

the NADE

ADVOCATE



A Publication of the National Association of Disability Examiners Volume 30, Number 1 Winter 2014

SSA Perspective From Nancy Berryhill

by Trish Chaplin, Great Plains Regional Director, Missouri

THE OKLAHOMA NADE CHAPTER WAS fortunate to have a few speakers from SSA at the Training conference in OKC in August, one of those being the newly appointed Deputy Commissioner of Operations, Nancy Berryhill. Nancy has spent basically her working life with SSA, starting in a mailroom at SSA in Chicago and working her way through the ranks to



her new position as Deputy Commissioner of Operations. Mrs. Berryhill was able to give the national attendees some perspective on what is going on with SSA at this time.

She reported that SSA was able to hire 493 people in FY2013 as authorized by the Commissioner. There was also some overtime authorized by the Commissioner in FY2013. This shows the Commissioners dedication to the DDS. SSA is working on how to sustain their operations with fewer people as they lost 10,000 employees in the recent years. Waiting times in field offices has increased by 30% and calls to the 800# take three times as long to answer due to the reduced staff.

In FY2014, there is an expected 8% to 22% cut in the budget. SSA will go into a zero based budget, basically meaning they start from "lights on and doors open," and go from there. SSA will not have any earmarked funding for

continued on page 3

SSA Announces New Compassionate Allowances Conditions January 15, 2014



CONDITIONS

Featured:

NPRM Comments	pp	4-9
NADE's National Donate Life Month Contest	pp	10-11
New Compassionate Allowances Conditions	p	13
Career Opportunities	pp	16, 19
Getting To Know You	p	20

President's Message



SINCE THE NATIONAL CONFERENCE IN Oklahoma City, your NADE leadership has been very busy. During the federal government shutdown NADE contacted key legislators to encourage them to continue funding to the DDS's during the shutdown. NADE responded to the NPRM regarding listings changes for evaluating hearing loss and has provided feedback on the topic of considering genetic information in the disability evaluation process. Work continues on the revisions to the Constitution and Bylaws for our upcoming change to our tax status. This will be a long process and updates will be posted on the NADE website. Since we will be changing our governing rules, members are encouraged to review the documents and provide feedback. As we progress in this process, the NADE board will provide guidance to the chapters on any needed actions.

The NADE midyear board meeting will be held February 27 to March 1, 2014 at the Royal Sonesta, Harbor Court in Baltimore, MD. We will be discussing NADE business, our top issues and what to take on our Capitol Hill visits. The meeting is open to members and is a great opportunity to see your NADE leadership in action. While I recognize that most are unable to make it, members can forward along their top issues or agenda items to their regional director.

While we continue to face many challenges, I see the new year as full of positive opportunities. SSA continues to work on expanding the capabilities of the Disability Case Processing System (DCPS) and Health IT. We actually have a federal budget this year. This is a great change from the previous year where we felt the restraints of the sequestration and experienced hardships from the 16 day shutdown. With a budget, it is expected that there will be the ability to hire and have overtime to help alleviate backlogs.

January begins our annual membership drive. It is vital that our organization continue to grow. I encourage members to share information about NADE to your coworkers. Now is the best time for new members to join, as they can take advantage of up to six months free on their membership. One of the great advantages of being a NADE member is the opportunity for your ideas to be heard. More and more, Congress and the public are taking an interest in the disability program. With the looming concerns with the solvency of the Social Security trust fund, many are looking to NADE for ideas on how to improve the system. This is a great opportunity for members to share their ideas on how to improve the disability program. Share your ideas with your regional director and the NADE board. Let NADE be your voice.

Sincerely,
Jennifer Nottingham
Jennifer Nottingham
NADE President

The **NADE Advocate** is the official publication of the National Association of Disability Examiners.

It provides a forum for responsible comments concerning the disability process.

Official NADE positions are found in the comments by the NADE President and NADE Position Papers.

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Letters to the Editor are welcomed and may be selected for inclusion in future issues. Please forward ideas for future **Advocate** topics to the editor or your Regional Publications Representative.

The next issue will be
Spring 2014.

All correspondence should be directed through your Regional Representative or the NADE Communications Director by **March 15, 2014.**

Berryhill - Continued from page 1

supplies in the next year. Every decision with regards to budget will start at zero. Nancy expects training and travel reductions could be a real possibility.

For the first time in many years, other agencies, like the IRS and DOD, furloughed federal employees. Nancy Berryhill is seeking any ideas and suggestions from staff. She hopes NADE's influence will be heard by Congress as NADE helped shape the QDD/CAL model as well as influencing another year of SDM/prototype, which has been extended through September 2014.

Acting Commissioner Colvin is fully committed to and supports the future with DCPS. This new processing system looks to save IT costs in the future. DCPS will be the largest, most state of the art system of its kind in the world.

Advice from Nancy Berryhill: "Stay positive and remember we do not have control of everything. Also, don't ever forget the impact that we have on so many people's lives.

Never forget our mission and never forget our purpose. And finally, "do your very best and focus on processing cases correctly." Inspiring words to live by at the DDS!



