



Cardinal News Network Bulletin



C A R D I N A L C L I N I C , L L C

Welcome each and every person to Cardinal Clinic.

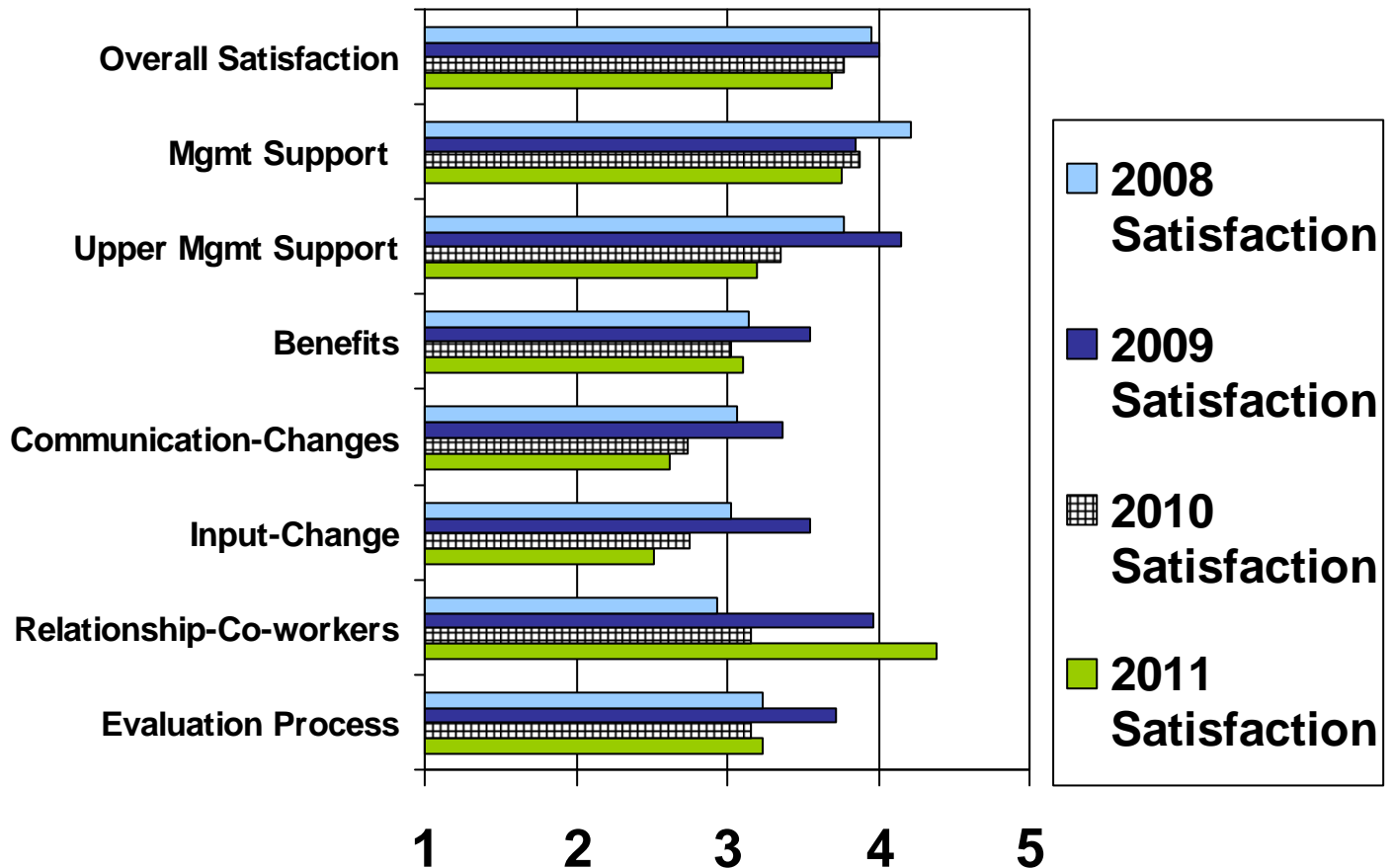
We are happy to acknowledge those new employees/contract providers that have joined our family recently.



Tawanda Dawson (Administration: Outpatient—Fayetteville);
 Vonda Adams (Therapeutic Family Services—Fayetteville);
 Audrey Pittman (Targeted Case Management—Fayetteville);
 Katina Thorne (Therapeutic Family Services—Fayetteville)



Employee Satisfaction Survey Results January 08/09/10/11



If you would like to see other mental health (or health-related) articles, please let Tony know.

