

A Diagnosis for Dean

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insisted that he would "grow out of it." Dean was fed with a tube until he was almost four. "He had no immune system so we became rather isolated because we didn't want to risk infection by taking him out," Darla said.

Dean is now ten and he has not "grown out of it." He no longer has to be isolated because of health issues and he tries to relate to children his own age. "It just doesn't work," Darla said. "He relates better to four, five and six year old children as far as play skills and interests."

Darla moved to Othello about three years ago with Dean and her younger son Kenny, now four. Dean has been in a regular classroom since starting school. "His autistic behaviors became very prominent during the 2009-2010 school year and his teacher expressed concern," Darla recalled. Those behaviors have intensified. "Dean drums with his fingers on the desk, moves his head from side to side and waves his arms. It is distracting for other kids and the teachers. He can't sit still if he is overly stimulated." In addition, Dean began to have anger management issues because he doesn't recognize anger until it becomes full blown.

In Search of an Answer

Getting an autistic diagnosis has been difficult, but necessary to gain access to invaluable resources for Dean's education and general development. The specialists in this field have long waiting lists. Dean and Kenney's family practitioner is Dr. Ellen Aduan, pediatrician at the Othello Family Clinic. She has referred him to the necessary specialists and Dean was recently diagnosed as having Aspergers (a form of Autism) with co-occurring mood regulation disorder. Dr. Aduan also referred him to Dennis Braudrick, CBHA Behavioral Health Consultant. Dean bonded with Dennis right away. "One of Dean's obsessive focus areas is video games, and since Dennis is also a "gamer" Dean feels comfortable with him," Darla said. "Dennis helps Dean figure out what he should do in certain situations and how he can deal with things. Dean thinks of Dennis as his 'go to guy' when mom's answers just aren't cutting the mustard."

Dean will remain in a regular classroom for now where he is a fourth grader at Scootney Springs Elementary. He is a very intelligent little boy who reads and remembers well. Dean comprehends the concrete as opposed to the "fluffy, touchy feely stuff," and has trouble expressing himself. He also experiences problems when making choices. Darla usually lays out two outfits for Dean to choose from each morning. "The whole closet is too much for him to deal with," she said. "Navigating the social waters of the fourth grade will be a real challenge for him." The ability to interact appropriately in a social situation is incredibly important in the educational setting. "If you can't stop interrupting the teacher there's a real problem," she said. "Yet he just doesn't grasp that he should wait his turn."

"Autism, ADHD and other disorders are even more difficult because you can't see them," Darla said. "They don't come with crutches or a wheelchair. Other children try to help a physically disabled child. Because Dean acts differently, other children make fun of him."

Darla has tried to maintain a sense of humor as she continues to search for the right kind of help for Dean. "You have to be able to laugh," she said. Darla advises others going through similar situations to look at the child first. "They're still neat; they're still cool with a wonderful personality. They are children with special needs, but they are a child first," she said. "Sometimes we can become so obsessed with fixing the problem that we forget there's a kid inside. In the long run, the child will still be there. That's the reason you do this, so they have a better life. Even if it's not the life you imagined for them."

CBHA Welcomes New Provider!



Nathan Spinelli, PharmD

Nathan Spinelli graduated from Washington State University School of Pharmacy. He grew up in Spokane, WA, and chose to come to Othello because he and his family enjoy a small town atmosphere. His goal in becoming a pharmacist was to help people make good decisions about their healthcare and provide information about medications, lifestyle and overall well-being. Nathan enjoys exercising, cooking, gardening and golfing. He is also fluent in Spanish.

