Barbara Blue Scenario

Experiential Video Training Guide

Abuse and Neglect Prevention Training

Domestic Abuse

In a Community-Based Residential Facility

caregivers

PREVENT *abuse/neglect* PROTECT *clients* PROMOTE *dignity*

Wisconsin DHS Caregiver Project

www.uwosh.edu/ccdet/caregiver

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This training project is sponsored by the Wisconsin Department of Health and Family Services in partnership with the University of Wisconsin-Oshkosh Center for Career Development. The project was originally funded by a federal grant from the Centers for Medicare and Medicaid Services.

The primary goal of the training is to reduce the incidence of abuse, neglect, and misappropriation. The training is designed for direct caregivers and managers in nursing homes, long-term care hospitals, facilities serving people with developmental disabilities, hospices, home health agencies, community-based residential facilities, adult family homes, personal care worker agencies, etc.

How to Use this Guide

This training can be used for new employees, to fulfill your on-going training needs, or to address a specific incident that has recently occurred. In addition, the training can be used to train one caregiver, a group of caregivers, as a stand-alone training, or as one piece of a larger training. This Guide provides all the materials you need to get started.

Note: Although the scenarios take place in specific care settings, the setting is not central to the story. The scenario's Learning Points apply to caregivers across the long-term care spectrum. Be creative in helping your caregivers apply the lessons learned from this scenario to their day-to-day jobs.

Note: This scenario deals with domestic violence. Some caregivers, who have personal experiences with domestic violence, may find this training difficult. It is very important to inform staff of the topic of the training several days prior to the event and to give caregivers a confidential process to address any concerns they may have. Some caregivers may find it more comfortable to complete the training individually or on a one-on-one basis with the supervisor.

Note: One of the characters in this scenario is Reverend Mitchell. In this scenario, Reverend Mitchell is not sensitive to the issues of domestic violence. Please share with staff that this character is not meant to be representative of religious leaders or of religious individuals. The scenario is intended to demonstrate the need to report to your supervisor any suspected abuse even if an outside authority figure is discouraging you from making such a report.

Individual Training

As an individual training, the caregiver follows the self-guided instructions on the Training Worksheet and on the video. The training should take approximately 45 minutes to complete, including a 10 minute follow-up discussion with the supervisor.

Before beginning the training, the caregiver receives a copy of the Training Worksheet and all of the scenario handouts. Make sure the caregiver knows how to pause the video after Scene 3 to answer the questions on the Training Worksheet. The caregiver will then restart the video, watch the final scene, and complete the Professional Action Plan.

After the caregiver views the scenario and completes the Training Worksheet, it is important that the supervisor meet with the caregiver to review his/her answers. For this discussion to be productive, the supervisor must be familiar with the scenario and its Learning Points. The supervisor can refer to the answers in the Scenario Discussion section of this Guide while reviewing the Training Worksheet with the caregiver. End the meeting with a discussion of the Professional Action Plan highlighting the steps the individual caregiver will take to apply these Learning Points to his/her daily work.

Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- Access to the Caregiver Experiential Video
- Training Worksheet
- All handouts
- Pencil or pen

Note: Caregivers with limited literacy skills may find the self-guided training difficult. Supervisors can modify the training by using the Training Worksheet as a guide for a one-on-one conversation about the scenario. Be sure to discuss the contents of each handout.

Group Training

In group training settings, a facilitator from your organization guides participants through the video scenario, individual reflection, and group discussion. The training should take approximately 60 minutes to complete.

Before beginning the training, the facilitator should be familiar with the scenario. The Background Information section provides a summary of the scenario, a list of the characters, and the scenario Learning Points. The Facilitator Notes section provides instructions on how to facilitate and lead the Scenario Discussion. The facilitator should also watch the video and review all the handouts prior to facilitating.

During the training, the Learning Points are introduced on the video by the narrator. The facilitator reinforces these through the Scenario Discussion. Each individual completes a Participant Observation Sheet and a Professional Action Plan, which demonstrates how caregivers will implement the scenario Learning Points in their daily work.

The Facilitator Notes section provides time markers to help keep this training to a 60-minute session. The facilitator may choose to expand this time according to the discussion needs. Whenever possible, incorporate your agency's own policies and procedures into this discussion.

What you will need to get started:

- A facilitator
- Caregiver Experiential Video
- A copy of all handouts for each participant
- Pencils or pens
- Whiteboard or flip chart with markers (optional)
- Learning Points poster (optional)

Expanded Training

Facilitators may choose to incorporate this scenario into a larger training. Below are some ideas on how to use this training:

- Explore domestic violence services in your community. Invite your local domestic violence service provider to speak on the services available in your community. Visit Wisconsin Coalition Against Domestic Violence's website at www.wcadv.org for a full list of local service providers and to access more information regarding domestic violence.
- Discuss assertive communication skills. How can Keysha stand her ground with Reverend Mitchell? Consider presenting the training, "Assertiveness Training: Let Your Voice Be Heard", available at http://www.uwosh.edu/ccdet/caregiver/topical.htm.

