (e.g. medications, glasses, walker, hearing aids etc.) will the victim need to live without the abuser?
Who is the victim's primary health care provider? Have the victim consider talking with a health care provider about the abuse to get help with health issues and possible documentation.
Is respite care available through social services?

CONTINUED

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Who Else Is Affected By The Abuse?

Who can help with children, grandchildren or other persons living with the victim?
Can a friend or family member care for pets or livestock if the person can't take them along? (If no, contact your local domestic violence programs. There may be a "safe haven for pets" program in your community.)

Legal

Has the abuser been arrested? If yes, what support does the victim need?
Does the victim want a protective or restraining order? You can contact your local domestic abuse program or APS for help with restraining/protective orders.
Are there immigration issues? You can contact a local domestic abuse program or the Bureau of Citizenship and Immigration Services for more information."

Reference: NCALL's **A N T I C I P A T E: Identifying Victim Strengths and Planning for Safety Concerns: Training Guide** available at <http://www.ncall.us/docs/AnticipateTrnerJuly07.pdf>, used with permission.

Slide 44:



Topic: Build rapport

Many victims of domestic violence have kept it secret for years. They have been too embarrassed to tell their closest friends or relatives. Therefore, it's especially important to spend time rapport building before asking them to "open up" to you. They need to feel that they can trust you to let them determine next steps. They need to know that their concerns will be listened to and respected.

Slide 45:



Topic: Learn the victim's fears

Talk to the victim about what they fear will happen. This includes fears about the actions the abuser might take as well as the consequences of their decisions.

Consequences of leaving the abuser might include loss of financial security, loss of housing security, new and unfamiliar responsibilities, insecurity about the future, etc.

Slide 46:



Topic: Ask what the victim wants

Ask what the victim wants to do. The victim may be hesitant to take steps to ensure their safety for any number of reasons. Understanding the motivation behind their decisions can help the worker understand the victim's goals.

NCALL provides the following example: "the victim may state she does not want to leave the abuser. If the worker asks what she does want, she may find that the victim is afraid to leave her three cats behind. The worker can let the victim know about "safe haven" programs for pets to give the victim more options."

Remember, that the victim is the person who must live with the consequences of the decisions.

Slide 47:



Topic: Be creative about options

Together you should problem solve in advance what a victim can do during and after a crisis situation. Think about all the different people in the victim's life and the parts each of them might play in keeping the victim safe. Think about the agencies and services available within your community.

Slide 48:



Topic: Keep it victim centered

Remember that the victim is the person who must live with the consequences of any decisions that are made.

Slide 49:



HANDOUT #10: Safety Plans Include Participant Manual pg. 56

Topic: Safety Planning is NOT

Refer participants to Handout 10 – “Safety Planning Includes on page 56 of the participant manual.

NCALL provides the following guidance about what 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.

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
Participant Manual pg. 58**

Topic: Let's review the safety planning tool

Quickly walk the participants through each section of the sample safety plan - Handout 11, page 58 of the participant manual. Highlight available resources or service gaps for your service area.

Trainer Note: There is not time in this curriculum to do an in-depth review of each part of this particular safety planning tool.

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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.

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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.

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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

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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:

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- 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?
- 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.

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- 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.nccall.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*

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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.

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- **Contact Social Security or pension programs** if you need to change how you currently receive payments. If you have representative payee, be sure this 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.

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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.

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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.
- **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.

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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
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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

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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



“Irene” cards
Trainer Manual pg. 125

Topic: Safety Plan for Irene

Read the following case study to the class, participants can follow along (the scenario is on page 72 of the participant manual):

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.

CONTINUED

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Divide the class into 5 small groups (6-8 people) to develop a DV safety plan for Irene using the provided DV Safety Planning Tool.

