

# A View From The Hill

VOLUME XXXIV, ISSUE 9

OCTOBER 1, 2009

## A VIEW FROM THE HILL TEAM MEMBERS:

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## From The Director

### Fantastic Fun Family & Friends Day

On Thursday, September 24, 2009, we held our 17<sup>th</sup> Annual Family & Friends Day, with the theme "SWVMHI Blue Ribbon Fair: An Award Winning Experience." Although the threat of thunderstorms drove us indoors for most of the day, we were blessed with a wonderful turnout of family and friends from throughout south-west Virginia. Music was provided by our own Ned Bane, who serenaded us with voice and guitar. We also heard gospel and old-time/bluegrass music from the Middle Fork Band. During lunch, entertainment was provided by the T.A.C.O. Chorus from Cumberland Mountain Community Services, who brought the house down with their rendition of "Love Can Build a Bridge." A real highlight of the day was two mental health recovery-oriented talks by consumers, both of whom had formerly been patients here. Rene gave an "In Our Own Voice" presentation about her recovery journey that was inspiring and moving. Bryan's joy in his recovery lit the room like a thousand candles. The day ended with some lively, talented folks singing karaoke in the gym and a highly contested Slopes tournament outdoors. We thank Robyn Anderson for her leadership of this event and the legion of volunteers from around the hospital who worked so hard to make it a success. Input from the Regional and SWVMHI Consumer Empowerment Recovery Councils was important in the

planning of the day. SWVMHI Food Service catered the lunch, Food City donated the apples, and Betsy Perkins donated the pumpkins for the pumpkin decorating contest. Many of those present stated that it was the best Family and Friends Day ever, and, having seen them all, I agree!

***"Whatever you can do or dream you can, begin it. Boldness has genius, power and magic in it."***  
~ Goethe



**Cynthia McClaskey, Ph.D.**

### Child and Adolescent Mental Health Consensus and Planning Team

On September 17, SWVMHI hosted what is likely to be the final meeting of this team which had its origins last winter. This group was mandated by the state legislature to develop recommendations about the role of state-run programs and ways to enhance care for all of Virginia's children and youth with mental health needs. Three subgroups

were tasked with: (1) defining the role of state operated programs and identifying ways to improve services, (2) addressing the mental health needs of youth who come in contact with the Juvenile Justice System, and (3) enhancing community services. Their recommendations had several recurrent themes/priorities. These included a clear recognition by all stakeholders about the importance of CCCA and the SWVMHI Adolescent Unit in the continuum of care. It was recognized, however, that there are opportunities for enhancement of services at state facilities, in the "handoff" as individuals are being discharged to enhance continuity of care, and in the provision of education and training that could improve care in the community. This will be our challenge over the next few months, to become responsive both on an individual and systemic basis so that the expertise that is concentrated here benefits others, so that we advocate for youth in a variety of settings, and so that we become more nimble in meeting the needs of the region. The SWVMHI unit is positioned to do this in a way that has never been possible before, and we are looking forward to watching them grow!

~ Cynthia McClaskey, Ph.D.

## Value of the Month: Honesty With Compassion

The seven values that have been defined as SWVMHI core values are: Communication; Honesty with Compassion; Trust; Teamwork; Self Initiative; Leadership; and Honoring Day to Day Tasks.

In taking a closer look at Honesty with Compassion, what exactly does it mean and how do we exhibit this value? In the Director's Orientation for new employees, Dr. Cynthia McClaskey, Director, discusses this value as, "Honesty with compassion characterizes our interactions with others and is an essential quality of a genuine, sincere, and respectful relationship. When there is a balance of respect and understanding between people, frank and open honesty is an expectation with all interactions. However,



honesty alone can be cruel and not helpful in furthering the Mission and Values of the organization. At those times when truth presented by one to another may challenge a belief or understanding of another, it is necessary for honesty to be paired with

compassion. Giving support or showing mercy in these situations without compromising honesty shows sympathetic concern for the perspective of another."

All of the values intermingle with one another, and Honesty with Compassion is no exception. Honesty with Compassion is the base of effective Communication, building Trust and Teamwork, exhibiting quality Leadership and Self Initiative, and foremost in Honoring Day to Day Tasks. Lay this value as your foundation and you'll be on solid ground. It's true, honestly!

~Mary Beth Counts  
Secretary Senior



### October Lunar Phases

**October 3**  
Full Moon

**October 11**  
Last Quarter

**October 17**  
New Moon

**October 25**  
First Quarter

The Full Moon on October 3 is known as the harvest moon because the early rising of the moon gave farmers more light to gather fall crops such as squash. Often, the Harvest Moon seems to be bigger, or brighter, or more colorful than other moons. These effects have to do with the seasonal tilt of the earth. The warm color of the moon shortly after it rises is an optical illusion, based on the fact that, when the moon is low in the sky, you are looking at it through a greater amount of atmospheric particles than when the moon is overhead.



### **ATTENTION ALL STAFF**

**The Fire & General Safety and Security Trainings  
(found on the Knowledge Center website)  
are due by October 31, 2009.**

## Chaplain's Corner

"I long to accomplish a great and noble task, but it is my chief duty to accomplish humble tasks as though they were great and noble. The world is moved along not only by the mighty shoves of its heroes but also by the aggregate of the tiny pushes of each honest worker."

~Helen Keller



## Who Am I?

It's time for the next SWVMHI Mystery Person! Think hard!

- Has worked in the same field for over 30 years
- Has five children and two grandchildren
- First vehicle was a 1969 Ford, Gran Torino with a "souped up 360"
- Favorite thing about the job is always learning something new
- Favorite TV shows are CSI and Medium
- Likes different kinds of music, depends on the mood
- Most desired vehicle is a Giant R.V. (with air conditioning and a hot tub)
- Retirement plan— Has no idea, will think about when older!
- Enjoys reading, walking, and mysteries
- If could do ANYTHING, "I would visit every state in the United States, in the new R.V., with someone else driving so I can relax in the hot tub going down the road!"
- Life's philosophy – be grateful always, there is a reason for everything



If you think you know who this is, call Ext. 822, email me, send a note, or stop by and tell me in person. The answer will be in the November newsletter.

~Mary Beth Counts  
Secretary Senior



### For a Fun Halloween Project At Home

Download dog stencils for your pumpkins!  
For 13 top dog breeds go to  
[bhg.com/dogstencils](http://bhg.com/dogstencils).



