

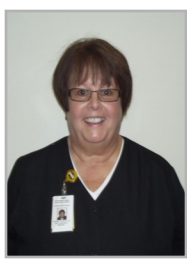


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From The Director

Employees of the Quarter Named For April – June, 2012

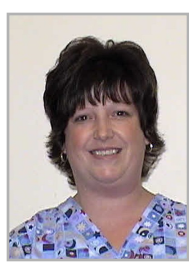
Barbara Bartnik, R.N. Clinician A/ Admissions



Barb was nominated for her outstanding education with the clients she works with on the 3 to 11 shift. The nominator writes, "I realize that patient education is an expected duty for nurses, but Barb regularly goes beyond what is expected and she does this with enthusiasm." Recently, Barb spent extra time with an individual and his very supportive mother who had questions about his bipolar illness, treatment, and relapse prevention. Barb met with them and provided excellent learning materials about his illness. She provided them with articles, magazines, and available websites. She spoke with them about the National Alliance on Mental Illness and resources that they both could access after the client is discharged. Both the client and his mother were very appreciative of Barb's teaching and felt more empowered with this information. Barb is a skilled nurse and educator who believes that gaining knowledge is vital to recovery. Barb's supervisor notes that she "excels at meeting and talking to clients. She is an exceptional employee and works very hard to do an excellent

job. She goes above and beyond on a daily basis to ensure quality patient care."

Marcy Kirk, R.N. Clinician A/ Admissions



The person who nominated Marcy for Employee of the Quarter noted that she had witnessed Marcy's skills on many occasions when clients were upset. "Marcy's kind, soft-spoken voice would have them calm in a matter of minutes." She is noted for her respect for the individuals we serve at SWVMHI. Marcy's supervisor quantified this when he noted that "in the past six months, she was actively involved in 21 episodes of clients being in crisis and highly agitated. None of these incidents resulted in supine restraints." Marcy consistently demonstrates excellent interpersonal skills, de-escalation skills, and goes about her job with a customer service mindset at all times. She is a team player and actively assists in intervening with clients on the opposite team when they are in crisis. "With her unassuming personality, coupled with the use of Motivational Interviewing, she is able to assist her clients in meeting their recovery goals despite

times of high acuity on the ward. She is a role model and quality person all around who is respected by all those who work with her as well as those she serves."

Mike Townley, Psychiatric Aide/Admissions



Although a relatively new staff member (here since February, 2010), Mike has made a big impact through his work at SWVMHI. For example, his co-workers state that he is always willing to work extra. For third shift, he serves at the ward fire responder and is a TOVA instructor. "Mike has a smile on his face all the time. He has an excellent attitude and demonstrates great Motivational Interviewing skills. He has excellent rapport with his peers and clients. He has never missed one day of work since hire. He is an exceptional employee who truly loves his job." His supervisor describes him as very reliable, as taking initiative, and as Honoring Day to Day Tasks, one of our key facility Values.

~ Cynthia McClaskey

Every day we decide who we will be by the actions we take.

News From the Recognition Committee



The quarterly Employee Recognition and Service Awards event was held on Thursday, August 9, 2012. Folks were dressed

in their western gear and those that attended enjoyed a lunch of “cowboy beans,” corn on the cob, corn cakes, and delicious apple pie for dessert.

Employees also had opportunities to try their hands at several games. Winners of the various games on each shift were:

Best Dressed: Eva Wagner, Aaron Deel, Louetta Carnell, and Chris Shupe

Donkey Plop: Julie Stoots

Roping: Joe Arp, Paul Shepherd, and Jared Riley

Horseshoes: Aaron Deel

Pennies in the Hay: Angie Anderson, Julie Garrick, and Brittany Williams

Horse Race: Kim Sayers, Gail Hildebrand, and Bethany Weddle

Making a Difference \$50 gift card drawing: Mike Phillips, Beth Paschal, Leah Sauls, Donna Goodpasture, and Karen Melki

Congratulations to all the winners! If you have suggestions for future themes, please contact any member of the Recognition Committee or anyone in the Human Resource Department.

~ Recognition Committee



Travel Tips

Per Diem Reimbursement

This excerpted from DOA Policy 20335 State Travel Regulations. The complete Policy 20335 can be found on SWVMHI's intranet in the Travel Forms folder.

Meals and certain incidental travel expenses are reimbursed on a per diem basis, not actual expense, for overnight business travel. There is no reimbursement for meals that does not include an overnight, regardless of the length of the trip.

A flat \$5 per diem amount is paid for each day of overnight travel for incidental expenses (bellhop tip, valet, etc.). Reimbursement for actual expense incurred during overnight travel in these expense categories is not permitted.

The Meals and Incidental per diem must correspond to the location specified for the overnight lodging. As the standard lodging rate varies for some locations, so does the per diem reimbursement. Please consult Policy 20335 for the complete list of exceptions to the standard rate.

Receipts are not required for meals and included incidental expenses.

When meals are provided at no cost during a conference, etc., the per diem is reduced by the applicable meal rate shown in the Meals and Incidental table found on Page 19 of DOA Policy 20335. Thus the conference brochure MUST be included with the travel request in order to accurately calculate the per diem reimbursement.

Travel that involves staff transporting individuals we serve inside or outside the official travel station from the facility will be reimbursed for all staff and/or patient meals purchased at cost. The maximum amount eligible for reimbursement for meals is \$5.00 inside the official travel station or \$7.50 outside the official travel station. Receipts must be attached to Travel Expense Reimbursement Voucher Form (DA-02-041), when seeking reimbursement.

