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HEMOCARE

Management Corporation

News from the Mental Health Division

HAPPY NEW YEAR!

We're celebrating our 15th anniversary as well as the start of 2009. HEMOCARE Management Corporation opened for business in January 1994. Since that time we have expanded geographically and in the range of services we provide. Fifteen years ago we only provided services under the Community Alternative Program, Aid to Disabled Adults or CAP/DA. We still provide CAP/DA, but we also provide CAP/C for children and Medicaid Personal Care services as well as a wide range of services for individuals with Developmental Disabilities, Mental Health and Behavioral Issues, and Addictive Diseases: CAP/MR-DD services, Developmental Therapy, Personal Assistance, Supported Employment, Community Base Rehabilitation Services (CBRS) for children under 3, Community Support, Substance Abuse Counseling, Therapy, school-based services, and many types of Assessments. As you can see, we provide a wide variety of human services in the home, community, and school.

Geographically, we serve consumers and their families in more than 30 counties from eight regional offices, located in Lenoir, Charlotte, Boone, Whiteville, Wilmington, Statesville, Forest City and Tarboro. We work collaboratively with many different community agencies, including the Local Management Entities for MH/DD/SA; the Child Development Service Agencies; schools, hospitals, physicians, and other medical providers; other providers of MH, DD, and SA services, and Departments of Juvenile Justice, Social Services, and Aging.

Success and steady growth came as a result of **excellent services from excellent staff**. Hundreds of great people have joined HEMOCARE over the years, part-time and full-time. Since 1994, the corporation has grown from two employees and no clients to more than 600 field staff and 83 administrative and professional staff serving approximately 1,000 clients each month.

We are working in a challenging environment. Stories in the newspaper have been negative. The state divisions, which regulate all we do, have responded by cutting rates, changing programs, limiting the hours of services each consumer can receive, and imposing more and more rules that increase the documentation and cost of compliance but are not related to the quality of services or outcomes for consumers. Change has been the one constant.

In spite of all of this, HEMOCARE has survived and become even stronger. We remain stable, and our reputation as the provider of choice for high quality services has increased. Our excellence has been rewarded on the national level with accreditation from the Council on Accreditation, or COA. Success has been the result of our focus on quality and providing the best service possible to each individual with whom we work.

We couldn't have done it without **YOUR** dedication and hard work. There is no doubt that Our People Make a Difference. HEMOCARE Management Corporation is truly carrying out its mission . . . to provide the services necessary for people to be as independent as possible in their own homes and communities, rather than having to live in institutions.

Employee Spotlight

Naomi Hagler just celebrated her first anniversary with HEMOCARE. Naomi came to HEMOCARE with six years of experience working with people with developmental disabilities. She has proven to be a dependable, responsible, creative and dedicated employee.

A compassionate person who takes pride in her work, she is dedicated to helping each individual with whom she works reach their potential. Naomi's consumers have made great progress since she began working with them. Their mother reports that they wait anxiously each morning for Naomi to arrive, as they want to make her proud of them by accomplishing goals.

Naomi is very professional — always following policy and procedure, but never forgetting the needs of her consumers. Time and again she has gone above and beyond the call of duty to insure that those she works with are receiving the quality of services that they deserve. She offers new and creative ideas to help them meet their goals and is able to recognize when the goals need to be adjusted to meet their needs and desires.

Naomi is the proud mother of three children and has enjoyed a 15-year marriage. She leads a very active life, often working two jobs, but she also knows how to enjoy herself. When she is not working or taking care of her family, Naomi enjoys reading inspirational books, attending church, spending leisure time with her family, and helping people in the community.

Client Spotlight

Chiquita is a 17-year-old from Tarboro. Two years ago she was placed out of the home in a level III group home facility due to behavioral issues, including skipping school, fighting with her family. As a result of her actions, she had also become involved with the juvenile justice system.

While at the level III facility, Chiquita made considerable progress and was able to be stepped down to a level II home in Burlington, the Save Our Children Coalition. She completed all of the terms of her probation, so that status was lifted. Her self worth has improved tremendously. Her grades have also improved dramatically (all A's!), and she has been promoted to the 11th grade. She has volunteered at the homeless shelter, is involved in a dance class after school, and is currently seeking part-time employment. Like other teens, she loves listening to music and texting her friends and family.

Chiquita has an outgoing personality. She is smart, honest, has a great smile, and cares about her family — especially her grandmother.



P.R.A.I.S.E. M.E.

Histrionic personality disorder (HPD) is included in a group of conditions called dramatic personality disorders. It is characterized by a pattern of extremely dramatic behaviors and attention seeking, including an unusually high need of approval and inappropriate seductiveness, and usually begins to develop in early adulthood. Individuals with HPD are highly emotional, charming, energetic, manipulative, impulsive, erratic, flirtatious, demanding and may be easily influenced by others. HPD is a unique personality disorder due to the fact that it is the only personality disorder explicitly connected to the person's physical appearance: it has been found to appear more often with individuals who have above-average physical appearances. Individuals with HPD may exaggerate situations, throw temper tantrums and cry if they are not shown the attention that they desire.

