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## From The Director

### History: Insanity in Women

On July 12, 2012, Dr. Anthony Cavender presented a follow-up to his well-received lecture, Dr. Preston's Dream, which was held on June 14, 2012. This month, his goal was to review the historical and anthropological culture of mental asylums in general and ours in particular. Through his research, he placed the asylum into a larger cultural picture, covering the regional Appalachian culture and also the national culture of medicine and philosophy of treatment and, specifically, the treatment of the insane female patient. This Grand Rounds was entitled: "Mind, Body, and the Treatment of Insanity in Women: Observations from the Casebooks of Southwestern Lunatic Asylum, Marion, Virginia, 1887-1937."

During his research, Dr. Cavender reviewed numerous annual superintendent reports, newspaper stories, scholarly articles, and building blueprints to gather a sense of the history and treatment philosophy. He reviewed the case records (analogous to very abbreviated medical charts) of 1200 female patients admitted to Southwestern Lunatic Asylum from 1887 – 1917. Dr. Cavender noted that all of the official records are notable for what they say, and also for what they leave out. The voices of the patients from this era are mostly silent and, as he read, he developed great empathy for their experiences.

To understand the conceptualization of insanity in women in the late 1800's, it is important to understand the role of women at that time. For the most part, women were powerless and disenfranchised. They did not own land or property, with few exceptions.

They could not vote. They were dependent on, and, in some cases, at the mercy of, their fathers, brothers, and husbands. Many were admitted with symptoms of fear and anxiety and it is thought that at least some of these were rational responses to the times in which they lived and their personal situations. Many women were admitted from the working class for exhaustion and overwork – they were often called "cornfield ladies" and were the wives of subsistence farmers. They were undernourished and overburdened with long hours of work and many children. Some, perhaps many, were abused. Perhaps for them Southwestern was truly a place of asylum!

Southwestern did admit some paying patients who were of the upper middle or upper class. These ladies often had opportunities in life that were not afforded the "cornfield ladies," such as education and travel. During this era, it was believed that women had naturally weaker brains and that it was dangerous for them to work their brains too hard or to enter traditionally male professions. So for them education could lead to brain inflammation, which could result in insanity. It was important for their cure to avoid reading and too much reflection.

Treatment of insanity in the early years of the Southwestern Lunatic Asylum included purging and sweating and, in addition, monitoring and regulating secretions and excretions. All those admitted were given laxatives and since all the systems of the body were considered to be related, it was important to get the body

back in balance in all ways. If the body was in balance, it was believed, the body could heal itself. It is interesting in that in some ways we have come full circle, to more of a focus on the person as a whole: medical, psychiatric, physical, and spiritual. For women in the 1800's, their conditions were considered both a product and a prisoner of their reproductive system. "The womb could visit calamities on the rest of the body." Later years reflected a change in the view of the female body and the causes of insanity. This was aided by those who fought for the rights of women and a changing cultural acceptance of women in a variety of roles. It is interesting to imagine assessing and treating the individuals we care for through the eyes of the staff and the lens of the culture surrounding them in the early years of SWVMHI. What will be said of our culture and treatments 125 years from now?

Thanks to Dr. Cavender for another interesting and educational presentation.



~ Cynthia McClaskey, with Tipi & Chief

### DID YOU KNOW?

One in every four Americans has appeared on television.

## News From the Recognition Committee



Please mark your calendars! On Thursday, August 9, 2012, a "Wild West" Recognition Program will be held. The day shift program will be from 1000 until 1230 at the Picnic Shelter. In case of rain, the location will be moved to the Rehab Building. For second and third shifts, the times are 1800 to 1930, and 2330 to 0100, respectively. These programs will be offered in the Employee Cafeteria.

the "best dressed" cowboy and cowgirl contest.

Food will be served on all shifts.

The members of the Employee Recognition Committee are working hard to make this program a success. Please take advantage of this opportunity to take a break from work and attend one of these programs. This is a small way that we can give back to you for all you do for us, and we can all have fun at the same time.

There will be many fun activities. Be prepared to demonstrate your roping skills, find pennies in the hay, participate in a horse race, play horseshoes, and select the winning spot for the "donkey plop." Wear your finest western attire and win

~ Ruby Wells  
Committee Chair



To SWVMHI Staff:

*We were very pleased with the care my sister received while at SWVMHI. Everyone was so nice and helpful whenever we called or visited.*

*Thank you,*

*A Family member*

## Recovery Heroes

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

Recently, Acute Admissions Ward CD has had a very challenging individual to serve. He is a young man who is experiencing anger outbursts on a daily basis. It would be understandable for staff working with this individual to become frustrated and lose patience.

Betty Hash, RNCB, and Kenny King, RNCA, are two of the nurses on evening shift on CD. Betty and Kenny know from their TOVA training that losing patience is not a



Kenny King



Betty Hash

therapeutic response, nor is it being an appropriate role model for the individuals we serve. Every time the individual becomes upset on evening shift, Betty and Kenny always meet with him and discuss appropriate ways to express anger. They also provide him with therapeutic options to help him with his

recovery, such as journaling, talking with staff, and using the comfort room.

For their consistent, therapeutic responses to the individuals we serve, Betty and Kenny are our recovery heroes this month. Betty started her employment with SWVMHI on January 10, 2001, and Kenny joined us on July 29, 2002.

Please congratulate them when you see them.

