

## REPORT TO THE LEGISLATURE

### **Training Work Group on Preventing Harassment, Abuse, and Discrimination Experienced by Long-Term Care Workers**

Engrossed Second Substitute Senate Bill 6205, codified in Chapter 49.95 RCW

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## Executive Summary

The Washington State Legislature passed Engrossed Second Substitute Senate Bill 6205 during the 2020 legislative session requiring the Department of Social and Health Services (DSHS) to convene a stakeholder workgroup to recommend policy changes and best practices for training employers, long-term care workers, and service recipients to keep home care settings free from discrimination and abusive conduct while maintaining the ability for individuals who need services to access and receive them.

Under this legislation, the workgroup was required to include the following representation:

- Representatives from DSHS, Department of Labor & Industries, Human Rights Commission, home care agencies, the Consumer Directed Employer, labor organizations representing employees, disability advocacy organizations, and area agencies on aging,
- Organizations with at least five years' experience training at least 10,000 long-term care workers,
- Service recipients,
- A family member or guardian of a service recipient,
- Self-advocates, and
- Subject matter experts deemed necessary by the work group.

The workgroup recommendations within this report are specifically detailed with the intent that employers, agencies, legislators, advocacy organizations and recipients of service can see the detail and utilize recommendations to improve processes.

### **The principles listed below were developed by the workgroup to guide their discussions and recommendations:**

1. Caregivers, individuals receiving care, and employers all have an important role to play in safely responding to challenging behaviors and preventing or responding to harassment, abuse, and discrimination.
2. All stakeholders are committed to improving safety in the care environment and believe that training is a key part of achieving this goal.
3. It is critical to distinguish between challenging behaviors and harassment, abuse, and discrimination, and to develop training unique to each.
4. Policy makers should aim to reduce barriers to accessing training and maximizing its effectiveness, through strategies like language localization, cultural competency, and modalities that reflect a range of learning styles.
5. The team strongly believes in person-centeredness.

Additionally, continuation of this workgroup is recommended to address challenges facing providers and clients receiving services. This will allow the workgroup to review the implementation of recommendations and the potential of additional recommendations, as needed.

## Background

The hallmark of Washington's long-term services and supports (LTSS) system is that, whenever possible, individuals are given the opportunity to live and receive services in their own home or in a community setting.

Developing home and community-based services and ensuring individuals have timely access has meant Washingtonians have a choice regarding where they receive care. This has produced a more cost-effective method of delivering services and resulted in a better quality of life for clients, while maximizing the control they have over the choices they exercise in their daily lives.

Washington's population, like that of the nation, is aging rapidly. The individuals receiving LTSS are more complex and have a higher acuity and behavioral health needs than were experienced in the past. This increase impacts our system at all levels including ensuring we have enough qualified providers. Due to growing demand (largely due to a rapidly aging population) and high turnover (rooted in poor job quality) there is a significant shortage of workers that is expected to worsen unless significant steps are taken.

Currently, training for long-term care workers differs based on setting and service recipient. For example, a standard individual provider is required to take five hours of Orientation and Safety Training (O/S) prior to performing paid services, and 70 hours of basic training within 120 days of starting paid care. A Developmental Disabilities Administration parent provider, in contrast, is required to take five hours of O/S and seven hours of basic training.

### **Foundations for Recommendations**

In developing these recommendations, the statute called out workgroup consideration of the following items:

- a) Using new employee orientation to emphasize the prevention of discrimination and abusive conduct.
- b) The extent to which current training content could be modified to cover content within existing hours of required training such as basic, modified basic, and/or continuing education.
- c) Requiring training about discrimination and abusive conduct for all employees.
- d) Interactive teaching strategies that engage across multiple literacy levels.
- e) Factors that are predictive of discrimination and abusive conduct.
- f) The violence escalation cycle.

