



## Voluntary Case Planning (Blended with eLearning)

### **TRAINER 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**

© 2020. San Diego State University School of Social Work, Academy for Professional Excellence. Please acknowledge this copyright in all non-commercial uses and attribute credit to the developer and those organizations that sponsored the development of these materials. No commercial reproduction allowed.

## **INTRODUCTION**

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

We are pleased to welcome you to the Voluntary Case Planning (Blended with eLearning) Trainer 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

## **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

**TABLE OF CONTENTS**

**GENERAL INFORMATION**

Introduction .....	3
Partner Organizations .....	4
Acknowledgements .....	5
Table of Contents .....	6
About this Course .....	8
How to Use this Manual .....	10
Trainer Guidelines .....	11
Course Outline .....	12
Executive Summary .....	13

**PRESENTATION**

**WELCOME & INTRODUCTIONS**

Introductions .....	14
---------------------	----

**UNDERSTANDING TEAM BASED LEARNING:**

Team Based Learning Do's .....	18
Team Based Learning Don'ts .....	20
Creating Teams .....	22
Activity #1- eLearning Teach Backs .....	25

**EVA'S STORY**

Activity #2- Eva's Story .....	26
Handout #1- The Story of Eva .....	27
Handout #2- Eva's Story Scorecard .....	29
Trainer's Answer Key .....	31

**CASE PLANNING**

Activity #3- Case Pre-Planning Part 1 .....	34
Handout #3- Mildred Jackson .....	35
Activity #3- Case Pre-Planning Part 2 .....	36

**REFRAMING**

Activity #4- Reframing- Strengths Based .....	42
---	----

**RESOURCES**

Activity #5- What's Out There? .....	49
--------------------------------------	----

**EVALUATING THE CASE PLAN**

Activity #6- Evaluating the Case Plan .....	52
Handout #4A- The Case Plan (Trainer Version) .....	53
Handout #4B- The Case Plan (Participant Version) .....	55

**IMPLEMENTING SAFETY PLANS**

Handout #5- Safety Planning .....	59
Handout #6- Safety Planning Packet .....	62
Activity #7- Safety Planning for Irene .....	72
Cards for Safety Plan: Round One .....	74
Cards for Safety Plan: Round Two .....	77
Cards for Safety Plan: Round Three .....	79

**CLOSING AND EVALUATIONS**

Activity #8- Lessons Learned .....	81
Handout #7- Activities Review Chart .....	83

## **ABOUT THIS COURSE**

### **Prerequisite:**

This skill based training is designed to follow completion of the Voluntary Case Planning in Adult Protective Services/Elder Abuse **eLearning** (Voluntary Case Planning). Without having completed the Voluntary Case Planning eLearning, participants will find this skill based training and its activities confusing. Prior to beginning the skill based training, please ensure that all participants have completed the Voluntary Case Planning eLearning.

You may want to schedule a coaching call for approximately 2 weeks after the completion of this in-person course.

### **Team Based Learning:**

A major principle of team based learning is that participants get to experience the following:

1. They get to know what the “best” answer is immediately, and at the same time as the other “teams” in the training.
2. Each team is responsible for picking their best answer, and sometimes more than once. As you will note in one exercise, different point values are assigned depending on whether the “best answer” when revealed, was their 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, or last choice.
3. Team Based Learning is designed to mirror real life units or organizations, where multiple people have expertise, not all team members agree on the right answer, but the unit needs to work to implement a decision.

### **Before the Training:**

#### **Prior to day of:**

- Familiarize self with **Handout #7- Activities Review Chart** and have handy for day of training.
- Prepare Voting Cards- A-E.
  - Create several decks, one for each team. It’s suggested to make letters large for ease of scoring.
- Preparations for the “Eva’s Story” Activity: One of the best ways to add interest to these team based activities is to create your own “scratch off” answer cards. This is a relatively simple process. For more information, please see the video at: <https://www.youtube.com/watch?v=P0xDwDYC4Hw> or Google “Scratch Off Cards”
  - If participants can scratch off the answers in the order of their choice this adds to the team experience and to the spontaneity of the activity.
  - **Alternate Option:** If you elect not to use the scratch off option, then you can make cards with the letters A-E on them and ask teams to arrange the cards in the order of preference 1<sup>st</sup> choice on top, 2<sup>nd</sup> choice next, etc.
- Cut outs of Safety Plan for Irene Cards- 3 Rounds



**Day of:**

- Room Set-Up: The room should be set-up with tables with 4-6 chairs each, making up table groups. There should be sufficient space between tables that groups don't have to talk over each other.
- On a flip chart/white board, inform participants they will be moved to help the content of the training. If they have seating arrangement needs, inform Facilitator ahead of time in order to accommodate.
- If you desire to keep a running total of team's points, create an official scoreboard using a flip chart or white board.
  - You'll need space for each team's name and eight slots for total points on each activity.
    - Note, not all activities receive points, so you will write 0 on these.

## HOW TO USE THIS MANUAL

- Training topics are in **BOLD** with expected time (time allotted).
- Actions which the trainer takes during the training are written in **bold**.
- The Trainer Manual and Participant Manual differ in page numbers. It's suggested you make note of activities and handout page numbers from the Participant Manual for ease.

**Trainer Notes are entirely written in bold text box and are provided as helpful hints.**

### **Use of language:**

Throughout the manual, client is used most to describe the individual at the center of the APS investigation. However, if concept or material was directly quoted from copyrighted material, the term victim is used. Also, alleged perpetrator is used to describe the person alleged to have committed the abuse or neglect. However, if concept or material was directly quoted from copyrighted material, the term abuser is used. These terms are used for ease of training and should not be confused with a substantiated allegation.

She and He has been replaced with the gender-neutral they throughout this manual, unless quoted from copyrighted material. This should not be thought of as plural persons, but rather a gender-neutral term describing all humans.

### **Customizing the Power Point:**

This manual is set up so that the trainer script/ background material is on the same page as the accompanying PowerPoint slide.

#### **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 slide number will have line through it to show you have hidden it.

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

The course outline, provided in the next section of this manual, is the class schedule suggested for your ease. It can be used to help determine how much time is needed to present each section. However, times will vary based on the experience and engagement of the audience.

Total content of material is 3.75 hours, with one 15-min break, for a 7 hour day.

