The FOCUS of this report is a review of reports by workers injured while supporting people with intellectual or developmental disabilities (ID/DD) who displayed challenging behaviour.

This is phase one of a larger research study being conducted by the University of Manitoba and St.Amant Research Centre. Our main aim is to gain a greater understanding of circumstances surrounding on-the-job injuries related to client aggression. This understanding may improve the quality of care received by people with ID/DD and the working conditions of the care providers who support them.

RESEARCH QUESTIONS (PHASE ONE)

- What factors influence the most commonly reported worker injuries when supporting people with ID/DD displaying challenging behaviour?
- What is important about the context in which workers are injured?
- How does the organization respond?

CHARACTERISTICS OF INTELLECTUAL DISABILITY

- ID/DD is characterized by significant limitations in both intellectual functioning and in adaptive behaviour, which covers many everyday social and practical skills.
- Individuals can be affected in different ways and to different degrees, and people may have more than one condition at the same time.
Background

Supporting people in their everyday lives means workers sometimes have to deal with the CHALLENGING BEHAVIOURS of the people they support. These may include: verbal or physical aggression; self-injury; property destruction; non-compliance; sexually inappropriate acts; other socially or culturally inappropriate, disruptive or uncooperative behaviour. (Grey & McClean, 2007; Smidt, Balandin, Reed, & Sigafous, 2007). While a range of training content and processes is used to prepare workers to address challenging behaviour, little is known about how the training is understood by trainees (Baker, & Bissmire, 2000; Tierney, Quinnlan, & Hastings, 2007) and how training is used in everyday incidents.

- In the best case, challenging behaviours are avoided, reduced in number, or de-escalated through ongoing use of positive behaviour supports.
- Sometimes, situations intensify and staff have to act for the protection of the person being supported, themselves or others.
- In the worst case, someone is injured. These conflicts can have harmful impacts on the person who challenges and also on the support staff, (Wietske, M., Van Oorsouw, J., Embregts, P., Bosman, A., & Jahoda, A., 2010) their co-workers and bystanders. Workplace impacts can include lost wages, medical costs, impact on worker morale, and staff turnover.

“...[P]rovider organizations must establish and support a stable, competent, adequately compensated workforce of Direct Support Professionals. Doing so ensures the quality and continuity of the community services that support people with intellectual and developmental disabilities.”
(American Association on Intellectual and Developmental Disabilities)
Study Design

The **STUDY IS TAKING PLACE AT ST.AMANT**, an organization that provides service to approximately 1700 people with ID/DD and their families. With a workforce of about 1600, St.Amant delivers community living support, personal care, educational programming, clinical and outreach services. Each service or program area offers its workers training specific to its needs (for example, orientation to the program area; job shadowing to gain experience with specific individuals before taking responsibility for that person’s support; Non-Violent Crisis Intervention (NVCI), to name a few.)

**DURING THE STUDY WE WILL** review several sources of information:
- all injury reports filed at St.Amant over a two year period
- interviews with support workers about their injury experiences
- interviews with managers about their perspectives of injury reporting, and
- interviews with trainers about how support workers are prepared to handle challenging behaviours.

The **IMPORTANCE OF THIS STUDY** is its potential to assist St.Amant and other organizations to improve worker training and development programs and their uptake, and to reduce work-related injury rates.

The **PURPOSE OF THIS PHASE** is to describe injury trends and identify factors that influence injuries. It involves reviewing Year 1 injury report data, and interviewing managers.
Findings

These selected findings are based on injury reports filed between June 1, 2011 & May 31, 2012 involving aggression on the part of the person being supported. We reviewed 212 reports by 149 workers; 92 of these were filed by 29 staff, most of whom reported 2 or 3 incidents each.

