



June is National Safety Month



As we have recently witnessed, strategically preparing for emergencies, and having an emergency response plan in place, can save lives. Basic preparation for any emergency situation, starts with a good plan. According to research, lowering the risk of serious injuries and fatalities in fires requires a person-centered, individualized, multi-layered emergency/evacuation plan. The plan should be a collaborative effort between the individual, caregivers, friends, family and (in some situations) even neighbors can contribute to the plan's success. (FEMA, 2012, 2019, 2020; Frieden, L., 2006; Fox, et al., 2007; Peek & Stough, 2010; NFPA, 2016).

Making a Plan

Step 1: Consider the specific needs of each individual.

- Complete a Personal Emergency Preparedness Plan (PEEP) and incorporate it within their individualized service plan (ISP) (NFPA, 2016). Consult an OT/PT for person-centered guidance. ([Access the OIH link below for more info. on PEEP.](#))
- Write protocols for each individual's identified medical, disability or behavioral needs relating to emergency/evacuation.
- Create a network within your community/neighbors for additional assistance with handling specific or unique needs of individuals.

Step 2: Assess and develop the needed resources and agency plans for responding to a fire emergency/evacuation.

- Establish a policy and documentation protocol for sharing private health information with local EMS.
- Communicate unique needs of individuals to your local EMS.
- Establish a communication policy with employees, friends, family, legal guardians, news media, and other stakeholders in the event of a fire emergency/evacuation.

Step 3:

- Establish a schedule for routine staff training of all fire emergency/evacuation plans. All staff members should have a clear understanding of what is expected.

Step 4: Practice the fire emergency/evacuation plan regularly, at varying times of the day, and adjust as needed. Repetition and familiarity with the emergency/evacuation plan increases the likelihood of adherence (FEMA, 2020).

For additional information, please read the OIH Fire Exit Planning Health and Safety Alert.

<http://www.dbhds.virginia.gov/assets/doc/OIH/fire-exit-planning-052019.pdf>

App of the Month



The FEMA mobile App offers real-time alerts from the National Weather Service for up to five locations nationwide. Learn emergency safety tips for over 20 types of disasters, including fires, flooding, hurricanes, snowstorms, tornadoes, volcanoes and more. Locate open emergency shelters and disaster recovery centers in your area where you can talk to a FEMA representative in person. Prepare for disasters with a customizable emergency kit checklist, emergency family plan, and reminders. Connect with FEMA to register for disaster assistance online. (*App of the Month is not endorsed by DBHDS OIH. User accepts full responsibility for use.*)

ABA Snippets



What is functional behavior assessment?

Behavior analysis encompasses numerous processes to understand and address human behavior; via copious research, the science of behavior has demonstrated that much of behavior is influenced by the events that immediately follow behavior (Behavior Analyst Certification Board, n.d.). Functional behavior assessment (FBA) processes identify the variables that influence and maintain challenging behavior (Hanley, 2012). During FBA, there is particular focus on the events that precede (antecedents) and follow (consequences) behavior, in addition to behavior itself. Newcomb and Hagopian (2018) outlined three primary FBA methodologies, consisting of indirect, descriptive, and functional analysis. *Indirect assessment* includes interviews and formal questionnaires/rating scales (Newcomb & Hagopian, 2018). *Descriptive assessment* consists of observing the individual and their behavior in the natural environment (Cooper, Heron & Heward, 2007). *Functional analysis* involves modification of antecedents and consequences in a controlled and systematic manner to determine what reinforces challenging behavior (Newcomb & Hagopian, 2018). Each FBA method has distinct advantages and limitations and the use of particular FBA methods requires considering the unique aspects of the presenting problem (Cooper, Heron & Heward, 2007). Based upon what is learned from the FBA process, a function-based treatment approach can commence in a formal behavior treatment plan (Newcomb & Hagopian, 2018). Authored by DBHDS Developmental Services Crisis & Behavior Team.

References

- Behavior Analyst Certification Board. (n.d.). About behavior analysis. <https://www.bacb.com/about-behavior-analysis/>
- Cooper, J., Heron, T. and Heward, W., 2007. *Applied Behavior Analysis*. 2nd ed. Upper Saddle River, NJ: Pearson.
- Hanley, G.P. (2012). Functional assessment of problem behavior: dispelling myths, overcoming implementation obstacles, and developing new lore. *Behavior Analysis in Practice*, 5(1), 54-72.
- Newcomb, E.T. & Hagopian, L.P. (2018) Treatment of severe problem behaviour in children with autism spectrum disorder and intellectual disabilities. *International Review of Psychiatry*, 30(1), 96-109, DOI: 10.1080/09540261.2018.1435513



