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Make the most of yourself, for that is all there is of you.

~ Ralph Waldo Emerson

From The Director

When one sits in the Hoop of People, One must be responsible because All of Creation is related. And the hurt of one is the hurt of all. And the honor of one is the honor of all. And whatever we do affects everything in the universe.
 ~ *White Buffalo Calf Woman*
<http://siouxpoet.tripod.com>

I was inspired this month by White Buffalo Calf Woman's poem, which I found in the new SAMHSA guide, *To Live to See the Great Day That Dawns*. This resource is designed to help address the problem of suicide and to promote mental health among American Indian/Alaska Native young people. If you are interested in learning more about this important topic which is presented with great cultural sensitivity, I encourage you to contact SAMHSA at 877-726-4727 and ask for publication SMA10-4480. The SAMHSA website is a fabulous resource on a variety of mental health and substance abuse topics: <http://mentalhealth.gov>.

"The honor of one is the honor of all." Twenty-three staff successfully completed the first College of Direct Support Level II on-line course, HMS-100, with a grade of "A." You will see their names on page 2—they honor us by their hard work and dedication. One hundred fifty-three of the total participants rated the effec-

tiveness of the course and I was very interested to see the very good results!
"Overall Instructor Effectiveness"
 Outstanding 54.3%, More than Satisfactory 27.2%, Satisfactory 14.8%, Less than Satisfactory 3.3%, Poor 4.7%
"I would recommend this course to others." Strongly agree: 62.9%, Agree 31.8%, Neutral 5.3%, Disagree 0, Strongly disagree 0

"How much did you learn in this course?" Large amount 62.3%, Moderate amount 31.1%, Fair amount 6.9%, Less than Fair amount 0.7%, Little or nothing 0

"How interested are you in the content of this course?" Completely interested 44.4%, Very interested 43.7%, Interested 9.3%, Slightly interested 2.0%, Not interested 0.7%

"Why did you take this course?"
 Upgrade employment skills 78.3%!!

These ratings are a strong endorsement for the program and will hopefully encourage others along the career path.

"And whatever we do affects everything in the universe."
Breaking the Myths About Mental Illness
Myth: I can't do anything for a person with mental illness.
Fact: You can do a lot, starting with how you act and speak. You can create an environment that

builds on people's strengths and promotes understanding. For example:

- Don't label people with words like "crazy," "wacko," or "loony" or define them by their diagnosis. Instead of saying someone is "a schizophrenic," say he or she "has schizophrenia." Don't say "a schizophrenic person," say "a person with schizophrenia." This is called "people-first" language, and it's important to make a distinction between the person and the illness.
- Learn the facts about mental health and share them with others, especially if you hear something that isn't true. Treat people with mental illnesses with respect and dignity, just as you would anybody else. <http://www.whatadifference.samhsa.gov/>

"The honor of one is the honor of all." Part 2. In July, we had our annual Joint Commission Periodic Performance Review. Although there are some areas for improvement, we did well. Please see my email dated 7/20/10 for more details. Thanks!



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

Values and Self-esteem

Every staff member at SWVMHI is expected to “learn, live, and lead” the SWVMHI Core Values. Values-based living and working can be very difficult since we are always tempted to stray from values-based behaviors to engage in behaviors that are expedient, easy, fun, or just plain feel good. In the process, core values may be trampled. However, living and working by a core set of values such as the SWVMHI Core Values has a hidden benefit. Living by a set of core values can actually build one’s self-esteem. Contrary to popular misunderstanding, self-esteem is *not* a feel-

ing nor can self-esteem be given to another. Self-esteem is a thought process. As we evaluate our own behaviors, do we live up to our internal standards and core values? To the extent we can answer in the af-



firmative, our self-esteem increases. Self-esteem increases when we realize that we are engaging in prosocial, values-based

behavior. Self-esteem can only come from within; it cannot be given by others or received from others. We desire to do *the right things for the right reasons*. This is not just a cliché. Doing the right things for the right reasons (living by a set of core values) is not only good practice, it also increases our self-esteem at the same time.

~ Jim Moon, Ph.D.
Psychologist Supervisor

August Lunar Phases

August 2

Last Quarter Moon

August 9

New Moon

August 16

First Quarter Moon

August 24

Full Moon



Correction CDS Class receives all A's

OOPS! In the July “View from the Hill,” we erroneously listed 41 Psychiatric Aides as having taken the on-line class for Level II of the DSP Career Ladder at Wytheville Community College, all of whom received an A. The correct total should have been 23 staff members. Those staff are:

- | | |
|-------------------|-------------------|
| Zara Blizzard | Tammy Jenkins |
| Connie Cook | Irma Osborne |
| Garland Farmer | Johnnie Overbay |
| Darren Fitchko | Virginia Parsons |
| Angela Gentry | Loraine Plummer |
| Donna Goodpasture | Beth Paschal |
| Laura Grinstead | Darlene Rouse |
| Buddy Heath | Joyce Rouse |
| Lynn Henderson | Lynn Skidmore |
| Katherine Hogston | Elizabeth Stamper |
| Donna Jackson | Donna White |
| Tammy Jackson | |



Congratulations to each of these employees. Keep up the good work!