Additional Training Materials

In addition to the Caregiver Experiential Video Abuse and Neglect Prevention training, the project also offers numerous classroom-style trainings available cost free at the project's website:

http://www.uwosh.edu/ccdet/caregiver/home.htm

Training materials for each training include:

- Facilitator Guide
- Accompanying PowerPoint presentation including short video clips
- Participant Guide
- Handouts
- Posters and other supporting materials

Background Information

Summary of the Scenario

This scenario occurs in Blue Hills Assisted Living Facility. Barbara Blue is a 72-year-old resident. She has been here for a few days following surgery for ovarian cancer. She needs assistance with most activities of daily living and medication administration.

Her husband of 48 years, Steven Blue, visits daily. The facility staff are concerned that Mr. Blue is being verbally abusive to his wife. He tells Barbara that she should come home NOW to take care of his needs. The doctor believes Barbara must remain in the facility for at least a few weeks before she will be healthy enough to go home; and only then if she will have someone who can care for her.

Characters

- **Barbara Blue,** resident
- **Dennis Blue,** son
- **Reverend Marvin Mitchell,** Minister
- **Keysha Kamath,** CNA
- **Theola Johnson,** Social Worker
- **Kelly Anderson,** Supervisor

Note: This scenario is a work of fiction intended to convey specific learning points. Names, characters and places are a product of the developers' imagination or are used fictitiously. Any resemblance to actual events, locales, or persons living or dead is entirely coincidental.

Scenario Learning Points

The scenario is built around a set of Learning Points. The goal of the training is for caregivers to understand the Learning Points, demonstrate that understanding through the discussion period, and integrate the lessons learned into their daily work. The Learning Points are emphasized throughout this training in several ways:

- The facilitator posts the Learning Points in the training room using the Learning Points poster found in the Handouts section of this Guide or by writing the Learning Points on a flip chart or blackboard.
- The video narrator will introduce the Learning Points at the beginning of the video and she will review the Learning Points at the end of the scenario, pointing out how the actions of the caregivers illustrate the Learning Points.

- The crucial learning period, however, is the Scenario Discussion. Use the Facilitator Notes to lead this discussion, making sure that participants have the opportunity to demonstrate their understanding of each Learning Point.

Learning Points – As a result of this session, participants will:	**Participants will demonstrate this by:**
1. Recognize the signs and symptoms of domestic violence in later life.	• Identifying signs of verbal, physical, and sexual domestic violence. • Demonstrating awareness of the "cycle of violence" process that occurs in domestic violence. • Identifying the possibility that domestic violence could occur and is harmful to residents even if there is no evident physical harm.
2. Understand how and where to report abuse by the resident's family member.	• Naming the staff member who should receive the report and state the need to report even if one is not sure domestic violence is occurring. • Stressing the need to report when something just doesn't feel right. • Discussing the need to report even if an outside authority figure is discouraging you to do so. • Discussing nursing home reporting requirements if participants are nursing home employees.
3. Understand how to protect the victim from continued abuse.	• Developing a list of possible actions and procedures that can be implemented by direct care staff in the facility to prevent abuse. • Practicing what to say to the resident when she talks about the situation.
4. Respect the resident's right to make her own decisions.	• Acknowledging the resident's right to make decisions that may not be the decision staff would want her to make. • Reviewing the rules related to confidentiality. • Developing a plan on how to address safety concerns when advocating for residents.

Facilitator Notes for Group Training

This section provides step-by-step instructions on how to facilitate a group discussion around this scenario. Suggested language for the facilitator is provided in **bold**. Please note that you do not need to read this information verbatim. This is only a guide. Directions to the facilitator are in [brackets].

Much of this section is organized in a question and answer format. It is important to engage the training participants in the discussion. The questions do not need to be discussed in the order outlined here. Allow the discussion to flow naturally while making sure that all of the key points get addressed.

Welcome

Welcome: 3 minutes; 57 minutes remaining

Welcome! We are going to spend the next hour participating in an interactive video-based training. We'll spend about 20 minutes watching a video, and the rest of the time discussing what we've seen.

Be sure to watch the caregivers closely. Do you agree with their tactics? Are they providing quality, person-centered care? Do you think their actions meet the definitions of abuse, neglect, or misappropriation? Did the caregivers report the incident appropriately? What would you do if you were in their shoes?

> [Make sure Learning Points are posted in a spot that is visible to the participants. You do not need to point them out at this time.]
>
> [If the scenario does not specifically use the following hand-outs, "Caregiver Misconduct: Simplified Definitions" or "What You Should Know About Reporting", consider handing them out at this time. These handouts can be found on the website along with the training guides.]
>
> [If your agency is not a Community Based Residential Facility (CBRF), you may add this:]

Try to focus on the actions of the caregivers and not the setting. This scenario is set in a CBRF. Some of the terms used in the scenario may be different than the terms we use. However, the broader lessons about the important role the caregivers play in providing quality care are universal.

