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# DEFINING ABUSE, NEGLECT & MISAPPROPRIATION

- Family Tree Home Care advocates for ALL elders.
- It is mandatory that this packet be read, and saved for reference.
- Care Directors are always available to discuss any concerns.
- Elder's SAFETY is our #1 priority.

# THE "ELEMENTS" OF ABUSE, NEGLECT & MISAPPROPRIATION

- ACT
- INTENT
- HARM
- EXEMPTIONS



# ABUSE

- **ACT:**
  - Infliction of injury.
  - Unreasonable confinement.
  - Intimidation (including verbal or mental abuse directed at a specific patient or resident).
  - Punishment.
- 
- **INTENT:** Willful infliction of the act.
- 
- **HARM:**
  - Physical harm
  - Pain
  - Mental anguish
  - Assault and battery

# NEGLECT

**ACT:** Failure to provide appropriate-

- Care
- Treatment
- Services

**INTENT:** Intentional or the result of carelessness.

**HARM:** Failed to maintain health & safety as evidenced by:

- Harm
- Deterioration in physical, mental or emotional condition.

**EXEMPTION:** Caused by factors beyond individual's control.

# MISAPPROPRIATION

## ACT:

- Misplacement
- Exploitation
- Wrongful, temporary or permanent, use.

INTENT: Deliberate

## HARM:

- Money
- Belongings

**\*EXEMPTIONS: Patient's consent**

# EXAMPLES OF:

## ABUSE:

- Any physical aggression toward elder such as kicking, shoving or pushing.
- Any verbal abuse such as profanity directed at elder.

## NEGLECT:

- Allow a resident during winter months to be outside without a warm coat.
- Allowing elder to remain in soiled undergarments creating a potential skin breakdown.

## MISAPPROPRIATION:

- Using elder's credit card for personal use.
- Stealing money from elder.
- Using elder's phone for personal use without permission.

# IMPORTANT NOTICE

## **Important Notice**

Patients, Families, Visitors, Advocates

Are you aware of any instance of abuse, neglect, or mistreatment of a patient, or misappropriation of a patient's property? If so, you are encouraged to report these conditions to the Administrator of this agency and to:

***Write:***

Complaint Unit  
Massachusetts Department of Public Health  
Division of Health Care Quality  
99 Chauncy Street, 2<sup>nd</sup> Floor  
Boston, MA 02111

***Fax Number:*** (617) 753-8165

***Call:*** DPH Hotline at 1-800-462-5540

## **Employees & Persons Paid to Provide Care**

You are required by the Patient Abuse Statute (M.G.L. c. 111, 72F-L) to report whenever you suspect there has been an instance of patient abuse, neglect, mistreatment, or misappropriation of a patient's property to the Massachusetts Department of Public Health. Use the address noted above to make such a report. This notice must be posted in a location readily accessible to patients, visitors and employees.



# WHO?

## Mandatory reporters:

- A person
- Paid for caring for a patient...
- On a temporary or permanent basis.....
- Who is on the list of mandatory reporters:

(1) a physician; (2) a medical intern or resident; (3) a physician assistant; (4) a registered nurse; (5) a licensed practical nurse; (6) a nurse aide; (7) an orderly; (8) a home health aide; (9) a homemaker; (10) a hospice worker; (11) an administrator of a facility, home health agency, homemaker agency, or hospice program; (12) a responsible person in a rest home; (13) a medical examiner; (14) a dentist; (15) an optometrist; (16) an optician; (17) a chiropractor; (18) a podiatrist; (19) a coroner; (20) a police officer; (21) a speech pathologist; (22) an audiologist; (23) a social worker; (24) a pharmacist; (25) a physical therapist; (26) an occupational therapist; or (27) a health officer.

Please notify Pamela McKinley or Jean Brigham at Family Tree Home Care with any concerns you have about abuse, neglect, and /or misappropriation of property at 978 266 0443, P.O. Box 3038 Acton, MA 01720.

# WHAT?

Abuse, neglect mistreatment or misappropriation.

Reasonably suspected.

“...has reasonable cause to believe that any patient or resident has been abused, neglected, or mistreated or had property misappropriated.”

Report made to supervisor by non-mandatory reporter.

