



## Voluntary Case Planning (Blended with eLearning)

### **PARTICIPANT MANUAL**

We create experiences that transform the heart, mind, and practice.



**The original training, 2015, was developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.**



**Curriculum Developer 2015  
Version 1  
Lori Delagrammatikas**

**Curriculum Revisions, 2020, were developed by the Academy for Professional Excellence, with funding from the California Department of Social Services, Adult Programs Division.**



**Curriculum Revisions 2020  
Kat Preston-Wager**

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## **INTRODUCTION**

### **THE ACADEMY FOR PROFESSIONAL EXCELLENCE**

We are pleased to welcome you to the Voluntary Case Planning (Blended with eLearning) Participant Manual, developed by APSWI (Adult Protective Services Workforce Innovations), a program of the Academy for Professional Excellence under a grant from the California Department of Social Services, Adult Programs Division.

The Academy for Professional Excellence, a project of San Diego State University School of Social Work, was established in 1996 to provide exceptional workforce development and organizational support to the health and human services community by providing training, technical assistance, organizational development, research, and evaluation. Serving over 20,000 people annually, the Academy continues to grow with new programs and a diversity of training focused on serving the health and human services community in Southern California and beyond.

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.

APSWI is a program of the Academy for Professional Excellence. APSWI is designed to provide competency-based, multidisciplinary training to Adult Protective Services professionals and their partners. APSWI's overarching goal is the professionalization of Adult Protective Services professionals to ensure that abused and vulnerable older adults and adults with disabilities receive high quality, effective interventions and services. In partnership with state and national organizations, APSWI has developed a nationally recognized Core Competency Training Curriculum for Adult Protective Services professionals. This curriculum is reviewed and approved by experts in the older and vulnerable adult abuse fields.

APSWI's partners include:

- National Adult Protective Services Association (NAPSA) Education Committee
- California Department of Social Services (CDSS), Adult Programs Division
- County Welfare Directors Association of California (CWDA), Protective Services Operations Committee (PSOC)

**PARTNER ORGANIZATIONS**

**Dawn Gibbons-McWayne**

Program Manager, APSWI  
Academy for Professional Excellence  
<https://theacademy.sdsu.edu/programs/>

**Kat Preston-Wager**

Curriculum Development Specialist, APSWI  
Academy for Professional Excellence  
<https://theacademy.sdsu.edu/programs/>

**Lori Delagrammatikas**

Executive Director  
National Adult Protective Services Association (NAPSA)  
[napsa-now.org](https://napsa-now.org)

**Paul Needham**

Chair  
NAPSA Education Committee  
[napsa-now.org](https://napsa-now.org)

**Kimberly Rutledge**

Adult Protective Services Liaison  
Adult Protective Services Division  
California Dept. of Public Social Services  
[cdss.ca.gov/Adult-Protective-Services](https://cdss.ca.gov/Adult-Protective-Services)

**Allison Yant, Chris Aire & Ruth Mackenzie**

Tri-Chairs  
Protective Services Operations Committee  
of the County Welfare Director's Association  
[cwda.org/about-cwda](https://cwda.org/about-cwda)

**THE ACADEMY FOR PROFESSIONAL EXCELLENCE**

6505 Alvarado Road, Suite 107, San Diego, CA 92120

Tel: (619)594-3546 – Fax: (619)594-1118 –  
<http://theacademy.sdsu.edu/programs/>

For curriculum related questions or feedback, please contact  
[apstraining@sdsu.edu](mailto:apstraining@sdsu.edu)

## **ACKNOWLEDGEMENTS**

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

### **Agencies**

California Department of Social Services, Adult Programs Division  
County of Los Angeles Workforce Development, Aging and Community Services  
Orange County Social Services Agency  
Riverside County Department of Public Social Services  
San Bernardino County Department of Aging and Adult Services  
County of San Diego Aging & Independence Services

### **Regional Curriculum Advisory Committee**

Ralph Pascual, Human Services Administrator I, Los Angeles County  
Jacquelyne Garza, Social Services Supervisor I, Orange County  
Patrick Jenison, Senior Social Services Supervisor, Orange County  
Jessica Paradee, Staff Development Officer, Riverside County  
LaTanya Baylis, Training and Development Specialist,  
San Bernardino County  
Penny Jacobo, APS Supervisor, San Diego County