> [Facilitator provides any necessary logistical information such as turning off cell phones and directing people to the rest rooms.]

Introduction and Scenes 1 – 3

Video play time: 15 minutes; 42 minutes remaining

Okay, we're ready to watch the first three scenes of the video.

[Group watches Scenario Introduction and Scenes 1 – 3. After Scene 3, the narrator will instruct the facilitator to pause the video. Pause the video and follow facilitator notes below.]

Participant Observations

Participant Observation: 3 minutes; 39 minutes remaining

[Facilitator hands out Participant Observation Sheet to each person.]

Working independently, take a few minutes to reflect on and record your reactions, feelings, and thoughts on the Participant Observation Sheet. I will not be collecting these but we will refer back to them during the Scenario Discussion.

Scenario Discussion

Scenario Discussion: 27 minutes, 12 minutes remaining

Now that you've had a chance to think about what happened in this scenario, let's talk about what went wrong and what could have happened differently.

[Facilitator distributes the handouts for this scenario to each participant.]

[As the facilitator guides participants through the questions, the facilitator (or a participant volunteer) can document answers from participants on tear sheets or white board during the discussion. Possible answers are listed below in italics in case the facilitator needs to spark the conversation.]

[The facilitator does not need to discuss the questions below in the order provided. Allow the conversation to flow while trying to make all the key points in the time allotted. Due to time constraints, the facilitator may choose to focus on only a handful of the following questions.]

1. **How do you think Barbara feels and how does she express her feelings?**
   - *Barbara is scared but she is putting on a brave face.*
   - *She is anxious to get home because she is worried about what Steven will do to the things she loves like her cat and sewing machine.*
   - *She tries to tell people about it such as Keysha.*
   - *She looks nervous – she fidgets with her sheets when she's talking about Steven.*
   - *She is more concerned with giving Steven what he wants than she is with her own health.*

2. **Let's take a look at the "Abuse in Later Life Wheel" and "Tactics Used by Abusers." Do you find any of Steven's actions on the list?**
   - *Barbara has had serious surgery but Steven is insisting that she come home to take care of him.*
   - *Steven threatened to get rid of Barbara's cat and sewing machine.*
   - *He degrades, makes her feel guilty, and blames her for his problems.*
   - *Steven puts his needs ahead of hers even when they may harm her.*

   Is it domestic violence if Steven isn't hitting her?
   - *Yes. Domestic violence is about power and control. Steven is trying to control Barbara. He is threatening to hurt her by taking away the things she loves.*
   - *Barbara appears to be afraid of him.*
   - *Steven may be physically abusive in addition to his emotional abuse.*
   - *Note that some forms of domestic violence may be clear but most will be subtle and/or not done in the presence of staff.*
   - *Point out that all forms of domestic violence should be reported to agency supervisor, Social Workers, or administrator.*

3. **Review "Domestic Abuse in Later Life: Tips for Social Workers on Working with Victims." What can professional counselors or social workers do to ensure Barbara's safety and the safety of others <u>while</u> she is residing at Blue Hills Assisted Living Facility?**
   - *It is the facility's responsibility to make sure Barbara is safe while she is staying at Blue Hills.*
   - *Make sure staff are trained to recognize the signs and symptoms that abuse is occurring. These staff also need to know who to report to.*
   - *Have a Social Worker or therapist talk to Barbara about the situation.*

- *Focus on Barbara's right to make her own decisions. Provide her with the best resources and options available to her.*
- *Provide Barbara with written information or counsel her on taking care of herself physically (why it is critical that she stay at the facility until the doctor releases her) and about domestic violence.*
- *The facility can develop a safety plan for her while she's at the facility and make sure staff members are trained on the resident's safety plan.*

A Safety Plan for Barbara might include:

- *Steven is given limited visiting hours.*
- *Steven is told by someone in authority (doctor, administrator or minister) that his wife MUST stay in the facility to ensure that she is healthy enough to return home and that any early return home may lead to re-hospitalization.*
- ***If Barbara approves**, have someone else (staff or minister) in the room during the visits.*
- ***If Barbara agrees**, have two staff members or a male staff member nearby to handle safety issues and enforce the visitation rules, to ensure Barbara's safety when her husband is visiting.*
- *Have clear rules about what can and cannot occur during a visit (such as, no yelling or name calling).*
- *Administrator or Social Worker, **with Barbara's permission**, may talk with family and community members to gather information to determine the seriousness of the situation, and decide if any reports should be made.*

4. What role would the direct caregivers play while Barbara is at Blue Hills?

- *Staff who are not trained to provide counseling services to Barbara should be kind and supportive, but should inform their supervisors about this situation and not provide counseling services on their own.*
- *Caregiving staff can be ready to listen to Barbara, but should <u>not</u> give her advice, blame, or talk negatively about Steven.*
- *Caregiving staff should report any conversations to a supervisor or Social Worker.*
- *Caregiving staff can encourage Barbara to talk to the Social Worker.*
- *If there is a safety plan, caregivers should know the plan, follow it, and report any deviations from the plan to the supervisor.*

What should Keysha say or do when Barbara begins to talk about her situation?

