



Pain Awareness Month



Pain is a defense mechanism to protect the body; a warning something is injured or uncomfortable (Cleveland Clinic, 2017). Individuals with DD and co-morbidities (health disorders, etc.) are at higher risk for pain (Baldrige & Andrasik, 2010). Those who cannot self-report are at even higher risk for undertreated or undiagnosed pain because medical professionals must rely on what is *reported* in order to diagnose and or *justify* prescribed medicines or treatments, which may alleviate pain.

Some individuals may suffer for years without being diagnosed and or receiving adequate medicines or treatment for pain which might provide them with some relief.

Chronic vs. Acute

Chronic pain is defined as pain lasting longer than 6 months which can be described as dull or aching. Examples of chronic pain are: headaches (migraines), back pain, arthritis, malignancy, or nerve pain (Cleveland Clinic, 2017). Due to the longevity of chronic pain, other aspects of life are affected such as socialization, mood, and depression. Long-term pain leads to loss of ability to participate in activities, alters self-image, and is associated with PTSD and grief (Tracy, 2017).

Acute pain presents suddenly, is sharp in intensity, and has a reason or origin. Acute pain usually is gone in 6 months. A few examples of acute pain are surgical sites, broken bone, dental work, and tissue injury. Once acute pain resolves, the person can usually resume normal activities (Cleveland Clinic, 2017).



Addressing Pain for non-verbal individuals?

Many individuals diagnosed with DD in the population have co-existing conditions which may cause pain. The use of a pain assessment scale specifically designed for non-verbal individuals is essential in recognizing and treating pain. Recognizing changes in body language, posturing, facial expressions, and vocalizations to identify pain in non-verbal individuals can save time and effort to determine the cause of a behavior (McGuire et al., 2016).

The following is a list of questions to consider when attempting to identify pain symptoms in a non-verbal DD individual. Once identified, the information should be shared with healthcare professionals who can diagnose and treat pain.

1. Is the individual taking longer to perform tasks?
2. Is the individual experiencing difficulty performing tasks?
3. Has the individual experiences injuries, trauma, and surgeries in the recent past which could be evaluated for pain?
4. Is there a comprehensive list of chronic medical conditions?
5. Has the individual had a pain assessment? When? Who performed it? What was the outcome?
6. Has pain been identified in the past? Where was it located? What interventions were effective? How long did the pain last?
7. Is there a pain protocol for the individual?

App of the Month



The Smiling Mind - app is a non-for-profit web and app-based meditation program for all ages developed by psychologists and educators to help bring mindfulness into your daily life. They suggest 10 minutes a day. App is Free. (App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app).

Know the non-verbal behaviors which might indicate Pain (Meir, Strand, & Alice, 2012) (Booker & Haedtke, 2016).

Interpersonal Interactions:

Refusing to participate. Refusing personal care. Change in normal routine. Wanting to stay in bed.

Vocal: Increased Whining, Moaning, Whimpering, Screaming, Yelling, and Specific word use.

Facial Expressions: Furrowed eyebrows, Raising eyebrows, Squinting eyes, Rapid blinking, Eyes wide open, Turned down mouth, Movement in tongue & lips, Puckering, Pouting, Lip quivering, Teeth grinding, Tongue pushing.

Emotional: Cranky, Irritable, Unhappy, Agitated, Uncooperative, Unable to satisfy, Difficult to distract.

Physiological: Change in color of face; Changes in vital signs (BP, respirations).

Protectiveness: Gesturing, Touching Affected part, Protecting, Defending, Flinching, Sensitive to touch.

Body Language: Moving more or less, Stiff, Spastic, Tense, Rigid, Altered gait, Rocking, Pacing.



Dental Facts and Tips

Having an odor from your mouth (halitosis) can be embarrassing, especially if you cannot pinpoint why it is occurring, or more importantly, how to eliminate it. There are several sources of halitosis. Common causes of halitosis include dry mouth, consumption of pungent or spicy foods, tobacco use, medications and poor oral care (Renvert et al., 2020).

