



Abuse and Neglect Recognition, Prevention and Intervention



TABLE OF CONTENTS

INTRODUCTION3

YOUR LEGALLY MANDATED RESPONSIBILITIES4

ILLINOIS RULE 50 DEFINITIONS5

ABUSE..... ERROR! BOOKMARK NOT DEFINED.

QUESTIONS AND ANSWERS 7

ADDITIONAL DEFINITIONS 8

AGGRAVATING CIRCUMSTANCE..... 8

ALLEGATION.....8

REQUIRED REPORTER10

REPORTING12

IMMEDIATELY INFORM YOUR SUPERVISOR OR CALL:12

**QUICK REFERENCE FOR PHYSICAL ABUSE, SEXUAL ABUSE, MENTAL ABUSE, NEGLECT,
OR FINANCIAL EXPLOITATION REPORTING13**

WHAT IS REPORTABLE?14

DID YOU KNOW15

SOME EXAMPLES OF INAPPROPRIATE INTERACTION16

WHAT IS “MALTREATMENT?”17

POSSIBLE INDICATORS OF MALTREATMENT17

POSSIBLE PHYSICAL INDICATORS OF MALTREATMENT18

POSSIBLE VERBAL INDICATORS OF MALTREATMENT18

POSSIBLE BEHAVIORAL INDICATORS OF MALTREATMENT.....19

SCENARIOS FOR DISCUSSION20

CAREGIVER WARNING SIGNS.....21

SEXUAL ABUSE21

WHEN SUPPORTING VICTIMS OF SEXUAL ABUSE:.....23

WHAT AM I REALLY SEEING?24

INDICATOR EXERCISE: WHAT AM I REALLY SEEING?.....24

WHAT ARE THE REQUIREMENTS FOR REPORTING DEATHS?25

REPORTING TO LAW ENFORCEMENT25

OIG – INVESTIGATIVE FINDINGS26

DISCUSSION ACTIVITY:26

WHAT HAPPENS IF YOU ARE ACCUSED OF ABUSE OR NEGLECT?26

SUBSTANTIATED FINDINGS AND THE HEALTH CARE WORKER'S REGISTRY27

FALSE REPORTING OF ABUSE OR NEGLECT28

FALSE REPORTING OF ABUSE AND NEGLECT ACTIVITY28

RECOGNITION IS A FORM OF PREVENTION.....29

RECOGNITION ACTIVITY30

PREVENTION34

HERE ARE SOME TIPS YOU CAN USE WHEN FACED WITH A STRESSFUL SITUATION:34

STRATEGIES FOR DIFFUSING A SITUATION34

TEAMWORK35

HOW CAN YOU PROMOTE EFFECTIVE TEAMWORK?.....35

CREATING & MAINTAINING A RESPECTFUL, HEALTHY, ENVIRONMENT.....36

THE IMPACT YOU HAVE ON PEOPLE YOU HELP SUPPORT37

ATTITUDE38

STRESS AND BURNOUT39

WHAT CAN BE DONE TO REDUCE STRESS?.....40

TIPS FOR MANAGING STRESS INCLUDE:40

WHAT ARE THE SYMPTOMS OF BURNOUT?41

SUPPORTING THE EMOTIONS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES43

SUPPORTING THE EMOTIONS OF PEOPLE WITH INTELLECTUAL DISABILITY44

SCENARIO I44

SUPPORTING THE EMOTIONS OF PEOPLE WITH DEVELOPMENTAL DISABILITIES45

SCENARIO II45

IT’S NOT YOUR JOB TO PUNISH OR CONTROL46

INTRODUCTION

I am a human being!

We are people, and we have feelings!

We want to learn more and grow every day that we're doing something.

We participate in the community, we learn, and we try new things.

Treat me fair!

Treat me with respect.

Treat me nice and kind.



Stop it if someone hits me.

When people go out into the community, they should be treated as equally as possible—like regular people.

Get rid of the word "inappropriate"!

Anonymous self-advocates Illinois Voices

Your Legally Mandated Responsibilities

You are a Required Reporter: All DHS and community agency employees are required by Rule 50 to report allegations of abuse, neglect and financial exploitation to the Office of Inspector General (OIG).

HOTLINE NUMBER: 1-800-368-1463

Any employee who suspects, witnesses, or is informed of an allegation of abuse or neglect must report it immediately (**NO OPTION!**).

- "Suspects" means you have a suspicion based upon information or an observation,
- "Witnesses" means you saw or heard it, or
- "Informed of" means you were told about it (like hearsay or an anonymous letter), whether or not you think it actually happened.
- You are a required reporter 24 hours a day, seven days a week, NOT only when you are at work.

Every allegation must be reported to the OIG Hotline within **four hours** of the time it was first discovered by the staff.

For abuse/neglect, "employee" means any person who provides services at the facility or agency on-site or off-site. The service relationship can be with the individual or with the facility or agency.

Also, "employee" includes any employee or contractual agent of the community agency involved in providing or monitoring or administering mental health or developmental services. This includes, but is not limited to: owners, operators, payroll personnel, contractors, subcontractors, and volunteers.

Remember, for reporting purposes...

- 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.

