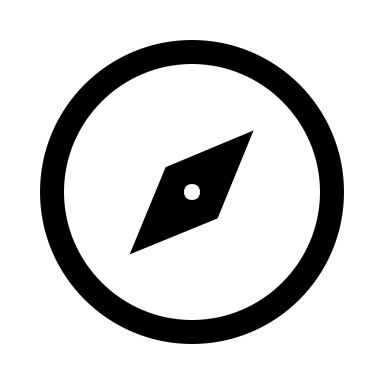
## PARTICIPANT GUIDE

## FOUNDATIONS TRAINING



NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# how to use this participant guide

Use this to help lead you through the information reviewed in the Foundations Training PowerPoint.



SPACE TO WRITE DOWN THOUGHTS/QUESTIONS/COMMENTS.

SLIDE NUMBER CORRESPONDING TO SECTION

HIGHLIGHTED SECTIONS INDICATE INFORMATION LINKED TO A TEST QUESTION.

Keep and use this guide to refer back to after the training, to refresh information as needed. Use the Appendix for additional information as noted throughout the presentation.

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\*click on a topic to be taken to that page

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FOUNDATIONS TRAINING

# OVERVIEW

|  |  |
| --- | --- |
| Purpose | To learn the foundational information needed to provide support to individuals with disabilities based on their personal needs and goals in life. |
| Objectives | The outcome of the experience will help you to:   * Stay up to speed with local and federal government requirements for service providers. * Value individuality, provide specialized services for each person. |
| Audience | New hires / all employees annually. |
| Topics & Timing | |  |  | | --- | --- | | Topics | Time Commitments | | Entire Session: | 6 hours | | RECIPIENT RIGHTS | 45 minutes | | CORPORATE COMPLIANCE | 15 minutes | | PERSON-CENTER PLANNING & SELF-DETERMINATION | 30 minutes | | HIPAA | 15 minutes | | LIMITED ENGLISH PROFICIENCY | 15 minutes | | CULTURAL COMPETENCE & DIVERSITY | 15 minutes | | INFECTION CONTROL & BLOOD BORNE PATHOGEN | 30 minutes | | SAFETY AND FIRE PREVENTION | 15 minutes | | SENSITIVITY TO HEARING | 30 minutes | | TRAUMA INFORMED CARE | 30 minutes | | BASIC MEDICATION ADMINISTRATION | 45 minutes | | POSITIVE APPROACHES TO CHALLENGING BEHAVIOR | 45 minutes | | RECOVERY | 15 minutes | |
| Resources | This document contains an [Appendix](#_Appendix_A._CONTACT) with items you should keep on hand, to refer back to as needed. |

# RECIPIENT RIGHTS

### GOALS

### CIVIL RIGHTS

Religious expression | Freedom of speech | Discrimination protection | Right to vote | Education | Privacy | Competence

### MENTAL HEALTH CODE

The State of Michigan laws relating to mental health services; including laws to safeguard the rights of those receiving services from the mental health system.

Communication | Property | Money | Freedom of movement | Confidentiality | Consent | Dignity and Respect | Legal

### CONFIDENTIALITY & MENTAL HEALTH CODE

Every recipient is informed about the law requiring confidentiality. A record is maintained of any information about the recipient that is disclosed. This record must indicate what information was released, to whom it was released and the reason for the release. Some information can be provided to legal and medical personnel who are providing services to the recipient without obtaining a release of information. However, this information is limited to that which relates to the services being provided. There are times when it is appropriate to disclose information about a recipient.

### 

### EXAMPLES OF VIOLATING CONFIDENTIALITY AND PRIVACY OF A RECIPIENT:

**RELEASE OF INFORMATION**

Information can only be released with Informed Consent: Not pressured, understands what they are agreeing to release and understands risks, benefits and consequences.

NOTE: A person who has a guardian is not legally capable of giving informed consent.

**DIGNITY AND RESPECT**

* **Dignity** - to be treated with esteem, honor, politeness, or honesty, to be addressed in a manner that is not patronizing, condescending, or demeaning, to be treated as an equal; to be treated the way you would want to be treated.
* **Respect** - to show differential regard for; to be treated with esteem, concern, consideration, or appreciation, to protect the individual’s privacy, to be sensitive to cultural differences; to allow the individual to make choices.

**ABUSE**

**Class 1.** Non accidental act or provocation of another to act b yan employee, volunteer, agent of the provider that caused or contributed to the death, sexual abuse of, or serious physical harm to a recipient.

**Class II.** Non accidental act or provocation of another to act by an employee, volunteer, agent, or provider that caused or contributed to non-physical serious harm to a recipient.

* The use of unreasonable force on a recipient with or without apparent harm
* Causes emotional harm
* An action taken on behalf of a recipient by a provider who assumes the recipient is incompetent despite the fact that a guardian has not been appointed that results in substantial economic, material, or emotional harm
* Exploitation of a recipient

**Class III.** The use of language or other means of communication by an employee, volunteer, agent of a provider to degrade, threaten, or sexually harass a recipient.

### NEGLECT

**Class I.** The act of commission or omission by an employee, volunteer, agent of the provider that results from the noncompliance of a standard of care or treatment required by law and/or policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the death, sexual abuse if, or serious physical harm to a recipient. Or the failure to report apparent or suspected harm of a recipient.

**Class II.** The act of commission or omission by an employee, volunteer, agent of the provider that results from the noncompliance of a standard of care or treatment required by law and/or policies, guidelines, written directives, procedures, or individual plan of service and causes or contributes to the non-serious physical or emotional harm to a recipient. Or the failure to report apparent or suspected harm of a recipient.

**Class III.** The act of commission or omission by an employee, volunteer, agent of the provider that results from the noncompliance of a standard of care or treatment required by law and/or policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed the recipient at risk of harm or sexual abuse or the failure to report apparent or suspected harm.

### REPORTING ABUSE & NEGLECT

When you see or hear about a recipient being abused or neglected, it is important that you take action

quickly.

Protecting the recipient is your primary responsibility. The failure to report abuse or neglect will result

in your being charged with neglect as well.

All violations must be verbally reported immediately and followed up by a written report within 24

hours or at the end of your shift.

**WHISTLEBLOWER’S PROTECTION ACT**

Protects employees who report rights violations.

The law states it is illegal for employers in Michigan to discharge, threaten or otherwise discriminate against you regarding compensation, terms, conditions, locations, or privileges of employment because

you, or a person acting on your behalf;

* Reports, or is about to report a violation, or a suspected violation
* Takes part in a public hearing, investigation inquiry, or court action

**BULLARD-PLAWECKI EMPLOYEE ‘RIGHT TO KNOW’ ACT**

This act requires that you be notified when an employer or former employer divulges:

* A Disciplinary Report
* Letter of Reprimand
* Other disciplinary action to a third party, to a party who is not a part of the employers’ organization, or to a party who is not a part of a labor organization representing the employee without written notice.

\*NOTE: The written notice to the employee shall be by first class mail to the employee’s last known address and shall be mailed on or before the day the information is divulged from the personnel record.

### WHEN TO FILL OUT AN INCIDENT REPORT

* Any explained or unexplained injury of a recipient
* Any unusual or first time medically related occurrence, such as a seizure
* Environmental emergencies
* Problem behaviors not addressed in the treatment plan
* Suspected abuse or neglect
* Inappropriate sexual acts
* Medication errors or refusals
* Suspected criminal offenses involving recipients
* Involvement of other agencies (police, fire, ems)
* Death of a recipient

### OFFICE OF RECIPIENT RIGHTS FOR CMHCM

Role: Prevention, Monitoring, Education, Complaint Resolution. The advisors can be reached directly by calling the Community Mental Health for Central Michigan (CMHCM) main phone number and asking to speak with them. See full list of contacts in [Appendix A](#_Appendix_A._CONTACT).

# CORPORATE COMPLIANCE

### 

### CODE OF PROFESSIONAL ETHICS:

### Please review the Code of Professional Ethics in [Appendix B](#_Appendix_B._CODE).

### FALSE CLAIMS ACT

The False Claim Act (FCA) is a Federal law that establishes criminal and civil liability when any covered person or entity improperly receives reimbursement from or avoids payment to the Federal government.

### TYPES OF FRAUD PROSECUTED UNDER THE FEDERAL FCA:

* Diagnosis, Medicine, Treatments
  + Performing inappropriate or unnecessary medical procedures.
  + Prescribing a medicine or recommending a type of treatment or diagnosis regimen in order to win kickbacks from hospitals, laboratory or pharmaceutical companies.
* Billing
  + Billing for goods and services that were never delivered or rendered.
  + Billing in order to increase revenue instead of billing to reflect actual work performed.
  + Up Coding
  + Inflating bills by using diagnoses, billing codes that suggest a more expensive illness or treatment or coding longer than actual face to face time.
  + Double Billing
  + Charging more than once for the same service or goods.
  + Billing for unlicensed or unapproved drugs.
  + Billing for work or tests that were not preformed.
  + Billing Medicare for services that were not performed or were unnecessary.
  + Charging for employees that were not actually on the job, or billing for made up hours in order to maximize reimbursements.
* Records
  + Submitting false service records or samples in order to show better than actual performance.
  + Forging physicians’ signatures when such signatures are required for reimbursement from Medicare or Medicaid.
* Phantom employees and doctored time slips,
* A grant recipient charges the government for costs not related to the program.

### IN PARTICULAR, THE FEDERAL FCA PROHIBITS:

* Knowingly presenting, or causing to presented, a false or fraudulent claim for payment.
* Knowingly making, using, or causing to be made or used, a false record of statement to get a false claim paid.
* Conspiring to defraud by getting a false claim allowed or paid.
* Certifying recipient of property from and unauthorized officer of the government, and;
* Knowingly making, using or causing to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

### STATUTE OF LIMITATIONS

For suits under False Claims Act is the later of;

1. Within six years of the illegal conduct, or
2. Within three years after the Government knows or should have known about the illegal conduct, but in no event later than ten years after the illegal activity.

### WHAT MONEY CAN BE RECOVERED

A person who brings a False Claim Act case is entitled to proportional share of the funds that are recovered for the government. As a part of the process, the individual must provide the government with all of their information. Protections for People who Bring FCA Cases. Anyone who lawfully acts to bring suit is protected from:

1. Discharge, demotion, suspension, threats, harassment, and discrimination.
2. If violated, an employee is entitled to restatement with seniority, double back pay, interest on back pay, compensation for discriminatory treatment, and attorney’s fees.

### MICHIGAN FALSE CLAIMS ACT

* Prohibits:
  + fraud in the obtaining of benefits or payment in connection with the medical assistance program
  + kickbacks or bribes in connecting with the program
  + conspiracies in obtaining benefits or payments
  + retaliation
* Authorizes the Attorney General to investigate alleged violations of this act
* Provides for:
  + civil actions to recover money received by reason of fraudulent conduct
  + to provide for certain civil fines; and to prescribe remedies and penalties.
* Any person may bring a civil action in the name of the Stae to recover losses.
* At the time of filing, the person shall disclose, in writing, substantially all material evidence and information supporting the complaint.
* The Attorney General may proceed, or if not, the individual may with action.
* If a person other than the Attorney General prevails in an action that the person initiates, the court shall award hat person: Costs, reasonable attorney’s fees, and based on effort, a percentage of monetary proceeds.
* If the court finds an action under this section based primarily on information from other than the person brining the action, the court shall award costs, reasonable attorney’s fees, and not more than 10% of monetary recovery. If court finds that the person brining the action planned, initiated, or participated in the conduct upon which the action is brought then the court may reduce or eliminate the share of proceeds.
* A person other than the Attorney General shall not bring an action that is already the subject of a civil suit, criminal investigation, prosecution, or administrative investigation.
* Frivolous Actions:
  + If a person proceeds with an action after the Attorney General declines, and the court finds it to be frivolous, the court shall award prevailing defendant actual and reasonable attorney’s fee and expenses and impose a civil fine of not more than $10,000.
* No Retaliation:
  + An employer shall not discharge, demote, suspend, threaten, harass, or otherwise discriminate against an employee who initiates, assists, or participates in a proceeding or court action.
  + An employer who violates this is liable to the employee for all of the following:
    - Reinstatement to position without loss of seniority
    - 2x back pay
    - Interest on back pay
    - Compensatory damages
    - Other relief as necessary to make employee whole

### WHISTLEBLOWERS’ PROTECTION ACT

* Provides protection to employees who report a violation of state, local, or federal law; and to employees who participate in hearings, investigations, legislative inquires, or court actions; prescribes action.
* Employer shall not discharge, threaten, or discriminate against an employee regarding compensation, terms, conditions, location, or privileges of employee reports or is about to report a violation.
* Civil action may be brought for appropriate relief, or actual damages, within 90 days after the occurrence of the alleged violation.
* Employer is not required to compensate an employee for participation in an investigation, hearing, or inquiry held by a public body in accordance with this ACT.

### IF YOU RECOGNIZE A PROBLEM…

You play a critical role in upholding the public trust by brining compliance and ethics questions, issues and suggestions for correcting them to the attention of the following appropriate person(s). If you recognize a problem similar to those mentioned in this training, please inform a CMHCM corporate compliance officer; their contact information is located in [Appendix A](#_Appendix_A._CONTACT).

### WHISTLEBLOWERS

* The complexity of our operations demands a constant vigilance on everyone’s part to assure a strong future in mental health service delivery.
* All employees are responsible for reporting suspected fraud and ethical violations and should do so without fear of retaliation.
* Concerns may be reported via email, can be verbal or on an anonymous basis through U.S. mail.

Thank YOU for your commitment to fiscal integrity and ethical practices to uphold trust and support quality service.

# Person-Center Planning & Self-Determination

**PCP: Person-Center Planning**

* “Person-centered” approach to planning, selection, and delivery of the supports, services, and/or treatment consumers receive from Community Mental Health Services Programs (CMHSPs) and providers.
* a process of learning how a person wants to live.
* The PCP honors the person’s preferences, choices and abilities, while involving family, friends and professionals as the person desires or requires.

**IPOS: Individual Plan of Service**

* **All individuals will have an individual plan of service (IPOS) developed through a PCP process regardless of age, disability or residential setting, as dictated by Community Mental Health for Central Michigan (CMHCM)**
* **The person builds upon individual strengths and his or her capacity to engage in activities that promote community life.** TEST QUESTION
* PCP emphasis is meeting the needs and desires of the individual when he or she has them, irrespective of the reason for the plan changes.
* CMHCM shall advocate for the use of PCP processes where a change in circumstance is reasonable and will work with consumers to promote timely PCP processes to mitigate unforeseen circumstances.

If, for any reason, an individual is being excluded from the PCP process that a consumer desires to be included, justification for the exclusion will be documented in the case record

CMHCM: Encourages formal & informal feedback from the individual about their supports and services, process, and any desired changes. PCP includes set of services and supports that the individual needs that CMHCM will provide.

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**GUIDING PRINCIPLES—8 ESSENTIAL ELEMENTS FOR PERSON-CENTER PLANNING**

1. **Person-Directed.** The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed and who is invited.
2. **Person-Centered.** The planning process focus on the person, not the system or the person’s family, guardian or friends. The person’s goals, interest, desires and preferences are identified with an optimistic view of the future and plans for a satisfying life. The planning process is used whenever the person wants or needs it, rather than viewed as an annual event.
3. **Outcome-Based.** Outcomes in pursuit of the person’s preferences and goals are identified as well as services and supports that enable the person to achieve his or her goals, plans, desires and any training needed for the providers of those services and supports the way measuring progress toward achievement of outcomes is identified.
4. **Information, Support and Accommodation.** As needed, the person receives comprehensive and unbiased information on the array of mental health services, community resources, and available providers. Support and accommodations to assist the person to participate in the process are provided.
5. **Independent Facilitation.** People have the information and support to choose an independent facilitator to assist them in planning process. The facilitator chosen by the person must not have any other role within the CMHSP. CMHCM will make available a choice of at least two independent facilitators.
6. **Pre-Planning. The purpose of pre-planning is for the person to gather all of the information and resources (e.g., people, agencies) necessary for effective person-center planning and set the agenda for the process. Each person (except for those individuals who receive short term outpatient therapy only, medication only, or those who are incarcerated) is entitled to use pre-planning to ensure successful PCP. Pre-planning, as individualized for the person’s needs, is used anytime the PCP process is used.** TEST QUESTION
7. **Addresses Items.** The following items are addressed through pre-planning with sufficient time to take all necessary/preferred actions (i.e., invite desired participants):
   1. When and where the meeting will be held.
   2. Who will be invited ( including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support)?
   3. What will be discussed and not discussed.
   4. What accommodations the person may need to meaningfully participate in the meeting (including assistance for persons who behavior as communication).
   5. Who will facilitate the meeting?
   6. Who will record what is discussed at the meeting?
8. **Wellness and Well-Being**. Issues of wellness, well-being, health and primary care coordination or integration, supports needed for a person to continue to live independently as he or she desires, and other concerns specific to the person’s personal health goals or support needed for the person to live the way they want to live discussed and plan to address them are developed. If so desired by the person, these issues can be addressed outside of the PCP meeting.
9. **Participation of Allies.** Through the pre-planning process, the individual selects allies (friend, family members and others) to support him or her through the person-centered planning process. Pre-planning and planning help the individual explore who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

The individual plan of service will serve as a road map of the person’s dreams and desires. The PCP process allows the development of treatment strategies based on informed choices.

### TREATMENT CHOICES ARE INFORMED BY:

* The hopes, dreams, preferences, values, and desires of consumers (and natural support, where appropriate).
* Health and safety needs and concerns of the individual;
* The availability or potential development of resources, such as natural supports and other resources;
* Funding sources rules;
* Procedures matching mental health/developmental conditions to appropriate levels of treatment;
* Best practice standards; and
* Evidence-based alternatives.