UPCOMING TRAININGS

NOTE: For Annual Refresher requirements, staff should **NOW** be completing the **SELF-STUDY PACKETS** given out in the Program areas. Packets should be returned to Tony Garcia in the Fayetteville office.

Employee Orientation

May 2 ~ Fayetteville *8:30 am-1:30 pm
 June 6 ~ Fayetteville *8:30 am-1:30 pm
 July 11 ~ Fayetteville *8:30 am-1:30 pm

((Classes held in 1st floor Conference Room at 1540 Purdue Drive—28303))

CPR/First Aid

Fayetteville
 Thursday ~ May 19 *6:00 pm-9:00 pm
Southern Pines
 Saturday ~ May 21 *9:00 am-12:00 pm
Southern Pines
 Thursday ~ June 16 *6:00 pm-9:00 pm
Fayetteville
 Saturday ~ Jun 18 *9:0 am-12:00 pm

((Fayetteville classes held in 1st floor Conference Room at 1540 Purdue Drive—28303))
 ((Southern Pines classes held in Conference Room at 160J Pinehurst Avenue —28387))

PLEASE READ!!

NOTE: For CLIENT RIGHTS training, staff should **NOW** be completing the **SELF-STUDY PACKETS**. Packets should be picked up in your Program areas. Tests and signature forms will then be brought to the CCI class and turned in to the CCI trainer.



CCI attendance is contingent upon completion and turn-in of the Client Rights packet.

Cardinal Clinic Interventions (CCI)

Southern Pines
 Saturday ~ May 7 *9:00 am-5:00 pm
Fayetteville
 Saturday ~ June 4 *9:00 am-5:00 pm
Southern Pines
 Saturday ~ July 9 *9:00 am-5:00 pm

((Fayetteville classes held in 1st floor Conference Room at 1540 Purdue Drive—28303))
 ((Southern Pines classes held in Conference Room at 160J Pinehurst Avenue — 28387))

REMINDER!!

REGISTRATION FORM is needed for ALL training. Please forward all forms to Tony (Fayetteville, 1st floor).

Registration Forms should be SUBMITTED 48 hours PRIOR to the Training Date.



We need your input for next month's Newsletter!!

May will be a busy month and there will be a lot of recognitions out there - everything from graduations to degrees being conferred.

Send Tony a brief note of your or your family member's success or successes and we will be glad to include them in the next Newsletter.



Quiet Corner

“We do not remember days, we remember moments. The richness of life lies in memories we have forgotten.”
 ~ Cesare Pavese

If you would like to see any miscellaneous articles of interest and/or personal recognitions on our newsletter, please let Tony know.

MENTAL HEALTH in the NEWS

Rate of Hospitalization for Suicidal Thoughts among Soldiers Jumps 7,000 Percent: The rate of soldiers hospitalized for having suicidal thoughts has increased by 7,000 percent over the last five years, according to the Pentagon. A new report, which covers the period from the fourth year troops were in Afghanistan and the third year they were in Iraq, also shows the number of soldiers thinking of taking their lives while hospitalized has jumped from about 1,000 in 2006 to nearly 4,000 last year. This larger pair of numbers includes patients whose suicidal thoughts were a secondary, not primary, diagnosis. Military officials say a new diagnostic code and greater awareness of the problem could be helping to drive the numbers higher. ([Time](#), 5/6/11)

Study: System of Care Improves Behavioral Health of Children Affected by Trauma: Children and youth affected by traumatic events improve their functioning when they can access effective community-based programs and supports, according to a study by the Substance Abuse and Mental Health Services Administration (SAMHSA). The report shows that after 12 months of accessing services within a community-based system of care, 44 percent of children and youth improved their school attendance, 41 percent improved their grades, and youth suicide attempts fell by 64 percent. In addition, the number of youth reporting arrests in the past 6 months fell by 36 percent. Similarly the report shows that children and youth receiving trauma specific services experienced a 20 percent drop in the number experiencing problems at school, a 59 percent drop in the number with problems with suicidality, and a 57 percent drop in number of children engaging in delinquent behavior after 6 months of service. ([News-Medical.net](#), 5/4/11)

