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From The Director

Four Employees Recognized

On February 23, 2012, the Quarterly Employee Recognition event was held on all three shift. The theme was "Winter Wonderland," and the decorations and food really fit the theme, even if the weather outside has not been very wintry this year!

Three new Employees of the Quarter October through December, 2011, were named: Regina King, Betsi McGee, and Janice Morris. In addition, we were pleased to announce the 2011 Employee of the Year, Lynn Henderson.



Regina King, a Registered Nurse on ERS, started her career with us as a psychiatric aide and went to school (we are happy to help support her school-

ing) to be a Registered Nurse. Regina is described as having exceptional nursing skills and works very well with the individuals we serve and the staff on the unit. She has demonstrated her capability to be Charge Nurse and performed well in that role. She demonstrates high standards as a nurse and provided constructive feedback and suggestions. Regina's hard work, attitude, and demeanor exemplify the facility Mission and Values. It is noted that she earned a Making a Difference Award for her dedication to ensuring that the Medication Administration Records are accurate and ready for the new month, and now she makes it a personal goal to ensure that they are correct each month. This dedication pays off in terms of patient safety.



Betsi McGee, is a Social Worker on Ward B. Her nominator wrote that Betsi has weathered many changes during her tenure on C

Team. In fact, she is described as "the glue" that held the team together during staff turnover in every other position and with locum tenens physicians. Then, she volunteered to transfer to the B Team when she recognized the need for her skills on that team. Her grace and willingness to help others continues to distinguish her achievements. Betsi exemplifies the facility Leadership Philosophy in that individuals at every level can rise to be leaders. Betsi serves as a quiet leader, motivating and encouraging others and keeping day-to-day tasks moving forward in a hectic environment. Betsi is also known to go the extra mile for the individuals we serve, and a particularly intricate discharge situation was described, involving out of state contacts, airlines and the TSA! Betsi does her work quietly, with little fanfare, but her dedication is well known and admired.



Janice Morris is a Psychiatric Lead Aide on Wards E/ F. Janice is very willing to work when needed in times of high acuity and staff shortages. She is an excellent group leader and promotes active participation of all clients and staff. During last years' Medicaid survey, she

was asked to describe the facility policy for reporting abuse and neglect, and she received a commendation for clearly and appropriately demonstrating this knowledge. She promotes teamwork on third shift by organizing potluck dinners and volunteering to relieve staff so they can participate. She went the extra mile by creating games and a slideshow of the staff that was viewed during one of the dinners. She doesn't wait to be asked to help, she identifies a need, and demonstrates good team work by pitching in without being asked. "She makes the day-to-day tasks seem like fun."

Photo not available at press time

We are very excited to announce that **Lynn Henderson**, Psychiatric Aide, Ward I, has been named

Employee of the Year for 2011. It was, as usual, a difficult choice for the Recognition Committee. However, Lynn is recognized for exceptional performance on ERS each and every day. She comes to work with a positive attitude, willing to help others in any way she can. She is known for her ability to develop a therapeutic relationship with most patients. Not surprisingly, she is also able to assist successfully when individuals become upset or are in crisis. Her sincere compassion shines in many ways. She ensures that there are greeting cards for the individuals we serve to send to

(Continued on page 2)

IRISH BLESSING

As you slide down the banister of life, May the splinters never point in the wrong direction!

From the Director con't

their loved ones, and she anonymously sews items for those in need. She is quick to bring great ideas to the Unit Program Management meeting, such as ways to redecorate the Visitors' Room to be more welcoming. Lynn experienced destruction and loss during the April, 2011, Glade Spring tornado, but no one heard her complain and it did not affect her work at all. In summary, Lynn deserves Employee of the Year because she demonstrates the core values of SWVHI including communication, teamwork, honesty with compassion, all while honoring day-to-day tasks. In addition, Lynn was recently one of 18 SWVMHI staff who completed Level II in the Direct Support Professional Career Pathway and earned her certificate. Thank you so very much Lynn, you are appreciated and valued at SWVMHI!

~ Cynthia McClaskey, Ph.D.
Director



SPRING INTO HEALTH!

CommonHealth will be offering a health screening on **March 29, 2012, from 0600 to 1600 hours, in the Rehab Building.** Screenings available will include:

- Blood Pressure
- Cholesterol
- Diabetes Risk
- Body Mass Index

Please stay tuned for additional information and check your email or the Intranet for details.

THANK YOU!

"Ward C" -- I just wanted to say thank you to each and everyone on my ward. I really got great care and everyone was so easy to talk to and eager to help me out. It was great to be there and get my medication straight. My stay was great but I was glad to go home. Thank you each one of you for everything.

MT



In the February edition of *A View From the Hill*, Angie Routh was inadvertently listed as Angie Jones in the Recovery Heroes article. Our apologies to Angie.

Recovery Heroes

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



Our Recovery Hero this month is Sheila Pulliam, PA, on third shift geriatrics. Sheila has been employed at SWVMHI since September 12, 2011. Although a relatively new employee,

Sheila displays the mission, vision, and values of the facility. Sheila always smiles as she works and she speaks freely about the joy she experiences while working with the individuals we serve and in assisting them in their recovery.

A vital component to an individual's recovery is staff who are dedicated to assist the individuals we serve. While each of us has the privilege of assisting people in their recovery, we have personal needs that need to be replenished in order to keep serving. One particular group of employees comes to mind...night shift. Night shift employees have particular challenging needs inherent to staying up all night to care for the individuals we serve. To that end, a night shift workgroup was formed to share information with each other and to assist new employees in becoming acclimated to night shift. The workgroup decided to publish a monthly newsletter with information (helpful hints) specific to those staff who work third shift.

