Milestone HCQU Northwest

"Let's Connect"

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Speaker of the Month

October 18: Dementia Live at the Rouse Estate. Dementia Live™ is a high impact, dementia simulation experience that immerses participants into life with dementia, resulting in a deeper understanding of what it's like to live with cognitive impairment and sensory change.

Please contact Lynn at lcarnahan@MilestonePA.org for this free training by calling 814.728.9400 ext. 203 to register.

This will be our last speaker of the month for 2017.

Thirsty (for Knowledge) Thursday Webinar

October 26: Connie Copley talks about Challenging Negative Thinking. Challenging negative thinking might seem hard in theory, but it all boils down to your own ability to learn and practice the basic principles of rational thinking. Come learn these principles and strategies to challenge your own negative thoughts in this webinar.

If you would like to sign up for our webinar, please visit our Training Portal at http://northwesthcqu.learnupon.com. If you have not registered on our site, you will need to click the "Sign up now" link. Once you are signed in, click "browse the catalog" (or Dashboard/Catalog in the upper left corner), then filter by Webinar to see the Challenging Negative Thinking webinar. Click Enroll, then choose either the AM or PM webinar and click Enroll.

If you have any problems setting up an account or registering for one of the webinars, please contact Lynn at lcarnahan@MilestonePA.org or by calling 814.728.9400 ext. 203.

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Trainings

July— September

- Cameron – 0
- Clearfield – 7
- Elk – 3
- Erie – 6
- Forest – 0
- Jefferson – 14
- McKean – 2
- Potter – 0
- Warren – 15
- Venango –1
- Home Study - 312
- Webinars-3

What is the difference between a cold and the flu?

The flu and the common cold are both respiratory illnesses but they are caused by different viruses. Because these two types of illnesses have similar symptoms, it can be difficult to tell the difference between them based on symptoms alone. In general, the flu is worse than the common cold, and symptoms are more common and intense. Colds are usually milder than the flu. People with colds are more likely to have a runny or stuffy nose. Colds generally do not result in serious health problems, such as pneumonia, bacterial infections, or hospitalizations. Flu can have very serious associated complications.

Special tests that usually must be done within the first few days of illness can tell if a person has the flu.

What are the symptoms of the flu versus the symptoms of a cold? The symptoms of flu can include fever or feeling feverish/chills, cough, sore throat, runny or stuffy nose, muscle or body aches, headaches and fatigue (tiredness). Cold symptoms are usually milder than the symptoms of flu. People with colds are more likely to have a runny or stuffy nose.

The single best way to prevent seasonal flu is to get vaccinated each year, but good health habits like covering your cough and washing your hands often can help stop the spread of germs and prevent respiratory illnesses like the flu. There also are flu antiviral drugs that can be used to treat and prevent flu.

1. **Avoid close contact.** Avoid close contact with people who are sick. When you are sick, keep your distance from others to protect them from getting sick too.

2. **Stay home when you are sick.** If possible, stay home from work, school, and errands when you are sick. This will help prevent spreading your illness to others.

3. **Cover your mouth and nose.** Cover your mouth and nose with a tissue when coughing or sneezing. It may prevent those around you from getting sick.

4. **Clean your hands.** Washing your hands often will help protect you from germs. If soap and water are not available, use an alcohol-based hand rub.

5. **Avoid touching your eyes, nose or mouth.** Germs are often spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth.

6. **Practice other good health habits.** Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.

https://www.cdc.gov/flu/protect/habits.htm

For more information on infectious diseases, see our Bloodborne Pathogens home study training at

northwesthcqulearnupon.com.

Negative Thinking

by Connie Copley

More often than not, we find ourselves fixated on the negative aspects of our lives determining that there is nothing positive to focus on. We become "stuck" falling victim to our own thoughts, becoming our own worst enemy. Why does this happen? What can we do differently? Can we change how we think or how we perceive things? When we have a negative thought, we may need to ask ourselves, "what evidence do we have to back this thought?" "Would others accept what we know as correct, would it stand up in court, what objective evidence do we have to back it up or to contradict it?"

Think about this situation:

When I saw Joe in the store today, he did not acknowledge me.

When we process this situation, we tend to have what is called an automatic thought. We experience negative thoughts such as, I must have offended him or he must not like me. We do not stop to think, maybe Joe is having a bad day, maybe he didn't see us, maybe Joe was distracted by his own thoughts. We tend to jump to conclusions based on poor evidence. It is important to remember that we do not know what others are thinking. Try to keep an open mind and not get caught up in making assumptions. Not everyone perceives things the same way. Make sure we are not assuming that our own views are the only possible views.