## BEHAVIORS

Alzheimer's disease and related dementias can cause a person to act in different and unpredictable ways. Some individuals with Alzheimer's become anxious or aggressive. Others repeat certain questions and gestures. Many misinterpret what they see or hear.

These types of reactions can lead to misunderstanding, frustration and tension, particularly between the person with dementia and the caregiver. It is important to understand that the person is not acting that way on purpose.

### Causes of behavior changes

- Physical discomfort caused by an illness or medications
- Over stimulation from loud noises or a busy environment
- Unfamiliar surroundings such as new places or inability to recognize home
- Complicated tasks
- Frustrating interactions due to the Inability to communicate effectively

**Use this three-step approach to help identify common behaviors and their cause:**

#### 1. Identify and examine the behavior

- What was the behavior? Is it harmful to the individual or others?
- What happened before the behavior occurred? Did something trigger the behavior?
- What happened immediately after the behavior occurred? How did you react?
- Consult a physician to identify any causes related to medications or illness.

## 2. Explore potential solutions

- What are the needs of the person with dementia? Are they being met?
- Can adapting the surroundings comfort the person? Can you lower the noise level or turn on lights?
- How can you change your reaction or your approach to the behavior? Are you responding in a calm and supportive way?

## 3. Try different responses

- Did your new response help?
- Do you need to explore other potential causes and solutions? If so, what can you do differently?

# AGGRESSION

## Introduction

Aggressive behaviors may be verbal (shouting, name-calling) or physical (hitting, pushing). These behaviors can occur suddenly, with no apparent reason, or can result from a frustrating situation. Whatever the case, it is try to understand what is causing the person to become angry or upset.

## Possible causes

Aggression can be caused by many factors including physical discomfort, environmental factors and poor communication. If the person is aggressive, consider the following:

### **Physical discomfort**

- Is the person tired because of inadequate rest or sleep?
- Are medications causing side effects?

- Is the person unable to let you know he or she is experiencing pain?

### **Environmental factors**

- Is the person over stimulated by loud noises, an overactive environment or physical clutter?
- Does the person feel lost ?

### **Poor communication**

- Are you asking too many questions or making too many statements at once?
- Are your instructions simple and easy to understand?
- Is the person picking up on your own stress and irritability?
- Are you being negative or critical?

## How to respond

- **Try to identify the immediate cause.** Think about what happened right before the reaction that may have triggered the behavior.
- **Focus on feelings, not the facts.** Try not to concentrate on specific details; rather, consider the person's emotions. Look for the feelings behind the words.
- **Don't get angry or upset.** Don't take the behavior personally. The person isn't necessarily angry with you. Be positive and reassuring. Speak slowly in a soft tone.
- **Limit distractions.** Examine the person's surroundings, and adapt them to avoid similar situations.
- **Try a relaxing activity.** Use music, massage or exercise to help soothe the problem.
- **Shift the focus to another activity.** The immediate situation or activity may have unintentionally caused the aggressive response. Try something different.

- **Decrease level of danger.** Assess the level of danger — for yourself and the person with Alzheimer's. You can often avoid harm by simply stepping back and standing away from the person. If the person is headed out of the house and onto the street, be more assertive.
- **Avoid using restraint or force.** Unless the situation is serious, avoid physically holding or restraining the person. He or she may become more frustrated and cause personal harm.

## Confusion

The person with Alzheimer's may not recognize familiar people, places or things. He or she may forget relationships, call family members by other names or become confused about where home is. The person may also forget the purpose of common items, such as a pen or a fork. These situations are extremely difficult for caregivers and families and require patience and understanding.

## How to respond

- Stay calm. Although being called by a different name or not being recognized can be painful, try not to make your hurt apparent.
- Respond with a brief explanation. Don't overwhelm the person with lengthy statements or reasons. Instead, clarify with a simple explanation.
- Show photos and other reminders. Use photographs and other thought-provoking items to remind the person of important relationships and places.
- Offer corrections as suggestions. Avoid explanations that sound like scolding. Try "I thought it was a fork, "or "I think she is your granddaughter Julie."

- Try not to take it personally. Alzheimer's disease causes your loved one to forget, but your support and understanding will continue to be appreciated.

