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From The Director

This month's newsletter highlights several important achievements, and offers several reminders for our health and work.

Level II Graduates

First, a very exciting graduation was held on January 24th at Wytheville Community College. Among those presented with the first Career Studies Certificates in Behavioral Health were 18 Psychiatric Aides and Lead Aides from SWVMHI! They successfully completed Level I in the College of Direct Support and have gone on to complete Level II, which included 12 hours of college credit and a competency validation.

Those present got to meet their on-line instructors and were treated to a delightful talk by the President of Wytheville Community College, Dr. Charlie White. There were photos taken which will be mailed to us on a CD, a lovely reception, and gifts for our staff.

Congratulations again to our graduates: Zara Blizzard, Debra Buchanan, Connie Cook, Angela Gentry, Donna Good-pasture, Laura Grinstead, Buddy Heath, Lynn Henderson, Kathy Hogston, Donna Jackson, Tammy Jenkins, Irma Osborne, Virginia Parsons, Melissa Paschal, Darlene Rouse, Lynn Skidmore, Elizabeth Stamper, and Donna White (see photo on page 16).

Norma Brickey, Site Administrator for SWVMHI, Diann Marshall, Tom Rose, Angela Routh, Ellen Tilson, and I did a lot of cheering for you as you crossed the stage to receive your certificate! We hope your success and your positive learning experience will inspire others.

Recovery

Also in this newsletter are really interesting recovery-oriented articles on SAMHSA's new working definition of Recovery from Mental Health and Substance Abuse Disorders (**A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential**), Recovery Heroes on Ward I who are implementing a Self-Administration of Medication Pilot, Central Rehab News, and Special Gym / Gameroom Activities. We have also included a photo of "Elvis" from the Elvis Karaoke event

Several staff recently attended a webinar titled, "Assessing for and Addressing Trauma in Recovery-Oriented Practice" in which we were reminded that traumatic events are sudden, unexpected and extreme, usually involve physical harm or perceived life threat, and that people experience these events as out of their control. Research has shown that 90%

of public mental health clients have been exposed to trauma and, in fact, most have had multiple experiences of trauma.

Trauma-informed care is a "strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma; emphasizes physical, psychological, and emotional safety for both the individuals we serve and those who provide care; and creates opportunities for survivors to rebuild a sense of control and empowerment."

We are encouraged to take a "universal precautions approach and assume that everyone we serve has a history of trauma! Trauma-informed care is an important theme for SWVMHI in 2012 as we continue our journey to becoming a recovery oriented facility.

Heart Health—Wear Red on Friday Feb. 3

Since February is American Heart Month, you will find sprinkled throughout the newsletter a variety of facts about heart health and tips for leading a healthier lifestyle. Heart disease kills.

~ Cynthia McClaskey, Ph.D.

DID YOU KNOW?

Approximately 141 million Valentine's Day cards are exchanged annually, making Valentine's Day the second most popular card-sending holiday after Christmas.

Leap Year

Did you know that the earth takes just a little more than 365 days to orbit the sun? Five hours, forty-eight minutes, and forty-five seconds longer to be exact. In 45 BC, Julius Caesar proposed his calendar be changed to accommodate this discrepancy by fixing the solar year at 365 days and six hours. That meant that every four years, that six hours would add up to one full day, which was added to February because it was the shortest month in the year already.

The calendar year still did not match the astronomical year, and the discrepancy grew to be three days off every 400 years. So in March 1582, Pope Gregory XIII abolished the use of the Julian Calendar, established the Gregorian calendar, and cancelled the ten extra calendar days which corrected the discrepancy in the

length of the year. He then decided that that "Leap Year" would be eliminated from that point on in all centenary years except those that are divisible by 400. This brought the Gregorian calendar and the solar year closer to the astronomical year and reduced the discrepancy to only 26 seconds per year. These 26 seconds a year will not add up to a full day until 3,323 years have passed.

But why is it called a Leap Year? One theory is that the additional day of February 29 did not have any legal status in the old English courts, and so the day was "leaped over" in the records and whatever happened on that day was dated February 28 or March 1.

~ www.brownielocks.com

BONANZA NEEDS

Due to your generosity, Bonanza is brimming with wonderful selections of women's clothing. There are all sizes and styles for our ladies to select and make their next fashion statements. However, our men are not going to find their selection quite so enticing. Large, extra large and extra- extra large jeans and casual slacks are desperately needed. It seems that the shirt selection is adequate but the jeans selection could use some donation attention.

Thank you in advance for your generosity!

Follow the 90/10 rule when planning your food choices. Eat 90 percent of the time from healthy food choices and less than 10 percent from "splurge" foods. If you want to have the highest heart protection, you should only eat "splurge" foods two to four times per week.

Recovery Heroes

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

The staff on ward I are our Recovery Heroes for this month. They have been working with some of the individuals we serve on the ward with the self administration of medication and have been doing a great job.

Angie Jones, Unit Nurse Coordinator, wrote the following: "The staff on Ward I have assisted with the Pilot Project on Self Administration of Medication. These nurses and aides have done extensive work with the individuals we



serve, providing them one on one education regarding their medications and assistance and supervision with the filling of the individual pill boxes. The aides have also reinforced the education provided and assisted the individuals we serve with their medication charts that each keeps in their room. The staff

have done a great job in encouraging independence with medication administration. Being able to know what your medications are and how and when to take them, as well as being able to prepare the medication, are all very important steps in an individual's recovery."

Thanks to all the staff on Ward I for your hard work and dedication. We appreciate all that you are doing.

When you see the employees on Ward I, be sure to congratulate them for being this month's Recovery Heroes.

