

## ADULT PROTECTIVE SERVICES

# SIMULATION TRAINING- BEYOND THE CLASSROOM



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## Q&A PANEL

- **Stacey Lindberg**, APS Program Manager and Simulation Resource Coordinator
- **Mitra Bustamante**, APS Senior Social Worker and Simulation Participant
- **Monica Kim**, APS Senior Social Worker and Simulation Participant
- **John Danczak**, Senior Social Services Supervisor and Simulation Actor- Alleged Abuser
- **Rebecca Guider**, Former APS Professional and Simulation Actor- APS Client

# LEARNING OBJECTIVES

*At the conclusion of the workshop, participants should be able to:*

- Identify the learning opportunities facilitated through simulation training and how it supports best practices related to adult learning theory.
- Identify resources to facilitate the development of simulation training.
- Outline essential elements in designing and developing simulation trainings tailored to the specific needs of their respective staff members.

# SIMULATION, IT'S FOR US TOO!



An ***enhanced*** role-play for the practice of commonplace difficulties in a realistic environment

Facilitates the development of:

- Critical thinking skills
- Interpersonal skills
- Client engagement skills
- Observational skills

# ELEMENTS OF ADULT LEARNING THEORY

- Purpose Driven
- Experiential
- Utilizes Previous Knowledge and Experiences
- Opportunities for Collaboration



## VIDEO #1- “GETTING IN THE DOOR” SCENARIO

*Allegation of Self-Neglect: Health and Safety Hazard-* *The client’s home is reportedly hoarded with narrow pathways between rooms.*

The client, Francis Stark, is 65 years old and lives alone in their home. Paramedics responded to the client’s home after a report that the client was down on the floor and unable to get up. Paramedics noted that the client’s home was full of trash, boxes and other items, as high as four feet in some areas, with only small, narrow pathways between rooms. The client accepted help in getting up off of the floor but refused all other offers of medical care including transportation to the emergency room. The client appeared to be of sound mind but denied that there was a problem with the condition of their home and eventually became irate and asked the paramedics to leave. The reporting party is concerned that the client’s home presents a fall risk to the client as there are narrow pathways between rooms and the client is dependent on their walker for mobility.

# RESOURCE PLANNING



Orange County Sheriff's Department  
Coroner's Office Training Rooms



# LEARNING GOALS FOR SIMULATION

- Increase the participant's ability to transfer learned knowledge and skills into practice within a safe, non-judgmental, and realistic environment.
- Increase competence amongst new and/or experienced participants in their ability to effectively engage APS clients, alleged abusers, and collateral contacts.
- Increase participant's awareness so as to conduct thorough investigations with the assistance of observed environmental cues.
- Increase confidence so as to reduce performance anxiety when engaging in difficult conversations.



## VIDEO #2- DIFFICULT CONVERSATIONS- INVESTIGATING PHYSICAL ABUSE SCENARIO

Allegation of Physical Abuse- The client's son allegedly hit the client, resulting in bruising to the client's face.

The client, Mavis Sand, is a 71-year-old female who has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The client lives in her own apartment with the assistance of a live-in caregiver, Ella Rivers. The client's son, Owen Sand, visits on the caregiver's days off, Saturday and Sunday. The social worker arrives for the home visit. Unexpectedly, the client's son, Owen Sand, answers the door. The social worker attempts to gain access to the client to conduct the APS interview and simultaneously maintain confidentiality. The client's son demands to know the purpose for the social worker's visit and is unenthusiastic about the social worker's presence. The client's son begrudgingly allows the social worker in the home and directs the social worker into the client's bedroom. The client is sitting in her bed and watching television. As the social worker begins to engage the client, bruising on the client's left eye is observed.

## “GETTING REAL” SCENARIO DEVELOPMENT

- Elicit learning goals
- Reflective of modern-day aspects of the community being served
- Include Subject Matter Experts (SME's)
  - Experienced APS Professionals



# FACILITATION

- Strength-based feedback
- Non-judgmental and safe environment
- Valuable feedback from peers



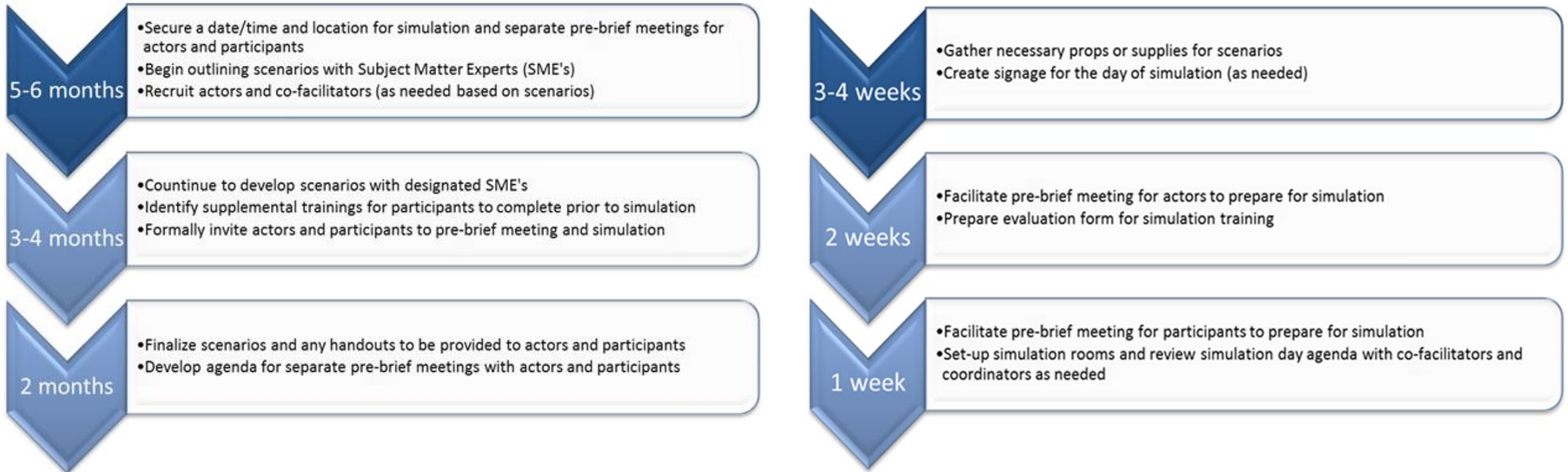
## SCENARIO #3- DIFFICULT CONVERSATIONS WITH ALLEGED ABUSERS

*Allegation of Financial Abuse*- The client's son is allegedly taking the client into the bank repeatedly to withdraw large sums of money from her account.

