

ABUSE AND NEGLECT

RECOGNITION AND PREVENTION

Facilitator Guide

April, 2009

Last Revised July 2010

Revised November, 2009

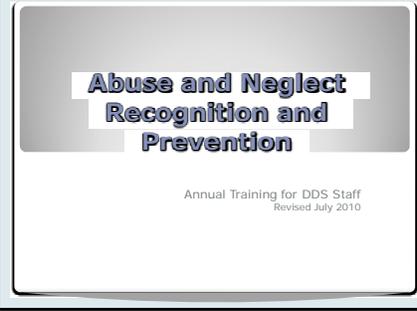
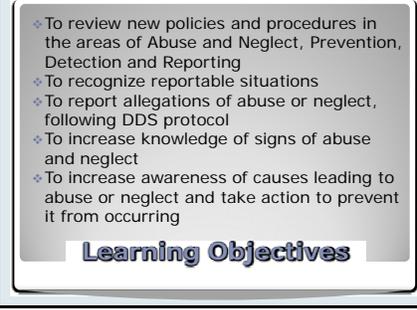
Governor M. Jodi Rell

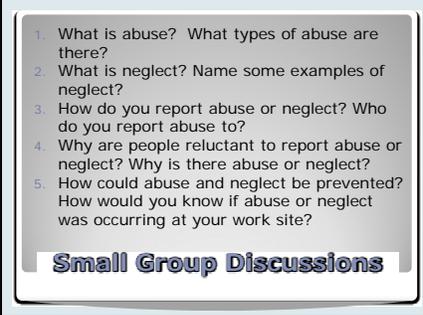
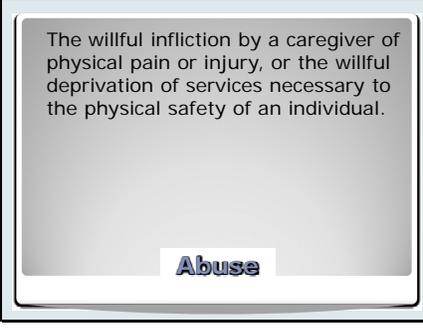
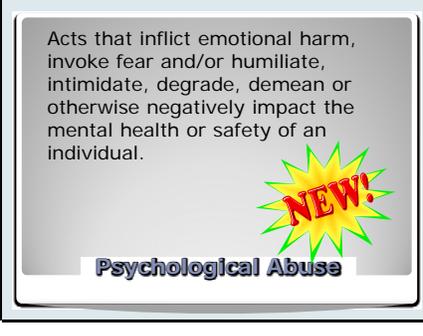
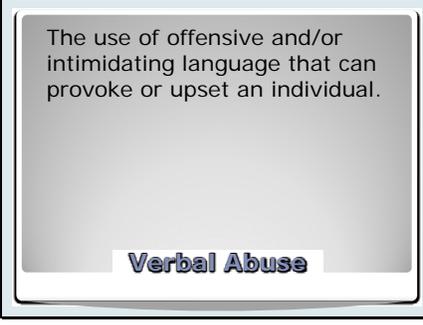
Commissioner Peter H. O'Meara

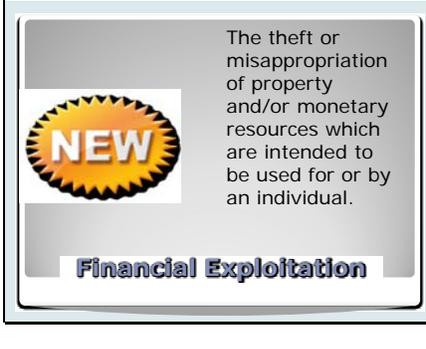
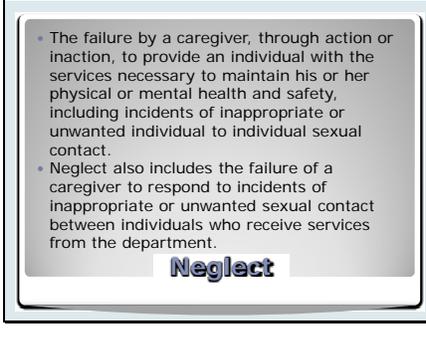
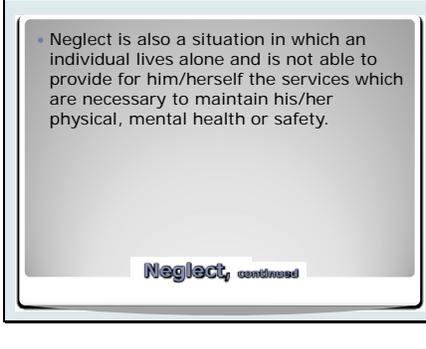
Deputy Commissioner Kathryn du Pree



