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From The Director

All SWVMHI staff accounted for. Severe storms struck overnight on April 27-28 in the SW Virginia counties of Washington and Smyth and in NE Tennessee. Soon after, the National Weather Service confirmed that NE Tennessee and SW Virginia had a total of eight tornadoes that touched down in the region. The strongest tornado in Virginia hit the Glade Spring area just off I81 Exit 29, rating an EF-3, with winds 136 to 165 miles per hour. An EF-2 hit the Chilhowie area and an EF-0 touched down in Washington County, Virginia, just south of Abingdon.

EF0...wind speeds 65 to 85 mph.
 EF1...wind speeds 86 to 110 mph.
 EF2...wind speeds 111 to 135 mph.
 EF3...wind speeds 136 to 165 mph.
 EF4...wind speeds 166 to 200 mph.
 EF5...wind speeds greater than 200 mph.

On Thursday, April 28, 2011, Governor McDonnell declared a State of Emergency in response to severe weather for several counties in Virginia, including Washington County. This action authorizes state agencies to assist local governments in responding. A declaration also decreases time and paperwork needed to get personnel, equipment, and supplies on scene. We were very sorry to learn

that three of our neighbors died in Glade Spring as a result of the tornado, and one Washington County resident died in a storm-related accident. We are very grateful that all SWVMHI staff were safe after the storm, although several have severe damage to or lost their homes and many were without power. The Governor's declaration also paves the way for the use of Emergency Disaster Leave (DHRM Policy 4.17) by those in the affected counties if all the criteria are met. If you believe you qualify for this leave, please contact the Human Resources Dept., ext. 204. Here is an excerpt from the DHRM policy:

Leave for Victims of Disaster:

Leave may be available under this policy to an employee who has sustained severe or catastrophic damage to or loss of his or her primary personal residence, or has been ordered to evacuate that residence, as a result of a natural or man-made emergency or disaster. Agency heads have sole discretion for authorizing up to 80 hours of leave annually under this policy for employees who meet all criteria shown below:

- *The event resulted in a formal declaration of a State of Emergency or of federal disaster status.*
- *The employee's home was located in the officially declared*

disaster area.

- *Formal documentation from recognized disaster relief organizations or insurance companies verifies severe, extreme, or catastrophic damage to or loss of personal property as a result of the declared emergency in which the damage or required evacuation rendered the employee's home temporarily or permanently uninhabitable.*

For us, there is also a DBHDS Departmental Instruction (DI 520(HRM) 02 *Administrative Leave Provisions for Victims of Natural or Technological Emergencies or Disasters*) which must be followed, including the submission of a form through the SWVMHI Human Resources Dept. up to the Commissioner.

We are very thankful that you and your families are okay and we appreciate your dedication through this ordeal that has affected so many of us. Our thoughts and prayers go out to those affected by the storms. And now we unfortunately know that, contrary to long-standing belief and history, tornadoes do happen "in the mountains!"

**From the Director
Continued on page 2**

TRIVIA

The average American eats 126 pounds of potatoes each year, a little more than a potato a day. Nearly 48 pounds are consumed as French fries and other frozen potato products.

From the Director, continued

Congratulations on a successful Joint Commission Survey!

On Tuesday, April 5, staff received a "Code Echo" notice to check emails regarding the arrival of three Joint Commission surveyors, Dr. Peter Putnam, psychiatrist, Ms. Dyana Troester, an advanced practice nurse who is also a licensed counselor, and an engineer, Mr. Jerry Adams.

Amanda Currin, ADA, nicely summarized the findings and the surveyor reports as follows. Mr. Adams stayed two days, and found several "indirect impact" findings which will be easy to correct. Before he left, Mr. Adams made the following comments: In his 6 years as a Joint Commission surveyor, this is undoubtedly the best state facility he has ever surveyed. He said it was a pleasure to be here and he would gladly return as a surveyor again – or even as a patient! He said the staff were very responsive, and it was obvious that everyone takes pride and ownership in their work and in the facility and its patients. He concluded that he couldn't ask much more from a

group of individuals.

Dr. Putnam was also quite complimentary of staff and their responsiveness. When he arrived on a unit, staff did not "run" from him but engaged him in conversation and were very helpful to him. He was quite appreciative of the staff's knowledge of the patients and the staff's treatment of the patients.

He noted one indirect finding related to a clinical contract. Again, this should be an "easy" fix.

Ms. Troester stated that the staff have an excellent knowledge of their patients. She said she had excellent interactions with the staff and that she observed wonderful interactions between staff and patients.

In her chart reviews, she found two occasions where an unapproved abbreviation (QD) had been used; this is considered a "direct impact" finding. She has another direct finding regarding the documentation of the level of

awareness of the relationship between his or her behavioral conditions and his or her pattern of substance use.

GREAT JOB EVERYONE – ALL Departments for the time and attention you pay to clinical care, to infection control and safe practices, and the environment every day. And thank you for not running and hiding from the surveyors! Thank you and congratulations on a job well done:

We'll celebrate on May 19, at the Quarterly Employee Recognition event on all three shifts. So join us for and food fun!!



**Cynthia McClaskey, Ph.D.
With Tipi and Chief**

Helpful Hint

When requesting information to be mailed to you from an outside source, be sure to ask them to address the mail to your attention or to your Department/Team's attention, to avoid unnecessary delays in that mail reaching you.

From the Recognition Committee



We're Celebrating...

**Your Service,
Your Dedication,
OUR HERITAGE AT SWVMHI!**



Please plan to attend the next Employee Recognition Event, scheduled for May 19, 2011, on all three shifts. Day shift activities will take place in the gym and will include games, art displays, Melissa Schrift from ETSU will have a history booth available for employees to share memories of working here, and of course, food will be available. Second and third shift activities and game will be available in the Employee Café. Look for additional information via email and the intranet for times and details. Hope to see you there!

Health Insurance Open Enrollment



The annual Open Enrollment for health benefits and flexible reimbursement accounts is April 15 – May 16, 2011.

There is no premium increase for COVA Care plans.

National health reform

- * You may cover eligible dependent children up to the end of the year in which they turn age 26 (details will be in the Spotlight newsletter mailed to employees' homes in April)
- * More preventive services covered by plan at 100 percent
- * \$500 limit for chiropractic services removed and replaced with 30-visit limit per plan year
- * Appeals process expecting minor changes

Open Enrollment packages were mailed in 9 x 12 envelopes to employees at their home addresses beginning

in early April. The package includes a *Spotlight* newsletter, details on the health reform, as well as a CHIPRA (Children's Health Insurance Program Re-Authorization) notice. **PLEASE READ THE CONTENTS CAREFULLY!** To see if you are eligible for CHIPRA, you can call 866-873-2647 or visit www.famis.org.

What do you do during Open Enrollment?

- * Add eligible dependents to your plan
- * Drop dependents from your plan
- * Waive coverage
- * Enroll
- * Change plans
- * Enroll in one or both of the flexible reimbursement accounts (if interested, you must enroll each year, as they do not carry from one plan year to the next)

How do I make a change?

- * Complete an enrollment form (available from Human Resources beginning April 15, 2011) and return it to Human Resources between April 15, 2011, and May 16, 2011, with appropriate documentation attached
- * During Open Enrollment, make changes via EmployeeDirect at www.dhrm.virginia.gov (you must furnish documentation to Human Resources if adding dependents)

For more information, please visit www.dhrm.virginia.gov, or feel free to call a member of the SWVMHI Human Resources office if you have questions.

~ **Annasue Cook, PHR**
Benefits Coordinator



THANK YOU

Thank you to all the staff on Wards E/F who took care of _____. I feel as if you treated him like family, and I knew that he thought a lot of the staff there. I also want to share with you that soon after he passed away, his brother also passed away. Please continue to keep our family in your prayers.

From a family member

T.R.U.S.T.

A low-trust environment makes everything more difficult, expensive, and dangerous. The loss of trust leads to more management time and inefficiencies, as checking, re-checking, and excessive follow-up become the norm. Ultimately, it can mean lower job-satisfaction, negative publicity, and unwanted regulation. It is essential to have the Value of Trust in an organization. However, the value alone is not sufficient. Every member of the organization should strive to exhibit behaviors that increase trust. How can this be done?

Tell each other what is being done and the reasons for doing so. This open and honest approach works very quickly to establish trust when it is consistently practiced. Reward consistently and fairly, based on the performance of desired behavior. Inconsistent rewards, or rewarding based on favoritism rapidly destroys trust. Understand that mistakes will be made. Doing so will help others to avoid hiding their mistakes, and will encourage the development of being more open about mistakes. Share information freely, realizing that some information should be shared only

on a need-to-know basis. The practice of withholding information solely because “knowledge is power” is an organizational idea inconsistent with SWVMHI Values. Trustworthy behavior begets trust. We really cannot expect to have organizational trust when our own behavior is not trustworthy. The organization, after all, is the sum of its parts.

~ James Moon, Ph.D.
Psychology Supervisor

May Lunar Phases



May 3

New Moon

May 10

First Quarter Moon

May 17

Full Moon

May 24

Last Quarter Moon



Benefits Fair

Virginia Public Service Week (VPSW) will be held May 1 – 7, 2011, in the Commonwealth. During this special week, employees will be publicly recognized for their hard work and dedication.

This week is a time to celebrate the diverse jobs in state government and the state employees who perform them. Take time to recognize your fellow employees by posting recognition bricks on the state “Web Wall of Fame.” To submit a recognition brick, visit www.dhrm.virginia.gov/publicsv/vpswtoolkit.html and follow the on-screen prompts.

SWVMHI will help to celebrate Public Service Week by holding a **Benefits Fair on May 6** from 1000 to 1400 hours in the Rehab Building. Please mark your calendars and plan to attend this event. There will be representatives at the fair from the following: ValueOptions, Sam’s Club, Delta Dental, Liberty Mutual, Minnesota Life Insurance, Combined Insurance, ING, Madison National Life, Waddell and Reed (retirement planning), King College, VGEA, and AFLAC. Materials will also be available from Anthem and CommonHealth.

FREE ICE CREAM will be served as well!

Welcome to the Race for Hope – DC Presented by Cassidy Turley



Amount Raised to Date (05/02/11)
\$2,136,141.80

As of 5/2/11, the 14th Annual Race for Hope - Washington, DC 5K Run/Walk, one of the largest national fundraisers to benefit the brain tumor community has raised over \$2 million dollars! Through generous gifts from individuals and company sponsorships, the Race for Hope - DC has raised more than \$11 million in its history, including a record-breaking \$2.3 million in 2010.

SWVMHI had two teams participate in the 5K course in the nation's capital. The Race funds research and support services for those affected by this disease. Proceeds benefit [National Brain Tumor Society](#) and [Accelerate Brain Cancer Cure](#).

Thank you for your support of our two teams:

Team Jerry

(Pam St. John)

Russ' Team Maillot Jaune

(Amanda and Russ McGrady)

It is not too late to show your support. To do so, go to this website, then to Washington D.C. and then type in the name of a team or a team member: www.brainumorcommunity.org.

This amazing event relies on the dedication and enthusiasm of individuals, families, teams, volunteers, sponsors, and donors. Thank you for your support in helping us find a cure for brain tumors!

Thank you,

Cynthia McClaskey

Chaplain's Corner

Psalm 15 helps us understand the need for proper character development in our relation with God, work, family, church, and those with whom we interact daily. The psalmist calls us to assess ourselves in regards to the ten values within the psalm as to how we measure up and in what areas we need improvement. We know to live a life of character is not always an easy thing to do, but the things worth having in life are never easy.



Read Psalm 15 and then evaluate yourself to see how you measure up.

The scale of 1 to 10 is to help you estimate where you think you are on each of these points of value, with one being the lowest and ten the highest. Simply circle the number where you think you are as you reflect back on your life within the past year.

1. Whose walk is blameless
1 2 3 4 5 6 7 8 9 10
(Is it your purpose to honor God in all you do? 1 John 2:6 tells us, "Whoever claims to live in him must walk as Jesus did.")
2. Who does what is righteous
1 2 3 4 5 6 7 8 9 10
(Do you try to do the right thing in every situation? What kind of example are you presenting to those around you?)
3. Speaks the truth
1 2 3 4 5 6 7 8 9 10
(Are you guilty of telling only half-truths when it is to your advantage? Have there been situations recently where you have not been truthful?)
4. Has no slander
1 2 3 4 5 6 7 8 9 10
(Is there someone in your life that you speak unkindly about behind

their back? Do you tend to gossip about others?)

5. Does his neighbor no wrong
1 2 3 4 5 6 7 8 9 10
(Have you been fair to your neighbor, borrowed things you have not returned, or failed to offer help when they were in need? Do you "Do unto others as you would have them do unto you?")
6. Casts no slur on his fellowman
1 2 3 4 5 6 7 8 9 10
(Do you say things about others that are demeaning and cruel? How good a friend are you?)
7. Honors those who fear the Lord
1 2 3 4 5 6 7 8 9 10
(Who do you hang out with by choice? Do you show proper respect to all those who are faithful in service and honor to the Lord?)
8. Keeps his oath
1 2 3 4 5 6 7 8 9 10
(Is your word your bond? Can you be trusted to keep a promise? Is your yes, yes and your no, no?)
9. Lends money without usury
1 2 3 4 5 6 7 8 9 10
(Do you help others with the intent of only benefiting yourself? Do you make it harder for those in need by expecting something in return?)
10. Does not accept bribes
1 2 3 4 5 6 7 8 9 10
(Have you ever compromised your values for personal gain or to avoid a difficult situation? What would it take for you to compromise your values in order to better yourself in some way?)

People of character learn to live by values and base their decisions on principles that are unchanging in any circumstance.

We know we are not perfect, but we should always strive for excellence in bettering ourselves and setting the example for those generations that follow, always looking for the proper way to live, honor God, and show respect for our fellow human beings.

Mistakes in life will happen, but part of character building is to confess, repent, correct, and move on in striving to do the right thing. If we strive toward excellence in the ten values listed above, we can be assured of three things: a clear conscience, a life far less complicated, and the promise of God's presence and guidance.





Word Search

How many words can you find related to the month of May?

Q	W	E	R	T	Y	Y	U	I	F	O	P	A	S	D	F	G	H
H	J	K	L	Z	X	C	A	V	L	B	N	T	M	N	C	B	C
E	A	S	D	F	G	H	J	M	O	N	T	H	K	L	L	Z	X
P	P	O	I	U	Y	T	R	E	W	W	Q	E	Q	A	O	S	D
B	F	M	G	S	V	H	J	R	E	S	X	R	E	X	O	H	J
U	N	O	I	T	A	U	D	A	R	G	S	O	C	V	N	M	H
R	B	T	S	W	R	C	Y	A	S	C	H	C	X	V	E	C	M
N	D	H	B	V	C	X	U	A	V	S	D	K	F	G	Y	G	H
H	M	E	M	O	R	I	A	L	G	I	D	S	A	Q	W	R	E
R	T	R	R	T	Y	U	I	O	O	P	S	A	S	B	D	A	F
G	H	J	K	B	I	R	T	H	D	A	Y	A	S	R	D	W	Y
N	F	G	H	J	Y	K	L	Z	C	V	B	N	M	O	L	J	E
J	O	G	F	D	N	E	H	S	N	W	O	T	D	S	S	A	R
P	I	S	U	Y	T	R	B	E	W	Q	L	J	G	N	D	A	H
A	M	N	R	C	S	T	R	A	I	T	R	U	M	A	N	Z	P
X	C	V	B	E	N	M	O	P	I	H	F	G	E	N	W	D	M
J	F	E	V	J	M	V	W	X	W	K	C	M	O	E	K	X	U
P	K	N	V	C	K	E	N	N	E	D	Y	Z	A	F	Y	C	H

When you think of the month of May, many things come to mind, such as May Day, Cinco de Mayo, flowers, graduation, Mother's Day, Memorial Day, or even the Kentucky Derby. But what about some famous individuals that were born during the month of May? Following is a short list of the many people in history that share a May birthday: County singers, Tim McGraw and George Strait; wrestler/actor Dwayne "The Rock" Johnson; rock singers James Brown and Pete Townshend; Presidents Harry Truman and John F. Kennedy; Director George Lucas; actors Audrey Hepburn, George Clooney, and Pierce Brosnan; Poet Ralph Waldo Emerson; jazz musician Miles Davis; and politician Hubert Humphrey.



Clinical Documentation = Critical Communication

Principle # 4: Clinical and nursing staff should effectively use the Data Assessment Plan (DAP) format to write ID (blue) notes, (yellow) active treatment notes, and periodic updates in the individual services records. Each entry should be timed and dated, with the person's discipline identified at the start of the note.

The format for such notes is:

D – Data

A – Assessment

P – Plan

Data = Statements made by the client or by significant others, information from observation or communication with others, clinical and laboratory findings, observed response to treatment, and client appearance and behavior.

Assessment = Assessment and/or analysis of data.

Plan = The immediate or short-range plan of care for the individual. The short-range plan should tie in with the treatment plan.

EFFECTIVE “DAP” NOTES

- * Provide a complete, consistent and comprehensive record of care.
- * Accurately represent the client's situation.
- * Focus on goals that tie back specifically to the treatment plan.
- * Use factual information and examples to support conclusions.
- * Enable an action or actions to be taken based on their review.

INEFFECTIVE “DAP” NOTES

- * Are simply “cut and pasted” from previous sessions without adequate editing that reflects the current session.
- * Have no specific focus on a given problem.
- * Offer inconsistent data.
- * Use abstract language that is not defined in measurable terms.
- * Are not tied back to the treatment plan.

ESSENTIAL GUIDELINES TO FOLLOW

- * Be thorough yet concise.
- * Write clear, objective descriptions and avoid judgmental statements.
- * Proofread, but don't erase information.

tion.

- * Consider how the client is portrayed.
- * Use respectful terminology.
- * Use only approved abbreviations.
- * Record entries in chronological order. Never chart care or observations ahead of time.
- * Sign and date all entries
- * Use words like “Evidenced by” and “Appears” rather than “seems”
- * Avoid using words like “always/never, and good/bad”
- * Be sure others can read your note and your signature.



~ Communications Team

Making You Stronger



According to psychological researchers, it's really true that “what doesn't kill you, makes you stronger!” Scientists from the University at Buffalo of the State University of New York and the University of California, Irvine, examined peoples life histories, mental health, and well-being over a span of time. People who experienced a moderate amount

of hard times were better off on ratings of mental health and well-being than people who experienced either lots of adversity or no adversity. People who had a small amount of stressors had less global distress, fewer post-traumatic stress incidents, and better satisfaction with life overall.

~ From the **Journal of Personality and Social Psychology**

REMINDER

All Employees are required to take Human Rights and DBHDS DI 201 CAIs between May 1 and May 31, 2011.



National Anxiety & Depression Awareness Week

May 1 - 7, 2011



To bring awareness and create venues for public education about anxiety and depressive illnesses, Freedom From Fear has created the Campaign on Anxiety and Depression Awareness.

Since 1994, the program has been launched during the first week in May as National Anxiety and Depression Awareness Week, May 1 – 7, 2011.

Each year more than 40 million Americans will suffer with an anxiety disorder, and over 20 million will suffer from some type of depressive illness. The cost to the economy is billions of dollars each year; the cost in human suffering is immeasurable.

The prevalence of these disorders is startling. At sometime during their lives, nearly a quarter (24.9%) of the adult population in the United States will have an anxiety disorder. Only substance-related disorders are more common (26.6%). The National Comorbidity Survey shows that the percentage is greatest for social and simple phobias (13.3% and 11.3%) and less for Agoraphobia (5.3%), GAD (5.1%) and Panic Disorder (3.5%) (Kessler et al., 1994). The lifetime prevalence of OCD is 2.56%, according to the National Institute of Mental Health (NIMH).

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These disorders are treatable. For more information, please visit one of these links:

American Psychiatric Association:
<http://psych.org>

American Psychological Association:
<http://psych.org>

Freedom from Fear:
www.freedomfromfear.org

National Nurses Week -- May 6-12, 2011

SWVMHI is joining the American Nurses Association in celebrating **Nurses Trusted to Care**, as part of National Nurses Week, which is held May 6-12, this year. The purpose of the week long celebration is to raise awareness of the value of nursing and help educate the public about the role nurses play in meeting the health care needs of the American people.

In honor of the dedication, commitment, and tireless effort of the nearly 3.1 million registered nurses nationwide to promote and maintain the health of this nation, the ANA and SWVMHI are proud to recognize registered nurses everywhere during this particular week for the quality work they provide seven days a week, 365 days a year.

The SWVMHI Nursing Department has many activities planned for Nurses Week which include:

⌘ Monday, May 9 -- Ice Cream Sundaes and quilt unveiling will take place in the Ward H dining room on all three shifts. Times will be as follows:

- Day = 1315 to 1415 hours
- Second = 2115 to 2215 hours
- Third = 1200 to 0100 hours

⌘ Tuesday, May 10 -- Grand Rounds Presentation/Diabetes Update: Insulin Initiation and Intensification, presented by Dr. Andrew S. Rhinehart from 1330 to 1500 hours in the A/B Training Classroom.

Also on Tuesday, May 10, each unit/shift will have a pot luck meal.

⌘ Wednesday, May 11 -- DSA Career Ladder Promotion and gift distribution.

⌘ Thursday, May 12 -- Psychiatric Nursing Conference: Achieving Recovery in Mental Health, from 0800 to 1220 at the MCTC Academy for Staff Development West, Main Conference Room.

⌘ Friday, May 13 -- Popcorn will be distributed to each unit and shift.

SWVMHI thanks each of its Nursing Staff members and invites everyone to join us in thanking those that care for the individuals we serve 24 hours each day, seven days each week.





PERSONNEL CHANGES

New Employees

Hayley Able, Psychiatric Aide	Mar 10
Leah Sauls, Psychiatric Aide	Mar 10
Karen Melki, Psychiatric Aide	Mar 10
Jennette Hurd, Psychiatric Aide	Mar 10
Angela Plummer, P14 Registered Nurse	Mar 10
Nazrin Roberson, Recreation Therapist	Mar 10
Melissa Robinson, Psychiatrist	Mar 25
Jeffrey Hanshew, Carpenter/Relief Boiler Operator	Mar 25
Dody Turley, P14 Food Service Technician	Mar 25

MONTHLY PATIENT CENSUS

March
2011

Admissions 65
Discharges 61
Passes 13

Average Daily
Census
136

Separations

Aasta Pauley, Registered Nurse Clinician A	Mar 3
Greta Middendorf, Psychiatric Aide	Mar 12
Amanda Hamm, Psychiatric Aide	Mar 21
Kelly Cassell, Clinical Social Work Supervisor	Mar 23
Angela Plummer, P14 Registered Nurse	Mar 23
Lorraine Plummer, Psychiatric Aide	Mar 30

Promotions/Role Changes

Michelle Clatterbuck, P14 to FT Psychiatric Aide	Mar 10
Karen Graham, Psychiatric Aide to Lead Aide	Mar 10

Meals in Minutes -- Impossibly Easy Quesadilla Pie

Need a quick meal to fix after a busy day at work? Look no further than this impossibly easy Quesadilla Pie -- the great taste of the appetizer favorite quesadillas, baked into a pie.

Ingredients

- 1 can (4.5 oz) Old El Paso® chopped green chiles, well drained
- 2 Cups shredded Cheddar cheese (8 oz)
- 1 tsp chopped fresh cilantro
- ¾ c Bisquick® mix
- 1½ c milk
- 3 eggs



Step 1: Heat oven to 400°F. Grease 9-inch pie plate. Sprinkle chilies, cheese, and cilantro in pie plate.

Step 2: Stir remaining ingredients until blended. Pour into pie plate.

Step 3: Bake 25 to 30 minutes or until knife inserted in center comes out clean. Cool 5 minutes. Serve with salsa and/or sour cream if desired.

Prep Time: 10 minutes
Total Time: 45 minutes
Servings: 6

HINT: If you have young children who may not like the heat of the chilies, you can just leave them out or serve them on the side for the adults.

~<http://www.bettycrocker.com/>



Travel Tip

When planning for a trip, you must always remember that if the location is not on the travel guidelines listing, you must use the standard rates. The standard lodging rate is \$77.00 per day, and \$41.00 per day for meals.

Recovery Heroes

A Spotlight on Employees using TOVA Skills and Assisting People with their Recovery

Dennis Hall is a psychiatric aide who has been employed at SWVMHI since March 1, 1987. Dennis was recently selected as the May, 2011, recovery hero for his efforts working with an individual who was described as "difficult to bond with as he is not very trusting of others."

Now, if you don't have 24 years experience in mental health like Dennis has, then you might wonder how you help someone who has difficulty establishing trusting relationships. So I asked Dennis what he did to help this individual. Dennis said that he picked a time each day that he would seek out the patient, asking him if he wanted to talk. They

would talk about many things, some not important and others, like discharge, were very important. Sometimes the patient just "needed to blow off steam" and know someone was listening.

I asked Dennis why he decided to put in extra time to help this person. Dennis replied this individual just seemed like he needed someone to spend some time with him. Dennis said his main reason for coming to work here so many years ago was the individuals that we serve.



He says his main responsibility is to help the individuals and that "they always come first."

Dennis' supervisor said that he did an exceptional job working with this individual, "He has put in many hours working with this patient in a genuine effort to help. As a result of Dennis' intervention, the patient has shown a significant improvement in his behavior and has better communication skills."

Thanks Dennis, for putting the needs of the individuals we serve first, and for being willing to put in the extra effort that it sometimes takes to build a trusting relationship.

Robin Poe, MSN, RN-BC
Coordinator of Nursing
Staff Development

Grand Rounds

The following Grand Rounds are scheduled for May and June:

- May 10 “Insulin Initiation and Intensification” will be presented by Dr. Andrew S. Rhinehart.
- June 9 “Recovery Philosophy of Mental Illness” will be presented by Debbie Boelte, LCSW.
- June 30 “The Ethics of Downsizing and Deinstitutionalization” will be presented by Dr. Michael Gillette.



If you are interested in attending any of these events, please contact the Training Department at Extension 854 to register.

New Acronyms?

OMG, FYI, I’m LOL!

Some of today’s expressions will make you LOL. Ours is a language in fluctuation, always changing, especially as we find more ways to communicate with one another, [sometimes] in 140 characters or less.

The Oxford English Dictionary (OED) has approved the following words and phrases for inclusion in its latest edition:

- **OMG**, “Oh my God (or goodness or gosh).” However the OED reports that OMG first appeared in 1917 in a personal letter.
- **LOL**, short for “laughing out loud.” Yet, according to the OED, its origin goes back to 1960 when LOL was used to denote “little old lady.”
- **FYI**, or “for your information,” first showed up in a 1941 memo.

While not yet in the OED, here are a few acronyms for more, shall we say, senior senders:

- **ATD**: At the doctor’s
- **BFF**: Best friend fell
- **BTW**: Bring the wheelchair
- **FWIW**: Forgot where I was
- **LMDO**: Laughing my dentures out
- **ROFLACGU**: Rolling on floor laughing and can’t get up

Commentary: Sonny Garrett, The Baxter Bulletin, April 4, 2011, Mtn Home, AR.

Thank You

Dear Team,

I would just like to thank you for everything you all have done for mom. Without your effort and caring so much to help people, I know mom wouldn’t be able to come home to us. Every time mom has been there, she was always treated like family. And I really appreciate that. We always worry about mom, but when she’s under your all’s care, it seemed to lighten the load dramatically. Other places never knew how to deal with mom, but you always had control. We just want you to know that all of you that helped mom holds a special place in our hearts and always will!

From the family of an individual discharged from the Geriatric Unit in April, 2011



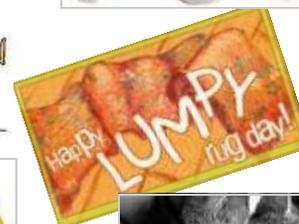
May Days to Celebrate

“Off the cuff” May holidays to celebrate:

- May 1**
Mother Goose Day
- May 3**
Lumpy Rug Day
- May 4**
Garage Sale Day
- May 6**
No Diet Day



- May 12**
Hug Your Cat Day
- May 14**
National Chicken Dance Day
- May 18**
National Pizza Party Day
- May 23**
National Taffy Day
- May 25**
Cookie Monster’s Birthday



Cyberbullying

Cyberbullying is just what it sounds like - bullying through Internet applications and technologies such as instant messaging (IM), social networking sites, and cell phones. It can start easily—with a rumor, a photo, or a forwarded message—and just as easily spiral out of control. An embarrassing video posted to a social networking site by someone in Kansas tonight may be watched by someone in Japan tomorrow. Cyberbullying victims may be targeted anywhere, at any time.

Common forms of cyberbullying [1]

- **Flaming and Trolling** – sending or posting hostile messages intended to “inflare” the emotions of others
- **Happy-Slapping** – recording someone being harassed or bullied in a way that usually involves physical abuse, then posting the video online for public viewing
- **Identity Theft/Impersonation** – stealing someone’s password and/or hijacking their online ac-



counts to send or post incriminating or humiliating pictures, videos, or information

- **Photoshopping** – doctoring digital images so that the main subject is placed in a compromising or embarrassing situation
- **Physical Threats** – sending messages that involve threats to a person’s physical safety
- **Rumor Spreading** – spreading gossip through e-mail, text messaging, or social networking sites

Signs your child may be a victim of cyberbullying:

- ✓ Avoids the computer, cell phone, and other technological devices or appears stressed when receive-

ing an e-mail, instant message, or text

- ✓ Withdraws from family and friends or acts reluctant to attend school and social events
- ✓ Avoids conversations about computer use
- ✓ Exhibits signs of low self-esteem including depression and/or fear
- ✓ Has declining grades
- ✓ Has poor eating or sleeping habits

For tips on how to talk to your child about cyberbullying and protect your family, please visit www.netsmartz.org

~ Safety Committee

[1] Hinduja, S., Patchin J. *Bullying Beyond the Schoolyard: Preventing and Responding to Cyberbullying*. Thousand Oaks: Corwin Press, 2009.

Rehab News

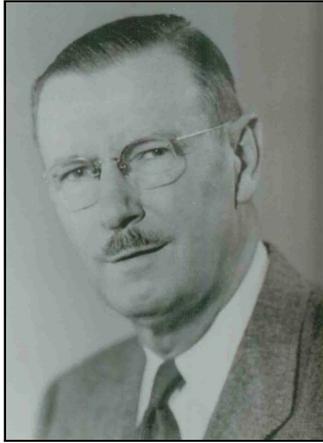
April has been a pretty active month for the Rehab department. We had a Mardi Gras party that was enjoyed by everyone. Also our newly elected CERC officers have started in their new positions filling the chairperson, vice-chairperson, recorder, and the alternate positions. They have already had a positive effect on the group and we look forward to working with them in the coming months. Everyone seems to be adjusting to the new central activities schedules, and have had mostly positive feedback.



LEAP (Leadership, Empowerment, and Advocacy Program) and WRAP (Wellness Recovery Action Plan) groups are in full swing. LEAP will be graduating about five SWVMHI consumers in just a matter of weeks. Also, the individuals we serve are enjoying the game room activities and like the fact that they are able to contribute ideas at the Patient Activities Committee meetings.

~ Sue Eller, Peer Specialist
Central Rehab Services

History From The Hill - Joseph Blalock, M.D., Superintendent



Dr. Joseph R. Blalock was appointed Superintendent in February 1938, and served the longest term of any superintendent when he retired in 1971 for a total of nearly 34 years. Our Central Activities/Cafeteria/Storeroom Building is named for Dr. Blalock.

Originally from Rockingham, North Carolina, Dr. Blalock was born on November 18, 1897. He received his BA and MA degrees from Wake Forest College, his MD from Johns Hopkins Medical School, and his Med.Sc.D. degree from Columbia University. Prior to his appointment as Superintendent at Southwestern State Hospital, he had a private practice in Detroit, Michigan, and Pueblo, Colorado. In 1929, he joined the staff at the New York State Psychiatric Institute and Hospital in New York City and remained there until 1938. While in New York, he participated in a number of research projects and publications, and became certified in Psychiatry by the American Board of Psychiatry and Neurology. In 1943, he became a Fellow of the

American College of Physicians, and in 1957, he received certification as Mental Hospital Administrator from the American Psychiatric Association. He was a member of numerous medical societies, both locally and nationally, and was also a member of the Governor's Advisory Board in Mental Hygiene.

During his tenure, Dr. Blalock conducted several studies, including patient behaviors before and after lobotomies and studies on the criminally insane, published many papers in national and international medical journals, and conducted numerous public addresses before Medical Societies throughout the United States, including Virginia, New York, California, and Hawaii.

Many changes also occurred during the 34 years that Dr. Blalock served as Superintendent, which included the following:

- * In the late 1930s, electroconvulsive therapy was started after a demonstration at Southwestern State Hospital.
- * Transorbital lobotomies, considered to be safer than prefrontal lobotomies, were stopped after three patients died from the procedure.
- * A form of an "out-patient clinic" was instituted prior to World War II, where Dr. Blalock, another physician, and a social worker would visit patients in their own homes, many of whom had been released from the hospital.
- * In the early 1950s, drugs came into widespread use, occupational and recreational

therapies were given greater emphasis, and the team approach in treating the individual was more widely used.

- * The initiation of the 40-hour work week began on July 1, 1959, with two days off per week, which was considered as "a most acceptable single improvement for the staff."
- * In 1961, the Hospital Cemetery was relocated because of the construction of Interstate 81.
- * Also in 1961, the Davis Clinic was vacated due to its poor condition and fire hazard.
- * The Blalock Food Service Building was officially opened in 1968.
- * The "Vocational Rehabilitation Unit" was begun on a part-time basis in 1969 with one rehabilitation counselor. It later expanded into a full program with training and job placement. The main objective of the program was to prepare men and women "to return to their communities and to function as useful citizens."

References: "Mental Health in Virginia," report from the Dept. of Mental Hygiene, Summer 1959; Commonwealth of Virginia Dept of Mental Hygiene and Hospitals, "Sixteen Years of Progress - 1938 to 1954;" "A Brief History of Southwestern State Hospital 1887 - 1987," Joan Tracy Armstrong, May 31, 1987; Superintendent's Annual Reports of Southwestern State Hospital, 1938 - 1971.

May Factoid

May is the fifth month of the year in the Gregorian Calendar and one of seven Gregorian months with the length of 31 days. May is a month of autumn in the Southern Hemisphere and spring in the Northern Hemisphere. Therefore May in the Southern Hemisphere is the seasonal equivalent of November in the Northern Hemisphere and vice versa.

The month of May has been named for the Greek goddess Maia, who was identified with the Roman era goddess of fertility, Bona Dea, whose festival was held in May. Conversely, the Roman poet Ovid provides a second etymology, in which he says that the month of May is named for the maiores, Latin for "elders," and that the following month (June) is named for the iuniores, or "young people" (Fasti VI.88).

In both common Western calendrical systems, no other month begins on the same day of the week as May. This month and June are the only two months that have this trait, though the first day of August in a common year and the first day of October in a leap year are also unique. No other month ends on the same day of the week as May.

Mental Health Awareness Month

Good mental health is much more than just the absence of illness – it's about being able to handle life's challenges and even flourish. May is Mental Health Awareness Month in the United States, which began in 1949 to raise awareness of mental health conditions and mental wellness for all. This year, there are two important issues that are being stressed through two themes:

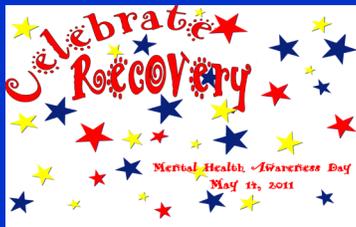
do more for **1 in 4**

Do More for 1 in 4 is a call to action to help the 1 in 4 American adults who live with a diagnosable, treatment, mental health condition, and the fact that they can go on to live full and productive lives. To learn more, please visit www.mentalhealthamerica.net/files/support_1in4.pdf.

The second theme, **Live Well! It's Essential for your Potential**, focuses on the importance of mental wellness and the steps everyone can take to improve their well-being and resiliency in the face of difficult times and challenges. This program offers ten science-based tools to manage stress and help you relax, grow, and flourish. To learn more, please visit www.liveyourlifewell.org/.

LIVE WELL! it's essential for your potential

There are many activities organizations can participate in to raise awareness of mental health. SWVMHI will again be co-sponsoring and participating in the annual Mental Health Awareness Day at Emory & Henry College scheduled for May 14, 2011. The schedule of events is as follows:



10:00 a.m. – 10:30 a.m. - Registration
 10:30 a.m. – 10:50 a.m. - Welcome and Speaker, Rene Turman
 11:00 a.m. – 11:20 a.m. - First Workshop
 11:30 a.m. – 11:50 a.m. - Second Workshop
 12:00 p.m. - Lunch, door prizes and music by The Ledgerwoods
 1:00 p.m. – 1:20 p.m. - Third Workshop
 1:30 p.m. – 1:50 p.m. - Fourth workshop
 1:50 p.m. – 2:00 p.m. – Final Comments

Borderline Personality Disorder Month

Borderline Personality Disorder (BPD) is a serious and often life-threatening disorder that is characterized by severe emotional pain and difficulties managing emotions. The problems associated with BPD include impulsivity (including suicidality and self-harm), severe negative emotion such as anger and/or shame, chaotic relationships, an extreme fear of abandonment, and accompanying difficulties maintaining a stable and accepting sense of self. Thus, BPD is characterized by pervasive instability of mood, interpersonal relationships, self-image, and actions, often negatively affecting loved ones, family and work life, long-term planning, and the individual's sense of self-identity.

Borderline Personality Disorder (BPD) afflicts 4 million adults and adolescents. BPD is a leading cause of suicide, with a suicide rate 400 times the rate of the general public. Many with BPD are unable to work. Others may be high functioning in certain settings, though their private lives and relationships are often in turmoil.

Relatively new as an official diagnosis, BPD is decades behind in research, treatment, awareness, and family education. Although BPD is as common as bipolar disorder and schizophrenia, it is far less known.

For additional information, please visit www.nami.org or www.neabpd.org.

SOME FACTS

- * 1 in 50 people suffer from BPD
- * BPD is as common as bipolar disorder and schizophrenia, but is less recognized
- * 17% of people in prison have BPD
- * There is no FDA-approved medication for the treatment of BPD
- * Compared to other disorders, BPD is at least two decades behind in treatment options, research, and family education

Photovoice

What is Photovoice?

Photovoice is an empowering tool that has been used in a variety of settings and among different constituencies, including communities of people with psychiatric disabilities. It puts cameras in the hands of individuals and asks them to produce statements made up of pictures and words to communicate their experience. This empowering tool enables people at the grassroots level to represent and define issues of concern, areas of strength, and targets for change—all of which are routinely defined by health specialists, policy makers, or professionals....but not mental health consumers.

The original concept of Photovoice was developed by Professor Caroline Wang at the University of Michigan School of Public Health and Mary Ann Burris from the Ford Foundation. Since then, Photovoice has been used for research, education, social change, and the development of more healthful public policy. This process emphasizes the knowledge of people with lived experience as a vital source of expertise. For more information, go to the photovoice link at www.bu.edu/cpr/research/recent/rtc2009/photovoice/index.html and click on "Using Photovoice to Fight the Stigma of Mental Illness" or "Beyond the Shadows of Stigma" to watch an informative video. This 8-minute, online video poignantly captures the essence of the Photovoice experience through interviews with Photovoice participants and through highlights of the works they created.

Using PHOTOVOICE to FIGHT the STIGMA of MENTAL ILLNESS

People with psychiatric disabilities are increasing their participation in mak-

ing valued decisions concerning their lives. This increased participation is a positive trend, and a core concept of recovery-based rehabilitation. Yet as participation increases, stigma has moved to the forefront of recovery challenges, directly impacting the lives of consumers, families, and caregivers. Stigma is a major barrier to recovery. It effects self-esteem and well-being, and is associated with avoidance of social interaction and increased depressive symptoms. The combination of the negative impact of the illness itself and the second layer of trauma that comes from the stigma attached to the mental illness impedes the recovery process beyond the factors typically associated with the disability alone.



The drain calls to me because of all the hurtful things people have said to me over the decades about my mental illness. In sum, I have been told that I am a drain on the nation, a drain on society, and a drain on multiple individuals' resources. Over the years, I have come to believe this, which has been a drain on me. Education about mental illness (and the effects of trauma) should be able to reach out to the general public, as well can be powerful weapons in combating stigma.

Remember that stigmatizing attitudes are not just found in the general population, but also among mental health providers, family members, and even persons with mental illnesses. People diagnosed with mental illness often expect to be rejected, shunned, devalued, and discriminated against by others, again affecting self-esteem, social interactions, mood, and anxiety level. Internalized stigma, often described as self-stigma, can further affect behavior and performance.

Why Use Photovoice?

Photovoice has been successfully used to in other Recovery based programs to explore health and wellness issues as experienced by persons with psychiatric disabilities. Where used, the response was overwhelmingly positive as it provided an opportunity to expose the impact of stigma in person's lives and gave opportunity to create photographs with narratives that explored a lived experience in exhibits open to mental health providers and the public. Remarkable personal changes for consumers have been documented. After participating in the experience, one consumer reported that, "Photovoice meant reaching out to try to talk to people to help people to understand—not just for me—but trying to turn my experience into a tool for other people to understand." Photovoice has been able to increase awareness of how internalized stigma served as a barrier to program participation. After participation in a Photovoice class, consumers reported feeling stronger and more likely to address stigma in their environments.

Through Photovoice, consumers can be empowered to reach a wide audience—potentially including many decision makers—utilizing a practical, delivery-oriented, low-cost intervention that does not require extensive training. The intervention has the potential to change the insight of individuals with lived experience and help leave behind misconceptions about the experience of psychiatric disability.

~ Cheryl Rhey,
Programs Director
Central Rehab Services



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Comments, Suggestions or Ideas?
SHARE THEM!

Please send any comments, suggestions, or ideas you have regarding the newsletter to the Office of the Director.



This Month's Word Search Answer Key

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Please submit articles for the next newsletter to Cheryl Veselik by May 20, 2011.

The next newsletter will be published June 1, 2011.