Touch:

Guidelines for Appropriate Human Contact

milestone
HCQU Northwest

Touch

When someone's vision is impaired, we get them glasses. When someone's hearing is impaired, we consider hearing aids. We do this because we understand how a person can be negatively impacted when deprived of certain sensory input. Yet we rarely talk about the fact that many people we support are routinely deprived of basic human touch.

When it comes to touch, there are complicated issues we face as caregivers of people with Intellectual Disabilities. For example, we may need to assist a person with bodily care, often requiring us to touch people in private ways (ex. bathing, toileting, etc.). It is important to know how to provide care in a way that maintains appropriate boundaries and distinguishes for the person the difference between caregiving touch and personal touch.

The nature of our relationships with the people we support is often confusing as well. For many people we support, we may feel like a "surrogate" family, particularly when they have limited or no contact with their biological families. Yet, we are not family. As paid supporters, we are not — by definition — friends, either. Yet we often get to know the people we support quite well over the years and develop relationships very similar to those we term friendships.

Achieving balance between helping a person meet their need for basic human touch while still modeling and maintaining boundaries can be difficult. *Are there appropriate ways to express affection for people in our care?*

First and foremost, you must follow your agency's policy regarding touch. Most agencies have one, and if you are unsure of yours, ask.

There are several important things to know as you consider the ethics of touching those you support.

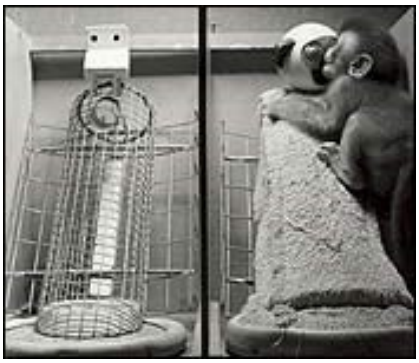
Without Touch

Touch is the first sense to develop in the human fetus. Within three weeks of conception, a primitive link between skin cells and the beginning brain emerges. As adults, one square inch of skin contains 9.5 million cells, 78 yards of nerves, 650 sweat glands, 19 yards of blood vessels, and hundreds of sensory cells and apparatuses (www.faceitfacialgallery.com/id6.html). Touch is also the only reciprocal sense — you cannot touch another without being touched yourself. This means that a simple pat on the shoulder or a grasp of the hand can enhance our relationship with someone, often more than the spoken word.

While human touch has many benefits, it can also be used to degrade and abuse. We should not assume that all people are comforted by touch. People who have experienced unwanted touch, such as abuse, may be fearful of touching or being touched by another. Whether providing caregiving touch or an affectionate pat on the back, ***always ask the person if it is okay first and wait for consent.***

Additionally, experiences ranging from abuse to simple lack of modeling interpersonal boundaries can leave people confused about the nature of their relationships with supporters. You should be prepared to respond to confused expressions of affection in a way that is respectful and that clarifies your role and the boundaries of your relationship. Acknowledge (don't challenge) the expression of affection, and model appropriate wording. For example, if the person says, "I love you," you may respond by saying, "I enjoy spending time with people I like, too, and I wonder if you are trying to tell me that you're having fun."

Without Touch



We first became aware of the importance of touch during the nineteenth and early twentieth centuries when thousands of children in foundling homes (orphanages) died despite adequate basic physical care. The condition came to be known as marasmus — Greek for "wasting away." Suspecting that being cradled and touched was the missing link, Bellevue Hospital in New York implemented plans to provide nurturing touch, which led to quick and significant drops in infant mortality rates.

By the mid-twentieth century, Harry Harlow was conducting now-famous studies with rhesus macaques, investigating the physical and social impact of attachment and touch deprivation. The monkeys were given access to two types of "surrogate" mothers — one made of wire (which also provided food), and one that was warmed and covered with soft cloth (but did not provide food). Again and again, when given the choice, the monkeys would choose the cloth "mother," only going near the wire "mother" long enough to eat.