### **Committees**

APS Training Planning Committee  
National Adult Protective Services Association Education Committee  
Protective Services Operations Committee of the County Welfare Directors Association  
of California

### **Curriculum Developer- Version 1**

Lori Delagrammatikas, 2015

### **Curriculum Revision- Version 2**

Kat Preston-Wager, 2020

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**COURSE OUTLINE**

<u>CONTENT</u>	<u>MATERIALS</u>	<u>TIME</u>
<b>WELCOME AND INTRODUCTIONS</b>		<b>15 minutes</b>
<b>UNDERSTANDING TEAM BASED LEARNING</b>		<b>30 minutes</b>
<i>Activity #1- eLearning Teach Backs</i>		
<b>EVA'S STORY</b>		<b>25 minutes</b>
<i>Activity #2- Eva's Story</i>		
<b>CASE PLANNING</b>		<b>35 minutes</b>
<i>Activity #3 (Part 1)- Case Planning</i>	<i>Handout #3, flip charts, markers</i>	
<i>Activity #3 (Part 2) Case Planning Part 2</i>	<i>voting cards</i>	
<b>REFRAMING</b>		<b>15-20 minutes</b>
<i>Activity #4- Reframing- Strengths Based</i>	<i>voting cards</i>	
<b>BREAK</b>		<b>15 minutes</b>
<b>RESOURCES</b>		<b>20 minutes</b>
<i>Activity #5- What's Out There</i>	<i>Flip charts, markers</i>	
<b>EVALUATING THE CASE PLAN</b>		<b>25 minutes</b>
<i>Activity #6- Evaluating the Case Plan</i>	<i>Handouts 4b, voting cards</i>	
<b>IMPLEMENTING SAFETY PLANS</b>		<b>45 minutes</b>
<i>Activity #7- Safety Planning for Irene</i>	<i>Handouts #5 &amp; #6, Safety Plan Cards for Irene</i>	
<b>CLOSING &amp; EVALUATIONS</b>		<b>10 minutes</b>
<i>Activity #8- Lessons Learned</i>		
<b>TOTAL TIME (INCLUDING A BREAK)</b>		<b>4 HOURS</b>

## **EXECUTIVE SUMMARY**

### Overview:

Once the APS professional has completed their initial assessment, a case plan must be developed with the client. Although in some cases an involuntary intervention must be considered, in most situations where the client has capacity and is able to consent to services, a voluntary case plan needs to be developed with the client using supportive decision making.

In this competitive and face-paced half-day training, we will review the concepts covered during the Voluntary Case Planning eLearning (prerequisite) and will provide participants with opportunities to:

- Realistically practice voluntary planning skills
- Learn more about Voluntary Case Planning; and
- Refresh their memories of the concepts transferred to them during the eLearning

### **Training Goals and Objectives:**

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





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**Housekeeping**

- Location of restrooms
- Set cell phones to vibrate
- Please return promptly from breaks and help us keep to the schedule
- Materials
  - PowerPoint Slides
  - Participant Materials



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**Team Based Learning**

"Team-Based Learning – A special form of collaborative learning using a specific sequence of individual work, group work and immediate feedback to create a motivational framework in which students increasingly hold each other accountable for coming to class prepared and contributing to discussion."

*Michael Sweet*



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**Team Based Learning - DOs**



All participants are expected to have completed the *Voluntary Case Planning in APS eLearning*

DO:

- Work as a team
- Identify the best answer or most accurate or complete plan
- Utilize the unique skills of your team-mates
- Use your Smartphone (if you have one) to look up information
- Vote on team decisions
- Evaluate your team mates' strengths and use them as resources

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**Team Based Learning – DON'Ts**



Don't:

- Look for other teams to provide an answer
- Work as individuals
- Be afraid to be wrong
- Pressure other team members to think as the majority does. Vote on team decisions
- Expect the facilitator to teach during this session

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**Selecting Teams**



How long have you been in APS?

