

**THE MICHAEL DUNN CENTER
STAFF NEWSLETTER**

NOW YOU KNOW

Volume 1 Issue 10

November– December 2004

edited by Roger Richmond

**FROM THE DIRECTOR'S
DESK...**

**The British Are
Coming!**

A couple of years ago several monitors from the Federal Government visited Tennessee to see what type of services people with developmental disabilities were receiving in the community. They were not happy with what they saw. They performed unannounced visits at certain homes in the three regions of the state and found deplorable conditions. Staff members were asleep rather than taking care of the people in their care, some staff members did

Kyle Hauth

not know where the ISP was for the people they served, some people being served were not being given liquids for the entire time of the visit, some people's beds were wet from urine and/or not properly prepared and the overall condition of the homes were substandard. As a result of these visits and the impressions the surveyors had from the experience, Tennessee was placed on what has turned out to be the longest moratorium of any other state in the union.

Things have not been



good for the last two years. Tennessee has been unable to access the federal funding and cannot make changes in our obsolete and ineffective funding system. As a result, our agency and every other community agency in the state has

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Roger Richmond

more meaningful. We tend to address the problems in order to draw attention to things that need to be improved, suggesting more proper ways to assist people. We don't

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TRAINER'S MOMENT

**Getting It Right!
(The Good Stuff)**

Very often, in this column, as well as in our training classes, we tend to focus on the negative things staff do that need

"fixing". It's often easier to look at the things that are being done wrong and discuss how to fix them, rather than the many things that so many MDC staff do on a regular basis to make people's lives richer and

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Back Issues of Now You Know are available at <http://www.michaeldunncenter.com/news.htm>

**ATTENTION DIRECT
SUPPORT STAFF:**

Please understand it is imperative that you are knowledgeable about the ISP and the Specific Needs for each and every individual that you support!

You have to know the person's needs in order to take care of them properly and prevent harm.

GETTING IT RIGHT, continued

(Continued from page 1)

always give enough attention to the many things that people do correctly. And there are many, many things people in this agency do right!

A staff member recently commented that, following a Circle of Support meeting, an ISC stated that Michael Dunn Center was her favorite agency to visit. In a recent DMRS survey, we received one of the highest scores that had been given to a community agency. Those kind of accolades do not come when we are not doing our jobs well. Many staff go beyond "minimum effort" to *really* assure that individuals in their care are receiving proper attention- whether encouraging or assisting a person to wash their hands and brush their teeth sufficiently, or by ensuring that the person is kept active and busy- with *meaningful* activities and with *real* interaction from staff. These staff understand that they are here to spend time with and give attention to the people for whom they are providing support. These staff aren't merely going through the motions- they include folks in conversations, rather than talk around them to each other. These staff "get it". They understand they aren't here to hang out with their co-workers and keep up with the latest gossip; they truly care about people and direct their attention towards them.

A very good example of staff going the extra mile is observed with staff at 3-M House. The ladies who live at that home- Mary, Martha, and Myrtle, have long wished take a Disney vacation. In order to make this dream a reality, staff at the home have put in many, many extra hours to help

them raise the funds necessary to realize their dreams. Staff assisted the ladies in holding many fund-raisers, including preparing, selling and delivering lunches, holding bake sales and car washes, and conducting a silent

Many staff go beyond "minimum effort" to *really* assure that individuals in their care are receiving proper attention

auction, for which they had to go to many places and ask for items to be auctioned. The ladies left this week for a Disney Cruise vacation. (If this sounds like a vacation for staff who go along, remember that trips like this do require 24-hour care from support staff as well as a tremendous amount of attention and dedication at all times. Yes, trips are fun, but they are also very stressful for care givers).