Few Teens Get Help for Depression: Although nearly two million American adolescents had an episode of major depression last year, only one-third got any help. The findings were compiled by the Substance Abuse and Mental Health Service and are based on a national survey of drug use and health conducted in 2009. It shows that about 8 percent of Americans ages 12 to 17 reported a period of depression lasting two or more weeks in the previous 12 months. The likelihood of a depressive episode rises as a child grows older. Girls were more than twice as likely to report an episode of depression as boys. Teenage boys were also less likely to get help for depression. ([Los Angeles Times](#), 4/29/11)

Bullying Linked to Violence at Home: Bullying is pervasive among middle school and high school students in Massachusetts and may be linked to family violence, a new study finds. In a survey of 5,807 middle-school and high-school students from almost 138 Massachusetts public schools, researchers from the Massachusetts Department of Health and US Centers for Disease Control and Prevention found that those involved in bullying in any way are more likely to contemplate suicide and engage in self-harm compared to other students. Those involved in bullying were also more likely to have certain risk factors, including suffering abuse from a family member or witnessing violence at home, compared to people who were neither bullies nor victims. ([Los Angeles Times](#), 4/22/11)

Vets with Mental Illness Have High Rates of Substance Use: As many as one-third of U.S. military veterans who have a mental health condition also have a substance use disorder, researchers say. Using data from the Department of Veterans Affairs to examine rates of substance use disorders among veterans who served in Iraq and Afghanistan, the researchers identified 1 million who were diagnosed with mental health conditions, including Post-Traumatic Stress Disorder. The study, published in *The American Journal on Addictions*, found the rates of substance use disorders among those with mental illness ranged from 21 percent to 35 percent. The highest rates of substance abuse occurred among those with bipolar disorder and schizophrenia. ([HealthDay News](#), 4/22/11)



QM BRIEFINGS




Welcome to the next edition of QM (Quality Management) Briefings – the publication for QM education and communication. Each month, highlights from the QM meeting, CABHA information, CARF information, QM projects, etc. will be shared in this section of the newsletter.

- ◆ Effective February 2011, Cardinal Clinic switched training curriculums for training staff on alternatives to restrictive interventions. The curriculum that will be used is Cardinal Clinic Interventions, also known as CCI. This is our own NC Division of MH/DD/SAS approved curriculum. We will no longer be training staff in CPI.
- ◆ **Effective February 2011, Cardinal Clinic changed the policy on restrictive interventions (therapeutic holds). Cardinal Clinic will no longer train staff or authorize staff to perform restrictive interventions. CCI will train staff on alternatives to restrictive interventions.**
- ◆ Cardinal Clinic will be implementing the GAS/GAF score as an outcome measurement across all programs. All clinical staff should have been trained on how to assign a GAS/GAF score. If you did not get an opportunity to attend training with Dr. Keeton or need additional training, please follow up with your supervisor. The data gathered from using the GAS/GAF will be shared with staff.
- ◆ **Beginning in March 2011, Dr. Lane and Dr. Keeton started doing Community Chats with staff at each location every other month. The purpose of these chats is to update staff on Cardinal's financial progress and plans for the upcoming year. This is an opportunity/forum for Dr. Lane and Dr. Keeton to talk with staff directly, answer questions and hear staff suggestions on how we can continue to improve the quality of services provided to our clients/family members, staff and stakeholders. The first chats were held March 8th and March 11th.**
- ◆ **CARF preparation:** Cardinal Clinic was reviewed and nationally accredited by CARF in 2008. We are about 6 months from our 3 year re-accreditation site visit. We are working with a consultant to assist with the re-accreditation preparation. CARF Survey preparation material will be distributed to staff in the coming months. Cardinal must be re-accredited for 3 years in order to maintain our CABHA certification.
- ◆ **Cardinal Clinic conducted our first Employee Satisfaction Survey via Survey Monkey during the first quarter of 2011. Thank you very much for your participation in the survey. You will find the survey results in the newsletter. The Employee Satisfaction Committee will be reviewing the results to identify opportunities for improvement. We will be conducting another survey in July.**
- ◆ **DSS Child Placement Agency Re-licensure site visit:** On April 13th and 14th, DSS was on site to review Therapeutic Home Services for re-licensure of our Child Placement Agency license. Cardinal did very well!! Congratulations to all staff who worked so hard to make this re-licensure survey a success. Cardinal Clinic has been re-licensed as a Child Placement Agency effective May 31, 2011 through May 31, 2013. We are surveyed for re-licensure every two years.
- ◆ **Results of the following surveys will be sent to Programs soon for posting on the QM boards.**
 - Employee Satisfaction Survey**
 - Stakeholder Survey**
 - Client Satisfaction Survey**
 - Therapeutic Parent Survey**
- ◆ **Policies and Procedures new/revised and approved 1st Quarter 2011:**
 - Corporal Punishment P&P – revision
 - Use of Restrictive Interventions – Rescinded
 - Client Rights – revised
 - Informing Clients of Rights and Access to Other Pertinent Information - Revised
 - Client Rights and Cardinal Clinic Intervention (CCI) – Revised
 - Cardinal Clinic Interventions (CCI)/Alternatives to Restrictive Interventions – Instructor and Coach Qualifications and Training Requirements - Revised
 - Therapeutic Foster Parent Supervision Requirements – New
 - Out-Of-Home Family Services Agreement for Children/Adolescents Receiving Family Foster or Therapeutic Home Services - New
- ◆ **Policies and Procedure manuals are in the process of being updated. If you would like a copy of a specific policy and procedure, please contact the QM department**

