Milestone HCQU Northwest

"Let's Connect"

October November December 2019

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Trainings

July-September

Cameron – 2 Clearfield - 17 Elk - 2Erie – 3 Forest – 0 Jefferson – 7 McKean – 13 Potter – 1 Warren – 17 Venango –2 Home Study - 182 Webinars-2 **Online/On Demand 13**

How to Have Fun this Winter

If you're like me, winter is not your favorite season. Oh, the snow can create some beautiful scenes, but you have to shovel it, and it can get downright COLD during the long northwest Pennsylvania winters. Fortunately, there are things we can do to make winter more enjoyable.

Here are some of outdoor activities to consider (be sure to check the forecast and dress for the weather):

- Go sled riding, snowboarding, skiing (cross-country or downhill if you're brave!), ice skating
- Attend a sled-dog race or winter festival.
- Have a snowball fight.
- Make snow angels.
- Feed the birds and/or go birdwatching. National bird watching day is November 12, if you like to count and identify birds.
- If it's not too cold, go on a winter picnic. Take blankets, sandwiches, hot soup and hot chocolate or coffee in a thermos.
- Take a hike! Explore your neighborhood or town. Grab your camera and make it a photography adventure.
- Paint your yard with snow paint (a little food coloring added to water in a spray bottle).

For those times when it's just too nasty to be outside, here are some indoor activities to try:

- Make paper snowflake cutouts
- Curl up on the couch or chair with a blanket, a cup of hot cocoa or eggnog, and read a book, or just watch the snow fall.
- Bake cookies (or cinnamon rolls)! And share them with friends or not.
- Curl up in front of the fireplace, if you have one. If you don't, watch a virtual fireplace DVD on your TV.
- Work on a puzzle (jigsaw, find-a-word, crossword, etc).
- Paint or draw. If you don't know how, winter is a great time to learn.
- Attend a local hockey or basketball game, check out a local craft fair, or do some holiday shopping.
- Throw a Superbowl or Stanley Cup or March Madness party.

There are many more things one can do to make winter more fun, and make those cold, blustery months go by faster. Make a list of some things you might want to try. Maybe you'll want to keep a journal about your adventures, too! Whatever you decide to do this winter, remember to dress for the weather, be safe, and have fun!

Lynn Carnahan



Reminder! Seasonal Flu Prevention

It's that time of year again, the dreaded "Flu season." Flu season begins in the fall and can last until April or May. The yearly flu vaccine is recommended by the CDC for anyone 6 months and older and it is best to get it as soon as it becomes available (unless contraindicated by your physician). After a person has been vaccinated it takes about two weeks for the body to produce antibodies that will protect them from the flu. The annual flu vaccine is considered the first line of defense or protection against the flu.

Other ways to protect yourself are as follows:

- Frequent handwashing with soap and water for approximately 20 to 30 seconds. If soap and water are not available, use an antiseptic hand wash that has an alcohol content of 65%.
- When coughing or sneezing, cover your mouth or nose with a tissue and discard the tissue into the trash, then wash your hands. If a tissue is not available, cough or sneeze into your elbow.
- Don't touch the T zone: keep your fingers out of your eyes, nose, and mouth. These places are portals of entry where germs can enter the body.
- To boost your immune system get plenty of rest, eat a healthy diet, exercise, and drink plenty of fluids.
- Keep surfaces and items that are frequently touched or used clean and disinfected to help stop the spread of germs, especially when someone is sick.
- If you are sick, it is best to limit contact with others.
- If you have a fever, stay home for 24 hours after the fever has gone away.

The flu can be devastating to persons who do not have strong immune systems, particularly very young children and the elderly, anyone who takes immunosuppressive drugs (such as those used to treat autoimmune diseases and chemotherapeutic agents), and anyone with HIV/ AIDS. One complication of the flu is pneumonia. To illustrate how serious influenza can be, the CDC listed influenza/pneumonia as the 8th leading cause of death in the USA for the year 2016. Please take care of yourself during flu season, and if you have any questions about the flu or the flu vaccine, please ask your doctor.



Drug interactions and what you need to know!

A drug interaction is an interaction between a drug and another substance (drug/drug, drug/ food, and/or drug/other substance) that changes the performance of the drug. It is important to know about the medicines you take and your health conditions. You and your doctor need to be aware of all the medications you are taking to avoid any potential risk associated with drug interactions. This includes herbal supplements, vitamins, and minerals. Unexpected side effects can occur from drug interactions. They may make your medications less effective or they may increase their effectiveness. Reading the labels on all prescription and nonprescription drugs and taking the time to educate yourself to learn about drug interactions may be critical to your overall health. You will always want to read the label for "active ingredients", and also the drug's purpose. You should always take heed of any "warnings" as these will inform you of drug interactions and precautions. The label will also contain the directions so that you know how to safely use the product, the length of time, and the amount to take. Lastly, be sure to check the label for any pertinent dietary or other restrictions or allergies.

Before taking a drug, ask your doctor or pharmacist the following questions:

- Can I take it with other drugs?
- Should I avoid certain foods, beverages or other products?
- What are possible drug interaction signs of which I should be aware?
- How will the drug work in my body?
- Is there more information available about the drug?





When your doctor prescribes a new drug, discuss all OTC and prescription drugs, dietary supplements, vitamins, minerals and herbals you take, as well as the foods you eat. Ask your pharmacist for the package insert for each prescription drug you take. The package insert is a good resource for more information about potential drug interactions.

