State Behavior Protocol

Member Problem Behaviors

Definition: ADW or PC member with intrusive interpersonal behaviors that cross the line.

Examples of problem behaviors:

- Screaming, yelling, cussing on the phone. Hanging up on you.
- Threatening to take action or harm.
- Calling multiple people at the state (searching for different answers, manipulation or attention seeking).
- Demanding an immediate response, demanding to talk to a person/not voice mail, demanding to talk to a supervisor now.

Setting Social Boundaries: There is zero tolerance for verbal abuse, harassment, or threats.

Response: Set a social boundary, implement the response, and follow through with a consequence.

Intervention:

- Calmly ask to stop yelling or cussing.
- Tell them the consequence is that you will have to hang up the phone. Say this twice, no more, in an attempt to deescalate the person.
- Then say, "I am sorry I cannot help you right now." And hang up the phone.
- If they call back, repeat this every time they use verbal abuse. For threats of harm or fraud, report to the appropriate authorities.

Setting Professional Boundaries:

Response: Set a professional boundary, implement the response, and follow through with a consequence.

Examples: Members calling the state instead of the nurse or case manager to manage the day to day of the case, calling continually about a transfer, calling continually about a closure.

- Members calling the state about reasons for no staff, reasons for closure requests, transfers, refer the member back to the provider.
- If member calls asking why case is being closed or no staff going in the home, refer them back to the agency. It is the agency's responsibility to tell them why, not ours. We close the case, send them a letter and hearing form.
- Members calling about a complaint, take the complaint. If they call three times in a month, refer them to the Grievance Process.
- Provide technical assistance on a case or policy clarification. If the same provider asks the same thing over and over or continually tells members to call the state for things the agency can/should do, it will be referred to Arlene Hudson to speak with the director.
- Handle what is yours and refer to the agency what is theirs.

Intervention:

- Request member to call the provider agency (RN or CM).
- Tell them that the RN or CM's responsibility is to manage things for them.
- Tell them they can file a formal complaint or a grievance.
- The state does not have the authority nor the responsibility to manage cases.

Primary State Responsibilities:

The following is a list of primary responsibilities that the state assumes.

- Technical Assistance
- Policy clarification
- Transfers
- Case Closures
- Provider monitoring
- Quarterly provider meeting or training
- Follow-up on incidents or mortality reports.
- Specific Case follow-up

Levels of Response to a State Phone Complaint:

- Not all phone calls are complaints. Some people are asking for information or resources. These types of calls need a response.
- Any call from a member asking for a policy clarification is an indicator that the agency has already been addressing an issue. Refer it back to the agency first.
- For complaints, members will be referred to the agency to solve the perceived problem.
- State may either ask the member to call the agency or call the agency themselves.
- By the state calling the agency, the state has already lifted the level of attention and urgency to a new level. This may not be a necessary intervention and could reinforce the behavior of the member calling.
- The state does not have the authority to do case management or nursing. It is the case manager who will need to tell a member when a case is being closed and the reason they are asking to close the case.
- The case manager may help the person with a transfer and finding a new agency by contacting the agencies.
- If the member has already taken the issue to the agency, consider this call an official complaint. Document it in the complaint database. Please keep in mind, the complaint is from the person's perspective. Be sure to call the agency to see what is happening.

Requires a Response:

- Complaints that involve allegations of fraud, abuse, neglect or exploitation require a response.

No Staff:

- RN's and CM's- talk to your office staff and schedulers. Know who is not staffed and why. When we call, it should not come as a surprise. Be prepared to tell us what is happening with the case.
- Make sure that anyone at a level D for ADW or Level 2 for PC are considered first for staffing.
- Make sure that anyone who cannot get out of bed, answer the phone, get food, or water is considered first for staffing.
- Use the crisis back up plans. Develop the plans to ensure that they are useful in an emergency staffing situation. Note the informal support, what they can do and when. Note the priority areas or what they cannot do without.
- Ask "What are the most urgent needs you have?" "What do you need right now and cannot do without?"
- If you do not have the staffing capacity in the area, tell the member. Then the member should be offered an emergency transfer to ensure that their needs are met.
- If you have issues with staffing no shows with a member, assign a back-up ahead of time (particularly the weekends).
- If the member is the problem, address the issues with a behavior contract.
- Don't transfer a case that is noncompliant or unsafe.
- For any case that is noncompliant or has a potential for an unsafe environment, DOCUMENT IT!