~Norma Brickey
Assistant Nurse Executive

News from the Recognition Committee

LUAU/BEACH PARTY DATE CHANGED TO SEPTEMBER 2

Please note that there has been a change in the date for the next Recognition Program, from August 26th to September 2nd. Other plans remain the same for the Luau/Beach Party. So, continue practicing for the hula hoop and limbo dance competitions. Sarah Parris will be coordinating the volleyball tournament. Please contact Sarah at extension 513 to let her know who will be playing on your volleyball team so arrangements can be made for coverage. If you would prefer to watch these contests, rather than participate, bring your ukulele and sit in the shade and strum for us.

Please mark the change on your calendars from August 26th to September 2nd, and join us for a fun time on all three shifts.



BACK-TO-SCHOOL TAX HOLIDAY

Virginia Governor Bob McDonnell announced the state's fifth annual tax-free back-to-school shopping period, which will take place Friday, August 6th through Sunday, August 8th. The complete lists of eligible items, sales tax holiday guidelines for consumers and retailers, and a list of frequently asked questions are available at www.tax.virginia.gov. Click on the sales tax holiday logo under Announcements to go to the Sales Tax Holiday Information Center. As long as each item qualifies, there is no limit on the quantity you can buy tax-free. And there is no requirement that the shopper be going back to school; these exemptions are available to everyone.

Family Day scheduled for September 16, 2010, from 1:30 - 4:00 p.m. at the picnic shelter. In case of rain, the event will be moved to the auditorium. Please stay tuned for more details.

News from Central Rehab Services



This month in History

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

- On August 1, 1981, the first **video** was **broadcast** of MTV
- On August 5, 1962, Marilyn **Monroe** died of drug overdose
- On August 6, 1945, the world's **first** nuclear bomb was used on Hiroshima, **Japan**
- On August 8, 1974, Richard **Nixon** resigned following the **Watergate** scandal
- On August 12, 1981, the first PC was **introduced**
- On August 16, 1977, **Elvis** Presley died of a heart attack
- on August 17, 1969, **Woodstock** Music Festival began
- On August 18, 1920, the 19th **Amendment** was signed, giving women the right to **vote**
- On **August** 23, 1963, the **Beatles** released "She Loves You"
- On August 26, 1958, the Edsel **automobile** was introduced
- On August 28, 1963, Martin Luther **King** delivered his "I have a dream" speech
- On August 31, 1997, **Princess** Diana of Great Brittan was killed in an auto accident

What is Payline?

Editor's note: this article is a continuation from last month's article on Payline. This month, we explore the many features of Payline.

PAYLINE FEATURES

Current & Year-to-Date **Earnings** — regular pay, overtime, special pays, and shift pay.

Deductions withheld from your pay such as parking, healthcare, flex benefits, and others.

Federal & State Tax elections and associated **Tax Withholdings** based upon your W-4 and VA-4 information.

Direct Deposit/**Banking** information and deposit amounts.

Current and Year-to-Date **Taxable Wages** subject to FIT, FICA, and SIT.

Employer-Paid Benefit Contributions with associated employee retirement and healthcare elections.

Employees whose **Leave Records** are maintained in CIPPS can view their accrual rate, usage information, leave balances, leave history, and leave carry-over limits.

Current payday information will be available at least 4 days prior to payday.

Historical information is maintained for the current calendar year plus one calendar year. In the near future this will be changed to a rolling 24 months of history.

Payline retains employee's **W-2s** for a period 5 years. The employee can print or view their W-2s at anytime. Also, the employee can choose not to have their W-2 displayed.

SECURITY FEATURES

Payline provides **state-of-the-art** security features to maintain strict confidentiality of your personal payroll information.

Application Security requires a user id and password for system access. And, there are two levels of security to protect the data—

SSL — Secure Socket Layer — uses a 128-bit encryption routine to protect data as it moves back and forth across the Internet. This technology is used widely by financial institutions to provide a high level of protection.

ECC — Elliptic Curve Cryptography — a server-based technology to protect sensi-

tive data and to prevent unauthorized server access.

ACCESS REQUIREMENTS

Browser — Internet Explorer or Netscape, Ver. 4.0 or higher. Enabled for Java Script and Secure Socket Layer (SSL) Security (128 bit version).

Connection — When connecting to the site from behind a firewall or proxy server, it must allow SSL (port 443) communication.

Screen Resolution — 800 x 600 or greater, with a minimum of 256 colors.

Modem Speed — Connection speed of 56K modem (or higher) is recommended.

To access Payline, go to:
<https://payline.doa.virginia.gov>



Elimination of Paper Savings Bonds

The United States Department of the Treasury has announced it will stop issuing paper savings bonds through payroll savings plans. Therefore, all payroll deductions for savings bonds must be stopped as soon as possible and **no later than September 1, 2010.**

Effective immediately, no new Savings Bonds deductions will be established through payroll deduction.

If you choose to continue purchasing bonds, you will need to establish a personal account using TreasuryDirect, an online service to purchase, manage, hold, and redeem Treasury securities. Once you have set up your own TreasuryDirect account, you can request that funds be withheld through payroll

to go to that account using direct deposit. Upon establishing your TreasuryDirect account at www.treasurydirect.gov, you will receive an e-mail with the account number. Simply print the e-mail and provide that along with a completed Direct Deposit Form to the Payroll Office. Payroll will then establish a payroll direct deposit to fund your TreasuryDirect account. You may discontinue your savings bond deductions at any time.