- *Remind her that it is important that she rest and stay in the facility until she is ready to leave.*

- *Offer her support, and tell her that there are staff who can help her with the situation.*

Sample things to say:

- *"It sounds like you are concerned or confused about what to do."*
- *"It is difficult to decide what to do. Can I get the Social Worker here to talk to you about that?"*
- *"I know this is hard. I would like to provide as much support as I can. There are people who work here who are very well trained and very supportive for people in situations similar to yours. I would like to ask one of them to talk to you."*
- *"Can I help by getting someone else who can help you make that decision?"*

Sample things <u>not</u> to say:

- *"Everything is going to be OK"*
- *"You really should get rid of that husband of yours."*
- *"Can't you see he's a horrible person?"*
- *Do not place blame or agree with negative statements about spouse or judgmental statements.*
- *Do not ignore or belittle the issue.*

5. If you were Keysha, who would you report to in your facility about this type of concern or incident?

[The Learning Point is to have each participant make a commitment to make the report. Even if they are a supervisor or Social Worker they should report this to someone else and work together to address the issue in the resident's Care Plan.]

6. Keysha knows there is something wrong but she backs down when Reverend Mitchell tells her to respect Barbara and Steven's privacy. What might be stopping Keysha from following through?

- *Reverend is an authority figure.*
- *She doesn't trust her instincts.*
- *This is a difficult situation and it's often easier to ignore it.*
- *She probably hasn't had any training on domestic violence.*

7. Let's review "Elder Abuse in Wisconsin." Are there any facts on here that you find interesting or surprising?

- Abusers are almost equally male and female.

- It's not just spouses who are abusers. Often it's adult children.
- After self-neglect, the most common type of abuse is financial exploitation.

8. How might the facility help prepare Barbara for a safe return home <u>after she leaves</u> Blue Hills?

- *Encourage her to stay until she is recovered.*
- *Help identify supports for Barbara when she returns home – possibly her son or church members.*
- *Encourage her to talk to the Social Worker who may be successful in getting Barbara to complete a safety plan.*
- *If Barbara agrees, enlist facility staff to work with family and community members to develop and implement a safety plan for Barbara's return home.*
- *If Barbara is interested, connect Barbara with the local domestic violence service provider.*
- *Barbara may choose to stay with Steven.*

9. Let's review "WI Act 388." Should the facility report this situation to either the County Adult at Risk Agency or to the Division of Quality Assurance?

NOTE: Nursing homes have specific federal reporting requirements that may supersede those in the act.

- ***If Barbara asks** Keysha, Theola, Kelly, or any other staff members to make a report to the state Office of Caregiver Quality or a County Adult at Risk (AAR) Agency, they are required by law to make the report.*
- *Barbara is able to make an informed judgment about whether to report the risk herself. As a result, staff at the Blue Hills CBRF should **not** make a report for her without her direction or consent.*
- *No other adults are at risk because of Steven's behavior so the facility wouldn't report on those grounds.*
- *Barbara also has the right to make a call to a domestic violence hotline or other resource. The facility staff cannot make her do this or do it without her permission. Refer to "Domestic Abuse in Later Life: Tips for Social Workers on Working with Victims" for guidance on what is good practice.*

What role does the direct caregiver have in reporting?

- *The direct caregiver, in this case, Keysha, should always inform her supervisor of anything that doesn't look or feel right. This includes interactions between the resident and visitors.*
- *Verbal abuse is sometimes a difficult type of abuse to define. As such, it's best in this instance for Keysha to report her observations immediately to a supervisor.*

[Discuss the reporting process your agency would like caregivers to take when situations like this occur.]

Would the process be different if Barbara could NOT make an informed judgment?

- *If Barbara was unable to make an informed judgment and she or other residents are in "imminent danger," professionals, such as Kelly and Theola, would be required by law to make a report to the Office of Caregiver Quality or a County AAR Agency.*
- *However, if making the report would not be in the best interest of Barbara, no reporting is required but the professional must document the reason.*

Scene 4 and Concluding Remarks

Video *play time: 6 minutes; 6 minutes remaining*

Scene 4 "rolls back the clock" to a version of the scenario in which caregivers and staff respond more appropriately. Let's take a look at the last scene and see how the caregivers do this time.

[Group watches Scene 4.]

Wrap-Up Discussion

Wrap-up: 6 minutes

So, what did you think about Scene 4? How was it different? Did the caregivers address the concerns that we raised?

[Facilitator gives participants a minute or two to discuss.]

Now let's think about how we can apply the lessons learned from this scenario to our daily work. I'd like to ask each of you to take a few minutes to complete a Professional Action Plan. What changes can you make based on what you learned in this scenario?

[Facilitator hands out a copy of the Professional Action Plan to each participant. Facilitator can choose to have caregivers turn in the Professional Action Plan or keep it. This generally only takes a few minutes. Additionally, the facilitator could lead the group in a discussion about what would happen if this incident occurred at your agency.]