Illinois Rule 50 Definitions

Abuse

Abuse is any physical abuse, sexual abuse, mental abuse or financial exploitation inflicted on an individual other than by accidental means.

So, abuse can be one of four things:

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



Physical Abuse is defined as an employee's non-accidental and inappropriate contact with an individual that causes bodily harm. Physical abuse includes actions that cause 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. To be reportable, the contact must have been caused by a non-accidental and inappropriate means.

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.

Sexual Abuse is 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 abuse" also includes an employee's actions that result in the sending or showing of sexually explicit images to an individual via computer, cellular phone, electronic mail, portable electronic device, or other media with or without contact with the individual; or, an employee's posting of sexually explicit images of an individual online or elsewhere whether or not there is contact with the individual. "Sexually explicit images" includes, but is not limited to, any material which depicts nudity, sexual conduct, or sadomasochistic abuse, or which contains explicit and detailed verbal descriptions or narrative accounts of sexual excitement, sexual conduct, or sadomasochistic abuse.

Sexual Contact is defined as inappropriate sexual contact between an employee and individual involving 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. 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:

- 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 is defined as 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 getting upset.
- Mental abuse is verbal or nonverbal and includes not intervening when an individual faces an upsetting situation.

Note: Mental abuse is not always face-to-face with that individual, but at least one individual must be present at the time.

Examples of Mental Abuse

- Cursing at an individual. A curse that is not derogatory of the individual is still reportable if the individual becomes upset by it, 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 intellectual disability or a hearing impairment, who doesn't react. **Remember** . . . If someone does something harmful, you must report it regardless of whether the individual appears to get upset by it or not.

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 is defined as 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.

Example of Neglect

If a 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.

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.

Questions and Answers

Question: What about multiple allegations? If an individual makes multiple allegations of abuse or neglect every day, do you have to report all of them?

Answer: You should report each one as a new allegation. But you must also try to get specifics - names, dates, and times - so OIG can verify that each allegation has already been reported.

Question: What about false allegations? If an individual makes an allegation of abuse or neglect that you know is not true, do you still have to report it?

Answer: Yes

Question: What about recanted allegations? If an individual alleges that he or she was abused or neglected, and then, before you call to report it, he or she admits to just making it up, do you have to still report it?

Answer: Yes. 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.

Question: What about "screening?"

Answer: You are not allowed to screen allegations.

Screening means intentionally not reporting an allegation or omitting or changing any information in the allegation. Your supervisor is not allowed to screen. If the policy says you are to report allegations to your supervisor, you should do so. However, if your supervisor fails to report it to OIG, you are still responsible to report it. You are still a Required Reporter.

Additional Definitions

Accidental

The law does not require reporting harm that is caused only by "accidental means." Accidental implies that you did not make a conscious decision to act or fail to act.

Examples:

Backing into someone is an accident.

Tripping over your shoes is an accident.

Hitting someone back is **not** an accident.

Cursing an individual you don't know is present is **not** an accident.

Aggravating Circumstance

A factor that is attendant to a finding and that tends to compound or increase the culpability of the accused. Examples: Aggravating circumstances are those that classify the abuse or neglect as more severe, like:

Using something as a weapon to inflict harm;

Causing a severe injury;

Allegation

An allegation is any assertion, complaint, or suspicion you have that abuse or neglect of an individual may have occurred. You do not have to prove or even believe an allegation to report it. Allegations are never assumed true or false: If you hear of an allegation from an individual who frequently lies, you are still required to report it. Allegations have no statute of limitations: If you hear of an allegation that may have occurred ten or twenty years ago, you are still required to report it.

Imminent Danger

A preliminary determination of immediate, threatened or impending risk of illness, mental abuse, 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 (e.g., 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.

Mitigating Circumstance

A condition that is attendant to a finding that 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.

Required Reporter

A Required Reporter is any employee who suspects, witnesses, or is informed of an allegation of abuse or neglect. **Remember: 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 hours.

You must cooperate fully with every OIG investigation. Failure to do so can result in you being disciplined or discharged.

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.

You can be fired and prosecuted if you abuse or neglect someone.

When an incident occurs... What you should **NOT** do:

- **Do not** remove anything.
- **Do not** wash or clean anything.
- **Do not** handle anything that might be evidence.
- **Do not** search for evidence yourself.

Examples:

An individual who is bleeding alleges to you that an employee hit him with a mop in the kitchen.

Potential evidence:

- the clothing worn by the accused and the victim,
- any mop or broom in the kitchen, and
- potentially anything in the kitchen.

What you should **NOT** do?

- move or pick up anything off the floor, or
- clean blood off anything in the kitchen or mop the floor.

An individual alleges to you that he just had sex with an employee in a storage room.

Potential evidence:

- the clothing of either person,
- towels or sheets in his bedroom, and
- anything in the storage room.

What you should **NOT** do:

- enter the room or let other staff enter it, or
- allow the individual to shower or change.

Since June 13, 2006, intentionally reporting an allegation late—or not reporting it at all—is a Class A misdemeanor.

If you are convicted, it is punishable by:

- up to one year in jail
- and/or a \$2,500 fine.



Allegations of crimes should be reported to the most appropriate law enforcement agency, especially if an immediate response is critical.

