



S.T.O.P [Abuse] Intervention

A self-directed learning package for healthcare educators, employees, managers, and all key stakeholders.





S.T.O.P [Abuse] Intervention

A self-directed learning package for healthcare educators, employees, managers, and all key stakeholders.





S.T.O.P. [Abuse] Intervention

Mission Statement

A simple strategy for:

guiding staff, preventing abuse and directing a respectful and supportive relationship for residents/patients and their care givers.





S.T.O.P [Abuse] Intervention

Mission Statement

**A simple strategy for:
guiding staff,
preventing abuse and
directing a respectful and supportive relationship
for residents/patients and their care givers.**





S.T.O.P. [Abuse] Intervention

Introduction to S.T.O.P. Package

Introduction

Who Should Use this Package

Materials Included in this Package

How the Package should be Used



Introduction

The S.T.O.P. Abuse Intervention package is a manual designed for health care providers/professionals/ and educators to:

- Identify an abuse prevention strategy that can be used by all health care professionals;
- Provide an educational plan and tools to educate health care providers on how to implement the intervention;
- Integrate existing resources with the S.T.O.P. intervention; and
- Promote the campaign of resident/patient non abuse in health care settings.

Who Should Use this Package

This training package is designed for adult learners who are in the health care profession. Although the application can apply to all health care sectors, the original intent of the program was to focus on long term care. The topic and materials used to teach the intervention are applicable to all levels of care providers including unregulated care providers, professional disciplines and health care managers. The S.T.O.P. [Abuse] intervention can also be used to support the care partnership between residents/patients and families.

Although the S.T.O.P. [Abuse] Intervention can be used in isolation, it is ideally used in collaboration with organizational policies and procedures supporting the Resident/Patient Bill of Rights and Resident/Patient Non Abuse.

It is the intent of this program to engage discussion, disseminate a strategy, challenge and most importantly promote an abuse-free care approach in all health care relationships.

Materials Included in the Package

This package contains all the materials and plans needed to educate health care providers on the S.T.O.P. [Abuse] Intervention. The materials are designed to support self-directed learning, and/ or can be used by a facilitator for a larger group.

A wide range of educational mediums provide the learner or trainer with a variety of options to learn and apply the S.T.O.P. [Abuse] Intervention.

How the Package should be Used

Individuals or facilitators are encouraged to read the summary article that describes the S.T.O.P. [Abuse] Intervention as a starting point. Following the summary article, a facilitator/instructor reference document has been developed. This overview provides the learner with the concepts of S.T.O.P. and promotes an understanding of its application to healthcare providers. The teaching plan provides the facilitator with strategies to explore in detail the S.T.O.P. intervention. The PowerPoint presentation has been designed to follow the teaching plan. The facilitator can choose to have the learners watch the PowerPoint presentation in full prior to expanding on the concept, and or use both the teaching plan and the PowerPoint simultaneously working through the materials. The interactive CD is another method to engage the learner with the concepts of S.T.O.P.

The preferred method of introducing and sharing this concept is a small peer group format. Building on the knowledge and the ideas of the learners, the concept of S.T.O.P. [Abuse] Intervention can be individualized and applied to many situations.

Disclaimer: This publication was prepared with input from a number of health professionals who have reviewed the information to ensure its suitability. However, the information contained herein is for reference only and is intended to supplement the learning provided by recognized educational programs. It should not be relied upon exclusively.



S.T.O.P. [Abuse] Intervention

Summary Article

In the following summary article, the S.T.O.P. [Abuse] Intervention is introduced as part of the full S.T.O.P. [Abuse] Program. The focus of this self-directed learning package is only the S.T.O.P. intervention. It is recommended that learners/facilitators read the article as an overview prior to completing the self-directed package.



Preventing Abuse in Long Term Care

by Joanne Dykeman, Central Care Corporation

The Current Climate

While the media would have us believe that the incident rate of abuse and neglect in Canadian long term care homes is rampant, the truth is that no one really knows. Three of the documented studies completed to date attempt to explore the issue in this country. One, a random telephone survey of 804 registered nurses and 804 practical nurses undertaken by the College of Nurses of Ontario in 1993, published the following statistics:

- 20% of respondents witnessed abuse of nursing home residents;
- 31% of respondents witnessed rough handling of residents;
- 28% of respondents witnessed staff yelling and swearing at residents;
- 28% of respondents witnessed embarrassing comments being said to residents; and
- 10% of respondents witnessed another staff member hitting or shoving residents.

Contributing Factors

North American scholars who have analyzed domestic abuse have compiled a list of what they believe to be the key factors that contribute to resident abuse. Some of these factors include:

- A lack of comprehensive and consistent policies with respect to the infirm elderly;
- A lack of highly qualified and well-trained staff;
- Work-related stress;
- The powerlessness and vulnerability of elderly residents; and
- The tendency of staff to avenge resident aggression.

S.T.O.P.

Although there is little in the way of current empirical scientific data, there is enough evidence of the occurrence of elder abuse to prompt action. The development of the S.T.O.P. [Abuse] Program was in response to the need for a comprehensive strategy to prevent any further mistreatment of residents in long term care homes.

