

## **CASE STUDY #1: JENNIFER**

Jennifer is 26 year old. She lives with her father and her younger sister. Her sister also has a developmental disability. Dad has guardianship of Jennifer and is her rep payee. Jennifer has a part-time job and volunteers with an equine therapy program which she loves. Jennifer wants very much to move into her own apartment and would like to get her driver's license. An altercation between Jennifer and her sister occurred resulting in an incident and subsequent abuse investigation. During the investigation, through interviews with Jennifer and her staff, it was discovered that there were many other issues of concern:

- Jennifer has no access to any of the money she earns
- Jennifer and her sister have somewhat of a volatile relationship often resulting in physical altercations with her sister, who is larger/stronger than Jennifer – these altercations often result in injuries such as significant bruising and lacerations, bites, occasionally requiring medical attention. As dad works full time, Jennifer and her sister are often alone together – this is often when the altercations occur.
- Jennifer is responsible for considerable household chores, including cleaning her sister's room, doing all the family laundry, making her sister's bed, doing all the dishes, keeping the family pets walked and fed, taking care of the yard etc. Her staff often reports that they are unable to work on Jennifer's goals because much of their time with her is spent doing chores.
- If chores are not done appropriately or timely, Jennifer is often denied food, not permitted to participate in her volunteer activities, is slapped, her hair pulled, verbally abused. Often times she is awake in the middle of the night or the very early hours of the morning to do chores or to get her sister or her father a drink or a snack, or to redo chores her father did not think were done appropriately.
- Staff revealed occasions where recommended medical treatment was not sustained (i.e., dad did not allow Jennifer to take recommended medications). Additionally, the investigation revealed that this type of treatment of Jennifer had been going on "for years".

When questioned why these issues had not been reported or addressed, staff stated that initially it was felt that this was all part of the "family dynamic" of this particular family.

### **What are the risks or risk factors?**

- Physical altercations between Jennifer and her sibling
- Physical altercations between Jennifer and her father
- Access to food being used punitively

- Unreasonable expectation with regard to household chores
- Verbal abuse
- Neglect (lack of appropriate medical care as directed/recommended)
- Punishment (not allowing Jennifer to participate in preferred activities)
- Non-reporting of incidents

### **Risk Mitigation Strategies – least restrictive**

- Increased behavioral support for Jennifer - including instruction on how to better handle altercations with sister and father so that things don't escalate
- Establishment of a reasonable chore routine for Jennifer
- Training and counseling for the family
  - Strategies in de-escalating issues between Jennifer and her sister before physical altercations occur
- Training and counseling for dad
  - responsibilities of guardianship
  - Inappropriate use of physical punitive measures (i.e., slapping, hair pulling, etc.)
  - Based on support plan, strategies for dad in managing challenging behavior
- Staff scheduled during hours when Jennifer and her sister are alone, in an attempt to prevent altercations when dad is not present
- Training for staff regarding incident identification and reporting of incidents
- Referral for advocacy services in supporting Jennifer

Should dad be resistive to the above, more restrictive measures would need to be considered in order to ensure Jennifer's health and safety which could include:

- A review of guardianship by the court in consideration of possible change in guardianship
- Removal of Jennifer from her home to a safer environment
- Increase/change in services to support Jennifer in a alternative living environment

Risk factors in isolation, although reportable incidents, may not be imminent, however, any one or combination of these risk factors, re-occurring over time or reflecting a pattern of occurrence is abuse and increases the severity of the risk. Ongoing psychological abuse falls into the category of serious injury based on its definition under Act 70, the Adult Protective Services Act and would require a protective services plan.

## **CASE STUDY #2: BILL**

Bill is a 74 year old man who lives alone in his own apartment in an unsafe neighborhood (high crime area, unsafe after dark). Bill has problems with his knees and back which cause him to fall often. His doctor requires him to use a walker or cane; however, Bill often chooses not to use them. He has issues with hoarding, does not like to throw away food, even after it has spoiled or expired and will not accept any assistance with cleaning his home. His home is very dirty and cluttered and has bedbugs. Bill has been threatened with eviction of several occasions. Bill is constantly searching his home for items he thinks he lost, almost obsessively. He loses large amounts of time with this searching. Bill's brother died last year. His brother was the last of his relatives and natural supports. Bill will often leave his home at inappropriate times, i.e., late at night or during bad weather. Within the past year, Bill has fallen twice while out in ice and snow, causing significant injury requiring hospitalization and rehabilitation. Bill often reports feel alone and depressed. Bill refuses to consider an alternative living arrangement which would provide daily supervision.

Bill is able to make his own doctor's appointments, however he often does not understand the doctor's orders including medications and medication instructions.

### **What are the risks or risk factors?**

- Bill's age
- lives in an unsafe neighborhood
- hoarding, unclean and bug infested apartment
- hoarding food and eating spoiled food which could cause significant health issues and could be life threatening
- physical health issues with regard to knees and back
- expression of loneliness and depression
- lack of a nature support system – no family
- Bill's "almost" obsession with searching for lost items – this could become a significant risk factor should his searching keep from eating or taking care of himself
- Residing in unsafe neighborhood coupled with leaving his own at night or after dark pus Bill at risk of victimization.

### **Risk Mitigation Strategies:**

- accept increased supports in cleaning home, or assist to arrange cleaning service
- arrange for exterminator service to address bed bug issue
- instruction and supervision in appropriate food storage, including the effects of keeping or consuming spoiled food
- Evaluate living situation – does he need a different apartment in a different neighborhood or is he at the point that consideration of some sort of assisted living arrangement, family living program or even personal care home with increased appropriate supports is needed?
- Evaluate need for medication for depression
- Connect Bill to senior center to help ease his loneliness and to connect with others
- Evaluate why he does not want to use walker or cane, perhaps there is a reason why he doesn't like them and a newer device may work better for him
- Change staffing schedule if he is more inclined to want to do evening activities so that they can be with him during that time

Bill however, has been unwilling to consider these changes putting him at an increased severity of risk. This does not mean that the team should stop working on a risk mitigation plan. As a last resort, consideration should be given in a Protective Services Plan through the Department of Aging which could involve appointment of a guardian.