On September 1, 2010, all remaining active Savings Bond deductions will be deactivated. Any bond balance amounts remaining will automatically be refunded to the participant on the next available pay day.

While paper payroll savings bonds will no longer be available, you still have the opportunity to invest in savings bonds and other Treasury securities through TreasuryDirect. This convenient and secure web-based system allows you to purchase, manage, and redeem electronic (paperless) savings bonds online 24 hours a day, 7 days a week.

To learn more about electronic savings through TreasuryDirect, and to take a guided tour of the system, you may visit www.frbsservices.org/payrollsavings.

~ Sharon Bullins,
Payroll Office

Chaplain's Corner

"They shall still bring forth fruit in old age." (Psalms 92:14)

Most people talk about looking forward to retirement. The idea of retirement is not to be free to do nothing but to be free to do all those things it seemed we never had time to do before. But when we think of retirement we also think of growing older. I found the following humorous story sometime ago that caused me to think growing older has its drawbacks.

"I have become a little older now and a few changes have come into my life. Frankly, I have become quite a frivolous old gal. I am seeing five gentlemen everyday. As soon as I wake up, Will Power helps me get out of bed. Then I go down the hall to see John. Next, Charlie Horse comes along and takes a lot of my time and attention. When he leaves, Arthur Ritis shows up and stays the rest of the day. He doesn't like to stay in one place very long, so he takes me from joint to joint and after a busy day, I'm really tired and glad to see Ben Gay. What a life! The preacher came to visit me the other day. He said, 'at your age I should be thinking about the here after.' I told him, 'Oh, I do that all the time. No matter where I am, in the parlor, upstairs, in the kitchen or down in the basement, I ask myself - now what am I hear after.'

Growing old is not for the faint of heart, nor for the humorless. I read something recently where a young man asked a 60 year old what it was like being old and the 60 year old responded, "at least I made it; you don't know if you will or not."

The bible speaks favorably of the aged and the experience, wisdom, and understanding that comes with growing older. Our attitude toward aging reflects how we feel about ourselves and how we feel about our usefulness in society and our usefulness to God. Some have achieved their greatest triumphs in their latter years. Abraham was 100 years old and Sara, his wife, 90 years old when their son Isaac was born (God had a big hand in that one!). Moses was 80 years old when God used him to lead the Hebrews out of Egypt. In our times, Grandma Moses was painting at age 100. Albert Scheitzer was in charge of a hospital in Africa at age 89. Harlan Sanders, when he retired at 65 took his first Social Security check of \$105.00 and started Kentucky Fried Chicken. The list goes on and on of men and women who have had successful and satisfying lives in their later years.



Today is the first day of the rest of your life

The same can be true for each of us. Sometimes we need to get a little age on us before we can figure life out and how best to live it. Some of us are "late bloomers in life." Getting old does not necessarily mean the end of life but a different stage of life and we can "still bring forth fruit in old age." We don't know what good or bad experiences may come our way in the time we have left on this earth, and whatever disappointments or regrets we had until now is behind us. What we choose to do with the future depends upon each of us and God, who wants to share life with us all the way through eternity. A life in the hands of God, fully surrendered and willing to serve is the most useful and productive life we can ever hope to live. Proverbs 3:5-6 reads, "Trust in the Lord with all your heart and lean not on your own understanding; in all your ways acknowledge him, and he will direct your paths."

The old cliché, *Today is the first day of the rest of your life*, has been used so much we really don't pay much attention to it anymore. But take a moment, and hear it again, as if you just heard it for the very first time. Then, set a goal and make plans that the best is yet to come.

Motivational Interviewing Training

It is no secret that budgetary limitations have reduced the training opportunities that we have been able to provide in recent years. However, we have successfully worked with Central Office staff over the last several months to secure funding for an excellent training program that will assist us in enhancing our daily interactions with the individuals we serve. This training, Motivational Interviewing, consists of:

- Two, two-day training sessions on Motivational Interviewing (beginning-intermediate level, 21 staff each session) and
- A day-and-a half training session on structured supervision of Motivational Interviewing (MI) techniques and skills for ten staff.

We believe that the consistent use of Motivational Interviewing skills and techniques at SWVMHI will:

- Enhance our problem-solving and early intervention skills with the individual we serve;
- Lead to fewer opportunities for conflict that can lead to seclusion, restraint, or other coercive interventions;
- Enhance the quality and effectiveness of our recovery service planning process and the provision of care; and
- Expand our focus on evidence-based practices.

With these desired outcomes as goals, we plan to make a concerted effort to assure that the skills and techniques learned during training continue to be used in every day interactions, and more importantly, become part of our culture. We want to establish and maintain an environment in which the “spirit” of Motivational Interviewing is reflected in almost everything that we do.

Motivational Interviewing

MI consists of a set of techniques that are demonstrated to be effective. They assist people in recognizing and clarifying

what they truly value in their life, how their values and preferences often conflict, and how their behaviors are affected by their values. MI techniques can assist people to identify what they can change in order to move closer to a life they will find rewarding and meaningful. This is a key strength of the program.

MI techniques reflect the person-centered, collaborative values of recovery-based treatment and are also consistent with the verbal techniques taught in TOVA. They have been shown to work particularly well with people who have been seen as “resistant” or “non-compliant.”

