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CAPSS News: Volume 4, Issue 3

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CAPSS NEWS

Client Affairs / Peer Support Services A Quarterly Publication from the SCDMH Office of Client Affairs

Special Interest:

Journaling

pg.3

I Am Somebody

Pg. 5

Recovered Dignity

Pg. 6

Mentally Ill & Homeless

Pg. 6

Highlights:

OCA & Center News

Aiken Pg. 3

Charleston Pg. 4

Aiken Pg. 5

Background Artwork for CAPSS is provided by SCDMH Art of Recovery.

Artist: Donna Katz

To view the on line gallery of client artwork go to:

http://www.state.sc.us/dmh/aor/aor_home.htm

Psychiatric Service Dogs

Persons with mobility and or sensory disabilities have had, for a long time, the option to have a specially trained dog to assist them. That option is available to persons with psychiatric disabilities too.

Does that mean anyone with a mental illness and a dog can have their dog declared a service or therapy dog and have the right to take their dog with them everywhere? The answer is No.

First let's talk about the differences between service dogs, therapy dogs and emotional support animals.

Service animals are animals that are individually trained to perform tasks for people with disabilities such as guiding people who are blind, alerting people who are deaf, pulling wheelchairs, alerting and protecting a person who is having a seizure, or performing other special tasks. Service animals are working animals, not pets.

Therapy dogs are an persons pet that has been trained, tested, certified and insured to work in hospital, nursing home, school, and other institutional settings. A therapy dog and his partner visit to cheer patients, to educate the community, to counter grief and stress, and generally be good canine ambassadors within the community.

Emotional support animals are dogs or other common domestic animals that provides therapeutic support to a disabled or elderly owner through companionship, non-judgmental positive regard, affection, and a focus in life.

Under U.S. law persons with disabilities have the right to the same facilities and services used by those without disabilities and the use of a service animal almost never limits that right.

That means under the Americans with Disabilities Act (ADA), businesses and organizations that serve the public must allow people with disabilities to bring their service animals into all areas of the facility where customers are normally allowed to go. This federal law applies to all businesses open to the public, including restaurants, hotels, taxis and shuttles, grocery and department stores, hospitals and medical offices, theaters, health clubs, parks, and zoos.



Businesses that serve the public must allow people with disabilities to enter with their service animal.

Businesses may ask if an animal is a service animal or ask what tasks the animal has been trained to perform, but cannot require special ID cards for the animal or ask about the person's disability.

People with disabilities who use service animals cannot be charged extra fees, isolated from other patrons, or treated less favorably than other patrons.

A person with a disability cannot be asked to remove his service animal from the premises unless: (1) the animal is out of control and the animal's owner does not take effective action to control it (for example, a dog that barks repeatedly during a movie) or (2) the animal poses a direct threat to the health or safety of others. Allergies and fear of animals are generally not valid reasons for denying access or refusing service to people with service animals.

Psychiatric Service Dogs continued from pg. 1

Businesses that sell or prepare food must allow service animals in public areas even if state or local health codes prohibit animals on the premises. Violators of the ADA can be required to pay money damages and penalties.

Therapy dogs and emotional support animals do not qualify as service dogs and therefore do not have the same protections under the law.

It is estimated approximately 26% of the U.S. adult population has a mental illness but that only about 6% of number is severely mentally ill. To qualify for a service dog you must meet the definition of being disabled under the ADA an individual with a disability is a person who:

- Has a physical or mental impairment that substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

So then, what are some of the more common tasks that psychiatric service dogs perform?

Guide a disoriented handler... Example: A person wanders away from familiar surroundings during a Dissociative episode.

Find a person or place... Example: A person becomes separated from his family in a crowd. They have a panic attack and difficulty breathing. The dog can be trained to give a signal to locate the family, or to locate an exit where they can escape the crowd and get fresh air.

Room search... Example: A person with severe hyper-vigilance due to PTSD finds she is unable to enter her own home. Her dog is trained to perform a systematic search of any room or building and bark on finding someone. When her dog finishes the search pattern and returns, she knows it really is safe to enter and that the presumed intruder was just a symptom.