We also may fall victim to using ultimate words in our thinking, such as always/never/everything/nothing. People may experience thoughts such as, "nothing ever goes right for me" or "I always screw things up." We need to keep in mind that nobody is perfect and sometimes things go badly for us, just as they do for others. Aren't there some things that go right in our lives? The next time you start to think using ultimate words, I challenge you to think about times when things did go right. Stop yourself from using these words. If you catch yourself when you use these words, sooner or later you will stop being so negative and hard on yourself.

Picture this,

"A newly single woman, married 25 years, decides six months after her divorce to begin dating again. She begins chatting with a man and they decide to meet for dinner. Ten minutes into the date the man stands up, tells her he is sorry but he is not interested and leaves. The woman calls a friend and tells her friend what had just happened. The friend tells the woman, "I don't blame him. You are boring, you have nothing to offer him, and you have big hips and straggly hair."

What do we think of this woman as a friend? Not much of a friend is she? How could she say such harsh things? Why would she talk like that to her friend? What if I told you; it was not the friend who said those words, but the woman herself? Are we more accepting of that? Is it now ok that this woman said these things because she is having these thoughts about herself? Please, when we are having negative thoughts like this, think of what we would tell our own friends. Would we put them down and use negative language? What would our friends tell us? Most likely, the answers to these questions are not something negative. Most likely these answers would be positive and encouraging. Another important aspect to consider is, am I using a double standard? Sometimes we expect more from ourselves than we do others. Why? Nobody is perfect; we should not expect perfection from ourselves.

It is times like these that we tend to focus on our weaknesses and forget about our strengths. It is important that we stop and think, what difficulties have we been able to handle well in the past? Do I have the resources to help me deal with the issues I am facing now? Once you change your thinking, you may be amazed by your ability to handle difficult situations.

Therefore, I challenge you, next time you have a negative thought, try to view the issue differently. Can you think of other possible reasons or solutions to your negative thoughts? For more information on challenging negative thinking, join my webinar, Challenging Negative Thinking, on October 26, at 10 am and 2 pm. Sign up at https://northwesthcqu.learnupon.com

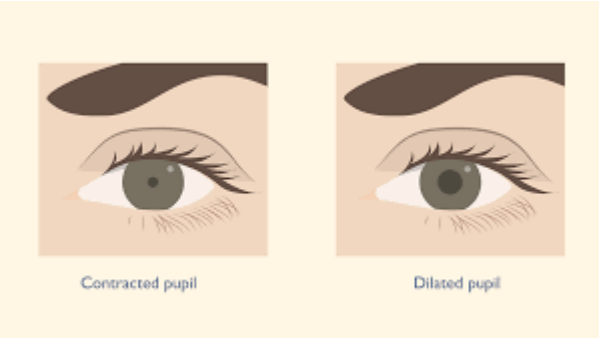
The Eyes Have It

by Amy Tobolski

Over the years, while meeting with teams that are struggling to support someone who has behavioral outbursts, on many occasions I have heard the team say, “He gets ‘a look’” or “Her eyes get really dark” prior to an outburst. My next question is typically, “Have you noticed whether his/her pupils are dilated?”

Dilated pupils (Mydriasis) are a normal response in certain conditions. The pupils expand and contract depending on the available light, so pupils tend to dilate when light is dim to allow more light into the eye so we can see. Pupils also may dilate when we are excited (including sexual arousal), anxious, or afraid. This is a result of adrenaline being release into the body, and it is often accompanied by increases in heart rate, blood pressure, and breathing rate. It is also normal for pupils to dilate when we experience pain or during a seizure.

Dilated pupils associated with agitation / arousal may be related to psychiatric conditions such as Panic Attacks, Acute Stress Reaction, and the trauma response (including Post-Traumatic Stress Disorder). It may also relate to various medical conditions. Supporters can help the person’s clinician determine what might be happening by paying attention to when and how dilated pupils present:



Do the person’s pupils dilate at other times or only prior to / during an outburst?

- Dilated pupils could indicate an eye disorder (ex. glaucoma, cataracts, etc.) if they occur at times other than when the person is agitated.

Has anything changed for the person recently?

- Dilated pupils can occur following a brain or eye injury, or in response to exposure to certain substances, including medications and “street drugs” (stimulants, hallucinogens). Some antihistamines (ex. Benadryl, Allegra, Claritin, etc.), the pain medication Tramadol, and anti-depressant medications that affect the neurotransmitter noradrenaline (ex. Cymbalta, Effexor) can cause pupils to dilate. Exposure to toxic substances (ex. carbon monoxide) is another possible cause.