Reporting Immediately Inform Your Supervisor or Call:

OIG (Office of Inspector General) Hotline-800-368-1463

Reporting for: Adult victims age 18 through 59 living in facilities under the jurisdiction of the Department of Human Services including State Operated Developmental Centers (SODCs); State Operated Mental Health Centers; Community Integrated Living Arrangements (CILAs); Developmental Training (DT) sites; domestic living situations (such as private homes, unlicensed residential settings, and board and care homes whose physical or mental disability impairs his or her ability to seek or obtain protection from abuse, neglect or exploitation).

IDPH (Illinois Department of Public Health) Hotline-800-252-4343

Reporting for: Long-Term Care Facilities (Skilled Nursing; Intermediate Care); Hospitals; Community Living Facilities; Assisted Living Facilities; Sheltered Care Facilities; State Operated Developmental Centers (SODCs); State Operated Mental Health Centers

DCFS (Department of Child and Family Services) Hotline- 800-25-ABUSE

Reporting for: Children (aged 17 years and younger) In all situations including children who live in a home/family environment; in public or private residential agencies or institutions, including state operated developmental disability or mental health facilities; or attend day care centers, schools or in situations where children are in contact with adults who are responsible for their welfare.

Department on Aging Hotline – 866-800-1409

Reporting for: Individuals 18-59 with a disability living in a domestic living situation and Individuals 60 years of age or older who reside in domestic living situations and are alleged to be abused, neglected or financially exploited by another individual.

QUICK REFERENCE FOR PHYSICAL ABUSE, SEXUAL ABUSE, MENTAL ABUSE, NEGLECT, OR FINANCIAL EXPLOITATION REPORTING

<u>If</u> the consumer is:	<u>And</u> you suspect that the perpetrator of the abuse/neglect is:	<u>Then</u> you should call/inform:
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 DCFS HOTLINE 1.800.232.2873
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 (i.e., 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 DOA HOTLINE 1.866.800.1409
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 1.800.252.4343
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 1.800.252.4343
Age 60 and over NOT in a nursing home (living in private home in community)	A family member or caregiver	Your supervisor DOA HOTLINE 1.866.800.1409

- **IF THERE IS IMMEDIATE DANGER or A MEDICAL EMERGENCY, CALL 911 and then inform your supervisor.**
- **In cases of inappropriate staff conduct or inappropriate staff interactions, inform your supervisor.**
- **DPH may also require reporting of serious injury. ALL client deaths should be reported to your 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.**
- **In accordance with the Child Care Act of 1969, "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.**

Source: Modified Clearbrook tool

What Is Reportable?

Abuse, Neglect, Death and Serious Injury

You must report to your **AGENCY** incidents or allegations of: Abuse, Neglect, Death, Serious Injury and Inappropriate Interactions. For example:

- If you **observe** an incident of abuse, neglect;
- If you **are told** of an incident of abuse, neglect; or
- If you **believe** there may have been an incident of abuse or neglect.

OIG must be contacted within 4 hours for:

- Any allegation of abuse
- Any allegation of neglect
- Any injury or death of an individual that occurs within a facility or community agency when abuse or neglect may be suspected.



To ensure an investigation by OIG, someone must call OIG's Abuse and Neglect Hotline at **1-800-368-1463**. Each allegation of abuse and neglect must be reported to the OIG hotline within **4 hours** of the initial discovery.

**Follow Your Agency's Policy on Reporting Abuse, Neglect, and Financial Exploitation but Remember...
The Allegation must be reported within 4 hours of Discovery.**

Did You Know . . .

- The rate of abuse ranges from a low of 25% to a high of 83% for all people with a disability.
- The perpetrators are often not strangers but rather caregivers or someone else who is close to the person with a disability.
- More than 90 percent of people with DD 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)
- Staff who engage in inappropriate interaction usually do not intend to cause any harm to the individual. These persons are generally kind and caring caregivers. However, their actions can result in injury to the individuals they support.
- Isolated incidents of inappropriate interaction can become a habit.
- Inappropriate interaction may require corrective action by you or the agency or facility.
- Inappropriate interactions tend to escalate over time and become more ingrained, more severe, more pervasive acts and may well lead to abuse and neglect.



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

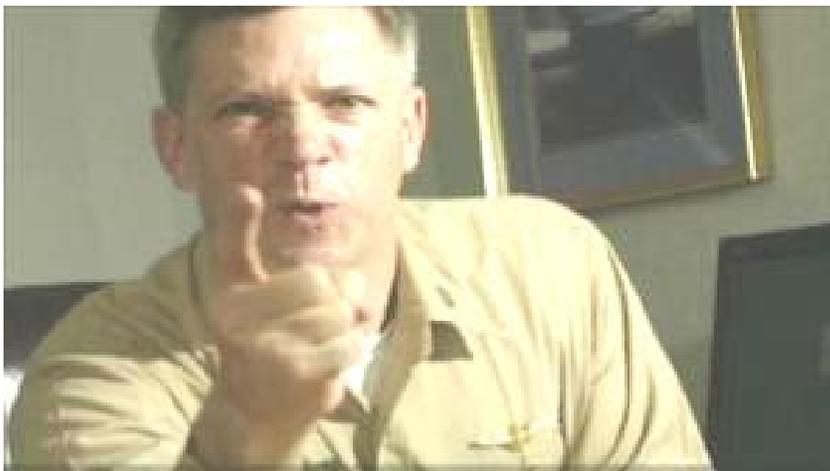
Limiting choices

Threatening possessions

Demanding

Shouting orders

Using TV as substitute caregiver



What is “Maltreatment?”