Sheila immediately volunteered to be the editor of the newsletter. Ellen

Tilson, UNC for E/F/K said that, "Sheila has only been on the unit for four months, but already she has stepped up to the plate, that is evidenced by her volunteering to be the editor of the third shift newsletter."

Thanks Sheila, for always being willing to assist the individuals we serve with their recovery, and for volunteering to be on this workgroup. We appreciate your commitment to your new role at SWVMHI. When you see Sheila, remember to congratulate her for being this month's Recovery Hero.

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

~ Norma Brickey, MSN, RN
Assistant Nurse Executive

Wear Red to Work Day -- February 3, 2012

To help promote healthy hearts and Heart Month, employees were asked to wear red. Pictured are several employees who participated.



SAMHSA Celebrates Advances of the Behavioral Health Field

2012 marks an important milestone for the behavioral health field. This year, SAMHSA turns 20!

The past 20 years have been very, very eventful for behavioral healthcare. In fact, these years have been so eventful that 1992 and 2012 bear very little resemblance to each other. In 1992, the year that SAMHSA was created, all of us were struggling to develop community services and community coalitions, to foster consumer/peer support and a

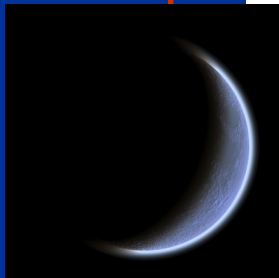
recovery movement, and to give meaningful coherence to these efforts. In 2012, the 20th anniversary of SAMHSA's creation, our community services are characterized by self-determination and shared decision making between person and provider, community coalitions number in the thousands, consumers/peer supports and the recovery community are empowered, parity and addiction equity is law and part of health reform, and prevention and recovery

are essential themes for both mental and substance use disorder services that are increasingly provided in tandem with primary care.

Substance Abuse & Mental Health Services Administration: 20 years strong.
www.samhsa.gov

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.

March Lunar Phases



March 8

Full Moon, also called "Worm Moon" by Native Americans of New England and the Great Lakes because this time of the year there are signs of earthworms as the ground thaws in preparation for spring.

March 14

Last Quarter Moon

March 22

New Moon

March 30

First Quarter Moon



IRISH BLESSING

Dance as if no one were watching, Sing as if no one were listening, and live every day as if it were your last

Flat Tire Rescue

One recent morning on the way to work, I experienced a flat tire close to Exit 44 northbound on Interstate 81. My telephone battery was dead and I quite frankly wasn't sure what to do. I raised my hood and turned on my flashers, locked my doors, and waited for help. My first knight arrived in an unmarked police car. He offered to bring me onto work and related that his wife, Lisa Berry, worked at the hospital. Thanks to him, I was only a few minutes late clocking in. After I arrived and went to the woodshop to ask Mike Anderson and Derek Davis if they would mind helping me change my tire at lunch, they not only said yes, but offered to bring it back to me so that I wouldn't have to go with them. True to their word, they put on the spare tire and brought my car to me on a very cold day. The next day, Lisa Berry emailed me that her husband, Trooper Berry, was worried that I wouldn't be able to find someone to change my tire and called to be sure I was ok. Mike and Derek were also worried that I wouldn't be able to find a new tire and also checked on me. If I ever had any doubt about the goodness of others, these three men showed me that there are still people out there that do care and go out of their way to help others. Thank you!

~ Sue Eller

Chaplain's Corner

Over the past months, I have appreciated the thought provoking discipline of imagining spiritual practice through letters of the alphabet. This month we are ready for the letter "F," which naturally brings to mind that obvious quality of spirituality which is **faith**.

Faith is an essential basis of our spirituality that forms the core of what we believe about our quality of life and the meaning of our existence. Religious traditions encourage trust in God as well as offering a variety of practices to enhance our awareness of communication with the divine. **Faith** enables us to connect with God in meaningful ways and acknowledge a sense of purpose for our lives. **Faith** can also play an important role in how we interact with each other and view ourselves.

In a delightful book entitled, "Have a Little Faith" by Mitch Albom (Hyperion Books, 2009, p. 226-7), the author writes about spending time getting reacquainted with his hometown Rabbi (Albert Lewis) who is dying. The Rabbi had asked Mitch to offer the eulogy at his funeral and they talked at length about the issue of death. At the end of the conversation, the Rabbi offered a prayer... "Heavenly Father, please," he



melodized, looking up, "I am a happy man. I have helped develop many things down on earth. I've even developed Mitch here a little...but this one, he's still asking questions. So Lord, please, give him many more years. That way, when we are reunited, we'll have lots to talk about."

Mitch: "Do you really think we will meet again one day?"

Rabbi Lewis: "Don't you?"

Mitch: "Well, come on," I said sheepishly, "I doubt I'm going to whatever level you're going to."

Rabbi Lewis: "Mitch, why do you say that?"

Mitch: "Because you're a man of God."

He looked at me gratefully.

Rabbi Lewis: "You're a man of God too," he whispered. "Everyone is."

It is often easier to believe in God or special people we hold in high esteem than to see that special spark of the divine all around us. It is sometimes even harder to see it within ourselves. The gift of **faith**, however, can allow us to see and experience both. Malcolm Muggeridge once observed, "Every happening great and small is a parable whereby God speaks to us, and the art of life is to get the message."

