

# THE MICHAEL DUNN CENTER

# NOW YOU KNOW

Volume 2 Issue 1

January– February, 2005

edited by Roger Richmond

## FROM THE DIRECTOR'S DESK...

Kyle Hauth

### The Times They Are A-Changin'

changes have taken place since the December edition of this newsletter. Our state was temporarily taken off moratorium by the federal government, TennCare had been closely reviewed by the state and is being down-sized and changed significantly, the state policies that effect the majority of the services we provide have been revised with sweeping changes, the rate system for adult services was significantly changed, and the DMRS

(Division of Mental Retardation Services) waiting list has been reduced through a new state funded service known as the Self Determination Waiver. To sum up all of these changes, I can truthfully say that in the 24 years I have served as an administrator for community MR services, I have never seen so many changes in such a short time frame.

I suppose one could say that with all of these changes there is good news and bad news. The bad news is, we must make immediate adjust-



ments to our system which will probably cause some temporary confusion and everyone will need to participate in additional training which is very time consuming. The good news is, just about all of these changes are positive for the people we

*(Continued on page 2)*

## TRAINER'S MOMENT

### Professional Conduct In The Workplace

Cynthia Supervisor's telephone awakens her at 12:30 AM. Many thoughts run rapidly through her mind- has someone been

hurt? Has there been an accident? Is it a family member? A group home resident? As she rapidly regains consciousness and grabs the phone, she hears the voice of Stella Staff on the other end.

Roger Richmond

What has happened in the group home? What is the emergency? How will we respond? Stella Staff says, "I hope I didn't wake you up, but I need to be off from

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### Do you remember...

**Allegations of Abuse, Neglect, and Mistreatment must be reported within 4 hours from the time it is witnessed.**

**If you witness abuse, neglect or mistreatment, make sure the individual is safe and contact Kyle Hauth at 548-8540.**

## The Times They Are a-Changin'

Kyle Hauth

*(Continued from page 1)*

serve and our agency as a whole. Although there will be ongoing discussions about all of these changes, I thought it may be helpful to hit the highlights in this newsletter.

First of all, it is imperative that everyone become acquainted with the new DMRS provider manual. This manual can be obtained by going to [www.state.tn.us/dmrs](http://www.state.tn.us/dmrs). If you do not have access to a computer, please feel free to contact Anita Richmond or me and we will ensure that you have access to this document. This manual provides detailed instructions as to how community services will be provided and the responsibilities of all stakeholders in this process.

One major change in community services is the separation of funding and staffing ratios. No longer will we be dictated the degree to which staffing patterns should be developed for the people we serve (with the exception of community

based day service, which continues to be a 3:1 ratio). People will now be served based upon their individual needs and not based upon rate methodology. A significant change to adult day service is the elimination of recreational community activities without the implementation of appropriate strategies. Therefore we will no longer allow people to go to the mall, park, Wal-Mart, etc. just for amusement. Instead we will focus on work related and training functions only, as part of the community based day service.

Another reoccurring theme in all of the changes is the significance of self monitoring of our services. Instead of relying upon outside reviewers coming into our agency and showing us how to improve services, we must be alert to the weaknesses in our system and develop ways to strengthen such areas. It is crucial that every staff member and volunteer affiliated with MDC understand our service delivery system and be empowered to effect it in a positive way.

Communication is always a vital aspect of our service system and the changes taking place require even better communication from all of us. The daily notes, referencing the interactions and responses a person has each day, must be detailed and specific to the implementation strategies in the individual support plan. We must closely evaluate the quantity and quality of the information relayed in our daily notes and begin making improvements to this system immediately.

The issues discussed in this article are just a few of the important changes that we will be making to our service system. However, one could easily summarize the necessary elements to a quality system by simply saying, "We must truly understand the people we serve, act to assist and improve their daily experiences, and communicate all notable events to appropriate stakeholders".