**NADE IS A PROFESSIONAL
ASSOCIATION WHOSE MISSION IS
TO ADVANCE THE ART AND SCIENCE
OF DISABILITY EVALUATION.**

**Our membership base includes members
that represent a broad perspective of inter-
ests regarding the Social Security and
Supplemental Security Income (SSI) disabili-
ty programs.**

New Procedure For Advocate Email Notifications:

In the past, an email notification was sent out to let you know when the new edition of the Advocate was available on the official NADE website, www.nade.org. Due to some issues, this service was suspended. If you would like to be notified when a new edition of the Advocate is online and ready for viewing, please send an email to nade.communications@gmail.com. In your email please include your information, including the email address at which you would like to receive Advocate notifications. The notification can be sent to any email address of your choosing.

Thank you,
Megan Rolloos
NADE Communications Director

NPRM Comments - Respiratory Disorders



The National Association of Disability Examiners (NADE) welcomes the opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) regarding evaluating respiratory disorders. NADE is a professional organization whose mission is to advance the art and science of disability evaluation. Our membership base is representative of broad interests regarding the Social Security and Supplemental Security Income disability programs, including employees of state Disability Determinations Service (DDS) offices (who are directly involved in processing these claims), as well as personnel from across SSA, attorneys, claimant advocates, and physicians. This diversity of membership and hands-on experience provides us with a unique understanding of the challenges and opportunities facing these programs today.

The proposed changes to evaluating respiratory disorders overall are great and much needed. However, our members did provide feedback that we hope you find useful.

Listing 3.02, regarding the additional tables for age and gender for Pulmonary Insufficiency listing, the modification of criteria to take into account variations in expected FVC and FEV1 by age and gender is a very good step. It is suspected that each of these tables is based on a common criterion relative to the predicted value, i.e. the same percent of predicted value for age/gender/height. If this is correct, then a simpler approach would be to publish the percent of predicted value and provide a calculator akin to the CDC/NIOSH calculator on line (<http://www.cdc.gov/niosh/topics/spirometry/RefCalculator.html>) which would indicate the listing level for the age/gender/height inserted and also whether or not the value meets/doesn't meet the listings (similar to the Visual efficiency calculator).



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NPRM Comments - Evaluating Growth Disorders and Weight Loss In Children



The National Association of Disability Examiners (NADE) welcomes the opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) regarding evaluating growth disorders and weight loss in children. NADE is a professional organization whose mission is to advance the art and science of disability evaluation. Our membership base is representative of broad interests regarding the Social Security and Supplemental Security Income disability programs, including employees of state Disability Determinations Service (DDS) offices (who are directly involved in processing these claims), as well as personnel from across SSA, attorneys, claimant advocates, and physicians. This diversity of membership and hands-on experience provides us with a unique understanding of the challenges and opportunities facing these programs today.

Overwhelmingly, our membership felt that moving away from linear growth charts to weight/length/BMI for age were outstanding changes. However, it is concerning that a child could have such a profound growth failure, due to an underlying condition, that linear growth is finally impacted and BMI for the child's age becomes normal despite their significant growth failure. It could be speculated that the underlying condition would however be severe enough in this case that we could allow that way or by equating the listing and providing a rationale.

Another concern was the specificity of the requirements for detailed and longitudinal evidence for developmental delay. While it makes sense, the concern is the availability of these records from providers and especially Consultative Examination providers if the child has had minimal care.

Also discussed was whether a child needed to be on supplemental oxygen to attribute listing level growth failure to a respiratory cause. Cystic fibrosis would be a case where the child could satisfy all other aspects of a listing level growth failure, however not be on supplemental oxygen continuously.

It is asked to give consideration to expanding which medical providers are "medically acceptable sources". For example, First Steps/Early Intervention Program through the State Department of Health evaluates children with suspected special needs and do a great job in providing a balanced comprehensive review of the function of children up to three years of age. Sometimes, these children are "self-referred". In those instances it is necessary to purchase a Consultative Examination to "buy" a Medically Determinable Impairment from an acceptable medical source, even if the objective medical findings in the file are indicative of an allowance.



NPRM Comments - Considering Genetic Information in the Disability Decision Process



The National Association of Disability Examiners (NADE) welcomes the opportunity to offer comments on the topic of Considering Genetic Information in the Disability Decision Process. NADE is a professional organization whose mission is to advance the art and science of disability evaluation. Our membership base is representative of broad interests regarding the Social Security and Supplemental Security Income disability programs, including employees of state Disability Determinations Service (DDS) offices (who are directly involved in processing these claims), as well as personnel from across SSA, attorneys, claimant advocates, and physicians. This diversity of membership and hands-on experience provides us with a unique understanding of the challenges and opportunities that face programs today.

Our membership overwhelmingly responded that genetic testing, as part of the diagnostic process, is helpful and meaningful to the adjudication of claims; however, given the infancy of this area of medical understanding, it is wise to proceed with caution before using a diagnosis alone as a predictor of functional limitations. There are well-established genetic disorders, such as Down's syndrome, in which the assumption of functional limitations is appropriate. However, this level of understanding and ability to predict future deficits is not present in all genetic disorders. Even though a child with Down's syndrome carries an assumption of limitations, these children do have impairments at birth and strong indicators of life long deficits and need for ongoing medical care.

