

Developing Training Programs on Elder Abuse Prevention for In-Home Helpers



Issues and Guidelines

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Washington, D.C.
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National Center on Elder Abuse
Washington, D.C.

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NCEA exists to provide elder abuse information to professionals and the public; offer technical assistance and training to elder abuse agencies and related professionals; conduct short-term elder abuse research; and assist with elder abuse program and policy development. NCEA's website contains many resources and publications to help achieve these goals. You can find the website at www.elderabusecenter.org. NCEA may also be reached by phone (202.898.2586); fax (202.898.2583); mail (1201 15th Street, N.W. Suite 350; Washington, D.C. 20005); and email (NCEA@nasua.org).

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Introduction to Developing Training Programs on Elder Abuse Prevention for In-Home Helpers



This document was produced by the National Center for Elder Abuse (NCEA) to provide guidance to home care agencies, state units on aging, health and social service agencies, training institutes, coalitions, Adult Protective Service (APS) personnel, or anyone else who provides training to in-home helpers. The term “in-home helper” refers to any person who receives payment for assisting older people with daily activities. Helpers may be referred to as personal care assistants, chore workers, homemakers, in-home support service workers, or attendants. The publication responds to the unmet need for specialized training to these individuals who play such a key role in ensuring the safety, dignity and independence of the vulnerable seniors they serve.

NCEA recognizes that elder abuse training to in-home helpers may take place in any number of settings; it may be conducted by trainers with diverse backgrounds, skills and experience. Some home care agencies plan and conduct trainings on elder abuse for their own employees, while others invite representatives from local APS units, coalitions or senior service agencies to make presentations. In some communities, training is organized and offered by community colleges or special training institutes. Some trainers who are familiar with the field of elder abuse prevention lack knowledge about how home care services are administered or the situations that workers are likely to face. Those who understand in-home helpers’ informational needs may be unfamiliar with elder abuse, reporting requirements, and the services that are available to prevent abuse and treat its effects.

Owing to these variations, it would be impossible to develop a “one-size-fits-all” training manual for in-home helpers. Instead, this publication was designed to provide trainers with information to help them customize training to meet the specific needs of those they train. Persons unfamiliar with personal assistance services will gain a better understanding of the in-home helper workforce, situations that workers are likely to encounter, and factors that may influence workers’ receptivity to or comprehension of training content. Trainers who are unfamiliar with elder abuse will be introduced to the topic and instructed in how to find additional information and resources specific to their own communities.

An Introduction to In-Home Helpers

Older people with physical and cognitive impairments are likely to need assistance with such basic daily activities as bathing, transferring (moving from one place to another), taking medications, preparing meals, shopping and housecleaning. Although family members or friends provide most of this assistance, some people with disabilities receive help from paid in-home helpers, who may be called home care workers, in-home support service workers, chore workers, homemakers, aides or personal care attendants. There is considerable overlap and variability in how these terms are used and the functions that workers perform.

In-home care may be delivered, administered or paid for in different ways. Helpers may work for public, private, proprietary or not-for-profit agencies that provide personal care exclusively or as part of a continuum of home health services. When in-home helpers are employed by agencies, it is the agency that matches helpers with clients, sets the hours and conditions of employment, provides support and supervision to workers, and assumes responsibility for payroll functions.

People with disabilities, their families or guardians may choose to find and hire in-home workers on their own. As employers, these individuals assume responsibility for finding, screening and hiring workers; scheduling hours; setting the terms of employment; and performing tasks related to paying workers. Helpers who work directly for clients (as opposed to working for agencies) are sometimes referred to as “independent providers.” Some communities have organizations or agencies that assist clients hire independent providers. They may help recruit, screen or train workers or assume certain payroll responsibilities. Many agencies that serve specific ethnic or cultural communities recruit and employ in-home workers who can meet the special needs of their clients; others assist their clients recruit and train their own workers. In-home helpers may be paid by the people receiving the services (or their families), or through local, state or federal entitlement programs.

