

## Individual to Individual Abuse Reduction (I to I Abuse)

Central Pennsylvania Health Care Quality Unit 2014

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## Disclaimer

Information or education provided by the HCQU is not intended to replace medical advice from the consumer's personal care physician, existing facility policy or federal, state and local regulations/codes within the agency jurisdiction. The information provided is not all inclusive of the topic presented.

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## Learning Points

Define individual to individual abuse

Identify the three key components involved in determining if abuse occurred

List examples of conflict resolution

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## (Intellectual Disability) Bulletin #6000-04-01

### Scope-

- Those registered with an AE and/or receiving service from a licensed ODP facility are afforded the protections in the bulletin.
- Providers receiving funds from the (ID) system are reporters

### Purpose-

- **To establish processes that will ensure**
  - the health and safety,
  - enhance the dignity,
  - and protect the rights
- **Of those receiving services and supports**

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## Individual to Individual (I to I) Abuse - Definition

I to I abuse – Bulletin Definition 6000-04-01

An interaction between one individual receiving services and another individual receiving services resulting in an allegation or actual occurrence of the:

- infliction of injury
- unreasonable confinement
- intimidation
- punishment
- mental anguish
- sexual abuse
- exploitation

Individual to individual abuse is reported on from the victim's perspective, not on the person committing the abuse (according to the bulletin)

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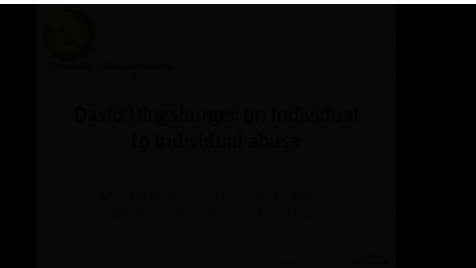
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## David Hingsburger on I to I Abuse




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## Types of I to I Abuse

### Physical

• An *intentional* act that cause or may cause physical injury to an individual, such as striking or kicking, or apply noxious or potentially harmful substances or conditions to an individual

### Verbal

• A verbalization that inflicts or may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual

### Psychological / Emotional

• An act, other than verbal, which may inflict emotional harm, invoke fear or humiliate, intimidate, degrade or demean an individual

### Sexual

• An act or attempted act such as rape, incest, sexual molestation, sexual exploitation or sexual harassment and inappropriate or unwanted touching of an individual by another. Nonconsensual sex between individuals receiving services is abuse.

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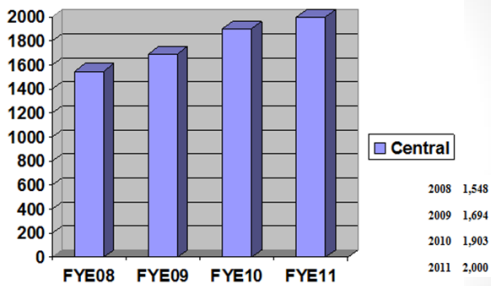
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## I to I Abuse Stats Central Region



Central Region: Bedford, Blair, Cambria, Centre, CMSU, Cumberland/Perry, Dauphin, Franklin, Fulton, H.M.I, Lancaster, Lebanon, Lycoming/Clinton, Northumberland, Somerset, York/Adams

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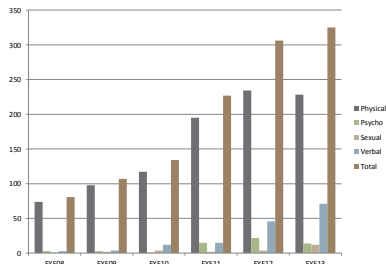
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## I to I Abuse Stats Lycoming/Clinton



	FYE08	FYE09	FYE10	FYE11	FYE12	FYE13
Physical	74	98	117	155	234	228
Psycho	3	3	1	15	22	14
Sexual	1	2	4	2	4	12
Verbal	3	4	12	15	46	71
Total	81	107	134	227	306	325

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### Physical Abuse and Intentionality

- Question: Our agency is struggling with is the issue of physical individual-to-individual abuse... I find myself struggling with how to determine if a consumer "intentionally" is trying to harm someone else.\*
- Response: ...If there is doubt about whether the event was intentional, you should report the event as individual-to-individual abuse.\*

\*www.omninvestigators.com, 2008 (website is no longer active)

