

Best Practice Strategies for Abuse Prevention: What Would You Do?

Tom Pomeranz

Subtle, insidious and almost always covert, a well kept secret effectively and unintentionally hidden by the victim. This secret of abuse is kept alive by the victim's disability. Impairments in language and speech, compounded by dysfunctions in cognitive processing and memory provide for the perfect cover for the abuser. And there is a prophetic irony.

This irony exists, for as the victim's disability acts to shelter the abuser's treachery from the light of discovery, the characteristics of the disability provide the abuser with ample reason to abuse. Perhaps the abuser is motivated to abuse as a result of the individual's failure to cooperate as "directed". Or then again the abuse may be triggered by the individual's inability to respond with the rapidity expected by their staff. Maybe a spilled glass of milk, resulting from an impaired palmar grasp, or an incident of incontinence as a consequence of poor sphincter



development may all serve as justification to abuse. Thus, more often than not, the individual's disability serves as the perfect incendiary to inflame the wrath of those who are assigned to keep them safe.

The causes that precipitate abuse are both diverse as well as pathological. Frequently this pathology defines itself by the abuser's inability to express their anger and frustration in more socially acceptable ways. Ignorance too may play a role, in that some staff lack a common sense knowledge with respect to what may constitute an act of abuse. Regardless of the factors precipitating abuse, people with intellectual disabilities are the perfect victims.

In this first in a series of articles on abuse prevention, a number of key management and supervisory issues regarding abuse will be addressed. Numerous low cost no cost best practice strategies to prevent the occurrence of abuse will be detailed.

INDEPENDENT SKILLS ASSESSMENTS

Independent Skills Assessment Scale 2003

Designed for persons receiving or being considered for fewer than 24 hours of staffing time. Key indicator areas are:

- Meal Planning and Preparation
- Personal Appearance and Hygiene
- Apartment/Home Maintenance and Upkeep
- Personal Safety/Use of Emergency Resources
- Civil Rights and Responsibilities
- Social/Recreation/Transportation
- Shopping,
- Personal Medications
- Money Management
- First Aid and Health,
- Telephone and Other Utilities
- Coping Skills and Behavior

Independent Skills Assessment Scale	10 for \$20.00
	25 for \$40.00
	50 for \$75.00

Clinical Nursing Care Needs

The scale assists in determining the level of Clinical Nursing Services and suggests a number of Clinical Nursing hours (RN or LPN) necessary for individual consumers as well as entire group facilities.

Personal Strengths and Needs

A quick, 100 item, two-page assessment designed to show skills and abilities, as well as programming and health needs, for persons of all ability levels and ages.

Nutritional Needs

Aids in determining nutritional needs for the individual, developing individualized skill training goals for food shopping and preparation, supplying health related information to the physician, planning pertinent staff training, arranging staffing patterns during meal times, and in screening referrals to the agency or program

Clinical Nursing Care Needs	20 for \$10.00
Personal Strengths and Needs	50 for \$20.00
Nutritional Needs	

Sexuality Assessment

Helps determine an individual's social/sexual vulnerabilities and supervision needs. Identifies individual program objectives in the area of sexuality, prioritizes sexuality goals and objectives, and establishes homogeneous social skills groups.

Sexuality Assessment/Curriculum Guide:

The guide is to be used in conjunction with the Sexuality Assessment Worksheet. Describes how each assessment item should be answered and provides information that can serve as a basis for training and program development. Included with the guide are 18 line drawings in a three ring binder, helpful in both assessment and training.

Sexuality Assessment Worksheet:

100 questions designed to address knowledge and performance in such areas as privacy and ownership, basic anatomy, relationships, positive touch, sexual expression, birth control, victimization and sexually transmitted diseases. It can be used with individuals of varying levels of knowledge and abilities.

Sexuality Kit:

Includes 20 Sexuality Assessment Worksheets, a Sexuality Assessment / Curriculum Guide, 18 line drawings, anatomically correct male and female dolls, sanitary pads, condoms, an artificial penis and a soft carry bag.

Sexuality Kit – includes guide and 20 worksheets:	\$200.00
Sexuality Guide – Includes 20 worksheets:	\$20.00
Sexuality Assessment Worksheet:	20 for \$10.00 50 for \$20.00



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My First Epiphany

While waiting in the cashier line at a grocery store several weeks ago I experienced an incident that will forever alter my sensitivity and insight regarding acts of abuse. The incident occurred late one evening at a grocery store in a city in which I was consulting. While waiting in the checkout line a young child directly in front of me removed a candy bar from the rack while telling his mother he wanted the candy bar. His mother quickly snapped back to her four-year-old son that it was too late in the evening to have a candy bar. Defiantly refusing to place the candy back in the rack, the young child maintained his persistence to have the candy bar. After several threatening demands by his mother (i.e. "if you don't put that candy bar down I will...") in what seemed to me to be a blur of rage, the mother grabbed her four-year-old red headed son by the hair with one hand and forcefully slapped his face with the other. This young mother truly appeared oblivious to all those around her who were watching the spectacle.

