

Providing Personal Care Services to Elders and People with Disabilities¹

Module 20: Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

Goals

The goals of this module are to:

- Introduce participants to the needs of consumers with mental illness or developmental disabilities.
- Identify and appropriately report signs of abuse and neglect.

Time

3 hours and 30 minutes (includes 30 minutes for opening, closing, and break)

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SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS

Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
20.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability	Interactive presentation, pairs exercise, small-group work, large-group discussion, and go-round	1 hour & 30 minutes
<i>Break</i>		<i>10 minutes</i>
20.2 Recognizing and Reporting Abuse and Neglect	Interactive presentation, large-group exercise, pairs work, large-group discussion, and small-group work	1 hour & 30 minutes
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- Index cards
- Poster boards

Handouts

- Handout 20.1: Overview of Mental Health and Mental Illness
- Handout 20.2: Myths and Truths about Mental Illness
- Handout 20.3: Signs of Mental Illness
- Handout 20.4: Working with Consumers with a Mental Illness and Their Families
- Handout 20.5: Introduction to Developmental Disabilities
- Handout 20.6: Working with Consumers with Developmental Disabilities and Their Families
- Handout 20.7: Abuse, Neglect, and Financial Exploitation
- Handout 20.8: Physical Abuse
- Handout 20.9: Psychological Abuse
- Handout 20.10: Sexual Abuse

SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS

Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

- Handout 20.11: Neglect
- Handout 20.12: Financial Exploitation
- Handout 20.13: Reporting Abuse or Neglect: Why It Is Important
- Handout 20.14: How to Report Abuse, Neglect, or Financial Exploitation
- Handout 20.15: Case Scenarios: Abuse, Neglect, or Financial Exploitation

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Gather all necessary supplies and equipment.

Opening

Plan an appropriate opening activity for this module. If this is the start of a new day of training, some kind of warm-up activity might be good to help focus participants' attention on being back in the learning environment. If this is a continuation of a full-day session, resuming after lunch, a quick energizer might be useful to refocus participants mentally and physically after eating.

Activity 20.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability

Prepare flip chart pages for:

- Learning Agenda (Step 1)
- Mental Health (Step 2)
- Mental Illness (Step 3)
- Causes of Mental Illness (Step 4)
- The Role of the Direct-Care Worker (Step 14)

Activity 20.2 Recognizing and Reporting Abuse and Neglect

Prepare flip chart pages for physical, psychological, and sexual abuse, plus neglect and financial exploitation (Steps 5 and 6). Each page will have the definition and the examples from **Handouts 20.8** through **20.12**. See Step 5 for an example.

Prepare 5”x8” index cards (or half-sheets of blank paper) with the signs of each type of abuse and neglect from **Handouts 20.8** through **20.12**. Write one bullet on each card.

Closing

Plan an appropriate closing activity for this module. Ask participants to reflect on what they have learned and how they can use it in their work or in their lives. If this was the second module of the day’s training, include both the morning and afternoon modules in participants’ reflections. Ask for remaining questions. If time allows, address them in this session; if not, post them in a “Parking Lot” list. Set the stage for the next module by noting the general topic and any logistical notes, such as date and time, as needed. (See the “Closing” for Module 1 as a guide.)

Activity 20.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability

1 hour & 30 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Define mental illness.

List three possible causes for mental illness.

List two ways of treating mental illness.

Explain what EARS means.

Describe the role of the direct-care worker in assisting consumers with mental illness.

Define developmental disability.

List three possible causes of developmental disabilities.

Describe several ways in which developmental disabilities differ from mental illness.

Describe the role of the direct-care worker in assisting consumers with developmental disabilities and their families.

Key Content

- Working with consumers who have a mental illness or a developmental disability can be very challenging for direct-care workers in large part due to the misconceptions about these conditions that exist in our society. Learning about these conditions, what causes them and how they affect consumers and their families, can help participants to overcome stereotypes and develop empathy.
- Like all the other consumers who have been studied in this training, people with a mental illness or a developmental disability sometimes need assistance with activities of daily living. A direct-care worker can make a difference in their lives by being there for the individuals and their families, with “EARS”—empathy, acceptance, respect, and support.

Activity Steps

Interactive Presentation—5 minutes

1. **Introduce the module.** Explain that this final part of the training (Modules 20 and 21) addresses issues and consumers that participants might meet in any setting. This module introduces two new consumer groups—consumers who have a mental illness and consumers who have a developmental disability. It also includes a discussion of abuse and neglect, particularly how a direct-care worker can recognize the signs and report concerns. Post and review the prepared flip chart page with the Learning Agenda for this module.

Flip Chart

LEARNING AGENDA: MODULE 20

Mental Illness,
Developmental Disability,
And Abuse And Neglect

- Introduction to working with consumers with mental illness
- Introduction to working with consumers with developmental disabilities
- Detection and reporting of abuse, neglect, and financial exploitation

WORKING WITH CONSUMERS WHO HAVE MENTAL ILLNESSES

Interactive Presentation—15 minutes

- 2. Define “mental health.”** Explain that in order to understand mental illness, participants first need to understand mental health. Ask for a few ideas about how to define mental health. Then post and review the prepared flip chart page (see below). Note that there are many different definitions or meanings (with some differences among cultures as acknowledged by the World Health Organization). However, most definitions have the same four elements.

Teaching Tip

Tell participants that they will get handouts with the information that is on all these flip chart pages. It will be more useful for them to listen, think, and participate in the discussions than to take notes.

Flip Chart

SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS

Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

MENTAL HEALTH

- Being emotionally stable
- Being able to get along with others
- Being able to work
- Being able to cope with life's challenges

3. **Define “mental illness.”** Starting with this view of mental health, mental illness can be thought of as a condition or illness that prevents a person from being successful in each of those mental health areas. Post and review the prepared flip chart page on mental illness.

Flip Chart

MENTAL ILLNESS

A problem (illness) of the brain
that affects:

- Thinking
 - Behavior
 - Emotions
 - Ability to carry out daily activities
- (over a long period of time)

4. **Invite participants to share their knowledge.** Ask:

What do you think causes mental illness?

After a few responses, post and review the flip chart page. Note that the causes of mental illness are still being studied, since there is still a lot we don't understand about it.

Flip Chart

CAUSES OF MENTAL ILLNESS

- Chemical imbalance in the brain
- Heredity
- Accident, head injury
- Trauma
- Drug or alcohol abuse
- Isolation
- Other illnesses

Pairs Exercise—5 minutes

- 5. Give instructions.** Ask participants to form pairs with the person sitting next to them. Explain that you are going to read several statements about mental illness. They need to decide in their pairs if they think the statement is true or false. Read the first statement:

If they wanted to, people with mental illness could control their behavior.

- 6. Invite participants to share their responses.** Give participants a few moments to discuss in their pairs. Ask for a show of hands for those who think it is true. Then ask for those who think it is false to raise their hands. Tell them the statement is false, and briefly explain why, per **Handout 20.2: Myths and Truths about Mental Illness**.

7. Repeat the exercise for the next three statements. [All are false.]

People with mental illness cannot work or function in social settings.

People with mental illness are dangerous or violent.

People with mental illness can never get well.

8. Wrap up the pairs work. Explain that the purpose of this exercise was to bring out some of the more common misconceptions about mental illness. These myths are particularly important because they relate to the fears that some people may have about working with consumers who have a mental illness.

Interactive Presentation—10 minutes

9. Introduce a discussion of the signs of mental illness. Explain that there are many types of mental illness. It is not necessary for direct-care workers to know the different types and their specific symptoms. But it is important for them to know the general signs of mental illness and how to respond.

10. Review typical signs of mental illness. Some people have described mental illness like a constant noise in the back of the head. It is hard to think clearly because you can't turn it off. Distribute and review **Handout 20.3: Signs of Mental Illness**.

11. Differentiate between occasional signs and repeated behaviors. Note that we ALL have shown such signs at some point in our lives. The difference for someone with a mental illness is that the signs are frequent and form a pattern of unusual behavior.

12. Explain that most mental illnesses are very responsive to treatment. The most common forms of treatment are medications and psychotherapy. If a direct-care worker is working with a consumer who has a mental illness, there will be other members of the team—therapists, psychiatrists, social workers, psychiatric nurses—who will be responsible for developing a plan of treatment with the consumer.