- 4 years or more?
- 3 years?
- 2 years?
- 6 months?
- Not from APS, but have experience with older adults?
- Not from APS, but have experience with persons with disabilities?



...Line up as directed.

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**Team Names & 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



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**eLearning Recall**



- Perpetrator Risk Factors:
  - Relationship, Dependency, Motives, Threat Level
- Stages of Receptivity to Intervention
  - Reluctance, Recognition, Rebuilding
- Client's Strengths:
  - Hardiness and adaptive skills
  - Survival skills
  - Willingness to learn and use resources
  - Loyalty and forgiveness, kindness and compassion
  - Strong faith or religious values
  - Creativity
  - Tangible strengths

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**Eva's Story**



- In your groups, read through Eva's story.
- Given the limited information we have about this client and her situation, select the answer that your group can justify as being the **best answer** for Question 1. Then scratch off that answer's feedback.
- If that answer is not the best answer, discuss with your group what the next best choice may be. Continue until your group uncovers the answer considered to be the best answer based on information from the eLearning.
- Once you've uncovered the best answer, give points for the question.
  - **The point system is on Handout #2- Eva's Story Scorecard**
- Continue with the rest of the questions using the same system.



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## **HANDOUT #1**

### **The Story of Eva**

Eva is a 74-year old widow who lives in a small two-bedroom mobile home in a mobile home park for older adults. 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 four 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 drank 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 now he walks with a cane. He spent a year in jail for driving under the influence and then moved back home with me. He is on disability 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 home from jail. He developed an addiction to pain pills and getting pills was the most important thing in his life. He didn’t care whether there was food in the house or whether bills got paid. He only cared about his drugs. And, if I said anything...complained about anything...he would fly into a rage. He would throw things at me. He punched holes in the walls. Once he pulled a knife on me and told me that he wouldn’t have to listen to me complain if he cut my throat. I was terrified. I felt like a prisoner in my own home, afraid to ask for a decent meal or a moment of peace. It was very hard on my nerves. And, I never got much sleep because he would*

*have friends in and run the TV all hours of the night. Some nights I almost wished he would cut my throat so I could have some peace.*

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

*One night, about six 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 some time. A neighbor had heard the fight and called the police. When the police and paramedics and police were here, Gene was gone and so was my engagement ring. The police had a victim advocate help me 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?"*

**HANDOUT #2- EVA’S STORY SCORECARD**

Point System-

Score is based on how many tries it takes your group to uncover the best answer.

Per Question:

4 points-if you guessed the best answer as your **first** choice.

3 points-if you guessed the best answer as your **second** choice.

2 points if you guessed the best answer as your **third** choice

0 points if you guessed the best answer as your **last** choice.

Total points available: 32 points

<p><b>1. Which perpetrator issue will be the most influential in developing a safety plan with Eva?</b></p> <p>Gene’s willingness to change.</p> <p>Gene’s relationship with his mother, or rather her relationship with him.</p> <p>Gene’s substance use problem.</p> <p>Gene’s level of threat to his mother.</p> <p>SCORE:</p>	<p><b>2. What do you see as Eva’s greatest strength?</b></p> <p>Hardiness and adaptability</p> <p>Willingness to learn and use resources</p> <p>Survival instincts</p> <p>Kindness and compassion/non-judgmental</p> <p>Perception of her situation</p> <p>SCORE:</p>
<p><b>3. What should your end goal be in this case?</b></p> <p>To keep Gene from moving back into the home.</p> <p>To support Eva regardless of her decision about Gene moving back.</p> <p>To convince Eva that her best decision is to keep Gene out of the home.</p> <p>To set up a situation that maximizes Eva’s safety.</p> <p>SCORE:</p>	<p><b>4. What strategy would be most effective to engage with Eva?</b></p> <p>Be directive since Eva is so unsure of how to proceed.</p> <p>Provide Eva with options as she may not have considered all possibilities.</p> <p>Listen to Eva as she explores her feelings so she can overcome her ambiguity.</p> <p>Offer to comfort Gene for her so she doesn’t put herself in danger.</p> <p>SCORE:</p>

