

From Our Offices



Happy Holidays!

This time of the year is special for people of many religions, nationalities, ethnic groups and cultures. It is a time when we draw close to family and friends to share our joy in the holidays. We all celebrate the winter holidays according to our own customs and in our own style, with special foods, special music and special rituals. One thing is common to the many different traditions, however, and that is the **Spirit of Giving**.

HEMOCARE employees give very special gifts throughout the year, not just during the holiday seasons. We give the gift of caring and of doing all that we can to improve the lives of those with whom we work. In return, we receive the gift of knowing that we make a difference.

The economic situation and state budget shortfall have affected all of us. This past year has been particularly difficult for people with disabilities and those who work with them. All of us have been doing our best to minimize the impact on consumers, but there is more to do. In the coming months we will need to continue to provide the best possible service while we keep telling the stories of the impacts of the budget cuts on the lives of real people with disabilities. We need to make certain that our legislators and state leaders hear us. These leaders have been forced to make difficult choices, choices that they would have preferred not to make. Even as we recognize that they have tried to make the best choice from an array of bad options, we must make certain that they know that Mental Health, Developmental Disabilities and Substance Abuse Services simply cannot take more cuts. As we all strive to improve the system, we must let them know that the first thing to consider is ensuring that changes do no harm and that medically necessary services are not denied. The best way to do that is for all of us to keep talking to the legislators, letting them know the impacts of the changes on those we love and serve. These personal stories help them understand the effects of their actions.

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Employee Spotlight

Deborah Jordan is a valuable employee in our Tarboro office. Deborah began working for HEMOCARE in October 2007 as a Behavioral Technician with DD consumers.

For the past 1½ years, Deborah has been working mornings as an In-Home Aide providing CAP/DA services to one of our Rocky Mount consumers; in the afternoons she provides CAP/MR services to a set of autistic twins. Deborah has assisted the twin consumers to become more independent in their daily living as well as teaching them socialization skills. Their guardian often says that Deborah does a wonderful job and truly cares about the welfare of her clients.

Deborah has been married to Jerry Jordan for three years and has a 14 years old son named Titus. She is currently in school at NC Wesleyan College majoring in business with a minor in psychology. She is a member of St. Paul Missionary Baptist Church in Tarboro, and is a youth advisor there.

Deborah enjoys cooking, reading, and traveling. She is a compassionate person who takes pride in her job. She is dedicated to helping individuals with whom she works to reach their full potential. She has proven to be a dependable, responsible and dedicated person.

Client Spotlight

One consumer who deserves the spotlight for her progress with behaviors is **Molly**, who has been receiving Community Support Services from HEMOCARE staff in the Lenoir office since February 2008. Our Community Support Worker **Lissa Wilcox** made a wonderful connection when she began working with Molly in August 2008 and has helped Molly to achieve many goals. Since this partnership began, there has been tremendous growth in Molly's maturity. She is able to listen to reasons why a decision is made, even when she doesn't like being told no. There has been a decrease in her noncompliant behaviors, including delaying tactics. While these behaviors are still seen at times, her ability to recover a positive attitude, makes the behaviors less intense.

Molly has learned several skills since beginning Community Support Services. Some of those include making eye contact with strangers, distracting herself with other activities so she can demonstrate patience when the activities she wants are delayed, learning not to be as fidgety, not picking her nails as much and using nail clippers on hangnails or filing her nails to smooth them. Molly states that her favorite skill is using the nail clippers when needed and that the skill she thinks she's gotten best at is not sticking her tongue out when she's concentrating. According to her, she uses her nail clipper and nail file skills even when she isn't with Lissa.

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Opportunities For Learning

- **The Face of Autism**, , January 12, 2010, 3-5 pm
- **Seasonal Affective Disorder**, Statesville, Jan. 20, 9-10 a.m.
- **Developmental Disabilities and You**, Locust, February 9, 2010, 3pm – 5pm

CLIENT SPOTLIGHT (Continued from page 1)

Molly demonstrates a number of personal traits that have been fostered by her family, for which they deserve high praise. She is nonjudgmental and has adjusted well to the addition of a step-brother to her family. With the recent major changes in her life, her parents, including her step-parents, and her grandparents have demonstrated a wonderful ability to work together and place their children's best interests at the center of their decisions.

