



# **SUPERVISORY TRAINING**

## **CREATING AN ABUSE FREE ENVIRONMENT**



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## INTRODUCTION

### Welcome!

The focus of today's training is on recognition, reporting and prevention of abuse and neglect. In our training, we will be emphasizing prevention. Everything we discuss today will have some connection to prevention.

The ultimate goal of every person who works at your agency, facility, or home should be prevention of abuse and neglect. You have a unique role in preventing maltreatment because you are the link between the individuals, DSP, and administration. However, we can't prevent maltreatment if we don't know:

What It Is

What It Looks Like

How It Sounds

How It Feels

## **What You Will Learn In This Module**

- The definitions associated with abuse and neglect
- The role of the manager in recognizing and preventing abuse and neglect
- The responsibility for creating an abuse free environment
- Guidelines for creating environments where both those receiving support and those providing it feel safe and respected
- How to report abuse and neglect according to law and agency policy
- How to recognize risk factors that may lead to maltreatment
- How to promote positive practices that decrease the likelihood of occurrence of maltreatment

## Abuse

Abuse has a taste, a feel and a sound. It is sometimes more subtle than bruises or screams. It is often more insidious than blatant, reportable acts of aggression. Often as staff persons, we can become desensitized to it.

The act of abuse is generally a well-kept secret, unintentionally hidden by the victim. Problems with language and speech, exacerbated by impaired cognition and memory provide the perfect cover up for the abuser. People with disabilities are the perfect victim.

It is our job to recognize the insidious signs of abuse. We need to be aware of employees in the environment that are not emotionally responsible and unable to control their anger. We need to identify the staff members that engage in the 'power-trip'. We need to discern the signs displayed by the sexual predator. It is not enough for a human service agency to have a zero tolerance policy outlawing abuse in their agency. We have those policies/statements now, but abuse still occurs. It is not enough to provide training in consumer/resident/client rights, and expect that rights will not be violated. We have that training now, however rights violations continue to occur. Often, the action of preference is disciplinary in nature against the staff. Yet, terminating the abusive employee has not eliminated abuse from our agencies either. What more can we do?

The answer is very simple, but seems very hard to implement. An organization must actively participate in abuse prevention. Participation includes five basic components: the way we design and deliver services, the people we hire, the way we treat the people we hire, the way we create our organization (our values, relationships, communication, conflict resolution), and the way we respond to negative influences that will most certainly occur. The organization must have a clearly defined mission and akin to that, a means of continually assessing, evaluating, planning and delivering those services in a meaningful manner.

Adapted from:

POISE UNDER PRESSURE ORGANIZATIONAL DIMENSIONS OF ABUSE  
*--by Novelene Martin, Lori Wertz, Dewi Morgan-Jones, and Jean Morgan  
Abuse Prevention Specialists*

## PART ONE: RECOGNITION

### Some Facts on Abuse and Neglect

- More than 90 percent of people with Developmental Disabilities will experience sexual abuse at some point in their lives (Valenti-Hein & Schwartz, 1995)
- 49 percent will experience 10 or more abusive incidents (Valenti-Hein & Schwartz, 1995)
- Only 3 percent of sexual abuse cases involving people with disabilities will ever be reported (Valenti-Hein & Schwartz, 1995)
- The DD 'system' has strong roots in a tradition of rewarding compliant attitudes among people with DD (Valenti-Hein & Schwartz, 1995)
- One study found that sexual abuse was most common in private homes (49.8 percent) and institutions (15.8 percent) (Sobsey, 1994)
- Research suggests that 97 to 99 percent of abusers are known and trusted by the victim who is developmentally disabled (e.g., family members, personal care attendants, residential care staff, transportation providers, etc.) (Baladerian, 1991)

Valenti-Hein, D. & Schwartz, L. (1995). *The sexual abuse interview for those with developmental disabilities*. James Stanfield Company. Santa Barbara: California.

Sobsey, D. (1994). *Violence and abuse in the lives of people with disabilities: The end of silent acceptance?* Baltimore: Paul H. Brookes Publishing Co.

Balderian, N. (1991). Sexual abuse of people with developmental disabilities. *Sexuality and Disability*, 9(4), 323-335.

## How Can These Statistics Be Reduced?

The first step in reducing the occurrence of sexual abuse is **recognizing the magnitude** of the problem and confronting the truth that people with mental retardation and other developmental disabilities are more vulnerable to sexual victimization than those without disabilities.

Abusers typically abuse as many as 70 people before ever getting caught. Without reporting there can be no prosecution of offenders or treatment for victims. Underreporting of sexual abuse incidents involving people with disabilities has in the past, and continues to be a major obstacle in preventing sexual abuse. Only three percent of sexual abuse cases involving people with developmental disabilities will ever be reported (Valenti-Hein & Schwartz, 1995).

Reporting can be increased through educating individuals with disabilities and service providers, improving investigation and prosecution, creating a safe environment for victims to disclose and enforcement of employment policies, such as background checks, as required by Illinois law.

For more information on sexual abuse of people with disabilities, contact:

*The National Task Force on Abuse and Disabilities*

PO Box "T" Culver City CA 90230

Email: [abuses@soca.com](mailto:abuses@soca.com)

*The National Committee to Prevent Child Abuse*

332 South Michigan Ave; Ste 1600

Chicago, IL 60604





## **Role-Play Questions**

1. What emotions were you feeling as you watched the role-play and why?
2. What was the first thing you noticed that went wrong in the role-play?
3. When do you think the abuse, neglect or exploitation first occurred in the role-play?
4. What kinds of abuse, neglect and exploitation did you see in the role-play?
5. What does the scene tell you about the quality of care at the home?
6. How does the behavior of the first DSP reflect on the agency or facility?

## Types Of Abuse

According to The Office of Inspector General

### **ABUSE: is defined as...**

Any physical abuse, sexual abuse, mental abuse or financial exploitation inflicted on an individual.

An "individual" in the context of Rule 50 is: Any person receiving mental health services, developmental disabilities services, or both from a facility or agency, while either on-site or off-site.

### **So, abuse can be one of four things:**

1. Physical Abuse
2. Sexual Abuse
3. Mental Abuse
4. Financial Exploitation

An "allegation" is any assertion, complaint, suspicion or incident involving of any those by an employee, facility or agency against an individual.

### **Physical Abuse**

Is defined as an employee's non-accidental and inappropriate contact with an individual that causes bodily harm. Physical abuse includes action that causes bodily harm as a result of an employee directing an individual or person to physically abuse another individual.

Bodily harm is defined as any injury, damage, or impairment to an individual's physical condition, or making physical contact of an insulting or provoking nature with an individual.

**Note:** Bodily harm is not always visible. For instance bodily harm could be a slap that doesn't leave a visible injury or a kick that does leave a visible injury. They are both wrong AND must be reported to OIG.

Physical abuse now also includes an employee directing someone else to physically abuse another individual.

## Types Of Abuse (continued)

### Sexual Abuse

Any sexual behavior, sexual contact or intimate physical contact between an employee and an individual, including an employee's coercion or encouragement of an individual to engage in sexual behavior that results in sexual contact, intimate physical contact, sexual behavior or intimate physical behavior.

### Sexual Contact

Inappropriate sexual contact between an employee and individual involving either an employee's genital area, anus, buttocks or breasts(s) or an individual's genital area, anus, buttocks or breasts(s). Sexual contact also includes sexual contact between individuals that is coerced or encouraged by an employee.

Simple personal hygiene, such as bathing or toileting, is not inappropriate sexual contact, if done properly.

