STUART T. WILSON CPA, PC
Fiscal Intermediary

Dear Medicaid Provider,

Welcome to the Self- Determination community! As the Fiscal Intermediary for your employer, we will be receiving and processing your timesheets weekly. One of the important responsibilities you have as a provider, who is paid with Medicaid funds, is to ensure that you complete and maintain required trainings.

If trainings are not completed and kept current, you are ineligible to be paid with Medicaid funds. If trainings are not complete, you should not be scheduled to work until the trainings are complete.

This training packet should be turned in before you submit your first timesheet for payment. There may be additional trainings that Community Mental Health requires. If so, please adhere to their requirements also.

Please read the entire training packet. You will need to submit the Recipient Rights Quiz, First Aid Quiz, and the Attestation page. You are required to pass the two quizzes.

If you have any questions, please contact our office, and speak with our training coordinator.

Stuart T. Wilson CPA, PC
6300 Schade Dr.
Midland, MI 48640

P: 989-832-5400
F: 989-832-5404
Email: training@stuartwilsonfi.com

The full training handbook can be accessed in the following ways:

- Online at www.stuartwilsonfi.com
    - Resources>Saginaw Community Mental Health>STW Saginaw Training Guide
- In your employer's home in their self-determination portfolio under the "Training tab"
- Mailed to you or left for pick up at the Hancock office by the self-determination coordinator

STUART T. WILSON CPA, PC
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Training Handbook

www.stuartwilsonfi.com

989-832-5400
6300 Schade Drive
Midland, MI 48640

Infection Control/Blood Borne Pathogen Training

Infection control is preventing the spread of **germs** that cause illness and infection. Infection control starts with understanding germs and how they are spread.

ABOUT GERMS

Everyone comes in contact with millions of germs (microorganisms) each day. All germs need warmth, moisture, darkness and oxygen to live and grow. Many germs are harmless and are needed for our bodies to function in a healthy way. For example: elimination of waste products, (feces and urine) from our bodies. Some germs are very harmful and cause infections, diseases, and illnesses by rapidly multiplying and overwhelming the body's natural defenses. An infection can be local in one spot, like an infected cut, or it can be systemic; throughout the whole body, like food poisoning or pneumonia.

THREE WAYS GERMS ARE SPREAD

Germs are spread in the environment three ways: direct contact, indirect contact, and droplet spread.

1. **Direct Contact** means that germs are spread *from one infected person to another*. An example of direct contact is the person infected with a cold putting his hands to his mouth while coughing or sneezing and then touching or contacting another person before he has washed his hands. A similar situation happens when the person has an infected or open sore or wound or bodily fluids that are full of germs (feces, urine) or blood (HIV, AIDS, Hepatitis A, B, or C) or saliva that is contaminated, and the other person is contacted directly by the germs.
2. **Indirect Contact** means that germs are spread from one infected person to another person *through an object*. The germ from the person infected contaminates the object, and the person who touches the object is then contaminated. Indirect contact is a common way for germs to spread between people who live, work and play together. The spread of germs through indirect contact can happen when eating contaminated food (E. coli, salmonella), handling soiled linens, soiled equipment, using soiled utensils, or from a gastrointestinal infection. The Hepatitis B virus can live up to 10 days in dried blood and can also be spread indirectly.
3. **Droplet Spread** means that germs are spread through the air from one infected person to another person. The germs are airborne and are carried over short distances. When people talk, cough or sneeze they are spreading germs through the air. The germs of the common cold, flu, and even tuberculosis travel from one person to another by droplet spread.

CONTROLLING THE SPREAD OF GERMS

Knowing how germs are spread is the first step in practicing infection control and preventing illness. Knowing how to control the spread of germs is the second step. You can protect yourself and the individuals with whom you work from germs or contamination by doing the following:

1. Know and practice standard precautions (defined in next section), 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

Standard Precautions, including 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).

You should use these precautions when coming in contact with blood and all body fluids, secretions, and excretions (urine and feces), whether or not they contain visible blood; when touching mucous membranes such as the eyes or nose; and when dealing with skin breakdown such as a cut, abrasion, or wound.

Body Fluids Include:

- Blood
- Blood Products
- Secretions
- Semen
- Vaginal secretions
- Nasal secretions
- Septum
- Saliva from dental procedures
- Excretions
- Urine
- Feces
- Vomit

Hand Washing

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

Germs are spread more frequently by hands and fingers than by any other means. When employee's SHOULD WASH THEIR HANDS:

- Employees should wash their hands when they come to work and before leaving.
- Hands should be washed at work before touching:
    - Food
    - An individual's medicine
    - Kitchen utensils and equipment
    - Someone's skin that has cuts, sores, or wounds
    - Before putting on disposable gloves
- Employee's should always wash their hands 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 someone's soiled clothing or bed linens

Gloving

Practicing standard precautions also includes the wearing of disposable (single use) latex gloves whenever you come in contact with body fluid. (Non-latex gloves should be purchased for people who are allergic to latex.) 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.

If bodily fluids or blood touches the skin, wash the area vigorously and thoroughly with soap and warm water. If the gloves tear or break, take them off and vigorously wash your hands. Put on a new pair of gloves and continue assisting the individual.

- Employees should follow the procedure for putting on disposable gloves at the end of this unit.
- Employees should always use gloves when providing or assisting an individual with:
    - Rectal or genital care
    - Tooth brushing or flossing
    - Menstrual care
    - Bathing or Showering
    - Cleaning bathrooms
    - Cleaning up urine, feces, vomit, or blood
    - Cleaning toilets, bed pans or urinals
    - Providing wound care
    - Handling soiled linen or clothing
    - Giving care when the DSP has open cuts or oozing sores on his or her hands
    - Providing first-aid
    - Disposing of waste in leak proof, airtight containers
        - ✓ **Always use a new pair of gloves for each activity**
        - ✓ **Always use a new pair of gloves for each individual**
        - ✓ **Always wash your hands before and after using gloves**
        - ✓ **Never wash and use again**

Since hand washing can easily dry out a person's skin, remember to apply hand lotion or cream often throughout the day. It is a best practice to keep natural nails short and avoid the use of artificial nails when providing personal care. Many hospitals have banned artificial and natural long nails for employees who provide personal care. Research has shown that healthcare workers who wear artificial nails are more likely to harbor germs than those who don't. Employees with long nails are at risk of puncturing or tearing disposable gloves.

Alcohol based hand rubs or hand sanitizers may also be used. They provide a great alternative to hand washing for the following reasons:

- Alcohol based hand rubs (foam or gel) kill more effectively and more quickly than hand washing with soap and water.
- They are less damaging to skin than soap and water, resulting in less dryness and irritation.
- They require less time than hand washing with soap and water.
- Bottles/dispensers can be placed at the point of care so they are more accessible.

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 of PPE used will vary based on the level of precautions required; e.g., Standard and Contact, Droplet or Airborne Infection Isolation. Employees should always remember to:

- Keep hands away from face
- Limit surfaces touched
- Change gloves when torn or heavily contaminated
- Perform hand hygiene

If you must use PPE you should put the equipment on in the following order:

1. **Gown** – Fully cover torso from neck to knees, arms to end of wrists, and wrap around the back. Fasten in back of neck and waist. Wear a gown during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions, or excretions. Remove soiled gown as soon as possible, and wash hands after removing gown.
2. **Mask or Respirator** – Secure ties or elastic bands at middle of head or neck. Fit flexible band to nose bridge. Fit snug to face and below chin. Check respirator fit.
3. **Goggles or Face Shield** – Place over face and eyes and adjust to fit. Wear a mask and eye protection, or a face shield, during procedures that are likely to generate splashes or sprays of blood, bodily fluids, secretions or excretions.
4. **Gloves** – Extend to cover wrist of isolation gown. You should use gloves when hands may become contaminated with blood, bodily fluids, excretions, or secretions, **or** when touching mucous membranes or non-intact skin, **or** contaminated surfaces or objects.

If this equipment is required in your work setting you should receive training on the location, proper use and disposal of the PPE.

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 infection to others and equally important, employees should be careful not to become infected themselves.

First Aid

What is first aid? It is the immediate care for injury or sudden illness.

Know the location of the first aid kit in your employer's home. Be familiar with the contents of the kit.

Safety

Ensure the scene is safe for the victim as well as everyone else present. If possible, locate additional help. They can be deployed to call 911.

Gear to have on hand for administering first aid: gloves, eye protection and mask protection.

In case you encountered bodily fluids, blood or skin follow the following instructions as soon as you can:

- Take the gloves off, if wearing any
- Wash the area with soap (work up soap lather for 15 seconds) and water, if contact with eyes, nose, or ear rinse with water
- Wash your hands thoroughly with soap, if not available use waterless hand sanitizer, and wash your hands with water later
- Dry your hands with paper towel and use paper towel to close the faucet
- Inform your supervisor/person responsible for emergency response and consult your medical provider as soon as possible

Burns

Burns are categorized as first-, second-, or third-degree.