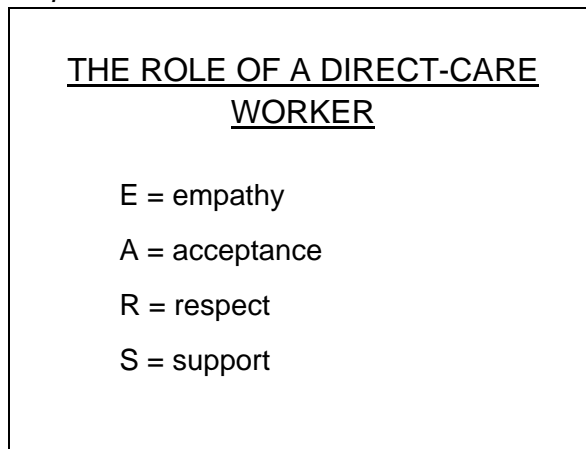
Small-Group Work—10 minutes

13. Invite participants to share their knowledge. Ask:

What do you think a direct-care worker can do to assist a consumer who has a mental illness?

14. Introduce “EARS.” After a few responses, post and review the prepared flip chart page (EARS).

Flip Chart



15. Set up and conduct small-group work. Quickly form four groups. Distribute **Handout 20.4: Working with Consumers with a Mental Illness and Their Families.** Note that this handout provides specific points about how to show empathy, acceptance, respect, and support for consumers and their families. Assign one “letter” of EARS to each group. Ask participants to think of an example of how to demonstrate this approach with a mentally ill consumer and/or family member.

Large-Group Discussion—10 minutes

16. Facilitate reporting back to the large group. Ask each group to share its example of empathy, acceptance, respect, or support. Briefly clarify, if needed, and discuss one or two other examples.

- 17. Distribute Handout 20.1: Overview of Mental Health and Mental Illness** to participants and tell them to add it to their binders.

WORKING WITH CONSUMERS WHO HAVE DEVELOPMENTAL DISABILITIES

Interactive Presentation—15 minutes

- 18. Introduce discussion of developmental disabilities.** Explain that developmental disabilities are another category of disabilities that may affect some of the consumers that participants encounter in their work. Ask if they have heard of this kind of disability and what they know about it.
- 19. Define “developmental disabilities” and discuss.** After a few responses, distribute and review **Handout 20.5: Introduction to Developmental Disabilities**. Discuss the definition, the areas of function that are affected, and a brief description of some of the more common types of developmental disabilities and their causes. Note the different settings in which consumers might work with people with developmental disabilities.
- 20. Note the differences between mental illness and developmental disability.** Point out that, even though both mental illness and developmental disabilities are being discussed in the same activity, there are differences between them. Explain that generally developmental disabilities happen before or at birth and continue for the consumer’s entire lifetime. There is no “cure.” Mental illness, by contrast, can happen at any point in a consumer’s lifetime, and in many cases it can be cured.

Interactive Presentation—15 minutes

- 21. Invite participants to share their knowledge.** Ask participants:

What kind of assistance do you think a person with a developmental disability would need?

22. Distribute the handout. After a few responses, distribute and review **Handout 20.6: Working with Consumers with Developmental Disabilities and Their Families.**

23. Discuss the role of the consumer's family. Note that direct-care workers may care for either children or adults with developmental disabilities and often, in either case, the family is very involved in the consumer's life. Ask:

Why might the family be very involved with a consumer who has a developmental disability, regardless of age?

What might be the impact on the family of a child who has a developmental disability?

Teaching Tip

Likely responses include shame, guilt, social isolation, irritability, exhaustion, protectiveness, and worry.

24. Invite participants to share knowledge. Ask:

In working with a child with a developmental disability, how could a direct-care worker assist the child's family?

After a few responses, remind participants about using EARS and ask for examples of how they could apply that to working with families of children with developmental disabilities.

Go-Round—5 minutes

25. Wrap up the activity. Ask each participant to share one thing he or she has learned from this activity that will help him or her at work.

Activity 20.2 Recognizing and Reporting Abuse and Neglect²

1 hour & 30 minutes

Learning Outcomes

By the end of this activity, participants will be able to:

Define abuse, neglect, and financial exploitation.

Give examples of the four types of abuse—physical, psychological, sexual, and financial exploitation.

Give examples of active and passive neglect.

Describe signs of abuse or neglect.

Explain the responsibility of the direct-care worker to report abuse and neglect.

Describe the process of reporting abuse and neglect.

Key Content

- Abuse takes many forms—physical, sexual, psychological, and financial exploitation, as well as neglect. The issue of abuse and neglect cuts across all racial, ethnic, socioeconomic, geographic, and relationship boundaries. A national study estimates that one in every 25 older Americans is a victim of abuse.

² Adapted from *Competence with Compassion—Universal Core Curriculum*. Center for Advocacy for the Rights and Interests of the Elderly (CARIE), 2007.

SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS

Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

- Abuse can occur in at least three ways in direct care—abuse of the consumer by workers, abuse of the consumer by family or friends, or abuse of the worker by consumer or family.
- While most caregivers intend no harm, abuse happens more often than we think. Neglect may be the outcome of chronic staff shortages. Caregiving requires staff to provide health care and emotional support to consumers, which can be demanding work. Workers perform these tasks under working conditions that can be stressful, and workers may receive little support from supervisors. They may also find themselves the target of abuse from consumers or family members. As stress increases, so does the potential for abuse.
- For whatever reason it occurs, abuse and neglect are harmful and unlawful. Direct-care workers are required to report situations that appear to be cases of abuse or neglect to their supervisors or to a higher authority. Therefore, it is important for trainees to know what abuse and neglect are, what the signs are, and how to report abuse and neglect.

Activity Steps

Teaching Tip

During this activity, participants may start to identify examples or signs of abuse that apply to them personally. For some, this may be the first time they have ever considered that they may be abusive or that they may be the victims of abuse. Be sensitive to signs of emotional discomfort or distress. Do not force every person to talk. And take breaks when it looks as if people need it.

Interactive Presentation—5 minutes

1. **Introduce the topic.** Note that participants will spend the next 90 minutes learning about abuse and neglect—what abuse and neglect are, how to recognize them, and the role of the direct-care worker in reporting them.

- 2. Assess participants' current level of awareness. Ask:**

What do you picture when you think of abuse?

After a few responses, review the first bullet in “Key Content.”

- 3. Apply the discussion above to their work environment. Ask participants:**

How do you think abuse or neglect would occur in direct-care work?

After a few responses, review the second and third bullets in “Key Content.” The focus of this module is primarily on abuse and neglect of consumers. However, it is important to know that workers can also experience abuse, and this will be addressed briefly.

- 4. Review the fourth bullet in “Key Content.”** Note that this activity will provide a general orientation to abuse and neglect. Once the trainees start work, they should find out what their agency’s guidelines are on reporting abuse and neglect.

Large-Group Exercise—20 minutes

- 5. Define “physical abuse” and discuss.** Post the prepared flip chart page with the definition of physical abuse and the examples (see Advance Preparation). Fold the paper so that the examples are hidden, or cover the examples with another piece of flip chart paper. Review the definition and then ask participants to brainstorm examples. After a few examples, reveal the list of examples on the flip chart page and review.

Flip Chart

PHYSICAL ABUSE:

Hurting someone's body on purpose, attacking, trapping, or punishing them.

Examples:

- Hitting, slapping
- Punching, beating
- Hitting with an object
- Shoving, tripping
- Pulling, twisting
- Scratching, biting, spitting
- Squeezing hard, pinching
- Burning
- Too hot water for bathing
- Too cold water for bathing

6. **Repeat this exercise for each type of abuse.** Use the prepared flip charts for psychological abuse, sexual abuse, neglect, and financial exploitation. Spend about 4 minutes on each category.

Pairs Work—10 minutes

7. **Ask participants to form pairs and then give instructions.** Randomly distribute the prepared cards for “signs of abuse/neglect” (see Advance Preparation). Instruct participants to discuss the signs with their partners and decide which type of abuse or

SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS

Module 20. Introduction to Mental Illness, Developmental Disabilities, and Abuse and Neglect

neglect these signs indicate. Then they will go to that flip chart page and tape the signs card to the page.

8. **Give additional instructions.** Note that some of these signs could indicate more than one type of abuse or neglect. Participants may get to their flip chart page and find that someone has already posted the same sign as the one they are holding. In that case, they should think about what *other* type of abuse or neglect it could indicate and go post it on *that* flip chart page.
9. **Conduct the exercise.** Allow 5 minutes for the pairs to work.

Large-Group Discussion—10 minutes

10. **Discuss the results of the pairs work.** Starting with the flip chart page for physical abuse, review the signs cards that are posted on it. If there are duplicates, ask participants what other type of abuse or neglect could be indicated by those signs. If some of the signs are incorrectly placed, ask participants which type of abuse or neglect they describe. Continue until all five categories have been discussed.
11. **Distribute the handouts.** Give a copy of the following to each participant: **Handout 20.7: Abuse, Neglect, and Financial Exploitation, Handout 20.8: Physical Abuse, Handout 20.9: Psychological Abuse, Handout 20.10: Sexual Abuse, Handout 20.11: Neglect, and Handout 20.12: Financial Exploitation.** Note that these are the same as the flip chart pages that you posted and that they worked on.