These differences in how home care services are organized, administered and paid for account for significant differences in the type and extent of training that workers receive. For example, a registry that helps match clients to independent providers may offer an initial orientation to the workers they recruit, while agencies that employ workers are likely to provide more extensive, ongoing training to their employees.

Regardless of their mode of employment (whether they are independent providers or agency employees), in-home helpers receive low wages. For that reason, the field tends to attract individuals with limited employment options, including people with limited training and education and immigrants with limited English language skills. In many communities, the demand for in-home helpers exceeds the supply. In recent years, advocates for the elderly and disabled, unions and workers’ advocacy groups have started working together, calling for improvements in workers’ pay and working conditions. In doing so, these groups hope to attract more individuals to the field, ensure fair and equitable treatment for workers, and provide the best possible service to clients in need.



Training Currently Available to In-Home Helpers

The training currently provided to in-home helpers is as varied as the existing options for providing care. Agencies that employ helpers may provide orientation and training to their own workers or contract with others to do so. The latter includes agencies or training institutes that specialize in training on particular topics or particular groups. In some communities, community colleges, universities or other educational institutions have developed training programs for in-home helpers. Typically, workers are provided with basic information about common illnesses, disabilities and conditions that affect the elderly, cognitive impairment, assistive devices, food preparation, cultural values, shopping tips, dementia care, managing difficult behaviors and assisting clients perform various tasks.

The Need for Training on Elder Abuse

The importance of providing training in elder abuse to in-home helpers is increasingly being recognized. Owing to the close contact and relationships workers have with clients, these individuals are in an excellent position to observe abuse by family members, unscrupulous businesses or predatory individuals. Most states now require workers to report

abuse and neglect, which has created a need to train workers in their reporting responsibilities. While some agencies and training institutions have added content on elder abuse to existing curricula, others rely on local adult protective service agencies, elder abuse consortia, or health and social service agencies to present the information at in-service training sessions or workshops. Presentations on abuse typically cover the physical and behavioral signs and symptoms of abuse, indicators, reporting requirements and what will happen when reports are made.

In addition to enlisting workers' support in identifying abuse by others, training can further reduce the likelihood that workers, themselves, will engage in abusive or negligent conduct. Training can give workers confidence and skills in defusing potentially volatile situations, clarify expectations with respect to acceptable conduct toward clients, alert workers to the penalties for abuse, and help them cope with the inevitable stresses associated with caregiving.

Training can further raise workers' morale and help to eliminate negative public perceptions and stigma that have been created by media attention to abuse by helpers. It can help workers understand, protect themselves against, or avoid aggressive, inappropriate, or offensive conduct by those they serve. Training that promotes positive professional practices, such as documenting clients' refusal to accept care or

getting receipts for purchases, can protect workers and their agencies against groundless criticism or spurious allegations of inadequate care or abuse.

Developing a Plan for Training

Training on elder abuse should be customized to reflect agencies' policies and expectations, the available time, local resources and state laws.

Training should also reflect workers' and trainers' cultural backgrounds and language and literacy skills.

This may require advance planning and discussions between the relevant parties (agency administrators, local adult protective service programs, training institutes, etc.). Agencies that employ workers may need to clarify or develop their own internal policies for handling reports of abuse, familiarize themselves with local resources, and learn about their states' laws.

Outside trainers may need to explore the special needs of the groups they train. Some or all of the following steps may be needed:

- Find out about your state's elder and dependent adult abuse reporting requirements. Good sources of information include the following:

The website of the National Center on Elder Abuse (<http://www.elderabusecenter.org/report/index.html>) provides state-by-state information on how to report institutional and domestic elder abuse.

The National Association of Adult Protective Services Administrators (NAAPSA) (720-565-0906; email:joanne.otto@naapsa.org) provides information on how to reach state adult protective service departments (in most states, APS is the agency designated to accept reports of abuse and neglect).