The term “maltreatment” applies to a wide range of negative interpersonal interactions. For our purposes, it will serve as the term that will include acts or omissions by employees involving individuals that are improper or inappropriate as well as acts or omissions that are abusive, negligent or exploitative. The term “maltreatment” includes OIG reportable acts as well as **acts not reportable to OIG but that may be considered inappropriate. This type of maltreatment is sometimes called “inappropriate interactions”.**

Please refer to your agency’s policy on “Maltreatment” or “Inappropriate Interactions”

Possible Indicators of Maltreatment

- **Physical indicators** are any type of visible, physical marking that a person can observe.
- **Verbal indicators** are any type of words or sounds that a person can hear, including sign language.
- **Behavioral indicators** are any type of behavior or action that a person can observe.
- **Circumstantial indicators** are any type of current or past behavior, words or actions of the caregiver.

Be aware that it is possible that the signs that you are observing are not always indicators of maltreatment.

How Do I Determine if What I am Seeing is Maltreatment?

- The better you know the individuals that you support and the better you know the environment in which you work, the easier it will be for you to figure out what the indicators mean.
- It is possible that an indicator may be caused by something other than maltreatment.
- Indicators do not have to be reported to OIG until there is a determination that the indicator supports reasonable suspicion of abuse or neglect.
- Recognition of indicators is a **form of prevention.**

Possible Physical Indicators of Maltreatment

- Physical marks on the individual's body (e.g., cuts, bruises, burns, bites)
- Physical marks that are on areas of the body that are difficult to injure (e.g., bruises, burns, cuts on the back)
- Physical marks that are unusual for the specific individual
- Physical marks that no one can explain how they happened
- Blood, semen or other physical markings on the individual's clothing, bedding, towels, or in other areas of the environment
- Torn or missing clothing



Possible Verbal Indicators of Maltreatment

- Statements by an individual (e.g., complaints of being poorly treated, complaints of not liking an employee)
- 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 employee
- Sudden changes in mood, especially depression
- Engages in sexualized behavior (e.g., an unprompted or unexplained drawing of genitalia.)

Possible Behavioral Indicators of Maltreatment

- Negative changes in behavior patterns (e.g., increased aggression, sudden withdrawal from others and activities, return to engaging in old behavior challenges, changes in sleeping habits, changes in eating habits.)
- Unusual or more extreme displays of fear (e.g., fear of being alone, fear of being with specific persons, fear of being touched, fear of going to a particular place, fear of specific objects.)
- Sudden changes in mood (i.e., increased irritability, sadness, anger, apathy, fear.)
- Negative changes in behavior patterns, unusual or more extreme displays of fear, sudden changes in mood only when specific persons are present or only after being with specific persons.
- Avoids specific persons (e.g., the individual doesn't want to be around an employee that she had previously enjoyed being with.)
- Avoids specific places for an unknown reason
- Exhibits negative changes in behavior patterns (e.g., difficulty sleeping or other sleep disturbances, develops an eating disorder in which the individual refuses/restricts food intake or gorges/is obsessed with food, regression to engaging in old behavior patterns.)
- Unusual or more extreme displays of fear (e.g., fear and resistance towards physical examination.)

Remember: It is possible that the behavioral signs that you are observing are not always indicators of maltreatment. The signs may be due to other factors: the person may be physically sick, emotionally ill, experiencing a side effect of medication, may have experienced a sad event in his/her life, or some other unknown reason.

When you observe behavioral signs it is best to check it out to find out what the problem really is. It is also important to document all your observations.

Scenarios for Discussion

Discuss the following scenarios with regard to actions taken and implications of abuse.

Scenario 1

- Tom is a staff person working with Melanie, a person she helps support.
- As part of an approved behavioral program, when Melanie gets upset she goes to her room to relax.
- Melanie is upset right now and is yelling in the dining room.
- Tom says in a loud angry voice (and with a threatening pose) "Melanie you need to go to your room, now!"
- Melanie becomes even more upset and refuses to go to her room.
- Tom grabs her by the arms and gives her a shake and says, "GO TO YOUR ROOM!"



Scenario 2

- Charlotte is a very picky eater but loves dessert.
- She has no weight concerns and does not have any dietary restrictions, but Rita, a staff person, is concerned that Charlotte will only eat junk food.
- At dinner, to motivate Charlotte to eat her meal, Rita tells Charlotte, "Eat your meal or you won't get your dessert".
- Charlotte ate her whole meal.