Faith helps us "get the message" about the deeper meaning of our lives and the impact we have in our communities. Our life journey is truly meant to be enjoyed and shared with others. With a little **faith**, we can enhance that appreciation for ourselves and deepen our spiritual awareness in everyday life.

~ Rev. Dr. Timothy Graham,
Chaplain

Tornado Terminology

Tornado Watch: Conditions are favorable for a tornado and tornadoes are possible.

Tornado Warning: A tornado has been sighted or has been indicated by National Weather Service Doppler radar.

Word Search



How many of the underlined words can you find related to History of St. Patrick?

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

Did you know that St. Patrick was not Irish and he did not banish snakes from Ireland as legend would have it? St. Patrick was actually born in Scotland. When he was sixteen, he was captured in Wales by Irish raiders and taken to Ireland as a slave. After six years, he escaped but returned years later as an ordained Catholic Bishop to minister to the people of North and West Ireland. St. Patrick's Day is observed on March 17, the date of his death, although scholars are not clear on the year of his death. As for driving the snakes out of Ireland, scholars believe that when the Norsemen invaded Ireland, they misheard the name Patrick as their Scandinavian word "Paudrid," which means Expeller of Toads. When they looked around and saw no toads or snakes, they decided that Paudrid must have done his job well. Science now proves, however, that there were no snakes or toads in Ireland prior to or during St. Patrick's time, so the legend that St. Patrick drove the snakes out of Ireland is nothing more than a misunderstanding. Legend also credits St. Patrick with teaching the Irish about the doctrine of the Holy Trinity by showing people the shamrock, a three-leafed plant, using it to illustrate the Christian teaching of 'three divine persons in the one God.' For this reason, shamrocks have definitely become a central symbol for St. Patrick's Day.

Irish Blessing: May the blessings of each day be the blessings you need most.

Central Rehab News -- February Review

February was business as usual in the Rehab Department. We continued with our winter schedule and our new groups, and things seem to be working out. We are getting over the initial kinks, and most everyone seems to be enjoying the groups and having afternoon groups on the wards.

The local Consumer Empowerment Recovery Council (CERC) met and are looking forward to getting some new benches in the canteen area as well as being able to purchase coffee during canteen time.

Derek Davis and Mike Anderson received a certificate and a check from the Employee Recognition Committee in recognition for all they do for their groups and the individuals we serve.

The premiere edition of the newsletter written and published by individuals we serve is nearing finalization. We have had a lot of interest and contributions. We are hopeful that after others have seen what we have accomplished that they will feel inspired to contribute. The premier edition will be out in April.

We had our Valentine party/dance on February 28 and played games and had refreshments. We are looking forward to the Bristol Hand Bell Choir coming to entertain us in March.

Our local Patient Activity Council is planning to meet at 1600 the first Tuesday of every month to continue with the planning of special activities.

The CERC will meet at 1600 on the second Tuesday of every month and is planning to practice and reinforce in each other the components of empowerment and self-responsibility.

Special events will continue to be held on the fourth Tuesday of each month and hopefully March will find us celebrating SPRING!

Our employee recognition "Winter Wonderland" was held on February 23, 2012. Thanks to all the staff that support people in Recovery at this Facility!

~ Sue Eller
Peer Support Specialist

Allowed expenses on a Travel Reimbursement

Match the words to the phrase

- | | |
|---|---|
| 1 Taxes, fees, and surcharges | a for official business purposes and paid for by the traveler, may be claimed in the travel reimbursement voucher. A full explanation must be stated on the reimbursement voucher accompanied by support documentation. Individuals using personal owned cellular telephones may be reimbursed for business calls when shown to be cost beneficial or necessary. In this case, an itemized cell phone statement must be included and attached to the voucher. In the event that free minutes are used for business calls, reimbursement is not permitted. |
| 2 Business telephone calls, telegrams, internet access, hotel business center charges, and facsimiles | b are reimbursable when paid for by the traveler in the course of conducting official State business. A receipt is required for reimbursement claims where each individual claim is greater than \$20. Reimbursement must be claimed as an "other expense" on the travel reimbursement voucher. |
| 3 Tolls and parking fees | c for travel outside of the official station are reimbursable for one employee selected by the Agency Head or designee to represent the agency. Lodging and M&IE (meals and incidental expenses) are allowed if the representative is considered to be in travel status and overnight stay is required. |
| 4 Funeral attendance expenses | d Paid by the traveler for lodging. |



Answers: (1,d) (2,a) (3,b) (4,c)

~ Missy Wiles,
Accounts Payable Coordinator



PERSONNEL CHANGES

New Employees

Amiee Baldwin, Psychiatric Aide	10
Rebecca Dickenson, Psychiatric Aide	10
Miranda Fulton, Psychiatric Aide	10
Jared Riley, Psychiatric Aide	10
Melina Ruiz, Psychiatric Aide	10
Zachary Parks, Psychiatric Aide	10
Brittany Snavely, Psychiatric Aide	10
Charity Ward, Psychiatric Aide	10
Amber Feeny, PI4 Housekeeping Worker	10
Brittany Williams, Rehabilitation Specialist	10
Jamie Hanshaw, Rehabilitation Resource Coordinator	25
Carolyn Odham, PI5 Housekeeping Worker	25

Separations

Jesse Johnson, Rehabilitation Specialist	17
Sarah Turman, Psychiatric Aide	24
Judy Wain, Psychiatric Aide	26
Amber Sword, Registered Nurse	29

Promotions/Role Changes

Christina Hafer, Psychiatric Aide to Psychiatric Lead Aide	10
Lisa Taylor, Team Nurse to Head Nurse	10
Carolyn Sheets, PI4 Housekeeper to Full time Housekeeper	10
Steve O'Brien, Central Rehabilitation Services Supervisor to Clinical Social Work Supervisor	25

MONTHLY PATIENT CENSUS

January
2012

Admissions 64

Discharges 58

Passes 9

Average Daily
Census
147

All staff must complete the Cultural Competency CAI between March 1 and March 31, 2012.