- Find out what will happen when you make a report in your community. Although state law dictates certain actions or responses, there are often variations within states that reflect local resources,

practices, constraints and customs. Familiarizing workers with what will happen when they report abuse will reassure them that the information they provide will be confidential, that they will be protected against retaliation, and that their clients' rights will be protected. To find out how reports are responded to in your community, contact your local Adult Protective Service program (usually located within local departments of human services). Another excellent source of information is local area agencies on aging. To find the one nearest you, check the phone directory under aging or senior services, or contact The Eldercare Locator (800-677-1116), a national referral service that directs callers to local senior information and referral services in their communities.

- Agencies may need to develop policies and procedures for handling abuse reports. They may need to decide, for example, whether to instruct workers to contact APS (or others) directly, or to report suspicions to supervisors or other personnel within the agency.
- Agencies may need to develop policies or "codes of ethics" to clarify their expectations with respect to such issues as:
 - Accepting gifts or loans
 - Respecting clients' right to self-determination, privacy and autonomy
 - Becoming personally or sexually involved with clients
- Trainers who are unfamiliar with the groups they plan to train should assess special training needs the group may have. They may need to arrange for translators or speakers with special language skills; adapt materials for persons with limited language or literacy skills; or identify supplemental resources.

Special Issues to Consider in Developing Training

When Workers Encounter Abuse by Clients

Discussions about abuse by family members, in-home helpers or others frequently prompt questions or discussion about abusive conduct by clients toward workers. Abusive or offensive conduct by clients may stem from dementia, frustration, the inability to communicate, or pain and discomfort related to an illness or disability. Regardless of the cause of the conduct, workers are entitled to a work environment that is safe and free from abuse and harassment. In addition, there is ample evidence to suggest that abuse by caregivers is often triggered by clients' aggression and that violence and abuse is frequently interactive. Agencies and trainers should, therefore, be prepared to offer instruction in how to handle abusive conduct by clients, including insensitive, insulting or racist remarks; sexually offensive or threatening conduct; and combativeness. In-home helpers may also need instruction in how to deal with aggressive or obstructive family members. Agencies may further need to develop policies for investigating and responding to workers' complaints.

The Need for Special Instruction in Working With Victims

Increasingly, in-home helpers are being called upon to work with elders who are known to have been victimized. For example, they may be hired to replace abusive family caregivers or in-home helpers who have been ordered to stay away, arrested or terminated. These helpers may be asked to assist in emergencies (e.g. accompanying a victim to a shelter) or to provide on-going care. In either case, helpers who work with victims need special instruction in such issues as personal safety, enforcing restraining orders and traumatic and post-traumatic stress. Agencies may choose to provide this specialized training to all their employees or they may designate certain individuals to receive it.

Cultural Considerations

In-home helpers' cultural backgrounds, beliefs and experiences may shape their perceptions about abuse and their attitudes toward reporting. Cultural factors may further influence workers' decisions about whether to get involved in what they perceive as "family matters," shape their attitudes about law enforcement or other governmental entities, and influence how or whether they will report abuse. Whenever possible, efforts should be made to explore attitudes, fears or beliefs that may discourage in-home helpers from reporting abuse. This may be accomplished through informal, confidential discussions or interviews. These concerns may then be addressed during the training sessions without revealing the source. The experiences of one agency in developing culturally specific training, which are described below, serve as an example.