## Hallucinations

A hallucination is a false perception of objects or events involving the senses. When individuals Alzheimer's disease have a hallucination, they see, hear, smell, taste or feel something that isn't there. The person may see the face of a former friend in a curtain or may hear people talking.

If the hallucination doesn't cause problems for you, the person or other family members, you may want to ignore it. However, if they happen continuously, consult a physician to determine if there is an underlying physical cause. Also, have the person's eyesight and hearing checked, and make sure the person wears his or her glasses and hearing aid on a regular basis.

### Offer reassurance

- Respond in a calm, supportive manner.
- A gentle tap on the shoulder may turn the person's attention toward you.
- Look for the feelings behind the hallucinations. You might want to say, "It sounds as if you're worried" or "I know this is frightening for you."
- Avoid arguing with the person about what he or she sees.

### Use distractions

- Suggest that you take a walk or sit in another room. Frightening hallucinations often subside in well-lit areas where other people are present.
- Try to turn the person's attention to music, conversation or activities you enjoy together.

## Modify the environment

- Check for noises that might be misinterpreted, such as noise from a television or an air conditioner. Look for lighting that casts shadows, reflections or distortions on the surfaces of floors, walls and furniture.
- Cover mirrors with a cloth or remove them if the person thinks that he or she is looking at a stranger.

## Suspicion

Memory loss and confusion may cause the person with Alzheimer's to perceive things in new, unusual ways. Individuals may become suspicious of those around them, even accusing others of theft, infidelity or other improper behavior. Sometimes the person may also misinterpret what he or she sees and hears.

## How to respond

- Don't take offense. Listen to what is troubling the person, and try to understand that reality. Then be reassuring, and let the person know you care.
- Don't argue or try to convince. Allow the individual to express ideas. Acknowledge his or her opinions.
- Offer a simple answer. Share your thoughts with the individual, but keep it simple. Don't overwhelm the person with lengthy explanations or reasons.
- Switch the focus to another activity. Engage the individual in an activity, or ask for help with a chore.
- Duplicate any lost item. If the person is often searching for a specific item, have several available. For example, if the individual is always looking for his or her wallet, purchase two of the same kind.



## Repetition

The person with Alzheimer's may do or say something over and over again – like repeating a word, question or activity. In most cases, he or she is probably looking for comfort, security and familiarity.

The person may also pace or undo what has just been finished. These actions are rarely harmful to the person with Alzheimer's but can be stressful for the caregiver.

### How to respond

- **Look for a reason behind the repetition.** Try to find out if there is a specific cause for the behavior.
- **Focus on the emotion, not the behavior.** Rather than reacting to what the person is doing, think about how he or she is feeling.
- **Turn the action or behavior into an activity.** If the person is rubbing his or her hand across the table, provide a cloth and ask for help with dusting.
- **Stay calm, and be patient.** Reassure the person with a calm voice and gentle touch.
- **Provide an answer.** Give the person the answer that he or she is looking for, even if you have to repeat it several times.
- **Engage the person in an activity.** The individual may simply be bored and need something to do. Provide structure and engage the person in a pleasant activity.
- **Use memory aids.** If the person asks the same questions over and over again, offer reminders by using notes, clocks, calendars or photographs, if these items are still meaningful to the individual.
- **Accept the behavior, and work with it.** If it isn't harmful, let it be. Find ways to work with it.

## Sleeplessness/Sundowning

Sleeping problems experienced by individuals with Alzheimer's and caregiver exhaustion are two of the most common reasons people with Alzheimer's are eventually placed in nursing homes. Some studies indicate that as many as 20 percent of persons with Alzheimer's will, at some point, experience periods of increased confusion, anxiety, agitation and disorientation beginning at dusk and continuing throughout the night.