Caregiver Warning Signs

Here are some warning signs that may indicate the potential for maltreatment on the part of the caregiver:

- Negative caregiver behavior (i.e., aggression, hostility, anger, disrespect, apathy, callousness, etc., towards self and others)
- Previous history of maltreating others
- Alcohol or drug abuse
- Negative attitudes that devalue self and others
- Past history of threatening to harm the individual
- Joking about harming the individual
- Finding humor in the pain and suffering of the individual



Sexual Abuse

Possible Physical Indicators of Sexual Abuse

- Bruises in genital area
- Genital discomfort
- Torn or missing clothing
- Unexplained genital abnormalities
- Unexplained pregnancy
- Unexplained blood on underwear

It is possible that what you are observing is not an indicator of maltreatment. Genital discomfort could be a urinary tract infection or yeast infection. Bruises could be related to hemophilia or diabetes. The individual's wound could be the result of self-injury. It is important to document all you see.

Possible Verbal Indicators of Sexual Abuse

- 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

- Discloses or talks about the sexual abuse

It is possible that what you are hearing is not an indicator of maltreatment. However, when you hear a possible verbal indicator it is best to check it out to find out what the problem is. It is important to document all your observations.

Possible Behavioral Indicators of Sexual Abuse

- Avoids specific persons (e.g., the individual doesn't want to be around an employee that she had previously enjoyed being with.)
- Avoids specific places for an unknown reason
- Exhibits negative changes in behavior patterns (e.g., difficulty sleeping or other sleep disturbances, develops an eating disorder in which the individual refuses/restricts food intake or gorges/is obsessed with food, regression to engaging in old behavior patterns.)
- Unusual or more extreme displays of fear (e.g., fear and resistance towards physical exams.)
- Sudden changes in mood, especially depression
- Engages in sexualized behavior (e.g., an unprompted or unexplained drawing of genitalia.)



Possible Circumstantial Indicators of Sexual Predator

- Excessive or inappropriate eroticism (i.e., the employee brings pornographic material to work, seems preoccupied with sex.)
- Perpetrates other forms of abuse.
- Seeks isolated contact with individuals.
- Has a personal history of sexual abuse.
- It is possible that the circumstantial indicators that you are observing are not indicators of maltreatment.
- It may be a "one time problem" that is not typical for the individual.
- It is also possible that you are observing a typical pattern of behavior for the individual.
- It is also possible that the individual's history has no impact on their present behavior.
- Whenever you observe circumstantial indicators it is best to check it out to find out what the problem really is.

When someone tells you they have been sexually abused, FIRST, respond to person's immediate needs, THEN report incident to OIG within the required time frame.

WHAT TO DO When Someone Tells You They Have Been Sexually Abused and WHAT TO SAY When Someone Tells You They Have Been Sexually Abused

A DSP can use these guidelines if an individual says they have been sexually abused. The guidelines and contact information can be put near the phone, on an index card or on a sheet of paper.

When Supporting Victims of Sexual Abuse:

- Provide Privacy
- Explain Options
- Support Choices
- Ensure Safety

<u>DO</u>	<u>DON'T</u>
<ul style="list-style-type: none"> ✓ Believe ✓ Respect ✓ Support ✓ Assist 	<ul style="list-style-type: none"> ✓ Doubt ✓ Judge ✓ Blame ✓ Punish

Say:	I believe you. I'm sorry this happened to you.
Ask:	How can I help you? What do you need right now?
Tell:	We have a crisis center in town that can help you on the phone or in person.
Help:	Would you like to call them? I can help you with that.
Protect:	What would make you feel safe right now? Let's make a safety plan.

For more information on this topic, please call the Rape Crisis Center at 800-656-4673 or visit the Illinois Department of Human Services website at www.dhs.state.il.us or the Illinois Coalition Against Sexual Assault at www.icasa.org



WHAT AM I REALLY SEEING?

John reports to his supervisor that he is concerned about Fred, a person at the home. Fred has always had a tendency to tease his friends and lose his temper; however, this behavior has been more frequent over the past two weeks. While helping Fred in the restroom, John noticed dark stain marks on his underwear. When asked about the marks, Fred reported that his buttocks have been itchy. John concluded that Fred needs to wipe himself better and instructed Fred on proper hygiene. Recently, Fred complained that his bottom was sore. Fred agreed to show John his buttocks. John observed several scratches and redness around the anal area. John tells his supervisor that he is unsure what all of this information means.

Indicator Exercise: What Am I Really Seeing?

- What indicators are present in this scene?
- What are possible explanations for these indicators?
- What type(s) of maltreatment might be occurring?

What are the requirements for reporting deaths?

Deaths that must be reported to OIG are as follows:

- Deaths occurring on-site in any residential or non-residential program;
- Deaths within 14 days of discharge or transfer from a residential program; and
- Deaths within 24 hours after deflection from a residential program.

A death must be reported to OIG within 24 hours of the staff becoming aware of it. If the death may be suspected to be the result of abuse or neglect by staff, however, the death must be reported within four hours.

Reporting to Law Enforcement

Allegations of crimes should be reported to the most appropriate law enforcement agency, especially if an immediate response is critical. However, the allegation must still be reported to OIG within the time required if it involves a death or alleged abuse or neglect of an individual with disabilities.



By law and interagency agreement, OIG reports criminal allegations to the Illinois State Police or local law enforcement. OIG also may work with law enforcement agencies in investigating allegations of abuse or neglect of individuals with disabilities.

Question: When an incident occurs, what you should do?