## DIABETIC DIET POINTERS

### KEY POINTS:

- Eat about the same amount of carbohydrates at meals and snacks each day
- Eat about the same time each day for meals and snacks
- Limit sugars and sweets
- Reduce fat intake
- Eat foods that are higher in complex carbohydrates and fiber, such as whole grain breads and cereals, dried beans, and fruits and vegetables
- Read food labels
- Limit use of "diabetic" or "fat

free" foods, since some of them can be expensive and may contain too much salt and sugar

- Exercise

### Healthy Eating and Diabetes:

Diabetes is a disease in which the body does not produce, or properly use, insulin, a hormone that is needed to convert sugar, starches, and other foods into energy. When someone has diabetes, his or her body has difficulty controlling blood sugar levels.

Having a healthy diet is one of the most important ways to

help control blood sugar, along with medication and exercise. A poor balance of foods, such as too much carbohydrates or too much fat can cause poor sugar control and increase health problems. A good diet and exercise go hand in hand to improve your blood sugar levels. Foods on a diabetic diet are divided into three main groups- carbohydrates, proteins, and fats. While each group is important for good health, carbohydrate is what has the greatest impact on

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## WHAT IS A DIRECT SUPPORT PROFESSIONAL?

Direct support professionals (DSPs) provide guidance and support to people who need help to be self-sufficient. DSPs provide support to a wide range of individuals including people with disabilities or chronic illness; children and youth who are at risk; and families who need assistance in supporting family members. DSPs view their job as a profession that demands complex skills and knowledge, ethical judgment and the ability to create relationships of trust and mutual respect. They believe the term "Direct Support Professional" represents this role better than the commonly used title of "Direct Support Worker."

People who do direct support work are found in hundreds of different settings and job titles such as Residential Counselor, Employment

port the empowerment, choices and self-direction of the individual receiving support.

**the direct support professional can assist people to participate fully... in life**

Specialist, Family Advocate, and Personal Support Assistant. Many of these jobs share similar requirements and approaches including the ability to teach life skills and to sup-

Using these skills, the direct support professional can assist people to participate fully in family, community and social life. Depending on the preferences and situation of an individual, the DSP may provide support ranging from personal care, health care, transportation and advocacy, to social and recreational assistance or employment support. Working as a coach and partner, the DSP seeks to offer whatever supports are needed while respecting and facilitating the individual's ability to direct his or her own life.

### Professional Conduct

Roger Richmond

*(Continued from page 1)*

work on Friday and wanted to get your permission".

At lunchtime, two agency staff and the five individuals they support enter Pizza Hut. The staff sit at one table and the consumers at another. When the waitress comes to take their orders, the staff order pizza for themselves, but tell the waitress, "they don't need anything- they brought their lunches. Do you have a microwave we can warm his food in?" When the waitress replies that they do not, the staff says, "Well, it'll be OK cold". The consumers watch as the staff eat pizza. Although the waitress asked the staff several times, "Are you *sure* they don't want anything", the staff repeatedly said were fine and didn't need anything.

Each of the above stories is reportedly true. Why would someone call their supervisor in the middle of the night to ask for a day off? What

does it say about staff who would eat at a restaurant and deny the experience for the people they support? Both are examples of very poor judgment and a basic lack of professionalism on the part of the

**Being professional means doing the right thing, even when no one is watching.**

staff. One is just bad judgment; the other is also considered mistreatment and calls for disciplinary action. Both display a total disregard for the concerns and feelings of other people.

When looking over a list of staff with a supervisor recently, the supervisor said, "that person is great. She always stays busy at the house and devotes all of her attention to

the people in the group home. When she sees something that needs to be done, she does it. No one has to tell her what to do". The supervisor went on to say, "It's a shame the rest of the staff in that house don't work as hard as this person does." The sad fact is too many people don't display basic professional conduct in their jobs.

Conducting one's self in a professional manner doesn't take an advanced education or certification. It does require caring to do more in your jobs than the least amount of effort necessary to get by. It requires enough observational ability to recognize a need, and motivation enough to take care of the need. Being professional means doing the right thing, even when no one is watching. It means doing a good job *because you care*, not because you expect to gain something in return. Once again, ask yourself "which kind of staff person would I want taking care of me?" The answer is obvious.