It is necessary to remember that genetic conditions include heart disease, diabetes, cancer, psychiatric illness, etc. The question of genetics testing encompasses all of these conditions, not just conditions that are thought of as following Mendel's laws of inheritance. There are a multitude of tests now available to determine genetic predisposition. Further development of the human genome project will continue to increase the number of disorders that can be identified by genetic markers. With these tests now available, and clinics and treating sources are requesting more of these studies. As a result, this information will most likely become more prevalent in clinical practice. This could relate to conditions such as heart disease, cancer, and diabetes. Therefore, we must remember that SSA Disability looks at a person's ability to perform work-related activities within a particular span of time. A diagnosis alone without information regarding objective findings of deficits may be meaningless. Having a genetic marker/mutation is not the same as having a "disability". Some genetic conditions are static, such as Intellectual Disabilities, while others are progressive, such as Huntington's disease. This supports adjudication on a case by case process versus template for all genetic disorders.

Therefore, direct guidelines need to be established on how to handle disabilities that are congenital genetic disorders in nature. Functional assessment should remain the focus, with genetic testing providing a guide for validating symptomology and objective functional deficits.

NADE appreciates this opportunity to provide feedback on Genetic Information. We look forward to future discussions of this topic, and are available if you should have any specific questions.



NPRM Comments - Evaluating Genitourinary Disorders

The National Association of Disability Examiners (NADE) welcomes the opportunity to offer comments on the Notice of Proposed Rulemaking (NPRM) regarding evaluating genitourinary disorders. NADE is a professional organization whose mission is to advance the art and science of disability evaluation. Our membership base is representative of broad interests regarding the Social Security and Supplemental Security Income disability programs, including employees of state Disability Determinations Service (DDS) offices (who are directly involved in processing these claims), as well as personnel from across SSA, attorneys, claimant advocates, and physicians. This diversity of membership and hands-on experience provides us with a unique understanding of the challenges and opportunities facing these programs today.

NADE believes the proposed changes to the Genitourinary Listings are a great improvement.

One noted useful change is the inclusion of "urine protein/creatinine ration of >3.5 " to proposed listing 6.06 for nephrotic syndrome. We feel that not only is "spot urine protein/creatinine" used much more frequently by nephrologists, it is probably more accurate than 24-hour urine collections in our clientele. Frequently even well instructed, compliant patients are unable to collect all of the urine in a 24-hour period. Also, if it needed to document a "listing level" proteinuria this "one specimen" test is easier, more likely to be accurate, and much cheaper to obtain.

An area of question is the addition of the criteria of Complications of CKD requiring three or more hospitalizations within 12 months to proposed listing 6.09. There is concern about how we should parse out CKD complications requiring hospitalization versus hospitalizations due to a group of co-morbid conditions, including CKD. For example, it would be helpful in the preamble to have guidance on how to count acute worsening of renal function in CLs with CKD during acute hospitalizations for dehydration, hypertensive urgency, trauma, non-GU surgery, or non-GU infections, e.g. PNA or sepsis not of urinary tract origin. These occur frequently and typically renal function returns to baseline but since CKD is frequently co-morbid in these situations, guidance is needed.



Please notify the Communications Director Megan Rolloos of any email address changes when they occur. Questions on distribution may be directed to the Communications Director or your Regional Director.

NPRM Comments - Evaluating Hearing Loss and Disturbances In Labyrinthine-vestibular Function



The National Association of Disability Examiners (NADE) welcomes the opportunity to offer comments on the Advanced Notice of Proposed Rulemaking (ANPRM) regarding evaluating hearing loss and disturbances in labyrinthine-vestibular function. NADE is a professional organization whose mission is to advance the art and science of disability evaluation. Our membership base is representative of broad interests regarding the Social Security and Supplemental Security Income disability programs, including employees of state Disability Determinations Service (DDS) offices (who are directly involved in processing these claims), as well as personnel from across SSA, attorneys, claimant advocates, and physicians. This diversity of membership and hands-on experience provides us with a unique understanding of the challenges and opportunities facing these programs today.

NADE believes that revising the criteria in the listing of impairments for evaluating hearing loss in adults and children would help to clarify issues from the current listings and simplify adjudication of hearing loss and disturbances in labyrinthine-vestibular function.

We feel that the rules for evaluating hearing loss or disturbances of labyrinthine-vestibular function contain technical language, or jargon, that is not clearly explained. Listing 2.07 states: *"disturbance of labyrinthine-vestibular function (including Meniere's disease), characterized by a history of frequent attacks of balance disturbance, tinnitus, and progressive loss of hearing"*. In this statement, "frequent attacks" needs to be defined. NADE suggests this be more than one attack per week despite prescribed treatment prescribed to decrease vertigo by the claimant. These attacks must then persist for three months at this level despite prescribed treatment. This then defines the frequency and persistence that fits with definitions for other listings including cardiac and neurology listings.