Have each group select:

1. A person to play Irene
2. A person to be the moderator and help keep the safety planning on track. They are to listen for and correct safety planning that:
 - Tells the victim what to do.
 - Accomplishes your own goals
 - Makes a referral.
 - Ignores cultural, spiritual or generational values
 - Recommends strategies that could increase the risk for the victim. (e.g. purchasing a gun or weapon, attending couples counseling, “just standing up to him.”)
 - Blames the victim if he or she does not follow the safety plan.
(Note: *this information is NOT to be reported out to the rest of the class, it is to help keep the group on task*)
3. A person to be the recorder
4. A person to be the primary interviewer
5. People to be the secondary interviewers

Give each “Irene” a situation card marked #1. This card gives “Irene” her expectation about the outcome of her Safety Plan. Give the group 10 minutes to develop a safety plan. The groups may want to consider information from the “Factors that Influence the Service Plan” Handout as they safety plan with “Irene”.

As the trainer, you should also monitor the discussions and listen for (and correct) any discussions that blame the victim, recommending strategies that are not helpful and may prove dangerous, or plans that focus almost exclusively on case management and referral rather than safety planning and empowerment.

After 10 minutes, debrief the groups.

Ask:

1. What was your situation and what was your case plan?
2. Does your safety plan address Irene’s concerns?
3. Are Irene’s desires responsible?
4. What compromises did you need to make?

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IRENE CARD CONTENT

(Recommendation: Copy onto self-adhesive address labels to stick on index cards)

<p style="text-align: center;">1</p> <p>You tell the worker that you got the black eye when you fell and that there is no abuse going on. You want her/him to leave your family alone. You refuse all services.</p>	<p style="text-align: center;">2</p> <p>You tell the worker that, although Jack can be difficult, you still need help around the house and you do not want to make Jack move out.</p>	<p style="text-align: center;">3</p> <p>You tell the worker that you are very pleased with Jack's changes and you don't think you need a safety plan.</p>
<p style="text-align: center;">1</p> <p>You reluctantly admit that Jack hit you when you refused to give him the car keys when he was drunk. But, he didn't mean to do it. You want the worker to help Jack find a good AA program.</p>	<p style="text-align: center;">2</p> <p>You tell the worker that Jack REALLY needs help with his drinking. If he would only stop drinking, everything would be ok. You are willing to talk about safety precautions.</p>	<p style="text-align: center;">3</p> <p>You tell the worker that you are very lonely and you are willing to put up with Jack's behavior in order to not be alone. You think he has changed. You are still willing to talk about safety precautions but you want Jack in the home.</p>
<p style="text-align: center;">1</p> <p>You reluctantly admit that Jack hit you when you refused to give him the car keys when he was drunk. You are embarrassed that your own son would hit you. If you raised him better, he wouldn't have done it. You don't want to kick him out</p>	<p style="text-align: center;">2</p> <p>You tell the worker that you are feeling very isolated with Jack and more afraid that he might hurt you. You are not ready to take the step of kicking him out but you are ready to do some serious safety planning.</p>	<p style="text-align: center;">3</p> <p>You tell the worker that you are happy that Jack is doing better and think that this is a perfect time to ask him to leave (or tell him he can't come home) but you want to be sure that you won't get hurt if he gets upset.</p>

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<p style="text-align: center;">1</p> <p>You reluctantly admit that Jack hit you when you refused to give him the car keys when he was drunk. You would like to kick him out but you need his help to care for his dad and can't afford other help.</p>	<p style="text-align: center;">2</p> <p>You want the worker to help you kick Jack out.</p>	<p style="text-align: center;">3</p> <p>You don't believe that Jack can remain sober and employed so you ask the worker to help you kick him out (or stay strong in your decision not to let him come home).</p>
<p style="text-align: center;">1</p> <p>You reluctantly admit that Jack hit you when you refused to give him the car keys when he was drunk. You would like to kick him out but you are terrified of how he would react. He gets really angry.</p>	<p style="text-align: center;">2</p> <p>You want the worker to help you have Jack arrested for the abuse and you show him/her extensive bruises.</p>	<p style="text-align: center;">3</p> <p>You ask the worker for help deciding whether to let Jack come home (or not kick him out) since you are not sure whether he will remain on his present course. You are still afraid of him.</p>

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.