## FIGHTING THE FLU AT WORK AND HOME

submitted by Penny Dodson

### How to Protect Yourself Against the Flu

The flu season is here. Here are some tips for staying healthy:

#### HOW TO PROTECT YOURSELF

Flu vaccine is the best way to protect yourself against the flu. The flu vaccine is about 80% effective in preventing the flu, and the few people who do get the shot but still get the flu, end up with a milder illness. **The viruses in the vaccine are killed, so you cannot get the flu from the vaccine.**

#### WHO IS AT RISK

Certain people are at high risk of complications from the flu and should get the vaccine each year. They include people 65 or older; and younger people with heart disease or lung disease, including asthma; those with weakened immune systems and certain other chronic illnesses, such as diabetes; pregnant women and children or teenagers who are on extended aspirin therapy. Residents of longterm

care facilities are also at increased risk and should be vaccinated. In addition, immunizing health care workers in all settings (inpatient, outpatient, and acute and chronic care facilities) and household contacts of patients at risk is important in protecting patients from the flu. Other people may receive the vaccine to avoid the discomfort and inconvenience that comes with getting the flu.

#### YOUR RESPONSIBILITY FOR PREVENTION:

The number one way to prevent transmission of the flu virus is good hand washing. This includes yourself and those that you care for. Good hand washing frequently can prevent the transmission of the flu virus from spreading by breaking the cycle of transmission. Staff should also clean the areas where the person has been with a disinfectant. If you suspect someone has the flu, alert the family, other direct care staff, nursing staff & social services.

#### IF YOU'VE BEEN EXPOSED

Flu is contagious and travels quickly through offices and households. If

you have been exposed to a person with the flu and have not yet been vaccinated, you should get vaccinated as soon as possible. Annual flu vaccination remains the most effective way to protect yourself from getting the flu.

#### IF YOU GET SICK

People in high-risk groups who get the flu may be treated with antiviral drugs. Antiviral treatment should be started within 24 to 48 hours of the onset of symptoms. Antibiotics will not help with the flu, since the flu is viral. Anyone who gets the flu should get plenty of rest, drink lots of fluids (at least one glass of water or juice every hour while awake), and take acetaminophen or ibuprofen to control fever or pain.

**Children or teenagers suspected of having the flu should not be given aspirin**, since this may lead to a severe reaction called Reye syndrome. Antibiotics may be necessary for those with complications from the flu, like pneumonia, sinusitis or ear infections.

## A GOOD MATCH

Melanie Harmon

Dunn Diversified Industries and Capstan have come together with an unique employment opportunity for a Michael Dunn Center adult with a developmental disability.

Capstan makes parts for equipment by applying intense pressure and heat to metal powder. Previously known as Advanced Compacting Technology Group, this Caterpillar subsidiary began moving its operations in July 1994 from Peoria, Illinois to the Roane County Industrial Park. DDI employees began working on site at ACT in January 1995.

In March 2004, Capstan bought the ACT facility. Currently, five DDI employees work at Capstan. Duties include unloading parts from presses, loading and unloading parts to and from furnaces, deburring parts, and packaging parts.

The metal parts that Capstan makes are packed in corrugated boxes. Capstan decided to outsource the folding of the boxes to DDI so that they could concentrate on packaging parts and better meet deadlines. In addition, the overtime that was being incurred to per-

form this operation would be eliminated, DDI employees began folding boxes at its workshop on Gallaher Road, but a challenge emerged as to the best way to deliver the large quantity needed daily. Fortunately, Jason Atkins came to the rescue.

Jason lives at the Herron Home owned and operated by the Michael Dunn Center. Every day, he and his supervisor come to DDI, then transport five gaylords, each with 40, 84, or 175 boxes in them to Capstan. Jason unloads the gay-

## DECIPHERING FOOD DATES: TO TOSS OR NOT TO TOSS

Dates stamped on foods continue to be an area of on-going confusion. There seem to be many different interpretations of these dates we see on various food items. Did you know the 'sell by' date stamped on your milk carton is not equal to an expiration date? How do we know when we should toss a food due to suspected food spoilage?