Interactive Presentation—15 minutes

12. **Emphasize the importance of reporting abuse.** Note that an important role of the direct-care worker is to use his or her observation skills to notice the signs of abuse and neglect and, then, report the situation to the appropriate person. Proper reporting of potential abuse is essential for prompt action to reduce harm to consumers, family, and staff.

- 13. Distribute and review the handouts.** Give copies of the following handouts to each participant: **Handout 20.13: Reporting Abuse or Neglect: Why It Is Important**, and **Handout 20.14: How to Report Abuse, Neglect, or Financial Exploitation**.

Small-Group Work—10 minutes

- 14. Set up and conduct small-group work.** Put participants into five groups. Distribute **Handout 20.15: Case Scenarios: Abuse, Neglect, and Financial Exploitation** to each participant. Assign one of the case scenarios to each group. Tell participants they will have 10 minutes to read the scenario and then answer the questions. Briefly review the questions to make sure they are clear. Allow 10 minutes for group work.

Training Option

If there is not enough time for group work and discussion afterwards, this exercise can also be conducted by reading the scenarios out loud and discussing them in the large group.

Large-Group Discussion—20 minutes

- 15. Facilitate reporting back to the large group.** Starting with the first scenario, read it out loud and then ask the group that discussed it to briefly report the answers to their three questions. Guide them to describe the indicators objectively. If they chose to report, discuss to whom and how they would report it. If they chose not to report, discuss why not and what might happen as a result.

- 16. Continue with the remaining scenarios.** Allow 4 minutes per scenario.

- 17. Wrap up the activity.** Ask:

What is one thing you have learned in this activity that you will apply in your work?

Module 20. Introduction of Mental Illness, Development Disabilities, and Abuse and Neglect¹

Handouts

Activity 20.1 Introduction to Working with Consumers Who Have a Mental Illness or a Developmental Disability

Handout 20.1
Overview of Mental Health and Mental Illness

Handout 20.2
Myths and Truths about Mental Illness

Handout 20.3
Signs of Mental Illness

Handout 20.4
Working with Consumers with a Mental Illness and Their Families

Handout 20.5
Introduction to Developmental Disabilities

Handout 20.6
Working with Consumers with Developmental Disabilities and Their Families

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Activity 20.2 Recognizing and Reporting Abuse and Neglect

Handout 20.7
Abuse, Neglect, and Financial Exploitation

Handout 20.8
Physical Abuse

Handout 20.9
Psychological Abuse

Handout 20.10
Sexual Abuse

Handout 20.11
Neglect

Handout 20.12
Financial Exploitation

Handout 20.13
Reporting Abuse or Neglect: Why It Is Important

Handout 20.14
How to Report Abuse, Neglect, or Financial Exploitation

Handout 20.15
Case Scenarios: Abuse, Neglect, or Financial Exploitation

Overview of Mental Health and Mental Illness

Handout 20.1

What is mental health?

There are many definitions for mental health, and they are different for different cultures. Almost all definitions include:

- Being emotionally stable
- Being able to get along with others
- Being able to work
- Being able to cope with life's challenges

What is mental illness?

There are also many different definitions for mental illness. Here are some basic ideas about mental illness:

- Mental illness is a problem in the brain that affects how a person thinks, feels, and acts towards others.
- The result is behavior that is not appropriate for the life situation.
- It is a disability because it can affect how a person gets along in life.

What causes mental illness?

No one knows for sure. It is probably a combination of many factors. Here are some possible causes:

- Chemical imbalance in the brain
- Heredity
- Accident, head injury
- Emotional trauma
- Drug or alcohol abuse
- Isolation from other people for a long time
- Other illnesses

Myths and Truths about Mental Illness

Myth: People with mental illness can control their behavior.

The Truth: People with mental illness cannot control their thoughts, feelings, or behavior. The lack of control is part of the illness.

Myth: People with mental illness cannot work at a job.

The Truth: People with mental illness can work at a job, depending on how severe their illness is. Also, they may be able to take a less stressful job.

Myth: People with mental illness are violent.

The Truth: People with mental illness usually do not hurt themselves or others.

Myth: People with mental illness can never get well.

The Truth: It depends on the illness and how severe it is. However, with treatment, many people with mental illness can get well.

Signs of Mental Illness

It is important to know the basic signs that you might see in consumers who have a mental illness. It is also important to remember that these signs could indicate other problems or illnesses. That is why you must report **what you see**, and not decide for yourself what it means.

Physical signs:

- Not able to sleep
- Tired and sleeping more than normal
- Headaches
- Diarrhea
- Nausea
- General pain

Emotional signs:

- Mood swings
- Anxious all the time
- Sadness
- Hopelessness
- Fears
- Not knowing where they are
- Imagining people or events

Social signs (around other people):

- Aggression
- Withdrawal (lack of interest in people or activities)
- Over-dependent on others
- Suspicious of others (paranoia)
- Acting like a child (regression)

Working with Consumers with a Mental Illness and Their Families

Handout 20.4

Working with mentally ill consumers and their families is a big job. There's a lot to remember.

It helps to think of the word EARS:

- Empathize
- Accept
- Respect
- Support

Empathize with the consumer and their family.

- Think about how each person feels.
- Show that you care.
- Try to make the person feel better.

Accept the consumer and their family.

- Accept the person—even if you don't like the way the person acts.
- Accept the person—even if the person's ideas don't seem right.

Respect the consumer and their family.

- Avoid arguing and giving advice.
- Help the consumer stay part of their family.

Support the consumer and their family.

- Assist the consumer with daily tasks and personal care.
- Keep the consumer safe. Store things that could hurt them out of their reach.
- Share what you have learned about mental illness with family members.
- Write down and report any changes you see in how the consumer acts (ORR).

Introduction to Developmental Disabilities

Handout 20.5

What is a developmental disability?

It is:

- A life-long condition,
- With mental or physical problems, or both,
- That develops before age 22.

Having a developmental disability means that a person will be challenged in at least 3 of these areas:

- Independent living
- Being able to earn money to support oneself
- Learning
- Walking and moving around
- Communicating with words
- Taking care of oneself
- Making decisions for oneself

Some types of developmental disabilities:

- Mental retardation
- Cerebral palsy
- Autism
- Down syndrome
- Fragile X syndrome
- Fetal alcohol syndrome

What causes developmental disabilities?

- Brain injury or infection—before, during, or after being born
- Abnormal genes or chromosomes
- Very premature birth
- Poor diet and health care
- Drug use by the mother during pregnancy (includes drinking alcohol and smoking)
- Child abuse

Working with Consumers with Developmental Disabilities and Their Families

Handout 20.6

Consumers with developmental disabilities live in many places:

- With their families
- Independently in apartments or houses
- Group homes with supervision
- Institutions

People who work with consumers with developmental disabilities may be called “direct support professionals” (DSP) or personal care attendants or aides. They may work in the consumer’s home or in the community. They may work directly with the consumer, or with the family.

The goal of both at-home and community support is to promote independence for the consumer, as much as possible.

How can a direct support professional assist consumers with developmental disabilities and their families?

- Assist with ADLs
- Help the consumer to explain their needs and goals (being the consumer’s “advocate”)
- Assist with managing the home—cooking, cleaning, shopping, paying bills
- Assist to go to work
- Assist to participate in community activities—education, training, social events, recreation (fun!)

Abuse, Neglect, and Financial Exploitation

Handout 20.7

Abuse is when someone does something or says something that hurts another person.

Neglect is when someone does NOT do something they were supposed to do, and it hurts another person.

Financial exploitation is when money or things belonging to one person are used to benefit another person, without the owner's permission.

Who are the abusers and who gets abused?

In direct-care work, abuse can happen in three ways:

- Workers abuse consumers
- Family or friends abuse consumers
- Consumers or family abuse workers

Why does abuse happen?

- Trying to meet physical and emotional needs of consumers can be draining and frustrating—for families and workers.
- Workers often work without much support from supervisors.
- Consumers are often physically weak and are sometimes dependent on others to take care of them. This can make them easier to abuse or take advantage of.

It's illegal. Abuse, neglect, and financial exploitation are all illegal. Direct-care workers are required by law to report if they think any of these may be happening.

Physical Abuse

Physical abuse is hurting someone on purpose, trapping them without a reason, or punishing them in a way that hurts or harms their body.

Examples of Physical Abuse:

- Hitting, slapping, punching, beating
- Hitting with an object
- Shoving, tripping, pulling, twisting
- Scratching, biting, spitting
- Squeezing hard, pinching
- Burning
- Using water that's too hot (e.g., for bathing)
- Using water that's too cold

Signs of Physical Abuse:

- Bruises, swelling
- Skin tears, scratches, cuts
- Burns
- Arm or leg out of place or broken
- Change in walking
- Change in behavior
- Unexplained depression
- Unusual fear
- Withdrawal
- Denial of signs or excuses

Psychological Abuse

Psychological abuse is when someone threatens to hurt, trap, or punish someone else. It includes threatening or humiliating with words, in a way that hurts or harms a person's emotional well-being, or makes them afraid. It is sometimes also called emotional abuse or mental abuse.