<p><b>5. How might you start the safety planning conversation with Eva?</b></p> <p>“You need to stay strong. You deserve to consider your own needs first.”</p> <p>“How will you keep yourself safe if Gene does come home?”</p> <p>“You have worked so hard to be safe. You can’t throw that all away now.”</p> <p>“If you let Gene come home, what are you going to do the next time he hits you? Are you willing to go through all this struggle again?”</p> <p>SCORE:</p>	<p><b>6. Looking at Breckman’s three stages of receptivity to receiving help, which stage is Eva in now?</b></p> <p>The Reluctance Stage</p> <p>The Recognition Stage</p> <p>The Rebuilding Stage</p> <p>SCORE:</p>
<p><b>7. Which intervention would be most effective with Eva?</b></p> <p>Introducing Eva to a victim support group for older adults (assuming you can find one).</p> <p>Finding housing for Gene.</p> <p>Listening to and supporting Eva as she makes the decision about letting Gene move in.</p> <p>Contacting law enforcement to keep an eye on the house since it’s likely that Eva will give in and let Gene back, despite the restraining order.</p> <p>SCORE:</p>	<p><b>8. Would a Domestic Violence Safety Tool be appropriate to use with Eva?</b></p> <p>Yes, a Domestic Violence Safety Tool is appropriate for Eva but only if she decides to allow Gene to move home.</p> <p>No, you want Eva to resist allowing Gene to move home, not plan for it.</p> <p>Yes, a Domestic Violence Safety Tool is appropriate for Eva as Gene may “stop by” to convince her to let him move home and become violent.</p> <p>No, because the Safety Tool is designed for people leaving their home, not keeping other people out of their home.</p> <p>SCORE:</p>

**TOTAL POINTS: \_\_\_\_\_**

**Who Takes the Lead?**



- How many points did each team get?

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**Case Pre-Planning Activity**



Read through Handout #3-Mildred Jackson

As a group, identify the factors of Mildred's case in each of the six areas listed.

Groups will have to list their guesses based on the limited scenario information provided.

Write your considerations for each area on flip chart paper as provided.

Select one person to report out on your answers.



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**HANDOUT #3- 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 six 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 is living with mental illness 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 Ms. Jackson is more vulnerable and cannot protect herself from Emma’s outbursts.

***In preparing for your visit, based on the limited information you have been given, what would you need to find out about in order to do an effective assessment of Eva’s needs, desires, and risk factors?***

***What steps would you take to determine the following issues?***

Victim Wishes

Alleged Abuser Issues

Urgency of Situation

Ethical Considerations

Cultural Considerations

Other Considerations

**Interview Questions**



- Read the Interview Questions
- Discuss the statements provided
- Decide which multiple choice answer is the best answer.
- Vote using corresponding letter on your voting card.



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**In terms of assessing for Mildred's wishes, which of the following questions might be the best to ask her in this situation?**



- A. What would you wish for that could make your situation better?
- B. Would you rather live somewhere else?
- C. Is there a reason that only your adopted daughter lives with you?
- D. Do you like living here with Emma?

*Your team gets 2 points for a correct answer*

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**In assessing for alleged abuser issues, which question might be the best to use when assessing for any abuser issues regarding Mildred's case?**



- A. Is there anything or anyone that makes you afraid or uncomfortable?
- B. Does Emma behave differently than your other children toward you?
- C. Is Emma having mental health problems?
- D. Has anyone been threatening you?

*Your team gets 2 points for a correct answer*

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In assessing for any urgency related to risk factors what might be the best question to ask Mildred when you first meet her?



- A. Are you scared when Emma comes home?
- B. If you are feeling anxious or afraid, are there any reasons that you are more afraid now?
- C. If I told you that physical abuse and financial abuse are very common in our society, would you be surprised?
- D. Has Emma been violent?

*Your team gets 2 points for a correct answer*

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In terms of ethical considerations, what might be the best question to ask Mildred when you first speak to her?



- A. Do you think you might be happier living somewhere else?
- B. Do you know that your children are worried about you?
- C. Are you happy with your living situation?
- D. Are you taking care of Emma or is she taking care of you?

*Your team gets 2 points for a correct answer*

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What would the best question be to begin assessing Mildred's cultural considerations?