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### Determining I to I Abuse

#### Key components

- Intent
- Victim's perspective
- Allegation

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### Determining Intent

Intent must be present

Difficult to determine in some cases

Ask questions to explore the nature of the intent

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## Examples

- Target runs in the hallway on his way to the bathroom and accidentally knocks the victim down, victim does not perceive this as a threat (do not need to file)
- Target runs in the hallway on his way to the bathroom and does want to knock the victim down, even if the victim does not see this as a threat (do need to file)
- Target runs in hallway on his way to the bathroom and accidentally knocks the victim down, but the victim does perceive this as a threat even if they were not hurt (do need to file)

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## Example

- Person with Alzheimer has dementia and perceives threat from an other person even if everyone knows this is not happening (must file).
- Everything must be done to help this person feel safe.
- Only after everything has been done do you not need to file.

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## Signs of Discontentment Between Housemates

- Targeting
- Tattling
- Making accusations
- Physical attacks – hitting, pushing, kicking
- Stealing or property destruction
- Bullying

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### Effects of Violence in the Home

- Challenges in school / day program
- Prefer outside activities to being at home
- Difficulty maintaining healthy relationships
- Low self-esteem / poor self-image
- Post Traumatic Stress Disorder (PTSD)
- Aggression / other challenging behaviors

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### Activity

What would you want to have happen if you were in a similar situation?

- *It's referring to situations that deal with living with another person or people that you didn't choose to live with or don't like.*

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### When I to I Abuse Occurs

- Safety is the first priority
- Use De-escalation skills
- Offer the victim assistance
- Follow agency policy on reporting incidents
- Debrief after each incident

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## Debrief

Debriefing should answer these questions:

- What contributed to it happening
- What didn't work?
- What worked?
- How do you feel about what happened?
- What did we learn?

*(Cook et al., 2002; Hardenstine, 2001)*

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## Debriefing Goals

To reverse or minimize the negative effects of the incident

- Evaluate the physical and emotional impact on all involved individuals
- Identify need for (and provide) counseling or support for the individuals (and staff) involved for any trauma that may have resulted (or emerged) from the incident.

*(Massachusetts DMH, 2001; Huckshorn, 2001; Cook et al., 2002; Hardenstine, 2001; Goetz, 2000.)*

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## Incident Management

Protect health and safety

Report the incident

Identify why incident happened

Keep staff informed when incidents occur to solicit their help

Make the "rights" connection

Modify environmental factors

Provide staff with tools

Identify other appropriate preventive actions

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## Health and Safety

### Immediate Actions

- Remove individual from harm's way
- Ensure that individual is OK physically and mentally and not at ongoing risk.

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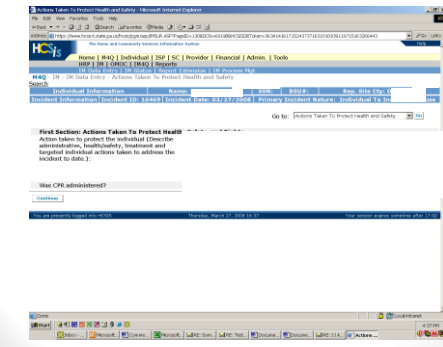
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## Incident Reporting- Actions to protect health and safety




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## Action to Protect Health and Safety

Mr. A and Mr. Z were immediately separated. Mr. A was assessed by the staff and a surface scratch was noted on his right forearm. The scratch was wiped clean and Neosporin was applied to the site. No other physical injuries were noted after a complete body assessment. Mr. Z was also assessed for injuries and none were found. Mr. Z was counseled regarding appropriate communication techniques.

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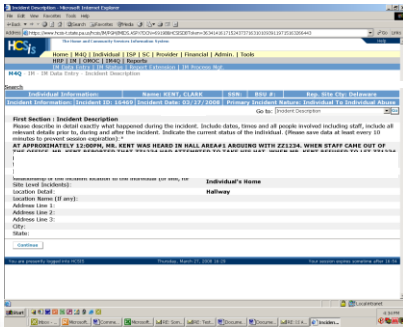
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### Incident Reporting- Identify what happened




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At approximately 12:00 pm, Mr. A was heard in hallway arguing with Mr. Z when staff came out of the office, Mr. A reported that Mr. Z had attempted to take his hat. When Mr. A refused to let Mr. Z have the hat, Mr. Z pushed and hit him on his arm. Mr. Z was asked what happened and he said that he wanted Mr. A's hat.

