



**Hand in Hand: A Training Series for Nursing Homes
Instructor Guide**

Module 5: Preventing Abuse

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Methodology

This module uses lecture, interactive discussion and exercises.

(Total Time: 60 minutes)

Estimated Time	Lecture/Discussion	Page
2 minutes	Welcome	4
1 minute	Module Objectives	8
10 minutes	Review: What Is Abuse?	12
10 minutes	Actions and Reactions: Understanding How Abuse Happens	30
20 minutes	Preventing Abuse	50
15 minutes	Responding to and Reporting Abuse	72
2 minutes	Conclusion	108

Appendix

	Page
Handout: Actions and Reactions—WHY?	A-3

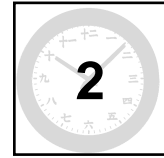
Training Resources

- Television with DVD player or computer with DVD player and LCD projector.
- Module 5 DVD.
- Module 5 Instructor Guide.
- Pens, pencils and writing tablets.
- Handout.
- Easel chart and markers.

Instructor Preparation

- Review the Instructor Guide and DVD. Practice exercise delivery. Rehearse with DVD. Print copies of the handout.

I. Welcome



Welcome to Module 5: Preventing Abuse—Slide 1 of 4

Instructor Guidance:



If the participants do not already know each other, have each participant state his or her name, position and where he or she works in the nursing home.



To prepare for an upcoming exercise, write each of these category names on a separate page of the easel chart:

- Health: Physical, Mental, Emotional
- Medications
- Communication
- Environment
- Task
- Unmet Needs
- Life Story
- You

Tape the pages to the wall so that participants can see them.

Notes:

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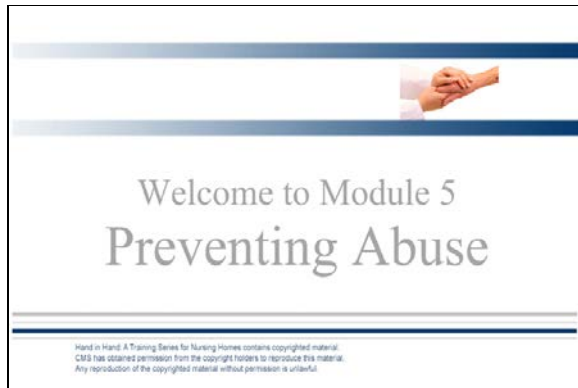


Be sure to pass out a sign-in sheet to track attendance.

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Slide 1 of 4

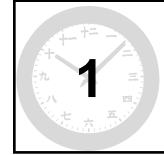
Welcome to Module 5: Preventing Abuse

DO

- Greet participants.
- Welcome participants to the training.
- Have participants introduce themselves if they don't know each other.

Notes:

II. Module Objectives



Module Objectives—Slide 2 of 4

Instructor Guidance:

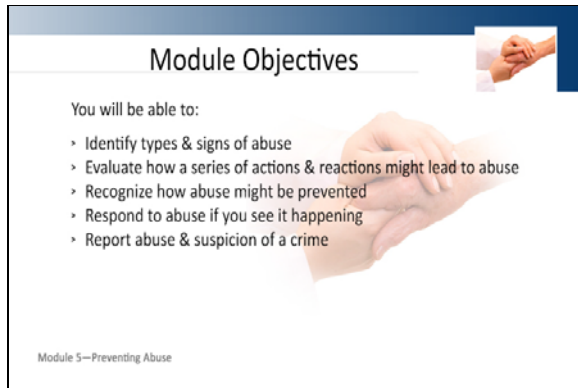


Module 5: Preventing Abuse is the second of two modules on abuse in the Hand in Hand training series. It is strongly recommended that participants complete modules 1 through 4 before this module. These modules build an important foundation to preventing abuse. Module 1: Understanding the World of Dementia: The Person and the Disease provides an overview of dementia, which more than half of nursing home residents experience. Module 2: What Is Abuse? covers the CMS definition of abuse, types of abuse, and how to identify and report abuse. Module 3: Being with a Person with Dementia: Listening and Speaking focuses on communicating effectively with persons with dementia. Module 4: Being with a Person with Dementia: Actions and Reactions discusses understanding and responding to the actions of persons with dementia. It is important to learn about dementia when addressing abuse. The Center of Excellence on Elder Abuse and Neglect has reported that persons with dementia are thought to be at greater risk of abuse and neglect.¹

Module 5 builds on these concepts to help staff understand how they might prevent abuse by stopping the chain of events that can lead to abuse. Module 5 will also prepare participants to respond to abuse that they might witness and to report all suspected abuse.

Notes:

¹ Center of Excellence on Elder Abuse and Neglect, University of California, Irvine, Fact Sheet, http://www.centeronelderabuse.org/docs/PwDementia_Factsheet.pdf.



Module Objectives

You will be able to:

- › Identify types & signs of abuse
- › Evaluate how a series of actions & reactions might lead to abuse
- › Recognize how abuse might be prevented
- › Respond to abuse if you see it happening
- › Report abuse & suspicion of a crime

Module 5—Preventing Abuse

Slide 2 of 4

Module Objectives

SAY

By the end of this module, you will be able to:

- Identify types and signs of abuse.
- Evaluate how a series of actions and reactions might lead to abuse.
- Recognize how abuse might be prevented.
- Respond to abuse if you see it happening.
- Report abuse and suspicion of crime.

We know that you are working here because you care about the people who live here. Because you care so much about them, we need your help in preventing abuse. Working together, we can prevent it; we all have a part in stopping abuse.

Notes:

Module 5 Menu

Module 5 Menu—Slide 3 of 4

Instructor Guidance:

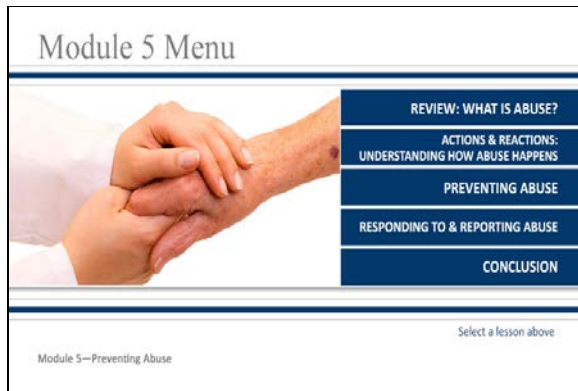


The menu screen allows you to easily navigate through the module by selecting the lesson you want to present. It is intended for the class to go through all the lessons in order so that they can build on what they learn.

At the end of the module, if you want to look at the clips again or use them for additional training, you can click the forward arrow at the bottom of the screen. These are the same clips used in the lessons; they are available to you for review and additional discussion.

Notes:

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Slide 3 of 4

Module 5 Menu

SAY

Let's get started with the first lesson, Review: What Is Abuse?

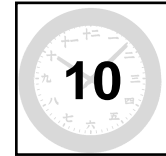
DO

On the menu, click the first lesson, Review: What Is Abuse?

Notes:

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III. Review: What Is Abuse?



Review: What Is Abuse? Goal—Slide 1 of 8



Instructor Guidance:

The goal of this lesson is to review the types and signs of abuse. Refer to Module 2: What Is Abuse? for more in-depth information on these topics.

Note: You might want to ask whether participants have attended the module 2 training to evaluate participants' foundational knowledge on this topic.

Notes:

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Slide 1 of 8

Review: What Is Abuse? Goal

SAY

In this lesson we'll talk about how we can possibly prevent abuse but, before we do that, we need to review the definition of abuse and types and signs of abuse.

Notes:

CMS Definition of Abuse—Slide 2 of 8

Instructor Guidance:



The CMS definition of abuse was presented in Module 2: What Is Abuse?

Notes:

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CMS Definition of Abuse

CMS Definition	Explanation
Willful infliction of injury	Done on purpose to injure
Unreasonable confinement	Detain, restrain, not allow
Intimidation	Pressure, threaten, bully, make a person fearful
Punishment	Discipline, scold, tell off
Deprivation of goods or services necessary to attain or maintain physical, mental & psychosocial well-being	Remove, take away

Module 5—Preventing Abuse

Slide 2 of 8

Notes:

CMS Definition of Abuse

SAY

CMS, the Federal agency responsible for oversight of nursing home inspections and other nursing home-related activities, has a specific definition of abuse.

Abuse results in physical harm, pain or mental anguish.