Autism Resources

Help is Available:

- **Autism Guidebook for Washington State** – this book contains a wealth of relevant information for families, educators, medical professionals, care providers, and others who make informed decisions about individual care of children and adults with Autism Spectrum Disorder and related disorders. To review online visit: <http://www.doh.wa.gov/cfh/mch/autism/Guidebook.htm>
- **Autism Lending Library** – can be accessed at www.nwesi.org. Go to Programs & Services and click on 'Autism Outreach Project.'
- **Callie Moore, RN, Children with Special Health Care Needs Coordinator for Adams Co.** – The Washington State Department of Health provides funding via Adams County to provide a public health nurse to link families with autism related issues to services available within the area. Issues such as transportation and barriers to service access are also addressed. For more information contact Callie Moore at either 509-488-2031 or 509-659-3317.
- **CBHA's Behavioral Health Consultants** – see page 4 for more information.

Clinic Hours

Othello Family Clinic

Monday–Thursday 9 a.m. to 8 p.m.
Friday 9 a.m. to 6 p.m.
Pharmacy, M–F 9 a.m. to 6 p.m.
Appointments: 488-5256

Othello Family Dental Clinic

Monday–Friday 7 a.m. to 6 p.m.
Appointments: 488-5256

Othello EyeCare

Mon, Wed, Thur, Fri 8 a.m. to 5 p.m.
Tuesday 10 a.m. to 7 p.m.
Appointments: 488-2020

14th Avenue Medical Center

Monday–Friday 8 a.m. to 5 p.m.
Appointments: 488-6644

Connell Family Dental Clinic

Monday–Friday 7:30 a.m. to 5:30 p.m.
Appointments: 234-0551

Wahluke Family Clinic

Monday–Friday 9 a.m. to 6 p.m.
Pharmacy, M–F 10 a.m. to 6 p.m.
Appointments: 932-3535

Wahluke Family Dental Clinic

Monday–Friday 8 a.m. to 5 p.m.
Appointments: 932-3535

Joint Commission Accreditation

Joint Commission Accreditation is recognized in the health care industry as an international standard comparable to the Good Housekeeping Seal of Approval. CBHA received this accreditation in March of 2002. Only 18% of all health care facilities in the nation are accredited.

This accreditation is granted only after a strict onsite review and inspection of a health care facility. Cleanliness, patient care policies and practices, adherence to local, state and federal laws and regulations are all taken into account.



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Fall 2010



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Taking Our Lives Back

We feel we can talk about most of the health issues we face. We discuss our cancer, diabetes, heart conditions and a variety of other illnesses with friends and relatives. But, for some reason, we often don't mention what troubles us most. It could be our increasing dependency on a cigarette or extra glass of wine, how it's hard to get out of bed sometimes and the way we are often sad, angry or distressed. Sometimes our personal relationships suffer and we have difficulty at work. Yet we trudge on until the going gets too rough, we're sick and tired of the way we're living, or someone else forces us to get help. In this issue of "Hometown Health" we will explore how several patients have taken control of their lives and made the necessary changes to put themselves on a path to mental and physical wellness.

Overcoming Addiction

CBHA patient Daniel Wolanski began smoking when he was about 15 years old. His parents smoked only occasionally, but he developed the habit at a young age. Dan tried unsuccessfully to quit when he was about 17. Forty years after he started, Dan was still smoking and had become increasingly concerned about his health. "I am a healthy person, athletic and active. I love the outdoors and have four dogs – Hungarian Pointers called Vizsla," he said. "I started to worry about the effect the cigarette smoke might have on my dogs and ultimately on me. Cancer runs in my family and, on top of that, smoking is a very expensive addiction."

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"Keeping Healthy Those who Feed the World"



Dan Wolanski with three of his Vizslas



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Overcoming Addiction

Dan started toying with the idea of quitting smoking during the summer of 2009. He'd come into the clinic about another medical condition and brought up wanting to quit smoking with his medical provider, Preston Lehr, PA-C. It wasn't until the middle of October, 2009, that Dan was ready to commit to setting a quit date. He chose 11/1 of 2009 because 1/11 is his birthday and he considers those numbers to be "his lucky numbers." PA-C Lehr prescribed a drug designed to help patients quit smoking. "I took the medication and smoked for a week," Dan recalls. "Then I cut down on the number of cigarettes a day." The second week Dan took two pills a day and completely stopped smoking on his quit date." It's been about a year and he still hasn't touched a cigarette.