Signal for certain sounds... Example: A person heavily sedated, in a flashback, or in a psychotic episode fails to respond to a smoke alarm. His dog is trained to persistently and very firmly signal him until he responds. Alternately, the dog may be trained to take hold of his handler's arm or sleeve in his mouth and lead him outside.

Interrupt and redirect... Example: A person with OCD subconsciously picks at the skin on her arm. She has done this with such persistence that she has scarring. Her dog is trained to recognize picking skin as a cue to bring her a dog brush. Because she is not picking intentionally, the interruption of the dog will stop her from picking. Handing her the brush is a reminder to her that grooming the dog is a non-harmful alternative behavior for her OCD symptom.

Bring medication in an emergency... Example: A person with an anxiety disability experiences severe gastric distress when overstressed. The resulting nausea causes him to become disoriented and dizzy. He falls to the ground and cannot rise. His dog is trained to retrieve his anti-nausea medication and bring it to him.

Identify hallucinations... Example: A person who experiences hallucinations sees a person who should not be in the room with him. Is this a hallucination he can safely ignore, or is it an intruder? His dog is trained to go and greet any person his handler points at, on command.

Before getting a dog you must ask yourself if you are willing to:

- love and provide for the needs of this dog,
- willing to spend the time necessary to train the dog
- willing to bond with this dog to become a working team
-

If the answer is "yes" and you think you may benefit from a service assistance dog contact the Psychiatric Service Dog Society P.O. Box 754 Arlington, VA 22216 Email: joan.esnayra@mac.com Phone: (571) 216-1589 <http://www.psychdog.org/index.html>

For many people, including children, with psychiatric disorders having a successfully trained service dog increases self-esteem, independence is enhanced and many people just feel a greater sense of safety in knowing they are not alone.



Additional Resources

Tasks to mitigate certain disabling illnesses classified as mental impairments under The Americans with Disabilities Act

http://www.iaadp.org/psd_tasks.html

<http://www.things4yourdog.com/>

<http://www.servicedogcentral.org/content/node/74>

For Veterans

<http://www.operationhoundsforheroes.org/>

Discovering the Healing Power of Psychiatric Service Dogs

<http://www.prlog.org/10541165-discovering-the-healing-power-of-psychiatric-service-dogs.html>

Aiken Clients Advocate for Mental Health Needs & Services at Disability Advocacy Day

by Cynthia Smith, CPSS & Joe Stertz, CPSS

On March 3, 2010, five clients from Aiken Barnwell Mental Health Center traveled to the State Capitol in Columbia, South Carolina and participated in Disability Advocacy Day. This included: Daniel Robinson, Maria Patterson, James Morgan, Lisa Bauer and Christine Ford. Their mission including sharing their personal recovery story with their local representatives and letting their representatives know how budget cuts have impacted their services and recovery. This year marks the 21st anniversary of Disability Advocacy Day in South Carolina.

The clients met with Aiken Representatives James Stewart and Tom Young. Clients discussed how loss of services will impact their personal recovery. Christine Ford & Daniel Robinson both shared, "I will be back in the hospital and that is not good for me or the community." James Morgan, shared, "Without services I will start drinking and doing drugs again." The clients also arranged a visit with State Senator Shane Massey in his local office and look forward to their opportunity to meet with him. The clients also shared how Peer Support Services and other services at Aiken Barnwell Mental Health Center have helped them to move forward in their recovery and meet personal goals. The South Carolina Department of Mental Health (SCDMH) budget has been cut twenty seven percent since 2008. Current budget cuts proposed for SCDMH will decimate services for the mentally ill.

The Peer Support Program at Aiken Barnwell Mental Health Center provided the opportunity for clients to prepare and attend this event. The clients were accompanied by Joe Stertz, Certified Peer Support Specialist and Cynthia Smith, Certified Peer Support Specialist. Both noted, "This was the Client's day to have a voice and we could not have been more proud of their advocacy efforts." ABMHC and Peer Support Services encourages clients to take an active role in advocating for mental health services including legislative changes that directly impact their treatment and quality of life.

Journaling... putting thoughts and feelings on paper by Bobbie Lesesne

Do you like to read or do you like to write? Do you like to do both? When you journal you do both. If you have ever been a journal writer or wrote in a diary, have you ever gone back and read what you wrote years ago or even months ago and realize that what you wrote, is no longer relevant in your life. The very thing that was so important or distressing is more than likely, gone or no longer important to you. Everything changes as you move along in daily life. You change, people and events good or bad come in or out of your life, and you grow and develop your entire life.

