

Rosa Rosario Scenario

Experiential Video Training Guide

Abuse and Neglect Prevention Training

Abuse of a Resident

In a Facility Serving Persons with
Developmental Disabilities (FDD)



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.

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 Tony and Phyllis approach Charles? 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. Rosa can be difficult to redirect. 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 Tony and Phyllis 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. Rosa has a detailed Care Plan but Charles 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.

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

Rosa is a non-verbal resident of Red River Valley Facility serving people with Developmental Disabilities (FDD). Rosa uses sign language to communicate her needs and wants. She understands basic language and responds by nodding or shaking her head, pointing and sounding out her approval or disapproval. Rosa enjoys spending time with her peers and is motivated by affection and interaction. She will sometimes enter peers' rooms and refuse to leave. When asked by staff to leave, she may get upset or refuse to move.

In this scenario, Rosa entered the room of another resident named Bill. Charles, a Resident Care Technician, tried unsuccessfully to redirect her away from the room. When Rosa resisted, Charles pulled Rosa up by one arm and pushed her into the activity area. This was overheard by two other caregivers, Phyllis and Tony.

Characters

- **Rosa Rosario**, resident
- **Carlos Rosario**, brother
- **Charles Caringham**, Resident Care Technician
- **Phyllis Parker**, CNA
- **Tony Williams**, CNA
- **Kalia Yang**, RN 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 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.

Learning Points – As a result of this session, participants will:	Participants will demonstrate this by:
1. Recognize signs of possible caregiver misconduct.	<ul style="list-style-type: none"> • Naming the <i>red flags</i> of abuse that Charles' behavior was inappropriate. • Naming the signs that Rosa was upset by Charles' behavior.
2. Identify strategies for responding to challenging behaviors while treating clients and coworkers with dignity and respect.	<ul style="list-style-type: none"> • Discussing, then practicing, using communication tips with residents and with coworkers.
3. Review the value of knowing details of each resident's Plan of Care.	<ul style="list-style-type: none"> • Comparing results of knowing the complete plan as opposed to not having sufficient information to work effectively with a resident.

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 Facility Serving Persons with Developmental Disabilities (FDD), you may add this:]

Try to focus on the actions of the caregivers and not the setting. This scenario is set in an FDD. 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 Rosa feels and how does she express her feelings?

- *Rosa was upset that she was being forced to leave Bill's room.*
- *Rosa was agitated and she rocked back and forth.*
- *Rosa was scared because Charles hurt her arm and she shrieked.*
- *Although Rosa isn't verbal, she conveyed her feelings in the following ways:*
 - *Did not follow request by caregiver*
 - *Sat on floor*
 - *No eye contact*

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

- *Rosa should have had an escort from the beginning and then she wouldn't have been in Bill's room to start with.*
- *Charles didn't encourage her to do things she enjoys, like reading magazines.*
- *Charles didn't offer to spend one-on-one time with Rosa; she likes to hold a staff member's hand or arm when looking at catalogs and magazines. She needs this type of interpersonal attention.*
- *Charles didn't talk to her effectively about personal space; or make sure she knows where her own room is.*
- *When Charles redirects Rosa to an activity, he should reinforce her behavior with thanks and praise.*
- *If Rosa refuses to leave an area more than three minutes after verbal cues are given, a two or three-person escort may be used to take her to an area of leisure activity. Explain to her the importance of personal space and privacy and explain to her why you need to help her with the relocation. Then spend time with her in the leisure area and praise after 5 minutes of participation.*

3. What were the red flags that the caregiver's behaviors were not appropriate? Did Phyllis and Tony do anything inappropriate?

- *Charles raised his voice, and used a harsh tone of voice.*
- *He came too close to Rosa – in her space.*
- *Charles did not know or did not follow the Care Plan.*
- *Charles did not ask for help.*
- *He used physical force to move resident against her will.*
- *Phyllis and Tony didn't intervene even though they heard Charles raise his voice.*

4. Was this abuse? Does Charles' 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.]

- *Charles' behavior could meet the definition of abuse.*

5. Should Tony and Phyllis have reported this incident right away? Lets review "What You Should Know About Reporting" handout and discuss the types of information Kalia, the RN supervisor, will want to know about the incident.

