Module 1: Role of the Mental Health Support Specialist

(9 – 10 hours)

In this module, students will learn to:

A. Describe the roles, expectations, and functions of the Mental Health Support Specialist (MHSS).

B. Explain the importance of the following aspects of the MHSS job:

1. Use of supervision
2. Working as part of a team
3. Being a lifelong learner
4. Working boundaries
5. Problem solving
6. Resolving conflict
7. Dealing with stress
8. Identifying and resolving issues of staff safety

C. Explain Maslow's *Hierarchy of Needs* as it applies to all of us.

D. Identify ways of supporting different learning styles in providing daily living support.

E. Demonstrate the *Tell, Show, Do* strategy for teaching skills.

F. Describe the responsibility of the MHSS as a mandatory reporter.

Notes ***Presentation***

A. Describe the roles, expectations, and functions of the Mental Health Support Specialist (MHSS).

Your role as a Mental Health Support Specialist (MHSS) is of major importance to the people you are supporting. The agency you work for has a contract to provide training and support for its clients. You will do much of that support and training. This may include working with individuals on:

- Housekeeping
- Transportation
- Interpersonal relationships
- Health maintenance
- Safety practices
- Financial management
- Basic academic skills
- Management of personal and legal affairs
- Problem solving and decision making
- Involvement with the community
- Recreation
- Menu planning and meal preparation
- Communication tools and skills
- Exploration of meaningful activities including work, education, or other interests.

While your agency may have other staff and resources to support you and the individuals you work with, you should be prepared to work with the person you are supporting on the goals and objectives outlined in individual plans. One of the things that this module will do is give you information about how to teach skills. The actual teaching of skills, however, must be done within the context of your daily interactions with the people you support. The following are highlights of what is expected of you in your interactions. Remember, what is good for the people you support will also be good for you. *(The following list of expectations was developed by Motivational Services, Inc.)*

- **Be positive** – Many people with mental illnesses have been criticized or judged harshly most of their lives. Use praise, validation, acceptance, support, and

Notes	Presentation

encouragement. Never raise your voice, criticize, judge, or make fun of someone's ideas or actions.

- **Be fully present** – When you are working with an individual, that should be the total focus of what you are doing. We all have lives outside of work, but the individual you are supporting will benefit from your full attention when you are with him/her.
- **Be a good listener** – When asked to define the most important quality of a good support staff person, consumers often say, "He/she is a good listener. He/she always has time to really listen to what I'm trying to say. He/she doesn't try to tell me what to do or offer advice. He/she helps me to figure it out myself."
- **Manage yourself before attempting to manage others** – If you find yourself becoming upset while dealing with a person who is displaying challenging behaviors, regroup, take a deep breath, count to 10. Reflect on why you are angry or upset including what you might be dealing with outside of work. If you think that your response to the person is making the situation worse, ask for help.
- **Give people space** – Find out the personal space needs for each person you support. If a person is becoming angry, agitated, or telling you to go away, make sure he/she is safe and then back off. Suggest that you both take a break to let the stress subside. Don't fight over control. Be extremely careful about touching others.
- **Be honest** – If you don't know the answer to a question, say so. Take time to make decisions even when an individual wants an immediate answer. Model for the individual how you find out information and/or make a decision, while acknowledging that your way isn't the only way.
- **Do things "with" not "for"** – It may seem easier to do things for someone, but doing so can result in the person's loss of confidence and an increase in dependence. Healthy interdependence is one of the goals of your work. Encourage the person to try. Model, teach, and be supportive of the person's efforts. Never threaten a person with consequences for not doing something that you had planned to do. Everyone gets to change his/her mind or postpone an activity.