There is no such thing as consensual sexual activity between an employee and an individual. Any sexual activity between an employee and an individual is reportable to OIG.

### Examples of Sexual Abuse

Report an employee doing anything like the following:

- Pressuring an individual to have sex with another individual.
- Encouraging the individual to masturbate in front of others.
- Taking nude photographs of an individual.

### Mental Abuse

The use of demeaning, intimidating, or threatening words, signs, gestures, or other actions by an employee, about an individual and in the presence of an individual or individuals, that results in emotional distress or maladaptive behavior, or could have resulted in emotional distress or maladaptive behavior, for any individual present.

- Mental abuse is still mental abuse even if the individual's mental or physical condition keeps him/her from obviously getting upset.
- Mental abuse maybe verbal or nonverbal.
- Mental abuse is not always face-to-face with that individual, but at least one individual must be present at the time.

## Types Of Abuse (continued)

### Examples of Mental Abuse

- Cursing at an individual. A curse that is derogatory of an individual who is not present is still reportable if an individual who is present becomes upset by it, or potentially could have, so it's best not to curse at all near individuals.
- Joking about or making fun of an individual's condition or diagnosis. For example: Making a derogatory comment about an individual with profound mental retardation or a hearing impairment, who doesn't react. Remember... If someone does something harmful, you must report it regardless whether the individual appears to get upset by it or not.

Think about the way that non-disabled people talk to people with disabilities.

What are some statements you've heard that you think might be examples of mental abuse?

### Financial Exploitation

Financial exploitation is taking unjust advantage of an individual's assets, property, or financial resources through deception, intimidation, or conversion, for the employee's, facility's, or agency's own advantage or benefit.

### Examples of Financial Exploitation

- Taking an individual's umbrella for the weekend because of a forecast for rain. You have benefitted from your personal use of an individual's property.
- As the payee, an agency decides to divert all of an individual's Social Security funds from his account in order to pay the agency's rent.

### Neglect

An employee's, agency's, or facility's failure to provide adequate medical care, personal care, or maintenance, and that as a consequence, causes an individual pain, injury, or emotional distress; results in either an individual's maladaptive behavior or the deterioration of an individual's physical condition or mental condition; or places an individual's health or safety at substantial risk of possible injury, harm or death.

## Types Of Abuse (continued)

### Example of Neglect

If your co-worker is assigned one-to-one (arms length) supervision to prevent an individual from eating inappropriate objects, yet the co-worker leaves him alone, you should report your co-worker for neglect if the individual then:

- Eats anything harmful;
- Reasonably could have eaten anything harmful;
- Became upset because he was left alone; or
- Acts out and needs to be on one-to-one longer as a result.
- Neglect now includes placing an individual at substantial risk, even if he or she is not actually injured as a result.

### Egregious Neglect

Egregious neglect is a finding of neglect as determined by the Inspector General that represents a gross failure to adequately provide for, or a calloused indifference to, the health, safety, or medical needs of an individual, and results in an individual's death or other serious deterioration of an individuals' physical or mental condition.

**For neglect to be called "egregious," it now must:**

- ❖ Represent "a gross failure" or "a callous indifference" to the health, safety or medical needs of an individual, and
- ❖ Result in an individual's death or other serious deterioration of an individual's physical or mental condition.

**OIG Rule 50 Training web site:** <http://www.dhs.state.il.us/page.aspx?item=33342>

## Other Important Definitions

### Mitigating Circumstance

A condition that is attendant to a finding, does not excuse or justify the conduct in question, but may be considered in evaluating the severity of the conduct, the culpability of the accused, or both the severity of the conduct and the culpability of the accused.

### Imminent Danger

A preliminary determination of immediate, threatened or impending risk of illness, mental injury, or physical injury or deterioration to an individual's health that requires immediate action.

### Maltreatment

Maltreatment encompasses all forms of inappropriate interactions, employee misconduct, abuse and neglect. Maltreatment may range from mild forms (i.e. using an unnecessarily loud tone of voice with a person served) to severe forms such as employees hitting a person served. Please refer to your agency's policy on maltreatment.

There is good reason to believe that, left unaddressed, mild forms of maltreatment/inappropriate interaction might lead to more severe, reportable forms of abuse and to a negative influence on the home/work environment.

### Allegation

An allegation is any assertion, complaint, suspicion or incident involving any of the following conduct by an employee, facility or agency against an individual or individuals: mental abuse, physical abuse, sexual abuse, neglect or financial exploitation. You do not have to prove or even believe an allegation to report.

### Remember,...

- If you are told about abuse or neglect, you must report it.
- If you witness abuse or neglect, you must report it.
- If you just suspect abuse or neglect, you must report it.

## Different Categories Of Findings

An allegation may be...

### **Unfounded**

There is no credible evidence to verify the substance of the allegation.



### **Unsubstantiated**

There is credible evidence, but less than a preponderance of evidence to verify the substance of the allegation.

### **Substantiated**

There is a preponderance of the evidence to verify the substance of the allegation.

## **Inappropriate Interactions**

Inappropriate interactions are interactions between staff and individuals which demonstrate a lack of respect for the individual. It may be inadvertent, but, nevertheless, it occurred.

### **Examples:**

An employee knows that an individual is trying his/her best to perform a task but becomes a little impatient and hurries the person along.

A tired employee uses a little less care (no harm or injury is caused) than usual when transferring an individual out of his/her wheelchair.

### **Keep in mind:**

- Employees who engage in inappropriate interaction do not intend to cause any harm to the individual. These persons are generally kind and caring caregivers.
- Isolated incidents of inappropriate interaction can become a habit.
- Inappropriate interactions may require corrective actions by the agency or facility.
- Inappropriate interaction (left uncorrected) tends to escalate over time and become more ingrained, more severe, more pervasive and may lead to abuse or neglect.

Watch and listen for inappropriate interactions and take corrective measures as soon as possible.



## Some Examples Of Inappropriate Interaction

### Language

Talk about someone in their presence

Use labeling

Use phrases like "had a behavior"

Uses terms such as "low grade", "retarded", "ignorant"

Uses degrading nicknames

Raising volume of voice

Saying "Them" or "Hey You"

Saying "Shut up"

### Practice

Lining up

Herding

Hovering

Grabbing by wrists or clothing

Controlling supplies

Limiting choices

Threatening possessions

Demanding

Shouting orders

Using TV as substitute caregiver



**If left unchecked, these behaviors can lead to abuse!**

## **Maltreatment**

The term “maltreatment” applies to a wide range of negative interpersonal interactions. For our discussion, it will serve as the term that includes both inappropriate interaction and abuse/neglect.

“Maltreatment” can occur on a continuum from its mildest forms (such as inappropriate interactions) to severe forms (such as physical abuse).

“Maltreatment” and “incidents that are reportable to the Office of Inspector General” may not be the same.

There is good reason to believe that, left unaddressed, mild forms of maltreatment might well lead to more severe forms and to a negative influence on the home/work environment.

Maltreatment is a personal and an organizational problem.

Maltreatment emerges from conflict (i.e., conflict between direct caregivers and individuals, direct caregivers and co-workers, direct caregivers and supervisors, etc.)

## Indicators Of Maltreatment

Indicators of Maltreatment are warning signs of possible maltreatment.

Physical Indicators are any types of visible, physical markings that a person can observe.

### Possible Physical Indicators of Maltreatment:

- Physical marks on areas of the body that is difficult to injure
- Physical marks that no one can explain how they happened
- Torn or missing clothing



Verbal Indicators are any type of words or sounds that a person can hear, including the communication in sign language.