Handouts

All of the handouts for this scenario are included in the back of this guide and can be copied for each participant prior to training. Unless otherwise noted, handouts listed should be used for both individual and group trainings.

- Training Worksheet (individual session only)
- Participant Observation Sheet (group session only)
- Care Plan[1]
- "Abuse in Later Life Wheel"
- "Tactics Used by Abusers"
- "Domestic Abuse in Later Life: *Tips for Social Workers on Working with Victims*"
- "Elder Abuse in Wisconsin"
- "Act 388: Adult-at-Risk Reporting Requirements"
- Professional Action Plan
- Participant Evaluation (optional)
- Learning Points Poster (optional) [2]

[1] Depending on the scenario, the Care Plan may also be referred to as an Individual Service Plan (ISP), an Individualized Care Plan, an Individualized Plan of Care, an Individual Program Plan, or a Service Plan. This Guide uses those terms interchangeably.

[2] The Learning Points Poster may be printed and posted in the room. You may print it on a standard 11" by 17" piece of paper or send it to your local copy shop to be printed in a larger form on laminated paper.

Training Worksheet

After watching the first three scenes of the scenario, pause the video when the narrator prompts you. Answer the following questions before turning the video back on to watch Scene 4.

1. **How do you think Barbara feels and how does she express her feelings?**

2. **Do you suspect that there may be some form of domestic violence apparent here? Is it domestic violence if Steven isn't hitting her? Review "Abuse in Later Life Wheel" and "Tactics Used by Abusers".**

3. **Review "Domestic Abuse in Later Life: Tips for Social Workers on Working with Victims." What can professional counselors or social workers do to ensure Barbara's safety and the safety of others <u>while</u> she is residing at Blue Hills Assisted Living Facility?**

4. **What role would the direct caregivers play while Barbara is at Blue Hills? What should Keysha say or do when Barbara begins to talk about her situation?**

5. **If you were in Keysha's situation, who would you report to in your facility about this type of concern or incident?**

6. **Keysha knows there is something wrong but she backs down when Reverend Mitchell tells her to respect Barbara and Steven's privacy. What might be stopping Keysha from following through?**

7. **Review "Elder Abuse in Wisconsin" and write down 2 facts that you find interesting or surprising.**

8. **How might the facility help prepare Barbara for a safe return home <u>after she leaves</u> Blue Hills?**

When you've completed this worksheet, turn the video back on and watch the rest of the scenario. Complete the Professional Action Plan and discuss your answers with your supervisor.

Participant Observation Sheet

How do you feel about what has happened so far?

What are some of the *red flags* that things aren't right?

What do you wish would have happened?

Barbara Blue, Individualized Care Plan

(excerpted)

Diagnosis:

- 72-year-old woman
- Admitted after 5 days at Washington Memorial Hospital
- Ovarian cancer surgery
- Anticipate radiation to begin next month
- Married
- Grown child

Special Note: Husband is around a lot and seems lost without her. Patient seems eager to improve and go home to husband.

Personal interests:

- Her cat, Marble
- Sewing
- Church activities
- Her son, Dennis

Needs Assistance:

- Bathing
- Toileting
- Transferring
- Incision care
- Medication management
- Range-of-motion exercises with arms and legs

Special Note: Needs significant rest. Avoid visits in PM. Should remain in care for two to three weeks after discharge from hospital.