Notes	*Presentation*

- **Help with life skills** – Your job is not to provide therapy or counseling. Your job is to provide support and help people learn skills for living independently. This includes helping people to advocate for themselves and, when necessary, to advocate on their behalf.
- **Practice confidentiality** – Share information only with people who have signed releases of information. This also means that you should not be sharing information about other staff, residents, or friends with the person you are supporting. This also means reminding others when conversations stray from the standard.
- **Support team decisions** – You are a part of the team. You need to support the decisions of the team. If the team's decisions don't seem to be working well, you need to document that and report back to the team and to your supervisor.
- **Use humor** – Having a sense of humor with this job will serve both you and the people you support well. Avoid sarcasm, cynicism, and never make fun of anyone. It is okay to poke fun at yourself as a way of lightening the mood or sharing your humanness.
- **Respectfully set limits**– Offer a range of choices, explain what the limits are, why there are limits, and never argue. Do not lend, give, or ask for money, cigarettes, gum, food, etc.
- **Take care of yourself** – In order to do the best job you can for the people you support, you need to take care of yourself. Find time outside of work for relaxation, friends, family, exercise, and things that bring you joy.

B. Explain the importance of the following aspects of the MHSS job

1. Use of supervision

Whenever you have a question or concern about your work, go to your supervisor immediately. When in doubt, check it out with your supervisor. Most supervisors can be contacted at any time. Your supervisor will be best able to assist you if before you meet:

- You have organized your thoughts, questions,

Notes	Presentation

observations.

- You are able to clearly articulate what you want and need from your supervisor.
- You are able to discuss the feelings, thoughts, and reactions that you have as a result of working with the people you support.
- You request guidance and help with specific issues before the issue reaches the crisis stage.
- You are open to input and feedback.

If you are unsure of whether an issue is appropriate for taking to your supervisor, it is better to err on the side of asking or bringing it up.

MHSS staff who work in residential facilities have a different connection with their supervisors and co-workers than do daily living support staff, who are most often working on their own in people's apartments or rooms. Both kinds of MHSS assignments require continual connection with supervisors.

2. Working as part of a team

- Members of the team work interdependently with each other in order to accomplish agreed upon goals. They are not competitive with each other. There is no need to be. There is a job to get done, goals to be met, and team members will do what it takes to complete the job and meet the goals.
- Members of the team freely contribute their talents and ideas. They are not afraid to make suggestions. They are willing to take risks to offer their different perspectives on how to support the individual in meeting his/her goals.
- Members of the team make an effort to listen to each other, to understand each other, and to communicate respectfully with each other. If a member has an issue with another team member, he/she talks directly to the person rather than going to others first.
- Members of the team can disagree with each other without doing damage to their relationships with each other or to their work with the individual.
- Members of the team do not gossip about each other or the people they support.

Notes	Presentation

- Members of the team treat each other respectfully. If they do not, it is hard to imagine that they will treat the people they support with respect.
- Each team member treats every other team member as they would like to be treated.

3. Being a lifelong learner

Being a MHSS is an opportunity to learn new skills and to gain experiences that will last you a lifetime. Because your work is supporting people, you should both need and want to keep learning. You will receive regular training in addition to this course. You will have the opportunity to learn from and to share your experiences with other team members. This is an opportunity for you to continue your lifelong learning and to set an example for the people you support.

4. Working boundaries

Establishing and maintaining healthy personal and professional boundaries is an essential aspect of your work as an MHSS. The nature of your role as paid staff creates a power differential between yourself and the person you are supporting. You need to be alert to any use of that power. Your boundaries will be the limits of your working relationship with the people you support. For example, you may feel as if you could be friends with the person you are supporting if you met them in another setting. While these feelings are understandable, your role as paid staff precludes you from being the person's friend. The Department of Health and Human Services (DHSS) regulations, your agency's policies, and common sense dictate what your boundaries should be. Any lack of clarity in the definition of these boundaries will have a negative impact on the effectiveness of your work.

Here are some examples of boundary violations that you should avoid. These are true-life incidents taken from the anecdotes of supervisors:

- Do not bring the client to your home.
- Do not drink alcohol with the client.
- Do not have an intimate relationship with the client.