Chronic (long lasting or lingering) bad breath, or the condition of having a “bad taste in your mouth” may be a sign of gum disease, but can be a symptom of a more serious medical condition such as H. Pylori infection (a bacterial infection of the digestive tract), diabetes, GERD (gastroesophageal reflux disease), sinusitis (sinus infection), strep throat (the most common cause of pharyngeal infection in humans), tonsillitis, and upper respiratory infection, among others (Di Pierro et al., 2012; Porter & Scully, 2006). In extremely rare cases, halitosis can also be a symptom of oral cancer, an oral infection or abscess, leukemia, hepatic failure or renal failure. If an individual is experiencing chronic halitosis, this information should be brought to the attention of the individual's PCP and the individual's dentist at the earliest opportunity. A routine dental examination and preventative care appointment should be obtained as per your dental professional's recommendation (Bidra et al., 2016).

For more information regarding dental facts, tips or dental service inquiries please email the DBHDS Dental Team at dentalteam@dbhds.virginia.gov

References

- Bidra, A., Daubert, D., Garcia, L., Kosinski, T., Nenn, C., Olsen, J., Platt, J., Wingrove, S., Chandler, N. and Curtis, D. (2016). Clinical practice guidelines for recall and maintenance of patients with tooth-borne and implant-borne dental restorations. *The Journal of the American Dental Association*, 147(1), pp.67-74.
- Renvert, S., Noack, M. J., Lequart, C., Roldan, S., & Laine, M. L. (2020). The underestimated problem of intra-oral halitosis in dental practice: An expert consensus review. *Clinical, Cosmetic and Investigational Dentistry*, Volume 12, 251-262.
- Doi:10.2147/ccid.s253765
- Porter, S. R., & Scully, C. (2006). Oral malodour (halitosis). *BMJ*, 333(7569), 632-635.



ABA Snippets

Behavioral services through DD waivers

Therapeutic consultation is a waiver service through the FIS and CL waivers that includes behavioral services to address challenging behavior(s). This service may be considered a “focused” behavioral service as it targets completion of a functional behavior assessment (FBA) and associated function-based behavior support planning to address challenging behavior. The behavior support plan (BSP) will usually involve modifying specific aspects of the person's environment to reduce the likelihood that challenging behavior occurs, minimizing the provision of reinforcement for challenging behavior, and teaching new skills to replace the challenging behavior(s) (Kennedy Krieger Institute, n.d.). There are two primary provider types that deliver therapeutic consultation behavioral services in Virginia: Positive Behavior Support Facilitators (PBSF) and Board Certified Behavior Analysts®/Licensed Behavior Analysts (BCBA®/LBA). Consumers should be aware of how to access information on both types of behaviorists, including how to locate a behaviorist when in need of a FBA and an associated BSP. Information on PBSFs can be found [here](#), inclusive of how to [locate](#) a PBSF. The Behavior Analyst Certification Board® [website](#) contains detailed information on the credentials it oversees. A [provider directory](#) to locate behavior analysts who are members of the Virginia Association for Behavior Analysis is also available.

References

- Behavior Analyst Certification Board (n.d.). Credentials. <https://www.bacb.com>
- Kennedy Krieger Institute (n.d.). Applied behavior analysis from the neurobehavioral unit. <https://www.kennedykrieger.org/patient-care/centers-and-programs/neurobehavioral-unit-nbu/applied-behavior-analysis>
- Person Centered Practices (2015). What is positive behavior support? http://www.personcenteredpractices.org/launch_vpbs.html
- Virginia Association for Behavior Analysis (n.d.). Provider Directory. <https://www.virginiaaba.org/provider-directory/>

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 [07/16/2020]

<http://www.dbhds.virginia.gov/assets/doc/EI/dbhds-covid-19-7.16.20.pdf>

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

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/>

Caregiver Training: Mobile Rehab Engineering Team Services, Durable Medical Equipment and Assistive Technology: What You Need to Know Tuesday September 22, 2020 between 10:00 a.m. – 12:00 p.m.

How to Request MRE Team Services - The Process for New DME & AT - Emergency Evacuations for Non-Ambulatory Individuals

David Wilson, PT, ATP; Tammie Williams EdD, MSN, ATP; and Marylou Bryan, BSN, will review all the services the MRE Team has to offer, teach the process for ordering new DME and show various kinds of Assistive Technology, from doorbell answering devices to emergency evacuation devices. Lynn Moloney, an evacuations expert for non-ambulatory individuals, will be joining us for a question and answer session to help problem-solve any evacuation issues caregivers may have. Registration for this training is at the Survey Monkey link: <https://www.surveymonkey.com/r/38M78T9>. Questions may also be submitted through the Survey Monkey link at the time of registration.

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