This simple truth tells us that life is ever evolving, but in writing down or journaling, you record memorable life experiences good and bad. Specifically, written emotional expression promotes a coming together or understanding of an event. A journal or diary as some may call it, provides a mechanism of emotional expression in circumstances in which interpersonal expression may not be possible or advisable.

Its' intention is a tool to use to record your own thoughts and feelings in a way that you want too. You can share it, but its therapeutic value is in writing just for yourself. There are no holds barred, and you can say anything to anyone, including yourself without inhibition.

Continued on pg. 7

Alternatives 2010 Annual Conference "Promoting Wellness Through Social Justice"

September 29 – October 3, 2010 Garden Grove, CA

Center for Mental Health Services Application for Financial Support

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS), through a contract with Westover Consultants, Inc. (Westover), and AFYA, Inc. (AFYA), is providing financial support to consumers of mental health services who wish to participate in Alternatives 2010 Annual Conference. The purpose of this scholarship is to foster the transformation of mental health care to focus on recovery. **Please Note: To be eligible for this scholarship, a completed application must be received by U.S. Mail, postmarked on or before the deadline of June 14, 2010. NO FAXED OR E-MAILED SUBMISSIONS WILL BE ACCEPTED.**

Conference information is available at www.power2U.org/Alternatives2010

Application deadline: June 14, 2010

Recovery Spotlight; Lloyd Hale

Reprinted with permission from Images

Most people take “reality” for granted, but for a person dealing with schizophrenia, reality may not be what it seems to everyone else. Because of this, the disorder can wreak havoc on a person’s relationships and ability to thrive. Friends and relatives may not understand the condition and might distance themselves from the affected individual. This reaction often pushes the person to withdraw even further, causing symptoms to worsen.

For me, this way of life began when I was 13 years old. It was preceded by a behavioral change that involved straying from school and spending more time with friends who were using and abusing alcohol and drugs. By 15, I started a new and unusual habit - I was talking to myself regularly. At the same time, I wanted to avoid all communication with others. I started obeying the commands my mind arbitrarily asserted, instead of having regular thoughts, such as, “Go outside and roll up the windows.” Even more confusing, these commands were stated in the voices of people I knew. The more isolated I became, the more frequently I had conversations with the voices in my head. Over time, the voices became stronger, and, to me, they became as real as conversations with a live person.

Because they were so authentic, I began to confuse the conversations in my mind with the ones I had with the people around me. I would act on and respond to the mental conversations as though they had actually taken place. In my mind, I would make a comment to someone, and later I would expect that person to remember it, but (in reality) he or she would not. Sometimes, I would imagine that a person had told me to do something, when it only happened in my mind. Gradually, my thoughts became more negative. If I had an argument with someone (in reality), the quarrel would continue in my mind after we had parted ways. In the meantime, my anger would grow, and when I saw that person again, I would initiate a confrontation with him or her. This led to physical fights and an armed robbery charge that ultimately sent me to a juvenile facility. Upon stabilizing and serving my time, I was sent home.

When I went back to my former school, I was soon expelled. I was then given the opportunity to attend an alternative boarding school designed to offer troubled youth a second chance. Although I was able to pass to the next grade, I was also able to easily obtain and use illegal substances and alcohol. The voices did not seem to trouble me as much, but I did have feelings of paranoia, fear, and anger.

At the end of the semester, I returned home. There, I resumed alcohol and drug abuse, and the voices came back, louder than ever. Only once did I confide with someone - my mother - about my internal conflicts; she urged me to get help, but I did not.

I was again confined to a juvenile facility and later moved to the county jail, where my illness exploded. Because of my symptoms, I was constantly in trouble with others and was taken to isolation. The seclusion fed my paranoia and seemed to energize the voices; they were louder than someone yelling in my face. I was afraid to go to sleep and sudden noises terrified me. I couldn’t eat, and exercised constantly to stay awake. When I was offered medication, I refused to take it because I thought it was part of a conspiracy against me. Anger also gripped me, and I spent some of my time planning to seek revenge after I was released. I had no visitors, and when I called my family, they would not answer the phone. I was completely cut off.

