

## From Our Offices

Last month we discussed Community Support Team, a service for adults with serious mental illness. This month we focus on a service designed to provide a family-based approach to crisis resolution and solutions for youth who are either transitioning *from* out-of-home placements or are *at risk of* out-of-home placement. Intensive In-Home Services (IIH) are designed to defuse a current crisis, identify problem areas, stabilize the home, and prevent out-of-home placement. IIH helps preserve the family and reduce the likelihood of the crisis situation recurring.

Forest City was the first HEMOCARE office to begin providing IIH Services, and the result has been a resounding success. The community has responded positively to this new option, and the early results are impressive. The program provides intensive services over a short period of time. We believe that people's lives improve dramatically when they receive the help they need to begin to resolve their problems and learn to manage their lives outside of "the system." After a jump-start with time-limited services such as IIH, families are better able to independently manage the inevitable challenges we face over a lifetime.

The HEMOCARE IIH team works closely with the youth and family to accomplish the goals of treatment and help the family resume self-sufficient functioning as quickly as possible. We provide service for at least two hours on at least 12 days during the first month. We then gradually decrease our involvement as the family learns new skills.

Intensive In-Home Services will:

- Assist in addressing a current crisis, and develop strategies to reduce the likelihood of a recurrence;
- Link the family to needed community services and resources;
- Develop parenting skills to build effective communication and positive behavioral intervention strategies;
- Provide ongoing evaluation of the presenting psychiatric or addiction symptoms;
- Identify strengths that will aid in stabilizing the family unit, as well as identify barriers to achieving goals;
- Assist the youth with identification and self-management of symptoms and their triggers, cues, and early warning signs;
- Teach self-help skills; and
- Work with the youth and his or her caregivers to implement home-based behavioral supports.

We will soon begin offering IIH out of our Statesville office, and over time we plan to expand this valuable option to meet the needs of other communities we serve.

## Employee Spotlight

**Carolyn McFarlyn** has been a valuable employee of HEMOCARE Management for six years now. She started working as a nurse aide doing personal care and CAP/DA services. She has since completed the trainings required to provide CAP/MR-DD services and has

been working with people with developmental disabilities for the past two years. Carolyn is highly motivated and well rounded and truly enjoys the work she does; this is evident in the positive comments that the families she serves makes about her. Carolyn is known for her humor and positive attitude in all situations.

Carolyn has been married for 12 years and has two step-children. Her hobbies include shopping, cooking and decorating.

She continues to be a positive role model for not only clients but other staff as well. We look forward to the opportunity to continue sharing in the adventure with Carolyn.



## Client Spotlight

People who meet **Merita** are struck by her big smile and warm, friendly personality. Merita has overcome many limitations of her developmental disability and is an inspiring example for those who struggle with similar issues.

Now 44 years old, Merita lived with her mother most of her life. Three years ago, her desire to live independently, coupled with support services, enabled Merita to move out on her own. She has been living in her housing complex now for almost three years. Merita is motivated to tackle independent life skills such as budgeting and keeping her apartment up to HUD housing code; she has passed every inspection to date.

Despite some major setbacks during the past year, Merita looks at life as a learning curve. She counts two major life lessons she has "learned the hard way" as "trust is earned" and "I have the right to stand up for myself." Merita is learning healthy boundaries, both with family members and neighbors and is proud of her newfound ability to say "no" as needed. She shares her apartment with a cat she adopted, nicknamed "Killer." This is a kitten, mind you, but Merita said she loves how fierce willed her cat is and she loves watching "Killer" play. Merita also cares for two birds. As you can see, she cares deeply for animals,

*(Continued on page 2)*



# Learning Opportunities

- **Time Management**, Forest City, April 5, 9-10:30 am or 4-5:30 pm
- **Common Errors on Documentation**, Statesville, April 6, 9 am
- **Psychiatric Illness and Mental Disorders**, Tarboro, April 8, 3-4 pm
- **Emergency Preparedness**, Lenoir, April 15, 10 am-12 pm
- **Cerebral Palsy**, Statesville, May 10, 9-10 am or 4-5 pm
- **Lifting Techniques**, Tarboro, May 13, 3-4 pm

## Anniversaries

HEMOCARE continues to be blessed with dedicated direct care workers who devote their time and talents to helping others. Our Statesville office has many of these individuals celebrating significant anniversaries this month: **Jacqueline McCoy** has been with us 11 years this month, and we appreciate her dedication. Also of Statesville, **Rose Frazier** and **Margie Rankin** are celebrating their 9<sup>th</sup> HEMOCARE anniversaries. **Donna Tucker** is celebrating 7 years of service; **Sherry Stokes**, 6 years; and **Lorraine Gray** and **Cody Munday**, 5 years. **Alex Jernigan** of Boone has worked with us 6 years, as has **Holly Chavis** of Whiteville. Also from Whiteville, **John Etheridge** and **Deborah Lee** are celebrating their 5<sup>th</sup> anniversary, as is **Erin Holsinger** of Locust. Thanks to each of you for all that you do.