What Are Some Types of Abuse?—Slide 3 of 8

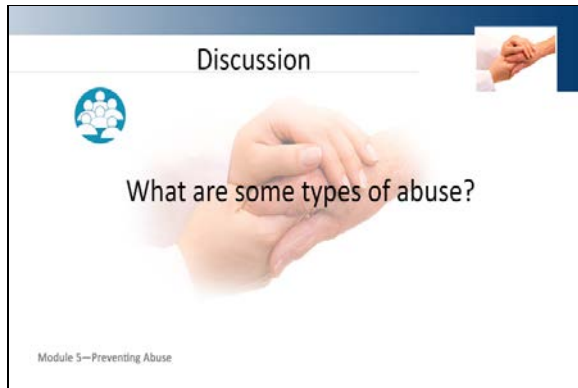
Instructor Guidance:



In this group exercise, you will ask participants to name types of abuse. Knowing about different types of abuse will prepare them to recognize and report abuse if they see it. If the participants have completed Module 2: What Is Abuse?, remind them to think back to what they learned from that module. If the participants call out specific examples of abuse, try to verbally categorize them into the various types of abuse, such as verbal, mental, physical, sexual, neglect, involuntary seclusion and misappropriation of resident property. For example, if a participant says “hitting,” you might say, “Yes, and that is a form of physical abuse.”

- What are some types of abuse?
 - Verbal.
 - Mental.
 - Physical.
 - Sexual.
 - Neglect.
 - Involuntary seclusion.
 - Misappropriation of resident property.

Notes:



Slide 3 of 8

What Are Some Types of Abuse?



ASK

What are some types of abuse?

Notes:

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Types of Abuse—Slide 4 of 8

Instructor Guidance:



Use this slide to review the definitions of the types of abuse covered in module 2.

Verbal—Verbal abuse includes using spoken, written or gestured language that includes insulting, offensive, or disapproving terms to any resident (or within his or her hearing distance), regardless of age, disability or ability to comprehend. It includes threats, insults and saying things to frighten a resident.

Mental—Mental abuse includes, but is not limited to, humiliation, harassment, threats of punishment or deprivation.

Physical—Physical abuse includes hitting, slapping, pinching and kicking. It also includes controlling behavior through corporal punishment.

Sexual—Sexual abuse happens to people of all ages. Sexual abuse occurs when there is sexual contact and the resident does not, or is not able to, provide consent. It includes unwelcome sexual advances, unwanted touching, requests for sexual favors, offensive sexual comments, rape (generally defined as forced or nonconsensual sexual contact) and sodomy (generally defined as forced or nonconsensual oral or anal sex).

Neglect—Neglect is the failure to provide goods and services to residents that are necessary for their physical, mental and social well-being. It could include ignoring a resident's need for help, not providing food or water, or deliberately withholding care.

Notes:

Involuntary seclusion—Involuntary seclusion means separating a resident from other residents or from his or her room, or confining the resident to his or her room or other area against the resident’s will.

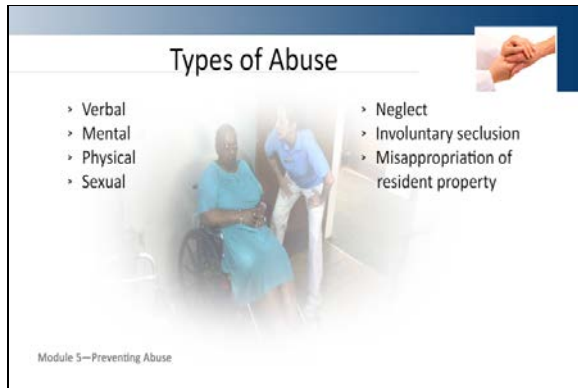
Note: An emergency or short-term monitored separation is not considered involuntary seclusion. According to CMS, “If a resident is receiving emergency short-term monitored separation due to temporary behavioral symptoms (such as brief catastrophic reactions or combative or aggressive behaviors which pose a threat to the resident, other residents, staff or others in the facility), this is not considered involuntary seclusion as long as this is the least restrictive approach for the minimum amount of time, and is being done according to resident needs and not for staff convenience.”

Misappropriation of resident property—Misappropriation of property is probably most commonly thought of as stealing, but it is more than that. It includes:

- Deliberately misplacing a resident’s belongings or money.
- Using a resident’s belongings without his or her permission.

Notes:

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Slide 4 of 8

Notes:

Types of Abuse

SAY

You already mentioned many of these. Let's see if there are any we missed.

DO

Review the definitions of each type of abuse. Note that these are broad definitions and there are many possible examples.

What Are Some Signs of Abuse?—Slide 5 of 8

Instructor Guidance:



In many cases, participants might not actually witness abuse but will see signs that abuse has happened to a resident. Ask the class to brainstorm possible signs that abuse has happened.



Write their responses on an easel chart.

TIP: Ask a participant with legible handwriting to write for you so that you can keep interacting with the class. Otherwise, turn the easel chart sideways as you are writing so your back is not to the class.



What are some signs that abuse might have happened?

Notes:

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Slide 5 of 8

What Are Some Signs of Abuse?

SAY

In many cases, you might not actually see abuse happening. You need to be alert to signs that abuse might have happened to a resident.



ASK

What are some signs that abuse might have happened? (Hint: Refer to the types of abuse to help participants think through signs for each type.)



DO

Write the answers on an easel chart. When done, comment about participants' effort and the great responses they gave. Then go to the next slide.

Notes:

Signs of Abuse—Slides 6 and 7 of 8

Instructor Guidance:



The next two slides list signs of possible abuse. Point out the signs that the group identified as well as additional ones they did not identify.

TIP: If someone who rarely participates in class identified a sign, validate that person by using her name and pointing out that she identified that sign.

Notes:

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Signs of Abuse

- › Physical signs
 - Bruises, scratches, pain
- › Fear
 - Trembling, cowering, acting submissive
- › Hesitating to talk or talking less
- › Loss of eye contact, vacant stares
- › Changes in behavior or mood
- › Depression, crying

Module 5—Preventing Abuse

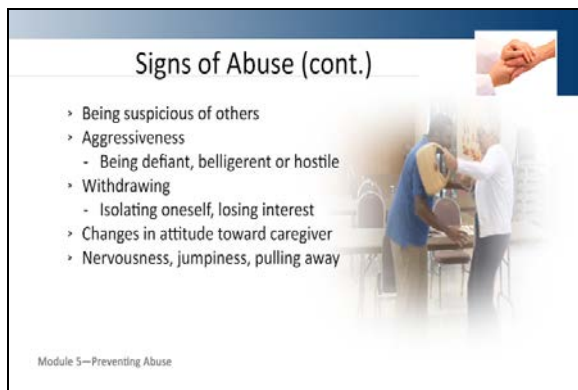


Slide 6 of 8

Signs of Abuse (cont.)

- › Being suspicious of others
- › Aggressiveness
 - Being defiant, belligerent or hostile
- › Withdrawing
 - Isolating oneself, losing interest
- › Changes in attitude toward caregiver
- › Nervousness, jumpiness, pulling away

Module 5—Preventing Abuse



Slide 7 of 8

Signs of Abuse

SAY

You have already identified a number of these signs and symptoms of possible abuse. Here are some others to think about.

Remember, signs of abuse are not always physical.

Notes:

Some of these signs might also be symptoms of something else going on. Knowing a resident well is what helps you notice some of these changes. Always report any changes in a resident to your supervisor.

If you see any of these signs, report them to your supervisor.

Notes:

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Review: What Is Abuse? Summary—Slide 8 of 8

Instructor Guidance:



This lesson reviewed types of abuse and signs that might suggest abuse has happened.

Notes:

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Slide 8 of 8

Review: What Is Abuse? Summary



In this lesson you learned about the types and signs of abuse.



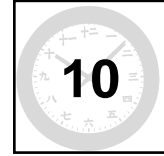
ASK

What is one thing you learned or relearned from this lesson?

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IV. Actions and Reactions: Understanding How Abuse Happens



Actions and Reactions: Understanding How Abuse Happens: Goal—Slide 1 of 7



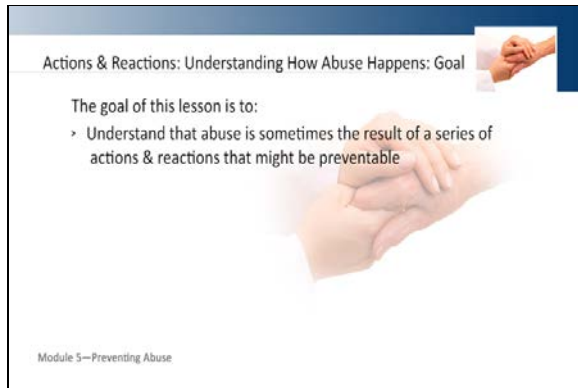
Instructor Guidance:

The goal of this lesson is to understand possible abuse situations as a series of actions and reactions that might be preventable. Although there are many reasons why abuse happens, some abuse might be the result of a chain of events that escalates in an interaction between a resident and a nurse aide.

In module 4, “behaviors” of persons with dementia were presented as actions and reactions. Actions are what we do and reactions are how we respond to what someone else has done or to a situation.

