

TPAAN

Training to
PREVENT
Adult Abuse
and Neglect

Learner Handouts



Supported with a grant from the F.R. Bigelow Foundation

Goals of Relationship-Based Person-Centered Supports and Services

Person-Centered Supports and Services: *Services provided that are based on the individual’s strengths, capacities, preferences, needs and desired outcomes and are directed by the individual to the maximum extent possible or by another person important in the life of the individual whom she or he has freely chosen to direct the process. Core person-directed values are choice, dignity, respect, self-determination and purposeful living.*

Based on the definition of “Person-Centered” by the National Senior Citizens Law Center and The Disability Rights Education and Defense Fund and the Pioneer Network definition of “Culture Change”

To see each person as a unique individual first.	To honor each person’s preferences, choices, and abilities.
To engage in a process that is supportive of each person and their wishes and is collaborative, reoccurring, and involves an ongoing commitment to the whole person.	To focus on each individual’s gifts, abilities, talents, and skills rather than their deficits.
To maximize independence, create or maintain community connections, and work towards achieving each individual’s dreams, goals, and desires.	To recognize and value each person’s cultural background and personal experience.

Worker Competencies for Person-Centered Approaches

I am able to...

- Identify my personal values, beliefs, attitudes, behaviors, and natural inclinations and tendencies and how they affect my interactions with others, and
- Manage myself so that I can interact respectfully and form professional relationships with unconditional positive regard for those I work with, including older adults, their family members and significant others, and my co-workers.

Sources:

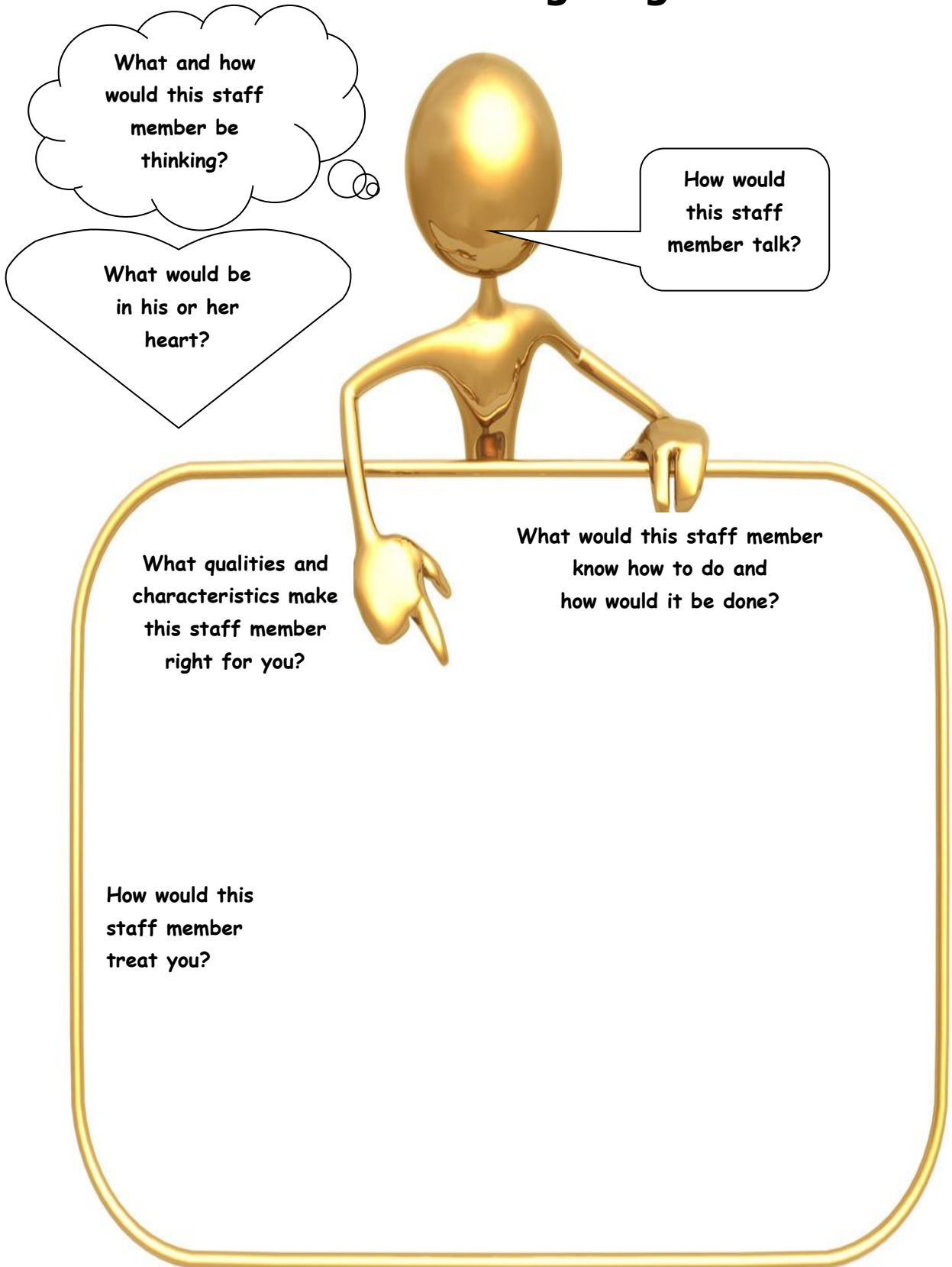
- State of Michigan Definition, Core Values/Principles and Essential Elements of Person-Centered Planning Process for Long Term Care Supports & Services, Settings and Programs
- OSA Person-Centered Thinking Competencies, with thanks to Stacey Starling
- Foster & Ortigara, 2003

