The Partnerships for Person-Centered and Participant-Directed Long-Term Services and Supports Project

Teaching Resources to Support Person-Centered and Participant-Directed Social Work Competency Attainment

September 2016
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Partnerships Project Background

Given the growing national emphasis on assisting older adults and people with disabilities to maintain their dignity and independence in their homes and communities, it is imperative that social workers acquire person-centered (PC) and participant-directed (PD) competencies. Although gains have been made in training the existing Aging and Disability (A/D) Network workforce in PC/PD competencies, corresponding efforts to prepare the future social work (SW) workforce with such competencies have been limited. This “pipeline” preparation is essential for the delivery of quality services for older adults and people with disabilities.

The PC approach, first implemented with adults with disabilities, is guided by principles of community inclusion, dignity, and respect. The individual is at the center of the planning process, and the PC plan reflects what is most important to the individual and their capacities, strengths, and required supports. The plan focuses on the individual’s life, not just services, and utilizes informal supports whenever possible. This type of approach is the foundation for PD services, which help individuals of all ages, across all types of disabilities, maintain their independence and determine, for themselves, what mix of personal assistance supports and services work best for them. PD is built on the premise that individuals receiving services are in the best position to identify their needs and goals and then direct and manage their own services. PC/PD represents a major paradigm shift from traditionally provided services, in which the decision-making and managing authority is vested in professionals. This approach has proven effective in improving quality of life for older adults and individuals of all ages with disabilities (Simon-Rusinowitz, L., Loughlin, D. M., Ruben, K., Garcia, G. M., & Mahoney, K., 2010).

The Partnerships for PC and PD Long-Term Services and Supports (LTSS) Project was a 36-month collaboration between the Council on Social Work Education (CSWE) National Center for Gerontological Social Work Education (Gero-Ed Center) and the and the National Resource Center for Participant-Directed Services (NRCPDS) at the Boston College School of Social Work (BC-SSW). Utilizing a planned curricular change model of infusion of competencies into existing courses, the partnerships project aimed to prepare Bachelor of Social Work (BSW) and Master of Social Work (MSW) students with competencies to implement and evaluate PC/PD LTSS within the A/D Network. This goal was attained primarily through the development and infusion of PC/ PD competencies within classroom and field curricula and through expanded collaborations between social work programs and community partner agencies, including field placements within the A/D Network. It involved the nine A/D community agencies and local social work programs in the Administration for Community Living’s nine Enhanced ADRC Options Counseling Program states.

Project staff worked closely with the faculty and community partners to developed PC/PD competencies congruent with CSWE’s Educational Policy and Accreditation Standards (EPAS). For more information on the Partnerships Project, see Appendix A, Partnerships
Project Overview. For a description of the overall approach utilized by this project, see Hooyman, N., Mahoney, K., and Sciegaj, M. (2013).

**Partnership Project Contacts**

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<tr>
<th>State</th>
<th>SW Faculty Lead</th>
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The teaching resources were designed by participating faculty and community partners and Partnership Project staff. In some instances, the same teaching resource supports the attainment of Person-Centered and Participant-Directed Social Work Competencies: Competency Domains from the CSWE 2015 Educational Policy Accreditation Standard.

**Competency 1: Demonstrate Ethical and Professional Behavior**

1. Encourage and support the participant to identify their own goals and determine their best options even when they request another person to be involved in making those decisions or there is a legally mandated representative who is to be included in the decision-making process.

2. Describe the philosophy of person-centeredness in relation to social work values and theories.

**Competency 2: Engage Diversity and Difference in Practice**

1. Identify the roles and responsibilities of the social worker, participant, support broker, and financial management services agency in a participant-directed service model.

2. Understand the diverse characteristics among participants, families, and professionals (e.g., age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation).

3. Describe how diverse characteristics are sources of strengths for and/or may create barriers to accessing services and supports.

4. Explain how diverse characteristics may influence an individual’s familial relationships, social organizations, and help-seeking behavior.

**Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice**

1. Understand the forms and mechanisms of privilege, oppression, and discrimination and
their impact on participants and their families.

2. Describe how privilege, oppression, and discrimination may impact access to services and supports.

Competency 4: Engage in Practice-informed Research and Research-informed Practice

1. Describe the history of independent living, self-determination, and participant direction.
2. Compare and evaluate the effectiveness of participant direction as a service model.
3. Discuss the evaluation research on participant direction as a service model relevant to the population served and/or practice context.

Competency 5: Engage in Policy Practice

1. Understand the policy history and potential future trajectory of major public programs for long-term services and supports.
2. Identify effective techniques to advocate for strengthening existing or developing new long-term services and supports.

Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities

1. Demonstrate active listening and engagement skills in order to understand the person’s approach, views, and what is important to and for them.
2. Demonstrate ability to work with the participant to identify and discuss potential benefits and risks of their options.

Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities

1. Apply a strengths-based approach and build on individuals’ strengths, values, preferences, and goals.
2. Discuss how family, paid caregivers and community provide informal and formal supports.
3. Demonstrate ability to work with participants to develop support plans and individual budgets.
4. Establish capacity to provide support to the participant with employer related tasks, as needed (e.g., worker recruitment, training, discharging).

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

1. Demonstrate negotiation skills using tools such as open-ended questions, problem-solving, and motivational interviewing techniques in interacting with the participant regarding the pros/cons of choices that may place the participant at considerable risk.
2. Facilitate information sharing from the person and family, agencies, organizations, and communities using tools such as open-ended questions, problem-solving, and motivational interviewing techniques and (when necessary) communication aids.

Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities
1. Compare and evaluate the effectiveness of participant direction as a service model.
2. Discuss the evaluation research on participant direction as a service model relevant to the population served and/or practice context.