We usually avoid singling out specific staff, because so many MDC support staff do so many wonderful things and deserve recognition. With that said, please consider Wanda King and the support she provides for Roy and Willie, both of whom require a great deal of attention. Supervisory staff report that, because of Wanda's dedicated care and attentiveness, both Roy and Willie are communicating more than ever- Roy is talking and Willie communicates by signs and by touching. Here is a "Gotcha" that

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deserves attention: recently, unbeknownst to Wanda, supervisory staff quietly observed her taking Roy and Willie on a trip to Big Lots. The entire time they were there, Wanda encouraged the guys to look at items and to pick up things in the store. As they did this, Wanda said the name of the item and talked about how the item looked and felt, describing colors and textures. Wanda didn't do this because she thought someone was looking- it is just what she does in her everyday care.

Supervisory staff also report that Wanda's daily notes are "awesome", reporting how Roy initiates contact and interacts with other people and all the places they went and things they did that day. Ask Wanda what Willie's favorite foods are- she knows. Look at how clean and presentable Roy is when he is with her. Watch how attentive she is to their needs.

By the way, during the same visit to Big Lots, a different staff person was observed walking into the store and down an aisle to the back to the store, then turning around and walking out the front door. This staff person reported in her notes that they had been "shopping" for the day. Once again we ask you- which staff person would you rather have care for you or for your loved one? *Which staff person are you?*

[In this column, we will continue to focus periodically on the Good and the Bad things we do (hopefully not the Ugly!). Please pass along your stories and observations to this author for future articles.]

We cannot lead a choiceless life. Every day, every moment, every second, there is a choice. If it were not so, we would not be individuals.--Ernest Holmes

THE BRITISH ARE COMING!

Kyle Hawth

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not been able to pay adequate wages to the staff members providing services and many organizations have gone out of business. Our state must get off of moratorium soon or we will not survive.

In the very near future, we expect the Federal surveyors to return to our state and re-evaluate the community system. If they like what they see, they will most likely lift the moratorium and allow Tennessee to make the much needed changes in our funding system. If they do not like what they see, our community system will be in grave jeopardy.

We need to pay attention to the most basic issues and be prepared to show off our great services, if these visitors come to our agency. The following issues are the most critical and need to be given your full attention:

1. Know where the most up to date ISP is for each person in your care
2. Understand what is in the ISP and the implementation plans that accompany it
3. Ensure that the home is clean and safe

PREVENT DISEASE- WASH YOUR HANDS!

People are constantly catching colds and the flu is common during this time of the year. It seems like one of the inevitabilities of life. But is it? Much attention has been focused recently on flu vaccinations, but prevention is your first course of action.

You can be infected by the air

4. Ensure that people are receiving the proper food and medication
5. Help the person have a happy and meaningful life.

Please keep in mind that we must be increasingly vigilant

Although some of these critical items are somewhat general, I would like to remind you of the following easy steps which can help guarantee that these issues are met:

1. Engage the people we serve and pay attention to them. Work is not about smoking and conversing with other staff, relatives, friends and/or people on the telephone. Never walk out of the house to smoke unless another staff member is in the house with the people being served.
- 2 Pay very close attention to special diets and special needs. If a person requires chopped food, it is danger-

ous and irresponsible to allow the person to have food that is not properly cut, if a person has severe seizures, it can be life threatening to not assist them while bathing.

3. If approved visitors and/or state monitors come into the home, they are not to be attended to at the exclusion of the people being served. Tell the visitor that you have responsibilities to attend to and start offering liquid, food and/or other essential items according to the needs of the people. It is very important that people stay hydrated and many individuals cannot ask for liquids or even know that they need frequent drinks.

4. Ensure that beds are clean, comfortable and properly covered with clean linens.
5. Make certain that MARs are properly completed and are consistent with the medications on hand.

Obviously, there are many functions and issues that correspond with quality care and we must always strive to achieve the highest possible service for all we serve. Please keep in mind that we must be increasingly vigilant as there are skeptics approaching who will be viewing us with a critical eye.