Notes:

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Slide 1 of 7

Actions and Reactions: Understanding How Abuse Happens: Goal

SAY

Although there are many reasons why abuse happens, some abuse situations might be the result of a chain of events that escalates in an interaction.

Notes:

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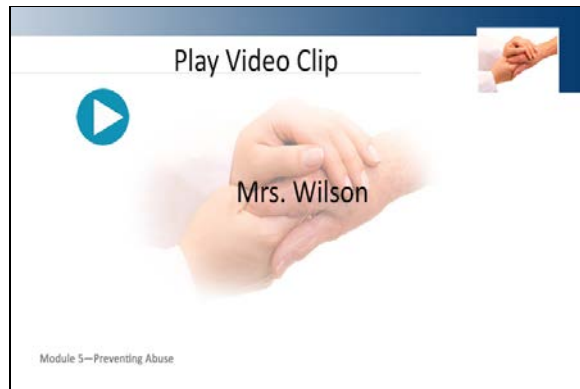
Play Video Clip: Mrs. Wilson—Slide 2 of 7**Instructor Guidance:**

In this video clip, a nurse aide is trying to give a resident, Mrs. Wilson, a bath. Mrs. Wilson clearly does not want a bath, as evidenced by her crying, yelling “no,” and resisting the aide. The aide forces her to take a bath against her will. Most of the abuse happens off-screen. The yelling suggests that the aide physically abuses Mrs. Wilson by physically forcing her into the tub and that Mrs. Wilson is resisting.

After the clip is shown, lead a discussion about what participants saw in the clip and whether they considered it abuse.

Note: When you click the forward arrow, the video will play. When the video is finished, the presentation will automatically advance to the discussion screen.

Notes:



Slide 2 of 7

Play Video Clip: Mrs. Wilson

SAY

We are going to look at a video clip and then discuss what happened in terms of a series of actions and reactions to understand what happened and how it could have been prevented. Actions are what we do and reactions are how we respond to what someone else has done or to a situation.



DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 3 of 7**Instructor Guidance:**

Was this abuse? Why?



- This could be considered abuse because the aide physically forced the resident out of the wheelchair. She also physically forced her to take a bath.
- The resident clearly communicated she did not want a bath and the aide physically forced her to take a bath.
- The aide was verbally abusive by yelling at her and telling her to “stop it.”
- There might also have been mental abuse because the resident was clearly frightened.
- This was a violation of resident rights.



What types of abuse do you think happened?



- Physical—physically forcing her into the tub.
- Verbal—yelling; scolding.
- Mental—causing mental anguish and fear.

Note: This exercise might result in a discussion about resident rights, the right to refuse care, and your nursing home’s formal and informal policies on how to handle this type of situation. Reiterate that all abuse must be reported.

Notes:



Slide 3 of 7

Discussion



ASK

- Is this abuse? Why?
- What types of abuse did you see?

Notes:

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Actions and Reactions—Slide 4 of 7

Instructor Guidance:



A fundamental point of this module is that abuse sometimes results from a series of actions and reactions that could have been prevented.



Each action and reaction will appear on the screen as you click the forward button. Use this table to provide more information as needed about each action and reaction.

Action/Reaction	More Detail
Aide’s action: Bringing Mrs. Wilson into the bathroom	The aide brought Mrs. Wilson into the bathroom. Mrs. Wilson was already upset because the aide had told her in her room that she had to take a bath.
Mrs. W’s reaction: Crying, saying “No!”	Mrs. Wilson was crying and saying “no” as she entered the bathroom.
Aide’s action: Taking Mrs. Wilson’s nightgown off.	The aide told Mrs. Wilson to take her nightgown off and started to lift her from her wheelchair.
Mrs. Wilson’s reaction: Yelling and saying “No! Get away from me!”	Mrs. Wilson continued to cry “no” as the aide lifted her from the wheelchair. She said, “Get away from me.”

Notes:

Action/Reaction	More Detail
Aide's action: "You have to take a bath!"	The aide continued to move her to the bath. She scolded her, "Please! You have to take your bath today."
Mrs. Wilson's reaction: "No! Go away! Don't do that!"	Off-screen, we hear Mrs. Wilson yelling.
Aide's action: Forces bath, "Sit still! Stop it!"	Off-screen, the aide forced Mrs. Wilson into the tub and yelled at her to sit and be quiet.
Mrs. Wilson's reaction: Crying/yelling.	Mrs. Wilson continued to yell and cry.

Notes:

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Actions & Reactions	
Aide's action:	Brings Mrs. W into bathroom
Mrs. W's reaction:	"No!"/crying
Aide's action:	Takes nightgown off
Mrs. W's reaction:	"No! Get away from me!"/yelling
Aide's action:	"You have to take a bath!"
Mrs. W's reaction:	"No! Go away! Don't do that!"
Aide's action:	Forces bath/"Sit still! Stop it!"
Mrs. W's reaction:	Crying/yelling

Module 5—Preventing Abuse

Slide 4 of 7

Notes:

Actions and Reactions

SAY

Let's break down what you saw by action and reaction. This situation started with the aide's action of telling Mrs. Wilson she had to take a bath. This happened off-screen, so when we first see Mrs. Wilson, she is already upset.



DO

Click the forward button for each action and then click again for each reaction to appear. Use the instructor guidance to talk through each one. Be sure to frame each action or reaction as such. For example, "The aide's action was..." and "Mrs. Wilson's reaction was..."

SAY (after all the actions and reactions are on the screen)

As you see from this chain of events, Mrs. Wilson's actions or "behaviors" are reactions to the aide's actions. In the next few slides we will explore why she might be reacting this way and why her reactions might be very understandable.

Actions and Reactions: Discussion—Slide 5 of 7**Instructor Guidance:**

After breaking the clip down into actions and reactions, participants should have a clear idea of the chain of events that led to abuse. The purpose of this discussion is to explore how the abuse could have been prevented by stopping the chain of events.



When in the chain of actions and reactions should the aide first have done something different?



- When the resident first said “no,” which probably was before she even got to the tub room.




Note: If the group is having difficulty determining the answer, you might provide this alternative scenario to personalize the situation and encourage them to put themselves in that situation.

Alternative scenario: Imagine that one of your coworkers is in the nursing home because she was in a car accident and broke both of her legs. What if you heard the exchange that happened in the clip—the yelling outside the bathroom door—but it was your friend who was in that wheelchair instead of Mrs. Wilson? In this situation with your friend, when should the aide have acted differently? What if you were in the wheelchair? When would you have wanted the aide to stop?

Notes:

Actions & Reactions: Discussion



Aide's action:	Brings Mrs. W into bathroom
Mrs. W's reaction:	"No!" /crying
Aide's action:	Takes nightgown off
Mrs. W's reaction:	"No! Get away from me!" /yelling
Aide's action:	"You have to take a bath!"
Mrs. W's reaction:	"No! Go away! Don't do that!"
Aide's action:	Forces bath/"Sit still! Stop it!"
Mrs. W's reaction:	Crying/yelling

Module 5—Preventing Abuse

Slide 5 of 7

Actions and Reactions: Discussion

ASK



When in the chain of actions and reactions should the aide have acted differently?

SAY

At any point in this chain of events, the aide could have changed her actions to prevent or stop the abuse. This situation could have been prevented if we better understood the reasons behind Mrs. Wilson not wanting to take a bath.

Notes:

Actions and Reactions: Why?—Slide 6 of 7**Instructor Guidance:**

There are many reasons why residents might act the way they do. Trying to understand why helps us to better understand what they are experiencing and what they need—even if we never know *exactly* why. Then we can better understand how to respond. With persons with dementia, we need to be particularly tuned in to the meaning of their actions because this is how they might best communicate their needs. Understanding why may help us find a better approach to a situation and prevent the series of events that might lead to abuse.

Exercise Instructions

If you have not already done so, put up on the wall the easel chart pages you made for each category of why residents might act a certain way (from page 4).

Divide the class into small groups and give each group a copy of the handout *Actions and Reactions: Why?* on page A-3. The handout has questions to get them thinking.

To encourage participants to work with people they might not know well, have each person count off to form a group or pair for each category (1, 2, 3, 4, 5, 6, 7, 8). Assign each group a category.

Give each group Post-it® notes and ask them to write down all the possible reasons why Mrs. Wilson might not have wanted a bath, using their category as a guide. Groups can then stick each Post-it® note on the appropriate easel chart page.

Notes:



For each category, ask, What could Mrs. Wilson be experiencing that causes her not to want a bath?