Teaching Resources

### Competency 1: Demonstrate Ethical and Professional Behavior Teaching Resources

1. Encourage and support the participant to identify their own goals and determine their best options, even when they request another person to be involved in making those decisions or there is a legally mandated representative who is to be included in the decision-making process.

2. Describe the philosophy of person-centeredness in relation to social work values and theories.

3. Describe the philosophy of self-directed services in relation to social work values and theories.

### Readings


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**Class Exercises and Media**

1. **PC Thinking Tools**: These are a series of practical tools to help students begin to think and apply PC practices. Each tool is accompanied by a brief training video. Tools include:
   - Sorting important to/for
   - What’s working/not working
   - The doughnut
   - Relationship circle
   - Presence to contribution
   - Matching support
   - Learning log
   - Good day/bad day
   - Decision-making agreement
   - Communication chart
   - 4 plus 1 questions
   - Person-centred reviews
   - Working together for change
   - Planning live
   - MAPs
   - PATH

2. Video: *What is Participant Direction?* The founding director of NRCPDS provides a brief description of the shift from traditional agency care for persons with disabilities to participant direction. Instead of an impersonal system of assigning various assistants to a person based on availability and the assistants’ schedules, the individual can create a personalized plan based on his/her preferences for daily care.

3. Video: *Person-Centered & Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach*: Hunter College created this video through the Partnerships Project as a training resource for social work students and practitioners on the person-centered approach and introduction of self direction.

Play the video for the class and use the *facilitators guide* to consider the “Prologue Questions” (page 3) and the “Introduction of the Visit’s Purpose Questions” (page 5).
Assignments

1. Theory Application Paper Assignment: This paper allows students to develop critical thinking skills as well as skills related to the evaluation and application of research to generalist practice. Ask students to read Hooyman, Mahoney and Sciegaj 2016 (see above) and to pick an issue in which they are interested. Based on what they know about the issue, apply a theoretical perspective to the issue that they think explains its dynamics. Their paper should include the following:

   a. How does the theory “explain” the issue (e.g., what “causes” the problem from an empowerment perspective, how are people affected by it)? (25 points)

   b. How would you intervene with a consumer who presented with problems related to the issue? What would the roles be of the social worker, consumer, and agency using the theory? How does that compare to PC/PD approaches? (25 points)

   c. Summarize whether or not the literature supports your ideas. What theoretical perspectives are presented in the literature related to this issue? What theories do others use to “explain” and to intervene with the issue? (25 points)

   d. Briefly discuss the strengths/weaknesses of both your perspective and that presented by the literature. Include a discussion on how these perspectives align (or don’t) with strengths/person-centered, participants-directed philosophies. (25 points)

This paper (maximum length 8 pages) does not need to be an extensive analysis of the theory. Rather, the you should conduct enough research to get a “feel” for what others are saying and summarize their findings and relate them to the Hooyman et al., article on theories. References should be included in APA format.

Competency 2: Engage Diversity and Difference in Practice Teaching Resources

1. Identify the roles and responsibilities of the social worker, participant, support broker, and financial management services agency in a participant-directed service model.

2. Understand the diverse characteristics among participants, families, and professionals (e.g., age, class, color, culture, disability, ethnicity, gender, gender identity and expression, immigration status, political ideology, race, religion, sex, and sexual orientation).

3. Describe how diverse characteristics are sources of strengths for and/or may create barriers to accessing services and supports.

4. Explain how diverse characteristics may influence an individual’s familial relationships, social organizations, and help-seeking behavior.

Readings


3. deMedeiros, K., & Doyle, P. J. (2013). Remembering the person in person-centered


### Class Exercises and Media

1. **Case Study: Young Adult with a TBI**. Case study deals with intergenerational, family care planning, person-centered decision-making, and cognitive disabilities with a Latino male with a psychological disability.

2. **Case Study: Individual with a Developmental Disability**. Case deals with person-centered decision-making, limited cognitive abilities, family issues, and advocacy with an African American female with an intellectual disability.

3. **Video: Self-Directing Participant Story: Aisha Jackson**. Aisha Jackson, a young adult with cerebral palsy, describes the resources afforded to her through the Cash and Counseling program and how the program enables her to retain independence while pursuing a college education.

4. **Video: The Thin Edge of Dignity**. Dick Weinman, retired professor of broadcast communications at Oregon State University, author and former radio personality, delivers a moving presentation about his experience living in an assisted living facility.

5. **Video: Voices from the Olmstead Decision**. Moving stories of persons with disabilities who have benefited from the Olmsted decision.

4. **Video: Person-Centered & Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach**. Hunter College created this video through the Partnerships Project as a training resource for social work students and practitioners on the person-centered approach and introduction of self direction.

Play the video for the class and use the facilitators guide to consider the “Initial
Assignments

Students will research diversity competent practice with a diverse and historically marginalized and/or oppressed population (their definition of this can be broad – e.g., some groups that could be considered include those with developmental or other physical/mental challenges; lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals; persons of color; older adults; men, because they often are not a focus of practice). The goal of this assignment is to assist students in using the social work literature to identify evidence-based techniques and strategies in working with diverse marginalized groups.