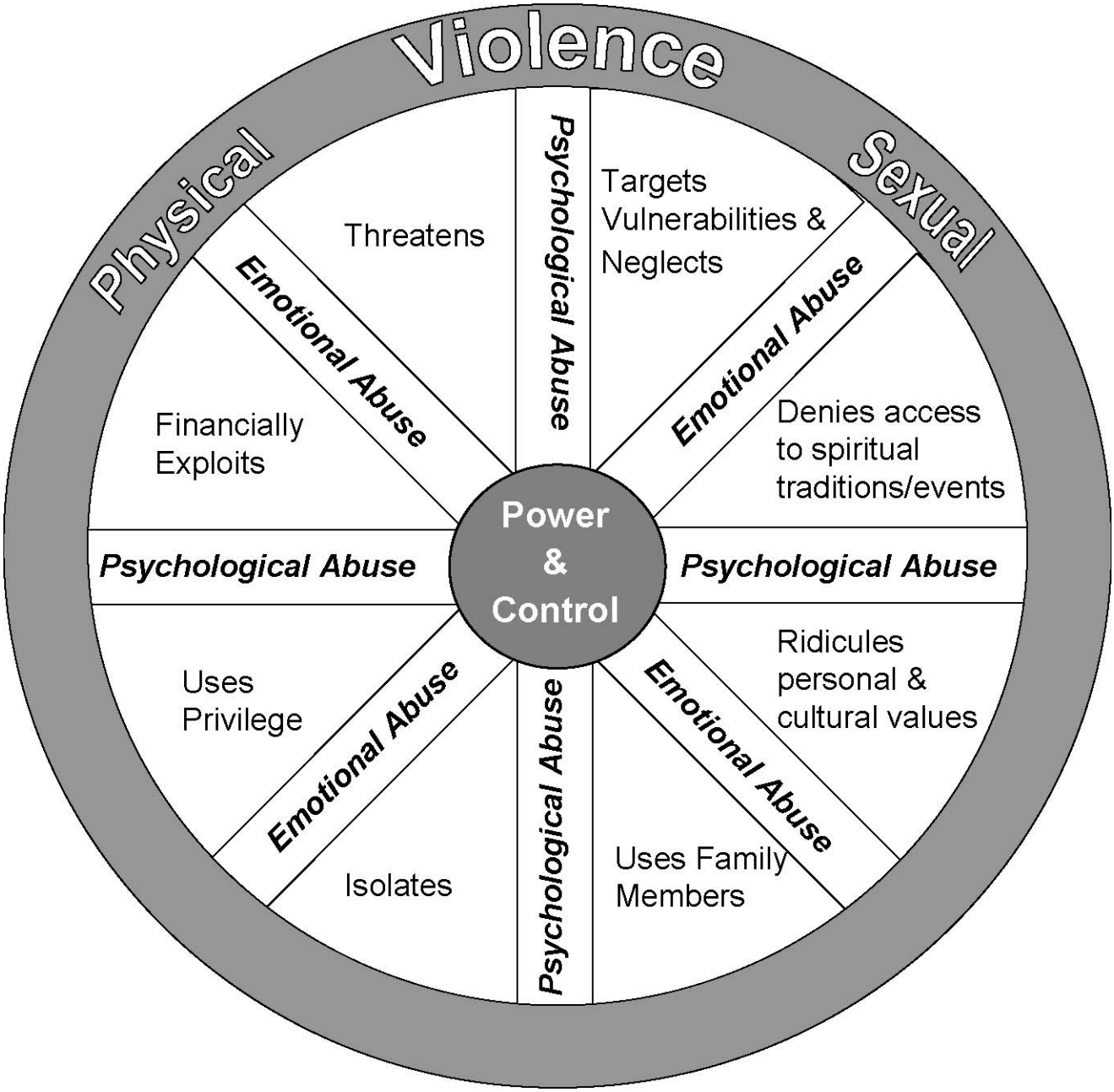
Nutrition:

- Normal diet

Safety:

- No issues

Abuse in Later Life Wheel



National Clearinghouse on Abuse in Later Life (NCALL)
A Project of Wisconsin Coalition Against Domestic Violence
307 S. Paterson St., Suite 1, Madison, Wisconsin 53703-3517
Phone: 608-255-0539 • Fax/TTY: 608-255-3560 • www.ncall.us • www.wcadv.org

Tactics Used by Abusers

Physical Abuse
- Hits, chokes, burns, pinches, throws things
- Restrains elder to chair or bed

Sexual Abuse
- Sexually harms during care giving
- Forces sex acts
- Forces elder to watch pornography

Psychological Abuse
- Engages in crazy-making behavior
- Publicly humiliates

Emotional Abuse
- Yells, insults, calls names
- Degrades, blames

Targets Vulnerabilities and Neglects
- Takes or denies access to items needed for daily living
- Refuses transportation
- Denies food, heat, care, or medication
- Does not follow medical recommendations
- Refuses to dress or dresses inappropriately

Denies Access to Spiritual & Traditional Events
- Refuses transportation or access
- Destroys spiritual or traditional items of importance

Ridicules Personal and Cultural Values
- Disrespectful of cultural practices
- Ignores values when making decisions

Uses Family Members
- Misleads family members regarding condition of elder
- Excludes or denies access to family

Isolates
- Controls what elder does, who they see and what they do
- Denies access to phone or mail

Uses Privilege
- Speaks for elder at financial and medical appointments
- Makes all major decisions

Financial Exploits
- Steals money, titles, or possessions
- Abuses a power of attorney or guardianship

Threatens
- Threatens to leave or commit suicide
- Threatens to institutionalize
- Abuses or kills pet or prized livestock
- Displays or threatens with weapons

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Domestic Abuse in Later Life – Tips for Social Workers on Working with Victims

RED FLAGS (Things to listen and watch for)

From a potential victim

- Has repeated "accidental" injuries
- Appears isolated
- Says or hints at being afraid
- Considers or attempts suicide
- Has history of alcohol or drug abuse (including prescription drug)
- Presents as a "difficult" patient or client
- Has vague, chronic complaints
- Is unable to follow through on treatment plans or medical care. May miss appointments.
- Exhibits severe depression

From a potential abuser:

- Is verbally abusive to staff in public or is charming and friendly to service providers
- Says things like "he's difficult," "she's stubborn," "he's so stupid," or "she's clumsy"
- Attempts to convince others that the family member is incompetent or crazy
- Is "overly attentive" to the family member
- Controls the family member's activities
- Refuses to allow interview or exam to take place without being present
- Talks about the family member as if he or she is not a person