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

## Teaching Values to Others

### Combating “Organizational Drift”

There is a process at work in organizations often referred to as “organizational drift.” Organizational drift is a normal, probably unavoidable, process in which the rules, customs, and other processes gradually change, or drift, from their origins. As new people join an organization, drift can be magnified during the normal course of on-the-job training experiences.

Organizational drift can also occur with an organization’s values. Values that were clearly under-



stood in 2010 may be somewhat misunderstood in 2012, due to organizational drift and other processes. One of the ways to curtail organizational drift is through a strong new employee orientation program. But no orientation program can do the job all by itself. It is a good habit to review periodically important policies, procedures,

and standards for practice. This suggestion is true for our SWVMHI Values as well.

Off the top of our heads, can we name the seven SWVMHI Values? If not, organizational drift may have caught up with us. Fear not! Over the next several months, we will get back to basics in reviewing each of the seven SWVMHI Values. This will serve as a reminder, and help us as we teach by our words and actions, the SWVMHI Values to our newer colleagues.

~ James Moon, Ph.D.  
Psychology Supervisor

## Central Rehab News -- July Review



Well, here we are again. Another month has come and gone. Summer is half-way over.

As we all know by now the Rehab Department, hospital staff and the individuals we serve lost a very special person. On July 10, 2012, Cheryl Rhey passed away after a lengthy illness. She will be greatly missed by everyone. She was a great advocate and friend.

July has been a rainy month. The local weather forecasters have said we may break the record for 1949 which is down in the local record books as the wettest July ever in this area. But in spite of the rain we managed to have a fairly nice Fourth of July and the spirit of the Rehab Department hasn’t waned.

We had a Slopes Tournament, the July birthday party, Bingo, Movie night, and

our craft sale at Hungry Mother Park. Thanks to the hard work of the Rehab staff setting up at the park and taking down, manning the booth Friday through Sunday, working on crafts to sell, bringing individuals we serve to the park to enjoy the event, and helping entertain those who stayed behind, the festival was a great success. According to Jody Powers, we made over \$500.00 and everyone had a good time. Thank you everyone — Cheryl would have been proud of each and every one of you.

On July 31, we held what I believe has become an annual event — our Horse Race. We had good food, colorful jockeys, betting, and big hats. The Kentucky Derby has nothing on us. Everyone had a great time and we look forward to doing it again next year.

Our pet therapy program is really growing and becoming very popular with the individuals we serve, as well as the people we work with. We now have Sammy, the basset hound; Lily, the poodle; Joez,

the Chihuahua; Wrangler, the Aussie/Beagle mix, and lets not forget our all time favorites, Sandy, Tipi, Perry, Oscar, Xena, and Duke. It has been suggested by the individuals we serve that we are due for another dog show. Maybe we can hold it outside before the weather gets too cool and include Spaghetti and Galena. Tipi better start dusting off her tutu.

We would also like to welcome our new Peer Support Specialist, James Turner, to the Rehab Department. James is a certified Peer Support Specialist, Certified WRAP facilitator, RCERC representative, and he also on the Creative Ideas Committee as well as the Southwest Board for Regional Planning. We look forward to working with him.

~ Sue Eller,  
Peer Support Specialist



## Employee Assistance Program



All health plans offered to state employees and their dependents have employee assistance programs (EAPs). Included are up to four sessions at no charge. EAP counselors are available to assist employees with problems related to: grief, mental health, alcohol, drugs, family, health, legal, financial, housing, child care, elder care, spousal/child/parent abuse, workplace, career planning, and retirement.

In general, care must be authorized in advance. You or your eligible dependent will speak to an EAP specialist who will assess your problem and coordinate assistance. Should your problem require mental health or substance abuse care, you will be referred to a provider, under your mental health and substance abuse benefit. Your EAP specialist or care manager will arrange a referral according to your specific needs. Con-

tact your plan's Member Services department for more information:

**COVA Care:** ValueOptions, Inc. Behavioral Health and Employee Assistance Program  
Member Services: 1-866-725-0602  
[www.achievesolutions.net/covacare](http://www.achievesolutions.net/covacare)

**COVA Connect:** Optima Health Employee Assistance  
Member Services: 1-800-899-8174  
[www.optimahealth.com/COVA](http://www.optimahealth.com/COVA)

**COVA HDHP:** Anthem Blue Cross and Blue Shield  
Member Services: 1-800-346-5484  
[www.anthem.com](http://www.anthem.com)

For additional questions, you can also contact the SWVMHI Human Resource Office at Extension 145.

### August Lunar Phases

**August 1**

Full Moon, also called "Sturgeon Moon" by Native Americans of New England and the Great Lakes because at this time of the year, this important food was plentiful.

**August 9**

Last Quarter Moon

**August 17**

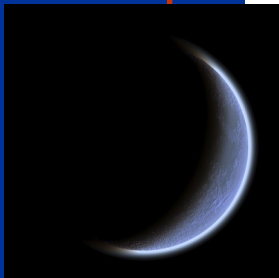
New Moon

**August 24**

First Quarter Moon

**August 28**

Full Moon (also known as **Blue Moon**)



I think that I shall  
never see  
A poem lovely as a  
tree. . . .  
Poems are made by  
fools like me,  
But only God can make  
a tree.