Later in life, monkeys who had been given access to the "comfort contact" of the cloth "mother" were, nonetheless, only slightly less disturbed than the monkeys raised with the wire mother only. Normal functioning was only found in monkeys that were provided actual physical contact with another monkey, even it was only for a short time each day.

The Importance of Touch

We know that touch is vitally important during early development, not only because of the negative impacts from lack of touch, but the positive impact of adequate touch.

For example, Oxytocin — often referred to as "the bonding hormone" — is released in response to loving touch, promoting attachment responses in infants. Touch has been shown to increase growth in infants, and recent research out of Perdue University shows that touch appears to play a role in language acquisition as well. (www.purdue.edu)

Touch continues to play a role throughout the lifespan. Various research projects from the University of Miami's Touch Research Institute have shown that touch can lessen pain (or at least the person's perception of pain), improve lung functioning and one's immune system, and decrease blood glucose and stress hormone levels. They also found that touch increases Serotonin and Dopamine levels — neuro-chemical changes known to decrease Depression. https://www6.miami.edu/touch-research/Research.html

According to the Greater Good Science Center at the University of California, Berkeley, touch activates the brain's orbitofrontal cortex, an area of the brain associated with feelings of reward and compassion. It has also been shown to turn off the regions of the brain associated with threat and stress. People with

Alzheimer's Disease, for example, typically become more relaxed when touched and have demonstrated improved ability to make emotional connections.

https://greatergood.berkeley.edu/about

Reflections of Unmet Needs

When a person's need for touch is unmet, they may seem bored or listless due to a sense of isolation. They may even appear to be depressed.

Habits such as nail biting, overeating, and smoking may be how the person compensates for lack of touch. We may also see self-injurious behaviors such as hair-pulling and excessive skin rubbing or picking. People may engage in aggression toward others as well.

"For [people with severe ID] some challenging behaviors represent attempts to reestablish proximity, or 'provoke' nurturing in the face of overwhelming external distress" (DM-ID, 2007, p. 188). In other words, some of the people we support might engage in behaviors that they have learned will cause us to intervene, which may include some form of touch.

One route to touch for people who are touch deprived is via medical care. People who intentionally self-injure (for example, people who cut themselves) often report being soothed by the physical touch involved in treating and caring for their wounds.

"When the need for touch remains unsatisfied, abnormal behavior will result."

— Ashley Montag(1971)

Some people may submit to unhealthy touch simply to have touch. Subsequently, if a person does not have access to safe, appropriate touch, they may be vulnerable to victimization.

Promoting Privacy

We should teach people about personal boundaries and privacy by modeling these concepts in our everyday interactions. Our role is to help people learn to expect respectful touch so they will recognize and react if boundaries are violated.

Most of us are rarely, if ever, touched intimately by strangers. If new staff provide personal care, the individual being supported receives the message that, "Strangers can touch me" — not a message we want to convey if we hope to help people protect themselves from abuse! New staff should have time to begin building rapport with someone before providing intimate care such as bathing, toileting, etc. A bare minimum of two weeks is recommended, although some experts recommend at least six months. No matter how long you have been assisting the person, always obtain the person's okay before looking at or touching his or her body.

As helpers, when we need to touch people intimately to provide care, we must do something to distinguish for the person that this is professional, not personal touch. One good way to do this (while also maintaining Universal Precautions) is to wear disposable gloves whenever you are providing intimate care. Talk the person through what you are doing and why. You may also try assisting the person to do the task themselves via hand-over-hand support, with the person's permission.

We can model privacy through something as simple as knocking and waiting for permission to enter a person's bedroom to show the person that this is their private space. We can also promote privacy by making sure that doors and blinds/curtains are closed as necessary. If the person's body will be exposed, cover them with a sheet or towel. During dressing, exchange one piece of clothing at a time rather than stripping then dressing the person.