Notes	Presentation

- If a client is doing something illegal (like smoking pot), it is not okay for you to sit and watch and do nothing.
- Do not hire a client to do work at or on your house.
- If you have your children in the car, do not pick up the client.
- Do not eat the client's food or smoke his/her cigarettes.

5. Problem solving

You will encounter situations and issues with the people you support that you may never have experienced before. Your responses to these situations are wonderful opportunities for modeling problem solving and asking for help. From the beginning, it is helpful to ask: "Whose problem is this?" Be on the alert that your reactions to people's choices may create problems that are yours and no one else's. Remember that you have a team to support you and a supervisor to offer you direction.

You may find it useful to have a structure for problem solving that you use with the people you support as well as with your colleagues. There are many models for problem solving to choose from. The following is a model that is easy to remember and applies in a variety of situations:

1. Identify what the problem is (and whose problem it is).
2. Collect information about what may be causing or contributing to the problem.
3. Brainstorm possible solutions.
4. Decide which solutions would be reasonable to try.
5. Make the decision about which solution to try.
6. Implement the decision.
7. Return at a later point in time to see if the problem has been solved; if yes, stick with the decision; if not, start over again at Step 1.

6. Resolving conflict

Conflict occurs when an individual perceives that he/she has been or is about to be negatively affected by another person.

Notes	Presentation

As an MHSS, you may experience conflict among members of your team, between yourself and the people you support, and among various people you support. In any of these situations, it is essential for you to appropriately model dealing with conflict. In dealing with conflict, it is important to:

- Be respectful.
- Seek to understand or to help others understand the points of view of those involved in the conflict.
- Focus on win-win solutions.
- Work to create long-lasting solutions.
- Acknowledge your own and other people's feelings.

7. Dealing with stress

Being an MHSS is a stressful job. Stress is our internal response to situations that we find difficult. We become burned out when we believe that we can't do anything about the stress we are feeling. It is important to remember that we allow ourselves to be stressed by what we take on and by what we don't get rid of. We can't eliminate stress from our lives, but we can choose to manage the stress in positive, proactive ways.

It is critical that you take care of yourself in order to have the patience and energy you need to do this work. Some strategies for dealing with the moment-to-moment stress of your job may include:

- Being aware of what is causing you stress.
- Taking a break.
- Drinking a glass of water.
- Taking deep breaths.
- Counting to 10.

Avoiding burnout will require active strategies on your part. Your strategies may include:

- Talking with your supervisor about the work you are doing and the effect it is having on you.
- Developing techniques for "leaving work at work."
- Paying attention to having a satisfying life outside of work.

Notes	Presentation

- Using your team meetings as a way of getting re-energized.

Staying healthy in your life in general will also reduce stress. Try to exercise every day, get enough sleep, cut down on caffeine, nicotine and sugar; talk to friends, and pursue a hobby. These simple steps can help keep stress down and resilience up. If you feel that you are getting too stressed at work, talk to your supervisor. Pershaps he/she can help you devise some coping strategies beyond what is in this module.

8. Identifying and resolving issues of staff safety

Violence and mental illness

A common misperception exists that people with mental illness are prone to violence. This is so in part because whenever a person commits violent acts against a number of people, that action will usually be covered in endless detail in the press, regardless of whether that person has a mental illness or not.

There is a tendency to regard people who act out violently as somehow sick, or "not quite right in the head." Neighbors and acquaintances can be trusted to say that the person "was a pleasant, shy person who just snapped."

In fact, as the American Psychiatric Association (APA) notes, "people with mental illness very rarely make the news. The overwhelming majority, even with severe and persistent mental illness, want only to live in dignity, free from the suffering brought by their illnesses" (APA, 1999). In fact, those diagnosed with mental illness are more likely to be victims of violent acts than to commit them.

However, persons with severe and persistent mental illness are sometimes capable of violence to themselves and others. In situations where there is associated acquired brain injury with cognitive problems or concurrent substance abuse, people are more likely to act out violently.