- g) De-escalation techniques to minimize abusive conduct or challenging behavior.
- h) Strategies to prevent physical harm with hands-on practice or role play.
- i) How incorporating information on trauma-informed care could improve the effectiveness of training and reduce interruptions to the provision of personal care.
- j) How incorporating person-centered planning practices could minimize challenging behaviors and reduce interruptions to the provision of personal care.
- k) Best practices for documenting and reporting incidents.
- l) The debriefing process for affected employees following violent acts.
- m) Resources available to employees for coping with the effects of violence.
- n) Culturally competent peer-to-peer training for the prevention of discrimination and abusive conduct.
- o) Best practices for training service recipients on preventing discrimination and abusive conduct in the home care setting.
- p) Best practices for training direct supervisors on preventing and responding to reports of discrimination and abusive conduct in the home care setting.
- q) Recommended best practices for workplace safety committees referenced in section 4 of this act and recommended topics to be included in prevention plans required in section 4 of this act.
- r) Other policy changes that will reduce discrimination and abusive conduct in the workplace and best prepare employees to work in environments where challenging behavior occurs; and
- s) Other best practices from trainings developed in other states or for other industries to prevent discrimination and abusive conduct in home care settings or the workplace.

### **Process Used to Develop Recommendations**

The workgroup followed a collaborative process to develop recommendations that will create safety measures. The team met twice a month for two-hour sessions for 11 months. During the sessions, the team used presentations by work group members and outside experts to ensure members better understood the different topics.

During the first orientation session for the work group, the team decided on the order in which to address the enumerated items. Prior to that first session, DSHS sent out a survey to work group members to identify their highest priority items for discussion.

The recommendations were required to fall within the scope of the legislation. The team attempted to reach consensus while understanding at times that this would not be achievable and that reaching a majority agreement regarding some recommendations would be adequate.

## Primary Recommendations

The workgroup selected the primary recommendations based on areas of greatest impact and those they believed would produce the best results for the current long-term services and supports system.

The top recommendations are:

1. All home care employees should receive training on harassment, abuse, and discrimination and understanding challenging behaviors. This would require an expansion of current Washington Administrative Code (WAC).
2. Employers should receive training on how to appropriately respond to reports of harassment, abuse, and discrimination.
3. De-escalation should be provided as part of the core training for care providers.
4. Entities directly employing long-term care workers should provide an individualized, one-page orientation for care providers newly assigned to work for an individual receiving care that addresses potentially challenging behaviors and how to respond to them.

## Final Recommendations

The following recommendations are detailed with the intent to provide employers, agencies, legislators, advocacy organizations and recipients of service an opportunity to understand and utilize them in order to improve processes within their areas of impact. The recommendations were divided into two main areas: Legislative, and Policy and Procedures. The legislative items would require the Legislature to act, while the policy and procedures are focused on improvements and enhancements that can be made by state agencies, employers, other stakeholders, and partners.

(a) **Using new employee orientation to emphasize the prevention of discrimination and abusive conduct**

- Legislative:
  - Entities directly employing long-term care workers shall provide training on

core policies and practices related to harassment, abuse, and discrimination.

- Policy and procedures:
  - Employers should provide customized orientation for new care providers. Providers would benefit from information related to the client that describes challenging behaviors, triggers, and interventions to de-escalate situations. This could be an informal transfer of information or part of a regular assessment. Agencies, families, or individuals can provide this information to new care providers as needed. A person-centered plan is a way to provide this information.
  - Training related to potential challenging behaviors should be personalized or customized to client needs as part of orientation to a new client.
  - Have a harassment, abuse and discrimination module that could be used in standalone situations as needed.
  - Employers need to understand it is their responsibility to provide harassment, abuse, and discrimination process training, not clients.
  - Training requirements for parent providers are different. Training on addressing challenging behaviors should be an ongoing option through continuing education courses.
  - Existing IP employees and agency employees should receive harassment, abuse and discrimination training covered in new employee orientations and as changes are made to policy.
  - An annual process for reviewing harassment, abuse, and discrimination reporting education and training should be created.

(b) **The extent to which current training content could be modified to cover content within existing hours of required training such as basic, modified basic, and/or continuing education**

- Legislative:
  - Harassment, abuse, and discrimination training should be compensated and offered in a way that attempts to reduce barriers to participation.
- Policy and procedures:
  - While the workgroup has made some references to training modality, the overarching recommendation is to leave open the delivery method for future trainings. We need to maintain flexibility in delivery methods to be able to support all caregivers. DSHS online training standards require student engagement activities for any long-term care worker training.
  - Engage a stakeholder workgroup to review basic training for the purpose of incorporating harassment, abuse, and discrimination content and to make recommendations for improvement. Consider extending this workgroup or a subset and include care providers, training development specialists, people with disabilities and other clients, agency/employer representatives, and the training partnership. Follow up as needed with proposals for legislative and/or WAC changes.
  - Parent providers should be offered harassment, abuse, and discrimination training, perhaps through inclusion of harassment, abuse, and



discrimination in orientation/safety training or as stand-alone, self-directed, or online modules.