INTERVENTIONS: AT LEAST DO NO HARM

DO everything possible to give a victim a sense of hope by:

- Believing the account of the abuse
- Saying that abuse can happen to anyone and the victim is not to blame
- Planning for safety or finding someone who can
- Offering options and giving information about resources or finding someone who can
- Allowing the victim to make decisions about next steps (returning power to the victim)
- Keeping information shared by the victim confidential
- Documenting the abuse with photographs, body maps, and victim statements

DO NOT do anything that further *isolates, blames, or discourages* victims, such as:

- Telling the victim what to do (e.g., "you should leave immediately")
- Judging a victim who returns to an abusive relationship
- Threatening to or ending services if a victim does not do what you want
- Breaking confidentiality by sharing information with the abuser or other family members
- Blaming the victim for the abuse ("if only you had tried harder or done this, the abuse might not have happened")
- Reporting abuse to the authorities without permission from the victim (unless mandated by law). If you are a mandated reporter, tell the victim what you are doing and why. Help the victim with safety planning or find someone who can.
- Documenting opinions ("he's drunk and obnoxious" or "she's hysterical and overreacting"). These statements are opinions and may not be accurate. However, they can be used against a victim in court.

DO NOT collude with the abuser and give him/her more power and control by:

- Accepting excuses from the abuser and supporting the violence ("I can understand how much pressure you are under. These things happen.")
- Blaming alcohol/drug use, stress, anger, or mental illness for the abuse. Abusers must be held accountable for their actions before they will change their behavior.
- Minimizing the potential danger to the victim or yourself if you offer help. Arrange for appropriate security for the victim and your staff when working with a potentially lethal batterer (e.g., has made homicidal/suicidal threats or plans, owns weapons)

WORK COLLABORATIVELY

- To learn more about potential interventions, contact local domestic abuse and/or sexual assault, victim/witness, or adult protective services/elder abuse agencies.
- With the victim's permission, refer to appropriate agencies for assistance.
- Use experts in a variety of fields as case consultants on difficult cases. Bring challenging cases to a multi-disciplinary teams for review. Ensure client confidentiality.

Elder Abuse in Wisconsin

Numbers: In 2009, 5,316 cases of suspected abuse, neglect or financial exploitation involving older adults were reported. This represents an increase of 8.5% over the reports received in 2008.

- One in 14 incidents reported involved a life-threatening (371) or fatal situation (28).
- The increased number of reports signals improved communication about elder abuse between law enforcement, health care professionals and social service agencies.

Types of Abuse Reported: Of the reports received:

- 49.4% involved self-neglect,
- 18.4% involved financial exploitation,
- 11.6% involved neglect by others,
- 7.3% involved emotional abuse,
- 5.9% involved physical abuse,
- **0.6% involved sexual abuse**,
- 0.4% involved unreasonable confinement/restraint, and
- 6.4% involved other (information only or other).

Where the Abuse Occurred: 90.6% of the reports involved incidents that occurred in the elder victim's home: In 85.8% of the incidents, the individual resided in the community and in ***14.2% of the incidents, the individual resided in a regulated, long-term care residential setting (nursing home, assisted living, etc.) or other settings.***

The Profile of the Abuser: The majority of the abusers were between the ages of 45 and 79 years of age (49.5%). In cases where the abuser's gender was identified: 47.9% were Male and 48.8% were Female. 50.5% of the abusers lived with the elder victim; in 95.2% of the incidents, only 1 abuser was identified for each victim. The relationship of the abuser to the victim was as follows:

- 40.6% were the victim's adult children,
- 14.2% were the victim's spouse,
- 13.4% were another of the victim's relative, including grandchildren,
- 11.5% were the victim's friend or neighbor,
- 3.8% were a service provider, and
- 16.4% were unknown or other than listed above.

Based on the 2009 Annual Elder Abuse and Neglect Report published by the Wisconsin Department of Health Services, Bureau of Aging and Disability Resources, August 2010. The full report is available at: http://www.dhs.wisconsin.gov/publications/P0/p00124_2009.pdf

WI Act 388: Adult-at-Risk Reporting Requirements

NOTE: Nursing homes must follow federal reporting requirements outlined in DQA Memo 11-032 Guidance for investigating & Reporting Alleged Violations in Nursing Homes.

Excerpt from OQA Memo 06-028 Adult-at-Risk, including Elder Adult-at-Risk, Reporting Requirements for Entities Regulated by the Division of Quality Assurance:

Effective December 1, 2006, Wisconsin Act 388 revises the reporting of, and responses to, abuse, neglect and exploitation of adults-at-risk (vulnerable adults age 18 and older), including elder adults-at-risk (age 60 and up). See http://www.legis.state.wi.us/2005/data/acts/05Act388.pdf.