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### Identify Why The Incident Occurred

Establish if there is a pattern for target or victim

Investigate trends

• USE THE DATA

Check ISP's for clues on precursors




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# Preventing I to I Abuse

Put observation skills to use

All behavior is meaningful

- Address the meaning behind the behavior

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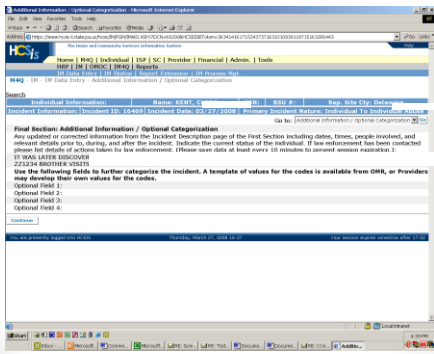
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# Incident Reporting- Additional information




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It was later discovered that Mr. Z had been notified that his brother would not be able to visit him this weekend. Mr. Z's brother visits him every weekend.

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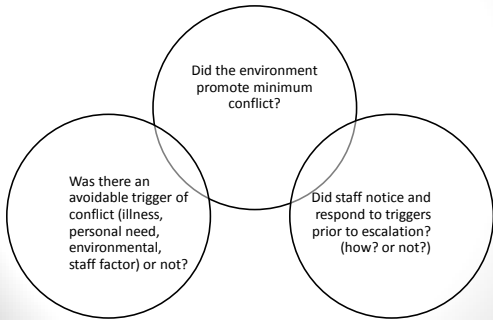
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### Key Post Incident Questions



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### Keep Staff Informed and Solicit Their Help

- Notify Target's Behavioral Specialist, (possibly psychiatrist) and line staff of events.
- Hold regular meetings
- Modify behavioral plans both individuals, as needed, if abuse persists or plan is not working.
- Modify daily activities, if needed

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### Provide Tools

- Train staff in prevention: identifying warning signs and to address or avoid triggers.
- Train staff in de-escalation techniques and how to handle abuse if it occurs
- Ensure that both the abuser and the victim are actively developing coping strategies
  - Victim: assertiveness, methods to alert help
  - Abuser: anger management, sexuality/social skills training

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### Make the "Rights" Connection

Ensure everyone understands that individuals have a right to be free from abuse and intimidation even in large congregate settings and that there is a staff /administration responsibility to prevent abuse.

Remember that staff have the right to be safe and free of a hostile environment - Respected staff are cooperative staff.

Ensure protection from retaliation for reporting abuse

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### Make the "Rights" Connection

Ensure a person's right to have personal relationships is honored and supported.

Ensure the right of refusal is balanced with the right to have an active life.

Remember that rights include rights to choice how one lives and works.

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### Modify Environmental Factors

Changing environmental arrangements to decrease contact

Modify staffing

- Increasing staff during times of contact

Alter/Improve other environmental conditions

- Noise level, crowded, etc.
- Change locations (temporary or long term)

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### Other Corrective/ Preventive Actions

Counseling with the abuser and victim

- Couples
- Individual for victim and abuser

Clearly defining what the behavioral interaction is and discussing this with the individuals.

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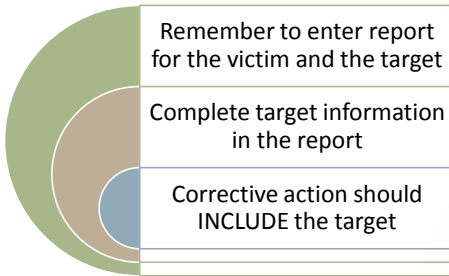
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### Remember...



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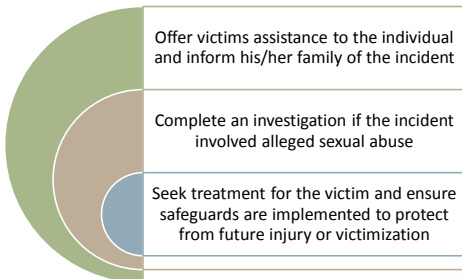
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### Remember...