Topic: Change of Plans

Explain to the class that safety plans often have to be changed to reflect changes in the victim's life. In this case, Irene is now a widow and her son has become more aggressive.

Keeping the groups together, give "Irene" a card number 2 and ask the groups to spend 5 minutes discussing how the safety plan would need to change given the new information.

Again, ask the moderator to monitor the discussions and listen for (and correct) any discussions that blame the victim, recommending strategies that are not helpful and may prove dangerous, or plans that focus almost exclusively on case management and referral rather than safety planning and empowerment.

After 5 minutes, debrief the groups.

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.



Topic: Change of Plans

If time allows, have the groups deal with one more change of plans. Explain to the class that it is normal for victims of domestic violence to return to an abusive situation as part of the process of learning to put their own safety first. You still need to safety plan based on what the victim wants.

Keeping the groups together, give "Irene" a card number 3 and ask the groups to spend 5 minutes discussing how the safety plan would need to change given the new information.

After 5 minutes, debrief the groups.

Slide 54

Let's take a moment to reflect:

Questions?
What have you learned?

Please complete:
Self Assessment of Learning
Trainee Satisfaction Survey



**HANDOUT #12: Self-
Assessment of Learning
Participant Manual pg. 74**

Topic: Let's take a moment to reflect

Debrief the class on what they have learned and any questions they still have.

Then, ask them to complete the Self Assessment of Learning. The instructions are as follows:

“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*”.

Please remind participants to complete the Trainee Satisfaction Survey before they leave and thank them for participating in the training.

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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":

3. 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*".
4. 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: TRAINER'S 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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APPENDIX

Optional Exercise: Finding Resources

If your class is unfamiliar with service providers for the elderly and has/or is expected to have difficulties with the “What Systems are Out There” flip chart activity, this optional activity will allow them to become familiar with some of those services. This activity will also help them understand the need to get financial information about clients and how to screen clients for eligibility for services. Point out that community services may not be available to meet the client's needs. The client may not be able to afford the services that are available and, as a social worker, they may need to be creative. For those resources involving family and friends, you will need to assign each

Friends and family members are considered resources in this exercise. When considering the help that they might provide, you will need to assign each group one of the options available (e.g. For group one, family will want to say “I told you so”, for group two, family will want them to move in permanently, etc.)

Do this exercise after slide 35 if you choose to use it.

Ask the participants to work in 4 small groups. They need to select a reporter and then read the client description. Then they need to review the Resource Directory and determine which resources the client might be eligible to receive. They also need to determine if there are any needs that can't be met with the community resources listed in the directory. If so, what are they and how might they deal with the gap in services?

For optimal effectiveness, provide the class with a real resource directory for their service area and change the clients' addresses to match parts of their service area.

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Client #1

Mrs. Lang lives in Arlington and she is 72 years old. Her caregiver walked out on her 5 days ago after cashing Mrs. Lang's Social Security check and keeping the money. Mrs. Lang has a back problem and walks with a walker. She needs help with dressing and bathing and most IADL (instrumental activities of daily living including housework, laundry, cooking, shopping, etc.) When you arrive, you note that Mrs. Lang needs a bath and clean clothes immediately. She needs food as there is nothing left in the cupboards. She has not paid this month's rent (\$600) and only has \$400 in her bank account. She normally receives \$1445 per month from Social Security. She doesn't know how she is going to pay for food and utilities this month. And she has to pay for her pain medications (\$75 per month). She has no friends or relatives nearby.

Review the Resource Directory and determine which resources Mrs. Lang might be eligible to receive.

Are there any needs that can't be met with the community resources listed in your directory? If so, what are they and how might you deal with the gap in services?