Training Ethnic Homemakers About Elder Abuse: A Model Project

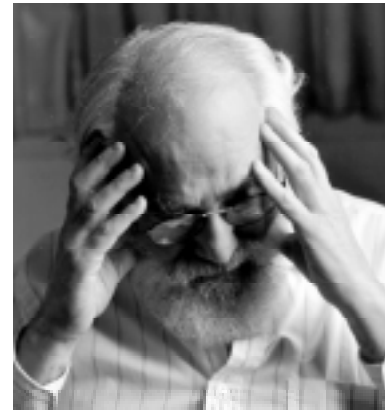
In January, 2000, the Chicago Department on Aging contracted with the Coalition of Limited English Speaking Elderly (CLESE), a coalition of 40 community-based ethnic agencies that serve non-English speaking elders, to develop an elder abuse education and intervention project. Under the contract, CLESE provides language and culture-appropriate training to homemakers employed by fourteen ethnic provider agencies. This is accomplished by providing train-the-trainer instruction to specially assigned elder abuse coordinators within the agencies, all of whom are members of the same cultural groups as the homemakers. CLESE developed a one-page fact sheet on abuse for the homemakers, which has been translated into fourteen languages.

This innovative project has revealed some of the special cultural considerations inherent in training culturally diverse in-home helpers. The coordinators' general knowledge about elder abuse was found to be low and some coordinators demonstrated cultural biases or resistance toward the topic. One coordinator, for example, insisted that abuse did not occur in her

community, a claim that was subsequently negated by reports received in the following months. Project personnel further observed that the coordinators' perceptions of abuse (and those of the helpers) differed significantly from those of mainstream professionals. The coordinators cited multiple examples of abuse that were not covered in the training curricula developed by CLESE, most of which related to cultural beliefs and expectations. Cultural considerations were further reflected in thirteen of the eighteen abuse cases that were identified by homemakers or coordinators, or referred to CLESE from the Department on Aging during a seven-month period following the trainings. The following examples serve to demonstrate:

- Within some cultural groups, it is sons who typically assume responsibility for the care of elderly family members. As sons become westernized, however, many neglect their elders or pass the responsibility on to daughters. Of the eighteen abuse cases reported to CLESE, three involved victims who expressed deep hurt by their sons' or daughter-in-laws' failure to provide support. One elderly client told a coordinator that her "life was as good as over" because her son no longer provided care.
- Another particularly devastating form of abuse that was reported involved elderly immigrants whose children had sponsored them; in several instances, the children reneged on their agreements and told the elderly family members that they would have to return to their countries of origin.
- One elder abuse coordinator was asked to intervene in a situation involving an ill client who was found sleeping on a pile of quilts on the floor — an arrangement that was, in fact, perfectly acceptable to members of the cultural group.

In response to these observations and experiences, CLESE staff modified the project to solicit greater input from the coordinators. A trainer with prior experience working with immigrant victims of domestic violence met with the coordinators to generate discussion about how abuse was perceived and responded to within their communities.





A Basic Training Outline

Because training for in-home helpers will, by necessity, reflect the setting, time constraints and policies of the sponsoring agencies, as well as local laws and resources, training programs must be customized to reflect these factors. Therefore, the outline provided below is intended to serve as a springboard for developing agency-specific curricula and to stimulate planning and discussion. It is divided into three sections.

Section 1: An Introduction to Elder Abuse and Neglect describes the various types, causes, signs and symptoms of abuse. It also provides direction to trainers in describing their states' abuse reporting laws and what will happen when reports are made. Sources of additional information for this section include the websites of the National Center on Elder Abuse (<http://www.elderabusecenter.org>) and the National Committee for the Prevention of Elder Abuse (<http://preventelderabuse.org>). Sources of information about how abuse reports are handled in a particular community include local Adult Protective Service programs (usually located within departments of human services) and area agencies on aging. Check the telephone directory for contact numbers or call **The Eldercare Locator (800-677-1116)**, a national referral service that directs callers to local senior information and referral services in their communities.

Section 2: Managing Difficult Behaviors builds upon research that suggests that the risk of abuse by family caregivers is elevated when caregivers are under stress or duress and/or when care receivers engage in provocative, aggressive or combative behavior. It provides a basic explanation of, and instruction in handling, difficult conduct. Sources of additional information include the websites of the Alzheimer's Association (<http://www.alz.org>), the Family Caregiver Alliance (<http://www.caregiver.org>), and AARP (<http://www.aarp.org>).