Extreme Cases:

Please note: *The home and community based programs are experiencing an increase in unsafe situations and extreme cases in the homes. These cases are very difficult to handle and require time to address. This is the primary reason that the protocol has been developed to allow for more available time to address these extreme cases. Member and staff safety are a priority.*

- The CM and the RN should develop a behavior contract together.
- Review the member rights and responsibilities with the member and ask for sign off and date.
- CM and RN should present and review the behavior contract with the member.
- Ensure that the worker is going to follow the contract as well.
- When there is an allegation of an illegal activity, report it to the police.
- When there is an allegation of abuse, neglect, or exploitation, report it to APS.
- When there are medical or mental health issues, report it to the member's PCP.
- Report incidents in the IMS.
- Ask workers for a written statement when things occur.

Refer to the Extreme Situation Guide for Instructions for Workers.

Behavior Contracts:

The following is an adaptive behavior contract for noncompliance for those with cognitive issues and the second example is a behavior contract for an unsafe environment.

ADAPTED BEHAVIOR CONTRACT


No cussing.


No transportation.


No Yelling.


Open the door for workers.


Answer the phone.


Follow my Plan of Care.

The agency can ask to close my case for noncompliance (not following the program rules).

Member Signature: _____ Date: _____

RN Signature: _____ Date: _____

CM Signature: _____ Date: _____

Disclaimer: Please be advised that the following is meant merely as an example of a behavior contract. It is NOT intended for utilization with ALL cases of unsafe environment. Clinically, the contract must address the specific behavior(s) exhibited by the person. Each case is unique. Keep it simple, to the point and use as few words as possible.

BEHAVIOR CONTRACT

I agree that I will not allow my grandson in the home while the worker is providing services due to allegations of theft. I will not have illegal substances in my home or my worker's car. I will not keep guns on my kitchen table (loaded or unloaded).

I will keep my home safe for my worker, follow my plan and allow the worker into my home when scheduled.

I understand that if I do not follow this contract, the agency can request to close my case due to an unsafe environment.

Member Signature: _____ Date: _____

RN Signature: _____ Date: _____

CM Signature: _____ Date: _____

CLINICAL PROTOCOL - DOCUMENTATION

DOCUMENTATION CATEGORIES AND PROTOCOLS

1. **ROUTINE AND REQUIRED DOCUMENTATION:** Activities such as monthly contacts for the Case Manager, case notes for CM and RN, home visits, Service Plans, Personal Attendant Logs, phone calls reporting a change in need or service, etc.

   Expectation: Requirements are met, service or resource needs are addressed, people receive service.

2. **EMERGENCY DOCUMENTATION:** Incident of abuse, neglect or exploitation, critical incidents, unsafe situations for person or worker, illegal activity, or fraud.

   Expectation: Incident reports within one business day and follow-up within 14 days; reports to Adult Protective Services, police or other entities when warranted.

3. **ADDRESSING A PROBLEM:** Ongoing (persistent) noncompliance or unsafe environment; ongoing abuse, neglect or exploitation in the home, ongoing fraud, consistent issues that result in the person NOT getting services (lack of worker or behaviors that result in workers not going into the home; multiple transfers or multiple workers);

   Expectation: Case notes, behavior contracts, incident reports, APS, or police reports (and documentation that it occurred).

CLINICAL PROTOCOL FOR PROBLEMS

Ask why? If you have a case where someone has been through multiple workers, ask why?
If you have a case where the person has no worker, ask why? If someone has been through multiple agencies, ask why? **DOCUMENT** it.

Look at the Big Picture. Sometimes "grumpiness" is a symptom of a bigger problem. If it affects the person's ability to get services, get a worker or to transfer, it's a problem. **DOCUMENT** it.

Persistent Noncompliance. When you have someone that does not follow the ADW policy, refuses workers, won't sign paperwork, screams at the workers, won't let them in the home, won't call back, it's a problem. **DOCUMENT** it.

Worker safety. If the home is not safe for a worker, address it. Depending upon the problem, you may need to pull the worker immediately, do a behavior contract. **But DOCUMENT it.**

Transfer. Don't transfer a case with a problem. Address the problem as best you can do. It may be that the only solution is to request to close a case. And it is important to know when to "walk away".

Extreme Case. BoSS will look for evidence of documentation when there is a problem, when a required activity is provided, when the case is noncompliant or unsafe. So, **DOCUMENT** it.

Risk Prevention. Cover yourself as a professional. Lack of documentation eventually catches up.