**WHAT IS SELF-DETERMINATION?**

Self-Determination is a natural development of the Person-Centered Planning process. **Self-Determination assures people with intellectual/developmental disabilities and/or mental illness the authority to make meaningful choices and control their own lives. TEST QUESTION** Without utilizing good Person-Centered Planning processes, self-determination is not possible. It involves providing choices and new experiences. Through experiencing choices, good decision-making can be learned. This process is helping a person to want more control over their lives. Persons who want control over their services and supports budget, who want to hire and fire their own staff, and want to choose where and who they will live with are leading a self-determined life. Self-Determination enables all eligible individuals to assume responsibility for planning and spending for the supports necessary to live and participate in the community for purpose of achieving the individual’s Person-Centered Planning goals. It provides freedom and authority to make choices regarding services and supports both formal and informal. CMHCM supports this right vis Michigan’s Mental Health Code. Therefore, CMHCM will support Self-Determination as a part of the Person-Centered Planning process.

A key component of Self-Determination:

* Recovery is choosing and reclaiming a life full of meaning, purpose and one’s sense of self. People should be able to define what they need for life they seek, have access to meaningful choices, and have control over their lives.

For this to happen, services and supports are to be used to:

* Create connection
* Develop real work opportunities
* Facilitate meaningful community participation

### CHARACTERISTICS OF ALL PERSON-CENTERED PLANS:

Person-Centered Plans assist individuals to create a personalized image of a desirable future.

* **Person-Directed** – The plan for the individual is that the person’s vision of what he or she would like to do. The plan is not static but rather it changes as new opportunities and obstacles arise.
* **Capacity Building** - Planning focuses on the person's gift, talents and skills rather than on deficient. It builds upon the individual’s capacities and affords opportunities which will reasonable encourage individuals to engage in activities that promote a sense of belonging to the community.
* **Person-Centered** – The focus is continually on the person for whom the plan is being developed a not on plugging the person into available slots in a program. The individual’s choices and preferences must be honored.
* **Network Building** – Is the process of bringing people together who care about the person and are committed to helping the person articulate their vision of a desirable future. They learn together and invent new courses of action to make the vision a reality.
* **Outcome-Based** – the plan focuses on increasing any or all of the following experiences which are based on the individual:
  + Growing in relationships or having friends
  + Contributing or performing functional meaningful activities
  + Sharing ordinary places or being part of their own community
  + Gaining respect or having valued role which expresses their gifts and talents
  + Making choices that are meaningful and express individual identity
* **Community Accountability** – The Plan will assure adequate supports when there are issues of health and safety while respecting and according their dignity as a fully participating member of the community.

A close up of a logo

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\*There must be documentation that all staff have been trained on each Individual’s Person-Centered Plan prior to the effective date or the PCP/Addendum. Consumer specific training is important and must not be overlooked. Any special trainings or in-service related to the individual needs of a consumer (or any aspect of their care) should be documented as ‘consumer specific training”.

### PERSON-CENTERED PLAN/ADDENDUM TRAINING RECORD INSTRUCTIONS

The purpose of the Person-Centered Plan/Addendum Training Record is to document training in the Person-Centered Plan or Addendum - Fields to Complete:

* Consumers Name
* Date of Birth (DOB)
* Case number
* Date of the person Conducting the training
* Date of the training on the person-Centered Plan or Addendum
* Each provider of service should print their name in the “Name of Staff Attending” section to document the receipt of training on the person-Centered Plan or Addendum.
* The CMHCM staff overseeing the plan reviews the plan with at least one provider staff and signs and dates the form.

The provider staff member, who takes on the role as trainer, should then train others who will be working with the consumer.

* Multiple staff and multiple dates can be on one training record, as long as the trainer remains the same.
* There should be separate training records for each trainer, if the trainer changes.
* The date of the training needs to be at the top of the training record, or a date next to each staff member indication when they were trained.

Keep a copy of the training; scan and record into CIGMMO and save as an attachment to the consumer’s Person-Centered Plan or Addendum.

# HIPAA

This Federal law was enacted in 1996 to improve the efficiency and effectiveness of health care, reduce administrative costs through standardization (especially of claims/billing), protect the rights of all consumers of healthcare, and ensure the privacy and security of health information. This act applies to mental health information as well as physical health and covers three main areas (Transactions, Privacy, Security)

CMHCM and members of the provider network need to comply with HIPAA practices.

All staff needs to be aware of the various parts of the privacy and security sections to assure protection of information of consumers and to comply with the law. The Privacy rule creates the first national standers to protect an individual's medical records and other personal health information. Further, it gives consumers more control over their health information; sets boundaries on the use and release of health records; establishes appropriate safeguard that healthcare providers and others must achieve to protect the privacy of health information; holds violators accountable with civil and criminal penalties; and strikes a balance when public responsibility supports disclosure of some forms of data.

I**N GENERAL, THE AGENCY MUST**

* Inform consumers about their privacy rights and how information can be used. This will be in the form of a Privacy Notice. The agency must also obtain written acknowledgement of the consumer’s receipt of the notice.
* Adopt and implement privacy policies and procedures.
* Train employees about HIPAA
* Designate an individual to be responsible for seeing that privacy procedures are adopted and followed.
* Protect consumers records so that they are not readily available to those who do not need them.
* Follow the “minimum necessary” standard in using and disclosing health information.
* Assure that the agency has HIPAA complaint agreement with “business associates” who have access to healthcare information.

**WHAT RIGHTS DO CONSUMERS HAVE UNDER HIPAA PRIVACY?**

In general, consumers have the right to:

* Receive a copy of the agency Privacy Notice
* Inspect and copy their case record
* A list of disclosers
* Request restriction on the use or discloser of information
* Request confidential communication (for example- request not to have the agency send mail to their home address)

## [THE 11 MOST COMMON HIPAA VIOLATIONS](https://www.youtube.com/watch?v=sN-zLAqYoTo)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

## [SPOT THE HIPAA VIOLATION](https://www.youtube.com/watch?v=UipTI2gFTNo)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

## [SIX REAL-WORLD EXAMPLES OF SOCIAL MEDIA HIPAA VIOLATIONS](https://www.youtube.com/watch?v=j-DJC9-t7K0)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

## [AVOID HIPAA VIOLATIONS](https://www.youtube.com/watch?v=YkRdNYygg-w)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

# limited english proficiency

An individual’s inability to speak, read, write or understand English at a level that permits effective interaction with Health care providers.

[BREAKING DOWN BARRIERS](https://www.youtube.com/watch?v=tvArchrsVlo)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you:

Type Notes Here

*Notes and Reflection:*

Begin to reflect on how Limited English Proficiency has shown up for you in your life. When and how has it helped or hindered your success in communicating?

**THE LEGAL BASIS**

* Compliance LEP compliance is out legal obligation; a combination of existing laws, sets of regulations and court decisions.
* The United States does not have an official language. English is the most common, but not the legal standard.

## [TITLE VI CIVIL RIGHTS VIDEO](file:///Users/Katie/Desktop/PAO Volunteer Work/Initial MockUps/Title VI Civil Rights Limited English Proficient)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you.

Type Notes Here

*Notes and Reflection:*

### LANGUAGES IN OUR AREA

Map

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### PROVIDER OBLIGATIONS

We must:

* Examine our practices to assure there are no unintended barriers to LEP persons.
* Provide language assistance to a consumer, at no cost to the individual.
* Provide interpreters who are competent in mental health terminology. They must also be
* committed to confidentiality requirements.
* Have a plan that includes who we can contact for help with LEP consumers.
* Have access to a qualified interpreter.
* Not allow minors, other consumers, or consumer’s family members or friends to act as interpreters. This is only acceptable in emergency situations. If the consumer chooses a family member or friend, after they have been informed of their right to free language assistance, it must be documented with the consumer’s sign-off. cultural competency

### 

# Cultural competence & diversity

## [CULTURAL COMPETENCE FOR HEALTHCARE PROVIDERS II](https://youtu.be/rEtZChPb-6c)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

Culture is defined as: the characteristics and knowledge of a particular group of people, encompassing language, religion, cuisine, social habits, music and arts.

"Culture encompasses religion, food, what we wear, how we wear it, our language, marriage, music, what we believe is right or wrong, how we sit at the table, how we greet visitors, how we behave with loved ones, and a million other things” – Cristina de Rossi, anthropologist

**DIVERSITY**: encompasses Gender | Race | Sexual Orientation | Age | Ethnicity | Physical Abilities

What are some other diversities in people you have worked with or known?

### CULTURAL COMPETENCE: The ability to interact effectively with people of different cultures.

* Awareness of our own cultural worldview, and of our reactions to people who are different.
* Attitude toward cultural differences. This reflects a willingness to honestly understand our beliefs and values about cultural differences.
* Skills the importance of practicing cultural competence, including nonverbal communication, to become effective cross-culturally.
* Some people are naturally culturally competent, most of us have to put forth effort to developing the skill

### 

### COMMUNICATION IN A DIVERSE COMMUNITY

* Openness
* Active listening
* Respectful language
* Sensitivity

### DIVERSITY EDUCATION

* Diversity Education is not about ‘conforming’ or all becoming like each other. It is about valuing diversity. Allowing, respecting, and appreciating differences are all benefits that will enhance relationships in a work or community environment. Different perspectives can enhance lives and boost morale. We can learn from each other’s unique ideas and perspectives; we can all appreciate diversity.
* GOAL of this training is to be reminded that everyone is to be treated with respect and equality.

## [CROSS-CULTURAL COMMUNICATION FOR AMERICANS](https://www.youtube.com/watch?v=RSY3zdPOupI&feature=youtu.be)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

## [CULTURAL COMPETENCE FOR HEALTHCARE PROVIDERS](https://youtu.be/dNLtAj0wy6I)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

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*Notes and Reflection:*

# INFECTION control/blood borne pathogens

### INFECTION CONTROL

Is preventing the spread of germs that cause illness and infection.  Infection control starts with understanding about germs and how they spread. Germs or microorganisms are everywhere, and we come into contact with millions of them each day.  All germs need warmth, moisture, darkness, and oxygen to live and grow.  Many are harmless and necessary to the healthy function of our bodies.  Some are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body’s natural defenses. Infections can be local or systemic

### THREE WAYS GERMS ARE SPREAD

1. Direct contact - from one infected person to another
2. Indirect contact - from one infected person to another person through an object
3. Droplet spread - through the air from one infected person to another

### CONTROLLING THE SPREAD OF GERMS

1. Know and practice standard precautions, especially hand washing and gloving.
2. Keep yourself, the individual, and the environment clean.
3. Be aware of the signs and symptoms of illness and infection and accurately record and report them to the doctor.

### STANDARD PRECAUTIONS

Include hand washing and using disposable gloves and wearing of personal protective equipment, protect both the individual you work for and you from the spread of germs and infection.  Standard precautions are a set of infection control safeguards.  They are especially important to prevent the spread of blood-borne and other infectious diseases (AIDS, Hepatitis A, B, and C).

Standard precautions should be used when coming in contact with blood and all body fluids, secretions, and excretions, whether or not they contain visible blood; when touching mucous membranes such as eyes or nose; and when dealing with skin breakdown such as a cut, abrasion, or wound.

### BODY FLUIDS INCLUDED

* Blood
* Blood products
* Secretions - Nasal/Semen/Vaginal
* Saliva
* Vomit
* Excretions - Urine/Feces

### 

### HAND WASHING

Frequent, thorough, and vigorous hand washing will help in decreasing the spread of infection.

* Employees should wash their hands when they come to work and before leaving
* At work before touching  food, medicine, kitchen utensils, skin with cuts, sores or wounds, and before putting on gloves
* After: using the bathroom, sneezing coughing, or blowing one’s nose; touching one’s eyes, nose, mouth or other body parts; touching bodily fluids or excretions; touching soiled clothing or bed linens

## [HAND WASHING DEMONSTRATION](https://www.youtube.com/watch?v=mVKInBvkniE)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

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*Notes and Reflection:*

### GLOVING

Practicing standard precautions also includes the wearing of disposable gloves whenever you come in contact with bodily fluid.  Putting on disposable gloves and taking them off correctly is especially important in preventing the spread of germs and infection.  Gloves should be used only one time and changed after each use. New gloves should be put on each time you work with a different individual.  Used or contaminated gloves should be thrown away.  Gloves become contaminated after each use and can spread germs between individuals if used more than once and if they are not properly disposed of.

## [GLOVING DEMONSTRATION](https://www.youtube.com/watch?v=btbEZ_b3vxU)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

Wear gloves when assisting with:

* Rectal/Genital/Oral care
* Menstrual care
* Bathing/Showering
* Cleaning bathrooms
* Cleaning up urine, feces, vomit, or blood
* Cleaning toilets, bed pans or urinals
* Giving care and YOU have open cuts or oozing sores on your hands
* Providing First Aid
* Disposing of waste in leak proof, airtight containers

Other Protective Equipment

Depending on your job, you may be expected to wear other Personal Protective Equipment (PPE), such as a face mask or eye shields. The type would vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation.

Gown | Mask or Respirator | Goggles / Face Shield | Gloves

### CLEANING AND DISINFECTING

The second way for employees to prevent the spread of germs is through cleaning and disinfecting the environment.  Employees should be careful not to transfer infections to others and equally important employees should be careful not to become infected themselves.

COVID-19 TRAINING

Personal Assistance Options aims to protect its workforce by enacting all appropriate prevention efforts. We are continually monitoring guidance from local, state, and federal officials, including working closely with the local Health Departments. In accordance with applicable public health orders and rules, Personal Assistance Options has instituted a COVID-19 Preparedness and Response Plan that is available to all employees. Parts of this plan are included with this COVID-19 training.

COVID-19 is thought to spread mainly through close contact from person-to-person. Some people without symptoms may be able to spread the virus. We are still learning about how the virus spreads and the severity of illness it causes.

### PERSON-TO-PERSON SPREAD

**The virus is thought to spread mainly from person-to-person.**

* Between people who are in close contact with one another (within about 6 feet).
* Through respiratory droplets produced when an infected person coughs, sneezes, or talks.
* These droplets can land in the mouths or noses of people who are nearby or possibly be inhaled into the lungs.
* COVID-19 may be spread by people who are not showing symptoms.

THE VIRUS SPREADS EASILY BETWEEN PEOPLE

How easily a virus spreads from person-to-person can vary. Some viruses are highly contagious, like measles, while other viruses do not spread as easily. Another factor is whether the spread is sustained, which means it goes from person-to-person without stopping.

**The virus that causes COVID-19 is spreading very easily and sustainably between people.** Information from the ongoing COVID-19 pandemic suggests that this virus is spreading more efficiently than influenza, but not as efficiently as measles, which is highly contagious. In general, **the more closely a person interacts with others and the longer that interaction, the higher the risk of COVID-19 spread.**

THE VIRUS MAY BE SPREAD IN OTHER WAYS

It may be possible that a person can get COVID-19 by **touching a surface or object that has the virus on it** and then touching their own mouth, nose, or possibly their eyes. This is not thought to be the main way the virus spreads, but we are still learning more about how this virus spreads.

SPREAD BETWEEN ANIMALS AND PEOPLE

* At this time, the risk of COVID-19 spreading **from animals to people** is considered to be low. Learn about [COVID-19 and pets and other animals](https://www.cdc.gov/coronavirus/2019-ncov/animals/pets-other-animals.html).
* It appears that the virus that causes COVID-19 can spread **from people to animals** in some situations. CDC is aware of a small number of pets worldwide, including cats and dogs, reported to be infected with the virus that causes COVID-19, mostly after close contact with people with COVID-19. Learn what you should do [if you have pets](https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/pets.html).

**Employees are expected to minimize COVID-19 exposure by:**

* Frequently cleaning and disinfecting high touch surface areas
* Frequently washing hands with soap and water for at least 20 seconds
* Utilizing hand sanitizer when soap and water are unavailable
* Avoid touching your face with unwashed hands
* Avoid handshakes or other physical contact
* Avoid close contact with sick people
* Practice respiratory etiquette, including covering coughs and sneezes
* Comply with PAO’s daily screening processes
* Seek medical attention and/or follow medical advice if experiencing COVID-19 symptoms
* Comply with self-isolation or quarantine orders
* Utilize PPE and hand sanitizer when transporting anyone we serve

**If you think you’ve been exposed to someone with COVID-19, or have symptoms of COVID-19, contact Jennie Ireland (Services Supervisor), or one of our Services Coordinators – Susan Patterson, Mike Laskowski, Kaitlynn Jungman, or Sarah Schardin immediately.**

**In response to a confirmed diagnosis or display of COVID-19 symptoms, as defined by the Daily Screening process, by any individual who worked at or visited the office or consumer’s home, Personal Assistance Options will:**

* Immediately remove the employee from the worksite
* PAO Supervisor, Quality Assurance/Training Coordinator, or Services Coordinator will contact the local Public Health Department upon being informed and follow their instructions
* Inform all employees who may have come into contact with the diagnosed/symptomatic individual in the 48 hours preceding the onset of symptoms of a potential exposure.
* Keep confidential the identity of the diagnosed/symptomatic individual

All employees who had close contact with the diagnosed/symptomatic individual (i.e., those employees who worked within 6 feet of the diagnosed/symptomatic individual for at least 15 minutes) in the 48-hour timeframe, are also removed from the work place for at least 14 days, unless the local Health Department provides different instructions.

PROTECT YOURSELF AND OTHERS

**The best way to prevent illness is to avoid being exposed to this virus.**You can take steps to slow the spread.

* [Maintain good social distance](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html) (about 6 feet). This is very important in preventing the spread of COVID-19.
* [Wash your hands](https://www.cdc.gov/handwashing/when-how-handwashing.html) often with soap and water. If soap and water are not available, use a hand sanitizer that contains at least 60% alcohol.
* [Routinely clean and disinfect](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html) frequently touched surfaces.
* Cover your mouth and nose with a [mask](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-cloth-face-coverings.html) when around others.

Learn more about what you can do to [protect yourself and others](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html).

## [HOW TO PROPERLY WEAR A MASK](https://www.youtube.com/watch?v=lOLTSRa5CeI)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

# Safety and Fire Prevention

## [HOME CARE FIRE SAFETY](file:///Users/Katie/Desktop/PAO Volunteer Work/Initial MockUps/Home Care Fire Safety)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

Type Notes Here

*Notes and Reflection:*

## [BASIC HOUSE FIRE PREVENTION](https://www.youtube.com/watch?v=ST-Prt800ZA)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

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*Notes and Reflection:*

### SAFETY AND FIRE PREVENTION

As a DSP, you must understand how to react to a fire or smoke emergency when you work.