## National Fire Prevention Week is October 4-10

Fire Prevention Week was established to commemorate the Great Chicago Fire of 1871 that killed more than 250 people and left thousands homeless. It destroyed more than 17,000 structures, as well as burned more than 2,000 acres. The fire began October 8, 1871, and continued to October 10, 1871. Although the Great Chicago Fire is known by most, it was not the most devastating fire in 1871. On October 8, 1871, the Peshtigo Fire blazed through Northeast Wisconsin, burning 16 towns, causing 1,152 deaths, and over 1.0 million acres of scorched acreage.



These tragic fires changed the way firefighters and public officials thought about fire safety. Rather than commemorate the Great Chicago Fire through festivities, the Fire Marshals Association of North America began observing the tragic fire in a way to promote fire prevention and safety. That commemoration grew over the years, and, in 1920, President Woodrow Wilson issued the first National Fire Prevention Day proclamation. National Fire Prevention Week (Sunday through Saturday) would always coincide with October 9.

To take part in this national event, during the week of October 4-10, 2009, take time to perform a fire inspection at home and in your work area:

- Electrical cords are in good condition
- Appliances and lights are plugged into separate outlets
- Check smoke alarms
- Ensure your clothes dryer filter and vent are free from lint build-up
- Extension cords are in good condition

and used temporarily and safely (not under carpet or across walkways)

- Curtains and other linens are away from heat sources
- Portable space heaters are three feet clear of other items/structures and never in use unattended (do not use them while sleeping or away from the room)
- Make sure the fireplace, stove, furnace, etc., have been inspected annually
- Sweep the chimney each year to remove build-up
- Avoid clutter in hallways
- Keep a three foot egress in doorways
- Have an escape plan in place, and practice it routinely
- Purchase an approved multi-purpose fire extinguisher for the home
- Post emergency phone numbers in easy to see places

Source: NFPA: *Safety Information: Fire Prevention Week 2009*, [www.nfpa.org](http://www.nfpa.org).

~The Safety Committee

## Healthcare Food Services Week is October 6-12!

This week honors employees who prepare and serve food in healthcare facilities.  
Take a moment to thank those who assist in our Food Services Department.  
**We appreciate you!**





# Word Search

See how many of the **bolded**, underlined words you can find relating to days we will celebrate and honor during October.

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

During October, several days are particularly worthy of celebrating: **Alcohol** Education Month draws attention to problems related to alcohol abuse and helps put people in touch with resources that help. **Physical Therapy** Month educates the public about physical therapists and what they do. **Depression** and **Mental Health** Screening Month was introduced in 1991 to help detect disorders before they become serious and proactively promote positive mental health. **Domestic** Violence Awareness Month supports the rights of women and children to live in peace and dignity, free from violence. **Substance** Abuse Prevention Month helps to promote resources such as Employee **Assistance** Programs. Depression **Education** Month helps to educate patients, the elderly, and professionals about depression disorders. Mental Health Awareness Month promotes easy-to-understand information about mental illnesses, care, diagnosis, treatment, and recovery. Finally, **World** Mental Health Day, October 9, is a global mental health education campaign promoted by the World Federation for Mental Health because mental disorders occur in all cultures and in all stages of life.

~Cheryl Veselik, CPS/CAP  
Human Resource Assistant

(Answer Key on Page 16)

## Meals In Minutes— Apple Streusel Cheesecake Bars

Oatmeal cookie mix and pie filling make it easy to get a delicious apple pie-like bar.

Total Time: 3 hours 40 minutes

Makes: 24 bars

- 1 pouch (1 lb. 1.5 oz.) Betty Crocker® oatmeal cookie mix
- ½ cup firm butter or margarine
- 2 packages (8 oz. each) cream cheese, softened
- ½ cup sugar
- 2 tablespoons all-purpose flour
- 1 teaspoon vanilla
- 1 egg
- 1 can (21 oz.) apple pie filling
- ½ teaspoon ground cinnamon
- ¼ cup chopped walnuts

Heat oven to 350°F. Spray bottom and sides of 13x9 inch pan with cooking spray.



Place cookie mix in large bowl. With pastry blender or fork, cut in butter until mixture is crumbly and coarse. Reserve 1 ½ cups crumb mixture; press remaining crumbs in bottom of pan. Bake 10 minutes.

Meanwhile, in large bowl, beat cream cheese, sugar, flour, vanilla, and egg with electric

mixer on medium speed until smooth. Spread cream cheese mixture evenly over partially baked crust. In medium bowl, mix pie filling and cinnamon. Spoon evenly over cream cheese mixture. Sprinkle reserved crumbs over top. Sprinkle with walnuts.

Bake 35 to 40 minutes longer or until light golden brown. Cool about 30 minutes. Refrigerate to chill, about 2 hours. Store covered in refrigerator.

Taken from [www.bettycrocker.com](http://www.bettycrocker.com).

**Do you have a quick and delicious recipe that you would like to share? Email it to Amanda Phipps, and we may place it in the next newsletter!**

~Amanda Phipps  
Nursing Executive Secretary

## October is Domestic Violence Awareness Month

### Domestic Violence Safety Tips...

If you are in immediate danger, please:

- Call 911
- Call your local hotline
- Call a national hotline:
  - U.S. National Domestic Violence Hotline at 1-800-799-7233 (SAFE) or TTY at 1-800-787-3224
  - U.S. National Sexual Assault Hotline at 1-800-656-4673 automatically connects you to a local U.S. rape crisis program based on the area code of your phone number.
  - U.S. National Teen Dating Violence Helpline at 1-866-331-9474
- Remember that corded phones are more private and less able to be intercepted than cordless phones or analog cell phones.
- Be aware you may not be able to reach 911 using an Internet phone or Internet-

based phone service, so you may need to be prepared to use another phone to call 911.

- Contact your local domestic violence program, shelter, or rape crisis center to learn about free cell phone donation programs.

If you think your activities are being monitored, they probably are.

Abusive people are often controlling and want to know your every move. You don't need to be a computer programmer or have special skills to monitor someone's computer and Internet activities. Anyone can do it, and there are many ways to monitor with programs like Spyware, keystroke loggers, and hacking tools.

If you think you may be monitored on

your home computer, be careful how you use your computer, since an abuser might become suspicious.