Motivational Interviewing skills and techniques support the view that every person is motivated towards certain “goals,” although these goals may conflict with one another and/or be harmful to the person/others. MI approaches can be used in combination with other evidenced-based practices, such as cognitive-behavioral therapy, or on their own. By being effective with individuals who are ambivalent or “resistant” about treatment, MI techniques are especially applicable to environments like SWVMHI, with our high number of involuntary admissions.

MI techniques are rooted in the recognition that people move between various stages in the change process and that to be effective, the services we offer each individual must match the specific stage of change for each selected therapeutic issue. We have incorporated this “stage-matched” concept into our Services Planning process, and the skilled use of MI techniques offers the opportunity to be more effective in helping people develop plans that reflect their needs and preferences wherever they are in the change process. When we try to impose a plan on someone who disagrees with our view of what their life should be, for any reason, we increase the chances of conflict and hostility, and decrease the chance of positive change and recovery.

The MI approach is based on carefully listening and responding to patients in a way that clarifies their values and behaviors in “real time.” It also clarifies the conflicts between the individual’s goals and desires and what

they have been doing to satisfy them. In other words, MI techniques are designed to gently direct the person in exploring and gaining insight into the discrepancies between *what they want* and the results of *what they do*.

The skills involved can seem relatively simple to learn and easy to use, but in order to gain expertise and the ability to use them consistently, continued practice and effective supervision is required. This is one of the reasons that we will also be providing training in MI supervision to a cross section of SWVMHI supervisors.



We are also interested in developing subsequent training for SWVMHI staff members who are not attending these August sessions. This training will be developed and provided by the staff members who attend the training sessions in August. We envision two levels of this training, one that is introductory to the basic philosophy and “spirit” of MI and a second level that is similar to the training provided in August. These peer led training sessions will be crucial to our efforts towards becoming a more recovery-oriented organization, with greater emphasis on skillful and effective collaboration and cooperation between staff and those we serve in pursuit of excellent outcomes.

~ Russ McGrady,
Clinical Director



PERSONNEL CHANGES

New Employees

Sharon Osborne, Q-32 Registered Nurse	June 10
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Separations

James Grubbs, Medical Director	June 3
Amanda Phipps, Administrative Assistant — Nursing	June 4
Penny Bise, Registered Nurse Clinician A	June 10
Joseph Woods, Psychiatric Aide	June 18
Pamela McGrady, Psychiatric Aide	June 24
Suzanne Lefler, Psychiatric Aide	June 24
Michael Bridgeman, Registered Nurse Clinician A	June 24
John Jones, Psychiatric Aide	June 24
Rachel Evans, Psychiatric Aide	June 24
Cynthia Frye, Unit Nurse Coordinator	June 24
Debra Borders, Clinical Nurse Specialist	June 24
Gail Hilderbrand, Registered Nurse Clinician B	June 24
Garland Farmer, Psychiatric Aide	June 24
Wilma Blevins, Psychiatric Aide	June 25
Travis Testerman, Psychiatric Aide	June 26

MONTHLY PATIENT CENSUS

June 2010

Admissions 83

Discharges 74

Passes 5

Average Daily

Census

142



ATTENTION ALL STAFF

The Emergency Management CAI is due
by August 31

New Assistant Commissioner for Behavioral Health

Richmond – Department of Behavioral Health and Developmental Services (DBHDS) Commissioner James W. Stewart, III announced today that John Pezzoli has been selected to serve as the DBHDS assistant commissioner of behavioral health services. Pezzoli served as the senior inspector and project manager in the Office of the Inspector General for Behavioral Health and Developmental Services since 2005, including several months as interim inspector general.

“John has an extensive knowledge of the behavioral health services system in Virginia,” said Commissioner Stewart. “He

has a demonstrated ability for improving the quality of services we provide for individuals with mental illness and substance-use disorders and their families.”

Prior to coming to the Office of the Inspector General, Pezzoli held several positions at Region Ten community services board in Charlottesville, including 12 years as the director of behavioral health services, nine years as the director of community support services, five years as the director of intellectual disability services, and two years as the director of program ser-

vices. Earlier in his career he worked in Texas for The Arc and as a juvenile probation officer.

Pezzoli, of Charlottesville, received a BA in sociology and a Master of Science in Social Work, both from the University of Texas. He will start work in his new position on August 10, 2010.

~ July 14, 2010 news release
Office of James W. Stewart, III
Commissioner for DBHDS

“Moo-Chas Gracias!”



I write to convey my gratitude for the gracious send off that you and the staff gave Patty and me. Thank you for the gifts — the plaque, the book, the quilt, and especially the special edition of the Porcelain Post. I cherish all of them.

Thanks to you and all the staff for the support, good cheer, and patience you showed me during my days in Marion.

But most of all...Thanks to you and the entire staff for the skillful and compassionate

care that you deliver to the patients and their families. There is no greater gift than that.

For Patty and myself, ‘Moo-chas Gracias!’

With warmest regards and fondest memories,

~ Jim Grubbs
Former Medical Director

Celebrating 50 years of CPR

In 1960, a group of resuscitation pioneers combined mouth-to-mouth breathing with chest compressions to create cardiopulmonary resuscitation, the lifesaving action we now call CPR. This action, when provided immediately after a sudden cardiac arrest, can significantly increase a victim's chance of survival.