Evacuation is your ABSOLUTE FIRST PRIORITY in a fire or smoke emergency GET PEOPLE OUTSIDE!

EVACUATE IMMEDIATELY - Time is the most important factor. If you smell smoke, see flames or smoke, or hear the fire alarm you must evacuate immediately! Do not assume it is a false alarm.

Do not look for the fire! Don’t attempt to fight the fire! A fire doubles in size every 19 seconds! Get out and go to designated meeting place. Don’t waste time getting people dressed!

Don’t try and save possessions!

Encourage the person you work with to have fire drills.

**Do not re-enter the home!**

### KNOWLEDGE ABOUT FIRES

The absolute FIRST PRIORITY in a fire emergency is to evacuate everyone in the home. TIME is the most important factor in a fire. Any delay may increase the danger and decrease people’s chance of escape. CLOSING THE DOORS on the way out will help contain smoke and fire spread - giving more time for evacuation. Smoke rises - KEEP LOW! Smoke is the real killer. Once everyone is out - do not re-enter the house!

### FIRE EXTINGUISHMENT : Never use a fire extinguisher to put out a fire! That is the job of the professional firefighter. The only two reasons you should ever use a fire extinguisher are:

* RESCUE - if you need to get to someone to evacuate them and there is a fire between you and them.
* ESCAPE - a fire may be blocking your exit and you need the extinguisher to suppress the flames long enough to get the person out.

### USING A FIRE EXTINGUISHER – P.A.S.S.

A picture containing bird

Description automatically generated

Fire extinguishers only last 8-10 seconds! Fires can and do re-ignite. If you need to use an extinguisher for RESCUE or ESCAPE do it quickly and GET OUT!

### IF YOU ARE TRAPPED

* Close the room door and stuff bedding, clothes, etc., under the door.
* Open a window for air. You may have to break it.
* Stay close to the floor to avoid smoke.
* Make noise or hang something out the window to let people know where you are.

### SMOKE DETECTORS

* Have enough working smoke detectors to provide warning.
* Make sure that smoke detectors are properly placed.
* Test the detectors monthly.
* Replace batteries at least once a year.
* Replace the entire detector every 5 years
* Don’t take the battery out of the detector.

### FIRE DRILLS: strongly recommended for all. This helps all remain calm and organized when responding to an actual fire or smoke emergency.

# sensitivity to hearing

### DEAFNESS AND HARD OF HEARING:

The Center for Disease Control and Prevention (CDC) refer to hard of hearing conditions as those that affect the frequency and/or intensity of one’s hearing. Although the term “deaf” is often mistakenly used to refer to all individuals with hearing difficulties, it actually describes a more limited group. According to the CDC, “deaf” individuals do not hear well enough to rely on their hearing to process speech and language. Individuals who are hard of hearing differ from deaf individuals in that they use their hearing to assist in communication.

### DEFINITIONS:

**Hearing loss:** Decreased in hearing sensitivity in one or both ears. It can be caused by many physical conditions such as childhood illness, heredity, injury, age, or prolonged exposure to noise. Hearing can vary with mild to moderate loss. Individuals may be able to hear sound but have difficulty distinguishing specific speech patterns in a conversation.

**Deafness:** Profound or total loss of hearing in both ears resulting in not hearing well enough to rely on hearing to process speech and language.’

### PREFERRED TERMINOLOGY BY THOSE WITH HEARING LOSS:

**Acceptable to Neutral:** A person who has a speech disorder | Deaf | Hard of Hearing

**Unacceptable to Offensive:** Deaf and dumb | Deaf mute | Hearing impaired | Hearing loss

### HEARING LOSS

Hearing loss can affect the way an individual experiences sound, communication with others, and view their hearing loss. For example, some individuals who develop hearing losses later in life find it difficult both to adjust to a world with limited sound and to adopt new behaviors that compensate for hearing loss. As a result, they may not use American Sign Language (ALS) or other communication methods at all. They may not be as proficient as individuals who experience hearing loss at birth or at very on age.

[BASIC SIGN LANGUAGE PHRASES OR BEGINNERS | ASL](https://www.youtube.com/watch?v=v1desDduz5M)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards, capture what stood out the most from this video for you.

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*Notes and Reflection:*

### BARRIERS TO ACCESSING HEALTH CARE

People with hearing loss have challenges accessing health care. For various

reasons, the method of communication that suits them best may not be

understood or accommodated by the health care provider resulting in poor

engagement.

Can be related to: access, attitude, competency, safety risk, potentially poor care, stress

### FACTORS THAT INFLUENCE UNDERSTANDING OF WHAT IS BEING SAID:

|  |  |
| --- | --- |
| Listeners | Speakers |
| * Level of hearing loss * Type of hearing loss * Use of hearing aid * Use of assistive listening devices * Attention level * Motivation to hear * Expectation * Emotional state * Fatigue * Distracting sensations * Distracting thoughts * Speechreading skills * Tinnitus * Tension level * Manual communication | * Voice intensity * Voice projection * Rate of speech * Clarity of speech * Facial expression body language * Foreign accent * Facing listener * Monotonous tone * Beard/mustache * Emotionality * Mannerisms * Objects in mouth * Interest of message * Relationship to listener * Quality of interpreter * Quality of typist |

## [BEING HEARD: EXPERIENCES OF PEOPLE WITH MILD HEARING LOSS](https://www.youtube.com/watch%3fv=_brh-Iha0sg)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

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*Notes and Reflection:*

**MAXIMIZING THE HARD OF HEARING (HOH) PERSON’S ABILITY TO PARTICIPATE IN CONVERSATION**

|  |  |
| --- | --- |
| Non-verbal Aids | Verbal Aids |
| * Get the person's attention by rising an arm or hand * Face HOH person directly * Give visual cues to conversation * Avoid careless expression that can be misinterpreted * Make certain your face is as clearly visual as possible * Move closer to the person and toward the better ear if the person does not hear you * Write out proper names * Do not attempt to converse while you have something in (your mouth(pipe, cigarette, gum) * Maintain eye contact * Avoid a distracting environment | * Speak slowly and distinctly, pausing more frequently than normally * Raise volume of voice and keep your voice at about the same volume throughout each sentence. * Ask the HOH person what is a comfortable voice level * Avoid dropping your voice at the end of each sentence * Speak as clearly and accurately as possible; do not over-accentuate words * Articulate consonants with special care * Pronounce names with care; make a reference to the name if possible * Change to a newer subject at a slower rate * Talk in a normal or lower tone of voice * Use shorter a which tend to be easier to understand * Do not show annoyance by careless facial expression * In a group, repeat important statements and avoid asides to others in the group |

## [HOW DOES IT SOUND FOR PEOPLE WITH A HEARING LOSS?](https://www.youtube.com/watch?v=hQbuqcRVNg4)

VIDEO NOTES & REFLECTION

### Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you

Type Notes Here

*Notes and Reflection:*

### GUIDELINES FOR BETTER COMMUNICATION

* **Adapt the environment:** eliminate background noise, place person in the most strategic place to hear, use furnishings and material that absorb sound and reduce resonance, avoid the use of intercommunication systems Modify lighting and seating arrangement; this may require you to change old habits about where you sit (Sit close together)
* **Observe the person for understanding:** Inattention, facial expression, tiredness ,appropriate response, accurate repetition of information, irritability

**Speaker Tips**

* Face to face communication is the easiest; don’t call someone from another room; move closer to the listener and get their attention before speaking
* Continue to face the listener while speaking; don’t turn away
* Be patient with listeners
* Remember there is a logical reason behind most lip-reading errors and listening errors
* Encourage them to wear hearing aids; offer help with obtaining assistive listening devices at lecture sites, theaters, and places of worship
* Ask questions using an “either-or” format, or “yes-no” format
* Try to be understanding and caring when someone with a hearing problem asks you to help them understand better.
* Repeat or rephrase information if the listener appears to have misunderstood
* Give important information to the listener in writing to be used later as a reference
* In a group situation. Repeat questions or comment before responding
* If someone joins a conversation in progress, give the newcomer a short summary of the topic before proceeding with your discussion
* Be flexible with types of cues, paraphrasing, and clarifications you give; when changing topics, make sure listener is aware of the topic
* Remember it takes two people to hold a conversation and both people have to do their part to make a conversation work.

**Communication with Deaf or Hard of Hearing Individuals**

* Rephrase rather than repeat
* Short sentences tend to be understood better.
* Ask about their hearing loss and listening needs.
* Ask for tips on how you should speak and what you can do to facilitate communication.
* Many people who are deaf prefer to use text messaging or video Relay Service to communicate. The phone number you dial may be a relay operator that will use an ASL to communicate your information.
* TTY is not as common. If you do not have access to a TTY you can dial 711 to reach the national telecommunications relay service, which facilitates the call between you and an individual who uses a TTY.
* Ask the person what method they prefer. Never assume the same method works best for everyone.

\*See [Appendix A.](#_Appendix_A._CONTACT) for Resources for Deaf and Hard of Hearing Consumers

# trauma informed CARE

## [TRAUMA INFORMED CARE](https://youtu.be/fWken5DsJcw) VIDEO

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you:

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*Notes and Reflection:*

**WHAT IS TRAUMA?**

* Traumatic events can be defined as experiences that put either a person or someone close to them at risk of serious harm or death.
* Causes an overwhelming sense of terror, helplessness, and horror
* Produces physical changes such as a pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

**Types of Trauma:**

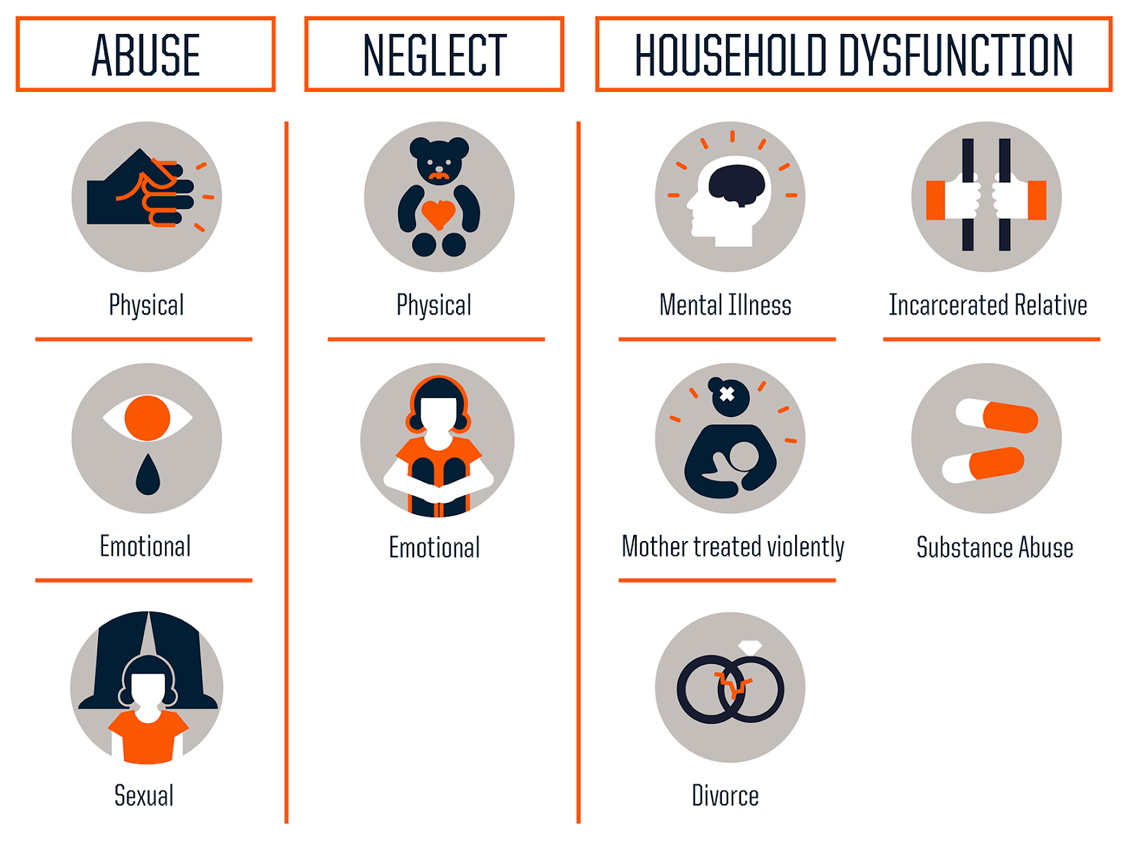
* **Acute Trauma:**  A single event
* **Chronic Trauma:** Repeated and prolonged
* **Complex Trauma:**  The experience of multiple traumatic events
  + The term Complex Trauma is used to describe a specific kind of chronic trauma and its effects on children and adults - exposure to varied and multiple traumatic events, often of an invasive, interpersonal nature.

**Complex Trauma**: affects healthy development in people in the following ways:

* Ability to trust
* Sense of personal safety
* Emotional reactions and ability to manage emotions
* Ability to navigate and adjust to life’s changes
* Physical and emotional responses to stress

**Post Traumatic Stress Disorder** (PTSD) is diagnosed when the person displays several traumatic stress reactions, the reactions persist for a long period of time, and the reactions get in the way of living a normal life.

**ACES - ADVERSE CHILDHOOD EXPERIENCES SCALE**



Source: Centers for Disease Control and Prevention  
Credit: Robert Wood Johnson Foundation

**ACES INCREASES HEALTH RISKS**

A screenshot of a cell phone

Description automatically generated

## [THE FIGHT, FLIGHT, FREEZE RESPONSE](https://youtu.be/jEHwB1PG_-Q)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you?

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*Notes and Reflection:*

**RESPONSES TO TRAUMA**

* **Hyperarousal:**
  + Nervousness, jumpiness, quickness to startle
* **Re-experiencing:**
  + Intrusive Images, sensations, dreams
  + Intrusive memories of the traumatic event or events
* **Avoidance and withdrawal:**
  + Feeling numb, shut down, or separated from normal life
  + Pulling away from activities and relationships
  + Avoiding things that prompt memories of the trauma

**UNIVERSAL PRECAUTIONS APPROACH**

We presume that ALL the individuals we serve have experience trauma and we amend our practices accordingly.

[TRAUMA RESPONSES AND WHAT WE CAN DO](https://youtu.be/-876Zw-NA94)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you:

Type Notes Here

*Notes and Reflection:*

**COPING WITH TRAUMA REMINDERS: SOS**

**S**top and take several long, deep breaths

**O**rient look around and take in where you are right now and note what’s going on in your body

**S**eek Help Call a friend or practice square breathing

# basic medication administration

Medications are substances that are taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cue. Many of the people you support take at least one or more medications on a daily basis. Everyone you support will need to take medication(s) at some time another as their medical status changes. Medication administration is a high-risk activity. You will learn critical skills in this unit which are designed to increase safety and reduce the risk of error. This will help to maximize protection for the individuals you assist as well as yourself. No one wants to be responsible for causing injury or harm to someone else. The health of many individuals in licensed settings depends on the skill of the DSP assisting them with taking medications.

As you will see, administering medication is a very important responsibility and there are many risks. This is why it is so important to follow the Physicians orders exactly. Safety is key to preventing medication errors.

You must also learn about each medication: why is the individual taking it, what are the side effects, how will you know if it is working, are there foods or drinks that should be avoided, other medications that should be avoided, will it prevent the individual from doing activities, etc. Your knowledge and understanding of medications will help you keep int individual  you support informed about their medications and to answer any questions they may have.

The DSP may only assist individuals with administration of medications that have been ordered and prescribed by a person licensed to do so by the Department of Licensing and Regulation (i.e., Doctor, Dentist, or Nurse Practitioner.) This includes both prescription and over the counter medications. The doctor’s signed, dated order or prescription provides instructions for preparation and administration of the medication.

**MEDICATION TYPES**

Prescription medications are those that are always ordered by a doctor or other person with authority to write a prescription.

**Over the counter (OTC)** medications are those that typically can be bought without a doctor’s order and include vitamin supplements, herbal remedies, and commonly used medications such as Tylenol and Benadryl. In licensed residential settings even “over-the-counter” medications must have a signed, dated order or prescription from the Doctor.

**PRN medications =** “as needed” to treat a specific symptom. PRN medications included both prescription and over-the-counter medications. PRN medications must always be ordered by a doctor. The  doctor’s order should include the minimum and maximum number of doses, the number of days the medication may be used, under what conditions or the condition it is prescribed for and any other directions specific to the individual. The reason for each dose of PRN medication must be documented. Each dose of medication must be recorded on the individual’s medication sheet, and the DSP should assure that a.m. or p.m. is noted too. To prevent errors always check for the last time a PRN medication was given before dispensing and follow all  individual medical protocols for that medication. When a PRN medication is administered the DPS must complete a follow up check in 30 – 45 minutes. This check involves talking to, and observing the individual for the intended effect, and documenting that effectiveness.

Medications are powerful substances and can have a significant impact on an individual’s over all state of health, behavior, and the ability to prevent, combat, or control disease. Medication affect each individual differently. Usually a medication is taken for a primary or intended effect or action: controlling seizures, lowering blood pressure, or reliving pain.

Many have other known actions besides the primary or intended one. These actions are called secondary actions or side effects are predictable; however, some are not. Side effects may desirable or undesirable, harmless or dangerous. Sometimes they can even be deadly. Both prescription and OTC drugs have side effects. An example of a side effect is when the medication makes the individual feel nauseated, confused, dizzy, or anxious, or when it causes a rash or a change in a bodily function such as a change in appetite, sleep pattern, or elimination.  It is not uncommon for two or more medications to interact with one another, causing unwanted side effects. An example of this would be when iron or Penicillin is given with an antacid. The antacid prevents the iron or Penicillin from being absorbed in the stomach.