You may want to keep using the monitored computer for innocuous activities, like looking up the weather. Use a safer computer to research an escape plan, look for new jobs or apartments, bus tickets, or ask for help.

2009 National Resource Center on Domestic Violence; [www.nrcdv.org](http://www.nrcdv.org).



### **SWVMHI COOKBOOK – WE NEED YOUR RECIPES!**

Planning has begun to publish a new SWVMHI cookbook! We know that we have lots of wonderful cooks in our area, so ask your family, your neighbors, retirees, and anyone else you know for their favorite recipes, and we'll compile them into a new SWVMHI Cookbook, hopefully prior to the Thanksgiving holiday.

**Please submit recipes you would like included in the cookbook to  
Linda Bonham by October 15, 2009.**

## Professional Friendships

The importance of workplace friendships and how they help you by  
A. G. Koepcke

Can you really be friends with everyone you work with? You may have nothing in common with any of your co-workers, but a professional friendship can benefit everyone in the organization by creating a supportive environment conducive to productivity.

Everyone in an organization must serve a purpose. According to psychological studies, workplace ostracism is the "exclusion, rejection, or ignoring of an individual that hinders one's ability to establish or maintain positive interpersonal relationships." Workplace ostracism throws a wrench into the gears of progress. Teams require positive interpersonal relationships to avoid incidents of backstabbing and sabotage, which undermine the common goals of the organization. Knowing how to be a professional friend is just as important as understanding how a person can benefit from workplace friendships.

- **Recognize your common goals.** Common goals in the workplace are simple and often over-shadowed by personal interests. When you consider the value of putting aside petty judgments and distractions so the team can accomplish the project faster and smarter, the organization wins and you win.
- **Observe the guidelines of a professional relationship.** Understand that casual friendships and office friendships are not the same. Friendships can be simple. Don't complicate the work environment with emotions or deep affection. If the friendship is already strong, it is **your responsibility** to make sure interactions during work time are professional and focused.
- **Avoid showing favoritism in the workplace.** It is not acceptable to limit your interactions to co-workers you have strong friendships with when executing a project. It's important to support the strengths and weaknesses of your entire team in relation to how to best complete a task.
- **Be responsible.** Tardiness, missed deadlines, and irresponsible mistakes can cost an organization time and money. If you want to have a good relationship with your co-workers, don't be a source of stress. People will lose trust in your ability to be a productive member of the team, and will **resent** you.
- **Treat others the way you want to be treated.** This doesn't mean you have to allow others to take advantage of your



good nature, but it does mean you should use your manners. Avoid curt and evasive responses to co-workers seeking answers to work related questions. Being genuinely helpful will **show** co-workers you are a team player, which is far more important than anything you can say.

Remember, it is work. It is not your life. You and your team members are assembled to reach the organization's goals in the most effective way possible. You can be on good terms with every team member by having a positive attitude and staying focused on the objective. Workplace friendships can make your job easier!

Information taken from  
[www.suite101.com](http://www.suite101.com)

~HPO Communications Committee

## National Healthcare Facilities and Engineering Week

The American Society for Healthcare Engineering (ASHE) will observe National Healthcare Facilities and Engineering Week October 25-31, 2009. This weeklong observance recognizes the important role that healthcare facility managers, engineers, and maintenance staff serve in keeping the nation's healthcare facilities safe and operational.

"Healthcare facility management professionals are committed to the creation of the optimum healing healthcare environment. Because these professionals ensure that their facility is operating safely and reliably every minute of every day, their contribution to the healing experience can often go unnoticed by patients, visitors, and staff. It is im-

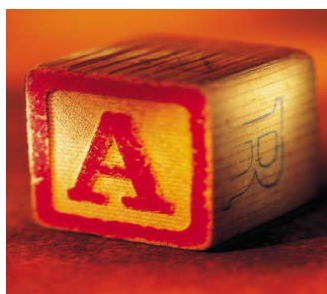


portant that we take the time to recognize these individuals for their hard work and their commitment." said Dale Woodin, CHFM SASHE, ASHE's Executive Director. "Without their dedication, it would be impossible to achieve the high level of healthcare services that our patients and our families depend on. I would like to add my thanks for the tremendous work they do – today and every day of the year" he stated.

Please extend your thanks when you see Maintenance Department personnel the last week of October...or anytime.

~Don Chisler  
Physical Plant Services Director

# "A" Is For Attitude: The Importance of Our Attitude



The attitude we bring to work can set the stage for every thing that follows...including the recovery journey of our patients. Here's how Charles Swindoll describes the importance of attitude:

"The longer I live, the more I realize the impact of attitude on life. It is more important than the past, than education, than money, than circumstances, than failures, than successes, than what other people think, say, or do. It is more important than appearances, giftedness, or skill.

The remarkable thing is that we have a choice every day of our lives regarding the attitude that we embrace for that day. We cannot change the past. We cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string that we have, and that is our attitude.

I'm convinced that life is 10% what happens to us and 90% how we react to it. And so it is with you. We are in charge of our attitudes." This attitude is very important for us to carry to work and to support in our patients as they begin a recovery journey.

Definitions suggest HOPE is the feeling that we wish for or want that makes us believe that events will turn out well in our lives. It is that inner feeling or positive emotion that allows us to believe good things can happen for us in the future. To have HOPE means that we look forward to something with desire and have reasonable expectation that our desire will be fulfilled.

In the past, many of our patients have been told that there was nothing to hope for... they would never be able to reclaim a full and productive life. It was easy to fall in a state of hopelessness... and hold no prospect that life could change for the better. HOPE can be developed when staff help spark positive change. Staff help when they stop and really listen, attempting to understand and view patients as worthwhile people... HOPE is restored when staff stick by a patient and actively assist them to set and achieve personal goals. Staff can hold the HOPE for a patient until s/he can see it themselves...and can see themselves as successful.

Here are examples of strategies to build up HOPE:

- Make good things happen... practice random acts of kindness and senseless acts of beauty.
- Use humor... if you can still laugh, you still have HOPE.
- Developed HOPE filled rituals... tell the people you work with and who receive services here that you have HOPE for them.
- Share your positive experiences... keep an eye out for the good things that happen around you.
- Surround yourself with symbols of HOPE.