The diagnosis is based upon the presence of five or more of the following **symptoms**:

1. Discomfort when not the center of attention
2. Interactions with others often characterized by inappropriate sexually seductive or provocative behavior
3. Rapidly shifting and shallow expressions of emotions
4. Constantly use of physical appearance to draw attention to self
5. Speech style that is impressionistic and lacking in detail
6. Self-dramatization, theatricality, and exaggerated expression of emotion
7. Being gullible and easily influenced by others
8. Considering relationships to be more intimate than they are.

An easy way to remember the criteria for Histrionic Personality Disorder is the mnemonic **PRAISE ME**.

- **P**- Provocative or seductive behavior
- **R**- Relationships considered more serious than they are
- **A**- Attention, must be at the center of
- **I**- Influenced easily by others
- **S**- Speech Style, tries to impress others
- **E**- Emotional liability, shallowness
- **M**- Make-up, physical appearance used to draw attention to self
- **E**- Exaggerated emotions, theatrical

The **causes** of this disorder are not definitely known, but childhood events such as deaths in the immediate family, divorce of parents and genetic links are being investigated. The disorder is more commonly diagnosed in women than men; men with similar symptoms are more commonly diagnosed with antisocial personality disorder.

Studies show that individuals with HPD have highly responsive noradrenergic systems, the mechanisms surrounding the release of the neurotransmitter norepinephrine, a chemical that communicates impulses from one nerve cell to another in the brain and determines behavior.

The **diagnosis** of HPD is complicated because it shares symptoms, and often occurs simultaneously with other personality disorders. There is no test to confirm the diagnosis; it is made on the basis of history, results from interviews, and other tools used to evaluate for personality disorders.

Treatment: In general, people with HPD do not feel they need therapy, although the treatment of choice is psychotherapy. The goal of psychotherapy is to help the individual uncover the motivations and fears associated with their thoughts and behaviors and to learn new ways to relate to others in a more positive manner. Other treatments suggested are family therapy (teaching assertion rather than avoidance of conflicts) and meditation to relax and focus on inner feelings. Medication is not usually used unless there are co-existing diagnoses such as depression.

Prognosis: Many people with this disorder are able to function well socially and in the workplace. Early diagnosis can assist individuals and family members to recognize the pattern of reactive emotion and prevent mild histrionic behavior from developing into a full-blown case of maladaptive HPD. People with this disorder are at a higher risk of suffering from depression than the general population.

Sources: www.clevelandclinic.org, www.minddisorders.com, www.wikipedia.org

Opportunities For Learning

- **Crisis Survival Skills**, Whiteville, January 22, 5 p.m.
- **Hand Washing**, Tarboro, January 22, 5 p.m.
- **Documentation Refresher**, Lenoir, Jan. 27, 9-11 a.m.
- **CAP/MR/DD Review of Services**, Forest City, Jan. 28, 2-4 p.m.
- **Boundaries and Establishing Therapeutic Relationships**, Lenoir, February 4, 3-5 p.m.
- **CAP-DD/MR Documentation**, Charlotte, Feb. 11, 2-4 p.m.
- **Life Perspective on Asbergers**, Wilmington, Feb. 17, 5-7 p.m.
- **Childhood Disorders**, Forest City, Feb. 18, 1-2 p.m.
- **MERSA**, Statesville, Feb. 23, 1-2 p.m. or 4-5 p.m.
- **Project Lifesaver**, Wilmington, Feb. 25, 6-8 p.m.
- **Decrease Anxiety Through Creative Play**, United Way in Wilkesboro, Feb. 27, 10 a.m. to 12 p.m.
- **Mental Health Ethics**, Charlotte, March 11, 9 a.m. to 11 a.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.

Anniversaries

As **HOME CARE** celebrates its 15th anniversary, a number of long-time Technicians also are celebrating the anniversary of their employment with **HOME CARE**.

Lucille Washington has worked out of our Statesville office for 9 years, while **Cynthia Clark** and **Delaine Deal** of Statesville and **Doris Skipper** of Wilmington have worked with us almost as long: 8 years. **Julie Burgess** of our Forest City office has been with us 6 years, while **James Flowers** and **Linda Gay** of Tarboro, **Robin Harmon** of Boone, **Delores Heiliger** of Forest City, and **Debbie Padgett** of Wilmington have provided services for 5. **Cindy Anderson** of Whiteville, **Reinhard Hirtler** of Boone, and **Tiffany Sanders** of Wilmington have been with **HOME CARE** for 4 years. We appreciate all that these great employees do!

PaySchedule

Services Delivered

January 1-15

January 16-31

Checks Mailed

February 5

February 20

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.