Also, in the preamble for the adult listings, there are areas that could use some clarification. For example, section B.3, when HINT testing is discussed, it should be referenced that the "QUIET" portion of the test is the only score we use (per Q&A 10-068). In section C.3, of the preamble, the term "neuro-otolaryngologic examination" could be simplified to "evaluation by one or more specialists in the fields of Audiology and Neurology or Otolaryngology (ENT). When the preamble references electronystagmography, "ENG" could follow that term since that is how the test is commonly referred to in the medical evidence. Likewise, a statement of "usually referred to as 'MCL' or maximum comfortable level" would be beneficial following the statement of *"highest comfortable level of amplification"* in section B.2.e. Section B 1.a could specify "audiometric and speech discrimination testing" instead of just "audiometric testing." It would be helpful in this same section to make it more clear that, while a full otologic examination is needed to establish an MDI and it is preferred to be done within two months prior to audiometric testing, we can accept audiometric testing done at a later time "as long as an otoscopic examination is completed at the time of testing." If that part is added, it may help to define "otologic" and "otoscopic" earlier in the preamble and to make it more clear that an otoscopic exam can be performed by either a physician or the audiologist performing the task. There is also some confusion as to whether an audiologist pre audio otoscopy examination is acceptable to meet the listings. If indeed it is to be a "licensed physician [medical or osteopathic doctor]", to do the complete otologic exam then it needs to be clarified in section B.2.b. This section states, *"ostocopic examinations performed by physicians and otoscopic inspections performed by audiologist and others."* Others needs to be defined. Section B.2.e states that *"the amplification level used in the testing must be medically appropriate, and you must be able to tolerate it. If you cannot be tested at 35 to 40 dB above your SRT, the person who performs the test should report your word recognition testing score at your highest comfortable level of amplification"*. Further clarification regarding the meaning of "medical appropriate" and how this relates to an average workplace is needed. Some individuals have a higher MCL than others. What decibel level can reasonably be expected to be provided in the workplace? For example, if someone obtains a work recognition score of 55%, but the words needed to be amplified to 110 dB, is there a reasonable expectation that an average workplace would provide even basic instruc-

tions at this level of amplification? In section C.3 Bekesy audiograms should be removed as this test is no longer performed. Also, in the same section, polytomograms should be removed as this x-ray is no longer used or available. It should be replaced with CT scans of the temporal bones and MRI scans of the brain.

In the children's preamble, section 102.00B.g, it is offered that this section, or another section, should indicate that the Threshold ABR (auditory brainstem response) is acceptable in determining whether the claimant meets or equals the listing, which is different from a screening ABR.

There are other word recognition tests other than the HINT or HINT-C when evaluating hearing loss treated with cochlear implantation. The AzBio Sentence Test is in wider use, and SSA should consider the data pertaining to the even more straightforward Quick SIN Test. It is felt that Monosyllabic Word Testing could be considered, also.

It is not felt that examples of medical reasons for a discrepancy between the speech reception threshold and the pure tone average need to be provided. It is felt that such examples are not necessary since differences are usually explained by pseudohypoacusis (functional), inability to comply with testing, or true malingering, instead of some medical oddity (especially when SRT is much better than PTA).

We feel that clarity could be improved by replacing the phrase "disturbances in labyrinthine-vestibular function" with the phrase "disturbance of inner ear function".

The idea of evaluating disturbances in labyrinthine-vestibular function in adults using residual functional capacity rather than under the listings is not felt to improve the determination process. This is a rare etiology for disability, and generally only allowable via the listing language. A threshold should be established to evaluate under the listing (frequency and episodes). The claims not meeting the listing criteria would have to have residual functional capacity assessment, considering potential limits in postures and hazards. Like seizures, this is an episodic disorder, which will only quite rarely present enough exertional limitations for an allowance.

It is felt that we should continue to evaluate disturbances of labyrinthine-vestibular function under the Special Senses and Speech body system, since it is a VIII Nerve disorder that also impacts hearing, typically. Also, part B of the listing requires progressive hearing loss, therefore, this condition is appropriate under this body system.

It is not felt that evaluating hearing loss should be done using residual functioning capacity rather than under the listings of impairments, as there are clear thresholds accepted in fields of Otolaryngology and Audiometry which define "profound" (incapacitating) losses. These should continue to be referenced by the listings. Unlike visual losses, some of which lend themselves to more functionally-oriented grey areas (inability to avoid ordinary hazards, for example), hearing losses that are of less than listing severity are very difficult to quantitate for the occupational setting. Consideration could be given to defining an "inability to communicate effectively in the workplace" standard but that would be a significant task with many implications.

It is felt that clarity is always enhanced by additional tables, lists, or diagrams to text. Many adjudicators have difficulty reading audiogram testing, a diagram or table could be helpful for evaluating these listings.

There is question also to evaluating hearing loss in adults or children who are not English speaking. Could an alternative test be used, such as the use of a digit pairs? Or does SSA have an "appropriate word list" for all languages that should be used by those conducting the test?

NADE appreciates this opportunity to comment on whether and how SSA should revise the criteria in the Listing of Impairments (listings) for evaluating hearing loss and disturbance of labyrinthine-vestibular function in adults and children. We hope you will consider the updates NADE members have proposed and are needed to ensure that listings are reflective of current medical knowledge.