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Client #2

Mr. Brown is a 68 year old man who lives in Mira Loma. His home has been described as a "hoarding house" by local Code Enforcement who have tagged the home as a fire trap. The home needs to have at least 2 unblocked exits and the surrounding overgrown yard needs to be cut down within the next 45 days. The home is cluttered with all kinds of car parts from the days when Mr. Brown was a mechanic. Mr. Brown believes that all the parts are worth a lot of money so he is not willing to get rid of them. Mr. Brown complains that he can't pay anyone to clean out the house and yard because he spends \$239 a month on his prescriptions. And, Mr. Brown can't do the work himself as he has congestive heart failure. He is also very thin. His kitchen can't be used for cooking. Once the home is cleaned out, Mr. Brown could benefit from home care for help bathing (badly needed once the tub doesn't have an engine block in it), meal preparation and housekeeping. Mr. Brown has \$2,497 in his bank account and gets a monthly Social Security pension of \$1782.

Review the Resource Directory and determine which resources Mr. Brown might be eligible to receive.

Are there any needs that can't be met with the community resources listed in your directory? If so, what are they and how might you deal with the gap in services?

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Client #3

Law Enforcement calls to ask for help for an elderly gentleman who got off a bus at the downtown bus station. The gentleman says his name is Harvey Mann. He doesn't know his own address or contact information for any of his relatives. He doesn't know which bus he had been on. He seems very confused. He has \$120 in his wallet but no ID. He isn't sure whether he has any health problems. He thinks he is 73 years old but he also thinks the year is 1987.

Review the Resource Directory and determine which resources Mr. Mann might be eligible to receive.

Are there any needs that can't be met with the community resources listed in your directory? If so, what are they and how might you deal with the gap in services?

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Client #4

Agnes Jefferies is the 72 year old caregiver for her mother, Martha Jones. Mrs. Jones is 96 years old. They live in Loma Linda. A neighbor called the report in, saying that Agnes is struggling to provide care. Agnes confirms that she is finding it harder and harder to care for her mother. Mrs. Jones is essentially bedbound since Mrs. Jefferies can't lift her into a wheelchair. Both women want Mrs. Jones to remain in the home but they would like some help. Unfortunately, they can't pay for additional care. (You figure that they need a minimum of 5 hours of additional care a week to stabilize the situation). Mrs. Jefferies receives \$1100 per month in Social Security and her mother receives \$900. They pay \$900 for rent on their 2 bedroom apartment. Utilities are not included in the rent. And, Mrs. Jones' medications run \$135 per month.

Review the Resource Directory and determine which resources Mrs. Jones and Mrs. Jefferies might be eligible to receive.

Are there any needs that can't be met with the community resources listed in your directory? If so, what are they and how might you deal with the gap in services?

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Fictional Resource Directory

<p>Home care Heart Home Care Agency</p>	<p>Cost: \$15 per hour, \$200 minimum per month Income Eligibility: none Service Area: La Sierra, Arlington, Central, Nortá Vista, Mira Loma Referral process: Call Broken Heart Home Care Agency and ask for an evaluation</p>
<p>Home care Home Care Aids, Inc.</p>	<p>Cost: \$17.50 per hour Income Eligibility: none Service Area: La Sierra, Arlington, Central, Nortá Vista, Mira Loma, Loma Linda, Moreno Valley Referral process: Call Home Care Aids and ask for an evaluation</p>
<p>Home care State funded Home Care</p>	<p>Cost: free or \$8 per hour up to an income determined deductible Income Eligibility: Cannot earn over \$900 for free services, \$1200 for services with a deductible Residency Requirement: Must live within the state Age requirement: none Disability requirement: Must be determined disabled by Social Security Need requirement: Must require assistance in order to remain in home Referral process: Must be referred through State Medicaid</p>
<p>Home care Grant funded Care</p>	<p>Cost: free Income Eligibility: Income must be \$900 - \$1500 per month Residency Requirement: Must live in Nortá Vista, Mira Loma, Loma Linda, or Moreno Valley Age requirement: over 65 years old Referral process: Must be referred by a doctor</p>