As an MHSS staff person, you may encounter behavioral crisis situations from time to time. This section will assist staff in

Notes	Presentation

assessing their relative risk, making predictions as to the likelihood of violent outbursts, and developing safe, effective plans that will keep everyone safe.

Gavin deBacker, a security consultant who has worked with business clients attempting to prevent violence in their workplaces, assesses the likelihood of violence occurring. His model, while not developed specifically to counter threats from persons with severe and persistent mental illness, is nonetheless useful in helping MHSS staff develop, listen to, and use their intuition: a valuable skill.

Intuition is the cornerstone of safety. According to deBacker, "The root of the word intuition, or *tuere,* means to guard or protect. Many experts lose the creativity and imagination of the less informed or practiced. They are so familiar with known patterns that they may fail to recognize or appreciate the importance of a new wrinkle. The process of expertise is, after all, the editing out of unimportant details in favor of those known to be relevant…rare is the expert who combines an informed opinion with a strong respect for his own intuition and curiosity." (deBacker, 2000, The Gift of Fear, p. 28).

Messengers of Intuition—pay attention to:

- Nagging or "gut" feelings: Something is wrong, but you are not certain what.
- Persistent thoughts: Your mind returns to its original thoughts. They are "renting space in your head."
- Humor triggers knowledge: Often a seemingly humorous remark, made on the spur of the moment, makes clear what is bothering you about the situation.
- Aha!: The explanation or answer to your fear comes to you in the middle of doing something else.

The wise staff person pays attention to all of these messages!

The wise staff person lets others know about his/her concerns!

The wise staff person works with peers and clinical and administrative support staff to make a plan!

The wise administrator listens to staff when they express concern!

Notes	Presentation

Reasons for violent or intrusive behaviors:

All behavior, ours, those of the people you will be supporting, has meaning. What are some of the reasons for violent or challenging behaviors?

Anger or intense frustration can be one cause. In this case, the person has been damaged in some way or believes that he/she has been damaged, which can give way to an intense emotional state characterized by rage, fury, or wrath. These states are often associated with loss of control or a desire to punish the offending party.

Delusions: A person may have ideas about a situation or another person that are not true. These ideas give rise to retaliation for perceived intrusion.

Response to attempts to "control behavior:" Staff may push or attempt to control the consumer just hard enough to increase stress to an intolerable point. For example, going after a consumer who has just slammed the door in your face could escalate to a confrontation where you end up being hit.

If a situation like this ever develops, the staff member should be prepared to retreat, rather than engage in any type of physical altercation with a consumer.

In threatening situations, remember the following strategies:

Verbal Strategies:

- Talk to the person in crisis and hold their attention. Slow down.
- Do not raise your voice or threaten.
- Refrain from giving orders, although it is possible to set limits.
- Ask open-ended questions. Reflect important feelings.
- Talk less and listen more. Let the individual know that they are being accurately heard.
- Invite the person to help you find a solution.

Notes	Presentation

Physical Strategies:

- Assume a non-threatening posture.
- Try not to overreact to high levels of stress. Your visible stress may produce a final explosion. Project as calm a manner as you are able to under the circumstances.
- Do not crowd the individual.
- If in a cramped space, invite the person to a more open area.
- If in a high-risk area, such as a kitchen, invite the person to a safer area.
- If despite all of your efforts, the crisis continues to escalate, be prepared to retreat and to seek outside assistance. Only persons who have had certified training in one of the national physical intervention strategies, such as MANDT or NAPPI, are qualified to attempt physical restraint.

What if a violent incident has in fact happened and you want to prevent another outburst. What are some things you can think about?

One way of evaluating a situation is by using PINS (Pre-incident indicators). Can you and your team reliably identify what happens before the event, incident, or outburst? For example, perhaps tension increases each time a person is asked to cook dinner on the same day that they have had a doctor's appointment. Have others observed this? Is there something that can be done about it?