If you must be in the room while someone is bathing, close shower curtains/doors as much as possible and stand as far away as you can while still providing for the person's safety. Bubble bath is another option to create some privacy if you must be nearby to assist. Try to keep conversation to a minimum. Nobody wants to bathe with Chatty Cathy in the room!

The Canadian Mental Health Association advises us to **"...approach each situation as if [you are] on the other end of [your] own care."**

Guidelines

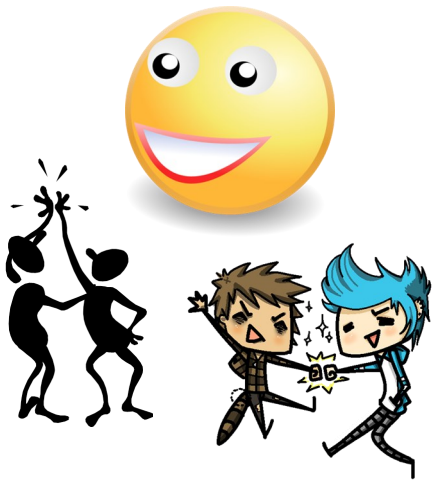
Making sure that caregiving touch is provided in a respectful and professional manner is just one of the ethical issues we face as caregivers. We also have to navigate situation where touch can be a part of providing emotional care, such as when a person is grieving or seems to need comfort, or simply to meet the person's basic need for human touch.

This type of touch is best provided by family members, partners, or good friends. As paid supporters, our first priority should be to help people connect with these natural supports, providing social skills training and opportunities for socialization as needed. However, for some, natural supports may not be readily available or may take time to develop, which means the only source of human touch for the person is a paid caregiver. It is important, then, that we have some guidelines to help us along the way. As a paid caregiver, if you are uncertain, the following guidelines may be helpful:

- **Always ask permission** before touching. Remember: wheelchairs should be considered an extension of the person's body — do not lean on them or touch them without the person's okay.
- Inform and continually remind the person that he/she has **the right to say "No"** to being touched, and reinforce this by respecting when the person says "No."
- **No kissing** of any kind by paid caregivers.
- Hugs should be **side hugs only.**
- Your hand should **never go under the person's arm** (except to lift or transfer).
- If you must touch, **describe what you are going to do and why.** Helping the person understand the context of the touch teaches the circumstances under which touch is appropriate.
- Use and teach alternatives to physical expressions of affection — **as the person develops other sources of physical touch (outside of paid supporters) we can transition to less or non-physical expressions,** as touch needs are being met.
- **Consider outside sources** of touch such as massage therapy, or grooming services (haircuts, manicures, etc.),
- **Consider a pet.** Research has shown petting an animal to have biological effects similar to human touch. An additional benefit is that pets remain constant even when staffing patterns do not.
- Be aware that in certain instances, the person's difficulties warrant a "no touch" policy (ex. a person who has engaged in sex offending behavior) — **make sure you know the person's plan.**

Alternative expressions of affection:

- **High fives**
- **Handshakes**
- **A warm smile**
- **A wink**
- **Verbal praise**
- **Time spent together**
- **A special greeting**



Rethinking Our Approach

Although a "No Touch" Policy may seem like the easiest solution to preventing misunderstanding or inadvertent boundary violations, it can also further people's sense of isolation, potentially sending the message that, "You are untouchable."

Additionally, it may not allow for provision of basic comfort, such as holding a person's hand when they are hurt or frightened. For example, when a person is undergoing a medical procedure, holding the hand of someone they know and trust can help them get through it. Research indicates that holding a person's hand decreases the stress response (including Cortisol levels) and reported levels of pain.

Many of us have been taught that when a person asks for a hug, we are to offer a handshake as a replacement. Dave Hingsburger suggests that these are not interchangeable, as "A handshake is a greeting skill, not an affection skill." A person asking for a hug is asking for affection, and a handshake will not meet that need.