Need requirement: Must require assistance in order to remain in home

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<p>Major Home Cleaning Hazmat Cleaning</p>	<p>Cost: \$100 per worker per hour (average 1 bedroom home/hoarding situation costs \$12,000 for a complete clean out)</p> <p>Income Eligibility: none</p> <p>Service Area: La Sierra, Arlington, Central, Nort Vista, Mira Loma, Loma Linda</p> <p>Referral process: Referred by APS with a government purchase order or pre-payment</p>
<p>Major Home Cleaning Sunshine cleaning</p>	<p>Cost: \$100 per room for "normal" housekeeping per month, \$700 per room for a hoarding clean out. Please note: can't handle blood urine or feces as that requires a hazmat license.</p> <p>Income Eligibility: none</p> <p>Service Area: La Sierra, Arlington, Central, Nort Vista, Mira Loma</p> <p>Referral process: Referred by APS with a government purchase order or pre-payment</p>
<p>Major Home Cleaning Church group</p>	<p>Cost: none</p> <p>Income eligibility: none</p> <p>Need requirement: Must require assistance and have no other option</p> <p>Services provided: Lawn care and weed abatement, junk removal, minor home repair. Can organize major home clean out with 4 weeks notice.</p>
<p>Major Home Cleaning Relative</p>	<p>The relative in this case will require the client to</p> <p><input type="checkbox"/> Go into Long term care</p> <p><input type="checkbox"/> Allow them to visit and check-up on her/him</p> <p><input type="checkbox"/> Accept being put on a conservatorship/guardianship</p> <p><input type="checkbox"/> do nothing</p>
<p>Emergency Shelter Low-cost Hotel</p>	<p>Cost: \$40 per night or \$180 per week.</p> <p>Income Eligibility: none</p>

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	<p>Services: provides a kitchenette and housekeeping service Referral process: Cash up front, will take a government purchase order</p>
<p>Emergency Shelter APS emergency shelter in Assisted Living</p>	<p>Cost: no cost to client, \$80 per day to agency Income Eligibility: Client must not have the resources (or is unable to access the resources) to self pay Services: provides meals, housekeeping, laundry and help with some ADLs Referral process: APS must refer and sign contract to pay, must also indicate that the level of care is appropriate/needed Age requirement: must be 60+ Disability requirement: Must need help with ADLs Residency Requirement: Must live in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p>
<p>Emergency Shelter Relative</p>	<p>The relative in this case will require the client to</p> <ul style="list-style-type: none"> <input type="checkbox"/> Listen to them say "I told you so" <input type="checkbox"/> Allow them to "supervise" him /her (regulate medications, nag about doctor's orders, etc) <input type="checkbox"/> Accept being put on a conservatorship/guardianship <input type="checkbox"/> Accept the move to relative's home is permanent <input type="checkbox"/> Put up with a house full of loud, active children and a large energetic dog
<p>Home delivered meals Avalon Meals</p>	<p>Cost: Sliding scale from 0 to \$4 per meal Income Eligibility: Cannot earn over \$900 for free services, \$1200 for services with a deductible Services: provides one meal per day delivered to the home Referral process: Client must call the local Agency on Aging and complete paperwork Age requirement: must be 60+ Residency Requirement: Must live in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p>
<p>Home delivered meals Pizza Delivery</p>	<p>Cost: \$5 per small pizza plus tip Income Eligibility: none Services: Delivers pizza when called Referral process: none</p>