~ Joyce Kilmer

## Prayer Offered at Tree Planting Ceremony

On June 19, 2012, SWVMHI held its "closing ceremony" at the picnic shelter, the of a series of events held to celebrate 125 years of caring for individuals in southwest Virginia with mental illness. During the closing ceremony, a tree was dedicated and is planted in front of the Henderson Building. The following prayer was written by Rev. Dr. Timothy Graham, and delivered by Ron Adkins:

*Eternal God: We gather here this morning to offer our thanks for today and affirm our faith in the future. May the tree we plant in this place symbolize our hope for tomorrow. May it serve as a reminder of the deep roots of our history that make us strong. As this tree grows, may the vision of time to come make us mindful of opportunities to make a positive difference in the lives of those we encounter every day.*

Amen.

**SWVMHI**  
Established in 1887



**Honoring Our Past  
Celebrating Our Present  
Cultivating Our Future**

## Chaplain's Corner

The Dalai Lama, the leader of Tibetan Buddhists has observed, "Whether one believes in religion or not, there isn't anyone who doesn't appreciate **KINDNESS.**"

The letter K in the "Alphabet of Spiritual Literacy" reminds us of this all important spiritual trait that can be observed by anyone and stands out as one of the most important spiritual practices we can observe.

Our spiritual journey often provides us with significant reminders of what is truly important in life, if we pay attention to the lessons all around us. The spiritual practice of **kindness** can include everything from good manners to stepping up to help someone in need. **Kindness** is both an act and an attitude that can range from personal relationships to interactions with every aspect of our lives.

Several weeks ago, I was reading from some spiritual writings from ages past and came upon an argument reflecting the value of **kindness** as being superior to charity in three significant ways. The first observation was that charity can be given only with a person's possessions, while **kindness** can be done with the heart as well as "the hand." The second observation was that charity can be given to the needy, while **kindness** can be given to everyone. The third observation was that charity can be given only to the living while **kindness** can be done for both the living and the dead. This concept of the value of **kindness**



left an impression on me as I saw it acted out among generous people from our institution in an effort to support a friend and coworker.

Over the past several weeks I have witnessed many acts of loving **kindness**, (as it was referred to generations ago), through the selfless acts of caring, faithful presence, and prayerful support on behalf of our former Rehabilitation Director, Cheryl Rhey, who passed away on July 10, 2012.

During her final months of illness, friends, coworkers, family, and nurses surrounded Cheryl with the tender support of a caring community that paved the way for her passing from this life into the next. The **kindness** that everyone demonstrated during those days, constantly reminded me of the wondrous gift we are to each other when we follow our heart and act on the best that is within us.

The writer/poet Kahlil Gibran, wrote in his classic work "The Prophet,"

*"There are those who give with joy, and their joy is their reward. And there are those who give with pain, and their pain is their baptism. And there are those who give and know no pain in giving, nor do they seek joy, nor give with mindfulness of virtue; They give as in yonder valley the myrtle breathes its fragrance into space.*

*Through the hands of such as these God speaks, and from behind their eyes he smiles upon the earth."*

In one of the last conversations I had with Cheryl, she told me "I cannot find words to say how much I appreciate what everyone has done for me..."

Every card, phone call, prayer, visit, and supportive thought, made a real difference in those challenging days. Cheryl knew you cared and in that knowledge she felt the encouragement of friends and the loving embrace of God.

Each of us has multiple opportunities to make a difference for good in the lives of people around us. Showing **kindness** allows us to share the gift we were meant to be.

~ Rev. Dr. Timothy Graham,  
Chaplain



*Thank you for your kind words, thoughts, prayers, cards, emails, phone call, etc. following the loss of my brother, Otis, and the recent loss of my mother. I greatly appreciate all of you more than words could ever say.*

~ Liz Stamper, PA Ward AB

## Thrive Radio



Highlands Community Services Board recently launched a radio show entitled *Thrive*, which will share information regarding mental and behavioral health in a way that is both relatable and entertaining.

The 30-minute show will air on WEHC 90.7 FM on Mondays at 6:30 p.m. and on Wednesdays at 1:00 p.m. The show is hosted by Communications Manager, Danielle Lamson and, Crisis Stabilization Care Coordinator, Elisabeth Dooley. Archived episodes can be found at [www.thriferadioshow.com](http://www.thriferadioshow.com).

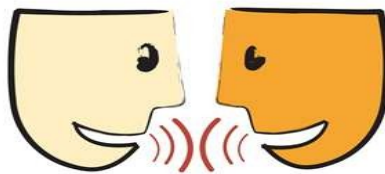
According to Danielle Lamson, “Our hope is that listeners will realize that mental and behavioral health treatment is a positive thing and nothing to be ashamed or scared of.”

The radio show covers topics ranging from nutrition, to stress, to common mental health myths, and will also cover specific mental health topics including education about depression, bipolar disease, and schizophrenia, just to name a few.

To learn more about *Thrive* radio, log onto [www.highlandscsb.org](http://www.highlandscsb.org).

## SWVMHI Value: Communication

Effective communication is an essential component of organizational success, particularly in a fast-paced, complex, healthcare environment such as ours. Effective communication flows across units and teams, up and down through the organization, and outside of the organization. We will have to pay special attention to potential communication barriers between groups and work to enhance them. Employees at all levels will be engaged in the communication process.