"Hope works in these ways: it looks for the good in people instead of harping on the worst; it discovers what can be done instead of grumbling about what cannot; it regards problems, large or small, as opportunities; it pushes ahead when it would be easy to quit; it lights the candle instead of cursing the darkness." ~Anonymous

(Condensed from *Pathways to Recovery* by Pricilla Ridgeway & Diane McDiarmid)

~Cheryl Rhey  
Rehabilitation Director

## Trauma Informed Care

Several staff members attended a training event on September 16, 2009, at the Wytheville Meeting Center. The seminar was sponsored by the Mt. Rogers Community Services Board and was entitled "What is Trauma and Why Must We Address It?"

Joan Gillece, Ph.D., told us that trauma is defined as "Events and/or experiences that are shocking, terrifying, and/or overwhelming to the individual. Trauma frequently results in feelings of fear, horror, and helplessness and an individual's attempts to cope or adapt show up later as "symptoms" we witness and address everyday."

The prevalence of trauma in those seeking mental health services is as high as 90%.

The concept of Universal Precautions related to Trauma Informed Care was illustrated as "Presume that every person in a treatment setting has been exposed to

abuse, violence, neglect, or other a traumatic experience."

Crisis prevention is based upon early identification of triggers, warning signs, and strategies. One method used to promote trauma informed care is the Personal Safety Tool.

According to Dr. Gillece, Safety Tools are used to:

- Help service users during the earliest stages of escalation before a crisis erupts
- Help service users in identifying coping strategies before they are needed
- Help staff plan ahead and know what to do with each person if a problem arises
- Help staff use interventions that reduce risk and trauma to individuals

One of the key elements to successful

Trauma Informed Care is the approach staff take when speaking to individuals seeking services. In determining their history and origin of symptoms and behaviors, staff should ask the person, "What has happened to you?" as opposed to "What is wrong with you?" This creates a better basis from which to begin learning to self-regulate and to treat the causes instead of symptoms.

You'll be hearing more about Trauma Informed Care in the coming months. We've already initiated many of the concepts, but there are still ways we can improve our approach and methods.

~Sharon Neitch, OTR/L  
Occupational Therapy Supervisor





# AUGUST PERSONNEL CHANGES



## MONTHLY PATIENT CENSUS

**August 2009**

**Admissions 116**

**Discharges 108**

**Passes 13**

**Average Daily**

**Census**

**140**

## New Employees

Lian Olinger, Registered Nurse Clinician A	August 10
Mary Blevins, Registered Nurse Clinician A	August 10
Ernestine O'Neal, Psychiatric Aide	August 10
Richard Williams, Psychiatric Aide	August 10
Dawn (Sizemore) Testerman, Psychiatric Aide	August 10
Jonathan McCarty, Psychiatric Aide	August 10
Jeffery Powers, Psychiatric Aide	August 10
Samantha Washington, Psychiatric Aide	August 10
Betsy Perkins, P-14 Staffing Nurse Coordinator	August 25
Jonathan Wymer, P-14 Food Services Technician	August 25

## Promotions/Role Changes

Darren Fitchko From Psychiatric Aide To Psychiatric Lead Aide	August 25
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## Separations

Herman Kirk, Psychiatric Aide	August 1
Janet Simmerman, Registered Nurse	August 1
David Woodrum, Psychiatric Lead Aide	August 2
Lisa Alderman, Registered Nurse	August 5
Joseph Simms, Rehabilitation Specialist	August 5
John Hulvey, Medical Officer on Duty	August 15
Robert Campbell, Psychiatric Aide	August 16
Vicki Patton, Psychiatric Aide	August 22
Alicia Hunt, Food Services Technician	August 26

## Personnel Changes— Corrections to the September Newsletter

- Ashley McCready, Registered Nurse, was inadvertently listed as a Psychiatric Aide in the listing of "New Employees."
- Krista Jones was inadvertently not included in the listing of "Promotions/Role Changes." She transferred from Ward Clerk to Office Services Assistant on July 10, 2009.



# Poor Substitutes for Sleep

**Caffeine and Sugar: Why These Energy Boosters Are Poor Substitutes for Sleep** By Gail Belsky

When you're living with less sleep than your body needs to operate, it's tempting to go the easy route and keep yourself alert with caffeine and sugar. But these quick fixes can make things worse in the long run.

## Sugar Brings A Quick Crash

Sugar can give you a temporary energy boost, but, when that "high" wears off, you may become even sleepier and slower to react, according to a 2006 study from England's Loughborough University.

"Sugar is not the best way to stimulate the brain," says Ralph Downey, III, Ph.D., director of the Loma Linda University Sleep Disorders Center in California. "It doesn't have the value that caffeine does for the short boost."

For a boost to get you through the day, you're better off with a small snack; aim for a combination of protein and carbohydrates, like an apple with peanut butter. But don't

eat too much because a full stomach can make you even more tired.

## Caffeine is a Sleep Stealer

Caffeine (coffee in particular) poses the opposite problem. Within 15 minutes of drinking a cup, you'll have the jolt of energy you were looking for, but, since caffeine can stay in your system for 12 hours, its effects continue long after your latte is gone. That's why experts recommend quitting coffee altogether if you have difficulty sleeping at night, or at least stopping after your morning cup. Soda and chocolate generally contain less caffeine than coffee, but, if you are sensitive to even small amounts, they can cause problems, especially in excess or too close to bedtime.

Even decaf drinkers should beware: A 2007 Consumer Reports study found that "decaffeinated" coffees sold at several chain restaurants varied widely, containing up to 32 mg. of caffeine per cup, which is about the same amount in 12 ounces of cola. This amount of caffeine won't keep most people up, but, if you are particularly sensitive, two or three cups might. Still, for some insomni-

acs, the need for caffeine is so great that they will sacrifice their sleep in order to stay alert during the day, and this can create a vicious cycle of sleeplessness. Jacqueline Cutler, 49, is one of them: While most coffee drinkers average three cups a day, she drinks six. Caffeine props her up during the day. Once the coffee starts flowing, "I just go into automatic," says Cutler, a journalist in suburban New Jersey. "If a story is due or I have to go somewhere, I just do it." Cutler did make an effort to eliminate coffee from her diet, but she ended up getting headaches. She now drinks six cups a day and is awake from 2:30 a.m. to 5:30 a.m. every morning. At this point Cutler may need the help of a doctor and either temporary medication or cognitive-behavioral therapy sessions in order to gradually get better sleep and break her dependence on coffee.