The act by the mother was repulsive and reprehensible. There is no reason to continue the description of what further happened, the child's painful response to the blow further highlighted the terror of the moment.

The following morning (5:15a) I arrived at the supported living residence at which I was scheduled to provide on-site consultation and coaching. The woman answering the door was the same woman who stood before me the night before at the check out line at the grocery store, slapping and berating her young son. It was obvious from our initial interaction that she did not recognize me. A frightening chill came over me, knowing the potential for abuse that this staff bore.

Immediately following the on-site coaching I met with the residential director for a scheduled debriefing of my coaching observations. I had no alternative other than to share with the director my observations regarding the abusive behavior by the direct support worker toward her son, which occurred at the grocery store. The reality that I could not avoid was "*when we go to work we bring our personal lives to work with us*".

In part the potential for abusive behavior is found in the fact that all the staff that we employ have either had children... or have been one. Therein lays, in many cases, the problem. We all bring our personal lives to work with us; personal lives in which all staff have acted as either/both the giver or recipient of child rearing experiences. The experiences of many of our staff are not unlike what I observed at the grocery store. Those life experiences frequently give rise to abusive behavior in the work setting.

Preventing Anger

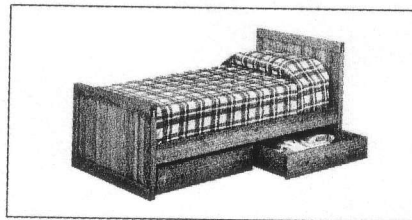
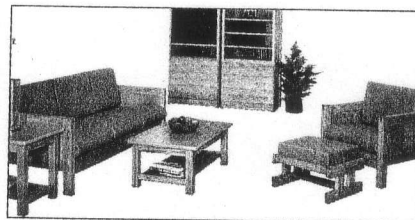
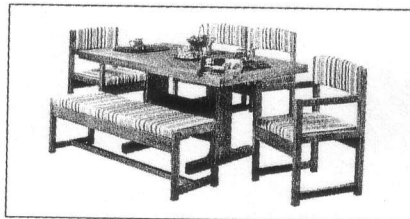
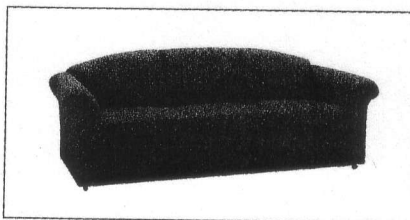
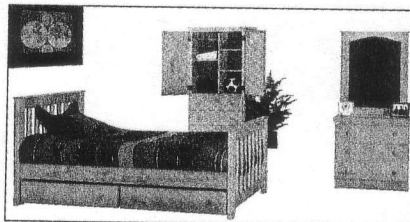
When I presented my observations and concerns to the residential director (RD) she was clearly shaken and lost as to what action to take. Though the behavior of the direct support worker was reprehensible, she did not violate any agency personnel policies. We both however were deeply concerned that significant potential existed with respect to an abusive incident in the work setting. The RD asked my opinion regarding what action she should take given the circumstances. I indicated that I would treat the situation as one requiring a staff training intervention. Given that the direct support worker engaged in abusive behavior in a public setting, I believed that it was very likely that *she is oblivious to what constitutes abusive behavior*. I also urged the RD to not single out this particular direct support worker for training on anger management, but rather include all the staff.

The following points highlight my recommendations to the RD relative to what should be emphasized in an introductory staff

continued on page 32

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Abuse Prevention

continued from page 13

training curriculum on anger management.

- Don't tell someone what to do. Ask if they can instead.
- Give people reasonable choices.
- Give people options if they are not willing to do as requested.
- Listen to what other people want.

Respect their right to have their own wants and needs.

- Encourage people, support them, reward them to affect change in their lives.
- Remember that someone's anger is a reflection of his or her frustration in getting needs met. Try not to take it personally.

ANCOR Members

continued from page 29

the disconnect between what is needed to ensure quality services and what is currently possible with existing funding.

4. Obtain a copy of the Commitment and have your Board and CEO/Administrator sign it. Hang it on the wall where all people who receive services, DSPs, family members and visitors can see it.

5. Take one core tenant at a time and

• Be willing to state assertively what it is that you want and need.

• Be willing to negotiate so that both persons can get what they want.

• Don't expect the world to be fair. It doesn't revolve around you.

• Recognize the "should" messages in requests, and give other people the responsibility for meeting their own needs. ■

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review together with your management team. Challenge yourself and your managers to do a reality check by identifying those components of each tenant your organization embraces and does well and those components on which you could improve.

To obtain a copy of the NADSP Moving Mountains poster, contact Chris Ospal at: Institute on Community Integration, University of Minnesota, 150

ANCOR Calendar

2003

- June 17** Audio Conference
Guidelines for Supporting Sexual Activity: Legal, Ethical and Practical
- July 16** Audio Conference
Fiscal Employment Agents: Key Elements and Issues
- Sept. 7-9** ANCOR's 2003
Governmental Activities Seminar
Washington Court Hotel
Washington, DC

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