- Parent providers and family caregivers need access to respite care to be able to attend trainings, where required. Evaluate in-person requirements for parent providers and family caregivers.

**(c) Requiring training about discrimination and abusive conduct for all employees**

- Legislative:
  - All employees should receive training on harassment, abuse, and discrimination, and understanding challenging behaviors to include existing employees and new employees and including parent providers. This will also require an expansion of current WAC.
  - Initial broad overview of harassment, abuse and discrimination should be included in the five-hour basic safety and orientation. Safety and Orientation training will need to be expanded to incorporate harassment, abuse, and discrimination training, including the following components:
    - Definitions of harassment, abuse, and discrimination.
    - Nuances exist; sometimes it is hard to differentiate harassment, abuse, and discrimination from challenging behavior.
    - Where to get more information, what to do if you experience harassment, abuse, and discrimination.
    - Employer's responsibility.
  - Complete coverage of this topic will take more time, which will require more resources and require an appropriation to fund.
  - Training should incorporate two parts: legal knowledge and relationship-based skills.
- Policy and procedures:
  - There are multiple layers of training, including a broad overview of harassment, abuse and discrimination employer-specific training, and situation-specific training.
    - Training should maintain some degree of flexibility and should periodically be evaluated/reviewed to ensure training goals are met.
    - Basic training should include an overview of harassment, abuse and discrimination and worker rights.
    - Employer-specific training should include reporting guidelines and available resources for employees.
    - Situation-specific training could be delivered as part of a care plan orientation for new assignments and should include information about a person's challenging behaviors, antecedents, and strategies for de-escalation available to caregivers. This approach will help differentiate challenging behaviors related to a disability from harassment, abuse, and discrimination.
  - Training should include prevention strategies and boundary setting, reporting and de-escalation.

- DSHS and the Training Partnership should look to the Human Rights Commission for potential ideas for effective harassment, abuse, and discrimination training. For example, line staff receive different training than supervisors/managers. Because of the unique circumstances of professional caregiving, training will need to be tailored to environments and situations commonly experienced by caregivers.
- Stakeholders including clients, caregivers, and providers should be consulted in the design of the training.
- Trainings should use examples specific to this profession, including relevant scenarios.
- Other training for harassment, abuse and discrimination includes reporting (how and where), prevention, de-escalation, boundaries, differentiating challenging behavior from harassment, abuse, and discrimination. How to address micro aggressions, subtle forms of harassment, abuse, and discrimination.
- Differentiated training for better understanding of different situations. Some clients may express challenging behaviors with no intent to harass, abuse, or discriminate against a caregiver. Some incidents under the statute are challenging behaviors and can also be experienced as harassment, abuse, and discrimination from the perspective of the care provider. For example, if a person's mental condition lowers inhibitions causing the person to grab or touch someone inappropriately, or to spew racial epithets, an employee experiencing those behaviors should be able to seek a solution, regardless of whether the behavior is intended or not. Employees should be made aware of this, if known, as part of the individual's care plan (including common challenging behaviors and prevention/de-escalation strategies) so that they are equipped to resolve situations as they arise.

(d) **Interactive Teaching Strategies**

- Legislative:
  - Provide training materials in other languages and in audio format to support employees.
- Policy and procedures:
  - Teaching strategies should not become barriers to participating in or providing trainings (technology, location, etc.). Trainings should be flexible, adaptive, and evolve over time to incorporate best practices.
  - Training should utilize multiple strategies when possible. Prioritize training that uses multiple delivery methods (written, visual, etc.) when possible.
  - Teaching strategy should include multiple perspectives, from the client perspective and from the employee perspective.
  - Include some ongoing review or feedback loop to ensure that training is meeting expectations.