ADW Policy Clarification Regarding Competency Based Curriculum

Definition clarification-

1. **Documented Specialist** – A specialist is a person who concentrates primarily on a particular subject or activity; a person highly skilled in a specific and restricted field. This designation of specialist needs to be documented via, training verifications, certifications, vita with listed experience that would designate the individual as a specialist in the designated area, and any degrees that designate as such in the designated area.

2. **Qualified Internet Provider** – an internet provider that is listed as an approved online training provider on the BoSS website or that has been approved (in writing) as a qualified internet provider. The content of qualified internet providers has been verified to fit the knowledge base needed by workers in the ADW program.

Current manual definition:

1. **Competency Based Curriculum**: A training program which is designed to give people the skills they need to perform certain tasks and/or activities. *The curriculum must have goals, objectives and an evaluation system to demonstrate competency in training areas.*

All trainings must meet the above definition for Competency Based Curriculum. Some training areas also have specific requirements of who can provide the training:

Cardiopulmonary Resuscitation (CRP) Training – Face to face with a certified trainer from the American Heart Association, American Red Cross, American Health and Safety Institute, ~~American CPR~~, and Emergency Care and Safety Institute. Additional CPR courses may be approved by the OA. Please refer to web sites listed in the ADW manual. Training curriculum must include the successful hands-on skills demonstration and a 2 year certification card demonstrating competency. The card must be in the employee file.

Approved Trainer	Written/Skills Test	Certification Card
American Heart Association	Skills test with written test optional	2 year Certification Card**
Red Cross	Skills test Must pass all skills tests	2 year Certification Card**
American Health and Safety Institute	Written exam and skills test	2 year Certification Card**
American CPR*	On-line only	2 year Certification Card**
National Safety Council	Skill evaluation	2 year Certification Card**

*On-line only- no longer an option

**Must be located in employee file, TA being provided this review period for new requirement next year

First Aid Training – Training that provides information regarding the emergency treatment that is given to an injured or sick person, often by someone who does not have medical training. This is usually regarding the treatment given before regular medical services can be obtained. Training must be provided by the agency nurse, a certified trainer or a qualified internet provider.

Universal Precautions – A set of procedural directives and guidelines published by the U.S. Centers for Disease Control and Prevention (CDC) to prevent parenteral, mucous membrane, and non-intact skin exposures of health care workers to blood-borne pathogens. There are no specific trainer requirements however the training must meet the definition of competency based curriculum.

Personal Attendant Skills – Training on assisting people with Activities of Daily Living (ADL's) –must be provided **by the agency RN**.

***Abuse/Neglect/Exploitation Identification training** - Any recent act or failure to act on the part of a family member or caretaker, which results in death, serious physical or emotional harm, sexual abuse, or exploitation, or an act or failure to act which presents an imminent risk of serious harm. No specific trainer requirements but it must meet the definition of a competency based curriculum.

***HIPPA Training - HIPAA:** Acronym that stands for the Health Insurance Portability and Accountability Act, a US law designed to provide privacy standards to protect patients' medical records and other health information provided to health plans, doctors, hospitals and other health care providers. No specific trainer requirements but it must meet the definition of a competency based curriculum.

Direct Care Ethics – Training on ethics such as promoting physical and emotional well-being, respect, integrity and responsibility, justice, fairness, and equity. Training must be provided by the agency nurse, social worker/counselor, a ~documented specialist in this content area, or a qualified internet training provider. **~If utilizing a documented specialist, documentation must exist that demonstrates the individual's specialist status.**

Health and Welfare for Person Receiving Services – Training must include emergency plan response, fall preventions, home safety, and risk management. Training must be provided **by the agency nurse**.

***Person-Centered Planning and Service Plan Development** – Training addressing the belief/practice that person-centered planning is the first step towards ensuring the delivery of person-centered supports. Person-centered planning promotes the belief that people with disabilities are people first. Person-centered planning views the entire person; not just the portion of the person that has identified needs. In simple terms, person-centered planning is an approach to forming life plans that are centered on the individual for whom they are built. No specific trainer requirements but it must meet the definition of a competency based curriculum.

*Providers may use training modules provided by the OA for these mandatory trainings or develop their own with the same components that must be approved by the OA.

All trainings must utilize a competency based curriculum meaning: *The curriculum must have goals, objectives and an evaluation system to demonstrate competency in training areas, preferably a pre and post test system.* So if the agency does not use the OA's modules, the agency's modules must contain all the above listed components and have been preapproved by the OA.

All tests must be scored and any post testing reflecting a below average (70% or less) score must have documentation of actions taken to ensure that the information was reviewed with the employee and what was done to determine they are now competent i.e. re-test. This will include CPR for now.

