August 22, 2003

DEAR COUNTY DIRECTOR OF SOCIAL SERVICES:

ATTENTION: Adult Protective Services Supervisors

SUBJECT: TRAINING ON THE DYNAMICS OF MISTREATMENT AMONG ELDERLY AND DISABLED ADULTS

The Division of Social Services is pleased to announce the availability of a one-day workshop entitled Dynamic of Mistreatment Among Elderly and Disabled Adults. The workshop will be offered on October 31, 2003 in Statesville, and February 20, 2004 in Williamston.

This workshop will provide participants an excellent opportunity to learn about and discuss the emotional and psychological aspects of mistreatment. It will provide participants with insight into the psychological dynamics involved in many Adult Protective Services (APS) cases. The workshop will utilize lecture and small group discussions to introduce participants to these psychological dynamics. The workshop will also provide an understanding of how to identify and assess family abuse dynamics and examine how to develop and integrate solutions, based on an understanding of these dynamics, into practice in APS cases.

Social workers and supervisors with responsibility for evaluating and planning service interventions in APS cases will benefit from attending this workshop. The workshop is being offered as an advanced level training (beyond the APS Basic Skills Training) for APS staff. All participants should have completed both Modules I and II of the Adult Protective Services Basic Skills Training prior to attending this workshop.

A maximum of thirty participants will be accepted at each of the training sites. Registration will be accepted on first come, first served basis. There is no cost for this training, however, you must pre-register. A registration form is attached. Please make copies as needed. Participants can expect to receive a confirmation letter and specific information about the training site after registering. Each workshop starts at 9:30 a.m. and will end by 4:00 p.m. There will be no on-site registration.
Dear County Director
Re: Dynamics of Mistreatment Among Elderly & Disabled Adults Training
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Please choose one of the workshops listed below and complete the attached registration form. If the site you request is full, you will be notified and offered another site, if available. Refreshments will not be provided, however, participants may bring their own drinks and snacks.

- **October 31, 2003**
  Iredell County Health Department
  318 Turnersburg Highway
  Statesville, North Carolina

- **February 20, 2004**
  Martin Community College
  1161 Kehukee Road
  Williamston, North Carolina

If you need additional information or have questions regarding the content of the workshops, please contact John Margolis, APS Program Consultant at (919) 733-3818, or your Adult Programs Representative. For all questions regarding registration, please contact Monica Nealous, Office Assistant, at the number referenced above.

To **insure registration** at the selected location, send your registration as soon as possible. A completed registration form may be mailed or faxed to Ms. Nealous at NCDSS / Adult & Economic Services, 325 North Salisbury Street, 2405 MSC, North Carolina 27699-2405. FAX: (919) 715-0023. **On-line registration** is also available at [http://www.ncswtrain.org/](http://www.ncswtrain.org/).

Sincerely,

![Signature]

John T. Tanner, Chief
Adult and Economic Services Section

JTT/jm

AFS-12-2003

Attachment
Adult and Economic Services, NC Division of Social Services Registration Form
(Forms faxed or mailed prior to the date registration opens will NOT be considered)

Have you attended the prerequisites for this training event?  □ Yes  □ No
(For prerequisite information please refer to the training description)  □ Not Applicable for this Training

First Name: ___________________  MI: ______  Last Name: ___________________

If you have ever registered for a training under a different name, what is that name?
“Goes By” Name: ___________  Social Security Number: ________________________  Gender: □ Female  □ Male
(SSN requested for internal record keeping purposes only)

Race/Ethnicity (Optional):
□ Caucasian  □ African American  □ Latino/Hispanic  □ Asian/Pacific Islander  □ Native American/Eskimo  □ Mixed Race

Home Phone (please include area code): _____________________________  Work Phone & Extension (please include area code): ______________________
Home phone requested in event of last minute postponement due to severe weather.

Your Work E-mail Address: _______________________________  Fax #: (______)

Agency Name: _______________________________

Mailing Address (PO Box, Drawer #, or Street Name and Suite #): __________________________
City: __________________________  State: __________  Zip Code: __________
State Courier #: __________________________  County: __________________________

Supervisor’s Full Name: __________________________  Supervisor’s Phone (please include area code): (______)

Employment Type:
□ Not applicable  □ County DSS - Permanent  □ County DSS - Temporary  □ County Non-DSS  □ Federal Agencies
□ State Agency/Public University  □ Private University/College  □ Private Agency/Business

Work Type:
□ Direct Client Service  □ Line Supervisor  □ Trainer/Staff Development  □ Program Manager
□ Program/Admin. Support  □ Director  □ Other  □ Not Applicable

Program Responsibilities:
□ Adult Care Home CMS  □ Adult Day Care  □ Adult Home Specialist
□ Adult Protective Services  □ Adult Services Intake  □ At-Risk Case Management
□ Attorney  □ Guardianship  □ In-Home Aide Services  □ Special Assistance
□ Trainer  □ Other

Other Roles:
□ Aging Services  □ Attorney/Judicial  □ Developmental Disabilities
□ Health/Medical  □ Law Enforcement  □ Long Term Care
□ Mental Health  □ Student/Student Intern  □ Substance Abuse
□ Vocational Rehabilitation  □ Other

Highest Degree
□ HS  □ Masters  □ Associate  □ Doctorate
□ Bachelor  □ MSW/MSSW  □ PhD/DSW

Training Event
To ensure this registration form is faxed/mailed to the appropriate person please refer to the Dear Director letter to which this was attached
Training Event you are registering for: __________________________
Date(s) of Training Event: __________________________
Location of Training Event: __________________________
If you are replacing a registered co-worker, what is his/her name: __________________________
If you are making up a missed training day, which day are you making up? __________________________