Should you have any questions regarding any information shared here or want additional information on QM activities, please call Carol Doyle at extension 246.

BIZARRE, Crazy, SILLY, and Unknown Holidays & Observances for May 2011

<u>Monthly Observances</u>	<u>Weekly Observances</u>	<u>Daily Observances</u>
National Mental Health Month	Children’s Mental Health Week (1-7)	World Laughter Day (1)
National Foster Care Month	Be Kind To Animals Week (1-7)	Intergalactic Star Wars Day (4)
National Barbeque Month	Spring Astronomy Week (2-8)	National Day of Prayer (5)
Jewish American Heritage Month	National Women’s Health Week (9-15)	Military Spouse Appreciation Day (6)
Healthy Vision Month	Natl. New Friends, Old Friends (15-21)	Mother’s Day (8)
Asian American & Pacific Islander Heritage Month	National Bike to Work Week (16-20)	World Belly Dance Day (14)
Motorcycle Safety Month	National Backyard Games Week (23-30)	Armed Forces Day (15)
Revise Your Work Schedule Month	(and many more)	World Turtle Day (23)
(and many more)		Cookie Monster’s Birthday (25)
		(and many more)



Next COMMUNITY CHAT
(with Dr. Keeton and Dr. Lane)

Fayetteville	June 7	12:00 pm
Southern Pines	June 17	12:00 pm

Traumatic Brain Injury (TBI)
Online FREE Training

The North Carolina TBI Online Free Training was developed as a teaching tool for professionals and caregivers in need of information on traumatic brain injury. There are 5 Modules plus a pod cast. Module 6 on TBI and Substance Abuse was recently added. The final module is a pod cast on the importance of rehabilitative care in restoring full life potential to survivors of TBI. The pod cast is presented by Dr. Flora Hammond, Psychiatrist and former Director of the Brain Injury Program at Carolinas Rehabilitation.

To access this free training, go to
www.nctbitraining.org

The Department of Veterans Affairs (VA) is encouraging family members who are concerned about the mental health of a military veteran to call a toll-free number for coaching on how to convince the veteran to seek help. **Families at Ease** is taking calls at (888) 823-7458, on weekdays between 8:00 am and 8:00 pm (Eastern Time). The coaching service, provided by VA psychologists and social workers, is in addition to the VA’s separate **Veterans Crisis Line**, (800) 273-8255, which is staffed 24/7.

For more information on the program, please go to <http://www.stripes.com/blogs/stripes-central/stripes-central-1.8040/hotline-coaches-vets-families-on-mental-health-1.139224>.

What If You Had Autism for a Day?

by DEBRA JAPZON GILLUM



Recently, I thought about what it might be like to trade places with my son for a day. Austin is 16-years-old and has what is often referred to as High Functioning Autism. This means that, while he still has autism, he is intelligent, can function in a regular classroom (with some help), and can take care of himself for the most part. As a parent, however, it doesn't matter how high functioning your child with autism is—there is still a great deal of heartache and concern involved. And the initial diagnosis is still traumatic.

My first thought was that it would be a great learning experience to trade places with my son for a day. I would understand him better and see the world through his eyes. I would be able to see and feel what autism really is, thinking his thoughts and experiencing his feelings. Since I already have the insight of what it is like to not have autism, trading places with Austin would help me see what's different.

From a purely mechanical standpoint, I thought it would be amazing to hold huge numbers of facts in my brain, something that is not normally my strength, and be able to regurgitate them whenever necessary. I might be able to remember and ponder the 435 animals that he has in his imaginary zoo. I would be able to remember what groceries I need, an impossible task for me without a list. Like Austin, I would be able to recall with relative ease things like all the court cases and amendments to the constitution or remember word-for-word summaries from the back of books.