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

Getting the Message on Effective Use of Voice Mail

10 Suggestions

Most of the articles we have submitted in our ongoing effort to enhance effective communication here at SWVMHI have focused on person-to-person and email issues. Up to now we have neglected to deal with another ubiquitous, potentially handy, but often abused form of modern communication -- voice mail. **Voice mail is so common that we very scarcely make it through a day without sending and receiving several messages through this medium.** We obviously benefit from the ability to pass on information to people who are not able to speak to us at the moment of our call, but **most people also have complaints about both sending and receiving voice mail.** Common complaints in sending voice mail concern the sometimes **complicated systems that must be navigated just to get to the point that you can actually leave a message.** Another is **the impression that some individuals and organizations use their voice mail systems as a kind of "screen,"** never answering the phone at all, but reviewing and then selecting the calls to which they will respond. On the receiving end, the most common complaint concerns **callers who leave long and meandering messages that either make the salient point(s) late in the game, or not at all.** To better manage both ends of the voice mail process, we make these **ten suggestions.**

On the receiving end:

1. Although it is definitely useful to allow your voicemail system to protect you from interruptions as you work on something that requires time and undivided attention, we do not recommend that you do this all the time. **Answer the phone when you can.** If you don't, people will find ways around the barrier that you have established, and that will defeat your original purpose.



2. **Try to respond to all work-related voice mail messages that reference legitimate work issues within a reasonable period of time.** What is "reasonable" will vary based on the urgency of the message's content. A request for key information on a project with a tight deadline requires a rapid response, whereas a request for your view on a more distant issue can wait a little longer. Some messages will not require a response at all, such as a "thank you" for granting an applicant an interview for an open position, or a family member informing you that they will arrive 10 minutes late for a meeting.
3. With number 2 in mind, we recommend that you **listen to all of your messages at one time,** taking little notes about things that you need to know and/or respond to as you go. If you don't process your messages at one time, it is more likely that you will miss a more urgent need as you respond to the less important one that preceded it. In order to prioritize your work when it comes to voice mail, it is best to listen to all of them and then triage accordingly.
4. Make sure your **outgoing greeting asks for what you want from your callers.** Also, be sure to **update your greeting** if you are going to be unable to get your messages for a certain period of time, such as a vacation, training program, or off-site meeting.

On the sending end:

1. **Speak clearly and slowly.** An unintelligible message is worse than not having called at all, because you will be thinking that you have communicated when you have not. You may be left hanging if you don't communicate clearly. This is especially the case if you are leaving the message from a cell phone. If you do not have a clear signal when you call, don't leave a voicemail if you can help it. Wait until you can be more certain that your connection will be clear.
2. **Leave your contact information at the beginning of your message, and then again at the end.** This is more convenient for the person you are calling in that they will not need to listen to your message again if they missed your number the first time.
3. **Leave the most important information at the beginning of your message.** You never know when you might be cut off.
4. **Leave clear requests for action from the recipient.** Make sure they know what you need, in what form, and if there is a deadline.
5. **Avoid leaving rambling, unfocused messages.** Thirty seconds is a good target, as this should allow you to leave pertinent information without having the recipient's system cut you off. It is not good for you or them if you are forced to call them back and renegotiate their system just to finish what you started before.
6. **If you do not receive a follow up from the recipient after more than one message, find another way to reach him or her.**

African-American History Month

Black History Month is also known as the *African-American History Month*. It is celebrated all over the United States of America and Canada in the month of February. The electronic media is filled with themes in relevance to the occasion, and many activities will be carried out across the country to pay tribute to the contribution made by the African-American citizens in the development of this nation.

Black History Month was first started by a well-known African-American historian, *Dr. Carter G. Woodson*, in the year 1926. February was decided as the month to celebrate the African-American history because it was the

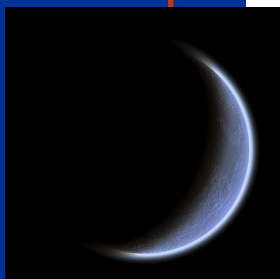
birthday month of two of the most notable and highly valued people among the African-Americans. These were, *President Abraham Lincoln*, who freed the slaves; and *Frederick Douglass*, an abolitionist; who was also the first vice-presidential nominee among African-Americans. Initially, Black History Month was known as the 'Negro History Week.' This was Dr. Woodson's attempt to encourage awareness among citizens about the contribution of African-Americans towards the building of the nation. It was only in the early 1970s that the name 'Negro History Week' changed to 'Black His-

tory Week.' And later, in the year 1976, the entire month of February was declared as *National African-American History Month*, or *Black History Month*.

Every year, National African-American History Month is celebrated by conducting many activities and implementing various ideas and themes for the younger generation. The 2012 theme is, "**Black Women in American Culture and History.**"

For more information about National African-American History Month, visit www.asalh.org/.

February Lunar Phases



February 7

Full Moon, also called "Snow Moon" by Native Americans of New England and the Great Lakes because this time of the year experiences heavy snow falls. It is also called "The Hunger Moon" because of the meager hunting during this time of year.

February 14

Last Quarter Moon

February 21

New Moon

February 29

First Quarter Moon



Did you know?

Eating low-fat dairy foods as part of a diet high in fruits and vegetables lowers blood pressure as effectively as taking medications.

Five Tips for a Healthy Heart

February is American Heart Month, so we want to give you a few tips to keep your heart healthy:

1. Control your cholesterol, blood pressure, and blood sugar levels.
2. Maintain a healthy weight.
3. Get moderate-intensity physical activity for at least 30 minutes each day.
4. Choose foods high in fiber and low in saturated fat, trans fats, cholesterol, sodium, and sugar.
5. Avoid secondhand smoke. If you smoke, quit!



Chaplain's Corner

What makes you stand up and cheer?

