



M H / D D / S A S

"Caring People, Caring for People"

**Orientation / Annual
& On-Going, Human Rights /
Confidentiality,
Cultural Competency/Humility,
Universal Interventions, TIC,
Aging & CPR/FA video**







M H / D D / S A S

"Caring People, Caring for People"

ORIENTATION, ANNUAL / ON-GOING TRAINING

Objectives

By the end of the Orientation/On-Going training, individuals will demonstrate competency in the following areas:

-  Company History
-  Types of Services
-  Definitions
-  Person Centered Practices
-  Cultural Competency/Cultural Humility
-  Confidentiality and Consent



Objectives

By the end of training, individuals will demonstrate competency in the following areas:

-  Human Rights Committee
-  Core Values
-  Documentation & Incident Reporting
-  Wellness, Unique Needs & Customer Service
-  Environmental & Physical Risks, Critical Incidences



About Universal





- The Greer Family
 - ✓ Pioneers in MH/DD/SAS field
- Mission Statement:
 - ✓ *“Universal MH/DD/SAS is dedicated to helping individuals and families affected by mental illness, developmental disabilities and substance abuse in achieving their full potential to live, work and grow in their community.”*
 - ✓ CARF – Commission on Accreditation of Rehabilitation Facilities
 - ✓ *Suggestions/recommendations addressed in training*












Services

Agency With Choice Model / NC Innovations Waiver

Mental Health Services

-  Assessment and Evaluative Services
-  Emergency On-Call
-  Medication Management
-  Psychosocial
-  Rehabilitation Services (PSR)
- Peer Support
-  VR
-  Early Intervention Services

I/DD Services

-  Alternative Family Living (AFL)
-  Assessment and Evaluative Services
-  Community Guide
-  Emergency On-Call
-  Innovations Waiver
-  Medication Management
-  Personal Assistance
-  Day Program
-  1915i

 Supported Employment



Important Information for All

1. Hours worked / days / times of services
 - a. **Per approved schedule ONLY**
 - b. **You must physically be with the person served to bill for the service.**
 - c. **This training is to meet the specific needs of the population served, inclusive of I/DD.**
2. What happens if I am sick/arrive late/leave early/need time off – contact your Supervisor.
3. Your house = off limits!
Rarely use Health and Safety Checklist







Important Information for All

6. BLACK INK
7. Pay Dates
8. Employee Handbook
9. First Aid Kits issued - see OA for replacement items
10. Employees are to be aware of Health & Safety Practices/Procedures, Emergency Safety Procedures and Drills
11. Supervisions / On-Going training
12. Among other populations, this training supports the I/DD population.




Developmental Disabilities defined: (N.C. G.S.111C-3 (12a))








 “Developmental disability” means a severe, chronic disability of a person which:

-  Is attributable to a mental or physical impairment or combination of mental and physical impairments:
-  Is manifested before the person attains age 22, unless the disability is caused by a traumatic head injury and is manifested after age 22.
-  Is likely to continue indefinitely;




Developmental Disabilities defined: (N.C. G.S.111C-3 (12a))

 Results in substantial functional limitations in 3 or more of the following areas of major life activity:

-  Self-care
-  Receptive and expressive language
-  Capacity for independent living
-  Learning
-  Mobility
-  Self-direction
-  Economic self-sufficiency



Intellectual Developmental Disabilities

 “Intellectual Disability (MR)(Rosa’s Law – Oct’10) refers to substantial limitations in present functioning. It is characterized by significantly sub average intellectual functioning, existing concurrently with related limitations in two or more of the following applicable adaptive skill areas:



 IQ = 70 or below

- Communication
 - Self-care
 - Home living
 - Social skills
- Community use
 - Self-direction
 - Health and Safety
 - Functional Academics
 - Leisure and Work.

Intellectual Disability manifests before age 18.



Definitions: Mental Illness & Substance Abuse

-  Mental Illness: A clinically significant disorder, that is not an expected response to an event, and which is the result of some dysfunction in the individual.
-  Substance Use: A maladaptive pattern of substance use manifested by recurrent and significant adverse consequences related to the repeated use of substances.



Competitive Integrated Employment Service Definition

Is defined as employment that:






- a. is typically found in the community;
- b. the individual is paid at least minimum wage; and
- c. the beneficiary performs duties of the position- to the same extent possible as individuals without disabilities in comparable positions while having the same opportunities for interaction and advancement as their non-disabled coworkers.

1915(i) Supported Employment Service Definition

Are services that provide assistance to develop skills based on the beneficiary's circumstances and need for a beneficiary to:

- a. Explore;
- b. Seek;
- c. Choose;
- d. Acquire;
- e. Maintain;
- f. Increase;
- g. Advance in competitive integrated employment; or
- h. Develop and operate micro-enterprise.

Confidentiality

-  Photos, videos, audios, individual records, verbal info re: individual, clinical staff member individual files – Social media
-  “Disclosure of Information vs Release of Information”
-  No personal errands, hanging out with staff’s friends/family or transporting others while person served is in your car
-  ? re: sharing individual info – contact Supervisor immediately
-  HIPAA – subject line requirements



Legal Disclosures Requiring Authorization

- ✧ As a rule – Universal will **NOT** disclose information without first obtaining written authorization from the person served
- ✧ **...UNLESS** there is a court order that requires such. This rule applies when responding to:
 - ✧ Requests presented by way of judicial or administrative proceedings
 - ✧ Subpoenas
 - ✧ Law enforcement officials/Warrants
 - ✧ DSS, CPSD, Guardian Ad Litem



Customer Service Complaints

1. Being rude

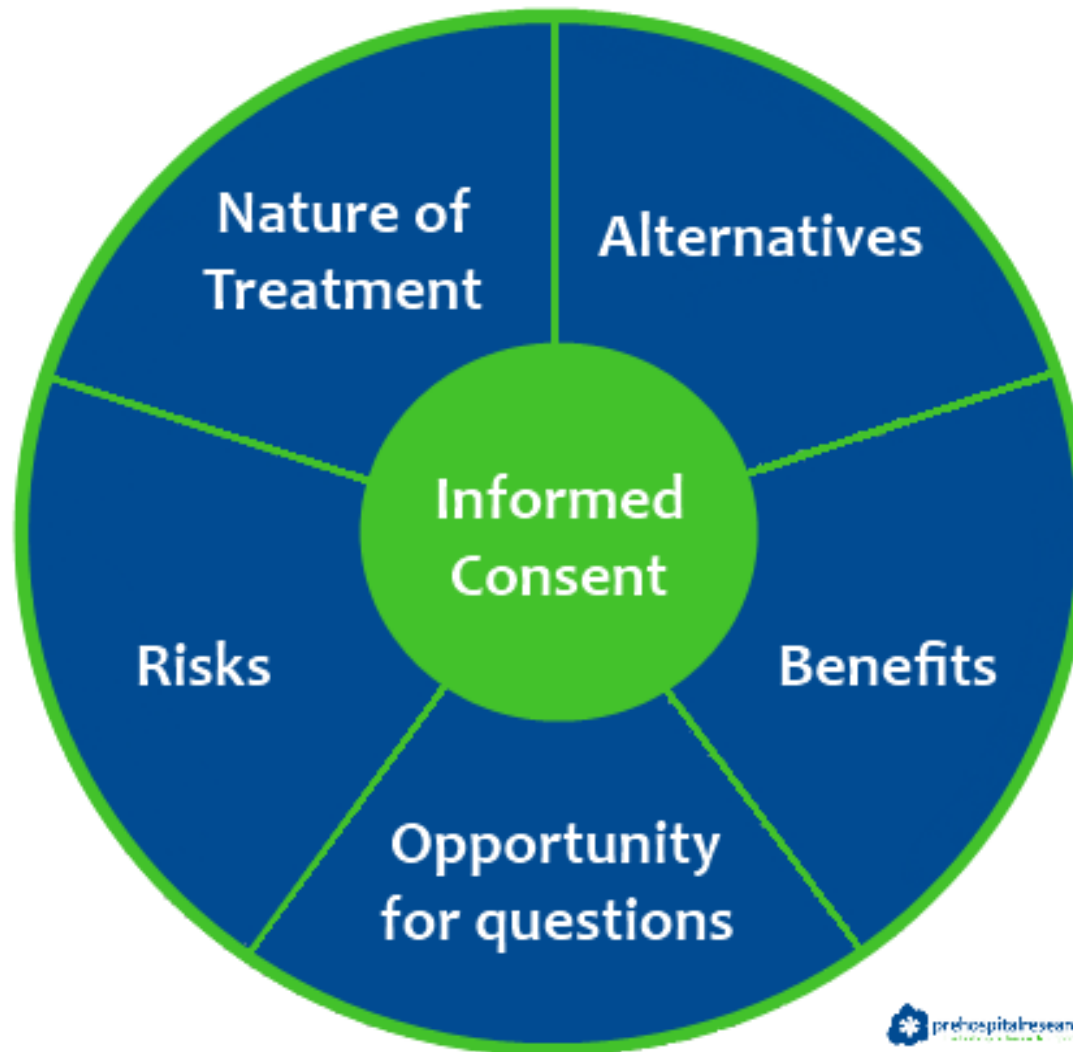


2. Not following through






3. Being “passed around”



Informed Consent







Environmental Factors

-  **Features of an environment that could cause harm including:**
 -  Safety measures in disrepair
 -  Tripping hazards etc.
 -  Failure to maintain warning systems (cameras, smoke detectors)
 -  Lack of documentation of safety hazards






