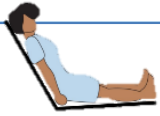
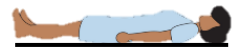


April 2024



Positioning to Reduce Skin Breakdown



Positioning is a frequently used term which has several associations or applications depending on what we are trying to accomplish, minimize or avoid (1).

Individuals with DD who are not able to move independently are dependent on their caregivers to reposition them **every 2-hours**, but may be more frequently (e.g. every hour, etc.) if needed (4) (3).

Repositioning is defined as completely changing an individual's body position to another part of the body and/or a full turn of the body (4) (1).

An individual in a seated position should be moved to a lying down position (horizontal) or a standing position (vertical) using a stander. An individual lying on the right side of their body, should be repositioned to the left side, back or stomach, and so on (4).

Individuals who have positional challenges and those with a history of pressure injuries should be evaluated by their primary care provider (PCP) or physical therapist (PT) to have a person-centered positioning protocol written/ordered (1).

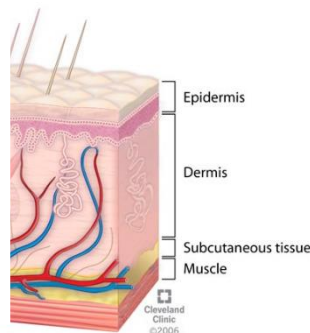
Positioning is Necessary to...

- Reduce or relieve pressure on areas of the body at risk for skin breakdown.
- Maintain muscle mass and skin integrity.
- Improve blood flow to tissue.
- Provide proper body alignment.
- Increase comfort (4).

Layers of the Skin

Knowing about the layers of the skin helps to understand how positioning effects skin breakdown.

- The epidermis is the outer most layer of the skin.
- Below the epidermis is the dermis.
- Right below the dermis are the capillary beds which supply the dermis and epidermis with blood.
- Below the capillary beds is the fatty subcutaneous tissue.
- Then the muscle and then bone (1).

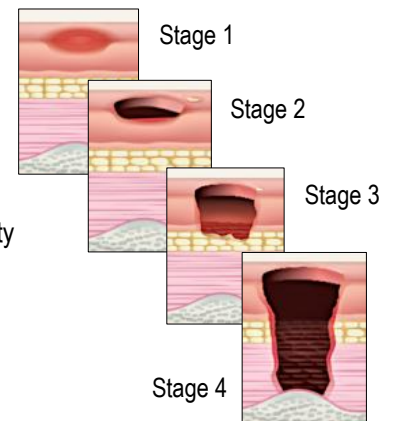


Skin Breakdown

When an individual with positional challenges is left in the same position for over 2-hours the blood flow is cut off to the tissue in that particular area causing damage to the skin.

Skin breakdown is classified by the depth of the damage to the skin layers (2).

- Stage 1 - damage to the epidermis.
- Stage 2 - damage to the epidermis and dermis.
- Stage 3 - damage to the epidermis, dermis, and fatty subcutaneous tissue.
- Stage 4 - damage to the epidermis, dermis, fatty subcutaneous tissue, and muscle.



Some skin damage is not able to be staged and is then referred to as "unstageable" (1).

Skin damage from pressure can be healed but does not return to its original state of health prior to the damage occurring. Therefore the area is always at higher risk for becoming more seriously damaged again, in an even shorter amount of time than before (2).

Other Factors Affecting Skin Breakdown

Friction, shear and moisture increase risk for skin breakdown and damage.

- Friction injuries occur when the skin is dragged or pulled across a surface, such as when an individual is moved or slid across bed sheets. Damage due to friction can be seen on the outside of the body (1) (2).
- Shearing is the physical force which acts on an area of skin in a direction parallel to the body's surface. Shear related damage happens between the skin layers by separating tissue layers, cutting off the blood supply to the area. Damage due to shearing cannot be seen outside the body (2).
- Both friction and shearing damage can occur during positioning when two forces move in opposite directions, either inside of the body or outside. It is very important to lift an individual completely off the surface before moving them (1).
- Any type of moisture such as after a bath, or incontinence can increase risk of friction and shear related damage (1).
- Bowel and bladder incontinence start to breakdown skin on contact. The longer an individual is left sitting in stool or urine the higher the chances are for skin damage to occur (5).

Please direct any questions or concerns regarding the Office of Integrated Health Supports Network "Health Trends" newsletter to communitynursing@dbhds.virginia.gov

References

1. [Al Aboud, A. M., and Manna, B. \(2020, April\). Wound pressure injury management. *Stat Pearls*, 1-7.](#)
2. [Kirman, C. N. and Geibel, J. \(2024, January\). Pressure injuries \(pressure ulcers\) and wound care. *Medscape*, 1-52.](#)
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4. [National Clinical Guideline Centre \(NCGC\). \(2014, April\). Pressure ulcer prevention: The prevention and management of pressure ulcers in primary and secondary care. *The National Institute for Health and Care \(NICE\)*, 1-710.](#)
5. [Fathi, R. and Zieve, D. \(2022, February\). Skin care and incontinence. *Medline Plus*, 1-4.](#)

April 2024



April is Autism Acceptance Month

This April, the [Autism Society of America](https://www.autismspeaks.org/) is proud to continue its fifth annual #CelebrateDifferences campaign in honor of Autism Acceptance Month.

