

Protecting Our Home Health Patients from Abuse and Neglect

**Satellite Conference and Live Webcast
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**Produced by the Alabama Department of Public Health
Video Communications and Distance Learning Division**

Faculty

**Debra F. Causey, LBSW
Program Specialist
Adult Protective Services
East Alabama Regional Office
Alabama Department of Human Resources**

Faculty

**Carolyn O'Bryan-Miller, LCSW, PIP
Social Work Consultant
Bureau of Home and
Community Services**

**Maury West, LGSW
Social Work Director
Office of Professional and
Support Services**

Alabama Department of Public Health

Objectives

- **Identify signs of abuse, neglect, and exploitation in the adult population**
- **Understand the process of reporting abuse to the Alabama Department of Human Resources**
- **Learn ways to set boundaries with home health patients**

Objectives

- **Understand the dangers of desensitization to a patient's behavior and home setting**

The Adult Protective Service Act

- **Enacted in 1977**
- **Amendments to the act:**
 - 1989
 - 1994
 - 2000
 - 2008

Coverage

- **Adults: persons 18 years or older**
 - **Mentally incapable of caring for self or managing own affairs**
 - **Because of physical/mental impairment, unable to protect self from abuse/neglect/exploitation**
 - **Have no one willing/able to provide protection to degree needed**

Mission

- **Ensure the protection of vulnerable adults from:**
 - **Neglect**
 - **Including self-neglect**
 - **Physical abuse**
 - **Sexual abuse**
 - **Emotional abuse**
 - **Exploitation**

Neglect

- **Failure of the caretaker to provide food, shelter, clothing, medical services, and/or health care to a person unable to care for him/herself due to mental or physical inability**

Neglect Examples

- **Disconnected utilities**
- **Crowded living conditions**
- **Inadequate housing**
- **Lack of food**
- **Multiple unused prescription medications**

Abuse

- **Infliction of physical pain or injury or willful deprivation of services necessary for the person's mental and physical health by a caregiver or other person**
 - **Bruises or grip marks**
 - **Rope marks or welts**
 - **Repeated unexplained injuries**

Abuse

- **Dismissive attitude**
- **Refusal to go to same doctor or ER**

Sexual Abuse

- **Includes rape, incest, sodomy, and indecent exposure**
 - Unexplained vaginal or anal bleeding
 - Torn or bloody underwear
 - Bruised breasts
 - Venereal diseases or vaginal infections

Emotional Abuse

- **Willful or reckless infliction of emotional or mental anguish or use of physical or chemical restraints or isolation as punishment**
 - Unreasonably fearful or suspicious
 - Lack of interest in social contacts
 - Chronic physical or mental health problems
 - Evasiveness

Exploitation

- **Expenditure, diminution, or use of property, assets, or resources of a protected person without express voluntary consent of the person or the person's legally authorized representative or provision of care to a protected person who needs to be in the care of a licensed hospital by an unlicensed hospital after a court order obtained by the State Board of Health has directed closure of the unlicensed hospital**

Exploitation Examples

- **Admission to an unlicensed hospital as defined by Act 208-389**
- **Large withdrawals from bank account**
 - Unusual ATM activity
- **Signatures on checks don't match adult's signature**

Exploitation Examples

- **Presence of adults in home who do not have income but have addictions**
- **Change of title to property**

Increased Protection

- **DHR, ADPH, Alabama Nursing Home Association and other interested parties worked to secure passage of Acts 2008-389 and 390**
 - Provide increased protection to individuals residing in unlicensed ALFs
 - Such facilities are legally defined as unlicensed hospitals

Statute Revisions APS/DPH August 1, 2008

- **ACT 2008-390:**
 1. Expands the definition of “exploitation” of a protected person to include providing care by, or admission to, an unlicensed hospital after a court order obtained by the State Board of Health has directed closure of the unlicensed hospital

Statute Revisions APS/DPH August 1, 2008

2. Gives court the authority to enter orders giving the Department of Human Resources additional time to locate appropriate licensed facilities for persons living in unlicensed facilities

Perpetrators

- Usually related
- Do not understand care needs
- Misuse drugs or alcohol
- Dependent on victim
- History of domestic abuse
- Multiple stressors present

Mandatory Reporters

- Physicians
- Practitioners of the healing arts
- Caregivers
- Community ombudsman

Where to Report

- Local Department of Human Resources
 - Ask for Adult Protective Services
- Law Enforcement
- Adult Abuse Hotline
 - 1 – 800 – 458 – 7214

What Information Will Be Required at Intake?