**TRAINER GUIDELINES/CHECKLIST**

<p><b>Teaching Strategies</b></p>	<p><b>The following instructional strategies are used:</b></p> <ul style="list-style-type: none"> <li>❖ Interactive activities/exercises (e.g. small group discussion, experiential exercise); question/answer periods</li> <li>❖ PowerPoint slides</li> </ul>
<p><b>Materials and Equipment</b></p>	<p><b>The following materials are provided and/or recommended:</b></p> <ul style="list-style-type: none"> <li>❖ Computer with LCD (digital projector)</li> <li>❖ USB or other storage device with the slide presentation</li> <li>❖ Easel/paper/markers/flip chart paper</li> <li>❖ Trainer Manual: The manual includes the course overview, introductory and instructional activities.</li> <li>❖ Participant Manuals: This guide includes a table of contents, course introduction, and all training activities/handouts.</li> <li>❖ Copy of Handout #7- Activities Review Chart</li> <li>❖ Multiple Decks of Prepared Voting Cards (A-E)             <ul style="list-style-type: none"> <li>○ Enough decks for each team to have one</li> </ul> </li> <li>❖ Prepared Scratch Cards             <ul style="list-style-type: none"> <li>○ Enough for each team to have a set</li> </ul> </li> <li>❖ Copies of Safety Plan Cards for Irene</li> <li>❖ Name tents             <ul style="list-style-type: none"> <li>○ At least one per table for team names</li> </ul> </li> <li>❖ Water access/snacks/rest room access</li> </ul>

NOTE: This training is a team-based learning training, providing opportunities to practice voluntary case planning skills . Trainer and Participants should complete the prerequisite eLearning 2-8 weeks prior to training. Registration instructions for the eLearning can be found here <https://theacademy.sdsu.edu/programs/apswi/core-competency-areas/voluntary-case-planning-in-aps-blended-training-copy/> or by visiting APS Workforce Innovation’s (APSWI) website at <https://theacademy.sdsu.edu/programs/apswi/>

**COURSE OUTLINE**

<b><u>CONTENT</u></b>	<b><u>MATERIALS</u></b>	<b><u>TIME</u></b>
<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>	<i>Official scoreboard</i>	<i>10 min.</i>
<b>EVA'S STORY</b>		<b>25 minutes</b>
<i>Activity #2- Eva's Story</i>	<i>Handout #1 &amp; #2, Trainer's Answer Key, scratch cards (or voting cards)</i>	<i>15-20 min.</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>15-20 min.</i>
<i>Activity #3 (Part 2)Case Planning Part 2</i>	<i>voting cards</i>	<i>10-15 min.</i>
<b>REFRAMING</b>		<b>15-20 minutes</b>
<i>Activity #4- Reframing- Strengths Based</i>	<i>voting cards</i>	<i>15 min.</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>	<i>15-20 min.</i>
<b>EVALUATING THE CASE PLAN</b>		<b>25 minutes</b>
<i>Activity #6- Evaluating the Case Plan</i>	<i>Handouts 4a &amp; 4b, voting cards</i>	<i>20-25 min.</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>	<i>30-35 min.</i>
<b>CLOSING &amp; EVALUATIONS</b>		<b>10 minutes</b>
<i>Activity #8- Lessons Learned</i>		<i>5-7 min.</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

## WELCOME AND INTRODUCTIONS

Time Allotted: 15 minutes

Slide #01: Voluntary Case Planning in  
APS/Elder Abuse Skill Building Session



**Introduce** yourself and provide any relevant information about your position, work history, or other relevant information.

**Tell** participants that this skill based training is intended to follow completion of the *Voluntary Case Planning in APS/Elder Abuse*, and that this training and its activities will be difficult and probably ineffective for anyone who has not completed the eLearning.

**Ask** if any participants have not completed the eLearning, and **advise** as appropriate (i.e. not to take this training, to speak with their supervisor or training coordinator about how to access the eLearning).


**Slide #02: About APSWI and The Academy**

**Explain** that this curriculum and revisions were developed by Adult Protective Services Workforce Innovations (APSWI), which is a program the Academy for Professional Excellence. The Academy for Professional Excellence is a project of the School of Social Work at San Diego State University.

Slide #03: Housekeeping and Instructions

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



Academy for Professional Excellence

**Review** housekeeping information.

- There will be one 15-minute break
- The restrooms are located at \_\_\_\_\_
- Please set your cell phone 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.
- In the event of an emergency, all participants will exit the room through \_\_\_\_\_ and gather at \_\_\_\_\_
- **Ask** participants to: introduce themselves, tell their position, where they work, and how long they have worked in the field.



## **UNDERSTANDING TEAM BASED LEARNING**

**Time Allotted: 30 minutes**


### Slide #04: Team Based Learning

**Team Based Learning**

Academy  
of Professional  
Excellence

"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*




**Explain** to participants that during this skill based training, they will be taking part in a training utilizing the concept of Team Based Learning.

#### **Paraphrase, in your own words:**

- This concept encourages participants to work together to find the best answer available utilizing each group member's individual skills in collaboration to identify the group's choice for the best answer to the question or situation presented.
- Using Team Based Learning concepts, teams will work together to review and assess the questions or situations presented, and participants, acting within their groups, may utilize additional resources such as the use of Smart Phones (please use only for the activities).
- Team members must assess one another to determine if one or more of their group members may have additional knowledge, experience, or information that may enhance the team's performance during exercises.

Slide #05: Team Based Learning – Do’s

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

**Paraphrase for participants:**

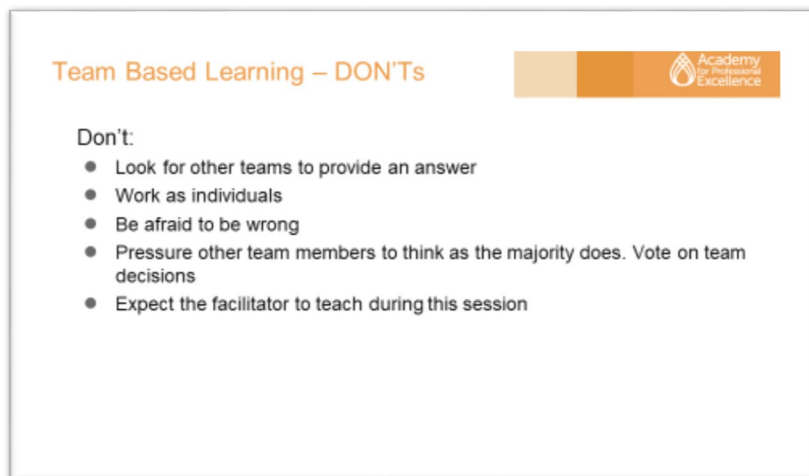
Here are some Do's, things that we expect you to do and encourage you to do to get the greatest benefit from today's skill based training.

- Work as a team. – We want you to work together, and this skill based training is designed to encourage team members to work together in order to discover and utilize all the skills of all group members to collaborate on the best possible answer as determined by a given team or group.
- Identify the best answer or most accurate or complete plan. – As in real life situations, there may be several correct answers, but Team Based Learning asks that participants work together and share knowledge to find the best answer that their team can identify.
- Utilize the unique skills of your teammates. – Most trainings encourage participants to act only as individuals, only gathering in groups to take a group vote on the correct answer. In Team Based Learning participants are asked to share knowledge, often times their unique knowledge, to enhance the group's decision making.
- Use your Smartphone (if you have one) to look up information. – While we request the Smart Phones be used for activities only during this training (rather than for social purposes) we are encouraging you to use actual resources that you might use in the field to benefit your group in deciding the “best” answer to the question or problem.
- Vote on team decisions. – This doesn't sound like anything new for training, however, we are asking you to make use of your skills and experience to help persuade your team members of your position or opinion. Ultimately groups will have to arrive at a group decision, and we encourage you to “make your case” for what you believe to be the best answer.

Continued

- Evaluate your teammates' strengths and use them as a resource. – We are not encouraging you to judge one another or to rate each other skills, we are all unique individuals and should be so. We are, instead, encouraging you to listen to, and factor in the unique opinions, experiences, and knowledge of all of your teammates.