Students will:

1. Locate one journal article, book, or professional paper that describes some aspect of social work practice addressing their chosen population. Students might begin by consulting the computerized databases in the library (e.g., PsycINFO, Social Sciences Abstracts).
2. Read the article and identify one technique or strategy that the author(s) suggests will be helpful in working with this population.
3. Prepare a brief, two to three page, written summary of the technique and a critique of the author’s research. In their review, students will address the following (5 points each):
   a. What does the author suggest are the main clinical or other issues facing this population?
   b. Describe the approach suggested by the author(s). Include comments on the extent to which the approach allows for consumers to determine their own goals and options and make their own decisions.
   c. Does the author cite any research that supports his/her suggestions?
   d. What are some of the limitations of using this approach, particularly for this population (e.g., Is it appropriate? Does it limit empowerment, person-directedness in achieving goals, solutions, etc.? Might it reinforce stereotypes/oppression? Is it an evidence-informed approach?)?
   e. Are there any ethical considerations in using this approach?
   f. Would you be comfortable using this approach? For what reasons? Students should include in this any critique they might have of the approach based on their knowledge of the population, research methods, theory, etc., or any value conflicts they might have.
   g. What did you learn about this population? Did what you learned change any previously held beliefs, values, ideas, stereotypes, etc. about this population? If so, in what ways?
   h. Be sure to include a full citation (APA style) for the article you used.

Competency 3: Advance Human Rights and Social, Economic, and Environmental Justice

1. Understand the forms and mechanisms of privilege, oppression, and discrimination and their impact on participants and their families.
2. Describe how privilege, oppression, and discrimination may impact access to services and supports.

Readings


Class Exercises and Media

1. Video: *The Power of 504*: Award-winning 18-minute documentary that captures the drama and emotions of the historic 1977 Civil rights demonstration of people with disabilities, resulting in the signing of the 504 Regulations—the first Federal Civil Rights Law protecting people with disabilities.


Assignments

1. Reaction Paper: Have students view the *Power of 504* and critique the portrayal and language used to describe persons with disabilities.

2. “BLANK is Right”: This assignment can be used for all forms of privilege, oppression, and discrimination. Select a characteristic that society sees as the norm. Have students scan their environment and, on a single-sheet of paper, list all the indications they see that communicate the message that “White” (for example) or “Able bodied” is “Right” or that being “White” or “Able bodied” is normative—even superior. (Examples: Flesh colored bandages are whose flesh color? Lack of disabled bodies in advertising.)

Competency 4: Engage in Practice-Informed Research and Research-informed Practice

1. Describe the history of independent living, self-determination, and participant direction.

2. Compare and evaluate the effectiveness of participant direction as a service model.

3. Discuss the evaluation research on participant direction as a service model relevant to the population served and/or practice context.
Readings


**Class Exercises and Media**


2. Video: *Why is Participant Direction Important?* NRCPDS founding director explains the creative aspect of participant direction and how it develops tailor-made care using the same amount of funds as agency care.

3. Video: *Self-Directing Participant Story: The Wallaces*. Mr. and Mrs. Wallace and their case managers discuss the positive difference in the couple’s quality of life after switching from a nursing home to a participant direction program.

4. Video: *In Familiar Surroundings: Veteran Tommy Atchinson Battles Lewy Body Disease at Home*. Self direction programs through the Veterans Health Administration allow World War II Veteran, Tommy Atchinson, to live at home with his wife. The couple uses the funds to hire assistants and purchase devices that aid in care and the continuation of their independent living.

5. Video: *Overview of Cash and Counseling*. Kevin J. Mahoney, founding director of NRCPDS, provides the history and development of the Cash and Counseling program, beginning with an idea during the Clinton administration and evolving as a study of patient needs, payment options, and efficacy standards.

6. Video: *Cash and Counseling Problem and Program Theory*. Kevin J. Mahoney, founding director of NRCPDS, discusses confronting the problem theories of control issues, flexibility of options, and the ability to build connections to family and community, as well as the development of the program theory and protocol.

7. Video: *Cash and Counseling as a Controlled Experiment & Problems with Controlled Experiments*. Kevin J. Mahoney, founding director of NRCPDS, explains in detail the steps taken while running a controlled experiment that examined Cash and Counseling in various states. In addition, he lists problems they encountered, such as lack of commitment and variation in who received treatment.

8. Video: *More Issues with Controlled Experiments (Using Cash and Counseling as an Example)*. Kevin J. Mahoney, founding director of NRCPDS, describes experiment issues such as ethics, informed consent, need for large numbers, randomization decisions, the “black box problem,” intent to treat, and statistical analysis.

9. Video: *Outcomes of Cash and Counseling*. Giving a brief overview of the results of the experiment, Kevin J. Mahoney, founding director of NRCPDS, lists outcomes for Cash and Counseling participants, including whether participants received what they needed, high participant satisfaction, 20-50% better health outcomes, and cost reduction.
Assignments

1. Reaction Paper: Students write their reactions to the following questions: What do you think is the historical connection between disability rights and other civil rights and social activism of the 1960s and '70s? Can you connect these social movements to the historical evolution of social work practice?

2. Policy Brief: Assume that a policy leader (e.g., legislator, agency administrator) has asked you to write a policy brief on a topic related to self-direction. Drawing on several sources of information, including the assigned readings, lectures, class discussions, Internet resources, and peer-reviewed academic journals, your policy brief should incorporate the following features:
   a. TITLE (15 words or fewer): Your title should be a very short, succinct description of your policy brief.
   b. EXECUTIVE SUMMARY (100 words or fewer): Similar to an abstract, provide a short summary of what your policy brief contains—it should give your reader a sense for the major points of your policy brief.
   c. NATURE OF THE PROBLEM/ISSUE: Most policies start out as attempts to solve problems or to address needs. Describe the problem or need. What is the root of the problem? (For example, if there are federal budget deficits, were they caused by excessive spending by Democrats on healthcare programs, Social Security, and federal aid programs that benefit the poor and unemployed? Were they caused by Republican sponsored tax cuts, unfunded defense spending increases, and an unfunded Medicare drug program that was written by pharmaceutical lobbyists? Or are they a result of a combination of these and other forces?) Convey your rationale for your analysis of the root of the problem.
   d. BRIEF HISTORICAL SUMMARY OF POLICY: What policy options have been set forth to address the problem? How has policy evolved to address the problem (if at all)?
   e. DESCRIPTION OF THOSE AFFECTED: What are the human impacts of the problem (who does it affect and how)? Provide any quantitative analysis that is possible. How many people and in what categories (e.g., age, gender, race, immigration status, low income, physical and cognitive capacity, living arrangements—alone, with family members, in nursing homes) are affected in what ways? What are the economic costs, and who pays what?
   f. RECOMMENDATIONS AND RATIONALE: Looking forward, what policy innovations or changes are in order? What reforms are being discussed? Does your evaluation of the policy/program indicate that it should be eliminated, overhauled, fine-tuned, left as it is, or better financed? Will the issues driving your policy or program still be important for older adults and persons with disabilities in the future?