As we continue our journey along the path of the "Alphabet of Spiritual Literacy," we come to the letter **E** which reminds us of **enthusiasm**. I suspect the most **enthusiastic** event in the month of February is Super Bowl Sunday. Millions of people across the country will be cheering for their favorite team in an **enthusiastic** quest for victory. The Super Bowl has become an all American holiday dedicated to gatherings of people in the pursuit of consuming snack food, yelling at the largest television we can find, and rating the best multi-million dollar commercials in modern advertising. Not a bad way of "letting off some steam" and practicing the not so gentle art of **enthusiasm**.

It may seem like a stretch to view **enthusiasm** as a spiritual endeavor. Exuberance and excitement may appear as frivolous and unimportant to the soul. Yet, without **enthusiasm**, nothing really seems worth the effort or investment of our lives in pursuing

positive endeavors. This excitement of our whole being isn't just for sports and entertainment.

Enthusiasm can be a positive force that helps us approach our daily lives with motivation and confidence. It may help to think of **enthusiasm** as the spiritual



opposite of outrage. Both require energy and emotion, but have drastically different outcomes in regards to our spiritual health.

The great scientist Louis Pasteur once observed, "The Greeks have given us one of the most beautiful words of our language, the word **enthusiasm**, which means 'a God within'. The grandeur of the acts of men are measured by the inspiration from

which they spring. Happy is he who bears a God within."

In these days of winter and cold, the celebration of those things which excite us can enable us to accomplish tasks and accept responsibility for our own contentment.

We may have made a "resolution" list last month of what we felt we had to do, why not make a list this month of the things we want to do? It will do our souls a world of good to play with abandon as well as to engage in purposeful work.

Remember what excites your emotions, engage yourself in it, and feel the release of positive energy that awakens your sense of strength and hope. These experiences are blessings that enrich our spiritual awareness and helps fill our lives with meaning.

L'Chaim! (To life!)

~ Rev. Dr. Timothy Graham,
Chaplain

*Enthusiasm is the Spirit of God
working with you.*

~ Anonymous

Word Search



How many of the underlined words can you find related to History of Groundhog Day?

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

Groundhog Day is February 2. Did you know that this observance is also known as “Candlemas” and goes back to biblical times? The Law of Moses stated that parents were obligated to bring their first born son to the church and make an offering to God on his behalf, usually when the baby was 40 days old. Based on Jesus’ celebrated birth date of December, that would mean 40 days was February 2. When Jesus was presented, an old, devout Jew named Simon held Jesus up and declared that he would be, “A light to lighten the Gentiles.” This is how the day became known as Candlemas, because candles were used at that time and blessed candles were believed to hold special powers. What does all this have to do with a groundhog? There was a medieval superstition that all hibernating animals (not just the groundhog) came out of their caves and dens on Candlemas to check out the weather. If they saw their shadow, it meant that winter would go on for another six weeks and they would go back to sleep. In England, France, and Canada, farmers would watch for the stirring of the Candlemas Bear as a sign that springtime was coming. In Germany, it was the badger, a close cousin to the groundhog. Early German settlers brought this custom to the United States and settled in Pennsylvania where groundhogs were more prevalent, and so they chose the groundhog as their hibernating animal to watch as a sign of spring.

Did you know? Professional weather researchers have determined that Punxsutawney Phil has only been accurate in his weather predictions 28 percent of the time.

Central Rehab News -- January Review

Things have finally gone back to “normal” in the Rehab Department. For the first time since before Christmas we are back to working a routine five-day schedule. There have also been a lot of changes.

First let me welcome Brittany Williams, our new Rehabilitation Specialist who is working the evening shift. I know everyone will make her feel welcome. Also, please welcome Jamie Hanshew, our new Rehab Resource Coordinator for the “A” Team.

Monday, Wednesday, and Friday’s schedules have stayed about the same as they were before the holidays except that in the afternoon, rehab staff are picking individuals up on the admission wards and are now actually conducting the groups in the ward group rooms or the library. This helps free up the nursing staff to do other needed things. On Tuesdays and Thursdays, we are trying out several new groups for admissions. Thanks to the Nursing staff for continuing to escort individuals to these afternoon groups. We plan to try this schedule for a while and see how it works out. We will obtain feedback from everyone and then decide if these changes will remain permanent.

Also, it has been decided that from 1450 to 1515 on the first Tuesday of the month the PAC (Patient Activity Council) will meet to decide on special events; on the second Tuesday from 1450 to 1515 CERC (Consumer Empowerment Recovery Council) will meet; on the third Tuesday from 1450 to 1515, RAC (Rehab Activity Council) will meet to discuss special events; and on the fourth Tuesday from 1450 to 1515 special events will be schedule. This routine will help all staff know exactly when special events will be so they can plan accordingly. PAC and CERC meetings will be held in the game room/TV room. Hospital wide activities will be in the gym throughout the colder months until spring arrives and we can get back outside.

January, in honor of Elvis’s birthday, we had a karaoke party. We also had the January birthday party for the individuals we serve. For those who do not know, the monthly birthday party is held during game room activity on the last Monday of the month. Usually Joyce, Doug, and Larry plan a special theme to go along with the celebration. It is a lot of fun and anyone is welcome to attend.

We are getting ready to start a newsletter, written for and by the individuals we serve. Hopefully our first edition will be out this month. It will include news about the goings on here at the hospital, articles of interest to those we serve, word search puzzles, rock n’ roll trivia, home grown poetry, humor, book / movie reviews, and all kinds of interesting things. We hope that everyone will read it and enjoy it as much as we enjoy creating it. Copies will be available on the units and in the Library.

Nazrin has a group that will be writing on the subject, “what I love about me.” This is totally awesome since we know that boosting self-esteem is really a big step towards enhancing recovery.

Remember, too that there are still cards for sale in the canteen that show the many aspects of the Recovery Quilt. Each card depicts an individual’s special story about his or her personal recovery. The cards are beautiful and the stories are special.

~ Sue Eller
Peer Support Specialist

Let’s take a True or False quiz!