According to the Center for Disease Control, the most important thing you can do to keep from getting sick is to wash you hands. Not only common diseases like colds, but more serious diseases like hepatitis A, meningitis, and infectious diarrhea can be prevented by judicious hand washing.

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AN INSIDE VIEW OF AUTISM, PART 2

Temple Grandin

Temple Grandin, Ph.D.
Assistant Professor
Colorado State University

Editor's note: The following is the second installment of Temple Grandin's personal account of her experiences as an individual with autism. Part 1 may be found in the September-October edition of Now You Know.

INTRODUCTION

I am a 44-year old autistic woman who has a successful international career designing livestock equipment. I completed my Ph.D. in Animal Science at the University of Illinois in Urbana and I am now an Assistant Professor of Animal Science at Colorado State University. Early intervention at age 2 1/2 helped me overcome my handicap.

PART 2:

TACTILE PROBLEMS

I often misbehaved in church, because the petticoats itched and scratched. Sunday clothes felt different than everyday clothes. Most people adapt to the feeling of different types of clothing in a few minutes. Even now, I avoid wearing new types of underwear. It takes me three to four days to fully adapt to new ones.

As a child in church, skirts and stockings drove me crazy. My legs hurt during the cold winter when I wore a skirt. The problem was the change from pants all week to a skirt on Sunday. If I had worn skirts all the time, I would not have been able to tolerate pants. Today I buy clothes that feel similar. My parents had no idea why I behaved so badly. A few simple changes in clothes would have improved my behavior.

Some tactile sensitivities can be de-

sensitized. Encouraging a child to rub the skin with different cloth textures often helps. The nerve endings on my skin were supersensitive. Stimuli that were insignificant to most people were like Chinese water torture.

APPROACH-AVOID

In my book "Emergence: Labeled Au-

It was like my brain was running at 200 miles an hour, instead of 60 miles an hour.

tistic" (Grandin & Scariano, 1986), I describe craving pressure stimulation. It was an approach-avoid situation. I wanted to feel the good feeling of being hugged, but when people hugged me the stimuli washed over me like a tidal wave. When I was 5 years old, I used to daydream about a mechanical device I could get into that would apply comforting pressure. Being able to control the device was very important. I had to be able to stop the stimulation when it became too intense. When people hugged me, I stiffened and pulled away to avoid the all-engulfing tidal wave of stimulation. The stiffening up and flinching was like a wild animal pulling away. As a child, I used to like to get under the sofa cushions and have my sister sit on them. At various autism conferences, I have had 30 or 40 parents tell me that their autistic child seeks deep pressure stimuli. Research by Schopler (1965) indicated that autistic children prefer (proximal) sensory stimulation such as touching, tasting, and smelling to distal sensory stimulation such as hearing or seeing.

ANXIETY AT PUBERTY

As a child I was hyperactive, but I did not feel "nervous" until I reached pu-

erty. At puberty, my behavior took a bad turn for the worse. Gillberg and Schaumann (1981) describe behavior deterioration at puberty in many autistics. Shortly after my first menstrual period, the anxiety attacks started. The feeling was like a constant feeling of stage fright all the time. When people ask me what it is like I say, "Just imagine how you felt when you did something really anxiety provoking, such as your first public speaking engagement. Now just imagine if you felt that way most of the time for no reason." I had a pounding heart, sweaty palms, and restless movements.

The "nerves" were almost like hypersensitivity rather than anxiety. It was like my brain was running at 200 miles an hour, instead of 60 miles an hour. Librium and Valium provided no relief. The "nerves" followed a daily cycle and were worse in the late afternoon and early evening. They subsided late at night and early in the morning. The constant nervousness would go in cycles, with a tendency to be worse in the spring and fall. The "nerves" also subsided during menstruation.

Sometimes the "nerves" would manifest themselves in other forms. For weeks I had horrible bouts of colitis. When the colitis attacks were active, the feeling of "stage-fright" nerves went away.

MEDICATION

There are many autism subtypes, and a medication that works for me may be useless for another case. Parents of autistic children should obtain medical advice from professionals who are knowledgeable of the latest medical research.