Meals in Minutes – Easy Irish Potato Soup

Serves 8

INGREDIENTS

- 3 large russet potatoes, peeled, cubed
- 1/2 cup chopped celery
- 1/2 cup chopped onion
- 2 cups vegetable broth
- Salt and freshly ground black pepper
- 1 tbsp flour
- 1 1/2 cups milk
- 1 1/2 cups grated cheddar cheese
- 3 tbsp finely chopped fresh parsley



DIRECTIONS

1. In a large stock pot over medium-high heat, combine potatoes, celery, onion, and broth; season with salt and pepper.
2. Bring to a low boil, reduce heat to medium-low and simmer until vegetables become tender.
3. Using an immersion blender, partially puree soup. You can also remove half of the soup, transfer to a blender or food processor and purée, return purée to pot.
4. In a small bowl, whisk together flour and milk; stir milk into soup and simmer until soup thickens.
5. Stir in cheese and parsley and simmer, stirring frequently, until cheese is melted; adjust seasoning and serve hot.

<http://www.sheknows.com/food-and-recipes/articles/824775/irish-recipes-for-st-patricks-day>

Communication

Sometimes it's what isn't said that matters the most!

Communication is an important SWVMHI value. "Effective communication flows across units and teams, up and down through the organization, and outside of the organization. Valued communication is clear, direct, accurate, consistent, concise, timely, inclusive, and relevant." Communication plays a critical role in our ability to provide quality care to the individuals we serve.

Good communication is the foundation of all successful relationships, both personal and professional. When interacting with the individuals we serve, we incorporate a variety of tools to enhance the effectiveness of our verbal communication, such as motivational interviewing, the use of empowering and person-centered language, and active listening techniques to name just a few. Yet, it takes more than words to create trusting, lasting relationships.

In fact, research shows that most of what we communicate is actually conveyed through nonverbal means: through our body language, facial expressions, gestures, eye contact, posture, and the tone of our

voice. Unfortunately, many people send confusing or negative nonverbal signals without even knowing it. When this happens, both connection and trust are negatively impacted.

In an article titled **The Importance of Effective Communication**, Edward G. Wertheim, Ph.D., identifies five roles that nonverbal communication cues can play:

- **Repetition:** they can repeat the message the person is making verbally.
- **Contradiction:** they can contradict a message the individual is trying to convey.
- **Substitution:** they can substitute for a verbal message. For example, a person's eyes can often convey a far more vivid message than words, and often do.
- **Complementing:** they may add to or complement a verbal message. A boss who pats a person on the back in addition to giving praise can increase the impact of the message.

- **Accenting:** they may accent or underline a verbal message. Pounding the table, for example, can underline a message.

If what we say verbally and what we "say," or communicate, nonverbally conveys two different things, then, faced with mixed signals, the listener has to choose whether to believe the verbal or nonverbal message. In most cases, he or she will choose to rely on the nonverbal cues.

When we learn to pay attention to the nonverbal signals we send, our ability to communicate will improve. Nonverbal communication is another powerful tool to say what you really mean and to build better relationships.

The most important thing in communication is hearing what isn't said.

Peter F. Drucker

~ Communications Workgroup

Special Gym/Game Room Activities



Bingo Night

March 9
1830 - 2000
Canteen open 1800 - 1830



Spades Tournament

March 14
1830 - 2000
Canteen open 1800 - 1830

Hand Bell Choir

March 20
1830 - 1945
Canteen open 1800 - 1830



Birthday Party

March 23
1830 - 1945
No Canteen

Spring Fling

March 27
1330 - 1500

Church Services

Church Services are held each Thursday from 1830 - 1930



Movie Nights

March 27 and March 28
1830 - 2000
No Canteen



Please note that game room activities, in addition to those listed here, are held every night from 1830 - 2000. Canteen hours are from 1800 - 1830.

Thanks from the Blue Ridge Job Corp

To all staff who participated last week in the Ground Hog Shadow Days, THANK YOU!

We have heard some very positive feedback from the Blue Ridge Job Corps students and faculty. Below is an excerpt that was placed in the BRJC newsletter.

“We went to SWVMHI over a three day span. Our students were spread out over different departments of the Institute. The hospital staff would come out and say what department they worked in and let the student select them, it went really smooth. The students were in their areas for three full hours. The most exciting part for us as Staff was when the students returned from the sites. We watched the student leave us very nervous and unsure, and come back to us talking over each other and blown away. Ms. Mayfield was so stunned she was able to take part in bathing a patient, another student was floored to have been able to feed a patient. Mr. Joseph talked about a patient that talked his

head off and it was so cool to be there with the patient. The students couldn't talk fast enough about how cool it was and how they wish they could stay longer. I need to take a moment and send a Thank you to the staff at the SWVMHI, they were beyond wonderful. The site is so well organized and implemented that our part as staff was so limited.”