1. Out of state travel for educational purposes is encouraged by the Central Office and generally is approved within five business days. True or False
2. An employee may charge telephone calls to his room when on a business trip and receive reimbursement for them. True or False
3. When requesting state mileage reimbursement, the base point is from the employee’s home. True or False
4. When an employee is on business, the state will pay for a locksmith if the employee locks the keys in a state car. True or False
5. If you choose to rent a car from Enterprise, they will come pick you up - just like in the commercial. True or False
6. The Fiscal Office will accept faxed copies of Travel Reimbursement forms. There is no need to send originals. True or False



~ The Fiscal Department

1. FALSE Approval of out of state travel generally requires at least 30 days for approval; out of state travel is not encouraged by the Governor’s Office nor by Central Office.
2. FALSE Phone calls should not be charged to a traveler’s hotel room and are not reimbursable.
3. FALSE The base point is generally your work site.
4. FALSE The locksmith fee would be the responsibility of the person who locked the keys in the car. It is not reimbursable.
5. TRUE Even from home.
6. FALSE The Fiscal Office requires original documents for travel reimbursement.

ANSWERS:



PERSONNEL CHANGES

New Employees

Andrea Dunavan, Psychiatric Aide	Dec 10
Tanya Leedy, Psychiatric Aide	Dec 10
Christie Shockley, Psychiatric Aide	Dec 10
Jessica Wilkerson, Psychiatric Aide	Dec 10
Julie Overbaugh, Registered Nurse	Dec 10
Missy Osborne, Human Resources Assistant	Dec 10
Payton Totten, P14 Food Service Technician	Dec 12
Virginia "Leigh" Hess, P14 Food Service Technician	Dec 12
Melissa Dye, Clinical Social Worker	Dec 25

MONTHLY PATIENT CENSUS

**December
2011**

Admissions 73

Discharges 75

Passes 3


**Average Daily
Census
147**

Separations

Brian Schaffer, Psychologist	Dec 1
Judy Grimsley, Psychiatric Aide	Dec 1
Kandace Miller-Phillips, Clinical Social Worker	Dec 1
Bryan Townley, Psychiatric Aide	Dec 1
Carol Cook, Housekeeping Worker	Dec 8
Heather Shepherd, Registered Nurse	Dec 13
Michelle Melton, Psychologist	Dec 16

Promotions/Role Changes

Shannon Miller, Registered Nurse to Registered Nurse Clinician A/Team Nurse	Dec 10
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All staff must complete the Workplace Violence CAI between February 1 and February 29, 2012.

Meals in Minutes -- Grilled Tuna with Cherry Tomato Salsa

Looking for a heart-healthy meal that is good any time of the year? Try grilling a tuna, salmon, or halibut steak and serve with a side salad or steamed vegetables.

Ingredients

- 4 (6 oz) tuna, salmon, or halibut steaks
- 1 tbsp extra-virgin olive oil
- 1 tbsp lemon juice
- ¼ C finely chopped red onion
- 2 garlic cloves, minced
- 2 tsp extra-virgin olive oil
- 2 C cherry or pear tomatoes, cut into halves
- ½ tsp salt
- 2 tbsp chopped fresh parsley
- 1 tsp drained capers (optional)
- Fresh ground pepper to taste

Directions
Rinse the steaks and pat dry with paper towels. Arrange the steaks in a single layer in a round glass dish and drizzle with 1 tbsp olive oil and lemon juice, turning to coat. Marinate, covered, in the refrigerator for 15 minutes up to 4 hours.

Spray a heavy-duty sheet of foil with non-stick cooking spray and arrange the steaks on the prepared foil. Place on the grill rack and grill over hot coals for 4 to 8 minutes per side or until the steaks flake easily and the center is not quite opaque, turning once. Remove the steaks to a platter and cover to keep warm.

Salsa: Combine the onion, garlic, and 2 tsp olive oil in a round baking dish and

roast at 400 degrees for 7 to 8 minutes, stirring halfway through the roasting process. Toss the tomatoes and salt in a bowl and add to the onion mixture. Roast for 4 to 5 minutes longer or until the tomatoes are heated through and the onion begins to brown. Remove from the oven and stir in the parsley and capers. Spoon the salsa over the tuna steaks and sprinkle with pepper. Serve immediately.



Recipe from the *Cooking for Life: Recipes for Healthy Living* cookbook, published by Mountain States Health Alliance, Inc.

Library Corner

Loving Yourself This Valentine's Day

I've often heard it said that you have to love yourself before anyone else can love you, but what exactly does that mean? To love one's self? Doesn't everybody love him- or herself more than anybody else on earth? Aren't we all born being kind of selfish? So what are they talking about?

I went to the Internet in search of answers and I found the following: According to <http://www.essentiallifekills.net/loveyourself.html>, self-love isn't all about selfishness, arrogance, or narcissism. The site says that, "To love yourself means to accept yourself as you are and to come to terms with those aspects of yourself that you cannot change. It means to have self-respect, a positive self-image, and unconditional self-acceptance." They go on to say that to love yourself, "You work on being the best you. You do so by investing in and working on your personal growth and development. Take care of yourself physically, mentally, and emotionally."

Some other sites listed suggestions for ways to accomplish this, including forgiving yourself for past mistakes, taking them as learning experiences, and being kind and respectful to

others because, "gradually you will start to feel your worth through the smiles of gratitude." Also, accepting that success is a journey and not a destination and appreciating what you have done instead of wishing for what you haven't gives you a good start toward living your dreams. They also recommend not being too hard on yourself and not judging your own accomplishments based on what others have done. Other suggestions include, being thankful for what you have, acknowledging your efforts, and doing things you are good at to increase self-esteem.