*Allegation of Isolation*- The client's son is allegedly isolating the client as family has been unable to make contact via telephone or in-person with the client.

The client, Lisa Bale, is an 83-year-old female with mild cognitive impairments. The social worker has completed a private interview with the client in her home. During the interview the client stated she did not recall the specific reasons for which her son would have withdrawn the large sums of money. However, the client states her son is helping with her care and is helping to fix things around the house. The client also reports other family members do not visit or call as frequently as they used to prior to her spouse's death. The client has given the social worker permission to speak with her son about the allegations. The social worker will be meeting with the son and will conduct the interview in the living room.

# PLANNING TIMELINE- PUTTING IT ALL TOGETHER



# ASK THE EXPERTS! (Q&A PANEL DISCUSSION CONTINUED)



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ALLEGED ABUSER



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COUNTY OF ORANGE

# Adult Protective Services

## *Facilitator Handbook*



## Simulation Training– Beyond the Classroom

Social Services  
Agency

■ ■ ■

Training and Career  
Development



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# Simulation, It's for Us Too!



The use of simulation training has been widely recognized as an effective training tool in numerous fields, including military, medicine, law enforcement, and social work. Child welfare agencies are routinely using simulation exercises for new social worker training, and likewise, Adult Protective Services (APS) programs are following suit. Simulation consists of *enhanced* role-plays that allow for the practice of commonplace difficulties in a realistic environment. This promotes the development of interpersonal skills by practicing rapport-building, establishing boundaries, and managing personal biases. As well as furthering the development of interviewing and observational skills by emphasizing the use of objective, non-leading language and thorough assessment of one's environment. A valuable feature of simulation is the opportunity for participants to provide and receive immediate feedback. Participants observe their peers, acknowledge strengths, and discuss suggestions for alternative approaches. Additionally, simulation training incorporates key aspects of adult learning theory, such as utilizing previous knowledge and life experiences, practical application skills, and opportunities for collaboration. APS social workers often have a small window of opportunity to engage a client and they need more than just the "gift of gab". They need the learning opportunities provided in simulation which enhance the critical thinking skills needed to effectively engage clients. The following handbook will serve as a broad guide for developing and implementing simulation training for APS social workers.

# What Do We Want to Achieve?

Before moving forward a crucial preliminary step is deciding what you want to achieve during this training. In essence, what do you want your participants to walk away with after having participated in the simulation? Some common answers are confidence in ability to engage in difficult conversations or greater insight of their sense of self during an interview. Once you have a general idea of what you want the participants to take away, formalize those thoughts into either learning goals or objectives. The goals you decide on will serve as a guiding force as you move forward in developing simulation training for adult protective services social workers. It is imperative that as you progress in the planning of the simulation the learning goals or objectives remain in sight as the planning details could potentially steer one away from the original intent of the simulation. For every decision made in the planning, one should be asking if the decision reinforces the learning goals or objectives. Lastly, it is recommended that the purpose and goals of the simulation are shared and reviewed with all parties involved in the planning and production of the simulation; from participant social workers and their supervisors to managers and participating actors. Ensuring these parties have an understanding of the purpose of simulation and its goals will ensure that the participants have a supportive experience.



## *Tip: Goals vs. Objectives*

*Goals are broad. Objectives are measurable.*

## ***Examples of Learning Goals for APS Simulation***



- Increase the participant's ability to transfer learned knowledge and skills into practice within a safe, non-judgmental, and realistic environment.
- Increase individual competence amongst new and/or experienced participants in their ability to effectively engage APS clients, alleged abusers, and collateral contacts.
- Increase self-awareness so as to identify and manage personal biases which may influence engagement with APS clients, alleged abusers, and collateral contacts.
- Increase participant's awareness so as to conduct thorough investigations with the assistance of observed environmental cues.
- Increase confidence so as to reduce performance anxiety when engaging in difficult conversations.
- Provide a learning experience which is parallel to the experiences of APS clients and their support systems.

# Getting Real

Scenario development is one of the most critical aspects of developing an effective simulation. Social workers must be provided with scenarios that reflect “real world” scenarios so as to have an authentic learning experience. The scenarios can be used in either an introductory simulation for new social workers or advanced simulation for experienced social workers. During successful simulations participants will often comment about “how real” the scenario was. Therefore, to “get real” and develop the scenarios it is recommended to get feedback from APS management or supervisors about allegations or interview situations in which new APS new social workers are most challenged. The same can be done for exploring which allegations or interview situations experienced social workers are most challenged with. Management and supervisors will have insight to these situations as they are consistently providing consultation to social workers in regards to these challenging situations.

Use this feedback to develop realistic scenarios that will address learning needs specific to your agency and the communities it serves. For example, new social workers often have difficulty “getting through the door” when engaging an APS client for an initial home visit. Create a scenario in which the primary goal of the social worker is to “get through the door” and build rapport. On the other hand, experienced social workers may feel more apprehensive when interviewing an alleged abuser of what appears to be a complex financial abuse allegation. Create a scenario in which the actors provide realistic and typical responses that mirror the social worker’s experience in the field.