- Identification and address of client
- Content of the report
 - What happened: dates, times, frequency
- Reporter’s opinion

What Information Will Be Required at Intake?

- **Physical description**
 - Behavior
 - Availability of resources to meet needs
 - Ability to handle daily affairs, if known

What Information Will Be Required at Intake?

- **Information regarding the reporter**
- **Anonymous reports are accepted**

When DHR Does Not Investigate, but Another State Agency Does

- **It is a State owned and operated Mental Health facility or a Correctional facility**
- **Nursing home reports in which an employee is the alleged perpetrator of abuse or neglect (August 1, 2000)**

Who Investigates These Cases?

- **State owned and operated Mental Health facilities**
 - Alabama Department of Mental Health and Mental Retardation
- **State Correctional Facilities**
 - Alabama Department of Corrections

Who Investigates These Cases?

- **A local or county jail**
 - Governmental entity that operates the facility
- **Nursing home reports in which an employee is the alleged perpetrator**
 - Alabama Department of Public Health, Health Care Facilities Division

Statistics for FY 2010

- **3,769 abuse/neglect reports received**
 - 12% increase from reports from FY 2009

Statistics for FY 2010

- 1,543 prevention assessments were received
 - Increase may be partially attributed to increased public awareness of elder abuse issues
 - Usually over half the reports are considered indicated

Collaboration

- DHR
- Law enforcement
- Physicians and other health care professionals
- Community resources
- Health department
- Department of Senior Services/AAA

DHR Program Services

- Protective Service Investigation
- Case Management
- Referrals

DHR Program Services

- Homemaker
 - Available in limited counties only
- Adult day care
- Adult foster care
- Emergency shelter
- Diagnosis and evaluation and mental health counseling

How to Contact Us?

- Any County Department of Human Resources
 - Office located in each of the 67 county seats
- State of Alabama Adult Protective Services: 334 – 242 – 1366
- Hotline: 1 – 800 – 458 – 7214
- aps@dhr.alabama.gov

How to Contact Us?

- Local law enforcement
 - Sheriff's office
 - Police department

Abuse Is Suspected, Now What?

- Contact your supervisor
- When in doubt, report!
- Contact Alabama Department of Human Resources
- The person who witnessed the abuse needs to make the report

Abuse Is Suspected, Now What?

- Follow-up verbal report to DHR with a written report
- Remember
 - All reports to DHR are confidential
 - It may or may not be appropriate to inform patient of report

Documentation

- Documentation needs to be:
 - Accurate
 - Detailed
 - Straightforward
- Do not include:
 - Opinions
 - Judgmental statements

Boundaries

- Boundaries are a line where the worker ends and the client begins
- Boundaries allow clients to feel and know they are in professional hands
- Befriending vs. Empowering
- Hurting through disclosure

Boundaries

- Factors that signal violations in the worker/client relationship
 - Giving cell/home number to client
 - Lengthy calls during the day or on personal time
 - Using personal funds to support client's needs
 - Client's family begins to talk about time worker spends with client

Boundaries

- Why are boundaries hard to set?
 - Fear that not complying could cause harm
 - Fear of hurting others' feelings
 - Fear that we will look selfish or uncaring

Boundaries

- Fear we will be overwhelmed with guilt
- Fear our boundaries will not be honored

Boundaries

- Common mistakes with boundaries
 - Ignoring boundaries as a worker
 - Gifts
 - Social media

Desensitization

- Definition
 - Make less sensitive
 - Make less likely to feel shock or distress at scenes of cruelty, violence, or suffering by overexposure to such images

Desensitization

- How does this impact me as a Home Care Professional?
 - We become desensitized to difficult situations over time
 - We fail to protect our patients
 - After all, it isn't so bad, is it?

Preventing Desensitization

- Keep your perspective
- Ask yourself:
 - Would the situation seem worse when I began home health?
 - Would I want my mother, spouse, or child in this situation?
 - Is there a potential for danger in this environment?

Examples of Desensitization

- Patient has been living in a cluttered environment for several years
- Family members having been leaving patient alone for a gradually long period of time over several months
- Patient's son has been taking small amounts of money in account over a period of time