- Cultural or ethnic differences and implicit bias should be recognized within the training. Ensure all training materials have cultural diversity represented.
  - These recommendations should be applied to other trainings provided to clients and supervisors.
  - Target eighth grade level for written materials and use plain talk language.
- (e) **Factors that are predictive of discrimination and abusive conduct**
- Policy and procedures:
    - Harassment, abuse, and discrimination training for caregivers should include an understanding of environmental factors, protective factors, implicit bias, micro-aggressions, and bystander intervention, in addition to legal definitions and reporting processes.
    - An initial interview/introduction session with the person, caregiver, and case manager may help alleviate issues before they occur, by establishing a better understanding of common challenging behaviors, mutual expectations, limits, and strategies to maintain professional boundaries.
    - Client training should be available to everyone in the household. Home care environments are unique situations, and clients/other responsible people have responsibilities as managing employer and should receive training. This training should include information on what harassment is, what it means to be a joint employer (the sharing of control and supervision of an employee's activity among two or more business entities), and how to create a safe working environment for employees.
    - Home Care Aides are a diverse workforce. Clients are diverse as well. It is important to match caregivers and clients as best as possible; this includes a sense of fit between the two. For example, matching a non-smoker with a heavy smoker, or a person who blasts talk radio with a quiet person, or situations where wide power differentials exist may result in a mismatch. Setting up a matching system where both the client and the prospective caregiver can understand the potential working relationship dynamics may likely reduce future issues that are experienced as harassment, abuse, and discrimination.
    - Harassment, abuse, and discrimination training for caregivers should focus on protections for the caregiver. A different training should focus on protections for the person receiving care.
    - In some cases, other family members/responsible people may need harassment, abuse, and discrimination training to better support the client in understanding the nuances of what constitutes harassment, abuse, and discrimination.
    - Caregivers would benefit from being able to discuss questions related to harassment issues or how to handle them with a specifically designated person who is knowledgeable about addressing concerns of Harassment

Abuse and Discrimination. In agency situations, that could be the person's supervisor. For independent providers, there is no current avenue for informal supervisory support other than the client themselves. Employers should create such a resource.

- Clients and families would benefit from having support in finding good care-fit matches. This could be someone like a case manager who could act as a facilitator to assist with finding qualified providers. Carinacare.com is an existing tool available that matches clients to caregivers, and this is a tool that the Consumer Directed Employer can make available to caregivers to help find clients. Goal-related conversations about the care relationship can help address issues before they start.
- Clients/others get a handbook and an agreement to sign, but there is not a current in-person or virtual training. Training on what it means to be a co-employer and how to establish and maintain a safe workspace for caregivers should happen on the front end of the employment relationship.

(f) **The crisis escalation cycle (identified as the violence escalation cycle in the legislation)**

- Legislative:
  - The committee recommends the term “crisis escalation cycle” rather than “violence escalation cycle” in any future legislation.
- Policy and procedures:
  - Caregivers should be encouraged to report incidents in a non-judgmental way. Reporting should not be punitive or punishment for the person who has a crisis escalation experience.
  - Normalizing reporting is important. Caregivers should always report incidents to case managers and/or their supervisor. It can bring resources to the person at risk. Addressing micro-aggressions early can divert intentional violence in some situations.
  - General training should include information on what to watch for regarding crisis escalation cycles. Specific training is very important for individual situations to understand a person's triggers, anxiety-tells, etc., and should be noted in a one-page behavior summary that can be provided to a caregiver as part of the care plan and annual review. Training for caregivers should provide tools to help the caregiver develop self-awareness of triggering and deescalating. This is an important part of caregiver training. Transitions can sometimes be stressful for people receiving care. Training should incorporate an understanding of how transitions can be triggers. Caregivers are at risk from multiple factors within their environment. Others in the environment can escalate intentionally violent behaviors. Caregiver training should include an understanding of risks from others in the environment who can cause harm and strategies for the caregiver to avoid harm.