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### Support for Individuals Being Targeted

- Address person's safety
- Teach non-violent ways to advocate for self
- Teach conflict resolution
- Victimization therapy
- Stop Sign Card

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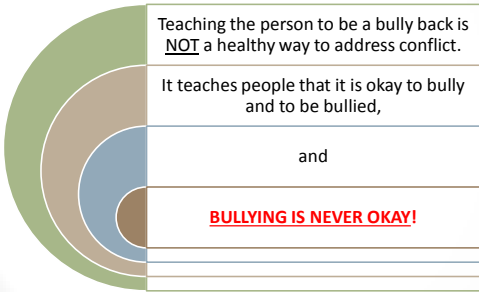
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### Bullying



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### Support for Individuals Committing the Abuse

- Address unmet needs / frustration
- Interpersonal skills trainings
- Address communication issues
- Boundaries training
- Anger management training
- Teach conflict resolution

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## Conflict Resolution

- Say "yes" more often
- Turn difficult situations into learning opportunities
- Use "I" statements vs. "You" statements
- Know the "hot spots"
- Don't treat the behavior while it is occurring
- Make a commitment to use non-violent communication to solve conflict
- Be careful of assumptions

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## Conflict Resolution

- Explore reasons for behavior
- Don't engage in power struggles
- Collaborate
- Teach empathetic behavior
- Help others acknowledge their anger
- Have a conversation, not a sermon
- Listen to peoples' needs
- Apologizing

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**OPTIMA ASSESSMENT**  
**Individual To Individual Abuse**

Direct Care Staff Observation For: \_\_\_\_\_  
 Date: \_\_\_\_\_ Staff Name: \_\_\_\_\_

<b>O</b> OTHER PEOPLE present and their position in the area (e.g., visitor at table or back seat of vehicle)	
<b>P</b> PLACE (e.g., what area of what room or vehicle - couch, bathroom, or front seat of car)	
<b>T</b> TIME	
<b>I</b> INDIVIDUAL ASSAULTED	
<b>M</b> MEDICAL CONCERNS (e.g., Blood Sugar, Seizure, Pain, or current illness)	
<b>A</b> ACTIVITY AT THE TIME (e.g., Music, TV, Conversation, or Mealtime)	




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### Scenario 1

On Tuesday, September 6, 2011 at about 12:30 pm, John was sitting at the table at day program eating his lunch, AB was sitting next to John and elbowed him in his right arm, AB also threw a soda can down the table toward another individual. AB was separated from the rest of the individuals attending the day program. At first John became visibly upset and started crying. Staff checked his arm for marks or injury, no marks were discovered and first aid was not needed. John was offered informal counseling as John was upset about the incident. John calmed down after talking to staff and stated, "I'm okay now". Both individuals are currently attending the program, however AB left the program for the rest of the day, he will return Wednesday, September 7, 2011.

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### Scenario 2

On 09/1/2011 at 11:30 am, George was asked to come out of the bathroom (he was finished, just standing there because he likes to spend time in the bathroom). BK needed to use the bathroom, he usually uses the other bathroom but it was occupied and he expressed he couldn't wait. George went back into the bathroom when staff were not watching because they were busy with another individual. George exited the bathroom shortly after and staff noticed that his face was red and his hand was bloody. It appeared that he had bitten his own hand and smacked his face (which he is know to do when he is upset). Upon further investigation it was noticed that he had a bite mark on his left arm above his elbow which was bleeding. He could not have bitten himself in that area. Staff notified supervisor, cleaned his injuries and had the nurse check him out. Staff ask BK if he bit George and he said yes. It appears BK was upset that George came into the bathroom when he was using it and that is why he bit him. George was upset about the incident also and was initially shaking and threw up. He eventually calmed down.

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### Special Thanks To The Following:

"I to I Abuse", APS HealthCare, Southwest Pennsylvania Health Care Quality Unit

"Individual to Individual Abuse – Managing and Reporting", Philadelphia Coordinated HealthCare (PCHC) Health Care Quality Unit

"OPTIMA Assessment – I to I Abuse", The Advocacy Alliance, Northeastern Health Care Quality Unit.

Pennsylvania ODP Bulletin "Incident Management" 6000-04-01, February 24, 2004

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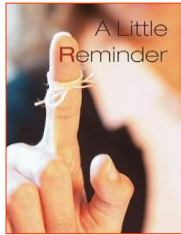
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## Evaluation

- Please take a moment to fill out the evaluation form.
- Thank you!



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