~ Missy Wiles

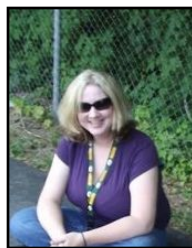
Accounts Payable Coordinator

Recovery Heroes

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

At some point in life, each of us will encounter the unexpected. That thing we think will never happen to us. Amy Taylor, hired on 4/25/12 as the nursing office services assistant, experienced such an encounter just last week.

Part of Amy's responsibilities is to file for the Unit Nurse Coordinators (UNCs). The UNCs office's are on the units where the individuals we serve reside while receiving treatment. As Amy was going down the D hallway to the UNC office, one of the individuals approached her; he was cursing, swinging his arms and almost hit Amy in the face with his closed fist. Amy's first response was to put her cupped hands in front of her to redirect the person, and using the pivot ma-



neuver and shuffle step, she moved off the line of attack. A code response was called by staff and the individual was redirected back to his room where he was given medication and able to become calm.

Amy said she didn't think about using TOVA, but did it instinctively. Because she remained calm and used the TOVA skills that she learned in orientation, Amy is our recovery hero. Please congratulate Amy the next time you see her.

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

Honoring Day-to-Day Tasks

Recognizing the Difficulty of Change

Change is difficult, even when it is for the good. This statement can be a cornerstone of our thinking when serving our patients, their families, and each other. It can be a challenge for people to leave what they have known in the past. The anxiety many of us feel about change is a good thing. It often protects us. But it can also prevent us from evolving and developing. Thus our desire to improve always competes with our fear of the unknown.



We may easily ask others to change, while we find it much more difficult to make changes in our own lives. But if we find change difficult for ourselves, why should we assume change to be easy for others?

A former colleague of mine, Dr. Robert Spellman, wisely advised, “Always try to speak as if you are correct, but listen as if you are wrong.” By doing this we signal our own willingness to evolve and improve, even as we ask others to do so. In the words of the great writer Leo Tolstoy, “Many people have ideas about how others should change; few people have ideas about how they should change.”

~ James Moon, Ph.D.
Psychology Supervisor

Central Rehab News -- August Review



Well summer is over and another school year has begun. It's apple butter making time in the Rehab Department on September 6th

(rain alternate date is September 7th). We had a great time last year. Everyone was given a chance to stir the pot and enjoy homemade apple butter and biscuits, and we are looking forward to doing it again this year.

Tom Rose, who played guitar at our 125th celebration, came back and entertained the individuals we serve on August 7. Everyone had a good time.

August 8 was bingo night and the individuals we serve were able to win some new prizes. Joyce and Brittany are looking for donations of new or slightly used t-shirts (small-4x) to be

given away as bingo prizes. The individuals really like them.

The movie “War Horse” was shown in the gym on the August 27 and 28.

The monthly birthdays were celebrated on August 22. Weekly church services were also held.

Thanks to the hard work of some of our horticulture group gardeners, we have had some really delicious produce for sale.

Splish-Splash day was August 28. We had lots of good food and “water sports.”

Galena, Ruger, and Spaghetti's last day of the season for horse therapy was August 30. Thanks to Lori and Ashley for sharing.

For those of you who haven't heard the rich baritone bark of Sammy the Basset Hound, our pet therapy program is

doing really well and everyone, the individuals we serve and staff alike, are enjoying his loveable antics. Way to go Sammy! Keep up the good work.

September events coming up:

- ♦ Break week will be September 3—7, which means we will be cleaning and regrouping in our department.
- ♦ LEAP graduation will be on September 19 at Hungry Mother Park's Hemlock Haven.
- ♦ We will have a cupcake decorating contest on September 17 on each unit as follows:
 - ♦ ERS: 1300—1345
 - ♦ A/B: 1345—1430
 - ♦ C/D: 1430—1515
 - ♦ E/F: 1515—1600
- ♦ Family Day will be September 20 in the gym/auditorium. More on these events next month.

~ Sue Eller,
Peer Support Specialist

Thank You

I wanted to take the time to thank everyone at the Southwestern Virginia Mental Health Institute for everything that was done for our daughter during her stay there awhile back. I fully believe the quality of the staff, assessments, interventions, and other care that was made available to our daughter was integral in the improvement in her mental health condition. Her condition has improved after her stay at your facility. The suggestions for aftercare from your staff were integrated as a part of her care plan through the CSB. It has truly made a difference in her behavior and self esteem. It has positively impacted our well being as well.

No one knows what we have been through with our daughter.

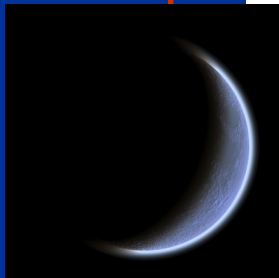


We have struggled with her mental illness since she was six years old -- 16 many years of her life. We have been told we were overprotective, paranoid, or just seeking attention. As a mother, I knew that was not the case. I knew very early on that she had problems but could never find out what these were. The University of Virginia Medical Center's psychiatric facility on her first inpatient admission made the initial diagnosis of bipolar disorder. After her stay at your fine institute, we were finally able to obtain the final pieces to the puzzle that led to appropriate treatment and interventions.

We are forever indebted to you and your staff for their excellence in the treatment of our daughter. Again, please let your staff know how grateful we are.

~ Family Member

September Lunar Phases



- September 8**
Last Quarter Moon
- September 15**
New Moon
- September 22**
First Quarter Moon
- September 29**
Full Moon

(traditionally called the "Harvest Moon" because this is the one that falls closest to the autumn equinox. Its name comes from the fact that farmers and Indians could harvest their crops late at night by the moonlight.)