- A. When you grew up, was family life very different than your life with your family is now?
- B. In the family you grew up in, were family members who were physically or mentally ill cared for at home?
- C. What kind of food and drink did you grow up with?
- D. Were your parents immigrants?

*Your team gets 2 points for a correct answer*

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**Reframing (Strength Focused) Activity**



- Read the Reframing Situations Questions
- Discuss the statements provided
- Decide which multiple choice answer is the best answer.



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



- A. She is a long-term client and has learned to 'play the game' effectively.
- B. She is a system and agency abuser
- C. She has a long history of working with various agencies and interacts with each in a way that best suits her needs.
- D. She may have Dissociative Identity Disorder and becomes different people when she contacts different agencies.

*Your team gets 2 points for a correct answer*

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**"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."**



- A. She is very independent and wants to live on her own in her own home.
- B. She is incapable of understanding her own needs and in denial about her need for help.
- C. She is an anti-social type of person who always pushes people away.
- D. She knows what she wants and who am I to try and convince her otherwise?

*Your team gets 2 points for a correct answer*

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



- A. She loves her son and takes care of him like a good mother should.
- B. She has made her son very dependent on her.
- C. She and her son would be better off if they each lived separately
- D. She and her son are very close and are hesitant to make decisions without consulting one another.

*Your team gets 2 points for a correct answer*

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"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."



- A. She is highly ambivalent about making any changes to her situation and is resolved to deflect my suggestions until she is ready to change.
- B. She is socially isolated and unmotivated to take care of herself.
- C. She is defiant in the face of authority, but won't take actions on her own.
- D. Eventually her environment will get worse and she will need conservatorship.

*Your team gets 2 points for a correct answer*

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"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."



- A. He must like the abuse to stay in that situation.
- B. He seems reluctant to leave the situation although it places him at risk of abuse.
- C. Due to undue influence, he is unable to choose to leave the situation.
- D. He comes from a family history of abuse so his script is already written and it makes sense that he is either a victim or an abuser himself.

*Your team gets 2 points for a correct answer*

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**What's Out There**



Note the 5 flip chart sheets on the wall for each category of services.

As teams (identified by marker color), add resources to each category.

You can use:

- The 'Scavenger Hunt' activity handout that you filled out after you completed the Voluntary Case Planning eLearning
- Resource Directories if available.
- Your smart phone or tablet.
- Bonus points for websites and/or phone #s to accompany resource



Four team scores one point for each unique resource (no duplicates) and one point each for website and/or phone #

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**Finding Resources**



- Which group had the most entries on the 5 sheets?
- Why did your group select the resources that you decided to list?
- Do you see any gaps in resources for some client needs that often come up?



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**Evaluating the Case Plan**



Remember these considerations that you learned about in the Voluntary Case Planning eLearning:

- Hidden/unintended consequences
- Ethical Dilemmas
- Workability of the plan
- Whose needs are being served
- Plan B



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**Evaluating the Joe Jones' Case Plan**

- Read through the scenario for Joe Jones
- Discuss Joe's scenario as a group
- Decide on your group's answers to **all** the questions pertaining to Joe's situation and case planning for Joe



Academy of Professional Excellence

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## **HANDOUT #4B- THE CASE PLAN**

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 son George is unemployed and 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 professional that her brother is known to the police and asks the APS professional to have George removed from the home. When the APS professional meets with Joe Jones, he says that he understands his son and doesn't wish to take any action against George since the son helps him out. The APS professional says that there are many agencies that can provide the services he needs and after a long conversation, helps convince the client to file a restraining order against his son.

### Questions:

1. Based on the limited information that you have, which of the following motivations is most likely to play a significant role in this case?
  - a. The client's daughter may be trying to take control of Joe's money.
  - b. George may only be staying with his father because he is dependent on Dad.
  - c. The daughter's accusations about George may be partly based on sibling rivalry.
  - d. Despite George's bad behavior, Dad may like the fact that he is still needed.
2. Again, based on the limited information we have so far, what may realistically happen as a direct result of filing a restraining order to keep George out of his father's home?
  - a. Joe may be left without a caregiver unless the daughter steps in.
  - b. The daughter may move in with Joe and she may become an abuser.
  - c. George may be arrested and/or become homeless.
  - d. Joe may seem to comply initially, but later may allow George back into his home in spite of the restraining order.
3. Should the APS professional be "convincing" the client to get a restraining order?
  - a. No. The client's wishes should always come first and fostering independent decision making on the part of the client is strength based planning.
  - b. Yes. APS has an obligation to protect their clients, even if they don't want protection.
  - c. APS professionals must strike a delicate balance between protecting Joe and recognizing his right to make decisions about his life.
  - d. The police should be called and they will decide.