Slide #06: Team Based Learning – Don'ts



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

Paraphrase the following:

- Don't look for other teams to provide an answer.
  - It's not that we don't want you to cheat. Instead, we want your team to work collaboratively and cohesively together. In the field you will need to build networks of people that you work with regularly, we want you to do the same here in the classroom. You may not always agree with what some members of the network you have built think, but you can still have a constructive relationship through sharing and mutual respect.
- Don't work as individuals.
  - In this training we want you to get practice working together as a group. You might like it better working alone, it might even be easier working alone; but, in real life there are a few situations where you will have this option, especially in a complex case that may involve several agencies and/or organizations.
- Don't be afraid to be wrong.
  - Everyone is wrong sometimes! We won't ask you and your team to have the perfect answer or solution, just to come up with what you believe to be the best answer or solution. If you find out later that there was a better answer, that's not a failure, IT'S A LEARNING EXPERIENCE!
- Don't pressure other team members to think as the majority does. Vote on team decisions.
  - A part of Team Based Learning is learning to work together and to benefit from your other team members' unique skills and knowledge. You are encouraged to listen to everyone, even if you disagree. If it comes time to pick a "best" answer, you may all still not agree and that is okay. Then it will be time to take a vote on what answer the majority of your team feels is the best answer. But in addition, if you find that that the answer you

Continued

picked was not the “best” then for the next question or activity, think about whether you need to consider other team member’s suggestions.

- Don’t expect the facilitator to teach during this session.
  - The facilitator is used to move the Team-Based Learning process forward to but not to “teach” the material from the eLearning. Experience is the teacher here. You learn through applying what you learned during the eLearning module and working together to process that information coming to a conclusion or plan. This doesn’t mean that you can’t ask questions, but they may be redirected to the class for answers.
  - **Acknowledge** that this might be difficult for those who have an assimilating learning style and may prefer lectures or working individually.

Slide #07: Creating Teams

Selecting Teams

Academy for Professional Excellence

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.



Now it is time to divide up into teams. We want to attempt to have various experience levels and types in each team, and to avoid having groups of friends or co-workers who work with each other all of the time sit together again. In order to attempt this goal, we will sort people by experience, job type, etc. as follows.

**Inform** participants that you will be asking some questions and they will get up with their belongings and form a line against one of the walls depending on their answers.

**Ask** participants to respond to the following questions by a show of hands:

- **How many of you have been working in Adult Protective Services for four or more years?** Once these persons identify themselves, **ask** them to line up on the side of the room in order of experience, from the most experience to the least.
- Next: **How many of you worked in APS for three years?** Once these persons have identified themselves, have them line up behind the last group.
- Next: **How many of you have worked in APS for two years?** Ask these persons to line up behind the last group identified.
- Next: **How many of you worked in APS for six months or less** Ask these persons to line up behind the last group identified.
- Next: **How many of you do not work in APS, but have experience with older adults?** Ask these persons to line up behind the last identified group.
- Last: **How many of you do not work in APS, but have experience with persons with disabilities?** Ask these persons to line up behind the last group identified.

Now you should have a line of participants with the APS staff with the most experience on the job at the head of the line and descending in length of experience, with non-APS persons with experience with the older or vulnerable adults at the end of the line.

Continued

**Ask** the lined up participants count off 1 to 5 (or 1 to 4 depending on how many groups you need. You should have 6 to 8 persons in each group). **Adjust** the numbers you count off to fit with the number of groups you have. Next, **ask** participants to be seated together in groups as far apart as the training space will allow.

Slide #08: Team Names & Learning Objectives

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



Academy of Professional Excellence

Certain activities require a Team Captain, therefore, we're going to have a quick game of Roshambo (Rock/Paper/Scissors).

- **Give** teams three minutes to play rock/paper/scissors.
  - Teammates will pair up at their tables and the winner of one pair, plays the winner of another pair at their table until there is one winner on each team.
    - Rock beats Scissors
    - Scissors beats Paper
    - Paper beats Rock
  - The winner is the Team Captain for the rest of the training.

**Inform** participants that they have two minutes to come up with a team name and write it down on name tent where the facilitator can see it.

**Trainer Note: It's suggested to write down the team names on your official scoreboard as they are given if keeping track of total points for this training.**

Now that you have your teams, it's time to review the objectives for today's skill based training.

These are the overarching objectives we will be working towards through our skill based activities today.

**Paraphrase** the objectives as needed.

**Ask** if there are any questions or comments about today's objectives.



Slide #09: eLearning Recall

The slide is titled "eLearning Recall" in orange text. In the top right corner, there is a logo for the "Academy for Professionals Excellence" which consists of three orange squares of varying shades and a circular emblem containing a stylized figure. The main content of the slide is a bulleted list of concepts:

- 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

**Activity #1: eLearning Teach Back (10 minutes)**

**Trainer note: This activity sets up the Team Based Learning structure and allows for various teammates to take the lead and share expertise. This is NOT meant to be a full recap of the eLearning, but provide a quick opportunity to recall some important concepts that will be addressed in today's activities. There is NO report out.**

**Inform** participants that they will have 7-10 minutes to teach back concepts from the eLearning.

**Ask** participants to first, individually, write down in their participant manuals what they can recall from the following concepts (2-3 min.).

- Perpetrator Risk Factors
- Stages of Receptivity to Intervention
- Client's Strengths

Next, **instruct** them to have one teammate in 1-2 minutes, teach back just 1 concept to the team.

**Explain** that a different teammate will choose another concept and teach back to the team in 1-2 min.



Finally, **have** them chose one last teammate to teach the last concept back to the team in 1-2 min.

## EVA'S STORY

Time Allotted: 25 minutes

### Slide #10: Eva's Story

**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.

### Activity #2: Eva's Story (15-20 min)

**Trainer Note: Provide each team one set of scratch cards. Scorecards are provided in the participant manuals, Handout #2 for teams to keep track of their score.**

- **If using voting cards A-E instead, inform participants of this change from the PowerPoint slide. You will ask for them to vote on each question together, as a large group. They can keep track of their points on the scorecard. This option will take longer than the scratch cards where they instantly find out for themselves the "best" answer.**

**Direct** the participants to read the instructions on the slide.

**Tell** them that they will have 10-15 minutes to complete this exercise.

Instructions:

- After team reads Eva's story on **Handout #1**, they will work to come to an agreement on what the best answer is for a total of 8 questions.
  - Ensure they understand to do this question by question, scoring after answering each question.
    - Point System is on **Handout #2-Eva's Story Scorecard**.
- After coming to an agreement on what the best answer is, scratch off (or if using cards A-E, vote by putting the letter that corresponds with the answer first).
- If they uncover the best answer first, score accordingly.
- If their answer is NOT the best answer, given the content from the eLearning, they discuss as team what the next answer should be.
  - Continue this process until the best answer is revealed.
  - Score on **Handout #2** for each question with a total of 32 points possible.
- Continue this process for all 8 questions.