- The caregiver should have contact information in situations where someone else can help deescalate a client's potential crisis experience. Small problems should be addressed as soon as possible, to help keep the problem from escalating. Mediation can help a small problem stay small. Caregivers and clients should have resources (some may be very specific to the situation) to get support before a crisis escalates.
- Case managers should work with the client, caregiver(s) and others who know the client to help identify strategies to redirect away from the escalation process.
- Caregivers should provide support to individuals to self-manage de-escalation. Building self-awareness helps individuals receiving care manage crisis cycles.
- Caregivers should be provided strategies to help redirect violent, self-harming behaviors, and calm down the individual experiencing the crisis escalation.
- Caregivers should support the person who is experiencing a crisis escalation cycle without judgment. If a person feels they are in trouble, that sometimes further escalates the crisis. Support without judgment helps the person avoid further escalation.
- Reinforce the idea that individuals have some power to stop or redirect their escalation cycles, and that with practice and support, they can better manage their response to triggers. Example supports could be cues, like "time to turn it around", daily reflections in a calm environment, and positive reinforcement or incentives.
- Caregivers should maintain flexibility. Forcing a timeline on someone may be a major triggering event to a crisis escalation.
- A quiet, safe space may be needed for some people to help de-escalate.

**(g) De-escalation Techniques**

- Legislative:
  - De-escalation should be provided as part of the core training for care providers.
- Policy and procedures:
  - De-escalation training should include evidence-based, stakeholder-informed, or emerging best practices and can include how to prevent escalation from occurring in the first place.
  - People living with a disability and seniors should be involved in developing de-escalation training.
  - Approach de-escalation holistically, meaning that training is only a part of the picture. Example – focus on avoiding escalation in the first place, using a person-centered plan.
  - Ensure that the caregiver and case manager trainings include an understanding that sometimes behaviors are a form of communication.
  - For behavior response strategies, identify potential progressive steps, where possible, to reduce or eliminate the challenging behavior rather

than just “nuclear” options like calling the police as an initial strategy. Providers should ask the individual or their person-centered team for different strategies that might help them manage the situation to achieve the best outcome.

(h) **Strategies to prevent physical harm with hands-on practice or role play**

- Policy and procedures:
  - Redirecting is an important strategy to de-escalate a situation. This is an excellent place to do hands-on practice and role-play and should be included in basic training.
  - When a care provider is dealing with an escalating situation, they may need to call for additional help. Caregivers should receive guidance to know when to request help and what type of help to ask for to avoid feeling trapped in escalation.
  - Congress is working on the Mental Health Justice Act (HR1368). If passed, HR 1368 would provide supports to communities to send mental health professionals, rather than police, to help during crisis situations. We should provide training and support to caregivers to help them understand when it is best to call police or mental health support people, (For example, King County has Crisis Intervention Team). This would be good information to give to caregivers and to have readily available. Caregivers should be informed that if they call 911, they may ask for a mental health support person to come along if the crisis would be better addressed with mental health support rather than police intervention.
  - People with disabilities are not well represented in current hands-on role-playing training opportunities and need to be included where it makes sense.
  - In an online environment, role-playing is hard, but not impossible. Use video clips to show role-playing examples. Use virtual breakout rooms to help with role-playing.
  - Challenging behaviors are very different than violent acts. We differentiate between the two. See the topic The Crisis Escalation Cycle for additional recommendations related to behavior as communication.
  - Role-playing as it pertains to specific situations is very important. Academically learning a concept is okay, but actual practice conveys strategies for addressing the situation.
  - Sometimes watching a role-play can be an important way to demonstrate interactive learning.
  - In some communities, a person can pre-notify 911 about individuals who may need mental health support if an emergency call is made. Caregivers should be made aware if this service is offered in the community where they work, and if the pre-notification has been set up for the person receiving care.
  - Sensory processing awareness and training is important. Will a tight hug help or hurt a situation? Provide training to caregivers about sensory

processing awareness, as this is highly individualized related to the client's needs.

- Some clients have violent tendencies, training should include an awareness that violence can occur, sometimes very quickly. Strategies can include ways to reduce vulnerability.

(i) **How incorporating information on trauma-informed care could improve the effectiveness of training and reduce interruptions to the provision of personal care**

- Legislative:
  - Provide training in trauma-informed care to supervisors, service coordinators, and call center representatives so they can better support employees/caregivers who experience traumatic situations.
  - Provide training in trauma-informed care to caregivers, including an awareness of their own trauma history, strategies for successfully engaging without re-triggering trauma in their clients or themselves, understanding power dynamics/power shifts and resilience training.
- Policy and procedures:
  - Being a trauma-informed organization involves training all staff and providing supports to staff who are receiving calls. They may be experiencing trauma from hearing about difficult situations.
  - Establish communities of practice with caregivers to discuss trauma-informed care and to safely debrief on traumatic situations, with professional support if needed.
  - Ensure that any employee assistance program uses a trauma-informed model of interacting with caregivers.
  - The training should include strategies for open communications and being situationally aware.
  - The training should consider that clients and caregivers have a higher prevalence of trauma and childhood trauma.