~ <http://www.wikihow.com/Love-Yourself>
~ <http://www.abundancetapestry.com/how-to-love-yourself-in-17-ways/>

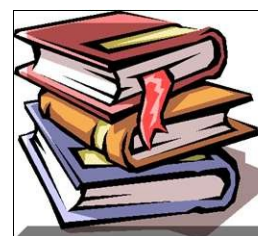
Donations

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

Smyth-Bland Regional Library
Lesu Cole
Sue Eller
Deresa Hall

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

New Books



To brighten up the winter season, the following is a list of some of the newer "action" books we have in the library. Another huge thank you to all of the staff who have been so generous with such great donations:

- *Therapy*, by Jonathan Kellerman
- *Final Impact* by John Birmingham
- *Market Forces* by Richard K. Morgan
- *Flight of Eagles* by Jack Higgins
- *Fatal Terrain* by Dale Brown
- *Jackdaws* by Ken Follett
- *The Blue Zone* by Andrew Gross
- *Invisible Prey* by John Sandford
- *Kisser* by Stuart Woods
- *Where Are You Now?* by Mary Higgins Clark
- *Trapdoor* by Bernard O'Keefe

~ **Christina Quillen**
Librarian

Special Gym/Game Room Activities



Bingo Night

February 15,
1800 - 2000

Valentine Party

February 28,
1330 - 1500



Birthday Party

February 24,
1800 - 2000

Church Services

Church Services are held each Thursday from 1830 - 1930 in the Auditorium



American Heart Month

Heart disease is the leading cause of death in the United States and is a major cause of disability. The most common heart disease in the United States is coronary heart disease, which often appears as a heart attack. In 2010, an estimated 785,000 Americans had a new coronary attack, and about 470,000 had a recurrent attack. About every 25 seconds, an American will have a coronary event, and about one every minute will die from one.

The chance of developing coronary heart disease can be reduced by taking steps to prevent and control factors that put people at greater risk. Additionally, knowing the signs and symptoms of heart attack are crucial to the most positive outcomes after having a heart attack. People who have survived a heart attack can also work to reduce their risk of another heart attack or a stroke in the future.

A healthy diet and lifestyle are the best weapons you have to fight heart disease. Many people make it harder than it is. It is important to remember that it is the overall pattern of the choices you make that counts. Physical activity in your daily life is an important step to preventing heart disease. You can take a few simple steps at home, at work, and at play to increase the amount of physical activity in your life.

Although heart disease is sometimes thought of as a "man's disease," it is the leading cause of death for both women and men in the United States, and women account for nearly 50 percent of heart disease deaths.

For more information on heart health and what you can do to reduce your chances of a heart disease, log on to the CDC website at www.cdc.gov or the American Heart Association website at www.heart.org.



HEART ATTACK WARNING SIGNS

- Chest pain or discomfort that lasts for more than a few minutes.
- Pain in the neck, jaw, arms, or upper back.
- Abdominal pain or feeling of heart-burn.
- Cold sweats or clammy skin.
- Unusual tiredness or nausea.
- Dizziness or lightheadedness.
- Shortness of breath.

If you or a loved one are having a heart attack, call 911 immediately!

How to Make Sense of your W-2s

Your 2011 W2s are now posted on Payline <https://payline.doa.virginia.gov>.

Following is some helpful information about your reportable income as listed on your W-2:

- If you have health insurance or other pre-tax deductibles, your Federal Taxable wages will not equal the year-to-date (YTD) amount reported on your final check for 2011.
- With our new retirement contributions, your Federal Taxable wages will be different than your Social Security Taxable wages. On this deduction, you must pay the social security tax now, but reporting for federal tax purposes is deferred until the time you receive this money. Deferred Compensation contributions are treated the same way and are shown separately as item G in box 12.
- Also in box 12 you may find item C - Imputed Life. This equals the addition of the value of non-cash



compensation to an employee's taxable wages in order to properly withhold income and employment taxes from the wages. For group insurance, imputed life is the taxable value of group life coverage in excess of \$50,000.

Do you need to review your Federal and / or State tax withholding status? Use Payline: <https://payline.doa.virginia.gov/>

- ✓ From the Main Menu, Select Employee Profile Data from the left vertical menu.

- ✓ At the bottom of the page it will show your current withholding status, number of exemptions, and any additional amounts you may have chosen to have deducted. On your State of Virginia status, all employees are shown as single because the state does not distinguish between married or single.
- ✓ If you need to make updates to your withholding, use the links provided, complete, print, sign and date, and submit the form to Payroll. A physical copy must be submitted before any changes can be made.

If you have additional questions or need any help with Payline, please do not hesitate to contact the Payroll Office at Extension 533, or visit the office located on the third floor of the Henderson Building during the hours of 0700 to 1530.

~ Sharon Bullins, Payroll Officer

February Days to Celebrate

“Off the cuff” February holidays to celebrate:

- February 2**
Groundhog Day
- February 3**
Bubble Gum Day
- February 5**
Super Bowl XLV
- February 12**
Paul Bunyan Day



- February 14**
Ferris Wheel Day
- February 15**
National Gum Drop Day
- February 19**
Chocolate Mint Day
- February 21**
Pancake Day (also Mardi Gras)
- February 26**
For Pete's Sake! Day
- February 28**
National Tooth Fairy Day



Severe Weather Reminder



As everyone is well aware, winter is upon us. And when severe weather strikes, late arrivals and absences due to weather conditions rise.

All employees of SWVMHI are considered designated employees for facility operations. During periods of severe weather conditions, all late arrivals and absences must be accounted for by use of documented leave slips. After all circumstances are evaluated by the facility director, and at the director's discretion, late arrivals *may* be excused up to a reasonable amount of time. Employees are expected to make every reasonable effort to report to work as scheduled. However, employees are cautioned to exercise good judgment regarding travel during severe weather. They should maintain contact with their supervisors about their individual circumstances.