Possible answers for each category are:

- **Health: Physical, Mental, Emotional:** There are many health issues that might cause a person to act a certain way. For example, if Mrs. Wilson has arthritis, it might be painful to sit in the tub. Other health issues might be a urinary tract infection, overall pain, depression or anxiety.
- **Medications:** Side effects or changes in medications can cause residents to act in certain ways. How could medications cause Mrs. Wilson to not want a bath? For example, a particular medication upsets Mrs. Wilson's stomach and she does not feel like taking a bath.
- **Communication:** A resident might have difficulty communicating something or might not understand what you are saying. For example, Mrs. Wilson might not be able to communicate with words that she is not feeling well and doesn't want a bath.
- **Environment:** The physical environment might cause a resident to act a certain way. What about the physical environment of the bathroom might cause Mrs. Wilson not to want to take a bath? For example, the bathroom might be too cold for her.
- **Task:** The resident might not enjoy the task or activity. Why might Mrs. Wilson not enjoy taking a bath? For example, Mrs. Wilson might be very modest and uncomfortable about being naked in front of someone.
- **Unmet Needs:** Sometimes when we are trying to meet one particular resident need, we might not focus as much on other needs. What unmet needs might be causing Mrs. Wilson to not want to take a bath? For example, Mrs. Wilson feels very scared.

Notes:

- Life Story: What in Mrs. Wilson's past would explain why she doesn't want to take a bath? For example, Mrs. Wilson rarely took baths in her past; she usually took showers.
- You (the person interacting with Mrs. Wilson): Sometimes we trigger a reaction in a resident. How did the way the aide acted cause Mrs. Wilson to not want to take a bath? For example, Mrs. Wilson did not know the aide.

Notes:

A presentation slide titled "Actions & Reactions: Why?". The slide features a list of categories on the left and a background image of hands being held. The categories are: Health: physical, mental, emotional; Medications; Communication; Environment; The Task; Unmet needs; Life story; and You. The slide also includes a small inset image of hands in the top right corner and the text "Module 5—Preventing Abuse" in the bottom left corner.

- > Health: physical, mental, emotional
- > Medications
- > Communication
- > Environment
- > The Task
- > Unmet needs
- > Life story
- > You

Module 5—Preventing Abuse

Slide 6 of 7

Actions and Reactions: Why?

SAY

There are many reasons why residents might act the way they do. Whatever the action, we must first try to understand why. Even though we may never know exactly why, trying to understand their perspective helps us to better understand what they are experiencing and what they need. Then we can better understand how to respond. Here are some categories of reasons that might explain a resident's actions. Looking at these categories, let's brainstorm possible reasons why Mrs. Wilson was acting that way—why she did not want a bath. Understanding why helps prevent the series of events that might lead to abuse because we can find a better approach.

DO

Explain what each category means using the notes in the instructor guidance. If you have not already done so, put up on the wall the easel chart pages you made for each category. Divide the class into small groups.

Notes:

Give each group a copy of the handout on page A-3, and assign each group a category.

Give each group Post-it® notes and ask them to write down reasons why Mrs. Wilson did not want a bath, using their category as a guide. The handout has questions to get them thinking. Groups can stick their completed Post-it® notes on the appropriate easel chart page.

SAY (after exercise is completed)

You identified many possible reasons why Mrs. Wilson didn't want her bath. These are just a few examples. Just as we have our own reasons for the way we act, residents have many reasons for the way they act. When we better understand the reasons why people act the way they do, we can better respond to them. With Mrs. Wilson, the aide might have prevented the chain of events that led to abuse if she had understood why Mrs. Wilson was acting that way and responded to her differently.

Next, we are going to look at different approaches that might prevent the series of actions and reactions that lead to abuse.

Notes:

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**Actions and Reactions: Understanding How Abuse Happens:
Summary—Slide 7 of 7**

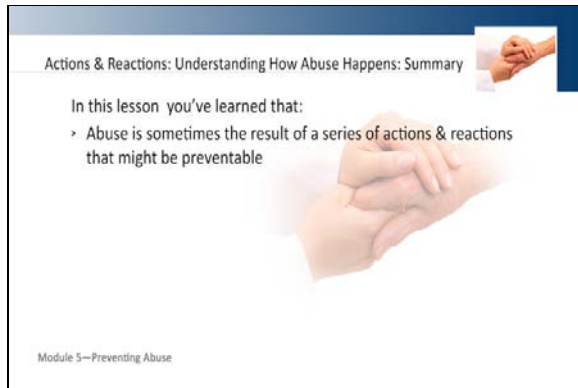
Instructor Guidance:



Understanding the series of actions and reactions and the possible reasons behind them helps prevent situations from escalating to abuse. When we understand why people are acting a certain way, we can think of approaches that meet their needs.

Notes:

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Slide 7 of 7

Actions and Reactions: Understanding How Abuse Happens: Summary



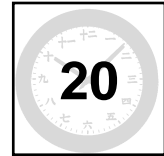
SAY

In this lesson we considered that abuse is sometimes the result of a series of actions and reactions that might be preventable.

Notes:

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V. Preventing Abuse



Preventing Abuse: Goal—Slide 1 of 8

Instructor Guidance:

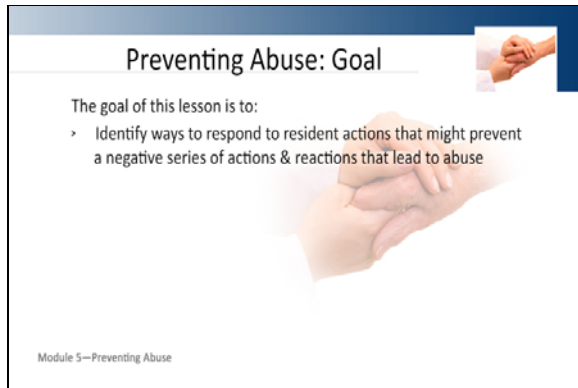


The goal of this lesson is to identify some ways to respond to resident actions that might prevent a negative series of actions and reactions that lead to abuse.

Each resident is an individual with unique needs and preferences. Identifying approaches that address individuals' unique needs prevents abuse.

Notes:

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Slide 1 of 8

Preventing Abuse: Goal

SAY

The goal of this lesson is to identify ways to respond to resident actions that might prevent a negative series of actions and reactions that can lead to abuse.

Notes:

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How Can We Prevent Abuse?—Slide 2 of 8

Instructor Guidance:



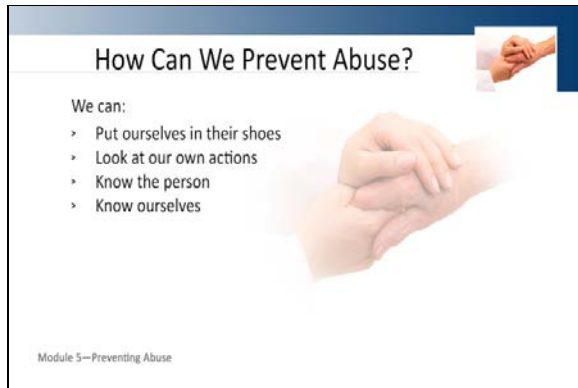
Participants will see four video clips that demonstrate different approaches that might prevent the negative series of actions and reactions that lead to abuse.

The video clips all use the example of Mrs. Wilson, a resident who does not want a bath, but the approaches can be modified to use in many situations. These approaches might not always be effective with every resident. Knowing the resident is key to determining the best approach.

Remember, residents have a right to refuse a bath. If a resident says she does not want a bath, try other approaches to meet her needs.

This screen offers some basic principles on how to prevent abuse.

Notes:



Slide 2 of 8

How Can We Prevent Abuse?

SAY

To look at all the possible reasons why Mrs. Wilson did not want a bath, we need to know Mrs. Wilson and see things from her perspective. There are other ways the aide could have responded to her that would have prevented the chain of actions and reactions that led to abuse. To prevent abuse, we need to put ourselves in the shoes of the other person. We need to know the person, be aware of how we are acting, know ourselves, and know our own limits.

When we approach a person from a place of empathy, we can be with her. When we approach her from a place of pity or apathy, we “do to her” rather than “be with her.” Being with a person is having that human connection—this is the reason why many of us are doing this important work.

We’re going to watch some video clips that will show examples of different ways to respond to Mrs. Wilson that might have prevented that chain of events.

Notes:

Play Video Clip: Try Later—Slide 3 of 8**Instructor Guidance:**

We can respond in a number of ways when a resident does not want to take a bath. In the next few clips participants will see examples of different ways to respond to a resident who does not want to take a bath. It is important to understand that knowing a resident and the reasons behind his or her actions is necessary to determine what approach to use.