Vaccine Virus Selection for the 2012-2013 Flu Season

Each year, experts from Food and Drug Administration (FDA), World Health Organization (WHO), U.S. Centers for Disease Control and Prevention (CDC) and other institutions study virus samples collected from around the world. They identify the influenza viruses that are the most likely to cause illness during the upcoming flu season so that people can be protected against them through vaccination.

On February 23, 2012, the WHO recommended that the Northern Hemisphere's 2012-2013 seasonal influenza vaccine be made from the following three vaccine viruses:

- ◆ an A/California/7/2009 (H1N1)pdm09-like virus;
- ◆ an A/Victoria/361/2011 (H3N2)-like virus; and
- ◆ a B/Wisconsin/1/2010-like virus (from the B/Yamagata lineage of viruses).

While the H1N1 virus used to make the 2012-2013 flu vaccine is the same virus that was included in the 2011-2012 vaccine, the recommended influenza H3N2 and B vaccine viruses are different from those in the 2011-2012 influenza vaccine for the Northern Hemisphere.

www.cdc.gov

Four things you can't recover:

- The stone after the throw.
- The word after it's said.
- The season after it's missed.
- The time after it's gone.

Chaplain's Corner

A few weeks ago, I had the pleasure of speaking at a church that I had served from 1993-95 as a pastor. It was nice to see familiar faces, step into an old familiar role, and share a few hours of "going back in time" with the congregation. You never know what people remember about you, but I was delighted to find out that the people of this church recalled my "children's sermons." As part of the worship service, I used to give a different child an empty box each week to fill with something from home and we would talk about it the following Sunday. People were often very creative with what they put in the box. Each Sunday became an adventure in imagination and story telling as the mysterious contents of the box became the focal point of a spiritual lesson. The congregation asked if I would talk about the box again, so I agreed to find a spiritual lesson in whatever contents a child would bring in that Sunday.

While I wondered what might be in the box, I wasn't expecting who would be bringing it to church. Much to my surprise, I found myself surrounded not only by some children of the church I didn't know, but also some adults I didn't expect. As I sat on the floor, I was joined by the very children who listened to

me almost 20 years ago and had now grown into adulthood. Young mothers, teachers, other professionals, all came to church that day because I used to tell them stories. That simple few minutes from their Sunday morning childhood had become a happy memory of their religious upbringing they wanted to relive again. It was a heart warming experience I will always treasure as we talked about the different items each of them had placed in the box (which happened to be a rubber duck, a small ball, a sport shoe, a necklace, and an empty envelope).

The letter in the "Alphabet of Spiritual Literacy" we are ready for this month is L and that is a reminder of the spiritual practice of **LISTENING**. There is probably no more natural way of experiencing a sense of spiritual awareness than that of **listening**. Rabbi David Cooper, mystical teacher of kabbalah, has observed, "Our work is not so much to find a teacher as to improve our own receptivity and sharpen our ability to hear the teachings all around us."

My point of having children place an object in a box was to demonstrate that there are spiritual lessons all around us if we look for them. We can sharpen our awareness of

spiritual gifts by cultivating an appreciation of memories from the past, objects we have held dear, keepsakes from different places and people, items we have created, books we have read, places we have been, or trips we have yet to travel.

The list is endless because the possibilities of our spiritual imagination and sense of enchantment know no bounds. It is the stuff of creativity and mystic experience that has enriched people for centuries. Thomas Moore wrote in "The Re-Enchantment of Everyday Life" that, "This is one of the secrets of enchantment: Never leave the yin and yang of poetry and life, and never abandon the steady rhythm of experience and imagination."

When we truly **listen**, enchantment, wonder, and learning from our soul will once again become an enriching part of our lives. We can open a box of spiritual awakening every day when we open our hearts and **listen** to the lessons life has to share with us.

~ Rev. Dr. Timothy Graham,
Chaplain



"By all these lovely tokens
September days are here
With summer's best of weather
And autumn's best of cheer."

- Author Unknown



Dysphagia Corner



Do you have questions about the diets for the individuals we serve? Need to know what a modified diet is? How to do a calorie count?

These answers and more information are readily available to all staff via the Intranet. To access the diet manual: log onto the Intranet > SWVMHI Policies > Diet Manual. You will find a wealth of information for self knowledge as well as education for the individuals we serve.

~ The Dysphagia Team

Staff Development and Training Update

The Knowledge Center is back up and running, although there continue to be a few issues with some of the courses. If you experience any difficulties, please contact someone in the Training Department immediately by calling: Patricia at Ext. 854, Debbie at Ext. 169, Merle at Ext. 167, or Joe at Ext. 417.

The following are training opportunities for the month of September:

- ♦ Sept 6 1300—1430 Grand Rounds — How NAMI Can Help You Help Our Clients and Families by Barb Bartnik, AB Classroom
- ♦ Sept 14 1300—1500 BJA Webinar Mental Competency (III of III), AB Classroom
- ♦ Sept 27 1500—1630 Grand Rounds — Spirituality in the Mental Health Setting by Rev. Dr. Tim Graham, AB Classroom



September is also Hazard Communications Month. All employees are expected to complete the **Hazard Communication CAI** by September 30, 2012, available now on the Knowledge Center.

For other upcoming training opportunities, please be sure to check the Intranet and click on the Training Calendar link.