Learning Agreements

Create a safe and supportive space for learning:

- a) Listen for understanding first when others speak before responding.
- b) Avoid side conversations while someone else is talking.
- c) Respect different ideas and experiences – challenge ideas, not people.
- d) Be curious and ask questions! Support each other in taking risks.
- e) Everyone participates - put your effort here, and no one dominate.
- f) Emotions are OK!
- g) Keep confidences - what is said here, stays here.
- h) No cell phones or pagers ringing.
- i) Enjoy the day as you share and learn.
- j) _____

The Ideal Caregiving Partner



What is Abuse, Mistreatment, Neglect and Financial Exploitation?

What is ABUSE?

- A willful or intentional act that causes, can cause, or is intended to cause:
 - Physical injury, harm, or pain
 - Mental injury, anguish
 - Sexual assault, inappropriate touching
 - Confinement in a room or bed

What is MISTREATMENT?

- Mistreatment examples includes:
 - rough care
 - rudeness
 - cursing
 - complaining to a resident or staff person about another resident
 - teasing, making fun, of or imitating a resident

What is NEGLECT?

- Failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness. Examples include:
 - Abandonment of a resident
 - Keeping necessary support away from the resident like:
 - food
 - clothing
 - shelter
 - medical care

What is FINANCIAL EXPLOITATION?

- Deliberate misplacement, exploitation, or wrongful, temporary or permanent use of a resident's belongings or money without the resident's consent
- Financial Exploitation of resident property is theft. It often includes theft of a resident's money, jewelry or medications.

REQUIREMENTS RELATING TO REPORTING MALTREATMENT OF VULNERABLE ADULTS

WHO is a Vulnerable Adult?	<p>A vulnerable adult can be anyone over age 18 who:</p> <ul style="list-style-type: none"> • Has a physical, mental or emotional disorder that makes it difficult for the person to care for themselves without help and to protect themselves from maltreatment, or • Is in a hospital, nursing home, transitional care unit, boarding care home, assisted living facility, or other licensed care facility, or • Receives services such as home care, day services, hospice services, personal care assistance or other licensed services.
WHAT must be reported?	<p>Any time you have a reasonable cause to suspect:</p> <ul style="list-style-type: none"> • Abuse, including physical, emotional and sexual abuse, use of restraints, involuntary seclusion or punishment • Neglect, including failure to provide necessary food, shelter, clothing, health care or supervision because of neglect by a caregiver or because the vulnerable adult cannot meet their own needs. • Financial exploitation, including theft or withholding of money or property and/or use of money or property not for the vulnerable adult's benefit.
WHO is required to report?	<p>A professional, or professional's delegate while engaged in the care of vulnerable adults. An employee or person providing services in a licensed nursing home; licensed assisted living facility, licensed home care provider; hospice provider.</p>
WHERE is the report made externally?	<p>Reports from nursing homes and boarding care homes are submitted to the Minnesota Department of Health Nursing Home Incident Report System (NHIR). Reports from other organizations are submitted to the state centralized system, Minnesota Adult Abuse Reporting Center (MAARC). In cases in which emergency response is needed from police, fire, or medical personnel, 911 should be called before making a NHIR or MAARC report.</p>
WHERE is the report made internally?	<p>A mandated reporter may meet the reporting requirements of this section by reporting through the internal reporting process required to be established by your facility. <i>{insert how/to whom staff should make a report internally}</i></p>
WHEN must the report be made and in what format?	<p>A mandated reporter who has reason to believe that a vulnerable adult is being or has been maltreated, or who has knowledge that a vulnerable adult has sustained a physical injury which is not reasonably explained needs to report the information immediately, but not later than 2 hours after suspicion of maltreatment.</p>
Is there a penalty for failure to report?	<p>A mandated reporter who negligently or intentionally fails to report is liable for damages caused by the failure.</p>