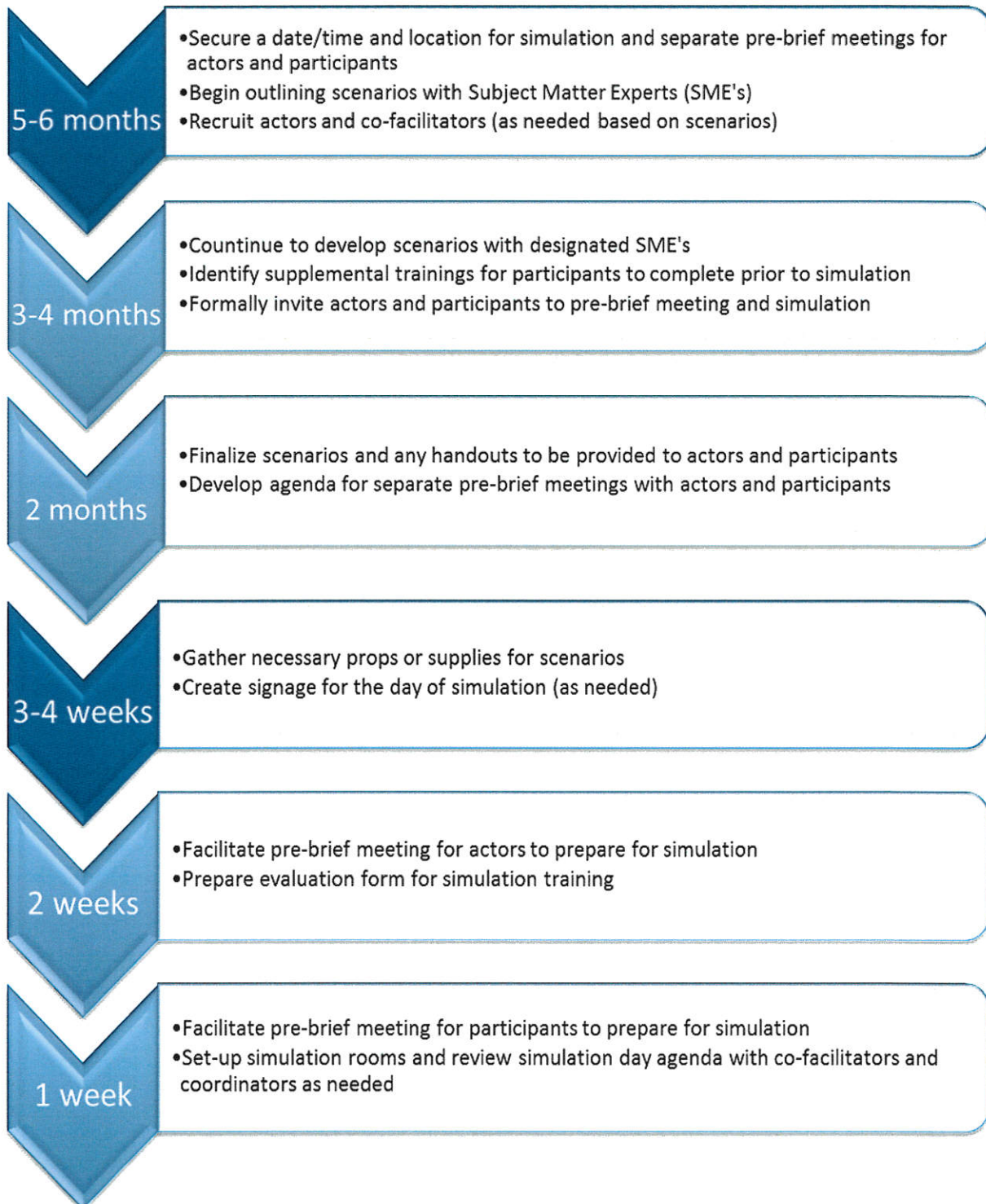
Developing a scenario is much like writing a vignette. It sets the scene for what is happening or could occur but does not provide a verbatim script for participants or the actors. Scripts are not recommended as they could impede the authenticity of the simulation. Furthermore, there may be a need to spontaneously change the direction of an interview based on the group of participants ability to progress in the scenario. It is recommended that actors be provided with conversation guidelines which will be discussed later in this handbook. Remember, your simulation training will only be as effective as the relevancy of the scenarios provided. Therefore, a significant amount of time should be invested in developing scenarios that are well thought out and aligned with the learning goals. The latter part of the handbook provides examples of scenarios that can be used with both new and experienced social workers during simulation training.

*Tip: Develop scenarios that will address learning or skill practice needs specific to your participants.*



# Getting Started- Simulation Planning Timeline

Once you have decided simulation training is appropriate for your participants, establish a training plan timeline. If at all possible, allow yourself at least five to six months to prepare. The timeline below outlines steps that are recommended during the process of developing a simulation.



# Planning Considerations

## Location

Permanent training spaces with dedicated mock rooms for simulation training are rare. However, simulation rooms can be created in almost any space. If you are creating your own living areas they should mimic the rooms of the home in which an interview would most likely occur (e.g., living room, kitchen, bedroom, etc.). Stage props that will serve to promote a realistic setting and enrich the conversation as it pertains to the allegations, such as disorganized medication bottles or notes on the wall from relatives (which may indicate possible memory issues). One can also stage props that do not necessarily pertain to the allegations so as to include an element of surprise and reinforce thorough risk assessments. However, do not spend an excessive amount of time in setting up rooms; the setting-up and dismantling of rooms should not take longer than the simulation itself. After all, the description of a home on an APS referral is subjective and may be based on an individual's standard of living. Thus, a social worker may be expecting an extreme level of hoarding but arrive to clutter that can be managed. The number of simulation rooms needed will be dependent on the amount of participants and scenarios involved in the simulation. The example featured in this handbook is of a three scenario rotation simultaneously occurring in two rooms. Lastly, ensure the rooms can accommodate seating for an actor, facilitator, and up to six participants.

## Scenarios

Simulation training is a rewarding experience. However, it can be mentally taxing for the actors, participants, and facilitators. Consider having no more than three scenarios for participants to complete. Each scenario should last no more than one hour. Within an hour-long scenario, each participant should be allotted five to six minutes to interview the client. Immediately after their timed interview, the participant will reflect on their performance, receive feedback from the facilitator, and, most importantly, receive feedback from the other participants. It is also recommended that short five to ten minute breaks be taken between each scenario for the sake of the participant and the actor. The facilitator should use the break to ensure placement and readiness of the next simulation.



## **Supplemental Trainings**

It is recommended for simulation training to be offered to participants after completing a social worker induction as a culmination of all previous trainings. Social worker inductions typically consist of trainings on APS policies, best practices for investigations, field safety, and motivational interviewing. Supplemental or refresher trainings on client engagement or best practices are recommended prior to the simulation if you are conducting a stand-alone simulation not associated with induction training for new social workers. The rationale here is that all participants can benefit from refresher trainings (especially as new techniques and policies emerge regarding client engagement) and we want to ensure they receive the most current information when participating in a simulation amongst their peers.