Section 3: Professional Practice presents guidelines for professional practice that will clarify expectations and help protect agencies and workers against spurious allegations.

Section 1: An Introduction to Elder Abuse and Neglect

Types of Abuse

Although definitions vary from state to state, the following list describes the general categories of abuse:

Physical abuse is force or violence that results in injury, pain or impairment.

Sexual abuse includes rape, molestation or any sexual contact with a client.

Domestic violence occurs when a spouse or other intimate partner repeatedly uses force, intimidation or violence to gain power and control.

Psychological abuse may include threatening, humiliating or isolating an older person, or any other actions that cause emotional suffering, embarrassment or fear.

Financial abuse includes theft, using an older person's funds or property improperly, or forcing or tricking an older person to sign deeds, wills, powers of attorney or other documents that they don't understand. Older people may get calls from people representing phony businesses telling them they have won fake prizes or contests.

Neglect occurs when caregivers don't fulfill their responsibilities. It may be unintentional or intentional. Some caregivers lack the money, strength, stability, maturity or skills needed to provide good care. Others refuse to provide needed care out of resentment, anger, meanness, indifference, immaturity or greed.

Self-neglect occurs when older people refuse the help or care they need. For some, it is a symptom of mental health problems such as depression, dementia, substance abuse or mental illness.

Violation of rights. Basic human rights include the right to privacy, to be protected against harassment, and to make decisions and choices for one's self as long as they aren't harmful to others.

Indicators of Abuse

Indicators are signs or clues that abuse has occurred, or that it is likely to occur. Some of the indicators listed below can be explained by other causes; however, when the following indicators are present and cannot be explained by other causes, they may be "red flags."

Physical Abuse

- Broken bones, sprains and fractures
- Burns from cigarettes, appliances or hot water
- Cuts, scrapes or scratches
- Rope or strap marks on hands, arms or legs
- Bleeding from the mouth, nose, anus or other body openings
- Matching bruises on both arms
- Matching bruises on the inner thighs
- Bruises that form circles around the older person's arms, legs or chest
- Bruises of different colors
- Injuries that haven't been treated
- Missing hair or teeth accompanied by signs of violence
- The older person (or others) cannot explain how they got hurt, the explanation doesn't "fit" the injuries, or family members offer different explanations

- The client has had many injuries and numerous hospitalizations
- Older people are brought to different hospitals, doctors' offices or clinics to hide the fact that they have made frequent visits
- Medical care is requested a long time after an injury was sustained

Sexual Abuse

- Pain, irritation or bleeding from the vaginal or anal areas
- Bruises on genitals or inner thighs
- Difficulty walking or sitting
- Torn, stained or bloody underclothing
- Sexually transmitted diseases
- Inappropriate sex roles or relationships between an older person and someone else
- Inappropriate, unusual or aggressive sexual behavior by the older person

Financial Abuse

- Unpaid bills, eviction notices or notices that the older person's heat, light or water will be shut off
- Bank statements and canceled checks don't come to the older person's home
- A new "best friend" who isolates the older person, encourages her to give him gifts, or moves in with her
- An older person has signed legal documents, such as a power of attorney, which he doesn't understand
- Unusual, unexplained activity in the older person's bank accounts, including large withdrawals, frequent transfers between accounts, or automatic teller machine (ATM) withdrawals, when the person cannot leave his home
- The older person can afford more or better care than that being provided
- The caregiver expresses excessive interest in the amount of money being spent on the older person
- Belongings or property are missing

- There are suspicious signatures on checks or other documents
- Financial documents are missing
- Suspicious explanations are given about the older person's finances
- The older person doesn't know about or understand financial arrangements that have been made for him