~Cindy Jones, RN, CIC  
Nurse Coordinator for Infection Control and Employee Health



**For information regarding the H1N1 Virus, please see the links on the SWVMHI Intranet Homepage.**

## Donations Needed Please!

The Occupational Therapy Department (OT) is almost ready to open the doors to a patient relaxation room on the Admissions Unit. We are incorporating as many items as possible which were identified as "coping strategies" on the patients' *Personal Safety Tool*. Music was one of their most popular choices to help them calm down and relax. OT has some relaxation music to use in the room, but many patients iden-

tified a wide variety of preferred types of music. So, we are asking staff to look through their music racks for any unwanted CDs. Any donations of CDs will be greatly appreciated. Staff may send the CDs via internal mail to "OT Dept." or phone Sandy Guthrie at Ex. 174, Stacy Brown at Ext. 519, or Vicki Legg at Ext. 304. We will happily pick them up. Thanks!



## COMING SOON: 2009 Combined Virginia Campaign

The Commonwealth of Virginia Campaign (CVC) is a vehicle of giving. Each year state employees can give to the charities of their choice through the CVC. Nearly 1,300

charities participate in the campaign, so employees can easily find causes that match their interests. The types of charities include health and human services, animal wel-

fare, environmental and/or historical restoration, preservation or conservation, and medical research.

## How to Make Mums Last

**Choose mums that are just beginning to bloom, and give them at least six hours a day of direct sunlight. Once the mum is in full bloom, you can then move it to a shaded area. Water your mums before their leaves become limp, and be sure they have good drainage!**

## DBHDS Central Office Review



On August 25, 2009, Susan Pauley and Joe Stallings from DBHDS Central Office were onsite to conduct a standardized review of SWVMHI's services for individuals with co-occurring substance abuse and mental health disorders. The review consisted of meetings with our facility Co-Occurring Services Team, observation of a co-occurring disorders group therapy session, closed and open record reviews, individual interviews with staff members and patients, and review of pertinent facility policies and procedures. Although we will not receive our official scoring profile until next month, the reviewers gave the following feedback in an exit conference with members of the Co-Occurring Services Team:

- Both the physical environment and staff interaction reflect a "welcoming" environment for patients and visitors.
- Staff members who are working intensively with these patients are viewed as knowledgeable, compassionate, and supportive, both by colleagues and patients.

- The overall culture of the facility accurately recognizes that individuals with co-occurring disorders are "the rule here as opposed to the exception."
- All staff members encountered during this review reflected awareness of the needs of a co-occurring population.
- "Your staff here is very positive and friendly, and this is the core of creating a welcoming environment that is so important for co-occurring disorders services."

Ms. Pauley and Mr. Stallings offered several suggestions as possible next steps in this effort. They involve ongoing staff training and development, closer linkages with community based services for individuals with co-occurring disorders, alteration of existing policies, procedures, and guidelines to more thoroughly "ground" the gains SWVMHI has made in creating a positive and therapeutic milieu for these patients.

It is impressive to see how far we have come in the last three to four years in making the

changes necessary to better meet the needs of individuals affected by both mental illness and substance abuse disorders. What is most impressive is the cultural shift that has taken place over this relatively brief period of time.

Thanks to all staff, once again, for demonstrating your commitment to the mission and values of the facility, through your provision and support of a welcoming and recovery-oriented treatment environment. Well done!

~Cynthia McClaskey, Ph.D.  
Director

## October is National Breast Cancer Awareness Month



Did you know that about 250,000 women are diagnosed with some form of breast cancer each year, and more than 40,000 die from it? Thanks to early detection and improved treatments, the number of deaths is decreasing. October is National Breast Cancer Awareness Month. Each October, organizations unite to educate the public about breast cancer and the benefits of breast cancer screenings. The American Cancer Society recommends that women have an annual mammogram beginning at age 40. Do all that you can to protect yourself from breast cancer. Schedule your mammogram today and, remember... awareness, education, and action are key steps in the battle to protect all women against breast cancer!

~Denise Deel, ARRT  
Radiology Supervisor

## October Days to Celebrate

This month, we celebrate Physical Therapy Month, Depression & Mental Health Screening Month, and World Mental Health Day is October 9. October 22 is the Quarterly Director's Communication Meeting, and attendees will be invited in early October. November 5 is the Quarterly Employee Recognition Event for all three shifts.

**"Off the cuff" October holidays to celebrate:**  
**October 2**

The 50th Anniversary of Rod Sterling's  
*The Twilight Zone*

**October 9**

Moldy Cheese Day

**October 11**

It's My Party Day

**October 17**

Gaudy Day

**October 18**

No Beard Day

**October 24**

National Bologna Day

**October 28**

Plush Animal Lover's Day



# Employees of the Quarter Announced

On August 27, 2009, five employees were named Employees of the Quarter for the period of April through June, 2009. For being named Employees of the Quarter, each was awarded \$250.00 and a special parking space for the quarter, in addition to their photograph being displayed in the front lobby. All five will be among those considered for the Employee of the Year. Those named Employees of the Quarter were:

**Angie Routh**, Unit Nurse Coordinator on the Adolescent Unit, was chosen for her dedication to the Adolescent Unit, working many hours both at work and at home to ensure that everything possible was done to keep the Adolescent Unit open.



**Angie Routh, Adolescent Unit  
Nurse Coordinator**

**Connie Adams**, Administrative Assistant to the Clinical Director, was chosen for her enthusiasm and motivation, and for routinely going beyond the scope of her job description to encourage and support her peers, even when it may require a lot of extra time and effort on her part.

**Todd Gillespie**, Head Nurse on Admissions/AB, was chosen for his leadership, always making sure that the patient's needs as well as the staff's needs are met. He doesn't hesitate to jump in and work as an Aide, Medication Nurse, or fill in as a Staffing Nurse Coordinator, and never complains about any job he does.

**Martha Delp**, LPN on the Geriatric



**Todd Gillespie,  
Head Nurse, Admissions Unit**

Unit, was chosen because of her positive attitude and compassion she has for each one of her patients and co-workers. You never have to ask for help on her unit, because she keeps her eyes and ears open and jumps right in to help with whatever needs to be done.

**Peggy Armstrong**, Ward Clerk on the ERS Unit, was chosen for her dedication to the facility's values of communication, honesty with lots of compassion, leadership, trust, teamwork, and honoring day to day tasks.

