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HEMOCARE

From Our Offices

There's something new printed on your copy of this newsletter: the logo of the Council of Accreditation (COA). This is in recognition that HEMOCARE has achieved national accreditation, valid



for the next four years. This is a significant accomplishment, and we are proud of it. It shows that we meet the highest national standards of best practice, that we are effective in delivering the best quality services to the communities we serve, and that we are professionally sound. It provides assurance to all of our communities that HEMOCARE is delivering needed services, conducting its operations successfully, and managing funds effectively.

The accreditation process involved a detailed review and analysis of our administrative operations and service delivery against national standards of practice. The reviewers looked at administrative and clinical records and interviewed consumers as well as staff members at all levels, including Rankin Whittington, CEO, our Clinical Supervisors, and our Behavioral Technicians. At our exit interview they told us they were particularly impressed by the quality of our services and especially our Quality Assurance and Improvement processes. Not surprisingly, they especially enjoyed meeting some of our consumers and their families and learning firsthand how the services we provide have made a positive change in their lives.

Although the formal part of achieving accreditation has been completed, COA accreditation is not an end in and of itself. Rather, it represents a process by which we can consistently strive for and achieve new levels of excellence. This is just one more tool we can use as we work to continuously improve services.

We are proud to join COA's "Community of Excellence."

Anniversaries

This month we have 15 Behavioral Technicians celebrating anniversaries of five years or longer. **Ann Byrd** of Boone, **Connie Murphy** of Wilmington and **Carol Robinson** of Statesville have all been with us for nine years, while **Cynthia Brown** and **Roshetta Jones** of Whiteville and **Myrtle Summers** of Statesville have been with us eight years. **Joyce Alderman**, **Ardell McCullough** and **Priscilla McDuffie** of Whiteville; **Shirley Baker** and **Julie Bolton** of Statesville; **Sally Lancaster** of Tarboro; and **Kimberly Simon** of Wilmington are all celebrating their 6th anniversary, while **Karen Barnes** and **Betty Flood** of Tarboro have provided services for five years. We appreciate your dedicated service to help others reach their full potential.

Management Corporation

News from the Mental Health Division

Employee Spotlight

Our Employee Spotlight this month focuses on **Lindsay Ingle**, who has been with HEMOCARE since January of 2006. She graduated from UNC-Wilmington in May 2007 with a BA in English with a Teaching Certification. Lindsay's hobbies outside of work include eating great seafood and PT burgers; playing with her dog, Heidi; swim-



ming; reading; going to the beach; and playing Bocce ball with her friends. Lindsay became interested in working with children with special needs when she volunteered in the outreach program in high school. She said, "I discovered that even if they're not labeled 'special' everyone has different methods of learning and functioning. I wanted to help people find and operate the techniques that work for them."

She has done this with her clients here at HEMOCARE. Lindsay currently works with Samuel, a young boy with Autism. Lindsay reports that when she started with her client "laughter seemed constantly overlooked and, for him, overrated." Over the years together, she reports that they have developed a relationship "that has uncovered what we both consider funny and how we can meet in the middle and just laugh. It seems so small for me; however, it is quite an accomplishment to experience moments where we break the "Autistic barriers" in communication and social interaction, typically written off as impos-

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Client Spotlight

Holly, a Supported Employment client receiving services through the Department of Vocational Rehabilitation, began working for Hill's in Shallotte in July of 2004. She works in the deli department, making sandwiches, baking and decorating cakes, filling customers' orders, and cleaning all areas in the deli. Of all her responsibilities, Holly most enjoys making and decorating cakes. Her supervisor, Ms. Naomi, states that Holly is a great worker. She is dependable, polite and loyal to her job. Like most of those with whom HEMOCARE works in our Supported Employment program, Holly has remained on the job a long time and is a prized employee. She has her driver's license and makes every effort to get to work on time.

Holly graduated from South Columbus High School and has been working ever since. Her hobbies include gardening, riding 4-wheelers and watching movies. She lives with her mother and twin sister in Nakina.

Congratulations, Holly. We at HEMOCARE are proud of your accomplishments and wish you the best for continued success.

Why do we diagnose?

There are two major approaches to diagnosis. One is to classify by means of etiology, or cause. The first Manual of Mental Disorders (DSM) was based on this model. The current Diagnostic and Statistical Manual model is to classify by description; it was first used by Emil Kraepelin. The descriptive model is the one that has become more accepted and thus is the model that the DSM-IV is based upon.