Physical Risks

Physical risks may include:

-  Abuse and or neglect
-  Criminal actions
-  Bodily injury
-  Physical and psychological stress

Reducing physical risks:

-  Analyze where risks exist or could occur
-  Ensure a safe environment
-  Report any risks to Supervisor



Did You Know

That Universal has a:

 Quality Improvement Committee

 *Quality Improvement Plan*

 Human Rights Committee

 Medical Records Committee

 Morale Committee

 Safety Committee

 *All Universal locations perform and analyze
Emergency Safety Drills*

 Code of Ethics Policy

 *Violations are to be reported to:*

 *Regional Directors or Agency Director*

- *All the above committees operate within their respective Annual Plan.*



IT Policies

The top priority of Universal's IT Department is Cybersecurity

Universal has policies in place governing the use of company devices and technology. Each employee is provided with these policies during the hiring process and is required to provide a signature acknowledging they have read and understand them.


- Acceptable Use Policy
- Electronic Mail, Internet-Intranet Systems Policy

Key points of the policies above:

- Company devices, internet, and applications are for company use only.
- Personal use of company owned equipment and technology is prohibited.
- All files, documents, and communications which are transmitted, received, stored, or created on Universal's computers and network are the sole property of Universal.
- Streaming audio/video from the internet or through any media player is prohibited.
- No protected health information is to be sent via unencrypted text or email.
- All email must be composed using black text on a white background.
- Email signatures must be in the standard format designated by the policy.
- Employees must use extreme caution when opening email from unknown senders which may contain viruses, malware, or phishing that could be harmful to company data.
- Accessing data or an account for any purpose other than conducting company business is prohibited.
- These policies also apply to use of personal devices when accessing Universal's network.
- Universal reserves the right to audit, monitor, and document any use of company devices or technology to ensure these policies are being followed.
- Violation of any portion of these policies can result in disciplinary action up to and including dismissal.




False Claims Law

 In accordance with the federal false claims laws, as well as Universal's non-retaliation policy, no employee shall be discharged, demoted, suspended, threatened, harassed, or discriminated against with respect to the terms and conditions of his or her employment with Universal MH/DD/SAS as a result of making a good faith inquiry or report with suspected health care fraud, waste or abuse, or because the employee in good faith files or participates in a lawsuit filed under federal false claims laws.



Core Values

-  Empowerment
-  Community
-  Partnership
-  Integrity
-  Commitment
-  Quality



What is an Incident?

An “incident,” as defined in 10A NCAC 27G.0103(b)(32) is “any happening which is not consistent with the routine operation of a facility or service or the routine care of a person served and that is likely to lead to adverse effects upon the person served.”




Identification of and Reporting of Critical Incidents

- ✧ Medication errors
- ✧ Use of seclusion
- ✧ Use of restraint
- ✧ Injury
- ✧ Communicable disease
- ✧ Infection control
- ✧ Aggression or violence
- ✧ Unauthorized use or possession of weapons
- ✧ Wandering or Elopement
- ✧ Vehicular accidents
- ✧ Bio-hazardous accidents
- ✧ Unauthorized use or possession of licit or illicit substances (overdose)
- ✧ Abuse and Neglect
- ✧ Suicide or attempted suicide
- ✧ Other sentinel events



Documentation Guidelines

Electronic Visit Verification (EVV)

 EVV is federally mandated through the CURES Act and CMS with which the member, caregiver, date of service, type of service and time-in/time-out is recorded.

 EVV is **ONLY** for Community Living Supports (CLS) and Supported Living Periodic (SLP)

 *Universal start date - Nov. 28, 2020*


 *Federal mandate start date - Jan.01,2021*

 *See your Supervising QP to learn more about EVV.*



Documentation Guidelines cont.

Enter data within 24hr of completion of service

 Work **ONLY** the hours per approved schedule – (*Medicaid Fraud*)

 Do NOT leave the person unattended

 Incident Report vs Physical Restraint Report – both are to be reported to your Supervisor in **REAL TIME**



Unique Needs

- BE AWARE OF:
 - Individual's unique needs
 - Health issues
 - Safety issues



Wellness

- The National Wellness Institute defines wellness as “an active process of becoming aware of and making choices toward a more successful existence.”

- ✧ Emotional
- ✧ Social
- ✧ Occupational
- ✧ Physical
- ✧ Intellectual
- ✧ Spiritual
- ✧ Environmental
- ✧ Multicultural



Service Plans

 **Keep a copy with you at all times:**

 MCO's ISP








&

 Universal's Plan (PCP)

 Confidential information **MUST** be
secured in **locked** location (*trunk of car*)



Service Plans/Support

-  What needs to change
-  What needs to stay the same
-  The persons perspective
-  Staff's perspective
-  Goals based on the person served's perspective and the person who knows them best
-  Written using person-centered language
-  Screening/Admission Assessments



Cultural Competency vs Cultural Humility

Cultural competence: - Okokon O. Udo

- *“To be culturally competent doesn’t mean you are an authority in the values and beliefs of every culture. What it means is that you hold a deep respect for cultural differences and are eager to learn, and willing to accept, that there are many ways of viewing the world.”*

Cultural Humility: 3 Factors (Tervalon & Murray-Garcia, 1998)

- Lifelong commitment to self-evaluation and self-critique
- Fix power imbalances
- Develop partnerships with people and groups who advocate for others
- **A setting, situation and/or relationship where *all* differences are considered, identified, acknowledged, accepted, valued and respected so that strengths and skill-based effective *contextual* interactions are possible.**



Professionalism, Ethics & Risk Mgmt.



RISK MANAGEMENT

Universal MH/DD/SAS plans and coordinates all efforts to safeguard persons served, staff, and property. Risk Management is designed as a safety net for the business functions of the organization. For further information contact the CQI Department.





Human Rights & Confidentiality

At hire-in, this video is shown to persons served:

<https://www.youtube.com/watch?v=J6d7O-o16fg>

History

- Feb. 22, 1856: Dorothea Dix, first institution, first patient admitted
- 1880-83: Asylum for the “colored insane” in Goldsboro, Asylum for the “white insane” Western NC
- 1911: “training school for the “retarded”



Early Treatment

- 1920's: Hydrotherapy tubs, ice baths, rotating chair
- 1930's: Insulin shock
- 1940-1950's: Electroshock therapy and Frontal lobe lobotomies
- 1960's: Thorazine
- 1974: Forced sterilization

Americans with Disabilities Act 1990

- Protection from discrimination in the workplace, housing, public programs and residential settings (including treatment facilities)
- Goal is to give Americans with disabilities full and equal opportunities.