In practice, the S.T.O.P. [Abuse] Program consists of three interconnected modules:

1. A comprehensive national corporate policy on resident non-abuse that includes standards of practice, definitions of abuse, procedures for intervention, reporting requirements and risk management activities;
2. Application of the *Residents' Bill of Rights* supported by a basic philosophical belief that any violation of these rights constitutes abuse; and
3. The S.T.O.P. Intervention.

Most long term care homes have policies and procedures in place and educational materials available to health care workers in support of a non-abusive resident environment. What makes S.T.O.P. unique is the program's comprehensive intervention strategy component.



What is the S.T.O.P. Intervention?

The S.T.O.P. Intervention (Stop, Think, Observe and Plan) is based on a wilderness survival teaching model. STOP, a simple but effective acronym, provides the outdoor adventurer with a critical guide to making serious decisions in the wilderness. It is a template for action that lends itself extremely well to a long term care interpretation.



The S.T.O.P. Intervention

- Is designed to “STOP” elder abuse
- Is resident-centred
- Guides care providers through difficult interactions
- Is a proactive program that supports adult learning principles
- Is a practical, tangible intervention that protects both the vulnerable resident and the care provider
- Applies to care providers across the care continuum
- Is easy to apply.

In long term care homes that have introduced the S.T.O.P. program, all staff wear a S.T.O.P. lapel button. This button is an educational campaign tool for the promotion of an abuse-free environment and is a visual reminder to employees to:

- Stop, think, observe and plan prior to any resident interaction (this resident-centred care approach is at the heart of a supportive, respectful, non-abusive environment); and
- Stop, think, observe, plan and acknowledge their own attitudes or actions and the ways in which these may contribute to an abusive situation.

Resident-Centred Care & S.T.O.P.

In moving away from the traditional medical/paternalistic/institutional model of care, long term care homes have embraced the concept of holistic, individualized care giving that is based on the unique needs of each resident. Long term care homes focus on the resident: on resident-centred care and resident-controlled decision-making. When staff stop to learn more about the people in their care, to understand each whole person, their care giving is naturally more resident-centred and the risk of abuse is reduced.

However, unless care givers are educated regarding this desired change in resident autonomy what should result in a healthy shift in the balance of power results, instead, in confusion. When health care workers adopt a medical approach to care in an honest attempt to “get the care done,” they can inadvertently use controlling behaviour. This kind of care giving might proceed without the consent of the individual and might not support the resident’s choice or express his/her individuality. Care givers must be trained to STOP to think: what does the plan of care direct? Is the resident feeling comfortable and relaxed or stressed and rushed?

There is another pitfall associated with controlling staff behaviour: it can lead to feelings of intimidation and fear in residents and this, in turn, can lead to resistance and aggression. Care providers who have been taught the Stop, Think, Observe and Plan approach can moderate their own behaviours and thereby prevent the occurrence of many abusive situations.





Communication is Key

Of all the skills that must be developed to STOP elder abuse and neglect and to foster a supportive and respectful living environment, communication is the most critical. Long term care staff must develop skills in:

- Active listening;
- Sensitive questioning;
- Being open, non-judgmental and demonstrate empathetic communication; and
- Appropriate advising and directing.

Staff who assume a resident-centred approach to care giving understand that they must observe, monitor and respond to a resident's reaction to the care that is being given. They know to STOP and ask: is the resident receptive to what I am doing? Is he or she aware of my intentions? If the interaction is not positive, then the care giver must plan a different approach. Care givers must determine what can be done differently in any given situation: change the approach, take a "time out," seek assistance. These decisions are not made arbitrarily, but in consultation with the resident, substitute decision-maker(s) and the care team.

Staff & S.T.O.P.

Providing all staff with clear guidelines on how to support the therapeutic relationship is integral to the creation and sustainability of a non-abusive environment. S.T.O.P. is one aspect of those guidelines: it gives care givers a method of systematically dealing with challenging situations

and a technique for diffusing tension and preventing abusive situations from occurring. Many talented care givers have been trained to "jump in and do." S.T.O.P. helps these individuals to hold back long enough to think, observe and plan and to ensure that the care they give is appropriate, supportive, therapeutic and resident-centred.

Situations That Might Trigger S.T.O.P.

- Multiple demands being made
- Challenging behaviours
- Staff fatigue
- Fast-paced environment
- Caregiver stress

The S.T.O.P. Intervention also encourages care providers to examine their own beliefs, values and attitudes. Administrators or staff educators may need to provide staff with more education regarding the aging process in order to increase staff sensitivity to the needs of this vulnerable population. Care givers need to S.T.O.P. and consider their own feelings: to take care of themselves before taking care of their residents. When feeling stressed or out of control, staff are encouraged to S.T.O.P. and take a short cool-down break: to S.T.O.P. before their actions might inadvertently contribute to the development of an abusive situation.