The value of *Communication* is a broad one, and is one of the seven core values of SWVMHI. Not surprisingly, this value is also a part of all of the other

SWVMHI values. Valued communication is clear, direct, accurate, consistent, concise, timely, inclusive, and relevant. The general atmosphere must support valuable communication: *we value hearing about problems for which we do not yet have solutions, as well as possible solutions for problems we do not wish to have.*

We know that knowledge is power and we strive to have open channels of communication in many ways and it is part of this value that individuals take responsibility for accessing available communication opportunities such as unit and shift meetings, SWVMHI’s newsletter, *A View From the Hill*, and email communication. In addition, although clear, effective communication is desired, *Communication* as an organizational value specifically articulates that not all communication is good or desirable. For example, brutal honesty is not valued and this leads into the next value which is Honesty with Compassion.

## Safe Medication Practices

The One & Only Campaign is a public health campaign aimed at raising awareness among the general public and healthcare providers about safe injection practices.

Injection safety or safe injection practices are practices intended to prevent transmission of infectious disease. Patients and healthcare providers must both insist on nothing less than One Needle, One Syringe, Only One Time for each and every injection.

### Injection Safety Guidelines from the Centers for Disease Control and Prevention (CDC)

- Never administer medications from the same syringe to more than one patient, even if the needle is changed.



- After a syringe or needle has been used to enter or connect to a patient’s IV, it is contaminated and should not be used on another patient or to enter a medication vial.
- Never enter a vial with a used syringe or needle.
- Never use medications packaged as single-dose vials for more than one patient.
- Assign medications packaged as multi-dose vials to a single patient whenever possible.

- Do not use bags or bottles of intravenous solution as a common source of supply for more than one patient.
- Follow proper infection control practices during the preparation and administration of injected medications.
- Wear a surgical mask when placing a catheter or injecting material into the spinal canal or subdural space.

Adapted from *Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings 2007*. Atlanta, GA: US Department of Health and Human Services, CDC; 2007. Available at: [www.cdc.gov/hicpac/pdf/isolation/isolation\\_2007.pdf](http://www.cdc.gov/hicpac/pdf/isolation/isolation_2007.pdf). For more information please visit: [www.ONEandONLYcampaign.org](http://www.ONEandONLYcampaign.org).

~ Safe Medication Practices Committee



# Word Search

Just for fun, how many of the following words can you find related to back-to-school ?

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

backpack

blackboard

books

bus

classroom

crayons

field trip

homework

library

notebook

pencil

reading

Recess

ruler

s c h o o l

students

teacher

test



Aoccdrnig to a rscheearch procejt at Cmabrigde Uinervsity, it deosnt mttaer waht oredr the ltteers in a wrod are, the olny iprmoatnt tihng is taht the frist and lsat ltteer be in the rghit pclae.





## PERSONNEL CHANGES

### New Employees

|   |        |
|---|--------|
| Mindy Long, Psychiatric Aide                            | Jun 10 |
| Randy Reedy, Registered Nurse                           | Jun 10 |
| Brandon Rotenberry, Rehabilitation Resource Coordinator | Jun 10 |
| Michelle Vannoy, Registered Nurse                       | Jun 10 |
| Angela McPherson, PI4 Registered Nurse                  | Jun 11 |
| Savannah O'Keefe, PI4 Food Service Worker               | Jun 11 |
| Julia Tate, PI4 Licensed Practical Nurse                | Jun 11 |
| Elizabeth Tompa, PI4 Food Service Worker                | Jun 11 |
| John "J.B." Wright, PI4 Food Service Worker             | Jun 11 |
| Laura Hudson, Rehabilitation Resource Coordinator       | Jun 25 |

### MONTHLY PATIENT CENSUS

June  
2012

Admissions 69

Discharges 74

Passes 8

Average Daily  
Census

148

### Separations

|   |        |
|---|--------|
| Marcus Melton, Boiler Operator          | Jun 12 |
| Nazrin Roberson, Recreation Therapist   | Jun 22 |
| Keith Hagy, PI4 Security Officer Senior | Jun 28 |

### Promotions/Role Changes

|   |        |
|---|--------|
| Ellen Campbell, Food Service Worker to Psychiatric Aide             | Jun 10 |
| Debbie Pringle, Additional duties as PI4 Staffing Nurse Coordinator | Jun 11 |

*"We delight in the beauty of the butterfly, but rarely admit the changes it has gone through to achieve that beauty."*



*Maya Angelou*



# New Ergonomic Equipment to Improve Services

New patient care related items have been obtained throughout the facility to enhance services for the individuals we serve,



and to better assist the staff in delivery of care. Some equipment/items are new and some are replacements, ensuring ergonomic appropriateness and user-friendly operation. When determining selection of equipment, the first priority is how care will be improved for the individuals we serve. Additionally, staff input and feedback are considered along with safety, infection control, and maintenance/repair considerations.

The new items include: three Arjo whirlpool tubs; replacement ice machines; three cameras and printers for skin/wound documentation; over 50 specially-designed shower curtains that provide privacy, yet allow for constant observation as indicated; two Arjo Maxi lifts to assist in physical transfer of individuals; four table umbrellas for outside enjoyment; new wheelchairs including some that are larger size; four Winged mattresses for fall prevention; three Sigma Infusion pumps (IV Therapy); a custom built Nursing Station on Ward H; and laptop computers.

Staff training and/or competency has been completed as applicable on the new equipment. While nursing staff members are often the end-users for this equipment with the individuals we serve, the team isn't complete without with materials management, house-keeping, occupational therapists, medical staff, fiscal services, administrative support staff, and maintenance personnel. Each is integral to optimal use of new technology to benefit the individuals we serve and promote staff safety.