References:

Minnesota Vulnerable Adults Act ([Minn. Stat. §626.557](#); [Minn. Stat. §626.5572](#))

Federal Nursing Home regulation, freedom from abuse, neglect, and exploitation ([42 CFR §483.12](#))

**ABUSE, NEGLECT, AND FINANCIAL EXPLOITATION –
WHAT DOES EACH REALLY MEAN?**

- MY DEFINITIONS -

ABUSE is:

Abuse looks like:

NEGLECT is:

Neglect looks like:

FINANCIAL EXPLOITATION is:

Another term for Financial Exploitation is: _____

Reasons Older Adults May Behave in Ways that Challenge Staff Members

PHYSICAL REASONS	SOCIAL & EMOTIONAL REASONS	ENVIRONMENTAL REASONS
<ul style="list-style-type: none"> a. Is the older adult in pain? b. Does the older adult have an infection? c. Is the older adult hot, cold, or hungry? d. Are there any medications that may be causing the behaviors? e. Does the older adult have any cognitive deficits? f. Does the older adult have dementia? g. Does the older adult appear to be depressed? h. Can the older adult understand questions or requests? 	<ul style="list-style-type: none"> a. Was the older adult startled or surprised? b. Is he or she sensing your stress or bad mood? c. Does he or she feel threatened or treated badly by someone else? d. Is he or she simply having a bad day? e. Is this behavior based on culture or how the person grew up? f. Is this behavior character-based? (Maybe Mr. Jones has been a grumpy person all his life.) g. Is the behavior due to generational differences? h. What losses has the person been through (health, independence, isolation, etc.) i. Is he or she lonely, frustrated, or sad? j. Is he or she scared? k. Is he or she trying to regain control of life? 	<ul style="list-style-type: none"> a. Is it loud? b. Is it hectic? c. Is it cold or hot? d. Is there a lot of clutter in the area? e. Are there agitating noises or content coming from the TV? f. Is the older adult in an area or room that he or she doesn't like? g. Is the older adult surrounded by people he or she doesn't like? h. Does this behavior typically happen at a certain time each day? i. Is the older adult rebelling against an imposed schedule or activity?

Managing Older Adult Behaviors that Trigger Staff Stress

1. Please describe one recent time when you found yourself stressed by an older adult's behavior when you were working with him or her.

2. Describe how you handled the situation and interacted with the older adult at the time.

3. Describe how you could have handled it differently or why you believe you handled it as well as you could.

(Keep in mind person-centeredness, self-management tips and the possible causes of the behavior in mind...)

The Stressors that Can Trigger Abuse

Life Influences

- Background
- Current Life Circumstances

Job Challenges

- Issues with the setting or environment
- Relationship issues with team members
- Relationship issues with supervisors
- Relationship issues with families and others in the participants' lives
- Being prepared to do the job

Older Adults Behaving in Ways that Challenge You

Exploring the reasons for challenging behavior:

- Physical
- Social and emotional
- Environmental

MY PERSONAL TRIGGERS

Day-to-day stressors and triggers that set me off:



Life Influences	Job Challenges	Older Adult Behaviors
e.g., disagreement w/ significant other	e.g., lack of adequate supplies	e.g., older adult makes choices I disagree with

MY PERSONAL TRIGGER SIGNALS

Signals that I am getting near a trigger point:



Physical Signals	Mental & Emotional Signals	Social & Job Performance Signals
e.g., gritting teeth	e.g., feeling angry	e.g., inability to focus on a task

TRIGGER SIGNALS OF OTHERS

Think of a co-worker or an older adult.

List signals that he or she is getting near a trigger point:



Physical Signals	Mental & Emotional Signals	Social & Job Performance Signals
e.g., grabbing at me	e.g., crying	e.g., ignoring me

Trigger Busters: *What Prevents Abuse?*

Successful ways to counteract the triggers we face every day in our:

- Circle one -

Life Influences

Job Challenges

Older Adult Behaviors

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

My favorite trigger buster approach is:

I can begin using this trigger buster by:

Active Listening and De-escalation Tools

Active Listening Skills

1. Give the person your undivided attention. Encourage and help the person to talk fully.
2. Pay attention to body language (yours and theirs).
3. Paraphrase what the person has said.
4. Ask curious, clarifying questions.