Educational Support & Staff Development
Human Resources Division

Slide #	Slide Screen	Facilitator Notes	Participant Handout
Slide 1		<p>Facilitator should introduce him/herself and ask Participant to introduce themselves.</p> <p>Optional: Use an introduction icebreaker of your own or any of the following:</p> <ul style="list-style-type: none"> • If a movie was to be made out of their life. Who would play the lead role and why, or • If they have tent cards or name badges, ask them to use all the letters in their first name and provide a descriptive word for each of the • letters to describe themselves. • Review Ground Rules and housekeeping items. <p>*Turn off all cell phones. *Respect each others' sharing of information *Smoking in designated areas only. *Locations of exits and rest rooms.</p> <p>Ask Participants to add to Ground Rules and record on flip chart to be followed throughout the day. Ask Participants what their expectations are of this session, record on flip chart.</p>	
Slide 2		<p>Review Learning Objectives and why they are here- Explain what is in it for them....Even though this is an annual required training, policies, procedures and protocols are constantly changing. As a DDS employee you are identified by statute as a mandated reporter and failure to report Abuse or Neglect may result in fines and disciplinary action.</p> <p>Therefore, it is important to understand the basics and what your responsibility is in:</p> <ul style="list-style-type: none"> • Understand the department's policy on abuse and neglect • Reporting situations, allegations of abuse and neglect • Increase awareness, allegations of abuse and neglect <p>Be proactive in identifying causes of abuse and neglect and what immediate action needs to be taken.</p>	

<p>Slide 3</p>	 <p>1. What is abuse? What types of abuse are there? 2. What is neglect? Name some examples of neglect? 3. How do you report abuse or neglect? Who do you report abuse to? 4. Why are people reluctant to report abuse or neglect? Why is there abuse or neglect? 5. How could abuse and neglect be prevented? How would you know if abuse or neglect was occurring at your work site?</p> <p>Small Group Discussions</p>	<p>Divide into four groups and give each group a set of questions to discuss, write responses on flipchart paper or the board if available, and share with whole group. Elaborate in the discussion review on the DDS protocols, and that more information will be reviewed in the upcoming slides.</p> <p>Break Participants into 5 small groups and give each group one of the following questions.</p> <p>Activity: 5-10 minutes, then discussion.</p> <ol style="list-style-type: none"> 1. What is abuse? What types of abuse are there? 2. What is neglect? Name some examples of neglect? 3. How do you report abuse or neglect? Who do you report abuse to? 4. Why are people reluctant to report abuse or neglect? Why is there abuse or neglect? 5. How could abuse and neglect be prevented? How would you know if abuse or neglect was occurring at your work site? 	
<p>Slide 4</p>	 <p>The willful infliction by a caregiver of physical pain or injury, or the willful deprivation of services necessary to the physical safety of an individual.</p> <p>Abuse</p>	<p>Review the definitions of types (provide handout and /or handout available)...refer back to the small group's response to the question. See where it differs or if it is the same and highlight or clarify any misconceptions.</p>	<p>Definition Handout</p>
<p>Slide 5</p>	 <p>Acts that inflict emotional harm, invoke fear and/or humiliate, intimidate, degrade, demean or otherwise negatively impact the mental health or safety of an individual.</p> <p>Psychological Abuse</p>	<p>Explain that this type of abuse may be subtle.</p>	<p>Definition Handout</p>
<p>Slide 6</p>	 <p>The use of offensive and/or intimidating language that can provoke or upset an individual.</p> <p>Verbal Abuse</p>	<p>Emphasize Verbal Abuse is reported to regional liaison.</p>	<p>Definition Handout</p>