<u>First-degree burn</u>
The least serious burns are those in which only the outer layer of skin is burned. The skin is usually red, with swelling and pain. The skin is dry without blisters.
<u>Second-degree burn</u>

Second-degree burns are more serious and involve the skin layers beneath the top layer. These burns produce blisters, severe pain, and redness.

Third-degree burn

The most serious burn. These burns are painless (due to nerve damage) and involve all layers of the skin. The burned area may be charred brown, leathery or appear dry and white.

- Important:
  - Don't apply butter or ointments to the burn to ensure proper healing of the burned skin.
  - Don't break blisters to prevent infection.
  - Don't use ice to prevent destruction to the skin.
  - Don't immerse large severe burns in cold water to prevent shock.
- For major burns call for emergency medical assistance. Until an emergency unit arrives, follow these steps:
  - Make sure the victim is no longer in contact with the burning material or exposed to smoke or heat.
  - Don't immerse large severe burns in cold water to prevent shock.
  - Check for signs of circulation and if there is no breathing or sign of circulation, proceed with CPR.
- If possible, raise the burned body part above heart level.
- Use a cool, moist bandage to cover the burned area.

Choking

Our body relies on oxygen to work properly, without oxygen the survival time could vary from 1 to 3 minutes. So, someone who is having breathing problems needs immediate medical attention. Common cause for such problems is air passage block.

General reasons for developing mild or severe air passage block include:

- Asthma
- Swelling of the lining of the airway, can be related to allergic reactions (eggs, peanuts, stings by insects and bees)
- Food, or small object, like medication pill, going down into the air passage instead of stomach
- Infections
- Injuries to vital organs (head, stomach, etc.)

If the victim is developing an asthma attack, he/she might experience mild or severe breathing problems. Usually, the person will have the necessary medication, which should relieve the symptoms quickly.
Check with the victim whether the medications are available and get it if out of reach.

In case of an allergic reaction, common treatment includes epinephrine, and can be injected through cloth. Verify the expiration date prior to administering.

When the victim is choking, older than 1 year of age, give abdominal thrusts (Heimlich Maneuver). It is not recommended for choking in infants under age 1. These thrusts push the air out of lungs, causing an artificial cough, which will help remove the foreign body that is blocking the airway of the victim.

If the person is sitting or standing, stand behind him or her. Form a fist with one hand and place your fist, thumb side in, just below the person's rib cage in the front. Grab your fist with your other hand. Keeping your arms off the person's rib

cage, give four quick inward and upward thrusts. Repeat until the obstructing object is coughed out or emergency personnel arrive.

If the person is lying down or unconscious, place the heel of your hand just above the waistline. Place your other hand on top of this hand. Keeping your elbows straight, give four quick upward thrusts. Repeat this several times until the obstructing object is coughed out or emergency personnel arrives.

Bleeding

When dealing with a bleeding wound, Priority #1 is to stop the bleeding. Below are several rules to keep in mind:

- Maintain composure, don't panic
- In most cases, bleeding can be stopped by applying pressure to the wound
- Wash your hands and put on medical examination gloves before caring for a wound
- Cover the wound with a clean cloth, sterile gauze pad or tissue.
- Firmly apply pressure for several minutes until the bleeding stops.
- Gently rinse minor injuries and clean with mild soap and water.
- Apply antibiotic ointment or cream and a sterile bandage.

Get Medical help if the bleeding is severe or does not stop.

Priority #2 is to keep the wound clean. This will minimize the chance of the victim getting an infection. If a water source and soap are available, wash the wound. If not, and there is visible debris, extract it with your gloved hands or tweezers.

Contact emergency services if the bleeding has not stopped or you suspect potential for infection or internal injuries (fractures, brakes, head injury, etc.) For small wounds and scrapes it is generally advised to use triple antibiotic ointment, which is the best in preventing infections.

Nosebleeds in the majority of cases (more than 90%) tend to be benign and can be easily stopped with simple steps that we will outline a little later. The condition is caused by rupture of blood vessel in the nasal septum. However, in certain cases nosebleed is a much more serious event and can indicate life threatening or serious condition. These are relatively rare and usually occur with elderly. These nosebleeds generally originate in the artery located in the back part of the nose and are much more complicated to treat.

Steps to follow if dealing with common nosebleed:

- Have the victim sit in upright position
- Pinch victim's nose with thumb and index finger, and hold it for about 10 minutes, this generally applies enough pressure to the septum to stop the bleeding

To prevent reoccurrence, advise the victim to avoid picking or blowing the nose, until the bleeding has stopped for a couple of hours, and avoid bending.

If bleeding re-occurs, blow the nose with force to clear out the remaining blood clots, and repeat the pinching procedure described above. It is recommended for the victim to contact a physician for consultation.

Contact emergency services immediately:

- If bleeding persists uncontrollably for more than 15 minutes
- If the bleeding is the result of an injury, where there is a potential for broken nose.

Non-Bleeding Wounds

Wounds that do not cause bleeding should be treated with as much and probably more attention than the wounds that do bleed. The danger here is that the damage cannot be clearly assessed. As a first aid administrator you should be looking for signs of internal damage, like internal bleeding, internal tissue or organ damage, etc. For example, a blow to the head might not show any exterior signs of distress, not even a bruise, but the victim might be experiencing a life threatening condition because of internal bleeding. If misdiagnosed, the consequences can be catastrophic.

Below is the list of injuries where you should suspect internal injury:

- Car crashes, even when the impact/damage is minor
- Shock signs after the injury, even with no signs of any exterior damage
- Injury via collision, generally sustained in sports, especially if there is a loss of consciousness
- Injury to abdomen or pain in abdomen
- Injury to the chest or pain in the chest
- Blood discharge after the injury
- Firearm or knife wounds

When faced with the victim that you suspect has a non-bleeding injury follow the following steps:

- Contact emergency services
- Put the victim in the horizontal position on his back
- Make sure the victim does not move
- Check for signs of shock
- If the victim does not respond start CPR

The skull is a bony structure, and its purpose is protecting the brain from any damage. If the injury to the head occurs there is always a risk of brain damage. Also, it should always be assumed, that if there is a risk of head injury then there is also a risk of spine injury and neck injury.

You should suspect a head, neck or spine injury in case of the following accidents:

- Car or motorcycle accident, even minor bump can cause internal head injury
- Fall from height
- Injury to the head, fight, sporting event, etc.
- Electric Shock

You should suspect a head, neck or spine injury if the symptoms below follow the accident:

- Lack of responsiveness or moaning
- Vision problems or confusion
- Trouble walking or moving
- Seizures, Vomiting, or Headache

Steps for administering First Aid:

- As always, make sure the scene is safe for you and the victim(s)
- Phone or ask someone to phone 911
- Hold the neck and head so it does not move, twist, or bend
- Turn the victim only if: *victim is in danger, *if you need to check if the victim is breathing, *if the victim is vomiting
- If the victim does not respond, begin CPR

Important: If you must turn, make sure you are holding the head and neck in place to avoid/minimize movement, twisting or bending. Ideally, this requires two rescuers.

Recipient Rights

The rights of individuals receiving mental health services.

Legal Basis of Rights

• Persons who receive mental health service have the same rights as you.

• It is important to understand where rights come from, what they are, and what additional rights are granted to recipients of mental health services in Michigan.

• Rights are defined by law and have a legal means of being protected.

Civil Rights

Religious Expression	Search and Seizure
Legal Protection	Voting
Freedom of Speech	Due Process
Discrimination	Education

Mental Health Code Rights

• The right to have a written plan of service developed through a person-centered process. Person-centered planning means a process for planning and supporting the Individual receiving services that builds upon the individual's preferences and choices, and abilities and to promote community life. The person-centered planning process involves families, friends, and professionals, as the individual desires or requires**.**

• The right not to be required to receive treatment unless the law allows it and a court orders it.

Confidentiality

Information about a recipient and his or her treatment is confidential. It is important to understand what is meant by confidentiality, to know what the Mental Health code requires of you, to recognize instances when the confidentiality of a recipient has been violated, and to know what you should do if this happens.

Mental Health Code Requirements Regarding Confidentiality

• 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 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.

Release of Information

•Is not pressured in any way to give consent
• Is able to understand what information he or she is agreeing to release.
• Understands the risks, benefits and consequences of agreeing, or not agreeing, to the release of information requested.

*****A person who has a guardian is not legally capable of giving informed consent. In most cases involving children, informed consent must be obtained from their parents.

If you have questions about releasing information, or if someone is authorized to receive information, check with your supervisor.