While experts are not certain how or why these behaviors occur, many attribute them to late-day confusion, or "sundowning," caused by the following factors:

- end-of-day exhaustion (mental and physical)
- an upset in the "internal body clock," causing a biological mix-up between day and night
- reduced lighting and increased shadows
- disorientation due to the inability to separate dreams from reality when sleeping
- less need for sleep, which is common among older adults

### Tips for reducing evening agitation and nighttime sleeplessness

- **Plan more active days.** A person who rests most of the day is likely to be awake at night. Discourage afternoon napping and plan activities, such as taking a walk, throughout the day.
- **Monitor diet.** Restrict sweets and caffeine consumption to the morning hours. Serve dinner early, and offer only a light meal before bedtime.
- **Seek medical advice.** Physical ailments, such as bladder or incontinence problems, could be making it difficult to sleep. Your doctor may also be able to prescribe medication to help the person relax at night.

- **Change sleeping arrangements.** Allow the person to sleep in a different bedroom, in a favorite chair or wherever it's most comfortable. Also, keep the room partially lit to reduce agitation that occurs when surroundings are dark or unfamiliar.

Nighttime restlessness doesn't last forever. It typically peaks in the middle stages, then diminishes as the disease progresses. In the meantime, caregivers should make sure their home is safe and secure, especially if the person with Alzheimer's wanders. Restrict access to certain rooms or levels by closing and locking doors, and install tall safety gates between rooms. Door sensors and motion detectors can be used to alert family members when a person is wandering.

Once the person is awake and upset, experts suggest that caregivers:

- approach their loved one in a calm manner
- find out if there is something he or she needs
- gently remind him or her of the time
- avoid arguing or asking for explanations
- offer reassurance that everything is all right and everyone is safe

## Wandering

### Introduction

It is common for a person with dementia to wander and become lost; many do repeatedly. In fact, over 60 percent of those with dementia will wander at some point.

Wandering can be dangerous - even life threatening - for the person who wanders. The stress can weigh heavily on caregivers and family.

## What is wandering?

Many people with dementia do not fit the textbook definition of wandering, "To move about without a definite destination or purpose."

People with dementia who wander often have a purpose or goal in mind. They may be searching for something that is lost or trying to fulfill a former job responsibility.

## Who's at risk?

Everyone is at risk for wandering. However, a person may be at risk for wandering if he or she:

- Returns from a regular walk or drive later than usual
- Tries to fulfill former obligations, such as going to work
- Tries or wants to "go home" even when at home
- Is restless, paces or makes repetitive movements
- Has difficulty locating familiar places like the bathroom, bedroom or dining room
- Checks the whereabouts of familiar people
- Acts as if doing a hobby or chore, but nothing gets done (moves around pots and dirt without actually planting anything)
- Appears lost in a new or changed environment

## Causes

Wandering can be caused by several factors, including:

- Medication side effects
- Stress
- Confusion related to time
- Restlessness

- Agitation
- Anxiety
- Inability to recognize familiar people, places and objects
- Fear arising from the misinterpretation of sights and sounds
- Desire to fulfill former obligations, such as going to work or looking after a child

### Tips to reduce wandering

- Encourage movement and exercise to reduce anxiety, agitation and restlessness
- Ensure all basic needs are met (toileting, nutrition, thirst)
- Involve the person in daily activities, such as folding laundry or preparing dinner
- Place color-matching cloth over doorknobs to camouflage
- Redirect pacing or restless behavior
- Place a mirror near doorways. The reflection of a person's own face will often stop him or her from exiting the door.
- Reassure the person if he or she feels lost, abandoned or disoriented.

## Communication

Alzheimer's disease can gradually diminish a person's ability to communicate. Not only do people with dementia have more difficulty expressing thoughts and emotions, they also have more trouble understanding others. Here are some tips to help you and the person with dementia understand each other better.

## Changes in communication

The person with dementia may experience changes in communication such as:

- Difficulty finding the right words
- Using familiar words repeatedly
- Inventing new words to describe familiar objects
- Easily lose their train of thought
- Difficulty organizing words logically
- Reverting to speaking in a native language
- Using curse words
- Speaking less often
- More often relying on gestures instead of speaking

## Tips for better communication

- Let the person know you are listening and trying to understand what is being said.
- Keep good eye contact. Show the person that you care about what is being said.
- Let the person think about and describe whatever he or she wants to. Be careful not to interrupt.
- Avoid criticizing, correcting and arguing.
- If the person uses the wrong word or cannot find a word, try guessing the right one.
- If you don't understand what is being said, ask the person to point or gesture.