At the conclusion of a severe weather event, Department Heads should promptly report all late arrivals and absences to the Director's Office so that a timely decision can be made as to whether or not late arrivals or absences will be counted as excused or unexcused. Please keep in mind that decisions are made based on information reported, so it is important that the information reported be prompt and accurate.

Thanks to all employees who make the extra effort to ensure the continuation of quality services to the individuals we serve, especially during periods of inclement weather.

News from Human Resources

If you are injured while performing your job, tell your supervisor AND, before the end of the same shift, go to the Staffing Nurse Coordinator's (SNC) office located off the main L-hallway in the Bagley Building and complete an Employee Incident form. The form is available in the SNC Office and on the forms directory located on the Intranet. Leave the form with the SNC on duty.

Completing the Employee Incident form

Section I of the form requires personal information including your name, address, phone number, birthday, SOCIAL SECURITY NUMBER (not employee ID number), marital status, number of dependents and your hire date. Additionally, this section requires the department where you work and specific details about the incident. **THIS INFORMATION IS EXTREMELY IMPORTANT!** Personnel in the Human Resource Office rely on this form to file your claim with the office that determines whether you qualify for Workers' Compensation benefits. Furthermore, this form can be used in court and is a legal document. List the exact location where the incident occurred and the time of the incident. List any witnesses, and if it involved an individual we serve, list the Register Number, not his or her name. In the incident description area, be concise, and use appropriate wording. For example, if using a TOVA maneuver when injured, one might describe the incident as "while applying TOVA hold" rather than "while holding patient's hands." (FYI: you are not supposed to 'hold an individual's hands,' rather you should use a supine TOVA hold to the lower arm) or, if an individual opposes getting an injection, one could write, "individual didn't want an injection and therefore tried to push my hand away" or "individual was resistant to injection so he/she used his/her hand to push me away, and his/her fingernail scratched my lower right forearm breaking the skin ~ 2 inches" rather than "patient didn't want shot, became aggressive and scratched my right arm."

Always choose a panel doctor regardless of whether you feel the need for medical treatment, sign and date the form, and leave it with the Staffing Nurse Coordinator on duty. If you have questions, please call a member of Human Resources.

~ Annasue Cook, PHR
Human Resources Analyst

Central Rehab Services Craft Sale

Your generosity and Christmas spirit certainly showed at this year's Christmas Craft Sale. Thanks to your purchases, a total of \$850.00 was collected through the sale of craft items handmade by the individuals we serve. This money will allow the Central Rehab Services staff to purchase supplies and support the continuation of creativity in making of new and different items that will be for sale in the upcoming year.

Again, thank you for your support. FYI: This total was more than the profit made at last year's Hungry Mother Park Festival!

Prevent Carbon Monoxide Poisoning



“The Silent Killer”

Carbon monoxide is a poisonous gas that cannot be seen or smelled, and can kill a person in minutes. It is produced whenever any fuel, such as gas, oil, kerosene, wood, or charcoal, is burned.

Hundreds of people die accidentally every year from carbon monoxide poisoning caused by appliances that are not used properly or that are malfunctioning. Carbon monoxide can build up so quickly that victims are overcome before they can get help.

Once inhaled, carbon monoxide:

- Can cause permanent brain damage;
- Can cause chest pains or heart attacks in people with heart disease.

What are the symptoms of carbon monoxide poisoning?

- ✓ Headache
- ✓ Dizziness
- ✓ Fatigue
- ✓ Weakness
- ✓ Confusion
- ✓ Nausea

How can I prevent carbon monoxide poisoning?

- ✓ Never burn charcoal inside homes, tents, campers, vans, trucks, garages, or mobile homes. Do not burn charcoal in the fireplace of your home.
- ✓ Never use gasoline powered equipment indoors.
- ✓ Never use a gas oven to heat your home, even for a short time.
- ✓ Never idle a car in a garage, even when the garage door is open.
- ✓ Never sleep in a room while using an unvented gas or kerosene heater.

- ✓ Make sure that chimney and flues are in good condition and are not blocked.
- ✓ Carbon monoxide warning devices may provide additional protection, but should not replace the other prevention steps.

What should be done if you suspect someone has been poisoned by carbon monoxide?

- Move the person to a place with fresh air immediately.
- Take the person to an emergency room and tell them that you suspect carbon monoxide poisoning.

For additional information about preventing carbon monoxide poisoning, please visit the Washington State Department of Health website at www.doh.wa.gov.

~ The Safety Committee

Thank you, Thank you very much



The individuals we serve had a special treat recently, when Elvis made an appearance at the Elvis Tribute Karaoke Night on January 26, 2012, sponsored by the Patient Activity Council. Pictured here is our very own Robin Phelps, a.k.a. Elvis.

Robin regularly provides the music for all the special activities, and often makes “guest appearances” that tie into the theme for the event. Robin also choreographed all the music for the dog show, making sure that the music fit the dog’s personality. You never know who will show up, but it will always be entertaining. The individuals we serve, as well as staff, look forward to each event and who will be making a special appearance.

Thank you, Robin, for making events so entertaining and special!

History From The Hill -- The Harman Building



Built at a cost of \$115,000, \$100,000 of which was made possible by legislative appropriation, the Harman Building was dedicated in May 1933. It was named in honor of Col. King Harman of Pulaski, who was chairman of the special board that put through the proposal to erect the new building and who worked for Southwestern State Hospital for 15 years.

The building was completed at minimal cost due to the use of patient labor for construction. The Harman Building was the medical center and could accommodate 100 patients, and housed the medical and more infirm patients on the second floor. The third floor was used for female medical patients, with the laboratory and diagnostic facilities being located on the first floor, and Occupational Therapy being located in the basement. The operating room was located on the fourth floor. When first opened, the operating room was not only available

for surgery to be performed on patients, but also members of the public as well.