(j) **How incorporating person-centered planning practices could minimize challenging behaviors and reduce interruptions to the provision of personal care**

- Legislative:
  - An assessment that identifies potentially challenging behaviors, triggers, antecedents, and redirecting behavior is an important part of a person-centered plan. Every plan should include information that describes potential triggers, behaviors that could escalate, and how to address them when applicable. This requires additional case management resources at DSHS and Area Agencies on Aging DSHS Aging and Long-Term Care Administration should have person-centered planning forms and can look to forms used by DSHS Developmental Disabilities Administration.
- Policy and procedures:

- Person-centered principles should be incorporated into all the topics addressed by this workgroup (overarching goal, like equity).
- Promote training on person-centered planning for all employees.
- The onus should not be on the employee to optimize/revise the person-centered plan. This should be addressed through the care system.
- The client and family can provide input to help alleviate and prevent challenging behaviors.
- The caregiver should be aware of what the person-centered plan is and how to implement the plan as it is intended.
- Process should center on person receiving care and should be easy for person receiving care to provide input regularly.

**(k) Best practices for documenting and reporting incidents**

- Policy and procedures:
  - Employees are encouraged to report all incidents to their supervisor/service coordinator. It is the employee's choice whether to report to law enforcement, if appropriate. The supervisor can help manage disposition and record keeping.
  - The supervisor/service coordinator should inform the case manager of any incidents of harassment, abuse and discrimination or challenging behaviors that appear to be harassment, abuse, or discrimination.

**(l) The debriefing process for affected employees following violent acts**

- Legislative:
  - To ensure debriefing is accessible and high quality will require additional resources for employers and in case management. The legislature should explore funding to consider making this universally available to all caregivers.
- Policy and procedures:
  - The debriefing process is designed to support the employee and should not be a part of an investigation or legal process.
  - The debriefing process should center power with the employee who is experiencing trauma. A common feeling for victims of violent acts is a loss of power, and a loss of sense of self. The employee should be involved in making decisions about next steps wherever possible, and how formalized the process should be.
  - A multi-level debriefing process is necessary. Informal debriefing may be sufficient, but, if necessary, professional intervention may be needed. This should be primarily employee driven. It may need a triage approach to determining level of debriefing necessary.
  - Workplace safety committees should evaluate the goals and processes of debriefings to ensure that employee's needs are being met, while taking into consideration the client's needs and experiences.



- When a violent act occurs, part of the debriefing process should be to go back to the care plan to ensure that the plan contains the right information and guidance related to challenging behaviors.
- The employee should not be the person initiating a debriefing. The employer should offer a debriefing if the caregiver reports an incident.
- A debriefing should include an opportunity to provide information to the employee on what they may experience following the incident and what resources are available to them.
- A case manager and/or the employment agency should be involved in the debriefing process. The employer should have policies that include reporting incidents to the case manager. This is a team effort.
- During the debriefing process, employers should take care to use respectful language about the person (client).

(m) **Resources available to employees for coping with the effects of violence**

- Legislative:
  - Online mental health support/resource system should be available to all caregivers, including part-time providers. The legislature should explore funding to consider making this universally available to all caregivers.
- Policy and procedures:
  - We need to understand what the caregiver is experiencing, and provide flexible supports oriented to what that particular caregiver needs. Resources and training cannot prepare a caregiver for everything they may experience. Employers should recognize and believe the caregiver's explanation of the impact of the violent event and provide flexible supports to the caregiver.
  - The onus shouldn't be on the caregiver to resolve the impacts of a violent event. There will be times when caregivers need to change environments. Support should be provided to help the caregiver find a different environment if warranted.
  - After someone has seen or experienced violence, they may experience an ongoing mental and/or physical health crisis. There are no current accommodations for the employee, beyond accrued paid time off. We may want to consider some other accommodations, like respite care, paid leave for PTSD, etc.) It is also important that the client be supported in accessing other qualified providers. There is the potential for individual accommodations depending upon the situation, for example: creating a schedule with breaks between workdays to better support the caregiver.