<p>Slide 7</p>		<p>Emphasize Financial Exploitation is reported to regional liaison.</p>	<p>Definition Handout</p>
<p>Slide 8</p>		<p>Neglect has a 3 part definition...Continue to review definitions.</p>	<p>Definition Handout</p>
<p>Slide 9</p>		<p>Several parts to the definition.</p>	<p>Definition Handout</p>
<p>Slide 10</p>		<p>Remind Zero Tolerance, and as employees, we are mandated reporters, stop it, protect, care and safety, report. Review with participants the actions that must be taken and remind them of the department's zero tolerance policy: DDS employees are mandated reporters and must report and take action on any suspected instance of Abuse or Neglect.</p> <ul style="list-style-type: none"> •Intervene, protect victim: STOP the action immediately •If necessary get medical assistance: call 911, police (depending on the severity of the situation), supervisor •Begin the Reporting process: Contact the appropriate person, i.e. supervisor, Abuse and Neglect Liaison, police, state police, other state agency, depending on the age of the individual •Support to victim: Use sympathy and empathy to assist the individual after the trauma. Remain calm; ask if the individual is o.k. etc. •Ask participants how else you could support the victim? 	

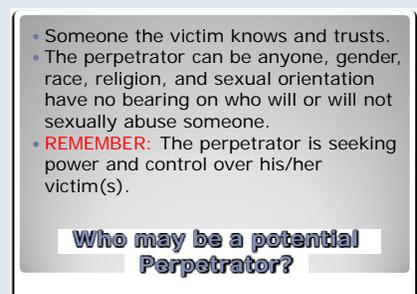
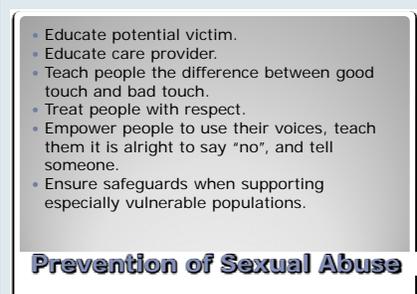
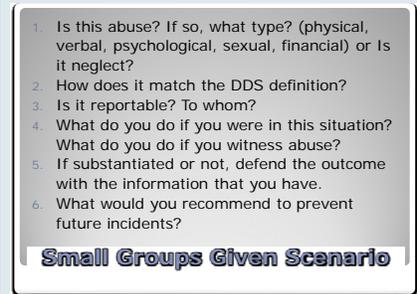
<p>Slide 11</p>	<p>1. It is your responsibility to report allegations of abuse and neglect to the appropriate DDS Regional Abuse and Neglect Liaison & to the appropriate external state agency, depending on the age of the alleged victim. 2. You are obligated to be cooperative and honest and to provide written statements upon request. 3. REMEMBER: Verbal, Psychological and Financial Abuse are reported to the Regional Liaison, not to OPA (P&A).</p> <p>Reporting Procedures</p>	<p>Refer to the Contact Information Sheet in their participant materials. Remind them that: It is their responsibility to report allegations of abuse and neglect to the appropriate DDS regional Abuse and Neglect Liaison and to the appropriate external state agency, depending on the age of the alleged victim. They are obligated to be cooperative and honest and to provide written statements upon request. Remind them that all Verbal, Psychological or Financial Exploitation is reported to the Regional Liaison, not to P&A.</p>	<p>Contact Information Sheet Handout</p>
<p>Slide 12</p>	<p><u>Abuse/Neglect Liaison:</u> PAULA ZEINER 860-263-2469 <u>Lead Investigators:</u> GREG BRIGANDI 860-263-2513</p> <p>North Region Abuse and Neglect Contacts</p>	<p>Feel free to call your North Regional Liaison with questions, refer to the Contact Information Sheet.</p>	
<p>Slide 13</p>	<p><u>Abuse/Neglect Liaison :</u> JOANNE BILOTTA 203-294-5077 <u>Lead Investigators:</u> KENDRES LALLY 203-294-5011 THOMAS HABIB 203-294-5117 ROBERT MOYLAN 203-294-5066</p> <p>South Region Abuse and Neglect Contacts</p>	<p>Feel free to call your South Region Liaison with questions, refer to the Contact Information Sheet.</p>	
<p>Slide 14</p>	<p><u>Abuse/Neglect Liaison & Investigator:</u> CYNTHIA MILLER 203-586-2255 <u>Nurse Investigators:</u> ROSE DIANE RYAN 203-586-2611 SANDYBARBERI 203-586-2612</p> <p>Southbury Training School Abuse and Neglect Contacts</p>	<p>Feel free to call your Southbury Training School Liaison with questions, refer to the Contact Information Sheet.</p>	