Examples of Psychological Abuse:

- Yelling or screaming
- Threatening to punish the person
- Saying mean things or making fun of someone
- Talking to someone as if they were a child
- Talking about someone as if they weren't there
- Leaving someone stuck in bed or in a chair, without any way to get up or get out
- Not allowing someone to participate in activities
- Ignoring questions or comments
- Being silent
- Humiliating someone by leaving them naked or exposed with no privacy

Signs of Psychological Abuse:

- Sudden change in behavior
- Unusual fear or suspicions
- Refusal to talk
- Denial of signs
- Unexplained depression
- Withdrawal
- Lack of interest in anything
- Change in activity level

Sexual Abuse

Sexual abuse is sexual touching or sexual activity that is not wanted by the other person. The abuser might use threats or violence to force the touching or activity on the other person.

Sexual abuse includes assault, rape, and sexual harassment, but it goes beyond that. It also includes when someone allows the touching because they are afraid of what might happen if they don't.

Sexual abuse is also touching or having sex with someone who cannot legally say yes. In most states, this includes children under age 15 and people who have a mental or emotional disability.

Examples of Sexual Abuse:

- Male consumer touching the sex organs of a confused female consumer
- Direct-care worker touching the sex organs of a consumer during bathing, more than what is necessary for cleaning
- Any sexual activity that happens when one person does not want it
- Consumer or consumer's family member demanding sexual contact with a direct-care worker
- Direct-care worker having intercourse with a consumer who has a mental disability or who is unable to say no

Signs of Sexual Abuse:

- Scratches, tears, redness, or swelling around the genitals
- Discomfort in sitting or walking
- Abnormal discharge from the penis or vagina
- Withdrawal, depression
- Unexplained signs of fear or discomfort associated with specific people

Neglect

Neglect is when you do NOT do something for someone, and it results in them being hurt, physically or emotionally.

Active Neglect is when you don't do something for someone on purpose, and you know that what you are NOT doing is going to hurt the other person.

Passive Neglect is when you don't do something for someone, but you didn't mean to hurt the other person. Forgetting to do something for a consumer happens to every worker once in a while. It becomes "neglect" when it happens over and over, resulting in harm to the consumer. Sometimes it is due to the work load being too great for the number of workers—but the effect on the consumer is still considered neglect.

Examples of Active Neglect include:

- Not giving food or water to a person, on purpose
- Not assisting with an ADL, when you know the person needs help
- Not taking a person to the toilet, when you know they need to go
- Not changing or cleaning a person who has had an accident
- Ignoring calls for assistance

Examples of Passive Neglect include repeatedly:

- Telling a person you will be back in 5 minutes, and then forgetting to come back
- Leaving a person on the toilet and forgetting to come back
- Forgetting to help someone with an ADL
- Not following all the safety rules
- Forgetting to clean, or cleaning improperly
- Forgetting to feed a person

Neglect

Handout 20.11

Page 2 of 2

Signs of Neglect (Active and Passive):

- Weight loss
- The consumer smells bad, has matted hair, is wearing soiled or stained clothing
- Skin breakdown, particularly in the perineum
- Dirty or unsafe living conditions
- Withdrawal or unexplained depression
- Sudden changes in behavior
- Anger, demanding behavior from the consumer

Financial Exploitation

Financial exploitation is using the consumer's money or things for your own benefit, without the consumer's permission.

In federal law on nursing homes, this is called “misappropriation of a consumer's property.” It can also refer to putting something that belongs to a consumer in the wrong place on purpose. Even if you plan to put things back after you use them, this is still illegal.

Examples of Financial Exploitation:

- Taking money from a person
- Stealing
- Using a person's things without permission
- Not listening when a person complains of things being taken or missing
- Not returning proper change after shopping
- Eating the consumer's food without permission

Signs of Financial Exploitation:

- Missing clothes
- Missing valuables, including money
- Missing food
- Reports of theft by the consumer
- Bills not paid (when consumer lives at home)

Reporting Abuse or Neglect: Why It Is Important

Handout 20.13

Why is reporting important?

- Consumers can suffer serious physical and emotional harm when they are victims of abuse and neglect.
- The sooner it is reported, the sooner it can be stopped.
- Under one state's law (Pennsylvania's Act 13), "employees and administrators" in long-term care facilities are required to report any situations that they feel might be abuse or neglect. Many states have similar laws.
- Agencies representing consumers and other long-term care service providers, such as home care agencies, generally have policies and procedures about reporting abuse.

What could happen if it's not reported?

- The abuse or neglect could get worse.
- The consumer could be hurt badly.
- The consumer could die.
- The person doing the abuse or neglect could do it to other consumers.
- If the abuse or neglect is discovered later, the worker who didn't report could be accused of wrong-doing.
- If the worker doesn't report, they will have to live with their conscience.

Shouldn't the worker be sure it's abuse before reporting?

- No. It is not the direct-care worker's job to investigate the situation. Other people are responsible for that.
- If there is no abuse, but the report was made in good faith, the person who reported it will not be punished.

How to Report Abuse, Neglect, or Financial Exploitation

Handout 20.14

Who do you report to?

- Your immediate supervisor
- Your supervisor's supervisor (if your supervisor is not available)
- The local public agency (state, county, or city) responsible for ensuring consumer rights protection

Every long-term care facility and home care agency or community-based residence should have a written policy for reporting abuse. This is usually explained during new employee orientation. Follow your agency's policies for reporting.

Report to the police if there is:

- Sexual abuse
- Serious body or physical injury
- A suspicious death

When do you report?

- As soon as you think abuse or neglect is happening

How do you report?

- Tell someone (in person or by phone)
- Agency or police may follow-up for written report within 48 hours

What do you say?

- Report what you saw or heard, in detail
- Do NOT report what you "think" happened

Example:

DO NOT report what you think happened—"I think the nurse broke the woman's arm because I saw her leave the room."

DO report what you saw—"I saw the nurse grab the woman's arms and push them down, and then I saw blood on the woman's arm."

Case Scenarios: Abuse, Neglect, or Financial Exploitation

Handout 20.15

Page 1 of 5

Case Scenario A:

You arrive at Mrs. Garcia's home in the afternoon to begin your 4-hour shift. Mrs. Garcia's son, Manuel, was helping Mrs. Garcia in the morning. He is leaving as you arrive. He says to you: "She's really a pain in the butt today—I couldn't do anything with her!"

When you go in, Mrs. Garcia is in her usual chair, crying. She has urinated on herself and had a bowel movement in her pants. Her walker is just out of reach. She tells you that Manuel got upset with her. Then he put the walker where she couldn't reach it, and refused to help her get to the bathroom.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Case Scenarios: Abuse, Neglect, or Financial Exploitation

Handout 20.15

Page 2 of 5

Case Scenario B:

You are a certified nurse assistant in a nursing home. Mr. Feldman is one of the residents you work with. You really like Mr. Feldman and he likes to talk with you. He tells good stories about his life.

One day Mr. Feldman stops talking with you. You ask him what's wrong and he won't answer you. You check around and find out that, about a week ago, he was heard shouting with the C.N.A. on the night shift. Someone reported it to the supervisor, and the worker was docked a couple of days work, without pay. Now the night worker is back and still assigned to Mr. Feldman.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Case Scenarios: Abuse, Neglect, or Financial Exploitation

Handout 20.15

Page 3 of 5

Case Scenario C:

Alexis works in a personal care home. Mrs. Jackson is one of the people she assists. Alexis does mostly cleaning and laundry with Mrs. Jackson.

You also work in the same personal care home, and Alexis is your friend. She tells you that she really likes Mrs. Jackson. She says she started watching TV with her, to keep her company. Now she watches Mrs. Jackson's TV whenever she wants—and Mrs. Jackson says it's okay.

One day Alexis is sick, and you go to assist Mrs. Jackson. You are shocked at how dirty the place is. Also, the laundry is piled up in the bathroom, and Mrs. Jackson doesn't have any clean clothes for the day.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Case Scenarios: Abuse, Neglect, or Financial Exploitation

Handout 20.15

Page 4 of 5

Case Scenario D:

You are an aide in an adult day center. You were there when Mr. Ralph Turner first started coming. He's kind of hard to work with, but no worse than anyone else.

You notice that the program assistant, Sharon, pays a lot of attention to Mr. Turner. She teases him a lot, calls him "grumpy old man." Whenever they're doing an activity, Sharon always focuses on Mr. Turner. She points out to the others what he does wrong. She calls him her "teaching assistant" because she can always count on him to show everyone how NOT to do the activity.