Competency 5: Engage in Policy Practice

1. Understand the policy history and potential future trajectory of major public programs for long-term services and supports.
2. Identify effective techniques to advocate for strengthening existing or developing new long-term services and supports.

**Readings**


**Class Exercises and Media**

1. Video: *The Changing Role of States in Long-Term Services and Supports*. In this webinar, Paul Saucier explains the concept of managed long-term services and supports (MLTSS), a service delivery and payment method in which the organization is accountable for quality and cost of care for target groups such as older adults and persons with disabilities. He also describes state objectives for the use of MLTSS and common stakeholder questions. Patti Killingsworth provides information on TennCare, why Tennessee decided to implement MLTSS through TennCare, the design of the program, its timeline, and the results of its implementation.

2. Video: *How America’s Aging Network Works: At the Federal Level. An interview with Kathy Greenlee, Assistant Secretary of Aging*. Kathy Greenlee answers questions about the Administration on Aging. The administration provides money to states for communities to use to fund at-home care for the older adults. Greenlee also discusses the Older Americans Act and the process of improving that act by talking to federal agencies and older people about how to best aid seniors living at home.

3. Video: *Building Skills in Self-Direction: A Resource for Families and Individuals with Disabilities*. This video offers a description the techniques of self-governance, self-
direction, and self-management used in care for persons with disabilities. It emphasizes to families and individuals with disabilities the importance of “right relationship,” which includes shared responsibility, authority, and understanding. The video also provides steps for families and individuals to take to shift to the self-direction form of care.

4. **Video: Building Skills in Self-Direction: A Resource for Service Providers.** This video provides a description of the techniques of self-governance, self-direction, and self-management used in care for those with disabilities, as well as the roles of service providers in their relationships with those needing care. It emphasizes the importance of “right relationship,” which includes shared responsibility, authority, and understanding, and provides steps for service providers to take to shift to the self-direction form of care.

### Assignments

1. **Policy Brief:** Assume that a policy leader (e.g., legislator, agency administrator) has asked you to write a policy brief on a topic related to self-direction. Drawing on several sources of information, including the assigned readings, lectures, class discussions, Internet resources, and peer-reviewed academic journals, your policy brief should incorporate the following features:

   a. **TITLE (15 words or fewer):** Your title should be a very short, succinct description of your policy brief.

   b. **EXECUTIVE SUMMARY (100 words or fewer):** Similar to an abstract, provide a short summary of what your policy brief contains—it should give your reader a sense for the major points of your policy brief.

   c. **NATURE OF THE PROBLEM/ISSUE:** Most policies start out as attempts to solve problems or to address needs. Describe the problem or need. What is the root of the problem? (For example, if there are federal budget deficits, were they caused by excessive spending by Democrats on healthcare programs, Social Security, and federal aid programs that benefit the poor and unemployed? Were they caused by Republican sponsored tax cuts, unfunded defense spending increases, and an unfunded Medicare drug program that was written by pharmaceutical lobbyists? Or are they a result of a combination of these and other forces?) Convey your rationale for your analysis of the root of the problem.

   d. **BRIEF HISTORICAL SUMMARY OF POLICY:** What policy options have been set forth to address the problem? How has policy evolved to address the problem (if at all)?

   e. **DESCRIPTION OF THOSE AFFECTED:** What are the human impacts of the problem (who does it affect and how)? Provide any quantitative analysis that is possible. How many people and in what categories (e.g., age, gender, race, immigration status, low income, physical and cognitive capacity, living arrangements—alone, with family members, in nursing homes) are affected in what ways? What are the economic costs, and who pays what?

   f. **RECOMMENDATIONS AND RATIONALE:** Looking forward, what policy innovations or changes are in order? What reforms are being discussed? Does
your evaluation of the policy/program indicate that it should be eliminated, overhauled, fine-tuned, left as it is, or better financed? Will the issues driving your policy or program still be important for older adults and persons with disabilities in the future?

**Competency 6: Engage with Individuals, Families, Groups, Organizations, and Communities**

1. Demonstrate active listening and engagement skills in order to understand the person’s approach, views, and what is important to and for them.

2. Demonstrate ability to work with the participant to identify and discuss potential benefits and risks of their options.

**Readings**


**Class Exercises and Media**

1. Active Listening Class Exercise
   a. Pre-“Active Listening” Class Exercise Reflection: Prior to the active listening class exercise (below), have students complete the following questions:

   *Answer each of the following questions with either 1) never, 2) rarely, 3) frequently, or 4) always:*
   - Do you ever pretend like you’re paying attention when you’re not?
   - Do you ever get distracted by outside noises or stimuli when listening to someone talk?
   - Do you find yourself planning what you will say next while your conversation partner is still talking?
   - Do you ever interrupt others?
   - Do you ever finish other people’s sentences?
Does your mind ever wander during a conversation?
Do you focus on the words being said and conveniently ignore the feelings that lurk below the words?