Respect for the Individual

- **Equality**: the right to be treated as equal citizens
- **Safety**: to be safe from violence and abuse
- **Home and family**: the right to be part of a family and to start one
- **Privacy**: the right to privacy, no matter where a person lives

Inclusion in the Community

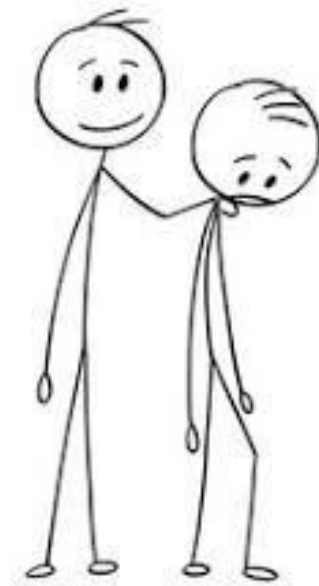
- **Work**: to work in a job they choose and earn a decent living
- **Education**: the right to an equal education, side by side with everyone else
- **Health**: the right to the best healthcare

Change in the Society

- **Access**: being able to get to and use public space and services
- **Political Life**: the right to vote and the right to a say in laws that effect the person
- **Culture and Sports**: to take equal part in arts, sport and leisure
- **Religion**: freedom of speech and religious expression
- **Constitutional Rights**: due process, travel, freedom from cruel and unusual punishment

Human Rights – Freedom From

- Verbal Abuse
- Physical Abuse
- Neglect
- Sexual Abuse
- Emotional/Psychological Abuse
- Exploitation



Rights in a 24-hour facility

- Send and receive sealed mail and access to postage
- Receive necessary treatment for prevention of physical ailments
- Discharge plan
- To live as normally possible while receiving treatment
- Make and receive confidential phone calls

Rights in a 24-hour facility

- Consult at own expense: legal counsel, private physicians and other professionals
- Contact and consult with a client advocate
- Freedom from experimental research
- To keep personal property

Person Centered Rights (the person's rights)

- To feel happy/angry and express it in a responsible manner
 - Communicate how a person served would explain to other persons served how and/or when to file a grievance. Example:
 - *"You have the right to file a grievance if a Universal person hurts you or talks badly to you. You can tell your QP and they can help you or you can call the corporate office yourself."*
- To be uniquely myself
- Freedom from painful procedures or stimulus administered for the purpose of reducing behaviors
- To ask for what I want

Person Centered Rights (the person's rights)

- To follow my own values and standards
- To change my mind
- Express my feelings
- To make friends
- Be happy



Our Responsibility (with the people we support)

- To be honest
- Foster and promote, positive mental health
- Are accessible
- Provide services in least restrictive environment
- Address quality of life issues

Our Responsibility (with the people we support)

- Use language that reduces stigma, discrimination or negativity
- Respect others lifestyle and preferences
- Provide effective treatment and care
- Promote person served participation in treatment
 - *Use words the person served understands when explaining all documents*
- Advocate – speak for others

Guardianship

- Guardian - a person or corporation appointed by court to be legally responsible for another person
- Clients can still make some decisions for themselves
- Guardianship can be terminated
- Adjudicated Incompetent
- Our role: to educate guardian and individual

Reasonable Accommodation

- Any modification or adjustment to a job, an employment practice or the work environment that makes it possible for a qualified individual with a disability to have equal employment opportunities
 - **Supervisor/Form/CQI Specialist/CQI/Agency Director/Decision**

Our Role

Our role as staff:

- Is to make sure the individual understands their rights.
- Their rights need to be explained in simple, easy to understand ways.
- Here is a video that helps to explain rights:

At hire-in, this video is shown to persons served:
<https://www.youtube.com/watch?v=J6d7O-o16fg>



Cultural Competency/Cultural Humility Training

“Universal MH/DD/SAS strives to develop awareness and respect in order to celebrate the diverse backgrounds of people.”



Objectives

- Cultural Competency vs Cultural Humility
- Stereotypes
- Your perception
- Information on the potential effects of culture.



What is Cultural Competency?

Cultural Competence in healthcare describes the ability of systems to provide care to individuals with diverse values, beliefs and behaviors, including tailoring delivery to meet their social, cultural and linguistic needs.

CULTURAL COMPETENCE IN HEALTH CARE: EMERGING FRAMEWORKS AND PRACTICAL APPROACHES Joseph R. Betancourt-Massachusetts General Hospital-Harvard Medical School Alexander R. Green and J. Emilio Carrillo-New York-Presbyterian Hospital-Weill Medical College of Cornell University. FIELD REPORT October 2002



What is Cultural Competency cont.

- The NC Department of Health and Human Services Communication Bulletin # 65 defines “cultural competence as occurring when knowledge, information and data about individuals and groups is integrated and transformed into clinical and best practice standards, skills, service approaches, techniques and marketing programs that match the individuals’ culture and increase both the quality and appropriateness of mental health services and outcomes.”



What is Cultural Humility?

A lifelong commitment to self-evaluation and self-critique that works to fix power imbalances and develops partnerships with people and groups who advocate for others.



Five factors to Cultural Competency:

- Value diversity
- Have the capacity for cultural self-assessment
- Be conscious of the “dynamics” when cultures interact
- Institute cultural knowledge
- Develop adaptations to service delivery reflecting an understanding of diversity between and within cultures.

Three factors of Cultural Humility:

1. Lifelong commitment to self-evaluation and self-critique
2. Fix power imbalances
3. Develop partnerships with people and groups who advocate for others

Cultural Layers

- Cultural Traditions
 - ✓ include events, rituals and customs that a society shares
- Subculture
 - ✓ a cultural group within a larger culture, often having beliefs or interests at variance with those of the larger culture
- Cultural Universals
 - ✓ a cultural universal (also called an anthropological universal or human universal)

Is CC the latest trend? • Is it who your friends are? • Is it something that I do not need to concern myself with? ANSWER ... *maybe*

Valuing Diversity



- Universal MH/DD/SAS recognizes that **EVERY** individual contributes a unique perspective that not only should be tolerated or respected, but also valued for the differences that makes our agency dynamic.
- **EVERY** staff, person served, family member and stakeholder is valued for their unique contribution.

Cultural Self-Assessment

- Universal MH/DD/SAS does not operate with “blindness” to ignore different cultures, rather each person is encouraged and supported to share their background, values needs and unique characteristics.
- Every person is also encouraged to learn about other cultures with an open mind and inquisitive spirit.

Awareness of Dynamics when Cultures Interact

- When people from different cultures come together, there can be preconceived notions or biases. The most effective way to avoid negativity is to view each person for their own strength and unique contribution.
- RESPECT is the right of every individual and adjusting to each other's needs is an essential step toward effective interaction.





Institution of Cultural Awareness

- Universal MH/DD/SAS's policies, procedures, trainings, marketing materials, working environment and behavior of all staff and stakeholders must be culturally sensitive to the people and communities we serve.
- Diversity is valued and we seek to partner with a wide variety of organizations and people.
- Discrimination in any form is not condoned or tolerated.

Adapting Service Delivery to Cultural Understanding

- Assessing strengths and needs of individuals receiving services must include cultural considerations and personal preferences.
 - ✓ A clinician or staff's education and experience makes them a valuable member of the treatment team, yet the background, culture and desires of the individual must help define their own personal outcomes for them to be meaningful.
- “Services that are respectful of and responsive to the health beliefs, practices, cultural and linguistic needs of diverse patients can help bring about positive outcomes.”

CLAS Standards

WHAT IS THIS?

- The National Standards for **C**ulturally and **L**inguistically **A**ppropriate **S**ervices in Health and Healthcare
 - *CLAS Information provided by ~ Michelle Strobel and Carolyn Shoaf, Partners Behavioral Health*
 - ✓ *Attaining the CLAS Standards is an on-going process. Universal is constantly striving towards this endeavor.*

What is CLAS?

CLAS is services that are respectful of and responsive to each person's culture and communication needs.



CLAS helps you take into account:

- Cultural health beliefs
- Preferred languages
- Health literacy levels
- Communication needs



CLAS helps make your services:

- Respectful
- Understandable
- Effective
- Equitable



What are the National CLAS Standards?

The National CLAS Standards gives your health organization action steps for providing CLAS. They offer guidance in the areas of:



Governance, Leadership,
and Workforce



Communication and
Language Assistance



Engagement,
Continuous Improvement,
and Accountability

The Office of Minority Health developed the Standards in 2013 to:



Advance health equity



Improve quality



Help eliminate disparities

How do health organizations implement the National CLAS Standards?

We studied 13 U.S. hospitals, public health departments, and ambulatory care centers to examine how they provide CLAS and use the National CLAS Standards.

Here are some of the CLAS activities we learned about.



Governance, Leadership, and Workforce

- Train staff in CLAS
- Recruit a workforce representative of community served
- Create and support a designated CLAS position



Communication and Language Assistance

- Offer comprehensive language assistance services
- Require interpreters' skills to be certified or assessed
- Use advanced technology for interpretation services



Engagement, Continuous Improvement, and Accountability

- Improve collection of race, ethnicity, and language data
- Conduct organizational assessments
- Incorporate CLAS into mission, vision, and strategic plans

In their words, organizational leaders explain what makes implementation easier:

"Leadership support"

"Community engagement"

"A CLAS champion"

"Collaboration across the organization"

"Organizational culture of continuous improvement"

Why do health organizations implement the National CLAS Standards?