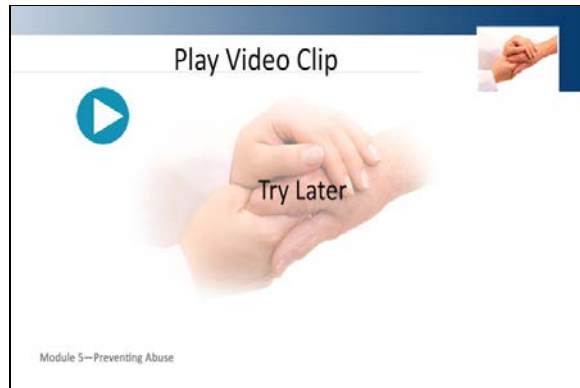
One way to prevent abuse is to accept a resident's refusal to do something and come back at another time. In this clip you will see Lisa, an aide, ask Mrs. Wilson if she would like to take a bath. Mrs. Wilson refuses and Lisa decides to skip her and come back later.



Use your easel chart with these clips to reinforce the different approaches. For the first clip, write "Try later" on the easel chart.

Refer to the words on the easel chart frequently and repeat your message to make sure your information is being heard.

Notes:



Slide 3 of 8

Play Video Clip: Try Later**DO**

Write “Try later” on the easel chart.

SAY

One way to respond to a resident who doesn't want a bath is to try later. Think about all the different reasons why a resident might not want to take a bath at that moment, and remember that a resident has the right to refuse a bath. Maybe Mrs. Wilson wanted to finish combing her hair. Maybe another resident is in the middle of a favorite TV show and does not want to miss it, while yet another believes her children are about to come home from school and she doesn't want to miss them. Maybe she doesn't know who you are at the moment or maybe you remind her of someone she doesn't like. Perhaps the best way to respond to these residents is to let them have their moment and come back later. Trying at another time might prevent a chain of actions and reactions that could possibly lead to abuse.

Notes:



DO

Click the forward arrow to play the clip.

Notes:

A large, empty, light gray rectangular area intended for taking notes during the video clip.

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Play Video Clip: Step Into Their World—Slide 4 of 8**Instructor Guidance:**

To respond to residents in a way that does not cause a negative reaction or abuse, we have to step into their world. For example, if a resident believes that he or she has already had a bath and an aide insists that the resident did not, this might lead to a series of actions and reactions that could lead to abuse.

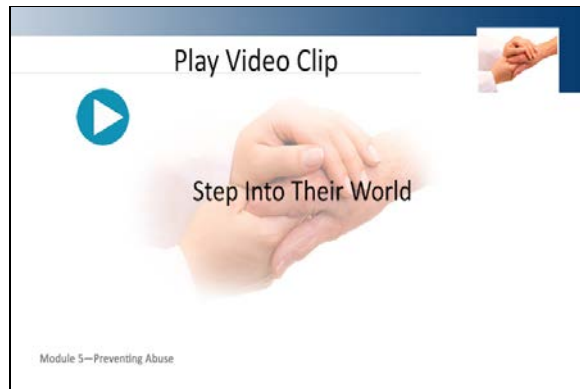
In this clip Mrs. Wilson insists that she has had a bath already. Rather than argue with her, Lisa accepts her response because she knows that Mrs. Wilson believes she had a bath and she will not change Mrs. Wilson's mind. When she investigates and finds that Mrs. Wilson did not have a bath, she still does not correct her. She steps into her world, accepts that Mrs. Wilson believes she has had a bath, and finds another way to help her be clean. She approaches her with trust and acceptance and Mrs. Wilson agrees to using a cleansing lotion that will help her get washed up in her room without having to take a bath.



On the easel chart, write “Step into their world.”

Note: *Bathing Without a Battle* is a resource that teaches person-centered strategies on bathing. Bathing Without a Battle methods are referenced in CMS Interpretive Guidelines.

Notes:



Slide 4 of 8

Play Video Clip: Step Into Their World**DO**

Write “Step into their world” on the easel chart under “Try later.”

SAY

A resident might truly believe she had a bath yesterday. How would you feel if you knew that you had just had a bath—no doubt in your mind—and some person you aren’t sure you know told you that you did not just have a bath and that you must take one now? This would probably lead to a series of negative actions and reactions.

We have to step into the world of the resident and accept what he or she is telling us. In the example of bathing, we would like to help residents be clean, but we need to think of other ways we can help them to be clean if they are not interested in a bath at that time.

Notes:



DO

Click the forward arrow to play the clip.

Notes:

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Play Video Clip: Tag Out—Slide 5 of 8**Instructor Guidance:**

This clip explains the importance of aides knowing themselves and their limits. Removing themselves from a situation when they are at their limit prevents possible abuse. In some situations an aide might need to ask a coworker to “tag out” for him or her. Tagging out means removing yourself from a situation and asking someone else to take your place. It is about working as a team and helping each other out.

In this clip, Mrs. Wilson clearly does not want a bath. Although Lisa uses positive approaches, Mrs. Wilson becomes upset that Lisa is pressuring her to take a bath. She yells at her and throws her comb at her. Lisa realizes that she is at her limit and retreats from Mrs. Wilson. Her coworker, Gloria, suggests that Lisa bathe another resident who really enjoys baths and offers to give Mrs. Wilson a bath.



On the easel chart, write “Tag out.”

Notes:



Slide 5 of 8

Play Video Clip: Tag Out**DO**

Write “Tag out” on the easel chart under “Step into their world.”

SAY

You know your limits. Some days you might need someone to help you, someone you can “tag out” with. Removing yourself from a situation when you are at your limit prevents a series of negative actions and reactions that might lead to abuse. Let Gloria assist Mrs. Wilson today.

**DO**

Click the forward arrow.

Notes:

Play Video Clip: Take a Breath—Slide 6 of 8**Instructor Guidance:**

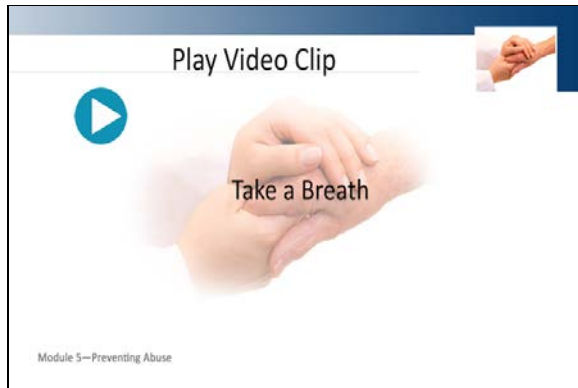
This clip also addresses the importance of aides knowing themselves and their limits. In some situations we have to take a breath and compose ourselves. This might mean stepping out of a room for a moment or just taking a deep breath and counting to five. It might mean going outside during a lunch break and getting some fresh air and a different perspective. Having a “calming cue” might also be helpful. A calming cue is something that you can carry around with you that reminds you of something pleasant, calms you or gives you strength.

In this clip, Lisa is at her limit. She knows herself and knows that she needs to take a breath and compose herself before continuing to assist Mrs. Wilson. Lisa carries a calming cue with her, a picture of her grandmother that she uses to calm herself when she is at her limit. By taking a moment to take a breath and look at that picture, she can “reset” herself and continue with her work. Allowing herself to take a breath might prevent a series of negative actions and reactions that result in abuse.



On the easel chart, write “Take a breath.”

Notes:



Slide 6 of 8

Notes:

Play Video Clip: Take a Breath

DO

Write “Take a breath” on the easel chart.

SAY

We need to know ourselves and our limits. We all have those moments. We have to allow ourselves to take a breath and compose ourselves. This might mean stepping out of a room for a moment, or just taking a deep breath and counting to five. It might mean going outside during a lunch break and getting some fresh air and a different perspective. It might mean asking yourself, What if this were my mother or grandmother? Having a “calming cue” might also be helpful. A calming cue is something that you can carry around with you that reminds you of something pleasant, calms you or gives you strength. Lisa carries a calming cue with her.



DO

Click the forward arrow.

Notes:

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Discussion—Slide 7 of 8

Instructor Guidance:



What do you think Lisa was looking at?



It was a picture of her grandmother, but encourage the class to come up with their own ideas. The point is that the picture gave her strength and calmed her.



- What helps you stay calm?
- What do you do to not lose your patience? What would you tell a new nurse aide about how to have patience?

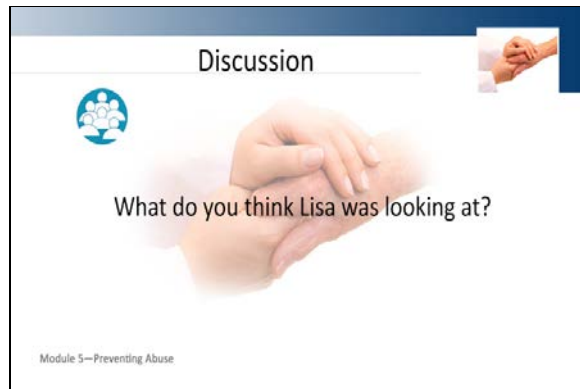


Note: As a supplemental activity, you might introduce breathing exercises.

Note: Share with the participants programs and services available to assist them with difficulties in their personal lives, such as Employee Assistance Programs (EAP) or support groups.