(n) **Culturally competent peer-to-peer training for the prevention of discrimination and abuse conduct**

- Legislative:

- Expand existing peer-mentor model to include a focus on prevention of harassment, abuse, and discrimination. Build awareness of peer-mentor programs and ensure that all care providers have optional access to peer-mentor programs. Providers could be matched with other experienced providers who have similar clientele in a peer-mentoring relationship.
    - The program should ensure that there is a diverse set of peer mentors: racially diverse, ability diverse, experience diverse, language diverse. Matching people closely improves success rates (with an emphasis on peer mentors who can communicate fluently in the most prevalent language of the employees).
- (o) **Best practices for training service recipients on preventing discrimination and abusive conduct in the home care setting**
- Policy and procedures:
    - Customize training and support for clients and representatives related to preventing harassment, abuse, and discrimination to match the communication mode most used by the client and incorporate cultural sensitivity into training. The training should be offered in multiple formats to meet people's best learning styles. Provision of the training should not become a barrier to receiving service.
    - Client training should be explicit about preventing harassment, abuse, and discrimination and should incorporate information about how challenging behaviors can sometimes be experienced as harassment, abuse, or discrimination.
    - Healthy relationships and boundaries should be a part of this training. This is already a part of training and can be tuned to emphasize prevention of harassment, abuse, and discrimination.
    - Harassment, abuse, and discrimination prevention training for people with intellectual and developmental disabilities should include understanding power dynamics, self-advocacy, and rights/responsibilities. The training should be sensitive in situations when a person might experience a power difference without advocacy.
    - Advocacy organizations should collaborate with SEIU 775 Benefits Group to better coordinate training topics and content for clients and employees.
    - The case manager should be involved with training or guidance for clients as needed to prevent instances of harassment, abuse, or discrimination.
    - Trainings for clients should be led by self-advocates or organizations that already provide similar supports and training for clients.
- (p) **Best practices for training direct supervisors on preventing and responding to reports of discrimination and abusive conduct in the home care setting**
- Legislative:
    - Have DSHS (AL TSA and DDA) develop a model policy template, with elements required in statute, for employers to adopt/adapt with instruction

on how to respond to protect workers from harassment, abuse, and discrimination.

- Policy and procedures:
  - Supervisors and service coordinators should have technical information regarding what should they do, what information to gather, how quickly to act, and to whom do they need to report the information (nuts and bolts of addressing harassment/abuse/discrimination).
  - Person-centered plans and a one-page sheet describing potential triggers, challenging behaviors, and possible responses will help match clients and employees and may help employees differentiate harassment, abuse, and discrimination from challenging behaviors. However, it is important to note that from the caregiver perspective, a behavior could be both. Direct supervisors should be aware of the one-page sheet to help address any employee concerns.
  - Supervisors should create an environment where employees feel it is okay to report issues that may not be considered harassment or abuse but may be uncomfortable for the employee. The purpose would be to get some guidance and support/training to address the situation. Take away the judgement about reporting harassment. Reporting harassment when it is a challenging behavior is okay. The challenging behavior can be harmful. Example: This happened today, I felt uncomfortable with the behavior, what can I do about it? Supervisors/service coordinators will be better able to engage in discussion with employees if employees feel empowered to report all incidents. It is important to talk through and differentiate what might be harassing behaviors from personal autonomy, culture, and choice.
  - Certain disabilities may have common behaviors. It would be helpful for employees and supervisors/service coordinators to know about common behaviors related to a disability to help avoid labeling a challenging behavior as harassment. Individual differences exist and must be respected. Sometimes other communications challenges can exacerbate behaviors that reflect frustration and could be misinterpreted as harassment, abuse, and discrimination. Ensure that supervisors understand common challenging behaviors related to some disabilities or diagnoses. If service coordinators have experience with certain diagnoses or conditions that sometimes result in common challenging behaviors, they may be better equipped to provide support to their employees. These trainings may be valuable to have as on-demand offerings.
  - Training in positive behavior supports for supervisors should be offered and may help them support the employees better, like helping figure out behavioral triggers. Many options exist for developing a better understanding of challenging behaviors. Supervisors should receive training in and be well-versed with de-escalation techniques and how to listen, so people feel heard. This helps supervisors better support employees.