NADE's National Donate Life Month Contest April 2014

GREETINGS TO YOU ALL, I am Michelle Higgins, Chairperson for the NADE Organ Donor Program. April is Organ Donor Awareness Month. This year our main focus will be recruitment of donors, so chapters let's get busy as we want an overwhelming response in the number of donors registered this month. You have the power to change someone's world by being a donor. It is about living. **It is about Life.**

You may have the power to give that priceless gift to a relative, a friend, or someone you do not even know and may never meet. The need for organ and tissue donations is tremendous. Organ and tissue transplants offer patients a new chance at healthy, productive, normal lives and return them to their families, friends and communities. ONE tissue donor can SAVE / ENHANCE the lives of up to 50 people. It can also help our returning soldiers from Iraq and Afghanistan who require tissue for reconstructive surgery.

The Following Facts May Help You Better Understand Organ, Eye, And Tissue Donation:

Fact: *Anyone, regardless of age or medical history, can sign up to be a donor. The transplant team will determine at an individual's time of death whether donation is possible.*

Fact: *Most major religions in the United States support organ donation and consider donation as the final act of love and generosity toward others.*

Fact: *If you are sick or injured and admitted to a hospital, the number one priority is to save your life.*

Fact: *When matching donor organs to recipients, the computerized matching system considers issues such as the severity of illness, blood type, time spent waiting, other important medical information, and geographic location. The recipient's financial or celebrity status or race does not figure in.*

Fact: *An open casket funeral is usually possible for organ, eye, and tissue donors. Through the entire donation process, the body is treated with care, respect, and dignity.*

Fact: *There is no cost to donors or their families for organ or tissue donation.*

Fact: *Every state provides access to a donor registry where its residents can indicate their donation decision.*

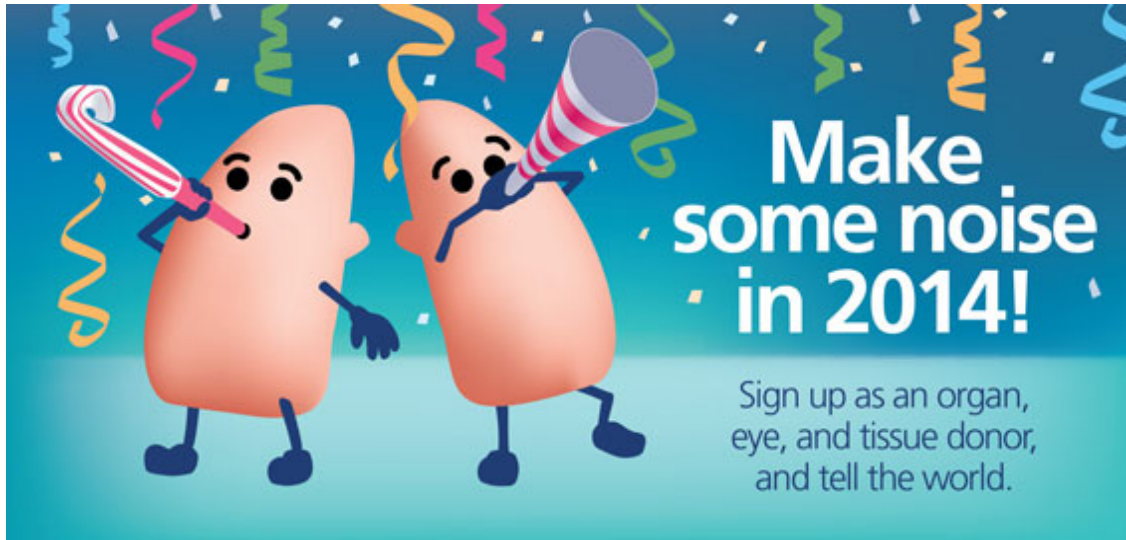
Fact: *Federal law prohibits buying and selling organs in the U.S. Violators are punishable by prison sentences and fines.*

Fact: *People can recover from comas, but not brain death. Coma and brain death are not the same. Brain death is final.*

Fact: *18 people will die each day waiting for an organ.*

Sign up on your state's donor registry, or at www.organdonor.gov.

**An organ transplant can save a life.
You have the power to SAVE up to 8 lives!
Register to be an organ donor today!**



The National Donate Life Month Contest

A chance for the NADE Chapters to compete based on their efforts in:

1. Increasing awareness of the need for more donors.
2. Educating members and the community about donation/transplantation through informational speakers.
3. Providing educational seminars or training activities.
4. Recruitment of Donors.

The Result Of Your Efforts Will Be:

- 1st, 2nd, and 3rd place certificates.
- An increase in the awareness of the need for more donors.
- Increased education for our local NADE chapter members about donation/transplantation.
- To provide local NADE chapters resources and tools to educate their members to effectively hold activities during National Donate Life Month.
- To recognize local NADE chapters that have provided a variety of educational, informational and training activities to their members during National Donate Life Month.

