

Bo Butterfield Scenario

# Experiential Video Training Guide

Abuse and Neglect Prevention Training

## Abuse of a Resident In a Community-Based Residential Facility



[www.uwosh.edu/ccdet/caregiver](http://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 is 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, and personal care worker agencies.*

## How to Use this Guide

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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.*

### **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:

- Discuss assertive communication skills. How can Bailey and Kim address their concerns with Ann's tactics? Consider presenting the training,

- “Assertiveness Training: Let Your Voice Be Heard”, available at <http://www.uwosh.edu/ccdet/caregiver/topical.htm>
- Discuss how to work with clients who have challenging behaviors. Bo can be aggressive. Explore techniques for working with clients who have challenging behaviors. Review any special procedures or policies your agency may have. Invite a representative from your local Disability Rights organization to speak about working with disabled clients. Consider adapting “Responding to Challenging Situations” available at <http://www.uwosh.edu/ccdet/caregiver/topical.htm>
  - Discuss reporting requirements. What should Bailey and Kim report and why? How should caregivers in your agency report suspected caregiver misconduct? What process does your agency use to conduct internal investigations? Review your agency’s policies and procedures on reporting and/or investigating potential misconduct. Discuss the benefits of reporting.
  - Discuss Care Plans. Bo has a detailed Care Plan, but Ann did not follow it. What process does your agency use to ensure that all caregivers are familiar with each individual’s Care Plan? Review your agency’s policies and procedures on Care Plans.
  - Discuss Ann’s power and control issues. Ann is controlling. Other staff are afraid of her, yet her supervisor is unaware of her behavior. What are the other indications that Ann has power and control issues? Does it make sense that she is assigned to serve as Bailey’s mentor? Review the power and control wheel with a local advocate against domestic violence. (Contact your local domestic violence service provider for a copy of the power and control wheel.) Discuss how to recognize the red flags that someone has power and control issues.

## **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

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## Summary of the Scenario

Bo Butterfield is a 25-year-old female resident of Sunnyfield Community-Based Residential Facility (CBRF). Bo has Seizure Disorder, some gross motor challenges, and cognitive delays. She also has a history of verbal and physical aggression. Since moving to Sunnyfield six months ago, Bo has had individualized and group therapy and has made progress in the area of anxiety and anger management. She works closely with Occupational Therapist, Maria, and is walking well with the aid of a variety of assistive devices. Bo has developed a trusting relationship with Maria.

One day, Bo is scheduled to go to the Activity Center. She usually likes to work on arts and crafts there. On this occasion though, Bo refuses to go, saying she doesn't feel well. CNA Ann Anderson manages to get Bo on the van to go to the center, but her tactics disregard Bo's rights and may even be abusive. Ann's actions are observed by two other caregivers, Bailey and Kim.

After Bo tells Maria about the incident, Maria convinces her to report it to the administrator, Mary Saunders. Mary informs Bo's parents of the incident and immediately begins an investigation into possible caregiver misconduct.

## Characters

- **Bo Butterfield**, resident
- **Deena Butterfield**, mother
- **Dan Butterfield**, father
- **Bailey Barnes**, CNA
- **Kim Carson**, CNA
- **Ann Anderson**, CNA
- **Maria Garcia**, Occupational Therapist
- **Mary Saunders**, Administrator

*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 are 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.

<b>Learning Points – As a result of this session, participants will:</b>	<b>Participants will demonstrate this by:</b>
1. Recognize signs of possible caregiver misconduct.	<ul style="list-style-type: none"> <li>• Naming the <b>red flags</b> of abuse.</li> <li>• Discussing the <b>red flags</b> that existed BEFORE the event occurred.</li> </ul>
2. Recognize ways to practice effective communication with a coworker.	<ul style="list-style-type: none"> <li>• Developing actual language a caregiver may use to intervene with a coworker.</li> </ul>
3. Identify strategies for working with residents with challenging behaviors.	<ul style="list-style-type: none"> <li>• Acknowledging the value of knowing the resident’s Care Plan.</li> <li>• Identifying strategies and tips for working with residents with challenging behaviors.</li> <li>• Advocating for resident self-reporting.</li> </ul>
4. Review duty to report abuse by other caregivers.	<ul style="list-style-type: none"> <li>• Committing to the responsibilities of reporting no matter what the situation.</li> <li>• Discussing concerns related to reporting a coworker.</li> </ul>

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# Facilitator Notes for Group Training

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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 Bo feels and how does she express her feelings?**

- *Bo was angry, and went to closet/safe place.*
- *Bo was frustrated, refused to cooperate.*
- *Bo was scared, went to closet, eventually got on the van to get away from Ann.*