Once staff have been thoroughly trained in its use and application, the S.T.O.P. Intervention becomes an automatic response; a supportive emotional framework that is mutually protective of the resident and the care provider. Incidences of alleged abuse and subsequent investigations will be reduced, which in turn reduces workplace stress, improves staff morale and motivation, and ultimately improves quality of care.



The S.T.O.P. [Abuse] Campaign

As the requirement for long term care increases, so too, does the opportunity for proactive teaching. The S.T.O.P. [Abuse] Intervention has become an integral part of the new employee orientation program at Central Care Corporation. Premised on the belief that up-front education minimizes the risk of abusive behaviour down the road, all new staff are instructed on the home's resident non-abuse policy, the *Residents' Bill of Rights* and the S.T.O.P. Intervention.

In addition, all employees receive annual S.T.O.P. refresher courses. Because it provides emotional support for employees and allows participants to explore topics on a personal level, experiential peer learning is considered to be an important component of the S.T.O.P. [Abuse] Intervention. Each module is taught in a small workshop setting where staff are encouraged to share their thoughts and feelings on such issues as barriers to resident-centred care and the reporting of resident abuse. The experience of working through this process leads to strengthened staff relationships and the creation of a more supportive work environment, both of which help to diminish the potential for abusive behaviour.

The S.T.O.P. lapel button, proudly worn at Central Care Corporation, is a public display of the strong and serious staff commitment to the campaign to S.T.O.P. [Abuse]. By wearing the button at all times, employees and key stakeholders pledge their intention to make a difference and to inform others of their mission. The S.T.O.P. [Abuse] Intervention is available to other long term care homes, and comes complete with educational materials that are designed to enlighten staff, residents and families about this unique abuse prevention strategy.

Long term care is not a wilderness, but it incorporates both jungle and desert elements. Staff who know how to S.T.O.P. can make their long term care homes much safer and habitable places for the residents who call them home.



For Further Reading

Radar, Joanne. Individualized Dementia Care: Creative, Compassionate Approach. Evans & Strumpf, 1995.

Abuse of Older Adults in Institutions and Abuse and Neglect of Older Adults in Institutional Settings, Health Canada.

www.hc-sc.gc.ca/hppb/familyviolence/html/ageinstitutions_e.html

Stand by Me: Preventing Abuse and Neglect of Residents in Long Term Care Settings, Health Canada, p. 41 (ISBN 0-662-29348-7).

Building Relationships to Enhance ResidentCentred Care: A Trainer's Guide to an Emotion-Focused Intervention, p. 2, 4 (visit www.abramsoncenter.org/PRI/documents/CTintroduction.pdf)





S.T.O.P. [Abuse] Intervention

Instructor Reference Material

An at-a-glance review of the learning objectives of the S.T.O.P. Intervention and key content points that will be explained in the teaching plan and Power Point Presentation.



Instructor Reference Materials

LEARNING OBJECTIVES:

Upon completion of this module, the participant will be able to:

1. Describe the S.T.O.P. [Abuse] Intervention.
2. Identify what the acronym S.T.O.P. signifies.
3. Identify how the S.T.O.P. Intervention benefits the resident/patient.
4. Identify how the S.T.O.P. Intervention benefits care givers.
5. Understand when staff should apply the S.T.O.P. Intervention.
6. Apply the S.T.O.P. [Abuse] Intervention by citing specific situations S.T.O.P. would be used.
7. Demonstrate their commitment to an abuse-free environment by wearing the S.T.O.P. campaign button.

KEY CONTENT POINTS:

1. S.T.O.P. is a “template” for staff to follow when interacting with resident/patients.
2. Each employee will S.T.O.P. (stop, think, observe and plan) prior to resident interaction.
3. The purpose/mission of the S.T.O.P. [Abuse] Intervention is to:
 - Promote resident-centred care
 - Guide and support the care giver
 - Prevent abuse
4. Care givers can find themselves in challenging situations such as multiple demands, challenging behaviours of residents, fast paced environments and care giver stress. These situations place both the resident/patient and care giver in a vulnerable position. The caring relationship can be compromised unknowingly and in a matter of seconds. During these high risk times, it is mutually desirable for care givers to use a simple, automatic response that preserves the therapeutic relationship between the care giver and the resident/patient.
5. A resident-centred approach is integral for a supportive and abuse-free environment. Resident-Centred Care has elements that:
 - Promote resident empowerment
 - Maintain residents’ rights and responsibilities
 - Provide good physical care and emotional support

6. The S.T.O.P. [Abuse] Intervention benefits to the resident/patients include:

- Promotes resident-centred care
- Promotes dignity and respect
- Promotes positive staff interaction/communication
- Minimizes situations that might trigger abuse.

7. Communication is the most critical skill that requires development in the strategy to prevent abuse. The S.T.O.P. [Abuse] Intervention directs staff to active listening, sensitive questioning, conscious observation, appropriate advising and empathetic, non-judgmental interactions with all residents. Residents with cognitive impairment require specialized communication and by using the S.T.O.P. [Abuse] Intervention the unique individualized communication style can be identified and used.