- If the supervisor can help employees understand their personal strengths and weaknesses, this can help employees grow their skills and better understand and address potential challenging behaviors.
- (q) **Recommended best practices for workplace safety committees and recommend topics to be included in prevention plan required by RCW 49.95.020**
- Policy and procedures:
    - There needs to be more specificity related to creating a prevention plan. Typically, the workplace safety committee creates a safety plan, and the employer implements the plan. The legislation outlines the harassment, abuse, and discrimination requirements, which could potentially be used as a starting guide for developing the harassment, abuse, and discrimination component of a workplace safety plan.
    - Model workplace safety committees have workers and employers involved in open dialog and shared solutions development for creating and maintaining workplace safety plans. The workplace safety committees meet regularly to address issues and work collaboratively to resolve them.
- (r) **Other policy changes that will reduce discrimination and abusive conduct in the workplace and best prepare employees to work in environments where challenging behavior occurs**
- Legislative
    - Implementation of more detailed care planning and creation of individualized documents requires additional case management resources.
  - Policy and procedures:
    - DSHS shall make rules related to the following content:
      - Case Managers consulting with the person and families should: develop a one-page sheet describing potential triggers, challenging behaviors, and possible responses to be incorporated into the Care Plan. The triggers can be either self-reported or reported by others. Ensure that caregivers see and understand the contents. This will require additional case management resources.
      - Identify behaviors that are harmful to self or others, and ensure that the behaviors have descriptions of antecedents, strategies to reduce those behaviors, and safety for the person and the caregiver.
      - Integrate a person's Positive Behavior Support Plan (PBSP) with their Care Plan and ensure that caregivers have access to both.
- (s) **Other best practices from trainings developed in other states or for other industries to prevent discrimination and abusive conduct in home care settings or the workplace**
- Policy and procedures:

- Caregivers should be encouraged to regularly scan, review, and understand any risks in the greater environment outside the home where services are being provided. Families or clients should alert caregivers if there are known risks in physical area.
- Continue researching other industries and states for emerging best practices for harassment, abuse, and discrimination prevention training.
- Provide tailored in-home training for harassment, abuse, and discrimination prevention, crisis escalation management, and other topics where needed.
- Include links to research articles and industry best practices in the final report.

## Conclusion

Th individuals receiving in-home supports in Washington state are a broad, diverse, and growing community. Harassment, abuse, and discrimination training should include some of the dynamics that influence occurrence of harassment, abuse, and discrimination, including differential power, a culture of discrimination (race, gender, ethnicity, orientation), a culture of violence (normalization, degradation, assault), and behavior as a form of communication.

Everyone should feel safe while at work. The document below provides techniques for anyone who is feeling uncomfortable or unsafe, or is experiencing harassment, abuse or discrimination while working with a client.



IP Guide with  
graphics.pdf

## Appendix A: Roster of Safe Environments in Long-Term Care Settings Work Group Members

<b>Member</b>	<b>Organization/Affiliation</b>
<b>Alexis Rodich</b>	Service Employees International Union 775NW
<b>Jamie Bond</b>	Department of Social and Health Services
<b>Dave Budd</b>	Catholic Community Services, Home Care Agency
<b>Diana Stadden</b>	The Arc of Washington
<b>Ivanona Smith</b>	Advocate, Service Recipient
<b>Shawn Latham</b>	Allies in Advocacy, Service Recipient
<b>Corinna Fale</b>	Self-Advocate, Service Recipient
<b>Adrienne Stuart</b>	Developmental Disabilities Council
<b>Darryl Johnson</b>	Agency Provider, Long-Term Care Worker
<b>Melissah Watts</b>	Individual Provider, Long-Term Care Worker
<b>Laura Lindstrand</b>	Human Rights Commission
<b>Marcail Moody-Burks</b>	Service Employees International Union 775NW Benefits Group
<b>Allison Drake</b>	Department of Labor and Industries
<b>Angie Wedekind</b>	OPEIU Local #8
<b>Isaac Peterson</b>	Service Recipient
<b>Allison Lee</b>	Consumer Directed Employer of Washington
<b>Darla Helt</b>	PEACE, Parent of a Service Recipient