~ Ellen Tilson  
Geriatric Unit Nurse Coordinator



Did you know?

Virginia extends further west than does West Virginia.

# Special Gym/Game Room Activities

Patient Activity Council (PAC)

August 7, 2012  
1600 - 1630



Bingo Night

August 8, 2012  
1830 - 2000

Canteen open 1800 - 1830

Consumer Empowerment Recovery Council (CERC)

August 14, 2012  
1600 - 1630

Spades Tournament

August 15, 2012  
1830 - 2000



Birthday Party

August 22, 2012  
1830 - 1945  
No Canteen

Movie Nights

August 27 and 28, 2012  
1830 - 2000  
No Canteen



Splish Splash

August 28, 2012  
1330—1500

Church Services

Church Services are held each Thursday from 1830 - 1930 in the Auditorium  
No Canteen



Please note that game room activities, in addition to those listed here, are held every weeknight, except Thursday, from 1830 - 2000. Canteen hours are from 1800 - 1830 unless otherwise noted.

# Back to School Safety

Summer is nearly over, which means the start of another school year, a change in traffic patterns, and an increase in both cars on the road as well as an increase in pedestrians. Parents and drivers can all do their part to keep children safe as they start back to school. Following are some safety tips for drivers and parents:



well as an increase in pedestrians. Parents and drivers can all do their part to keep children safe as they start back to school. Following are some safety tips for drivers and parents:

**For Drivers**

- Children do not always look before starting across the street, so drivers must be extra alert and drive defensively.
- Slow down and be especially alert in the residential neighborhoods and school zones.
- Take extra time to look for children at intersections, on medians, and on curbs.

- Slow down in marked school zones.
- Enter and exit driveways and alleys slowly and carefully.
- Watch for children on and near the road in the morning and after school hours.
- Reduce any distractions inside your car so you can concentrate on the road and your surroundings. Put down your phone and don't talk or text while driving.

- When a school bus stops and flashes red lights, traffic approaching from either direction must stop before reaching the bus, and remain stopped until the lights are no longer flashing.

**For Parents**

Remind your children to:

- Cross the street with an adult until they are at least ten years old.

- Cross the street at corners, using traffic signals and crosswalks.
- Never run out into the streets or cross in between parked cars.
- Always walk in front of the bus where the driver can see them.
- Always look both ways before crossing the street.

Together, parents and drivers can keep our children safe.

~ [www.safekids.org](http://www.safekids.org)





## History from the Hill

A little known piece of SWVMHI history was discovered recently, when a visitor from Ohio stopped by. She and her friends were on their way to Mt. Rogers for a weekend of hiking, and stopped in Marion for lunch. She asked her waitress if any of the buildings were still standing, and her waitress directed her to us.

She told us that she and her family grew up in the Brethren faith, and that her father was stationed here as a ward attendant, among several other places around the country, during World War II as part of The Civilian Public Service, (CPS). The CSP worked in conjunction with the U.S. Selective Service to place conscientious objectors in various roles around the country during the war to serve in alternative roles, rather than send the objector to prison. Some were sent to serve the forest service building roads, cutting trails, or building dams, etc., others were sent to work for farms planting and harvesting crops, and others were sent to work as "human testers" who would serve as guinea pigs for new drugs, starvation experiments, effects of disease, or even effects of extreme temperatures. Of the estimated 37,000 individuals classified by the Selective Service as conscientious objectors, approximately 3,000 were sent to work for mental hospitals around the country.

After a bit of research, we discovered that The Civilian Public Service Unit Number 109-01 was stationed at Southwestern State Hospital and operated by the Brethren Service Committee from June 1943 until June 1946. During the three years the unit operated in Marion, fifty-five men were stationed, the majority of whom served as ward attendants, although some also served in clerical, agricultural, maintenance, construction, motor vehicle operation, technical and professional, as well as food preparation roles. The wives of many of the men also worked at the hospital.



*Men from the Civilian Public Service Unit stationed at Southwestern State Hospital work on a bicycle. Please note the Wright Building in the background.*

Of the 22,861 person hours accomplished during the three years of the unit, 16,258 hours were provided by ward attendants, 2,834 hours were provided by those serving in technical and professional roles, 1,404 were from those in agricultural roles, and the remaining 2,365 hours were worked among the remaining roles.

Each unit had its own leadership which held authority over the work of its own unit, as well as the discipline of the individual staff members. They also provided a range of camp programs, including recreational activities, for its members.

The visitor that stopped by told us that not only was her father stationed here, during the War, her mother also worked as an attendant on the female ward, taking care of as many as 75 women. Both parents lived at the hospital.

Conscience objectors were often not paid, or paid very little, for their service. Our visitor told us that while her parents left the service debt-free, they had very little money to start over once the War was finished.

The contributions of World War II conscientious objectors have had a lasting impact. Their efforts made positive changes in healthcare, in psychiatric institutions and prisons, and in the U.S. infrastructure. They became leaders in U.S. social movements. They also played a large role in public health.

From the experiments in which they participated, improvements have been made in the treatment of malaria, influenza, pneumonia, and jaundice. The starvation experiments offered information about the food and water needs of soldiers and refugees.