*CLIENT SPOTLIGHT (Continued from page 1)*  
especially cats and dogs. She has started to volunteer at a local animal adoption program as well as the Humane Society. Giving of her time to benefit others has been a prime focus for Merita as she is learning to navigate through her life.

Recently Merita has ventured out into the community more often. She attends church on Sundays and is starting to use public transportation to access her community and overcome her anxiety in public places. **Linda Martinez**, her worker, is proud of the progress Merita has made, saying that she “has come a long way” in her ability to live independently. Both agree that approaching challenges with honesty and in a straight forward manner has helped Merita learn more quickly to adapt to new circumstances or integrate life skills to daily challenges. “Linda gives it to me straight – no sugar coating stuff, and that’s great.”

Merita’s new goals are to become a regular volunteer at the Humane Society and to help “Friends for Life,” a local animal shelter program that sets up adoption sites at the mall on Saturdays. Merita has made her own connections with other volunteers, organizing her own transportation. Way to go Merita; we are proud of you!

# Helping clients in crisis

Depending on whom you ask, there are many different definitions to “crisis.” Webster’s Dictionary defines crisis as “an emotionally significant event or radical change of status in a person’s life.” A crisis can mean a natural disaster, rape, health problems, a fire or loss of a job. A crisis can make people feel out of control and hopeless and can lead to depression. Children are the most vulnerable to crises and may have problems separating from parents, experience difficulty sleeping, lose control of bowels or bladder, or demonstrate other regressive behaviors.

The first step in intervention in almost any type of crisis is to let the person affected tell their story from their point of view. This may sound elementary, but is important for the victim to feel validated and for the person trying to help to acknowledge that something bad has happened. The clinician needs to be non-judgmental and encouraging.

The individual experiencing a crisis may want a spouse, significant other, or another close family member to accompany them while retelling the event. In this case, it helps if the clinician can speak to this third person before bringing everyone together in the process. This can assist laying the groundwork for this person to remain supportive to the client. It is not important at this time in the process to point out discrepancies in the client’s story or to ask why. The client needs to feel that he or she is not being blamed for the crisis or being a survivor. The client needs to feel that he or she is safe and not vulnerable any more. The clinician needs to speak in a calm, supportive way. Relaxation techniques are great to use in any crisis to help the client feel composed. Listen for strengths in the client’s story and point those out to the client. Throughout the process of crisis intervention make sure to monitor for safety; this is not merely one step but a consistent action on the clinician’s part.

The client’s ability to cope needs to be gauged by assessing affect, behaviors and cognitions. This assessment will give the clinician information on the severity of the crisis, the client’s current emotional state, the client’s level of lethality, and resources, supports, and alternatives for the client. The client may have physical needs that may need attention at this time. Discover what the basic needs are first before anything else; the client may be hungry, thirsty or need to take their medications before any therapeutic work can begin. The worst feeling in a crisis is the loss of control, and the client needs to find ways to start regaining control over his or her life. Clients may need help with resources such as Red Cross, hospitals, churches and social services. Ask the client questions about what they want to do to make them feel that they still have some control. Make sure all questions are appropriate and realistic for the situation to avoid overwhelming the client any more than they already are.

The first step in recovery is to reorganize and help the client feel as normal as possible after a crisis. Rules, roles and rituals followed before the crisis need to remain in place after the crisis. If the family goes to church every Sunday morning, then they need to continue this after the crisis. This helps to restore a sense of control and order in their lives.

The clinician needs to decide where the client is developmentally before starting the therapeutic process. For example, a child experiences a death differently than an adult or a senior citizen because they are all in very different places in their lives and have different coping skills. Goals and a plan are important at the start of any therapeutic interventions. The client should make the decision on how long they think they will need help. Each time the clinician meets with the client, they should reassess the client’s progress.

The clinician needs to be aware of signs that the client no longer feels helpless, has had basic resources restored, or feels he can manage “normally” again. At this point termination of therapy should be discussed. The clinician needs to address future sources of stress with the client. The client may need help with symptom identification if similar crises arise and how to handle them. Just remember that in any crisis support goes a long way in helping the person feel cared about and feel like they are not going through it alone.