Once completed, have students draft a brief reflection on what they learned about themselves and areas where they may want to improve.

b. In-Class “Active Listening” Exercise: Begin with a discussion about what active listening is and what active listening is not. Active listening is being non-judgmental, with the emphasis on *listening* and *not* solving the issue or problem. It is being attentive and respectful to the person talking. It involves listening closely, paraphrasing back to the speaker what you hear, clarifying what you think you hear, etc. Active listening is not planning your response to what the person is saying. It is not day dreaming while they are talking. It is not solving their problems or giving advice.

Divide the class into groups of three and have each group decide who will be the active listener, who will role-play a participant, and who will be the observer. Instruct the role-player of the scenario to “get into” their role. The observer should see if the active listener is employing active listening techniques discussed in class. Have all three members rotate roles until each person has played each role.

Reassemble the class and conclude with a discussion about how each student felt during the role-play and the power of active listening in their personal and professional lives.

2. Video: *Building Skills in Self-Direction: A Resource for Families and Individuals with Disabilities*. This video offers a description of the techniques of self-governance, self-direction, and self-management used in care for persons with disabilities. It emphasizes to families and individuals with disabilities the importance of “right relationship,” which includes shared responsibility, authority, and understanding. The video also provides steps for families and individuals to take to shift to the self-direction form of care.

3. Video: *Building Skills in Self-Direction: A Resource for Service Providers*. This video provides a description of the techniques of self-governance, self-direction, and self-management used in care for those with disabilities, as well as the roles of service providers in their relationships with those needing care. It emphasizes the importance of “right relationship,” which includes shared responsibility, authority, and understanding, and provides steps for service providers to take to shift to the self-direction form of care.

4. Video: *Person-Centered & Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach*. Hunter College created this video through the Partnerships Project as a training resource for social work students and practitioners on the person-centered approach and introduction of self direction.

Play the video for the class and use the *facilitators guide* to consider the “Initial Encounter Questions” (page 4), the “Introduction of the Visit’s Purpose Questions” (page 5), and “Introduction to Self-Direction Questions” (page 6).

5. Video: *Engagement*. University of Vermont and the Northeast Kingdom Council on
Aging created this video through the Partnerships Project as a training resource for social work students and practitioners on how to engage participants in person-centered care.

**Competency 7: Assess Individuals, Families, Groups, Organizations, and Communities**

1. Apply a strengths-based approach and build on individuals’ strengths, values, preferences, and goals.
2. Discuss how family, paid caregivers, and community provide informal and formal supports.
3. Demonstrate ability to work with participants to develop support plans and individual budgets.
4. Establish capacity to provide support to the participant with employer related tasks, as needed (e.g., worker recruitment, training, discharging, etc.).

**Class Readings**

Class Exercises and Media

1. Video: **Self-Directing Participant Story: Tanya’s Story.** This video tells the story of Tanya and her mother who hired and managed a worker to support Tanya. Through participant direction, Tanya vastly increased her independence, improved her daily functions, obtained a job, and developed friendships.

2. Video: **Self-Directing Participant Story: The Wallaces.** Mr. and Mrs. Wallace and their case managers discuss the positive difference in the couple’s quality of life after switching from a nursing home to a participant direction program.

3. Video: **Home is Where the Heart Is: The Story of Donna, Irma, and Ray.** Donna, the daughter of Irma and Ray, opted to use a participant-directed program to care for her mother and father within their own home. This improved the quality of life for her parents, as funds were used to hire caretakers, renovate the home, and enable Donna to support her parents in a much more individualized way than a nursing home.

4. Video: **What help do people have to manage their budgets?** Kevin J. Mahoney, founding director of NRCPDS, explains some of the methods participants used to manage funds from the program, including advisors, consultants, and financial management services.

5. Video: **Person-Centered & Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach:** Hunter College created this video through the Partnerships Project as a training resource for social work students and practitioners on the person-centered approach and introduction of self direction. Play the video for the class and use the facilitators guide to consider the “Introduction of the Visit’s Purpose Questions” (page 5) and “Introduction to Self-Direction Questions” (page 6).

6. Video: **Identifying Preferences.** University of Vermont and the Northeast Kingdom Council on Aging created this video through the Partnerships Project as a training resource for social work students and practitioners on how to work with participants to identify their preferences.

7. Video: **Discussing Options.** University of Vermont and the Northeast Kingdom Council on Aging created this video through the Partnerships Project as a training resource for social work students and practitioners on how to discuss options with participants.

Class Assignment

1. Service Delivery Model Analysis Assignment: This is part of a larger semester-long assignment of a case from the student’s placement, which includes the components of assessment, planning, intervention, evaluation and follow-up. The piece that is relevant to PC/PD care is for the student to write an analysis of how the agency’s service delivery model could be more empowering to foster consumers’ strengths and participant direction and to address social justice issues. Include the following:

   a. Engagement with consumer: How are relationships built with consumers? To what extent is active listening used to understand the consumer’s approach, views, and what is important to him/her? How would you change things to facilitate the use of active listening to engage the consumer’s point of view?
b. Assessment: Is information-sharing encouraged between the consumer, family, and other agencies? How? If not, how could you facilitate the sharing of information to support the consumer and his/her goals?

c. Planning: Does the planning process allow the consumer to make his/her own decisions and goals? Does it include working with the consumer to discuss benefits and risks of options? Does it include the use of active listening and problem-solving skills while planning? How could you facilitate more participation by the consumer in the planning process?

d. Intervention: To what extent does the intervention builds on the consumer’s strengths, values, preferences, and goals? Does the intervention allow the involvement of family members, paid caregivers, or other formal supports? Does it encourage the consumer to develop support plans? Does it require the social worker to help support the consumer in carrying out the plan (e.g., with hiring help, managing budgets, etc.)? How could you facilitate the use of consumer strengths and involvement by others to support the consumer and encourage their participation?