## **Pre-Brief Meeting for *Participants***

Hosting a pre-brief the week of the simulation will help to effectively prepare participants for the simulation process and hopefully ease any nerves. The latter part of this handbook contains a sample of a facilitator's agenda for a pre-brief meeting with participants. The main discussion points for this meeting are explaining the benefits of simulation, reviewing the agenda and logistics for simulation day, introducing the scenarios for simulation, feedback format, and group processing of any concerns. We recommend briefly reviewing the scenarios so participants can achieve a better understanding of the process and expectations. However, do not allow participants to keep copies of the scenarios. They will be provided with this information again the day of training to use during the simulation.

## **Pre-Brief Meeting for *Actors***

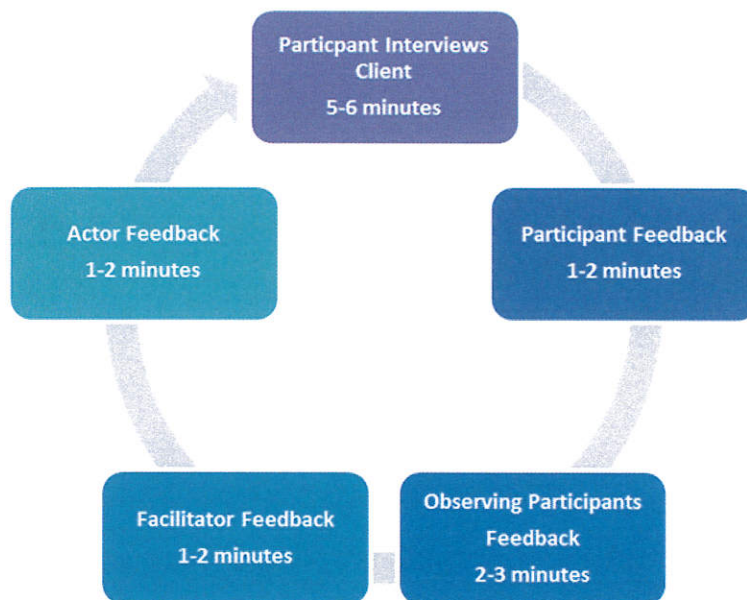
Actors tend to be equally invested in helping participants have an effective experience and may be equally nervous about their performance. Therefore, it is recommended to schedule a meeting with them approximately one week prior to the simulation. The main discussion points for this meeting include providing introductions to those involved in the development of the simulation, educating them about the benefits and goals of simulation, reviewing logistics for the



day (parking, simulation day agenda, scenario format), and explaining the actor's role in the scenarios. A sample agenda is provided in this handbook. It is also important to dedicate time to have an individual reading and rehearsal of the scenario with each actor. In doing so you can ensure they understand their role and answer any questions they may have. Possible "conversation pieces" for each scenario is recommended to further support the actors and ensure the conversation is reflective of "real-life" APS interviews. "Conversation Pieces" are statements or themes that can be easily changed to avoid predictability in the conversation from one participant to the next; a sample is attached in this handbook.

# Facilitation 101

Successful facilitation of scenarios includes the opportunity for strength-based feedback. Participants often report the feedback portion as a highlight of their simulation experience. Participants want to be recognized and are open to constructive feedback from colleagues who share similar work experiences.



## Participant Interviews Actor

Before beginning the interview, read the allegation portion of the scenario to provide a set-up of the scene. Advise participant and actor as to when their timed interview begins and ends. Should the participant appear to be “stuck” during their interview, allow a few moments of silence before intervening. Should you decide it is necessary to intervene, ask the group to assist their colleague and suggest a question for the participant to ask the actor.

## Participant Feedback

Facilitator may start the feedback loop by asking a variation of the following two questions.

- What do you think you did well? (areas of strength)
- What would you change or do differently? (areas to improve)

Having a keen ear is important during this feedback loop. Participants may be critical of themselves and have difficulty identifying their strengths during the interview. The facilitator should ask questions to solicit this information, especially with participants who have difficulty identifying strengths in their performance.

## Observing Participants (Group) Feedback

While the other participants are observing their colleagues' interviews, ask them to consider the same two questions.

What do you think the participant did well? (areas of strength)

What do you think the participant could change or do differently? (areas to improve)

If the group is reserved or having difficulty providing feedback, the facilitator can pose one or two exploratory questions to elicit feedback. For example, "Has anyone ever had a similar experience? Or, in what ways did you observe the participant demonstrate professionalism?"



## Facilitator Feedback

Provide the participant with at least two observable strengths or reaffirm what the group has said in a new way. When identifying something to change or try differently, normalize when appropriate. However, explore a solution with the participant and observing group. For example, "We have all had an experience in which we unintentionally ask a leading question. What open-ended question can the participant consider for the future?"

## Actor Feedback

Allow time for the actor to provide feedback using the same strengths-based approach.

What do you think the participant did well? (areas of strength)

What do you think the participant could change or do differently? (areas to improve)

Depending on the scenario and the allowable amount of time, the actor may provide individual feedback after each participant or may wait until the end of the entire scenario to provide general feedback and/or highlights to the group. Establish your plan for feedback with the actor prior to starting the scenario.

*Tip: Be mindful of the time. Feedback segments need to be relevant and concise. Redirect to keep timely and reframe as needed to ensure strengths-based approach.*

# De-Briefing Session

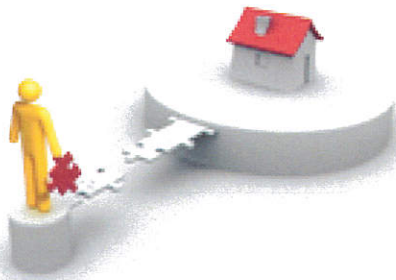


After all of the scenarios have been completed facilitate a de-briefing session for all participants, actors, facilitators, and coordinators. Use this time to encourage reflection about their individual experience of the simulation, including managing their performance anxiety and personal biases. Ask actors and participants to share and process (as needed) any visceral reactions during the scenarios. Also, be sure to explore “light-bulb” moments (new information learned or realized), comedic moments, or recognition of outstanding performances by the participants and actors. This time can also be used to provide an anonymous evaluation of the simulation so as to gather feedback for future simulations. A sample is provided in this handbook for your reference. You may also choose to provide an additional evaluation for new social workers after three or six months post-simulation so as to explore how the simulation has aided or prepared them for client engagement. Lastly, after closing the debriefing session gather the actors for a brief meeting. Ask actors to provide feedback to the facilitator or coordinator. Inquire on what worked well in terms of preparation and execution of the simulation. Explore areas that need to be refined or improved on so that future actor participation can continue in a seamless manner. Ultimately, we want to establish lasting relationships with actors by offering support, ensuring their ongoing participation and creating a positive experience.