8. The S.T.O.P. [Abuse] Intervention benefits to the care giver include:

- A framework that guides caregivers' emotional, verbal and physical response in high risk situations.
- Recognition that the caregiver's emotional state influences the therapeutic relationship.
- It provides a common approach for interactions with residents.
- It is a strategy for caregivers to use for self-management of stressful situations. It encourages staff to become aware of their own emotional intelligence.

9. Upon hire, all employees and managers shall be educated on the S.T.O.P. [Abuse] Intervention.

10. Annually each employee will review and have a refresher in-service on the S.T.O.P. [Abuse] Intervention as part of mandatory education which in turn becomes part of the personal performance appraisal process.

11. Upon admission to the health care centre, residents/patients, substitute decision-makers are introduced to the S.T.O.P. [Abuse] Intervention.

EVALUATION/FEEDBACK METHODS:

The participant will demonstrate learning in relation to this module by:

1. Attending one of the organization's training sessions on the S.T.O.P. [Abuse] Intervention and engaging in small group discussions.
2. Completing the S.T.O.P. [Abuse] Intervention quiz.
3. Wearing a S.T.O.P. button to demonstrate commitment to an abuse-free environment.

NEXT TRAINING STEPS:

1. Complete organizational training on Resident/Patients Non-Abuse policies.
2. Complete organizational training on *Residents'/Patients' Bill of Rights* policies.





S.T.O.P. [Abuse] Intervention

The Teaching Plan

A detailed step-by-step plan to be used by educators to introduce the S.T.O.P. Intervention.



Teaching Plan

OBJECTIVES:

Upon completion of this module, the participant will be able to:

1. Describe the S.T.O.P. [Abuse] Intervention.
2. Identify what the acronym S.T.O.P. signifies.
3. Identify how the S.T.O.P. Intervention benefits the resident/patient.
4. Identify how the S.T.O.P. Intervention benefits care givers.
5. Understand when staff should apply the S.T.O.P. Intervention.
6. Apply the S.T.O.P. [Abuse] Intervention by citing specific situations S.T.O.P. would be used.
7. Demonstrate their commitment to an abuse free environment by wearing the S.T.O.P. campaign button.

TIME : Facilitator	5 minutes
CONTENT	What is the S.T.O.P [Abuse] Intervention?
DETAILS	<p>The S.T.O.P. [Abuse] Intervention is a strategy to prevent abuse in the resident/patient and care giver relationship. The Intervention is based on a wilderness survival-teaching model. The word STOP is a simple, yet effective acronym that provides the outdoor adventurer with a critical guide to making serious decisions in the wilderness. It is a template for action that lends itself extremely well to the care giving relationship.</p> <p>The S.T.O.P. [Abuse] Intervention has three main goals:</p> <ol style="list-style-type: none"> 1. Guiding staff on how to handle challenging situations and help them with their own emotional awareness and impact on care. 2. Directing and supporting a respectful, therapeutic, resident/patient centred relationship between residents/patients and care givers. 3. Preventing abuse. <p>Once orientated to the program, participants are given to wear, a graphically designed lapel button of the word S.T.O.P. The button represents the individual's ongoing commitment to stopping abuse. The button also provides ongoing visual awareness/training for a respectful resident/patient centered and therapeutic approach to the care giving relationship.</p> <p>The Mission Statement for the Program: The S.T.O.P. [Abuse] Intervention: Guiding staff, preventing abuse, and directing a respectful and supportive relationship for residents/patients and their caregivers.</p>
TECHNIQUE	Lecture and Observation
RESOURCES/AIDS REQUIRED	S.T.O.P. [Abuse] Intervention PowerPoint or Overhead.

TIME : Facilitator	5 minutes
CONTENT	What does the S.T.O.P acronym signify?
DETAILS	<p>The word STOP is an acronym for:</p> <p>S = Stop what you are doing T = Think of alternatives O = Observe the elder/environment P = Plan another approach</p> <p>Introduce the idea that the acronym S.T.O.P. provides:</p> <ul style="list-style-type: none"> β Benefits for the resident/patient β Benefits for the caregivers β A strategy to prevent abuse.
TECHNIQUE	Discussion lead by Facilitator
RESOURCES/AIDS REQUIRED	

TIME : Facilitator	10 minutes
CONTENT	Benefits to the Resident/Patient ?
DETAILS	<p>Using the acronym as a template for the care giver relationship, resident centred care is promoted, enhanced and positive communication is supported while dignity and respect are honoured.</p> <p>Using each letter, engage the learner in a discussion to provide examples on how this could happen.</p> <p>Use the “S.T.O.P.” worksheet as a starting point. Have participants identify other ‘actions’ or responses that each letter in the acronym could signify. Write these on the worksheet provided.</p> <p>Affirm the participants/learners as they provide solutions and application of the acronym.</p>
TECHNIQUE	Small group discussion and brainstorming built on the participants’ existing knowledge.
RESOURCES/AIDS REQUIRED	S.T.O.P. [Abuse] Intervention Worksheet