<p>Slide 15</p>	<p>Abuse/Neglect Liaison: TAWNIA PACHECO 203-806-8742 Lead Investigators: CRAIG BRADLEY 203-806-8780 JOSEPH INNAMORATO 203-806-8763 LEIGHANN TORRES 203-455-2010</p> <p>West Region Abuse and Neglect Contacts</p>	<p>Feel free to call your West Region Liaison with questions, refer to the Contact Information Sheet.</p>	
<p>Slide 16</p>	<p>Victim age 17 or under > DCF: 800-842-2288 Victim age 18 to 59 > P&A: 800-842-7303 860-297-4300 Victim age 60 or over > DSS: Report to Regional Liaison. S/he will assist with your report or dial 211 for number of your Regional Office</p> <p>External State Agencies</p>	<p>The person, who witnesses abuse/neglect, calls appropriate agency directly. Any allegation that P&A does not take (i.e. DSS client, DCF client verbal abuse, psychological abuse, financial exploitation), must be reported to the regional liaison. The liaison can assist/guide the reporter through the process of notifying other agencies. Follow agency procedures.</p>	
<p>Slide 17</p>	<p>Many people may not be able to tell you that they have been injured, abused or neglected. Therefore, it is important to watch for physical, emotional and behavioral changes. None of these behaviors alone confirm that abuse or neglect is happening; this list is only intended to be a resource to help in detecting possible abuse or neglect.</p> <p>Recognizing Signs of Abuse and Neglect</p>	<p>Importance of observation and documentation</p>	
<p>Slide 18</p>	 <p>Recognizing Signs of Abuse and Neglect</p>	<p>Good observation skills needed. Physical signs of abuse may include:</p> <ul style="list-style-type: none"> • marks or welts, cuts or scratches, swelling, punctures, bite marks, suspicious scars, fractures, burns. •Patterned injuries are injuries that leave an imprint such as: <ul style="list-style-type: none"> • belt mark, rug mark, foot print, bite mark, slap mark, fingernail scrapings, lines from a hanger •Patterns of multiple injuries heal in various stages over time. •Bruising commonly occurs on: <ul style="list-style-type: none"> •knees, shins and elbows. •It is unusual to find bruises on a person's: <ul style="list-style-type: none"> •buttocks, chest, back, cheeks, upper arms, inner thighs, abdomen, genitals. •When reporting a suspicious bruise, note the location, size, shape and color of the bruise; over time, the appearance of a bruise will change; bruises generally disappear within two to four weeks. <p>This is only a list of a few examples. Injuries of Unknown Origin are reportable only when there is a</p>	

		<p>suspicion of abuse or neglect; otherwise they are documented, following agency procedure. Any severe injury of unknown origin is reportable, whether or not there is suspicion of Abuse or Neglect.</p>	
<p>Slide 19</p>		<p>Types of abuse (physical, verbal, psychological, sexual, financial, neglect, etc.)</p> <p>Infliction by a caregiver of physical pain or injury:</p> <ul style="list-style-type: none"> • hitting with hand, fist, foot or object. • shoving, tripping, pushing, pulling, scratching, pinching, cutting, and biting. • unnecessary or excessive physical or chemical restraints. • giving medication not prescribed or forcing medication on a person. • tying a person to a chair or bed with rope or tape. • jabbing a person with a sharp instrument such as a pencil, or scratching them with fingernails, which may result in cuts, punctures or scratches. • pulling a person out of bed or hitting their head against the wall. • burning a person by placing them in scalding bathwater or purposely pouring hot liquid on them. • biting someone to teach him or her not to bite others or to discourage grabbing or inappropriate touching. • purposely giving a person alcohol or illegal drugs. • giving someone an overdose of a prescribed medication. • encouraging one individual to hit another individual to “teach him/her a lesson.” • Preventing a person from using his or her wheelchair. • Deprivation of services necessary to the physical and mental health and safety of individuals. • Taking away a person’s Bible or other important personal possessions to punish/taunt him or her. (note: acts like these are called “psychological abuse” and are reported to DDS regional Abuse and Neglect Liaison). • Using excessive or unnecessary restraints or inflicting pain by a licensed professional during a procedure. • Taking money intended for an individual or program. • Referring to an individual using demeaning, derogatory or vulgar words. <p>Verbal, psychological abuse and financial exploitation are reported directly to regional liaison.</p>	