**Trainer Note: If teammates disagree, they may get stuck on one question. Move around the room to ensure teams are completing all 8 questions. Trainer's Answer Key is following Handout #2.**

## **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: \_\_\_\_\_**

**TRAINER'S ANSWER KEY**

Story of Eva Activity

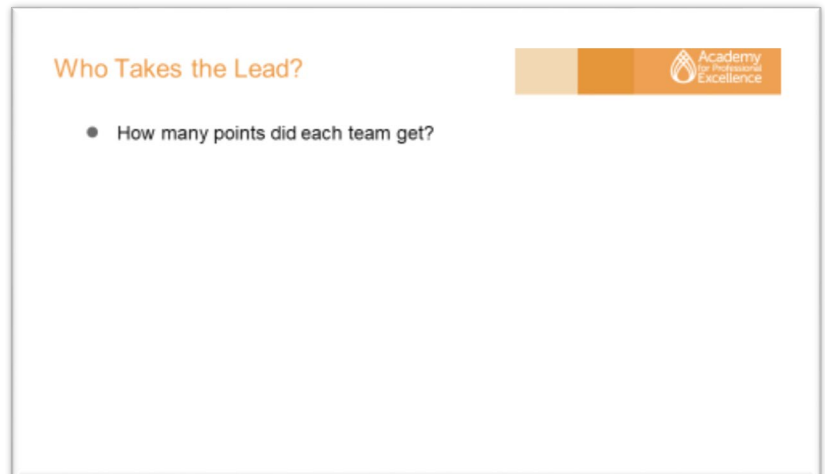
<p><b>1. Which perpetrator issue will be <u>the most</u> influential in developing a safety plan with Eva?</b></p> <p>Gene's willingness to change.  <div style="text-align: center;">INCORRECT</div> </p> <p>Gene's relationship with his mother, or rather her relationship with him.  <div style="text-align: center;">CORRECT</div> </p> <p>Gene's substance use problem.  <div style="text-align: center;">INCORRECT</div> </p> <p>Gene's level of threat to his mother.  <div style="text-align: center;">INCORRECT</div> </p>	<p><b>2. What do you see as Eva's greatest strength?</b></p> <p>Hardiness and adaptability  <div style="text-align: center;">INCORRECT</div> </p> <p>Willingness to learn and use resources  <div style="text-align: center;">INCORRECT</div> </p> <p>Survival instincts  <div style="text-align: center;">INCORRECT</div> </p> <p>Kindness and compassion/ non-judgmental  <div style="text-align: center;">INCORRECT</div> </p> <p>Perception of her situation  <div style="text-align: center;">CORRECT</div> </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.  <div style="text-align: center;">INCORRECT</div> </p> <p>To support Eva regardless of her decision about Gene moving back.  <div style="text-align: center;">CORRECT</div> </p> <p>To convince Eva that her best decision is to keep Gene out of the home.  <div style="text-align: center;">INCORRECT</div> </p> <p>To set up a situation that maximizes Eva's safety.  <div style="text-align: center;">INCORRECT</div> </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.  <div style="text-align: center;">INCORRECT</div> </p> <p>Provide Eva with options as she may not have considered all possibilities.  <div style="text-align: center;">INCORRECT</div> </p> <p>Listen to Eva as she explores her feelings so she can overcome her ambiguity.  <div style="text-align: center;">CORRECT</div> </p> <p>Offer to confront Gene for her so she doesn't put herself in danger.  <div style="text-align: center;">INCORRECT</div> </p>

Story of Eva Activity

<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 style="text-align: center;"><b>INCORRECT</b></p> <p>“How will you keep yourself safe if Gene does come home?”</p> <p style="text-align: center;"><b>CORRECT</b></p> <p>“You have worked so hard to be safe. You can't throw that all away now.”</p> <p style="text-align: center;"><b>INCORRECT</b></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 style="text-align: center;"><b>INCORRECT</b></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 style="text-align: center;"><b>INCORRECT</b></p> <p>The Recognition Stage</p> <p style="text-align: center;"><b>CORRECT</b></p> <p>The Rebuilding Stage</p> <p style="text-align: center;"><b>INCORRECT</b></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 style="text-align: center;"><b>INCORRECT</b></p> <p>Finding housing for Gene.</p> <p style="text-align: center;"><b>INCORRECT</b></p> <p>Listening to and supporting Eva as she makes the decision about letting Gene move in.</p> <p style="text-align: center;"><b>CORRECT</b></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 style="text-align: center;"><b>INCORRECT</b></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 style="text-align: center;"><b>INCORRECT</b></p> <p>No, you want Eva to resist allowing Gene to move home, not plan for it.</p> <p style="text-align: center;"><b>INCORRECT</b></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 style="text-align: center;"><b>CORRECT</b></p> <p>No, because that Safety Tool is designed for people leaving their home, not keeping other people out of their home.</p> <p style="text-align: center;"><b>INCORRECT</b></p>



Slide #11: Who Takes the Lead?



Who Takes the Lead?

- How many points did each team get?

Academy of Professional Excellence

It's time to find out who won this first activity.

- **Ask** each team to count up their points.
- Next, **ask** each group to state how many points they scored.
- If keeping track of total points throughout the training, write these in on your official scoreboard.
- **Check** for any questions on the activity or answers.

## CASE PLANNING

Time Allotted: 35 minutes

### Slide #12: Case Pre-Planning Activity

**Case Pre-Planning Activity**

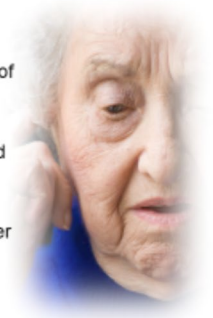
Read through Handout #3-Mildred Jackson

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.



### Activity #3- Case Pre-Planning Part 1 (15-20 minutes)

**Explain** that we will now move to another activity to test their voluntary case planning skills.

**Direct** participants to **Handout #3-Mildred Jackson** and **instruct** them to read through the case.

While participants are reading, **provide** each team a sheet of flip chart paper and a marker to record their group's answers (more sheets may be given out if needed).

**Instruct** teams to identify a reporter and **explain** that they have 10 minutes to work on **Handout #3** and should record their answers on the flip chart paper.

**Trainer Note: Observe the groups as they are working to make sure they are not "stuck" on any question or instruction.**

After 10 minutes, **ask** the groups to come back together.

For each area of consideration, **ask one group** to share their considerations and **solicit** if groups have anything additional they came up with. **(10 minutes)**

### **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

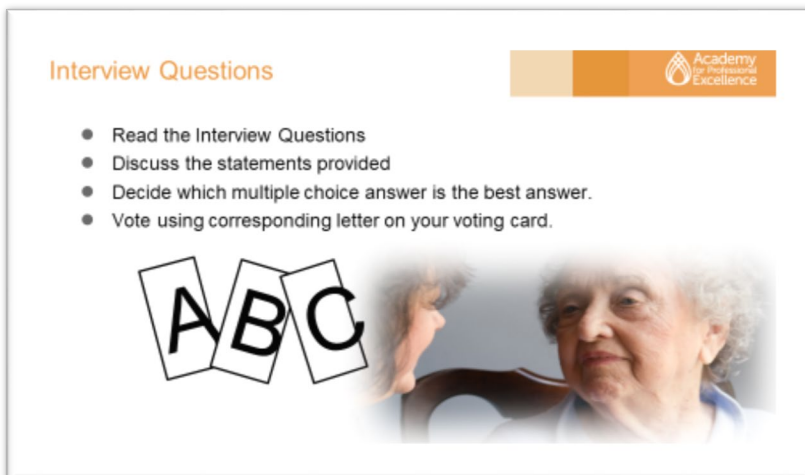
Urgency of Situation

Ethical Considerations

Cultural Considerations

Other Considerations

Slide #13: Interview Questions



The slide is titled "Interview Questions" and features the logo of the "Academy for Professional Excellence" in the top right corner. It contains a bulleted list of instructions: "Read the Interview Questions", "Discuss the statements provided", "Decide which multiple choice answer is the best answer.", and "Vote using corresponding letter on your voting card." Below the text, there is a graphic of three overlapping cards labeled "A", "B", and "C". To the right of the cards is a photograph of an elderly woman with short, curly grey hair, looking slightly to the left.