# Sample Scenarios and Supplemental Handouts

## APS SIMULATION

Pre-Brief Meeting Agenda for Actors	1 page
Pre-Brief Meeting Agenda for Participants	1 page
Simulation Day Agenda	1 page
Scenarios 1 through 3– Facilitator/Actor Copy	6 pages
Conversation Pieces for Actors	3 pages
Scenarios 1 through 3– Participant Copy	6 pages
Evaluation	2 pages



# APS SIM Day Actor Pre-Brief Meeting

Attendees:

Actors: Names

Facilitators/Coordinators: Names

- |                 |  |
|-----------------|--|
| 10:00-10:15 AM  | Welcome Facilitators and Actors!   |
|                 | <ul style="list-style-type: none"><li>• Welcome speech</li><li>• Meet and Greet with actors and facilitators</li></ul>   |
| 10:15- 10:45 AM | Overview of SIM Day  |
|                 | <ul style="list-style-type: none"><li>• Review SIM day agenda</li><li>• Experience/Expectations discussion<ul style="list-style-type: none"><li>○ What can the actors anticipate for the day?</li><li>○ Actor's role providing in strengths-based feedback<ul style="list-style-type: none"><li>▪ Review feedback format</li></ul></li></ul></li></ul> |
| 10:45-11:30AM   | Review and Rehearse Assigned Scenarios   |
|                 | <ul style="list-style-type: none"><li>• Distribute scenarios and conversation starters</li></ul>   |
| 11:30-11:45PM   | De-Brief   |
|                 | <ul style="list-style-type: none"><li>• Questions/Concerns</li><li>• Final thoughts</li></ul>  |

## **SIM Pre-Brief Agenda**

1. Introduce Simulation Training
  - a. Explain history of SIM training and benefits
    - i. Normalize process (e.g. how many of you have participated in simulation or role-playing in graduate school?)
  - b. How does it work?
    - i. Review interview and feedback format
2. Review Simulation Day Agenda
  - a. Logistics
    - i. Assigned groups
    - ii. Parking
      1. Carpooling
      2. Importance of being on time
    - iii. Lunch
3. Review Scenarios
  - a. Be sure to collect scenarios back from participants
  - b. Review motivational interviewing techniques; especially Open-Ended Questions and Reflective Statements
4. Participant Discussion
  - a. Group Agreements- Write out on Post-it board (take to SIM Day)
    - i. Respect
    - ii. Reasonable expectation of privacy
    - iii. Support
  - b. Concerns/Questions
  - c. Managing Anxiety
    - i. Self-Care
      1. Good night's rest, deep breathing, healthy breakfast, mindfulness activity

# APS SIM Day Agenda

Date:

Location:

Contact Info:

8:30- 9:00 AM	Welcome
9:00- 10:00 AM	1 <sup>st</sup> Rotation
10:00- 10:10 AM	-10 min Break-
10:10- 11:10 AM	2 <sup>nd</sup> Rotation
11:10- 11:20 AM	-10 min Break-
11:20- 12:20 PM	3 <sup>rd</sup> Rotation
12:20- 12:45 PM	Group De-Brief/Evaluations
12:45- 1:15 PM	Lunch

Group A	Group B
Name of Participants	Name of Participants

Rotations	Group A	Group B
<u><b>Rotation 1</b></u> 9:00- 10:00 am	Living Room #1  "Getting in the Door"	Living Room #2  "Interviewing an Alleged Abuser"
<u><b>Rotation 2</b></u> 10:10- 11:10 am	Bedroom  "Investigating Physical Abuse"	Living Room #2  "Getting in the Door"
<u><b>Rotation 3</b></u> 11:20- 12:20 pm	Living Room #1  "Interviewing an Alleged Abuser"	Living Room #2  "Investigating Physical Abuse"

**#1- Francis Stark-(Engagement-“Getting in the Door”)**

Report:	<p>Allegation of Self-Neglect: Health and Safety Hazard as the client’s home is reportedly hoarded, with small, narrow pathways between rooms.</p> <p>The client, Francis Stark, is 67 years old and lives alone. Paramedics responded to the client’s home after a report that the client was down on the floor and unable to get up. Paramedics noted that the client’s home was full of trash, boxes and other items, as high as four feet in some areas, with only small, narrow pathways between rooms. The client accepted help in getting up off of the floor but refused all other offers of medical care including transportation to the emergency room. The client appeared to be of sound mind but denied that there was a problem with the condition of the home and eventually became irate and asked the paramedics to leave. The reporting party is concerned that the client’s home presents a fall risk to the client as there are narrow pathways and the client is dependent on their walker for mobility.</p>
Role-Players:	<ol style="list-style-type: none"> <li>1. Senior Social Worker (SSW)</li> <li>2. Client</li> </ol>
Scenario Description:	The SSW has arrived to the client’s home and will attempt to engage the client and gain access into the home. The client opens the door for the social worker but does not immediately invite the social worker into the home or to view the interior of the home and is resistant to APS services. The client engages the social worker in conversation at the front door but appears guarded in their responses and is easily agitated when the condition of their home is discussed.
Client Script:	You are a private person and really do not want this social worker involved in your life. Everyone thinks there is something wrong with your home, but you have lived this way for years without any problems and personally, you do not think there is anything wrong with the way you live. It has been getting harder to move around at home now that you have to use a walker, so lately you have been thinking about getting rid of some of your belongings in your home (but only enough to make walking around easier).
Social Worker Objectives:	<ol style="list-style-type: none"> <li>1. Rapport Building/Client Engagement</li> <li>2. Investigate allegations</li> <li>3. Educate on APS</li> <li>4. Assess for safety risks</li> <li>5. Provide resources</li> </ol>
P&P-SH 20.3.1- Investigation, Assessment, and Intervention Plan	<ol style="list-style-type: none"> <li>1. Identify self as APS social worker</li> <li>2. Receive permission to enter the client’s home</li> <li>3. Provide purpose for visit including investigation of allegations, safety planning, and providing resources</li> <li>4. Explain APS program, including voluntary services, confidentiality (for client and reporters), and Penal Code 368</li> <li>5. Offer a private interview</li> <li>6. Explore/Confirm client’s preferred language</li> <li>7. Determine/Identify other persons present in the home</li> <li>8. Provide PUB 470 and social worker’s business card</li> </ol>