One of the instructors, Ms. Ellen Wagner, daughter of “our” Eva Wagner in House-keeping shared this comment.

“I personally want to thank you for accommodating us because our students had a wonderful time and the experience always seems to open their eyes.”

Again, thank you all for making these job shadow days so beneficial for these students and easing their nerves about coming into the facility.

~ Kim Sayers,
Human Resources Analyst

125 Years

On May 17, 1887, Southwestern Virginia Mental Health Institute (then known as the Southwest Lunatic Asylum) admitted its first two patients.

This year will mark 125 years of service to individuals with serious mental illness in southwestern Virginia.

Several events are being planned to celebrate this milestone in our history, and details will be released very soon. If you are interested in assisting the Planning Committee, please contact the Director's Office at Extension 201 to see what volunteer opportunities are available.

Warming Up, Stretching, and Playing it Safe

Spring is coming! Here are some tips for preventing those injuries that come from too much activity too soon! Remember to **WARM UP** and **STRETCH!**



The kind of pre-activity that you do will vary according to the type of class/game or equipment that you are using. Individual preference and physical limitation(s) will also influence your choice of warming up and stretching exercises. It is important that you vary the exercises and props to reduce the likelihood of overuse injury from repetitive movements and to eliminate boredom.



WARMING UP and STRETCHING prepares the mind, heart, muscles, and joints for the exercise or game. It will raise the body temperature one to two degrees, increase the heart rate, blood pressure, oxygen consumption, increase the diameter of blood vessels, and improve the elasticity of the muscles.

REMEMBER: A WARM MUSCLE WILL STRETCH MORE READILY AND WITH LESS CHANCE OF INJURY THAN A MUSCLE THAT IS COLD.

It is important that the **pre-exercise period** consist of two distinct components:

1. **WARMING UP** -- Gradual full body movements (walking or slow tempo rhythmic dance movements). Warm up five minutes at an easy pace before stretching. 
2. **STRETCHING** -- After a minimum warm up of five minutes, do flexibility exercises prior to starting the structured class/game (for example stretching lower leg). Never stretch cold muscles or you risk tearing them. Stretching creates flexibility, making participation in the class/game more comfortable. 

Equally important to warm up and stretching is **COOLING DOWN**. After your class/game, cooling down helps a body to recover, while reducing the risk of muscle aches and pains. You may want to end the exercise with slow, easy walking, and after the walk you may want to repeat the stretching you did to warm up.

HERE ARE SOME REMINDERS

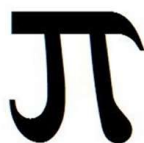
- Stretch to the point of a gentle pull, hold for 20 – 30 seconds without bouncing. Perform at least two to five repetitions three to five times per week.
- All stretching should be preceded by five to ten minutes of low to moderate intensity aerobic activity such as walking. Then perform two to five repetitions of each stretch.

~ Cheryl Rhey,
Director, Rehab Services

March Days to Celebrate

“Off the cuff” March holidays to celebrate:

- March 2**
Dr. Seuss Day
- March 4**
National Grammar Day
- March 9**
Get Over It Day
- March 14**
Pi Day (as in math pi = 3.14.....)



- March 13**
Donald Duck Day
- March 17**
Corn Dog Day
- March 19**
National Chocolate Caramel Day
- March 25**
Tolkien Reading Day
- March 26**
Make Up Your Own Holiday Day



Training Department News



Merle Obregon (left) with Dr. Cynthia McClaskey

The Staff Development and Training Department congratulates Merle Obregon on her appointment as the new Director of the Department. Merle received her bachelor's and master's degrees from the University of Virginia. She brings over 25 years of experience in education, training, curriculum development, and instructional design from both the private and public sectors. Her career includes experience as diverse as technical training for Fortune 100 and 500 customers of TEDS, a private software development company, to programs for secondary and post-secondary students in Smyth County Schools and at East Tennessee State University. She continues to ably assist adult learners who are pursuing a diploma of general studies. In addition to her background in training and education, Merle also worked as an international flight attendant and French interpreter for US Airways.

She first joined the staff of SWVMHI in April, 2008, as a Staff Development and Training Coordinator. She has served as TOVA Coordinator, representing the facility on the statewide TOVA committee. In addition, she has been instrumental in developing our program of Computer Assisted Instruction on the Knowledge Center.

Merle has one daughter, Mattie, who is pursuing an advanced degree in vocal performance in opera. Merle enjoys the arts and traveling. She shares her home with two dogs and several cats.

Please join us in welcoming Merle to her new role.

Statewide Tornado Drill

Each year the Governor of Virginia designates a day for a statewide tornado drill. This year that day is March 20. SWVMHI will have a tornado drill on each shift, but all the drills may not be held on March 20. Please review SWVMHI Policy 2009 to refresh your memory regarding your response to a severe weather event.

In addition to being prepared for severe weather while at work, everyone should also be prepared for severe weather at home. The Virginia Department of Emergency Management's website www.vaemergency.gov/readylvirginia has information regarding helpful tips on how to prepare for a severe weather event, including contents of an emergency kit, making a plan, and how to stay informed during an event.

We are all well aware that tornadoes do occur in our area. Now we also need to be prepared.



Newsletter Deadlines



Deadlines for submission of articles are always posted on the last page of each newsletter. A listing for all deadlines for 2012 is also posted on the intranet under newsletters.