Lissa uses a variety of therapeutic interventions to help Molly build the skills that bring her closer to achieving her goals. HOMECARE looks forward to being a part of Molly's continued growth and development.

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Even as we focus on advocating for improved services, let's take time during this busy season to appreciate what we have and experience the joy of the season.

Happy Holidays to each of you and to your loved ones.

Anniversaries

This month **Deborah Couchley** of our Wilmington office reaches the milestone of 10 years with HOMECARE. **Pam Burchette** and **Barbara Dalton**, both working out of the Statesville office, have been with us almost as long: 9 years. Three other Statesville employees are also celebrating significant HOMECARE anniversaries: **Mary Vernon**, 8 years; **Martha Wilkinson**, 7 years; and **Ashley Fox**, 6 years. **Jessica Brooks** of the Whiteville office, **Marie Dixon** of Wilmington, and **Geraldine Knight** of Tarboro have all have been with us for 5 years. We appreciate the dedication and hard work of each of these wonderful employees!

Multisystemic Therapy

Multisystemic Therapy (MST) is a family-based treatment developed for adolescents with drug and behavior problems and for substance abuse prevention with early adolescents. MST's four domains target different aspects of family and adolescent functioning: the adolescent domain engages teenagers in treatment and teaches communication and social skills; the parent domain engages the parents in the therapy process, increases their involvement with their teenager, and improves parental skills; the family interactional domain focuses on interaction within the family unit and assists with proper communication and problem-solving skills; and the extra-familial domain assists with having the family engage in all areas of the adolescent's life including school and recreational activities.

Since 1985, the MST model has been tested in a number of clinical trials to prove its efficacy. Since 1991 the MST model has been used at the Center for Treatment Research on Adolescent Drug Abuse (CTRADA) which was one of the first centers to be funded by the National Institute on Drug Abuse (NIDA) and has been recognized as a modern, comprehensive, empirically-supported treatment.

MST is used in treatment with many populations. While originally designed for treatment with adolescent substance abuse, over time it has been shown to be effective with a broader range of issues. Published studies have positive results with the treatment of adolescent sexual offenders, juveniles who have HIV/STD; chronically violent juvenile, substance abusing adolescents, adolescents with chronic type I diabetes, and in work with parents.

MST activities aim to improve parental discipline practices, enhance family relations, decrease adolescent association with deviant peers, increase adolescent association with pro-social peers, improve adolescent school performance and develop a natural support network of extended family, neighbors and friends to help parents achieve and maintain such changes. Specific treatment techniques used to assist in the achievement of these gains include cognitive-behavioral, behavioral and structural family therapies.

Additional studies have been completed as MST has been shown to be effective in creating the necessary structure for change with a variety of populations. In a 1996 study, Howard Liddle and his colleagues found that of 29 parents and their children engaged in MST for 16 sessions, over two-thirds of the parental figures improved in their parenting skills as evidenced by the improvement in their children's behavior and positive relationships that have been built between the parents and children. This study demonstrated that positive changes with the parents can increase the child's ability to function successfully at home and in society.

Another study by Howard Liddle in 2009 evaluated the effectiveness of MST with substance abusing adolescents and their families in comparison with peer group therapy. The peer group therapy provided manual-led sessions, which focused on cognitive-behavioral skills and social learning principles. In the study, 83 adolescents were assigned to one of the treatment models. All the participants completed 90-minute sessions twice per week for 12-16 weeks. MST was conducted in the home while peer group therapy was conducted in the clinic. The participants were assessed at intake, six weeks post-intake, at discharge, and six and 12 months post-intake. The assessments measured adolescent substance use, delinquency, internal distress, and reduction in risk with family, peer and social domains. The results showed a significant reduction in substance use and delinquency with the participants in the MST.

MST is a broad and flexible family treatment for reduction of adolescent substance abuse, delinquency, aggressive behaviors and parental problems. MST targets all domains of a youth's life including home, school and community with friends. All interventions are solution-focused and yield positive outcomes as demonstrated by numerous studies.