They seek to improve...	and thereby increase...
<p>STAFF:</p> <ul style="list-style-type: none"> • Cultural competency • Language services use • Quality of services 	<p>CLIENT:</p> <ul style="list-style-type: none"> • Satisfaction • Engagement • Experience 

In their words, organizational leaders explain the Standards:

"A framework for thinking about how to make our services, programs, organizations culturally responsive."

"They help organizations embed being respectful of [individuals'] culture and language as they move through their healthcare journey."

"A guide to help you provide better services to the people you serve."

Where can you learn more?

www.ThinkCulturalHealth.hhs.gov

- The Blueprint - an implementation guide for the Standards
- E-learning Programs - accredited for various health professionals
- Resource Library - searchable clearinghouse of publications and tools

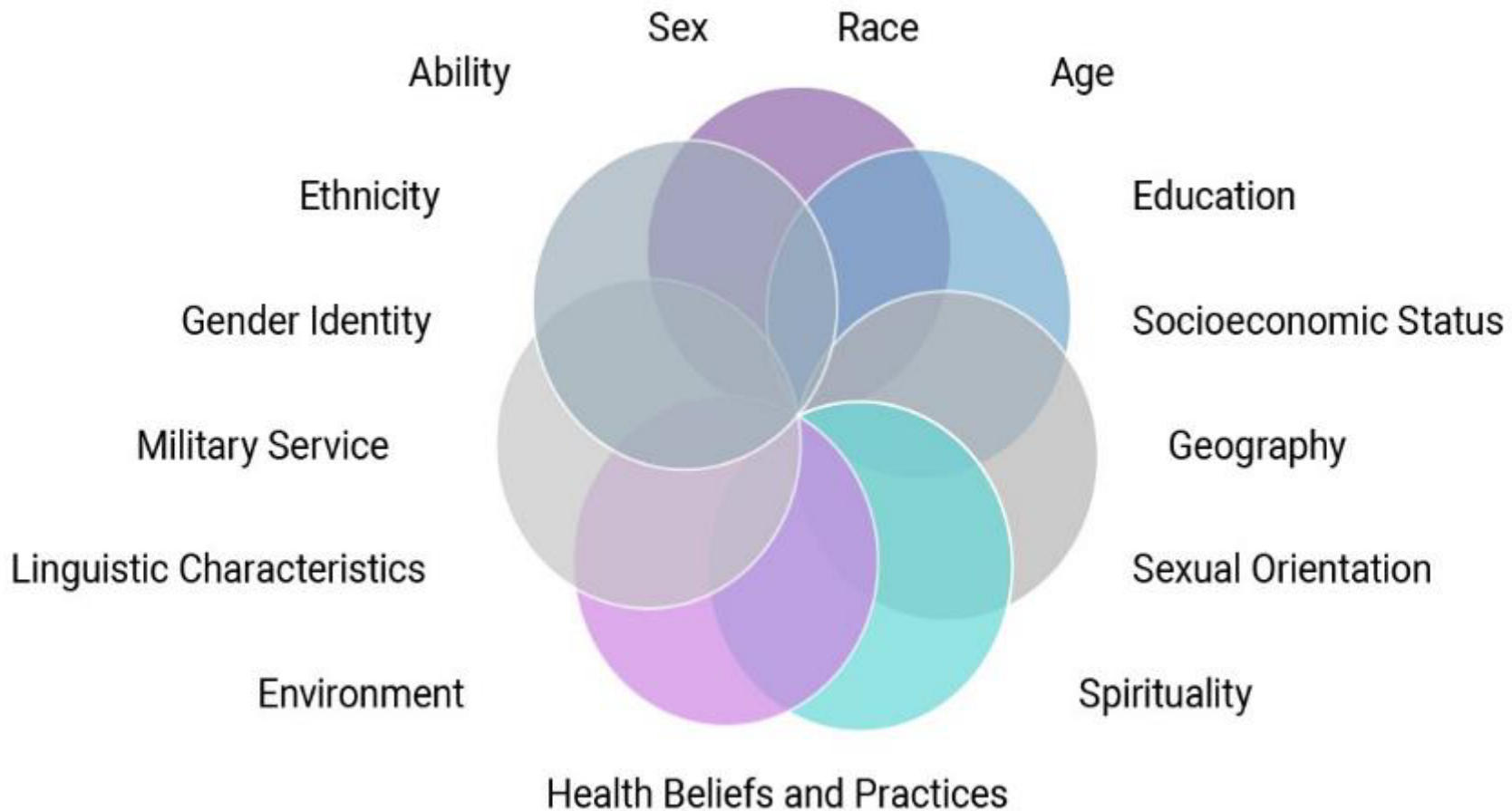
www.MinorityHealth.hhs.gov

- Knowledge Center - depository of health disparities information
- Events Calendar - trainings, conferences, and other events in health
- Blog - health equity and CLAS topics

"Many Americans struggle to achieve good health because the health care and services that are available to them do not adequately address their needs. As our nation becomes increasingly diverse, improving cultural and linguistic competency across public health and our health care system can be one of our most powerful levers for advancing health equity."

J. Nadine Gracia, MD, MSCE
Former Deputy Assistant Secretary for Minority Health

All aspects of a provider's and a client's cultural identity influence the therapeutic process



FREE Online Trainings

Improving Cultural Competency for Behavioral Health Professionals

- Learn how to better respect and respond to the person's unique needs.

<https://thinkculturalhealth.hhs.gov/education/behavioral-health>

Great Resources

- <http://minorityhealth.hhs.gov/omh>
- <https://healthreach.nim.nih.gov>
- <https://thinkculturalhealth.hhs.gov>
- <https://www.choicesinrecovery.com/caregiver-center/mental-health-support.html>

Cultural Competency vs Cultural Humility

Cultural competence: (Okokon O. Udo)

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Cultural Humility: **3 Factors** (Tervalon & Murray-Garcia, 1998)

- Lifelong commitment to self-evaluation and self-critique
- Fix power imbalances
- Develop partnerships with people and groups who advocate for others
- **A setting, situation and/or relationship where *all* differences are considered, identified, acknowledged, accepted, valued and respected so that strengths and skill-based effective *contextual* interactions are possible.**

What Does It All Mean?

- Cultural Competency means different things to different people
- It is important to find the balance to the many cultures we will encounter, to be effective in providing services (whatever they may be)
- Remember it is a journey that can go on for a lifetime!