At first Mr. Turner didn't complain so much. Then he started yelling a lot, particularly at Sharon. But lately, he doesn't say anything at all. He just sits and refuses to talk to anyone.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Case Scenarios: Abuse, Neglect, or Financial Exploitation

Handout 20.15

Page 5 of 5

Case Scenario E:

Robert is a personal care assistant to Joe Capella. He works with him on weekdays and you work on the weekends. You've gotten to know Robert a little, but he's always asking if he can borrow money, so you kind of keep your distance.

One weekend you notice that there's no food in the house. You ask Joe if he wants you to go shopping, and he says he gave Robert money to go shopping on Thursday. Joe also complains that he "loans" Robert about \$20 a week, but never gets paid back.

- Is this abuse, neglect, or financial exploitation?
- How do you know?
- What should you do?

Providing Personal Care Services to Elders and People with Disabilities¹

Module 21. Consumer and Worker Rights; Managing Time and Stress

Goals

The goals of this module are to prepare participants to:

- Recognize and support consumers' and workers' rights.
- Manage time effectively.
- Identify their own signs of stress and find ways to stay energized.

Time

3 hours and 30 minutes (includes 30 minutes for opening, closing, and break)

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SECTION D. OTHER ISSUES THAT APPLY ACROSS WORK SETTINGS
Module 21. Consumer and Worker Rights; Managing Time and Stress

Activities	Teaching Methods	Time
<i>Opening</i>		<i>10 minutes</i>
21.1 Consumer and Worker Rights	Interactive presentation, large-group discussion, and brainstorming	1 hour
21.2 Managing Time	Interactive presentation, small-group work, small-group reports, and large-group discussion	1 hour
<i>Break</i>		<i>10 minutes</i>
21.3 Managing Stress	Individual work, scripted role play, large-group discussion, interactive presentation, pairs work, and go-round	1 hour
<i>Closing</i>		<i>10 minutes</i>

Supplies

- Flip chart, markers, and tape
- Paper and pencils
- *Instructor’s Guide. Activity 21.3*—Interview with Carline Smith, Direct-Care Worker

Handouts

- Handout 21.1: Introduction to Rights of Consumers
- Handout 21.2: Rights and Responsibilities of Consumers
- Handout 21.3: Rights of Workers
- Handout 21.4: What If Your Rights Are Not Respected?
- Handout 21.5: Managing Time: Setting Priorities
- Handout 21.6-a: Putting Tasks in Order (Robert)
- Handout 21.6-b: Putting Tasks in Order (Mrs. Banerjee)
- Handout 21.6-c: Putting Tasks in Order (Helen)
- Handout 21.7: Personal Worksheet for Managing Stress
- Handout 21.8: Stress and What Causes It

- Handout 21.9: Signs of Stress
- Handout 21.10: Ways to Manage Stress

Advance Preparation

Review all training and presentation materials for this module.

Copy all handouts for participants.

Gather all necessary supplies and equipment.

Opening

Plan an appropriate opening activity for this module. If this is the start of a new day of training, some kind of warm-up activity might be good to help focus participants' attention on being back in the learning environment. If this is a continuation of a full-day session, resuming after lunch, a quick energizer might be useful to refocus participants mentally and physically after eating.

Activity 21.1 Consumer and Worker Rights

Prepare the following flip chart pages:

- “Learning Agenda” (Step 1)
- “Rights” (Step 3)
- “To feel respected and safe in my work, I would need or like...” (Step 7)
- “What to do if your rights are not being respected?” (Step 11)

Activity 21.2 Managing Time

Prepare the following flip chart pages:

- “Prioritizing” (Step 2)
- “Be Organized—Plan your work in 3 phases” (Step 7)

Activity 21.3 Managing Stress

Talk to a participant about volunteering to interview “Carline Smith” (Step 4).

Closing

Plan an appropriate closing activity for this module. Ask participants to reflect on what they have learned and how they can use it in their work or in their lives. If this was the second module of the day’s training, include both the morning and afternoon modules in participants’ reflections. Ask for remaining questions. If time allows, address them in this session; if not, post them in a “Parking Lot” list. Set the stage for the next module by noting the general topic and any logistical notes, such as date and time, as needed. (See the “Closing” in Module 1 as a guide.)

Activity 21.1 Consumer and Worker Rights

1 hour

Learning Outcomes

By the end of this activity, participants will be able to:

Define the word “rights.”

Describe at least three rights of a consumer.

Describe at least three rights of a direct-care worker.

Key Content

- Rights are defined as powers or privileges granted by an agreement or law. In direct-care work, both consumers and workers have rights.
- The Americans with Disabilities Act was passed to confirm the rights of people with disabilities to hold jobs and to be able to easily use public facilities and public transportation. In that law, “disability” is defined as “a physical or mental impairment that substantially limits one or more major life activities.” Many, if not most, of the consumers with whom trainees will be working will have a disability that fits this definition.
- In home care, community-based, and residential care settings, consumers (and/or a guardian) are told about their rights and are usually given what is called a “bill of rights.”
- Rights for direct-care workers include the right to be treated with dignity and respect, and the right to a safe working environment, free from abuse or threat. These rights are described in many places—organizational policies, employment law, and civil and human rights laws. For example, the Civil Rights Act protects people from discrimination based on race or ethnicity, in employment, and other areas.

- If a worker feels that his or her rights are not being respected, he or she should use the exploring options approach to try to solve the problem. If that doesn't work, he or she should ask a supervisor for help and follow agency policies (if they exist). Generally, asking for a new assignment or quitting should always be the last resort because these changes create additional stress in the worker's life.

Activity Steps

Interactive Presentation—10 minutes

- 1. Introduce the module.** Review the “Learning Agenda.” Explain that this module addresses two important issues that will always be crucial in participants' work of caring for others: the rights of consumers and workers, and how to take care of themselves while caring for others.

Flip Chart

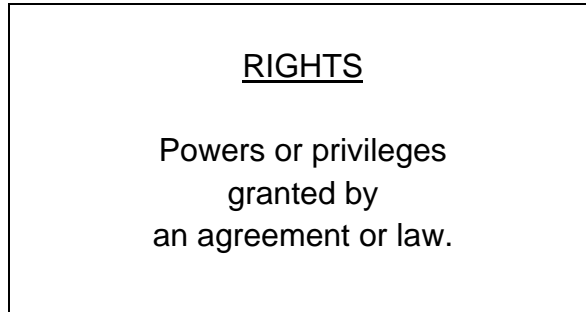
LEARNING AGENDA: MODULE 21
Consumer And Worker Rights;
Managing Time And Stress

- Understanding the rights of consumers and workers
- Getting things done by managing time
- Taking care of yourself by managing stress

- 2. Introduce this activity.** Explain that the purpose of this activity is to help participants understand how the concept of “rights” helps to protect the safety, dignity, and freedom of choice for workers as well as consumers.

- 3. Present the definition of “rights.”** Post the prepared flip chart page with the definition of “rights.” Ask a participant to read it.

Flip Chart



Large-Group Discussion—25 minutes

- 4. Discuss different perspectives on the meaning of “rights.”** Ask participants:

What does that definition mean to you—personally?

What does it mean in terms of being a direct-care worker?

What do you think it means for a consumer?

- 5. Distribute and review Handout 21.1: Introduction to the Rights of Consumers.**
- 6. Introduce “Consumer Bill of Rights.”** Distribute and review **Handout 21.2: Rights and Responsibilities of Consumers.** Explain to participants that in each work setting there may be a “Consumer Bill of Rights” specific to that setting. The ones listed here are general guidelines.
- 7. Facilitate a discussion on supporting the rights of consumers.** Explain that, as direct-care workers, it will be their responsibility to respect and support the rights of the consumer and to report situations that threaten the rights of consumers. Identify two or three consumer rights. Ask:

How can the worker support these rights?

Brainstorming —5 minutes

- 8. Facilitate brainstorming about workers' rights.** Note that they will now think about the rights of direct-care workers. Basically, as with consumers, workers have the right to be treated with dignity and respect and the right to be safe. Post the prepared flip chart page and write participants' responses to the statement:

Flip Chart

To feel respected and safe in my work,
I would need or like...

Teaching Tip

If a participant can't think of a time when they felt respected on a job, ask them to think about a time when they felt disrespected and what made the treatment disrespectful (to help articulate how they wanted to be treated).

Things that may come up are: I liked to be asked, not told. I don't want to be yelled at. I want to be called by my name. I want to be paid on time. I want my personal time to be respected. I don't want to hear bad things said to me because of my race or ethnic group.

Large-Group Discussion—20 minutes

- 9. Distribute and review Handout 21.3: Rights of Workers.** Note how these rights match what they brainstormed—or how they don't!