4. What might a good “Plan B” be in this case if the initial intervention fails or cannot be accomplished?
  - a. Encourage Joe to connect with community or older adult organizations who make regular contact with their clients so that someone from outside the home will be seeing Joe.
  - b. Encourage the daughter to file for conservatorship so that she can take control and keep George away from Joe.
  - c. Find out if George is on probation, if so talk to his probation officer and see if George can be put back in jail.
  - d. Encourage the daughter to move in with Joe and George so that she can help keep Joe safe.

**Joe's Case Plan**

You get two points if your answer is "the best answer"

- Can you make a case for your answer?
  - You can have 2 minutes to make your case.
  - Class can vote to award a point or not.



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**Safety Planning**

Safety Planning Includes:

- Risk Reduction Strategies
- Protection Strategies
- Notification Strategies
- Referral/Services
- Emotional Support



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## **HANDOUT #5- SAFETY PLANNING**

Safety plans include:

**RISK REDUCTION STRATEGIES:** Reducing the risk of future incidents of abuse (e.g. going to shelter or moving to another residence, obtaining a restraining/protective order, hiding/disarming weapons, 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 or where weapons are not present).

**NOTIFICATION STRATEGIES:** Developing methods for seeking help in a crisis situations (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 her.”)
- Recommending strategies that could increase the risk for the victim. (e.g. purchasing a gun or weapon, attending a couples counseling, “just standing up to him.”)
- Blaming the victim if they do not follow the safety plan and experience further abuse.

**Safety Planning Pitfalls**



The infographic features a central row of icons: a yellow 'To Do' sticky note, a chalkboard with 'MY GOALS', a magnifying glass over 'REFER ME', a row of house icons, a hand pointing to 'RISK' blocks, and a hand pointing to a victim. Below these are six grey boxes with text:

Telling the Victim what to do	Helping the victim accomplish your goals	Simply referring victim to local agencies	Ignoring cultural, spiritual or generational values	Recommending strategies that increase risk	Blaming the victim
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**Safety Planning Tool**



**Safety Planning Packet**

- Victim Centered Safety Planning
- Safety Planning Tips
- Checklist for Leaving
- Guiding Principals
- Safety Planning Steps



The word cloud contains terms such as: VICTIM, DOMESTIC, VIOLENCE, ABUSE, SOCIAL, PHYSICAL, PSYCHOLOGICAL, PARTIAL, VERBAL, CRIMINAL, COUSAL, TREATS, SUBJECTS, PASSIVE UNWANTED, HARM FORMS, INCLUDE, ALSO, PARTIAL, VERBAL, CRIMINAL, COUSAL, TREATS, SUBJECTS, PASSIVE UNWANTED, HARM FORMS, INCLUDE, ALSO.

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## **HANDOUT #6 SAFETY PLANNING PACKET**

This packet was designed to assist Adult Protect Services (APS)/elder abuse professionals to 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**  
The handout briefly describes the guiding principles and safety planning process. Additional considerations include victim mobility, victim capacity, and professional safety issues are also covered briefly.
- II. **Safety Planning Tips**  
The Safety Planning Tips 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 professionals to use with a victim who may need to leave quickly or wants to leave permanently. The tool may be used to guide a discussion or given to a victim if it is safe.

## ***Key Considerations for Adult Protective Services (APS)/ Elder Abuse Professionals***

### **WHAT IS SAFETY PLANNING?**

Safety planning is a process where an APS professional 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.