Continued on pg. 5

'Guide Dogs for the Mind'



What the patch means...

Purple is a medicine color within Native American communities. Persons with mental illness are sometimes viewed as having special abilities to connect with the Spirit world. Purple from a European perspective is associated with royalty, pageantry, and dignity. From a feminist perspective, purple is a woman's color and the vast majority (90%) of those who are currently using PSD are women.

The dog's paw is gold, a highly valued substance among civilizations throughout time. A dog's word is golden. This attests to the purity of a dog's heart (of gold). There is no obfuscation with dogs, and this is something we recognize and value greatly.

The Greek letter 'psi' is the symbol of the profession--psychology, psychiatry, care of the psyche. The trident is a spear symbolizing a warrior's courage and strength. To pierce is to penetrate, in this case the mind with the power of Dog Medicine.

I Am Somebody

by, Tamara Smith (CPSS Supervisor)
Program Manager I, CRS - ABMHC

Some six years ago, Cynthia Smith, Certified Peer Support Specialist (CPSS) at Aiken Barnwell Mental Health Care (ABMHC) was looking for ways to get her groups motivated about recovery. Many were stuck defining themselves by their illness. Cindy knew that they were people first, and she was determined to get that message across.

Help came from an unlikely source. One weekend as she sat watching a sports movie about a football team headed for failure, she had an idea. During the crucial game as the team sat falling apart, the coach rallied them in the locker room. After he addressed his team they began to chant. Their chant would lead the team to victory, and it would also give Cindy an idea. Her Peer Support Services (PSS) group needed a chant of its own. It would have one. Cindy would make sure of that.

It wasn't long before the chant "I am somebody. I am important. My feelings do matter" was born. And from then on whenever a group slouched in their seats, they were called to stand to their feet and chant, "I am somebody. I am important. My feelings do matter!" Along with many other great ideas, and clients willing to sacrifice for recovery, the chant worked, and today—six years latter—a program that started with four to six clients successfully recovering from Serious Persistent Mental Illness is now a program that is beginning to average between twenty to twenty-one clients on its busiest days.

Of course, other things have changed and the chant is now a wall with a banner hung high reading, "I am Somebody!" Beneath the banner photos hang of many different clients with SPMI who are in active recovery and thriving in the community at large, and along with each photo there is a recovery story. There are no illness stories on this wall. The stories that hang here are filled with the hard work and pride it takes to recover from mental illness and serve as a constant reminder to the new clients and to the PSS staff that recovery is indeed a real possibility in a world that says it is not. Of course we know. We know that we are somebody.

Lloyd Hale continued

There were desperate and dark nights in the jail, and I found some solace in prayer. In calmer times, my mother had encouraged me to pray and trust in God.

I tried my best to do just that. Finally, I was moved to the state mental health facility in Columbia, where I began to get well. For almost a year, I was provided with treatment options and medication by doctors. At that time, I was diagnosed with schizophrenia. Consistently, professionals were available to talk with me, and they offered me feedback and information about my illness. For the first time in my life, I began to understand myself and my symptoms.

Enthusiastically, I joined numerous group sessions to find the help I needed and completed over 50 courses in subjects such as anger management, symptom management, medication management, independent living skills, and coping skills. Toward the end of my hospitalization, I had a hand in developing a mental health newsletter entitled "Trail Blazer" which included information about mental health issues, poetry on recovery, and stories about available jobs and classes.

While hospitalized, I also met and talked with other patients and likened this to "looking into a mirror." I met a number of people who were highly intelligent and professional and also dealing successfully with symptoms just like mine. I was greatly encouraged by this. Until that time, I had only thought of mental illness in negative terms of simply "being crazy," but after discovering that doctors, judges, and nurses could have the same problems and recover, I too had hope.

When I was released, I moved into a residential care facility in the low country. Since I had received living-skills training in the hospital, I was ready to start living. A counselor took me under his wing and placed me in social settings where I could apply those skills. I learned how to pay bills, look for a job, schedule doctor's appointments, ride a bus, and buy groceries. I studied for and received my GED. I found a full-time job with benefits and endeavored to become completely independent. When the time was right, I moved out of the home and into an apartment. Living on my own was an exceptional challenge for me since I was so young when my problems started, but I proved to myself that I can do it.