Dan has found the early morning hours to be the most difficult since he quit smoking. "I have always been a very early riser. I usually get up before 4 a.m.," he says. "What do you do at that time of day except drink coffee and smoke cigarettes?" Still he remains dedicated to his goal to stay off cigarettes. In the beginning he ate Life Savers when he had the urge to smoke, but he has since switched to sugar free candy. He finds he doesn't really crave cigarettes anymore. He does occasionally think about a cigarette but then he reminds himself that he is a "non smoker" and the thought leaves his mind. "I couldn't have done this without Preston's support and encouragement. I'm really grateful for that," Dan said.

Dan is 5' 11" tall and has weighed about 160 pounds most of his adult life. "My relatives used to tell me I was really skinny," he recalls. He has gained about thirty pounds since he quit smoking and, as of August first of this year, he has resolved to lose ten pounds which will put him at a healthy weight for his height. "My downfall is ice cream," he says. He works out and gets plenty of exercise. Relatives now tell him he "looks good and has good color in his face." He has also noticed how much easier it is to keep his house clean since he quit smoking. "There's no smoke build-up anywhere and my clothes don't smell like smoke," he says.

Dan owns a small Christmas tree farm on Schaake Road in Othello. He also grows hay, corn, millet and sorghum on his acreage. "I've lived in Othello for about 11 years but have been coming to this area to hunt since 1962 when I was about seven years old," he says. Dan still enjoys hunting, but now brings along his Vizslas. He also enjoys fishing and is a rock hound. "I'm an avid gardener and enjoy making jam and canning pickles," he says. Dan is committed to living a healthy lifestyle and urges others to quit smoking as well. "If I can do it," he concluded, "anyone can!"



"The single greatest act a smoker can do to improve their quality of life is quit. Dan has proven that this past year."

Preston Lehr, PA-C

Recognizing Depression

Dixie Fultz leads an active life. She works full time at the Adams County Transfer Station, enjoys her family and friends, is very active in her church and the community, and she is currently chairperson of the local Sandhill Crane Festival planning committee. Dixie also suffers from depression – a serious medical illness.

Dixie traces the origin of her illness back 17 years to her hysterectomy but realizes that she may have experienced symptoms of depression earlier than that. She recalled a bad time after her second son was born, but she "managed to pull out of it," without medical help.

Just after turning 40, Dixie found out she had a pre cancer condition that would require a hysterectomy. This was on a Thursday and she was scheduled for surgery the following Tuesday. "I had no time to adjust to it," she said. "That came back to haunt me." Dixie said she had a lot of fear going into the procedure because she had never had surgery before. She found out later that her heart had stopped during the operation. "As soon as I got home I became very cranky and angry at the world." Dixie's mother had come to stay with Dixie after the surgery and she noticed the change in her. Dixie made a wise decision to seek medical help after about three weeks. "I went in to see my medical provider, John Betz, PA-C, she said. "I found out it wasn't all in my head and that I had a legitimate problem. I was placed on medication and did quite well for about three years."

Dixie gradually stopped taking her medication for depression. "It was a decision I made on my own*," she said. Later she decided she wanted to quit smoking and asked her medical provider for help. He prescribed a medication used to control nicotine cravings and other withdrawal effects, but which is also an antidepressant medication. Dixie found that she felt better when taking the medication. At that point she realized she had slipped back and was again having times when she felt very down, agitated and depressed. She has remained on the medication ever since.

The spring of 2010 proved to be a time of significant stress in her life; she faced a major job description

Dixie Fultz with her provider John Betz, PA-C



change at work, a close friend died in February, and her best friend of thirty years died in March. Those events combined with her Sandhill Crane Festival duties, work and family responsibilities, brought her back to her medical provider's office. Her dosage was increased and she was also ordered to take a week off to relax. "Because I could recognize what I was dealing with, I forced myself to get out of bed and accomplish something," she said. "I did laundry and some ironing but I also listened to music and watched a movie or two. I found myself returning to normal as the week progressed and I was able to relax. John did remind me that it takes about two weeks for the increased dosage to take full effect and not to quit taking it."