Living with autism for a day might help me understand Austin's thought process in social situations. Perhaps it would help me understand why Austin's greetings to other people seem so timid and strained? I would be able to understand better what it's like to be in a room full of people and not really be interested in what is going on around me. I thought that it would me be a better mom and help me help others to see the great young man that I know and love.

Having autism myself might help me make environmental adjustments that would relieve the discomfort of noises that Austin perceives as loud enough to cover his ears. Maybe I could help decrease sibling rivalry if I could understand why he absolutely cannot ignore his younger sister's taunts and joking. Even though I know that my son feels loved, experiencing autism might allow me to see more clearly the way in which Austin loves others and perceives other people's expressions of love toward him.

But, after more consideration, thinking about trading places with my son for a day made me feel sad. I thought, what if I find out that the world is a very critical and chaotic place when you have autism? What if just a regular day is full of distracting and annoying noises that I couldn't screen out? What if looking someone in the eyes and smiling at them became a difficult task? What if I found myself correcting people because their inaccuracies made me just plain crazy? What if I discovered that the only place that I felt safe and secure was being in my bedroom by myself?

What if I found out that I wouldn't understand half of what people say since people rarely say what they mean and rarely mean what they say? What if I learned that solitary isolation was the consolation prize when communication with other people was too difficult and fraught with too many land mines? What if I found out that I was a square peg trying to fit into a round hole, or that people were really not very compassionate?

Change is difficult for people with autism. Recently, I have been talking with Austin more about the future and how to make your way in the world. It made me sad to think that maybe my foray into these new topics caused him great angst. It is overwhelming for a normal teenager to think about leaving home or going to college. What would it be like to entertain these thoughts, knowing that the world does not accommodate me very well? It makes me sad to think that if I had autism the world would always be trying to turn my "squareness" into "roundness." I would always be 'wrong,' wouldn't I? I would always be different, wouldn't I?

I would not want to relive my own high school days, much less those of an autistic 16-year-old young man. Maybe trading places with my son would help; maybe it wouldn't. Some people who have autism say that they like the way they are and wouldn't want to be "normal." Nevertheless, if it would be helpful, I would trade places with my son for a day in a heartbeat. In fact, like most parents, I would trade my life if I could.

For more information on autism, contact: The Autism Society of Cumberland County at (910) 826-3004/3005, via email at autismcc@ccpfc.org or online at www.autismcc.org.



UPCOMING TRAININGS and ANNOUNCEMENTS

WEBINAR Opportunities:

Lakeview's **Third Thursday at Three Speaker Series** Brain Injury webinars consist of the following:

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|---------|--|
| May 19 | Psychotropic Drugs and the Brain Injured Patient |
| June 16 | Proactive Interventions for Decreasing Challenging Behaviors: Best Practice Strategies for Improving Quality of Life |

Earn 1 Certified Case Management CEU with each webinar.

For more information and to register, go to
<http://www.lakeviewsystem.com/resources/ceus>

Greensboro AHEC will present the following trainings:

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| May 23 | Comprehensive Approaches in Group Therapy; |
| May 26 | Child Forensic Interviewing at Age 30: Taking Stock of Where We Are; |
| June 9 | Psychopharmacology for Non-prescribing Professionals; |
| June 27 | Depression and Suicide in Children and Adolescents; |
| July 12 | Systems Theory & Family Systems: A Clinician's Overview; |
| July 25 | Cognitive Behavior Interventions: Helping Behavior Change |

For more information and to register, go to
<http://www.gahec.org/findevents.asp>

Southern Regional AHEC will present the following trainings:

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|--------|--|
| May 13 | From Cries to Whispers: Understanding the Needs of Female Substance Abusers and HIV Using Motivational Interviewing; |
| May 18 | Ethics and Domestic Violence; |
| May 20 | Legal Issues for Healthcare and Human Service Providers - Don't Be Blindsided; |
| June 2 | Group Treatment: Theory and Method |

All classes will be at Gerald A. Strand Auditorium, 1601 Owen Drive, Fayetteville.

