



Negativity vs. Positivity in the Workplace

Negativity can be a silent killer in the workplace on productivity. Being negative undermines the concept of supporting and nurturing others (4). Negativity produces feelings of isolation, stress, and failure (2).

The workplace consumes several hours each day and represents the potential to experience thousands of negative or positive interactions. The goal is to have more positive interactions than negative.

Positive relationships produce better quality work and increase healthy social interactions, and cultivate a work environment which is supportive. Positive work environments influence job retention and satisfaction (2). The following concepts were identified as practices which capture the essence of positive practices:

1. Respecting others and treating people with dignity and integrity.
2. Caring for, and responding to others in a caring manner.
3. Supporting one another by building strong relationships.
4. Being an inspiration to others and encouraging goodness in others.
5. Seeing the greater purpose in caring for others.
6. Having a forgiving nature, don't place blame, but seek resolution (1).

Balancing Work and Family Life

Research suggests having a balanced work-home life influences attitudes towards employment and the ability to respond to unpredictable events. When there are limited work intrusions placing demands on time outside of defined job roles, we tend to be more positive about the work place.

Balancing work demands and life events promotes a sense of accomplishment which contributes to better coping strategies for stress, recovering quicker from difficulties, and showing greater commitment to the organization (**Error! Reference source not found.** Staff with positive attitudes are more likely to reach personal goals, which may include training and education, which

App of the Month



Daily Affirmations- Fill your day with positivity. Affirmations are practicing positive thinking and self-empowerment by repeating carefully formatted statements. A positive attitude supported by affirmations, can assist you to focus on believing in yourself. (*App of the Month is not endorsed by DBHDS Office of Integrated Health. User accepts full responsibility for utilization of app.*)

Training and Workplace Positivity

Trainings and webinars are a convenient and cost-effective way to increase knowledge and workplace positivity. The DBHDS Office of Integrated Health (OIH) posts a quarterly training schedule for live, virtual events geared to direct support staff and caregivers, and all are free. Sign up for the DBHDS listserv to receive automatic announcements for ongoing training opportunities.

OIH is also increasing staff access to trainings through the Commonwealth of Virginia Learning Center (COVLC). The Fatal Seven, The Importance of Calling 9-1-1, The My Care Passport & Advocacy Tip Sheets, and Falls Trainings are now available 24/7 on the Commonwealth of Virginia Learning Center. To set up an account with the COVLC refer to the instructions listed [click here](#).

National DSP Certification

The National Alliance of Direct Support Professionals (NADSP) is an organization which provides a means of joining a national association which recognizes the value and contributions of DSP's. The National Alliance for Direct Support Professionals (NADSP) has developed programs and services to promote professional development opportunities for the DSP. DSP's, provider organizations, support coordinators as well as unpaid family caregivers can become members.

The NADSP offers a variety of membership options. An annual membership for a single person starts at \$10.00, and an avenue to receive a national DSP certification.

The Community Residential Core Competencies (CRCC) offered by NADSP covers topics such as household management, health and wellness, organizational participation, documentation, consumer empowerment, assessment, advocacy, community and service networking, building and maintaining friendships and relationships, communication, and crisis intervention.

The competencies ensure DSP's are learning skills through evidence-based practices to improve the knowledge, skills, and abilities needed to successfully support the individuals with DD in the community (3).


Agencies benefit by hiring staff who have completed the NADSP certification process ensuring well trained DSPs. Most importantly, the individuals supported benefit from knowledgeable staff providing person-centered interventions.

References

- 1) Cameron, K. (2011). Responsible leadership as virtuous leadership. *Journal of Business Ethics*, 98, 25-35. Doi: 10.1007/s10551-011-1023-6
- 2) Houston, E. (2021, June). The importance of positive relationships in the workplace. <https://positivepsychology.com/positive-relationships-workplace/>
- 3) National Alliance of Direct Support Professionals. (2021). NADSP Certification. <https://nadsp.org/services/certification/>
- 4) Nicholson-McCall, S. (2019). Employee commitment among direct care professionals in an intermediate health care facility. <https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=8522&context=dissertations>
- 5) Orkibi, H., & Brandt, Y. I. (2015). How positivity links with job satisfaction: Preliminary findings on the mediating role of work-life balance. *Europe's journal of psychology*, 11(3), 406-418. <https://doi.org/10.5964/ejop.v11i3.869>

ABA Snippets ...