Examples of Unknowingly Violating Confidentiality and Privacy

• Talking about recipients outside of work.
• Referring to recipients by name when discussing work with family or friends.
• Giving information over the phone to persons who say they are relatives.
• Taking photographs or videotapes of recipients without permission.
• Listening in on a recipient's phone call.
• Discussing information in a recipient's record with other mental health or service professionals who are not authorized to receive information.
• Referring to a recipient by name in another recipient's report.
• Referring to a recipient by full name when speaking with another recipient's family or teachers.

Abuse & Neglect

• The abuse or neglect of a recipient is not acceptable and will not be tolerated. It is important to understand what is meant by abuse and neglect, to recognize a situation that is abusive or neglectful, and to know what the law requires you to do when you become aware that a recipient has been abused or neglected.
• Abuse and Neglect are defined In the Administrative Rules of the Department of Community Health. These rules supplement the Mental Health Code and have the force of the law.
• Abuse and Neglect definitions have several classes and are based upon the action taken and the severity of the injury to the recipient.

Abuse Class II

• A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a recipient.
• Any action or provocation of another to act that causes or contributes to emotional harm to a recipient.
• 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 to the recipient.
• The exploitation of a recipient. Exploitation means an action taken by an employee that involves the misappropriation or misuse of a recipient's property or funds for the benefit of an individual or individuals other than the recipient.

Abuse Class II -Unreasonable Force

Unreasonable force means physical management or force that is applied by an employee to a recipient in one or more of the following circumstances:

• There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
• The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
• The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
• The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

Abuse - Class III

Abuse Class Ill is the use of language or other means of communication by an employee to degrade, threaten, or sexually harass a recipient.

Examples of Abuse

• Any sexual contact with a recipient.
• Sexually harassing a recipient.
• Making remarks which could be emotionally harmful to a recipient.
• Causing or prompting others to commit any of the actions listed above.
• Hitting, slapping, biting, poking, or kicking a recipient.
• Use of weapons on a recipient.
• Swearing at, using foul language, racial or ethnic slurs, or other means of communication to degrade, or threaten, the recipient.

Neglect- Class I

• Acts of commission or omission by an employee that result from a noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that causes or contributes to the death, or sexual abuse of, or serious physical harm to a recipient.
• The failure to report Abuse Class I or Neglect Class I.

Neglect- Class II

• Acts of commission or omission by an employee that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that cause or contribute to non-serious physical harm or emotional harm to a recipient.
• The failure to report Abuse Class II or Neglect Class II.

Neglect- Class III

• Acts of commission or omission by an employee that result from noncompliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plan of service and that either placed or could have placed a recipient at risk of physical harm or sexual abuse
• The failure to report Abuse Class Ill or Neglect Class Ill.

***Note: No actual harm has to occur to the recipient in Class 3 neglect; it is only required that the recipient be placed in a situation where there is, or could be, a risk of harm.**

Examples of Neglect

• Leaving a recipient, who is not able to care for himself, unattended.
• Not providing the proper medication or the correct dosage of a medication.
• Being aware of an abusive or neglectful situation and not reporting that to the Recipient Rights Office and to your supervisor.

REPORTING ABUSE AND 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 you 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.

Dignity & 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 the individual wants 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.

Services Suited to Condition

Encompassing the Person-Centered philosophy, a recipient is entitled to treatment suitable to his or her own condition, medical care, and medication for mental and physical health, as needed.

Freedom of Movement

• The recipient shall not be restricted more than what is necessary to provide services, to prevent injury, or to prevent substantial property damage. Any limitations on freedom of movement must be clinically justified on a time-limited basis and entered into the recipient's record.
• Recipients shall receive services in the LEAST restrictive setting.

Restraint & Seclusion

Seclusion
Temporary placement of a recipient in a room alone, where egress is prevented by any means. Seclusion is NOT to be used in community treatment settings.

Restraint
The use of physical device to restrain an individual's movement. Restraint shall NOT be used in any programs under contract with CMH.

Personal Property

• The recipient is entitled to receive, possess, and use all personal property, including clothing, except for those items prohibited including: weapons, drugs, etc.
• Any exclusion of personal property shall be written and posted in each setting. Additional limitations may b imposed in the recipient's plan of service.

Entertainment Materials

• Recipients shall have the right to entertainment material, information, and news. The recipient shall not be prevented from obtaining, reading, viewing, listening to material at his or her own expense.
• Any limitations must be specifically approved in the recipient's plan of service.

Communication, Telephone, Visitors, Mail

• A recipient shall be provided access to a telephone for incoming and outgoing calls during hours stated in the house rules, unless the recipient is otherwise restricted in an approved treatment plan.
• A recipient shall be guaranteed regular visiting hours, unless the recipient is otherwise restricted in an approved treatment plan. Visiting hours shall be scheduled to be least disruptive of normal treatment activity and to occur on no less than three days weekly.
• A recipient shall be provided daily distribution of mail unless the recipient is restricted and limitations have been incorporated into the recipient's treatment plan. A postal box or daily pickup and deposit of mail shall be provided.

Investigating Rights Allegations

• Anyone can file a complaint on behalf of a recipient. If you become aware that a recipient's rights are being violated, you must report this to the Rights Office.
• The Rights Officer from the CMH Board reviews all allegations of rights violations and all incident reports involving recipients in their jurisdiction.
• The Office of Recipient Rights may investigate and can make recommendations about remedial action, the service provider, and the responsible CMH Services Program.
• Rights Officers often serve as advocates for individuals and groups of recipients.

Contact your local Rights Office at CMH.
If the actions of the local officer do not solve the problem, you can contact the Department of Community Health Office of Recipient Rights. Write: Office of Recipient Rights, Michigan OCH Lewis Cass Bldg. Lansing, Ml 48913 Call: (800) 854-9090.

The Investigative Process

The Recipient Rights Officer has access to all documentation and any staff necessary to complete the investigation. You are expected to answer questions about work related matters asked by the Rights Officer, the State Police,

OCH, or OHS and industry authorities who are conducting a review or investigation. You have the right to talk to an attorney before giving answers to others.

You have the right to have any attorney or personal representative present during questioning by the police.

The Mental Health Code requires an Investigation be completed within 90 days of receipt of the complaint.

A "Report of Investigative Findings" will be given to the Executive Director of the CMH agency and to the service provider.

The CMH Executive Director is responsible to issue a report summarizing the investigation to the complainant and the recipient within 10 days after receiving the Rights Officer's investigate report.

Results of Substantiated Investigation

The decision about what happens to a staff person who has committed abuse or neglect, or otherwise violated the rights of a recipient, rests with the employer. Each provider should have policies and procedures for dealing with offenses. These should emphasize the seriousness of improper actions.

The Appeal Process

• Upon completion of a recipient rights investigation, the recipient, his or her guardian, the parent of a minor, and, of course, the person who made the compliant, have the right to appeal the decision. This appeal can be made for the following reasons:
• The findings of the investigation are inconsistent with the law, facts, rules, and policies or guidelines;
• The action, or plan of action, is inadequate; or,
• The investigation was untimely.

***NOTE: Staff are not eligible to file an appeal unless they were the complainant.**

Employee Rights

You have rights that protect you from actions based on incorrect or malicious information. There are laws which protect employees when they report rights violations.

The Mental Health Code mandates that complainants, staff of the Office of Recipient Rights, and any staff acting on behalf of a recipient will be protected from harassment or retaliation resulting from recipient rights activities and that appropriate disciplinary action will be taken if there is evidence of harassment or retaliation.

WHISTLEBLOWERS 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.**

Incident Reports

Circumstances in which an Incident Report is required:

• Any explained or unexplained injury of a recipient
• An unusual or first time medically related occurrence, such as seizures
• Environmental emergencies
• Problem behaviors not addressed in the treatment plan such as breaking things, attacking people, or setting fires
• Suspected abuse or neglect (a complaint form should also be completed)
• Inappropriate sexual acts (excessive masturbation, inappropriate touching of others, etc.)
• Medication errors or refusals
• Suspected criminal offenses involving recipients
• Use of physical intervention
• Involvement of other agencies (police, hospital, fire, etc.)
• Any unauthorized leave of absence of a recipient
• The death of a recipient

If you have any questions regarding Recipient Rights, please contact your local Recipient Rights Office.

Rights of Recipients of Mental Health Services

1. When a person receives mental health services, Michigan's Mental Health Code and other state and federal laws safeguard their rights. As staff you are responsible to protect these rights.