TIME : Facilitator	10 minutes
CONTENT	What is Resident/Patient - Centred Care ?
DETAILS	<p>If the term/language “<i>resident/patient-centered care</i>” is new, the facilitator may need to spend some time exploring this concept. Additional information is available regarding this concept in the pamphlet: “Returning Home” page 14 (Health Canada) See Integrating Resources for full ordering information.</p> <p>Encourage a small group discussion on what the participants feel resident centred care is. Write responses on a flip chart. Some of the ideas/concepts the facilitator is looking for are:</p> <ul style="list-style-type: none"> ℑ Promotes resident empowerment - builds on resident strengths. ℑ Residents have some control or power in their lives. Power is simply the ability to carry out one’s wishes and to meet one’s needs. ℑ Encourage residents to: make decisions, express individuality, speak for self, care for self, have a sense of purpose.
TECHNIQUE	Experiential peer learning – learners share their knowledge with each other.
RESOURCES/AIDS REQUIRED	Flip chart


TIME : Facilitator	10 minutes
CONTENT	What are the Benefits to the Staff?
DETAILS	<p>Using the S.T.O.P. acronym as a template for the care giver’s approach to the care provides:</p> <ul style="list-style-type: none"> ℑ Clear guidelines for care ℑ A systematic approach in challenging situations ℑ A technique for diffusing tensions and preventing abuse from happening ℑ Encourages care givers to examine their own emotions <p>Using each letter, engage the learner in a discussion to provide examples on how this could happen. Use the “S.T.O.P.” worksheet as a starting point. Have participants identify other “actions” or responses that each letter in the acronym could signify. Write these on the worksheet provided. Affirm the participants/learners as they provide solutions and application of the acronym.</p>
TECHNIQUE	Experiential peer learning – learners share their knowledge with each other.
RESOURCES/AIDS REQUIRED	S.T.O.P. [Abuse] Intervention Worksheet



TIME : Facilitator	3 minutes
CONTENT	Communication is Key
DETAILS	<p>Explore with the learner how S.T.O.P. facilitates positive, resident-centred communication. Provide examples using the acronym:</p> <p>S = encourage caregivers to "STOP" talking and do more listening</p> <p>T = Think how the resident's/patient's communication is compromised, how can the care giver remove/minimize these barriers</p> <p>O = Observe how the resident/patient communicates</p> <p>P= Plan to enable communication such as assistive devices, advocate for the resident's voice</p> <p>Communication and Abuse -- Residents/Patients at risk : Many residents are so incapacitated by communication difficulties or severe impairment that they cannot ask for help and must rely entirely on other people to identify and meet their needs. Everyone who interacts with these residents must be extra vigilant to correctly identify and then meet the needs in a timely manner.</p>
TECHNIQUE	Lecture
RESOURCES/AIDS REQUIRED	

TIME : Facilitator	5 minutes
CONTENT	When should Staff Apply the S.T.O.P. Intervention?
DETAILS	<p>Initiate a group discussion. Invite one of the learners to record the group's answers on a flip chart.</p> <p>Examples if the group is having a tough time:</p> <ul style="list-style-type: none"> β Multiple demands being placed on them β Socially unacceptable behaviors displayed by resident β Staff fatigue β Fast paced environment β Care giver stress
TECHNIQUE	Experiential Peer Learning
RESOURCES/AIDS REQUIRED	Flip Chart



TIME : Facilitator	3 minutes
CONTENT	S.T.OP. Button ?
DETAILS	<p>Explain that the S.T.O.P button is designed to:</p> <ol style="list-style-type: none"> 1. Remind staff to stop, think, observe, plan 2. Signify a commitment to Non Abuse 3. Be a tool to promote ongoing education for all staff and the public <p>Remind staff to wear their buttons proudly every day!</p> 
TECHNIQUE	Facilitator Lecture
RESOURCES/AIDS REQUIRED	Give S.T.O.P. Buttons to each participant

TIME : Facilitator	10 minutes
CONTENT	Knowledge/Instructional Evaluation ?
DETAILS	Complete S.T.O.P. quiz
TECHNIQUE	Quiz
RESOURCES/AIDS REQUIRED	S.T.O.P. Quiz





S.T.O.P. [Abuse] Intervention

Teaching Tools

PowerPoint Presentation Printout

PowerPoint Presentation CD

Work Sheets

Review and Discussion Questions

Program Quiz

Mini Posters

S.T.O.P. Button Round Stickers

Residents' Bill of Rights

S.T.O.P. [Abuse] Intervention

The Key to Elder Non-Abuse



The S.T.O.P. [Abuse] Intervention:

**Guiding staff,
preventing abuse
and directing a respectful and supportive
relationship for residents/patients and their
care givers.**

What is S.T.O.P. [Abuse] Intervention?

S.T.O.P. is an acronym used to:

- 1 • Guide Staff**
- 2 • Promote Resident-Centred Care**
- 3 • Prevent Abuse**



What Does the Acronym Stand For?

S_{top}

T_{hink}

O_{bserve}

P_{lan}



What are the Benefits to the Resident/Patient?

- Promotes Resident/Patient-Centred Care
- Promotes Positive Interactions & Communications
- Prevention of Abuse





Stop

Always stop what you are doing if there is resistance or lack of consent on the part of the resident for whom you are caring.