Please be sure to check the dates and send your unformatted articles to Cheryl Veselik by the due dates. Thanks!

FDA Safety Information and Adverse Event Report

Spinbrush Powered Toothbrush by Arm and Hammer or Crest: Safety Communication - Choking Hazard and Serious Injuries

ISSUE: FDA notified parents, caregivers, consumers, and dental care professionals about reports of serious injuries and potential hazards associated with the use of all models of the Spinbrush. These reports indicated that while turned on, the brush head has either “popped off” or broken off in the user’s mouth or near the face, causing cuts to the mouth and gums, chipped or broken teeth, swallowing and choking on the broken pieces, and injuries to the face and eyes. When the unexpected release of any part of the powered toothbrush occurs, there is a potential for serious injury. This risk is higher for unattended children or adults who may need assistance while using this device.

BACKGROUND: The Spinbrush line of powered toothbrushes is currently sold as the Arm & Hammer Spinbrush and until 2009 was sold as the Crest Spinbrush. The Spinbrush line is manufactured by Church & Dwight Co., Inc.

RECOMMENDATIONS: FDA recommends that consumers:

- Inspect the Spinbrush for any damage or loose brush bristles prior to using. If you notice any damage or loose brush bristles, DO NOT USE.
- Check to be sure that the headpiece is connected properly to the handle of the brush and test your brush outside of the mouth prior to using. If you notice the connection feels loose or the headpiece easily detaches from the handle, DO NOT USE.
- Supervise children and adults who need assistance when using the Spinbrush.
- Do not bite down on the brush head while brushing.

See the FDA Safety Communication for FDA/manufacture recommendations and product photos.

Prompt reporting of adverse events can help the FDA identify and better understand the risks associated with medical

devices. If you suspect a problem with a Spinbrush, we encourage you to file a voluntary report through FDA’s MedWatch Safety Information and Adverse Event Reporting Program:

- Complete and submit the report Online: www.fda.gov/MedWatch/report.htm
- [Download form](#) or call 1-800-332-1088 to request a reporting form, then complete and return to the address on the pre-addressed form, or submit by fax to 1-800-FDA-0178

Read the MedWatch safety alert, including links to the Safety Communication and Consumer Update, at:

<http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm292239.htm>



Know the Signs of a Tornado

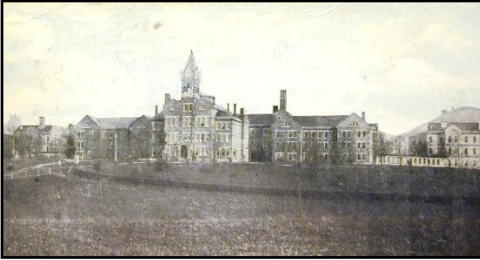
- Strong, persistent rotation in the base of a cloud.
- Whirling dust or debris on the ground under a cloud base – tornadoes sometimes have no visible funnel.
- Hail or heavy rain followed by dead calm or a fast, intense wind shift. Many tornadoes, especially in Virginia, are wrapped in heavy precipitation and can’t be seen.
- Loud, continuous roar or rumble, which doesn’t fade in a few seconds like thunder.
- If it’s night, look for small, bright, blue-green to white flashes at ground level (as opposed to silvery lightning up in the clouds). These lights are power lines being snapped by very strong wind, maybe a tornado.
- Persistent lowering of the cloud base.



If any of these signs are present, take cover immediately and follow your family’s emergency plan.

~ The Safety Committee

History From The Hill -- 125 Years of Recovery



This year will mark 125 years since the first two patients were admitted to our facility. Both patients, one male and one female, were from Washington County, Virginia, and both were admitted on May 17, 1887. The very first patient, a male, is also buried in the Institute cemetery.

When the Institute (or Asylum as it was known then) first admitted patients, the diagnoses were quite different than they are today. An 1895 Annual Report listed the following reasons for admitting patients: bite of spider, disappointment in love, excessive use of tobacco, fright, financial trouble, jealousy, lightning stroke, over-study, overwork, opium habit, religious excitement, melancholia, and sexual excess. By 1906, several new categories for the admission of patients were added to include adultery, heredity, old age, and syphilis. 1935 brought more changes to admission diagnoses including paresis, encephalitis, senility, psychoneurosis, manic-depressive, schizophrenia, and psychopathic personality.

Early therapy was little more than maintenance in many cases, and included restraints, hot and cold treatments, work therapy, and religious counseling. For excitable patients, doctors would sometimes

try to calm them by having them stare at a spinning box. Work therapy was used at Southwestern Lunatic Asylum when the farm was put into use. Patient labor was also used to build several structures, including the Harmon and Wright Buildings. Religious counseling was provided by local ministers.

Electroconvulsive Therapy (or ECT) began in the late 1930's when Dr. Reuben Riter demonstrated his machine at Southwestern State Hospital (SWSH). The Hospital purchased one of his machines for patient treatment. About the same time, psychosurgery was used when it was determined that all other treatments had failed. Psychosurgery included prefrontal and transorbital lobotomies. Dr. Walter Freeman, who developed the transorbital lobotomy procedure, visited Southwestern State Hospital twice, each time performing from 20 to 30 operations within a few hours. During his last visit, three patients died from the surgery and lobotomies ceased to be performed at the hospital after that.