Competency 8: Intervene with Individuals, Families, Groups, Organizations, and Communities

1. Demonstrate negotiation skills using tools such as open-ended questions, problem solving, and motivational interviewing techniques in interacting with the participant regarding the pros/cons of choices that may place the participant at considerable risk.

2. Facilitate information sharing from the person and family, agencies, organizations, and communities using tools such as open-ended questions, problem solving, and motivational interviewing techniques and (when necessary) communication aids.

Class Readings


Class Exercises and Media

1. **Options Counseling Family Profiles for Practice**: Use these family scenarios to role play some challenging options counseling situations. Have participants divide into groups of 5 or 6. One person should be the options counselor, one person the consumer, one person one family member, another person another family member, and the rest of
the group should be observers and record notes. After you de-brief, have the groups switch roles and try another scenario.

- *Early Dementia Profile* (PDF) or (Word)
- *Mental Health Profile* (PDF) or (Word)
- *Young Adult with Developmental Disabilities Profile* (PDF) or (Word)
- *Options Counseling Training Profiles* (PDF) or (Word)
- *Options Counseling Training Profiles Worksheet* (PDF) or (Word)
- *New Hampshire Counseling Support Role Play* (PDF) or (Word)

2. Video: *Wit*: A 2001 award winning movie illuminating a woman’s deeply moving struggle for dignity, meaning, and peace as she deals with her cancer diagnosis, treatment, and dying. Readily available in libraries and online.

3. Video: *Self-Directing Participant Story: Tanya’s Story*. This video tells the story of Tanya and her mother who hired and managed a worker to support Tanya. Through participant direction, Tanya vastly increased her independence, improved her daily functions, obtained a job, and developed friendships.

4. Video: *Self-Directing Participant Story: The Wallaces*. Mr. and Mrs. Wallace and their case managers discuss the positive difference in the couple’s quality of life after switching from a nursing home to a participant direction program.

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5. Video: *Person-Centered & Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach*: Hunter College created this video through the Partnerships Project as a training resource for social work students and practitioners on the person-centered approach and introduction of self direction.

Play the video for the class and use the facilitators guide to consider the “Introduction of the Visit’s Purpose Questions” (page 5) and “Introduction to Self-Direction Questions” (page 6).

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   a. Engagement with consumer: How are relationships built with consumers? To what extent is active listening used to understand the consumer’s approach, views, and what is important to him/her? How would you change things to facilitate the use of active listening to engage the consumer’s point of view?
b. **Assessment:** Is information-sharing encouraged between the consumer, family, and other agencies? How? If not, how could you facilitate the sharing of information to support the consumer and his/her goals?

c. **Planning:** Does the planning process allow the consumer to make his/her own decisions and goals? Does it include working with the consumer to discuss benefits and risks of options? Does it include the use of active listening and problem-solving skills while planning? How could you facilitate more participation by the consumer in the planning process?

d. **Intervention:** To what extent does the intervention builds on the consumer’s strengths, values, preferences, and goals? Does the intervention allow the involvement of family members, paid caregivers, or other formal supports? Does it encourage the consumer to develop support plans? Does it require the social worker to help support the consumer in carrying out the plan (e.g., with hiring help, managing budgets, etc.)? How could you facilitate the use of consumer strengths and involvement by others to support the consumer and encourage their participation?

### Competency 9: Evaluate Practice with Individuals, Families, Groups, Organizations, and Communities

1. Compare and evaluate the effectiveness of participant direction as a service model.

2. Discuss the evaluation research on participant direction as a service model relevant to the population served and/or practice context.

### Class Readings


**Class Exercises and Media**

1. Video: *Overview of Cash and Counseling*. Kevin J. Mahoney, founding director of NRCPDS, provides the history and development of the Cash and Counseling program, beginning with an idea during the Clinton administration and evolving as a study of patient needs, payment options, and efficacy standards.

2. Video: *Cash and Counseling Problem and Program Theory*. Kevin J. Mahoney, founding director of NRCPDS, discusses confronting the problem theories of control issues, flexibility of options, and the ability to build connections to family and community, as well as the development of the program theory and protocol.

3. Video: *Cash and Counseling as a Controlled Experiment & Problems with Controlled Experiments*. Kevin J. Mahoney, founding director of NRCPDS, explains in detail the steps taken while running a controlled experiment that examined Cash and Counseling in various states. In addition, he lists problems they encountered, such as lack of commitment and variation in who received treatment.

4. Video: *More Issues with Controlled Experiments*. Kevin J. Mahoney, founding director of NRCPDS, describes experiment issues such as ethics, informed consent, need for
large numbers, randomization decisions, the “black box problem,” intent to treat, and statistical analysis.

5. Video: *Outcomes of Cash and Counseling*. Giving a brief overview of the results of the experiment, Kevin J. Mahoney, founding director of NRCPDS, lists outcomes of Cash and Counseling participants, including whether participants received what they needed, high participant satisfaction, 20-50% better health outcomes, and cost reduction.

Class Assignments

1. Reaction Paper: Students write their reactions to the following questions: What do you think is the historical connection between disability rights and other civil rights and social activism of the 1960s and ’70s? Can you connect these social movements to the historical evolution of social work practice?

2. Policy Brief Assignment (See description under Competency 4 assignments).
Appendices
Appendix A: Partnerships Project Overview

The Partnerships for Person-Centered and Participant-Directed Long-Term Services and Supports Project, funded by the New York Community Trust through the National Resource Center for Participant-Directed Services (NRCPDS) and Council on Social Work Education (CSWE), was implemented between July 1, 2013, and June 30, 2016.