**2. Take a look at Bo's Care Plan for a moment. What do you think the caregivers overlook in Bo's Care Plan?**

- *Bo doesn't like loud voices.*
- *Ann should have retreated and re-approached.*
- *The caregivers could have given Bo advance notice about going to the Activity Center.*
- *Kim could have offered support to Bailey and Kim.*

**3. What red flags were present leading up to the incident between Ann and Bo?**

- *Ann is loud and aggressive. She uses her position to express her power, control, and authority. She intimidates staff and they are afraid of retaliation.*
- *Administrator was unaware of Ann's aggressive behavior with residents.*
- *Time pressure to get everyone ready for outing.*
- *Bailey is not trained enough to recognize caregiver misconduct. Bailey gets mixed messages because Ann is his mentor, so Bailey thinks Ann's behavior must be okay.*
- *Lack of attention to Bo's Care Plan—unknown whether Ann and Bailey were familiar with it.*
- *Lack of flexibility and resident choice regarding activities. (Could Bo have stayed home that day?)*

**4. Was this abuse? Does Ann's behavior meet any of the misconduct definitions? Let's take a look at the "Caregiver Misconduct: Simplified Definitions" handout before we answer this question.**

[Facilitator reviews the handout with group pointing out the difference between abuse, neglect, and misappropriation.]

- *Ann's behavior could meet the definition of abuse.*

**5. What could have been done to prevent the incident between Ann and Bo?**

- *Kim could have stepped in to help.*
- *Closer supervision of Ann might have uncovered her power and control issues earlier.*
- *Use strategies in Bo's Care Plan instead of forcing the issue.*
- *Better training for Bailey up front might have given him the tools to intervene with Ann and recognize that Ann's treatment of Bo was not right.*
- *Make sure Care Plan for Bo is current as far as interventions go; encourage direct care staff to have input on the Care Plan.*
- *Let residents know they have the right to be free from abuse or retaliation, and encourage them to report mistreatment.*
- *Remind family members they are advocates for their loved ones, and encourage them to report concerns to a supervisor immediately.*

**6. What could Kim or Bailey have said to Ann when they saw her becoming angry with Bo?**

- *Kim could have told Ann she knows how busy she is and offer to take over for her.*
- *Kim or Bailey could have said to Ann, "I see that you're getting upset, Ann. Why not step out of the room for a minute?"*
- *If Bailey had known the Care Plan better, he could have reminded Bo how much she likes to go to the Activity Center and work on arts and crafts.*
- *If Ann refused to acknowledge suggestions, Kim and Bailey should have felt comfortable in seeking a supervisor immediately.*

**7. How can the facility and staff respond to this situation? Should Bailey and Kim have reported this incident right away? Let's review "What You Should Know About Reporting" handout and discuss the types of information Mary, the administrator, will want to know about the incident.**

- *Yes, Kim and Bailey, who witnessed the misconduct, should have protected the resident and reported the incident to their supervisor immediately.*

**What should Mary, the administrator, do once the incident is reported?**

- *Supervisor must swiftly and promptly protect the resident.*
- *Relieve Ann of direct contact with residents until the matter is investigated.*
- *Have a nursing supervisor complete a body check on Bo and document any redness, swelling, bruising, or open wounds.*

- *Administrator should immediately begin an internal investigation and, if the facts indicate caregiver misconduct, file a report with the Division of Quality Assurance.*

**8. How can the facility and staff both protect and promote the safety, dignity, and respect of residents and staff?**

- *Emphasize that the resident always comes first; interpersonal relationships among staff must come second.*
- *Caregivers should see residents as vulnerable people who must be protected.*
- *Facility should have an active Employee Assistance Program to support staff who may need help with personal problems.*
- *Create and foster an environment where coworkers are encouraged to support each other.*
- *Establish trust among supervisors and direct care staff to encourage that staff report inappropriate actions or events.*
- *Emphasize that earlier reporting of Ann's behavior might save her job later.*
- *Staff must be knowledgeable about each resident's Care Plan. The Care Plan must contain input from direct care staff as well as family members and others with knowledge of the resident. Involve parents, guardians, other relatives, or friends for ideas about best working with Bo, especially when resistant.*
- *Reassure residents that they should report any misconduct and that they will be protected from retaliation. Establish a Resident Rights Representative to hear the concerns of residents and families.*

**9. Let's take a look at the handout "Tips for Interacting with People with Disabilities." If you provide care for people with disabilities, which tips might you use to communicate better with your clients or residents?**

[Facilitator uses handout for sample answers.]

