

Beyond Mandated Reporting

- Supervision in the Time of Telehealth and Distance Learning

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Beyond Mandated Reporting



Supervision in the
Time of Telehealth
and Distance Learning



Course Objectives

Participants will be able to:

- Confirm their role as Behavioral Health Treatment professionals and para-professionals as Mandated Reporters
- Define the four categories of abuse and the signs of abuse to monitor and report
- Describe the supervisor's ethical responsibility in BHT, regardless of service delivery methods / locations
- Outline the steps for reporting suspected abuse



Context

COVID-19 has brought us to an unprecedented place in Behavioral Health Treatment (BHT) and Education – our “next normal”

Caregivers of all types are experiencing significantly elevated levels of stress and anxiety

School-aged children and adolescents are isolated from in-person contact with their peers and routines

In-person BHT treatment – particularly supervision – has been greatly reduced and is being delivered via telehealth

None of the above exempt BHT providers from responsibilities of mandated reporting

REMINDERS: Ethics for Supervisors



5.02 Supervisory Volume

- Behavior analysts take on only a volume of supervisory activity that is commensurate with their ability to be effective



5.03 Supervisory Delegation

- a) Behavior analysts delegate to their supervisees only those responsibilities that such persons can reasonably be expected to perform competently, ethically, and safely
- b) If the supervisee does not have the skills necessary to perform competently, ethically, and safely, behavior analysts provide conditions for the acquisition of those skills



5.06 Providing Feedback to Supervisees

- a) Behavior analysts design feedback and reinforcement systems in a way that improves supervisee performance
- b) Behavior analysts provide documented, timely feedback regarding the performance of a supervisee on an ongoing basis

Ethics for Supervisors: What has changed?

- Shift in service delivery methods (i.e. telehealth) requires an increased level of **vigilance**
- Potential for increased **isolation** for para-professional staff (in-person or telehealth)
- Limited opportunities for thorough **evaluation** of client and family needs at assessment
- Necessary “**creativity**” with data collection and analysis methods when providing remote treatment
- Need for more **intentionality** when supervising treatment, staff, and when providing feedback to all parties

Children with Disabilities...

- Are 3.44 times more likely to be maltreated than their non-disabled peers
- Are more likely to suffer multiple incidents
- Are more likely to suffer multiple forms of maltreatment
- Face greater risk of abuse going unnoticed if behavior changes can be attributed to a diagnosis
- May be used to having adults touch them without permission due to a need for physical assistance
- May have impaired communication, making it difficult to disclose abuse



Our Role in Reducing Child Abuse & Neglect



Provide education to caregivers at the start of services and ongoing that a child with developmental disabilities is at much higher risk of being abused



Ongoing clinician and caregiver education on regulation, co-regulation and dysregulation as they relate to child maltreatment



Periodic screening for caregiver burnout, which is a risk factor for child abuse



Question all concerns and behaviors that could be indicators of abuse or neglect

Example:
Parents are reaching out because of a change in or escalation of behaviors, or requesting staff changes on case

What is Mandated Reporting?

A Mandated Reporter is required to report child abuse if he or she, in their **professional capacity, or within the scope of his or her employment**, has knowledge of a child whom the Mandated Reporter knows, or reasonably suspects has been the victim of child abuse or neglect.

For an incident to be considered child abuse the victim must be under the age of **eighteen**, but the perpetrator can be **any age**.

Failure to Report

A person who fails to make a required report is guilty of a misdemeanor punishable by up to **six months** in county jail and/or up to a **\$1,000** fine.

Furthermore, any mandated reporter who willfully fails to report, or any person who impedes a report. . . where that abuse results in death or great bodily injury, shall be punished by not more than **one year** in county jail and/or up to a **\$5,000** fine.

“What if I make a mistake?!”

Dr. C. Henry Kempe, a pioneer in the field of child abuse prevention, once said he would rather apologize to a parent because he made a mistake about reporting the abuse, than to apologize to a brain-damaged child because he did not report.

It is better to err in the direction of over-reporting than under-reporting.



Safeguards for Mandated Reporters

“Those persons legally mandated to report suspected child abuse have **immunity from criminal or civil liability for reporting as required**, even if the knowledge or reasonable suspicion of the abuse or neglect was acquired outside of their professional capacity or scope of employment.”