Cultural Competency/Cultural Humility Training

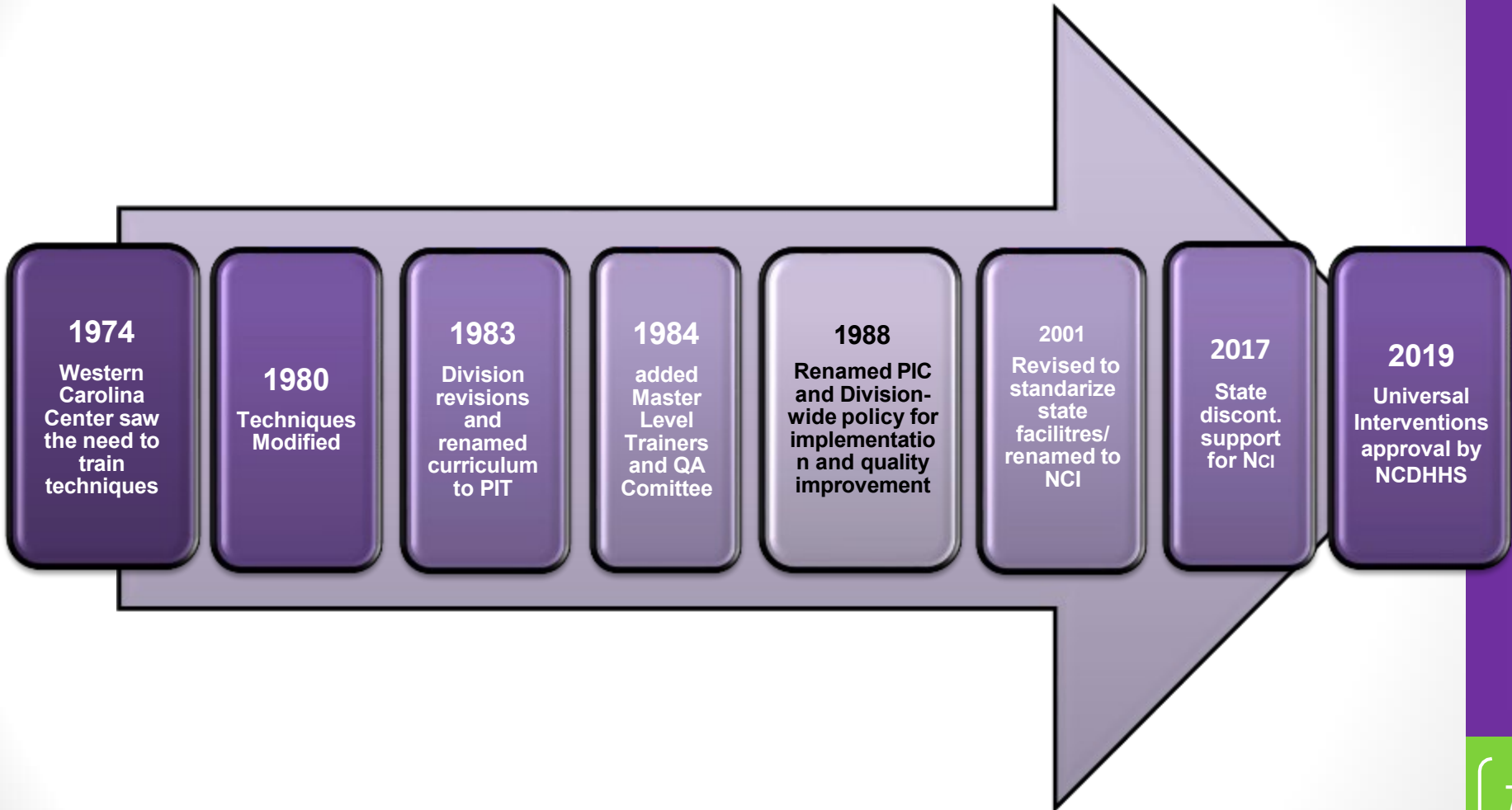
“Universal MH/DD/SAS strives to develop awareness and respect in order to the diverse **Celebrate** backgrounds of people.”



UNIVERSAL INTERVENTIONS



A History Lesson



UNIVERSAL INTERVENTIONS



**PART
A**

**Part B –
Restrictive
Interventions**

Remember...

UNIVERSAL INTERVENTIONS :
to prevent and avoid the use of
physical interventions

**Change
causes crisis**

**Crisis is state
of extreme
anxiety**

**Points in time when
lose physical and
rational control of
their behavior**

**Facing
obstacle(s)
to life goals**

**Life cycles are
significantly
disrupted**

**The person has
no response to
deal with a
situation**

The following are *NOT* considered restraints for the purposes of this section of standards.
~ 2023 CARF Manual

- Assistive devices used for persons physical or medical needs
- Briefly holding a person served, without undue force, for the purpose of comforting an individual or to prevent self-injurious behavior or injury to others
- Holding a person's hand to safely guide the individual from one area to another or away from another person
- Security doors designed to prevent elopement or wandering

Unit 1 – Factors That Influence Behavior

Factors that affect behavior:

- What affects behavior?
- People act on how they think things are happening
- What we do affects others
- Most behavior is learned



Factors that affect behavior cont.

- Inside vs Outside
- Cultural Background
- Health
- Education
- Finances
- Work experience
- Environment
- Finances

Inside Factors

- Personality Traits
- How You Think
- Individual's Ability to Communicate
- Question:
 - *What you think is happening is more important than what is actually happening? True/False*



Factors that affect behavior cont.

► Risk Factors

- Mental illnesses
- IDD
- History of violence
- Health problems
- Poor communication skills
- Poor support system

► Protective Factors

- Sense of Responsibility
- Problem solving abilities
- Good Self esteem
- Feeling of Control over one's life
- Planning for future events
- Good social interpersonal skills
- Able to look for support from others

Personal Factors that affect behavior

- **Physical**

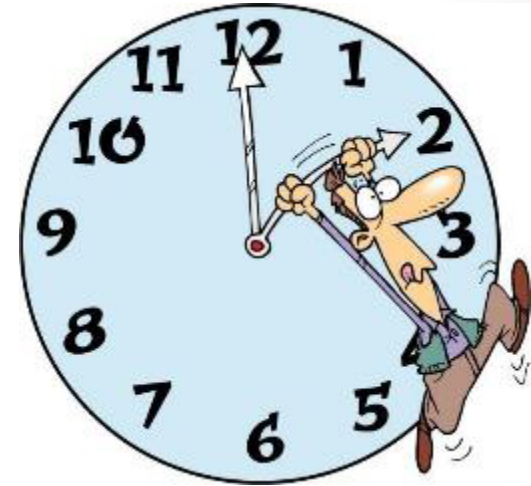
- Hormone Imbalance
- Low Blood Sugar
- PMS
- Brain chemistry
- Drug/Alcohol Abuse
- Physical Ailments and Illness
- Diet
- Medication

- **Emotional**

- Hallucinations/Delusions
- Post Traumatic Stress Disorder
- Personality Disorders
- Psychotic brain syndromes

Environmental Factors that affect behavior

- Time
- Weather
- Space
- Resources
- Organizational Factors



Other factors that affect behavior

- Health Issues
- Stress
 - Reduction vs Burnout
- Anger
- Lack of opportunities
 - “Lack of knowledge of the person
 - *How can we learn more about the person?*



How does what you do affect the behavior of others?



?

What is learned behavior?

Should you focus on the person's risk or protective factors?

What are the ABCs of learning?



Anger Iceberg

Sometimes when we are angry, there are other emotions under the surface

Icebergs are giant floating pieces of ice found in the coldest parts of the ocean. What you can see from above is just a tiny part. Most of the iceberg is hidden under the surface.

Angry

Embarrassed Annoyed
Offended Disgusted Attacked Rejected
Pressured Shame Scared
Overwhelmed Guilt Alone
Grumpy Unsure Grief Distrustful
Angry Nervous Insecure Disappointed
Hurt Tired Trapped Disrespected Helpless
Jealous Tricked Sad Frustrated
Regret Uncomfortable Worried Name another feeling

Anger,
Straight
Ahead!

Watch
Out!

Let's go
deeper!

Professional/Therapeutic Relationships

Definition:

- Friendship versus professional/therapeutic relationship
- Strategies for a professional/therapeutic relationship
 - Safe Environment
 - Whole Person - People First
 - Orderly Routines – goal oriented
 - Help people to learn what THEY want to lead independent lives