Conscientious objectors working in mental hospitals probably had the biggest impact, however, and created new standards for the treatment of patients with mental illness. In May, 1946, an expose was published in *Life* magazine, with candid photographs, of conditions in some mental hospitals around the country taken by conscientious objectors stationed at these facilities. The article detailed the inhumane treatment of patients, the overcrowded conditions, as well as the dilapidated physical condition of several hospitals. While not all mental institutions in the country fell into that category, two of the hospitals detailed in the article entitled, "Bedlam 1946," were enough to capture the attention of Americans. By exposing conditions in these U.S. psychiatric facilities, conscientious objectors were able to inform the public, which generated a demand for humane treatment of the mentally ill nationwide. Their efforts resulted in the establishment of the National Mental Health Foundation, which still exists to advocate for the rights of the mentally ill.

**References:** *The Civilian Public Service Story, CPS Unit Number 109-01,* <http://civilianpublicservice.org/camps/109/1>; *U.S. Conscientious Objectors in World War II,* [www.friendsjournal.org/u-s-conscientious-objectors-world-war-ii](http://www.friendsjournal.org/u-s-conscientious-objectors-world-war-ii); *Life Magazine, "Bedlam 1946,"* [www.pbs.org/wgbh/americanexperience/features/primary-resources/lobotomist-bedlam-1946](http://www.pbs.org/wgbh/americanexperience/features/primary-resources/lobotomist-bedlam-1946); *WWII Pacifists Exposed Mental Ward Horrors,* [www.npr.org/templates/story/story.php?storyId=122017757](http://www.npr.org/templates/story/story.php?storyId=122017757).

# National Immunization Awareness Month



August is typically recognized as National Immunization Awareness Month (NIAM). This awareness month highlights the need for improving national immunization coverage levels and encourages all people to protect their health by being immunized against infectious diseases.

While CDC does not sponsor this month, CDC does support and encourage the efforts of state and local health departments and other immunization partners to celebrate NIAM and use this month to promote back to school immunizations, remind college students to catch up immunizations before they move into dormitories, and remind everyone that the influenza season is only a few months away. It's a great reminder to our nation that people of all ages require timely immunization to protect their health.

Vaccine-preventable disease levels are at or near record lows. Even though most infants and toddlers have received all recommended vaccines by age two, many under-immunized children remain, leaving the potential for outbreaks of disease. Many adolescents and adults are under-immunized as well, missing

opportunities to protect themselves against diseases such as Hepatitis B, influenza, and pneumococcal disease. CDC works closely with public health agencies and private partners to improve and sustain immunization coverage and to monitor the safety of vaccines so that this public health success story can be maintained and expanded in the century to come.

Disease prevention is key to public health. It is always better to prevent a disease than to treat it. Vaccines can protect both the people who receive them and those with whom they come in contact. Vaccines are responsible for the control of many infectious diseases that were once common in this country and around the world, including polio, measles, diphtheria, pertussis (whooping cough), rubella (German measles), mumps, tetanus, and Haemophilus influenzae type b (Hib). Vaccine eradicated smallpox, one of the most devastating diseases in history. Over the years vaccines have prevented countless cases of infectious diseases and saved literally millions of lives.

For more information on vaccines, please visit the [CDC](#) Vaccines and Immunizations webpage.

As a friend, I would like to say thank you very much for all the things you have done for.

He is so much better in all aspects and I feel that many of your people have gone beyond the line of duty to get him where he is today. He has lost 80 pounds since coming to SWVMHI. He looks great and he appears to be greatly improved mentally and physically. Also I wish to thank your friendly staff for making my visit very enjoyable.

~ Friend of a former patient



## DID YOU KNOW?

August is tied with November as the second most popular month for presidential birthdays. Presidents born in the month of August are: Benjamin Harrison, Herbert Hoover, Lyndon Johnson, Bill Clinton, and Barack Obama.

# August Days to Celebrate

"Off the cuff" August holidays to celebrate:

**August 1**  
Spiderman Day



**August 4**  
National Mustard Day

**August 11**  
Kool-Aid Day



**August 12**  
Sewing Machine Day

**August 17**  
Meaning of "Is" Day

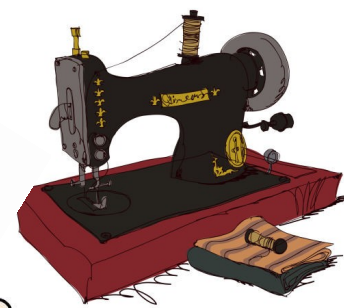
**August 19**  
"Black Cow" Root Beer Float Day