Defining food dating terminology, as follows, may help to clear up the confusion.

- **Use by and best if used by dates:** This date indicates the last day the manufacturer believes the item is at peak freshness and quality. Although it doesn't mean the item is spoiled after that date, the best policy is to try to use the product by this date. This dating system is often used on food items that have a stable shelf life, such as cereals, processed cheeses and snacks.
- **Sell by or pull dates:** This date isn't an automatic invitation for bacteria to take over on this certain date, but instead

tells the store how long they can display the product for sale. It is used on products with a short shelf life, such as meat, cold deli products, and dairy. You should try to purchase the product before this date expires, however milk and milk products such as cheese should be good for up to seven days past the sell-by date. You should not, however, buy meat if it is past the 'sell by' date.

- **Expiration dates:** This one is the more clear-cut date, meaning it is the last day the food item can be eaten or used. In other words, throw it out if it is expired. One exception, however, is federally graded eggs that should last three to five weeks after the expiration date. Expiration dates on baby formula and pharmaceuticals is mandated by the federal Food and Drug Administration.
- **Closed or coded dates:** These are packing numbers for use by food manufacturers and they're important if there ever is a recall on the product. These dates may appear on

more shelf-stable foods, such as cans and boxes. There is no uniform coding system used on canned foods. The Canned Food Alliance provides tips to help interpret coding at [www.mealtime.org](http://www.mealtime.org)

In addition to understanding the above terminology the best approach when you suspect a food is spoiled is:

- **Look at the food for changes in color and texture**
- **Smell the food**
- **Toss the food if it does not look or smell right**

For additional information on nutrition and proper storage of foods and safe food handling in your home check out...

<http://www.state.tn.us/mental/publicate.html> Click on 2004 Basic Nutrition Guide under DMRS. Food safety information is on pages 52-53.

<http://www.tuextension.utk.edu/publications/food/default.asp> Click on Food Safety and then "A Quick Consumer Guide to Safe Food Handling"

### A Good Match, continued

*(Continued from page 4)*

lords then loads raw stock and empty gaylords into the van. He brings back the items to DDI and then makes another round trip.

The Herron Home staff have been amazed at how well Jason has done at his new job. The job gives Jason a sense of purpose and his day needed structure. Jason is more calm, more focused, and more aware of where he is at and what he is supposed to be doing. Ja-

son's physical and occupational therapists state that his mobility has increased. When he first started his job, Jason was not able to bend all the way to the floor and pick up the bottom of the gaylord and lift it into the van. Now he can do so. Jason's supervisor, Carol Cook, says that when Jason is working, he knows the next step of his job and can perform it independently without being told what to do. Capstan employees have also noticed the change in Jason's work abilities. Stephanie

Spears, a forklift operator at Capstan, remarks, "We used to have to show Jason where the boxes are. Now he can get them by himself."

Mrs. Atkins, Jason's mother, is thrilled that Jason has a regular job. She says, "His father and I are very proud of what Jason has accomplished." She adds, "And we are grateful to the Michael Dunn Center for all they have done for Jason."

## RESPECTFUL SUPPORT

ARC Of Fort Benning

### Respectful Language

Mark Twain once said, "The difference between the right word and the almost right word is the difference between lightning and the lightning bug." Twain's theory also bears true when realizing the difference between respectful and offensive usage of language. Language can enlighten, confuse, intimidate, inform, or convey feelings and attitudes that we may or may not intend to communicate. If we all work to shed light by exposing the myths surrounding mental retardation and related developmental disabilities, we can help to minimize the consequences associated with these disabilities.