It's also important to consider the following:

- **Context**: Do I understand all of the variables? In other words, do I know what is going on?
- **Objectivity**: Do I have a stake in the outcome? Is this more about my needs than the consumer's needs?
- **Investment**: How badly do I want to be correct?
- **Replicability**: Can we test the prediction without harm to anyone?
- **Knowledge**: Do I know what I don't know? Can I ask for help?
- **Measurable**: Can we measure the outcomes? Prediction is more likely to succeed if the outcomes are clearly measurable.

Notes	*Presentation*

- **Reporting information**: None of the work has much value if it hasn't been communicated to the consumer and to the staff.

Preventing Violence: An example

One clinician in Maine has worked with a number of consumers who were known to be violent in the hospital. In the case of one person, the clinician and members of the team observed that violence occurred after a cycle, which started with the person not sleeping and then becoming angry. After assaulting a staff member and a policeman during one of these cycles, the person was hospitalized. When he returned to the agency providing services, staff shared their concerns and observations and worked with the consumer to develop a plan to improve his coping skills.

The Centering Technique

One technique that works well is to have the person consider what he feels like when he is feeling at his best. To assist in this process, staff worked with the consumer to use a visual aid, where the center was the best, and moving out from the center represented doing poorly. The circles included notes on what was happening and how he was feeling. Over time, he was able to use this technique to his benefit and stay in the community and out of the hospital. Different colors can also denote mood and control, so that, in a crisis, the person may only have to say "I'm black" to be understood and supported according to his plan.

When Do I Act?

As noted above, episodes of personal danger rarely happen without several events leading up to them. You or others at your agency may take one of several trainings (NAPPI, CPI, or MANDT) on dealing with violent behavior that goes over some of this information in a slightly different way. Paying attention to one's intuition and not trying to overtly control the situation often communicates your respect for the consumer and his/her struggle to maintain his/her control.

Notes	Presentation

The wise staff person always communicates respect and dignity……and gets it back!

The wise staff person is more concerned with relationships than with tasks!

The wise staff person knows when to quit and come back another day!

C. Explain Maslow's *Hierarchy of Needs.*

Abraham Maslow developed a model for understanding how our needs motivate our behaviors. This was developed within the context of Western cultures. This model applies to the people you support, to you, to your supervisor, and to the people you spend time with every day. Familiarity with Maslow's Hierarchy of Needs should increase your understanding of why you do what you do, as well as why others do what they do.

Maslow's theory says that people are motivated by the needs that they have not yet satisfied. He places those needs in a pyramid from the most basic to the most highly developed.

1. **Physiological**: These are the most basic needs that must be met in order for a person to survive. These needs include air, water, food, and shelter. People can become desperate in their attempts to meet these basic needs.
2. **Safety/security**: Once basic survival needs are met, people are motivated to be safe from harm. Any external or internal force that jeopardizes a sense of safety will be seen as a threat. Lack of safety and security may be in the moment and/or it may be from the effects of a previous trauma. If someone does not feel safe and secure, it is almost impossible to be motivated to satisfy higher order needs.
3. **Belonging and love**: When survival and safety needs are met, behavior is motivated by the need for connection and relationships. This involves the giving and receiving of love and the desire to share time and space with others.
4. **Esteem**: This is the need to achieve, to be competent, to have self-respect, and to receive respect from others. Satisfying this need leads to investment in self and others.

Notes	*Presentation*

5. **Cognitive**: People are motivated to learn new things, to understand how the world works, and to question why things are the way they are. As we think of teaching people skills, remember that motivation to learn is seriously affected by whether the four areas of need preceding this have been satisfied. A person who has not slept all night because of night terrors is not likely to be motivated to meet the goal in his plan to use an alarm clock to get to work on time.
6. **Aesthetic**: The significance of art, music, and culture becomes more pronounced after the basic human needs have been met.
7. **Self-actualization**: As life, sustenance, and belonging are secure, we are more likely to engage in self-exploration.