Please join the American Heart Association in celebrating 50 years of CPR - and all the lives that have been saved because of it. This event is a great opportunity to step up and promote

CPR training! Did you know:

- About 80 percent of all out-of-hospital cardiac arrests occur in private residential settings. Being trained to perform CPR can mean the difference between life and death for a loved one.
- Effective bystander CPR provided immediately after cardiac arrest can double or triple a victim's chance of survival.
- More than 90 percent of sudden cardiac arrest victims die before reaching the hospital, but death from sudden cardiac arrest

is not inevitable. If more people knew CPR, more lives could be saved.

Learn more at:
http://www.heart.org/HEARTORG/CPRAndECC/WhatIsCPR/---CPRFactsandStats/CPR-Facts-and-Stats_UCM_302910_SubHomePage.jsp

~ Debbie Pringle, RN
Training and Development Coordinator

Google Search Tips

When it comes to searching the web, everybody knows nobody does it better than Google. But knowing what to search for and how can greatly affect the quality of your search results. If you want to find information from only one website, for example, you can use the "site:" operator, followed by the web address (without quotations) into the search bar, followed by words related to the information you're looking for. For example, site: www.iaap-hq.org, certification will deliver information on certification directly from the listed website.

For other search tips, check out MakeUseOf.com's "3 Google Tricks When You Don't Know What to Search For."



What is Asperger's Disorder?



Asperger's Disorder is a milder variant of Autistic Disorder. Both Asperger's Disorder and Autistic Disorder are in fact subgroups of a larger diagnostic category. This larger category is called either Autistic Spectrum Disorders, mostly in European countries, or Pervasive Developmental Disorders ("PDD"), in the United States. In Asperger's Disorder, affected individuals are characterized by social isolation and eccentric behavior in childhood. There are impairments in two-sided social interaction and non-verbal communication. Though grammatical, their speech may sound peculiar due to abnormalities of inflection and a

repetitive pattern. Clumsiness may be prominent both in their articulation and gross motor behavior. They usually have a circumscribed area of interest which usually leaves no space for more age appropriate, common interests. Some examples are cars, trains, French Literature, door knobs, hinges, cappuccino, meteorology, astronomy or history. The name "Asperger" comes from Hans Asperger, an Austrian physician who first described the syndrome in 1944.

~ www.asperger.com

EAP Offers Additional Tools

Your Employee Assistance Program offers a variety of resources, including multimedia educational tools, to help you deal with health and life issues. You may want to take another look at your health plan's EAP benefit. Using the EAP is as simple as making a toll-free telephone call. You receive up to four sessions at no cost for counseling on a particular issue. There are new tools available on EAP Web sites, including 5-to-12 minute videos on the COVA Care EAP site under "What's New" and companion guides with a list of suggested articles on the topic covered. ~ www.dhrm.virginia.gov

August Days to Celebrate

"Off the cuff" August holidays to celebrate:

- August 1**
Spiderman's Birthday
- August 3**
National Waffle Day
- August 6**
Wiggle Your Toes Day
- August 14**
National Creamsicle Day



- August 22**
Peppermint Patty's Birthday
- August 23**
Buttered Corn Day
- August 26**
National Dog Day
- August 30**
National Toasted Marshmallow Day



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 more of those recipes:

BABA-GHANOUI

This Middle Eastern eggplant spread is also a delicious dip for raw vegetables.

Yield: Makes about 1 3/4 cups

Ingredients:

- 2 1-pound eggplants, halved lengthwise
- 1/4 cup olive oil
- 1/4 cup tahini (sesame seed paste)*
- 3 tablespoons fresh lemon juice
- 1 garlic clove, chopped
- Pita bread wedges

Preparation: Preheat oven to 375°F. Generously oil rimmed baking sheet. Place eggplant halves, cut side down, on sheet. Roast until eggplant is very soft, about 45 minutes. Cool slightly. Using spoon, scoop out pulp from eggplant into strainer set over bowl. Let stand 30 minutes, allowing excess liquid to drain from eggplant. Transfer eggplant pulp to processor. Add 1/4 cup oil, tahini, lemon juice, and garlic; process until almost smooth. Season to taste with salt and pepper. Transfer to small bowl. (Can be made 1 day ahead. Cover and chill. Bring to room temperature before serving.) Serve with pita wedges.



MEDITERRANEAN COUSCOUS

Prep Time: 10 minutes
Total Time: 10 minutes

Ingredients:

- 1 (10 ounce) package couscous
- 1/3 cup grey poupon mustard
- 1 tablespoon lemon juice
- 4 tablespoons chopped parsley
- 1 tablespoon lemon zest, grated
- 1 clove garlic, minced
- 1/3 cup olive oil
- 1 (7 oz jar) roasted red peppers, drained and chopped
- 1/2 cup chopped pitted ripe olives
- Sliced tomatoes and cucumbers, for garnish

Preparation: Prepare couscous according to package directions; cool. In a small bowl, whisk mustard, lemon juice, parsley, lemon peel and garlic until blended. Whisk in oil. In large bowl, combine couscous, peppers, and olives; add mustard mixture, tossing to coat well. Chill at least 1 hour. To serve, arrange couscous mixture on serving plate; garnish with tomato and cucumber slices.

Makes 6 servings



SPINACH HUMMUS

Spinach hummus is a delicious variation of Traditional Middle Eastern hummus. This recipe for spinach hummus is su-

per easy and is sure to be a crowd pleaser!