Empathy Test by Tara Meyer-Robson
The Flow Method
www.tarameyerrobson.com

Do you have these 25 empathic traits?

If you've ever felt someone else's pain or sensed the shift in energy in a room without knowing what caused it, you might be empathic. See how many of the following empathic traits you resonate with....

For each statement, give yourself a "0" for never, a "2" for sometimes, and a "3" for always.

1. You sense others' pain and sadness. _____
2. You pick up quickly if someone means one thing, but says another. _____
3. You feel drained if you are around certain people. _____
4. You get strong first impressions of people- both negative and positive – that end up being spot on. _____
5. You see something sad – for instance, an animal being hit by a car – and it takes you much longer than others to stop feeling sad and/or sick about it. _____
6. Others don't understand how deeply you feel and why you can't just "let go". _____
7. You always feel like you view life from a different perspective than everyone around you. It seems like no one is "like you". _____
8. You've experienced the sensation that you are feeling the pain of the whole world. _____
9. There are times when you feel so overwhelmed with the pain of the world that you want to crawl under the blankets and not interact with anyone for a few days. _____
10. You can't watch or read the news or watch sad or violent movies because it is too upsetting or makes you sick. _____
11. You repeatedly feel the same emotions or sensations around the same people. (For instance, every time you see a particular friend, you feel anxious or sad for no particular reason.) _____
12. You feel sick or in pain when you are around certain people for no physical reason, or you seem to take on other's symptoms, feeling as they feel. _____
13. You feel like your mood or emotions change when certain people enter a room. _____
14. You've walked into a room and felt the energy was different, without knowing why (for example, walking into the office and being hit with the sensation of tension or anger – I used to be able to walk in the front door of the office and know whether my boss was in a god or a bad mood without seeing him). _____
15. You sometimes get overwhelmed when there are a lot of people around, but can't figure out why you feel overwhelmed (there's nothing outwardly unpleasant going on). _____
16. You sometimes feel like your emotions change on a dime, but you don't know why. _____
17. People come to you as their "energy source", because you brighten their day or have other impacts on their emotions. _____
18. People seem drawn to you and need their "fix" of you to feel better. Often, animals and children will be very drawn to you as well. _____
19. You prefer to be near water, especially when you are feeling overwhelmed. _____
20. You need to have time in nature to feel balanced. _____

21. You've had people ask you why are "such a bleeding heart" or make fun of you for feeling so deeply (I cannot tell you how often this has happened to me!). _____
22. You care for others more than you care for yourself and feel like you "have to" take care of people, even when you know you are burning yourself out. _____
23. You have a hard time taking care of yourself because you are too busy taking care of others. ____
24. You feel – or know – that plants and animals have a soul/awareness, and feel their pain and sadness. _____
25. You've had times in your life when you went through such a traumatic event that you were totally numb. _____

Did you recognize yourself in many statements?

SCORE OF 0 – 25:

You have some empathic traits, but wouldn't be considered a true Empath. It's important to make sure that you still take care of yourself and don't let yourself get overwhelmed, but it's likely you are pretty balanced between helping others and setting good boundaries.

SCORE OF 26 – 50:

This score on the test show that you are definitely an empath. You sense things in a way that's different from the average person. You aren't just relating someone's feelings, you are sensing them as your own. You likely become exhausted sometimes and wonder why, without realizing you are giving out too much positive energy and taking in too much negative energy from around you.

SCORE OF 51- 75:

You are an "extreme empath". You have the ability to soak in others' emotions without consciously knowing you are doing so. You sense the "vibe" of the room or place without visual clues (such as tears, yelling or slamming of doors).

More importantly, if you are scoring this high on the test, then you are extremely open to the pain and suffering of the world, and you likely get overwhelmed by trying to do too much or help too many people at once.

PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section**, total the questions listed on the left and then find your score in the table on the right of the section.

Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____
6. ____
12. ____
16. ____
18. ____
20. ____
22. ____
24. ____
27. ____
30. ____

Total: ____

The sum of my Compassion Satisfaction questions is	So My Score Equals	And my Compassion Satisfaction level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

You Wrote	Change to
	5
2	4
3	3
4	2
5	1

*1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

Total: ____

The sum of my Burnout Questions is	So my score equals	And my Burnout level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High

Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____

Total: ____

The sum of my Secondary Trauma questions is	So My Score Equals	And my Secondary Traumatic Stress level is
22 or less	43 or less	Low
Between 23 and 41	Around 50	Average
42 or more	57 or more	High