The early days of the Asylum were self-sufficiency, as the hospital had its own farm and employed attendants, physicians, farmers, plumbers, laundry workers, engineers, secretaries, messengers, chauffeurs, and shoemakers. Many staff lived on the grounds and raised their families here.

From the beginning, staff ensured that the patients enjoyed the mental and physical diversions recognized by the first Superintendent, Dr. Harvey Black, as being conducive to recovery, and patients were given opportunities to work in various depart-

ments throughout the facility including the farm and dairy. Recreational activities including bowling (the facility had its own bowling alley), dancing, movies, reading, exercise, arts and crafts, and sports. After the opening of the Lincoln Theatre, patients were provided movies and other entertainment at the Theatre at no expense to the Hospital.

The 1970's saw a big change in treatment due to reforms in mental health such as deinstitutionalization, psychopharmacology, and psychotherapy. Because of the many treatment advances, Southwestern State Hospital (as it was then known) adopted the treatment team model in 1976, which is structured much as it is today.

Many things have changed over the past 125 years: buildings and employees have come and gone, daily patient census once around 1400 is now around 147, and diagnoses and treatments have come a long way since the first two patients were admitted, but the overall philosophy of Dr. Black of "swift recovery for the mentally ill," remains in our present Mission: "We promote mental health in Southwestern Virginia by assisting people in their recovery."

References: *Southwestern Virginia Mental Health Institute History 1887 - 1996* by Cathy Carlson Reynolds and David Kimball; *Southwestern Virginia Mental Health Institute* by Smyth County News, April 28, 1999; *A Brief History of the Southwestern State Hospital, 1887 - 1987* by Joan Tracy Armstrong, written for the Centennial Celebrations of SWSH May 31, 1987.

IRISH BLESSING



May you have the hindsight to know where
you've been,
the foresight to know where you're going,
and the insight to know when you've gone
too far.

Teamwork -- Pulling Together

Sometimes, knowing the history and origins of a word can be fascinating and telling. Take for example the SWVMHI Value of *Teamwork*.

Teamwork consists of two parts, *team* and *work*. *Team* is derived from the Old English word *tēom*, meaning to “draw or pull.” Its history dates prior to the 12th century. *Work*, also pre-12th century Old English, is derived from *weorc*, meaning “activity.” Therefore, *teamwork* refers to engaging in activity that is accomplished by pulling together, and this is the essence of the SWVMHI Teamwork Value as well.



Simple, right? Well, not so fast. If we are pulling together, what exactly are we pulling and where are we pulling it? Who benefits from all this pulling anyway? At SWVMHI, to answer these questions most succinctly, we must also consider our Vision and Mission. As we will recall, SWVMHI, in collaboration with Community Service Boards,

will always be the region’s center of excellence in the treatment of serious mental illness. We promote mental health in Southwestern Virginia by assisting people in their recovery.

Aha! Our pull is to excellence, and our activity is recovery. Our teamwork, our activity of pulling together, results in *excellence in moving toward recovery from mental illness*.

~ James Moon, Ph.D.
Psychology Supervisor

March is Social Work Month

The social work profession has been instrumental in achieving civil rights and human rights advances in the United States and across the globe for more than a century. The primary mission of social work is to enhance human well-being and help meet the basic needs of all people, especially the most vulnerable.

Social Work is unlike most other helping professions in that its members generally function as specialists and consultants in host settings led by other professions. They are also often private practitioners, educators, community leaders, policymakers or researchers.

The collaborative and consultative nature of their work ensures that social workers make an impact in many different organizations and human service systems. They are employed in workplaces ranging from private and public agencies, hospices and hospitals, schools and clinics--to businesses and corporations, military units, elected offices, think tanks, and foundations.

Social Work is an integrative field that seeks to improve social functioning and social



Back row, left to right: David Mumpower, Gary Lyons, Mike Phillips, and Steve O'Brien

Middle row, left to right: Jennifer Tuell, Barbie Honaker, Rhonda Ford, Robin Blackwell, Kim Moss, Betsi McGee, and Sara Magnuson

Front row, left to right: Leiann Smith, Debbie Boelte (Clinical Social Work Director), and Laura Campbell

Not Pictured: Melissa Dye

conditions for people in emotional, psychological, economic, and/or physical need. The profession’s most recognized expertise is in care coordination, case management, and therapeutic treatment for biopsychosocial issues.

Social Workers fundamentally believe that a nation’s strength depends on the ability of the majority of its citizens to lead productive and healthy lives.

What drives these professionals? They help people, who are often navigating major life challenges, find hope and new options for achieving their full potential.

Most importantly, the social work profession has a mandate to identify and address gaps in social systems that impede the full participation of individuals or groups in society. Social workers have an ethical obligation to advocate for social changes that will benefit the most people.

Our nation would be less successful without the contributions of America’s 640,000 social workers. SWVMHI would like to recognize its Social Work staff and thank them for all the work they do for the individuals we serve.