Prep Time: 10 minutes
Total Time: 10 minutes

Ingredients:

- 1 can garbanzo beans/chickpeas (15 oz), drained
- 1/2 cup fresh spinach, chopped
- 1/4 cup tahini
- 2 tablespoons garlic
- 3 tablespoons lemon juice
- 2 tablespoons olive oil
- 1/4 teaspoon kosher salt

Preparation: In a food processor, process beans, garlic, spinach and olive oil. Add lemon and salt and blend. If spinach hummus is too thick, add 1 tablespoon water until desired consistency. Hummus should be smooth and creamy.



Spinach hummus can be made up to two days in advance. Store in airtight container in the refrigerator. It can be served hot or cold. Serve with pita bread, pita chips, or fresh veggies.

~ John O'Keefe
Food Service Director

E-mail Backlogs: “Fourth Down and Long”

You are finishing up with your presentation to a colleague’s department staff regarding effective use of the subject line in e-mails. You check your notes to make sure that you have covered all of the main points you wanted to make:

“Never, ever, ever send an e-mail without a Subject!”

Use Subject Line to:

1. **Get attention**
2. **Create “headline” of content**
3. **Convey time factor**
4. **Let them know what you need from them**

NOTE: Tell staff meeting attendees that if you do all of this well, you might not even have to send anything other than the subject line! Then you just end it with <eom> (stands for “end of message”) so that receiver knows the subject is all there is. “

Feeling satisfied that you have covered everything you had in mind, you ask if there are any questions.

One young man in the second row quickly raises his hand, and says, “I understand the point you are making about using the subject line to help the recipients quickly scan their messages and prioritize them, and increasing the likelihood that you are going to get the response that you need from them. That makes sense, and to be frank, e-mails with blank subject lines are one of my pet peeves. But, I have to be honest here, even with my best efforts to prioritize my incoming e-mails and devote as much time to reading and responding as I can, I still fall way behind at times. And then I end up with six hundred messages in my in-box, with a bunch of them unread, several warnings from VITA about having exceeded my capacity, until finally I can’t even send a response anymore because of how much I have allowed to back up. “

Almost every head in the room is nodding in vigorous agreement with this comment, and it is not hard for you to sympathize, because you have found yourself in the same boat more than once. The irony of

being suddenly unable to begin digging your way out of the mess that has backed up in your in-box because the system won’t allow you to send out any responses is frustrating, to say the least. It is a definite “Catch-22.” There are things that you try to do to avoid this back-up, and you know that an in-box is a lousy filing system, but it is seemingly unavoidable that this happens from time to time, like every time you go on leave for more than a day or two. You respond by describing what you refer to as the “fourth down play.”

“I know exactly what you mean,” you begin, “probably all of us have been in this spot despite our best efforts to be efficient in how we process our e-mail. And at some point we might want to discuss ideas for processing, but right now we’ll focus on



what to do when you have to get your messages off of the e-mail server because you have exceeded the capacity you are

permitted by VITA. Now, if you have some time to delete messages selectively, then it is still third-down for you. I suggest that the play you run then begins with your categorizing everything that is in your in-box according to who the sender was. We all get some messages because we are part of mailing lists, and some of those lists are not as crucial as others. It is often possible to delete every message from a certain sender because the information is not crucial, and you can do that in one step by highlighting the sender and hitting the delete key. But, if you do not have time to do this, you are in a “fourth-down and long situation,” What do you do then?”

“Punt!,” shout several staff members in unison.

“Absolutely right,” you say, laughing. “So here is the punt play: go to your desktop and set up a new file folder. Give the new folder a label that includes the date of the oldest message in your in-box, and the most recent message. So, for example, “E-mail-May 21-June 14.” Then go back to your in-box and highlight every message, using the “Control-A” keyboard shortcut. Then use

the “Control-C” command to copy the messages, go to the new folder on your desktop and right click it, and finally click “Paste.” All of the messages will now be in that folder. You can then go back to your in-box, and use “Control-D” to send the messages to your “Deleted Items” folder in Outlook. Use the “Control-A” and “Control-D” commands to finally delete all of the messages from Outlook, freeing up your storage space. Voila, you have a clean slate again, because the messages reside on your hard drive instead of the Outlook server. You can then go back to the new folder and work your way through the messages. There are certain drawbacks to doing this outside of the Outlook environment, which we won’t get into now, but at least you will be able to send and receive messages again without having to worry that you may have lost something that you might need later. So, that is the call on fourth and long.”

The meeting time has ended and the group begins to leave the room. The young man remains behind to thank you for this suggestion, and then asks if you would be willing to share some ideas about how to process your e-mails every day so that you are not faced with “fourth and long” situations very often. You tell him that you would be glad to do this, and settle on a time for this meeting.

“Do I need to send you an e-mail to remind you about this?” he asks with a chuckle.

“No, please don’t!” you call back over your shoulder.

(to be continued)

~ Communications Workgroup

Character is not made in a crisis — it is only ex-

From the Library

Non-Book Resources at the Library

August is Audio-Book Appreciation Month and it got me thinking about whether or not everyone knows about what great resources we have in our library. I wanted to take a minute to write about what materials we have so that everyone will know that our library is so much more than just a room full of books.

In honor of Audio-Book Appreciation Month, I want to start by saying that we have many audio-books, both fiction and non-fiction. Sometimes known as books-on-tape, these audio cassettes and CDs are perfect for patients who cannot see or read well, or for anyone who wants to enjoy a story while driving, exercising, doing housework, or who just doesn't seem to have enough time to sit down and read a good book.