Knowing respectful language and correct terminology helps bring understanding and respect to people with disabilities. Labels evoke negative pictures in our heads and they don't address individuality. Persons with disabilities want the same things all people want: dignity, respect and opportunity to participate in life. Those achievements are hard to attain when one's whole being is defined by a label: handicapped, disabled, mentally retarded, crippled, autistic, blind, deaf, etc. Traditionally, our society has not expected much from a person with a label. This is changing now, for people with disabilities are more like people without disabilities, than they are different. Please use "People First Language" which focuses on the person first and the disability last. It describes what the person has and not what the person is.

*Examples of People First Language are:*

- People with disabilities
- A person with mental retardation
- She has Down Syndrome

*As society changes to people first language:*

- Perceptions will change
- Attitudes will change
- Society's acceptance and respect for people with disabilities will increase
- An inclusive society will become a reality

### Guidelines for Relating to Consumers

The following simple guidelines may help you relate to consumers with mental retardation and related developmental disabilities and can be applied in many situations that may be encountered while providing services.

#### Make Eye Contact

Look at the consumer when you speak. Try to get the consumer to look at you in return.

#### Smile

Smiling shows you are friendly and at ease. More than most people, consumers are likely to respond to the way you look at them rather than to what you say.

#### Talk Slowly

Many consumers have difficulty making sense of language. They may need more time to figure out what you mean.

#### Be Brief

Inform or instruct one step at a time. If a consumer needs help, use short concrete sentences to convey directives and instructions instead of long explanations.

#### Be Clear

Use simple words. Make sure that how you say something matches what you say.

#### Show Rather Than Tell

Demonstrate a task. Have the consumer do it while you watch. Do it

in the same place he or she will do it and keep verbal instructions to a minimum.

### Do Not Take It Personally

Sometimes consumers insult or blame others, including staff. On the other hand, sometimes they flatter, "hang on" or try to hug or kiss. View these actions as saying something about the present state of the consumer, not as saying anything about you personally. Depending on the situation, you may need to ignore the behaviors, deflect or redirect them, or correct them gently. Sometimes the consumer is basically fearful and needs comfort or is frustrated and needs help with a problem.

### Be Calm

Or at least *look* calm. Even if something makes you feel fearful or angry, try to keep a calm appearance. If you stay in control, the consumer is more likely to stay in control. The consumer takes the cue from you.

### Keep Things Simple

Follow routines in the same way each time so that the consumer is not confused.

**Keep Responses "Age Appropriate"** Treat adults like adults, not like children, even if their handicaps limit them.

These guidelines will help you while you are in a new situation or with any new consumer, but in general, it is important to remember to be patient and flexible. After you get to know consumers personally, you may find that some will expect you to respond in specific ways. Learning what types of behaviors to expect from persons with mental retardation and related developmental disabilities will help you respond appropriately to each individual consumer or situation.

## BIG CHANGES COMIN' RIGHT AT 'YA

Dee Ann Lindsay

You will notice some changes over the next few months as DMRS implements the new and much anticipated provider manual. There will be some big changes in the processes we have become familiar with over the last several years. When developing an ISP, there is a new multi-step process that will occur before the plan is actually written.

The definition of the Circle of Support as we know it has changed. Think of this as a person-centered process, with the individual making the decisions for himself. A Circle of Support is now defined as the individual, the individual's legal representative, and family members. The Circle of Support advises the individual when it comes to making decisions concerning accessing services, without outside influences such as therapists, provider staff, etc. A direct support staff can be a member of the Circle of Support if he or she has been a part of the individual's life for an extended period of time and is considered a friend. At that time, the direct support person attends the Circle of Support meeting as a friend and not a staff person whom is representing the agency's interests. The Circle of Support gets together to assist the individual in making decisions concerning accessing available services. The COS also assists with developing the outcomes that will be worked on in the ISP over the next year.