- 10. Discuss the fourth bullet of “Key Content.”** Note that some workers’ rights are protected by state and federal laws (e.g., minimum wage, accurate pay for hours worked including overtime where applicable, etc.). Organizational policies often include the worker’s right to a safe working environment and are generally addressed during new employee orientation.
- 11. Facilitate discussion on violations of workers’ rights.** Ask participants to think about what they would do if their rights were not being respected. Discuss their ideas and consider how these would play out.

Teaching Tip

Workers often see requesting a new assignment or quitting as their first option when they feel their rights are not being respected at work. Guide the discussion to consider other options—e.g., using pull-back to control their emotions, using listening and paraphrasing to make sure they understand the other person’s perspective, and using the exploring options approach to problem solving to try to work out a solution.

- 12. Discuss options for handling violations of workers’ rights.** Distribute **Handout 21.4: What If Your Rights Are Not Respected**; post and review the flip chart page, “What to do if your rights are not being respected?” Note that asking for a new assignment and/or quitting should always be the last options—most problems can be solved before they get to that point.

Flip Chart

WHAT TO DO IF YOUR RIGHTS ARE
NOT BEING RESPECTED?

- State the problem objectively
- Express it respectfully
- Try to work it out with the person who is responsible for the problem
- Follow agency policies
- Go to your supervisor for support in problem solving
- Go to your supervisor's supervisor, if necessary
- Ask for another assignment
- Quit

13. Wrap up the activity. End by emphasizing the fact that BOTH consumers and workers have rights, which are intended to make the working situation better for both.

Activity 21.2 Managing Time

1 hour

Learning Outcomes

By the end of this activity, participants will be able to:

Define “time management.”

Define “prioritize” and describe how to do it in their work.

Demonstrate use of time-management skills.

Key Content

- Across all settings, direct-care workers frequently report not having enough time to complete all the things that need to get done. Not getting some tasks done on time can mean putting the consumer at risk. “Time management” means figuring out what to do and when, so that things get done when they need to be done.
- “Prioritizing” means determining which tasks are the most important and doing them first or organizing the work so that those tasks are sure to be completed. Three categories of prioritizing are helpful for time-management. These are: 1) tasks that must be done immediately, 2) those that need to be done within a certain time period, and 3) those that would be nice to do if there is enough time.
- The service or care plan is important for time management. It not only identifies the tasks or services to be provided to the consumer—it will sometimes indicate when things need to be done and even how much time should be spent doing them. In addition to consulting the care plan, it is important to get the consumer’s input on his or her priorities for getting things done.
- In consumer-directed work settings, *what* needs to be done and *when* are almost always directed by the consumer. Direct-care workers often assist consumers by taking them to appointments or accompanying them as they go about their daily

activities (school, shopping, etc.). It is important to discuss with the consumer what his or her priorities are in order to determine what can be done during the worker's shift.

- Planning how to do each task can help to get things done more quickly. Thinking of three aspects of the work can be helpful for planning: 1) Get ready—gather all equipment and supplies; 2) Do the job; and 3) Clean up—clean work areas and put away equipment and supplies.

Activity Steps

Interactive Presentation—15 minutes

1. **Define “time management.”** Note that managing time and stress are important skills for direct-care workers. Ask participants:

What does time management mean to you?

After a few responses, review the first bullet in “Key Content,” defining time management.

2. **Define “prioritizing.”** Ask participants:

What does “prioritizing” mean to you?

After a few responses, post and review the flip chart page on “Prioritizing.”

Flip Chart

PRIORITIZING

Putting tasks into 3 Categories:

- Things that have to be done immediately
- Things that need to be done by a certain time
- Things that would be nice to do, if there is enough time

3. **Invite participants to share their knowledge and experience.** Note that participants already have some skills and practice prioritizing in their personal lives. Ask:

How do you prioritize tasks in your own life?

Note that for direct-care work the key is figuring out which tasks are most important. Ask participants:

What tasks do you think would be most important when assisting a consumer?

[Desired response: Those that affect the consumer’s safety and health.]

4. **Give information about how to set priorities.** Note that direct-care workers have two important tools for setting priorities in their work—the care plan and the consumer. Distribute **Handout 21.5: Managing Time: Setting Priorities**. Review the handout, stopping before the section on being organized. Briefly discuss the fourth bullet in “Key Content,” on setting priorities with the consumer in consumer-directed care.

Small-Group Work—15 minutes

- 5. Set up and conduct small-group work.** Explain that participants will now have a chance to practice prioritizing for work with consumers. Ask them to form three groups. Distribute Handouts **21.6-a, b, and c (Putting Tasks in Order—Robert, Mrs. Banerjee, and Helen)**, assigning one scenario to each group. The instructions are to prioritize the list of tasks that the consumer has requested or that need to get done. After the groups have finished, they will report their work back to the large group, explaining their choices (including areas of agreement/disagreement). Allow groups 10 minutes to work.

Small-Group Reports—15 minutes

- 6. Facilitate reporting back to the large group.** Ask each group to present its list of tasks and explain the reasoning behind each choice. Invite comments or questions from other participants. If needed, correct any prioritizing.

Teaching Tip

If more than one group worked on a scenario, have one group present first, and then the other, and lead a combined discussion about that scenario.

Large-Group Discussion—15 minutes

- 7. Give information on how to become organized.** Note that besides prioritizing, another important tool for time management is being organized. Post and review the prepared flip chart page “Be Organized—Plan your work in 3 phases.” Note that most of their skills checklists follow these three steps. Ask participants how this approach to organization could help them to manage time better.

Flip Chart

BE ORGANIZED

Plan your work in 3 phases

- Get ready
- Do the job
- Clean up

Activity 21.3 Managing Stress

1 hour

Learning Outcomes

By the end of this activity, participants will be able to:

Identify common causes of stress.

Identify their own signs of stress.

Explain the need to reduce stress.

List three ways to reduce stress in their lives.

Key Content

- Direct-care work can be stressful. The work can be both physically demanding and emotionally challenging. Adding to the stress is the fact that many direct-care workers work multiple jobs due to low wages and often are heads of their households.
- Stress is the body's reaction to change, challenges, or danger. The stress reaction allows us to fight or run away from dangerous situations. But long-term stress puts extra strain on the body systems.
- Different things feel stressful to different people. Stress, by and large, involves feelings of *too much*: too many pressures that demand too much of you, physically and psychologically. Even positive changes in life—such as marriage, moving to a nicer place to live, or starting a better job—can cause stress from adding new responsibilities or requiring adjustments to different circumstances.
- Stress can affect one's thoughts and feelings. It can cause physical pain, problems with sleeping and breathing, and weight gain or loss. It can also contribute to substance abuse and antisocial behaviors.

- Stress is a part of life and it cannot be eliminated—but it can and should be managed to fit in with one’s life. Some tips for managing stress include eating and sleeping well, getting moderate exercise, cutting back on caffeine and sugar, and avoiding alcohol and other drugs. Seeking support from friends and family can also help reduce stress.

Activity Steps

Individual Work—5 minutes

- 1. Introduce and conduct exercise.** Distribute **Handout 21.7: My Personal Worksheet on Managing Stress**. Note that one common result of NOT managing time well is stress. Explain that, before talking about things that cause stress, you want participants to think about the things that have the opposite effect—the people or activities or things in their lives that make them feel good about life, that give them energy. Ask participants to close their eyes for a minute and picture themselves feeling really good about life in general and about themselves in particular. Ask them to picture what they do or who they are with that makes them feel that way.
- 2. Give instructions.** After a few moments of silence, ask participants to open their eyes and jot down on their paper (in pictures or words) the things or activities that make them feel good and energize them. Ask them to be as specific as possible, and to write their thoughts on the handout in the section “I feel good about...” Explain that they will come back to this at the end of the activity.

Teaching Tip

For this activity to be most meaningful, ask participants to be as specific as possible with what they write. For example, instead of saying “my kids,” ask participants what it is that they do with their kids that energizes them—like playing house or football with them. Other things might be walking my dog in the park; making dinner for friends; singing; dancing, etc.

Scripted Role Play² and Large-Group Discussion—10 minutes

- 3. Introduce premise and purpose of role play.** Explain that the last “profile” is a bit different from the others in this curriculum, as it will be of a direct-care worker named Carline Smith. You are going to role play an interview with Carline to help them learn about stress and work. You are doing this as an interview because Carline didn’t have the time to sit down and write something for participants.
- 4. Conduct the role play.** Ask for your pre-arranged volunteer to come forward (see Advance Preparation). Both you and the volunteer should have a copy of the *Instructor’s Guide, Activity 21.2—An Interview with Carline Smith, Direct-Care Worker*. Explain to the rest of the participants that the volunteer will be the “interviewer” and you will play the part of “Carline Smith.” Conduct the interview.
- 5. Debrief the role play.** Step out of the role of Carline and thank your volunteer “interviewer.” Facilitate a discussion around what the participants learned about Carline. Ask participants:

What do we know about Carline from this interview?