#### Key Messages for Victims

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

### **WHO CAN BENEFIT FROM SAFETY PLANNING?**

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

### **GUIDING PRINCIPLES**

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

### **INCREASED DANGER FOR VICTIMS WHO END RELATIONSHIPS**

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

**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 they are fearful or in danger by reviewing safety planning tips and safety planning checklist documents. (Tools of various lengths have been created that can be used to ask questions of victims or to give victims (if safe) to complete on their own. See [www.ncall.us](http://www.ncall.us)). Ensure that the 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 Dear and non-English speaking victims.
- Offer options, support, and resources without judgement.
- 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 revised 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/gender identity, or legal status is preventing the victim from accepting help or accessing resources.
- Ask if the individual resides in congregate living. If yes, are staff a resource or source of potential retaliation?
- Is the victim willing to consider staying at a domestic violence shelter? Are the domestic violence shelters accessible? Are they willing to accept victims who do not have children, or may be parenting grandchildren rather than birth children? Can they accommodate persons with medical needs or with a caregiver?

### **Victim Mobility**

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

- Consider how the abuser may use a person's physical limitations against him or her as an abusive tactic.
- Can the victim carry a cell phone at all times to call 911 in an emergency?
- 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](http://www.ncall.us) and “*Model Protocol on Safety Planning for Domestic Violence Victims with Disabilities*” at [www.wscadv.org](http://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 APS professional should presume capacity, but if it seems possible that the older/vulnerable 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’m afraid, I will call my sister Sara at \_\_\_\_\_.”
- Consider whether the victim has a support network of family, friends, or paid staff who can assist with developing and implementing the safety plan.
- Consider whether a written plan or one with pictures is more effective.
- If offering a cell phone, be sure the person knows how to charge and use the phone. Consider having the phone programmed to 911.
- Safety planning may take more time with a person with cognitive limitations. A person’s ability to track the plan may change over time and may need frequent updating.

For more information, see “*Safety Planning: How You Can Help*” at [www.ncall.us](http://www.ncall.us)

### **APS Professional’s Considerations**

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

#### Success is

- ...listening and having the speaker feel heard.
- ...offering non-judgmental support and information.
- ...providing resources to enhance a sustainable safety net.
- ...seeing victims find their way so they trust and use their abilities to build peaceful lives.



### *Safety Planning Tips*

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#### **During a Violent or Dangerous Incident**

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

#### **Preparing to Leave (temporarily or permanently)**

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

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

- **If you are still** in the family home, change the lock. Add security devices such as motion activated exterior lights, a metal security door or gate, or an alarm system.
- **If you haven't** already done so, get the 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 a 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 program 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.

### **Improve 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 or handrails installed (e.g. bath tub, stairs) so you have something to hold onto 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 have a friend, family member, or counselor you can call to support you.
- **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.

***Checklist: If you Need To Leave***

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This checklist will help you make plans for what to do if you are afraid of 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).**

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Name	Phone Number
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Name	Phone Number
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**I can go to these places if I have to leave my home in an emergency:**

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**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:**

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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**

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**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

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

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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.**

**Safety Planning for Irene**



Each group needs:

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



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**Safety Plan for Irene – Round One**



- "Irene" play actor to read card #1 and act accordingly
- Discuss safety planning for Irene as a group
- What was your case plan for Irene?
- Does your safety plan address Irene's concerns? Are Irene's desires responsible? What compromises did you need to make?



What if something changes...?

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**Safety Plan for Irene – Round Two**



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



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**Safety Plan for Irene – Round Three**



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



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**Safety Plan for Irene - Conclusion**



- How did your group's safety plan (based on the scenario and its changes) work?
- What issues did your group have?
- What concerns do you still have?
- What was the purpose of the plan that your group proposed?



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**A Moment to Reflect**



Questions?  
Lessons Learned....



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**Evaluations & Thank You**



- Thank you for attending this course and for the important work you do every day protecting older and vulnerable adults in your community!
- Please complete the course evaluation.
- Subscribe to the Academy's email newsletter to receive training news & updates.



• Let's connect:



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OUR WHY: **REVOLUTIONIZE  
THE WAY PEOPLE  
WORK TO ENSURE  
THE WORLD IS A  
HEALTHIER PLACE.**



6505 Alvarado Road, Suite 107; San Diego, CA 92120 | (619) 594-3546

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