Think

- Is the Resident comfortable, relaxed or without fears?
- Are you feeling stressed or rushed?
- What are the triggers influencing the situation?





Observe

- Observe the Resident's response to your approach and care.
- Is the Resident aware of your intentions?
- Is the Resident receptive?





Plan

Carefully consider what can be done differently in the situation?

Such as:

Staff approach?

Time-out?

Need for assistance?

Other?



What are the Benefits to the Care Giver?

- Clear guidelines for care
- Systematic approach in challenging situations
- A technique for diffusing tensions
- Promotes care giver emotional awareness
- Prevention of abuse



What Situations Might Trigger S.T.O.P.?

- Multiple demands
- Challenging behaviours displayed by Resident
- Staff fatigue
- Fast paced environment
- Care giver stress



Care Giver Emotions

S.T.OP. “Think” and “Observe” our own emotions and reactions.

Plan to take care of ourselves.

Care providers must take care of their own feelings before they may begin to take care of residents.



Who can use S.T.O.P.?

Educating all health care professionals on this strategy is critical for Resident/Patient centred care.

Implementing the S.T.OP. [Abuse] Intervention when challenging situations occur is a proactive method to prevent abuse.



Why Should We use S.T.O.P.?

The S.T.O.P. [Abuse] Intervention is a technique staff can use to ensure Resident non-abuse.

The S.T.O.P. campaign promotes ongoing staff and public education and awareness.

Wearing the official S.T.O.P. button signifies a commitment to Non-Abuse.





**Every person
– man, woman and child –
deserves to be treated with
respect and caring.**





**Join the campaign to prevent
Resident/Patient abuse.**

Promote Resident-Centred Care.

Wear your Button every day!





Worksheet

STOP

- Stop what you are doing
- Stop to listen to the resident
- Stop and think about how you are feeling
- Stop and take 5 minutes to re-group.
- _____
- _____
- _____
- _____
- _____
- _____

THINK

- Think about the resident/patient, what are they feeling?
- Think about contributing factors.
- Think, who could help.
- _____
- _____
- _____
- _____
- _____
- _____
- _____

OBSERVE

- Observe the resident's/patient's reactions.
- Observe what my own emotions are telling me.
- Observe the environment.
- Observe what my non-verbal body language is saying
- _____
- _____
- _____
- _____
- _____
- _____

PLAN

- Plan a different approach
- Plan to learn what the resident/patient wishes are
- Plan to get more help
- Plan to organize the care
- Plan to talk to others
- _____
- _____
- _____
- _____
- _____



Review and Discussion Questions:

1. What is the basic concept behind the S.T.O.P. [Abuse] Intervention?
2. What personal principles do you use to guide your care giving relationship?
How are these principles similar to the S.T.O.P. [Abuse] Intervention?
3. What situations have you encountered where application of the S.T.O.P. [Abuse] Intervention could be effective?
4. How do care giver emotions affect the resident/patient therapeutic relationship?
5. What barriers exist that prevent a caring, supportive relationship?
How can the S.T.O.P. [Abuse] Intervention remove these barriers?
6. What are the benefits of “**Observing**” resident/patient reactions to care?
7. What type of activities can care givers “**Plan**” to diffuse stressful situations during care?
8. When should a care giver “**Stop**” providing care?
What are the next steps if the care is “Stopped”?
Who should be involved in the decision to “Stop”?
9. What might the resident/patient be thinking while care is being given?
10. Why should care givers implement the S.T.O.P. [Abuse] Intervention?
11. How can care givers educate colleagues/co-workers on the S.T.O.P. [Abuse] Intervention?
12. Where is there additional support for care givers to receive further training on the S.T.O.P. [Abuse] Intervention?



Program Quiz

Employee Name: _____
Date: _____

- 1 • S.T.O.P. is an acronym. What do each of the letters stand for?

S stands for _____

T stands for _____

O stands for _____

P stands for _____

- 2 • List 3 situations when you might use the S.T.O.P. Intervention.

1. _____

2. _____

3. _____

- 3 • Circle the correct answer.

- S.T.O.P. are actions that health care providers implement to prevent Resident abuse.
- S.T.O.P. is a lapel button worn to advocate non-abuse to Residents
- All staff can use the S.T.O.P. Intervention.
- All of the above.

Fill in the blanks

- S.T.O.P. is an _____ strategy to prevent abuse.
- The S.T.O.P. acronym prompts staff to provide _____ care.
- All health care professionals should _____ the residents.
- Examples of empowerment are:
_____, _____, _____,
and _____.

In the demanding environment of health care, staff caring for the elderly need a quick simple strategy to prevent abusive situations from occurring.
The S.T.O.P. [Abuse] Intervention is that strategy.



A Strategy for Resident-Centred Care

Stop what you are doing if there is resistance or lack of consent.

Think is the resident comfortable and at ease?

Observe the resident's response and receptiveness to care.

Plan Do you need to change your approach?



A Strategy for Resident-Centred Care

Stop what you are doing if there is resistance or lack of consent.

Think is the resident comfortable and at ease?