What do you relate to in how she described her day?

How does this make you feel about being a direct-care worker?

Interactive Presentation—10 minutes

- 6. Ask participants if they think that Carline is feeling stressed and why they think that.** Ask:

Do any of you ever feel stressed? What causes it?

² Adapted from “*Competence with Compassion—Universal Core Curriculum.*” BJBC and CARIE, 2007.

- 7. Distribute and review Handout 21.8: Stress and What Causes It.** Note that many of the causes of stress are “good” events, like getting a new apartment or finishing a training program. One way of thinking about situations that cause stress is to put them into two categories—predictable (i.e., you know the situation is coming and you can prepare yourself) and unpredictable (i.e., situations that catch you by surprise and unprepared). Briefly discuss how these situations can cause stress and the difference in our reactions.
- 8. Discuss the need for self-awareness in managing stress.** Note that how we experience stress, physically and emotionally, is very individual. For example, Carline described getting very tired when she is stressed. Others might get very irritable or become nauseous. Explain that knowing when our stress levels are starting to hurt us rather than help us—i.e., self-awareness—is the first step in managing stress. Distribute and review **Handout 21.9: Signs of Stress**.

Individual and Pairs Work—10 minutes

- 9. Set up and conduct the exercise.** Ask participants to use their personal worksheets (**Handout 21.7**) and write down some of their own signs of stress in the section “My Own Signs of Stress.” They might have some of the same signs as listed in **Handout 21.9**, or they may have different ones.
- 10. Set up pairs discussions.** After a couple of minutes, ask participants to form pairs and to share their signs of stress in their pairs. Ask them to discuss how these signs of stress affect them at work and at home.

Large-Group Discussion—15 minutes

- 11. Facilitate a discussion on impact of stress.** Have participants come back together and ask:

Do these signs of stress sound healthy?

Does too much stress help you do good work?

Does too much stress help you at home?

[Desired responses—a resounding NO to each question.]

12. Indicate that the focus will now shift to techniques for managing stress. Tell participants that now that they have some idea about what stress is and how to recognize it in themselves, they can move towards managing stress. It’s important to recognize that stress is a part of life and it cannot be eliminated—but it can and should be managed so that it’s helpful and not hurtful.

13. Review the role play. Ask participants to think back to Carline for a moment. Ask:

Because of her busy schedule, what activities/things did Carline mention that she likes but puts off doing because of the other things in her life?

Teaching Tip

Example: Carline didn’t take up the offer to join this class and she mentioned she loves learning. And she chose not to cook, even though she enjoys it so much.

14. Refer back to list of positive, energizing activities. Ask participants to look at their lists of things that make them feel good or give them energy on their personal worksheets. Ask if anyone in the group does something similar to Carline—i.e., give up the things you like when you get too busy? Affirm that this is a very common practice. Ask:

Why might we do this?

Explain that people often see things that they enjoy as luxuries or “bonuses” in their lives, and they may think that these can be eliminated to reduce stress. But when they give up the things that energize them, they may become more tired and stressed. Keeping or adding those things back into one’s life can increase one’s energy.

15. Introduce other stress management techniques. In addition to keeping some or all of those energizers in one's life, there are a few other ways to manage stress. Distribute and review **Handout 21.10: Ways to Manage Stress**.

Pairs Work—5 minutes

16. Set up and conduct pairs exercise. Ask participants to return to their pairs from before and discuss ways that they can cope with or better manage stress in their own lives. Ask them to help each other identify at least one strategy that they can use within the next week and write it down on their personal worksheet. These handouts are for them to keep to remind them of what makes them feel good about life, and how they can start to reduce stress to keep feeling good.

Go-Round —5 minutes

17. Wrap up the activity. Ask each participant to quickly answer:

What is one thing you have learned in this session that you would like to apply in your own life, whether to reduce stress or to practice time management?

Instructor's Guide, Activity 21.3

Interview with Carline Smith, Direct-Care Worker

Interviewer:

Thanks for helping us out with this training. Is there anything you want to say to our students?

Carline:

Oh definitely! Congratulations on becoming a direct-care worker! I'm going to ask you to do one favor for me—once you get a job, don't quit! I can't tell you how many aides come and go—which makes my work more stressful because I have to pick up extra shifts and orient new people over and over again. And I'm so exhausted. I know it's not their fault. It's the lousy pay and sometimes we older workers get bitter. I admit it, I can get grouchy. But please know, under all of the grouchiness, we are nice people who want you here—we just don't know how to make your jobs easier those first couple of months.

Interviewer:

So you want our workers to stay in the field. Would you like to tell them a little about yourself and your work in the field?

Carline:

I've been working in a nursing home for 15 years, and I just took on a couple of home care clients, too. I didn't plan on having two jobs. It just happened when one of the residents who was there for short term rehab asked me to be his personal aide when he went home. I agreed and then did it for two more residents. But I love the work.

Interviewer:

How do you feel at the end of the day?

Carline:

I should say “good,” so I don’t scare your students. But honestly, I’m exhausted. I don’t get a break—ever. Well, I guess it’s more like, I never take a break. If I’m not working at a job, I’m cleaning and cooking for my three kids, and the laundry piles never seem to go away. I can’t keep up and my house is a mess. I can’t even think straight. Sometimes I forget to lock my door because I’m so tired in the morning.

Interviewer:

You sound a little stressed.

Carline:

It’s nothing I shouldn’t be able to handle. I’m just adjusting to two jobs and three kids.

Interviewer:

How are you taking care of yourself?

Carline:

Well, you know, I don’t have a lot of time for myself with my schedule.

Interviewer:

How important do you think it is to take care of yourself?

Carline:

It’s very important! I know it is because I see what happens to people who ignore their bodies. That’s why I know I should be taking better care of myself. I just don’t know how to find the time to do that.

Interviewer:

So you’re saying you want to take better care of yourself, but you don’t know how to fit it all in?

Carline:

That sounds about right. Got any ideas?

Interviewer:

Well, this part of our training is going to talk about how to manage your time and cut stress. Do you want to sit in?

Carline:

Thanks for the offer. I love learning and going to classes. But I've got to drop off my daughter at day care, do some grocery shopping for my ungrateful mom, and pick up some paint for a school project for one of my sons. Oh shoot, the project—I promised I'd help him tonight with the painting! That means I can't cook dinner tonight. I hate that because I love to cook. But I really don't have the time.

Interviewer:

Next time, then.

Carline:

Sure, next time.

Module 21. Consumer and Worker Rights; Managing Time and Stress¹

Handouts

Activity 21.1: Consumer and Worker Rights

Handout 21.1
Introduction to Rights of Consumers

Handout 21.2
Rights and Responsibilities of Consumers

Handout 21.3
Rights of Workers

Handout 21.4
What If Your Rights Are Not Respected?

Activity 21.2: Managing Time

Handout 21.5
Managing Time: Setting Priorities

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Module **21.** Consumer and Worker Rights; Managing Time and Stress

Handout 21.6-a
Putting Tasks in Order (Robert)

Handout 21.6-b
Putting Tasks in Order (Mrs. Banerjee)

Handout 21.6-c
Putting Tasks in Order (Helen)

Activity 21.3: Managing Stress

Handout 21.7
Personal Worksheet for Managing Stress

Handout 21.8
Stress and What Causes It

Handout 21.9
Signs of Stress

Handout 21.10
Ways to Manage Stress

Introduction to Rights of Consumers

Rights are defined as powers or privileges that are granted by an agreement or law. In direct-care work, both consumers and workers have rights.

Consumers with disabilities have rights that are described in the “Americans with Disabilities Act.” These rights include the right to hold a job and to be able to easily use public facilities and public transportation. In that law, “disability” is defined as “a physical or mental impairment that substantially limits one or more major life activities.” This means that many, if not most, of your consumers will be covered by these rights.

In home care, community-based, and residential care settings, consumers (and/or a guardian) are told about their rights and are usually given what is called a consumers’ or residents’ “bill of rights.”

Rights and Responsibilities of Consumers

According to one state's Department of Aging (Pennsylvania)², consumers in long-term care have the right to:

- Be fully informed of all rights and responsibilities by the service provider
- Have a legal guardian represent them in their dealings with the provider
- Receive quality services, according to their care plan, and professional care
- Be informed of planned changes to their care and give their consent before the changes happen
- Refuse services
- Be treated with respect
- Complain and ask for reasonable changes in services or staff without retaliation
- Be informed about the provider, the provider's policies, and fees or charges for services

They also have the responsibility to:

- Express their wishes and preferences
- Inform their service provider about any problems with their care
- Let their provider know if they are admitted to the hospital and when they are discharged and will need services again
- Treat workers with respect
- Provide a safe environment (if service is provided in their home)

²Pennsylvania Department of Aging, Long Term Care Consumer Rights and Responsibilities.
http://www.longtermliving.state.pa.us/portal/server.pt?open=512&objID=4008&&level=1&css=L1&mode=2&in_hi_userid=2&cached=true

Rights of Workers

Workers have the right to be treated with dignity and respect, and to have a safe work environment.