- *Yes, Tony and Phyllis, who overheard the misconduct, should have protected the resident and reported the incident to their supervisor immediately.*

What should Kalia do once the incident is reported?

- *Supervisor must swiftly and promptly protect the resident.*
- *Relieve Charles of direct contact with residents until the matter is investigated.*
- *Complete a body check on Rosa 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.*

6. Let's take a look at the handout "Interacting with People with Speech or Cognitive Disabilities". What could Charles have done differently in the moment? What would have made Rosa motivated to leave Bill's room and still feel like her dignity had been respected?

- *Always approach from the front so you do not startle the person.*
- *Determine how close the person wants you to be.*
- *If possible, communicate in a calm place with little noise or distraction.*
- *Always use the person's name.*
- *Speak slowly, using a lower voice than normal-- this is calming and easier to understand.*

7. If Tony and Phyllis wanted to offer Charles support, what might they do and say?

- *"Charles, is there something I can do to help?"*
- *"Charles, what have you already tried? I have another suggestion."*

- *“Let’s remember Rosa’s Care Plan – what ideas does it offer about what we should do?”*

Why might it be difficult to confront Charles in the moment?

- *Charles might be angry with his coworkers for trying to tell him how to do his job.*
- *Charles might think that he knows the best way to handle the situation with Rosa.*
- *Charles might have been employed at Red River FDD for a longer time and think that people who haven’t been working there for as long don’t know how to do the job as well as he does.*

If you were Charles, how would this feel to you? Would this feel like your coworkers were offering you support?

[No right or wrong answer here. Let participants explore ways to make the conversation between Charles and his coworkers supportive and safe, while protecting Rosa.]

8. Let’s go back to the Care Plan for a moment. Why is it important for each caregiver to be completely familiar with a resident’s Care Plan?

- *To provide consistency of care.*
- *To ensure that the needs of all residents are met.*
- *So all caregivers are aware of any behavioral issues.*
- *So all caregivers know possible interventions for each resident.*

[End with a discussion of your agency’s policies and procedures regarding Care Plans.]

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 Plan¹
- “Caregiver Misconduct: Simplified Definitions”
- “What You Should Know About Reporting”
- “Interacting with People with Speech or Cognitive Disabilities”
- 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 Rosa feels and how does she express her feelings?

2. What do you think the caregivers overlook in Rosa’s Care Plan? Name 2 approaches that Charles could have used. (Review Rosa’s Care Plan)

3. What were the *red flags* that the caregiver’s behaviors were not appropriate? Talk about Charles as well as Tony and Phyllis.

4. Was this abuse? Does Charles’ behavior meet any of the misconduct definitions? (Review “Caregiver Misconduct: Simplified Definitions”)

5. Should Tony and Phyllis have reported this incident right away? What type of information will Kalia, the RN supervisor, want to know about the incident? What should Kalia do once the incident is reported? (Review “What You Should Know About Reporting”)

6. What could Charles have done differently in the moment? What would have made Rosa motivated to leave Bill’s room and still feel like her dignity had been respected? (Review “Interacting with People with Speech or Cognitive Disabilities”)

7. If Tony and Phyllis wanted to offer Charles support, what might they do and say? Why might it be difficult to confront Charles in the moment? If you were Charles, how would it feel to have your coworkers step in?

8. Why is it important for each caregiver to be completely familiar with a resident’s Care Plan?

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?

Rosa Rosario, Individual Program Plan

(excerpted)

Statement of Problem:

- Agitation – dropping to the floor when she is upset
- Entering peers' rooms and refusing to leave

Response Plan:

- Rosa must have an escort to all activities.
- The escort should prevent her from entering other residents' rooms (since the requirement of an escort was implemented, Rosa has been happier and engages in more activities, and she also enters other residents' rooms less often).

Interventions to use PRIOR to the behavior:

- Invite Rosa to participate in activities. If Rosa is focusing on one peer too much, engage her in activities separate of the peer.
- Provide Rosa with positive interactions with peers and staff. Encourage her to do things she enjoys: listening to music or reading magazines.
- Spend one-on-one time with Rosa. She likes to hold a staff member's hand or arm when looking at catalogs and magazines. She needs this type of interpersonal attention.
- If Rosa enters another person's room, talk to her about personal space. Make sure she knows where her own room is.
- When she is doing an activity in an appropriate location, staff should interact with her frequently and praise her behavior.