<p>Slide 20</p>		<p>Discuss the Bethesda Abuse and Neglect DVD and handout the Ten Performance Standards for Staff (behavior expected towards one another and with the individuals that we support). Facilitator may elaborate on Ten Performance Standards description with discussion.</p> <p>Bethesda, Abuse and Neglect video is used.</p>	<p>Ten Performance Standards Handout</p>
<p>Slide 21</p>		<p>State and local police get involved with these and other cases of Abuse.</p>	
<p>Slide 22</p>	<p>Any sexual contact or encouragement of sexual activity between a family member, paid staff or a volunteer and an individual, regardless of consent.</p> <p>Sexual Abuse</p>	<p>Reminder of Zero Tolerance.</p>	
<p>Slide 23</p>	<ul style="list-style-type: none"> • A return to past behavior patterns. • Increased aggression. • Unusual demands for affection or attention, or unusual withdrawal. • Development of promiscuous behavior. • Sudden avoidance or showing fear of a particular person or place. • Knowledge of sexual behavior far too advanced for an individual's experience. <p>Signs of Sexual Abuse</p>	<p>Remember that all humans are sexual beings and have a right to experience and express their sexuality to varying degrees, based upon their level of disability.</p>	
<p>Slide 24</p>	<ul style="list-style-type: none"> • Difficulty sitting or problems walking. • Pain, swelling, or itching in the genital area. • Pain in urination. • Discharge from the vagina or the penis. • Bruises or bleeding in the genital or anal areas. • <i>These are just a few of the possible signs of Sexual Assault.</i> <p>Signs of Sexual Abuse, <i>continued</i></p>	<p>The victim should not bathe or change clothes, and should be transported to the emergency room by EMS personnel. Secure the scene/area and let law enforcement officers process the scene.</p>	

<p>Slide 25</p>	<ul style="list-style-type: none"> • Victims can protect themselves so we do not have to. • The victim or reporter is known to tell lies or make up stories. • The alleged perpetrator is an upstanding member of the community. • The alleged victim and perpetrator (non Staff) have had a previous relationship. • Victim reports to staff, yet staff loyalty to one another prevents reporting. <p>Why Staff, Families, or Community Members do not Report?</p>	<p>These perceptions hold true for any type of abuse. We must always believe, support, care for the victim. The burden of proof is not on the reporter, DDS employees are mandated to report.</p>	
<p>Slide 26</p>	<ul style="list-style-type: none"> • Given the language or verbal communication limitation, the staff assumes they are not receiving correct information. • There is no physical evidence to corroborate the story. • The victim is devalued, therefore no one believes the abuse is possible. <p>Why Staff, Families, or Community Members do not Report? <i>Continued</i></p>	<p>Malicious reporting can lead to a \$500 fine, non-reporting could result in termination.</p>	
<p>Slide 27</p>	<ul style="list-style-type: none"> • Victim enjoys the contact. • Victim does not know he/she is being violated. • Victim is told or feels that the interaction is special. • Victim follows pacts of secrecy or coercion. • Victim fears he/she did something wrong. • Victim does not want to get anyone into trouble. • Victim is embarrassed. <p>Why Victims do not Report?</p>	<p>Educate individuals that we support.</p>	
<p>Slide 28</p>	<ul style="list-style-type: none"> • Stop the incident, protect victim. • Do not disturb any physical evidence. • Do not ask "why" questions. Do not press for details. • Notify your supervisor or Manager on Duty, which ever is appropriate for your work location. <p>What to do if you suspect Sexual Abuse?</p>	<p>DDS employees are mandated reporters.</p>	
<p>Slide 29</p>	<ul style="list-style-type: none"> • Supervisor or Manager on Duty will likely have client transported to the emergency room for a complete physical. • Police will be notified. • Abuse and Neglect Liaison and outside State Agency will be notified (DCF, P&A, DSS). • Sexual assault crisis center may be notified. <p>What to do if you suspect Sexual Abuse? <i>Continued</i></p>	<p>Remember the victim should not bathe or change clothes and should be transported to the emergency room by EMS personnel. Secure the scene/area and let law enforcement officers process the scene.</p>	