	<ul style="list-style-type: none"><li>9. Address allegations</li><li>10. Assess for safety risks</li><li>11. Collaborative safety planning with client</li><li>12. Provide resources</li></ul>
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**Scenario #2-Peter Bale -(Difficult Conversations with Alleged Abusers)**

Report:	<p>Allegation of Financial Abuse of the client by her son due to the son taking the client into the bank repeatedly to withdraw large sums of money from her account.</p> <p>Allegation of Isolation of the client by her son as family has been unable to make contact via telephone or in-person with the client.</p> <p>The client, Lisa Bale, is an 83-year-old female with mild cognitive impairments. The client resides with her son, Peter Bale, in her own home; her spouse passed away three years ago, at which time the son moved into the client's home. The client's son has brought the client into her bank at least four times over the past two weeks to withdraw large sums of money, between \$10,000 and \$15,000 at a time. The client sometimes appears confused when requesting the withdrawals. The client's son does most of the talking, but the client goes along with what the son says and requests the money be withdrawn. The client came in again on this date with her son but the teller became suspicious and the transaction was declined, due to the client appearing confused and being barely able to stand. The client's son became verbally aggressive with the teller, yelling at the teller and scolding the client. The son escorted the client out of the bank.</p>
Role-Players:	<ol style="list-style-type: none"> <li>1. Client's Son/Alleged Abuser (AA)</li> <li>2. Senior Social Worker (SSW)</li> </ol>
Scenario Description:	<p>The social worker has completed a private interview with the client in her home. During the interview the client stated she did not recall the specific reasons for which her son would have withdrawn the large sums of money. However, the client states her son is helping with her care and is helping to fix things around the house. The client also reports other family members do not visit or call as frequently as they used to prior to her spouse's death. The client has given the social worker permission to speak with her son about the allegations. The social worker will be meeting with the son and will conduct the interview in the living room.</p>
Son/AA Script:	<p>You have been taking your mom's money to help pay for your online gambling addiction and debts. But hey, you are entitled to that money anyway because when she dies, it is yours to have. Besides, you help take care of her and are fixing things up around the house and she should be paying you for that. Some of your family members disagree with how you are managing your mom's finances and what you should receive in compensation. So you just ignore their phone calls and discourage any visitors.</p>
Social Worker Objectives:	<ol style="list-style-type: none"> <li>1. Investigate allegations</li> <li>2. Educate on APS/Penal Code 368</li> <li>3. Assess for safety risks</li> <li>4. Advocate for client</li> <li>5. Provide Resources</li> </ol>
P&P-SH	<ol style="list-style-type: none"> <li>1. Identify self as APS social worker</li> </ol>

20.3.1- Investigation, Assessment, and Intervention Plan	<ol style="list-style-type: none"><li>2. Provide purpose for visit including investigation of allegations, safety planning, and providing resources</li><li>3. Explain APS program, including voluntary services, confidentiality (for client and reporters), and Penal Code 368</li><li>4. Offer a private interview</li><li>5. Address/Investigate allegations</li><li>6. Gather statements from alleged abuser (as appropriate)</li><li>7. Assess for safety risks</li><li>8. Provide resources for client and family members</li><li>9. Develop further intervention plans as needed</li></ol>
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**Scenario #3-Mavis Sand -(Difficult Conversations with Clients)**

Report:	<p>Allegation of Physical Abuse of the client by the client's son who hit the client, resulting in bruising to the client's face.</p> <p>The client, Mavis Sand, is a 71-year-old female who has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The client lives in her own apartment with the assistance of a live-in caregiver, Ella Rivers. The client's son, Owen Sand, visits on the caregiver's days off, Saturday and Sunday. On this date, the client was observed with bruising to her face and when questioned about the bruising, the client was evasive. The client did eventually say her son becomes frustrated with her when they are alone, but did not confirm or provide further explanation for the bruising. It is suspected that the son may have hit the client.</p>
Scenario Description:	<p>The social worker arrives for the home visit. Unexpectedly, the client's son, Owen Sand, answers the door. The social worker attempts to gain access to the client to conduct the APS interview and simultaneously maintain confidentiality. The client's son demands to know the purpose for the social worker's visit and is unenthusiastic about the social worker's presence. The client's son begrudgingly allows the social worker in the home and directs the social worker into the client's bedroom. The client is sitting in her bed and watching television. As the social worker begins to engage the client, bruising on the client's left eye is observed.</p>
Role-Players:	<ol style="list-style-type: none"> <li>1. Client</li> <li>2. Client's Son</li> <li>3. Senior Social Worker (SSW)</li> </ol>
Client Script:	<p>You have had COPD for many years. However, you are having more bad days than in the past, making it increasingly difficult for you to move around without assistance. You are thankful for the assistance you have from your caregiver, who has lived in the home for many years and is like a family member. Your son is also very helpful, especially on your caregiver's days off or when the caregiver needs to run errands. However, recently you have started to feel like a burden to him and notice he is quick to anger. You still have a bruise on your left arm from the last time he forcefully shook you when he was upset. Your son becomes easily frustrated when you are not able to walk to or from the bathroom or get up from the toilet seat independently. You are worried about the social worker's visit because you do not want your son to get into any trouble. After all you know your son is a good person and has been so helpful over the years.</p>
Client's Son:	<p>You are taking care of your mother today because her caregiver had an unexpected personal appointment to attend. While there someone knocks at the door asking to speak to your mother. You introduce yourself and demand to know who they are. You are concerned about strangers visiting because you and your mother haven't been seeing eye to eye lately and have had a few arguments. But mostly, the last thing you want is someone trying to scam your mother out of her retirement money.</p>
Social	<ol style="list-style-type: none"> <li>1. Rapport Building/Engagement</li> </ol>