2. Michigan's Mental Health Code is state law.

3. A "Right" is something that is defined in law and protected by law.

4. People receiving services have the same civil rights we all enjoy under the United States Constitution.

5. A recipient is considered competent in handling his/her own affairs unless a court has decided that they are legally incompetent and has appointed a guardian for them. A court appointed guardian is authorized by the judge to make certain decisions on behalf of the recipient

6. People have the right to the appropriate services for their needs. They have the right to participate in planning for their future, identifying the services necessary to help make that happen and to identify who they would like to have participate with them in that planning.

7. People receiving services have the right to get a second opinion if they are not in agreement with some aspect of the service plan.

8. People have the right to send and receive mail, talk on the telephone, have visitors, watch television, read newspapers/magazines/books without restrictions designed for censorship.

9. People have the right to have possession of their personal property or knowledge of its storage within safety (or house rules) parameters. Specific steps must be taken and documented if a person's living area or property is to be searched.

10. Freedom of movement cannot be limited or restricted more than is necessary to provide services, prevent injury, or substantial property damage.

11. Limitations or restrictions on code protected rights requires a written plan be submitted to and approved by the Behavior Management Committee.

12. People receiving services have the right to be treated with dignity and respect. This right extends to family members of people receiving services. Family members have the right to provide information, get general education information about a diagnosis, treatments, and support services available.

• Many times respect is shown through the speaker's words, tone, posture, etc.

• Respect is also demonstrated by encouraging a person to make choices in what he or she wants or does not want to do and honoring such choices.

13. Confidentiality: A recipient has the right to have personal information and information about his/her services kept private. There are situations where the sharing of personal or service information may be allowed or even required.

14. HIPAA is a federal law that protects health information in many cases it would allow information to be shared that the more protective Michigan Mental Health Code with not allow.

15. Michigan's Mental Health Code has generally stricter guidelines about what information may be given out. If these two laws (HIPAA and the Mental Health Code) are conflicting, the more protective (of a recipient's privacy) law (usually the Mental Health Code) rules.

16. 42 CFR part 2 is a federal law that protects patient identifying information. Of the confidentiality laws, 42 CFR part 2 is the STRICTEST at protecting privacy. This law applies to people and the substance abuse services they are receiving. This is followed relative to people receiving services for substance abuse or co-occurring disorders. If someone is receiving service for a co-occurring disorder and either or both HIPAA or Michigan's Mental Health Code allow a disclosure but 42 CFR part 2 prohibits the disclosure, it is likely the information CANNOT be shared. Consent to share information is normally given through a Release of Information form. For a person to be legally able to sign a release, they must give Informed Consent.

Informed consent requires:

a) Legal competency- not have an appointed guardian;
b) Knowledge - have been provided basic information on the subject;
c) Comprehension - the ability to understand the implications of giving consent;
d) Voluntariness - free choice without coercion, force, deceit, etc.

Other circumstances can exist under each of these laws that will either allow or require disclosure of private information. These circumstances may vary dependent on the law and simulation.

GENERAL RULE: Be protective of the personal information of our recipients!
Recipients have the right to be free from Abuse and Neglect.

Abuse is a non-accidental act and the result determines which class of abuse is identified.

Results of abuse include: death, sexual assault, serious physical harm, non-serious physical harm, having caused pain, using force (even without injury) in the absence of imminent risk or harm to someone, exploitation, sexual harassment, AND using words or other actions to threaten or degrade a recipient

Neglect involves NOT doing something or doing something incorrectly and again the result determines which class of neglect is identified. Results of neglect include: death, sexual assault, serious physical harm, non serious physical harm, having caused pain, AND when the result PLACED or COULD HAVE PLACED the recipient at risk of physical injury or sexual abuse.

FAILURE TO REPORT APPARENT OR SUSPECTED Abuse or Neglect IS NEGLECT!!

Safety & Fire Prevention

As a Direct Support Professional (DSP), you must understand how to react to a fire or smoke emergency when you are at 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! If any of those above situations occur do not consider it a “false alarm”, just evacuate!

- Do not look for the fire! Do not attempt to fight the fire! A fire doubles in size every 19 seconds! Just get out! Go to your **designated** meeting place.
- Do not waste time getting people dressed!
- Do not try to save property or possessions!

- Encourage the person you work for to have regular fire drills to prevent panic and assure proper action in an actual emergency.

DON'T RE-ENTER THE HOME - once you are out, stay out! Call the fire department and other emergency numbers from a neighbors or a cell phone.

FIRE EXTINGUISHMENT

Never use a fire extinguisher to put out a fire! Putting out a fire is the job of a professional fire fighter! The **only two reasons** you should ever use a fire extinguisher are:

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

An ABC (multi-purpose) extinguisher will put out most fires that start in a home. An extinguisher is useless unless you know how to operate it.

Using a fire extinguisher:

1. Hold extinguisher upright. Pull the pin out.
2. Stand at least 6-8 feet from the fire. Do not get closer!
3. Aim the nozzle at the base of the fire and squeeze the handle.
4. Sweep side to side slowly, moving closer as the flames diminish.

Fire extinguishers last only about 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!**

HOME SPECIFIC PROTECTION PLAN

Encourage the people you work with to design a protection plan. All staff should review the protection plan for the home. Be sure you know all of the following information!

- ☐ Specific evacuation procedures for all people who reside in the home. Do they need assistance to get into a wheelchair? Are they unsteady at night? Do they take medications that may reduce the chance they would hear a smoke detector in the night? Do they sleep without hearing aids?
- ☐ Evacuation procedures staff must follow for each person living in the building – **know your role!**
- ☐ Location of the meeting area or destination where the "head count" is completed. This area should be just outside the primary exit door – in case someone is not accounted for.
- ☐ Location of the place of safety. This is a place far enough away from the home to keep everyone safe from the fire and emergency vehicles. It should be in the front of the home if possible.
- ☐ Primary exits from all rooms.
- ☐ Alternate exits.
- ☐ Where your emergency kit bag is located and what you will need in it if you have to evacuate suddenly.
- ☐ Emergency numbers and who should be contacted.

Each protection plan should contain **KNOWLEDGE OF FIRES** section. This is the information *all* Direct Support Professionals must know!

KNOWLEDGE ABOUT FIRES

A. <u>GENERAL KNOWLEDGE</u>:

1. The absolute **FIRST PRIORITY** in a fire emergency is to evacuate everyone in the home.
2. **Time** is the most import factor in a fire. Any delay may increase the danger, and decrease people's chance to escape.

3. **CLOSING THE DOORS** on the way out will help contain smoke and fire spread – giving more time for evacuation.
4. Smoke rises – **KEEP LOW!** Smoke is the real killer in fires.
5. Once everyone is out – do *not* re-enter the house!

B. <u>FIRE EXTINGUISHMENT</u>:

1. No attempt should be made to fight a fire except:
    a. To create an escape route, if trapped, OR
    b. To rescue someone who is trapped

2. How to use a Fire Extinguisher:
    a. Hold the extinguisher firmly upright and pull the pin
    b. Stand 6 – 8 feet from the fire – no closer.
    c. Aim the nozzle at the base of the fire and squeeze the handle.
    d. Sweep slowly in a side to side motion and move forward as the flames subside.
    e. Fires can re-ignite! Get Out!!!!!!

C. <u>IF YOU ARE TRAPPED:</u>

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

It is important to know what to do in a fire emergency. Learning the correct action could save your life!

Most people die or are injured in a fire for the following reasons:

- They do not have sufficient warning.
- They do not evacuate immediately.
- Once they are out, they go back into the house for some reason.

FIRE PREVENTION IS KEY TO A SAFE ENVIRONMENT!

SMOKE DETECTORS – Provide Warning

- Have enough working smoke detectors to provide warning. There should be a minimum of one on every level and outside sleeping areas. Smoke detectors are recommended inside bedrooms, especially if a person sleeps with their door closed.
- Make sure that smoke detectors are properly placed. See manufacturer instructions.
- Test the detectors monthly. Testing them on the first day of each month will help you remember.
- Replace batteries at least once per year. Do this on a birthday or a holiday so that you won't forget.
- Replace the entire detector every 5 years or as recommended in the manufacturer instructions. When you purchase a detector you should write the install date on the inside cover in permanent marker.
- Don't take the battery out of a smoke detector! If you are having nuisance alarms, check to see if the detector is located too close to an area that would cause problems such as the kitchen or bathroom.

FIRE DRILLS:

Fire drills are strongly recommended for all people. This helps all remain calm and organized when responding to an actual fire or smoke emergency. Participating in enough fire drills to be efficient and well-practiced in the event of an emergency is always a good safety practice.

Limited English Proficiency

Why do we need to know about Limited English Proficiency (LEP)?

According to Michigan Association of Community Mental Health Boards (MACMHB), all Community Mental Health staff is required to know about accommodating persons with Limited English Proficiency (LEP). LEP is defined as an individual's inability to speak, read, write or understand English at a level that permits effective interaction with health care providers.

