Standards Snapshot:

19.5 Provider Reporting Requirements: Semi–Annual Reporting

3. The first semi-annual report will cover the time from the start of the person’s ISP year until the end of the subsequent six-month period (180 calendar days) and is due ten calendar days after the period ends (190 calendar days).

4. The second semi-annual report is integrated into the annual report or professional assessment/annual re-evaluation (when applicable) and is due 14 calendar days prior to the annual ISP meeting.
The Family Resilience Model is a strengths-based approach that describes family adaptation to significant stress and helps explain how family members navigate stressors. The idea of family resilience, or positively adapting to stress, is based on the integration of ideas from family systems theory, family stress theory, and individual resilience (Caldwell et al., 2018). The Family Resiliency Model proposes that on-going family interaction patterns, and family meanings about specific situations, will help families engage in resilience processes by using their strengths to access new resources as protection against the negative impact of stress. Professionals who work with families use a variety of approaches that assist families in protecting themselves against adversity by facilitating their strengths and helping them gain new resources to successfully rebound from adversity (Caldwell et al., 2018; Henry et al., 2015; What Makes Families Resilient?, n.d.). Family resilience has been defined as the family’s ability to withstand and rebound from disruptive life challenges, becoming stronger and more resourceful. Processes around family beliefs, organization, and communication will help shape their response to adversity (Caldwell et al., 2018; Walsh, 2019; What Makes Families Resilient?, n.d.). More importantly, there is a growing understanding that interventions which target stress reduction in families of people with Intellectual and/or Developmental Disabilities is imperative and strategies should incorporate family system approaches while supporting individuals.


Attachment
Wanda Durant, LPCC—Metro

Attachment Disorder and Reactive Attachment Disorder (RAD) seem to be used with multiple meanings or at times seems to have no meaning. So, I wanted to delve briefly into this topic. Let’s first explore what is attachment? To attach to someone means to bind to her or him personally through affection, intimacy and trust as we naturally seek connection (Reese, 2018).

What happens if you do not have a supportive loving parent to help you when you need dependent care? Central to the Attachment Theory by John Bowlby (1969), social and emotional development can be facilitated by healthy attachment, or impaired by dysfunctional attachment. Rutter and O’Connor (2004) discovered that maladaptive styles can be changed, and healthy attachment patterns can be learned even in children that spent their first years in institutional care and experienced profound and pervasive deprivation. The DSM-5 seems to support this prognosis of the children’s diagnosis, RAD, and state that not all severely neglected children do develop the disorder (DSM-5, 2013). This is a unique guide to make us aware to look at attachment, but not assume that RAD is always present. There is not currently a diagnosis called “Attachment Disorder” in the DSM – 5, but it has been used in literature as if it exists. Also, the literature describes so many different sets of symptoms that it is difficult to make distinctions between them with clarity and may muddy the waters with clinical research.

The person with an Intellectual Developmental Disability (I/DD) may experience additional challenges such as trusting too easily, being more vulnerable and hurt as their feelings are not reciprocated. They may not understand the depth of the relationship and can feel rejection deeply with multiple attempts to connect. They need support with understanding love, trust, and respect in relationships. So, if you work with a Behavior Support Consultant (BSC) that stresses support strategies build ‘trust’ with the individual you are caring for, you will know that it is critical to foundational relationship building, growth healing and connection for each person.


The Importance of our Frontline Warriors:
The Direct Support Professional (DSP)
David Chavez
SW Crisis Specialist

In my ten months here with DDSD I have come to realize one thing when it comes to working for our I/DD community, and that one thing is pretty basic but VERY important! A well trained Direct Support Professional is key to our Individuals’ positive well-being. They can make such a huge and valuable impact on a daily basis to the person they work for, and they are an integral part of how that person develops other positive personal relationships. Not only is the DSP an important role model, but an experienced DSP know that sudden changes in behavior (e.g., anger, aggression) are often signs of a health problem (e.g., pain, hunger, too little sleep, depression) and should be treated as such. *

The DSP spend at least a third of their time working very closely with each of our Individuals and the regularity of their experiences with that person should be passed on to the entire team. Without them there wouldn’t be any way to discern how our Individuals are doing with coping with their challenges.

Yes, it’s correct to say that we all work for our Individuals. The flipside of that coin is that the people that really know them as well as their own families are the DSPs as they notice slight changes in behaviors from one day to the next. This knowledge of these minute changes could be critical in time of a crisis. DSPs that are provided more in-depth trainings are better able to understand the Individual they work for, so they can make a better assessment which can be translated to the entire team. It also provides them the ability to bounce off ideas to those teams where they think a different type of support would be of benefit. Let’s not forget, sometimes the greatest ideas are the ones coming from within the trenches! *https://ici.umn.edu/products/impact/291/19.html

Training Opportunities

Beyond the ABC’s Call Heather Clark at 505-841-5516 for more information.

Friends and Relationship Course Contact your case manager or consult a secondary freedom of choice statewide.

Metro Region—Metro provides tailored trainings in requested topics and as needed.

NE Region—NE is pleased to offer Individual Specific Training, Coping with Crisis, I/DD Dementia, to list a few. Call Rita Santistevan

NW Region—Friends and Relationships Course, Call Julie Skeleton at 505-506-5171, Call Ryan Trujillo for additional BBS training opportunities.

SE Region—SE enjoys providing trainings such as Individual Specific Training, Human Rights, Grief and Loss, Crisis Management, Introduction to Sexuality, to name a few. Call Gabriel Vigil with your specific needs.
Contacts

**BBS Statewide:**
Cheryl Frazine - Bureau Chief 505-841-6510
Heather Clark – Clinical Director 505-841-5516
Sabrina James - Crisis Coordinator/Administrator 505-841-6633
Vacant—Acting Training Coordinator Cheryl Frazine

**BBS Metro:**
Wanda Durant - Behavioral Specialist 505-206-1424
Ryan Trujillo - Behavior Specialist 505-795-2844
Caroline Chavez - Crisis Specialist 505-841-6638

**BBS SW:**
Lynn Winters - Behavior Specialist 575-528-5179
David Chavez - Crisis Specialist 575-528-5170

**BBS SE:**
Melisa Hernandez - Behavior Specialist 575-624-6100
Gabriel Vigil - Crisis Specialist 575-624-6100 X 112

**BBS NW:**
Ryan Trujillo - Behavior Specialist 505-795-2844
Acting Crisis Specialist - Sabrina James

**BBS NE:**
Rita Santistevan - Behavior Specialist 505-476-2747 (Direct line!)
Acting Crisis Specialist – Sabrina James

24 hour Crisis Line-Statewide:
505-250-4292

BBS Buzz Newsletter Staff:

Editor-in-Chief:
Cheryl Frazine

Assistant Editor:
Wanda Durant

Layout:
Dottie Kee

*If you would like to contribute to the next issue of the BBS Buzz or if you have any suggestions or comments, please contact:*

Wanda Durant,
BBS Buzz Newsletter Assistant Editor at (505)841-6455 or wanda.durant@state.nm.us