- Ensure the safety of all individuals.
- Notify your supervisor or investigative staff that there may be evidence.
- Document everything you see and do.
- Avoid entering an area where the act allegedly occurred.
- Write out a statement, if requested.

OIG – Investigative Findings

An allegation may be . . .

Unfounded

There is no credible evidence to support the allegation.

Unsubstantiated

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

Substantiated

There is a preponderance of the evidence to support the allegation.



Discussion Activity: What Happens If You Are Accused Of Abuse or Neglect?

Persons under investigation may be placed on administrative leave pending the outcome of the investigation.

- What feelings would you have towards the client or staff who made the accusation?
- How might you feel about being placed on administrative leave?



Substantiated Findings and the Health Care Worker's Registry

(formerly known as NURSE AIDE REGISTRY)

The Department of Public Health maintains a registry that, among other things, identifies health care workers that have had substantiated findings of abuse and neglect made against them. The Office of Inspector General (OIG) reports to the Health Care Worker Registry the names of employees who are substantiated to have committed physical abuse, sexual abuse, egregious neglect or financial exploitation unless there is still pending a grievance or a petition filed under 20 ILCS 1305/1-17(s)(3). Referral to the Health Care Worker Registry applies to all employees (which includes owners/operators, contractors, subcontractors, and volunteers). Substantiated findings of mental abuse and non-egregious neglect are never reported to the Health Care Worker Registry.



Perpetrators whose names are placed on the Health Care Workers Registry:

- Are ineligible for employment in the field of human services in Illinois.
- Are prohibited from being employed in providing, administering, or monitoring services.

After the name of a person is referred to the Health Care Worker Registry, he or she may request removal using the 20 ILCS 1305/1-17(s)(6) petition process no more than once per twelve month period.

False Reporting of Abuse or Neglect

As with other inappropriate behaviors, sometimes individuals do make false allegations against DSPs or other staff. Below are guidelines on handling questionable and/or false allegations.

- Thorough documentation of your actions, your co-worker's actions, and those of the clients you support will help safeguard you in the event a false report is made against you.
- Reports made by individuals with a documented history of making false accusations must be taken seriously and reported.
- You have little way of knowing whether or not the individual is telling the truth this time.
- Individuals with a known history of making false reports are at increased risk because perpetrators know they are easy targets and it is likely that the report will not be taken seriously.
- All incidents should be addressed clinically and through a behavior management program and/or training.

False Reporting of Abuse and Neglect Activity

Directions: After reviewing your agency's policy on false reporting, write the answers to these questions based on the discussion.

What role do you have in reporting and investigating the allegation at your agency or facility?

What can you do to minimize the negative impact on individuals and the home/work environment while an investigation is being conducted?

What can you do to maintain confidentiality while the investigation is being conducted?

Recognition is a Form of Prevention

- Early recognition of maltreatment may prevent escalation into more severe and prolonged forms of maltreatment.
- Early recognition allows the community agency or facility an opportunity for early intervention with the offending employee. Perhaps the person can be retrained. Perhaps the person should be terminated.
- Early recognition may stop the individual from being harmed any more than he already has been and may prevent further victimization.
- Early recognition can prevent the bad actions of one person from contaminating the rest of the employees and home or work environment.





Recognition Activity

Directions: Working in small groups, for each of the following scenarios, write in the first column "yes" if you would report this to your supervisor or "no" if you would not. If you wrote yes in the first column, in the second column, write what type of maltreatment you think has occurred.

Choose from: Physical Abuse, Sexual Abuse, Neglect, Mental Abuse, Financial Exploitation or Other.

Did maltreatment occur?	Yes/No?	What Type?	Report to
OIG			
1. An employee does not cut up a client's food as prescribed in his/her ISP and the client chokes.			
2. An employee shoves a client to get the client to stop asking to go on an outing.			
3. An employee yells, "Don't touch that stove, it's hot!" at a client.			
4. A client trips over a crack in the sidewalk and falls, spraining his ankle.			
5. When a client asks for juice rather than coffee, an employee says, "Drink that or you get nothing."			
6. An employee calls a client "lazy" and the client cries.			

Did maltreatment occur?	Yes/No?	What Type?	Report to OIG
7. An employee encourages two clients to fight so they can "figure it out on their own."			
8. An employee slaps a client in the face in response to the client kicking the employee in the leg.			
9. One employee says to another employee about a client "Oh he drives me nuts, he's such a stupid jerk." The employees are alone in a room.			
10. An employee does not notify anyone or assist the client with changing herself when he notices that client has soiled her pants.			
11. An employee makes a client sit out of work after that client complained about the employee to his Q.			
12. An employee makes a client wait to go to the bathroom to change soiled pants, saying, "You should have told me sooner that you needed to go to the bathroom."			
13. An employee observes that a client cut her hand and is bleeding heavily, but does not attend to that because that employee is talking with another employee about his weekend.			
14. An employee chooses not to follow a client's behavior plan (giving that client his daily \$1 for pop) even though he met the criteria, because he called the employee a name. This results in the client becoming aggressive.			