**Purpose**: The project was designed to prepare future social workers (Bachelor of Social Work and Master of Social Work students) with competencies to implement and evaluate person-centered and participant-directed long-term services and supports within the Aging and Disability Network. This goal was attained through a planned change model to infuse person-centered and participant-directed competencies within classroom and field curricula.

**Project Sites**: This project targeted the Aging and Disability Resource Centers (ADRCs) and social work programs in the eight states (CT, MA, MD, NH, OR, VT, WA, and WI) that received the Administration for Community Living’s Enhanced ADRC Options Counseling grants. These states were chosen as high-performing national models that use their ADRC Options Counseling programs as a strategy to rebalance their long-term services and supports and make their systems more person-centered, efficient, and supportive of living in the community.

The project also worked with the Visiting Nurse Service of New York (VNSNY) and the Silberman School of Social Work at Hunter College. Unlike the other project sites, New York City (NYC) does not have a local ADRC. The lack of a NYC ADRC enabled the project to develop materials that would be useful for other locations without a local ADRC. Combined, the eight states and NYC provided the project with the capacity for nationwide impact and sustainability.

**Project Activities**: This project focused on redesigning social work classroom and field curricula to better meet the programmatic needs of the Aging and Disability Network. To this end, the social work programs and ADRCs/VNSNY worked with NRCPDS and CSWE to:

- Develop competency-based person-centered and participant-directed curriculum resources for both social work foundational courses (Year 1) and advanced practice course (Year 2).
- Design, supervise, and evaluate student field placements to measure student attainment of person-centered and participant-directed competencies in field curriculum.
- Evaluate the utility and effectiveness of both the curricular resources and field placement structures.

**Sustainability**: Post-project all of the resources and materials are not being made available on the NRCPDS and CSWE websites for any social work program or Aging and Disability Network provider to access.
Appendix B: Partnerships Project Glossary

**Participant Direction:** Participant direction (or “self direction” or “consumer direction”) is a service model that empowers individuals and their families by expanding their degree of choice and control over the services and supports they need to live at home. Many self-directing participants share authority with or delegate authority to family members or others close to them. Designation of a representative enables minor children and adults with cognitive impairments to participate in participant direction programs.

Participant direction represents a major paradigm shift in the delivery of publicly funded home and community-based services (HCBS). In the traditional service delivery model, decision-making and managerial authority is vested in professionals who may either be state employees/contractors or service providers. Participant direction transfers much (though not all) of this authority to participants and their families (when chosen or required to represent them).

The participant direction service model has two basic forms, each with a number of variations. The more limited form of participant direction—referred to as **employer authority**—enables individuals to hire, dismiss, and supervise individual workers (e.g., personal care attendants and homemakers). The comprehensive form—**budget authority**—provides participants with a flexible budget to purchase a range of goods and services to meet their needs.

Choice is the hallmark of participant direction, and this includes the choice to direct or not to direct to the extent desired. Program designs should permit individuals to be able to elect the traditional service model if participant direction does not work for them or to direct some of their services but receive others from agency providers. [Adapted from Developing and Implementing Self-Direction Programs and Policies: A Handbook]

**Person-Centered Approach:** The person-centered approach is driven by the person with long-term support needs; it may also include a representative whom the person has freely chosen or is legally authorized. A person-centered approach focuses on the individual’s personal needs, wants, desires, and goals so that they become central to the support planning process. This can mean putting the person’s needs, as they define them, on par with those identified as priorities by long-term services and supports agency workers. There are a number of common elements to a person-centered approach, including:

- Knowing the person as an individual.
- Being responsive.
- Respecting the individual’s values, preferences, and needs.
- Fostering trusting, caregiving relationships.
- Emphasizing freedom of choice.
- Promoting physical and emotional comfort.
- Involving the person’s family and friends, as appropriate.

The agency worker’s (options counselor, support broker, and others) role in a person-centered approach is to enable and assist the person to identify and access a personalized mix of paid and non-paid services. The individual’s personally-defined outcomes, preferred methods for achieving them, training supports, therapies, treatments, and other services needed to achieve
those outcomes become part of a written LTSS plan. [Adapted from 2402a interagency HHS work group]

**Options Counseling:** Options counseling is an interactive process where individuals receive guidance in their deliberations to make informed choices about long-term services and supports. The process is directed by the individual and may include others that the person chooses or those that are legally authorized to represent the individual. Options counseling includes the following steps:

1. A personal interview to discover the individual’s strengths, values, and preferences, and the utilization of screenings for public programs.
2. A facilitated decision-support process exploring resources and service options and supporting the individual in weighing pros and cons.
3. Developing action steps toward a goal or a long-term support plan and assistance in applying for and accessing support options when requested.
4. Quality assurance and follow-up to ensure supports and decisions are working for the individual.

Options counseling is for persons of all income levels but is intended for persons with the most immediate concerns, such as those at greatest risk for institutionalization. [Adapted from the *Administration for Community Living Draft National Options Counseling Standards June 2012*]

**Options Counselor:** Staff engaging in options counseling with individuals may have the title of options counselor or have other titles.

