Georgia Office of Dispute Resolution

Application for Mediation Course Approval
Specialized Domestic Violence Training for Mediators

This application will be considered pursuant to approval criteria established by the Georgia Commission on Dispute Resolution and without regard to race, color, religion, political affiliation, national origin, handicap, sex, or age. Please read carefully the Training Approval Guidelines and the Directions for Completing Application for Approval that accompany this application before completing it. Please type or print.

SECTION I. PROGRAM INFORMATION

A. Name and mailing address of person or organization responsible for the training program:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Other Contact Information: Contact Person: ________________________________
Telephone: ________________________________
Fax: ______________________________________
E-Mail: ___________________________________
Website: __________________________________

B. This application is for certification of a:

_____ 14 hour Specialized Domestic Violence Mediation Training Program

C. Name(s) and mediator registration number(s) of primary instructor(s):

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<th>Name</th>
<th>GODR Registration #</th>
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D. Please attach resumes for each trainer, including documentation that supports the required background qualifications of the trainers. Each trainer must:

(1) have no less than three years experience as a professional mediation trainer;
(2) have no less than one year of experience as an approved domestic relations mediation trainer;
(3) have taken or presented the approved domestic violence training;
(4) be registered with GODR as a mediator in the categories of domestic relations and specialized domestic violence (or will be so registered by December 31, 2004);
(5) have no less than five years experience in mediating domestic relations and domestic violence cases; and
(6) have mediated at least fifty domestic relations cases, including a significant number of domestic violence cases.
E. Please identify class size for this course:

(1) Minimum number of participants for this course: _______
(2) Maximum number of participants for this course: _______
(3) # of experienced mediators registered in specialized domestic violence mediation who will observe, process, and critique the role plays: _______

Attach resumes of the mediator coaches that reflect the required qualifications for coaches (mediators with no less than three years experience as active domestic relations mediators who also mediate domestic violence cases, have had the approved domestic violence mediation training, and are registered with GODR as specialized domestic violence mediators as of January 1, 2005).

F. Has the training program been presented before? Yes_____ No_____ If yes:

(1) Number of times this training program has been presented: _______
(2) Number of participants in most recent presentation: _______
(3) Attach evaluations of the program by the participants in the most recent presentation.

SECTION II. COURSE CONTENT

A. Please describe the format of the program and give approximate time spent on the following: lecture, discussion, exercises and role plays. Please attach an agenda for the training and provide a copy of the participant’s manual. If extra space is needed, please attach a separate sheet of paper with the number of this question before your response.

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B. Specific Course Information:

1. Application for Specialized Domestic Violence Mediation Training:
Give a brief description of how the course covers each of the subjects listed below and identify the areas in your attached agenda/manual that correspond to each subject.

BACKGROUND INFORMATION ON DOMESTIC VIOLENCE:

a. The definition of domestic violence as provided in the Guidelines for Mediation in Cases Involving Domestic Violence Issues.
b. **Dynamics of domestic abuse (including the “Power and Control and Equality Wheels”; myths about domestic violence; why victims remain in abusive relationships)**

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c. **Cultural differences and domestic violence.**

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d. **Mediation and domestic violence dynamics from the perspective of advocates who work with victims and/or batterers. This section must include presentation by a professional from the advocacy community.**

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e. **Legal information, including the Georgia Family Violence Act and statutory provisions regarding the consideration of DV in custody/visitation issues.**

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**MEDIATION PROCESS WHEN DOMESTIC VIOLENCE ALLEGATIONS ARE PRESENT:**

f. **How domestic violence impacts the mediation process and challenges normal assumptions about the process.**

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g. **Screening for domestic violence. Must include: (1) review of the Commission’s Guidelines for Screening; (2) screening by the ADR program; and (3) screening by the mediator.**

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h. **Ethical considerations, including how neutrality, confidentiality and child abuse reporting issues may manifest in the domestic violence mediation.**