At a dedication ceremony held at the Harman Building on May 5, 1933, Col. Harman, who was present, was temporarily overcome with emotion at the honor thrust upon him without warning. Dr. George Wright, Superintendent of Southwestern State Hospital, opened the dinner and thanked the members of the

special board of directors for their support, cooperation, and counsel in making the new building possible. He then announced for the first time that the unit would be called the Harman Building in tribute to Col. Harman, senior member of the special board, "in order to due [sic] him honor for his faithful, efficient service to Southwestern State Hospital."

Following the ceremony and dinner, complete with entertainment provided by Dr. J.S. DeJarnett, then Superintendent of Western State Hospital, Dr. Wright, provided tours of the newly opened building and afforded visitors from across the state several interesting hours looking over the various floors and departments. Of note was the pewter service, on which dinner that night was served, which was made by the patients working in the Occupational Therapy Department.

Additional improvements were made to this building in 1963 and 1975. This building was closed in 1990 when the Bagley Building was opened. The building is currently being used for storage.



Harman Building Third Floor, 1967

References: SWVMHI employees Phyllis Miller and Sharon Neitch; Smyth County News, May 11, 1933 "Splendid New Hospital Building Named for Col. Harman."



DID YOU KNOW?

Just two servings of fish per week reduce the risk of dying from a heart attack by thirty to fifty percent! Salmon and tuna are excellent choices and a great source of essential Omega-3 fatty acids.

Saying It From the Heart



“Do you want to go out tonight?” she asked. He shrugged. “Do you think this makes me look fat?” she countered. He studied her, tilting his head to one side. “Thanks a lot,” she shouted and stomped away. She returned, hands on hips, and demanded, “Why do you treat me this way?” He looked at her and replied, “But I did not say a thing!”

While it is true that he may have spoken no words, he did communicate in non-verbal ways. Non-

verbal communications are a very important part of our ability to behavioralize the SWVMHI Value of Communication. Non-verbal communication can enhance and emphasize our verbal communication. Our non-verbal communications (our posture, our voice tone, and our body language) can also contradict our verbal communications, making it very difficult for others to know what we really mean.

Sociologist, psychologist, and author Jeanne Segal, Ph.D., reminds us, “It takes more than words to create satisfying, strong relationships. Non-verbal communication has a huge impact on the quality of

your personal and professional relationships. What you communicate through your body language and non-verbal signals affects how others see you, how well they like and respect you, and whether or not they trust you. Unfortunately, many people send confusing or negative non-verbal signals without even knowing it. When this happens, both connection and trust are damaged.”

~ James Moon, Ph.D.
Psychology Supervisor

When and How to Contact the Director

Anytime you have a question or a concern, you are invited to contact Dr. McClaskey. But there are also certain circumstances in which you must contact the Director.

There are five categories that must be reported by ALL staff:

1. Suspicion of or an allegation of patient abuse or neglect or unexplained patient injury. (Please refer to SWVMHI Policy 1017 for specific information on reporting of abuse and/or neglect.)
2. Peer to peer incidents.
3. Report of harassment (sexual or hostile work environment).
4. Employees, students, and volunteers must report arrests or convictions within five workdays of the event. This includes motor vehicle/moving violations. The employee's supervisor must also be notified.
5. If you think you that you would like to file criminal charges against a patient.

If you are a supervisor, you are also responsible for reporting the above-mentioned circumstances. Additionally, you must report the following immediately to the Director:

- ✓ Patient Death (including within 21 days of discharge) or a serious reportable injury.
- ✓ Serious patient incident: patient escape, allegation or suspicion of rape or sexual assault, or other serious patient incidents.
- ✓ Fire or major equipment failure.
- ✓ Code Orange/Emergency Preparedness Event.
- ✓ Arrival of Surveyor(s), Inspector(s), or other Reviewer(s) from any Regulatory Agency.
- ✓ Any other out-of-the ordinary event, such as weather-related event, extended power outage, press inquiry, serious family or patient complaint or concern, arrival of state or federal law enforcement.
- ✓ Serious staff injury or illness.

For a more detailed explanation of each of the reportable categories, please contact the Director's Office for a copy of the letter given out to all staff during orientation.



To contact Dr. McClaskey during normal working hours, you should call Extension 201. If you are calling from off-site, please dial the direct line

to her office: 783-1201. **If you are calling after hours**, you should contact Dr. McClaskey on her Mobile/Home phone: 276-759-1169 (from SWVMHI, you do not need to use the area code).

PLEASE NOTE: Dr. McClaskey does not carry a pager. If you have a telephone directory that lists a pager number, please cross it out and note Dr. McClaskey's Mobile/Home number instead.

Congratulations are in Order



Eighteen Psychiatric Aides recently completed the requirements of the Direct Services Professional Career Pathway Level II. Each employee successfully completed 12 hours of college credit and competency validation and received a Career Studies Certificate in Behavioral Health during a ceremony held on January 24, 2012, at Wytheville Community College. The employees who received certificates are: Zara Blizzard, Debra Buchanan, Connie Cook, Angela Gentry, Donna Goodpasture, Laura Grinstead, Buddy Heath, Lynn Henderson, Kathy Hogston, Donna Jackson, Tammy Jenkins, Irma Osborne, Virginia Parsons, Melissa Paschal, Darlene Rouse, Lynn Skidmore, Elizabeth Stamper, and Donna White.

The Direct Service Professional (DSP) Career Pathway has provided a mechanism in which our Direct Ser-

vice Associates (DSA) have gained a rich learning environment, skill development, and gained increased competence in assisting the individuals we serve in their recovery.