**Contest Deadline is April 30, 2014,
All Submissions Are Due By This Date!!!**



On Thanksgiving Day We Are Grateful For...

by Dr. Rom Kriauciunas, PhD – Michigan Psychological Consultant

THE CSA OF MICHIGAN DDS was given an opportunity to name reasons for being grateful on Thanksgiving this year. The initiative came from MADE's Lansing Sub-Chapter Professional Development and Booster Subcommittees.

In a colorfully presented format, 66 respondents wrote what was on their mind and in their hearts. In going over the results I separated them into three categories and want to summarize what was received. Many of the responses cut across all three categories.

Gratitude for People

Forty-four people identified family, 26 mentioned friends, 12 listed coworkers, 4 singled out their boss. Adoption, Military, and Emergency Responders were mentioned once.

Gratitude for Things

Sixteen different items were listed in this category. Gratitude for Health received 30 entries. It was followed by Employment (23 entries), Nature (18), Food (13), Home/House (10), Music/Books/Movies (5), A Warm Bed (4), Vehicles (3), Pets (3), Clothing (2). One entry was received for the remaining items: Holidays, Air Conditioning, Travel, PADM 6070, and "Fake Foliage in the World". I have no idea of what PADM 6070 or Fake Foliage refer to.

Gratitude for Ideas/Abstractions

Faith and God topped in this category, with 19 respondents. Life was mentioned by 15 persons, Freedom/Being an American/Liberty yielded 10 responses, and Love was singled out by 2 persons. One note of gratitude went to Recovery, Fridays, Laughter, Happiness Within, Originality, Patience, and Everything. The last one mentioned was very brief, but did not leave anything out.

Appreciation is expressed to the two Subcommittees mentioned above, which are chaired by Sarah Iverson (Professional Development), and co-chairs Charlotte Haynes and Suzanne Endres-O'Connell (Booster). For next year, I suggested they could initiate a "Dear Santa..." letter-writing campaign. It could also be a meaningful fun activity to do again.

From the responses received, it is obvious that DDS is not only a place to work, but also a place to share, a place to be enriched, and a place to enrich others.

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From SSA.gov

Social Security Announces New Compassionate Allowances Conditions January 15, 2014

Carolyn W. Colvin, Acting Commissioner of Social Security, today announced 25 new Compassionate Allowances conditions, including a dozen cancers, bringing the total number of conditions to 225. The Compassionate Allowances program expedites disability decisions for Americans with the most serious disabilities to ensure that they receive their benefit decisions within days instead of months or years. The new conditions also include disorders that affect the digestive, neurological, immune, and multiple body systems.

"We are dedicated to providing vulnerable Americans with faster access to disability benefits through our Compassionate Allowances program," said Acting Commissioner Colvin. "Social Security disability benefits are a vital lifeline for individuals who are facing severe diseases and we must ensure that they receive the benefits they rightly deserve."

The Compassionate Allowances program identifies claims where the applicant's disease or condition clearly meets Social Security's statutory standard for disability. By incorporating cutting-edge technology, the agency can easily identify potential Compassionate Allowances and quickly make decisions. To date, almost 200,000 people with severe disabilities have been approved through this fast-track disability process.

The Compassionate Allowances program is a significant initiative that highlights collaboration between government, medical experts, advocacy groups, and members of the public. Social Security has conducted public outreach hearings and gathered feedback from various stakeholders to identify conditions that are most likely to meet the agency's definition of disability.

"I am extremely pleased that the SSA has included Prostate Cancer in its Compassionate Allowance list – a decision that will save lives, and give more patients access to treatment options," said Congressman Elijah Cummings (D-MD). "Working with constituents fighting this disease, I know just how life altering it can be, as well as how many will benefit from this change in policy."

For more information on the program, including a list of all Compassionate Allowances conditions, please visit www.socialsecurity.gov/compassionateallowances.

New Compassionate Allowances Conditions

Angiosarcoma
 Atypical Teratoid/Rhabdoid Tumor
 Chronic Idiopathic Intestinal Pseudo Obstruction
 Coffin- Lowry Syndrome
 Esthesioneuroblastoma
 Giant Axonal Neuropathy
 Hoyeal-Hreidarsson Syndrome
 Intracranial Hemangiopericytoma
 Joubert Syndrome
 Leptomeningeal Carcinomatosis
 Liposarcoma- metastatic or recurrent
 Malignant Ectomesenchymoma
 Malignant Renal Rhabdoid Tumor
 Marshall-Smith Syndrome
 Oligodendroglioma Brain Tumor- Grade III
 Pallister-Killian Syndrome
 Progressive Bulbar Palsy
 Prostate Cancer - Hormone Refractory Disease - or with visceral metastases
 Revesz Syndrome
 Seckel Syndrome
 Sjogren-Larsson Syndrome
 Small Cell Cancer of the Thymus
 Soft Tissue Sarcoma- with distant metastases or recurrent
 X-Linked Lymphoproliferative Disease
 X-Linked Myotubular Myopathy



Notes to the Membership

by Donnie E Hayes
NADE National Membership Director

I WOULD LIKE TO CONGRATULATE all of the 2013 winners of our annual membership contest. Cash prizes and certificates are awarded every year to the first and second place large, medium, and small chapters who have attained the highest membership increases over the past year. The third place winner(s) receives a certificate. Last year we had four winners in the first place small chapter category which were Hawaii, Guam, Pennsylvania, and Utah. The Florida chapter placed second in the small chapter category. In the medium size chapter category Kansas moved from a small chapter to a medium size chapter and won the first place in this category. Congratulation to these chapters!