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i. *Specialized mediation process in the domestic violence context; including shuttle/caucus mediation; whether and under what circumstances to use joint sessions, safe termination, and security issues.*

j. *Safety planning.*

k. *Appropriate referral to resources.*

l. *Special considerations in agreement writing.*
SECTION III. ROLE PLAYS

There must be at least three role plays that cover the subjects set forth below. Each trainee must serve as mediator for an entire role play at least once. The role plays should last an hour (including up to 15 minutes for small group debrief), with 30 minutes following the role play for large group debrief. The role plays should cover a subject area in depth but need not include all stages of mediation. Coaches for role plays should be mediators with no less than three years experience as active domestic relations mediators who also mediate domestic violence cases, have had the approved domestic violence training, and are registered as specialized domestic violence mediators. The ratio of coaches to trainees must be such that each coach works with no more than two small groups per role play.

Please attach proposed role plays that include the following subjects:
1. Mediating when domestic violence is known at the outset (addressing the agreement to mediate; confirming informed consent; how the opening statement may be different; whether to begin in caucus)
2. Domestic violence issues surfacing for the first time in the mediation session (mediator screening; informed consent; decisions about whether and how to proceed)
3. Safe termination and safety planning (strategies for having parties leave safely; avoiding disclosure of allegations; referral to resources)

Role plays may also include additional subjects such as dealing with parenting issues, acquiescence and unfair agreements.

SECTION IV. LEARNING OBJECTIVES

At the conclusion of the training, the participants shall be able to:

1. Understand the patterns of behavior common in domestic violence victims and abusers that affect the mediation process and challenge the normal assumptions underlying the process;
2. Demonstrate skills to recognize indicators of domestic violence when allegations are not overtly presented;
3. Understand informed consent and the Commission’s policy, and demonstrate skills to screen and determine whether informed consent is given;
4. Demonstrate knowledge and skills in adapting the normal mediation process to facilitate safety and the assertion of needs;
5. Understand how cultural differences may influence perceptions about domestic violence;
6. Use practical strategies for security, safety and termination; and
7. Understand the ethical issues involved in the domestic violence context and be able to formulate strategies for dealing with these ethical issues.
Please explain how trainers will assess whether these learning objectives are met:

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SECTION IV. FEES

There is a processing fee of $100 for this application.

Please include a check or money order for $100 made payable to the Georgia Office of Dispute Resolution. Do not send cash.
SECTION V. SUPPORTING DOCUMENTS/CHECKLIST

Please attach copies of the following, which are required to support the description of the course content:

☐ An agenda that includes specific time allotted to each activity;

☐ Participant’s manual, materials and handouts, including role plays;

☐ Evaluation forms from previous training sessions unless the training program is new. If the training program is new, these forms must be provided after the first training session following provisional approval;

☐ Resumes of instructor(s). The resumes should provide specific information about mediation experience;

☐ Resumes of coaches. The resumes should provide specific information about mediation experience;

☐ Statement(s) from each primary instructor for a domestic violence mediation training program that she or he:
  i. has no less than three years experience as a professional mediation trainer;
  ii. is registered with GODR as a mediator in the categories of domestic relations and domestic violence or will be so registered by December 31, 2004;
  iii. has taken or presented the approved DV training;
  iv. has no less than five years experience in mediating domestic relations and domestic violence cases;
  v. has mediated at least fifty domestic relations cases, including a significant number of domestic violence cases.

☐ Statement from primary instructor that each participant will serve as mediator for an entire role play at least once.

☐ Check/money order for administrative fee

I, __________________, certify that the information on this application is correct to the best of my knowledge and that I will notify the Georgia Office of Dispute Resolution of any changes in primary instructors, course content or contact information. I understand that all information herein is subject to verification and that the training may be observed at any time by a representative of the Georgia Office of Dispute Resolution as a part of the approval process.

_____________________________________________        __________________
Signature of Person Responsible for Providing Training         Date

Return the application to:
Georgia Office of Dispute Resolution
244 Washington St. SW
Suite 300
Atlanta, GA 30334-5900