It is important to note that we may be motivated by and functioning at the higher levels on the pyramid, but circumstances and behavior may cause any of us to revert to attending to our most basic needs. The loss of a home by fire, a spouse leaving, a parent dying, a major illness or loss of a job are some examples of the circumstances which may drastically alter what motivates us. If you don't have a place to live, you are not likely to be motivated to learn the new agency documentation guidelines. If your long-time case manager whom you have grown to trust suddenly leaves, you may be unlikely to want to immediately take on the leadership of the self-help group at the drop-in center.

D. Identify ways of supporting different learning styles in providing daily living support.

Each of us processes information in ways that make sense to us. There are a variety of typical ways that people learn. These include:

1. **Visual** – Visual learners acquire new information by watching something being done before he/she tries to do it. Looking at or making their own pictures, videos, diagrams, or other visual images may help visual learners. Seeing a demonstration of the skill being taught may be critical to the success of the visual learner.
2. **Auditory** – Auditory learners take in information by

Notes	*Presentation*

listening. They need to hear the instructions and information. Sometimes auditory learners may not appear to be paying attention when spoken to because he/she is processing what has just been said.

3. **Kinesthetic (tactile, hands-on)** – Kinesthetic learners learn through moving, doing, and touching. They learn best when engaging in hands-on instruction. Kinesthetic learners may display impatience with instructions and demonstrations, because they need to be in direct contact with the task or skill. They may find it hard to sit still for long periods and may become distracted by their need for activity and exploration.
4. Some people **combine** one or more of these learning styles.

There are other variables to take into consideration when teaching skills and/or supporting people in maintaining skills. Ask the person you are teaching how they learn best. The following questions should be useful in that discussion:

- How big or small do the learning steps need to be?
- Is the person more or less alert at different times of the day?
- Is the person a morning or an evening person?
- What frustrates the person when learning a new skill?
- What motivates the person to learn a new skill?
- What have the previous learning experiences been like?
- How many instructions can the person handle before getting mixed up or frustrated?
- When interrupted, can the person return to the task at the point of interruption or does he/she have to start at the beginning again?
- Can the person stay on task in the face of disruptions or distractions?

E. Demonstrate the *Tell, Show, Do* strategy for teaching skills.

When should you consider teaching a new skill to a person you are supporting? When the plan says to. When the person asks you to. When the time is right. When, if you don't teach it, there is no one else to teach it.

Notes	Presentation

The *Tell, Show, Do* method for teaching skills is easy to remember, easy to use, and very effective. It is useful in teaching skills, as well as social interactions. You have probably used this approach many times without knowing that it was called a "teaching strategy." Thinking back to our discussion of different learning styles, the *Tell, Show, Do* method uses auditory, visual, and kinesthetic cues.

Before teaching anyone anything, it is important to know what they already know and don't know. You don't want to bore the person or sound condescending. Neither do you want to assume that they know more than they do and leave them wondering what you're talking about. It is generally useful to know if and why the person wants to learn this skill or information.

The first step is to tell the person what he will be learning, why he is learning it, and what the steps are. For instance, "Bob, you said that you wanted to learn to make good coffee for yourself in the morning. You know where the coffee and the filters are and you are familiar with the controls on the coffee maker. The first thing that you will do is get the coffee, the filters, and make sure that the coffee maker is plugged in. You will need to put water in the container of the coffee maker to get to the 4 cup line…"

The second step is to show the person. You will actually demonstrate the steps or model the skill being taught. With Bob, you will demonstrate making coffee. As you do each step, you tell Bob what you are doing. The showing and repeated telling of each step combines visual and auditory learning, which increases the effectiveness of the teaching.

The third step is to have the person do it. The person is likely to need coaching along the way. It is important to be sincere as you praise and encourage and take every opportunity to do so. If the person runs into difficulty with a part of the task, gently stop the process, repeat *tell* and *show*, and have the person try again. Your goal is to correct the performance of the skill, but not to hurt the person's feelings or discourage him.

