

**S.C. MENTAL HEALTH COMMISSION
S.C. Department of Mental Health**

**Charleston/Dorchester Community Mental Health Center
2100 Charlie Hall Blvd.
Charleston, SC 29414**

**April 7, 2011
Center Presentation**

Attendance:

Commission Members

Alison Y. Evans, PsyD, Chair
Jane B. Jones
Everard Rutledge, PhD

Joan Moore, Vice Chair
J. Buxton Terry

Staff/Guests:

John H. Magill
Rebecca Scott
Stephanie Kotos
Juli Giglio

Geoff Mason
Valerie O'Neal
Steve Miller
Maureen Phlegar

Debbie Blalock
Susan Monogan
Jennifer Roberts
Frank Giorgianni

The S.C. Mental Health Commission met at the Charleston/Dorchester Community Mental Health Center, 2100 Charlie Hall Blvd., Charleston, on Thursday, April 7, 2011. The center presentation was called to order by Alison Y. Evans, PsyD, Chair at 8:45 a.m. Dr. Evans welcomed everyone to the meeting and turned the program over to Debbie Blalock, Executive Director of Charleston/Dorchester Community Mental Health Center (CDCMHC).

Ms. Blalock introduced the Commission and DMH Central Office staff to those present at today's meeting. She said that the center has two presentations this morning. The first is the Firefighter Support Team, and the second is a presentation on Parent-Child Interaction Therapy (PCIT). Ms. Blalock first introduced Chief Gerald Mishoe, Team Leader of the Firefighter Support Team, who in turn introduced Chief Thomas Carr, Fire Chief of the Charleston Fire Department.

Chief Carr said the program is a wonderful collaboration of the City of Charleston Fire Department, the South Carolina State Firefighters' Association and the South Carolina Department of Mental Health. The Charleston Firefighter Support Team was organized in July 2007, shortly after the Sofa Factory Fire. This team works to ensure that firefighters are able to come to work and have a mechanism to relieve the stressors of their lives. The use of the program has been remarkable. Chief Carr said that the State of Maryland has a similar program. He is very hopeful that this program will continue as it's a very important part of the community.

The Charleston Firefighter Support Team was founded on the principles of hope, healing, respect and recovery. All counseling services are free of charge to our firefighters and their families. The support team provides advocacy education and treatment through its Peer Outreach and Counseling Service Unit. Chief Frank Marker, who is a member of the Peer Counselors of the team, said that many firefighters experience tremendous grief at the loss of their fellow firefighters. This grief is so great and weighs so heavy on them that they are unable to function in their day-to-day job.

The primary goals of the team are to develop services that are easily accessible and available, ensure the services meet the needs of the firefighters and their families, and identify those in most distress and respond effectively. The team has received assistance from the New York Fire

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Department who had the experience of going through the trauma from 9/11. Currently, the team is composed of a Team Leader (Gerald Mishoe); Clinicians (Amanda Custer and Sarah Braswell); Clinician/Peer Team (Chris Wells); Peer Supervisor (Richard Denninger); Administrative Support (Sherri Dangerfield); and a 14 member group of Charleston Fire Department Peer Counselors.

Ms. Blalock next introduced Robin Nance, who is one of the few registered PCIT trainers in South Carolina. Ms. Nance has been at the center for over ten years. Parent-Child Interaction Therapy (PCIT) is an evidence-based, real time, coached, behavioral parent training intervention for children ages 2-7 that are experiencing disruptive behaviors. Both child and parent behaviors are targeted. Ms. Nance said that approximately four years ago a grant was funded by The Duke Endowment for disseminating PCIT with fidelity across the Carolinas. Charleston/Dorchester Mental Health Center is one of four local agencies to participate in this grant. Ms. Nance said that PCIT is considered the gold standard of treatment for children with disruptive disorders, ages 2-7.

PCIT was developed in the '70's by Dr. Shelia Eyberg, when she was a clinical psychology intern. She explored the more traditional play therapy approaches to child treatment, and observed that children enjoyed the play with her and seemed to calm down, but the parents were not reporting any behavior changes. The children were bonding with her and not the parents. PCIT is best used for children with disruptive behaviors, including ADHD and OCD, children affected by abuse and neglect, children in foster care, recently adopted or pre-adoptive children, and any parent of a child between the ages of 2 – 7.

There are two phases of PCIT. The first phase is Child Directed Interaction (CDI) aka special play time for parents and kids. The goal of this phase is to improve the relationship between parent and child. The second phase is Parent Directed Interaction (PDI). This is a step-by-step discipline method that emphasizes consistency, predictability and follow through. Parents learn how to properly use time out.

Ms. Nance said there are ten graduates of the PCIT Program. Currently, there are 12 active children in the program and she has referrals from four other sources. She explained that referrals come in weekly. Mr. Magill requested a synopsis of the grant so that he could speak with The Duke Endowment.

There being no further business, the center presentation concluded at 10:35 a.m.

Alison Y. Evans, PsyD, Chair

Connie Mancari, Recording Secretary