What is Autism?

Autism Spectrum Disorder (ASD) is a complex, lifelong developmental condition which typically appears during early childhood and can impact a person's social skills, communication, relationships, and self-regulation.

Although all individuals experience Autism differently, it is defined by a certain set of behaviors and is often referred to as a "spectrum condition" which affects individuals to varying degrees.

While there is no single cause for Autism, most researchers believe it is caused by differences in brain structure or genetic factors.

Signs & Symptoms

- Restricted or repetitive behaviors, movements, or phrases.
- Co-occurring conditions including but not limited to, mental health illnesses, gastrointestinal issues, and seizure disorders.
- Lack of response to normal stimuli (i.e. his/her name, visual cues).
- Avoiding eye contact.
- Restricted or repetitive behaviors, movements, or phrases.
- Delayed movement, language, and/or cognitive skills.
- Atypical verbal communication, non-speaking, or non-verbal.
- Difficulty understanding or expressing feelings.

Currently, there is no known cure for Autism. However, continued research has provided a clearer understanding of the disorder and has led to better treatments and therapies to positively improve quality of life for individuals.

There are no medical tests, such as blood work or brain scans, for diagnosing Autism. An accurate medical diagnosis must be based on observation of the individual's communication, social interactions, and their activities and interests. While there is not a single behavioral or communication test that can detect Autism, several Autism-specific tools are now being used for formal diagnosis. The characteristic behaviors of ASD may or may not be apparent in infancy (18 to 24 months), but usually become obvious during early childhood (24 months to 6 years).

The Autism Society is the largest and oldest Autism organization in the United States. Their mission is to create connections and empower everyone in the Autism community with the resources needed to live fully. Annually, the Autism Society and approximately 70 local affiliates serve over half a million individuals in the Autism community through information and referrals (I&R), education, community, advocacy, and support.

References:

All of the above information is from the Autism Society 2024 website:
<https://autismsociety.org/>

ABA Snippets ...

Differential Reinforcement:

"Whatcha Reinforce Is Whatcha Get"

Back in 1971, soul music supergroup The Dramatics had a hit song called, "Whatcha See Is Whatcha Get" (3). But what if what we see is a behavior that is harmful or disruptive? We need a new hit song - a song about differential reinforcement.

What do we see? The behaviors we see are the behaviors that get reinforced. This reinforcement may be intentional or unintentional. What reinforces me (watching Soul Train on YouTube and calling it "research") may not reinforce you. While reinforcement can mean many different things, it is usually the reason we see a person behaving one way or another.

For example, when a person makes rude comments, the people around them react in some way. The people reacting probably do not mean to reinforce these comments but, like it or not, if rude comments continue, reinforcement is happening, and we can expect more rude comments. Meanwhile, if the person says nice comments from time to time that are unnoticed or ignored, we can expect less nice comments.

The solution is to flip our responses by ignoring rude comments and reinforcing nice comments. This is called differential reinforcement.

Differential reinforcement is a procedure that can be used to decrease a behavior by increasing a different behavior. According to Julie S. Vargas (5), "If you begin to reinforce an appropriate behavior to substitute for one to be decreased you are using differential reinforcement. Differential reinforcement occurs when you reinforce one action... while ignoring other properties or actions." (5)

In other words, differential reinforcement will increase the behaviors you want to see, not those you do not want to see. It is important to be selective in finding a behavior to reduce (considering ethics, rights, and safety) and that the behavior is one of significance to and for the person*. Identify what is reinforcing the behavior, keeping in mind the reinforcement might be unintentional. Then, plan how to stop reinforcing it and start reinforcing an alternative behavior.

Researchers have demonstrated this by providing attention when a person said appropriate things and ignoring statements that were defined as inappropriate. Over time, she made fewer inappropriate statements and eventually stopped saying inappropriate things completely (2).

"Whatcha Reinforce Is Whatcha Get," bringing group harmony to your dance floor just in time for summer 2024.

* Great care and consideration should be taken to ensure the person benefits from the use of differential reinforcement. "Target behaviors should not be selected solely for the primary benefit of others." (1).

You may contact DBHDS at: brian.phelps@dbhds.virginia.gov with any questions or concerns regarding the ABA Snippet article.

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1. Cooper, J.O., Heron, T.E., & Heward, W.L. (2020). Selecting and Defining Target Behaviors. In J.O. Cooper, T.E. Heron, & W.L. Heward (Eds.), *Applied behavior analysis: third edition* (p. 59). Pearson Education, Inc.
2. McDonough, M.R., Johnson, A.K., & Waters, B.J. (2017). Reducing attention maintained bizarre speech in an adult woman. *Behavior Analysis: Research and Practice*, 17(2), 197-203.
3. *Stax Records*. (n.d). *The Dramatics*.
4. [TheJudgerave](https://www.youtube.com/watch?v=...). (2022, June 2). *The Dramatics - Whatcha See Is Whatcha Get 1080p HD Remastered [Video]*.
5. Vargas, J.S. (2020). *Behavior analysis for effective teaching*. Routledge, Taylor & Francis Group.