Did maltreatment occur?	Yes/No?	What Type?	Report to OIG
15. An employee says to a client, "Do that again and you'll be sorry."			
16. An employee 'borrows' a client's wristwatch because his is broken.			
17. You hear an employee swear at a client. The client shies away.			
18. You see an employee take money from a client's envelope that holds his incentive pay for his behavior plan.			
19. An employee does not read the medication labels and puts too many pills in the client's pill cup. Although the client tries to protest, the employee orders the client to take the pills. The client is hospitalized.			
20. An employee demands each individual pay one dollar upon returning from a day program, claiming "for services rendered."			
21. You see a bruise on a client that was not there the day before and looks like a handprint.			
22. A client tells you that a staff at her group home touched her "down there."			
23. You hear an employee say, "You should be ashamed of yourself" to a client who has just hit another client.			

Did maltreatment occur?	Yes/No?	What Type?	Report to OIG
<p>24. A client reports to program on a very cold snowy day wearing shorts, flip-flops, and no coat or gloves. His toes and fingers are purple. The client lives at home with his elderly mother.</p>			

Source: Clearbrook, Arlington Heights, Illinois

Prevention

Here are some tips you can use when faced with a stressful situation:

Thought Stopping

In order to diffuse a situation, you, as the DSP, can engage in a four-step process called "thought stopping."

The four steps are:

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

When faced with a stressful situation, you may only have a few seconds to use thought stopping, but that may be enough time to prevent the wrong action.

- Part of "reconsidering" is assessing the situation to determine what the best way is to diffuse the situation.
- Use your detective skills and try to figure out what is bothering or upsetting or somehow affecting the person.
- Teach, model and reinforce assessing and diffusing a situation at your home/work environment.

Strategies for Diffusing a Situation

- Ask a person what's going on!
- Calmly talk to the person about what happened.
- Calmly explain to the person what the options are for doing something differently.
- Give the individual readily available choices for how to handle the situation.
- Create a diversion - direct the individual's attention to something or someone else that is enjoyable for the individual.
- Have the individual engage in physical exercise to release pent-up emotions.

- Join the individual in the activity.
- Support the individual in taking a quiet rest period to relax.

- Change your tone of voice.
- Change the surroundings.
- Don't engage in a power struggle with the person.
- Play calming music.

Teamwork

- Teamwork is easier said than done.

- Effective teamwork requires that each person compromise or bend a little in order to complete the work in the best possible way for everyone.

- Teamwork requires putting aside personality differences or negative personal feelings about a co-worker. The individuals you support should never suffer because you do not like a co-worker.



What are some characteristics of an ideal situation when it comes to teamwork?

How can you promote effective teamwork?

Creating & Maintaining a Respectful, Healthy, Environment



Directions:

In your group answer the following questions:

How would you describe the perfect respectful, healthy, engaging environment?

What does it look like?

What does it sound like?

What does it feel like?

The Impact You have on People You Help Support

I've come to the frightening conclusion that I am the decisive element in a resident's life. It is my personal approach that creates the climate. It is my daily mood that makes the weather. I possess a tremendous power to make a resident's life miserable or joyous. I can be a tool of torture or an instrument of inspiration. I can humiliate or humor, hurt or heal. In all situations, it is my response that decides if a crisis will be escalated or de-escalated and a resident humanized or de-humanized.

Haim Ginott



Attitude

The attitude that you bring to work each day directly impacts the individuals that you support and your job performance.

Your attitude can contribute to creating a trust-producing, healthy, engaging environment or can contribute to creating a negative, hostile, fearful, destructive environment.

- What are some examples of how you feel when you have a good attitude? That is, how does a good attitude make you feel?

- What are some things that can happen in your life that might cause you have a bad attitude at work?

- What are some examples of how you feel when you have a bad attitude? That is, how does a bad attitude make you feel?

- What are some things you personally can do either before or after work to help you have a good attitude for work?

- What are some things you can do during work that can help you keep your emotions in check?

Stress and Burnout

Providing supports to persons with developmental disabilities can be very rewarding. However, the day-to-day responsibilities and sometimes demanding work can end up taking a toll on both your body and your mind causing stress and burnout. People who are "burned out" may experience fatigue, stress, anxiety, and depression. When ignored, stress can lead to irritability that may lead to abuse and neglect. From the very start of your role as a DSP, you should build in ways to be a DSP to yourself!

What is Stress?

Stress is a reaction to changes that require you to adjust or respond. Our bodies are designed to feel stress and react to it. Not always a bad thing, stress keeps us alert and ready to escape danger.



It's not always possible to avoid change or the situations that can cause stress; as a result, you can begin to feel overwhelmed and unable to cope.

When it persists, stress can affect the body's immune system, leading to illness.

When you are not sure of the exact cause of your stress, it may be helpful to know the warning signs. Once you can identify these signs, you can learn how your body responds. Then you can take appropriate steps to reduce the stress.

What Are the Warning Signs of Stress?

Your body sends out physical, emotional, and behavioral warning signs of stress.

Emotional warning signs:

- Anger
- Inability to concentrate
- Unproductive worry
- Sadness
- Frequent mood swings

Physical warning signs:

Stooped posture

- Sweaty palms
- Tension headaches
- Neck pain
- Chronic back pain
- Chronic fatigue
- Weight gain or loss
- Problems with sleep

**Behavioral warning signs:**

- Over-reacting
- Acting on impulse
- Using alcohol or drugs
- Withdrawing from relationships
- Changing jobs often

What Can Be Done to Reduce Stress?