**Activity #3- Case Pre-Planning Part 2 (10-15 minutes)**

Now we will put your interviewing and assessment skills to the test. We have discussed the considerations for each of the areas of concern related to Mildred's case. After making these choices, how will you frame the questions for each area?


**Explain** that in **Part 2** of this activity, they will have one minute to vote as a team on which is the best interview question to ask Mildred for each consideration, giving what we know.

**Inform** participants that after reading the prompt on the following slides, they have one minute to come to an agreement on what they can justify as the best question. When one minute is up, the Team Captain should hold up the letter on their voting cards that corresponds to their decision of best answer.

**Trainer Note: You will need to provide 1 stack of Voting Cards (A-E) for each team. It is suggested you have a loud timer, set for a minute, for each slide.**

Slide #14: Question- Mildred's Wishes

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

**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

**Discuss** briefly why everyone with A chose that answer and continue through D.  
**Inform** the class of the best answer.

1. 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 be 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?


**Ask** any groups that did not select the identified "best" answer, "What would you do if you disagreed with a decision that a peer or your supervisor recommended?"

The important concept is that there is never only one best answer, and that as an APS professional, we all have to decide and re-evaluate the decisions that we and others make; however, in some instances we may disagree and will have to find an appropriate, professional way to raise our ideas with supervisors and peers.

**Trainer Note: Each "best answer" is worth 2 points. Have each Team Captain give themselves these points as appropriate. At the end of this activity, write their grand total on the official scoreboard (if using). There is a total of 10 points for this activity.**

Slide #15: Question- Alleged Abuser Issues

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*

**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

**Discuss** briefly why everyone with A chose that answer and continue through D.

**Inform** the class of the best answer.

2. 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?


**Discuss** any challenges that groups with other answers may have.

Slide #16: Question- Urgency of Situation

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*



**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

**Discuss** briefly why everyone with A chose that answer and continue through D.  
**Inform** the class of the best answer.

3. 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 are 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?


**Discuss** any challenges that groups with other answers may have.

Slide #17: Question- Ethical Considerations

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*



**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

**Discuss** briefly why everyone with A chose that answer and continue through D.

**Inform** the class of the best answer.

4. 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?

**Discuss** any challenges that groups with other answers may have.



Slide #18: Question- Cultural Considerations

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*

**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

**Discuss** briefly why everyone with A chose that answer and continue through D.  
**Inform** the class of the best answer.

5. What would be the best question to begin assessing Mildred's cultural considerations?
  - a. **When you grew up, was family life very different than your life with your family 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?

**Discuss** any challenges that groups with other answers may have.

**Trainer Note: If keeping official score, have fun with announcing which team is now in the lead after Team Captains give you their total for this activity.**

## **REFRAMING**

**Time Allotted: 15-20 minutes**

### **Slide 19: Reframing (Strength Focused) Activity**

**Reframing (Strength Focused) Activity**

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

Academy for Professional Excellence

A B C

### **Activity #4- Reframing- Strengths Based (15 Min)**

When developing Voluntary Case plans, you need to focus on the strengths of the clients, as well as their potential weaknesses and risk areas. These strength areas will be the areas that voluntary case planning needs to build upon. We must assess risk and take any immediate actions to protect clients from imminent threats, however, in building a service plan, our focus needs to be on the strengths.

Strengths, and how we perceive them, often has to do with how we interpret or “frame” given circumstances. Attempts to view the client’s situations objectively will be more successful if we are aware that the way we look at given situations and how we talk about them may impact our view of the clients’ world, and their strengths available to cope with problems.

We are going to look at some examples that illustrate how common it is to frame situations negatively, along with four possible alternate framings that describe the same situation. At least one of the options uses strength-based phraseology rather than focusing on the negative perceptions of clients’ behavior.

As we did in the last exercise, you will have one minute for your group to decide which statement is the strength-based statement. When asked, Team Captains, please hold up the letter card that corresponds to your choice.


Continued

**Trainer Note:**

- **For each slide, read the original statement and then ask the groups to respond with their choices for the “best” reframing for that statement and why they thought it to be the best.**
- **Each “best answer” receives 2 points for a total of 10 points for this activity.**
- **Beneath each statement is the rationale you can provide to the groups if (and only if) they are struggling with these concepts.**

Slide #20: Reframe Manipulation

"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


**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

1. "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 Multiple Personality Disorder and becomes different people when she contacts different agencies.

*Many individuals do understand and utilize the system, but is that necessarily a bad thing? If APS professionals can reframe what they see as manipulation, to the client's ability to obtain what that person needs, to their 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, etc. those reframe the behavior in a positive light and may help build a trusting relationship.*

Slide #21: Reframe Resistant

"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*

**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

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."
  - 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


*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 the APS professional and client together with the mutual goal of empowerment.*

Slide #22: Reframe Codependency

"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



**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

3. "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.**

*Earlier, we discussed 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 the APS professional and client may be enhanced. Terms such as "codependent" or "enabling" may also lead to blaming the victim, so refrain from using these labels.*

Slide #23: Reframe Passive

"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."

Academy of Professional Excellence

- 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

**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

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."
  - 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.


*Rather than defining the victim as passive, APS professionals must understand how trauma and domestic violence affects individuals' mental health, 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 APS professional some hope that change may come, but in small baby steps.*

Slide #24: Reframe Poor Judgment

"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



**Set** a timer to one minute and **inform** participants their one minute starts now. After the time is up, **ask** the Team Captains to raise their voting card.

5. "Anyone who chooses to stay in such an abusive situation is using poor judgement. It is time to determine if he can make these decisions for himself."
- He must like the abuse to stay in that situation.
  - He seems reluctant to leave the situation although it places him at risk of abuse.**
  - Due to undue influence, he is unable to choose to leave the situation.
  - 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.

*Choosing to stay in an abusive situation may be the result of years of strong adaptive skills and survival instincts rather than poor judgement. It may be a normal reaction or a strategic decision for coping with a dangerous situation. APS professionals 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 the victim has to continue to cope.*

**Trainer Note: If keeping official score, have fun with announcing which team is now in the lead after Team Captains give you their total for this activity.**



## **RESOURCES**

### **Time Allotted: 20 minutes**

#### Slide #25: What's Out There

**Trainer Note: Post five flip chart sheets on the wall, labeled with the following categories: aging services, mental health substance use system, health care system, legal system, victim services (includes domestic violence/sexual assault services).**


**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 #

#### **Activity #5 What's Out There (15-20 min)**

Now we're going to look at the homework assignment you had from the Voluntary Case Planning eLearning. You were all asked to complete the Scavenger Hunt activity and identify different types of resources in your area and to bring this completed assignment to this training.