Observe the resident's response and receptiveness to care.

Plan Do you need to change your approach?



A Strategy for Resident-Centred Care

Stop what you are doing if there is resistance or lack of consent.

Think is the resident comfortable and at ease?

Observe the resident's response and receptiveness to care.

Plan Do you need to change your approach?



A Strategy for Resident-Centred Care

Stop what you are doing if there is resistance or lack of consent.

Think is the resident comfortable and at ease?

Observe the resident's response and receptiveness to care.

Plan Do you need to change your approach?

Residents' Bill of Rights

This long term care home recognizes and honours the Resident Bill of Rights to make sure that long term care homes are *homes* for the people who live in them. Staff at the care homes must respect the residents' rights while they live there; they must remember that the residents are in their own home.

The Bill of Rights reminds everyone – residents, staff, friends, family, and neighbours – that residents of long term care homes are valued members of the community.

Caring for others as we wish to be cared for ourselves.

1 Every resident has the right to be treated with courtesy and respect and in a way that fully recognizes the resident's dignity and individuality and to be free from mental and physical abuse.

2 Every resident has the right to be properly sheltered, fed, clothed, groomed and cared for in a manner consistent with his or her needs.

3 Every resident has the right to be told who is responsible for and who is providing the resident's direct care.

4 Every resident has the right to be afforded privacy in treatment and in caring for his or her personal needs.

5 Every resident has the right to keep in his or her room and display personal possessions, picture and furnishings in keeping with safety requirements and other resident's rights.

6 Every resident has the right:

(a) To be informed of his or her medical condition, treatment and proposed course of treatment.

(b) To give or refuse consent to treatment, including medications, in accordance with the law and to be informed of the consequence of giving or refusing treatment.

(c) To have the opportunity to participate fully in the making of any decision and obtaining an independent medical opinion concerning any aspect of his or her care, including any decision concerning his or her admission, discharge or transfer to or from a long term care home.

(d) To have his or her medical records kept confidential in accordance with the law.

7 Every resident has the right to reactivation and assistance towards independence consistent with his or her requirements.

8 Every resident who is being considered for restraints has the right to be fully informed about the procedures and the consequences of receiving or refusing them.

9 Every resident has the right to communicate in confidence, to receive visitors of his or her choice and to consult in private with any person without interference.

Residents' Bill of Rights

This long term care home recognizes and honours the Resident Bill of Rights to make sure that long term care homes are *homes* for the people who live in them. Staff at the care homes must respect the residents' rights while they live there; they must remember that the residents are in their own home.

The Bill of Rights reminds everyone – residents, staff, friends, family, and neighbours – that residents of long term care homes are valued members of the community.

Caring for others as we wish to be cared for ourselves.

10 Every resident whose death is likely to be imminent has the right to have members of the resident's family present 24 hours per day.

11 Every resident has the right to designate a person to receive information concerning any transfer or emergency hospitalization of the resident, and where a person is so designated to have that person so informed forthwith.

12 Every resident has the right to exercise the rights of a citizen and to raise concerns or recommend changes in the policies and services on behalf of himself/herself or others to the Residents' Council, long term care home staff, government officials, or any other person inside or outside the long term care home, without fear of restraint, interference, coercion, discrimination, or reprisal.

13 Every resident has the right to form friendships, to enjoy relationships, and to participate in the Residents' Council.

14 Every resident has the right to meet privately with his or her spouse in a room that assures privacy and where both spouses are residents in the same long term care home, they have a right to share a room according to their wishes, if an appropriate room is available.

15 Every resident has the right to pursue social, cultural, religious, and other interests to develop his or her potential and to be given reasonable provisions by the long term care home to accommodate these pursuits.

16 Every resident has the right to be informed in writing of any law, rule, or policy affecting the operation of the long term care home and of the procedures for initiating complaints.

17 Every resident has the right to manage his or her own financial affairs where the resident is able to do so, and where the resident's financial affairs are managed by the long term care home, to receive a quarterly accounting of any transactions undertaken on his or her behalf and to be assured that the resident's property is managed solely on the resident's behalf.

18 Every resident has the right to live in a safe and clean environment.

19 Every resident has the right to be given access to protected areas outside the long term care home in order to enjoy the outdoor activity, unless the physical setting makes this impossible.



Workshop Evaluation

Please give your reaction and comments to help us evaluate and improve future workshops.

Location: _____ Date: _____

How do you rate the presentation in the following areas?	Yes	No
Were the objectives clearly outlined?		
Was the information presented in a clear and understandable fashion?		
Will you use what you learned?		
Was enough time allotted for the amount of material covered?		
I will change the way I do things from what I learned.		

How do you rate the presentation in the following areas?	Excellent	Very good	Good	Fair	Poor
The pace of the workshop was					
The presenter's knowledge of the topic					
Where you able to actively participate?					
Handouts					

What was the most important or useful thing you learned from this workshop?

What ideas presented in this workshop remain unclear?

How might the workshop facilitator improve the workshop or presentation?

Do you require any additional information or follow-up with regards to the information presented today?