### Possible Verbal indicators of Maltreatment:

- Statements by an individual
- Unusual or prolonged crying, screaming or other form of noise made by the individual
- Unusual or prolonged crying, screaming or other form of noise made by the individual **only with a particular person.**

Behavioral Indicators are any type of behavior or action that a person can observe.

### Possible Behavioral Indicators of Maltreatment:

- Changes in behavior patterns
- Unusual or more extreme displays of fear
- Sudden changes in mood
- Changes in behavior patterns when a specific person is present or only after being with specific persons.
- Atypical attachment
- Depression/withdrawal
- Resistance to any exam
- Eating disorders
- Regression

## **Indicators Of Maltreatment (continued)**

Circumstantial Indicators are any type of current or past behavior, works or actions of the caregiver.

### **Possible Circumstantial Indicators of Maltreatment:**

- Pornography usage
- Previous history of abuse
- Past history of threatening to harm individuals
- Alcohol or drug abuse
- Joking about harming the individual(s).
- Finding humor in the pain and suffering
- Other forms of abuse
- Seeks isolated contact

**If You Had To Choose One Thing That Would Be The Most Important Indicator, What Would It Be?**

Indicators of maltreatment include inappropriate interaction, but most often apply to abuse and neglect.

## Indicators Of Sexual Abuse

### Possible Physical Indicators

- Bruises in the genital area
- Genital discomfort
- Unexplained blood on underwear

### Possible Verbal Indicators

- Unexplained unusual knowledge or new words of a sexual nature that the individual had not previously known
- An interest in a new sex-related topic that cannot be explained

### Possible Behavioral Indicators

- Avoids specific persons
- Avoids specific places that were not avoided before
- Changes in behavior patterns
- Engages in sexualized behavior
- Sudden changes in mood, especially depression
- Unusual or more extreme displays of fear
- Wearing many layers of clothing
- Refusal to bathe
- Problems with concentration, memory and attention

### Possible Circumstantial Indicators (Caregiver)

- All the above general indicators
- Has a personal history of sexual abuse
- Seeks isolated contact with individuals

## Indicators Of Mental Abuse

- Humiliating, insulting or threatening language directed at the person.
- Signs of helplessness, hesitation to talk openly, fear, withdrawal, depression, denial, agitation, anger, confusion or disorientation in the person.
- Non-compliance or overly compliant.

### Remember,...

The better you know the individuals that you support, the easier it will be for you to determine what the indicators mean.



## Physical Indicators Of Neglect

- Bedsores
- Dehydration
- Poor or improper hygiene
- Malnourishment/weight loss
- Lack of necessary adaptive aids (such as hearing aids, eyeglasses, walkers, etc.)
- Improper medication management
- Dirt, fecal/urine smell or other health and safety hazards in the person's living environment.
- Rashes, sores, lice on the person.
- Malnourishment or dehydration with sudden weight loss.
- Untreated medical condition.

## Some Types of Neglect Include...

- Lack of supervision
- Failure to secure assistive device
- Medication error that reaches the individual
- Failure to prevent unauthorized behavior technique
- Failure to report incident
- Injury resulting in staff inattention
- Failure to address hygiene issues
- Failure to complete nursing duties
- Staff refusal/unwillingness to assist
- Failure to ensure dietary restrictions (choking)
- Improper lifting/transfer techniques
- Inadequate safe vehicle operation
- Failure to secure unsafe item
- Failure to provide dental services
- Inadequate medical care
- Insufficient amount of food
- Inadequate nursing services
- Failure to train staff to report to OIG
- Failure to follow physicians orders
- Failure to complete fire drills

## **Why Are People With Intellectual Disabilities More Likely To Be Abused?**

- Depending on staff for even the most basic needs (using the toilet, eating, etc.) puts many people in a very vulnerable state.
- Because many people have this dependence for basic needs, many learn not to question those in authority.
- Many programmatic requirements that people have relate to 'compliance' issues; there is a culture of reward for compliance.
- Many times the person may not know that the action(s) of staff are wrong (or even illegal!).
- Being forced to live a group situation where the person had no choice in roommates/housemates makes an environment that is ripe for abuse to occur.

Knowing that other caregivers are aware of and watching for signs of abuse and neglect will cause all caregivers to be less likely to perpetrate maltreatment or inappropriate interaction.



## **Behaviors And Characteristics Often Found In Abusers**

While anyone can be an abuser, there are characteristics that are often found in the abuser. These signs may include:

- Having been a victim of abuse as a child
- Working under the influence of drugs and/or alcohol
- Having difficulty controlling anger
- Displaying an attitude of indifference and not caring for the victim
- Being overly jealous
- Having recurring mental health problems
- Having financial difficulties and poor employment records
- Having limited social support systems
- Competing with the person with developmental disabilities for attention
- Speaking for the person with developmental disabilities
- Frequently switching places of employment
- Frequently making attempts to be alone with a particular individual for no apparent legitimate purpose
- Using threats or menacing looks/body language as a form of intimidation

When accompanying the person served to a health care appointment, an abuser may:

- Insist on coming into the examining room with the individual
- Control or dominate the health care appointment
- Be overly solicitous
- Insist on not leaving the individual alone with the medical professional.

## Comforting The Victim

You should try to comfort victims of abuse, neglect, or exploitation. It is important to say things that will reinforce the fact that abuse should have not occurred, such as:



**“No one deserves to be abused.”**

**“You are not responsible for the abuse.”**

**“What happened to you is a crime.”**

**“There is help available; you are not alone.”**

When working with possible victims of abuse, neglect, or exploitation, you should:

- Assess the extent and circumstances of the abuse, neglect, or exploitation in order to offer appropriate client care and referral
- Protect victims and provide a safe environment for their care
- Recognize clients' rights to be free from physical, sexual, and emotional abuse, neglect, and exploitation while under the care of this facility

While an investigation is pending, the person should have no contact with the alleged abuser. If there is any credible evidence supporting the allegation, the alleged abuser should have no contact with any individual while an investigation is pending.

### OIG Reportable Incident Exercise

**Directions:** For each of the following, please indicate either “**Yes**” or “**No**” in the appropriate box if you would report the incident described to your supervisor as OIG reportable.

Question		Yes	No
1.	Sally, an individual served, reports that Bob, an employee, slapped her. You examine Sally and notice no red marks of any kind. Before you were able to report the incident Sally admits to making the whole thing up.		
2.	Mary has a physician’s order for a pureed diet. An employee was not made aware of this and feeds Mary a regular diet. Mary chokes and is hospitalized.		
3.	An individual is employed delivering papers and is accompanied by an employee. The individual trips over a crack in the sidewalk and sprains his ankle.		
4.	John is an employee whose shift is over in half an hour. He notices that an individual soiled her pants and is crying about it. John decides to let the oncoming staff assist with changing her clothing.		
5.	Robert gets on the bus for work. He is wearing his favorite hat. The bus driver knocks the hat off Robert and says, “You can’t wear that on the bus.” Robert gets upset.		
6.	You are on a picnic with a group from your agency. You observe an employee take an individual’s money, buy two cans of soda, and drink one of the sodas herself.		
7.	A person served says to you “Amanda slapped me”. Amanda is a former employee and hasn’t worked at the agency for over five years.		
8.	You hear a fellow employee yelling obscenities at an individual, who is getting upset, but you decide that the employee is just having a bad day. If you let the yelling continue, are <b>you</b> committing neglect?		