~ Merle Obregon
Staff Training and Development Director

Meals in Minutes — Pasta e Fagioli

Fall is just around the corner, which means football games, soccer practice, and cooler nights. It also means less time to cook dinner. But you don't have to settle for the drive-thru. Try this easy and quick recipe for Pasta e Fagioli, also known as Pasta Fazool, courtesy of John O'Keefe and the Food Service Staff:

Ingredients:

1 3/8 tsp salad oil
1 cup onions, diced
3/4 cup + 3 tbsp carrots, sliced
1/4 cup + 3 3/13 tbsp celery, diced
3 3/4 cup water
3 2/3 tbsp chicken base
1 1/4 cup + 2 tbsp tomatoes, diced
3 2/3 tbsp tomato sauce

3/4 cup + 3 tbsp pinto beans
3/4 cup + 3 tbsp great northern beans
1 cup elbow macaroni
2 3/4 tsp granulated sugar
1 3/8 tsp parsley flakes
7/8 tsp ground basil
3/8 tsp ground thyme



Directions:

In sauce pan or stock pot, heat oil. Add onions, carrots, and celery and sauté five minutes.

To sautéed vegetables, add water, chicken base, tomatoes, sauce, beans, pasta, and sugar. Mix well. Heat to boiling, stirring occasionally. Reduce heat and gently boil 10-15 minutes, stirring occasionally.

Add seasonings to soup, continue to simmer until pasta is al dente and carrots are tender. Taste adjust seasonings.

Mix cornstarch and water to make a slurry. Add to boiling soup to thicken.

Thank You

A family member and his brother recently reported to one of our staff members that they have nothing but good things to say about the hospital and staff in the care of their mother, and are well pleased with the treatment she has received. Keep up the good work!!!!



World Suicide Prevention Day

World Suicide Prevention Day is observed on September 10 each year to promote worldwide action to prevent suicides.

Suicide affects us all. Every year, millions of Americans are directly affected by the more than 37,000 suicides and hundreds of thousands of suicide attempts made by friends or loved ones. Yet, suicide is preventable.

Warning signs can include changes in a person's mood, diet, or sleeping pattern. [The American Association of Suicidology](#) has detailed information on what to look for and how to respond.

If you or someone you know is thinking about suicide, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (1-800-273-8255).

Following are other valuable sources:

- [National Institute for Mental Health](#)
- [Substance Abuse and Mental Health Services Administration](#)
- [Suicide Prevention Resource Center](#)

SUICIDE FACTS

- ◆ There are twice as many deaths due to suicide than HIV/AIDS.
- ◆ Over half of all suicides occur in adult men, ages 25-65.
- ◆ Substance abuse is a risk factor for suicide.
- ◆ Suicide rates in the United States are highest in the spring.
- ◆ For young people 15-24 years old, suicide is the third leading cause of death.
- ◆ The strongest risk factor for suicide is depression.
- ◆ 80 percent of people who seek treatment for depression are treated successfully.
- ◆ Research has shown medications and therapy to be effective suicide prevention.

National Payroll Week



National Payroll Week is September 3 through 8, 2012. National Payroll Week celebrates the hard work by America's 156 million

wage earners and the payroll professionals who pay them. Together, through the payroll withholding system, they contribute, collect, report, and deposit approximately \$1.7 trillion, or 71.8 percent, of the annual revenue of the U.S. Treasury.

Payroll professionals are responsible for the lifeblood of America's workers -- their pay-checks.

In addition to withholding for child support payments, Social Security, health insurance premiums, and retirement

plans, payroll professionals, to put it plainly, put money in people's pockets every payday. Whether it's cash in an envelope, an electronic deposit, or a paycheck, this is where the buck stops, or from a worker's perspective, where it begins.

America's workers rely on and trust the nation's payroll system and the people who administer it. In addition to paying workers accurately and on time, these men and women work tirelessly to maintain compliance with ever-changing federal, state, and local regulations, helping their employers avoid costly penalties. (www.nationalpayrollweek.com.)

On average, the SWVMHI payroll department pays approximately 560 staff members, resulting in approximately 670

direct deposits every payday, and requiring over 675 manual transactions that include shift pay, overtime, and short-term disability payments. The payroll department works to ensure accurate and timely payments and deductions.

Ninety-five percent of all employees enjoy the benefits of Payline, a secure website, with state of the art security for strict confidentiality of personal payroll information, which allows you to see current and year-to-date earnings information. It also allows you to view your current payday information at least four days prior to payday. If you have not activated your account, please do so today by visiting [Payline](#).

~ Sharon Bullins,
Payroll Officer



Word Search

Just for fun, how many of the following words can you find related to September and Fall ?

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

"Come little leaves," said the wind one day. "Come to the meadow with me and play. Put on your dresses of red and gold, for summer is past, and the days grow cold." ~ George Cooper



Acorns

Apples

Autumn

Brown

Canning

Chilly

Fall

Foliage

Football

Frost

Harvest

Labor Day

Orange

Rake

Red

School

September

Shorter days

Yellow





PERSONNEL CHANGES

New Employees

Sarah Hazelwood, Psychiatrist	Jul 9
Daniel Eastridge, Psychiatric Aide	Jul 10
Marsha Smith, Registered Nurse Clinician A	Jul 10
Samantha Tipton, Registered Nurse	Jul 10
James Turner, PI4 Peer Support Specialist	Jul 10
Elizabeth Zier, Registered Nurse	Jul 10

MONTHLY PATIENT CENSUS

July
2012

Admissions 74

Discharges 70

Passes 8

Average Daily
Census

143

Separations

Andrea Dunavan, Psychiatric Aide	Jul 1
Sherry Smith, Registered Nurse	Jul 6
Cheryl Rhey, Rehabilitation Program Director	Jul 10
Emanuel Goodman, Psychiatric Aide	Jul 12
Elaine Davis, Registered Nurse Clinician A	Jul 24

Promotions/Role Changes

None	
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Between the Henderson and the Bagley Building, just past the gate, you will find a crop of flowers known as Passion flowers. These beautiful flowers were planted by staff members a number of years ago, and staff and patients can be seen in the breezeway admiring their beauty.