**CONGRATULATIONS to Angie, Connie, Todd, Martha, and Peggy for their extraordinary ability to live and promote SWVMHI's Mission, Vision, Values, and Leadership Philosophy- excellent work!!**



**Martha Delp, LPN, Geriatric Unit**



**Connie Adams, Administrative Assistant**



**Peggy Armstrong, Ward Clerk, ERS Unit**



## Employee Service and Recognition Awards

Service and Recognition Awards were distributed during all three shifts on August 27, 2009, for the period of April to June, 2009. Those receiving Service Awards were as follows:

- **Forty Years** – Herman Kirk, Psychiatric Aide/Geriatric Unit; Herman Combs, Psychiatric Aide/Admissions Unit; and Dean Anderson, Psychiatric Aide/Geriatric Unit.
- **Thirty-five Years** – Allen Tolbert, Psychiatric Aide/ERS Unit and Linda Horne, Rehabilitation Specialist, Central Rehabilitation Department.
- **Thirty Years** – Rick Delp, Class and Comp. Analyst/Human Resources Department.
- **Twenty-five Years** – Jean Powers, Staffing Nurse Coordinator.
- **Fifteen Years** – Lonzo Lester, Fiscal Director, and Doug Smith, Volunteer Services Coordinator
- **Ten Years** – Joe Arp, Programmer, and Russ McGrady, Clinical Director
- **Five Years** – Laurie Goral, Recreation Therapist Sr.; Jennifer Cregger, Clinical Social Worker; Benny Mullins, Medical Physician; Tamera Russell, RNCA/Admissions Unit; Stacy Horne, RNCA/Geriatric Unit; Donna Goodbrod,

RNCA/ERS Unit; Bridgett Ford, RN/Geriatric Unit; Christy Barbrow, Psychiatric Aide, Float Pool; and Peggy Armstrong, Ward Clerk/ERS Unit

- **Retirements**— Recognized for service upon retirement were Kathy Anderson, Psychiatric Aide; Shirley Chatham, Psychiatric Aide; Linda Sturgill, Program Support Tech./Food Service; Pamela Martin, Psychiatric Lead Aide; Shirley Olinger, Psychiatric Aide; Ann Call, Psychiatric Aide; Betsy Perkins, Nursing Training and Development Coordinator; and Gaynelle Davis, Beautician/Barber

Congratulations to all employees receiving service and retirement awards and thank you for your many years of dedicated service.

Also recognized during the ceremony were those employees who received a Making a Difference Award, Cash/Leave Award, or a Team Award. A total of 91 Making a Difference awards, 15 Cash/Leave/Other awards, and 9 team awards were given out in April, May, and June, 2009.

Winners of \$50.00 gift cards (drawing from among those who received a Making a Difference Award during the previous quarter) were:



- Jean Elmore, Ward Clerk/Admissions Unit, First shift
- Karen Arnold, Office Services Assistant/HIIM Department, First shift
- Julie Stoots, Unit Nurse Coordinator/Admissions Unit, First shift
- Avery Blevins, Psychiatric Aide/ERS Unit, Second Shift
- Roy Tilson, Psychiatric Aide/ERS Unit, Third Shift

Many contest prizes were also awarded, and fun was had by all. Thank you to all those who attended and helped make our event a success! Total attendees for the Employee Recognition Event were: First shift- 135; Second shift- 60; and Third shift 33, for a Total of 227 attendees.

## Rewarding Experiences

For the last three months, the Geriatric Unit has had the privilege of enjoying the contagious music of a live Bluegrass band. "Valley Grass," a band composed of musicians from Rich Valley, Virginia, graciously volunteers their time and talents by providing a foot-stomping, hand clapping good time once a month to minister to and entertain patients on the unit.

Many of the patients on this unit suffer from dementia. As this devastating disease progresses, patients become less and less interested in activities they once enjoyed. During our research about the aging process, we learned that one of the last remaining interests is music. Various articles explain how patients who are unable to communicate or process information, respond positively to music. Some patients, who have lost most of their ability to speak, have been known to sing along when listening to songs and music from their past. This is especially true of Gospel music, which was a large part of the culture in the communities of Appalachia.

Since we have started this special activity, we have been able to witness and share these remarkable responses. We have seen patients, who are reluctant to participate in most other activities, join in by singing and clapping along to the music. We have seen other patients, who are often agitated or have a flat affect and show little enthusiasm for day-to-day engagements, clap their hands and break in to big grins!



We offer special activities each month, which provide similar results; such as green bean breaking, ice cream making, corn shucking, butter making, county fair activities (at which employees bring in home-grown or home-made items) and a quilt show, with employee owned quilts, handmade quilts, and heirloom quilts displayed. As good as all these reminiscing activities are, none are as collectively successful as the live music.

These are ways that we are able to assist our patients in obtaining the optimal level of success in their recovery and to enhance their quality of life. To see a patient smile, or respond positively to an activity, is our ultimate reward and what we, as a unit, strive to achieve every day. These are also the moments that make our jobs an extremely rewarding experience.

~Lesu Cole and Jill McKinnon  
Activity Directors, Certified Geriatric Unit



We greatly appreciate you allowing us to use the hospital's picnic shelter/facilities. Our Employee Retreat was an enjoyable and successful event. Several of our employees had never seen the hospital and were very complimentary of the beautiful grounds. Thanks again.

~Mt. Rogers Community Services Board, Youth Services

On September 8, 2009, the Tiger Den from Chilhowie's Cub Scout Pack 1004 was honored to have two very special guests join us at our den meeting from the Southwestern Virginia Mental Health Institute's Waste Minimization Committee. James Parks and Nathan Shelton informed and entertained eight scouts of varying ranks, and three extremely impressed adults, about recycling and waste reduction. Their attention to detail and description of the processes used here at SWVMHI were easy for the youngest of listeners to understand (and hopefully put to use in their own homes). The program that they gave is going toward a conservation award that the Scouts are working to achieve. We very much appreciate both James and Nathan for teaching us all several practical and interesting tips for making our world a little greener.

Sincerest of thanks to you both for taking the time to come out and share your knowledge with our next generation!!!