Notes	Presentation

The sequence of *Tell, Show, Do* may be repeated over again as necessary. Let the person be your guide.

F. Describe the responsibility of the MHSS as a mandatory reporter.

(*The information in this section of the module is taken from two sources: Adult Abuse Neglect and Exploitation and Abuse, Neglect and Exploitation in Licensed Facilities. Both documents have been prepared by the DHHS/Bureau of Elder Services and are available on-line at:* http://www.maine.gov/dhhs/oads/aging/publications.htm. *In addition, your agency will train you in its policies and procedures concerning mandatory reporting.)*

What are adult abuse, neglect, and exploitation?

Abuse, neglect, and exploitation of adults takes place in Maine and throughout the country. In Maine, there are approximately 15,000 beds in licensed nursing homes, residential care facilities, adult family care homes, and foster homes.

DHHS recognizes the responsibility of those working with people with mental illness in facilities or in their homes to assure their welfare and safety. At the same time, DHHS recognizes that your job as an MHSS is often demanding and difficult. Unfortunately, there will be times when family members or staff may abuse, neglect, or exploit residents. In addition, some facilities have experienced problems with residents abusing one another.

DHHS is responsible for investigating reports of abuse, neglect, and exploitation of incapacitated and dependent adults and for protecting incapacitated and dependent adults in danger or in substantial risk of danger.

Definition of Abuse

"Abuse" means the infliction of injury, unreasonable confinement, intimidation or cruel punishment with resulting physical harm or pain or mental anguish; sexual abuse or exploitation; or the willful deprivation of essential needs (22 MRSA 3472).

Notes	Presentation

Examples of abuse are:

- Pushing, hitting, shaking, pulling hair.
- Tying to a bed or chair or locking in a room.
- Forcing into sexual activity.
- Giving the wrong medicine or too much medicine on purpose.
- Denying visits with friends or family.
- Name calling, harassment or verbal threats.

The cases described below are examples of actual cases referred to DHHS:

A 95-year-old woman, a nursing home resident, is physically and sexually abused by her son-in-law and grandson during visits.

A 37-year-old man, a boarding home resident, is kicked in the groin and stabbed with a paring knife by another resident.

A 35-year-old man with mental illness is involved in a series of violent outbursts toward other patients, including dislocating the shoulder of an elderly patient.

A 23-year-old woman, a mental health institute patient, is sexually assaulted while home on a weekend pass.

A 101-year-old woman, a nursing home resident, is slapped by an attendant, resulting in serious facial bruises.

Definition of Neglect

"Neglect" means a threat to an adult's health or welfare by physical or mental injury or impairment, deprivation of essential needs or lack of protection from these (22 MRSA 3472).

Neglect is a failure to provide care and services when an adult is unable to care for him or herself. Neglect may be at the hands of someone else or it may be self-neglect. Neglect includes failure to provide:

Notes	Presentation

- Adequate shelter, clothes or food.
- Personal care.
- Medical attention or necessary medication.
- Necessities such as glasses, dentures, hearing aides, walkers.

Residents suffer from neglect when they are left alone, ignored by staff or left with staff who fail to care for them appropriately. Examples of neglect include:

- An aide has fallen asleep or is intoxicated while on duty.
- A consumer has bleeding gums and some loose teeth, indicating that a visit to the dentist is long overdue.
- A person you support is fearful about leaving her room and seems almost panicky when it is time to leave the facility for an outing. You decide to "leave her be" rather than attempting to determine the cause of her fear.

Definition of Exploitation

"Exploitation" means the illegal or improper use of an incapacitated adult or his resources for another's profit or advantage (22 MRSA 3472). Maine's law prevents facility employees from being appointed guardians or conservators (18-A MRSA 5-311).