1. **Provide** each team with a color marker specific to them (e.g. team one gets all purple markers, team two gets all green markers, etc).
2. **Inform** participants that they will work within their teams and have 10 min to add as many unique resources as they can to each flip chart using their scavenger hunt records, available resource directories, and smart phones.
  - a. The goal is to add resources that other teams have not already provided.
  - b. Each unique (not duplicated) resource is worth 1 point.
  - c. 1 point is given for each website and/or phone number added to that specific resource (e.g. National Domestic Violence Hotline (1 point), 1-800-799-7233 (1 point), thehotline.org (1 point) = 3 points for this resource.
  - d. Different teams can add phone numbers or websites to other team's resources to get points.


**Give** the groups 10 minutes to work on this and add their resources to the flip charts, then bring the group back together and **review** each of the sheets briefly. Report out is on next slide.

**Trainer Note: If training with different counties in the room, some may get frustrated with services that are available to others that are not available to them. Be mindful of this and attempt to come up with "like" resources or encourage participants to advocate for these resources as appropriate.**

Slide #26: Finding Resources

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?



Academy of Professional Excellence

**Debrief** the activity using the bullet points on the slide.

If keeping official score, **capture** what each team earned and **add** to scoreboard.

**Trainer: Participants may want to copy down some of the resources that are listed or take pictures with their Smart Phones to preserve new resources they may not have been aware of. If possible, leave these sheets posted where group members can see them and record them after the training ends.**

## EVALUATING THE CASE PLAN

Time Allotted: 25 minutes

### Slide #27: Evaluating the Case Plan

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



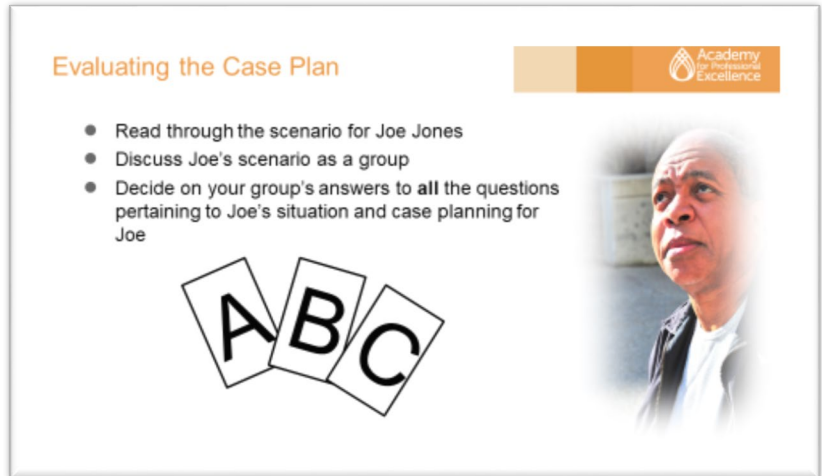
**Explain** that each of the areas of consideration listed on the slide were discussed in the Voluntary Case Planning eLearning. We will be using these in the next activity.

**Ask** if anyone has any questions about any of these areas of consideration.

*Possible responses pertaining to each of the consideration areas listed on the slide:*

- Hidden/unintended Consequences – *Will the intervention put the client more at risk? Will the client be able to follow through when the APS professional 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?*
- Who 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.” or “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?*

Slide #28: Evaluating the Case Plan



The slide is titled "Evaluating the Case Plan" and features the logo for the "Academy of Professional Excellence" in the top right corner. It contains a bulleted list of three instructions: "Read through the scenario for Joe Jones", "Discuss Joe's scenario as a group", and "Decide on your group's answers to all the questions pertaining to Joe's situation and case planning for Joe". Below the list are three overlapping cards with the letters "A", "B", and "C" on them. To the right of the cards is a photograph of a man with a thoughtful expression.

**Activity #6- Evaluating the Case Plan (20-25 min)**

**Trainer Note: For this activity, the groups will first determine their answers to ALL of the questions before you call for a vote. Once you call for the vote, they have the opportunity to try and convince the class to give them a point for “wrong” answers if they can make a strong case for that answer. Correct answers are noted on Handout #a (Trainer Version) in bold.**

**Read** through the instructions on the slide, then direct participants to **Handout #4b- The Case Plan (Participant Version)** in their participant manuals.

**Explain** that teams have 10 min to work through the handout, determining the best answer for all four questions. **Ask** participants to keep track of their team’s decisions on their handouts for an easier time when voting.

## HANDOUT #4A- THE CASE PLAN (TRAINER VERSION)

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.

**HANDOUT #4B- THE CASE PLAN  
(PARTICIPANT VERSION)**

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.



Slide #29: Joe's Case Plan

The slide is titled "Joe's Case Plan" in orange text. In the top right corner, there is a logo for "Academy of Professional Excellence" with a stylized orange and white icon. The main text on the slide reads: "You get two points if your answer is 'the best answer'". Below this, there is a bulleted list: a circle bullet point followed by "Can you make a case for your answer?", which is followed by two square bullet points: "You can have 2 minutes to make your case." and "Class can vote to award a point or not." To the right of the text is a photograph of a man in a suit looking down. At the bottom of the slide, there are two black silhouettes of men in suits; one is pointing upwards and the other is looking at a laptop.

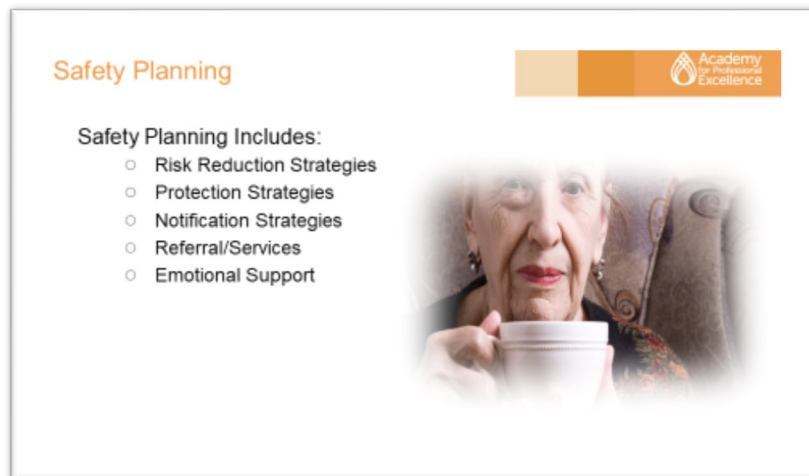
The following instructions will help guide a discussion on evaluating case plans and provide the scoring for this activity.

1. **Read** each question from **Handout #4A- The Case Plan (Trainer Version)** out loud and **ask** for Team Captains to raise their voting cards as you finish reading.
2. **Offer** 2 points for each "best answer" for a possible total of 8 points for this activity.
3. Once all of the questions have been answered, **ask** if any team disagreed that their answer should have been the correct "best answer".
  - a. If so, **allow** them two minutes to make their case. (Limit this to challenging one answer per team).
  - b. The entire class can vote whether or not to award that team a point for a disputed answer.
4. If keeping official score, **capture** what each team earned and **add** to scoreboard.