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<p>Home delivered meals Grocery store delivery</p>	<p>Cost: Price of groceries plus a \$10 delivery charge Income Eligibility: none Services: Delivers groceries including ready to eat deli items when called Referral process: none Residency Requirement: Must live in Norta Vista or Mira Loma</p>
<p>Emergency Food Food Bank</p>	<p>Cost: None Income Eligibility: Cannot earn over \$900 per month as verified by welfare, Social Security or Veterans Administration benefits Services: Provides 2 bags of groceries Referral process: Client must be present in person Age requirement: none Service Area: La Sierra, Arlington, Central, Norta Vista, Mira Loma, Loma Linda, Moreno Valley</p>
<p>Emergency Food Gift Certificates</p>	<p>Cost: None to client, face value to agency Income Eligibility: None but must not have assets to provide for self at the time of the referral Services: Allows the client to purchase the face value amount of groceries (not including alcohol or tobacco) up to \$100 Referral process: APS Social worker must request from Fiscal Dept of the agency and certify need Age requirement: none Service Area: La Sierra, Arlington, Central, Norta Vista, Mira Loma, Loma Linda, Moreno Valley</p>
<p>Emergency Food Mission Soup Kitchen</p>	<p>Cost: None to client, face value to agency Income Eligibility: None Services: provides a free meal to anyone who comes to the kitchen on Monday-Friday. No weekend services provided Referral process: None needed Age requirement: none Service Area: Kitchen is located in La Sierra</p>

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<p>Non-emergency Transport Meditrans</p>	<p>Cost: None if client has Kemper Insurance, \$35 per trip up to 10 miles if private pay Income Eligibility: None Services: provides transport to doctors appoints for client who use wheelchair or are bedbound Referral process: Doctor must refer Disability requirement: Must be unable to ride in a regular vehicle Residency Requirement: Must live in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p>
<p>Non-emergency Transport Dial a Ride</p>	<p>Cost: Same as the City bus/ \$1.25 each way Income Eligibility: none Services: Provides transportation from 5:00 am to 11:00 pm within the service area Referral Process: Call at least 2 days in advance and give them a 1 hour time window for pick up each direction of the round trip) Age requirement: Over 65 if not disabled Disability requirement: Must be unable to ride the City bus if not over 65 Service Area: La Sierra, Arlington, Central, Norta Vista, Mira Loma, Loma Linda, Moreno Valley</p>
<p>Non-emergency Transport Volunteer Driver program</p>	<p>Cost: Pay for mileage at \$.75 per mile Income eligibility: none Services: Providing transportation (as volunteers are available) to any destination in the service area Referral Process: Call at least 2 days in advance Age requirement: Over 65 Disability requirement: Must be unable to ride the City bus Service Area: La Sierra, Arlington, Central, Norta Vista, Mira Loma, Loma Linda, Moreno Valley</p>
<p>Utility Bills Electric Company</p>	<p>Income Eligibility: Cannot earn over \$950 per month as verified by welfare, Social Security or Veterans Administration benefits Services: Can forgive one month's electric bill once a year Referral process: Client must be referred by social services</p>

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	<p>Age requirement: none Service Area: La Sierra, Arlington, Central, Nort Vista, Mira Loma, Loma Linda, Moreno Valley Disability requirement: Must show proof of disability (Doctor's statement, Social Security Disability Award letter, etc.)</p>
<p>Utility Bills Water Company</p>	<p>Income Eligibility: Cannot earn over \$1100 per month as verified by welfare, Social Security or Veterans Administration benefits Services: Deduct 50% off the client's water bill every month up to \$30 Referral process: Client must be referred by social services Age requirement: none Service Area: La Sierra, Arlington, Central, Nort Vista, Mira Loma, Loma Linda, Moreno Valley Disability requirement: Must show proof of disability (Doctor's statement, Social Security Disability Award letter, etc.)</p>
<p>Utility Bills Phone Company</p>	<p>Cost: \$15 per month (includes taxes and fees) Income Eligibility: Can not earn over \$1200 per month Services: Provides free 911 calls and 60 local calls per month Referral process: Client must complete an application Age requirement: none Service Area: La Sierra, Arlington, Central, Nort Vista, Mira Loma, Loma Linda, Moreno Valley Disability requirement: none</p>
<p>Welfare Check Emergency response button</p>	<p>Cost: \$45 plus cost of phone service monthly Income Eligibility: none Services: Provides access to emergency responders when the client has fallen or is injured and can't use a telephone Referral process: Client must complete an application Age requirement: none Service Area: La Sierra, Arlington, Central, Nort Vista, Mira Loma, Loma Linda, Moreno Valley</p>