Truly yours in service to our youth,

~Stacie Smith-Lester  
Tiger Cub Den Leader for Cub Scout Pack 1004  
Proudly Chartered by The Smyth County Moose Lodge of Seven Mile Ford, Virginia



## Celebrate With The Pharmacy!

### National Hospital & Health System Pharmacy Week is October 18- 24!

#### Facts about Pharmacists and Pharmacies:

- In the last quarter century, Pharmacy has expanded its role within the health care delivery system from a profession focusing on preparation and dispensing of medications to patients, to one in which Pharmacists provide a range of patient-oriented services to maximize medication's effectiveness.
- Pharmacy is practiced in a wide range of settings: community pharmacies, hospitals, long term care facilities, the pharmaceutical industry, mail service, managed care, academia, and government. Pharmacists practice in community Pharmacies, in hospitals, and in consulting, government, academic, industry, and numerous other settings.
- Historically, educational requirements for Pharmacists included the choice of two entry-level degrees: a five-year Bachelor of Science in Pharmacy or a six-year Doctor of Pharmacy. Today, schools of Pharmacy offer only the "PharmD" degree. This extensive training makes the Pharmacist the most knowledgeable health care professional when it comes to medicines and their use.
- Medicines today have great power to heal and to improve the quality of life for millions of Americans. But medicines also may do serious harm if not taken correctly. The most expensive medication is the medication that doesn't work. This is where the role of the Pharmacist is most important. To make the most of your medications, you should choose your Pharmacist as carefully as you choose a Physician. It is best to use only one Pharmacy so all medication records are at one location. This way there will be less risk of duplicating medicine or having one prescription that may interact harmfully with another.
- Pharmacists who know their patients and have their medication profiles on file will be aware of possible harmful drug interactions or allergies to certain drugs. The Pharmacist also will be able to discuss possible side effects; what foods, drinks, or activities should be avoided while on a medication; what to do if you miss a dose; and a wide range of other helpful information.
- The Pharmacist is a key health care professional in helping people achieve the best results from their medications. Choose a Pharmacist you trust and build a partnership for good health.



Stop by the Pharmacy during National Hospital & Health System Pharmacy Week, or anytime, and celebrate with us!

~Jim Suhrbier  
Director of Pharmacy

# History From The Hill

## An excerpt from the "31<sup>st</sup> Annual Report Southwestern State Hospital of Virginia 1918 — Report of Superintendent"

Marion, Virginia, October 1, 1918

TO THE SPECIAL BOARD OF DIRECTORS OF THE SOUTHWESTERN STATE HOSPITAL:

GENTLEMEN:

In compliance with the law and board regulation, I herewith briefly submit for your consideration the thirty-first annual report of SWSH for the year ending September 30, 1918.

The hospital year has been unsatisfactory in most every particular. The unsettled conditions, incident to the war; the rapid increase in the cost of supplies here, in a number of instances, exceeded all expectations; and the inability to secure satisfactory employees have been great problems. All trained employees of the draft age have been inducted into the army service. The high wages paid for labor also has attracted a number of employees from the institution. A great number of new employees under the draft age, and only a small percentage realized the responsibility of the work. The meager wages paid institutional employees were not sufficient to attract employees above the draft age, for in most instances, these men have families and could not support them on the wages paid. It is useless to discuss this situation further, as it is familiar with everyone, especially those connected with any kind of industries.

### ACKNOWLEDGMENTS

It is with a great deal of pleasure that I

further acknowledge contributions, so freely donated, to purchase, as a Christmas gift to the patients of the hospital, a Victor-Auxetophone, Victrola and record, which have been of material benefit to them. While all amounts were gratefully received and appreciated, I believe that the amount contributed by the traffic department of the Norfolk and Western Railway deserves special mention. The amount donated was sufficient to purchase the Auxetophone.

To all employees who have worked so faithfully in the face of many discouraging conditions to bring about a successful year, I beg to assure them of my heartfelt appreciation.

To the young men who have left the service of the hospital, and have answered their country's call, I wish to testify to their loyalty to the institution while here, and pray that they may be able to return home in safety.

The institution has been spared of any fatal accidents and suicide; to a merciful Providence we are most profoundly thankful.

To the commissioner and members of the special board of directors, I hereby acknowledge and wish to express to you my thanks for your uniform official co-operation and personal kindness shown during the year. It is, indeed, a pleasure to be associated with men of such business qualifications and broad humanitarian views.

Respectfully submitted,  
E. H. Henderson  
Superintendent

### What is an Auxetophone?

The principle of the Auxetophone was developed by an Englishman, Charles Parsons. He filed his first patent in 1903, and

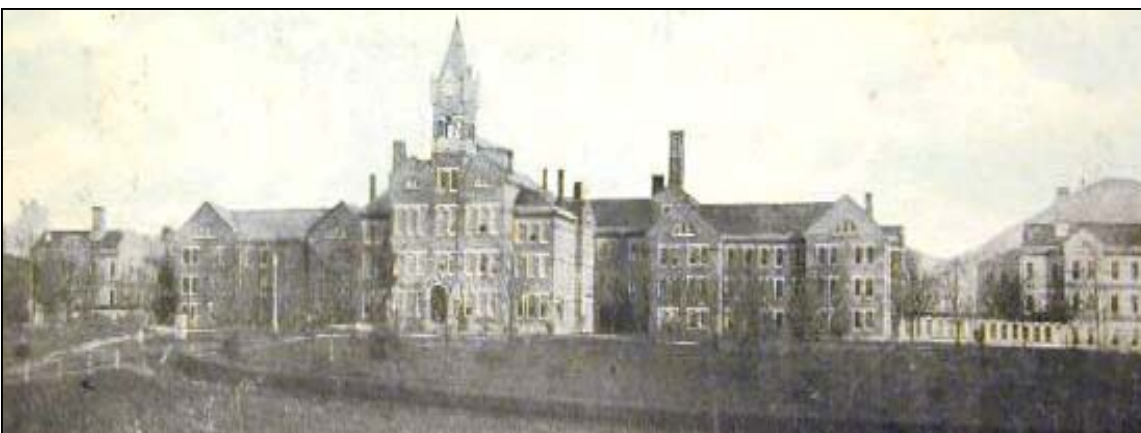
continued to develop his ideas. By 1906, the design was mature enough for production of a commercial Auxetophone to begin. The Victor Talking Machine Company in Camden, New Jersey, was eager to obtain the rights to manufacture Parsons' invention and introduced the machine with great fanfare in August of 1906. It sold for a staggering \$500 (equal to \$11,000 today), but the expenditure could conceivably be justified for certain commercial enterprises where the Auxetophone could augment or replace a band.