Reporting Adults-at-Risk
State statutes 46.90(4)(ab)1 and 55.043(1m) (a) require that **any employee of any entity report** allegations of abuse, neglect or exploitation if the adult-at-risk is seen in the course of the person's professional duties and one of the following conditions is true:

- The adult-at-risk has requested the person to make the report;
  [This first condition is self-explanatory: any entity employee must make a report if they are asked to do so.]
- There is reasonable cause to believe that the adult-at-risk is at imminent risk of serious bodily harm, death, sexual assault, or significant property loss and is unable to make an informed judgment about whether to report the risk.
  [This second condition requires a concern about future, serious risk; it is not applicable to situations that involve past incidents only.]
- Other adults-at-risk are at risk of serious bodily harm, death, sexual assault, or significant property loss inflicted by the suspected perpetrator.
  [This third condition applies to reporting past abuse perpetrated on an adult-at-risk only if there is a possibility of harm to others. (For example, an entity employee must report if he or she is made aware of a situation involving a specialized transportation van driver who allegedly sexually assaulted a client. Even if the client no longer uses the transportation service, other adults-at-risk would likely be riding with that van driver in the future.)]

No reporting is required in two instances (except for nursing homes):

- If the professional believes that filing the report would not be in the best interest of the adult-at-risk, and the professional documents the reasons for this belief in the suspected victim's case file; **OR**
- If a health care provider provides treatment by spiritual means through prayer for healing in lieu of medical care in accordance with his or her religious tradition, and his or her communications with patients are required by his or her religious denomination to be held confidential.

If you conclude that you must report an incident involving an adult-at-risk, including an elder adult-at-risk:

1. Complete an Incident Report form (DDE-2447) and attach relevant internal investigation documents; **AND**
2. For allegations involving all perpetrators (family member, friend visitor, resident, stranger, etc.), submit the Incident Report within five days to the Division of Quality Assurance, Office of Caregiver Quality

This new reporting process is streamlined to eliminate reporting to different agencies. All incident reports are submitted to DQA staff who will forward reports to other agencies such as the county department, the elder/adult-at-risk agency, state or local law enforcement agency, or the board on aging and long-term care, as appropriate. You may also submit a report directly to one of these agencies.

Immunity Provision
Due to the increased reporting provisions, the law enhances protections for good-faith reporters of incidents involving adults-at-risk. Immunity provisions apply to all reporters, including situations when a report is filed with an incorrect agency, if the reporter had a good-faith belief that the initial report was filed appropriately.

If an employee of the entity, following the entity's incident response protocol, reports the necessary information concerning the allegation to someone who is expected to report on behalf of the entity, e.g., Director of Nursing, Facility Administrator, etc., and that individual does report the information to the proper authorities, e.g., Division of Quality Assurance, the employee does not also have to report to DQA. However, if the entity fails to report and the situation meets one of the three conditions that trigger limited-required reporting, the employee must make direct contact with DQA. If the employee does not, the immunity provisions will not apply.

To ensure immunity, an employee must report directly to DQA, a county department, the Elder/Adult-at-Risk Agency, state or local law enforcement agency, or the Board on Aging and Long-Term Care.

The new law creates a rebuttable presumption that any discharge or act of retaliation or discrimination taken against a reporter within 120 days of making the report is retaliatory. The penalty for retaliating against a reporter is increased to $10,000.

Questions
Contact the Office of Caregiver Quality (OCQ) at DHSCaregiverIntake@wisconsin.gov or (608) 261-8319.

Professional Action Plan

Name: _____ Date: _____

As a result of today's training, please identify some specific actions you will take in the next three days when you are back on the job.

How will you better document, report, and review Care Plans? (example: identify preferences of residents)

What you will do	When you will do it	Who will support you

How will you better recognize warning signs of abuse, neglect, or misappropriation? (example: identify patterns of behavior)

What you will do	When you will do it	Who will support you

How will you work better to protect people in your care? (example: regularly review each resident's Care Plan)

What you will do	When you will do it	Who will support you

When you return to work, what will you share with others?

_____

_____

_____

Participant Evaluation

Which scenario(s) did you watch?

1) _____ 2) _____

Did you learn more about: 1 = learned nothing 5 = learned very much

How to protect residents and patients and prevent abuse and neglect? 1 2 3 4 5

How to recognize the signs and red flags of abuse and neglect? 1 2 3 4 5

How, when, and why an incident should be reported? 1 2 3 4 5

How to respond better in serious situations? 1 2 3 4 5

Your feedback and comments: 1 = not at all 5 = very much

Will you use the materials we gave you? 1 2 3 4 5

Did you like this style of training? 1 2 3 4 5

Would you recommend this training to coworkers? 1 2 3 4 5

What did you like most about this training? _____

_____

What did you like least?_____

_____

Use the back for more comments

Thanks for your input!

caregivers
PREVENT abuse/neglect PROTECT clients PROMOTE dignity

BARBARA BLUE

LEARNING POINTS

- ☑ Recognize the signs and symptoms of domestic violence in later life.
- ☑ Understand how and where to report abuse by resident's family member.
- ☑ Understand how to protect victim from continuing abuse.
- ☑ Respect residents' rights to make her own decisions.

caregivers

PREVENT *abuse/neglect* PROTECT *clients* PROMOTE *dignity*