Psychological Abuse

- The caregiver isolates the elder physically by refusing to let him see or speak to others
- The caregiver isolates the elder emotionally by not speaking to, touching or comforting him
- The elder exhibits any of the following:
 - Stress-related conditions such as high blood pressure
 - Significant weight loss or gain that cannot be attributed to other causes
 - Sleeping problems such as nightmares or sleeplessness
 - Depression and confusion
 - Cowering in the presence of abuser
 - Emotional upset, agitation, withdrawal, and non responsiveness
 - Unusual behavior usually attributed to dementia (e.g., sucking, biting, rocking)
 - Emotional distress such as crying, depression or despair
 - Emotional numbness, withdrawal or detachment
 - Regressive, self-destructive or fearful behavior

Neglect and Self-Neglect

- Absence of necessities such as food, water or heat
- Lack of utilities, adequate space or ventilation
- Animal or insect infestations
- Signs of medication mismanagement, including empty or unmarked bottles or outdated prescriptions

- The elder's housing is unclean or unsafe as a result of disrepair, faulty wiring or inadequate sanitation
- Poor personal hygiene including soiled clothing, dirty nails and skin, matted or lice infested hair, odors and the presence of feces or urine
- The older person is not clothed, or is clothed improperly for the weather
- Decubiti (bedsores)
- Skin rashes
- Dehydration, evidenced by low urinary output, dry fragile skin, dry sore mouth, apathy, lack of energy and mental confusion
- Untreated medical or mental conditions including infections, soiled bandages and unattended fractures
- Absence of needed dentures, eyeglasses, hearing aids, walkers, wheelchairs, braces or commodes
- The older person is becoming increasingly sick or confused
- The caregiver appears to be angry, frustrated, exhausted or lacking in skills
- The older person or caregiver is unreasonably critical or dissatisfied with social and health care providers and changes providers frequently
- The older person or caregiver refuses to apply for economic aid or services
- The older person or caregiver claims that the older person's care is adequate when it is not or insists that the situation will improve

Reporting Abuse

In-home helpers who are required to report abuse should be provided with the following information. Those who are not required to report should also be encouraged to report to ensure their clients' safety and well-being.

- The types of abuse that must be reported
- To whom reports should be made
- Penalties for failure to report

- What will happen when they report? In most instances, a trained social worker or other professional will come out to the senior's home, investigate the complaint and offer help and assistance.
- Provisions for confidentiality. In particular, workers should be reassured that there will be no negative consequences for reporting even if they are mistaken about the abuse.
- How reporting will benefit their clients. Workers should be assured that clients' rights, privacy and choices will be respected, and that they will be offered services to help them recover from losses, injuries and trauma. Protective service workers will also assist victims avoid future abuse.



Section 2: Managing Difficult Behaviors

Certain clients, particularly those who suffer from dementias, may behave in ways that are frustrating, stressful or offensive to helpers. They may be unpredictable, display embarrassing behavior in public, or become physically or sexually aggressive. They may make inappropriate sexual advances or comments that are insulting or hurtful. Disturbing behaviors that are frequently encountered by in-home helpers include paranoia, aggression or combativeness. These behaviors are frequently a response to fear, frustration or the inability to communicate. Physical aggression often occurs while workers are providing personal care such as bathing.

Some causes of disturbing behavior include:

- Physical discomfort caused by illness or medications
- Over-stimulation from a loud or overactive environment
- Inability to recognize familiar places, faces or objects
- Difficulty completing simple tasks or activities
- Inability to communicate effectively

Whatever the behavior, in-home helpers should be encouraged to try to identify the cause and possible solutions. Questions to ask themselves include:

- Is the undesirable behavior actually harmful to the client or to others?
- What happened before the behavior occurred? Did something trigger it?
- Is there something the client needs or wants?
- Am I responding in a calm, supportive way?
- Is the client tired because of inadequate rest or sleep?
- Are medications causing side effects?
- Is the client unable to communicate that he or she is experiencing pain?

