

Guidance for Individual Providers

Handling Mistreatment while Providing Care

Everyone should feel safe while at work. Try out these techniques if you are feeling uncomfortable or unsafe, or are experiencing harassment, abuse or discrimination while working with a client.

1

Level One

You **feel uncomfortable** with behavior or conduct of the client or somebody else in the household, but **do not feel that your safety is at risk.**

2

Level Two

You **feel unsafe** with behavior or conduct of the client or somebody else in the household, **but do not want or need to immediately leave the situation.**

3

Level Three

You **feel unsafe** with the behavior or conduct of the client or somebody else in the household and **want or need to immediately leave the situation.**

Possible Interventions

Level One

- If you feel comfortable, ask the client or other individual in the household to stop the behavior and explain that you are feeling uncomfortable.
- Re-read the client's CARE assessment to see if the unwanted behavior is addressed in the plan and if there are interventions listed to help you address their behavior(s). Contact the client's case manager for a new copy of the plan.
- Contact the client's case manager for suggestions or to report new, unwanted behaviors.

Level Two

- Contact the client's case manager and report the behaviors causing you to feel unsafe. Provide details to help the case manager understand the situation.
- Contact the case manager's office and ask for a supervisor if you cannot reach your client's case manager or if you are dissatisfied with the case manager's assistance.
- Consider accessing specialized training to help you better understand the client's behavioral needs. To learn more about training options, contact the Training Partnership or your client's case manager.
- Contact the case manager if you no longer wish to provide care to your client.

Level Three

- Leave the home, then immediately call the client's case manager to let them know that you left and explain your concerns with the situation. If there are concerns about the client being alone and you are unable to contact the client's case manager, attempt to contact a supervisor or other DSHS/Area Agency on Aging (AAA) staff member. If leaving the client alone will put them in immediate danger call 911.
- Review all of the interventions listed in levels 1 and 2.
- Contact the case manager if you no longer wish to provide care to your client.



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What Happens Next?

What happens if I contact a case manager to report my concerns?

The case manager will:

- Listen to your specific and unique concerns about your experience and work with you to find possible solutions.
- Know how to support you if your primary language is not English.
- Document known behaviors and interventions on the care plan and update the plan as new information is received.

The case manager may:

- Work with the client and suggest additional resources for them, like client training or a nursing referral.
- Contact a client or family member to get more information about the conduct or behaviors and explore possible interventions.
- Contact the client directly to remind the client of their responsibilities to provide a safe and discrimination free working environment for you. If the situation does not improve, make another report to the case manager.



Resources

Training – Learn more about general interventions for certain behaviors:

- 1DDA Training: <https://fortress.wa.gov/dshs/adsaapps/TPTesting/>
- Diagnosis specific training offered through Training Partnership.
- Traumatic Brain Injury (TBI) Resource Center - Brain Injury Alliance of Washington - Providing free services to Individuals throughout Washington whose lives are affected by Brain Injury: <https://biawa.org>
- Dementia: <https://www.alz.org/help-support/caregiving/stages-behaviors/aggression-anger>

Emotional support – Access resources to support your own well-being.:

- Emotional support and resource referral through the [Member Resource Center](#).