- Rosa enjoys the company of males. When possible, a male staff member should read to or play a game with Rosa during his shift. Praise her verbally when she interacts appropriately with staff or peers.
- The interdisciplinary team will help Rosa learn to respect the privacy of others through a goal in her Individual Program Plan.

Interventions to use AFTER the behavior:

- Rosa often follows peers around, sits too close to peers, or goes in their rooms. If she does this, staff should verbally redirect her to another area and help her with an alternative activity. Staff should explain to Rosa the importance of having privacy and personal space. As always, staff should thank her and praise her when she cooperates.
- Spend one-on-one time with her, so she can show some affection and meet her need for interpersonal contact.
- If Rosa enters another resident's room, ask her to leave the room. Encourage her to focus on a physical activity or book for distraction. If she refuses to leave after the verbal cue, continue to try and persuade her and provide some kind interaction with her.
- If Rosa sits on the floor or refuses to leave an area more than three minutes after verbal cues are given, a two or three-person escort may be used to take her to an area of leisure activity. Explain to her the importance of personal space and privacy and tell her why you need to help her with the relocation. Staff should then spend time with her in the leisure area and praise after 5 minutes of participation.

Caregiver Misconduct – Simplified Definitions

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

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.

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.

Interacting with People with Speech or Cognitive Disabilities

People with Speech Disabilities

There are people whose speech is difficult to understand. There are also people who are unable to speak so others can understand them. People unable to communicate using natural speech may use a variety of methods that allow them to communicate. Some (NOT ALL) people with limited speech also have difficulty understanding what people say to them because of their disability, age, a hearing loss, cognitive difficulties, and/or language differences.

- Do not raise your voice. People with speech disabilities can hear you.
- Give individuals your full attention and take time to listen carefully.
- Always repeat what the person tells you to confirm that you understood. Never pretend to understand if you have not.
- Ask questions one at a time.
- Give individuals extra time to respond.
- Take time to understand the message when a person is using a communication device such as a letter, a word board, or a device that produces speech.
- Pay attention to pointing, gestures, nods, sounds, eye gaze, and eye blinks.
- Do not interrupt or finish individuals' sentences. If you have trouble understanding a person's speech, do not be afraid to ask them to repeat what they are saying, even three or four times. It is better for them to know that you do not understand than to make an error.
- If you still cannot communicate, try using paper and pen or ask them to spell the message. Do not guess.
- Other strategies to try to help understand the communication include asking if they use a communication board or book or a speech generating device and if they have it with them and if there is someone who can help them communicate?



People with Cognitive, Intellectual or Psychiatric Disabilities

A cognitive, intellectual, or psychiatric disability can affect a person's understanding, memory, language, judgment, learning, and related information processing and ability to communicate effectively. These disabilities include individuals with intellectual disabilities, head injury, strokes, Down syndrome, autism, Alzheimer's disease, and emotional disabilities.

- Offer information in a clear, concise, concrete, and simple manner. Sometimes added forms of visual communication such as gestures, facial expressions, pictures, diagrams or demonstrations are helpful.
- If you are not being understood, adjust your method of communicating. For example, demonstrate how to use a key card to open the door. When necessary, repeat information using different words or a different form of communication. Allow time for the information to be fully understood.
- Use common words and short simple sentences. Try to limit one idea per sentence.
- A slow response or lack of response does not necessarily mean the person is not aware of you or what you said. Allow time for people to process your words, respond slowly, or respond in their own way.
- Make sure the person understands your message.
- When offering help, wait until your offer is accepted before doing anything.
- Do not assume all people can read well or read at all. Use simple pictures or drawings to show instructions. Treat and interact with the person who has an intellectual disability as an adult.
- If a person is with someone who is helping them to communicate, always direct your attention and your message to the person, not the assistant.

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

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!



ROSA ROSARIO

LEARNING POINTS

- ☑ Recognize signs of caregiver misconduct
- ☑ Identify how to respond to challenging behaviors while treating clients & co-workers with dignity and respect
- ☑ Review the value of knowing details of each resident's plan of care