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	<p>Disability requirement: none</p>
<p>Welfare Check Friendly Visitor program</p>	<p>Cost: none Income Eligibility: none Services: provides social contact for homebound seniors Referral process: Client must contact the local Office on Aging and request a visitor. Age requirement: must be 60+ Disability requirement: must have difficulty getting out of the home Residency Requirement: Must live in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p>
<p>Welfare Check Law Enforcement</p>	<p>Cost: none Services: Provides an in-person "check" by law enforcement to see if the client is uninjured Referral process: APS must request law enforcement assistance because there is reason to believe that the client might be at immediate risk. Age requirement: none Service Area: La Sierra, Arlington, Central, Norta Vista, Mira Loma, Loma Linda, Moreno Valley Disability requirement: none</p>
<p>Caregiver Support Respite Care program</p>	<p>Cost: Sliding scale from \$0 to \$300 a day Income Eligibility: Income must be under \$900 for free services , after that it's an additional \$1 per hour for every \$100 of additional income Residency Requirement: Must live in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley Services: Can provide up to one week's round the clock care of a client Age requirement: over 65 years old Referral process: Must be referred by the local office on aging Need requirement: Must require assistance in order to</p>

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	<p>remain in home</p> <p>Disability requirement: Client must require full time care for ADL</p>
<p>Caregiver Support Care Giver Support group</p>	<p>Cost: none</p> <p>Income Eligibility: none</p> <p>Services: Provides counseling and education for care providers of the elderly</p> <p>Location: Group meets in La Sierra</p> <p>Age requirement: Client must be over 65 years old</p> <p>Referral process: Must be referred by the local office on aging</p> <p>Need requirement: Must require assistance in order to remain in home</p> <p>Disability requirement: Client must require care for at least one ADL</p>
<p>Caregiver Support Care provider registry</p>	<p>Cost: none</p> <p>Income Eligibility: none</p> <p>Services: Provides a list of care providers looking for work</p> <p>Residency Requirement: Must live in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p> <p>Age requirement: Client must be over 65 years old</p> <p>Referral process: Must be referred by the local office on aging</p> <p>Need requirement: Must require assistance in order to remain in home</p> <p>Disability requirement: Client must require care</p>
<p>Information 211 information</p>	<p>Cost: none</p> <p>Income Eligibility: none</p> <p>Services: Provides information about community services</p> <p>Residency Requirement: Must need services in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p>
<p>Information Information and Referral with Office on Aging</p>	<p>Cost: none</p> <p>Income Eligibility: none</p> <p>Age requirement: Client must be over 65 years old</p> <p>Services: Provides information about community services for seniors</p>

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	<p>Residency Requirement: Must need services in Norta Vista, Mira Loma, Loma Linda, or Moreno Valley</p>
<p>Information www.benefitscheckup.org</p>	<p>Cost: none Income Eligibility: none Age requirement: none Services: Provides information regarding the client's eligibility to community services based on their individual information Residency Requirement: United States</p>
<p>Medication Assistance Medicare Part D</p>	<p>Cost: \$30 per month for most people. The plan deductible will be no more than \$310 per year Age requirement: none Eligibility requirement: Client's can get Medicare Part D if they already have Medicare Part A or Medicare Part B Referral process: Apply through Social security Services: Program helps pay for prescription drugs</p>
<p>Medication Assistance Medicaid Prescription drug discount program</p>	<p>Cost: none Age requirement: none Eligibility requirement: Client must have Medicare, proof of citizenship, and proof of state residency Services: Program helps pay for prescription drugs</p>
<p>Medication Assistance Drug company assistance programs</p>	<p>Cost: none Income Eligibility: varies- need to contact the specific drug company Age requirement: none Services: Provides reduced cost/ free prescription drug Referral process: Contact the specific drug company Residency Requirement: United States</p>