Worker Objectives:	<ol style="list-style-type: none"> <li>2. Investigate allegations</li> <li>3. Educate on APS</li> <li>4. Assess for safety risks</li> <li>5. Assess indicators of physical abuse</li> <li>6. Protect confidentiality</li> <li>7. Develop safety plan</li> <li>8. Provide resources</li> </ol>
P&P-SH 20.3.1- Investigation, Assessment, and Intervention Plan	<ol style="list-style-type: none"> <li>1. Identify self as APS social worker</li> <li>2. Receive permission to enter the client's home</li> <li>3. Provide purpose for visit including investigation of allegations, safety planning, and providing resources</li> <li>4. Explain APS program, including voluntary services, confidentiality (for client and reporters), and Penal Code 368</li> <li>5. Offer a private interview</li> <li>6. Explore/Confirm client's preferred language</li> <li>7. Determine/Identify other persons present in the home</li> <li>8. Provide PUB 470 and social worker's business card</li> <li>9. Address/Investigate allegations</li> <li>10. Gather statements from alleged abuser (as appropriate)</li> <li>11. Assess for safety risks</li> <li>12. Collaborative safety planning with client</li> <li>13. Provide resources</li> </ol>

# Getting in the Door Scenario

## Possible Actor Statements/Themes

### Reporting Party Statements:

- “Who called you?” “I won’t talk to you until you tell me who called you!”
- “I know it was my neighbor who called you.” “They are always in my business”
- “My daughter called you didn’t she?” “I know she did; she doesn’t think I can live alone anymore.”
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Resistant to Services Statements:

- “Are you going to put me in a nursing home?”
- “I have rights.”
- “What do you want?” (not fully opening the door)
- “How long is this going to take? I have to leave soon.”
- “I don’t need any help, I can manage my own affairs.”
- “I don’t take from the government.” “I don’t want welfare”
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Contemplating Services Statements:

- “Well, I’ve been thinking of donating or selling some of the things in my living room.
- “I would like to be able to use my walker in the house.”
- “I’m using these boxes to pack some of my stuff into the garage.”
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Interviewing Alleged Abuser Scenario

## Possible Actor Statements/Themes:

### Reporting Party Statements:

- “My aunt called you, didn’t she?”
- “Did the bank call you?”

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Initial Alternate Responses for Financial Abuse

- “All the money, I’ve taken is to care for her and fix the house, just like she asked me to.”
- “I don’t need to take my mom’s money, I have a job. I’m her IHSS provider.”
- “My mom wants me to have that money, she just doesn’t remember sometimes.”

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Defensive Statements:

- “My sister borrowed \$10,000 from her and hasn’t paid her back, she’s the one that’s stealing.”
- “My mom doesn’t know how to manage her money anymore, so I’m doing it for her. She’s probably going to make me her Power of Attorney.”
- “I take care of her every day, I’m fixing her house, I would never take her money.”
- “I don’t have any gambling debts; I only use her money for fixing and cleaning the house.”

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

# Investigating Physical Abuse Scenario

## Possible Actor Statements/Themes

### Reporting Party Statements:

- “Who called you?” “Was it my caregiver? She is so nosy.”
- “Did the doctor call you, I told her it was an accident.”

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Initial Alternate Responses for Physical Abuse

- “It’s my fault, I fell down trying to get to the bathroom. I should have called my caregiver to take me.”
- “I started taking Coumadin and now I’m getting bruises.” (medication for atrial fibrillation- condition client is not diagnosed with)
- “I fell and my son picked me up, I guess he’s a little stronger than he thought.”

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### Probing Statements:

- “Are you going to arrest my son?” “He’s a good boy”
- “I don’t want to make a big deal of this.”
- “My son is under a lot of stress.”

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**#1- Francis Stark-(Engagement-“Getting in the Door”)**

Report:	<p>Allegation of Self-Neglect: Health and Safety Hazard as the client’s home is reportedly hoarded, with small, narrow pathways between rooms.</p> <p>The client, Francis Stark, is 67 years old and lives alone. Paramedics responded to the client’s home after a report that the client was down on the floor and unable to get up. Paramedics noted that the client’s home was full of trash, boxes and other items, as high as four feet in some areas, with only small, narrow pathways between rooms. The client accepted help in getting up off of the floor but refused all other offers of medical care including transportation to the emergency room. The client appeared to be of sound mind but denied that there was a problem with the condition of the home and eventually became irate and asked the paramedics to leave. The reporting party is concerned that the client’s home presents a fall risk to the client as there are narrow pathways and the client is dependent on their walker for mobility.</p>
Role-Players:	<ol style="list-style-type: none"> <li>1. Senior Social Worker (SSW)</li> <li>2. Client</li> </ol>
Social Worker Objectives:	<ol style="list-style-type: none"> <li>1. Rapport Building/Client Engagement</li> <li>2. Investigate allegations</li> <li>3. Educate on APS</li> <li>4. Assess for safety risks</li> <li>5. Provide resources</li> </ol>
P&P-SH 20.3.1- Investigation, Assessment, and Intervention Plan	<ol style="list-style-type: none"> <li>1. Identify self as APS social worker</li> <li>2. Receive permission to enter the client’s home</li> <li>3. Provide purpose for visit including investigation of allegations, safety planning, and providing resources</li> <li>4. Explain APS program, including voluntary services, confidentiality (for client and reporters), and Penal Code 368</li> <li>5. Offer a private interview</li> <li>6. Explore/Confirm client’s preferred language</li> <li>7. Determine/Identify other persons present in the home</li> <li>8. Provide PUB 470 and social worker’s business card</li> <li>9. Address allegations</li> <li>10. Assess for safety risks</li> <li>11. Collaborative safety planning with client</li> <li>12. Provide resources</li> </ol>

What are some possible engagement and conversation starters with this client?

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What open-ended questions would you want to ask this client?

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What are some areas, based on your training and review of the policies /procedures, that you may want to focus on?