Communication



vs

Words

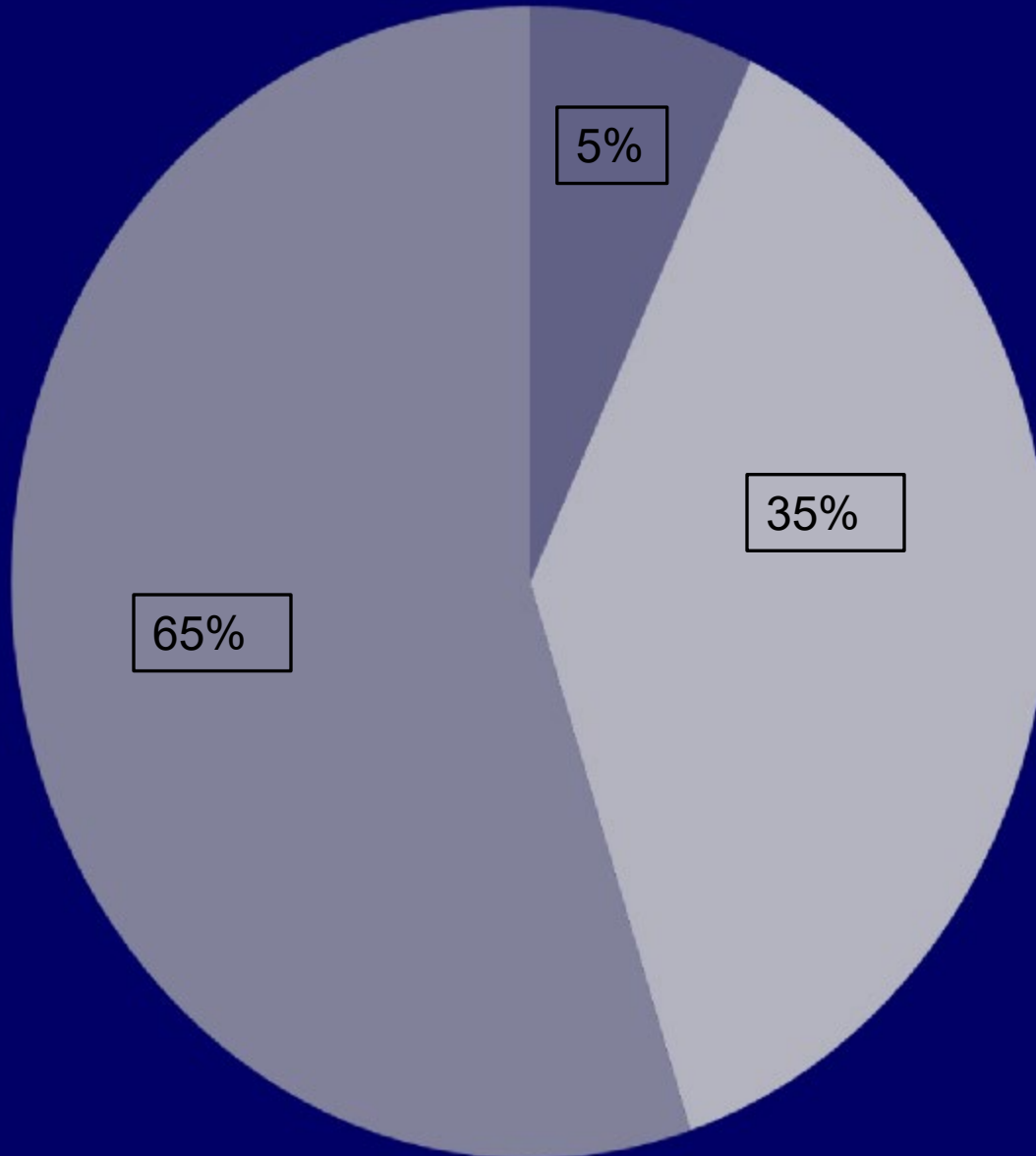
- Verbal vs Non-Verbal Language
- How and why people communicate
- Active Listening
 - *How do we empower people?*
- Respect and Empathy
- Feedback Guidelines
- Communication Barriers

Communication Guidelines

- Use person's name
- Comment on good things
- Give feedback quickly
- “I” vs “You” – Respect
- Empathy
- Explain & Summarize

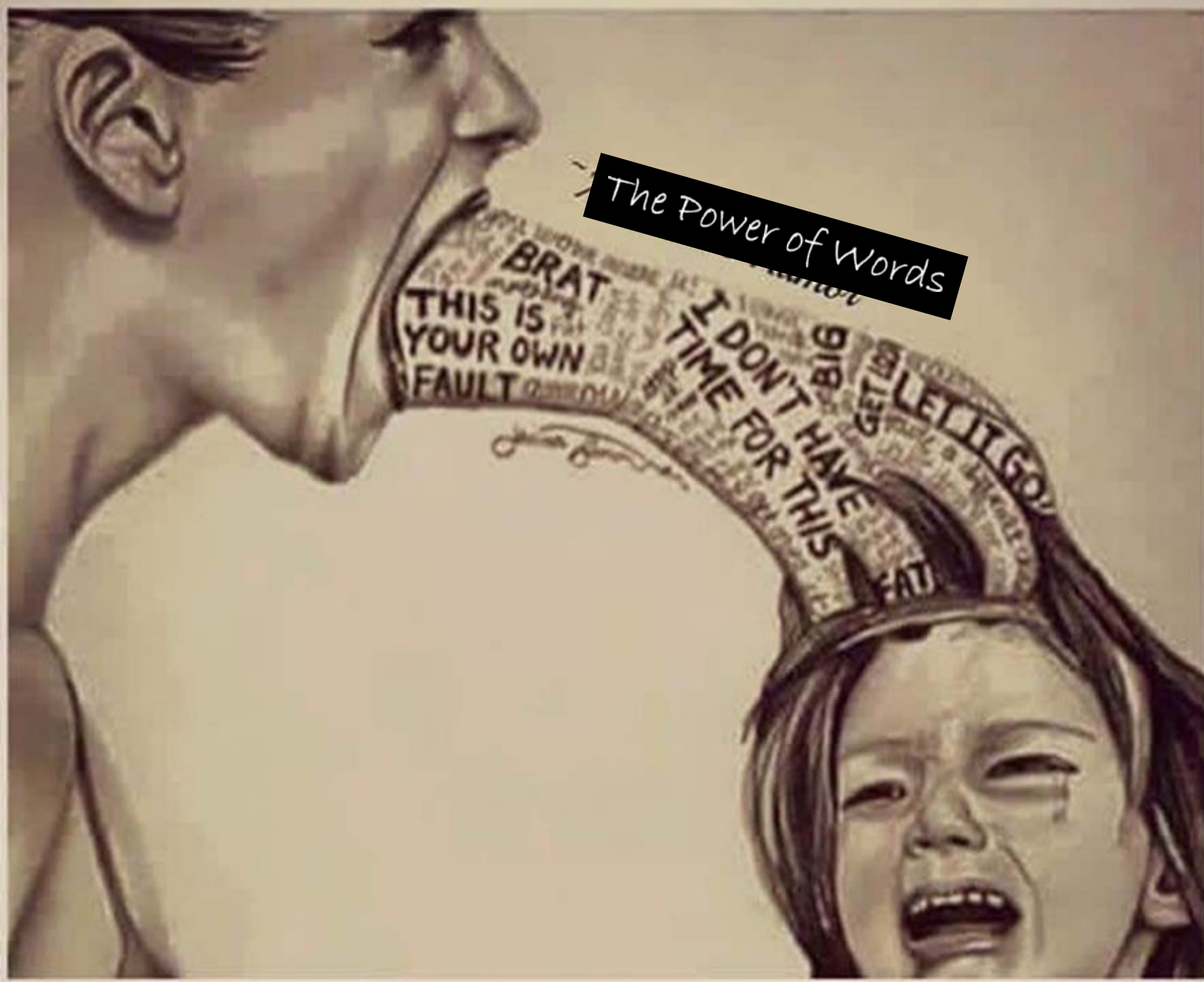


Communication vs What Heard ~ Fred Pryor Seminars



Reasons People Communicate

- For attention
- To get something they want
- Show what they like or don't like
- Show distress
- Avoid things that cause problems
 - *What communication means?*



The Power of Words

Words Matter

The words we use to describe someone who has a disability are very important. They can be degrading or enhancing.

- ❑ Use simple language
- ❑ Be patient, provide extra time for decision making
 - *“It’s NOT about you!”*
- ❑ Do not finish person’s sentences
- ❑ Use age-appropriate language
- ❑ Attitudinal barriers to communication
- ❑ Refrain from becoming visibly frustrated

Use Person First Language

- ✧ T – Take the time
- ✧ A – Ask, don't assume
- ✧ L – Listen attentively
- ✧ K – Know the person's needs/support them



Person Centeredness

- What's important “to” and “for” the person?
 - *Connection addressed? Balance? Meaningful day?*
- What does the person want to learn, what do you need to learn?
- What's working and not working? Change
Give feedback quickly
- How do we best support the person?
- How does the person best communicate?

What is Important “To” & “For”

- People to be with
- Things to do and places to go
- Rituals or routines
- Things to have

- Issues of Health & Safety
- Environment
- Well being
- Feeling safe

Do Losses Matter?

- Freedom of movement / spontaneity
- Privacy
- Dignity and Respect
- Limits on Personal Possessions
- Access to family/friends
- *People with disabilities have many limits on what they can do, thus resulting in challenging behavior.*

► Encourage decision-making

- Offering hope
- Offering choices
- Avoiding unnecessary confrontation
- Helping people make their own

► Teach Problem-solving

- State the problem
- List options
- Evaluate options
- Choose and do
- Evaluate action

Informed Decision-Making

The 5 step process

1.

Understand the decision/issue/situation

2.

Gather information

3.

Explore options & consider outcomes

4.

Decide, act & empower

5.

Evaluate the
decision

Your Role

➤ Is to positively support while...

“getting the person ready”
to learn the skill

How do I support people to be “In-charge” of their own lives?”