Recruitment for new NADE members should be ongoing all year. However, there are certain times of the year that most chapters really put a push into recruitment for new members. Now is one of those perfect times. Starting January 1, 2014, I hope all chapters have started pushing for new NADE members. Anyone that joins NADE as a new member at this time gets up to six extra months free on their membership, which means that new members who join now will not have to renew their membership until June, 2015.



Membership grants: Don't forget that there are membership grants available to assist your chapter's recruitment efforts. Grants are available once every 12 months. Remember - the more members we have, the stronger our voice becomes. This means that chapters must not only work on recruitment of new members, but also continue to work on retention of the old members.

Your membership in NADE is an investment in your career. As members, I hope you're proud of the achievements that NADE was able to accomplish this past year. These achievements were made possible only because NADE members chose to become involved. Your membership makes it possible for NADE to be represented at the policy-planning table with SSA and to present our issues before Congress. You made it possible for NADE to meet with the SSA executive leadership to convey your ideas and your opinions. You made it possible for NADE to publish the Advocate and to maintain a web site to keep you informed. We can all be proud of the achievements earned by our professional association.

When it comes time for you to renew your membership I hope all of you will consider taking advantage of renewing your membership online.

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From SSA.gov

On June 26, 2013, the Supreme Court ruled that Section 3 of the Defense of Marriage Act (DOMA) is unconstitutional. Therefore, Social Security no longer is prevented from recognizing same-sex marriages for purposes of determining entitlement to or eligibility for benefits.

Social Security Publishes New Supplemental Security Income Rules Involving Same-Sex Married Couples January 31, 2014

Social Security has published new instructions that allow the agency to process some Supplemental Security Income (SSI) claims by individuals who are in a same-sex marriage. These instructions come in response to last year's Supreme Court decision in *U.S. v. Windsor* which found Section 3 of the Defense of Marriage Act unconstitutional.

SSI is a program based on financial need, and the agency must consider the income and resources of the recipient and his or her spouse when determining eligibility and monthly payment.

"As with previous same-sex marriage policies, we worked closely with the Department of Justice," said Carolyn W. Colvin, Acting Commissioner of Social Security. "With the release of these instructions, we continue our commitment to treating all Americans fairly, with dignity and respect."

If a person believes he or she may be entitled to or eligible for benefits, they are encouraged to apply now.

To learn more, please visit www.socialsecurity.gov/same-sexcouples.



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2013 National Conference Photos

A few shots of NADE members enjoying the excellent National Training Conference held by the Oklahoma NADE chapter, OKADE. Thank you again to OKADE and congratulations on hosting a very successful and informative conference!



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Crime Stoppers

by Korin Gary, Oregon DDS

In **Nashville**, a man applied for TXVI benefits alleging a seizure condition such that he was unable to do anything. He alleged 2-4 seizures per week which left him fatigued, sore and so depressed that he rarely left his apartment and had very limited social interaction.



CDIU investigated because the clmt had not refilled his seizure medication since 2007 and while at the ER, the attending physician felt that the clmt had feigned a seizure.

Investigators interviewed the man, who revealed that his main hobby was LARPing: Live Action Role-Playing. Members of his LARPing group dressed in medieval costume and physically acted out their characters' roles with swords and shields, etc.

The man's Facebook page revealed several hundred photos of the man attending various events, socializing and enjoying himself with many costumed friends.

In **South Carolina**, a 38-year-old man applied with allegations of PTSD which made him nervous around others, stating that he preferred to be alone and that loud noises spooked him.

An anonymous source reported that the man worked as a model and an actor.

CDIU discovered that he was, in fact, currently working as a model in Georgia, and had appeared regularly on the Lifetime television series, "Army Wives."

CDIU contacted the casting director and verified that the man was a paid extra, and had worked in that role for three years. He was described as always happy and upbeat on the set. He was so sociable that some described him as 'cocky.' The casting director added that the claimant regularly participated in battle scenes, including special effects resulting in explosions and gunfire.

His claim was denied.

The **Denver CDI** Unit investigated a 47-year-old man who applied for TXVI benefits, alleging arthritis. He reported constant, severe neck, shoulder and hand pain.

CDI investigators observed the man arrive at his consultative exam. At the conclusion of the exam, the man retrieved a bicycle, rode it several miles through alleys toward his residence. Along the way, he was observed climbing in and out of Dumpsters, collecting cans in a bag he held on the handlebars of his bike. Other times, he would balance his bike and himself against the Dumpster to lift the lid and look inside.

He was denied.

Missouri CDI received a complaint about a 47 year old woman who was receiving Title II benefits due to a rectovaginal fistula and no bowel control. The complaint cited the woman's upcoming participation in a 200-mile endurance bicycle race called the "Dirty Kanza."