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An Inside View Of Autism continued

Temple Grandin

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I read in the medical library that antidepressant drugs such as Tofranil (Imipramine) were effective for treating patients with endogenous anxiety and panic. The symptoms described in this paper sounded like my symptoms, so I decided to try Tofranil. Fifty mg of Tofranil at bedtime worked like magic. Within a week, the feelings of nervousness started to go away. After being on Tofranil for four years I switched to 50 mg Norpramin (desipramine), which has fewer side effects. These pills have changed my life. Colitis and other stress-related health problems were cured.

Dr. Paul Hardy in Boston has found that Tofranil and Prozac are both effective for treating certain high-functioning autistic adolescents and adults. Both Dr. Hardy and Dr. John Ratey have learned that very small doses of these drugs must be used. These doses are usually much lower than the dose prescribed for depression. Too high a dose can cause agitation, aggression, or excitement, and too low a dose will have no effect. My "nerve" attacks would go in cycles, and I have had relapses while on the drug. It took will power to stick with the 50 mg dose and let the relapse subside on its own. Taking the medicine is like adjusting the idle screw on a car's carburetor. Before taking the drug, the engine was racing all the time. Now it runs at normal speed. I no longer fixate, and I am no longer "driven." Prozac and Anafranil (clomipramine) have been very effective in autistics who have obsessive-compulsive symptoms or obsessive thoughts which race through their heads. The effective doses for Prozac have ranged from

two 20 mg capsules per week to 40 mg per day. Too high a dose will cause agitation and excitement. If an autistic person becomes agitated the dose should be lowered. Other promising drugs for aggressive autistic adolescents and adults are beta blockers. Beta blockers greatly reduce aggressive behavior.

I had a odd lack of awareness of my oddities of speech and mannerisms until I looked at videotapes.

SLOW IMPROVEMENT

During the eight years I have been taking antidepressants, there has been a steady improvement in my speech, sociability, and posture. The change was so gradual that I did not notice it. Even though I felt relief from the "nerves" immediately, it takes time to unlearn old behavior patterns.

Within the last year, I had an opportunity to visit an old friend who had known me before I started taking antidepressants. My friend told me I was a completely different person. She said I used to walk and sit in a hunched-over position and now my posture is straight. Eye contact had improved and I no longer shifted around in my chair. I was also surprised to learn that I no longer seemed to be out of breath all the time, and I had stopped constantly swallowing.

Various people I have met at autism meetings have seen steady improvement in my speech and mannerisms throughout the eight-year period I have taken the medicines.

Another old friend also noticed many changes. "Your speech used to seem pressured, coming in almost explosive bursts. Your old tendency to perseverate is gone".

I had a odd lack of awareness of my oddities of speech and mannerisms until I looked at videotapes. I think videotapes could be used to help many high-functioning autistics with speech and social skills.

DIRECT FIXATIONS

Today I have a successful career designing livestock equipment because my high school science teacher, Mr. Carlock, used my fixation on cattle chutes to motivate me to study psychology and science. He also taught me how to use the scientific indexes.

This knowledge enabled me to find out about Tofranil. While the school psychologist wanted to take my squeeze machine away, Mr. Carlock encouraged me to read scientific journals so I could learn why the machine had a relaxing effect. When I moved out to Arizona to go to graduate school, I went out to the feedlots to study the reactions of the cattle in squeeze chutes. This was the beginning of my career.

Today I travel all over the world designing stockyards and chutes for major meat-packing firms. I am a recognized leader in my field and have written over 100 technical and scientific papers on livestock. If the psychologists had been successful in taking away my squeeze machine, maybe I would be sitting somewhere rotting in front of a TV instead of writing this chapter.

Editor's note: The entire text of this journal may be found at <http://www.autism.org/temple/inside.html>

THE SURVEY SAYS.....