The library also has music cassettes and CDs in every genre from classical to modern rock and country and everything in between, and there are cassette and CD players with headphones available for patients to listen to music while they are in the library.

The library has movies as well. There is a wide assortment of VHS tapes and a small selection of DVDs that staff can check out and show in the library or on the wards. There are action films, westerns, comedies, dramas, children's tapes, classics, holiday tapes, nature, travel, exercise, and more.

These could be just the thing for long weekends on the wards.

In addition, the library offers two computers for patients. While there isn't Internet, there are many programs on the computers including games, educational CD-ROMs, Microsoft Office, and many other options. So if, for instance, a patient wanted to write a letter or work on his resume, he could come to the library and do that on the computer. He could also play solitaire, make a card, or find a CD-ROM encyclopedia article on the computer.

These are some of the non-book resources that our library has for both patients and staff so come on down and check some of these out for yourself or for your patients.

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

Cynthia McClaskey
Jim Moon
Sharon Neitch
Debbie Borders
Christy Hall
Cheryl Rhey
Deresa Hall
Jan and Colin Barrom
Laurie Goral



...and for the many anonymous cards, magazines, and books and anyone I may have accidentally left off the list.

The following are just a few of the great new books for August. Another huge thank you to all of the people who have been donating such popular items. You are greatly appreciated:

- *Revenge of the Middle Aged Woman* by Elizabeth Buchanan
- *Jeff Foxworthy's Redneck Dictionary* by Jeff Foxworthy
- *Southwest Virginia Crossroads* by Joe Tennis
- *Scarpetta* by Patricia Cornwell
- *Ordering Your Private World* by Gordon MacDonald
- *Soldier of Southwest Virginia* by John Preston Sheffey
- *Appalachian Values* by Loyal Jones
- *Bitter is the New Black* by Jen Lancaster
- *The Heretic's Daughter* by Kathleen Kent
- *Appalachian Home Cooking* by Mark Sohn
- *The Learning Bible* by American Bible Society
- *Cat of the Century* by Rita May Brown
- *Mountain Mysteries* by Larry Thacker
- *Peacemaker: A Thriller* by Dan Ronco
- *50 Short Science Fiction Tales* by Isaac Asimov and others
- *The Ultimate Weight Loss Solution Food Guide* by Phil McGraw (Dr. Phil)

~ Christina Quillen
Librarian

Nursing Skills Week scheduled in September

Practicing nurses are continually learning, reading, and taking classes to maintain their competency as licensed professionals. In September, the nurse managers have planned a training event for all of the LPN's and RN's. Each nurse will attend one 8-hour training class in which we will review some very important skills specific to our roles here at SWVMHI. The training agenda consists of education regarding medication skills, seclusion/ restraints, pressure ulcers, hand hygiene, and trauma informed care. It is the intent of the nurse managers that this will be an opportunity to

"train the trainers," meaning the nurses will attend the skills training and will take this information back to the units to share with the psychiatric aides.

The training will be in the Nursing Resource Learning Center and will be held for day shift on September 14 and 21. Second and third shift training will be held on September 16 and 23. There will be a make-up day scheduled for September 28 from 8:15 a.m. - 5:00 p.m. for anyone unable to attend the previous times offered. The Staffing Nurse Coordinators will ensure that a training opportunity is scheduled for each nurse.

We look forward to seeing each of you for an exciting opportunity of learning.

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



Surviving the Hot Weather

Heat illness includes a range of disorders that result when your body is exposed to more heat than it can handle. The human body is constantly engaged in a life-and-death struggle to disperse the heat that it produces. If allowed to accumulate, the heat would quickly increase your body temperature beyond its comfortable 98.6° F.



Who is at risk? Heat-related illness can affect anyone not used to hot weather, especially when it's combined with high humidity.

Those especially at risk:

- Infants, young children, elderly, and pets
- Individuals with heart or circulatory problems or other long-term illness
- Employees working in the heat
- Athletes and people who like to exercise (especially beginners)
- Individuals taking certain medications that alter sweat production
- Alcoholics and drug abusers

HEATSTROKE

Heatstroke is the most serious and life-threatening heat-related illness. In certain circumstances, your body can build up too much heat, your temperature may rise to life-threatening levels, and you can become delirious or lose consciousness. If you do not rid your body of excess heat fast enough, it “cooks” the brain and other vital organs. It is often fatal, and those who do survive may have permanent damage to their vital organs.



Symptoms of heatstroke

- The victim's body feels extremely hot when touched.
- Altered mental status (behavior) ranging from slight confusion and disorientation to coma.

- Conscious victims usually become irrational, agitated, or even aggressive and may have seizures.
- In severe heatstroke, the victim can go into a coma in less than one hour. The longer the coma lasts, the lower the chance for survival.

What to do

1. Move person to a half-sitting position in the shade.
2. Call for emergency medical help immediately.
3. If humidity is below 75 percent, spray victim with water and vigorously fan. If humidity is above 75 percent, apply ice packs on neck, armpits, or groin.

HEAT EXHAUSTION

Heat exhaustion is characterized by heavy perspiration with normal or slightly above normal body temperatures. It is caused by water or salt depletion or both (severe dehydration). Heat exhaustion affects workers and athletes who do not drink enough fluids while working or exercising in hot environments.