**COMMON MEDICATION CATEGORIES**

Drugs are classified into categories or classes with other medications that affect the body similar ways. Thousands of medications are on the market. Many drugs, because of their multiple uses, can be found in more than one category. For example, Benadryl is an antihistamine, which relieves allergy symptoms. It’s also a sedative to promote sleep. Some common categories of medications used by individuals with development disabilities or Mental illness include:

* Anticonvulsants
* Antibiotics
* Pain medication topical ointments or creams
* Psychotropic medications, which include anti-depressants

**ANTI-CONVULSANTS OR ANTI-SEIZURE MEDICATIONS**

* Seizures can be treated by medications. Medications prescribed to control seizure activity in individuals with epilepsy are often referred to as anticonvulsants. The type of seizure an individual has determines which anticonvulsant the physician prescribes.
* It is very important for you to provide accurate information to the physician on the symptoms of the person’s seizure so that the most appropriate medication can be prescribed. Some of the more common anticonvulsants are Depakene, Tegretol, Neurontin, Lamictal, Topamax and Keppra.
* When taken with other drugs in the same or different categories, many anti-convulsant may interact; that is, affect the amount and usefulness or impact each other. Some anti-convulsant deplete vitamins so the person may need a multivitamin supplement and extra folic acid. Be sure to ask the physician or pharmacist. The physician may not think about this nutritional issue unless you bring it up.
* A number of prescription and OTC medications. Such as anti-psychotics, ibuprofen, as well as alcohol and illicit drugs such as cocaine and amphetamines, may lower the “seizure threshold”, or increase the likelihood of a seizure.
* Most anti-convulsant have central nervous system effects including effects on thinking (especially Phenobarbital). Effects include dizziness, sedation, mood changes, nervousness, or fatigue.

COMMON SIDE EFFECTS OF ANTI-CONVULSANTS

* Sleepiness, lethargy, cognitive impairment, altered gait, seizure breakthrough, and memory loss are typically related to the dosage.
* Stomach upset (especially with Tegretol, Depakote), diarrhea, gum growth, and swelling (with Dilantin), weight gain, and hair loss or growth.
* Liver or Kidney dysfunction, hyperactivity, aplastic anemia, allergic response.

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor’s order. Also ask the pharmacist for a copy of the medication information sheet and have him or her review it with you. Other sources of information include medication reference books from your local library or bookstore. Web sites such as Safemedication.com or drugconsult.com also provide medication information. Make sure that you know the answer to all of these questions before you assist an individual in taking a medication.

### PSYCHOTROPICS AND PSYCHIATRIC DISORDERS AND MEDICATIONS USED FOR TREATMENT

Psychiatric disorders may involve serious impairments in mental or emotional functioning, which affects a person’s ability to perform normal activities and to relate effectively to others. Many individuals with developmental disabilities who also have a psychiatric disorder, and individuals who have been diagnosed with a mental illness are treated with psychotropic medications alongside other interventions. Psychotropic medications are central nervous system drugs that affect mental activity, behavior, or perception. The following information is on three classifications of psychiatric disorders for which individuals might take medication.

1. Mood Disorders:  there are two main types of mood disorders: depression and bi-polar disorder.

* Depression, (lasting two or more weeks), can manifest as feeling of hopelessness or even self-destruction; for example, not wanting to eat or get out of bed in the morning/ Antidepressants are used to treat depression.
* Bi-polar Disorders, also called Manic Depression, is often marked by extremes in mood, from elation of deep despair and /or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation.

2. Schizophrenia: Schizophrenia can mean hallucinations and sensory misperceptions; delusions (strange ideas or false belfies, including paranoia); distorted misinterpretation and retreat from reality; ambivalence; inappropriate affect; and bizarre, with drawn, or aggressive behaviors.

3. Anxiety Disorders:  Anxiety are typified by tension, fear, apprehension, discomfort, and distress. Two main types of anxiety disorders are:

* Generalized Anxiety Disorders
* Obsessive-Compulsive Disorder

Note: Psychotropic medication: Anti-psychotics and Anti-depressants require “informed consent” This means that the parent, guardian, or individual (depending on the situation) must give consent for the medication to be administered in a residential setting.

### THE EFFECTS OF MEDICATION

Some medications (Tylenol, Lithium, Depakene) can be toxic and cause damage, especially if taken for a long period of time. Everyone responds differently to medications; some responses are related to how quickly our bodies are able to break down (metabolize) the medication. For reason, physicians sometimes start a new medication at low doses and increase it in response to signs of positive effects such as a reduction in seizures or the development of better sleep patterns.

Checking blood serum levels by analyzing the concentrations of medications in an individual’s blood can be important. For example: many anti-convulsant require an Anti-Epileptic Drug Level (AEDL) every six month. Physician’s orders for lab tests and follow-up appointments must be followed. Blood serum level tests help the physician determine the effectiveness of the medication. Make recommendations for changes to the dose, strength, or medication used and develop a treatment plan.

Physical and behavioral changes that are due to the effect of a medication are often difficult to identify. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person’s environment. A sore throat may be one the first symptoms of a cold or may be a side effect of a medication. Your responsibility is to consistently and accurately observe, report and record any changes in normal daily routine, behavior, ways of communicating, appearance, physical health, and general manner or mood of the individual you support. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual’s doctor.

**MONITORING FOR EFFECTS OF MEDICATION**

* For each individual you support, know the intended and unintended effects of each medication he or she takes.
* Observe for intended and unintended effects of the medication.
* Document what you observe.
* Report observations to the doctor.
* Follow the doctor’s directions to continue, change, or discontinue the medication.
* Monitor the individual closely for side effects when a new medication has been prescribed or the dosage increased.

### COMMON SIDE EFFECTS YOU SHOULD REPORT TO THE DOCTOR

|  |  |
| --- | --- |
| * Skin Rash * Increase heart rate or feeling heart is racing * Change in sleep * Decreased energy * Sedation * Changes in weight or eating patterns * Tremors, shakiness * Balance problems * Shuffling when walking * Confusion * Change in ability to concentrate * Hyperactivity | * Abnormal movements (face, tongue, or body0 * Muscle pain * Stooped posture * Blank facial expression * Feeling dizzy or lighted headed * Dry mouth * Constipation * Blurred vision * Diarrhea * Nausea * Vomiting * Increased risk of sunburn |

Tardive Dyskinesia: Tardive Dyskinesia (TD) is a potential long-term neurological side effect of antipsychotic medications such a Mellarill, Thorazine, Risperdal, and Zyprexa. Symptoms may include rapid eye blinking, puckering, or chewing motions of the lips and mouth, or facial grimacing. Symptoms may worsen if the medication is not reducing or discontinued, TD can become permanent. Discuss this risk with the psychiatrist or doctor before starting anti-psychotic medications. You should monitor individual for these serious side effects on a regular basis. Usually when an individual is taking antipsychotic medication and Abnormal Involuntary Movement Scale (AIMS) should be completed every six months.

Medication Interactions: Interactions between two or more drugs and interactions between drugs and food and drink may cause adverse reactions or side effects. Who would ever guess that taking your blood pressure medication with grapefruit juice instead of orange juice could make you sick? Or that licorice could be lethal when eaten with Lanoxin or Lasix. How could cheddar cheese, pepperoni pizza, or pickled herring combined with an antidepressant create a hypertensive crisis? Yet all of these interactions are real and could lead to disaster.

Drug interactions may be between:

* Two or more drugs
* Drugs and food
* Drug and drink

Drug interactions may also be caused by missing drugs and alcohol. Alcohol in combination with any of following is especially dangerous:

* Antianxiety drugs, such as Librium, Valium, or Xanax
* Antidepressants
* Antiseizure medicines
* Antihistamines
* Ulcer and heartburn drugs such as Zantac and Tagamet
* Some heart and blood pressure medicines.

### GUIDELINES FOR REPORTING A SUSPECTED ADVERSE REACTION TO MEDICATION

When you suspect that the individual is having an adverse reaction to a medication, urgent medical care may be needed. Report the suspected reaction to the doctor and follow the doctor’s advice. When you talk to the doctor. Be prepared to give the following information:

A list of current medications:

* Description of how the individual looks (pale, flushed, tearful, strange facial expression, covered in red spots).
* Description of any changes in individual’s behavior or level of activity.
* Description of what the individual says is wrong or is hurting.
* When the symptoms first started.

Description of any changes in bodily function:

* Is the individual eating or drinking?
* Does he or she have a good appetite or no appetite?
* Any nausea, vomiting, loose feces, constipation, problems urinating?
* Describe any recent history of similar symptoms, any recent injury or illness, or any chronic health issue problem.
* Describe any known allergies to food or medication

### SEVERE, LIFE-THREATENING ALLERGIES (ANAPHYLAXIS / ALLERGIC REACTION SHOCK)

Some individuals have severe allergies to medications, especially penicillin. The allergic reaction is sudden and severe and may cause difficulty breathing and a drop-in blood pressure (anaphylactic shock). Anaphylactic Shock is a generalized systemic reaction, frequently fatal, which usually occurs within minutes after contact with an allergen. If an individual has had a severe allergic reaction to a medication (or insect sting or food), he or she should wear an identification bracelet that will tell health professionals about the allergy.

Call 911 immediately to get emergency medical care if signs of a severe allergic reaction develop, especially soon after taking a medication.

Signs of an allergic reaction included:

* Wheezing or difficulty breathing
* Swelling around the lips, tongue, or face
* Skin rash, itching, feeling of warmth or hives.

Some individuals have a serve allergy to insect stings or certain foods. If an individual show any of these same signs or a severe allergic reaction soon after eating a food or being stung by an insect, call 911 immediately to get emergency medical care.

### READING AND UNDERSTANDING MEDICATION LABELS

To safely administer medications, you must know how to read and understand a medication label (pharmacy label). The Pharmacist prepares the medication using the doctor’s written order and places a label on the medication container that provides instructions for taking the medication.

Medications have both a generic name and a trade name. The generic is the name given by the federal government to a drug. The trade or brand name is the name given by the manufacture to a medication. For example, acetaminophen is the generic name for Tylenol. Tylenol is the trade or brand name. the prescribing doctor may order the medication by either name. the pharmacy label may have either name as well. Most pharmacies will fill prescriptions with a generic medication GEQ (Generic Equivalent) unless the Physician has written DAW (Dispense as written) on the order.

The pharmacy label will indicate if a generic form of the medication is used. For example: Carbamazepine is the GEQ for Tegretol. Generic medication can be cost effective; the active ingredients are the same, the “fillers” or in-active ingredients will vary. Some individuals will respond differently to a generic verse a brand name medication, this is usually related to the in-active ingredients.

Each prescribed medication must be kept in its original container with the pharmacy label attached. Careful reading of the label is critical to ensuring medication safety.

The information on the pharmacy medication label includes:

A screenshot of a cell phone

Description automatically generated

The following abbreviations and symbols are commonly used on pharmacy medication labels. In ordered to read the and understand medication labels, the DSP must be familiar with these abbreviations and symbols. These are listed in [APPENDIX C](#_APPENDIX_C._PHARMACY).

|  |  |
| --- | --- |
| Rx = Prescription  OTC = Over the Counter  p.r.n. = when necessary or as needed  q (Q) = every  t.i.d. (TID) = three times a day  oz = ounce  D/C or d/c = discontinue  mg = milligrams  Cap = capsule  cc = centimeters  A.M. = morning | TBSP = tablespoon (3 tsps. Or 15 ml)  h. = hour  Qty = quantity  b.i.d. (BID) = twice a day  q.i.d (QID) = four times a day  BT = bedtime  hs = hour of sleep  STAT = Immediately  GM, gm = grams (1,000 mg)  Tab – tablet  P.M. = afternoon/evening |

Dose is a term used to describe how much medication or how many units are to be taken at any time. A dose can be described as a single dose or a daily dose. For example, an oral medication (capsules or tablets) may be prescribed as:

Amoxicillin 500mg capsules            (In this example the individual is taking 500mg

take 1 capsule 3 times daily            single dose and a 1500 mg daily dose)

Tegretol 200 mg tabs                    In this example the individual is taking 2-400mg

2tabs at 7a.m. 2tabs at 2p.m.          single doses, and 200 mg single dose and a

And 1 tab at 9p.m.                        1000 mg daily dose

A liquid medication may be prescribed as:

Amoxicillin 250 mg/5cc                     in this example the individual is taking a 5cc

Give 5cc (5cc= 1 teaspoon)         single dose and a 20cc daily dose

4 times a day of Q.I.D.

Oral medications (capsule or tablets) are usually prescribed in mg (milligrams) or gm (grams). Liquid are usually prescribed in ml (milliliters), cc (centimeters), or oz (ounces). Liquid medications may also prescribe in tsp (teaspoon) or tbsp (tablespoon). Labels on liquid medications will also show the strength of the medication (250 mg/5cc). A typical medication label looks like the one shown below. Do not scratch out”, write over, or change a drug label in any away. Any change to a prescription requires a new doctor’s order that must be refilled by the Pharmacist. The doctor must also write an order to discontinue the previous medication or dose.

**LABEL WARNINGS**

Medications contains may also have separate warning label affixed by the pharmacist that provide additional information on the use of the medication; for example, “Medication Should Be Taken with Plenty of Water.” Some additional examples are listed below:

**EXAMPLES OF MEDICATION CONTAINERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Liquid Medication Bottle | Daily/ Weekly Organizer | Tablet / Capsule  Prescription Bottle | Bubble Pack |
| A picture containing bottle, lotion  Description automatically generated | A close up of a device  Description automatically generated | A picture containing sitting  Description automatically generated | A picture containing indoor, food, different, filled  Description automatically generated |

**LEARNING ABOUT MEDICATIONS**

Medication safety includes learning about the medication that you are assisting another to take.

You need to know the answer to all of the following questions:

* What is the medication, and why is it prescribed?
* What is the proper dosage, frequency, and method for taking the medication (for example by mouth, topical)?
* How many refills are needed?
* What are the start and end dates for the medication? Should it be taken for 7 days, 10 days, a month?
* Are there possible side effects, and to whom should side effects be reported?
* What should be done if a dose is missed?
* Are there any special storage requirements?
* Are there any special instructions for use of this medication? For example, should food, beverage, other medicines, or actives be avoided?
* What improvements should be expected, and when will they start showing?

**To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor’s order. Also ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you. Other sources of information include medication reference books from your local library or bookstore.**TEST QUESTION

Websites such as safemedication.com or rxlist.com also provide medication information.

**DOCUMENTATION**

Medication safety also includes recording each dose of medication taken (or missed for any reason). The DSP will use the Monthly Medication Sheet. (see example located at of this unit) or ask the pharmacist to  provide a form for documentation of medication. Most pharmacies will print a medication sheet for home use.

The use of a Medication sheet for each individual (also known as a Medication Administration Record) increase medication safety and  reduces the risk of errors. The Medication Sheet provides a way for the DSP to document each dose of medication taken, any medication errors, and other pertinent information related to assisting with administration of a medication.

The DSP should document each dose of medication given immediately after administration and should only set up one person’s medication at a time. The Medication Sheet includes key information about the individual, including any known drug allergies, and information about the individual’s medications, including the name of the medication, dose, and the times and way the medication is to be taken.

To avoid errors, it is advised that premade medication labels from the pharmacy be placed on the Medication Sheet. When possible, appropriate pre-made warning labels should also be place on the medication Sheet (such as “take with food”). Whenever a prescription is changed the Medication Sheet must be updated. To document that a medication has been taken, the DSP should write down the date and time in the place provided, and initial for each dose of medication, this must be done at the time the medication is taken by the individual, not before and not hours later.

A screenshot of a computer

Description automatically generated\* A note about pre-made medication labels. Not all Pharmacies offer this service. If you work in a residential setting that does not have this service, it may be the person responsibility of the DSP to ;set up” the medication sheet, and this is referred to as Transcribing. Transcribing is transferring the information from the medication label on the pill bottle or bubble pack to the medication sheet. You must first check to make sure that the pharmacy label matched the doctor’s order exactly before transcribing the information.

**FIVE RIGHTS OF ASSISTING WITH MEDICATION ADMINISTRATION.**

Following the Five Rights is a basic to medication safety. The DSP (Staff) needs to be sure he or she has the RIGHT:

* Right INDIVIDUAL
* Right MEDICATION
* Right DOSE
* Right TIME
* Right ROUTE

Following the Five Rights each time is the best way for the DSP to prevent medication errors. When assisting an individual, you must read and compare he information on the medication label to the information on the Medication Sheet three times before the individual takes eh medication. Checking three times helps the DSP to ensure that you are assisting the right individual with the right medication and dose at the right time and in the right route (way).

Check the  Five Rights three times by reading the medication label information and comparing it to the Medication Sheet as follows: First Check – When you remove the medication form the storage area

* Second Check – When you remove eh medication from the original labeled container
* Third Check – Just before you assist the individual to take the medication

Record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Sheet.

If any questions, please contact PAO on-call or contact the pharmacy.

MEDICATION PROTOCOL

\*You can also find this protocol in [APPENDIX D](#_APPENDIX_D._MEDICATION).

If a consumer is not home: wait 10 minutes, keep knocking, call out, call consumer phone number or call PAO office or PAO On Call and have them try consumer phone number.

1. Complete Incident Report/return to office the next business day
2. Staff will call PAO On Call, if after hours

If staff administered the wrong medication (time or dosage):

1. Contact pharmacy/ask what medication they can administer and what needs to be held.
2. Follow Recommendations
3. Ask pharmacy about side effects (sleepy, agitated, potential for seizures)
4. Complete Incident Report/return to office the next business day
5. Document in Logbook and on med sheet

If staff administered medication to the wrong person:

1. Call 911 if life threatening (shortness of breath, unresponsive)
2. If not life threatening, call the pharmacy or poison control
3. Follow up with pharmacy on what medication can be administered and what needs to
4. be held and not given
5. Document in Logbook
6. Complete Incident Report/return to office the next business day
7. Contact PAO On Call if after hours

Medication Refusal:

1. Document on med sheet
2. Complete Incident Report/return to office the next business day

Unsigned Med Sheet: -

1. Check Bubble pack, med minder, ask consumer if medication was administered
2. If unsure if medication was administered, contact staff that was scheduled
3. If "yes" medication was administered, please complete Incident Report stating: "Employee administered but failed to document"
4. If "no", follow protocol: If staff administered the wrong medication
5. Contact PAO office or PAO On Call if unable to reach employee for further assistance
6. Complete Incident Report/return to office the next business day

PLEASE REMEMBER INCIDENT REPORTS NEED TO BE COMPLETED AND

DROPPED OFF TO PAO OFFICE WITHIN NEXT BUSINESS DAY.