**August 20**  
Cupcake Day

**August 24**  
National Waffle Day

**August 28**  
Race Your Mouse Around the Icons Day

**August 30**  
National Toasted Marshmallow Day





# Travel Tips

## Frequently Asked Questions About



### State Per Diem Rates

1. **What is per diem?** Per diem is the allowance for lodging (excluding taxes), meals, and incidental expenses. The General Services Administration (GSA) establishes per diem rates for destinations within the Continental United States (CONUS). The Department of Defense (DOD) establishes non-foreign rates such as Alaska, Hawaii, Puerto Rico, and Guam.
2. **How do I find the per diem rate for (city/county, state)?** Please review the travel policy located on the Intranet, or visit [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem) to find the rates. Click on the state you need to view for that state's rates. Even though some cities are listed for your lookup convenience, not all cities can or will be listed, so look for the county where you will be working. To look up the county, visit [www.naco.org](http://www.naco.org). If the city or county you are looking for is not listed on the GSA per diem rate page, then the standard rate of \$77 for lodging and \$46 for meals applies.
3. **What is the difference between non-standard areas and standard locations?** Non-standard areas (NSAs) are frequently traveled by the federal and state community and are reviewed on an annual basis. Standard locations are less frequently traveled by the federal and state community and are not specifically listed in our policy. Currently, the standard per diem rate is \$77 for lodging, \$46 for meals and incidental expenses.
4. **What if a city is not listed on the Per Diem website?** If a city is not listed, check to ensure that the county within which it is located is also not listed. Visit the National Association of Counties website at [www.naco.org](http://www.naco.org) to determine the county in which a destination is located. If the city is not listed, but the county is, then the per diem rate is the rate for that entire county. If the city and the county are not listed, then that area receives the standard location rate, which is currently \$77 for lodging and \$46 for meals and incidental expenses.
5. **Can hotels refuse to honor the per diem rate to state government employees and state government contractors?** Hotels are not required to honor the state per diem rates. It is each property's business decision whether or not to offer the rate. Hotels also may or may not choose to extend the rate to other individuals, such as government contractors. You must ensure that the room you are reserving is at the proper rate.
6. **Are lodging taxes included in the per diem rate?** Lodging taxes are not included in the per diem rate. The [Federal Travel Regulation §301-11.27](#) (which also applies to the Commonwealth of Virginia) states, "lodging taxes paid by the traveler are reimbursable as a miscellaneous travel expense limited to the taxes on reimbursable lodging costs."
7. **Are taxes and gratuity (tips) included in the Meals and Incidental (M&IE) expense rate?** Yes, the meals and incidental expense (M&IE) rate does include taxes and tips in the rate, so travelers will not be reimbursed separately for those items.
8. **What is considered an incidental expense?** [The Federal Travel Regulation](#) Chapter 300, Part 300-3, under Per Diem Allowance, describes incidental expenses as: Fees and tips given to porters, baggage carriers, bellhops, hotel maids, stewards or stewardesses, and others on ships.
9. **What is the M&IE reimbursement rate during the first and last travel day?** On the first and last travel day, state employees are only eligible for 75 percent of the total M&IE rate for their temporary duty travel location (not the official duty station location). For your convenience, the M&IE breakdown page in the travel policy has a row showing the calculated amount for the "First and Last Day of Travel."
10. **What do I do if there are no hotels available at per diem?** You may ask your agency to authorize the actual expense allowance. Chapter 301-11.300 of the [Federal Travel Regulation](#) (which also applies to the Commonwealth of Virginia) states, if lodging is not available at your temporary duty location, your agency may authorize additional funds. You will complete the SWVMHI Lodging and Meal Exception Form, which can be found on the Intranet under the Travel folder.

For further information or questions regarding travel and per diems, please contact the Fiscal Office at Extension 205.

~ Missy Wiles  
Accounts Payable Coordinator

## Tax-free shopping



Virginia will once again offer tax-free, back to school shopping August 3 to 5, 2012.

During this three-day period, purchases of certain school supplies, clothing, and footwear will be exempt from Virginia sales tax. Each eligible school supply item must be priced at \$20 or less, and each eligible article of clothing and footwear must be priced at \$100 or less.

For more details, visit the [School Supplies and Clothing Holiday page](#).

## Knowledge Center Update



By now, you should have received instructions for accessing the updated Knowledge Center (KC). Each employee will be given some time to “catch up” on CAIs that were due during the time the KC was down. The following CAIs are now available and should be taken:

Due August 25, 2012:

- (AP) Back Injury Prevention 2012 - SWVMHI (All Staff)
- (AP) Infection Control July 2012 – SWVMHI (All Staff)
- (AP) Infection Control Update for Physicians and Nursing Personnel July 2012 (Physicians and Nursing Staff only, including Psych Aides)

Due August 30, 2012:

- (AP) Emergency Management 2012

Additional CAI's now available for those out of compliance include: (AP) Human Rights 2012/ DI 201 and DBHDS IT Security Awareness 2012. **For those out of compliance, you must take these two CAIs immediately.**

However, due to irresolvable issues with the new KC, all other SWVMHI CAIs must be converted to a new application before they will be available in the new KC. While this conversion project is well underway, it will require additional time to complete. Your continued patience is appreciated.

Should you have any questions or experience any difficulties, please contact any member of the Training Department team (Patricia, Ext. 854; Debbie, Ext. 169; Joe Ext. 417; or Matt, Ext. 168).

~ Merle Obregon  
Staff Training and Development Director

## Fresh Berry Cobbler

It's summer. And summer brings fresh berries like raspberries, blackberries, and blueberries. What better way to enjoy fresh berries than baked up in a warm cobbler and served with some creamy ice cream.

Preparation Time: 15 minutes

Bake Time: 45 min.

### Ingredients

- 1 cup sugar, divided
- 1 1/2 tablespoons cornstarch
- 6 cups fresh berries (raspberries, blueberries, blackberries)
- 1 1/2 teaspoons grated lemon rind
- 1 cup all-purpose flour
- 3/4 cup self-rising yellow cornmeal mix



- 1/3 cup butter, melted and slightly cooled
- 1 cup milk

### Preparation

1. Combine 1/3 cup sugar and 1 1/2 Tablespoons cornstarch in a small

bowl. Combine berries, cornstarch mixture, and lemon rind in a large bowl until well blended; spoon berry mixture into a lightly greased 2-quart baking dish.