We need to make sure that staff recognizes language limitations some consumers may have. We must be willing and prepared to help those where language is a barrier and obtain needed treatment and support. We can't say "we don't have an ethnic population in our area." That would be indirect discrimination.

The Legal Basis

LEP compliance is our legal obligation; however there is no single LEP law. It's a combination of existing laws, sets of regulations and court decisions. Plus, English is not the "official" language of the United States. It is common, but not the legal standard.

What are our obligations as a provider?

- We are required to examine our practices to assure there are no unintended barriers to LEP persons.
- We must provide language assistance to a consumer, at the level necessary, at no cost to the individual.
- We must provide interpreters who are competent in mental health terminology. They must also be committed to confidentiality requirements.
- We must have a plan that includes who we can contact for help with an LEP consumer.
- We must have access to a qualified interpreter.
- We must 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.

Health Insurance Portability & Accountability Act (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. They are *Transactions* (electronic billing), *Privacy* and *Security.*

CMH 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 standards 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 safeguards 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.

In general, the agency must:

- ✓ Inform consumers about their privacy rights and how their information can be used. This will be in the form of a *Privacy Notice*. The agency must also obtain written acknowledgement of the consumers' receipt of the notice.
- ✓ Adopt and implement privacy policies and procedures.

- ✓ Train employees about HIPAA
- ✓ Designate an individual to be responsible for seeing that the privacy procedures are adopted and followed.
- ✓ Protect consumer 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 a HIPAA compliant 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 disclosures
- ✓ Request restriction on the use or disclosure of information
- ✓ Request confidential communications (for example- request not to have the agency send mail to their home address)

Person-Centered Planning

The 1996 revisions to the Mental Health Code require a "person-centered" approach to the planning, selection, and delivery of the supports, services, and/or treatment consumers receive from Community Mental Health Services Programs (CMHSPs) and providers under contract to CMHSPs. All individuals will have an individual plan of service developed through a Person-Centered Planning process regardless of age, disability, or residential setting.

The emphasis in using PCP processes should be on meeting the needs and desires of the individual when he or she has them, irrespective of the reason for the plan change. CMH shall advocate for the use of PCP processes where a change in circumstance is reasonably foreseeable and will work with consumers to promote timely PCP processes to mitigate unforeseen circumstances.

What is Person-Centered Planning?

Person-Centered Planning (PCP) is a process of learning how a person wants to live.

An individual plan of service (IPOS) is developed through the person-centered planning process. The person builds upon individual strengths and his or her capacity to engage in activities that promote community life.

The PCP honors the person's preferences, choices, and abilities, while involving family, friends and professionals as the person desires or requires.

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.

Person-Centered Planning and CMH

The process encourages formal and informal feedback from the individual about his/her supports and services, the progress made, and any changes desired or required.

The Person-Centered Plan includes a mutually agreed upon set of services and supports that the individual wants/needs and CMH has agreed to provide.

Guiding Principles- 8 Essential Elements

The eight essential elements for person-centered planning include the following characteristics:

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 focuses on the person, not the system or the person's family, guardian or friends. The person's goals, interests, 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, and desires and any training needed for the providers of those services and supports. The way for measuring progress toward achievement of outcomes is identified.

4. Information, Support and Accommodations. 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 the planning process. The facilitator chosen by the person must not have any other role within the CMHSP. CMH 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-centered 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. The following items are addressed through pre-planning with sufficient time to take all necessary/preferred actions (i.e., invite desired participants): a. When and where the meeting will be held. b. 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). c. What will be discussed and not discussed. d. What accommodations the person may need to meaningfully participate in the meeting (including assistance for persons who use behavior as communication). e. Who will facilitate the meeting. f. Who will record what is discussed at the meeting.

7. 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 are discussed and plans to address them are developed. If so desired by the person, these issues can be addressed outside of the PCP meeting.

8. Participation of Allies. Through the pre-planning process, the individual selects allies (friends, 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 choice.

Treatment choices are informed by:

- The hopes, dreams, preferences, values, and desires of consumers (and natural supports, 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 source rules;

 Procedures matching mental health/developmental conditions to appropriate levels of treatment;

 Best practice standards; and

 Evidence-based alternatives.

Let's Review—

#1. True or False? Person-Centered Planning will begin with input from the professionals working with the person.
False, it begins with the individual.

#2. True or False? Person-Centered Planning Process does not apply to addendums or semi-annual reviews of progress.
False. Subsequent use of the planning process, discussions, meetings, and reviews will work from the existing individual plan of service (IPOS) to amend or update it as circumstances and preferences change. The consumer will be provided advance notice of any changes that occur with their IPOS. The extent to which the IPOS is updated will be determined by the needs and desires of the individual within the framework of medical necessity and cost-effective alternatives. If and when necessary, the IPOS can be completely redeveloped.

#3. True or False? Once a person-centered plan is developed it never changes.
False. Planning is an ongoing process. The plan shall be updated as frequently as needed through ongoing reviews of progress and plan addendums. The consumer will be provided the opportunity for a person-centered planning meeting no less than annually. If a consumer has a significant change in functioning or level of need during their plan year, a full person-centered planning process will commence as directed by the consumer.

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.

Without utilizing good Person-Centered Planning processes, self-determination is not possible.

It involves providing choices and new experiences.

Through experiencing choice, 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 live with are leading a self-determined life.

CMH & Self-Determination

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 purposes 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. CMH supports this right via Michigan's Mental Health Code. Therefore, CMH 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 a 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 connections

 Develop real work opportunities

 Facilitate meaningful community participation

Self-Determination refers to a person's rights to:

1. Direct their own services

2. Make decisions concerning their health and well-being

3. Be free from involuntary treatment

4. Have leadership roles in the design, delivery, and evaluation of supports

5. Personal resolve and belief in one's self development and achievement of personally meaningful life goals

6. Self-management of disability

7. Economic independence and prosperity

8. The ability to advocate for oneself and find a place in the community.

A Person-Centered Plan assists individuals to create a personalized image of a desirable future.

Characteristics of All Person-Centered Plans:

Person-Directed – The plan for the individual is 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 gifts, talents, and skills rather than on deficits. It builds upon the individual's capacities and affords opportunities which will reasonably 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 and 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 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 a 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.

*There must be documentation that all staff have been trained in each individual's Person-Centered Plan (PCP). Consumer specific training is important and must not be overlooked. Any special training or inservice related to the individual needs of a consumer (or any aspect of their care) should be documented as "consumer specific training."

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.

In order to recognize each person's form 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-workers and the people who live in the home.

Behavior can be "imitated".
How you interact with your co-workers 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 an 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 individual preferences and choices will not only make the individuals 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 illnesses to live independently and with as much enjoyment as possible. When a DSP has good "teaching skills" they will automatically promote a positive environment for their co-workers and the individuals they provide services to. Every individual is capable of growth and change 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 lives 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 behavior 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 manage 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 that skill for them? For example, if Sarah could not select her own clothing would someone else have to make the selection? 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 learning how to cut pictures out of magazines, or would it be more appropriate for him to learn how to call a friend on the phone? Sometimes individuals choose to do activities that you might not consider age-appropriate. For example, because 25-year-old Michael chooses to listen to children's music during his free time, should you tell him that it 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 and 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 scheduled to take a shower before going to bed each night. Some evenings, Monica would prefer to watch certain TV shows and take her 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 slap at her housemates. 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 reinforced? Is the skill I am attempting to teach going to result in naturally occurring outcomes for the individual? Many times, we teach people to do things that do not result in any outcome that reinforces the skill. They learn to do what we request of them. This is especially true for individuals who once lived in an institution. This is a "learned" institutional behavior. For example, if we are teaching Mary money skills by using "play" money, will this 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 result 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's done or 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 the 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 independent. We all have the right to choose what we want to do in our "free time". We usually choose things that make us happy, even if it isn't considered functional. Your role as a Direct Support Professional 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" activities.

Teaching During Daily Routines

One of the best ways 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 the 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 his 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 are completing a task you know the person could have done themselves…..this is your teaching opportunity!

These are not "scheduled teaching" times; these are "being there for people when they need you" times! Many opportunities for learning are available throughout the 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 activities, 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.

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 supposed 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 Choice:**

►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 "perfect". 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 do the 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 task with the teacher. Most people learn best by "seeing it done"! Good teachers 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 started 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 allow enough time for the person to respond 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 respond 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 include using a physical nudge or tap, or physically (hand over hand) helping the person start doing the task. At most it may mean physically (hand over hand) guiding the person throughout 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 start 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 a sign that the person's Person Centered Plan 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) or increase or change your rewards.

►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.

►The more "upset" a person becomes, the more you must remain calm.

►Remember: Focus on the PERSON more than the task.