Passion flowers are perennial, woody vines with showy, fragrant flowers. Some varieties even produce edible fruits. The Passion flower got its name from Christian missionaries in the 16th century when they found a plant that, to them, symbolized the death of Christ. The five sepals and five petals represent the disciples, without Peter and Judas. The double row of colored filaments, known as the corona, signify the halo around Christ's head, or the crown of thorns. The five stamens symbolize the wounds and the nails respectively. The vine's tendrils resemble the whips used to scourge Christ. To learn more about this flower, visit <http://plantsinmotion.bio.indiana.edu/plantmotion/flowers/passionflower/passion.html>.

Passion flowers grow wild in the southern part of the United States, as well as in South America. But they were thoughtfully planted in the breezeway between the Henderson and Bagley Buildings for all to enjoy on fresh air breaks or just passing through on the way from one building to the next.

Thanks to Dr. Jim Moon for a little background on this lovely flower, and thanks to the staff members who planted these beauties.

Language Access and Interpreting



Working with individuals who have limited English or other communication difficulties, such as the deaf or those with low literacy, can create unique challenges to providing quality, mental health recovery services.

Below are some Tips, Guidelines, and Resources to assist individuals with limited English or other communication difficulties in their recovery:

- ♦ Before the first session, there should be a preliminary discussion in which staff briefs the interpreter.
- ♦ At the first session, introductions, explanation of the rules, and how the communication will be conducted with the staff/interpreter/individual should be completed.
- ♦ The interpreter translates everything that is being said by the individual and the staff in the first person (i.e., "I cannot sleep, I have nightmares.")
- ♦ The translation should be as literal as possible (very important when doing diagnostics with patients in psychiatric settings, especially when dealing with psychotic patients).
- ♦ The interpreter should not add or leave out anything.
- ♦ Everything said in the room is translated.
- ♦ If terms used lead to misunderstandings, they should be clarified through retranslation.
- ♦ The staff should use short sentences and phrases, and avoid abstract concepts as well as technical terminology.
- ♦ Staff should communicate to the individual's level of education and ability to abstract and not leave it up to the interpreter to adapt and explain.
- ♦ The staff should pay attention to the flow of the conversation and interrupt politely if the individual speaks for too long. He or

she also should allow the interpreter to interrupt to ask clarifying questions.

- ♦ The staff should make an effort to speak to the individual directly and to establish eye contact.
- ♦ The staff should be aware of non-verbal communication.
- ♦ After the session, staff and interpreter should clarify misunderstandings, cultural characteristics, and approaches.
- ♦ Relatives or friends should not be used as interpreters. Much information would not be communicated and personal relationships could be affected.
- ♦ There should be no private contact between interpreter and individual served, including not giving the interpreter's phone number to the individual.

From: Mechthild Wenk-Ansohn, MD and Norbert Gurrus, Intercultural encounters in counseling and psychotherapy – communication with the help of interpreters. Torture, Vol. 21, Number 3, 2011.

TIPS FOR WORKING WITH INTERPRETERS

- ♦ An individual who has some English speaking ability may not necessarily be able to understand everything. An individual who asks for an interpreter may be able to understand and use quite a bit of English. Don't assume that a person who is able to speak some English will be able to speak and understand issues related to psychiatric and/or medical treatment.
- ♦ Likewise, a provider with some Spanish (or other language) speaking ability may not be able to understand everything an individual says.

DID YOU KNOW?

SWVMHI received a grant to purchase material to assist individuals with limited literacy skill. Items purchased include individual DVD players, DVDs, and easy-to-read print materials in English and other languages that address physical and mental health issues. These items may be accessed by contacting Christina Quillen, Librarian, at Extension 161.

- ♦ Do not jump to linguistic conclusions; things may not always mean what they seem.

From: IMIA Guide on Working with Medical Interpreter. International Medical Interpreters Association.

ACCESSING INTERPRETER SERVICES AT SWVMHI

To access Interpreter Services, call the AT & T Language Line at 1-800-874-9426 or 1-800-367-9559. Be prepared to state the language you need translated, the hospital's name and ID number (522041), as well as the access code (which is the cost center of the unit where the individual resides). For more information on accessing Interpreter Services, please refer to page 19 of the SWVMHI Phone Directory located on the Intranet.

Additional resources for individuals who are non-English speaking can be found at www.dbhds.virginia.gov/documents/HumanRights/ohr-KnowYourRightsSpanish.pdf or www.dmhmrsas.gov/virginia.gov/forms.asp, as well as on the SWVMHI Intranet under the Behavioral Health Tab.

~ SWVMHI Cultural & Linguistic Competency Committee

Special Gym/Game Room Activities

Patient Activity Council (PAC)

September 4, 2012
1600 - 1630



Apple Butter Making
September 6, 2012
(September 7 in case of rain)

Consumer Empowerment Recovery Council (CERC)

August 14, 2012
1600 - 1630



Bingo Night
September 12, 2012
1830 - 2000
Canteen open 1800 - 1830

Movie Nights

September 10 and
September 24 and
25, 2012
1830 - 2000
No Canteen



Slopes Tourney
September 19,
2012
1830—1945

Family Day
September 20, 2012
1300—1600

Birthday Party
September 26, 2012
1830 - 1945
No Canteen



Church Services
Church Services are held each
Thursday from
1830 - 1930



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.