2. Combine flour, cornmeal mix, and remaining 2/3 cup sugar in a medium bowl. Stir in butter and milk until blended. Gently spread batter evenly over berry mixture.
3. Bake at 350° for 40 to 45 minutes or until a wooden pick inserted in center of topping comes out clean. Serve warm.

~ Southern Living Magazine  
August, 2006

## In Memoriam — Cheryl Rhey



Cheryl Rhey, Rehabilitative Services Director at SWVMHI since 1998, passed away from a long illness on July 10, 2012, with her daughter Kendra Foskey by her side.

Cheryl received a bachelor's degree in art from Thiel College in Greenville, Pennsylvania and a master of arts in teaching from the University of Pittsburgh. She brought both her artistic and scholarly sensibilities to her work and to her many interests and hobbies, and she dedicated her long career to the service of individuals who often did not have a voice to represent them.

Prior to joining SWVMHI in December, 1998, Cheryl served for 2 years in a similar position as Rehab Director at G. Pierce Wood Memorial Hospital in Arcadia, Florida. Prior to that, she had worked for nine years as a Residential Treatment Program Services Director run by a community mental health center in Ft. Myers, Florida, supervising Case Management, Psychosocial Rehab, the Drop-In Center, and Crisis Intervention. Prior to that, Cheryl was the Administrator of a Behavior Management Residential Treatment Program and was a Certified Behavior Analyst in the state of Florida.

Cheryl was a recovery-oriented, person-centered individual who saw first

the strengths in everyone she met, most especially in the individuals she served through her long career. Cheryl believed strongly in the recovery principles that hopeful expectations are key, recovery is the goal for everyone, there is easy access to information, and that choice, critical thinking, and independence are valued.

Cheryl was a change agent, someone who "alters human capability or organizational systems to achieve a higher degree of output or self actualization." She brought her experience with Prochaska's Stages of Change together with her Boston University knowledge to oversee training and education of staff to encourage a new way of thinking about individuals with mental illness. With the help of consultants from the Boston Center for Psychiatric Rehabilitation, she revamped and revitalized the Rehab Dept. at SWVMHI, along with other clinical processes and programs, to encompass state of the art thinking about mental health treatment and recovery oriented services.

Under her leadership, SWVMHI Rehab staff won an Honorable Mention at the 2004 Governor's Empowerment Conference. In 2006, Cheryl and SWVMHI were proud to hire our first Peer Specialist, an individual in recovery who had walked in the shoes of those we serve. In addition, Cheryl worked closely with the Creative Ideas Committee, a regional group which celebrated recovery each year for the past ten years by holding an annual mental health awareness event. She won this group's G.E.M. (Going the Extra Mile) Award on May 12, 2012.

In this last journey she was on, she didn't talk about her symptoms or her pain very often, and so we sometimes felt as though we were in the dark about her illness and at a loss to know how to help her. Please know that she appreciated every one of you, most particularly her

Rehab staff, for their hard work, giving spirits, dedication, and fortitude in the face of change. Thanks to all who visited her in the last month – her face lit up and her spirits were lifted when you came in the room, or called, or sent cards.

We can best honor her legacy by "Cultivating the Future" as we continue to strive to enhance our understanding of recovery and trauma-informed services. With strong new leadership, we will continue to move forward with the understanding that treatment works and recovery is possible. We believe, as Cheryl did, that hope is the beginning of the journey. Hope is a vision of a better future, and is what Cheryl surely wishes for you.



*Pictures with her one-year old husky, Shroom*

Kendra and her family plan a memorial service to be held at a later date and we will let you know more about the arrangements when they are made. If you wish to express your condolences, you can send a card to the Director's office who will be sure it gets to her family.

The Rehab staff have proposed placing a plaque on our new garden in honor of Cheryl. In addition, with Kendra's agreement and to honor Cheryl's memory, we are setting up a fund to have a stained glass window crafted that would be placed in one of the "TV room" windows so that the light will shine through and people will be comforted as they travel to groups or to chapel service on Thursday evenings. If you would like to contribute to this fund, please give your donation to Sarah Parris, Cindy Ferguson, or Cheryl Veselik.

As a professional, have you wondered how to best address all aspects of treatment for the patients we serve?

*Please join us*

“What Savvy Staff Need to Know: Providing Quality Care to LGBTQ Patients”

(Lesbian, Gay, Bisexual, Transgender, Questioning)

Presented by  
**Anne Dornberg, LCSW**

**WHERE:** Dept. of Corrections,  
Academy for Staff Development, West,  
Conference Room  
140 Wright Street, Marion, VA

**WHEN:** Tuesday, August 7, 2012

**TIME:** 1300—1530

**TO REGISTER:** Call Patricia Evans at (276)783-0854

Ms. Dornberg obtained her Master’s Degree in Social Work and her Bachelor’s Degree in Speech Communication from the University of Illinois at Champaign-Urbana. She is a licensed clinical social worker who has worked in a broad range of practice settings including inpatient addictions treatment, a domestic violence shelter, private practice, and a university counseling center. She has also coordinated admissions and recruitment and taught social work courses at Radford University School of Social Work.





**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**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |
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**Please submit articles for the next newsletter to Cheryl Veselik by August 20, 2012.**

**The next newsletter will be published September 1, 2012.**