Notes:

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Slide 7 of 8

Discussion



ASK

What do you think Lisa was looking at?

SAY (affirm all participants' responses as being possible)

Maybe Lisa has a picture of her grandmother that she uses to calm herself when she is at her limit. Mrs. Wilson might remind her of her grandmother.



ASK

- This is what makes Lisa feel calm. What helps you stay calm?
- We all have had times when we lost our patience. What do you do to not lose your patience? What would you tell a new aide about how to have patience?

Notes:

Preventing Abuse: Summary—Slide 8 of 8

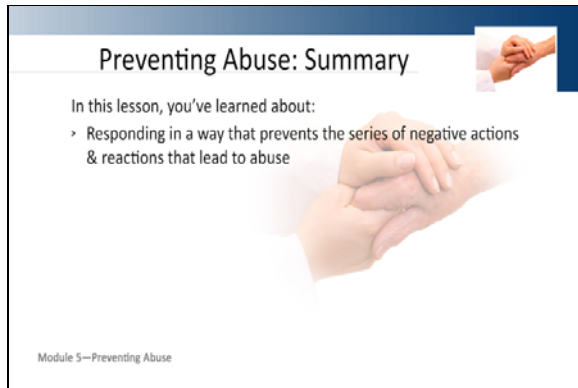
Instructor Guidance:



This lesson identified ways we can respond to a resident that will prevent the series of negative actions and reactions that lead to abuse. These responses are based on our knowledge of the resident and understanding the reasons behind his or her actions.

Notes:

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Slide 8 of 8

Notes:

Preventing Abuse: Summary



SAY

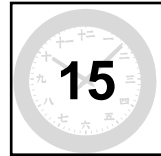
In this lesson, you've learned about responding to residents in a way that prevents the series of negative actions and reactions that lead to abuse. Knowing our residents and the reasons behind their actions helps us to identify these ways to respond.



ASK

What is one thing you've learned in this lesson?

VI. Responding to and Reporting Abuse



Responding to and Reporting Abuse: Goal—Slide 1 of 16

Instructor Guidance:



The goal of this lesson is to identify how to respond to and report abuse. All suspected abuse must be reported.

Your nursing home has its own policies for how to report abuse, and you will want to go over these with the participants during this lesson. The information here serves as general guidelines for reporting.

The intent of this lesson is to help participants understand that they are obligated to report abuse and suspicion of crime.

In some cases a nurse aide might witness abuse happening and might need to intervene at that moment. This lesson will describe what to consider when responding to an abuse situation.

Notes:

Large gray rectangular area for taking notes.



Slide 1 of 16

Responding to and Reporting Abuse: Goal

SAY

The goal of this lesson is to identify how to respond to abuse, including intervening at the moment, and how to report abuse and suspicion of crime.

Notes:

A large, empty gray rectangular area intended for taking notes during the presentation.

Staff Reporting Requirements—Slide 2 of 16**Instructor Guidance:**

After you go over the information on the slide, explain your nursing home's policy for reporting abuse and distribute any relevant materials to participants.

If nurse aides are considered mandated reporters in your State, explain to the participants what this means.

“Mandated reporter” means that, as a healthcare professional, you are required by law to report situations in which there is reasonable cause to suspect abuse.

Mandated reporters are required to make reports to particular agencies or individuals. [It is important that you provide the specific information applicable to your nursing home on reporting to particular agencies or individuals.]

Notes:

Staff Reporting Requirements

- > State & Federal laws require that abuse be reported
- > Nurse aides are most likely to notice something is wrong
- > Professionally & legally nursing home staff is required to report

Module 5—Preventing Abuse

Slide 2 of 16

Staff Reporting Requirements

SAY

It is a violation of State and Federal laws for any person, including nursing home staff, volunteers, visitors, family members or guardians, or another resident, to neglect or abuse a resident.

Because you know your residents, you are the eyes and ears of what is going on with them. Because you spend so much time with them, you are likely to notice when something is wrong.

You are one of the best sources of information about the resident, and you have a professional and legal responsibility to report suspected abuse or neglect.

You are required to report abuse or neglect.

Notes:

Staff Reporting Requirements (cont.)—Slide 3 of 16

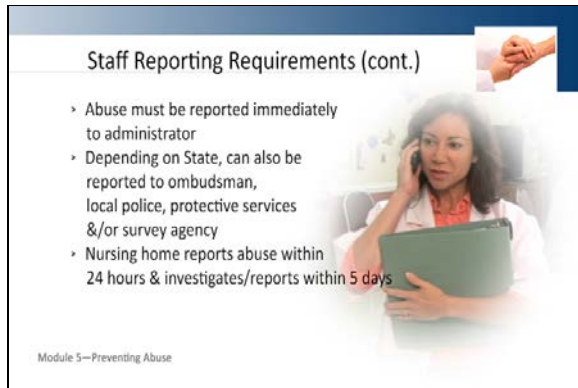
Instructor Guidance:



It is important to explain your State law and processes on reporting abuse.

Notes:

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The slide features a background image of a woman in a white lab coat talking on a mobile phone while holding a clipboard. The text on the slide is as follows:

Staff Reporting Requirements (cont.)

- › Abuse must be reported immediately to administrator
- › Depending on State, can also be reported to ombudsman, local police, protective services &/or survey agency
- › Nursing home reports abuse within 24 hours & investigates/reports within 5 days

Module 5—Preventing Abuse

Slide 3 of 16

Staff Reporting Requirements (cont.)

SAY

If a resident tells you he or she is experiencing neglect or abuse, it is important to believe the resident and to report the allegation immediately. Possible abuse must be reported immediately to the nursing home administrator.

- You can report to the administrator or to your supervisors, who then are required to share this information with the administrator.
- Depending on your State, other places you can report abuse are the State or local ombudsman, local police, Adult Protective Services Agency and the State survey agency.

A nursing home is required, by Federal regulation, to report alleged violations of mistreatment, neglect or abuse to the Survey Agency immediately—within 24 hours—and must investigate and report the results to the appropriate authorities within five days. There may be additional State requirements.

Notes:

Suspicion of a Crime—Slide 4 of 16

Instructor Guidance:



Section 1150B of the Social Security Act, as established by Section 6703 (b)(3) of the Patient Protection and Affordable Care Act of 2010, requires specific individuals in long term care facilities to report any reasonable suspicion of crimes committed against a resident of, or person receiving care from, a long term care facility. A covered individual is defined as anyone who is an owner, operator, employee, agent or contractor of the long term care facility. Reporting suspicion of a crime is the responsibility of “covered individuals.”

As established by Section 6703 (b)(3) of the Patient Protection and Affordable Care Act of 2010, reasonable suspicion of crime must be reported to **both** the State Agency and local law enforcement. CMS recommends documenting your submission to the administrator for your records.

Section 1150B established two time limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion:

1. **Serious Bodily Injury—2 Hour Limit:** If the events that cause the reasonable suspicion result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, but not later than 2 hours after forming the suspicion. (See the glossary for the definition of serious bodily harm.)
2. **All Others—Within 24 Hours:** If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, not later than 24 hours after forming the suspicion.

Notes:



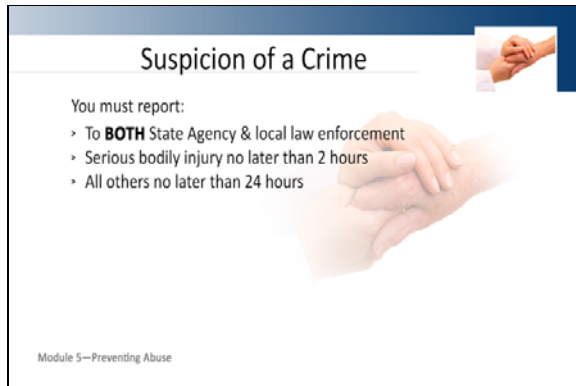
Note: What is the difference between reporting incidents to the SA and reporting the suspicion of a crime to the SA and local law enforcement?

Current regulation requires a facility to report incidents: §483.13(c)(2). The facility must ensure that all alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property are reported immediately to the administrator of the facility and to other officials in accordance with State law through established procedures (including to the State survey and certification agency). This requirement has not changed and the mechanics of complying with this regulation are the same as they have been. Reporting the suspicion of a crime is the responsibility of “covered individuals.” There may be instances where an occurrence will require both the facility to report the alleged violations involving mistreatment, neglect, or abuse, including injuries of unknown source and misappropriation of resident property and “covered individuals” must report the suspicion of a crime to the State Survey Agency and to local law enforcement.

For more information, see an excerpt from the Elder Justice Act and questions and answers on its requirements in the Resources tab.