Exploitation is the illegal or improper use of an adult's money or property for another person's profit or advantage. Examples of exploitation include:

- Forcing an adult to change a will or sign over control of assets.
- Forcing an adult to sell or give away property or possessions.
- Keeping the adult's pension or social security check.
- Failing to pay nursing, boarding, or foster home bills and provide personal needs money on the part of a resident's relative who is a representative payee.
- Using a resident's money to purchase furniture or clothing not intended for the resident.

Notes	Presentation

Abuse can occur in a variety of ways and in a variety of settings. Residents may abuse one another, if the setting is a facility. Staff in a facility or those providing in-home supports may abuse residents/consumers. And residents, or consumers, may abuse staff. Abuse may be an act of violence such as physical or sexual assault, or it may be verbal abuse, medication errors or failure to provide proper assistance resulting in injuries. Facility staff or family members may neglect people. Staff, family members, or other residents may exploit people.

Prevention

Preventing abuse, neglect, or exploitation requires trained staff at all levels. In addition, as an MHSS you should have administrative support to act to prevent abuse and to file proper incident reports.

In a healthy environment, all staff and people receiving services are treated with dignity and respect. This alone will go a long way toward preventing abuse.

Even “minor” incidents of abuse should be dealt with immediately. The administrators and staff at your agency should be conveying a message of how important it is to report suspected abuse, neglect, or exploitation to DHHS.

Maine’s Reporting Law

<u>Mandatory Reporting:</u>
Maine law (22 MRSA 3477-3479-A) requires that if the following people, while acting in a professional capacity, suspect that an adult has been abused, neglected, or exploited, and there is reasonable cause to suspect that the adult is incapacitated, then those professionals shall immediately report or cause a report to be made to DHHS.

Individuals who must report while acting in a professional capacity include:

Ambulance Attendant

Notes	Presentation

Certified Nursing Assistant
Chiropractor
Clergy
Dentist
EMT
Emergency Room Personnel
Humane Agent
Law Enforcement Official
LPN
Medical Examiner
Medical Intern
Mental Health Professional
Occupational Therapist
Pharmacist
Physical Therapist
Physician (M.D. and D.O.)
Physician's Assistant
Podiatrist
Psychologist
RN
Social Worker
Speech Therapist
Unlicensed Assistive Personnel *
(Includes Personal Care Assistant/PCA).

Facility Reporting:
Maine Law further states that whenever a person is required to report in his or her capacity as a member of the staff of a medical, public or private institution, facility or agency, that person shall immediately make a report directly to DHHS.

Optional Reporting:
Any person may make a report if that person knows or has reasonable cause to suspect abuse, neglect, or exploitation of a dependent or incapacitated adult, or has reasonable cause to suspect that an adult is incapacitated.

Where to Report:
Mandatory and optional reports are made to the DHHS, Adult Protective Services.
To make a report, call: 1-800-624-8404 (24-hours, toll free).
TTY (during business hours): 1-800-624-8404
Statewide TTY (after hours): 1-800 963-9490
Out-of-state TTY (after hours): 207-287-3492

Notes	Presentation

Conclusion

In this module, we have described the parameters of your role as an MHSS and defined the expectations that your employer and DHHS have of you. We have explained the use of supervision and the importance of working as part of a team and attempted to give you some skills to problem solve, resolve conflict, and deal with your own on-the-job stress. We have addressed issues of your safety on the job and provided some tools for de-escalating crisis situations and hopefully preventing the situation from happening in the first place.

By introducing Maslow's Hierarchy of Needs, we hope that you will have a better understanding of why you do what you do, as well as why other people do what they do. We have identified different learning styles and provided examples of how you can work with these styles in providing support to individuals. We've demonstrated the *Tell, Show, Do* model as well and explained your role as a mandatory reporter.

Your work is important to yourself, to the lives of the people you are supporting, to your agency, to DHHS and to citizens of the state of Maine. We wish you the best of luck in this challenging and rewarding work.