Symptoms of heat exhaustion include

- Severe thirst, fatigue, headache, nausea, vomiting, and sometimes diarrhea.
- The affected person often mistakenly believes he or she has the flu.
- Uncontrolled heat exhaustion can evolve into heatstroke.

Other symptoms

- Profuse sweating
- Clammy or pale skin
- Dizziness
- Rapid pulse
- Normal or slightly above normal body temperature

What to do

1. Sit or lie down in the shade.
2. Drink cool water or a sports drink.
3. If persistent, gently apply wet towels and call for emergency medical help.

HEAT CRAMPS

Heat cramps are painful muscular spasms that happen suddenly affecting legs or abdominal muscles. They usually happen after physical activity in people who sweat a lot or who have not had enough fluids.

What to do

1. Sit or lie down in the shade.
2. Drink cool water or a sports drink.
3. Stretch affected muscles.

Information and recommendations are compiled from sources believed to be reliable. The National Safety Council makes no guarantee and assumes no responsibility for the correctness, sufficiency or completeness of such information or recommendations. Other or additional safety measures may be required under particular circumstances. www.nsc.org

~ Safety Committee



History From The Hill

Taken from the Tenth Annual Report of the Southwestern State Hospital of Marion, Virginia, for the Fiscal year ending September 30, 1903.

MEDICAL AND HOSPITAL SERVICE: All cases of insanity are looked upon and treated as sick people, as has been the case in this hospital for years, and all are given medical treatment in the way of general tonics in addition to special individualized treatment as may be required. Narcotics and hypnotics are used as sparingly as possible. While we cannot boast of the *non-restraint* system with our limited number of attendants on excited wards, yet we endeavor to do away with all chemical and mechanical restraints as far as possible. Seldom over 1 per cent being in restraint at any time. The thyroids have been used in a number of selected cases, but the treatment, except in one or two cases, has been disappointing to our expectations and has not given the good results so often quoted in medical literature.

Neither has the opium or the Flechsig treatment of epilepsy realized our expectation, though temporary benefit is noted in some cases. In accordance with the experience of former years, nothing gives better results than the "Mixed Bromides," alternated with general nerve tonics as required to counteract their debilitating and depressing effects.

Special attention is always directed to the treatment of patients otherwise than by medication, pure and simple. Their diet, their occupation, their amusement, their exercise in the open air, are especially studied. The physicians, the heads of different departments are all expected to

look after and encourage patients on these lines and many are taken out daily in all the departments. A striking example of the beneficial effect of occupation and the ill-effects of idleness is furnished by the late statistics of King's County (N.Y.) Penitentiary. "More convicts lost their reason in seven months of 1896, after the passage of the Anti-Convict Labor Law, than in six or seven years previous to that time." The records of 1890 show one case of lunacy among male convicts; in 1891, three cases; in 1892, one case, and for the three following years, four cases. From January 1 to July 22, 1896, during the operation of the Anti-Convict Labor Law, 20 prisoners lost their reason. As it has been well said, "Idleness and confinement would tax the resistance of an intellect that has abundant resources; how much more so the untrained and more or less degenerate brain."

In this hospital, while work is never compulsory, all are encouraged to do something and the attendants work with and encourage patients to work in all the different departments. Many patients beg to go out every day in the different departments of hospital work with the employees.

Those who do not go out to work are taken for walks and exercise in the open air for some hours in the morning and afternoon, and after supper in the summer. In bad weather and in the winter when they cannot go out they are taken the large amusement hall for exercise and diversion during these hours.

The regular hour for recreation and diversion every evening of the week after supper, outdoors in summer and in amuse-

ment hall in winter, as has been kept up in this hospital for some years, does much in the way of bringing about refreshing sleep and also is lessening the use of sleep-producing drugs.

THE TRAINING SCHOOL FOR NURSES: Now in the third year of its existence continues to give increased satisfaction and benefit, both in better and more intelligent service to the hospital and a greater interest and enthusiasm on the part of the attendants. Lectures and recitations were kept up regularly during the last winter, and in May last three more female attendants were awarded diplomas, they having completed the two years' course of study and passed satisfactory examinations on the same. This course includes thorough instruction in the primary elements of anatomy and physiology, hygiene, and the uses and doses of medicine, with practical bedside training in taking the pulse, respiration and temperature and recording the same on charts, the use of enemata, baths, cold sponging, hypodermic injections, artificial feeding, surgical dressing, massage, bandaging, etc., as far as can be done in a hospital for the insane.

To be continued



August Factoid

This month was originally named Sextilis in Latin, because it was the sixth month in the ancient Roman calendar, which started in March about 750 BC under Romulus. It became the eighth month either when January and February were added to the beginning of the year by King Numa Pompilius

about 700 BC or when those two months were moved from the end to the beginning of the year by the decemvirs about 450 BC (Roman writers disagree). It was renamed in honor of Augustus in 8 BC because several of the most significant events in his rise to power, culminating in the fall of Alexandria,

fell in this month. Lore claims August originally had 29 days in the Roman Republican calendar. Augustus took two days from February and gave it to August when Sextilis was renamed in his honor. This commonly believed lore was proven wrong.



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Comments, Suggestions or Ideas?

SHARE THEM!

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



This Month in History Word Search Answer Key

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

The next newsletter will be published September 1, 2010.