Successful completion at each level in the pathway requires the DSA to demonstrate

and maintain proficiency in eight competencies (Advocacy and Individual Empowerment; Communication; Community Living Skills and Support; Crisis Intervention; Documentation; Facilitation of Services; Information Gathering; and Organization Participation). These competencies are observable and measurable behaviors and have distinct progression to each level, which are validated by supervisors and managers. These competencies are directly tied to excellence on the job.

One hundred and two (70 percent) of our current DSA staff have successfully completed Level I. Of the one hundred and two DSA staff, 30 percent are currently pursuing Level II, which includes taking on-line college classes.

The on-line college courses for Level II include:

- **Becoming a Helper** – Concentration on effective helping relationships in assisting the individuals we serve with their recovery.
- **Contemporary Behavior Therapy** – Learning about Cognitive Behavior Therapy: coping skills; acceptance and mindfulness based on interventions, self-control, and reinforcement.
- **Looking Out/Looking In** – Learning to communicate in a principled manner. Presents communication not as a collection of techniques, but as a process to engage the individuals we serve.
- **Abnormal Psychology and Life** – Focused on a dimensional and integrative perspective toward mental disorders with emphases on reducing stigma (using clinical cases and personal narratives).

SWVMHI extends its congratulations to each of these Psychiatric Aides on a job well done!



DID YOU KNOW? Three hours a week of brisk walking can cut heart disease risk by 40 percent.
 Source: *Harvard University Nurse's Health Study*

DID YOU KNOW?

I wanted to take a minute to express my sincere appreciation for the kindness you have shown to me, my brother Phillip, and our families during his illness. The financial burden has been tremendous to him, his wife, and kids, and therefore, the rest of us. During the last several months, there have been many acts of kindness shown to the family, whether it be donations of food, money, or just a card or phone call. And while all of these acts have been a tremendous help and much needed, nothing has touched us quite as much as the donations made by my staff and co-workers. You will never know what a difference it made to all of us and the peace of mind it provided. A donation of that magnitude was not easily come by. In this day and age, I realize just how tough times are and that makes us appreciate you even more.

Oh a positive note, Phillip wanted me to report that his prognosis is looking good. The report he received last week was great news...the lymph nodes removed were cancer free and they don't expect him to have to endure any further treatments at this time. He is still relying on the stomach tube and is very weak, but hopefully, over the next couple months, he will regain enough strength to get back to some kind of normalcy. Again, please accept our thanks for your thoughtfulness! It will not be forgotten.

~ Nathan Shelton

THANK YOU
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Clinician's Corner

There is exciting news in the world of recovery because the Federal agency, the Substance Abuse and Mental Health Services Administration (SAMHSA) has developed and now is publishing a new working definition of recovery that incorporates both substance abuse and mental health.

The new working definition of Recovery from Mental Disorders and Substance Use Disorders is:

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

SAMHSA states that “the definition is the product of a year-long effort by SAMHSA and a wide range of partners in the behavioral health care community and other fields to develop a working definition of recovery that captures the essential, common experiences of those recovering from mental disorders and substance use disorders, along with major guiding principles that support the recovery definition. SAMHSA led this effort as part of its Recovery Support Strategic Initiative.”

The work began when SAMHSA held a meeting in 2010 with mental health consumers and individuals in addiction recovery. A draft definition was developed as well as principles of recovery that reflect common elements of the recovery experience for those with mental disorders and/or substance use disorders.

But SAMHSA didn't stop there: They worked with many stakeholders to review drafts of the working recovery definition and principles. “In August 2011, SAMHSA posted the working definition and principles that resulted from this process on the SAMHSA blog and invited comments from the public via SAMHSA Feedback Forums. The blog post received 259 comments, and the forums had over 1000 participants, nearly 500 ideas, and over 1,200 comments on the ideas. Many of the comments received have been incorporated into the current working definition and principles.”

Here are SAMHSA's four major dimensions that support a life in recovery:

- ♦ **Health:** overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way;
- ♦ **Home:** a stable and safe place to live;
- ♦ **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income, and resources to participate in society; and
- ♦ **Community:** relationships and social networks that provide support, friendship, love, and hope.

In addition, through the Recovery Support Strategic Initiative, these are determined to be **Guiding Principles of Recovery:**

Recovery emerges from hope: The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them.

Recovery is person-driven: Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s).

Recovery occurs via many pathways: Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds (including trauma experiences) that affect and determine their pathway(s) to recovery. Abstinence is the safest approach for those with substance use disorders.

Recovery is holistic: Recovery encompasses an individual's whole life, including mind, body, spirit, and community. The array of services and supports available should be integrated and coordinated.

Recovery is supported by peers and allies: Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery.

Recovery is supported through relationship and social networks: An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change.

Recovery is culturally-based and influenced: Culture and cultural background in all of its diverse representations (including values, traditions, and beliefs) are keys in determining a person's journey and unique pathway to recovery.

Recovery is supported by addressing trauma: Services and supports should be trauma-informed to foster safety (physical and emotional) and trust, as well as promote choice, empowerment, and collaboration.

Recovery involves individual, family, and community strengths and responsibility: Individuals, families, and communities have strengths and resources that serve as a foundation for recovery.

Recovery is based on respect: Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery.

For further detailed information about the new working recovery definition or the guiding principles of recovery please visit: <http://www.samhsa.gov/recovery>.

SAMHSA is a public health agency within the Department of Health and Human Services. Its mission is to reduce the impact of substance abuse and mental illness on America's communities.



**Southwestern Virginia
Mental Health Institute**

Address: 340 Bagley Circle
Marion, Virginia 24354
Phone: 276-783-1200
Fax: 276-783-9712

Comments, Suggestions or Ideas?
SHARE THEM!
Please send any comments, suggestions, or ideas you have regarding the newsletter to the Office of the Director.



This Month's Word Search Answer Key

											Y							
							E				A							
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Please submit articles for the next newsletter to Cheryl Veselik by February 20, 2012.

The next newsletter will be published March 1, 2012.