~ <http://www.naswdc.org/>

News from Human Resources

Insurance FAQ's

1. **What is the plan year?** July 1 through June 30.
2. **What is an Out of Network provider and do I need that optional coverage?** Out of Network providers do not participate with our **specific** Anthem health plan and do not agree with allowed fees for services. Therefore, out of network services are covered only if you have selected the out of network option and pay the additional premium. Out of network benefits will be the in-network benefit *less a 25 percent reduction*. If you enroll in this option, it does NOT, however, give you freedom to treat with an out of network provider in all cases. For example, you treat with an in network specialist who determines you need surgery and schedules it the following day in an ancillary facility. The ancillary facility is out of network. Although you carry out of network, Anthem denies the procedure. Why? Your diagnosis is not urgent and the procedure can take place at the hospital, which is in network and not far from the ancillary location. Anthem approves the same procedure at the hospital for the following week. Because the hospital is in network, and agrees with fees, it saves the health plan (and you) money. This is cost containment. Had your diagnosis substantiated immediate surgery, Anthem would likely have approved the procedure at the ancillary facility based on your out of network coverage.
3. **Does the vision coverage apply each plan year?** No, vision coverage is every 24 months based on the date of service.



4. **Does my insurance require a referral to a specialist?** No, Anthem does not require a referral. However, the provider may require it.
5. **I've paid for my insurance, how can it deny covering something my doctor orders for me?** Some procedures, equipment, treatments, etc. require prior authorization before benefits apply. This is medical necessity review.
6. **What are some services that require medical necessity review?** In addition to hospital admission, Anthem must review some services to determine if they are medically necessary. Some examples include: elective ambulance services; non-routine dental/oral surgery covered under medical benefits; diabetic education; medical equipment, devices, appliances and supplies; spinal manipulations in conjunction with physical therapy; and morbid obesity treatment. It is best to complete the medical necessity review process in advance of receiving the services so you will know beforehand whether the services meet the criteria for benefits. If services do not meet the criteria they are not covered. Additionally, some medications require prior authorization by the prescription plan administrator, Medco. All behavioral health benefits must be coordinated / authorized by Value Options.
7. **What counts toward the medical plan year deductible?** There is a deductible each plan year under COVA care of \$225 per person, up to a maximum of \$450 for family coverage. This is the amount you must pay for certain covered services before the plan will pay. The deductible applies to medical equipment and supplies, diagnostic tests, and lab services.
8. **What counts toward the medical out-of-pocket limit?** The maximum amount you pay out-of-pocket under COVA Care is \$1,500 per person, up to \$3,000 per family. Expenses that count toward the out-of-pocket limit include your annual deductible, co-payments and co-insurance.
9. **Why does the drug program have tiers?** Medco Health Solutions administers the prescription drug program under COVA care. Under the program medications are divided into four tiers based primarily on cost. The first tier is typically generic drugs; the second tier is typically low to middle-cost brand name drugs and some generics; and the third tier is higher cost brand name drugs. The fourth tier is high-cost specialty drugs. Your co-payment depends on the tier in which the drug falls. Call Medco at 800-355-8279 to determine the tier.
10. **Can I cover my biological or adopted child if he or she is over age 18?** Yes, under the Health Care Reform, biological and adopted children are eligible dependents up to age 26 regardless of whether they are living at home, in school, self-supporting or married.

~ Annasue Cook, PHR
Human Resources Analyst

IRISH BLESSING
May the roof above you never fall in, And those gathered beneath it never fall out.

Clinician's Corner

Update on Alzheimer's Disease

In April 2011, the National Institute of Aging updated its diagnostic guidelines for Alzheimer's disease. For almost 30 years, an Alzheimer's diagnosis was a "diagnosis of exclusion" meaning that if a person showed symptom and no other cause was identified, he or she was labeled as having Alzheimer's. Often the brain abnormalities associated with the disease are not detectable with current brain imaging techniques and could only be found on autopsy. These include amyloid plaques, proteins in the brain, and neurofibrillary tangles. The updated NIA guidelines urge the use of emerging techniques in clinical trials to continue to identify early indicators of Alzheimer's disease, including new types of brain scans and testing cerebrospinal fluid.

One such technique is the use of positron emission tomography (or PET) imaging where a dye that will identify amyloid plaques is being proposed. Another test of cerebrospinal fluid looks at the presence of certain proteins which are associated with an Alzheimer's diagnosis. Experts caution that these are early results and need further refinement.

In addition, it is important to identify early symptoms of the disease, which can be mild cognitive impairment such as forgetfulness, trouble with multitasking, and difficulty solving problems. Of those diagnosed with mild cognitive impairment, about 15 percent progress each year to Alzheimer's disease, although some people never worsen at all and some get better.

Other experts stress that it is most important to assist patients and their families in

coping with behavioral symptoms. The field must demonstrate a "full commitment to caring for the people and the families that are experiencing this disease," notes one researcher.

Coping strategies can include external prompts such as calendars and reminder systems for medications as well as other compensation strategies to assure the highest level of function for the longest time. But in the long run, prevention strategies may prove key, including eating healthy, exercising, and maintaining cardiovascular health.

~ *Memory Keepers*. Kirsten Weir. [Monitor on Psychology](#), June, 2011.

For more information, see www.nih.gov/news/health/apr2011/nia-19.htm

Daylight Savings Time Means Spring Ahead



Don't forget to move your clocks **AHEAD** one hour on Sunday, March 11, 2012. The best way to not be late for church or work the next morning is to set your clocks before you go to bed on Saturday night.

For staff who work third shift, be sure to clock IN and OUT using the same time clock so that you can properly be credited for working an extra hour. Nursing staff should check with the Staffing Nurse Coordinator's Office prior to March 11 for any schedule adjustments.





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Comments, Suggestions or Ideas?
SHARE THEM!

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



This Month's Word Search Answer Key

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Please submit articles for the next newsletter to Cheryl Veselik by March 20, 2012.

The next newsletter will be published April 1, 2012.