Mandated Reporting

TYPES OF ABUSE

- Physical
- Sexual
- Emotional
- Neglect

TYPES OF REPORTING

- Environmental
- Behavioral
- Physical
- Family interactions



Physical abuse is bodily injury inflicted by other than accidental means on a child, including willful cruelty, unjustifiable punishment, or unlawful corporal punishment, resulting in a traumatic condition

CA PC 11165.6



Physical Abuse Indicators

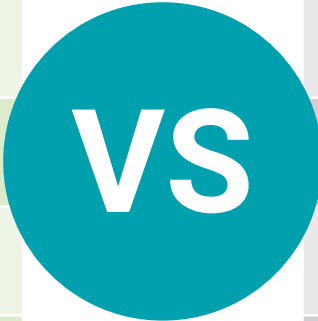
Indicators include:

- Burns, bruises or lacerations
- Unexplained injuries
- Improbable explanations
- Patterns of bruising
- Use of objects for discipline
- Unrealistic expectations
- Berates or belittles the child
- Unduly harsh and rigid about child rearing
- Exhibits indifference to the child



Physical Abuse: Location, Location, Location

Normal or Accidental Bruises
Forehead
Chin
Head
Elbows
Knees
Shins



Suspicious Bruises
Cheeks
Ears
Buttocks
Genitals
Back
Neck

What Do You Think?

You are working with an active 7-year old who is non-vocal. You notice he has a bandage covering his knee, which is scraped and bloody. You ask his parents what happened, but they simply say they don't know and that he came home from school that way.

Does this scenario constitute reasonable suspicion of abuse?



Probably constitutes reasonable suspicion



Probably does not



What Do You Think?

You are working with an 8-year old girl on her toileting goal. You notice she has rectangular lacerations and bruises across her lower back. Does this scenario constitute reasonable suspicion of abuse?

Does this scenario constitute reasonable suspicion of abuse?



Probably constitutes reasonable suspicion



Probably does not



What Do You Think?

You are the supervisor on multiple cases when a parent requests their BT off their case. The parent does not think the BT is a good fit and reports that the BT is “too harsh” with the client. Does this scenario constitute reasonable suspicion of abuse?

Does this scenario constitute reasonable suspicion of abuse?



Probably constitutes reasonable suspicion



Probably does not



Sexual Abuse - Assault and Exploitation:

- Any sex act with a child
- Intentional masturbation in presence of a child
- Preparing, selling, or distributing child pornography
- Child prostitution

CA PC 11165.1



Sexual Abuse Indicators

Indicators include:

- Trouble walking or sitting
- Sexualized behavior and/or knowledge beyond developmental expectations
- Makes strong efforts to avoid a specific person, without an obvious reason
- Doesn't want to change clothes in front of others or participate in physical activities
- A sexually transmitted disease (STD) or pregnancy, especially under the age of fourteen
- Fearful or withdrawn behavior



Emotional abuse is willful cruelty or unjustifiable punishment of a child, meaning a situation where any person willfully causes or permits any child to suffer, or inflicts thereon unjustifiable mental suffering



CA PC 11165.3

Emotional Abuse Indicators

Indicators include:

- Clingy or indiscriminate attachment
- Extremes in behavior (e.g. compliant/demanding)
- Doesn't seem to be attached to caregivers
- Excessively fearful or anxious about doing something wrong
- Denying emotional responsiveness
- Rejecting or neglecting mental health or medical and educational needs
- Witnessing intimate partner violence
- Unreliable or inconsistent parenting



Neglect is a deficit in meeting a child's basic needs, including the failure to provide adequate health care, supervision, clothing, nutrition, housing, as well as their physical, emotional, social, educational and safety needs



CA PC 11165.2

Neglect Indicators

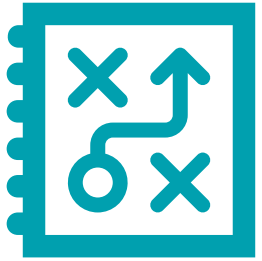
Indicators include:

- Non-organic failure to thrive or malnourishment
- Lack of supervision
- Unattended medical or dental conditions
- Child is sleepy, dirty, hungry or poorly clothed for weather
- Child has lice, scabies or chronic poor hygiene
- Child is depressed, withdrawn or fearful
- Child eats trash, rotted food, insects or animal waste



Supervision: How do we watch for signs?