Today, I work with the mental health services as a certified Peer Support Specialist. Through contacts at work, I learned of the many programs that SC SHARE offers. I immediately became involved in their Recovery for Life, Conflict Resolution, and Wellness Recovery Action Planning (WRAP) programs. According to my philosophy, the more tools and instruments I can master, the more proficient I will be in helping others - in the very same way I was helped.

Memorial of Recovered Dignity at the Gardens of St. Elizabeth's

The Gardens at Saint Elizabeth's is a national memorial to remember once forgotten psychiatric patients. In addition to remembrance, it will also be a place of recovery offering dignity and hope to anyone living with mental illness.

Visitors to The Gardens at Saint Elizabeth's will stroll through peaceful gardens with reflecting pools and a Weeping Wall. The memorial will be woven into an existing 10-acre cemetery, resting place of some 4,500 psychiatric patients who died at Saint Elizabeth's. Nearly half of the graves belong to veterans, beginning with the Civil War era. The rest are civilians from the District of Columbia who have no grave markers. The Gardens at Saint Elizabeth's will feature markers from all 50 states and the District of Columbia, listing the state hospitals where patients are buried.

The National Memorial will be operated by people in recovery from mental illness, with patients from Saint Elizabeth's given a priority for jobs.

Within the web site you can find out about the plans for a National Memorial, its history, a traveling exhibit, and how you can help.

http://www.memorialofrecovereddignity.org/material/CM_WebSite_FinalDraft/index.html

SCDMH Cemetery Restoration Project

Since the State Hospital opened its doors in 1828 a person final resting place was marked only by a number in one of six cemetery sites in Columbia. It wasn't until 1986 that a directive was issued allowing grave markers to have the deceased person name on it. The Committee to Preserve and Protect Historic Cemeteries is a consortium of concerned citizens, public and private agencies dedicated to the dignified and respectful treatment of people buried in public cemeteries.

To find more information on the SCDMH Cemetery Restoration Project go to
http://www.state.sc.us/dmh/client_affairs/cemetery.htm

Mentally Ill & Homeless

Mental Health problems provide one of the most difficult roadblocks for homeless individuals to overcome. Serious mental illnesses disrupt people's ability to carry out essential aspects of daily life.

Although less than 5% of the population suffers from severe mental illness, they comprise an estimated 20-40% of the homeless population.

Mentally ill people who are homeless are often arrested for some type of nuisance crime yet those who receive comprehensive community mental health treatment stay in such treatment, remain safely housed, and have an incarceration or homeless rate of less than 2%.

Access to treatment, including Peer Support, is one of the key components to achieving residential stability and remaining off the streets.

Housing/Homeless Resources and Links

http://www.state.sc.us/dmh/consumer_housing.htm

http://mentalhealth.samhsa.gov/publications/all_pubs/homelessness/

<http://homelessness.samhsa.gov/Default.aspx>

http://www.nationalhomeless.org/factsheets/Mental_Illness.pdf



Journaling pg. 3

You don't need much to journal. It is a very inexpensive hobby. It can be as simple as a notebook binder and paper. You can buy small booklets at the dollar store or get new leather bound book at a bookstore. Use whatever you can afford or choose whatever is comfortable to you and appeals to your imagination. Get a pen or a few pencils and you are good to go. Schedule a 10 minute time slot everyday to write in your journal.

Decide where you will journal. Some people like to journal at the end of the day before you turn off the light in bed, or early morning works well for some people. Just set aside 10 minutes to write a paragraph and get your thoughts together. Just make sure you have a space where you can sit and write, all to yourself. Even a sunny window, comfortable chair, with a cup of coffee or tea can make your time writing enjoyable. ***Before you know it, you may have a journal full of stories, recollections and often surprising new insights about the most fascinating mystery of all: yourself and your relation to the world around you.*** All you need is you and your life. Any one can do it. You may start with the question "Where am I now?" Don't feel you need to write an autobiography – just quick, significant scenes.