## PART TWO: REPORTING

### Legal Obligation to Report

***All employees are mandated or required reporters.***

The legal obligation

n to report is stipulated in the Abused and Neglected Long Term Care Facility Residents Reporting Act (for ICFDDs) and Rule 50 (for CILAs).

### Illinois State Statute, 210 ILCS 30

Known as "The Abused and Neglected Long-Term Care Facility Residents Reporting Act" is the Illinois Statute that gives authority to the Illinois Department of Public Health the authority to investigate allegations of:

- Alleged abuse and neglect; serious or qualifying injuries/deaths.

The [Nursing Home Care Act](#) is found here in its entirety or navigate to: [www.ilga.gov/legislation/ilcs/ilcs.asp](http://www.ilga.gov/legislation/ilcs/ilcs.asp) and look for:

- Regulation; Chapter 210 'Health Facilities'
- 210 ILCS/30 "Abused & Neglected Long Term Care Facility Residents Reporting"

Department of Human Services Act ([20 ILCS 1305/1-17](#)) or link <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=305&ChapterID=5>

- It is the Department of Human Services Act (20 ILCS 1305/1-17) that provides the authority for OIG to conduct investigations.
- All forms of abuse and neglect are reportable to OIG (or DPH). OIG [Rule 50](#) is found here in its entirety, or navigate to:

<http://www.ilga.gov/commission/jcar/admincode/059/05900050sections.html>

The Office of Inspector General (OIG) Hotline number:

**800/368-1463**

The Illinois Department of Public Health (DPH) Hotline number:

**800/252-4343**

The Department of Children and Family Services (DCFS)

**1-800-25ABUSE (1-800-252-2873)**

The Department on Aging (DOA) Hotline number:

**800/252-8966**

### QUICK REFERENCE FOR PHYSICAL ABUSE, SEXUAL ABUSE, MENTAL INJURY, OR NEGLECT REPORTING

<b><u>If</u> the consumer is:</b>	<b><u>And</u> you suspect that the perpetrator of the abuse/neglect is:</b>	<b><u>Then</u> you should call/inform:</b>
Under 18, living in a private home in the community	A family member or caregiver	Your supervisor DCFS HOTLINE 1.800.252.2873
Under 18 and enrolled in any of your agency's programs (non-ICF residential, day programs, etc. included)	A staff member from your agency	Your supervisor OIG HOTLINE 1.800.368.1463
Under 18 and enrolled in any of your agency's programs (non-ICF residential, days program, etc. included)	A family member or caregiver	Your supervisor DCFS HOTLINE 1.800.232.2873
Age 18 and over enrolled in any of your agency's programs (non-ICF residential, day programs, etc. included)	A staff member from your agency	Your supervisor OIG HOTLINE 1.800.368.1463
Age 18 and over enrolled in any of your agency's programs (non-ICF residential, day programs, etc. included)	A family member or caregiver	Your supervisor OIG HOTLINE 1.800.368.1463
Age 18 and over living in a setting funded, licensed, or certified by DHS, but not run by your agency (ex: individual attends your agency's day program, lives in CILA at another agency)	A third-party staff member	Your supervisor OIG HOTLINE 1.800.368.1463
Between 18 and 59 and living in a private home in the community	A family member or caregiver	Your supervisor OIG HOTLINE 1.800.368.1463
Age 18 and over living in a nursing home or facility (ICF included) run by your agency	A staff member from your agency	Your supervisor DPH HOTLINE 1.800.252.2893
Age 18 and over living in a nursing home or facility (ICF included) not run by your agency	A third-party staff member	Your supervisor DPH HOTLINE 1.800.252.2893
Age 60 and over NOT in a nursing home (living in private home in community)	A family member or caregiver	Your supervisor DOA HOTLINE 1.800.252.8966

- IF THERE IS IMMEDIATE DANGER or A MEDICAL EMERGENCY, CALL 911 and then inform your supervisor.
- In cases of financial exploitation, inappropriate staff conduct, inappropriate staff interactions, inform your supervisor.
- DPH may also require reporting of serious injury. ALL client deaths should be reported to supervisor, and then to appropriate agency, regardless of whether abuse/neglect is suspected.
- DHS OIG now accepts referrals of abuse/neglect allegations of the 18+ individuals with a disability still in school with an IEP. If they can investigate under Rule 51, they will. If not, they will refer it to the appropriate law enforcement agency.
- In the Act, "Adult student with a disability" means an adult student, age 18 through 21, inclusive, with an Individual Education Program, other than a resident of a facility licensed by the Department of Children and Family Services in accordance with the Child Care Act of 1969.

Source: Modified Clearbrook tool

## Abuse And Neglect Training

The Provider shall ensure that all employees successfully complete The Department of Human Services (DHS) OIG approved 59 Ill. Admin. Code 50 training at the time of hire and a biennial (every two years) refresher training course approved by DHS OIG pursuant to Rule 50.

DHS also requires that refresher training occur every two years. That refresher curriculum should contain the following components:

- Defines who is a required reporter
- Identifies what needs to be reported
- Describes how to report an allegation of abuse, neglect or death
- Provides OIG Hotline number
- Defines timelines for reporting, including requirement that OIG be called within 4 (four) hours of discovery, even when agency policy requires first reporting to management staff
- Outlines the potential consequences of not fully cooperating with an OIG investigation
- Outlines the consequences of being the “abuser” in a substantiated allegation of abuse or neglect of an individual



The [OIG Rule 50 Computer-Based \(CBL\)](http://www.dhs.state.il.us/page.aspx?item=50717) is now available online through the NetLearning system or on DHS website link: <http://www.dhs.state.il.us/page.aspx?item=50717>

## Reporting

OIG's Abuse/Neglect Reporting Hotline: 1-800-368-1463

All DHS and community agency employees are Required Reporters. You must report any alleged abuse or neglect that you:



- ✓ See,
- ✓ Hear,
- ✓ Read, or
- ✓ Suspect.

### Remember...

- ✓ You do not need to believe an allegation is true to report it. Even outlandish and far-fetched allegations - those that cannot be true - must be reported.
- ✓ You must report it immediately. All allegations must be reported to OIG within **four (4) hours of initial discovery**.
- ✓ If you willfully fail to report an allegation or willfully report an allegation late you could be criminally charged
- ✓ You must cooperate fully with every OIG investigation. Failure to do so can result in you being disciplined or discharged.
- ✓ You can be fired and prosecuted if you abuse or neglect someone.
- ✓ You are an "employee" 24 hours a day, seven days a week.
- ✓ Volunteers and contractors are employees.
- ✓ Employees are accountable if they commit abuse or neglect on their personal time.
- ✓ An employee who quits or is fired will still be investigated by OIG for abuse or neglect allegedly committed while an employee.

### What About "Screening"?

The supervisor and you are **not** allowed to screen allegations. Screening means intentionally not reporting an allegation or omitting or changing any information in the allegation. Screening also means using any information you choose not to report regarding an allegation of abuse and neglect.

## OIG Procedures

### Reporting Deaths

You must report a death of an individual within 24 hours of initial discovery, if the death occurs:

- ❖ Within 14 calendar days after discharge or transfer, or
  - ❖ Within 24 hours of deflection from a residential program or facility
  - ❖ Any other death occurring within a residential program or facility, OR at any DHS-funded site.
- From the time you first discover, or are informed of a death of an individual, the agency or facility has only 24 hours to report it to OIG (only 4 hours, if abuse or neglect are suspected).