<p>Slide 30</p>		<p>Discuss vulnerable populations, need to educate them on their rights.</p>	
<p>Slide 31</p>		<p>If not stopped, abuse often continues, explain anyone may be potential perpetrators.</p>	
<p>Slide 32</p>		<p>Individual and group education of the individuals we support. Safeguards are for individuals and staff supporting these individuals.</p>	
<p>Slide 33</p>		<p>There are 3 scenarios: Break participants into small groups up depending on size of class and have each group answer all questions with their separate scenario, then share with whole group. Each scenario may be put on a printed form from the facilitator guide and handed out to each group. Remember to (stop it, protect, care and safety, report it-voice mail is not acceptable, etc).</p> <p>Facilitator will debrief and elaborate on the scenario, based on what individual's share, as facilitator has appropriate responses.</p> <p>Group Activity should take 10-15 minutes, then discussion and report findings 5 minutes.</p> <ul style="list-style-type: none"> • Is this abuse? If so, what type? (physical, verbal, psychological, sexual, financial) or Is it neglect? • How does it match the DDS definition? • Is it reportable? To whom? • What do you do if you were in this situation? What do you do if you witness abuse? • If substantiated or not, defend the outcome with the information that you have. 	<p>Give one scenario to each group.</p> <p>Scenarios may be printed from the end of this guide.</p>

- What would you recommend to prevent future incidents?

Scenario 1: The allegation is financial exploitation.

It was alleged that a support staff stole money from a consumer when the lottery ticket they had jointly purchased was a winning ticket.

Outcome:

The support staff encouraged a consumer to pool their money together to purchase lottery tickets with the understanding that if they won, they would split the money. [This in itself is inappropriate and should have been reported to the supervisor.] Out of the \$20 of lottery tickets purchased, they won \$100. However, instead of sharing the money equally, the support staff gave the consumer an “old” air conditioner that she had, which he gladly took for his bedroom.

The support staff is guilty of financial exploitation and poor judgment. In this case, the support staff encouraged consumers to purchase the lottery tickets for their own personal gain.

In addition, after purchasing the winning ticket, the support staff coaxed the consumer in thinking that he was getting a “good deal” in accepting her “old” air conditioner instead of \$50 in cash. This incident was brought to the attention of others when the consumer began complaining that the air conditioner that he had been given did not work properly. It is not clear if the accused knew that she was giving the consumer a defected air conditioner, but she did refuse to make proper restitution after the consumer told her the air conditioner was not working properly. “A deal is a deal” was the accused only defense.

Often consumers can be easily led to partake in activities or transactions that are not in their best interest. In this case, the accused took full advantage of the consumer. It was discovered that the accused routinely took money from the consumer to purchase lottery tickets. There is also the possibility that there were other winnings that were not equally shared, although the accused denied this. The consumer was not educated on the potential devastating affects of gambling, nor was he aware that he was financially being taken advantage of

Scenario 2: The allegation is neglect.

While dining out, a consumer was given a McDonalds’ hamburger broken into pieces. The consumer’s diet consistency was “ground.” As a result, the consumer choked and subsequently died.

Outcome:

The support staff was properly trained in the consumer's diet consistencies and was given information as to how to obtain the consistency. The accused reported that she was fully aware of the consumer's need to have ground consistency, and felt that it was acceptable to give her a McDonald's hamburger, because it was made with "ground" meat.

In addition to giving the wrong diet consistency, the accused also had the consumer eat her dinner in the back of a van. Once the consumer started choking, the accused had much difficulty in removing her from the back of the van in order to implement the Heimlich maneuver. The accused is neglectful for failing to ensure that the consumer was given the correct diet consistency. If serious injury or death is the result of staff neglect, abuse may also be substantiated.

As a result of this incident, changes were made regarding "dining out" protocols, as well as more specific information was provided to support staff as to how diet consistencies must be obtained.

Scenario 3: The allegation is physical abuse:

While assisting the consumer with his meal, the support staff forced large quantities of food and liquid into his mouth in rapid succession, while holding his cheeks to prevent resistance. The accused also administered medication to the consumer in the same forceful manner.