Rights for direct-care workers are described in many places—in the policies of the places where you work, in state and federal laws about working, and in laws about civil and human rights. For example, the U.S. Civil Rights Act does not allow people to be denied work or a place to live because of their race or ethnicity.

Right to Dignity and Respect

As a direct care worker, I have the right to:

- Be treated with dignity and respect by the consumer, their family, and anyone else who visits while I'm working
- Be treated with dignity and respect by my supervisors and co-workers

Right to a Safe Working Environment

As a direct care worker, I have the right to:

- Work in a safe place
- Work without abuse or threat—physical or emotional, including sexual harassment

What If Your Rights Are Not Respected?

What should you do if your rights are not being respected?

- State the problem objectively
- Express it respectfully
- Try to work it out with the person who is responsible for the problem
- Follow agency policies
- Go to your supervisor for support in problem solving
- Go to your supervisor's supervisor, if necessary
- Ask for another assignment
- Quit (only as the last option)

Managing Time: Setting Priorities

Direct-care workers often report that they don't have enough time to get all their work done. Sometimes, without meaning to, that can put the consumer at risk. This is why "time management" is important.

Time management: figuring out what to do and when, so that things get done when they need to be done.

Prioritize: It helps to set priorities, or decide which jobs are the most important. Use 3 categories of priorities:

- 1) Which tasks or services must be done immediately?
- 2) Which tasks or services need to be done within a certain time period?
- 3) Which tasks or services should be done only if there's enough time?

How can you set priorities?

Maria's tip: Check the care plan

"When I go to work with a consumer, I always check the care plan after I check in with the consumer. It always tells me WHAT I have to do, but sometimes it also says WHEN I have to do it."

Mohammed's tip: Talk with the consumer

"I work as a personal care assistant with Mr. Nur three days a week. When I get to his place, we always sit down and discuss what he wants me to do today."

Be organized—plan your work in 3 phases.

- 1) Get ready—gather everything you will need
- 2) Do the job
- 3) Clean up—clean work areas and put away what you took out

Putting Tasks in Order

[Note to instructor: Give one case to each group.]

Robert

Robert is 56 years old. He has multiple sclerosis. His body can do very little below the waist. He uses a wheelchair with a motor. You support him with home care.

When you go to Robert's room, he tells you he soiled himself during the night. He needs to be cleaned up, and his sheets are dirty.

Look at the tasks below. Decide what order to do them in. Then number the tasks from 1 to 7 to show the order.

- ___ Change Robert's bed linens.
- ___ Wash your hands.
- ___ Get the things you will need, such as clothes and linens.
- ___ Take Robert to the bathroom to help him shower.
- ___ Put on gloves.
- ___ Talk to Robert. Say, "It's no big deal. I'll help you get cleaned up."
- ___ Make Robert's bed.

Putting Tasks in Order

[Note to instructor: Give one case to each group.]

Mrs. Banerjee

You work in a nursing home. You just finished taking care of the fifth resident this morning. It is almost time for you to serve lunch.

Mrs. Banerjee rings her call bell. You go in to see what she needs. She is crying and has soiled herself. She has spilled her water jug on the floor near the bed.

Look at the tasks below. Decide what order to do them in. Then number the tasks from 1 to 5 to show the order.

- ___ Change Mrs. Banerjee's pads and bed linens.
- ___ Go help serve lunch.
- ___ Ask Mrs. Banerjee if she wants her lunch now.
- ___ Wipe the water up. Or find someone else to do it, if the rules say that's OK.
- ___ Ask Mrs. Banerjee if she is OK. Find out why she is crying.

Putting Tasks in Order

[Note to instructor: Give one case to each group.]

Helen

You support Helen with home care for 2 hours a day, 5 days a week. Helen needs help with daily tasks, such as taking a shower and using the toilet. She has family who live nearby, but they do not visit her every day.

Helen wrote a long list of tasks she'd like you to do today. You tell her that you have just 2 hours and that you need at least 45 minutes to do the personal tasks on the care plan. Helen agrees.

The next step is to figure out with Helen which added tasks are more important, and which are less important, and why.

Look at the tasks on the list below. To prepare yourself to talk with Helen, think about which tasks you feel are more important, and which are less important. Then number the tasks to show the priority, in your thinking.

Helen's List

- ___ Plant tulip bulbs in front of the house.
- ___ Pack up my winter clothes. Put them in the basement.
- ___ Wash my spring and summer clothes. Put them in the closet.
- ___ Vacuum the living room, family room, and bedrooms.
- ___ Wash the dishes.
- ___ Do one load of laundry.

Personal Worksheet for Managing Stress

Handout 21.7

I feel good about...

My own signs of stress are...

One thing I can do to manage my stress in the next week is...

Stress and What Causes It

What is stress?

“Stress” is the way we react to changes, challenges, or danger. In terms of our physical bodies, the endocrine system releases adrenaline during stress. This natural chemical gives us extra energy to fight or run away.

For emergencies, our ability to respond to stress is good. But there can be problems when the “stressful” situation does not go away. The body is not meant to be ready to “fight or run away” on a long-term basis, and some body systems start to wear out.

The situations that cause stress are different for different people. And the way we react to stress is also different for different people.

Everyone has times of stress in their lives.

You can predict some causes of stress.

They include:

- Getting married
- Having kids
- Starting a new job
- Retiring
- Taking care of aging parents
- Taking tests

You cannot predict other causes of stress.

They include:

- Ending a marriage
- Flood, fire, earthquake, or tornado
- Getting sick or hurt
- Losing your job or your home
- Death of a loved one

How do you react differently to these different causes of stress?

Signs of Stress

We all feel stress sometimes. Here are some signs of stress.

Stress can affect your thoughts.

It can make you:

- Confused or forgetful
- Have trouble making choices
- Make bad choices
- Think gloomy thoughts
- Think the same thing over and over

Stress can affect your feelings.

It can make you feel:

- Tired
- Grumpy
- Like laughing or crying too much
- Nothing
- Restless, worried, sad, or angry
- Like you can't cope
- Like running away

Signs of Stress

Stress can affect your body.

It can make you have:

- Chest pain or an uneven heartbeat
- Headaches or muscle pain
- High blood pressure
- Skin problems
- Trouble breathing
- Trouble digesting food
- Trouble sleeping

Stress can affect the way you act.

It can make you:

- Bite your nails or grind your teeth
- Eat or sleep too much, or too little
- Lose your temper easily
- Lose interest in sex
- Not do the things you need to do
- Stay away from other people
- Use alcohol and drugs more

Ways to Manage Stress

Page 1 of 2

Being a direct care worker can be hard. Read how these workers cope with stress.

Dee's tip—Sleep well.

“My body and mind work better when I'm well rested. If I get my 8 hours, I know the next day will be great!”

Sara's tip—Get moving.

“When my body moves, the stress just melts away. I feel better inside and out.”

Bob's tip—Eat well.

“The food I choose really affects how I feel. When I eat right, I'm stronger.”

Emma's tip—Cut back on caffeine and sugar.

“Coffee, cola, and sweets bring me up. But when I crash, I feel worse than ever. Plus, they make me tense when I have too much.”

Jim's tip—Avoid alcohol and other drugs.

“Drinking used to make me feel better, but only for a little while. It was just hiding the real problems—and making them harder to deal with. I'm glad I stopped.”

June's tip—Treat yourself.

“I try to do something I enjoy—especially on the tough days.”

Manuel's tip—Get involved outside work.

“My job is not my life. I sing at the church. And I help build houses for other low-income folks in my town.”

Joe's tip—Get support—Talk with friends.

“After a tough day, I call my friend Mike. Talking with him really clears my mind. And I can usually think of a way to make the next day go better.”

Ways to Manage Stress

Asha's tip—Get support—Lean on family.

“My family keeps me going. When my kids meet me at the door with a hug and tell me I'm the best mommy, it just lifts me up.”

Kofi's tip—Get support—Have fun with friends.

“My buddies know me inside and out—and they like me anyway! After I hang out with them, I feel like myself again.”

Joyce's tip—Get support—Share with coworkers.

“It's great to talk with other people who do what I do. They know just what I'm going through.”

Review—Ways to Manage Stress:

- Sleep well.
- Get moving.
- Eat well.
- Cut back on caffeine and sugar.
- Avoid alcohol and other drugs.
- Treat yourself.
- Get involved outside work.
- Get support.
 - Talk with friends.
 - Lean on family.
 - Have fun with friends.
 - Share with coworkers.