East Tennessee Regional Office Survey Staff

Being interviewed by State and Federal Surveyors can be a stressful situation for staff. No one is quite sure what is expected of them in these situations, and often are worried they will say the wrong thing. Direct support staff should be very knowledgeable of the needs and wants of people for whom they are responsible. Each of you *must* have good working knowledge of the Individual Support Plans (ISPs) for the people you support. Knowing this information is essential in order for you to provide for the needs of the person. You also need to be aware of any health and safety issues that might relate to the person. If you're asked a question that you aren't sure of, asking for a moment to check the individual's ISP is always preferable to "I don't know".

Following is a list of actual questions that are being asked by DMRS state surveyors as they interview staff during surveys. If you cannot answer each of these, please ask your supervisor or your Department Director. If you have any concerns regarding any of these issues, please direct your concerns to your Department Director or the Executive Director.

Program Planning

• *ISP-Outcomes and Action Steps and Implementation Plans*

- 1.What is important to the person?
- 2.Tell me about the person's plan.
- 3.How do you determine what the person needs, wants and expects from their services and supports.
- 4.What is the person working on?
- 5.What are they learning to do?
- 6.Who participated in the development of the person's plan?
- 7.Who decided who was on the person's Circle of Support?
- 8.Do you have a copy of the plan? Is a copy available?
- 9.Do you believe the plan reflects what is important to the person?
- 10.Where do you document the person's responses to the implementation of the plan?
- 11.Does the person need any services or supports that are not included in the plan?
- 12.What would you do if the person has needs that are not currently being met?
- 13.Who is the person's Independent Support Coordinator (ISC)?
- 14.How often does the ISC have contact with the person?

Risk Issues

1. What is the area of greatest risk for the person?
2. How do you support the person with the risk issues? (Examples of risk issues include medical conditions- diabetes, seizures, etc., and behavioral issues).

Safety And Security

•On Call Reporting

- 1.Please describe your on-call system for emergencies
- 2.What happens if another staff calls in sick?
- 3.Does the organization have back up/relief staff?
- 4.Is the on-call reporting system effective and timely?
- 5.Do you have any ideas for improving the on-call system?

Environmental Safety Issues

- 1.Is there a process for identifying environmental issues where the person lives, works and recreates?
- 2.Do you assist in identification of safety issues for the person?
- 3.What do you do when you identify a safety issue?
- 4.Do you feel identified safety issues are resolved in a timely manner?
- 5.Do you have any ideas and suggestion for improving the process for identifying and resolving safety issues?
- 6.Does the person know what to do in emergencies?
- 7.Does the person need any special equipment in order to respond to emergencies?
- 8.If so, does the person have the special equipment?
- 9.Has the person been involved in any accidents and/or sustained any injuries in the past two years?
- 10.If so, tell me about it.
- 11.Do you feel the person is safe at home, work, school, neighborhood, in vehicles, wheelchairs, etc.?
- 12.How are your ideas or suggestions for ensuring the person's safety presented to the Circle of Support and integrated into the ISP?

Incident Management

- 1.Tell me about the agency's incident management procedures
- 2.Tell me about the training you have received regarding incident management.
- 3.Tell me about the process for reporting an incident
- 4.To whom do you report an incident?
- 5.Have you ever reported an incident?

A GOOD MATCH

Dunn Diversified Industries and Capstan have come together with a 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 perform 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 gaylords 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.

Melanie Harmon

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. Jason'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."

HAND WASHING, continued

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Is there a right and wrong way to wash your hands? Yes, but it only takes a few seconds to do it right.

- * Wet your hands using warm (not hot) water and apply soap to kill germs.

- * Rub your hands vigorously together and scrub all surfaces.

- * Continue to rub and scrub for 10 to 15 seconds (about the length of time it takes to sing "Happy Birth-

day").

- * Rinse well and dry your hands on a paper towel or clean cloth towel.