Investigators found a newspaper article and a social network site with images of the woman participating in a "Zumbathon" at a local university. They also found photos of the woman dressed in cycling gear and posing with her bicycle on a "Dirty Kanza 2012 Rider" trading card.

Investigators confirmed that the woman completed 150 miles of the "Dirty Kanza" and terminated her benefits.

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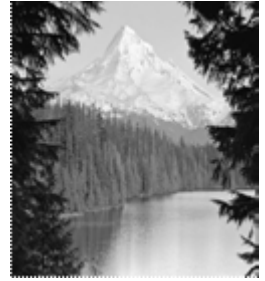
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2014 NADE National Awards

Do you have a coworker that goes the extra mile for his or her claimants?
Is there someone in your office who proves their dedication to the job repeatedly with their professional attitude and demeanor?



The yearly NADE National Awards are a chance to recognize the hardest working, most professional and dedicated employees of our organization.

Criteria for the awards are available at www.nade.org. Nomination forms will be available by April 1st, 2014, and nominations will be accepted through July 1st, 2014. The awards will be presented at the National Training Conference later this year.

This is your opportunity to nominate the person whose work ethic and attitude you have admired. Don't miss out!

Are you Certified through NADE?

Certification applications are available at nade.org, or you may contact

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mgolden221@yahoo.com

Getting To Know You



Harold Shank is a beloved character at Oregon DDS. Ever the sharp dresser, Harold wears a dress shirt and tie, a vest with pocket watch and chain, and a black visor daily - the kind that news editors wore in the 1920s. Harold is perpetually cheerful, giving a good-natured ribbing to whomever he encounters. "I saw that!" he'll say, apropos of nothing. "That'll be 522 dollars and 79 cents."

He currently works as a vendor coordinator and accounts payable analyst, but he started as temp support in the billing unit 15 years ago. He worked in corrections before he came to DDS. Before that, he served 20 years in the US Army as a medic. "I once delivered a baby in the middle of a fire fight in Vietnam," he said.

Harold is a movie fanatic, and his passion centers on movies from Hollywood's Golden Era: the 30s, 40s and 50s. He owns 350 to 400 movies! He invites anyone to challenge him on his classic movie trivia.

Trivia about Harold, himself:

Favorite Color: French Blue

Favorite Food: Great Northern beans with ham hocks, cornbread and buttermilk.

Favorite Quote: "So let it be written, so let it be done." (from the film, 'The Ten Commandments' with Charlton Preston and Yul Brynner)

Hobbies: Jewelry-making and movie trivia

Zodiac Sign: Libra

Membership: Harold has been a member of NADE for seven years. When asked why he joined, he said, "NADE is a professional organization that has a place for support staff. It's a great opportunity for networking. Plus, it looks good on a resume," he winked.

Getting To Know You is a new feature article that will appear in future issues.

If you would like to feature a fellow NADE member in GTKY, please send the completed article to nade.communications@gmail.com so your feature can be included in an upcoming issue of the Advocate!

Articles should be 300-500 words and include a high quality color photo (2-3 meg) of the individual being highlighted.



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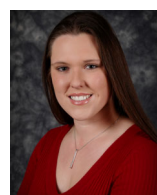
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NADE's membership year runs from July 1st through June 30th each year. Your membership will expire on the June 30th following your join date.

Exception: All new memberships received between January through June will receive an expiration date of June 30th of the following year. NADE does not prorate dues.

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From the Archives:
Published in the NADE Advocate September 2003

Violence in the Workplace/Workplace Safety

Presentation by Dennis Pivin
Professional Training Concepts
by Michelle Scherer, Cape Girardeau MO DDS

DENNIS PIVIN, PROFESSIONAL TRAINING CONCEPTS, provided an informative and interactive training session regarding personal safety issues that can be used both in and out of the workplace. The art of verbal self defense was discussed with advice given to always deal with threatening situations verbally first. We need to always be alert to and learn to watch body posture, body language and tone of voice in an effort to predict behavior. In addition, we were cautioned against invading personal space. Personal space is defined as an arm's length away from the other person.

Tips for approaching a vehicle alone were provided as follows:

Walk with confidence and a purpose (Definite Purpose).

Be Alert and look at surroundings.

Lock Doors

Have Keys out and ready—Do not fumble in purse/pockets.

Be Alert to your sixth sense (Innate ability to perceive danger and react).

Verbal Boundary Drills were also reviewed and included techniques for controlling your personal space without being physical. If your personal space is invaded, take a half a step backwards with the body sideways. In this position, the hands are at waist level, facing down. If the threat continues, bring arms up to about chest level, but do not make a fist. Verbalize with the individual and try to diffuse the situation. If the attack continues, the hands come up even further to face/head level and an authoritative tone of voice is used with the threatening individual.

An additional word of advice provided by Mr. Pivin was to insure that desk/table areas are clear when holding a potentially difficult conversation with another individual. You want to avoid the presence of anything that could be used as a tool. In addition, to this always sit in a position closest to the door in case assistance is needed or the need to exit is necessary.