- Ask what **THEY** want
- Offer choices and options
- Avoid unnecessary confrontation
- Praise at the completion of a decision
- Encourage decision-making

Unit 4 – My Role in Prevention and De-Escalation

What **NOT** to do:

- Ignore people
- Expect absolute obedience
- Tell rather than ask
- Make decisions for the person instead of with the person
- Tease, pick or not follow through
- Make unreasonable and unenforceable consequences



- *What do you do if you see another staff use incorrect interventions?*

Alternatives to Unsafe Behavior

- Ask to leave when feeling upset
- Identify “cool-down” locations
- Develop an activity plan to re-direct mindset
- Soothing sensory techniques

Crisis **Intervention** Strategies

- Remain professional
- Use person's name
- Repeat what they said for clarity
- Don't use threats
- Be aware of non-verbal communication
- Use team approach if needed
- Don't take it personally
- Set limits/boundaries
- Avoid power struggles

Assessing Cues for Escalating Behavior

Physical Appearance

- Turning Red
- Clenching fists
- Staring
- Biting/Trembling Lips
- Walking in circles or pacing
- Breathing shallowly & fast
- Stomping Feet
- Crying

Speech

- Talking loudly
- Cursing
- Talking excessively about unusual topics
- Threatening
- Teasing others
- Criticizing, complaining
- Soft, flat voice
- Not talking at all
- Refusing to do things
- Name calling
- Not responding when spoken to

Body Language

- Poor eye contact
- Listless posture
- Excessive body movements
- Angry facial expressions

Property Abuse

- Slamming doors
- Beating or hitting things with an object
- Turning over chairs
- Throwing objects

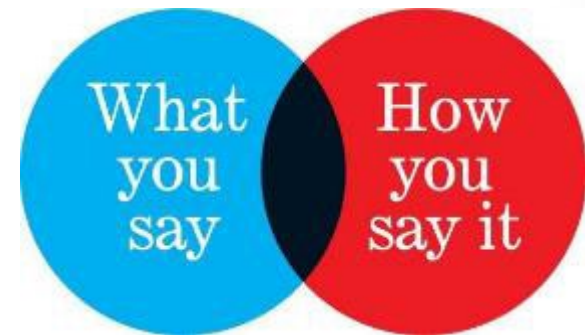
How to Approach an Upset Person

- Approach in calm manner
- Use low voice tone/volume
- Give reassurance
- Use “I” messages
- Get the facts *Ask what, where, when, how*
 - *NEVER WHY?*
- Be clear and up front about the rules
- Offer choices and options
- Redirect if needed



“How You Say It”

- Use non-threatening body stance
- Never toe-to-toe
- Give personal space
- Don't hold eye contact too long
- Touch only if have to
- Monitor yourself



Signs of intent and capacity to harm

Physical

- Changes to sleeping patterns
- Loss of energy
- Changes in personal hygiene
- Changes in eating habits

Conversation

- “What’s the point?”
- “It’s all my fault”
- “I can’t take this anymore”
- “No one cares about me”
- “It’s beyond my control”
- Talking about death or suicide

Feelings

- Sadness
- Anger
- Shame
- Desperation
- Disconnection
- Loneliness
- Isolation

Behavior

- Alcohol/Drug misuse
- Fighting
- Withdrawal from family/friends
- Suicidal
- Self-harming
- Risk-taking
- Emotional outbursts

- Universal MH/DD/SAS Revised: 10/23/2024

Questions to Consider Prior to Physical Intervention



1. Can I handle this situation alone?
2. Is there potential for danger for others?
3. Is help readily available?
4. Can I keep from getting angry?
5. Is my appearance going to interfere with my ability to respond?

10 Questions

6. Can I get others to a safe exit, if necessary?
7. Does this person have a history of hitting, biting, running away, etc?
8. What is this person's crisis plan?
9. What is my agency's policy regarding this type of intervention?
- 10. Before physically intervening, is there anything else that might be done to resolve this crisis appropriately?**

Debriefing

- When debriefing, communication must take place between all parties.
- Why debrief? To learn what happened and to better respond in the future.
- **Remember consistency matters!**



Documentation must take place for the following:

- Policies and Procedures
- Crisis Plan
- Incident Report
- Physical *Intervention/Restraint* Report
- Status Checks
- Real Time vs Timelines



Vehicle Safety – *NEVER leave individual in vehicle by self !*

- Ensure you have a safe vehicle
- Park away from other cars
- Go to safe locations
- Items that could be damaged
- When are child locks permissible?
- Unsafe behavior – don't drive
- When applicable, sit the member in the back seat opposite the driver



Staff Coverage Considerations

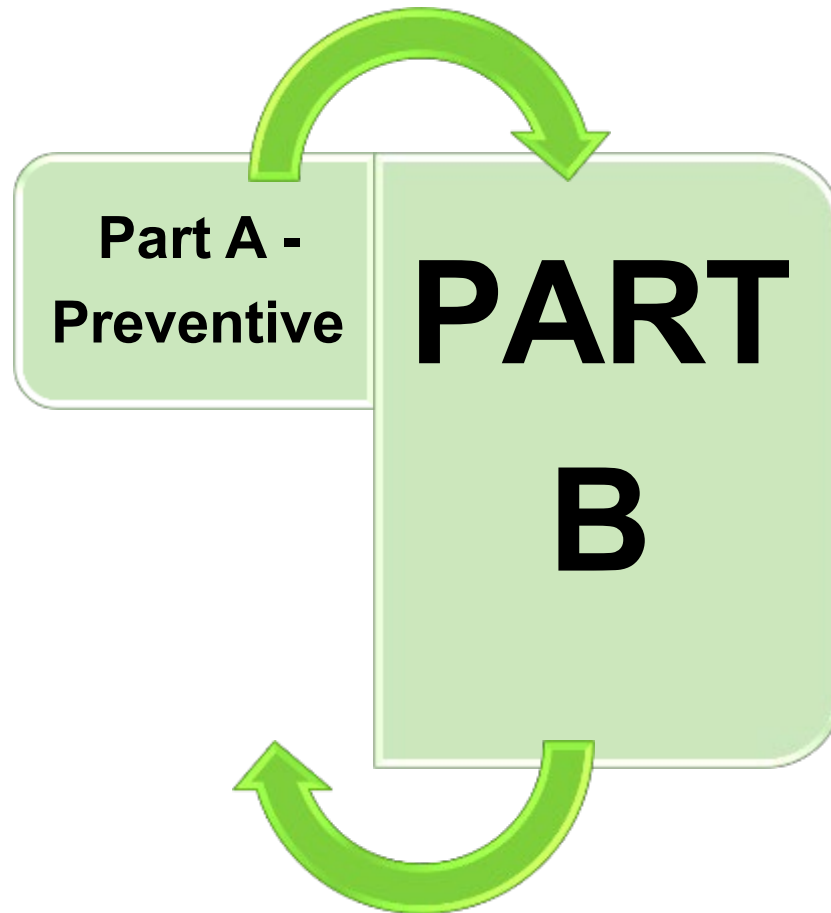
- Know your limits
- Need appropriate staffing, not warm body
- Think of needs of person
- Educate yourself
- Don't typecast yourself
- If stressed out – communicate so
- If you are reported to the Health Care Personnel Registry, you may be temporarily or permanently suspended from working the MH/IDD/SUS field.

Scope of Care

- Know your physical limits
- Less crowded place til know the person well
- Extra set of clothes / snacks
- **Ask Supervisor if activities are approved
- Work scheduled hours
- Everything must be based on the goal
- Agency is the employer – not the family

Have FUN!

UNIVERSAL INTERVENTIONS



Points of Emphasis

- Protection in Law and Rule
- Prohibited Procedures – **NOT ALLOWED!**
 - *Seclusion and Isolation Time-Out*
 - *As of January 15, 2013, DHHS prohibits the use of prone or face down positions!*
- Monitoring vitals
- Psychological status and comfort

Points of Emphasis cont.

- Strategies to ensure dignity and respect during and after intervention
- When to seek Medical Assistance
- Debriefing
- Reporting and Documentation
 - Documentation requirements

Remember...

UNIVERSAL INTERVENTIONS :
to prevent and avoid the use of
physical interventions

Trauma Informed Care



The way a person perceives the world can be changed by a trauma experience.



Whether trauma is caused by a single event such as a natural disaster, or by repeated or prolonged exposure to abuse, an individual's thoughts, feelings, and behaviors are filtered through their experience and perspective.