### Are These Deaths Reportable?

A workshop client who has always lived with his family dies while at home.

**No.** It occurred outside the program.

A CILA resident gets ill during the night and dies a week later in the hospital.

**Yes.** It was within 14 days of transfer.

An individual is denied admission to a facility at 8:00 AM and commits suicide that afternoon at home.

**Yes.** It was within 24 hours of deflection.



## Written Responses

The law requires agencies and facilities to **respond in writing** to cases in which OIG:

- ❖ Substantiates abuse or neglect, or
- ❖ Identifies other administrative issues.
  - √ In the “Written Response,” the agency or facility must say what actions it will take to address the problems and OIG’s recommendations.
  - √ OIG must monitor Written Responses to ensure they are submitted and implemented.

## Written Response Compliance Reviews

OIG reviews implementation by conducting “Compliance Reviews,” in which OIG:

- Selects a random sample, and
- Requests documentation and
- Goes on-site to interview and observe.



You may be interviewed during a Compliance Review.

### Remember,...

OIG wants to find out if the Written Response was implemented, not to find out if you are doing anything wrong.

## Health Care Worker Registry

The Department of Public Health maintains a Health Care Worker Registry (HCWR) formerly known as Nurse Aide Registry (NAR) that, among other things, identifies health care workers that have had substantiated findings of abuse and neglect made against them.

OIG is only one entity that reports names to the HCWR for physical abuse, sexual abuse or egregious neglect.

### Reporting a Name to the Registry

- ❖ OIG reports to the Registry the names of employees who are substantiated to have committed physical abuse, sexual abuse or egregious neglect.
- ❖ Substantiated findings of mental abuse and non-egregious neglect are never reported to the Registry.

### Registry Appeals

- ❖ Before OIG reports a name to the Registry, the accused person has two levels of appeal. Neither are appeals of the findings.
- ❖ The substantiated findings letter provides instructions on how to appeal referral to the Registry.
- ❖ The person's name will not be reported to the Registry while the appeal is pending.

### Registry Reporting

- ❖ When OIG reports a name to the Registry,
- ❖ A certified letter is sent to the person's last known home address notifying him/her of this fact;
- ❖ The letter describes the process for appeals for removal of a name from the Registry; and
- ❖ Such petitions may be filed no more often than once in a twelve month period.

## Key Points

- You are a Required Reporter
- You must report any alleged abuse or neglect

That you:

- ✓ **See,**
- ✓ **Hear,**
- ✓ **Read, or**
- ✓ **Suspect.**

You do not need to believe an allegation is true to report it. Even outlandish, and far- fetched allegations, those that cannot be true **must be reported**.

- ✓ You must report it immediately. All allegations must be reported to OIG within four (4) hours of initial discovery.
- ✓ You must cooperate fully with every OIG investigation. Failure to do so can result in you being disciplined or discharged.
- ✓ You can be fired and prosecuted if you abuse or neglect someone.

## Reporting To Department Of Public Health (DPH)

### The DPH Abuse/Neglect Reporting Hotline: 1-800-252-4343

For residents of Intermediate Care Facilities for Developmentally Disabled (ICF/DDs):

- Any facility employee who becomes aware of abuse or neglect of a resident shall immediately report the matter to the facility administrator (Section 3-610 of the Nursing Home Care Act).
- The facility administrator who becomes aware of the abuse or neglect of a resident shall immediately report the matter by telephone and in writing to the resident's representative.
- Reports must be made to DPH in writing within 24 hours after having reasonable cause to believe that the condition of the resident resulted from abuse/neglect.
- If an employee is the perpetrator of abuse, that employee shall immediately be barred from any further contact with residents of the facility, pending the outcome of any further investigation (Section 3-611 of the Nursing Home Care Act)
- A facility employee who becomes aware of another facility employee or agent's theft or misappropriation of a resident's property must immediately report the matter to the facility administrator
- The facility administrator who becomes aware of a facility employee's theft or misappropriation of a resident's property must immediately report the matter by telephone and in writing to the resident's representative, to DPH, and to the local law enforcement agency. (Section 3-612 of the Nursing Home Care Act)
- Also, **all** serious injuries are to be reported within 24 hours, no matter what the cause.

The Nursing Home Care Act is found in its entirety [www.ilga.gov/legislation/ilcs/ilcs.asp](http://www.ilga.gov/legislation/ilcs/ilcs.asp) and look for:

- Regulation; Chapter 210 'Health Facilities'
- 210 ILCS/30 "Abused & Neglected Long Term Care Facility Residents Reporting"

## **False Reports Of Abuse And Neglect**

- False reports of abuse and neglect do occur.
- It is not up to the required reporter to determine whether or not an individual is being truthful. A report must be made.
- Thorough documentation of caregiver actions, co-worker actions, and those of the individual(s) will help safeguard caregivers in the event a false report is made
- Reports made by individuals with a documented history of making false accusations must be taken seriously.
- Your agency has a responsibility to respond appropriately to individuals who make false reports

**What is your agency procedure for handling false reports of abuse and neglect?**



## An Ecological Approach To Substantiation Of Allegation

Maltreatment is a **personal** and **organizational** problem. An **ecological** approach means taking a holistic view of people and environments as a unit within the larger organization.

### Components of the Ecological Model

The three components relate to the specific incident.



#### Victim profile

Information about the characteristics and circumstances of the victim.

- Age
- Gender
- Type of abuse/neglect
- Communication capability
- Challenging behaviors
- Physical capabilities

#### Offender profile

Information about the characteristics and circumstances of the offender.

- Age
- Gender
- Position within the agency or facility
- Length of employment in current position and/or setting

#### Offending environment profile

- Degree of community involvement
- Degree of family involvement
- Individual to direct support person ratio at the time of incident
- Discrepancy between required and actual individual direct support person ratio
- Frequency, duration and adequacy of supervision
- Role of professional staff

## Ecological Model (continued)

The next eight components pertain to the characteristics of the larger organization:

- **Treatment**  
The programmatic and therapeutic services offered individuals at the agency or facility.
- **Individuals profile**  
Information about the characteristics and circumstances of all individuals supported.
- **Staff issues**  
Information about staff characteristics and practices
- **Training**  
Information about formal and informal training.
- **Geographic and Physical Plan Issues**  
Information about geographic layout of the agency or facility, physical layout of environments, and use of space during the course of daily interaction
- **Education/Vocation**  
Information about the main role of the educational and vocational setting.
- **Medical**  
Information about medical services.
- **Maltreatment related issues**  
Information about specific abuse and neglect related issues.

The ecological approach to post-substantiation evaluation can be used to identify trends, patterns, potential vulnerable individuals, potential vulnerable environments, strengths and needs.



## No Excuse for Not Reporting

### Common Excuses:

- Too much paperwork to complete
- Too disruptive to the routine of the home (day program)
- My co-workers will be angry with me

### What other excuses can you think of?

- 
- 
- 

**Remember, agency policies should include those that prohibit retaliation against an employee who acts in good faith reporting any suspicion of abuse and neglect in their duties as a required reporter.**

## Why Don't Victims Report?

- Persons with disabilities are often taught to be compliant and passive and are sometimes unable to distinguish between appropriate and inappropriate physical contact.
- Victims sometimes refuse to acknowledge that there is a problem.
- Persons with disabilities may feel their report of abuse would not be believed.
- Physical/cognitive impairments make it difficult for the victim to seek help.
- Most augmentative communication systems (such as communication boards used by people who cannot speak) are not programmed to report abuse, neglect or exploitation.