- Focus on the feelings, not the facts. Sometimes the emotions being expressed are more important than what is being said. Look for the feelings behind the words.
- Always approach the person from the front. Tell the person who you are.
- Call the person by name. It helps orient the person and gets his or her attention.
- Use short, simple words and sentences. Talk slowly and clearly.
- Ask one question at a time.
- Patiently wait for a response. A person may need extra time to process your request.
- Repeat information and questions. If the person doesn't respond, wait a moment. Then ask again.
- Avoid quizzing. Reminiscing can be healthy, but avoid asking, "Do you remember when...?"
- Give simple explanations. Avoid using logic and reason at great length. Give a complete response in a clear and concise way.

## Activities

### Introduction

For the person with Alzheimer's, activities structure the time. Activities also can enhance a person's sense of dignity and self-esteem by giving purpose and meaning to his or her life.

Planning activities should focus on the:

- Person
- Activity
- Approach
- Place

## Focus on the person

Activities should be appropriate to the person and reflect his or her interests.

- Keep the person's skills and abilities in mind
- Pay special attention to what the person enjoys
- Consider if the person begins activities without direction
- Be aware of physical problems

## Choosing an activity

Well-planned activities can improve the quality of life of those with dementia.

- Focus on enjoyment, not achievement
- Encourage involvement in daily life
- Relate to past work life
- Look for favorites
- Change activities as needed
- Consider the time of day
- Adjust activities to stages of the disease

## Your approach

Your approach to activities can bring meaning, purpose joy and hope to the person's life.

- Offer support and supervision
- Concentrate on the process, not the result
- Be flexible and patient
- Be realistic and relaxed
- Help get the activity started



- Break activities into simple, easy-to-follow steps
- Assist with difficult parts of the task
- Let the individual know he or she is needed
- Stress a sense of purpose
- Don't criticize or correct the person
- Encourage self-expression

## Create a supportive place for the activity

Create a safe, comfortable and supportive environment for activities.

- Make activities safe
- Change your surroundings to encourage activities
- Minimize distractions that can frighten or confuse the person

## Planning the day

A planned day allows you to spend less time and energy trying to figure out what to do from moment to moment. To pick activities and organize the day for the person, think about:

- What activities worked best and which didn't? Why?
- Were there times when there was too much going on or too little to do?
- Were spontaneous activities enjoyable and easily completed?
- Was the person bored or distracted? Is it time to introduce a new activity?

## **Example of a daily plan:**

### **Morning**

- Wash, brush teeth, get dressed
- Prepare and eat breakfast
- Discuss the newspaper or reminisce about old photos
- Take a break, have some quiet time

### **Afternoon**

- Prepare and eat lunch, read mail, wash dishes
- Listen to music or do a crossword puzzle
- Take a walk

### **Evening**

- Prepare and eat dinner
- Play cards, watch a movie or give a massage
- Take a bath, get ready for bed

## **Proper Hand-Washing Techniques**

An easy way to prevent infection-Mayo clinic.com

**Good hand-washing techniques include washing your hands with soap and water or using an alcohol-based hand sanitizer.**

**Antimicrobial wipes or towelettes are just as effective as soap and water in cleaning your hands but aren't as good as alcohol-based sanitizers.**

### **Proper hand washing with soap and water**

**Follow these instructions for washing with soap and water:**

- **Wet your hands with warm, running water and apply liquid soap or use clean bar soap. Lather well.**
- **Rub your hands vigorously together for at least 15 to 20 seconds.**

- **Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails.**
- **Rinse well.**
- **Dry your hands with a clean or disposable towel.**
- **Use a towel to turn off the faucet.**

## When should you wash your hands?

**Although it's impossible to keep your bare hands germ-free, there are times when it's critical to wash your hands to limit the transfer of bacteria, viruses and other microbes.**

**Always wash your hands: (suggestions, but not limited to..)**

- **After using the toilet**
- **After touching animals or animal waste**
- **Before and after preparing food, especially before and immediately after handling raw meat, poultry or fish**
- **Before eating**
- **After blowing your nose**
- **After coughing or sneezing into your hands**
- **Before and after touching a sick or injured person**
- **After handling garbage**