- Is it possible to make the surroundings less noisy, cluttered, crowded or shadowy?
- Am I asking too many questions or making too many statements at once?
- Are my instructions simple and easy to understand?
- Is the client picking up on my stress and irritability?
- Am I being negative or critical?

Tips for Reducing Disturbing Behavior

- Look for early signs of frustration during activities such as bathing, dressing or eating.
- Stay calm and respond in a reassuring tone.
- Don't take the behavior personally. Accept it as a symptom of the disease or disability.
- Avoid complicated explanations and arguments.
- Be encouraging and don't expect the person to do more than he or she is able to.
- Use distractions. If the person is frustrated by a task, try to distract him with another activity and return to the original activity later.
- Avoid expressing anger or impatience in tone or physical action.
- Use calming physical gestures and touching to reassure and comfort the person.
- Decrease the level of danger. Assess the level of danger to yourself and the patient. Harm can often be avoided 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. The client may become more frustrated and cause personal harm.
- Be patient and flexible.

- Don't argue with a client who is paranoid or frustrated. Try to distract her with another activity or reassure her.
- If other family members interfere with your work or make demands on you, politely explain to them that your responsibility is to the older family member.
- If problems persist, report them to your supervisor.

Section 3: Practice Principles

Agencies may want to develop practice principles and cover them in training for in-home helpers. This can give workers the tools they need to deal with difficult ethical situations and can protect workers and their agencies against unfounded allegations of inadequate care, abuse or criticism about care. Examples include:

- Always get receipts for purchases you make for your client.
- Never accept gifts from clients or family members.
- Never initiate or respond to sexual advances regardless of the client's cognitive status, receptiveness or persistence.
- If a client refuses needed help or assistance, report it to your supervisor.
- Never use threatening or aggressive behavior toward your client even if they have done so toward you.

ADDITIONAL PUBLICATIONS ON ELDER ABUSE

If you find this publication useful, you may want to order other publications produced by the Institute on Aging for the National Center on Elder Abuse. Available publications include:

- ***Mental Health Issues in Elder Abuse*** (2000)
- ***Helping Hands: The Role of Adult Protective Services in Preventing Elder Abuse and Neglect*** (2000)
- ***Forgotten Victims of Elder Financial Crime and Abuse: A Report and Recommendations*** (1999)
- ***Victims' Rights and Services: Assisting Elderly Crime Victims*** (1999)
- ***Prosecution and Protection: Understanding the Criminal Justice System's Role in Preventing Elder Abuse*** (1998) Co-authored by Candace Heisler, JD.
- ***Communities Uniting: Volunteers in Elder Abuse*** (1997)
- ***Financial Abuse of the Elderly*** (1996)
- ***Older Battered Women: Integrating Aging and Domestic Violence Services*** (1996)
- ***To Reach Beyond Our Grasp: A Community Outreach Guide for Professionals in the Field of Elder Abuse Prevention*** (1995)
- ***Building Partnerships: A Guide to Developing Coalitions, Interagency Agreements, and Teams in the Field of Elder Abuse*** (1995)

Also available from the Institute on Aging:

- ***Serving the Older Battered Woman, a Conference Planning Guide*** (1996, \$30)
- ***Domestic Violence and the Elderly: A Cross Training Curriculum*** (1998, \$20)
- ***Video: When Help Was There: Four Stories of Elder Abuse*** (2000, \$79.99)

- ◆ Each book is available for \$15 (California residents, please add 8.5% sales tax)
- ◆ Bulk rates are available
- ◆ Make checks payable to:

Institute on Aging

(Federal tax Identification Number 94-2978977)

Attention: Elder Abuse Prevention Program
3330 Geary Boulevard
San Francisco, CA 94118

- ◆ Phone: 415.447.1989 Ext. 519
- ◆ E-mail: ElderAbusePrevention@ioaging.org