## **IMPLEMENTING SAFETY PLANS**

**Time Allotted: 45 minutes**

### Slide #30: Safety Planning



**Have** a brief discussion with participants to remind them about the safety planning elements that were covered in the eLearning. **Refer** the participants to **Handout #5-Safety Planning**. **Paraphrase** this content from the eLearning.

**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).

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.

**Trainer Note: If participants have specific input on elements of safety planning that are not listed, you may want to capture some of them for each area on a flip chart to help them retain or take notes on the individual components.**

## **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).

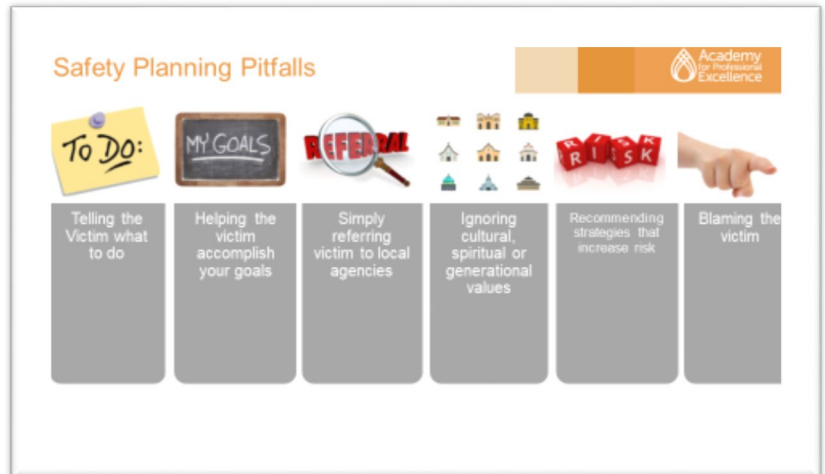
**REFERRAL/SERVICES:** Recognizing and utilizing services that can offer assistance (e.g. domestic violence, sexual assault, adult protective services, criminal justice, aging and disability network, faith and community organizations, etc.).

**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.

Slide #31: Safety Planning Pitfalls



**Refer** participants back to **Handout #5** again and **lead** a discussion on what safety planning is NOT. **Paraphrase** the elements below and discuss with participants.

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 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.

Slide #32 Safety Planning Tool

The slide is titled "Safety Planning Tool" in orange text. In the top right corner, there is a logo for the "Academy of Professional Excellence" featuring a stylized orange flame icon. Below the title, the text "Safety Planning Packet" is followed by a bulleted list:

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

To the right of the list is a word cloud with various terms related to domestic violence, including "VICTIM", "DOMESTIC", "VIOLENCE", "ABUSE", "PHYSICAL", "PSYCHOLOGICAL", "SOCIAL", "EMOTIONAL", "VERBAL", "CRIMINAL", "HARM", "FORMS", "INCLUDE", "PARTIAL", "ALSO", "UNWANTED", "OFFENSES", "SUBJECTS", "CRIMINAL", "POUSAL", "HARM", "FORMS", "INCLUDE".

**Direct** participants to **Handout #6- Safety Planning Packet** in their participant manuals. **Acknowledge** that they hopefully remember this Safety Planning Tool from the Voluntary Case Planning eLearning. **Explain** that we’re going to discuss a few of the planning areas in preparation for the next activity.

**Briefly review** some of the highlights of the packet.

- This brief review will help participants to refresh their memories before the need to use the packet for the next activity.

**Trainer Note: Quickly walk the participants through each document.**

## **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*

---

#### **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***

---

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).**

---

Name	Phone Number
------	--------------

---

Name	Phone Number
------	--------------

**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
------	--------------

**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**

---

---

---

**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**

---

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 #33: Safety Planning for Irene

**Trainer Note: Prior to training, you will need to cut out the scenario cards for this activity.**

**Safety Planning for Irene**

Academy of Professional Excellence

Each group needs:

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



**Activity #7: Safety Planning for Irene (30-35 min)**

**1. Read** the following case study to the class:

*You received a report from a neighbor stating:*

- *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 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.*

*When you interviewed the alleged perpetrator, you gathered 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.*

**2. Working in their teams, ask** participants to do the following:

a. Each team select:

- A person to play Irene
- A person to be the recorder
- A person to be the primary interviewer
- People to be the secondary interviewer
- 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

Continued



- 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 stand up to him”)
- Blames the victim if they do 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 team on task

3. Once rolls have been established, **give** each “Irene” a situation card marked “cards for Safety Plan Irene: ROUND ONE” (next page).
  - a. This card gives “Irene” her expectation about the outcome of her Safety Plan.
  - b. NOTE: each card is different and teams will have different scenarios to work through.

<p><b>Cards for Safety Plan for Irene: ROUND ONE</b></p>	<p><b>You tell the APS professional that you got the black eye when you fell and that there is no abuse going on. You want them to leave your family alone. You refuse all services.</b></p>
<p><b>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 APS professional to help Jack find a good A.A. program.</b></p>	<p><b>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.</b></p>
<p><b>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.</b></p>	<p><b>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.</b></p>

Slide #34: Safety Plan for Irene- Round One

**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? Do Irene’s desires reflect safe options? What compromises did you need to make?



What if something changes...?

1. **Give** the group 10-15 minutes to develop a safety plan, emphasizing supportive decision making.


**Trainer Note: 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.**

2. After 10-15 minutes, **debrief** the activity.
  - a. **Ask:**
    - i. What was your situation and what was your case plan?
    - ii. Does your safety plan address Irene’s concerns?
    - iii. Do Irene’s desires reflect safe options?
    - iv. What compromises did you need to make?

Slide #35: Safety Plan for Irene – Round Two

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.



Academy of Professional Excellence

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

1. **Give** each "Irene" a new card from Safety Plan for Irene: ROUND TWO (next page).
  - a. NOTE: each card is different and teams will have different scenarios to work through.
2. **Ask** the groups to spend five minutes discussing how the safety plan would need to change given the new information.
3. 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.
4. After five minutes, **debrief** the groups.
  - a. **Ask:**
    - i. What was your case plan for Irene now?
    - ii. Does your safety plan continue to address Irene's concerns?
    - iii. Do Irene's desires reflect safe options now?
    - iv. What compromises did you need to make when Irene's situation changed?

<p><b>Cards for Safety Plan for Irene: ROUND TWO</b></p>	<p><b>You tell the APS professional that, although Jack can be difficult, you still need help around the house and you do not want to make Jack move out.</b></p>
<p><b>You tell the APS professional 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.</b></p>	<p><b>You tell the APS professional 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.</b></p>
<p><b>You want the APS professional to help you kick Jack out.</b></p>	<p><b>You want the APS professional to help you have Jack arrested for the abuse and you show them extensive bruises.</b></p>

Slide #36: Safety Plan for Irene – Round Three

**Trainer Note: If you have less than 20 min left of training, skip this section OR chose one card and discuss as a large group.**

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.




**Read** the new information on the slide.

1. **Give** each “Irene” a new card from Safety Plan for Irene: ROUND THREE (next page).
  - a. NOTE: each card is different and teams will have different scenarios to work through.
2. **Ask** them to spend five minutes discussing how the safety plan would need to change given the new information.