For more information and to register, go to
<http://www.southernregionalahec.org/professionals/brochures.html>

FOR YOUR INFORMATION

In case you or someone you know was impacted by the recent tornadoes, here are some materials that the National Child Traumatic Stress Network (NCTSN) has developed for parents, teachers, teens, and children in response to the tornadoes:

After the Tornado: Helping Young Children Heal

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/helping_young_children_heal_tornado.pdf&nid=108

Parent Guidelines for Helping Children after a Tornado

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/parents_talk_to_children_about_tornadoes.pdf&nid=108

Questions To Ask Your Children About the Tornado

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/questions_to_ask_children_about_tornado-4-11-11.pdf&nid=108

Teacher Guidelines for Helping Students after a Tornado

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/teachers_talk_to_students_about_tornadoes.pdf&nid=108

Tornado Response for Kids: Right after a Tornado

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/tornado_rspse_kids_final.pdf&nid=108

Tornado Recovery for Kids: Making Things Better

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/tornado_rcvry_kids_final.pdf&nid=108

Tornado Response for Teens: Right after a Tornado

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/tornado_rspse_teens_final.pdf&nid=108

Tornado Recovery for Teens: Making Things Better

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/tornado_rcvry_teens_final.pdf&nid=108

Tips for Parents on Media Coverage of the Tornadoes

http://www.nctsn.org/sites/all/modules/pubdlcnt/pubdlcnt.php?file=/sites/default/files/assets/pdfs/tornadoes_media_final.pdf&nid=108

All of the above files are in PDF.

More information can also be found at the NCTSN website at <http://www.nctsn.org>

Go to the What's New Section, and click on tornadoes.



Save The Date!

June 2, 2011
System of Care
Community Connections VIII Conference:
Champions of Hope
“Never Say Never; Don’t Give Up”

Expanding Local Systems of Care for Children and Families Through Community-Based Collaboration

Come learn more about gangs, cyber bullying, social networking, youth leadership and more
Over 40 resource/information displays

June 2, 2011
9:00 am until 4:00 pm
John D. Fuller, Sr. Recreational/Athletic Complex
6627 Old Bunce Road, Fayetteville, NC, 28304
Conference is FREE –but seating is limited –Register Early!
Registration packet will soon follow.
For more information Call (910) 222-6377

Sponsored By:
The Community Collaborative, Cumberland County LME,
Cumberland County Juvenile Crime Prevention Council,
Cumberland County Communicare



History of MEMORIAL DAY



Memorial Day is always on the last Monday in May. It was originally a day set aside to honor the Northern Civil War soldiers that died. Today, Memorial Day celebrates fallen soldiers of any war. And whether you honor them by putting flowers on their graves, or wearing a poppy, or flying a flag makes no real difference.

There are many places and people who claim that they originated Memorial Day. Waterloo, New York, is credited with having held the first Memorial Day observance on May 5, 1866. It was Henry C. Welles, a pharmacist in Waterloo, NY, that suggested to veteran's organizations that the graves of the dead be decorated. (This is how the term "Decoration Day" became associated with Memorial Day.) The celebration also included flying flags at half-mast, a parade, and a march to the local military cemetery to hear patriotic speeches.

The first nationwide Memorial Day parade was held on May 30, 1868 by a group of Civil War Union Army veterans, known as the "Grand Army of the Republic". Why they chose May 30 no one knows; it had no real significance. Rumor has it that it did coincide with May 26, 1865, which was the date of the surrender of the last Confederate army. Because of this, the southern states became a bit offended and felt that Memorial Day was to honor only the North (or Union's) Civil War dead. So, in 1891, Florida designated the birthday of Confederate President, Jefferson Davis, as Confederate Memorial Day.

Then nine (9) other states followed, each coming up with their own date for Memorial Day. These dates ranged from April 26 (anniversary of the surrender of General George Johnson at Durham Station, NC) to June 3, Jefferson Davis' birthday.

So, after World War I, the American Legion took over the task of trying to create some uniformity to Memorial Day. It was the American Legion organization that officially gave the patriotic observance its official name of "Memorial Day", and it was to honor American service people (men and women) from ALL wars or conflicts.

Memorial Day is now celebrated by 49 of the 50 states on the set date by the American Legion. Which state does not honor that date? Alabama is only state that chooses to celebrate their Confederate Memorial Day on the 4th Monday in April.

Today, the celebration of Memorial Day is marked by both religious services and patriotic parades. Nationally, for the nation as a whole, it is celebrated by having a wreath placed on the Tomb of the Unknown Soldier at Arlington Cemetery. This is usually done by the President, Vice President, or whomever the President chooses to replace him.

However you do it, remember those who have fallen, fought for our country, and paid for our freedom.