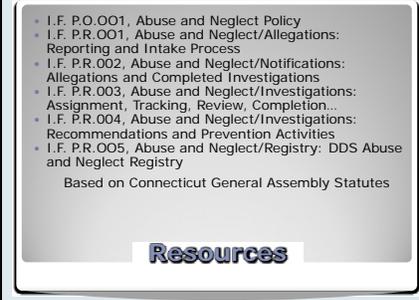
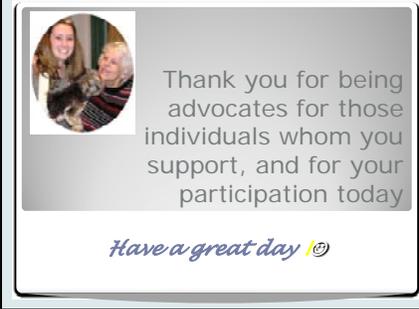
Outcome:

The consumer was refusing to eat, and the accused force fed him large quantities of food and liquid by holding his cheeks to prevent resistance. When he spit out the food, the accused put it back into his mouth.

Immediately following this incident, a relief nurse attempted to administer his medications. The accused snatched the medication away from the nurse, and proceeded to administer his medication in the same forceful manner. The consumer immediately vomited.

The consumer was known to be a "picky" eater and had recently experienced a weight loss. He also had an anxiety disorder, and a stomach that was easily upset. The accused was also very fond of the consumer and was close with his family. It is believed that her aggressiveness in forcing the consumer to eat was based on a perverted belief that she "knew what was best for him." In this instance, the ends absolutely did not justify the means. The accused actions were found to be willful and abusive. Besides employing an illegal restraint

		<p>when feeding the consumer, the accused also placed him at great risk for choking and aspiration by rapidly forcing food and liquids down his throat. The accused was also not certified in medication administration, which was a department violation.</p>	
<p>Slide 34</p>	 <p>Prevention = Practice good personal health & wellness habits</p>	<p>Discuss getting enough sleep, exercise, good diet; take care of yourself in order to be able to take care of others.</p> <ul style="list-style-type: none"> • Recognize signs of stress. Develop a personal stress management plan. • Make sure you have a balance between home and work. • Change destructive attitudes about yourself and others. Focus on strengths. • Get adequate sleep. • Compartmentalize: when at work, leave personal problems at home. • Use the department's EAP program if needed. • Be confident in your responsibility to point out potentially abusive behavior and recommend when a co-worker should seek/consider assistance • Report all acts of abuse and neglect, no matter how minor they seem. • Advocate for and support individuals to carry out their legal and constitutional rights. • Remain respectful and professional at all times. This doesn't mean that you become detached but that you maintain professional judgment and approach. <p>Discuss supporting one another, build teams, listen to one another and ask for help when needed.</p> <ul style="list-style-type: none"> • Practice teamwork. • Be sensitive and supportive of your co-workers. Ask for assistance and offer assistance. • If you find yourself in a situation where you are losing control of your emotions, temper, or reactions, request assistance and/or take a short break. • Maintain good communication with individuals you support and co-workers. Set mutually agreed upon goals, with those you work for and with. • Ask for feedback on how you handle different situations. • Assess your own knowledge and skills and identify where more learning can be helpful to you. • Learn and follow DDS and local policies & procedures. 	<p>Prevention Handout</p>

<p>Slide 35</p>	 <ul style="list-style-type: none"> • I.F. P.O.001, Abuse and Neglect Policy • I.F. P.R.001, Abuse and Neglect/Allegations: Reporting and Intake Process • I.F. P.R.002, Abuse and Neglect/Notifications: Allegations and Completed Investigations • I.F. P.R.003, Abuse and Neglect/Investigations: Assignment, Tracking, Review, Completion. • I.F. P.R.004, Abuse and Neglect/Investigations: Recommendations and Prevention Activities • I.F. P.R.005, Abuse and Neglect/Registry: DDS Abuse and Neglect Registry <p style="text-align: center;">Based on Connecticut General Assembly Statutes</p> <p style="text-align: center;">Resources</p>	<p>Refer to Policies and Procedures, based on Connecticut General Statutes</p>	
<p>Slide 36</p>	 <p>Thank you for being advocates for those individuals whom you support, and for your participation today</p> <p style="text-align: center;"><i>Have a great day ! 😊</i></p>	<p>Questions? Answers.</p>	

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