There is no debrief, as the next slide wraps up the entire activity.

<p><b>Cards for Safety Plan for Irene: ROUND THREE</b></p>	<p><b>You tell the APS professional that you are very pleased with Jack's changes and you don't think you need a safety plan.</b></p>
<p><b>You tell the APS professional 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.</b></p>	<p><b>You tell the APS professional 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.</b></p>
<p><b>You don't believe that Jack can remain sober and employed so you ask the APS professional to help you kick him out (or stay strong in your decision not to let him come home).</b></p>	<p><b>You ask the APS professional 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.</b></p>

Slide #37: Safety Plan for Irene – Conclusion

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?



**Lead** a discussion about how they felt their safety plans worked or not.

**Encourage** participants to talk about what issues they had as a group while they were problem-solving for each of the two or three changes to Irene's situation.

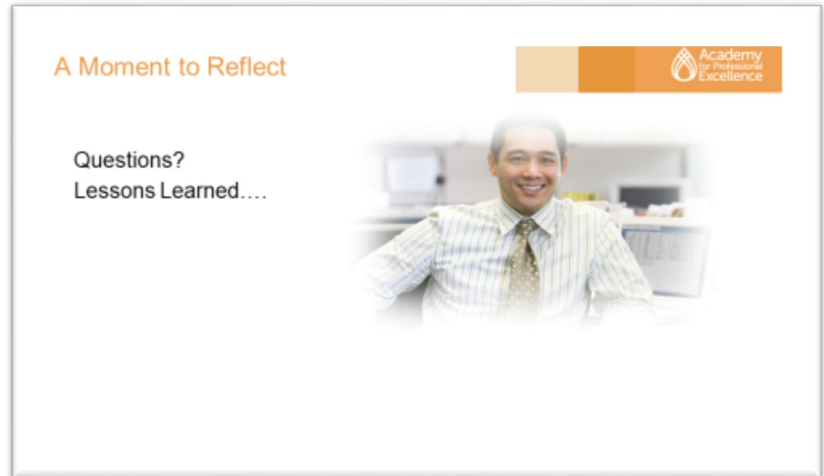
**Ask:** "What concerns do you still have? What was the purpose of the plan that your team proposed?"



## CLOSING AND EVALUATIONS

### Time Allotted: 10 minutes

#### Slide #38: A Moment to Reflect



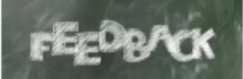
#### Activity #8- Lessons Learned (5-7 min)

As the skill based training draws to a close, **encourage** participants to ask any questions that may have not been answered or explained for them.




1. **Give** participants 3-5 min to reflect on today's training, encouraging them to review their participant manuals for reminders.
2. **Instruct** them to write down two lessons learned from today's training and anything specific that was most helpful in their work as an APS professional.
3. **Ask** which team would like to share first and **solicit** at least one person from each team to share one of their lessons learned.
  - a. **Provide** 3 points to the team whom volunteered to share first. This is the final scoring moment and should be reflected on the official scoreboard if applicable.

Slide #39: Evaluations and Thank You

The slide is titled "Evaluations & Thank You" in orange text. In the top right corner, there is a logo for the "Academy for Professional Excellence" with a stylized orange and white icon. The main content consists of four bullet points:

- 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:

Below the "Let's connect:" bullet point are three social media icons with their respective handles:

-  @AcadProExcel
-  @edsu-academy-for-professional-excellence
-  @TheAcademySDSU

If keeping official score, **announce** the winner of today's training.

**Ask** participants to complete the evaluations.

**Thank** participants for taking time from their high caseload to focus on their own workforce development and helping older and vulnerable adults live in safer environments.

**HANDOUT #7- ACTIVITIES REVIEW CHART**

This chart provides a snapshot of the activities and how to score each, if applicable. It's suggested to have this as a separate handout to use day of training.

<p style="text-align: center;"><u>Activity #1- Teach Backs</u></p> <p><b>Materials:</b> NONE</p> <p>Recap of certain concepts from eLearning. Teammates take one concept and teach back to their team.</p> <p style="text-align: center;"><b>NO SCORING</b></p>	<p style="text-align: center;"><u>Activity #2- Eva's Story</u></p> <p><b>Materials:</b> scratch cards, voting cards</p> <p>Teams vote on "best" answer for 8 questions.          If 1<sup>st</sup> guess is "best" answer= 4 points          If 2<sup>nd</sup> guess is "best" answer= 3 points          If 3<sup>rd</sup> guess is "best" answer= 2 points          If 4<sup>th</sup> guess is "best" answer= 0 points</p> <p style="text-align: center;"><b>SCORING: 32 TOTAL POINTS POSSIBLE</b></p>
<p style="text-align: center;"><u>Activity #3 (part 1)- Case Pre-Planning</u></p> <p><b>Materials:</b> Flip chart paper for teams, markers</p> <p>Teams discuss strategies</p> <p style="text-align: center;"><b>NO SCORING</b></p>	<p style="text-align: center;"><u>Activity #3 (part 2)- Case Pre-Planning</u></p> <p><b>Materials:</b> Voting Cards, timer</p> <p>Teams have 1 min. to vote on "best" answer for 5 questions.</p> <p style="text-align: center;"><b>SCORING: 2 points for each "best" answer. 10 TOTAL POINTS POSSIBLE</b></p>
<p style="text-align: center;"><u>Activity #4- Reframing</u></p> <p><b>Materials:</b> Voting cards, timer</p> <p>Teams have 1 min. to vote on "best" answer for 5 questions.</p> <p style="text-align: center;"><b>SCORING: 2 points for each "best" answer. 10 TOTAL POINTS POSSIBLE</b></p>	<p style="text-align: center;"><u>Activity #5- What's Out There?</u></p> <p><b>Materials:</b> 5 Labeled Flip Chart Paper posted on walls, assigned color markers for each team</p> <p>Teams will write down resources for 5 categories.</p> <p style="text-align: center;"><b>SCORING: 1 point for each unique (no duplicates) resource + 1 point for any phone number or website. UNLIMITED TOTAL POINTS POSSIBLE</b></p>
<p style="text-align: center;"><u>Activity #6- Joe's Case Plan</u></p> <p><b>Materials:</b> Voting Cards</p> <p>Teams agree on "best" answer for all 4 questions first. Voting is done afterwards.</p> <p style="text-align: center;"><b>SCORING: 2 points for each "best" answer. 8 TOTAL POINTS POSSIBLE. Teams can make their case to earn 1 point for "wrong" answer.</b></p>	<p style="text-align: center;"><u>Activity #7- Safety Plan for Irene</u></p> <p><b>Materials:</b> Safety Plan for Irene Cards</p> <p>1 teammate role plays as Irene and others create safety plan (2-3 rounds as scenario changes).</p> <p style="text-align: center;"><b>NO SCORING TEAMS</b></p>
<p style="text-align: center;"><u>Activity #8- Lessons Learned</u></p> <p><b>Materials:</b> None</p> <p>All participants reflect on key takeaways from training. Teams share at least one.</p> <p style="text-align: center;"><b>SCORING: 3 points given to the first team to volunteer to share. 3 TOTAL POINTS POSSIBLE</b></p>	

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

[theacademy.sdsu.com](http://theacademy.sdsu.com)