Dixie knows that depression is a medical condition and falls under the Americans with Disabilities Act. She felt it was her fault at first but has come to know and understand that it is not. "I found out that my birth mother had low serotonin levels and had narcolepsy." Low serotonin levels can cause mood swings. Dixie is not aware of any other family member with depression. "I feel so much better now," she said. "You never want to be nasty to the people you love who are just trying to help and that's what I was doing." She has also appreciated the support of PA-C Betz. "It's good to have him in my corner batting for me."

Dixie stays very busy doing "what I like to do." Since starting her medication, Dixie has been able to enjoy the things she loves most. She and her husband, Steve, have a fifth wheel RV and enjoy camping. She also does cross-stitch.

**It is not safe to stop taking an antidepressant medication without the help and supervision of your doctor.*

Behavioral Health and You

We humans are complicated creatures. It is true that we are what we appear to be on the outside – a person with a body comprised of numerous working parts covered with skin. We can walk, run, talk, see and hear. We also have inner parts, the most important of which others can't see - our intellect, emotions and psyche. When trouble develops with our outer parts we see a medical provider; when we break a leg, develop a bad cold or toothache, or have problems with our eye sight. When trouble develops on the inside, many times we don't know who to go to or how to get help.

CBHA's Behavioral Health Consultants work closely with the medical team. They are readily available to provide services once the need is identified by the medical provider. CBHA has four Behavioral Health Consultants and a Behavioral Health Case Manager. All are bilingual. Patient confidentiality is of the utmost importance and all counseling sessions are held in strict confidence. Behavioral health includes screening assessments for a variety of issues such as alcohol and substance abuse, depression and ADHD (Attention Deficit Hyperactivity Disorder). Behavioral Health Consultants are quick to stress that mental health

issues can occur in the course of a person's lifetime and it is not anyone's fault. The important thing is to seek help.

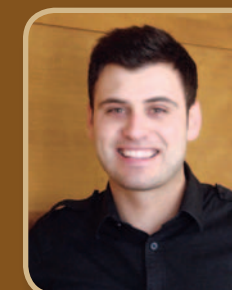
Common Behavioral Health Issues:

- Depression
- Anxiety
- Grief/loss
- Domestic violence
- Substance abuse
- Adjustment disorders
- Stress management
- Behavioral issues in children
- Parenting skills
- Marital/relationship issues
- Chronic disease case management

CBHA's Behavioral Health Consultants also work with several community agencies to ensure that CBHA's patients are getting the best possible care. These agencies include IHCS/Community Counseling Services, New Hope Domestic Violence Services and Grant County Mental Healthcare.



Dennis Braudrick, MA LMHC
Behavioral Health Consultant



Nieves Gomez, MSU
Behavioral Health Consultant



Angelica Lauriano-Eldred, MSW
Behavioral Health Consultant



Kimberly Salazar, BSW
Behavioral Health Case Manager



Leo Gaeta, MSW
Program Director and Behavioral Health Consultant

A Diagnosis for Dean

In children dealing with Autism, a formal diagnosis is very important. Without it their education, growth and development can suffer. Without the diagnosis the state and the school system will not recognize the child as having a disability. They are let loose in a setting where they must survive among the children without cognitive, social and learning difficulties. For a child with any form of Autism this can be extremely traumatic and challenging.

A Tough Beginning

Dean was born three months early and weighed one pound, eleven ounces. "He has had issues and struggles from the very beginning," said Darla Hussey, his mother. "I started suspecting that he might be autistic when he was about two years old." She noticed that he did not make eye contact. "He had no interest in playing with others and only wanted toys that had lights," she said. He had vision issues as well. Darla brought up the subject with specialists at that time, but they attributed his behavior to his many other health issues and

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Dean Hussey