►Talk about progress with your co-workers. 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't happen without reason.

►All behavior 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 considered 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. Behavior is usually considered challenging if it:

►Causes harm to the individual or others.

►Causes property damage.

►Prevents the person from learning new skills.

►Causes the person to be "labeled" as a behavior problem.

►Prevents the person from participating in social and recreational activities.

Once it has been determined that 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 behaviors. 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 their environment, and who they are with or around have a lot to do with how they choose to behave. When you pay close attention 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 the 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 figured out ways 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 behavior was actually reinforced. 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 get 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, moods, and regular physical 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 and 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 a 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 thunderstorms 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 those around them. The key here would be to start 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 warn 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 if 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 respond 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 represents 55% of communication. The actual words we use only represent 7% of 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 times. 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. As a 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 this 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 doing 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 respond 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 your 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 likes 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?

<u>Key Points About Promoting Positive Behavior:</u>

►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.

►Being able to identify Antecedents and Precursors to challenging behavior.

►Understanding 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 result in a different lesson learned than we intended.

Focusing on the task as the most important outcome may start to have an effect on your 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 closure 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 respond 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 and 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 the 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 and 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. Validating the learner's feelings 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 a 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" and 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.

Proactive Options that reduce the demand on the learner.

(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 "interacting" 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 put the plates in the dishwasher first or the cups? Think of creative ways to involve the learner in making choices about the task. The more the learner feels that they have input the more they will want to participate and complete the task. The more choices a person has the happier they usually are. This is true for all of us!

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

►Improve the prompts: When challenging behavior begins think about adding more prompts to the session. "Help" the person complete portions of the task that are giving them problems. Some days people need 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 has 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 take the break 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 gained if you continue to try to teach 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 this teaching session and try to learn from it. That way the teacher will know how to better present the task to the person 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 through this difficult time they are having. The better you know 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 start 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:

►Increase Rewards (number, type, intensity).

►Change Prompts (use prompts that encourage participation).

►Look at the "Task" or "Environment" (simplify the task, change the task, remove distractions, and review times the task is being done).

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

►Stay focused on the "Person" and 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 task 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.)

<u>Confrontation Avoidance Techniques (C.A.T.)</u>

Confrontation Avoidance Techniques are some common sense techniques used to calm down an agitated person. Avoiding confrontation is your responsibility as a Direct Support Professional. If the people you are providing services to could avoid such confrontations, they would not be living in a specialized residential setting. As the "trained" DSP, you are 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 begin to review the C.A.T. techniques.

ALWAYS:

►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 be 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 each person you provide services to. Learn their earliest signs of agitation so you can intervene at the beginning of the problem.

►Look out for and avoid events or situations that may upset the person. Remember it is your responsibility to avoid confrontations. People who display challenging behavior 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: (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, and 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 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 begin 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 that 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 of your time if you don't!!!

WHAT TO DO WHEN AGITATION IS INCREASING: (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 them 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 very watchful and careful. Walk backwards away from the person 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 is 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 quickly by standing to 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 this agitated you need to make sure you always have an avenue of escape and don't get yourself blocked into a corner or up against a surface. Making the person do or 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 an option.

►Do not blame, punish, or scold the person for the challenging behavior they just did. You did a great job using the C.A.T.'s 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 happened. 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 behavior. Don't 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 service 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.

KEY 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 a plan 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 causes 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 of praising the person and giving positive feedback for "good behavior". Think of ways to provide more "choices" for the individual. People with challenging behavior have little control over whom they live with, what they will have for dinner, when they will get to go out with a friend

etc. Most of the time restrictions are put 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.Begin 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 take 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 quiet 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 individual plan encouraging them to learn new things they enjoy? Do they have choices in their life? Do they appear to like where they 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 an 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 behavior. 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 reasons behind the behavior. Some good questions to consider might be: What does this 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 threatened 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 to protect themselves from something they see as threatening?

So how do we figure out the purpose or function of a behavior? We start with the "A", "B", "C's". A is for Antecedent (and/or precursor) which occurs before the behavior. B is for 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 on 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.

6.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 the overall quality of the person's life. As information is reviewed it should focus on overall improvements in the person's life, and not whether the challenging behavior ever occurs.

7.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 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 areas 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 skills 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 behavior 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.

8.Regular Reviews of the Plan should occur: A positive support plan is not written in stone. There should be regular opportunities to review what is working and to change the plan to make it more effective. The DSP needs 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 other goals in the person's plan of service we should not keep doing things that 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 support 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 is set 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 the 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 out the plan effectively. This is especially true for a "new" Direct Support Professional.

9.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 begin 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 choice, 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 trusting positive relationships with the individuals you work with will help you to 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 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't 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 the 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 to learn what works for others.

You know that sometimes the reason an individual may display a behavior is obvious and at other times it may be much harder to determine the reason for the behavior. It may appear as if there is no 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 Developmental 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 a developmental disability and one of the following apply:

•The individual can reasonably be expected 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!

What to do in an emergency/crisis situation:

In a crisis/emergency the DSP has multiple responsibilities and must act quickly to de- escalate the situation, assist the individual to calm 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 the 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 reasons. 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. Investigating the cause or trigger 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.

THE **DO'**S of Defusing Agitated and Anxious People

Guideline DO:	**Explanation**
1. Be aware of warning signs.	Pacing, change in muscle tone, gestures, voice tone, posture, breathing and 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 or 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 internal causes.	Look for hallucinations, delusions, disconnected thought or speech, misperceptions of others' actions or motives, unusual or unwarranted fears.
7. Use calming techniques.	Acknowledge feelings 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 or 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 the next time.
14. Use other professions.	Trained professionals can give input and advice or talk to the person while you assess and maintain control of the situation.

THE **DON'T**S of Defusing Agitated and Anxious People

Guideline <u>DON'T</u>:	**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 and 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 if 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 may 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 is 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. Help 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 can 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 chance of injury is far greater. Get the person to walk or meet in a large room with two exits.

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 include who to call, when to call, and the emergency phone numbers.

Many agencies and mental health authorities have after 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 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 the 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 DSP staff 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 threatening 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 from 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 as soon as possible after the crisis to “unwind" or decompress. When you have been in an intense situation, adrenaline flows. Decompression means relieving pressure or to get things back to normal. You need to take some time to relieve the pressures created by the confrontation. If this is not done, the pressures or negative feelings may get worse until they interfere with your 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 staff discusses what happened during an incident. Because everyone sees things from a different angle and we want to avoid another incident, this is an important follow-up to the crisis. Debriefing can also help staff decompress by sorting out thoughts and feelings about the incident. Other DSP staff can help you get a more complete and clear picture of what really happened. Discuss what happened before, during, and after the confrontation occurred.

Answer these questions during the 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 & proactive options were used?

•What happened 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 they 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 behavior, 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 thought the person was doing or saying to us. Our perceptions impact how we interpret 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 or "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 to be careful to be professional and separate personal feelings and reactions, becoming angry, yelling or having threatening body language will not help. These types of reactions from a DSP could escalate a situation into a "Me against You" confrontation 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 individual's they provide services to at the residential facility in which they work.

►The ability to look at 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 and 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, the teaching materials, the reinforcers, or whatever support is needed to achieve positive outcomes and improve the overall quality of a person's 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 likeable.

2.Remember that all behavior is a form of communication. Challenging behavior sends a message. Ask 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 the person is being asked to do (their daily schedules, 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 relationships 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 behavior 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 the good things that you see the person doing.

7.Give choices instead of requiring or demanding the person to do something. Allow the person to make choices as much as possible. This does not mean you give them everything they 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-workers, mental health professionals, family members, 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 balanced 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.

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, bringing equalities that all citizens have a right to, and offering care and compassion to those who sorely need it. In your work as a Direct Support Professional, you are 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 bringing hope and light to people and their communities; and you will discover that without you the difference might never have been felt.

Cultural Competence and Diversity in the Community

Communities are made up of a variety of people. These people are all different in many ways. A diverse community could be compared to a quilt made up of many pieces of different kinds of cloth and patterns all bound together to form a single unit. It is important to understand, manage and value diversity in the community.

Some diversities include:

Gender	Race	Sexual orientation
Age	Ethnicity	Physical abilities

You may have found other diversities in people you have worked with or known.

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.

Prejudice is not just about race. It is a natural human emotion. We all have a tendency to fear or distrust people and ideals that are different to us, or what we have grown accustomed to. It is important to learn ways of overcoming this fear so we can accept each other for who we are. We all have the right to be treated with respect and equality.