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**Scenario #2-Peter Bale -(Difficult Conversations with Alleged Abusers)**

Report:	<p>Allegation of Financial Abuse of the client by her son due to the son taking the client into the bank repeatedly to withdraw large sums of money from her account.</p> <p>Allegation of Isolation of the client by her son as family has been unable to make contact via telephone or in-person with the client.</p> <p>The client, Lisa Bale, is an 83-year-old female with mild cognitive impairments. The client resides with her son, Peter Bale, in her own home; her spouse passed away three years ago, at which time the son moved into the client's home. The client's son has brought the client into her bank at least four times over the past two weeks to withdraw large sums of money, between \$10,000 and \$15,000 at a time. The client sometimes appears confused when requesting the withdrawals. The client's son does most of the talking, but the client goes along with what the son says and requests the money be withdrawn. The client came in again on this date with her son but the teller became suspicious and the transaction was declined, due to the client appearing confused and being barely able to stand. The client's son became verbally aggressive with the teller, yelling at the teller and scolding the client. The son escorted the client out of the bank.</p>
Role-Players:	<ol style="list-style-type: none"> <li>1. Client's Son/Alleged Abuser (AA)</li> <li>2. Senior Social Worker (SSW)</li> </ol>
Scenario Description:	<p>The social worker has completed a private interview with the client in her home. During the interview the client stated she did not recall the specific reasons for which her son would have withdrawn the large sums of money. However, the client states her son is helping with her care and is helping to fix things around the house. The client also reports other family members do not visit or call as frequently as they used to prior to her spouse's death. The client has given the social worker permission to speak with her son about the allegations. The social worker will be meeting with the son and will conduct the interview in the living room.</p>
Social Worker Objectives:	<ol style="list-style-type: none"> <li>1. Investigate allegations</li> <li>2. Educate on APS/Penal Code 368</li> <li>3. Assess for safety risks</li> <li>4. Advocate for client</li> <li>5. Provide Resources</li> </ol>
P&P-SH 20.3.1- Investigation, Assessment, and Intervention Plan	<ol style="list-style-type: none"> <li>1. Identify self as APS social worker</li> <li>2. Provide purpose for visit including investigation of allegations, safety planning, and providing resources</li> <li>3. Explain APS program, including voluntary services, confidentiality (for client and reporters), and Penal Code 368</li> <li>4. Offer a private interview</li> <li>5. Address/Investigate allegations</li> </ol>

	<ol style="list-style-type: none"><li>6. Gather statements from alleged abuser (as appropriate)</li><li>7. Assess for safety risks</li><li>8. Provide resources for client and family members</li><li>9. Develop further intervention plans as needed</li></ol>
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What are some possible engagement and conversation starters with this client?

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What open-ended questions would you want to ask this client?

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What are some areas, based on your training and review of the policies /procedures, that you may want to focus on?

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**Scenario #3-Mavis Sand -(Difficult Conversations with Clients)**

Report:	<p>Allegation of Physical Abuse of the client by the client's son who hit the client, resulting in bruising to the client's face.</p> <p>The client, Mavis Sand, is a 71-year-old female who has been diagnosed with Chronic Obstructive Pulmonary Disease (COPD). The client lives in her own apartment with the assistance of a live-in caregiver, Ella Rivers. The client's son, Owen Sand, visits on the caregiver's days off, Saturday and Sunday. On this date, the client was observed with bruising to her face and when questioned about the bruising, the client was evasive. The client did eventually say her son becomes frustrated with her when they are alone, but did not confirm or provide further explanation for the bruising. It is suspected that the son may have hit the client.</p>
Role-Players:	<ol style="list-style-type: none"> <li>1. Client</li> <li>2. Client's Son</li> <li>3. Senior Social Worker (SSW)</li> </ol>
Social Worker Objectives:	<ol style="list-style-type: none"> <li>1. Rapport Building/Engagement</li> <li>2. Investigate allegations</li> <li>3. Educate on APS</li> <li>4. Assess for safety risks</li> <li>5. Assess indicators of physical abuse</li> <li>6. Protect confidentiality</li> <li>7. Develop safety plan</li> <li>8. Provide resources</li> </ol>
P&P-SH 20.3.1- Investigation, Assessment, and Intervention Plan	<ol style="list-style-type: none"> <li>1. Identify self as APS social worker</li> <li>2. Receive permission to enter the client's home</li> <li>3. Provide purpose for visit including investigation of allegations, safety planning, and providing resources</li> <li>4. Explain APS program, including voluntary services, confidentiality (for client and reporters), and Penal Code 368</li> <li>5. Offer a private interview</li> <li>6. Explore/Confirm client's preferred language</li> <li>7. Determine/Identify other persons present in the home</li> <li>8. Provide PUB 470 and social worker's business card</li> <li>9. Address/Investigate allegations</li> <li>10. Gather statements from alleged abuser (as appropriate)</li> <li>11. Assess for safety risks</li> <li>12. Collaborative safety planning with client</li> <li>13. Provide resources</li> </ol>

What are some possible engagement and conversation starters with this client?

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What open-ended questions would you want to ask this client?

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What are some areas, based on your training and review of the policies /procedures, that you may want to focus on?

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## APS SIMULATION TRAINING

### Evaluations and Feedback

*Our intention is to meet your training needs. Giving your opinion of this training is helpful in evaluating and formatting the content for future classes.*

	<b>Strongly Disagree</b>  1	<b>Disagree</b>  2	<b>Neither Agree nor Disagree</b> 3	<b>Agree</b>  4	<b>Strongly Agree</b>  5
Ability to adequately practice social work objectives					
Provided opportunities to enhance my skills					
Scenarios were reflective of real-life case situations					
Received adequate feedback from peers					
Received adequate feedback from facilitators					
Overall length of training was adequate					
Increased my knowledge and/or skills					
Increased my level of confidence					

If you selected strongly disagree (1) or disagree (2) on any of the above, please share your thoughts or recommendations for improvement:

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How likely will you be able to apply the knowledge/skills you have learned in this training? Please circle a rating below.

Not at all likely		Somewhat likely		Very likely
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Overall, how would you rate this particular simulation experience? Please circle a rating below.

Not at all valuable		Somewhat valuable		Highly Valuable
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**OPTIONAL:**

1. What were the strengths of this simulation experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Is there anything you would like to see changed or added? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Other comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you for your participation!!

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