West Nile Virus, Summer 2012



Summertime is mosquito season, so it also is West Nile Virus (WNV) season. The Centers for

Disease Control and Prevention (CDC) reports that nationwide WNV is spreading faster than it has in years past, partly due to a mild winter and several spring rains that allowed the mosquito population to build early. As of August 15, 2012, WNV infection has been reported in two Virginians. This is not unusual in Virginia: there were nine reports of WNV infection in humans last year; for 2006 to 2010, one to five WNV infections were reported annually. The easiest and best way to avoid WNV is to prevent mosquito bites.

When you are outdoors, use insect repellent containing an EPA-registered active ingredient. Follow the directions on the package.

Many mosquitoes are most active at dusk and dawn. Be sure to use insect repellent and wear long sleeves and pants at these

times or consider staying indoors during these hours.

Make sure you have good screens on your windows and doors to keep mosquitoes out. Eliminate mosquito breeding areas by addressing areas in your yard where rain-water collects. Turn over or empty bird baths, flower pots, buckets, or barrels. Clean roof gutters and downspout screens. Remove old tires from your yard. Eliminate standing water on flat roofs, boats, or tarps. Keep children's wading pools empty and on their sides when not in use.

For more information on West Nile Virus or other arboviral illnesses, please visit the Virginia Department of Health West Nile Virus webpage or visit CDC's website at <http://www.cdc.gov/ncidod/dvbid/westnile/index.htm>.

~ Cindy Jones RN CIC
Infection Prevention & Control
Employee Health Coordinator

Suggestion Taken



During a recent Nurse Forum, a suggestion was made to place locked glove boxes down the halls of each unit so staff could readily access gloves during emergencies. After assess-

ing the regulations and guidelines for hospitals, a prototype of a locked glove box was made by the Carpenter Shop supervised by Mike Martin. Approval by the Safety Committee and the Infection Prevention & Control Committee was given and the task to make 20 locked glove boxes was given to the carpenters. The locked gloves boxes will contain two sizes of gloves and be visible through the lexan front of the box. A TD-1 key will open the box for use by all employees as needed. These boxes will be strategically placed throughout the facility in the coming weeks. Thanks to those who suggested the locked glove boxes and assisting us in promoting a culture of safety!

~ Cindy Jones RN CIC

Member Benefit Profiles

Member Benefit Profiles (MBP) for Plan 1 employees were posted on [myVRS](#) in mid-August and can be accessed anytime. Plan 2 employees can look up their current member contribution account balance and other information on [myVRS](#) as well.

If you have not previously registered for [myVRS](#), simply click on the link and create your secure, online account. **Important note:** Between September 20 and October 1, [myVRS](#) will be unavailable while VRS makes system enhancements.

Retirement Income Gap Analysis

One of the MBP's most important features is a retirement income analysis for employees eligible to participate in the Commonwealth's 457 Deferred Compensation Plan. This feature shows a total retirement income estimate compared to a retirement income target of 80 percent of compensation as of June 30, 2012. The retirement income estimate combines the employee's estimated unreduced VRS benefit, a Social Security estimate and an estimated deferred compensation plan annuity, if applicable. The analysis includes tips for "closing the gap" between their projected retirement income and their 80 percent benchmark.

Non-Vested Plan 1 Employees

As a reminder, retirement plan provisions for non-vested Plan 1 employees will change effective January 1, 2013. Therefore, projected retirement information is not included in the MBPs for these employees. They will have a summary MBP showing their annual salary, service credit, member contribution account balance and life insurance, if applicable, as of June 30. A separate Benefit Comparison will soon be available in myVRS for these employees showing projected retirement benefits under their current plan provisions and the impact on their retirement if they are not vested by January 1. Non-vested Plan 1 employees who have prior service eligible for purchase are encouraged to consider now whether or not to purchase prior service.

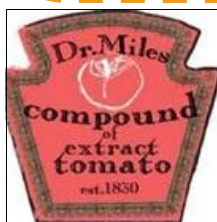
If you have any questions about your retirement benefits, please call any member of the Human Resources Office at Ext. 204 or Ext 289, or you may also call VRS toll free at 1-888-VARETIR (1-888-827-3847) to speak with an employer advisor (select menu option 3).

Teamwork in Action

In June, one of the nurses sent an email to the Safe Medication Practices Committee (SMPC) co-chairs with a request for the Pharmacy to keep insulin and Tdap on Ward K (infirmery) citing difficulty obtaining these medications on the weekend for new admissions and when the physicians change medication orders. Once informed of the request, Jim Suhrbier, Pharmacy Director, immediately stocked NPH, Lantus, Regular Insulin, and Tdap in the refrigerator on Ward K for after hour needs. This was an excellent recommendation and a great example of teamwork from all disciplines involved.



Thanks to Mary Ratliff, RNCA, for the recommendation, and thanks also to Julie Stoots, Angie Routh, and Jim Suhrbier for making it happen.



DID YOU KNOW?

Ketchup was sold in the 1830's as a patented medicine by the name of "Dr. Miles Compound Extract of Tomato." It was used to treat indigestion, diarrhea, liver disease, as well as prevent cholera.