Some good pointers for communication in a diverse community are:

- **Openness**
- **Active listening**
- **Respectful language**
- **Sensitivity**

Corporate Compliance, Ethics, & Deficit Reduction Act Training
Code of Professional Ethics

All Providers shall conduct their professional relationships in accordance with the following code of professional ethics:

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 relationships to further their own interests, shall remain sensitive to any potential conflict of interest, or appearance of conflict of interest, and shall discuss such situations with CMH.
5. Shall maintain responsibility for providing quality services, only so long as there is a clear benefit to the person, and shall assist with obtaining other needed services when their services are no longer appropriate.
6. Shall not provide services in the employee's home or families home.
7. 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 of the persons they serve in a professional capacity.
8. Shall recognize and advocate for the rights afforded consumers of mental health services.
9. 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 CMH contractual relationship.
10. Shall display a professional attitude toward applicants, consumers, colleagues and any sensitive situations arising within CMH.
11. 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.
12. Shall be aware of their potential influence on consumers and shall not exploit their trust.
13. Shall not engage in nor condone any form of harassment or discrimination.
14. Shall accept the responsibility to help protect the community against unethical practice by any individual or organization engaged in mental health services.
15. Shall accurately represent themselves and CMH to the public, distinguishing clearly between statements and actions made as individuals or as representatives of CMH, and refraining from any public activity,

which could harm CMH or its consumers.

16. Shall bill only for services actually provided using a detailed timesheet or invoice.
17. Shall not bill for goods and services that were never delivered or rendered.
18. Shall not submit false service records or samples in order to show better than actual performance.
19. Shall not falsify time sheets or other documents.
20. Shall not pre-date or post-date documents.
21. Shall document support services delivered.
22. Shall not forge a signature- signing for someone else even if they ask you to sign.
23. Shall not provide services before all mandatory trainings are complete.
24. Shall not perform inappropriate or unnecessary services that are not medically necessary or does not meet the definition of the service in the Medicaid Provider Manual.
25. Documenting one-on-one service for each consumer when multiple consumers were served at the same time.
26. Using the same medical documentation for multiple services/shifts (for example, copying the same documentation and using it other dates instead of writing a specific document for each time period)
27. Shall understand that violation of this Code of Ethics may be considered a material breach of contract and could result in provider agreement termination.

False Claims Act

The False Claims 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.

In particular, the Federal FCA prohibits:

•Knowingly presenting, or causing to be 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 or approved;
•Conspiring to defraud by getting a false claim allowed or paid;
•Certifying receipt of property from an 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.

Time Period for a Claim to be Brought

The statute of limitations for suits under the False Claims Act is the later of:

a) Within six years of the illegal conduct, or
b) 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 Claims Act case is entitled to a 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 his or her information.

Protections for People who Bring FCA Cases

Anyone who lawfully acts to bring suit is protected from:

a) Discharge, demotion, suspension, threats, harassment, and discrimination.
b) If violated, an employee is entitled to reinstatement with seniority, double back pay, interest on back pay, compensation for discriminatory treatment, and attorney's fees.

Michigan False Claims Act

An Act to prohibit fraud in the obtaining of benefits or payments in connection with the medical assistance program; to prohibit kickbacks or bribes in connection with the program; to prohibit conspiracies in obtaining benefits or payments; to authorize the Attorney General to investigate alleged violations of this act;...to provide for civil actions to recover money received by reason of fraudulent conduct;...to prohibit retaliation; to provide for certain civil fines; and to prescribe remedies and penalties.

Any person may bring a civil action in the name of the State 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 proceed with action.

If a person other than the Attorney General prevails in an action that the person initiates, the court shall award that 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 bringing 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 bringing the action planned, initiated, or participated in the conduct upon which the action is brought, then 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 fees 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

An Act to provide protection to employees who report a violation or suspected violation of state, local or federal law; to provide protection to employees who participate in hearings, investigations, legislative inquiries, or court actions; and to prescribe remedies and penalties.

An employer shall not discharge, threaten or otherwise discriminate against an employee regarding compensation, terms, conditions, location, or privileges of employment because the employee reports or is about to report a violation.

A person who alleges a violation of this act may bring a civil action for appropriate injunctive relief, or actual

damages, within 90 days after the occurrence of the alleged violation.

An 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.

What Should I do if I Recognize a Problem Exists?

You play a critical role in upholding the public trust by bringing 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 any one of the following, as applicable:

Contact Information for Suspected Compliance Violations

Please report suspected compliance violations to CMH Compliance Officer. You may contact our office for specific contact information of your local CMH.

Stuart T. Wilson CPA, PC
6300 Schade Dr.
Midland, MI 48640
P: 989-832-5400
F: 989-832-5404
Email: reception@stuartwilsonfi.com

Reports can also be made to the Mid-State Health Network (MSHN) Compliance Officer:

Kim Zimmerman
530 W. Ionia Street, Suite F Lansing, MI 48933
P: 517.253.7525 C: 616.648.0485
kim.zimmerman@midstatehealthnetwork.org

MSHN 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)

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 the public trust and support quality service.

Trauma Informed Care

Many of the "most difficult" individuals in your homes have experienced complex trauma.

- Trauma can affect an individual's behavior, feelings, relationships, and their view of the world in profound ways
- An individual's traumatic stress reactions and other responses to trauma can disrupt a home environment
- It's not the answer to everything, but it's another piece of the puzzle.
- It's not an excuse, but it may be an explanation

What is Trauma?

A traumatic experience:

• Threatens the life or physical integrity of a child or of someone critically important to that child (such as a parent, grandparent, or sibling)

• Causes an overwhelming sense of terror, helplessness, and horror

• Produces physical changes such as pounding heart, rapid breathing, trembling, dizziness, or loss of bladder or bowel control

Types of Trauma

• Acute Trauma: A single event that lasts for a short time

• 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:

• Multiple traumatic events that begin at a very young age

• Events caused by the actions, or inactions, of adults who should have been caring for and protecting the child

Over time, Complex Trauma can get in the way of healthy development and affect the individual in the following ways:

• Ability to trust others

• 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

Factors that influence responses to a traumatic event include:

• Age and developmental stage

• Perception of the danger faced

• Past experience with trauma

• Challenges faced after the trauma

• Presence and availability of adults who can offer help, reassurance, and protection

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

What are some examples of reminders of trauma?

• Screaming or shouting • Shadow on the wall• The sight of blood • Scar• The dark • Stomachache or headache• An angry expression on an adult's face • Being dropped off at school• Seeing another child get hurt • Losing a tooth• The

color red • Santa Claus• The smell of alcohol • Seeing a group of young men hanging out on a street corner • Having to go to the bathroom

Talking about Trauma

• Talking about certain events all the time
• Bringing up the topic seemingly "out of the blue"
• Being confused or mistaken about details
• Remembering only fragments of what happened

What you might see:

• Problems with concentrating, learning, or taking in new information
• Difficulty going to sleep or staying asleep; nightmares
• Emotional instability; moody, sad, angry, or aggressive, etc.

Traumatized Young Children:

• Be very sensitive to loud noises
•Revert to behaviors they had previously outgrown (e.g., thumb sucking), or lose skills they had developed (e.g., toilet training)
• Be clingy and unwilling to separate from familiar adults
• Resist leaving places where they feel safe
• Reject or avoid being touched
• Be confused about what's dangerous and who to go to for protection

Traumatized School-Age Children:

• Alternate between being shy and withdrawn and unusually aggressive
• Have difficulties with learning
• Demand attention (increased demands for food, toys, etc.)
• Revert to old behaviors (wanting adults to feed or dress them, baby talk)
• Show specific anxieties and fears (such as fear of the dark)

Traumatized Adolescents or Adults:

• Live "in the moment" and have trouble imagining or planning for the future
• Over or underestimate danger
• Behave in aggressive or disruptive ways
• Abuse drugs or alcohol
• Engage in reckless or self-destructive behaviors, including "cutting" and risky sexual behaviors

What about Post-Traumatic Stress Disorder?

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.

Getting Development Back on Track!

•Trauma survivors can learn new ways of thinking, relating, and responding
•Rational thought and self-awareness can help children override primitive brain responses
•Unlearning and rebuilding takes time

What is Safety?

Physical safety is not the same as Psychological safety. To feel psychologically safe, individuals need:

- To feel oriented in their own environment
- To have control over some aspects of their lives
- To know what will happen next
- To be seen and appreciated for who they are
- To have a sense of connection and continuity with their past.

Individuals who have been through trauma are less likely to feel safe than others who have not experienced trauma. These individuals may have real life worries pertaining to safety:

- Will my stepfather seek revenge because I got him arrested?
- Will my sister be okay in her abusive marriage?
- Will my mom get so depressed without me to cheer her up that she goes back to drugs?