Do both pupils dilate, or just one? If only one, is it always the same one?

- Uneven pupil size (Anisocoria) is considered abnormal. Although it could also occur as a reaction to a substance (described above), it may be a sign of a neurological issues such as a stroke, a brain tumor, or brain injury. It has also been associated with encephalitis and Multiple Sclerosis.

Do you notice any other signs and symptoms that occur in conjunction with the pupil dilation?

- Does the person hold, rub, or complain of pain in certain body areas (particularly head, neck or eyes)?
- Does the person seem to be moving less?
- Does the person seem off balance?
- Does the person appear confused?
- Is the person’s speech slurred?
- Does the person complain of or show signs of vision changes / loss of vision?
- Does the person complain or show signs of nausea? Is he/she vomiting (not related to illness)?

Please NOTE: These are all signs that may occur with brain injury. Please seek medical attention immediately if you suspect the person is experiencing a stroke or if the person has had a recent head injury.

For more information on head injuries and strokes, check out our home study trainings on those topics at northwesthcqu.learnupon.com/

Silent Aspiration

Do you have clients who seem to end up getting Pneumonia two or three times a year? This can happen to elderly people with poor immune systems, anyone on immunosuppressive drugs like Prednisone, medications for Rheumatoid Arthritis, or Chemotherapeutic agents, persons who have had a stroke, and persons who have chronic cardiac or respiratory problems.

Persons with dysphagia, or difficulty swallowing, are also at risk for respiratory infections because they have a tendency to aspirate, which means to inhale food or liquid down the trachea (windpipe). Often you will be able to tell if someone has dysphagia by the signs and symptoms present. Persons with dysphagia may drool, cough or sputter while eating or drinking, take an inordinately long time to chew and swallow their food, or even shed a few tears at mealtime. After they finish eating or drinking, their voices can produce a wet, gurgling sound, and these people may frequently try to clear their throats. In addition, they may pocket some food in their cheeks. Some persons afflicted with dysphagia may try to avoid eating in public out of embarrassment.

Spotting the signs and symptoms of dysphagia and notifying the person's physician usually leads to a speech and swallowing evaluation with a trained therapist, who will make recommendations about the consistency of the person's diet, for example, pureed food and nectar-thickened liquid. The therapist may also instruct direct supports to position the client in an upright position and coach him/her to tuck the chin while swallowing. The previously mentioned signs and symptoms should diminish, although the individual will still need to be monitored.

There are some persons, however, who do not display any of the usual signs or symptoms of dysphagia because they do not have a cough reflex, and may inhale food or liquid into their lungs without anyone's awareness. When this happens, it is called Silent Aspiration. Silent aspirators are actually more at risk for Pneumonia than people who cough; the coughing actually helps clear the airway, thus protecting the lungs to a certain degree. People without the cough reflex don't have that advantage, so their lungs remain unprotected.

Often the only way anyone ever suspects that a person has this problem is noticing upon review of medical records that he or she has been treated repeatedly for Pneumonia or some other respiratory infection. If you think this might be the case with any of the individuals you support, it is best to make an appointment with their PCP and ask for a swallowing evaluation. A word of caution: silent aspirators may escape the radar of the traditional clinical swallowing evaluations, and will need a more thorough work-up.

One test that is becoming more frequently utilized is the Cough Reflex Test (CRT), which uses a nebulizer to spray an irritating mist (like citric acid) into the person's airway in order to stimulate coughing; if the person fails to cough, he/she is most likely a silent aspirator. Video fluoroscopic studies can also be done, and they allow the clinician to actually see whether food or fluid is traveling down into the lungs. Endoscopy is a procedure in which a camera is inserted through the mouth into the digestive tract to look for physical abnormalities that could cause dysphagia. Please consider discussing these tests (especially CRT) with the individual's doctor. You may literally be saving someone's life!

Tim Juliano

For more information on dysphagia, see our home study training at northwesthcqulearnupon.com.

Letter from the Director

Thank you. Thank you for taking time out of your busy day to read our newsletter, and being part of what we do at the HCQU to provide quality, life-enhancing services that promote wellness and the development of human potential. It seems like there are days that no matter what we try to accomplish, there is something that gets in the way, and causes us to get off track and lose time, time which cannot be replaced. Fortunately, there are also days where we see that smile on someone's face that lets us know that they "get it", no matter what "it" is, and that more than makes up for the not so nice days. As we approach the fall season, I just wanted to say "Thank You" for everything that you are doing to help us work better at the HCQU, and bringing more smiles to those that we work with.

Darryl

Happy Holidays

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