- Of the 325 specific injuries detailed, about 45% were bruises and scratches (~25% and 20% respectively).
- A large majority of primary injuries were to the upper body, with most of these to arms and hands, followed by head and neck injuries.
- Most workers (80%) responded to a question on the need for medical attention. The majority of them stated either medical attention was not required (51%) or they needed only first aid (31%).
Findings

Workers’ Perspectives:
How Injury Could Have Been Prevented

<table>
<thead>
<tr>
<th>Workers’ Comments</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Worker Behaviour</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Different proximity/contact/position</td>
<td>42</td>
<td>19.8</td>
</tr>
<tr>
<td>Other things worker could have done</td>
<td>27</td>
<td>12.7</td>
</tr>
<tr>
<td><strong>Organizational Changes</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>New plan for client</td>
<td>14</td>
<td>6.6</td>
</tr>
<tr>
<td>Staff support</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td>Other</td>
<td>12</td>
<td>5.7</td>
</tr>
<tr>
<td><strong>Don’t Know</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL RESPONSE</strong></td>
<td>166</td>
<td>78.3</td>
</tr>
<tr>
<td><strong>No response</strong></td>
<td>46</td>
<td>21.7</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>212</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Nearly 80% of injured workers answered the question: “How do you feel this accident could have been prevented?”

Over a third of these responded, “I don’t know.”

- A third of workers (33%) identified something they might have done differently to possibly prevent their injury.
  - About 20% identified issues of space/proximity, touching, and body positioning relative to the person being supported.
  - Nearly 13% described other possibilities such as having been dressed or worn their hair differently, or called for backup sooner.

- Almost 20% of injured workers identified preventive measures that could be taken at the organizational level relating to client-specific behaviour, safety or crisis plans, staffing (including number, gender), environment and staff training.
Findings

Supervisors’ Perspectives:

Approximately 60% of supervisors indicated at least one corrective action would be used to address the circumstances of an individual incident.

Two main types of corrective action were suggested:

- One was to revise or develop a plan specific to the client and the precipitating situation, sometimes with help from a clinical specialist or supervisor such as a care coordinator. (“Plan” referred to behaviour, safety, or crisis plan.)
- The other involved reviewing the incident to ensure staff actions are consistent with the client’s existing plan(s) and general safety protocol. (This category includes identifying the need for additional staff training. Training was identified in about 5% of cases and was most commonly specified as NVCI.)

Occasionally, a supervisor stated that the team would be involved in generating solutions for the challenging situation identified in the incident.

Other corrective measures include changes or training related to equipment, environmental conditions, and safe work procedures (such as wearing a call button at all times).

“(S)upervisors are expected to be both behavioral experts and effective managers in a field that is evolving so rapidly that the roles and responsibilities of supervisors are constantly changing.” (American Association on Intellectual and Developmental Disabilities²)
About 1 in 5 workers stated a need to visit a hospital, doctor or other health professional at the time they reported their injuries.

About half the workers did not respond or did not know how the injury could have been prevented.

On over half the forms, supervisors did not respond to whether workers were offered stress debriefing.

On nearly 40% of forms, no corrective action was identified.

Discussion

Over 200 injurious incidents related to clients’ challenging behaviours were reported in this one year period. A number of staff were injured multiple times, indicating that many employees face risk each day.

While the injury data provide a useful overview of the incidents that led to injuries, there were some limitations:

- Several questions on any given report form were unanswered.
- In many cases, we were unable to fully interpret responses due to the briefness or phrasing of answers.
- Different versions of the form were in circulation, and some questions were not consistent across versions.

Neither workers nor supervisors strongly indicated a need for skill training or re-training, although both groups addressed the need for more attention to the development and application of behavioural, care, safety and crisis plans.

Future reports will address the following questions:

1. What are the strengths and weaknesses of current processes to follow-up injuries? Are these processes affected by the extent of the injury? How is follow-up understood and valued by workers and managers? Are information needs being met?

2. If these injuries were preventable, how can workers be supported to further minimize injuries? What opportunities may exist to enhance training content and uptake? What are the factors associated with the occurrences of multiple incident reports by workers?

3. What influences the short and long term impacts of worker injuries from clients’ challenging behaviours?

“Inadequate funding for training of Direct Support Professionals and their supervisors as well as lack of sufficient supervision threatens health and safety.”

(American Association on Intellectual and Developmental Disabilities)
In Closing

Since this study began, St. Amant has undertaken a number of initiatives focused on workplace injuries, including those involving clients’ challenging behaviours. Organizational changes include putting an electronic injury reporting system in place to enhance the flow of information.

NEXT STEPS
- Review Year 2 injury reports
- Perform statistical analyses of report data from Years 1 & 2
- Analyze manager and support worker interviews separately
- Interview trainers and analyze transcripts
- Integrate findings from all data sources
- Prepare and present final reports with recommendations to interested audiences

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- K. Popik, for formatting this report

REFERENCES: