



INSIDE THIS ISSUE:	
First CDS Class	6
RT Week June 11—17	6
Personnel Changes	9
EMC News	7
Hummus Recipes	11
July 4th Local Events	2
History from the Hill	15

Code Echo
=
Check your email

From The Director

A Recovery-Oriented Environment

Much has been written and many training sessions have been held in the last number of years about recovery, person-centered treatment, and trauma-informed care. SWVMHI has the Mission to promote mental health in Southwestern Virginia and one of the most direct ways that we do this is by providing a recovery-oriented environment on our units and in our programs.

But what do we mean by this? What is the difference between a “non recovery environment” and a “recovery environment”? Often, the difference begins with hope – hope brings new energy and means “Life can be good!” and “I have a future!” In recovery environments, obviously, recovery is the goal, not just stability, and recovery/ treatment objectives are set jointly and are clear to all participants. Information is freely shared and choice and independence are valued. Sometimes one of the toughest things for mental health professionals to hear is “Resistance is good. Roll with it!” Remember that making choices is how people learn (it’s not that long since we were teenagers, right? – although clearly we have to address and mitigate risks of and about those in our setting. We have choices within limits). And people become experts in their own recovery through this learning process. While medication is one of several helpful tools, it is not the only tool – self help and peer support are valued.

Importance of Peer Services

On Thursday June 10, 2010, several of us listened to a webcast spon-

sored by the National Association of State Mental Health Programs Directors. The program was titled, “Consumer Involvement/ Role in



Cynthia McClaskey, Ph.D.
(with Tipi and Chief)

Initiatives to Reduce Coercive Practices and featured Dr Joan Gillece of NASMHPD and a number of Peer Coordinators and Specialists from four states. While the programs in the four states varied, the most important thing I learned is how helpful peers can be every day in the inpatient setting. In a 92-bed Vermont Hospital, they employ nine peers and two who specifically provide training to consumers in Wellness Recovery Action Plans. The peers respond to concerns/suggestions, conduct monthly forums with consumers. They respond to “STAT” calls to help calm someone down and they are present to assist with debriefings after events. They help write and are sometimes part of the solutions for Personal Safety Plans. Peers make sure consumers know

about the comfort/sensory rooms and they provide a variety of comfort and wellness tools.

In many settings, the service activities of peers in connecting peers to recovery resources might be similar to case management in substance use disorder treatment. Peers can help connect to services and resources available in the community that can help meet individual needs on the road to recovery. Peers have “walked in the shoes,” often with personal experience in navigating the service systems and accessing the resources to which referral is being made, and can bring those personal experiences to bear.

“Recovery is the Place to go for the Future!”

Recently, I viewed a 1948 movie starring Olivia de Havilland and titled “The Snake Pit.” – and it was NOT about a future we want to see. The title comes from an ancient practice where individuals with mentally illness were thrown into a pit of snakes. The belief was that something so horrible would make a normal person insane, therefore it must work in reverse to cure mental illness. The Oscar-nominated movie depicted a stark and often troubling view of treatment in a state mental hospital, as I imagine “Southwestern State Hospital” was perceived by some to

Continued on page 2

From the Director, continued from Page 1

be. The main character undergoes shock treatments, ice baths, poor food, inappropriate staff interactions, and various deprivations before the support of her doctor and her husband finally win through to effect her recovery and discharge.

I wonder what a movie made in 2010 would say about us 60 years in the future? Will it say that we are a recovery enhancing environment? I am hopeful that we are building a culture of recovery and that each of our day-to-day interactions brings us closer to our vision.

Thank you,

Cynthia McClaskey, Ph.D.

~ The accumulation of small, optimistic acts produces quality in our culture and in your life. Our culture resonates in tense times to individual acts of grace. ~ Jennifer James

Independence Day—Local Family Fun Events



Marion's Hometown Independence Day Celebration: July 4 — Live music and fireworks spectacular at MSHS Stadium. 6pm – 10pm. Admission is free.

After Hours Concert Series at Wytheville's Withers Park: July 4 with fireworks after, admission is \$6.00 at gate, \$5.00 in advance. Bring a lawn chair and wear your dancing shoes for an evening of fantastic music. For further information contact the Town of Wytheville Parks and Recreation Department at 276-223-3378.

Friday and Saturday...Music & Entertainment, Kids Games, Vendors, Crafters & Food

Saturday July 3rd, Parade at 10am, Watermelon Eating Contest at 1pm, Fireworks at 9:30pm

Sunday July 4th, plans in the works for concert and ice cream social.....For more information, contact Taphne at 276-773-9384 or Carol at 276-773-3507

Independence Day Celebration in Independence: What better place to spend the 4th of July than in Independence, VA?

I have learned that success is to be measured not so much by the position that one has reached in life as by the obstacles which one has overcome while trying to succeed. ~ Booker T. Washington

July Days to Celebrate

"Off the cuff" July holidays to celebrate:

July 7

National Macaroni Day

July 9

National Sugar Cookie Day

July 11

National Barn Day

July 18

Cow Appreciation Day



July 23

National Ice Cream Cone Day

July 27

Bugs Bunny's Birthday



Honoring Day-to-Day Tasks

One of the SWVMHI Core Values has the rather unusual name of *Honoring day-to-day tasks*. There is nothing unusual about this Value, however. This Value involves how we go about providing high quality moment-to-moment interactions. This Value includes important ideas such as politeness, neighborliness, optimism, good manners, teachable moments, and leading by example. This Value also takes into account how people in this region respectfully and politely interact with one another generally. Quite correctly, this Value is one of the

core “building blocks of excellence” and is a key part of the SWVMHI Mission and Vision. Throughout the years, many reviewers of SWVMHI have commented positively upon how we go about our day-to-day tasks. We behave as neighbors, working with neighbors, helping neighbors. Every successful organization has a fundamental value similar to *Honoring day-to-day tasks*. This important value, which describes the manner in which we go about interacting with each other, is a key element to our long-term success. All world-class organizations have recognized that

seemingly small tasks carried out with excellence are the building blocks of overall excellence.

~ Jim Moon, Ph.D.
Psychologist Supervisor



July Lunar Phases



- July 4**
Last Quarter Moon
- July 11**
New Moon
- July 18**
First Quarter Moon
- July 26**
Full Moon



New traffic laws go into effect July 1



Effective July 1, 2010, two new traffic safety laws in Virginia will help to protect not only tow truck drivers and highway workers but also help to ensure that 16 and 17 year old passengers are buckled up. AAA Mid-Atlantic and other transportation safety advocates applaud the changes, which they believe will help to save lives on the Commonwealth’s roadways.

Motorists Required to Move Over for Vehicles Displaying Amber Lights

During the 2010 session, Virginia lawmakers voted to expand the Commonwealth’s *Move Over* law to include protection for tow truck drivers and highway workers who display amber colored flashing lights. The current law applies only to motorists approaching emergency vehicles displaying red or blue flashing lights, which are generally displayed by police, fire and rescue. In addition to protecting vehicles displaying red or blue lights, Virginia’s new law also mandates that motorists, approaching a tow truck or highway maintenance vehicle displaying amber lights, change lanes away from the flashing lights, if possible to do so safely, and/or proceed with high caution given the prevailing ay conditions.

When the new law goes into effect on July 1st, Virginia will join 38 other states that already recognize the dangers faced by these individuals and the need to give them added protection while they work. The offense is punishable as a traffic infraction.

16, 17 Year Old Passengers Now Subject to Primary Enforcement for Not Wearing a Seatbelt

The second change impacting motorist safety will require 16 and 17 year old passengers to wear seat belts in the back seat of a vehicle and subject them to primary enforcement for lack of belt use in any passenger seat. SB 219, sponsored by Senator Janet Howell, accomplished this change. “A high school teacher from Herndon, Barbara Glakas, suggested the bill. During her career, she had known several students who died or were seriously injured because they were not wearing a seat belt in the back seat. It was always a needless tragedy,” said Senator Howell. “Teens we talked to were prepared to wear seat belts in the back seat ‘if it was the law’ but not otherwise. Fortunately, the General Assembly saw the wisdom of requiring those under 18 to wear their seatbelt. Hopefully, we will avoid many tragedies.”



News from the Recognition Committee

LUAU/BEACH PARTY AUGUST 26

Please mark your calendars!

Our next Recognition Program will be held on all three shifts on **Thursday, August 26, 2010**. The theme we have chosen is a "Luau/Beach Party." Get creative with your costumes and help make this a festive event. Plans are still underway, but we will have some delicious refreshments, a limbo dance and volleyball competition, and we've decided to bring back that challenging hula hoop contest again. The limbo and hula hoop will be available for you to enjoy at all three programs. For those of you on day shift, please start getting your volleyball teams formed.

DEFERRED COMP REP TO VISIT

Ms. Janice Parker, the facility's representative for ING, the third party that manages the State's Deferred Compensation Program, will be available on day shift to meet with anyone who is interested in learning more about the program and/or their investment choices. You are encouraged to take advantage of this opportunity to personally speak with Ms. Parker about your retirement savings program.

Please stay tuned...more information will be forthcoming in the August Newsletter.



Code Echo = Check your email

Chaplain's Corner

New Man: The Land of Beginning Again

Author: Louise Fletcher Tarkington

I wish that there were some wonderful place
Called the land of beginning again,
Where all our mistakes and all our heartaches,
And all of our poor selfish grief,
Could be dropped like a shabby old coat at the door,
And never put on again.

We should find all the things we intended to do,
But forgot, and remembered to late;
Little praises unspoken, little promises broken,
And all of the thousand and one

Little duties neglected, that might have perfected,
The day for one less fortunate.

It wouldn't be possible not to be kind,
In the land of beginning again,
And the ones we misjudged,
And the ones we grudged,
Their moments of victor here,
Would find in the grasp of our loving handclasp,
More than penitent lips could explain.

So I wish that there were some wonderful place,
Called the land of beginning again,
Where all our mistakes, and all our heartaches,
And all our poor selfish grief,
Could be dropped, like a shabby old coat at the door,
And never put on again.





U.S. History Word Search

See how many of the bolded, underlined Independence Day facts you can find!

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

On July 4, 1776, The Declaration of Independence was approved by the Continental Congress. Americans celebrate this holiday with fireworks, cookouts, and parades.

There were thirteen colonies.

British was misspelled in the Declaration of Independence!

There was a Revolutionary War.

Three presidents died on July 4: Thomas Jefferson (1826), John Adams (1826) and James Monroe (1831).

Calvin Coolidge was born on July 4, 1872.

(Answer Key on Page 16)



What is Payline?

Payline is a web-based service available to all State of Virginia employees paid through the Commonwealth Integrated Personnel and Payroll System (CIPPS). Payline provides the employee with the means to view and print personal earnings, leave, and benefits information as of any payday.

Q. How do I obtain a temporary password?

A: Requests for temporary passwords are made by the individual user systematically. Access the Payline Log On page, enter your Employee Number or SSN in the appropriate field, and click on the 'Forgot Password/New Account' button. Follow the prompts generally clicking on 'Accept' at each question. Once you have received the message stating a new temporary pass-

word will be assigned, you have completed your request. Your temporary password will be emailed to your Agency's Payroll Officer.

Q. Can I get my temporary password emailed to me?

A: As both a security measure and a cost savings measure, initial temporary passwords can only be distributed via email to your agency's Payroll Office. Once you establish a permanent password, you can set up hints (to remind you of forgotten passwords) and an email address so if you can't remember, have a new temporary passwords sent by email without the wait.

Q. What do I need to do once I receive my temporary password?

A: You need to establish your permanent security record as follows:

- Access the Payline Log On page
- Enter your SSN or Employee Number in the appropriate field
- Enter your temporary password in the Password field
- Click on Log On

You will be linked to a page where you need to provide a user defined password, a hint to help you remember your password, and up to two personal email addresses to obtain additional temporary passwords in the future should you not be able to recall the password you stored. Your Password is your security access to Payline; keep it strictly confidential.

To be continued

Recreation Therapy Week July 11th-17th

Recreation Therapy is an integrate part of the Rehabilitation Department here at our facility. Recreation Therapy is the provision of Treatment Services and the provision of Recreation Services to persons with illnesses or disabling conditions. The primary purposes of Treatment Services are to restore, remediate, or rehabilitate in order to improve functioning and independence as well as reduce or eliminate the effects of illness or disability. We also provide Rec-

reation Services to provide resources and opportunities to improve health and well-being.

Patients are offered the opportunity to give input into their treatment goals and objectives, as well as develop leadership skills within treatment groups and activities.

~ James Caudill CTRS



First CDS Class receives all A's



The first College of Direct Support Level II on-line class finished in May and everyone who attended from SWVMHI received an A. Each of you should be very proud of your achievement. This certainly confirms

your dedication to enhancing the recovery experience for the individuals we serve.

The following employees were members of this first class: Luke Armstrong, Teresa Blevins, Zara Blizzard, Debra Buchanan, Connie Cook, Rhonda Cress, Trish Daugherty, Teresa Delp, Garland Farmer, Darren Fitchko, Angela Gentry, Linda Gilley, Donna Goodpasture, Dolores Greer, Judy Grimsley, Laura Grinstead, Jack Hawk, Tina Hayden, Buddy Heath, Robin Heldreth, Lynn Henderson, Kathy Hogston, Philda Holman, Jackie; Hughes, Donna Jackson, Tammy Jackson, Tammy Jenkins, Vicky Melvin-Keen, Irma Osborne, Johnnie Overbay, Virginia

Parsons, Melissa Paschal, Loraine Plummer, Karla Robinson, Darlene Rouse, Joyce Rouse, Lynn Skidmore, Elizabeth Stamper, Leslie Warden, Donna White, and Dreama Wilkinson.

CONGRATULATIONS!

Look for more news on Level II College of Direct Support in future issues!!



Fireworks Safety

When you see “FIREWORKS FOR SALE,” do you get a bit of an adrenalin rush, excited about a glorious display and lots of noise? Or do you get a bad feeling in the pit of your stomach, fearful of an accident and remembering your parents’ warning: be careful or you’ll lose a finger, lose an eye, etc.? The National Council on Fireworks Safety offers information on state laws, facts and figures, and safety tips to help with your enjoyment of fireworks.

Deaths and injuries from fireworks decreased in 2008 from 2007. In 2008, there were 7 fireworks related deaths and approximately 7,000 fireworks related injuries treated in local emergency departments. Of the injuries, 62 % were sustained by males. Injuries to children and young adults under the age of 20 accounted for 58% of the injuries. There

were an estimated 900 injuries associated with firecrackers, 800 injuries associated with sparklers and 300 with bottle rockets. The parts of the body most often injured were hands and fingers, eyes, and legs. More than half of the injuries were burns.

You don’t need to be a statistic. The National Council on Fireworks Safety offers these tips:

- Use fireworks outdoors only.
- Obey local laws. If fireworks are not legal where you live, do not use them.
- Always have water handy – a bucket or a hose.
- Only use fireworks as intended. Don’t try to alter or combine them.
- Never relight a “dud” firework. Wait 20 minutes and then soak it in a bucket of water.

- Use common sense. Spectators should keep a safe distance from the shooter and the shooter should wear safety glasses.
- Alcohol and fireworks do not mix. Have a “designated shooter.”
- Only persons over the age of 12 should be allowed to handle sparklers of any type.
- Do not ever use homemade fireworks or illegal explosives.

For more information visit www.FireworksSafety.org.


~ Safety Committee

News from the Executive Management Committee

Change is everywhere, and the Executive Management Committee (EMC) is no exception. Here is a photo of the members and what areas they represent.

Back row from left to right: Don Chisler, Director of Physical Plant Services; Phil Jones, Director of Risk/Quality Management; Amanda Currin, Assistant Director, Administrative; Karen Chavers, Director of Staff Development and Training; Russ McGrady, Director of Clinical Services; Cynthia McClaskey, Director; Kim Sayers, Human Resources Analyst; Dr. Jon Crisp, Director of Medical Services; Cheryl Veselik, Executive Assistant to the Director. *Seated in front from left to right:* Alicia Alvarado, Chief Nurse Executive; and Beverly Webb, Regional Human Resources Director.





Southwestern Virginia Mental Health Institute received a “Shining Star Award” certificate from the Department of Human Resource Management for exceeding the total dollars raised over last year’s campaign for its 2009 Commonwealth of Virginia Campaign efforts. Congratulations to the Commonwealth Campaign Committee, and thanks to all those who contributed.

Conclusion of HPO Workgroup

“Consumer Education and Recovery Awareness” or as it became known, “Recovery TV”

In October 2008, an HPO team was chartered with a membership of Tom Miller, Social Worker; Karen Chavers, Training Director; Doug Smith, Volunteer Services Coordinator; Steve O'Brien, Central Rehab Services; and Jim Lundy, Nurse Coordinator. The initial goal was to enhance SWVMHI's television and audio visual services by including more consumer choice and involvement in treatment planning. The basic idea was to have a closed circuit television channel for continuous recovery programming throughout the day on the wards with educational DVDs obtained either from outside sources or produced by staff and/or patients on SWVMHI recording equipment.

A major challenge arose regarding the technology set up. Also, obtaining the desired equipment posed a problem. Through the persistent problem-solving of Physical Plant Services, the closed circuit television “Channel 3” connection was relocated from the Training Department to the Appal-Link Room to allow 24/7 access and operation. A pre-programmable DVD player that could be set and loaded for continuous play was not available but one that can be set individually for each program was obtained. Also, a hand-held camcorder and tripod was purchased, along with several recovery-oriented DVDs.

All HPO projects do not work perfectly as planned, and over time, this project changed its course. One of the confounding factors was due to the technological and equipment challenges and so Don Chisler, Director of Physical Plant Services, joined the committee. The urgency of the committee's focus also lessened due to both the delay in making progress as well as the initial relevancy to offer continuous programming on the units during the day changed. This was due to the revised delivery system of Central Rehab services for off-unit activities allowing new opportunity for patients from all units throughout the day to attend programming in the treatment mall.

However, the HPO Recovery TV Workgroup, as it concludes its work, has accomplished the following:

- Closed circuit television programming capability is established in the Appal-Link Room. On “Channel 3,” one DVD can be played on all the ward televisions in the day rooms and alcoves.
- A hand-held camcorder and tripod is available from the Nursing Executive Secretary to create our own programming.
- Central Rehab has several new recovery oriented DVDs that can be used for patient or staff education.

Several examples of how this has already been used are as follows, as well as suggestions for the future:

- Hand hygiene and infection control programming was broadcast for patient education.
- Earth Day programming was available.
- Discharge planning may be facilitated in the future by making DVDs of various group homes and locations to introduce patients to their options.
- Chaplain services may be recorded and played, or other spiritual programming, on the weekends.
- On weekends and holidays, nursing staff may plan on-ward therapeutic group activities using the closed circuit television channel.
- Patients may record programming to play either as peer support initiatives or as skills building and positive community involvement.
- Possibly, a group may be formed with staff and patients collaborating on a monthly basis to prepare for the next month's “Closed Circuit TV Guide.”

For facility-wide programming, advance publication to the units, at least several days in advance, is helpful so that patients can be aware to “tune in” to “Channel 3.”

Thank you especially to Don Chisler, Chad Funk, Steve Perry, Freddie Williams, Cindy Jones, Amanda Phipps, and Amanda Currin (who donated the television in the Appal-Link Room) for ensuring the closed circuit television plan became reality.

~ Alicia Alvarado,
Chief Nurse Executive





PERSONNEL CHANGES

New Employees

Angela N. Hayden, PI4 Housekeeper	May 10
Max McClure, PI4 Radiology	May 10
Connie Alexander, PI4 RNCA	May 25
Jeane Hutton, PI4 Lab	May 26

Separations

Jason Heath, Psychiatric Aide	May 7
Danielle Pennington, Psychiatric Aide	May 10
Lian Olinger, RN	May 10
Kerry Roark, RN	May 12
Robert Benke, Psychiatric Aide	May 14
Tera Kennedy, LPN	May 15
Bethany Weddle, Psychiatric Aide	May 16
Kelly Hewitt, Social Worker	May 21
Kristen Gallimore, Psychiatric Aide	May 23
Rita Heath, Psychiatric Aide	May 24
James Nachbar, Psychiatrist	May 24
Martha Larmer, Nurse Practitioner	May 31
Tracie Havens, RNCB	May 31

MONTHLY PATIENT CENSUS

May 2010

Admissions 82

Discharges 79

Passes 7

Average Daily

Census

131

Promotions/Role Changes

Connie Tester, RNCB to RNCA	May 25
-----------------------------	--------



ATTENTION ALL STAFF

The Infection Control CAI is due by July 31

Travel Reimbursement Requirements

The following information is important in obtaining prompt reimbursement for travel on state business:

All travel must be approved prior to the travel event using the **Travel Request Form**. It is the responsibility of the traveler to allow adequate lead time to obtain necessary approvals. Be sure that all required signatures are obtained before the request is sent to the Fiscal Office.

Within five days of return from travel, the traveler must complete the **Travel Expense Reimbursement**

Voucher: This documentation, including itemized, original hotel bills, not your credit card receipts, and receipts for any registration fees, provides required support for reimbursement of travel expenses.

If you have any questions about travel reimbursement, please call Missy Allison in the Fiscal Department at Extension 529.

~ Missy Allison
Accounts Payable Coordinator

TRAVEL EXPENSE REIMBURSEMENT VOUCHER		PERSONAL VEHICLE USE STATEMENT - STATE EMPLOYEES ONLY	
DEPARTMENT, INSTITUTION, OR AGENCY		PERSONAL VEHICLE - COST BENEFICIAL TO THE STATE - PERSONAL MILEAGE RATE	
		STATE VEHICLE - NOT AVAILABLE OR ACCESSIBLE - PERSONAL MILEAGE RATE	
		STATE VEHICLE - AVAILABLE OR NOT REQUESTED - FLEET RATE	
PREPARE WITH INK OR TYPEWRITER. USE ADDITIONAL SHEETS WHEN NECESSARY		I HEREBY CERTIFY THAT EXPENSES LISTED BELOW WERE INCURRED BY ME ON OFFICIAL BUSINESS OF THE COMMONWEALTH OF VIRGINIA AND INCLUDE ONLY SUCH EXPENSES AS WERE NECESSARY IN THE CONDUCT OF BUSINESS	
Name:		STATE EMPLOYEE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Address:		SIGNATURE OF TRAVELER	DATE
City:			
State:	Zip:	TITLE	
Vendor ID:	Suffix:	I HEREBY CERTIFY THAT THE TRAVEL UNDERTAKEN IN THIS REIMBURSEMENT VOUCHER HAS BEEN REVIEWED AND APPROVED AS NECESSARY FOR THE CONDUCT OF BUSINESS OF THE COMMONWEALTH	
		TRAVELER'S SUPERVISOR	DATE

Commandments for Working Together

1. Look for ways to make new ideas work...not for reasons why they will not. Ask, "How can I help this work?" or "Maybe try this..." Introduce ideas with DATA first, then suggestion. "We studied this and found 15% improvement, so can we pilot this change for a week and see?"
2. Admit mistakes (and be gracious when others admit theirs to you).
3. Speak positively about each other and your organization at every opportunity.
4. Help each other win and take pride in the victories of all.
5. Maintain a positive mental attitude, even in the face of reality. "I'm HAPPY to help!"
6. Whatever you want, give it away. (Enthusiasm, Commitment, Respect, Recognition, Positive Attitude etc)
7. Forgive each other. Be as gentle with the faults of others (as you want them to be with yours)
8. Help each other be right, not wrong
9. If in doubt, check it out! Don't make negative assumptions!
10. Practice random acts of kindness
11. Act with initiative and courage, as if it all depends on you.
12. Do everything with enthusiasm. It is contagious.
13. Believe in progress. Don't lose faith!
14. Have fun!

~ Dale Carnegie
(www.daleinfo.net)

VRS Changes

The General Assembly adopted several benefit plan changes for current and future members during the 2010 session. Legislation affecting current members includes the following:

Cash Match Reduction: The General Assembly voted to reduce temporarily the amount of the employer cash match for state employees and faculty members participating in the Commonwealth of Virginia 457 deferred Compensation Plan and the 403 (b) plan. What it means to you — if you are a salaried state employee partici-

pating in the 457 Plan or the 403 (b) plan, you have been receiving an employer cash match of 50 percent of your contribution, up to \$20 per pay period. The amount of the cash match will reduce to a maximum of \$10 per pay period beginning July 1, 2010.

Refunds: Effective July 1, 2010, members must be vested to be eligible for a full refund of all contributions and interest in their member contribution accounts. Under VRS, you are vested if you have at least five years of service credit.

For these and under changes and news from the Virginia Retirement System, please be sure to check out the *Member News* Spring 2010 edition, which you should have received in your mailboxes in June.



You asked for it, you got it — Recipes!

Numerous requests have been received for the recipes used for the dishes served at Dr. Grubbs' reception. Following are several of those recipes:

BLACK BEAN HUMMUS

Although black beans are not usually included in Middle Eastern cooking, they make such a nice alternative to chickpeas in hummus. Black beans are also very healthy and high in antioxidants.

Tahini is included in the recipe and can be store bought or made from scratch (see below for recipe).

Prep Time: 10 minutes
Total Time: 10 minutes

Ingredients:

1 can black beans, drained (15 oz)
1/4 cup tahini
1 tablespoon garlic, minced
1 tablespoon olive oil
1/4 tablespoon lime juice
1/2 teaspoon cumin

Preparation: In a food processor, process all ingredients until smooth and creamy. If it is too thick, add half a teaspoon olive oil and a half teaspoon lime water. Serve immediately or store in refrigerator in airtight container.

Serve with hot pita bread, pita chips, veggies, or tortilla chips.



TAHINI

Tahini is a Middle Eastern pantry essential. It is the foundation for many Middle Eastern recipes like hummus and baba ghanoush.

Tahini can be prepared homemade or purchased at a Middle Eastern grocer in a can. It is called tahini or tahina, depending on the region.

Prep Time: 5 minutes
Cook Time: 10 minutes
Total Time: 15 minutes

Ingredients:

5 cups sesame seeds
1 1/2 cups olive oil or vegetable oil
Preparation: Preheat oven to 350. Toast sesame seeds for 5-10 minutes, tossing the seeds frequently with a spatula. Do not allow to brown. Cool for 20 minutes.

Pour sesame seeds into food processor and add oil. Blend for 2 minutes. Check for consistency. The goal is a thick, yet pourable texture. Add more oil and blend until desired consistency.

Yield: 4 cups

Storing Tahini: Tahini should be stored in the refrigerator in a tightly closed container. It will keep for up to 3 months.



ROASTED RED PEPPER HUMMUS

When you want hummus with a little "kick," you should make roasted red pepper hummus. It is the easiest recipe! You can buy fresh roasted red peppers in the deli of your supermarket or on the shelf in a jar. The recipe also contains tahini, which can be made easily, or also purchased in a supermarket.

Prep Time: 10 minutes
Total Time: 10 minutes

Ingredients:

1 can of chickpeas/garbanzo beans (15 oz)
1/3 cup tahini
1/4 cup lemon juice
2 tablespoons olive oil
2 garlic cloves, crushed
1/2 cup - 3/4 cup roasted red peppers (depending on taste)

Preparation: In a food processor, combine beans, tahini, lemon juice and olive. Process until smooth. Add red peppers and garlic until desired consistency.

Garnish with parsley. Serve warm with hot pita bread or toasted pita chips.

Roasted red pepper hummus can be made up to two days in advance and stored in an airtight container in the refrigerator. Heat in microwave or on stovetop to serve.



More recipes used at Dr. Grubbs' reception will appear in the September newsletter.



Subjects as Headlines: An E-mail Fable

You have a problem. After working with a team for over 6 months to design and implement a process change, in an area that has been prone to one mistake after another, you have just received a call from a counterpart in Richmond promising a significant amount of funding *if you can get a proposal to him by the end of the day*. The problem is, the leader of your team has had an unexpected family issue pop up, and on the west coast to boot. She is going to be spending the day hopping from one airport to another as she heads west. You spoke with her last night, and she told you that she hated to be away with so many pressing issues unresolved, your project being only one of several, but she has no choice.

When you arrived at the office this morning there was an e-mail from her saying that she had, in her haste to arrange a last-minute flight, forgotten her Smartphone at home, but that she had her notebook computer, and would try to find a hot spot whenever she was on the ground. So, you think, "she will be checking e-mails between flights, but given that she usually receives more than a hundred of them daily, there is no guarantee she will get to more than a handful today."

Without her approval, there is no moving forward with getting the proposal to Richmond, and there is no one else in-house who can get up to speed on the details in time to review the document competently and feel comfortable signing off on it. In this economic climate, there exists no real horde of people in Richmond offering funding. You think about how to increase the chance that she will open *your* e-mail specifically, considering she will be filtering through a sea of others too, and then wonder how to craft the message in such a way that it will ensure she quickly understands exactly what you need from her.

You take a minute to consider the situation in detail. The one thing you feel confident about is that she will try to scan the subject line of all of the e-mails she received, and then do her best to triage which ones she should open. That is what a medical professional would do, you decide, so how about that subject line? And isn't that what newspapers and magazines

have always done to attract the attention of potential readers? You surmise that the goal is to provide certain key information right there in the subject line itself, quickly and clearly letting her know the subject matter, that there is a defined time factor involved, and that you need her to review and respond to you TODAY. You reason that if you capture all of these elements in your subject line, without cluttering up things with useless words, then you will have maximized your chances of success. What you need is something very much like a *headline in a newspaper*, only personalized for your Team Leader.



Here is what you put in your title:

"Project X; Richmond offers \$; Prop due TODAY; need review and sig by 4:30!"

You use the red exclamation mark designation in Outlook to tag your e-mail, because you know that this will also show up on your title line. Next, you add in the body of your e-mail the draft of the proposal you have ready for her review and hit the "send" button. Then you wait.

Two hours later you receive this response from your Team Leader:

"Proj X; Review and sig as requested!"

The body of the message simply reads;

"In Phoenix, only got to 5 messages, but this one stood out. Great news, and great work!"

Three days later, with the funding from Richmond secured, Project X is headed for a big success. The Team Leader has returned, and when she reviews the situation with you, she tells you that she would like to copy your style and method of using the Outlook subject line to improve communication

within her department. "A lot of times we don't even put information in our e-mail subject lines," she tells you, "so people have no clue as to which messages contain critical information and need a response, and which ones are just FYI-type stuff." Then, her eyes widening with the impact of an idea, she asks if you would be willing to come to her next staff meeting and spend 15 minutes or so teaching your technique to her direct reports. After agreeing to do this, you walk back to your office thinking that no good deed goes unpunished, but you are just a bit proud of yourself too.

Sitting down at your desk, you scratch out these notes for your presentation:

"Never, ever, ever send an e-mail without subject line details!"

Use the subject line to:

- **Get attention**
- **Create headline of content**
- **Convey time factor**
- **Summarize what you need from them**

NOTE: Tell staff meeting attendees that if you manage to address all four of these points well enough, you might not even have to send anything other than the subject line information! Then just end it with <eom> (this stands for "end of message") so that the recipient knows the title is all there is. "

~ Communications Workgroup

To be continued

Code Echo =
Check your email

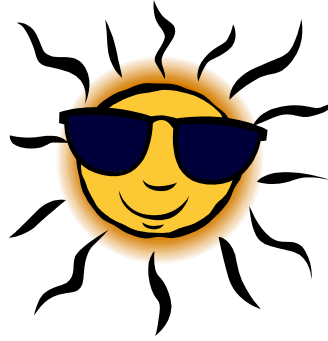
Here Comes the Sun

While some exposure to sunlight is enjoyable, too much can be dangerous, causing immediate effects like blistering sunburns and longer-term problems like skin cancer, cataracts and macular degeneration. Overexposure also causes wrinkling and aging of the skin and there are concerns that UV may even impair the human immune system.

Be sun wise:

- Wear sunglasses that block 99=100% of UV radiation.
- Wear a hat with a wide brim. This will provide sun protection for your eyes, ears, face, and the back of neck-areas prone to overexposure to the sun.
- Protect other areas with tightly woven, loose-fitting clothing.
- Always use a sunscreen when outside. A Sun Protecting Factor (SPF) of at least 15 blocks most of the harmful UV radiation. Apply liberally (a minimum of 1 ounce) and reapply every two hours when working, playing, or exercising. Old sunscreens should be thrown away because they lose their potency after 1-2 years.

- Sunscreen performance is affected by wind, perspiration, humidity, and proper application.
- Avoid midday sun as much as possible. The sun's UV rays are strongest between 10 a.m. and 4 p.m.



- Use extra caution near water, snow, and sand as they reflect the damaging rays which can increase your chance of sunburn.
- Avoid sunlamps and tanning beds.
- Watch for the UV Index-describes the likely levels for exposure to UV rays. The higher the number, the more sun

- protection is needed.
- Some medications cause serious sun sensitivity. Most common antibiotics are the tetracyclines, ciprofloxacin, and sulfa drugs (Bactrim, Septra). Other photosensitizing agents include non-steroidal anti-inflammatories (NSAIDS) such as ibuprofen (Motrin) or naproxen (Aleve), diuretics, birth control pills, and retinoids. ** Read all labels on medications you are prescribed and on the over-the counter medications you take.
- Some medical conditions can also cause photosensitivity such as Lupus. Follow physicians' orders for such conditions.
- Early detection of skin cancers can save your life. Perform skin checks monthly and look for any changes in moles, or other pigmented growths or spots. See your physicians immediately with any changes or concerns.

~ Cindy Jones
Infection Control Coordinator

News from Central Rehab Services

It was election time for CERC (Consumer Empowerment and Recovery Council). This group is an extension of the long-needed new direction in mental health treatment, one that emphasizes self-care, self worth and self-efficacy – all personal assets that can be easily lost in one's mental health journey.

This organization is run fully by people working their way through mental health struggles. The group does serious work set in an atmosphere of mutual interest and concern among those who have similar experiences in life, treatment, and in recovery.

The CERC groups work on several levels. We have our hospital group and officers, who represent SWVMHI in a regional organization that includes clubhouses and CSB-affiliated groups covering about nine areas from deepest Southwest Virginia to the New River Valley.

This group has indeed put its stamp on mental health care in our part of the state. For example, CERC representatives surveyed members about what they perceived as the most frequent problems in the delivery of mental health care. Number one on the list was a poverty of information about prescribed psych meds. The group didn't grumble, rather, it acted by sending letters to treatment providers throughout the area explaining the concern. And, yes, it got response. Letters were followed up with meetings throughout the area.

This is but one example of the proof of the power of peer support.

At future in-house CERC meetings, our SWVMHI group will identify concerns here that also occur in outside mental health related organizations. (The hospital CERC only deals with subjects about mental health services as they pertain to common interests across the spectrum of care and recovery. The in-house group does not deal

with individual questions about treatment and recovery.)

The regional group also has other topics on its plate, including concern about how law enforcement personnel and others designated to handle TDO transports treats patients.

Our in-hospital group elected a very capable team of officers, who began their terms at the regional meeting, Monday, June, 28, 2010.

~ Ned Bane
Peer Support Specialist



Listening to a Peer

Published on www.peteearely.com on May 31, 2010. Pete is an award-winning investigative journalist and author of "Crazy: A Father's Search Through America's Mental Health Madness." Important note: The word "CRAZY" in the book title refers to the mental health care system.

When my sister-in-law Joanne was diagnosed with cancer, my wife, Patti, immediately began searching the Internet for information and one of the most useful websites that she found was a blog being written by a woman undergoing cancer treatment. Patti became a faithful reader and found this woman's writings helpful and inspiring. Up until Joanne's death last year, Patti felt that she, Joanne, and the blogger were in the same foxhole.

No one thinks it's odd to ask for direction from someone who has gone through a life-altering illness – except when it comes to mental disorders. Too often, persons with mental illnesses are ignored even after they have recovered from all symptoms of their illnesses. Part of the reason for this is stigma and the deeply held belief that persons who are "mentally ill" can't be trusted to take charge of their own lives.

Let me be clear here because this is an emotional subject, especially among parents, of which, I am one. When Mike became psychotic, I did not listen to his ranting. I stepped-in and did what I believed any decent human being would do when someone they love becomes so obviously mentally unstable that they need an intervention.

But I'm embarrassed to write that even after Mike got his illness under control, I often treated him as I had when he was psychotic. It was difficult for me to step back, even though he was symptom free, and realize that if all of us wanted to move forward, he was going to have to take charge of his own life.

I'm proud to say that last year, Mike became a peer-to-peer specialist. I wish that he had done this at my bidding, but it was at the suggestion of his case manager, a fabulous social worker. I didn't know much about peer-to-peer specialists and I was skeptical.

Journalists always are. But as Mike was going through the training, I began to realize the obvious. No matter how much I love him, I will never fully understand what he felt and experienced because of his mental illness —

only someone who has walked in his shoes will be able to do that.

I have become a proponent of peer-to-peer. It's the same concept that many drug and alcohol treatment programs use. It makes sense. And it is important for all of us to listen to persons with mental illness who are in recovery and include them in our efforts to reform our mental health system. That may sound like a "Duh" statement but I am constantly surprised by the number of requests that I get to appear on public panels, only to arrive and discover that there are doctors, academics, parents, and other officials, but no one is on the panel who has actually had a mental illness. That is why I put in my contract that I will not participate in a panel unless there is at least one "consumer" on it too.

This week, Mike was asked to speak to county officials about peer- to-peer specialists and he shared his remarks with me. When I asked, he said I could share them with you.

"When I think about my role as a recovery specialist, I must not lose sight of the fact that I too am in recovery, just as my consumers are. Just because I work a position 40 hours a week and have county credentials and business cards, doesn't mean that I do not go home and live with the hard reality of mental illness. I don't stop having the illness when I go to work, I live it 24-7. Even though it has been over two years since my last relapse, I still struggle with the possibility of relapse, and have to adhere to my treatment plan and recovery oriented activities and it is a battle I face every day, being an advocate for myself. When I am instilling in others the need to become their own advocates, I remember this.

I think one of the most important things a person who is undergoing recovery can have, are the very things that I want when I am in crisis, so when I am with a consumer, I try to treat them by the same principles and standards I myself would appreciate. These things include having someone to stand by the consumer, to listen to them, to commune with them, and make them feel comfortable with their condition, even when society may not understand or care about their recovery. By having a vested interest in their well-being and showing that I care about them, I am able to build a

bridge to consumers. Once that bridge is built, it is easier for my co-workers to administer services.

I have seen eyes light up when I explain my role as a recovery specialist, and when I explain that I too have a mental illness. There is a bond that forms that only someone who has been through the ups-and-downs and first-hand experiences of an illness can relate too. When you've felt doubt about your place in the world, or experienced embarrassment when your condition was discovered by a less than understanding individual, when you've faced harsh stigma, or not known when to trust your own mind, it can be hard to relate to some of the recovery oriented lessons that others might try to help you with, but when it comes from someone who has walked down the same path, the words resonate much more. Defensive barriers that consumers may hide behind begin to become transparent and are shed when a recovering consumer feels comfortable enough to be themselves after I share my own journey and triumphs.

As people living with mental illness, we see the world through a different, unique perspective, and the goal I have as a recovery specialist is to convey that the consumer is not alone. As a part of the jail diversion team, we work as a group to remind the consumer that recovery is possible, I stand as a testament to that, and also we commune with the consumer because the burden to navigate one's illness is very hard to do alone. Just something as simple as having a person to talk to, even if it is a discussion that has nothing to do with mental illness, to relate to, even if it is an activity that is mundane, to exchange experiences with and bounce ideas off of can make one's journey to recovery much more pleasant and less stressful. I would not be here today if it were not for the love and concern of others, of dedicated individuals and family members who could see my potential when I couldn't see it and who could help me help myself when it wasn't possible to do so myself.

By working as a recovery specialist, I am able to help see that potential in others now, and remind them that recovery is possible, both by example and by encouragement." — I couldn't be prouder of my son.

History From The Hill

Taken from the Twenty-Sixth Annual Report of the Southwestern State Hospital of Marion, Virginia, for the Fiscal year ending September 30, 1913.

Continued from June 2010 newsletter:

I beg to call attention to the harmony that has prevailed in all departments of our work since last I submitted a report to your honorable body. This harmony has been characterized by the greatest amount of efficiency in the medical corps, nursing staff, and business departments, and in behalf of the officers and employees of this institution, I wish to express our profound appreciation of the noble assistance, cooperation and loyalty of you gentlemen to our work.

POPULATION AND STATISTICS GENERAL

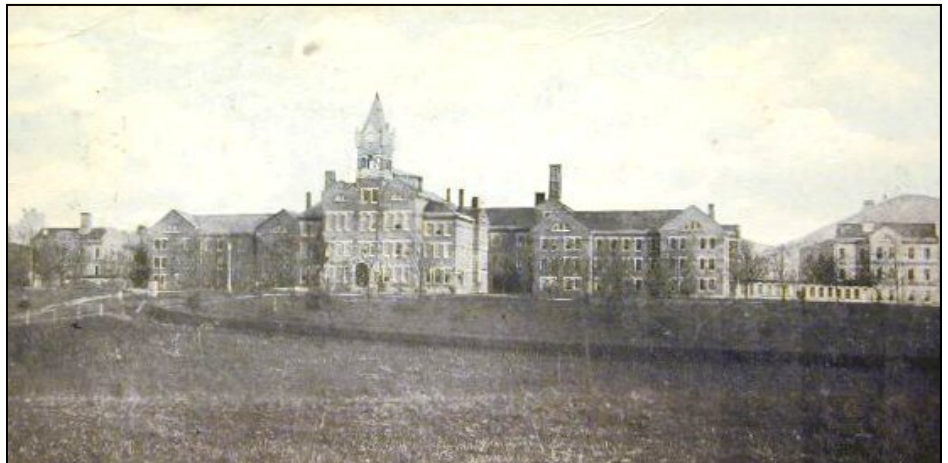
You will note that during the period September 30, 1912, and September 30, 1913, a total of 320 applications were received, but of this number only 315 were actually admitted, four of them being left at home with friends on bond, and one having died before it was possible to remove to the hospital. This record is far in excess of the largest number ever admitted to the hospital in any one year, and was made possible only through convalescence and recoveries, and a system of furloughs that enabled us to keep vacant beds on the needed wards. We have been fortunately able to receive every one committed, and the jails and almshouses – the worst possible places for the mentally distressed –

have been kept empty of these sufferers. During the period we have discharged 206, of whom 130 were males and seventy--six females, and of this number you will observe that forty-seven of them, or fourteen per cent, have been discharged as restored. Under a ruling of the general board, patients sent home to their friends on furlough are not permitted to go on recording as having been restored unless they have been mentally examined by the staff at the time of receiving their discharge papers. As we very often never see these furloughed patients again, examinations are impracticable, and the percentage of restored, or discharged as recovered, is naturally artificially reduced on our records.

And in connection with the commitment of patients to this institution, I cannot neglect an opportunity to impress on the friends of afflicted men and women the great importance of obtaining hospital treatment at the first indication of insanity or mental aberration. Unfortunately there

is almost universal an unwritten law which tends to shield men and women who give evidence of mental or nervous breakdowns, due primarily, of course, to pride, but in an unnecessarily high percentage of cases, practically fatal to all hope of permanent restoration. I want to urge upon the laity in general, and more particularly the physicians of the State, that patients be given hospital treatment at the earliest moment after developing any form of psychosis. No greater harm can be done than an attempt to hide the trouble, and the longer the disease has to fasten itself upon the patient, the more difficult, trying and discouraging its final treatment. To emphasize this statement, I respectfully invite attention to Table XIV, showing there were 106 cases admitted to this institution last year, in which insanity has been more or less marked for periods ranging from one to fifty years, many of them having practically forfeited every single valuable advantage of early treatment.

To be continued



July Factoid

July is the seventh month of the year according to the Gregorian calendar. It was the fifth month in the early calendar of the ancient Romans. The Romans called the month Quintilius, which means fifth. A Roman Senate renamed the month to Julius (July) in honor of Julius Caesar, who

was born on 12 July. The Anglo-Saxon names for the month included Heymonath or Maed monath, referring respectively to haymaking and the flowering of meadows.

~ www.egreenway.com





Southwestern Virginia Mental Health Institute

Address: 340 Bagley Circle
Marion, Virginia 24354

Phone: 276-783-1200

Fax: 276-783-9712

Comments, Suggestions or Ideas?

SHARE THEM!

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



U.S. History Word Search Answer Key

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

Please submit articles for the next newsletter to Cheryl Veselik by July 20, 2010.

The next newsletter will be published August 1, 2010.