De-escalation Tools

1. Pull back when emotionally triggered by a person's behavior or words. Refocus your attention back on the person and continue to listen.
2. Use active listening skills. Openly acknowledge the other person's point of view.
3. Think before you speak. Plan your response.
4. Respond constructively without blame or judgment.
5. Propose a shared solution that addresses both points of view.



De-escalating with Individuals with Cognitive Impairment

Draw on the skills for de-escalating with any person:

- ★ Actively listen - observe body language, paraphrase and ask open-ended questions to enhance your understanding of their emotions and current concerns
- ★ Pull back and think before you speak

1. **Respond** to the immediate concern

- ♦ **Give a direct answer to the question that will not enhance their distress**

"I'm not sure when the bus is coming."

"I don't think they're expecting you at work today."

"I don't know when your spouse is going to be here."

2. **Reassure** the person

- ♦ **Paraphrase the emotions being expressed**
- ♦ **Respond to his/her reality**

"You sound like you feel lonely."

"You must really love your husband (or children)."

"Your career means a lot to you, doesn't it?"

3. **Redirect** the person's attention

- ♦ **Based on knowing them well, draw attention to a subject meaningful to them – their interests, background, etc.**

- ***Ask them for information about the topic***
- ***Suggest a new activity – and be creative with options***
- ***Change the surroundings***

"Let's go so you can show me family pictures."

"What was your favorite thing about your job?"

"Let's go get something to eat."

"Let's go listen to some music."

Applying Learning from these Sessions

Please review the material that has been covered in the sessions, and outline ideas and strategies that you will use in your work in the future.

- _____

- _____

- _____

- _____

- _____

- _____

Thanks for your wonderful participation today!

Additional Resources

The following resources were used in developing this module.

Person Centered Resources:

Basting, Anne, *Creative Care: A Revolutionary Approach to Dementia and Elder Care*, Harper Collins (2020)

Camp, C and L. Camp, *Teaching Empathy and Conflict Resolution to People with Dementia – A guide to Person-Centered Care*, Jessica Kingsley Publishers, London (2018)

Lampman, J, I Really Can Drive a Riding Mower!, *TASH Connections*, 31(3/4), 14-15 (2005, March/April)

Tellis-Nayak, V., Tellis-Nayak, Mary, *Return of Compassion to Health Care*, National Research Corporation, Page Publishing, Inc (2016)

Articles

AARP, "And Then It Hit Me", *AARP Magazine* January / February 2006

Dugan, Kevin (2003). Dealing with difficult behaviors: A risk-management specialist offers advice for managing these hazardous situations - Feature Article – *Nursing Homes*, March, 2003

Kahan, F.S., Paris, B.E.C., Why Elder Abuse Continues to Elude the Health Care System; *The Mount Sinai Journal of Medicine*, 70 (1) p.62 – 68

Powers, LE, Ph.D.; Oswald, M. Ph.D., *Violence And Abuse Against People With Disabilities: Experiences, Barriers And Prevention Strategies*, Center on Self-Determination, Oregon Institute on Disability and Development, Oregon Health & Science University

<http://www.directcareclearinghouse.org/download/AbuseandViolenceBrief%203-7-04.pdf>

Handout # 16

Evaluation

1. How satisfied are you with the following aspects of the training program?

Satisfied	Somewhat Satisfied	Somewhat Unsatisfied	Unsatisfied	
0	0	0	0	Definitions of abuse provided
0	0	0	0	Information on recognizing abuse
0	0	0	0	Information on preventing abuse
0	0	0	0	Information on who must report abuse
0	0	0	0	Information on how to report abuse
0	0	0	0	The written handouts

2. How satisfied are you with the following ways in which the information was taught?

Satisfied	Somewhat Satisfied	Somewhat Unsatisfied	Unsatisfied	
0	0	0	0	Examples/Stories
0	0	0	0	Role plays or skits
0	0	0	0	Group Discussions and Brainstorming
0	0	0	0	Stress Trigger Test
0	0	0	0	Lectures

3. Yes No Do you feel you have learned new ways to handle stressful situations?
4. Yes No Was the length of the training time adequate?
5. Yes No Were all your questions about abuse and neglect prevention answered?
6. Yes No Would you like to have additional training on this topic?

Please write any questions, comments or suggestions for improving the training session in the space below