## **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.]

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# Handouts

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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<sup>1</sup>
- “Caregiver Misconduct: Simplified Definitions”
- “What You Should Know About Reporting”
- “Tips for Interacting with People with Disabilities”
- Professional Action Plan
- Participant Evaluation (optional)
- Learning Points Poster (optional)<sup>2</sup>

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<sup>1</sup> 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.

<sup>2</sup> 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 Bo feels and how does she express her feelings?**

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**2. What do you think the caregivers overlook in Bo's Care Plan? (Review Bo's ISP)**

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**3. What *red flags* were present leading up to the incident between Ann and Bo?**

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**4. Was this abuse? Does Ann's behavior meet any of the misconduct definitions? (Review "Caregiver Misconduct: Simplified Definitions")**

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**5. What could have been done to prevent the incident between Ann and Bo?**

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**6. What could Kim or Bailey have said to Ann when they saw her becoming angry with Bo?**

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**7. How can the facility and staff respond to this situation? Should it be reported? What should Mary, the administrator, do once the incident is reported? (Review “What You Should Know about Reporting”)**

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**8. How can the facility and staff both protect and promote the safety, dignity, and respect of residents and staff?**

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**9. If you provide care for people with disabilities, which tips might you use to communicate better with your clients or residents? (Review “Tips for Interacting with People with Disabilities”)**

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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.



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# **Participant Observation Sheet**

**How do you feel about what has happened so far?**

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

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**What do you wish would have happened?**

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## **Bo Butterfield, Individualized Service Plan**

*(excerpted)*

### **Diagnosis:**

- Anxiety
- Post-Traumatic Stress Disorder
- Impulse Control Disorder
- Seizure Disorder
- Gross motor challenges
- Cognitive delays
- History of verbal and/or physical aggression

### **Personal interests:**

- Jazz music—very soothing to Bo
- Old western movies—loves John Wayne
- Making arts and crafts at the Activity Center

### **Communication strategies:**

- Offer support and empathetic listening
- Stay calm; loud voices and commands make Bo anxious
- Offer choices
- Retreat and re-approach later if Bo becomes anxious or uncooperative

### **Safety:**

- Likes advance notice of changes in facility activities, especially if leaving building.
- Offer choices. Bo is easily angered/rattled. Leave alone to find own “safe place” if upset.

### **Services:**

- Occupational therapy, psychotherapy, and physical therapy (Note: Bo has a very good relationship with OT Maria)

## Caregiver Misconduct – Simplified Definitions

MISCONDUCT	SIMPLE DEFINITION	POSSIBLE EXAMPLES
<b>ABUSE</b>	<p><i>An intentional act that:</i></p> <p>Contradicts a health care facility's policy/procedures  <b>AND</b>            Is not part of the care plan  <b>AND</b>            Is meant to cause harm.</p>	<ul style="list-style-type: none"> <li>Physical abuse – hitting, slapping, pinching, kicking, etc.</li> <li>Sexual abuse – harassment, inappropriate touching, assault</li> <li>Verbal abuse – threats of harm, saying things to intentionally frighten a resident</li> <li>Emotional abuse – humiliation, harassment, intimidation with threats of punishment or depriving care or possessions</li> </ul>
<b>NEGLECT</b>	<p><i>A careless or negligent act that:</i></p> <p>Fails to follow facility procedure or care plan  <b>AND</b>            Causes or could cause pain, injury or death  <b>BUT</b>            Is not intended to cause harm.</p>	<ul style="list-style-type: none"> <li>Not using a gait belt when required or transferring a resident improperly</li> <li>Failure to perform ROM exercises</li> <li>Turning off a call light</li> <li>Leaving a resident wet or soiled</li> <li>Disregarding hydration orders</li> <li>Failure to deliver or administer medication</li> </ul>
<b>MISAPPROPRIATION</b>	<p><i>An intentional act that:</i></p> <p>Is meant to permanently deprive a client of property  <b>OR</b>            Misuses a client's personal property  <b>AND</b>            Is done without the client's consent.</p>	<ul style="list-style-type: none"> <li>Theft of cash, checks, credit cards, jewelry, medication, etc.</li> <li>Misuse of property, e.g. using a resident's cell phone, wearing a resident's jewelry, eating a resident's box of candy, etc.</li> <li>Identity theft</li> </ul>

These definitions apply to alleged violations committed against residents in health care facilities regulated by the Department of Health Services. The DHS Division of Quality Assurance investigates allegations of misconduct by non-credentialed caregivers. If a finding of abuse, neglect or misappropriation is substantiated, that caregiver will be listed on Wisconsin's Caregiver Misconduct Registry. Caregivers with findings may be permanently barred from working in long-term care facilities such as nursing homes. In addition, DQA investigates allegations of harm to residents in nursing homes by any person. Violations against residents allegedly committed by credentialed caregivers, family, friends or other individuals may also be reported to and investigated by agencies such as DHS, county Adult Protective Services, the Department of Safety and Professional Services, and law enforcement.