# positive APPROACHES TO CHALLENGING BEHAVIORS, NON-AVERSIVE TECHNIQUES & CRISIS INTERVENTIONS

**OVERVIEW TO POSITIVE BEHAVIOR SUPPORT**

It is important to understand that behavior is a form of communication. This is true for all of us. We all have our own unique ways of communicating how we feel. Some people are “verbal” and tell us what they are thinking and feeling. Some people are non-verbal and will use certain behaviors or “body language” to communicate what they are thinking or feeling. As DSP’s providing direct support to people we need to be aware of both verbal and non-verbal expressions of communication and behavior we need to establish positive relationships. How do we do this? The answer is simple…spend time together. A relationship develops over time. The better you get to know the people you are providing services to, the easier it will be to give them positive support when they need it. In order to be successful in establishing positive relationships you will need to assist in providing a positive environment for the home you work in. This means being part of a “team” with both your co-worker and the people who live in the home.

Behavior can be “imitated”. How you interact with your co-worker can have an impact on a positive environment. It is important to keep this in mind as you learn more about your work environment and interacting with others. Everyday life can have impact on a person’s behavior. Small changes in daily routines can impact behavior. It is important to remember that when people have choices in their lives and these choices are honored and respected, the happier they are and less likely they will be to exhibit challenging behavior. Creating a positive environment that respects and values individuals preferences and choices will not only make the individual you work with happier, it will make your job of supporting them easier.

**THE GOAL OF TEACHING**

The goal of teaching is to support individuals with disabilities and/or mental illness to live independently an with as much enjoyment as possible. When a DSP has good “teaching skills” they will automatically promote a positive environment foe their co-workers and the individuals they provide services to. Every individual is capable of growth and changes throughout his or her entire life. We are all lifelong learners and the more we learn, the more opportunities we have for self-expression and self determination.

It should not surprise us to find out that the more control we have over our own life the more likely we are to be happy and content. Clearly, the most effective strategy for people with challenging behaviors is to help them replace those challenging behaviors with new skills. This is why your role as a “Teacher” when working with people who have challenging behaviors is so important. When a DSP can teach skills that encourage more independence and control over their life the individual is less likely to get frustrated and upset.

In your role as a DSP, you are in the perfect situation to assist individuals in learning new skills because you are directly involved in so many aspects of their lives from self-care through participation in consumer and vocational skills. You can support individuals in learning how to have more meaningful and effective relationships, how to mange their resources, and even how to advocate for themselves.

Many of the individuals you work with need to learn many things. How do we know what skills to teach? Here are some general guiding questions to ask:

1. **Is the skill functional?** If the individual does not learn the skill I am attempting to teach, will someone else have to perform the skill for them? For example, if Sarah could not select he own clothing would someone else have to make the selections? If Jim could not make himself a snack would someone else need to make it for him? Individuals need to learn skills that have immediate functional value to them.
2. **Is the skill relevant?** Is the skill I am attempting to teach one that this individual will use often in his or her life? Is it more important for Jill to learn how to wash windows or how to greet someone appropriately? It is important to teach skills that are used frequently.
3. **Is the skill age-appropriate?** Is the skill I am attempting to teach one that other people of the same age can use? Should Mark be learnings how to cut pictures out of magazines or would it be more appropriate for him to learn how to call a friend a the phone? Sometimes individuals choose to do activities that you might not consider age-appropriate. For example. Because 25-year-old Michael choses to listen to children’s music during his free time, should you tell him that is not allowed and not let him listen to such music? If someone wants to do things that are not age-appropriate during their free time then that is their choice. However, we can make sure that Michael has the opportunity to listen to music that is more age-appropriate and that he is able to interact with other people his age learn what they like to listen to. If Michael simply enjoys the children’s music, we might be able to find music of a similar style that is more age-appropriate.
4. **Does the skill support independence?** Is the skill I am attempting to teach one that can help this individual get what he wants or get him out of something he does not want? **Challenging behavior** often serves as a way for an individual to get a message across about choices. It is important to teach individuals how to communicate what they want and don’t want. We all like to express our “desires” on how we want to do things. Monica is schedule to take a shower before going to bed each night. Some evenings, Monica would prefer to watch certain TV shows and take a shower in the morning instead. On these evenings when she is watching her TV show and is asked to take a shower she becomes angry and starts to yell and slaps at her roommates. If Monica and the DSP’s that work with her could learn to plan her evening schedule better and provide her with some options, she would have fewer problems with her evening routine.
5. **Is the skill going to be naturally reinforce?** Is the skill I am attempting to teach going to result in natural occurring outcomes for the individual? Many times we teach people to do things that do not result in any outcome that reinforces the skill. This especially true for individuals who once lived in an institution. This is a “learned” intuitional behavior. For example, if we are teaching Mary money skills by using “play” will help her learn how to use real money independently? If we are teaching Karen her ABC’s but she does not know how to spell, write or read will this be rewarding to her? Naturally occurring outcomes results from engaging in meaningful activities. If someone is learning how to make a phone call, the natural outcome is that he speaks to someone he’s called. The natural outcome for learning how to make pizza is that he can eat the pizza when it is done and even share it with friends. The natural outcome for learning how to count money might be using a vending machine and being able to buy a soda or candy.

Rewards are things we do to reinforce, to make it more likely that an individual will want to do the task again. Handshakes, an arm around the shoulder, high fives, smiles, and laughs are all rewarding. Rewards are genuine and have the most impact when they are delivered with enthusiasm. They should come naturally and be available all the time. The more a DSP can reward “good behavior” the less the person will want to get your attention by doing a challenging behavior. We stress reward and reinforcement because they are basic needs for all people.

If you cannot interact positively, you will have a hard time helping others. Rewards help develop relationships, increase appropriate interactions, refine existing skills, and help teach new skills. People need rewarding environments, not just rewards for “being good”. The more you interact with individuals and are with them, the more relaxed people will become. The better relationship you have with someone the better you are going to be able to teach and they will be more willing to learn!

**WHAT ABOUT ACTIVITIES JUST FOR FUN? DOES EVERYTHING HAVE TO BE FUNCTIONAL?**

What an individual chooses to do during their free time is different from skills that he or she is learning to become more intendent. We all have the fight to choose what we want to do in out “free time”. We usually choose things that make us happy, even if it isn’t considered functional. Your role as a Direct Support Professionals is to support people, not to control what they do. If you are concerned about what a person is doing because it causes negative behaviors to happen either with the person or others around them, you might want to encourage other interests and make efforts to expand the individual’s range of choices with “free time” actives.

**TEACHING DURING DAILY ROUTINES**

One of the best was to support an individual’s ability to learn new skills is to provide the teaching support they need during the times he or she would naturally use those skills. The more a person has opportunity to practice a skill, the more likely he or she will gain independence in using it. If the skill is important in the life of that individual, it is more likely the skill will be learned and maintained. As a DSP you should be looking for opportunities to teach throughout the day and in all environments. When a person is attempting to do something on hos own but is having problems…this is your teaching opportunity! When a person is asking for help to do something… this is your teaching opportunity? When you ate completing a task you know the person could have themselves… this is your teaching opportunity!

These are not “scheduled teaching” times; these are “being there for people when they need you” time! Many opportunities for learning are available throughout he day. Assisting an individual to have an enjoyable life means active participation in that life. We do many things each day that fit this guideline. WE get ready for school or work, prepare something to eat, choose our clothing, turn on the radio, clean up the house, and travel to and from our destination, call friends, plan actives, and many other daily routines.

The more we can do these routines independently or feel like we are being included to do them to the best of our abilities, the more control we have over our lives. As a DSP it is important to recognize as many learning opportunities as possible in each person’s daily schedule. The more you can “teach” skills during their own individual daily routines, the more independence and control people will have over their own lives. It is important to find balance between teaching and just letting people enjoy some “free time”. If our whole day was just one big teaching routine, life might be more of a chore and less enjoyable.

**EIGHT GUIDELINES FOR EFFECTIVE TEACHING**

1. **Plan:**

* Know each person’s daily schedule so you can plan those teaching opportunities.
* Know each person’s Person Centered Plan and what goals they are suppose to be working on.
* Think about how and where to work with the person on the task.
* Have the materials available to do the task.
* Present the task at a level that will best help the person learn.
* Break the task down into smaller steps if necessary. This is called “Task Analysis”. Presenting smaller steps sets up more opportunities for success. Every time someone completes one of those small steps, they build more self confidence and self esteem.

2. **Build in Variety and Choices:**

* Have a variety of tasks in many areas (household, personal care social).
* Present “choices” whenever possible (pick one of three shirts to wear load dishwasher by putting in glasses, plates or silverware first).

3. **Prevent mistakes before they happen:**

* Have the task set up and ready to go ahead of time.
* Prepare a good learning environment for the person.
* Lower the chance that things or people will interrupt or compete for your other learner’s attention.
* Practice your “teaching role”

4. **Make The teaching experience successful:**

* Start with something you know the person can do.
* Encourage participation: don’t wait too long for the person to get it right.
* Any response is participation. Be sure to **REWARD** it!
* None of us are “prefect”. Do not expect perfection!

**5. Provide Prompts when necessary;**

* Prompts are done by the teacher as “assisting” techniques to help teach the person to perform the task correctly.
* There are different “levels” of prompts that can be used depending on the person’s current abilities.
* **D=Demonstration:** This means that the teacher demonstrates how to doe het task while the person watches them. This is especially important for people who have “independent” skills and are learning the task for the first time. The teacher may have to break down the task and demonstrate one step at a time while the person actually does the teacher. Most people learn best by “seeing it done”! Good teacher should know how to do the task well and be able to demonstrate the task to others.
* **I= Independence:** This means the teacher helps the person get stared with the task but they are able to complete the task without assistance. One verbal request for the person to perform the task still counts as an independent response. Always be sure to aloe enough time for the person to response independently.
* **V= Verbal:** This means the teacher will give a verbal request to do the task followed by more verbal assistance as needed to help the person complete the task. Always be sure to allow enough time for the person to response to your verbal prompting before giving more assistance.
* **P=Physical:** This means the teacher will give physical assistance to help the person perform the task. This may included using a physical nudge or tap, or physical (hand over hand) guiding the person through out the task until it is completed. Always be sure to use the least amount of physical prompting necessary to help the person complete the task.
* **G= Gestural:** This means the teacher will physically use their hands, fingers, etc. to point to what the teacher wants the learner to do. Only one gesture or several gestures (actions) may be required to lead the person through the task until completed. There should be minimal verbal instruction used with gestures.
* **R= Refusal:** This means that no matter what prompting or encouragement the teacher is giving to the person today they are not willing to do the task. Everyone has a “bad day”. If refusals sstart happening regularly the teacher should review the “Proactive Options” discussed later in this unit. If proactive options do not help the teacher it may be sign that the person’s Person Centered Pklan should be reviewed before more problems arise.

6. **Reward before, during, and after the teaching session.**

* Praise or compliment the person before the teaching session begins
* Reward for any and all attempts to do the task even if you have to assist the person or do the task with them.
* Always reward the person after the teaching session is over.

7**.Keep the flow going:**

* Once the task is ready to go…keep it flowing…help the person if you need to.
* Make adjustments as needed to keep things going smoothly.

**8.Be aware of what is going on during the teaching session:**

* If the person is having a hard time you may need to assist with more prompts (verbal and or physical)
* You may need to break the task down into smaller steps
* Look for progress (even in small amounts) and reward it
* Adapt your rewards to the person you are teaching, as the person learns the task and needs less support, start giving rewards less often.
* As the person improves, start adding more difficult tasks or new steps.
* More “upset” a person becomes, more you must remain calm.
* Remember: Focus on the **Person** more than the task.
* Talk about progress with your co-worker. Everyone should be consistent with following the teaching plans. Be a “Role Model” for new D.S.P.’s that are trying to learn how to best work with individuals.
* **Don’t keep doing things that are not working!** Discuss the problem with your home manager.

**Most of the time when a person does not seem to be making progress towards “learning the task”**

**it is related to the following.**

1. **The task is too hard for the person in its present form.**
2. **There is not enough time made available for “practice”.**
3. **There are not enough rewards or variety of rewards being given to the person.**

**WHAT EXACTLY IS BEHAVIOR?**

Behaviors are a form of communication people use to tell us their wants, needs, and feelings. All of us have behavior. Behaviors don’s happen with out reason.

* All behaviors is intended to communicate something.
* By “listening” to what the behavior is saying, we may be able to discover the reason why the behavior is happening.
* There are always reasons for behavior, even if we do not know those reasons right now.

### WHAT MAKES A BEHAVIOR CHALLENGING?

Behavior can be challenging when it affects an individual’s life in a negative way or the behavior has a big impact on how others relate to them. Behaviors is usually considered challenging if it:

* Causes harm to the individual or others.
* Caused property damage.
* Prevents the person from learning new skill
* Causes the person to be “labeled” as a behavior problem.
* Prevents the person from participating is social and recreational actives.

Once it has been determined hat a behavior is challenging, one of your roles is to observe and try to come up with ideas on what is making the challenging behavior work so well for the individual. They must be getting some kind of satisfaction for the challenging behavior. The Direct Support Professional staff should be working together with the person-centered-planning team to determine why the behavior is happening and think of ways to teach more socially appropriate alternatives, or replacement behavior. Remember…the challenging behaviors are not happening just to make you mad or to make you work harder! If that is how the behavior is affecting you then maybe you are part of the cause for the challenging behavior.

What individuals are doing at the time, where they are in the environment, and who they are with or around have a lot to do with how they choose to behave. When you pay close attentions to these factors you should be able to predict when, where, and with whom the challenging behaviors are most and least likely to happen. People who display challenging behaviors usually do them because it has worked for them in the past.

For example, some of individuals you work with lived in an institution for many years. That type of environment actually “caused” people to display challenging behaviors. They rarely got any type of good attention or rewards so they figure out was to get attention in a negative way because “any attention” was better than none at all! So… this is how they “learned” to act because they were not taught any other appropriate ways to interact. Their challenging behaviors was actually reinforce. When this type of treatment goes on for many years it can have a lasting impact on a person’s life.

Remember, behavior is communication. Sometimes it is easier to figure out what an individual doesn’t want when they are using a challenging behavior. Sometimes these are the behaviors that make it hard for the individual to be with other people. The individual might spit out food they didn’t enjoy or push away the staff person who wants to help. Imagine if you didn’t have words to use. How would you let someone know that something was making you unhappy?

An individual’s behavior usually communicates three things:

* What the individual wants
* What the individual doesn’t want
* When the individual wants attention

How would an individual’s behavior tell you that they want something?

* The individual might point to an apple on the table, which lets you know they want the apple.
* The individual might come to you and shake your hand, which lets you know they want to greet you.
* The individual might look or act confused when attempting to brush their teeth. They may be trying to let you know they need some help.

When you offer an individual a choice of foods for dinner, they might point to what they want or look in the direction of the food they prefer.

Often, individuals just want someone to pay attention to them. Some people have learned that making loud noises gets the attention of the staff, or when there is a lot of activity going on, they need to wave their arms to the staff to focus on them. Or an individual may grab or pull on your arm to get your attention.

The more you spend time “getting to know” an individual the more you will learn about their behavior. Knowing a person’s daily routines, communication style, appearance, mood and regular health will be helpful information to have when something is not going right for the person. You will be able to tell what may be causing the person to be in a bad mood today based on what their usual good behavior is. If you don’t know what is normal for an individual, you won’t know when something has changed. It is important to always do the following when you work with someone who has challenging Behaviors:

* Observe the person regularly (good times and bad times) and watch an learn how they behave
* Listen carefully to words, sounds, noises, or cries (happy, sad, and angry, for example) the person makes.
* Ask questions to try to find out what is going on with the person or what they may want or need.

Most of the time people who display challenging behaviors usually give us some kind of “warning” that the challenging behavior is going to happen. This is especially true for the people we know well and who tend to have a pattern to their behavior. A person may show some minor signs that they are about to have challenging behavior. If the minor sign has something to do with the person’s environment this would be called an “antecedent”. An **Antecedent** is any occurrence or event that takes place before the challenging behavior happens.

They may or may not be easy to see happen. An example might be if someone we work with is afraid of Thunderstorm and it is getting dark and starting to thunder…the actual Thunder may be an antecedent to the challenging behavior of them starting to hit themselves or strike out at the those around them, the key here would be giving the person support when we hear the thunder so they may be less likely to start doing the challenging behavior. Antecedents are different for everyone but most people who have a pattern of doing challenging behaviors usually have some type of antecedents to look for and warns us in advance that a challenging behavior may happen soon.

A **Precursor** is also a sign that can happen before a challenging behavior. This time the minor sign comes from the person themselves and it means that there will be a change in the person’s mood. They may or may not be easy to see happen. An example might be is someone is swearing… the swearing may be a precursor to a challenging behavior such as throwing an object at someone. Again, the key here is when we hear the swearing we start to go over to the person and help them calm down before they decide to do the challenging behavior. Precursors are different for everyone. Some people may have antecedents and precursors before actually doing the challenging behavior.

How we responded to the antecedents, precursors, or the actual challenging behaviors will have a direct impact on how the person will respond back to us. It is not always “what” we say to someone, but “how” we say it that determines what kind of message we are giving to the person and how they will respond back to us. The tone of voice we use when we say something to someone represents 38% of communication. The body language we use represent 55% communication. The actual words we use only represents 7% if communication. So the tone of voice we use along with the way we express ourselves through body movements has a big impact on the message we are trying to deliver. If we want the person to get the “right” message we need to make sure our tone of voice and body language match what we are trying to say.

