Incorporating Values and Principles into Our Work

Hypos

Hypo #1: P&A staff monitor a psychiatric facility regularly. One patient has been there for weeks, continues to be distressed and there is no real discharge plan in the works due to the patient's current presentation. The patient talks to the P&A staffer most every time she is on the unit, and has new and varied complaints each time. Some of the complaints appear to be delusional (people coming into her room at night and taking things, staff saying demonic phrases to her, her arm being a prosthetic and not fitting when it seems like really it's her arm). Other complaints seem more viable (staff being rude, not having access to dentures or orthopedic equipment, having questions about her SSA benefits, wanting to have more privileges on the unit and outdoors). The patient also calls the P&A intake office often with similar complaints. The patient regularly asks the P&A staff person to attend treatment team meetings to witness how she is treated and to help her advocate for her wants and needs.

Things to Consider:

- How should the P&A respond?
- What impact do individual's request have?
- What if nothing the patient raises seems to fit into agency priorities of abuse, neglect or serious rights violations?

Hypo #2:

On a monitoring visit to a large state facility serving people with intellectual disabilities a P&A advocate meets a woman lying in bed. She has a hard time talking, but with some back and forth the advocate comes to understand that the women is in great pain and she wants you to see if the nurse can help her with the pain. You find the nurse and let him know of the resident's request for assistance. The nurse tells you there is nothing he can do for the resident right

now as the next dose of pain medication is not due for a little while but he will be there right away when the window for the next dose opens.

Without any prompting, the nurse explains that the resident has a blood infection that is getting worse by the day and what they really need to do is amputate her infected leg to stop the systemic infection. He says that since the woman has no guardian or family decision makers to authorize the surgery, and she does not understand the gravity of the situation as evidenced by her intellectual disability and her continued refusal of the life-saving surgery, the lawyer for the facility was planning on securing an emergency court order this afternoon to get the procedure approved and performed by tomorrow at the latest in order to save the woman’s life.

The advocate returns to the woman’s room to give her the nurse’s response. She lets the advocate know that she is aware of the proposed surgical intervention and can point to where they have told her they will make the amputation. She tells the advocate that the staff and doctors don’t really talk about it too much, they just say she needs to do it. She was not, however, aware that they were going to try to force her to get it done.

She explains that she really does not want the procedure. She has already had two minor surgery’s to cut away infected tissue on her leg, but the infection just came back. A year ago, she also has open heart surgery and she said the recovery process for that was tough. She says she does not want to go through another major surgery that will be so hard to recover from, especially if it won’t be successful like the recent minor surgeries.

Things to Consider:

- How should the P&A respond?
- What information should the decision maker have access to? Do they have access to it currently?
- Who do you think should make the medical decision, the facility or the resident? Why or why not?
- What information is most relevant in your decision about the above question regarding who should make the medical decision?

Hypo #3: The P&A has a client with mental health and TBI issues. She is working with our advocate who provides support to victims of crimes with disabilities. Client is in a long-term, abusive relationship with her partner. She often seeks P&A assistance in navigating the restraining order and prosecution process, and is often herself charged with domestic violence due to her interactions with her partner. After many assaults, restraining orders and prosecutions, once again the client is planning on returning to her home with her partner.

Things to Consider:

- How can the P&A support the client's self-determination without supporting the client to continue dangerous behaviors?
- How do the client's disabilities impact on the strategies the P&A staff may use to appropriately support this person?

Hypo #4: In a certain week, the P&A learns of two suicides via the news. The first report is about a prisoner who was a middle aged man with a substance abuse history who was found hanged in a broom closet in the prison. The second report is about a 14 year old girl who hanged herself in a residential psychiatric program attached to a psychiatric hospital.

- Prison Case: Man was in prison on his fifth or sixth bid, was past his minimum, had been receiving psychiatric medication while in prison, and there is a possibility that the prison guards failed to follow up promptly on information that the man was missing and/or locked himself in the broom closet. Online media comments include an anonymous source suggesting that some of the guards had a conflict with this prisoner.
- Residential Case: Young woman was in an eight person program after having stepped down from inpatient care at the attached hospital. No warning signs were perceived by staff prior to the resident asking to be allowed to go lie down before dinner in her room. When they checked on her sometime later she was found dead. Resident was in her parents' legal custody at the time of death.
- In both cases there are several entities investigating the deaths including police, State child protection, mental health and corrections departments.

Things to Consider:

- What action if any should the P&A take on these reports?
- Does the P&A have the resources to launch a full investigation into one or both of these incidents?
- Does the P&A have probable cause to begin an investigation into either?
- Would a secondary investigation of one or both be sufficient for the P&A to determine if further work on the case is worthwhile?
- What systemic impact might an investigation and a public report or litigation bring about?

Hypo #5: A P&A advocate was conducting a monitoring visit to a facility licensed as an intensive residential treatment program for PAIMI-eligible individuals in a rural community. The P&A chose this nine (9) person residential treatment site for monitoring due to its isolated location and institutional nature. The facility did not have previous licensing complaints against it, and the P&A had not received complaints about the facility.

When interviewing residents during the monitoring visit, P&A staff noticed that one resident had a black eye. She asked him about it. He told her that another resident had assaulted him a week before. He was still traumatized by the incident. He told the P&A that instead of intervening to stop the assault, the staff person had locked herself in the medications room and called 911. The other resident was arrested and discharged from the program, but the program had not provided any follow-up services to the resident who had been attacked.

Things to Consider:

- What should the P&A response be to this information?
- How can the P&A respond with dignity and respect to the clients request?
- Does it matter that it took place during a monitoring visit?
- Should the P&A response be limited to immediate response to the individual client or go further?