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# **What You Should Know About Reporting**

## **If you suspect abuse, neglect, or misappropriation,**

Immediately take action to ensure the safety of the resident/client/patient.

Inform your supervisor (or other designated person) about the incident as soon as possible.

Your supervisor may ask you questions about the incident, including:

**WHO?**      **Provide information about the person(s) suspected of harming the client.**  
Include the name, position or title at time of incident, and gender of all persons suspected of harming the client.

**Provide information about people with specific knowledge of the incident.**  
Include all persons with specific knowledge of incident. Include the person's name, gender, address and telephone number, if known. Include the person's position or relationship to the affected client.

### **Individuals Involved**

Include all persons who are connected in any way with the incident:

- Resident, client, or patient
- Suspect or accused person
- Witness(es)
- Any others with first-hand knowledge

**WHEN?**      **Explain when the incident occurred.** Include the month, day, year and time of the incident: (*example: 08/25/2005, 10:30 AM*). If you do not know the exact day, provide an approximate date, such as the week of March 1, or the month of March, or between March 1 and April 15. If you give approximate dates, explain how you determined the dates.

**WHAT?**      **Briefly describe the incident in a precise and accurate manner.** Document observable facts regarding the incident in as much detail as possible. Your supervisor may request supporting documents.

**WHERE?**      **Identify the specific location where the incident happened.** If the incident happened at a location other than the entity, indicate the specific address of that location.

**Location.** Document physical findings using diagrams, sketches or photographs, as appropriate to include:

- Specific location of room, using room numbers, wings
- Specific location of objects in the space

**EFFECT?**      **Describe the effect of the incident on the client or the client's reaction to the incident.** If a client has been physically injured, describe the injury, size of bruise, etc. Describe any indication or expressions of pain, anger, frustration, humiliation, fright, etc., by the client during or after the incident.

## **Tips for Interacting with People with Disabilities**

- Focus on the person, not on the disability.
- Offer people with a disability the same dignity, consideration, respect, and rights you expect for yourself.
- If you don't know what to do, allow the person to help put you at ease. Do not be afraid to make a mistake. Relax.
- Do not patronize people by patting them on the head or shoulder. Treat adults as adults.
- Address people with disabilities by their first names only when extending the same familiarity to all others present.
- Do not assume that a person with a disability needs assistance. Ask before acting.
- If you offer assistance, wait until the offer is accepted. Wait for or ask for instructions. Don't be offended if your help is not accepted. Many people don't need help
- If the person with a disability is accompanied by a friend or family member, look at and speak directly to the person with the disability rather than to or through the other person.
- Do not assume that a person with a disability is more fragile than others. These feelings may make you reluctant to ask certain questions that should be asked.
- If service counters are too high for some users, such as people of short stature and people using wheelchairs, step around counters to provide service. Keep a clipboard or other portable writing surface handy for people unable to reach the counter when signing documents.
- Know the location of accessible routes including parking spaces, rest rooms, drinking fountains, dressing rooms, and telephones.
- Understanding disability access issues and responding accurately, quickly, and respectfully to requests for information, directions, or assistance conveys genuine welcome.
- Watch for and remove these common barriers:
  - Vehicles blocking ramps.
  - Housekeeping and cleaning carts blocking hallways, and rest rooms.
  - Potted plants, benches, ashtrays, trash cans, and other items blocking access to ramps, railings, and elevator call buttons.
  - Parking personnel using an accessible parking space as waiting areas.
  - Snow and ice on walkways, ramps, and parking areas.

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Kailes, J., *Tips for Interacting with People with Disabilities*, 2011, published and distributed by Harris Family Center for Disability and Health Policy, [www.hfcdhp.org](http://www.hfcdhp.org)

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# 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?

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# 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!*



# BO BUTTERFIELD

## LEARNING POINTS

- Recognize signs of possible caregiver misconduct
- Review duty to report abuse by other caregivers
- Recognize ways to practice effective communication with a co-worker
- Identify strategies for working with residents with challenging behaviors

*caregivers*

PREVENT  PROTECT  PROMOTE  
*abuse/neglect clients dignity*