We all make mistakes in our communication at time. I’m sure we can all think of times when someone caught us at the wrong moment and we may have said something without using a nice tone of voice or good body language. Asa DSP it is very important that you stay aware of your communication style at all times. Remember you are a “Role Model” and your behavior can be imitated.

This is important to remember when relating with the people who live in the home and also when relating with your co-workers. Think about how someone may have said something to you that made you not want to do what they requested. If someone says “you need to clean this mess up right now!” and does not consider that you may be busy doing something else, or that it is someone else’s job, or that you need help, you may respond by not being very nice and definitely not wanting to clean up the mess. This may affect your mood and how you feel about the person. If someone says “I can see a mess here that needs to be cleaned up. Can you do this now or are you busy doing something else? Would you like some help?” You might be much more willing to clean up the mess if you were asked in a nice way to do it. You might even stop what you are currently dong to clean up the mess because you like the way this person treats you and you like to do what they ask of you.

How you make a request of someone or response to someone’s request has a dramatic impact on whether or not the individual will comply. If you ask someone in a way that is respectful and courteous, they are more likely to do what you want them to do. “Think before you speak”! This is one of the simple things you can practice with your own behavior that will have a very positive impact on your relationships with the people who live in the home and our co-workers. Our goal is to have “Win-Win” responses. When you ask someone to complete a task or respond to an individual’s request, it is helpful to consider:

* Is this an activity that the individual like to do?
* Is this an activity that the individual knows how to do or needs help with?
* Is the individual already busy doing something else?
* Does the individual have a **choice** about when or how to do the activity?
* Are you asking in a way that “YOU” would like to be asked?

### KEY POINT ABOUT PROMOTING POSITIVE BEHAVIOR:

* What individuals are doing, where, and with who affects their behavior
* Behaviors are strategies individuals use to get their needs met. Part of your job is to figure out which social/communicative behaviors currently work best for an individual.
* Environment can influence someone’s behavior. Make sure environments in which individuals live affect them in a positive way.
* All behavior is communication. By “listening” and “observing” the person’s behavior, you can discover the reason for the behavior.
* How you make a request or respond to an individual can decrease the chances of a challenging behavior occurring.

### PROACTIVE OPTIONS:

After reviewing this material you will be able to select pro-active options in dealing with challenging behaviors, including:

* Recognizing times when teaching is not likely to occur, and having an alternate plan of action.
* Be able to indemnity Antecedents and Precursors to challenging behavior.
* Understand how to respond effectively in handling challenging behavior.

Often times when we are working on a task with someone we may keep pushing for the task to get finished without taking notice of an individual’s minor behavior changes or change in mood. Our focus may be more on the task than the person. We may feel pressure to want to get the task done. If a challenging behavior is starting to happen it is a clear signal that we have to change something in our teaching plan. Failure to change our plan may results in a different lesson learned that we intended.

Focusing on the task as the most important outcome may start to have an effect on relationship with the individual. The person (the learner), may become more frustrated with the task and you (the teacher), since completion of the task is so important to you. Failure to recognize the needs of or mood changes in the learner can cause the challenging behavior to increase to a point where closer in a friendly, trusting atmosphere is impossible. Our failure to adapt or be willing to make changes for the individual may be perceived as wanting too much “control” over the individual trying to learn.

Using proactive options is not about establishing control over someone. The person trying to learn should be included in the planning process from beginning to end. Without some guidelines to assist us in making “on-the-spot” changes, we might end up responding to a challenging behavior with our emotions. When we respond based on our emotions we may responded with poor body language and inappropriate voice tone. We may become more :bossy” and try to take too much control over the person. To avoid this type of reaction we must have a plan of action ready to implement.

If we know the individual well then we should be aware of the type of challenges we typically face with this person. We can plan our actions ahead of time before the teaching session begins. We learn from past experiences and use our experiences to improve an plan better future teaching sessions. Knowing when to use “Proactive Options” during our teaching sessions will help us identify potential responses to challenging behavior. We will begin to review 13 proactive options to assist the teacher when challenging behaviors start to occur the first 7 options will enhance the quality of interaction between the teacher and learner. The other remaining options will help the teacher to reduce the level of demand on the learner.

### PROACTIVE OPTIONS THAT RELATE TO THE QUALITY OF INTERACTION:

# **Change your energy level:** You may need to increase or decrease your level of enthusiasm when giving rewards or prompting an individual. Some individual’s may like their teacher to be “excited’ and “perky”. Others may prefer that you lower your energy level…remain calmer in your approach. This will depend on your relationship with the person an what type of task you are doing with them. “How” you interact with individuals should be based on what works best for the individual.

# **Modify your tone:** This option is similar to the first. You may have to raise or lower your tone of voice to a level the learner recognizes as friendly, encouraging and supportive. Too high of a tone of voice may be too harsh to the learner or seem demanding. Too low of a tone of voice may give the message that you don’t care that much if the person does the task or not.

# **Validate the learner’s feelings:** In order to use this option correctly you need to be able to identify the learner’s feelings that are causing the challenging behavior. The better you know the individual on a personal level, the greater chance that you will be able to recognize those feelings when they occur. Validation the learner’s feeling always has a “But” attached to it. That means you will recognize the feelings and their importance to the learner, “but” we carry on. You need to acknowledge their feelings and include them in the shared interaction you are having with the learner while doing the task. For example, :I know you miss being with your friends at work today. I miss some of my friends too. BUT, you and I can have a good time doing this together today!”

# **Improve and vary rewards:** Remember…how you are interacting with the individual can be rewarding experience. You need to always be thinking about how you can give positive comments and gestures to the individual, before, during, and after completing a task. The learner may be getting tired of just hearing “Good Job”! You will need to be creative in the ways you reward the individual’s correct responses.

# **Change your expectations:** Sometimes you may be expecting more interaction and participation than the learner is prepared to give today. Be prepared to “back off” an lower your expectations of the learner. Maybe today you will have to “help” the learner more than usual. If the opposite is true, where you may expect less and the learner is willing to give more, then you will adjust your teaching methods to meet the learner’s needs and let them be more independent.

# **Abandon the task to focus on the person:** The individual should always be the focus! There may come a point during the teaching session where it is better for the teacher to forget about the task and just “hang out” with the learner. That becomes the “new” focus or task to keep the person’s challenging behavior from escalating. If continued encouragement to do the task just makes the person more frustrated and agitated then this may be a good option to choose. You can try to teach the task again another time or another day.

# (These options may enhance the quality of the interaction between the teacher and the learner with less time and effort being spent on the task to be done. ):

# **Change the pace of the activity:** If you are moving too quickly through the steps of the task or with your prompting, you may cause the individual to become agitated. The more we take our time to do the activity, the longer we get to spend “interaction” with the learner. Going too slow, on the other hand, may not provide the person with enough “activity”. You need to find a good balance to keep the flow going during your teaching session.

# **Involve choices:** You need to get creative in the way you provide choices during your teaching session. Prepare your task ahead of time. Think of ways you can give the learner as many choices in the activity as possible. Where shall we sit? Would you like to put the plates on the table first or the silverware? Would you like to the plates in the dishwasher first or the cups? Think of creative ways to involve the leaner on making choices about the task. The more choices a person has happier the usually are. This is true for all of us!

# **Modify the environment:** Is there anything in the environment that is distraction to the learner or making it difficult for them to stay focused on you an the task? There are many factors that could cause problems such as lighting, temperature, noises, other people, certain objects, feeling to crowed, etc. think about your area before you start the tsk and during your teaching time and make adjustments so the individual has a good leaning environment.

# **Improve the prompt:** When Challenging behaviors begins think about adding more prompt to the session. “help” the person complete portions of the task that ate giving them problems. Some day’s people needed more help than other days so do not be afraid to give extra prompting and assistance when needed.

# **Take a mini-break:** This option is similar to the option of “abandoning the task to focus on the person”. The difference here is the Teacher had decided to just break from the task for a short time. The learner is not able to stay focused on the task no matter what other options have been tried. The key here is to takes the brake before the challenging behavior increases. Give the person a chance to break away and relax for a bit or do something else for awhile. With this option the teacher will direct the person back to the task after a short break.

# **Bail out:** If the learner’s challenging behavior has not decreased after trying the other options, this one remains an option for the teacher. The teacher can end the task in a nice way before the individual becomes more upset. Nothing is grinned if you continue to try to teaching an individual who is totally uncooperative. The teacher and learner will both become more frustrated. This does not mean that the teacher ends their interaction with the person completely, but you will “back off” and give the learner some space. Today is not the day to try to teach the person this task. When this option is used the teacher should look at what happened in the this teaching session and try to learn from it. The way the teacher will know how to better present the task to the person the next time. Remember the goal is your relationship with the person; the stronger and more trusting that becomes the better chance the person will want to try to do the task with you again.

# **Hang in there:** The last option is the opposite of “bailing out” and “abandoning the task to focus on the person.” The option of simply “hanging in there” means to help the person the better you will be able to make the decision on how long to hang in there with the individual. If the person starts to focus again and shows some signs of participation the teacher can state to give more rewards and encouragement to keep the person on the right track.

# If problems continue during teaching times, remember the following “problem-solving” skills that may be helpful:

# Increased rewards (number, type, intensity).

# Change prompts (use prompt that encourage participation).

# Look at the “Task” or “Environment” (simplify the task, change the task, remove distractions, and review times that task is being done).

# Wait out the difficulty (be patient, communicate effectively, provide support)

# Stay focused on the “Person” an the positive things they are doing. Try to ignore the challenging behavior (unless there is a “safety” concern).

# Don’t blame the person trying to learn the tsk or yourself for what has gone wrong. (We learn from experience, including mistakes! Take time to evaluate the situation before your next teaching session.)

# Don’t give up!!!!!! (Try and try again! Keep a positive attitude.)

### CONFRONTATION AVOIDANCE TECHNIQUES (C.A.T.)

Confrontation Avoidance Techniques are some common sense techniques used to calm down an agitated person. Avoiding confrontation is your responsibility as a Direct Support Professionals. If the people you are providing services to could avoid such confrontations, they would be living in a specialized residential setting. As the :trained” DSP, you ae responsible for knowing how to calm a person down when they become upset or agitated about something. The better relationship you have with the person the better chance these techniques will work for you. Think of a time in the past where you were upset or agitated. If you needed someone to calm you down which would you choose? A complete stranger or someone you know well and feel comfortable with?

Let’s being to review the C.A.T. techniques.

ALWAYS: TEST QUESTION: LIST AT LEAST 4 OF THESE THINGS:

* Reward “good” behavior a much as possible. When you see it…reward it!!!!
* Show care and concern daily; not just when a person becomes upset.
* Actively listen. Stop what you are doing and pay close attention to the person.
* Be fair, sometimes firm, and consistent. It is important for all DSP’s to work together as a team to provide consistent treatment. This is the “key’ to successfully teaching people appropriate social skills.
* Get to know watch person you provide services to. Learn the earliest signs of agitation so you cam intervene at the beginning of the problem.
* Look out for and avoid events or situations that may upset the person. Remember it is our responsibility to avoid confrontations. People who display challenging behaviors on a regular basis may be living in this home to learn some appropriate ways to deal with their emotions. This will be an important part of your job.
* Stay in control of yourself. Be aware of your voice tone and body language. If you show signs of anxiety, this may increase the person’s agitation.

### WHAT TO DO WHEN AGITATION IS JUST BEGINNING: TEST QUESTION: LIST AT LEAST 5 OF THESE THINGS:

**These techniques do not have to be done in the order they are listed…you will use whatever works “best” for that individual based on their challenging behavior and communication style.**

* Approach immediately and talk to the person. Find out what is going on. Let them know you are there for them to listen, help, support them with their problem.
* Remain calm and friendly. Keep that “positive attitude”. Stay in control of your actions.
* Invite the person to sit with you or stand with the person if they refuse to sit. Stay at eye level. If the person decides to sit down this tells you they are beginning to calm down.
* Speak in a low, calm voice, slowly and speaking clearly. Be aware of your voice tone. When people become upset they do not think, listen or focus clearly. You remaining calm and speaking clearly will help the person respond and being to calm down.
* Ask what the problem is. If the person has good communication skills let them tell you what is upsetting them. Be supportive and try to help them with the problem if you can.
* DO NOT: demand, command, argue, disagree, or make any threats.
* Remember these are “beginning” signs of agitation. Getting “emotional” or “bossy” could make the situation worse.
* Don’t bribe or promise what you can’t deliver. If you think you need to promise someone something to get them to calm down you will need to follow through with the promise.
* Be patient. Time is on your side. Be available to take the time required to help the person calm down. It will take MORE if your time if you don’t!!!

### WHAT TO DO WHEN AGITATION IS INCREASING: TEST QUESTION: LIST AT LEAST 7 OF THESE THINGS:

Just like the previous set of techniques, these do not have to be done in any certain order. Do what works best based on your relationship with the person you are trying to calm down.

* Speak in a calm, relaxed voice at low volume. Be a “role model” for remaining calm under pressure.
* Show no emotion. Be polite and respectful. Don’t be overly “friendly” or show signs of becoming upset with the person. Try to stay “neutral”.
* Continue to talk to the person, listen to them, and wait (be patient) for the to respond and start calming down.
* Acknowledge how the person feels. Try to understand where they are coming from. Put the person first.
* Never turn your back or walk away. If you must leave the area be vary watchful and careful. Walk backwards away from the persons if you need to. Try to not leave the person when they are agitated. Call for help from another DSP.
* Do not disagree, argue, command, demand, or make threats. Again…this will only make the situation worse, especially if agitation is increasing. Stay in control of your own emotions and behavior.
* Continue to “be patient” and do not give up working with these techniques, unless you are scared, and know the person will continue to escalate to the point of attacking someone, time is on your side.
* Keep your body posture relaxed. Try not to show it if you are feeling tension. Remember your body language represents 55% of your communication.
* Stand slightly to the side of the person, at an angle, face to face, maintaining eye contact. This especially important if you feel or know the person has the potential to attack you physically. You are in a better position to move away from the person to attack you physically. You are in a better position to move away from the person quickly by standing t the side of the person.
* Stand at an arm’s length, plus a few inches away from the person. This goes along with the previous technique. As you stand to the side try to put yourself at a safe distance from the person. If they try to reach out, hit, or grab you will have time to move away.
* Never corner the person and do not allow yourself to be cornered. Most people need space to move around if they are extremely upset or agitated (This is true for all of us). When someone is the agitated you need to make sue you always have an avenue of escape and don’s get yourself blocked into a corner or up against a surface. Making the person do so say something they don’t want to do may still make them feel cornered (psychologically). Cornering any person who is agitated, angry, or scared is highly dangerous.

### C.A.T. WORKED! AGITATION IS STARTING TO DECREASE

* Continue to observe the person or remain with the person until they are completely calmed down.
* Involve the person in an activity (their choice!) before you have to leave the scene. Giving the person something to do that they enjoy will help take their mind off what was upsetting them. It may be okay to allow the person to sit quietly if that helps them calm down and you are sure the agitation is ending. You could also offer the person to do something “with” you if that is a option.
* Do not blame, punish, or scold the person for the challenging behavior they just did. You did a great job using C.A.T. to calm the person down. That was the goal. It is okay and normal for ALL of us to become agitated at certain times. Forgive the person and try to encourage appropriate behavior so you can reward them again. Stay positive in your actions!
* It may be appropriate to talk to the person about their challenging behavior. This will depend on your relationship with the person and how well they understand what you are telling them. If they do understand what occurred, it may be a learning opportunity for the person. You can explain to them how their agitation affected you and others. Make sure you are calm and feeling supportive before talking to the person.
* Document what happen. Remember if it isn't written down…it didn’t happen!! DSP’s need to document in ‘detail’ specifically what they did to help the person calm down. The more you share this information with others the more your co-workers will be able to be consistent in their interactions with the individual. This is especially important for people who cause challenging behaviors. Don’s forget to include the “good news” too! There should be guidelines in place where you work for documenting these types of incidents.
* Confrontation Avoidance Techniques are considered standard procedure unless the person’s individual plan of services has a behavior treatment plan in it. If a person has an ongoing treatment plan to assist with their Challenging behavior you need to do **exactly** what the plan tells you to do. DSP’s should receive specific training for that person’s plan. If at any point during a confrontation you do not feel you can handle the situation you need to call for help from another co-worker. Sometimes you may need to admit that you may not be the best DSP to help this person. The DSP that has the “best” relationship with the person usually has the most success with helping the person calm down.

### POSITIVE BEHAVIOR SUPPORT PLANS

People who have regularly occurring behavior challenges may require positive behavior support plans.

The supports coordinator/or case manager will coordinate the development of a positive support plan with input from the DSP staff and the person-centered planning team.