The DSM-IV uses a multi-axial approach. Axis One is used for mental illnesses, including psychoses, depression and substance abuse. Axis Two is used for mental retardation and personality disorders. This is a way to distinguish between life-long, deeply ingrained, characteristic traits of an individual (Axis I) and illnesses which may be of a more finite duration (Axis II). Axis Three is used for physical or medical conditions. Axis Four is used for those environmental factors that may influence a person's functioning, such as unemployment or academic problems. Axis Five is for a global rating of overall functioning.

Diagnosis serves several useful purposes. It helps in communication between professionals by giving a name to a set of symptoms. Although we all try to avoid labeling individuals, having a diagnosis can be beneficial. A clear diagnosis helps determine the kind of treatment that will be most helpful. As the science of mental illness has progressed, standards for treatment have been developed based on diagnosis. [In addition, insurance companies base their payment rates upon diagnosis.

Although diagnosis is more scientific today than it has been in the past, it is not an absolute. A diagnosis should not be considered to be "written in stone." Often as a person's condition becomes better understood, or as more symptoms become apparent, the diagnosis must be refined. An example of this is someone who is originally diagnosed as having schizophrenia; however, after a few months the patient may also begin to exhibit depressive and manic symptoms. At that time the diagnosis becomes schizoaffective disorder.

Diagnoses must be used with caution. There is a danger that a patient can become labeled by his diagnosis. We may start to expect certain behavior from someone because of his diagnosis, or the individual may display behavior that fulfills the diagnosis. We may even disregard symptoms that don't fall into the diagnostic category that the person has been given.

Language is important, too. We diagnose a disorder, not a person. Rather than saying someone is schizophrenic, we should say he has schizophrenia. Everyone who has schizophrenia is not the same. People who have schizophrenia are as different as are people who have diabetes.

We want your feedback

We encourage anyone with questions about or issues with our service to contact HOMECARE Management Corporation CEO Rankin Whittington at 800-223-2841, rankinhwhittington@homecaregmt.org, or Sara Nolan at 800-718-4599, saragrodenolan@homecaregmt.org

Opportunities For Learning

- **Summer Workshop**, Lenoir, June 23, 10 a.m.-12 p.m.
- **Tech Topics**, Lenoir, July 7, 1-3 p.m.
- **CS Skill Building**, Fire Mountain, Wilkesboro, July 9, 2:30-4:30 p.m.
- **Parent Voice**, Charlotte, July 10, 9-11 a.m.
- **Not Just Hanging Out: Therapeutic Interventions and Building Skills**, Statesville, August 2, 10 a.m.-12 p.m.
- **Non-Verbal Communication**, The Pines, Sparta, August 12, 3-5 p.m.
- **How to Advocate for your Client/Child**, Lenoir, August 12, 6-8 p.m.
- **Mental Illness 101**, Charlotte, August 27, 2-4 p.m.
- **Serving Clients in Natural Environments**, Boone, September 9, 12-2 p.m.

Please contact your supervisor for more information on these valuable training sessions and additional opportunities for you to obtain required CS training as well as for required re-certification trainings.

EMPLOYEE SPOTLIGHT (Continued from page 1)

ble." Samuel's mother reports that: Lindsay is "good at assessing the source or new/unexpected behaviors. She always has an upbeat, positive demeanor, which Sam responds well to. She's very good at putting herself in his shoes to understand what he wants/needs. He isn't just a job to her, and he picks up on that. She knows how to explain things to him in a way he can understand. She takes initiative to come up with new things to do or try, whether it's activities or guidelines for disciplining/interacting with him. And most importantly she is patient!"

Lindsay has also worked with numerous children receiving early intervention services and their families. Each toddler comes with a different challenge. Lindsay has been able to be flexible and adapt interventions to allow each to excel in needed areas.

We are sad to say that we will be losing Lindsay in the fall. She will be teaching high school in the Charlotte area. When asked what she will take with her from her job at HOMECARE, she reports, "I have learned not to expect my clients to adapt to my practices. Instead my job and my purpose is to mold my practices and revolve my interactions and interventions around the needs of my clients."

That sentence puts in a nutshell what we need to do to help all consumers and their families. Lindsay will truly be missed by all her clients and the HOMECARE staff, but we are confident that she will continue to make a difference in the lives of others.

PaySchedule

Services Delivered

June 1-15

June 16-30

Checks Mailed

June 19

July 7

Documentation

Documentation for ALL services except Nursing-based PCS, CAP/DA and CAP/C is due the day after you have finished providing services for the week (Sunday-Saturday), and in no case later than the following Monday. CAP/DA, CAP/C and Personal Care must be postmarked or delivered the 16th for services delivered the 1st through the 15th and the 1st for the 16th through the end of the month.