Notes:

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Suspicion of a Crime

You must report:

- > To **BOTH** State Agency & local law enforcement
- > Serious bodily injury no later than 2 hours
- > All others no later than 24 hours

Module 5—Preventing Abuse

Slide 4 of 16

Suspicion of a Crime

SAY

As established by Section 6703 (b)(3) of the Patient Protection and Affordable Care Act of 2010, reasonable suspicion of crime must be reported to **both** the State Agency and local law enforcement. CMS recommends documenting your submission to the administrator for your records.

Section 1150B established two time limits for the reporting of reasonable suspicion of a crime, depending on the seriousness of the event that leads to the reasonable suspicion:

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Notes:

2. All Others—Within 24 Hours: If the events that cause the reasonable suspicion do not result in serious bodily injury to a resident, the covered individual shall report the suspicion immediately, not later than 24 hours after forming the suspicion.

Notes:

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Protection against Retaliation—Slide 5 of 16

Instructor Guidance:



Be sure that participants understand that they are protected from retaliation by the nursing home when they report abuse.

Under Section 1150B of the Patient Protection and Affordable Care Act, a covered individual may file a complaint with the State Agency against a facility that retaliates against a covered individual.

Facilities are required to post notification in a conspicuous location of the covered individual’s right to file a complaint and the notice must include information about the manner of filing the complaint.



Provide your nursing home’s policy and a copy of the notification against retaliation. Remind participants where it is posted.

Notes:

Large gray rectangular area for taking notes.



Slide 5 of 16

Protection against Retaliation

SAY

When you report abuse or suspicion of a crime, you are protected under the Elder Justice Act. A nursing home cannot fire, demote, suspend, threaten or harass you, or deny you a promotion or other employment-related benefits because you reported abuse or suspicion of a crime. The nursing home cannot file a complaint or a report against you.

If you believe that the nursing home has retaliated against you, you can file a complaint with the State Agency.

Employers who violate the anti-retaliation provision may be fined up to \$200,000 and may be excluded from Federal programs, including Medicaid and Medicare, for up to two years.

Notes:

How to Report Abuse—Slide 6 of 16

Instructor Guidance:



This screen reviews the questions to answer when reporting abuse. For more in-depth content, refer to Module 2: What Is Abuse?

Review these elements of the report with the participants:

Who—Who was involved? The name of the resident who may have been abused, including age and gender; the name of the nursing home and the people responsible for the resident's care; the identity of the person you believe abused or neglected the resident; any other people who were involved or witnessed the abuse.

What—Include the nature and extent of harm and any signs of abuse or neglect (physical, psychological, verbalizations of abuse, etc.); what happened; any statements made by the resident or other people involved.

Where and when—Include the place where the incident happened, and the time and date of the incident.

Notes:

How to Report Abuse



Who	Resident; nursing home; people responsible for resident's care; identity of person you believe abused or neglected resident; anyone else involved or witnesses
What	Nature & extent of harm; signs of abuse or neglect; what happened; statements by resident or others involved
Where & When	Place, date & time

Module 5—Preventing Abuse

Slide 6 of 16

Notes:

How to Report Abuse

SAY

It is important to be as factual as possible in reporting suspected abuse.

This means reporting only what you saw and heard, not what you think you saw or heard. If you did not witness the possible abuse yourself, report the information you have. Be as objective as possible.

Write down your information and observations, date the document and keep a copy for your own records.

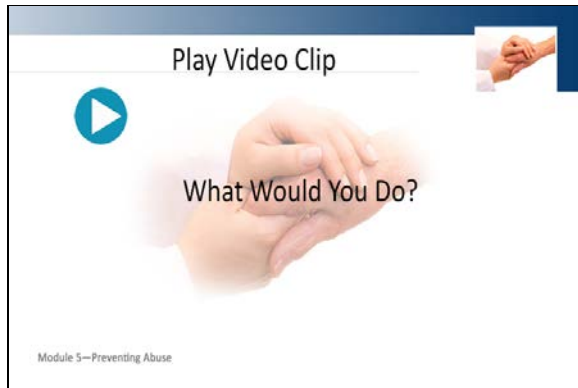
The basic elements you need to include in your report are who, what, where and when.

Play Video Clip—Slide 7 of 16**Instructor Guidance:**

In some cases a caregiver might witness abuse happening and might need to intervene at that moment. The following screens will discuss how to intervene in possible abuse situations.

In this video clip we will “witness” an abuse situation happening. After the clip has played, facilitate a discussion with the group about what they saw.

Notes:



Slide 7 of 16

Play Video Clip

DO

Click the forward arrow to play the clip.

Notes:

Discussion—Slide 8 of 16**Instructor Guidance:**

How might you have responded if you were walking by and saw this abuse happening?



- The intention of this discussion is for participants to identify a need to respond to the situation they are witnessing. If participants do not indicate the need to intervene and stop the situation, ask additional questions to determine whether they would seek help or alert others.



Would you report this?



- All suspected abuse must be reported. If participants say they would not report this, ask why.

Notes:



Slide 8 of 16

Notes:

Discussion



ASK

- How might you have responded if you were walking by and saw this abuse happening?
- Would you report this?

SAY

As you just saw in the clip, in some cases you might witness (see or hear) abuse happening in the moment. You might need to respond to the situation to try to stop it. Let's talk about how to respond to abuse in the moment. First, keep in mind these two things:

Rule #1: No one should get hurt.

Rule #2: If you see or hear possible abuse, you must intervene.

SAFE Acronym—Slide 9 of 16

Instructor Guidance:



The SAFE acronym provides some guidance on how to respond to abuse as it is happening. SAFE stands for stop, alert, friend, emergency.

If you have a nursing home policy on how to respond in this situation, review it with the participants at this time.

It is important that participants understand not to put themselves in danger.

Notes:

A large, empty, light gray rectangular area intended for taking notes.



Slide 9 of 16

SAFE Acronym

SAY

Keeping those two rules in mind, how do you respond to abuse you see or hear happening? Here is an acronym to help you consider what to do when you encounter possible abuse:

SAFE stands for stop, alert, friend, emergency.

Notes:

STOP—Slide 10 of 16

Instructor Guidance:



It is important for participants to understand their role in safely stopping abuse from happening. They need to be able to determine whether to intervene and how to intervene in these situations according to the protocol at your nursing home.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 10 of 16

Stop

SAY

Stop.

If you see abuse happening or about to happen, ask yourself:

- Can I interrupt the chain of events before the situation escalates to abuse?
- Can I safely stop the abuse from happening?
- Can I intervene between the abuser and the person being abused?

Notes:

Alert—Slide 11 of 16

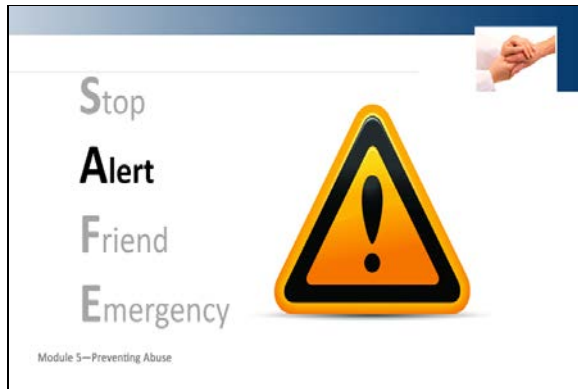
Instructor Guidance:



Participants need to understand when to alert others for help. They also need to be alert to what is happening, who is involved, and who is in danger.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 11 of 16

Alert

SAY

Alert.

Be alert and do not get hurt trying to intervene. If you can't stop the abuse, then alert others (e.g., use the call button or yell for help).

Remember that if a resident is fighting back, it may be in self-defense. Too many people crowding around the resident may only exacerbate the situation.

Even if you are able to stop the action, you still need to alert your supervisor.

If you have reasonable suspicion that a crime is being or has been committed, report it to the State Agency and to local law enforcement. Reports may also be submitted to the administrator, who will then submit the report to the State Agency and contact local law enforcement on your behalf.

Notes:

Friend—Slide 12 of 16

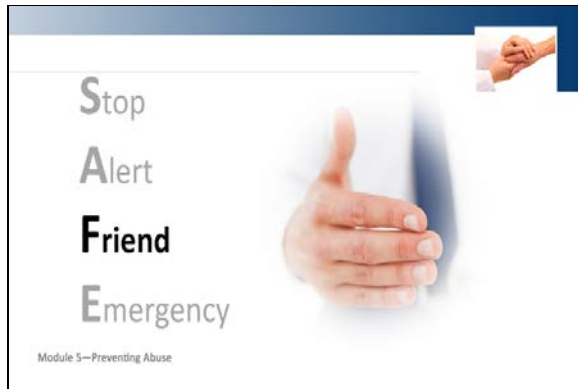
Instructor Guidance:



Being a friend means being with all the persons involved. It is about trying to stop or defuse the situation by being calm.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 12 of 16

Friend

SAY

Friend.