The Planning Team is a new aspect of assisting an individual with accessing services. The planning team consists of any person or entity involved in providing services for the individual. This could include a physical therapist, speech therapist, direct support staff,

agency staff, etc. The planning team meets after the Circle of Support, and develops action steps to assist the person with achieving his or her goals, and to ensure that he or she is provided with the services that are needed. You will notice that there will be a new process for planning supports. Pre-planning activities will occur before the actual planning meeting. Pre-planning consists of completing risk assessments, clinical assessments, financial assessments, etc. All of the information gathered in the pre-

**The main focus of the changes is to ensure that the individual is provided with the services that are needed.**

planning process will be considered when developing the ISP for the next year and will determine the most effective ways to provide needed supports. With the new process, the individual (with advice from the Circle of Support) will determine what will be the best for himself, or herself. It is up to the providers to ensure that services are planned accordingly.

The main focus of the changes is to ensure that the individual is provided with the services that are needed. Once the individual and the planning team have identified and planned needed services, it is our job to ensure that the plan is being carried out. Much emphasis is placed on the importance of staff knowing the person and the person's plan. In order to assure that services are being provided adequately, monitors will be observing services on a regular basis. Staff

will be expected to have a very thorough knowledge of the people they support. Staff must read the ISP's and become very familiar with everything that is in the plans. Staff must also follow the plans exactly as they are written. If you notice that something is not accurate in the plan, please notify your supervisor or Department Director, so we can arrange to make the necessary changes and ensure we have accurate ISPs.

The Individual Support Plan format is changing, as new planning meetings occur. The new format has been streamlined to provide the necessary information in an easy-to-read document. Take the time to read over the new plans when you see them and ask questions. With the new ISP format, there will no longer be implementation plans. That does not mean that we need to stop working on current implementation plans. You should continue to work on implementation plans as they are written until you are given specific instructions to discontinue them. Since the implementation plans are phasing out, outcomes and action steps will be tracked instead.

Sound confusing? Well it is, even to some of the people who wrote the policies! These are just a few of the many changes that are being made to our current system. Some of the new policies are being changed as quickly as they are written, so this is a learning process for all of us, including our representatives from the state. Feel free to ask any questions, and we will try to provide all staff with as much information as possible to ensure that everyone understands the changes.

**THE MICHAEL DUNN CENTER  
STAFF BULLETIN**



***Phone Numbers:***

BIT Crisis Beeper..... 909-5593  
 Poison Control.....1-800-222-1222  
 Kyle Hauth pager.....602-9611  
 Abuse Investigator.....1-800-579-0023

***Our Mission:***

*Empowering individuals with disabilities to pursue their choice of livelihood by providing them with opportunities to increase their contribution to the community in which they live.*

Back issues of NYK available at <http://www.michaeldunncenter.com>

***Your comments are appreciated!***

Are you enjoying *Now You Know*? Do you find it useful in your jobs? What do you find like about it? What would you do differently? Do you find the articles of interest to you? What information needs to be provided? What topics need to be addressed? Would you be interested in submitting articles?

Name (optional): \_\_\_\_\_

If I were editor, I would \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What I find useful about NYK: \_\_\_\_\_  
 \_\_\_\_\_

What needs to be added/omitted: \_\_\_\_\_

What I'd like to see addressed in a future issue: \_\_\_\_\_

Other comments: \_\_\_\_\_

*Send your comments to Roger Richmond*

**Diabetic Diet Pointers, Continued**

*(Continued from page 2)*

blood sugar control. By following a meal plan a person's intake of carbohydrate as well as calories should be consistent and constant.

**Important guidelines to know:**

- Eat on time. Meals should be no more than 4-5- hours apart and should be eaten

at the same time each day.

- Measure your foods to learn serving sizes. Eat all the foods allowed, don't eat more or less. Snacking between meals should be a planned part of your meal plan. Fruit is not a free food.
- Limit sugars and sweets.
- Reduce fat and increase fiber intake. Include more whole

grain breads and cereals and fruits and vegetables.

- If you are overweight, losing weight can help control your blood sugar.
- Read food labels.
- Exercise at least 3 times per week for about 20 minutes to help you feel better mentally and physically. More is better.

**MDC Holiday Schedule**

<b>Friday, March 25</b>	<b>Good Friday</b>
<b>Monday, March 28</b>	<b>Easter</b>
<b>Monday, May 30</b>	<b>Memorial Day</b>