- * Turn off the water using the towel to avoid a recontamination of your clean hands and you can use the same towel to open the door, especially in public places. Door handles are great carriers of germs.

That's all there is to it. Follow these

simple steps and repeat often, particularly:

- * Before, during, and after you prepare food and eat.

- * After you use or assist someone else in the bathroom.

- * Every time you sneeze or cough.

**WASH YOUR HANDS WELL
AND WASH THEM OFTEN!**

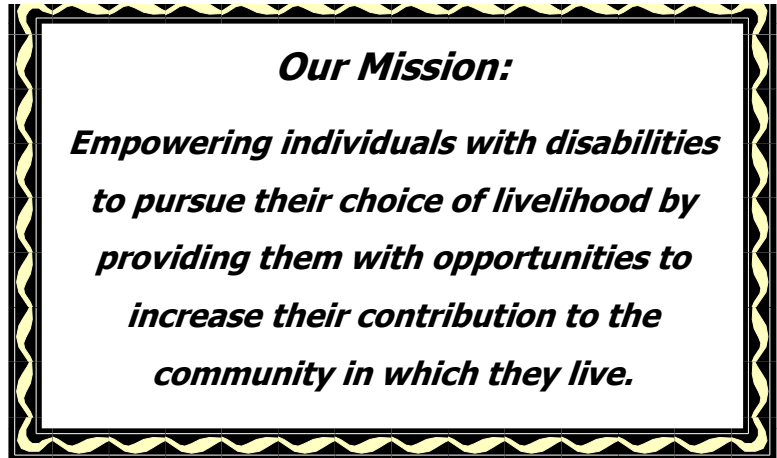
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STAFF NEWSLETTER**

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Phone Numbers:

Poison Control.....1-800-222-1222
Kyle Hauth pager.....602-9611
Abuse Investigator....1-800-579-0023



SURVEY SAYS..... continued

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- 6.If so, tell me about it.
- 7.Tell me about the process for reporting abuse, neglect, or mistreatment.
- 8.Have you ever reported abuse, neglect, or mistreatment.
- 9.If so, tell me about it.
- 10.Do you have any concerns regarding reporting abuse, neglect, or mistreatment?
- 11.Has the person ever indicated or reported concerns about treatment by others?
- 12.If so, to whom were these complaints reported
- 13.What was done about the complaints?
- 14.If allegations were substantiated, what actions were taken?
- 15.If the person does not use words to communicate, how do you determine whether or not abuse or neglect occurred?
- 16.What systems are in place for ongoing monitoring and prevention of abuse, neglect, and mistreatment?
- 17.What have you done to educate the person about abuse, neglect, and mistreatment?
- 18.Do you have any ideas and suggestions for ensuring the person is free from abuse, neglect, and mistreatment?

Rights/ Respect and Dignity

- 1.How do you support the person to independently exercise their rights?
- 2.What rights are important to the person?
- 3.Are there any rights limitations or restrictions on the person?
- 4.Has the person given informed consent to the limitation or restriction?
- 5.If there are limitations/restrictions placed on the person, were they reviewed by the Human Rights Committee?
- 6.What are the plans to remove the limitations/restrictions?
- 7.Does the person have a Guardian or Conservator?
- 8.Does the person have a behavior support plan?
- 9.Are there any places in the person's home to which the person does not have access?
- 10.Does the person have a key to their home?
- 11.How do you determine the person's privacy needs?
- 12.Tell me some of the things you do to support the person's right to privacy.
- 13.Tell me some of the things you do to support the person's freedom of association.
14. Does the person receive mail?
- 15.Does the person vote?

- 16.Tell me some of the things you do to help the person exercise their right to vote.
- 17.Does the person go to church?
- 18.Tell me some of the things you do to help the person exercise their right to freedom of religion.
- 19.Tell me some of the things you do to help the person to have access to their personal funds.
- 20.Is there a process you follow for supporting people to get additional money for emergencies and/or whenever the person needs or requests additional funds?