## **PART THREE: PREVENTION**

### **Defining a Trust-Producing, Healthy, Engaging Environment**

1. How would you describe the perfect trust-producing, healthy, engaging environment?

What does it look like?

What does it sound like?

What does it feel like?

2. What ideal qualities do you want all caregivers that work in your trust-producing, healthy, engaging environment to possess?

## Considerations For Hiring Employees

Three psychological indicators are identified in the literature that are most likely to show the potential for angry or violent behavior on the job:

1. Low level of personal control.
2. Negative affectivity or attitude.
3. Interpersonal insensitivity.



You want to hire employees who have a high level of control, are positive affectivity and have interpersonal sensitivity.

In order to hire quality caregivers, need to identify your criteria for a "quality caregiver" which will lead to formulating the right kinds of interview questions.

### **Desirable Caregiver Characteristics**

- Dedicated** - a sense of purpose and occupational pride
- Patient** - a tolerance not solely based on temperament
- Empathetic** - healthy emotional relationships with people supported
- Ingenuous** - a desire to innovate rather than a need to be consistent
- Resilient** - a capacity to recover quickly from emotional events
- Self-Controlled** - a sturdy ego to inhibit impulses
- Confident** - knowing what and how much to do, with whom and when
- Adaptable** - accepting of the person's rate of change
- Secure** - able to withstand personal testing
- Objective** - able to disengage from conflict
- Skillful** - exhibiting an array of problem solving techniques
- Persuasive** - ability to influence by personal presence
- Self-aware** - a capacity to self-monitor
- Curious** - a desire to know patterns and reasons for them
- Self-actualizing** - the desire to excel
- Imperturbable** - poised under pressure

Roger MacNamara – "The Will To Manage"

## Asking the Right Questions

### Motivation to do the job

- What have you learned from previous employment?
- What have you learned from previous employment that would be valuable at this time?
- What do you know about this organization that makes you interested in working here?

### Adjustment

- What do you think individuals need the most from caregivers?
- Have you ever worked closely with people that you didn't like? How did you manage?
- What are your strengths and needs in terms of doing this job?
- What will your references say would be your strengths and needs?
- What in your personality would upset others or vice versa?

### Ability to Handle Leadership

- What do you want most from a supervisor?
- What would you do if you had planned an afternoon field trip and the individuals decided that was boring, asking instead to go to play video games?

## Understanding Roles

Everyone within your organization, from top to bottom, should play an active role in creating and maintaining a trust-producing, healthy, engaging environment.

- **Role** means a job expected pattern of behavior of an individual that results from the person's position in an organization or group.
- **Role perception** means the understanding of his or her role(s).
- **Role ambiguity** means confusion regarding a person's role.
- **Role conflict** occurs when roles cannot be performed at the same time.

### Large Group Discussion Questions:

1. What kinds of roles do you perform in your job?
  
  
  
  
  
  
  
  
  
  
2. Can you identify any situations in which you experience role conflict?
  
  
  
  
  
  
  
  
  
  
3. How might a conflict in roles impact your ability to prevent, recognize, report and respond to abuse and neglect?

## Role #1 – Caregiver Versus Caretaker

- ❖ A **caregiver** is a person who gives care to another person.
- ❖ A **caretaker** is a person who takes care of inanimate objects such as a cemetery or golf course.
- ❖ The information applies to all agency or facility employees who have contact with individuals.

Which term best reflects how employees at your agency or facility approach their work with individuals?

Caregiver?

Caretaker?



## Role # 2 – Advocate Versus Parent

**An advocate** is a person who provides support, empowers, and helps to enrich the life of another human being

**A parent** is a person who through birth or adoption has a legal right and responsibility for the total life of the human being. A parent may also be the guardian of an adult, who is declared legally incompetent in a court of law, and has a legal right and responsibility for the life of another human being.

Think about the opening role-play.

- How do you think the first DSP thought of his/her role?
- How do you think the second DSP thought of his/her role?
- What would be your role in helping a DSP distinguish between parent and companion?

**Write down your answers here.**



## Role #4: Managing Through Leadership And Coaching

What Makes a Good Leader?

A **Leader** is someone who moves other individuals to innovate and improve quality and has a vision that they translate into action.

### Four Major Characteristics of a Leader are:

- **Service Vision** - *quality* of service is of utmost importance
- **High Standards** - aspiration to legendary standards in recognition of good service
- **In-the-field Leadership Style** – being out in the field coaching, praising and listening
- **Integrity** – doing the right thing



## Strategies for Providing Leadership & Coaching

### Include...

#### 1. Investing Attention in Employees

- ✓ Recognize employee's accomplishments and contributions
- ✓ Be accessible
- ✓ Communicate with employees on a regular basis
- ✓ Provide special recognition awards/privileges
- ✓ Provide opportunity for involvement in some aspect of the organizational structure of the agency or facility to impact the management operation of the organization

#### 2. Facilitating Learning

Facilitating Learning means teaching; coaching and supporting employees to not only learn how to perform, but also why they need to perform in a prescribed way.

- ✓ Give information so the employee knows the importance of why s/he must do what s/he is being asked to do.
- ✓ Everyone you supervise will make mistakes. The goal is to help the person learn from them.
- ✓ Identify specific skill areas for improvement as well as strengths.
- ✓ Make sure the employee has the tools needed to do what is expected.

#### 3. Acknowledging and Building Upon the Strengths of Employees. . .

- ✓ Listen to the opinions and suggestions of employees, ask for input and give feedback so the person knows s/he has been heard.
- ✓ Consistently provide positive, constructive feedback.
- ✓ Acknowledge success.
- ✓ Emphasize strengths.

#### 4. Practicing What You Preach

Do what you say you will do and doing what you tell others to do.

- ✓ Be accountable for what you say and do.
- ✓ Acknowledge failures and successes.
- ✓ Admit mistakes and learn from them.

## **Strategies for Providing Leadership & Coaching (continued)**

### **5. Concentrating on Solutions, Rather Than Problems Entails...**

Determine what the problem is in order to quickly move on to find a solution.

- ✓ Avoiding focusing on assessing blame
- ✓ Refocusing the team by putting energy into identifying strengths and solutions

### **6. Communicating Effectively**

- ✓ Listen carefully
- ✓ Prevent misunderstanding by paraphrasing and verifying
- ✓ Pay attention to nonverbal communication
- ✓ Use language to foster communication not argument
- ✓ Be sensitive to the emotional content of language
- ✓ Be aware of jargon

### **7. Using Feedback Effectively**

- Be proactive
- Be specific
- Separate what the person did and needs to do differently from its emotional effect on you
- Offer feedback on behavior or conditions that the listener is able to change
- Feedback should be offered as soon as possible after the incident
- Check for clarity



## **Self-Awareness: Attitudes, Emotions, Stress and Burnout**

**Attitude** means what a person thinks or feels about a person, object, situation or fact.

The attitude that an agency or facility employees bring to work each day directly impacts the individuals that your organization support and employees job performance.

A person's attitude can contribute to creating and maintaining a trust-producing, healthy engaging environment or can contribute to creating a negative, hostile, fearful, destructive environment

### **Emotionally Responsible Caregiving**

It is also important to keep your **emotions** in check and use **emotionally responsible caregiving** techniques. When using **emotionally responsible caregiving** techniques your interactions will always be positive and respectful when providing support to people. These techniques also include the following:

- Recognize your emotional early warning signals.
- Do not feel responsible for a consumer's behavior!
- Do not engage consumers in a test of will
- When you feel anger: stop, step back and think.
- Do not trade emotions with consumers.
- Control the only person you can: yourself!