- **If providing in-person treatment:**
Have staff do a scan or check-in of client, environment and atmosphere (i.e. caregiver stress)
- **If *only* providing telehealth:**
Find creative ways to check in with both client and caregivers
 - Identification of body parts
 - “Dance Parties”
 - Vary location of telehealth sessions
 - Stretch breaks
 - “Show me _____ activity / toy / materials”
 - Recall exercises (“What did you eat for lunch today?”)
- Have consistent offline check-ins with staff and caregivers



Positive & Person-Centered Interventions

Hierarchy of Interventions



- **All positive interventions must be exhausted before restrictive interventions are utilized!**



- BACB Compliance Code: 4.09 Least Restrictive Procedures
 - Behavior analysts review and appraise the restrictiveness of procedures and always recommend the least restrictive procedures likely to be effective



- Behavior Intervention Plans should be extremely detailed in intervention procedures and all staff thoroughly trained in implementation
 - Caregivers (and clients, when applicable) should be in consent to intervention procedures
 - With few exceptions (i.e. child running into traffic), behavioral intervention should utilize least-to-most prompting
 - Very rarely is full physical prompting or restraint necessary and then only with approved advanced training

The Border Between Physical Prompting & Abuse

PHYSICAL PROMPTING

- Does not prohibit a client's freedom of movement
- Consider "guiding" as opposed to "pushing" or "pulling"
- Carefully explain to caregivers ANY form of physical prompting, rationale and topography
- Always exhaust less-intrusive prompting / interventions before physical (i.e. High-P procedure instead of picking up client)

RESTRAINT

- Prohibits a client's movement
- Done only when client is in imminent danger of harm (to self or others)
 - Examples: Running in front of a car; head banging resulting in severe injuries
 - Non-Examples: Won't comply with a verbal prompt; throwing rocks at cars; moving a client from one room to another

ABUSE

- Use of restraint when restraint is not part of treatment plan or is used in a non-emergency situation
- Any physical injury or pain inflicted on a child, regardless of whether the practitioner *thinks* it was part of treatment or not (it is never part of treatment if a client is physically injured)

A Supervisor's Role



Provide education to caregivers at the start of services and ongoing that a child with developmental disabilities is at much higher risk of being abused



Ongoing clinician and caregiver education on regulation, co-regulation and dysregulation as they relate to child maltreatment



Periodic screening for caregiver burnout (which is a risk factor for child abuse)



Question all concerns and behaviors that could be indicators of abuse or neglect

- Example: Parents are reaching out because of a change in or escalating behaviors or requesting staff changes on case



Thorough details in any report made when an incident with a client occurs, especially if physical prompting was used

Making a Report

Step 1:

- If you have knowledge of or observe reasonable suspicion of abuse, **contact a senior manager immediately**
- If you are unable to reach your senior manager, leave a voicemail
- After you have left a voicemail, follow up immediately with a text message



Making a Report

Step 2:

Make a verbal report by phone to CPS as soon as possible, **within no more than 24 hours** of the incident



Making a Report

Step 3:

Complete a written CPS Suspected Child Abuse Report Form with support from a manager and submit to CPS **within 36 hours** of the incident



Making a Report

Step 4:

Complete a BHPN Reportable Event Form with support from a manager



Making a Report

Step 5:

The BHPN will reach out to the Pediatric Developmental Disabilities Office to request that an appointment be scheduled with the PCP (or child abuse pediatrician) with extra time allotted for the appointment



Let's Review

If you have reasonable suspicion that abuse is happening, you must report it to Child Protective Services and/or Law Enforcement...



ASAP



By the end of the work week



Before your next shift



Only if you're in a supervisor position



Let's Review

If you are not sure if a situation constitutes abuse...

- Ask the parent what's going on*
- Discuss it with other RBTs on the case*
- Contact your manager*
- None of the above*



Let's Review



Supervisors are responsible for ensuring they and their staff are fulfilling their duties as mandated reporters, even in the times of remote care



Supervisors have an essential role in evaluating if caregiver stress is escalating to a concerning level—and there is help available if suspected!



Supervisors will experience unique circumstances, too—be aware and use available resources to mitigate stress and support your teams and families

Questions

