

**The Initial
Investigation:
Taking the First Steps**

Susan Castaño, LCSW, Curriculum Developer



M.A.S.T.E.R.

in collaboration with

Santa Clara County Adult Protective Services

Presents

APS Core Competency Training Modules:

***The Initial Investigation:
Taking the First Steps***

Date:

Tuesday, September 14th, 2010
9am to 4pm

Location:

The Auditorium
1555 Berger Dr., San Jose, CA 95112

NOTE: Participants are expected to participate in a variety of evaluation activities to determine the effectiveness of the training. These include both in class and post training activities.

Registration Deadline: Sept. 3rd, 2010

COST: FREE

*****Early Registration is recommended for this FREE training*****

Register by e-mailing/faxing Trainee Registration (see page 2) to
Marcie Arciniega at marciniega@projects.sdsu.edu or call (951)-682-2580

The Initial Investigation: Taking the First Steps

Learning Objectives: In this introductory level training, workers will learn to define goal of the intake process; to describe interviewing, communication, and rapport building strategies; to evaluate information received in initial report; to describe safety precautions/ preparations; to demonstrate rapport building strategies and to discuss methods of dealing with client's resistance to access; to demonstrate techniques for interviewing suspected abuser and to assess potentially dangerous situations in order to remain safe.

Presenter: Katrina T. Williams, MA, is the Social Work Training Specialist for Santa Clara's Social Services Agency. Ms. Williams has 7 years experience working with disabled, mentally ill and elderly clients and training those workers assigned to assist them. She is in the process of completing a Doctor of Education degree in Counseling Psychology.



A program of the Academy for Professional Excellence
at
San Diego State University School of Social Work
Funding for this program provided by
The Archstone Foundation



Academy for Professional Excellence

Trainee Registration Profile

Please Print

The information collected below is for transcript and research purposes only. As part of the evaluation of the APS Core Curriculum, you will be asked to participate in an imbedded evaluation. We may also contact your supervisor, a few months after the training, to determine whether this training had an effect on your actual practice. Results of these evaluations will only be reported in aggregate. *Your individual test results will not be reported to your employer.* However, your participation in these evaluation activities is strictly voluntary. Please inform us if you do not wish to participate in the evaluation portion of this training.

Date: _____

Name: _____

Phone Day: _____ Evening: _____

E-mail: _____

Supervisor's Name: _____ Supervisor's Phone: _____

What is your highest level of education:					
<input type="checkbox"/>	High School	<input type="checkbox"/>	BA/BS	<input type="checkbox"/>	MA/MS
<input type="checkbox"/>	Associates Degree	<input type="checkbox"/>	MSW/MSSW	<input type="checkbox"/>	Doctorate
<input type="checkbox"/>	BSW/BASW	<input type="checkbox"/>	Other (specify): BA Criminal Justice		

What is your gender?		How many years have you worked in APS?											
<input type="checkbox"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	< 2yrs	<input type="checkbox"/>	2-4yrs	<input type="checkbox"/>	4-6yrs	<input type="checkbox"/>	> 6 yrs	<input type="checkbox"/>	N/A

If you currently hold a health practitioner license, please mark the appropriate box and provide your license number.					
<input type="checkbox"/>	LCSW	<input type="checkbox"/>	MFT	<input type="checkbox"/>	Other (specify):
License Number: _____					

How do you identify yourself in terms of ethnicity/race?			
<input type="checkbox"/>	African American	<input type="checkbox"/>	Hispanic/Latino
<input type="checkbox"/>	American Indian/Alaska Native	<input type="checkbox"/>	Multi-Racial (specify):
<input type="checkbox"/>	Asian/Pacific Islander	<input type="checkbox"/>	Other (specify):
<input type="checkbox"/>	White/Caucasian		

What age group do you belong to?					
<input type="checkbox"/>	25 and under	<input type="checkbox"/>	36-45	<input type="checkbox"/>	56-65
<input type="checkbox"/>	26-35	<input type="checkbox"/>	46-55	<input type="checkbox"/>	66 and over

Are you comfortable reading and writing in a language other than English? If so, please check all that apply.					
<input type="checkbox"/>	Spanish	<input type="checkbox"/>	Chinese	<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Vietnamese	<input type="checkbox"/>	Filipino	<input type="checkbox"/>	Other (specify):