The Auxetophone was arguably the world's first phonograph that used a powered source of amplification. The principle involved utilizing a motor-driven turbine pump to provide compressed air to the special diaphragm in the sound box. The sound box contained a reeded diaphragm that would vibrate in sympathy with the movement of the needle on the record grooves. The reeds would modulate the flow of the air through the horn, thereby dramatically increasing the volume of the sound. The instrument was so loud, that it was unsuitable for use in normal sized rooms. Although a few were reportedly sold for use in homes (most likely in large ballrooms), most were sold for use outdoors or in very large restaurants or auditoriums. For occasions when the amplified sound would be too loud, a standard exhibition sound box, supplied with all



Auxetophones, could be substituted. This allowed the Auxetophone to function in a non-amplified mode. The standard sound box also allowed the instrument to function in locations where electricity was not available.

Auxetophone information gathered from [www.auxetophone.com](http://www.auxetophone.com).





# Stories From The Library Shelves

## October is National Book Month!

### History of the Book

Although it is unknown exactly when writing first developed, it is estimated that sometime around 3100 B.C., officials began using pictures and hash marks carved into clay tablets to demonstrate property ownership. By 3000 B.C., Egyptians had developed a system of hieroglyphs, first written in clay and later on papyrus scrolls. The first phonetic language was developed by the Phoenicians, but the Greeks expanded the alphabet and used vowels, whereas the Phoenicians did not.

Prior to the 4<sup>th</sup> Century, papyrus or parchment scrolls were the most common form of books, but during this time the Romans began to make codices where they cut the papyrus into pages and bound them together with a leather cover on the outside. These were the predecessors of our modern day books. Also, the Romans began using written language more often for more than just government or business purposes but most of this was done on reusable wax tablets instead of expensive papyrus bound into codices.

During the Middle Ages, the church became crucial to furthering the spread of written information. Monks and scribes hand copied texts, mostly religious books and classical literature, because copying was so time consuming. Also, during this time, books began to be illustrated with beautiful illuminations, and, unlike in prior times, words began to be separated from each other instead of being long continuous lines of letters. In the 1200s, paper made of cotton and linen replaced parchment. In the 1300s, middle class people could read, and the first universities were established. In the 1400s, a few towns began to have the first public libraries. A new way of printing books was necessary to fuel the demand of having a more literate population.

The first printing was woodblock printing, which started in China in the 3<sup>rd</sup> Century and was brought to Europe in the early 1300s. Sometime around 1450, Johannes Gutenberg invented movable type. By the early 1500s, there were many printing presses throughout Europe, and, by the late 1500s, books looked much like they do today. In 1539, a printing press was set up in Mexico City, the first on this side of the

Atlantic. During the 16<sup>th</sup> through the 19<sup>th</sup> Centuries, demand exceeded supply for books, and by the 1800s, publishers had to find ways to make publishing easier and cheaper. They invented paperback books and dime novels. In the 1980s, paperbacks made up two-thirds of all books sold in the U.S. Now e-books are becoming increasingly popular and there is much debate about whether e-books will replace paper books altogether.

Resources: World Book Encyclopedia, [en.wikipedia.org](http://en.wikipedia.org), and [www.historyworld.net](http://www.historyworld.net)

### Donations

The library would like to thank the following people for donating items:

Cynthia McClaskey  
Robert Farmer  
Gail Campbell  
Nancy Wood  
Sheila Buchanan  
Lynn Robinson  
Russ McGrady  
Robyn Anderson  
Katherine Hogston  
Amanda Currin  
Christy Hall  
Georgia Kincer  
Kelly Cassell  
Sue Lefler  
Karen Branson  
Laurie Goral  
Roxanne Bowles  
Debbie Boelte

We are also very thankful for the many cards, magazines, and books, as well as anyone who may have been accidentally left off the list.

### New Books

The following are books that are available for October:

### Fiction

- *Risk*, Dick Francis
- *Knock-Down*, Dick Francis
- *Nerve*, Dick Francis
- *Zapped*, Carol Higgins Clark
- *Split Second*, David Baldacci
- *Wild Grows the Heather in Devon*, Michael Phillips
- *Judge and Jury*, James Patterson
- *In This Mountain*, Jan Karon



### Nonfiction

For Staff:

- *Psychiatric Intensive Care*, M. Dominic Beer
- *Treating Addicted Survivors of Trauma*, Katie Evans
- *Treating Tobacco Use and Dependence*, Michael Fiore
- *Physical Illness and Schizophrenia*, Stefan Leucht
- *Treating the Trauma of Rape*, Edna Foa
- *The First Interview*, James Morrison
- *The Portable Lawyer for Mental Health Professionals*, Barton Bernstein
- *Professionalism and Ethics: Q&A*, Laura Weiss Roberts
- *The Therapist's Guide to Psychopharmacology*, JoEllen Patterson

For Patients and Staff:

- *Unstuck...out of Depression*, James Gordon
- *The Mother Factor*, Stephan Poulter
- *Overcoming Obsessive Thoughts...OCD*, Christine Purdon
- *Women Who Worry Too Much*, Holly Hazlett-Stevens
- *Taking Charge of Anger*, Robert Nay
- *I Can't Get Over It: A Handbook for Trauma Survivors*, Aphrodite Matsakis
- *Writing for Emotional Balance*, Beth Jacobs
- *The Reason Driven Life*, Robert Price
- *Who's Got Your Back*, Keith Ferrazzi

~Christina Quillen  
Librarian



## Southwestern Virginia Mental Health Institute

**Address:** 340 Bagley Circle  
Marion, Virginia 24354

**Phone:** 276-783-1200

**Fax:** 276-783-1465

**Comments, Suggestions, or Ideas?**

**SHARE THEM!**

Please email any comments, suggestions,  
or ideas to any newsletter staff member.



## Word Search Answer Key

S	T	A	G	E	S			R		S	T	N	E	I	T	A	P
		S			A	T	T	E	N	T	I	O	N				H
N		S			L			L							N		Y
G	T	I			C	D	I	A	G	N	O	S	I	S	O		S
I	C	S		P	O	S	I	T	I	V	E				I		I
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**Please submit articles for the next newsletter to Amanda Phipps by October 19, 2009.**

**The next newsletter will be published November 2, 2009.**