Dental Facts and Tips From the OIH Dental Team

Xerostomia (dry mouth, mouth dryness, oral dryness) is a condition caused by insufficient saliva flow or a lack of saliva (Tanasiewicz, Hildebrandt, & Obersztyn, 2016). Dry mouth can also be caused by medical conditions (e.g. dehydration, cognitive alteration, neurological dysfunction, oral sensory dysfunction, mouth breathing, etc.); or certain medications (e.g. tricyclic antidepressants, antihypertensive, diuretics, antispasmodic drugs, etc.); or smoking, alcohol use, and/or consumption of caffeinated beverages. Saliva is a natural rinse for the mouth that aids in the elimination of harmful bacteria that can cause plaque, calculus build up, tooth decay and cavities. Dry mouth can also cause other health problems, such as: gingivitis (gum disease), bad breath (halitosis), mouth ulcers, thrush (candidiasis), sore throat (pharyngitis) and many others. Remedies to help alleviate a dry mouth include: use of a humidifier/vaporizer to moisturize room air, over-the-counter oral moisturizers, rinses and dry mouth lozenges, increasing daily fluid intake, and/or chewing sugar free gum (which can help stimulate salivary glands to produce more saliva) (Tanasiewicz, Hildebrandt, & Obersztyn, 2016). Routine oral hygiene care, (brushing, flossing and/or swab cleaning of the mouth and teeth), diet modifications (regular sips of water, avoidance of dry, hard, sticky, acidic foods, avoidance of excess caffeine etc.) can all help alleviate symptoms of a dry mouth. Consult the individual's dentist and/or the individual's primary care physician (PCP) for their recommendations, which may include a recommendation for increased frequency of oral/dental evaluations, the use of a daily fluoride rinse, the application of a topical fluoride varnish, a medication change, or additional testing to determine the cause of the individual's xerostomia. For more information regarding dental facts, tips or dental service inquiries please email the DBHDS Dental Team at dentalteam@dbhds.virginia.gov

References

Millsop, J. W., Wang, E. A., & Fazel, N. (2017). Etiology, evaluation, and management of xerostomia. *Clinics in Dermatology*, 35(5), 468-476.
Tanasiewicz, M., Hildebrandt, T., & Obersztyn, I. (2016). Xerostomia of various etiologies: A review of the literature. *Advances in Clinical and Experimental Medicine*, 25(1), 199-206.



The Wellness Corner

Health and Wellness are often used interchangeably, however there are some distinct differences. Think of health as the *goal* and wellness as the *process* to achieve the goal (Swarbrick and Yudof, Feb. 2014). During this very unusual time, the last thing one might be thinking about is their own overall well-being. However, it is during times like this that it is even more important to take care of yourself. Nothing is more important than giving yourself the time needed to keep the balance between work and home (Giesbrecht, 2015). It is not selfish to address your own needs. As we spend our day assisting others, too often we tend to put our own needs last! In order to do, and be, the best we can be, we have to take care of ourselves first.

The 8 Dimensions of Wellness have been identified as Emotional, Financial, Occupational, Spiritual, Environmental, Social, Physical and Intellectual well-being (Swarbrick and Yudof, Feb. 2014). It is almost impossible to separate these overlapping elements of our well-being, but all are important when improving one's overall well-being.

Developing a practice of self-care as the first step toward a journey to wellness, will provide you with the rejuvenation needed to perform your best (The National Wellness Institute, 2017). No time! Taking 3-5 minutes during the day can produce a renewed approach to whatever comes your way (Giesbrecht, 2015). Start simple and choose something you are comfortable with. This can be as simple as taking deep breaths, taking a short walk, standing up and stretching, stepping away from your desk, smiling, listening to soothing music or just laughing (The National Wellness Institute, 2017).

There are numerous ways to reduce stress, anxiety and clear your mind. Find which techniques works best for you, and begin to practice them. It does not take long to become aware of the impact these moments will have in bringing you a sense of calm and control (The National Wellness Institute, 2017).

Each month we will address various aspects of wellness for yourself as well as those you support. If you have any questions or suggestions, please feel free to contact me. I look forward to hearing from you all. Teresa Secreti, CRi Wellness Coordinator; Email: Tsecreti@MYCRi.org

References

Giesbrecht, B.A. (2015, January 1). Pomodoro technique for time management. White papers. 19. University of Nebraska at Omaha. <https://digitalcommons.unomaha.edu/nbcwhitepapers/19>
Swarbrick, P. & Yudof, J. (2014, February). Wellness in eight dimensions. Wellness Institute. https://www.center4healthandsdc.org/uploads/71/1/4/71142589/wellness_in_8_dimensions_booklet_with_daily_plan.pdf
The National Wellness Institute (2017, March 7). Wellness in 10: 10 ways caregivers can care for themselves. <https://www.nationalwellness.org/blogpost/921482/270044/Wellness-in-10-10-Ways-Caregivers-Can-Care-for-Themselves>

Coronavirus/COVID-19

The COVID-19 pandemic is a rapidly evolving situation. The following links will help you stay up-to-date with the latest information. To submit COVID-19 questions (for response in an upcoming DBHDS FAQ), please email stephanie.waite@dbhds.virginia.gov

Latest Resources for CSB's & Other Licensed Providers: DBHDS – Frequently Asked Questions [04/29/2020]

<http://www.dbhds.virginia.gov/assets/doc/EI/dbhds-covid-19-4.29.20.pdf>

Behavioral Health Implications http://www.dbhds.virginia.gov/assets/doc/EI/behavioral-health-implications_covid-19_early.pdf

Guidance for ACT Programs http://www.dbhds.virginia.gov/assets/doc/EI/covid-act-recs_3_13.pdf

Department of Behavioral Health & Developmental Services, COVID-19 website <http://www.dbhds.virginia.gov/covid19>

Centers for Disease Control (CDC) <https://www.cdc.gov/coronavirus/2019-ncov/index.html>

World Health Organization (WHO) <https://www.who.int/health-topics/coronavirus>

National Institutes of Health (NIH) <https://www.nih.gov/health-information/coronavirus>

Virginia Department of Health (VDH) <http://www.vdh.virginia.gov/surveillance-and-investigation/novel-coronavirus/>

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