Be a friend to anyone in the situation who is upset or agitated—whether he or she is a coworker, a resident or a resident’s family member.

Try to calm those involved. Speak in a respectful, calm voice while maintaining an appropriate distance.

Reassure those involved. Try to maintain their attention in order to stop the situation or prevent its escalation.

Notes:

Emergency—Slide 13 of 16

Instructor Guidance:



Anytime there is serious bodily injury, call 911. Remember, you must report serious bodily injury to both the State Agency and local law enforcement no later than 2 hours.

Notes:

A large, empty rectangular area with a light gray background, intended for taking notes.



Slide 13 of 16

Emergency

SAY

Emergency.

If you see that the situation is becoming an emergency, call 911.

Anytime there is serious bodily injury, call 911.

Notes:

Circle of Abuse—Slide 14 of 16**Instructor Guidance:**

The circle of abuse was introduced in module 2 and is reviewed here. To bring this module's lessons together and to underscore each individual's role in preventing abuse, lead a brief discussion about how participants would have responded to the abuse Mrs. Wilson experienced. Point out that it is likely that staff walking by the tub room heard her cries of "no" and screams that she did not want to take a bath. Discuss whether participants would've intervened or reported this situation and why or why not.



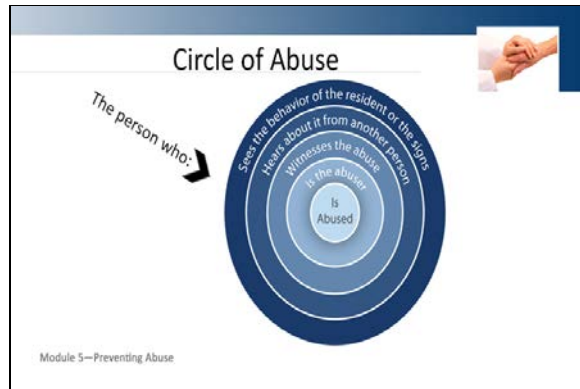
So, think back to Mrs. Wilson in the tub room. She didn't want to take a bath but was forced to. Imagine you were on the other side of that closed door and heard that happening. What would you have done?



Possible answers are:

- I would've opened the door to see what was happening and how I could help.
- I would've suggested that I tag out with the aide.
- I would've tried to calm the aide down.
- I would've reported the situation to my supervisor.

Notes:



Slide 14 of 16

Circle of Abuse

SAY

Anybody can be a part of the circle of abuse. At the center of this circle is the person being abused. Next in the circle is the abuser. However, all of the others around them are part of the circle and are involved in the circle of abuse, including:

- The person who witnesses the abuse.
- The person who hears about the abuse from someone else.
- The person who sees the signs of abuse.

We all are a part of this circle, and we all have a role in identifying, reporting and, ultimately, preventing abuse.

So, let's think back to Mrs. Wilson, who didn't want to take a bath but was forced to. What would you have done?

Notes:

Discussion—Slide 15 of 16**Instructor Guidance:**

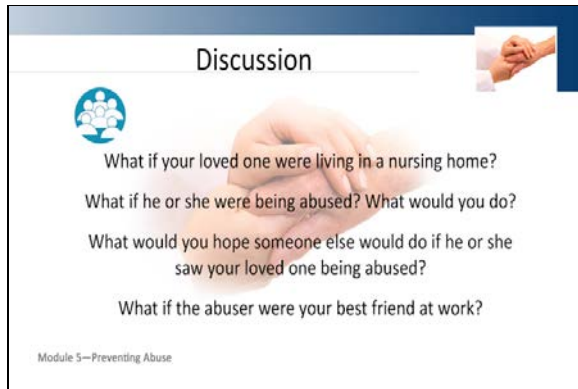
Think about the people in your own lives.

- What if your loved one were living in a nursing home?
- What if he or she were being abused? What would you do?
- What would you hope someone else would do if he or she saw your loved one being abused?
- What if the abuser were your best friend at work?




Abuse must always be reported.

Notes:



Discussion



What if your loved one were living in a nursing home?
What if he or she were being abused? What would you do?
What would you hope someone else would do if he or she saw your loved one being abused?
What if the abuser were your best friend at work?

Module 5—Preventing Abuse

Slide 15 of 16

Discussion



ASK

Think about the people in your own lives.

- What if your loved one were living in a nursing home?
- What if he or she were being abused? What would you do?
- What would you hope someone else would do if he or she saw your loved one being abused?
- What if the abuser were your best friend at work?

SAY

Abuse is abuse, no matter who is involved. It must be reported.

Notes:

Responding to and Reporting Abuse: Summary—Slide 16 of 16

Instructor Guidance:



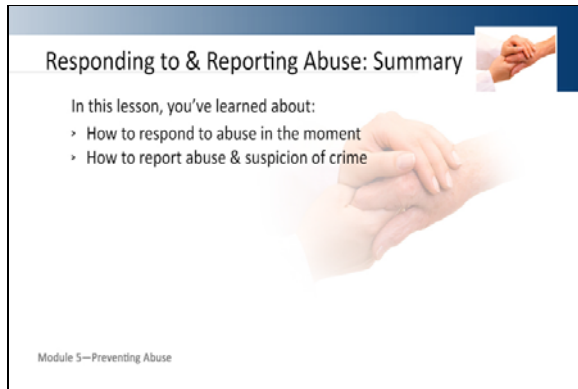
This lesson covered how to respond to and report abuse and suspicion of crime. All suspected abuse must be reported.



What is one thing you've learned in this lesson?

Notes:

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Slide 16 of 16

Notes:

Responding to and Reporting Abuse: Summary



SAY

In this lesson, you've learned how to respond to abuse in the moment and how to report abuse and suspicion of crime.



ASK

What is one thing you've learned in this lesson?

VII. Conclusion



Congratulations!—Slide 1 of 1

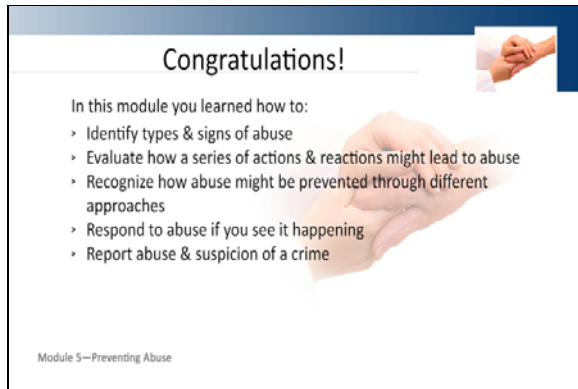
Instructor Guidance:



Congratulations!

Notes:

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Slide 1 of 1

Notes:

Congratulations!



SAY

In this module you've reviewed types and signs of abuse. You've learned to evaluate how a series of actions and reactions might lead to abuse and to recognize how abuse might be prevented through different approaches. Finally, you've learned how to respond to abuse if you see it happening and how to report it.

Thank you for all you do. Each of you can and does make a difference!



ASK

Do you have any questions?

Module 5 Video Clips—Slide 4 of 4**Instructor Guidance:**

From this slide you can easily access any of the video clips in this module for review or additional discussion.

- Video Clip 1—Mrs. Wilson.
- Video Clip 2—Mrs. Wilson: Try Later.
- Video Clip 3—Mrs. Wilson: Step into Their World.
- Video Clip 4—Mrs. Wilson: Tag Out.
- Video Clip 5—Mrs. Wilson: Take a Breath.
- Video Clip 6—Reporting Abuse: What would you do?

Notes:

Module 5 Video Clips

Actions & Reactions	Preventing Abuse	Responding to & Reporting Abuse
Video Clip 1	Video Clip 2 Video Clip 3 Video Clip 4 Video Clip 5	Video Clip 6

Select a video clip above

Module 5—Preventing Abuse

Slide 4 of 4

Module 5 Video Clips

Notes:

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Appendix

Handout: Actions and Reactions—WHY?A-3

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Actions and Reactions—WHY?

What are the possible reasons why Mrs. Wilson might not want to have a bath?

WHY?	
Health Conditions (Physical, Mental and Emotional)	What specific health issues could Mrs. Wilson be experiencing that are causing her to not want a bath?
Medications	How could medications cause Mrs. Wilson to not want a bath?
Communication	How might communication challenges cause Mrs. Wilson to not want to take a bath? (Consider how you are communicating and challenges Mrs. Wilson might have in communicating.)
Environment	How might the physical environment of the bathroom cause Mrs. Wilson to not want to take a bath?
The Task	Why might Mrs. Wilson not enjoy taking a bath?
Unmet Needs	What unmet needs might cause Mrs. Wilson to not want to take a bath? What else might she need from you at that moment?
Life Story	What about Mrs. Wilson’s past would explain why she doesn’t want to take a bath?
You	How did the way the aide acted cause Mrs. Wilson to not want to take a bath?

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