Applications of ABA beyond ASD



Readers are likely aware that applied behavior analysis (ABA) can help young children with autism spectrum disorders (ASD) gain social, language, motor, leisure, and other critical early learner skills (8) (1). Indeed, early and intensive behavioral interventions have been well researched and recognized in the public to the point where there may be a misconception amongst some that ABA is only an appropriate treatment for children with ASD, and that the applications with that population only consist of discrete trial teaching methods. In fact, “ABA has also been demonstrated as effective for treating the symptoms of a variety of conditions, including severe destructive behavior, substance abuse, dementia, pediatric feeding disorders, [and] traumatic brain injury, among others” (5). The Behavior Analyst Certification Board provides fact sheets on a dozen ABA subspecialty areas that include several of the aforementioned, as well as education, health and fitness, environmental sustainability, and the prevention and intervention of child maltreatment (2). Two additional subsets of ABA may be of particular interest to readers working in the developmental disability waiver system in Virginia: organizational behavior management (OBM) and clinical behavior analysis. OBM applies behavioral principles and procedures to business settings to improve employee performance and enhance overall business results (9) (3). Learning more about OBM and its applications may be helpful within the reader’s own organization, as well as in assessing and improving environments in which the behaviorist provides services in the community to assist the individual in reaching their goals. Clinical behavior analysis approaches such as acceptance and commitment therapy (ACT) may additionally be useful for readers to explore should they encounter complex profiles where difficult thinking patterns have resulted in overt behavior that moves a person away from what matters the most to them (6) (7). While ABA applications to the ASD population remain at the forefront in research and practice, ABA has “improved human performance and the quality of participants’ lives across a wide range of areas” (4).

References:

- (1) Ali, H.H., & Fazil, H. (2022). Efficacy of discrete trial training in developing social-communication skills in children with autism. *Journal of Behavioral Sciences*, 32(1), 251.
- (2) Behavior Analyst Certification Board. About behavior analysis. Retrieved April 18, 2022 from <https://www.bacb.com/about-behavior-analysis/>
- (3) Brethower, D.M., Dickinson, A.M., Johnson, D.A., & Johnson, C.M. (2022). A history of organizational behavior management. *Journal of Organizational Behavior Management*, 42(1), 3-35.
- (4) Cooper, J.O., Heron, T.E., & Heward, W.L. (2020). *Applied behavior analysis: third edition*. Pearson Education, Inc.
- (5) The Council of Autism Service Providers (2020). *Applied behavior analysis treatment for autism spectrum disorder: Practice guidelines for healthcare funders and managers 2nd edition*. Retrieved April 14, 2022 from <https://casproviders.org/wp-content/uploads/2020/03/ABA-ASD-Practice-Guidelines.pdf>
- (6) Harris, R. (2009). ACT made simple: an easy to read primer on acceptance and commitment therapy. New Harbinger Publications, Inc.
- (7) Hayes, S. C. (2019). *A liberated mind: how to pivot toward what matters*. Avery, an imprint of Penguin Random House LLC.
- (8) Lovaas, O. I. (1987). Behavioral treatment and normal educational and intellectual functioning in young autistic children. *Journal of Consulting and Clinical Psychology*, 55(1), 3.
- (9) OBM Network. What is OBM? Retrieved April 18, 2022 from <https://obmnetwork.com/page/WhatsOBM>

Community Nursing Leader Region 2

The Office of Integrated Health – Health Supports Network (OIH-HSN), in collaboration with community provider agencies, hosts a regional nursing meeting each month in all five regions of the Commonwealth.

Each region has a volunteer Community Nurse Leader who serves as a bridge between the community and DBHDS. Each region of the Commonwealth is unique with its own care challenges.

The Community Nurse Leaders share their experiences, knowledge, and serve as mentors for other community nurses. They are a good source for networking as fellow healthcare professionals, and are active participants in the regional nursing meetings offering up vital topics of discussion or concern within their regions.

Region 2 is often referred to as NOVA. The region holds some of the most densely populated metropolitan areas in the Commonwealth. The region extends from the borders of Washington D.C. and Maryland, down to Caroline County on its southern end, and Shenandoah County on its upper western side. There are 7 independent cities and 17 counties within the region.

The Region 2 Community Nurse Leader is **Beatrice “Bea” Claiborne, RN, CDDN, DON** of CRi, located in Chantilly, VA.

Bea is a Petersburg, VA native. She has over 30+ years working with the intellectually and developmentally disabled (IDD) population, and 12 years working in the mental health (MH) field.

She started her career as a Developmental Aide (DA). Bea has always seen herself as a compassionate person. As a DA, she drove the recreation bus and took the individuals on community outings such as to the park, sightseeing, and sometimes stopping for food. People would look, stare, and point at the individuals. Bea remembers saying “they are human beings just like you”! She has always advocating for the “underdog”.

She continued her education at Chesterfield County Technical School to become a Licensed Practical Nurse (LPN) and went on to become a Registered Nurse (RN). She received her BSN degree from University of Phoenix.

She is now the Director of Nursing (DON) at CRi, which stands for Choice. Respect. Independence. As a member of the Clinical Leadership Team, Bea is responsible for creating facility mandates and policies.

Bea has two adult children, and four grandchildren which keep her personal life very busy. She is a regular participant and member of her community church. And her little male Yorkie dog, Ransom, brings her life daily joy.

The OIH-HSN would like to take this opportunity to thank Bea Claiborne for her many years of service as a Registered Nurse in the Commonwealth and her willingness to act as the OIH-HSN Community Nursing Lead for Region 2.