Finding ways to reduce stress will help lessen the long-term emotional and physical toll of caregiving.

Tips for managing stress include:

- Keep a positive attitude. Believe in yourself.
- Accept that there are events you cannot control.
- Be **assertive** instead of **aggressive**. "Assert" your feelings, opinions, or beliefs instead of becoming angry, combative, or passive.
- Learn to relax.
- Exercise regularly. Your body can fight stress better when it is fit.
- Stop smoking.



What Are the Symptoms of Burnout?

The symptoms of DSP burnout are similar to the symptoms of stress and depression.

They include:

- Withdrawal from friends, family and other loved ones
- Loss of interest in activities previously enjoyed
- Feeling blue, irritable, hopeless, and helpless
- Changes in appetite, weight, or both
- Changes in sleep patterns
- Getting sick more often. Flare-up of your own medical problems or a new illness
- Feelings of wanting to hurt yourself or the person for whom you are caring
- Emotional and physical exhaustion, chronic fatigue
- Rough handling of the persons with the disability

How Can I Prevent Burnout?

Here are some steps you can take to help prevent DSP burnout:

- Find someone you trust -- such as a friend, co-worker, or neighbor -- to talk to about your feelings and frustrations. Look beyond those old beliefs that asking others for a favor is a sign of weakness, or that others should know when and how to help.
- Set aside time for yourself, even if it's just an hour or two. This should happen regularly in small ways, like a phone call to a friend, a relaxing bath, or a walk on a nice day; and occasionally in a big way, like a night out with friends, or even a vacation. Remember, taking care of yourself is not a luxury. It is an absolute necessity for DSPs.
- Talk to a professional. Most therapists, social workers, and clergy members are trained to counsel individuals dealing with a wide range of physical and emotional issues.
- Know your limits and do a reality check of your personal situation.
- Recognize and accept your potential for DSP burnout.

- Develop new tools for coping.
- Remember to lighten up and accentuate the positive.
- Use humor to help deal with everyday stresses.
- Stay healthy by eating right and getting plenty of exercise and sleep.
- Accept your feelings. Having negative feelings -- such as frustration or anger -- about your responsibilities or the person for whom you are caring is normal. It does not mean you are a bad person or a bad DSP.
- Join an organization. There are organizations that support DSPs and there are coalitions of organizations that work to improve the quality of human service support by making the direct support workforce stronger.

The National Organization for Direct Support Professionals can be found at: **<http://www.nadsp.org>**. Sharing your feelings and experiences with others in the same situation can help you manage stress, locate helpful resources, and reduce feelings of frustration.

Supporting the Emotions of People with Developmental Disabilities

It is important that you understand the emotions of the person you serve by keeping in mind:

- Persons served must interact with multiple caregivers and must respond to the directions of many people.
 - Persons served must deal with the inconsistencies in how his/her support programs are implemented.
 - How frustrating and confusing every day can be for the people you support.
- 
- The people you support experience the same emotions that you and I experience (joy, sorrow, anger, frustration, fear, boredom, loneliness, excitement).
 - People's reactions to things that happen to them in life are often no different from how you and I react.
 - The people you support have a right to feel upset, frustrated, angry, sad, etc., and to express their feelings—especially when they are in their own home.
 - People may not always know the best way to express their emotions and how to communicate how they feel, what they want and what they need.

Supporting the Emotions of People with Intellectual Disability

SCENARIO I

Shirley has been looking forward to her work holiday party for two months. She told her boyfriend that she would wear a new dress, and have her hair done at a beauty shop. Shirley lives in a group home with five other ladies. Ready for the party, Shirley walked down the hall from her bedroom towards the living room. Florence, another resident at the home, came out of her room with an open stick of lipstick in her hand. Florence tripped and collided with Shirley, leaving a line of red lipstick across the front of Shirley's dress and her hair in a mess. Shirley became upset and threatened to hit Florence. Shirley began to cry and tried to rip off her dress.



If you were Shirley, how would you react in this situation? How would you feel?

How would you want others to react?

If you were the caregiver involved, how would you approach this situation with Shirley?
Florence?

Supporting the Emotions of People with Developmental Disabilities

SCENARIO II

Bill and Mary had spent a good day together. To top off the day they were going to a party sponsored by Mary's work. They were excited about getting dressed up and going to the party. Bill had a glass of orange juice in his hand when he went into the bedroom to get last minute directions from Mary.

As he walked into the room, Mary was rushing out of the room. They accidentally bumped into each other, spilling juice on Mary.

If you were Mary, how would you react in this situation? How would you feel?

How would you want your spouse to respond to you?

It's Not Your Job to Punish or Control

Remember. . .

- ✓ **Punishment or control leads to a power struggle**
- ✓ **Everyone loses in a power struggle!**
- ✓ **The person is humiliated, fearful and hurt**
- ✓ **Other people become afraid**
- ✓ **You may lose control**
- ✓ **The environment becomes a negative, hostile, and fearful place for everyone!**