September Days to Celebrate

"Off the cuff" September holidays to celebrate:

- September 9**
National Hug Your Hound Day
- September 10**
Swap Ideas Day
- September 14**
National Kreme Filled Donut Day
- September 15**
Felt Hat Day



- September 16**
Talk Like a Pirate Day Arrrrrrrrrrg
- September 22**
Elephant Appreciation Day
- September 22**
Fish Amnesty Day
- September 24**
Punctuation Day
- September 26**
Johnny Appleseed Day
- September 27**
Google's Birthday



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Class of 2016



Each August since 1998, Beloit College has released the Beloit College Mindset List, providing a look

at the cultural touchstones that shape the lives of students entering college this fall. The creation of Beloit's former Public Affairs Director Ron Nief and Keefer Professor of the Humanities Tom McBride, it was originally created as a reminder to faculty to be aware of dated references, and quickly became a catalog of the rapidly changing worldview of each new generation. Mindset List websites at Beloit College and at mindsetmoment.com, the media site webcast and their Facebook page receive more than a million hits annually.

Nief and McBride recently applied their popular format to 10 generations of Americans over 150 years in their new book, *The Mindset Lists of American History: From Typewriters to Text Messages, What Ten Generations of Americans Think Is Normal* (Wiley and Sons.).

For those who cannot comprehend that it has been 18 years since this year's class was born, they will quickly confirm that the next four years will go even faster and, like the rest of us, they will continue to grow older at increasing speed.

The Mindset List for the Class of 2016

1. For this generation of entering college students, born in 1994, Kurt Cobain, Jacqueline Kennedy Onassis, Richard Nixon, and John Wayne Gacy have always been dead.
2. They should keep their eyes open for Justin Bieber or Dakota Fanning at freshman orientation.
3. They have always lived in cyberspace, addicted to a new generation of "electronic narcotics."
4. If they miss *The Daily Show*, they can always get their news on YouTube.
5. Their lives have been measured in the fundamental particles of life: bits, bytes, and bauds.
6. Robert De Niro is thought of as Greg Focker's long-suffering father-in-law, not as Vito Corleone or Jimmy Conway.
7. Bill Clinton is a senior statesman of whose presidency they have little knowledge.
8. They have never seen an airplane "ticket."
9. On TV and in films, the ditzzy dumb blonde female generally has been replaced by a couple of Dumb and Dumber males.
10. For most of their lives, maintaining relations between the U.S. and the rest of the world has been a woman's job in the State Department.
11. They can't picture people actually carrying luggage through airports rather than rolling it.
12. Their folks have never gazed with pride on a new set of bound encyclopedias on the bookshelf.
13. Exposed bra straps have always been a fashion statement, not a wardrobe malfunction to be corrected quietly by well-meaning friends.
14. A significant percentage of them will enter college already displaying some hearing loss.
15. Women have always piloted war planes and space shuttles.
16. Having made the acquaintance of Furby at an early age, they have expected their toy friends to do ever more unpredictable things.
17. Outdated icons with images of floppy discs for "save," a telephone for "phone," and a snail mail envelope for "mail" have oddly decorated their tablets and smart phone screens.
18. They have had to incessantly remind their parents not to refer to their CDs and DVDs as "tapes."
19. Probably the most tribal generation in history, they despise being separated from contact with their similar-aged friends.
20. A bit of the late Gene Roddenberry, creator of *Star Trek*, has always existed in space.
21. They were too young to enjoy the 1994 World Series, but then no one else got to enjoy it either.
22. The folks have always been able to grab an Aleve when the kids started giving them a migraine.
23. Simba has always had trouble waiting to be King.
24. They grew up, somehow, without the benefits of *Romper Room*.
25. They have always been able to see Starz on Direct TV.
26. They have always enjoyed school and summer camp memories with a digital yearbook.
27. Herr Schindler has always had a List; Mr. Spielberg has always had an Oscar.
28. They know many established film stars by their voices on computer-animated blockbusters.
29. History has always had its own channel.
30. *The Twilight Zone* involves vampires, not Rod Serling.
31. Little Caesar has always been proclaiming "Pizza Pizza."
32. Point-and-shoot cameras are soooooo last millennium.
33. Astronauts have always spent well over a year in a single space flight.

"mindset" {noun}

a set of beliefs or a way of thinking that determines one's behavior, outlook and mental attitude.

Simple Tips for Healthy Eyes



Your eyes are an important part of your health. You can do many things to keep them healthy and make sure you're seeing your best. Follow these simple guidelines for maintaining healthy eyes well into your golden years:

1. **Have a comprehensive dilated eye exam.** You might think your vision is fine or that your eyes are healthy, but visiting your eye care professional for a comprehensive dilated eye exam is the only way to really be sure. When it comes to common vision problems, some people don't realize they could see better with glasses or contact lenses. In addition, many common eye diseases, such as glaucoma, diabetic eye disease, and age-related macular degeneration, often have no warning signs. A dilated eye exam is the only way to detect these diseases in their early stages.