**Strengths-Based Perspective:** The strengths-based perspective is a social work practice theory that emphasizes people’s self-determination, strengths, abilities, and potential rather than problems, deficits, and pathologies. There are a number of common elements to a strengths-based perspective, including:

- People have numerous strengths and the capacity to continue to learn, grow, and change.
- The focus of intervention is on the individual’s strengths and aspirations.
- The community or social environment is seen as being full of resources.
- The service provider collaborates with the individual.
- Interventions are based on self-determination.
- There is a commitment to empowerment.
- Problems are seen as the result of interactions between individuals and organizations or structures rather than deficits within individuals, organizations, or structures.
### Appendix C: Readings and Assignments by Competency

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<tr>
<th>Reading and Assignments</th>
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<td><strong>Center for Medicare and Medicaid Services (2015) Requirements for</strong>&lt;br&gt;<strong>person-centered plans for home and community-based services.</strong>&lt;br&gt;<em>Retrieved August 2016.</em></td>
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<td>Cotton, P. (2011). <em>Navigating choice and change in later life: Frameworks for facilitating person centered planning.</em> Institute on Disability, University of New Hampshire.</td>
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<td><strong>National Council on Aging. The Myths and Realities of Consumer-Directed Services for Older Persons. Retrieved July 2016.</strong></td>
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<td><strong>Person-Centred Thinking Tools:</strong>&lt;br&gt;<em><a href="http://www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/">http://www.helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/</a></em></td>
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<td>Polivka, L. (2000). The ethical and empirical basis for consumer-directed care for the frail elderly. <em>Contemporary Gerontology. 7</em>(2), 50-52.</td>
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<td><strong>O’Keeffe, J. (Ed.). (2010). Developing &amp; implementing participant direction programs &amp; policies: A handbook.</strong></td>
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<td><strong>Person-Centered &amp; Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach</strong> (Facilitators Guide)</td>
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<td><strong>Person-Centered &amp; Participant-Directed Services: Implications for Practice: A Case Study of One Social Worker’s Approach (Video)</strong></td>
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<td>centered planning. <em>Focus on Autism and Other Developmental Disabilities, 18</em>(1), 60-68.</td>
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<tr>
<td><strong>Case Study: Individual with a Developmental Disability</strong> African American female with intellectual disability</td>
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<td>Case Study: <em>Young Adult with a TBI</em> Latino male with physical disability</td>
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<td>Video: <em>The Thin Edge of Dignity</em>: Dick Weinman, retired professor of broadcast communications at Oregon State University, author and former radio personality delivers a moving presentation about his experience in an assisted living facility.</td>
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<td>Trainor, A. A. (2007). Person-centered planning in two culturally distinct communities responding to divergent needs and preferences. <em>Career Development for Exceptional Individuals, 30</em>(2), 92-103.</td>
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<td>Video: <em>Self-Directing Participant Story: Aisha Jackson</em></td>
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<td><strong>Voices from the Olmstead Decision</strong></td>
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<td>Video: Why is Participant Direction Important?</td>
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<td><strong>How America’s Aging Network Works: At the Federal Level An interview with Kathy Greenlee, Assistant Secretary of Aging</strong></td>
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<td><strong>The Changing Role of States in Long-Term Services and Supports</strong></td>
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<td>Partnership Project webpage</td>
<td><a href="http://www.cswe.org/CentersInitiatives/GeroEdCenter/WorkforceDevelopment/PartnershipsProject.aspx">www.cswe.org/CentersInitiatives/GeroEdCenter/WorkforceDevelopment/PartnershipsProject.aspx</a></td>
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<td>Person-Centered &amp; Participant-Directed Services: Implications for Practice (Facilitator’s Guide)</td>
<td><a href="https://nrcpds.adobeconnect.com/_a1014402895/p2bdkepi4yu/">https://nrcpds.adobeconnect.com/_a1014402895/p2bdkepi4yu/</a></td>
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<td>Person-Centered &amp; Participant-Directed Services: Implications for Practice (Video)</td>
<td><a href="https://www.youtube.com/watch?v=WlQJRwiH7s8">www.youtube.com/watch?v=WlQJRwiH7s8</a></td>
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<td>Resource</td>
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<td><em>Self-Directing Participant Story: Tanya’s Story</em></td>
<td><a href="https://youtu.be/1mEyAieDo0o">https://youtu.be/1mEyAieDo0o</a></td>
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<td><em>Self-Directing Participant’s Story: Aisha Jackson</em></td>
<td><a href="https://www.youtube.com/watch?v=aBj4f1RTzqM">www.youtube.com/watch?v=aBj4f1RTzqM</a></td>
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<td><em>The Changing Role of States in Long-Term Services and Supports</em></td>
<td><a href="https://youtu.be/T_ltqSSV0ys">https://youtu.be/T_ltqSSV0ys</a></td>
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<td><em>The Power of 504</em></td>
<td><a href="https://www.youtube.com/watch?v=SyWcCuVta7M">www.youtube.com/watch?v=SyWcCuVta7M</a></td>
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<td><em>The Promise of Olmstead: 15 Years Later</em></td>
<td><a href="http://media.justice.gov/vod/ada/olmstead.mp4">http://media.justice.gov/vod/ada/olmstead.mp4</a></td>
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<td><em>The Thin Edge of Dignity</em></td>
<td><a href="https://www.youtube.com/watch?v=UciTFCPCivI">www.youtube.com/watch?v=UciTFCPCivI</a></td>
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<td><em>Voices from the Olmstead Decision:</em></td>
<td><a href="http://media.justice.gov/vod/ada/voices-olmstead.mp4">http://media.justice.gov/vod/ada/voices-olmstead.mp4</a></td>
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<td><em>What help do people have to manage their budgets?</em></td>
<td><a href="https://youtu.be/LJeCVijDnQc">https://youtu.be/LJeCVijDnQc</a></td>
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<td><em>What is Participant Direction?</em></td>
<td><a href="https://youtu.be/wptcl0VxpOs">https://youtu.be/wptcl0VxpOs</a></td>
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<td><em>Why is Participant Direction Important?</em></td>
<td><a href="https://www.youtube.com/watch?v=ushad5AD-QQ">www.youtube.com/watch?v=ushad5AD-QQ</a></td>
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