Journal writing produces a number of benefits – among other things, it enhances creativity, and researchers have found that journal writing has a number of psychological and physical benefits. Physically, it has been shown to reduce, painful symptoms of disease. The psychological benefits include reconciling emotional conflicts, fostering self-awareness, solving problems, and increasing self-esteem. It may be used therapeutically to help people deal with trauma that has occurred in their lives, thus alleviating inhibitions associated with not talking about the event.

A journal is like a mirror that reflects an image inside of you instead of outside. You can learn from yourself, is there any better source where you can learn about your own weaknesses and strengths? Open up the workings of your mind on paper, so that it will be recorded and remembered. It is definitely worth the time. Do you know who the most famous diary writer of all time is? Anne Frank, who died in the Holocaust of World War Two. Her diary gave a voice to the millions who died in the consecration camps. What, if she had not written in her diary?



Each year, P&A hosts a gala titled "Celebrating Abilities: An Evening of Jazz and Art." The gala's purpose is to increase the visibility of P&A and to celebrate the advocacy successes that have occurred throughout the year. The gala features a live auction, silent art auction with artwork created by people with disabilities, and superior jazz performed by the Don Russo jazz Trio. The gala will be held at The Meridian Building in downtown Columbia on Friday, April 30, 2010.



NAMI Mid-Carolina Join us for our walk which is scheduled for **Saturday April 24, 2010**, once again at the West Columbia Riverwalk. Volunteers are also needed to help with walk day. Contact

NAMI_midcarolina@gmail.com

NAMI Greenville THE DATE HAS BEEN SET! We have ordered up a beautiful day and are gearing up for the biggest and best NAMI Greenville Walk Ever! Please mark your calendar's for **Saturday May 1st, 2010 at Furman University!** Contact <http://www.namigreenvillesc.org/>

NAMI Beaufort County Coligny Beach Hilton Head Island, SC October 16, 2010 For more information about this event, please contact: Margaret Richardson namiwalks@haragrav.com

CPSS Continuing Education

For Information on the CPSS Training Schedule please call Bobbie Lesesne at 803-898-7490 or email her at BAL30@SCDMH.org

2010 Peer Support Certification Training Schedule

Week 1	Week 2	Testing
5/17-20/2010	5/24-27/2010	06/08/2010
8/23-26/2010	8/30-9-2/2010	09/14/2010
*11/1-5/2010	*11/8-10/2010	11/23/2010
(*M-W)	(* M-F)	

2010 CAC Bi-Monthly Meetings

The CAC's meet every other month from 11am to 1 pm. All employees who do not live in the Columbia area (Cola. and Lexington) may tune into the meeting via the SCDMH video conferencing system at their main center location.
CAC: April 12th, June 7th, August 9th, October 11th, December 13th

To see the entire Client Affairs Training Calendar Go to: http://www.state.sc.us/dmh/client_affairs/training_calendar.htm

SC SHARE

April

14th "Wellness Action Recovery Plan (WRAP)"
 Beth Padgett
 20th "Double Trouble: Mental Illness and Substance Abuse"
 Carol Crabtree (701 Center For Contemporary Art)

May

11th "Happiness: the role of optimism"
 Greg Townley

June

15th "Learning to Manage LIFE Instead of LIFE Managing you!"

MHA-SC

OPR Training – Suicide Prevention Training

April 3rd Berkeley Electric Coop
 April 5th Hampton County/York County
 April 10th Charleston
 April 15th Anderson
 April 26th Spartanburg
 April 27th Anderson/Greenville

May 13th Dorchester
 May 18th Darlington
 May 20th Lexington

Federation of Families

Children's Mental Health Awareness Week

May 2-8 2010 is Children's Mental Health Awareness week and there are many events scheduled. Please see the CMH 2010 to view this years winning poster and for a list of all events. <http://www.fedfamsc.org/>

Art of Recovery

Exhibit at the Trustus Theatre, 520 Lady Street, Columbia, SC through April 15th.

Columbia Museum of Art Gallery May/June, 2010
 Opening TBA

CAPPS is a quarterly publication of the SCDMH Office of Client Affairs. Please email or send ideas, information, articles, and announcements to Katherine Roberts, kmr50@scdmh.org at SCDMH Medical Director's Office Suite 314, 2414 Bull Street Columbia, SC 29202, fax 803-898-8347