Rules and Control

When explaining House Rules:

Don't overwhelm Stress protection Be flexible

Provide Opportunities for control within limits, by providing an individual control over:

Environment Self Activities

Look Forward:

Let the individual know what will happen next, such as:

- Location and schedule for the day
- Upcoming doctor or dentist visits
- Timing and location of mental health treatment
- Legal proceedings, court dates, etc.
- Contact with caseworker and other members of the team

Be an "Emotional Container"

- Be willing and prepared to tolerate strong emotional reactions
- Respond calmly but firmly to emotional outbursts
- Help identify sometimes-frightening feelings
- Let them know that these feelings are okay

Physical Boundaries

Individuals who have been neglected and abused may:

- Have never learned that their bodies should be cared for and protected
- Feel disconnected and at odds with their bodies
- See their bodies as "vessels of the negative memories and experiences they carry, a constant reminder not only of what has happened to them but of how little they are worth."

Recovering from Trauma: The Role of Resilience

Resilience is the ability to recover from traumatic events. In general, Individuals who are resilient:

- See themselves as safe, capable, and loveable
- See the world, and life, as manageable, understandable, and meaningful

Recovering from Trauma: Growing Resilience

Some factors that can increase resilience include:

•A strong relationship with at least one competent, caring adult
•Feeling connected to a positive role model/mentor
• Having talents/abilities nurtured and appreciated
• Feeling some control over one's own life
• A sense of belonging to a community, group, or cause larger than oneself

Coping with Trauma Reminders

Plan Ahead - Help the individual to develop a plan for coping when faced with reminders:

STOP
• Stop and take several long, deep breaths
ORIENT
• Look around and take in where you are right now
• Note what's going on in your body
SEEK HELP
• Use a "stress buster" to help you calm down
• If needed, call a friend or adult you can trust

Encourage positive behaviors:

• "Catch" others good moments • Praise, Praise, Praise!
• Be specific • Be prompt • Be Warm
•Strive for at least six praises for every one correction

Encourage and support the individual's strength and interests:

•Offer choices whenever possible
•Let others "do it themselves"
• Recognize and encourage unique interests and talents
• Help master a skill

Correct and Build

When correcting negative or inappropriate behavior and setting consequences:

• Be calm, clear, and consistent
• Target one behavior at a time
• Keep age AND "emotional age" in mind…exposure to trauma can stunt emotional development!
• Help with understanding links between thoughts, feelings, and behaviors
• Help with understanding consequences of behavior (relevant to them, not you!)
• Help with identifying alternatives to problem/negative behaviors
• Encourage practice of techniques for changing negative thoughts and calming runaway emotions

Myths to Avoid

• If I love this person enough, I can erase the effects of everything bad that has happened before.
• They will be grateful for what I'm doing.
• They will love me as much as I love them.
• If they reject me, I'm a failure.
• They shouldn't love the parent or person who abused him or her.

When Others Trauma Becomes Your Own

Exposure may cause:

• Intrusive images • Nervousness or jumpiness • Difficulty concentrating or taking in information • Nightmares, insomnia • Emotional numbing • Changes in your worldview (how you see and feel about your world) • Feelings of hopelessness, helplessness • Anger at society or even at God • Feeling disconnected from loved ones • You may respond inappropriately or disproportionately, withdraw, or avoid trauma material

When Other's Trauma is a Reminder

• Recognize the connection between other's trauma and your own history
• Distinguish which feelings belong to the present and the past
• Be honest with yourself and others
• Take a timeout
• Seek support
• Seek trauma-focused treatment—It's never too late

Self-Care Basics

Take care of yourself!

• Get enough sleep • Eat well-balanced meals, not on the run • Use alcohol only in moderation • Exercise regularly • Take regular breaks from stressful activities • Laugh every day • Spend some time alone •What do you do every day, just for you? • Walk the dog • Play with the cat •Exercise •Pray •Meditate • Read a romance novel • Write in a journal •Chat with neighbors •Breathe deeply

Recipient Rights Test

Return to Stuart T. Wilson CPA, PC

Name: _____ Date: _____

Employer: _____

1. Who must report suspected incidents of abuse, neglect, or rights violations?
    a. All employees of a Mental Health Board
    b. Contract employees of a Mental Health Board
    c. Volunteers with a Mental Health Board
    d. All of the above

2. When must suspected incidents of abuse, neglect, or rights violations be reported?
    a. Within one week
    b. Verbal reports must be made immediately
    c. A written report must be made by the end of your work shift
    d. B and C

3. There must always be a "need to know" basis when releasing confidential information, even if the release is to a co-worker.
    a. True
    b. False

4. Staff cannot take photographs or make video and audio recordings of recipients without written permission/authorization.
    a. True
    b. False

5. A recipient in a group home continually uses foul language in speaking with other recipients and home staff. Despite your (and staff's) repeated efforts to correct and change this habit she continues to do so. You:
    a. Do nothing further as it is impossible to change the person's language.
    b. Have the staff wash the recipient's mouth out with soap and water and tell her they will do so again if she continues to use foul language. Make sure they follow up with those threats as consistency is the key to successful behavior modification.
    c. Have staff continue to encourage the recipient to use acceptable language by trying different approaches (modeling those approaches for staff yourself), working with your supervisor, or asking for a consultation with her case manager or a psychologist.

For questions 6-9 please identify the examples below as abuse, neglect or neither:

6. A staff is upset with a recipient for hitting him, so the staff grabs the arms of the recipient and pushes him against the wall.
    a. Abuse
    b. Neglect
    c. Neither

7. A staff member discovers a recipient lying on the floor, moaning, saying his hip hurts and is refusing to get up off the floor. The staff fails to seek out any assistance for the recipient and leaves him on the floor all night. The next day the recipient is taken by ambulance to the hospital and is discovered he has a broken hip.
    a. Abuse
    b. Neglect
    c. Neither

8. A staff member asks another staff member to help hold a recipient down so her prescribed medication can be passed on time. Both staff hold the recipient down and force the medication into her mouth.
    a. Abuse
    b. Neglect
    c. Neither
9. Staff fails to put seat belts on the recipients in the van. There is an accident and one recipient cuts his hand, requiring stitches.
    a. Abuse
    b. Neglect
    c. Neither

For questions 10-14 please match the word to the appropriate definition:

10. Dignity & Respect _____
11. Informed Consent _____
12. Civil Rights _____
13. Unreasonable Force _____
14. Person-Centered Plan _____

    a. Physical management applied to a recipient when there is no immediate risk of harm to staff or recipients.
    b. The right in which the recipient and their family is treated professionally.
    c. The rights guaranteed to all US citizens which include the rights to due process, voting, and religious expression.
    d. A process in which recipients identify their goals, needs, dreams, and together with a team create a plan for services.
    e. The recipient and/or guardian are fully knowledgeable of the treatment or medication they are about to receive or authorize.

Basic First Aid Quiz

Return to Stuart T. Wilson CPA, PC

Name: _____ Date:_____

1. If someone has a nosebleed, you have the person lean back and look at the ceiling.
    a. True
    b. False
2. First aid for a burn includes cooling the area with large amounts of cool water.
    a. True
    b. False

3. You should apply butter or other oil-based products to a burn once the area has cooled.
    a. True
    b. False

4. Firm, direct pressure with clean or sterile bandages is one of the first steps in caring for a bleeding wound.
    a. True
    b. False

5. Covering the burn area with clean or sterile dressings will reduce the chance of infection and reduce the pain.
    a. True
    b. False

6. If you suspect a head injury, do not move the person.
    a. True
    b. False
7. It is very important to know where the first aid supplies and emergency numbers are when you are a responsible adult caring for someone.
    a. True
    b. False

8. If someone is having a seizure, you should put something in their mouth and try to stop the movement.
    a. True
    b. False

9. If there is an insect stinger imbedded in someone's skin, scrape it out and wash the area with soap and water.
    a. True
    b. False
10. If you are having trouble breathing, notice someone else having trouble breathing, or is experiencing an allergic reaction, call 9-1-1.
    a. True
    b. False

Attestation

I have read and understand the following trainings from the Stuart T. Wilson CPA, PC Training Guide. Please initial each training and sign and date.

_____Infection Control

_____Basic First Aid

_____Recipient Rights

_____Safety and Fire Prevention

_____Limited English Proficiency

_____Health Insurance Portability & Accountability Act (HIPAA)

_____ Person-Centered Planning

_____ Positive Approaches to Challenging Behaviors, Non-Aversive Techniques & Crisis Interventions

_____Cultural Competence

_____Corporate Compliance

_____Trauma Informed Care

Name: _____ Date: _____

Employer: _____

Proof of training is due with or before your first timesheet.

Return the *Recipient Rights Quiz,* the *First Aid Quiz*, and the *Attestation* page to:

Stuart T. Wilson CPA, PC
6300 Schade Dr.
Midland, MI 48640

Fax: 989-832-5404

Email: training@stuartwilsonfi.com