### KEYS STEPS IN DEVELOPMENT OF THE PLAN

1. **Develop a support team:** The support team should include key people in the person’s life. Some of these people may include: Direct Support Professionals, Family Members, Guardians, mental health Professionals, school and/or work personnel, Friends and anyone else that knows the person well. The team will meet to share information about everything they know about the person. The meetings should be positive and everyone needs to agree to the plan. The team should discuss the person’s strengths and abilities, and be able to help put together that will promote a positive future for the person based on those strengths and abilities. The team needs to be willing to meet and review the plan as needed to fine tune the plan or make specific changes. As a direct support professional you play an important role as a team member. You are a key person in providing information to the team. Never be afraid to “speak up” and let other team members know how you feel about what is going on in the person’s life.
2. **The Severe Behavior (s) needs to be clearly defined:** A severe behavior is a behavior that causes harm to the individual themselves, others in their environment, or cause severe property damage. Specific information on where, how often, and when the behavior occurs needs to be established so it can be monitored regularly.
3. **Everyone involved in the planning process needs to be able to provide extra support to the individual while gathering information about the behavior:** More focus should be given during “good times”. Find new ways to praising the person and giving positive feedback for “good behaviors”. Think of ways to provide more “choices” for the individual. People with challenging behaviors have little control over whom they live with, what they will have for dinner, when they will get to go out with friends etc. Most of the time restrictions are pit in place for people that may prevent the person from having some choices in their life. Everyone involved in the plan needs to be creative in how to offer more choices in the individual’s life and still keep everyone safe. Find out what the person likes and dislikes. Observe the person during good and bad times. During times when the person seems to be agitated try not to ask too much of the person. Try to get them involved in another activity they enjoy or change their environment to better meet their current needs. These simple changes in the person’s life and how you relate to them will be helpful with developing a positive support plan.
4. **Being the process of a comprehensive assessment:**  As a DSP you will be asked to describe how the person spends their time. Other team members will be asked to do this too. Everyone should takes note of the overall quality of life for the person. Do they have community involvement? To what extent? Do they have friends outside of their home life? Do they have hobbies or activities they enjoy? Do they like to be around people? Do they like to have some “alone time”? Do they like a quite environment or noisy one? Do they like their daily schedule? Do they have input on their daily/weekly schedule? Do they like to go to work/school? What are they good at doing? What things are most important for them to learn? Do they actively participate in their person centered plan? Are the goals in their plan encouraging them to learn new things they enjoy? Do they have choices in their life? Do they appear to like where they are live? Are there certain DSP’s they “connect” with? Do they have positive role models in their life? Do they like their housemates? Do they have health problems? Do they have adequate diet? Are they taking medications? Are there side effects of the medications that could have an impact on how they behave? These are just some of the examples of questions that should be looked at to get a clear picture of the person’s life. It is important to remember that quality of life issues are among the most important factors that influence behaviors. If someone’s life quality isn’t what it could be, it can affect behavior.
5. **Conduct a Functional Assessment:**  Once all the necessary information is gathered and discussed it is time to conduct a functional assessment of the challenging behavior the person is doing. All behavior that happens regularly serves some purpose for the person. Every person is a unique individual. The best way to help someone change their behavior is to first understand the reason behind the behavior. Some good questions to consider might be: What does the behavior do for the person? Does the behavior help them get away from something they don’t like or don't want to do? Does the behavior help them avoid a situation where they are likely to fail or feel threaten by demands being placed on them What “need” is the behavior trying to communicate? Why does the person feel the need to resort to such extremes to get someone’s attention or protect themselves from something they see as threating?

* So how do we figure out the purpose or function of a behavior We start with the **“A”, “B”, “C”. A** is for **Antecedent** (and/or) which occurs before the behavior. **B** is for the **Behavior** which refers to the specific challenging behavior that can be clearly seen when it occurs. **C** is for **Consequence** which refers to what happens after the challenging behavior or as a result of the behavior. As a DSP you will be asked to record the person’s challenging behavior based on the A,B,C’s you have observed happening. There will be a specific data sheet set up for the person for you to record whenever you see the behavior happening. The support team you are working with will assist you in learning how to best record the data on the challenging behavior.

1. **Continue to gather information to evaluate what is going on:** The information about the person’s challenging behavior needs to be evaluated regularly. The steps that have been taken to help the person should have a positive impact on the behavior and overall quality of the person’s life. As information is reviewed it should focus on overall improvements in the person’s life, an not whether the challenging behavior ever occurs.
2. **Design a Support Plan (based on the data collected) which should indicate what the team thinks the purpose or function of the behavior is:**  The plan needs to address the changes needed to reduce the amount of time the challenging behavior happens. The plan should note the amount of times the challenging behavior happens. The plan should note the conditions present before or during the behavior, and what happens after the behavior occurs. What specific skills can be taught to the person to make the challenging behavior unnecessary? What changes need to be made in the environment or other area of the person's life? When making a positive support plan it is important to involve teaching skills that allow the person to have success and encourage independence. This will help teach new, socially acceptable behaviors and sills to replace the challenging behaviors. The plan also needs to include what to do when the person has a bad day and the challenging behavior increases. Hopefully this will not happen but those situations need to be addressed to promote a safe environment for everyone. Once the support plan is developed the DSP’s that work with the individual should be “trained” on the plan. The DSP’s will be responsible for implementation of the plan when the challenging behaviors occurs. The positive support plan is considered “treatment” and is part of the individual’s person centered plan of service. **All DSP’s are required to follow the plan and be consistent with how they implement the plan**
3. **Regular Reviews of the plan should occur:** A positive support is nor written in stone. There should be regular opportunities t review what is working and to change the plan to make it more effective. The DPS need to be sure to chart progress or lack of progress on the data sheets regularly. The review of the data along with daily progress notes should give the team the information they need to report progress or make the appropriate changes to the plan. As with goals in the person’s plan of service we should not keep doing things hat are not working! As a DSP your ongoing input on the plan is important. Don’t be afraid to voice your concerns if the plan is not helping the person to improve.

**Basic guidelines for improving and modifying plans to ensure success:**

* **Teaching opportunities** should happen regularly.
* **Rewards/Reinforcement** should be based on the individual’s likes and choices. If the behavior is not improving, it could be that the reinforcement isn’t meaningful.to the person, or the goal set is too high for the person to earn reinforcement.
* If the plan is working…**celebrate the success** no matter how small the improvement may be
* The team should **meet regularly** and have good communication. Everyone needs support during this process. The team needs to encourage everyone to have input on the plan and be able to discuss what is working and not working.
* Most of the time the whole plan will not need to be changed. It might only need to be **modified** in some areas or new strategies may need to be added. As a DSP, you should be attending the team meetings to share your experiences with implementing the plan.
* **Provide more Training and/or Technical Assistance**: As a DSP it is not enough to just “read” a support plan. You should have opportunity to ask questions, watch someone demonstrate; receive frequent reminders and frequent feedback on how you are doing. A DSP needs to have “Role Models” to assist them in carrying to the plan effectively. This true for a “new’ Direct Support Professional.
* **The Successes from the plan do not stop after the challenging behavior decreases:** Changing a person’s challenging behavior is never a quick or simple process. Challenging Behavior will being to increase again if long-term support is not provided. There should be “Guidelines” put in place to guide DSP”s in providing the necessary supports to the individual. Just because the challenging behavior has ended or decreased does not mean your support ends. The Person will need continued support to stay on the right track.

### CRISIS INTERVENTION

You now have a much better idea of how to provide an environment that supports choices, control, quality of life, and healthy relationships for the individuals who live in a residential setting. You know that offering choices is one of the most important things a DSP can do to encourage independence.

Effective teaching strategies and developing trust positive relationships with the individuals you work with will help you respond to challenging behavior in a caring and supportive manner. Since you have taken the time to get to know the individual you are able to help the individual to learn new coping skills for dealing with fear, frustration, and anger.

You have learned that behavior is a form of communication. A DSP must :hear” the behavior and use that information to assist the individual to cope with an uncomfortable situation or environment. Even when the DSP staff do everything that is outlined in this unit and know people well there is still a possibility that you **MAY NOT** be effective in de-escalating a challenging behavior or avoiding a crisis situation. Remember the Individuals that you assist are not always capable of avoiding confrontations with others. The DSP must accept this responsibility-aggressions and conflicts are often related to what DSP staff do and don’s do.

So, what is a crisis situation? A crisis or emergency situation is defined as seriously aggressive, self-injurious or other behaviors that place the individual or others at risk of harm. A more detailed definition is included later in this unit. This is not a typical behavior for the individual. This is the first time the individual has responded in this way or there has not been time to develop a positive behavior support/treatment plan.

Remember if the individuals’ you support have a history of challenging behavior this is not a new behavior for them. There should be a positive behavior support/treatment plan in place. If there is a plan in place you must follow the plan.

A positive behavior support (PBS) plan may sometimes include a “restrictive” component. Plans that include restrictions must be reviewed and approved by the Behavior treatment committee to assure that the individual’s rights are not violated in any way by the techniques in the PBS plan.

If you are providing support for an individual with a PBS plan that includes restrictive techniques you must receive training on the plan and techniques before carrying out the plan. The training must be provided by a qualified instructor and documentation of the training must include the following information: date, length of training, type of training, specific techniques covered, and whether the DSP is able to perform the techniques. DSP staff should receive training on the plan any time the plan is revised or modified. Frequent review and practice of the techniques is recommended to assure that he DSP is able to perform the techniques in the PBS plan when/if it becomes necessary.

If the PBS plan is working and the individual is learning new coping skills the more restrictive parts of the plan will not be used often and eventually will not be needed in the plan. If the more restrictive techniques are used often this usually means that the positive support included in the plan should be reviewed and changed. DSP staff should make the effort to be involved and participate in this process to share their experiences and observations about an individual and learn what works for others.

You know that sometimes the reason an individual may display a behavior is obvious and at other times may be much harder to determine the reason for the behavior. It may appear as if there is not trigger or precursor. It is very important that DSP staff work together as a team and communicate what they have observed during their interactions in the residential setting and what has been successful. This information should be shared with the case manager and other team members. Remember to involve the individual as much as possible in the plan development. A good PBS plan allows opportunities for the individual to learn to make “real” choices that are meaningful and this will help the person gain control and independence!

Be sure to review the **Positive Behavior Support (PBS)** handout which is used with permission from Development Enhancement, PLC.

### WHAT IS A CRISIS OR EMERGENCY SITUATION?

A crisis or emergency situation is defined as: A situation in which an individual has a serious mental illness or development disability and one of the following apply:

* The individual can reasonably be excepted within the near future to physically injure himself, herself, or another individual either intentionally or unintentionally.
* The individual is unable to provide himself or herself food, clothing, or shelter or attend to basic physical activities such as eating, using the toilet, bathing, grooming, dressing or walking, and this inability may lead in the near future to harm to the individual or to another individual.

**Remember this is not a typical behavior for the individual!**

In a crisis/emergency the DSP has multiple responsibilities and must act quickly to de-escalated the situation, assist the individual to call down, and ensure the safety of the individual and others who may be present. The DSP who has the best relationship with the individual will have a better chance of finding out what is wrong and helping the person calm down. Emphasis should be placed on using verbal and non-verbal communication including body language as the DSP approaches the individual.

Attempt to find out what is wrong, listen carefully and non-judgmentally. This is the perfect time to use the Confrontation Avoidance Techniques (C.A.T.) and Proactive Options which were covered earlier in this unit.

Your approach and ability to listen respectfully will send a message of support, care, and concern. Individuals may become upset, anxious, or agitated for a variety of reason. It could be a symptom of a mental illness; it could be as a result of a traumatic event that the individual experienced or a reaction to a medication. Investigation the cause or rigger for the agitation will occur after the DSP has successfully helped the person to calm down.

The following guidelines will help you understand the **“DO’S AND DON’TS”** for working with an individual who has become upset and could become violent or aggressive.

|  |  |  |
| --- | --- | --- |
| **DO:** | **Explanation** | |
| 1. Be aware of warning signs. | Pacing, change in muscle tone, gestures, voice tone, posture, breathing an eye contact are warning signs. | |
| 2. Intervene early. | Early intervention usually stops escalation. But ask: “what would happen if we did nothing?” If the situation would likely calm down leave it alone | |
| 3. Find out about the person. | Use any and every source. Is the person calmer with a male or female? Is he angry or fearful? | |
| 4. Get the person to talk. | Use open-ended questions on neutral topics. As much as possible, focus on reality and his her positive behaviors. | |
| 5. Check external causes. | Is the problem really another person? Does the person have a valid complaint or fear? Does he or she have a physical problem? | |
| 6. Check external causes. | Look for hallucinations, delusions, disconnected thought or speech, misperceptions of other’s actions or motives, unusual or unwarranted fears. | |
| 7. Use calming | Acknowledge feeling and their intensity. Help clarify the source. Use a low voice. Reassure safety. | |
| 8. Control your anger and anxiety. | Admit concern about danger and determination to do whatever is needed. Reassure that you want to help but that his or her behavior makes it difficult. Prepare to be extra tolerant before you intervene. | |
| 9. Provide alternatives. | Change the environment, provide other outlets. Distract only if danger is imminent. | |
| 10. Have a Plan. | Include everyone. Be creative & flexible. If it’s not working change it. | |
| 11. Know when & how to retreat. | Move gradually into open space. If violent you can leave: with without an explanation. Do it! Being alone often settles people down. | |
| 12. Take action. | Thank people who control themselves. Call for help if needed. Let others decide with you if the person is or is not responsible for their behavior. | |
| 13. Follow up. | Defuse yourself. Do something physical to use up your adrenaline. Debrief each other to prepare for next time. | |
| 14. Use other professions. | Trained professionals can give input and advise or talk to the person while you assess and maintain control of the situation. | |
| **DON’T:** | | **Explanation** | |
| 1.Put your hands unexpectedly on a disturbed/upset person. | | Person may not want to be held or touched. Physical comfort is great for some an awful for others. | |
| 2.challenge, dare, argue, threaten people or change the subject. | | These make people feel powerless. Powerless people have only violence to regain power and self esteem. | |
| 3. Sound like an overindulgent angry or supportive parent. | | Patronizing remarks in a power conflict discredit the person and escalate anger. | |
| 4. Use derogatory terms or talk about someone as he/she isn’t there. | | Address people as they prefer. To do otherwise is a put down. The ultimate put down is to ignore one’s existence. | |
| 5. Make promises you can’t keep or attempt to bribe. | | People read lies &bluffs. They know the limit of your authority. You may work with them again. | |
| 6. Leave without mutual agreement until the issue has been resolved unless personal safety makes it necessary. | | If the person potentially violent you’ll set someone else up and make it worse for yourself the next time. If the person is calm and talking he/she may feel abandoned and escalate again. | |
| 7. Restrain the person. | | Evacuate other people first. Talk the person down when ever possible. It may seem to take more time but the results will be better in the long run. | |
| 8. Let pride force you into a fight. | | People who need to control situations lose sight of the goal: defusing the danger. It’s hard when enduring insults/abuse from people you're trying to help. Helping the person control him/herself rather than controlling the situation. | |
| 9. Block a person’s attempt to escape unless you need to. | | Blocking traps people. It leaves them no options except to attack. Running may be his/her way of not hurting you & may relieve anxiety. | |
| 10. Sacrifice yourself for things. | | Items cam be replaced. You can’t | |
| 11. Move the person unless you have to. | | Move yourself and others out of his or her way to avoid unnecessary confrontations. | |
| 12. Stay in a small or congested space. | | Small spaces confine people bursting with feelings. If violence occurs the change of injury is far greater. Get the person to walk or meet i a large room with two exits. | |

### WHAT TO DO IN AN EMERGENCY/CRISIS SITUATION:

Most of the time you will be successful in helping someone calm down by using the techniques that have been covered in this unit. Occasionally, despite your best efforts the individual may continue to display severe challenging behavior. DSP staff must work together as a team to protect others who are in the area and may be in danger of being injured. For example one DSP will continue to try to talk with the individual to determine what is wrong while the second DSP works with the others in the residential setting to get to a safe area in the home. DSP staff should call emergency numbers and follow the emergency procedure that has been established for the home. DSP staff should receive training on the procedure which should who call, when to call, and the emergency phone numbers.

Many agencies and mental health authorities have hour’s emergency access to services and supports. For example at Community Mental Health for Central Michigan (CMHCM) the emergency and after hours access numbers are 24-hour Crisis Line Number 989-772-5938 or 1-800-317-0708 or 911 or go to any hospital or other setting that offers emergency care. The Bay Arenac Behavioral Health (BABH) emergency/after hours access number is 989-895-2300.

The DSP will have to make a decision on who to call based on their observation of the situation and the risk of injury to the individual and others.

### WHEN TO CALL 911:

DSP staffs should call police or 911 for assistance when an individual has become so violent and/or aggressive that there is a serious risk of physical injury to self or others and the DPS staffs are unable to get other individuals to a safe place in the home.

DSP staff should call law enforcement/police when there is a weapon and the individual is threating to harm themselves or others. DSP staffs are not trained to remove a weapon from someone. There is a great risk of harm when trying to remove a weapon form someone who is agitated and upset. The police have received special training and should be able to respond in a way that prevents injury to all people involved/present. DSP staff should continue to talk to the individual until 911 arrives. Remember it is important to work together as a team, Others in the residential setting may be alarmed, fearful, or upset by what is happening. DSP staff should provide support and reassurance to keep everyone as calm as possible.

### WHAT TO DO AFTER THE CRISIS:

Take time soon as possible after the crisis to “unwind” or decompress. When you have been in an intense situation, adrenaline flows. Decompression means to reliving pressure or to get things back to normal. You need to take some time to relieve the pressure created by the confrontation. If this is not done, the pressures or negative feelings may get worse until they interfere with our ability to work effectively with that person and/or others who live and work in the licensed residential setting. Before taking time to decompress make sure the confrontation is over. Has the person regained self-control? Has the environment returned to normal? The safety and well-being of the people living in the home is your first priority. Debriefing occurs when the DSP staffs discuss what happened during an incident. Because everyone sees things from a different angle and we want to avoid another incident, this is an follow-up to the crisis. Debriefing can also help staff decompress by sorting out thoughts and feeling about the incident. Other DSP staff can help you get a more complete and clear picture of what really happened. Discuss what happen before, during, and after the confrontation occurted.

Answer these questions during debriefing:

* How did I feel before, during and after the confrontation?
* What was the person doing before, during and after the confrontation?
* What signs of agitation did I or others observe before the confrontation?
* What confrontation avoidance techniques & proavitive options were used?
* What happen as a result?
* Did other staff assist? If “no” why?
* If “yes” was communication clear between staff? Were actions coordinated?
* Were other people present? Were the removed from the area/made safe?
* If the incident happened again, what would I do?
* How will this affect interactions with this individual in the future?

Debrief with the person involved in the confrontation, if appropriate, after he or she has calmed down and re-established self-control.

All physical injuries, unusual behaviors, and all actions by DSP staff to calm the individual must be documented on an Incident Report. Documentation of agitated and aggressive behavior provides important information. Remember the DSP must be descriptive not evaluative when documenting. Write down what you see, not what you think those actions mean.