## Managing Your Own Emotions

You and every Employee at your agency are presented with the challenge of:

- Managing your own emotions
- Dealing with the emotions of co-workers
- Supporting individuals in coping with their emotions

### Understanding Anger

Anger and other strong emotions cause specific physiological (body), emotional, and cognitive (thinking) changes. These changes in emotions and thinking lead to behavioral responses. Look at the following list of responses and think about how you feel when you are angry.

#### Emotional Responses

Anxiety  
Fear  
Anger  
Frustration  
Irritability

#### Cognitive Responses

Lack of concentration  
Feelings of failure  
Unable to make decisions  
Blame 'others'  
Things are awful  
  
Things will never change  
I am responsible for all bad things

#### Physical Responses

Tense muscles  
Feeling lightheaded  
Cold Sweat  
Racing heart  
Stomach Ache

#### Behavioral Responses

**Fight Responses**  
Physical aggression  
Property destruction  
Verbal aggression  
Self injury

#### **Flight Responses**

Running away  
Drinking/Drug Use  
Sleeping/Insomnia  
Quitting  
Avoiding  
Smoking



## Helping DSPs Manage Their Own Emotions

### Scenario:

Roy is a job coach at your agency or facility. He has been having some personal family problems that up until now have not impacted his job performance. Roy arrives at work with a negative attitude and "bad" mood. His attitude and mood are affecting his job performance. Usually, Roy is patient and supportive in his interaction with the people he supports. However, on this particular day, he behaves in a manner that is edgy and impatient. One of the individuals asks Roy if something is wrong. Roy's initial inclination is to snap at the individual and tell him to mind his own business. However Roy quickly reconsiders how he will respond when he realized that he is letting his personal problems affect his job. Instead, Roy calls his supervisor, informs the supervisor of his situation, and requests to take the rest of the day off so he can attend to his family problem. The supervisor informs Roy that there is no one available to replace him and that he needs to continue working despite how he is feeling.

1. What is the likelihood that Roy will engage in inappropriate interaction?
2. What is the likelihood that Roy will engage in an act that is abusive and neglectful?
3. What is the likelihood that Roy will seek out his supervisor the next time he is having difficulty managing his emotions?
4. How do you want a supervisor at your agency or facility to handle this or a similar situation?

## **Rational Detachment Or ...How To Remain Calm**

First of all...don't take it personally!

We have all witnessed people who, even under difficult and stressful situations, somehow manage to remain calm and professional. How do they do it?

Rational Detachment is a key factor in setting limits with those people you support. Without this ability, team members can find themselves reacting in a challenging or defensive manner, which will only escalate the situation.

As caregivers, we must find strategies to use to stay in control. To defuse crisis situations when they occur, the following techniques can be considered:

### **Strategic Visualization**

Visualize incidents that may occur and practice how to respond to them in a calm and professional manner. By making these plans ahead of time, responses will likely be more rational and well thought out when the need to respond arises.

### **The Team Approach**

Have another staff person available when working with someone you support may take your communication with hostility. Knowing that there is someone there to assist makes it easier to maintain your professionalism.

### **Positive Self-Talk**

Remind yourself that if you are the target of an outburst or negative situation, you are rarely the cause of the behavior.

Adapted from:

"Rational Detachment-How to Remain Calm and Not Take it Personally" April 5<sup>th</sup>, 2010, Crisis Prevention Institute, Inc.

## Managing Stress And Preventing Burnout

Negative stress and burnout can contribute to creating an environment that is ripe for inappropriate interaction and abuse or neglect.

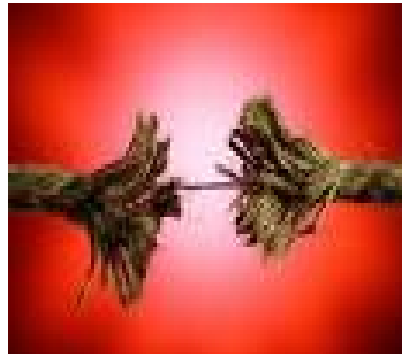
The key to coping with stress is knowing how much positive or negative stress you can tolerate.

Stress is a natural response of the human body when demands are placed upon it.

When people talk about being 'stressed out' they mean they are feeling the effects of demands placed upon them.

### What Are Some Physical Signs of Stress?

- Alcohol dependency
- Diarrhea
- Drug addiction
- Excessive weight change
- Fatigue
- Fainting
- Headaches
- Impulsive eating
- High blood pressure



### Can You Think of Some Other Examples?

- 
- 
- 
- 
-

## **Personal Coping And Stress Reduction Techniques**

- Exercise and maintain good diet and nutrition
- Know energy limits and provide your own relaxation
- Reward yourself
- Associate with people who concentrate on problem solving; not people who complain and do nothing
- Ask for feedback if expectations are unclear
- Ask for help when you need it
- Have fun at your job
- Take a vacation!

## **Burnout**

Burnout is a condition of physical and mental exhaustion that can result from continuous emotional pressure of working intensely with people for prolonged periods of time.

### **Three major components of burnout:**

1. Emotional exhaustion
2. Depersonalization
3. Decreased feelings of personal accomplishment on the job

### **Contributors to stress and burnout:**

- Individual Severity
- Work environment
- Individual Staff Characteristics

### **Characteristics of Burnout:**

- Low energy levels
- Constantly feeling fatigued
- Experiencing emotional exhaustion
- Feeling sorry for yourself

## A Guide For Identifying Burnout

**The following may be used as a guide for identifying characteristics which may indicate burnout in employees...**

**Attendance** - sudden, chronic lateness or an increase in absenteeism.

**Productivity** - decreases in the quantity of work accomplished over time.

**Performance** - decreases in the quality of work accomplished over time.

**Attention to Detail** - small, but noticeable mistakes and omissions in work completed, marked by their unusual nature (i.e. things that have been done correctly in past are now slipping through the cracks).

**Procrastination** - a fixation on minor details and routine tasks at the expense of riskier, more complex activities.

**Relationships** - a reduction in socialization and team activities, marked by conflicts, arguments and withdrawal from group activities.

**Attitude** - a negative shift in attitude towards the job, the organization, end-users and co-workers, marked by anger sarcasm, irritability, fatigue, sensitivity to criticism, or indifference.

**Perceptions** - a general feeling of being unappreciated and taken advantage of by the organization as a whole.

**Can you think of other examples?**

IT Toolkit.com, Managing projects and technology operations. Retrieved April 30, 2010 from:  
[www.ittoolkit.com/assessments/assess\\_constant\\_contact.htm](http://www.ittoolkit.com/assessments/assess_constant_contact.htm)

## Prevention Strategies

### 1. Use Thought Stopping

Thought Stopping is a method for controlling angry responses.

There are four basic steps:

**Stop!**  
**Think!**  
**Relax!**  
**Reconsider!**

### 2. Assess and Diffuse

Use skills to **assess** and **diffuse** a situation before it is blown out of proportion!