Dacher Keltner, PhD. identifies the following Social Functions of Touch:

1. **provides feelings of reward**
2. **reinforces reciprocity**
3. **signals safety and trust**
4. **soothes**
5. **promotes co-operation**

(greatergood.berkeley.edu)

Case Study

You have been asked to consult on a case involving a 45-year-old woman who is severely impacted by Intellectual Disability and requires assistance for Activities of Daily Living such as bathing and incontinence care. She is currently hospitalized but is ready for discharge. However, her mother, who has been her sole caregiver for her entire life, is no longer able to care for her and the team must pursue residential placement. The team is concerned because hospital staff report that any time they attempt to provide intimate care, the woman refuses and becomes extremely aggressive. There is no known history of abuse.

What might be causing the woman to react so violently to attempts to provide care?

Can you think of anything you might suggest to help the situation?

Discussion

Since the woman's primary caregiver has always been her mother, she is not used to being touched by strangers. Additionally, her mother did her best to protect her daughter from abuse by teaching her that strangers should *not* touch her. However, the woman is having trouble distinguishing professional caregiving from personal touch. Of course, as the consultant, you would want to make sure that hospital staff are wearing gloves to begin making the distinction between caregiving and personal touch. Additionally, they should be asking for her permission and describing what/how/why they will be touching. They might try hand-over-hand with her as well so that she feels a sense of control.

If possible, her mother should be present to guide new caregivers as to how to best provide intimate care, but also to reassure her daughter that it is okay for hospital (and eventually residential) staff to help.

"We need to remember that they are at our mercy and that our attitudes, approaches and manner need to be merciful."

— Dave Hingsburger

Touch

Home Study Test

Name: _____ Job Title: _____

Agency: _____ Date: _____

Please provide contact information (email address, fax number, or mailing address) where you would like your certificate to be sent:

_____

_____

You must submit your completed test, with at least a score of 80%, and evaluation to receive ½ **hour** of training credit for this course.

* To submit via fax, please fax the test and evaluation to 814-728-8887.
* To submit via email, please send an email to HCQUNW@MilestonePA.org. Please put "Touch Test" in the subject line. In the body, please put your agency and your job title/role, followed by the numbers 1 - 5 along with your answers to the test and evaluation questions, i
* To submit via mail, send the test and evaluation pages to Milestone HCQU NW, 247 Hospital Drive, Warren PA 16365.

Knowledge Assessment:

1. If you are unsure of your agency's policy on touch, follow the guidelines on page four of this training. True False
2. Touch is the only reciprocal sense. True False
3. Harlow's experiments showed us that even brief periods of physical contact can be a protective factor against psychological disturbance True False
4. Research has shown touch to have multiple physical benefits. True False
5. It is okay for new staff to provide intimate care as long as they have their clearances True False
6. The best way to protect a person from victimization is to always model respectful, appropriate touch. True False
7. A kiss on the cheek is okay as long as you know the person well and are sure he/she will not mind. True False
8. Pets can make it easier for individuals to deal with staff turnover by providing a consistent comforting presence. True False
9. Touch has been shown to promote co-operation among people. True False
10. A handshake is a great alternative to a hug. True False

Touch
Home Study Evaluation

Please circle your PRIMARY reason for completing this home-study training:

☐ It's mandatory ☐ interested in subject matter ☐ need training hours ☐ convenience

Please circle the best response to each question.

SA = Strongly Agree A = Agree U = Undecided D = Disagree **SD = Strongly Disagree**

1.	As a result of this training, I have increased my knowledge.	SA	A	U	D	SD
2.	I learned something I can use in my own situation.	SA	A	U	D	SD
3.	This training provided needed information.	SA	A	U	D	SD
4.	The training material was helpful and effective.	SA	A	U	D	SD
5.	Overall, I am satisfied with this training.	SA	A	U	D	SD

How can we make this training better? _____

How do you think this training will help you in your job? _____

Would you recommend this course to others? Yes No

What is your age? (For demographic purposes only)

18 – 24 years 25 – 34 years 35 – 50 years 50 – 64 years 65 years or older