Remember we all become angry sometimes and we almost always have a reason for our anger. Sometimes there is a real and legitimate reason and other times it is a matter of perception: what we interpreter others behavior and actions. Most of us have learned how to control our anger. Many of the individuals we work with did not have the same opportunity to learn how to control their anger. The individual may be reacting to trauma they may have experienced or something in the environment of “fill in the blank” whatever the trigger and there are many it makes sense to respond in a calm and compassionate manner.

Remember the individual is NOT attacking you although sometimes it may feel that way. The DSP has got to be careful to be professional and separate personal feelings and reactions, becoming angry, yelling or having threating body language will not help. These types of reactions from a DSP could escalate a situation into a “Me against You” Confrontations which won’t teach the individual anything and will damage the relationship between the DSP and the Individual involved.

Are you familiar with the old saying ‘You catch more flies with honey than with vinegar?” Meaning be nice and you’re more likely to get what you want, if the DSP treats people with respect and is a good role model then you will have very few problems and many great opportunities to assist people in positive ways.

### IN SUMMARY

The Direct Support Professionals now have tools that they can use to help them support individuals they services to at the residential facility in which they work.

* The ability to look at the challenging behavior from all angles.
* Figure out what the challenging behavior is trying to communicate.
* Examine the quality of life of the individuals.
* Examine the environment for positive improvements.
* Respect the honor the individual’s choices.
* Have a support team they can depend on.

Everyone who provides support to the individuals needs to be willing to work as a team. We must be willing to change ourselves, the environment, the schedules, this teaching materials, the reinforces, or whatever support is needed to achieve positive outcomes and improve the overall quality of life.

### TO SUMMARIZE: THE BEST WAYS TO SUPPORT AN INDIVIDUAL WHO HAS CHALLENGING BEHAVIOR ARE:

1. Get to know the person. Look at them and listen to them while you do routine jobs. The better you know someone the better you understand them. The better you understand them the better you will be able to deal with the parts of their personality that are not likable.
2. Remember that all behavior is a form of communication. Challenging behavior send a message. Aske questions and learn about the individual’s life and what it takes to make that person happy. Learn what causes the person to become unhappy. The challenging behavior may have something to do with what thee person is being asked to do (their daily schedule, their goals) and “who” is doing the asking.
3. Help the person with severe challenging behavior develop a positive behavior support plan. Try to include the person in the planning process as much as possible. This will help improve the individual’s relationship with others, community participation, increased choices, skill development, and allow them to make contributions to other team members.
4. Don’t assume the worst about the person. Labels can cause us to underestimate the person’s true potential. Stay focused on the person’s strengths and abilities. Every person can make improvements with adequate support.
5. Relationships make all the difference. Advocate for the person to have positive role models in their life. Many individuals depend on family members or paid staff for their social relationships. Get creative with ideas for including the person in the community and setting up a social support network.
6. Help the person develop a positive identity. Often a person with challenging behaviors is labeled as a “behavior problem.” build a positive identity by helping the person find a way to make a contribution. Put the “person first” when you talk about them. Talk about the “good behaviors” as much as possible. Share news about good things that you see the person doing.
7. Give choices instead of requiring or demanding the person t do something. Allow the person to make choices as much as possible. This does not mean you give them everything want. You can set limits with the person as long as you include them and provide some choices with those limitations.
8. Help the individual to have more FUN. Fun and humor are powerful cures for problems. Be a role model for “having fun” and being happy.
9. Establish good working relationships with your co-worker, mental health professionals, family member, guardians, and doctors. Learn as much as you can about the person and who has influence in their life decisions. Being healthy both mentally and physically will have an impact on challenging behavior. This includes things like a balance diet, good sleep, adequate exercise, and feeling supported by all the people in their life that care about them.
10. Develop a support plan for yourself and co-workers. Help to create a supportive environment for everyone concerned. Direct Support Professionals need support too. The more supportive environment you work in the less chance for punitive practices to take place.

### REMEMBER!

Your role as a Direct Support Professional has an immediate impact everyday on the people to which you provide services. You will experience, over time, the incredible importance and value of relationships. On that amazing journey you will discover that you are building a better and healthier world and community for the sake of humankind. You may also discover that you are helping to take away the isolation in people’s lives, brining equalities that all citizens have a right to, an offering care and compassions to those who sorely need it. In your work as a Direct Support Professional, you given the opportunity to help instill in people a sense of value and dignity. This leads to healthier self-confidence and self-esteem and , along with your encouragement as a role model, may inspire others to give rather than habitually take. Finally, you are brining hope and light to people and their communities: **and you will discover that with out you’re the difference might never have been felt.**

# recovery

**WHAT DOES RECOVERY MEAN?**

* “Recovery is a process of change through which individuals improve their health and wellness, live a self-directed life and strive to reach their full potential.” (Substance Abuse and Mental Health Services, SAMHSA, 2014)
* “Restoring or gaining a positive sense of identity apart from one’s condition.”  
  (Anthony, W. A. (1993). Recovery from mental illness: The guiding vision of the mental health service system in the 1990’s. Psychosocial Rehabilitation.
* “Develop and further rebuild important connections with self and community.” Spaniel, L. (2005). The process of recovery from schizophrenia.  
  Boston MA.

**UNDERSTANDING RECOVERY…ARE WE**

1. Part of the solution
2. Part of the problem

**SETTING THE STAGE**

* People need to know it’s OK to ask for help and to be emotionally safe when
* People need to know it’s OK to ask for help and to be emotionally safe when they do.
* Words and language have impact. They are a window to our beliefs.

The individuals we serve are experiencing the agency environment. Are we creating an environment that is fresh, vital and inspiring? We want people to be “breathing” hope, choice and empowerment.

* What does our spirit and attitude in our service setting say?

**GAINING FLUENCY IN RECOVERY LANGUAGE**

Power Robbing language: What and how we say things speaks to our attitudes.

You Should…

You need….

You can’t….

No one can do that…

Problem

But…

The best way is….

Your option is…

My advice to you is…

Empowering Language:

Can, could

What have you considered

What are your options

What can you do

Up till now….

Challenges, situation, concern

And

What other ways might work

Some choices are

Options to possibly consider are…

What has worked for you in the past?

**COMBINING STIGMA**

Stigmatizing

* “suffer from…”
* “retarded, bipolar, psychos, mental, drunks”
* “he has a problem with…”
* Refer to individuals as difficult and non-compliant.

Stigma Busting

* People with disabilities
* “She has Down Syndrome, Bipolar disorder.” a small person with a mental illness
* “he needs…”
* Determine what actions are trying to communicate, Change is hard for everyone.

**DID YOU KNOW?**

* When asked “who discriminated against you?”
  + 79% reported that people in the community.
  + 21% reported the people working in the mental health system (SAMSHA’S Ads Center (2007) improving Provider Attitudes and Practices toward People with Mental Illness)
* People who seek help for mental health problems reported feeling disrespected and discriminated against by front health care workers, either intentionally or unintentionally.
* The attitudes of mental health practitioners are important for good treatment outcomes and good quality of life.
* In their role as educators and members of their communities, professionals’ view shape the options of future practitioners and other influential community members.

**EMPOWERING INTERACTIONS**

* Be welcoming, friendly and non-judgmental.
* Be fully present and a good listener. Reflect what you heard.
* Resist fixing the person.
* Validate and reinforce their abilities and strengths. Focus on what’s strong. Not what’s wrong.
* Ask open end questions.
* Acknowledge and affirm efforts, progress and achievements.
* Remind them that they are their own experts.
* Promote self-advocacy/support them taking the lead. Not doing for them and taking their power away.
* Roll with resistance- this a normal response that everyone has related to change.
* Meet people where they are at.
* Constantly evaluate your language, attitude and self-care.

**PROVIDING RECOVERY BASED SERVICES IN OUR POLICY**

* The policy and procedure have been established to assure that recovery shall be the guiding principle and operational framework for our system of care.
* This beings with the belief that recovery is achievable a possible for everyone.
* Recovery is inclusive of all individuals (children and adults) with one or more of the following disorders; Substance Use, Sever and persistent mental illness, Intellectual and Developmental Disabilities and Co-Occurring conditions.

**FOUR MAJOR DIMENSIONS**

* Health: overcoming or managing symptoms or conditions and making informed choices that support and promote physical health and well-being.
* Home: a stable and safe place to live
* Purpose: meaningful daily activities, such as job, school, volunteerism, family caretaking, creative endeavors and the independence, income and resource to participate in society.
* Community: relationships and social networks that provide support, friendship, love and hope.

**TEN GUIDING PRINCIPLES**

Recovery:

A screenshot of a cell phone

Description automatically generated

**TO FACILITATE RECOVERY IT TAKES ALL OF US!**

A screenshot of a cell phone

Description automatically generated

[BE VOCAL BY DEMI LOVATO](file:///Users/Katie/Desktop/PAO%20Volunteer%20Work/Initial%20MockUps/•%09https:/www.bevocalspeakup.com/be-vocal-documentary.html)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you:

Type Notes Here

*Notes and Reflection:*

[ANTHONY IANNI – GAME CHANGER](file:////Users/Katie/Desktop/PAO%20Volunteer%20Work/Initial%20MockUps/•https:/www.youtube.com/watch%3fv=NDGkUUYFPJM)

VIDEO NOTES & REFLECTION

Jot down some of your thoughts as you watch the video in the space below. Afterwards capture what stood out the most from this video for you:

Type Notes Here

*Notes and Reflection:*

# wrap-up

# References

* Guidelines for Better Communication. (n.d.) Hearing and Speech Center. Retrieved February 7, 2018, From: <https://d2edgo5zyrsrw1.cloudfront.net/wp-content/uploads/2016/08/Guidelines-for-Better-Communication.pdf>
* Monlina MyCare Ohio Disability Awareness & Training. (n.d.).Molina Healthcare. Retrieved February 7, 2018 from: <http://www.molinahealthcare.com/providers/oh/PDF/Duals/Sensitivity-Training-Orientation-Presentation,pdf>
* Questions and Answers about Deafness and Hearing Impairments in the Workplace and the Americans with Disabilities Act. (n.d.) U.S. Equal Employment Opportunity Commission. Retrieved February 7, 2018 from: <https://www.eeoc.gov/eeoc/publications/qa_deafness.cfm>
* <Https://www.deafcan.org/behavioral-health-services.html>
* <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4096796/>
* <https://www.npr.org/sections/health-shots/2015/03/02/387007941/take-the-ace-quiz-and-learn-what-it-does-and-doesnt-mean>
* Michigan Department of Community Health, Community Mental Health for Central Michigan Policy#2.300.015
* Ashcroft, L., Flanagan, C., & Martin, C. (2011) Making recovery real going deeper: An introduction to recovery and recovery practices. Recovery Innovations, Inc. Arizona.
* Bay Arenac Behavioral Health Recovery Oriented System of Care Policy: Chapter 4, Section 5, Topic 6.
* Combating Stigma in the Mental Health System: Front line Workers. Brochure developed by Michigan Anti-stigma Steering Committee, June 2011.
* Snow, K., (2003) People First Language paper. [www.disabilityisnatural.com](http://www.disabilityisnatural.com)

# Appendix A. CONTACT INFORMATION

**COVID-19 CONTACTS**

**If you think you’ve been exposed to someone with COVID-19, or have symptoms of COVID-19, contact one of the below immediately: (989) 837-8350 and/or email at Ireland@paomidland.org**

* Jennie Ireland (Services Supervisor), or
* Services Coordinators –
  + Susan Patterson,
  + Mike Laskowski,
  + Kaitlynn Jungman, or
  + Sarah Schardin.

**FOR SUSPECTED COMPLIANCE VIOLATIONS**

Please report suspected compliance violations to:

CMHCM Corporate Compliance Officer:

Bryan Krogman, Deputy Director for Administration

301 S. Crapo Street, Suite 100

Mt.Pleasant, MI. 48858

P: 989-772-5938

[bkrogman@cmhcm.org](mailto:bkrogman@cmhcm.org)

Kim Zimmerman

530 W. Ionia Street, Suite F

Lansing, MI. 48933

P:517-253-7525 C: 616-648-0485

[Kim.Zimmerman@midstatehealthnetwork.org](mailto:Kim.Zimmerman@midstatehealthnetwork.org)

Bay Arenac Behavioral Health (BABH) Corporate Compliance Officers

Melissa Prusi, Recipients Rights Officer

909 Washington Ave., Suite 3

Bay City, MI 48708

P: 989-895-2317

MMSHN COMPLIANCE LINE: 1-844-793-1288

Complaints can also be made to:

MDCH Medicaid Fraud Hotline: 1-855-MI-FRAUD (643-7283)

HHS/OIG Hotline: 1-800-HHS-TIPS (447-8477)

**FOR MEDICATION INFORMATION**

* + [www.Safemedication.com](http://www.Safemedication.com)
  + [Www.drugconsult.com](http://Www.drugconsult.com)

**RESOURCES FOR DEAF AND HARD OF HEARING CONSUMERS**

* Additional resources specific to Behavioral Health Services can be accessed via the following website: [DEAF CAN!](http://www.deafcan.org/behavioral-health-services.html)
* [Guidelines for Better Communication](https://d2edgo5zyrsrw1.cloudfront.net/wp-content/uploads/2016/08/Guidelines-for-Better-Communication.pdf)
* [Monlina MyCare Ohio Disability Awareness & Training](http://www.molinahealthcare.com/providers/oh/PDF/Duals/Sensitivity-Training-Orientation-Presentation.pdf)
* [Questions and Answers about Deafness and Hearing Impairments in the Workplace and the Americans with Disabilities Act](https://www.eeoc.gov/eeoc/publications/qa_deafness.cfm)

# Appendix B. CODE OF PROFESSIONAL ETHICS

All Providers shall conduct their professional relationship in accordance with the following code of professional ethics.

PROVIDERS:

1. Shall not discriminate against or refuse professional services to anyone on the basis of race, color, age, sex, religion, national affiliation, marital status, height, weight, arrest record, disability, medical condition or sexual orientation.
2. Shall regard as their primary objective the welfare of the individual or group served.
3. Shall not without proper credentials provide care, treatment or services that require a license, registration or certification under applicable law or regulation.
4. Shall not use professional relationship to further their own interests, shall remain sensitive to any potential conflict of interest, or appearance of conflict of interest, and shall discuss such situation with CMHCM.
5. Shall maintain responsibility quality services, only so long as there is a clear benefit to the person and shall assist with obtaining other services when their services are no longer appropriate.
6. Shall not engage in sexual relationships with persons they serve in a professional capacity and shall not engage in sexual relationships with the significant others or the persons they serve in a professional capacity.
7. Shall recognize and advocate for the rights afforded consumers of mental health services.
8. Shall respect the privacy of service consumers and hold in confidence all information obtained in the course of professional service, disclosing confidences only when mandated or permitted by law. This applies both during and after the CMHCM contractual relationship.
9. Shall display a professional attitude toward applicants, consumers, colleagues, and any sensitive situations arising within CMHCM.
10. Shall respect the rights, findings, views, and actions of colleagues, shall treat them with fairness, courtesy and good faith, and shall use appropriate channels to express judgment.
11. Shall be aware of their potential influence on students and colleagues and shall not exploit their trust.
12. Shall not engage in nor condone any form of harassment or discrimination.
13. Shall accept the responsibility to help protect the community against unethical practices by any individual or organization engaged in mental health services.
14. Shall accurately represent themselves and CMHCM to the public, distinguishing clearly between statements and actions made as individuals to as representatives of CMHCM, and refraining from any public activity, which could harm CMHCM or its consumers.
15. Shall observe the following marketing, admissions and billing practices:

a. Consumers who billed for services are billed only for those services received and the services are summarized in an itemized list.

b. Consumers are informed about the source of reimbursement and any limitations on the duration of services.

1. Shall understand that violation of this Code of Ethics may be considered a material breach of contract and could result in contract termination.

# APPENDIX C. PHARMACY ABBREVIATIONS

|  |  |
| --- | --- |
| Rx = Prescription  OTC = Over the Counter  p.r.n. = when necessary or as needed  q (Q) = every  t.i.d. (TID) = three times a day  oz = ounce  D/C or d/c = discontinue  mg = milligrams  Cap = capsule  cc = centimeters  A.M. = morning | TBSP = tablespoon (3 tsps. Or 15 ml)  h. = hour  Qty = quantity  b.i.d. (BID) = twice a day  q.i.d (QID) = four times a day  BT = bedtime  hs = hour of sleep  STAT = Immediately  GM, gm = grams (1,000 mg)  Tab – tablet  P.M. = afternoon/evening |

# APPENDIX D. MEDICATION PROTOCOL

MEDICATION PROTOCOL

If a consumer is not home: wait 10 minutes, keep knocking, call out, call consumer phone number or call PAO office or PAO On Call and have them try consumer phone number.

1. Complete Incident Report/return to office the next business day
2. Staff will call PAO On Call, if after hours

If staff administered the wrong medication (time or dosage):

1. Contact pharmacy/ask what medication they can administer and what needs to be held.
2. Follow Recommendations
3. Ask pharmacy about side effects (sleepy, agitated, potential for seizures)
4. Complete Incident Report/return to office the next business day
5. Document in Logbook and on med sheet

If staff administered medication to the wrong person:

1. Call 911 if life threatening (shortness of breath, unresponsive)
2. If not life threatening, call the pharmacy or poison control
3. Follow up with pharmacy on what medication can be administered and what needs to be held and not given
4. Document in Logbook
5. Complete Incident Report/return to office the next business day
6. Contact PAO On Call if after hours

Medication Refusal:

1. Document on med sheet
2. Complete Incident Report/return to office the next business day

Unsigned Med Sheet:

1. Check Bubble pack, med minder, ask consumer if medication was administered
2. If unsure if medication was administered, contact staff that was scheduled
3. If "yes" medication was administered, please complete Incident Report stating: "Employee administered but failed to document"
4. If "no", follow protocol: If staff administered the wrong medication
5. Contact PAO office or PAO On Call if unable to reach employee for further assistance
6. Complete Incident Report/return to office the next business day

PLEASE REMEMBER INCIDENT REPORTS NEED TO BE COMPLETED AND

DROPPED OFF TO PAO OFFICE WITHIN NEXT BUSINESS DAY.