Some techniques that can be used to diffuse a situation:

- Calmly talk to the person about what happened
- Calmly explain to the individual what the options are for doing something different
- Use humor to break the tension
- Join the person in the activity
- Change the surroundings
- Monitor tone of voice
- Play calming music
- Release the person from the demands that are causing the person to be upset
- Create a diversion – direct the person's attention to something or someone else that is enjoyable for the person

### 3. Teamwork

It is good to have support with each person doing their part in order to assure the successful completion of a job or task

**Additional Prevention Strategies**

- ❖ Always provide staff with information on agency policies and procedures regarding abuse and neglect.
- ❖ Make sure staff understand the consequences of abuse/neglect.
- ❖ Encourage staff to assist people in expanding their network of friends in the community – social networking can be an effective tool for abuse prevention.
- ❖ Management should make unscheduled visits to stay informed.
- ❖ People should be educated on what abuse and neglect are and how to report.
- ❖ Make it possible for people to report – modify augmentative communication devices to include words/symbols/pictures to report abuse/neglect and exploitation.

## **Ways People Can Keep Themselves Safe**

Here are some steps that people with developmental disabilities can take to keep themselves safe:

### **Self-Advocacy**

The more people are involved and engaged in self-advocacy types of programs that empower them to learn about their rights and the systems that are in place to protect them, the better they will be able to protect and advocate for themselves.

### **Education**

By educating people about their rights, the cycle of victimization can be stopped.

People should learn to identify situations that put them at risk. Providers should make sure people know and can identify what physical abuse is, what financial exploitation is, what mental abuse is, and what sexual abuse is. Oftentimes people don't know that how they're being treated is abusive or that how they're being treated is a criminal offense. We need to make sure that people understand what various terms mean. What exactly are people doing that is physically abusive? What does it look like? What does it feel like? What does it mean? We really have to give people the information and tools to know what mistreatment looks and feels like. Then, we have to help people learn what positive, mutually respectful relationships look like and feel like.

### **Intuition**

We need to help people recognize and understand signs in their environment and their own body's signs that may warn them that they are not safe. For instance - maybe their heart starts to race or their hands are clammy. Maybe they start sweating or their stomach feels upset and queasy. Sometimes our bodies know before our brain knows that we are at risk.

### **Develop a Safety Plan**

A safety plan helps a person understand what to do when they are being abused or feeling unsafe. Where do they go and whom do they turn to? The safety plan includes what to do in the immediate moment of a crisis or an emergency and what to do when you realize that you're not in a good situation.



## DHS Required Abuse And Neglect Training

The CILA Provider shall ensure that:

- All employees successfully complete DHS OIG approved 59 Ill. Admin. Code 50 training at the time of hire and
- A biennial (every two years) refresher training course approved by DHS OIG pursuant to Rule 50.

DHS also requires biennial training that contains the following components:

- Defines who is a required/mandated reporter
- Identifies what needs to be reported
- Describes how to report an allegation of abuse, neglect or death
- Provides the OIG Hotline number
- Defines timelines for reporting, including requirement that OIG be called within 4 hours of initial discovery, even when agency policy requires first reporting to management staff
- Includes prohibition of screening of calls
- Outlines the potential consequences of not fully cooperating with an OIG investigation
- Outlines the consequences of being the abuser in a substantiated allegation of abuse or neglect of an individual receiving services, including loss of job, criminal charges and referral to the Health Care Worker Registry
- Provides a Health Care Worker Registry referral of the "abuser" in a substantiated allegation of physical or sexual abuse or egregious neglect of an individual

Sign-in sheets for any staff training **must**:

- Be maintained and readily available for review by Department staff.
- Include the following components: Module/class name, Class date, Class times, Instructor signature and Trainee signature.

## Resources And Web Sites

The list of Internet links below will connect you to organizations and web sites that you may find to be useful as you search for information.

### **DSP Resources**

The College of Direct Support works with all of these organizations and we urge you to browse and check them out if you are not familiar with them.

If you have specific organizations or web sites you think we should include in this list, please email Tom King, CDS Communications Director [tking@collegeofdirectsupport.com](mailto:tking@collegeofdirectsupport.com)

#### **[The Institute on Community Integration](http://ici.umn.edu/)**

URL: <http://ici.umn.edu/>

A University of Minnesota affiliated program dedicated to improving community services for people with developmental disabilities and their families. The staff of the ICI oversees the development of curricula for the College of Direct Support from start to finish.

#### **[The Arc of the United States](http://www.thearc.org/netcommunity/)**

URL: <http://www.thearc.org/netcommunity/>

The Arc of the United States advocates for the rights and full participation of all children and adults with intellectual and developmental disabilities. Together with a network of members and affiliated chapters, The Arc works to improve systems of supports and services; connect families; inspire communities and influence public policy.

#### **[ANCOR \(American Network of Community Options and Resources\)](http://www.ancor.org/)**

URL: <http://www.ancor.org/>

ANCOR is a nonprofit trade association representing private providers who provide supports and services to people with disabilities. ANCOR is distinguished in this industry by its balance of leading practices resources and advocacy for member agencies and the people and families they serve and support.

#### **[National Alliance for Direct Support Professionals](http://www.nadsp.org/)**

URL: <http://www.nadsp.org/>

## Resources And Web Sites (continued)

The NADSP is a coalition of organizations and individuals committed to strengthening the quality of human service support by strengthening the direct support workforce.

### [American Association on Intellectual and Developmental Disabilities](http://www.aidd.org/)

URL: <http://www.aidd.org/>

**The AAIDD – formerly known as AAMR** – promotes progressive policies, sound research, effective practices, and universal human rights for people with intellectual and developmental disabilities.

### [Self-Advocates Becoming Empowered \(SABE\)](http://sabeusa.org/)

URL: <http://sabeusa.org/>

SABE's mission is to ensure that people with disabilities are treated as equals and that they are given the same decisions, choices, rights, responsibilities, and chances to speak up to empower themselves; opportunities to make new friends; and to learn from their mistakes.

### [Administration on Developmental Disabilities](http://www.acf.hhs.gov/programs/add/)

URL: <http://www.acf.hhs.gov/programs/add/>

**The Administration on Developmental Disabilities (ADD)** is the U.S. Government organization responsible for implementation of the Developmental Disabilities Assistance and Bill of Rights Act of 2000, known as the DD Act. ADD, its staff and programs, are part of the Administration for Children and Families, of the U.S. Department of Health and Human Services.

### [Direct Service Workforce Resource Center](http://www.dswresourcecenter.org/)

URL: <http://www.dswresourcecenter.org/>

Address: 111 Center Park Drive, Suite 175  
Knoxville, TN 37922  
Phone: 877-353-2767 (toll-free)  
Email: [contact@info.collegeofdirectsupport.com](mailto:contact@info.collegeofdirectsupport.com)

The National Direct Service Workforce Resource Center supports efforts to improve the recruitment and retention of direct service workers who help people with disabilities and older adults to live independently and with dignity. This Resource Center provides state Medicaid agencies, researchers, policymakers, employers, consumers, direct service professionals, and other state-level government agencies and organizations easy access to information and resources they may need about the direct service workforce.

**Resources And Web Sites (continued)****[The National Association of Qualified Developmental Disability Professionals](http://www.QMRP.org/)**

<http://www.QMRP.org/>

**[The National Association of QSPs](http://www.trinity-services.org/)**

<http://www.trinity-services.org/>

The National Association of QSPs was formed in 1996 by Trinity Services staff as the result of a recognized need by now known as Qualified Support Professionals (QSPs) formerly known as Qualified Mental Retardation Professionals (QMRPs) or Case Managers to establish a strong resource for research, networking, and addressing issues that concern QSPs today. Although there were a few states that had formed groups by and for QSPs, the need to form an organization that would address the historical, conceptual, methodological and ethical issues confronting the QSP today on a national level was evident.

The National Conference of QSPs provides a forum to share information pertinent to the diverse interests of QSPs.

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