

BALANCING CLIENT RIGHTS and PROVIDER RESPONSIBILITY:
 Honoring Client Choice in a Healthy and Safe Environment

o131D

- Family Care Homes
- Assisted Living Facilities

o122C

- Supervised Living .5600


Residential Licensing

Any adult (18 years of age or over) who, because of a temporary or chronic physical condition or mental disability, needs a substitute home may be admitted when, in the opinion of the resident, physician, family or social worker, and the administrator the services and accommodations of the home will meet his particular needs.

10A NCAC 13G .0701

Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder and require supervision when in residence.

10A NCAC 27G .5601



○ Who is our target population?
An individual's functional needs over the course of recovery varies as does their need for support and assistance.

- Where can these needs best be met?
- How will we meet this client's needs?




WHO and HOW?



Mental illness or a mental disorder is a diagnosable condition that:

- Affects a person's thinking, emotional state and behavior
- Disrupts the ability to
 - Work
 - Complete daily activities
 - Engage and maintain satisfying relationships


WHAT IS MENTAL ILLNESS?




is the process in which people are able to live, work, learn and participate fully in their communities.

- For some, this is the ability to live a fulfilling life with their disability.
- For others, recovery involves the reduction or complete remission of symptoms.

RECOVERY




- is a set of values, skills and tools we use to know our residents and discover what they find important and what they want out of life.



- By working in this way, we can make sure that residents are truly listened to and are at the heart of all decision-making.

PERSON CENTERED THINKING



HOW CAN WE

- Ensure individually responsive services and
- Maintain safety and quality




BALANCE



- What if a consumer's decision is likely to cause harm? We have a responsibility to intervene to prevent serious, foreseeable, and imminent harm to the resident or another person.
- Each case needs careful consideration and consultation with other relevant care providers.
- When a consumer's decision is unlikely to cause serious harm, our job is to help educate them as to possible benefits and consequences of their decision but in the end to let them make those decisions.

RESIDENT CHOICES




- Listen
- Reflect
- Validate
- Emphasize desire to help
- Do **NOT** try to talk out of delusional beliefs
- Do not validate delusions




COMMUNICATION TECHNIQUES




- Remain calm and avoid overreacting
- Indicate a willingness to understand and help
- Speak simply and move slowly
- Be empathetic
- Emphasize desire to help
- Remove distractions, upsetting influences and disruptive people from the scene



DE-ESCALATION TECHNIQUES




- Pay attention to the person
- Help the person save face and convey hope if at all possible
- Respect personal space
- Recognize that the person may be overwhelmed by sensations/thoughts/beliefs/voices/etc.
- Be friendly, patient, accepting, encouraging but remain firm and professional.



DE-ESCALATION TECHNIQUES

- Moving suddenly
- Giving multiple or rapid commands
- Forcing a discussion
- Staring down the person
- Touching the person
- Expressing anger, impatience, irritation
- Using sarcasm or making fun of the person
- Crowding or cornering the person



AVOID

- I want to help
- How can I help
- We can work this out
- I need your help
- That's good
- I don't want anyone to get hurt
- I know you don't want to hurt anyone




HELPFUL PHRASES

4 + 1 QUESTIONS

- Evaluating Our Response


What have we tried?	What have we learned?
What are we happy about?	What are we concerned about?

Based on what we've learned what should we do next?



RECOVERY PRINCIPLES

- Uniqueness of the individual
 - recognizes that recovery is not necessarily about cure but is about having opportunities for choices and living a meaningful, satisfying and purposeful life, and being a valued member of the community.
- Real Choices
 - supports and empowers individuals to make their own choices and acknowledges choices need to be meaningful
- Attitudes and Rights
 - involves listening to, learning from and acting upon communications from the individual about what is important to them
- Dignity and Respect
 - consists of being courteous, respectful and honest in all interactions



ADDITIONAL RESOURCES

- NC Division of Health Service Regulation - ACLS
 - <https://www2.ncdhhs.gov/dhsr/acls/index.html>
- NC Division of Health Service Regulation - MHL&C
 - <https://www2.ncdhhs.gov/dhsr/mhlc/mhp/age.html>
- NC Division of MH/DD/SAS
 - <http://www.ncdhhs.gov/divisions/mhddsas>
- NC NAMI
 - <http://naminc.org/>
- SAMHSA Substance Abuse and Mental Health Services Administration
 - <http://www.samhsa.gov/>