Additional Comments? _____

Thank you for taking the time to fill out this evaluation form. Your feedback is valuable and will help us to best meet your learning needs.



S.T.O.P. [Abuse] Intervention

Integrating Resources



Integrating Resources

Information about how to obtain the following mandatory resources available to support this educational program and educate staff.

Name of Publication	Contact Agency	Phone/E-Mail/Web	ISBN Order #
<i>Community Journal on Elder Abuse</i>	Ontario Network for the Prevention of Elder Abuse 222 College Street, Suite 106, Toronto, ON M5T 3J1	1-416-978-1716 (P) 1-416-978-4771 (F) onpea.info@utoronto.ca www.onpea.org	N/A
<i>Ontario's Strategy to Combat Elder Abuse</i>	Ontario Network for the Prevention of Elder Abuse 222 College Street, Suite 106, Toronto, ON M5T 3J1	1-416-978-1716 (P) 1-416-978-4771 (F) onpea.info@utoronto.ca www.onpea.org	N/A
<i>Elder Abuse – It's A Crime. Let's Stop It</i>	Ontario Network for the Prevention of Elder Abuse 222 College Street, Suite 106, Toronto, ON M5T 3J1	1-416-978-1716 (P) 1-416-978-4771 (F) onpea.info@utoronto.ca www.onpea.org	N/A
<i>Elder Abuse – The Hidden Crime (by: J. Wahl & S. Purdy)</i>	Produced by: "CLEO"	416-408-4420 www.cleo.on.ca	0-88903-230-0
<i>Every Resident – Bill of Rights for people who live in Ontario Long Term Care Facilities (by: Susan Chemin)</i>	Produced by "CLEO"	416-408-4420 www.cleo.on.ca	0-88903-232-7
<i>Returning Home – Fostering a Supportive and Respectful Environment in the Long-Term Care Setting</i>	Health Canada Publications 1-613-954-5995 or 1-866-225-0709	publications@hc-sc.gc.ca .	0-662-29347-9
<i>Stand by Me – Preventing Abuse and Neglect of Residents in Long Term Care Settings</i>	Health Canada Publications 1-613-954-5995 or 1-866-225-0709	publications@hc-sc.gc.ca .	0-662-29348-7
<i>When Home is Not a Home – Abuse and Neglect in Long-Term Care – A Resident's Perspective</i>	Health Canada Publications 1-613-954-5995 or 1-866-225-0709	publications@hc-sc.gc.ca .	0-662-29349-5



S.T.O.P. [Abuse] Intervention

Ordering S.T.O.P. Buttons & other Promotional Materials

Mini Posters

S.T.O.P. Button Round Stickers

Brochure

S.T.O.P. Promotional Items Flyer/Order Form

- Buttons
- Coffee Mugs
- T-shirts
- Balloons
- Pens
- Spiral Bracelet Key Tag
- Lunch Box

S.T.O.P. [Abuse] Intervention Promotional Items



1 1/4" Round Buttons

500pcs@\$0.27ea
 1000pcs@\$0.24ea
 2500pcs@\$0.22ea

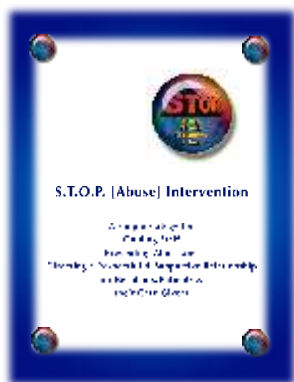


11 oz Ceramic Coffee Mug

Mug colour: white
 2 colour printing
 72pcs@1.99ea



Photo image of the ceramic coffee mug.



100% White Cotton T-shirts

Sm to XL
 50pcs@\$8.99ea
 100pcs@\$7.50ea
 144pcs@\$6.75ea
 XXL or XXXL, add 15%



12" Balloons (Red, Blue, White, Green)

Balloons can be ordered in lots of 250 per colour
 print 1 colour (S.T.O.P. logo on one side, text on the other side)

500pcs@\$150.00
 1000pcs@\$225.00
 2500pcs@\$475.00

S.T.O.P. [Abuse] Intervention Promotional Items



New Wave Stick Pen

1000@\$0.39ea = \$390.00

Complimentary wave pattern on speciality cap and barrel top adds spice to this classic stick pen. Only German ink is used with best Swiss type tip for smooth unsurpassed writing.



Classic Plus Pen

500@\$0.64ea = \$320.00

Our top-of-the-line Mont Blanc style pen. Smooth writing quality enhanced by German ink cartridges and Swiss-type tips.
 Forest Green (10), Black (11), Navy (15), Burgundy (35)



Neon Spiral Bracelet & Flex Key Tag

250pcs@\$0.99ea = \$247.00

One colour imprint on key tag is included.
 Bulk. Green (60) Red (61) Orange (62) Yellow (64)
 10 Working days delivery only.



Cotton Lunch Bag • Printed

Features:

- 10 ounce Cotton
- Velcro closure

50pcs@\$3.95ea = \$220.00



S.T.O.P. [Abuse] Intervention

Notes

[illegible]