Sharon Martyna



Depression has been referred to as the common cold of mental illness. According to dosomething.org, 17.3 million adults and 3.2 million adolescents in the United States have had at least one major depressive episode in their lifetime. Depression is the leading cause of disability in the United States among people between the ages of 15 and 44. Despite these statistics, two thirds of people with depression do not seek treatment. Some may not seek treatment due to stigma, others may not know that their symptoms (fatigue, appetite and sleep changes, irritability) are in fact depression. If you think there is a possibility that you or someone you know is depressed, complete the following screening tool, provided by the Anxiety and Depression that needs professional attention. This screening tool is not designed to make a diagnosis of depression but to be shared with your primary care physician or mental health professional to inform further conversations about diagnosis and treatment.

If you answer "Several days" or more to any of these questions, you may want to print this chart and consult your PCP or psychiatrist.

Over the last two weeks, how often have you been bothered by any of the following problems?					
	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	0	0	0	0	
2. Feeling down, depressed, or hopeless	0	C	0	0	
 Trouble falling or staying asleep, or sleeping too much 	0	C	C	0	
4. Feeling tired or having little energy	0	0	0	0	
5. Poor appetite or overeating	0	0	0	0	
Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	C	0	0	
7. Trouble concentrating on things such as reading the newspaper or watching television	0	C	0	0	
8. Moving or speaking so slowly that other people could have noticed? Or the opposite— being so fidgety or restless that you have been moving around a lot more than usual	0	C	C	c	
Thoughts that you would be better off dead or of hurting yourself in some way	0	C	C	0	



Speaker of the Month

Warren State Hospital, Israel Building

677 Hospital Drive, North Warren, Pennsylvania

October 18, 2019

9:30AM – 11:30AM (Registration begins at 9:00)

Seizures that Mimic Psychiatric Symptoms and Psychiatric Symptoms that Mimic Seizures in Persons with IDD

presented by

Dr. Ruth Myers

Some psychiatric symptoms are mistaken for seizures, and some seizures are mistaken for psychiatric symptoms or volitional aggressive behavior. Unusual seizures occur more often in persons with IDD as compared to the ordinary population. Treatment of these conditions is much more effective if the diagnosis is accurate. We will review some of the unusual seizure types, when to consider the possibility of these unusual seizures, and ideas for treatment and support.

Ruth is a physician who has specialized in persons with IDD for thirty years. Before that she worked in various DSP jobs. Her publications, books chapters, books, research, and monographs have focused on accurate comprehensive diagnosis and effective treatments for persons with IDD with aggression, self injury, and/or failure to thrive. She reports that her strengths are collaborations with Steve. Her weaknesses are strong black coffee, detective novels, and movies where the good guys win.

To register for this **free** event, please visit our Learning Center at http://northwesthcqu.learnupon.com.

If you have any difficulties enrolling in this training, or creating an account, please contact lcarnahan@MilestonePA.org or call 814.728.9400 ext. 203.



Phobias: Real Fear

By Amy Tobolski

A phobia is defined as, "an extreme, irrational fear of something posing little or no real danger." Phobias develop for many reasons, and can often result from a traumatic experience with or related to the feared object or situation. Phobias also tend to run in families – having an immediate family member with phobia(s) increases one's likelihood of developing a phobia threefold.

General symptoms include trembling, rapid heartbeat, and difficulty breathing. Some may have a full-blown panic attack, with feelings of terror and dread to the point they may think they are dying (symptoms often mimic those of a heart attack). The severity of the symptoms often depends on the proximity of the object and the availability of escape from the object/situation. People may go to extreme lengths to "escape" the source of the phobia. Common manifestations in people with Intellectual Disabilities include crying, tantruming, and even aggression as a means of escape.

Some of the most common phobias include:

- Acrophobia the fear of heights
- **Agoraphobia** the fear of being outside or in a situation from which it may be difficult / impossible for the person to escape.
- Arachnophobia the fear of spiders
- **Claustrophobia** the fear of closed-in spaces (ex. elevators, tunnels, etc.)
- Hemophobia the fear of blood
- **Ophidiophobia** the fear of snakes



- Some less common, but still very real phobias include:
- Arachibutyrophobia fear of Peanut Butter sticking to the roof of your mouth
- Coulrophobia fear of clowns
- Ergophobia fear of work
- Geniophobia fear of chins
- Genuphobia fear of knees
- Lutraphobia fear of otters
- Papaphobia fear of the Pope
- Peladophobia fear of bald people
- Pentheraphobia -- fear of mother-in-law

As you can see, people can experience phobia related to literally anything and everything (polyphobia), even phobias (phobophobia)!

Letter from the Director

Fall has arrived and I personally am anxious for a few frosts and cooler weather to help get rid of the bugs. If something is bugging you, please call us for help either requesting a training or person specific technical assistance. We just hosted Shawn McGill in September, and our last special speaker for the year will be Dr. Ruth Ryan Myers in October. Summer was busy with the Health Risk Screening Tool starting in late June. We started presenting an Autism Awareness experiential training in July, attended a Root Cause Analysis training in July/August, and began a 10 week Positive Choices program for individuals in Dubois in September.

What else would you like from us in 2019 and beyond? If there is something specific, please email me at dbergstrom@milestonepa.org with your thoughts or talk to one of us when you see us wherever. Take care, enjoy the weather (and apple deserts if you are so inclined), and call us for trainings or technical assistance as needed.

Darryl

New at the HCQU



Since graduating from the University of Pittsburgh at Bradford as an associate degree RN, Sharon Martyna has spent much of her career in long-term nursing care, most recently as the ADON at the Ecumenical Home in Bradford, where she enjoyed coaching and educating the nursing department staff. She has also spent some time working at local hospitals and in home health.

Sharon and her husband have been married for 35 years, and have three children - two girls and a boy, and they recently welcomed their first grandchild. They also have two cats.

She is looking forward to learning about another area of nursing.

Help us in welcoming Sharon to Milestone HCQU Northwest.

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