- ❑ Increasing your awareness about the trauma a person has experienced and the impact it has on them can help you when they become anxious or disruptive.
- ❑ As you sharpen your understanding of their experience, your relationship will strengthen, and that rapport can make your interventions more successful.
- ❑ The trust and relationship you have with someone who exhibits challenging behavior, helps you know how to reach them, how to communicate with them, and what will help them calm down.

How does one ask from a trauma-informed perspective?

Here is how - "What happened to you?" instead of "What's wrong with you?"

DEFINITIONS

Trauma

- Trauma is an emotional response to a terrible event like an accident, natural disaster or rape. Typically, immediately after the event, shock and/or denial will be evident.
- Longer term reactions include physical symptoms like headaches, nausea, unpredictable emotions, flashbacks, and/or strained relationships.

Trauma Informed Care

- Trauma-Informed Care is a framework of thinking and interventions that are directed by a thorough understanding of the profound neurological, biological, psychological, and social effects trauma has on an individual. It recognizes that one has constant interdependent need for safety, connections, and ways to manage emotions/impulses.

Triggers

- Triggers are signals that act as signs of possible danger, based on historical traumatic experiences and which lead to a set of emotional, physiological, and behavioral responses that arise in the service of survival and safety (Ex: sights, sounds, smells, touch.)
- Triggers are all about one's perceptions experienced as reality. There may be a freeze, fight or flight response. A triggered individual experiences fear, panic, upset, and agitation.

DEFINITIONS

Acute

- Results: From exposure to a single over-whelming event.
- Examples: Natural disaster, rape or death.
- Characteristics: Detailed memories, misperceptions, hyper-vigilance, or over reactions.

Chronic

- Results: From extended exposure to traumatizing situations.
- Examples: Prolonged exposure to violence or bullying, neglect or home removals
- Characteristics: Psychological numbing, denial, rage, social withdrawal, or disassociation.

Complex

- Results: From a single traumatic event that is devastating enough to have long lasting effects.
- Examples: Mass casualty, school shootings, car accident with fatalities, refugee displacement.
- Characteristics: Perpetual mourning or depression, concentration and/or sleep issues, or irritability.

When internal and external resources are inadequate for coping, traumatization occurs!

“Adopting a trauma-informed approach is not accomplished through any single technique or checklist. It requires constant attention, caring awareness, sensitivity, and possibly a cultural change at an organizational level.”
(Source: CDC)



TIPS for preventing re-traumatization.



Learn

Collect data, screen for history and de-escalation



Grow

Develop capacity to read cues and respond appropriately



Causes

Understand what behaviors are communicating



PCT

Focus on strength-based mindset, focus on what they can do rather than what they cannot do.



Choices

Provide choice making opportunities.



Weigh

Choose the least restrictive options always



Debrief

Prioritize debriefing – it helps you to discern patterns and triggers. It will also help the person learn resilience and coping skills.

Ask the person you support: *“What are things that you know make it more difficult when you are upset?”*

- ☐ Being touched
- ☐ Being isolated
- ☐ Open door
- ☐ People in uniform
- ☐ Yelling
- ☐ Loud noises
- ☐ Certain colors
- ☐ Certain textures
- ☐ A particular time of day or time of the year



“Is there anything you can share with me that will make you feel safe in this situation?”

Do any of the following work for the person you support? Ask them!

- ☐ Listening to music
- ☐ Watching TV
- ☐ Getting a hug
- ☐ Pounding some clay
- ☐ Punching a pillow
- ☐ Physical exercise
- ☐ Writing in a journal
- ☐ Playing a computer game
- ☐ Breathing exercises
- ☐ Putting hands under running water
- ☐ Going for a walk with staff
- ☐ Using a weighted vest



“Let’s figure out how we can best help.”

Websites and Articles

National Institute for Trauma and Loss in Children Resources and training from TLC, the National Institute for Trauma and Loss in Children.

National Center for Trauma-Informed Care and Alternatives to Seclusion and Restraint Offers resources to help health care workers develop trauma informed practices.

Supporting Children and Families Under Stress: Resilient and Trauma-Informed Schools A slide presentation from Audra Langley, Ph.D., of the UCLA Semel Institute for Neuroscience and Human Behavior

The Trauma Informed Academy, elizabethpower.com

Crisis Prevention Institute, www.tic.pdf

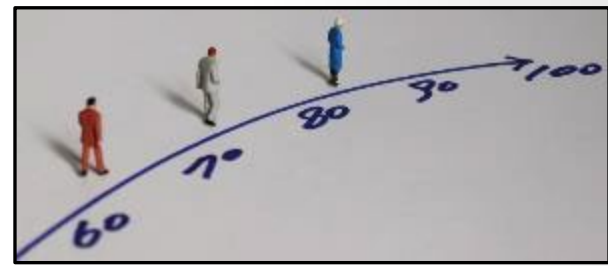


Aging and Dementia

IDD Population



Dementia and IDD



- Longevity has increased for all individuals including those with IDD. A greater number of people living longer means there is a higher risk of developing dementia.
- People with Down syndrome have a four times higher risk of developing Alzheimer's due to genetic factors.
- Assessment can be difficult because of pre-existing intellectual difficulties, physical illnesses and co-occurring mental health issues.



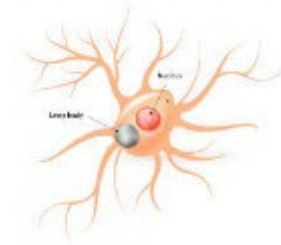
Forgetfulness vs Dementia

- Age related memory problems:
Examples: forget parts of experiences, remember parts of experiences later, can follow directions and care for themselves
- Dementia:
Examples: forget whole experiences, rarely remember it later, eventually unable to follow directions or care for themselves.



Neurocognitive Disorders

- Alzheimer's – occurs when biochemical problems inside the brain cells form abnormal proteins
- Vascular - cognitive deterioration related to cerebrovascular disease
- Lewy Body - sleep disturbances, psychosis, slowed movements, short term memory may be preserved
- Frontotemporal - marked changes in personality, affects ability to comprehend language
- Mixed Dementia - more than one type of dementia.



Neurocognitive Disorders cont



- Traumatic Brain Injury - caused by falls, motor vehicle accidents, self-injurious behaviors
- Hydrocephalus - memory loss, urinary incontinence, unsteady balance
- Dementia - Parkinson's Disease - rigidity and tremors
- Korsakoff's Syndrome - caused from alcohol abuse, chronic infections or poor nutrition.



Signs of Dementia with IDD

- Increased inability to stay focused
- Change in prior daily routine (sleeping, eating habits)
- Inability to make clothing decisions
- Getting lost in familiar environments
- Difficulty learning new task
- Increased accidents and falls
- Changes in vision and hearing.



Signs of Dementia with IDD cont.

- Frequent choking incidents
- Late onset seizures
- Not remembering names of people previously known
- Increased aggression, unjustified fears
- Loss of language and other communication and social skills
- Increased difficulty with visual and motor coordination.



Dementia Screening with IDD population

- Compare the past history with the present history functioning
- Always start with a physical exam
- Blood work for thyroid and vitamin deficiencies
- Review medications
- Screen for infections
- Vision and hearing checks
- Bone density scans.



Dementia Screening cont.

- Get a psychological assessment
- IQ test
- Memory screens
- Adaptive behavior measures.



Person-Centered Planning Dementia

- Plan involves the person, family members, and other individuals who know the person well
- Focuses on individual's strengths and interest and plans for periodic re-assessment to quantify capabilities
- Provides for involvement in the community as much as possible
- Builds from original dementia information and assessments of progression and staging
- Monitors for cognitive and physical changes
- Considers individual's communication abilities.



Person-Centered Planning Dementia cont.

- Note experiences that the person may enjoy as well as what contributes to a bad day
- Note justifications for any restrictions
- Note behavioral and psychological symptoms of dementia
- Plan provides for an understanding of managing dementia and strategies for changing support as dementia progresses
- Plan will address end-of-life care.



Tips for Staff

- Accept that as dementia progresses, changes can occur quickly
- Get support from groups, helplines and other staff members that work in the environment
- Speak softly, slowly and clearly
- Use simple sentences
- Avoid abrupt changes in routine
- Be reassuring
- Tell the person what you are doing before starting a task
- Be flexible.



Resources

- National Task Group on Intellectual disabilities and dementia Practices
- Alzheimer's Association
- Dr. Lynn McMunn and Dr. Peter Tolisano



Why We Do What We Do



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