During a comprehensive dilated eye exam, your eye care professional places drops in your eyes to dilate, or widen, the pupil to allow more light to enter the eye—the same way an open door lets more light into a dark room. This process enables your eye care professional to get a good look at the back of the eyes and examine them for any signs of damage or disease. Your eye
2. **Know your family's eye health history.** Talk to your family members about their eye health history. It's important to know if anyone has been diagnosed with an eye disease or condition, since many are hereditary. This information will help to determine if you're at higher risk for developing an eye disease or condition.
3. **Eat right to protect your sight.** You've heard that carrots are good for your eyes. But eating a diet rich in fruits and vegetables—particularly dark leafy greens, such as spinach, kale, or collard greens—is important for keeping your eyes healthy, too. Research has also shown there are eye health benefits from eating fish high in omega-3 fatty acids, such as salmon, tuna, and halibut.
4. **Maintain a healthy weight.** Being overweight or obese increases your risk of developing diabetes and other systemic conditions, which can lead to vision loss, such as diabetic eye disease or glaucoma. If you're having trouble maintaining a healthy weight, talk to your doctor.
5. **Wear protective eyewear.** Wear protective eyewear when playing sports or doing activities around the home. Protective eyewear includes safety glasses and goggles, safety shields, and eye guards specially designed to provide the correct protection for the activity in which you're engaged. Most protective eyewear lenses are made of polycarbonate, which is 10 times stronger than other plastics. Many eye care providers sell protective eyewear, as do some sporting goods stores.
6. **Quit smoking or never start.** Smoking is as bad for your eyes as it is for the rest of your body. Research has linked smoking to an increased risk of developing age-related macular degeneration, cataract, and optic nerve damage, all of which can lead to blindness.
7. **Be cool and wear your shades.** Sunglasses are a great fashion accessory, but their most important job is to protect your eyes from the sun's ultraviolet rays. When purchasing sunglasses, look for ones that block out 99 to 100 percent of both UV-A and UV-B radiation.
8. **Give your eyes a rest.** If you spend a lot of time at the computer or focusing on any one thing, you sometimes forget to blink and your eyes can get fatigued. Try the 20-20-20 rule: Every 20 minutes, look away about 20 feet in front of you for 20 seconds. This short exercise can help reduce eyestrain.
9. **Clean your hands and your contact lenses—properly.** To avoid the risk of infection, always wash your hands thoroughly before putting in or taking out your contact lenses. Make sure to disinfect contact lenses as instructed and replace them as appropriate.
10. **Practice workplace eye safety.** Employers are required to provide a safe work environment. When protective eyewear is required as a part of your job, make a habit of wearing the appropriate type at all times, and encourage your coworkers to do the same.

~ Cindy Jones RN CIC
Infection Prevention & Control/
Employee Health Coordinator

Clinician's Corner

Prescription Painkiller Overdoses: Use and Abuse of Methadone as a Painkiller



Prescription painkiller overdoses* were responsible for more than 15,500 deaths in 2009. While all prescription painkillers have contributed to an increase in overdose deaths over the last decade, methadone has played a central role in the epidemic. More than 30 percent of prescription painkiller deaths involve methadone,

even though only 2 percent of painkiller prescriptions are for this drug. Six times as many people died of methadone overdoses in 2009 than a decade before.

Methadone has been used safely and effectively to treat drug addiction for decades. It has been prescribed increasingly as a painkiller because it is a generic drug that can provide long-lasting pain relief. But as methadone's use for pain has increased, so has nonmedical use of the drug and the number of overdoses.

"Prescription painkiller overdoses" refers to deaths from using harmful amounts of opioid or narcotic pain relievers, including drugs such as Vicodin (hydrocodone), OxyContin (oxycodone), Opana (oxymorphone), and methadone.

Problem: Methadone use poses risks

Methadone is frequently prescribed for pain.

- ♦ Methadone, like other painkillers, is commonly prescribed for chronic problems like back pain even though it might not help these problems in the long run.
- ♦ More than 4 million methadone prescriptions were written for pain in 2009, despite US Food and Drug Administration warnings about the risks associated with methadone.
- ♦ Methadone is available as a low-cost generic drug. It is often listed as a preferred drug by insurance companies.

Methadone's risks include:

- ♦ The difference between appropriate prescribed doses and dangerous doses of methadone is small.

FACTS

- ♦ Methadone contributed to nearly 1 in 3 prescription painkiller deaths in 2009.
- ♦ About 5,000 people die every year of overdoses related to methadone.
- ♦ Six times as many people died of methadone overdoses in 2009 than a decade before.

- ♦ Methadone has special risks as a painkiller. For example, taking it more than three times a day can cause the drug to build up in a person's body, leading to dangerously slowed breathing.
- ♦ Methadone can seriously disrupt the heart's rhythm.
- ♦ Methadone can be particularly risky when used with tranquilizers or other prescription painkillers.
- ♦ In one study, four in ten overdose deaths involving single prescription painkillers involved methadone, twice as many as any other prescription painkiller.

Why have methadone overdoses increased?

As methadone prescriptions have increased, so have the number of methadone overdoses. But many people who die of painkiller overdoses don't have a prescription. How can this be?

It's because some of these prescriptions are illegally sold or given to people who illegally use them for nonmedical reasons. This is known as diversion.

Diversion is a major factor in the prescription drug epidemic. More careful prescribing will reduce diversion and help save lives.

What Can Be Done

The US government is:

- ♦ Enforcing federal laws to prevent nonmedical use of methadone.
- ♦ Educating health care providers and consumers about the correct use of methadone.
- ♦ Tracking prescription drug overdose trends and the impact of efforts to stop overdoses.

States can:

- ♦ Develop and promote the use of safe prescribing guidelines for methadone.
- ♦ Support the use of methadone as a treatment for opioid dependence in opioid treatment programs.
- ♦ Use prescription drug monitoring programs to identify patients who are using methadone or other prescription painkillers for nonmedical purposes.

Health care providers can:

- ♦ Follow guidelines for prescribing methadone and other prescription painkillers correctly, including
 - ✓ Screening and monitoring for substance abuse and mental health problems.
 - ✓ Prescribing only the quantity needed based on the expected length of pain.
 - ✓ Using prescription drug monitoring programs to identify patients who are misusing or abusing methadone or other prescription painkillers.
 - ✓ Monitor patients on high doses for heart rhythm problems.
 - ✓ Educating patients on how to safely use, store, and dispose of methadone and how to prevent and recognize overdoses.

Health insurers can:

- ♦ Evaluate methadone's place on preferred drug lists.
- ♦ Consider strategies to ensure that pain treatment with any dose higher than 30 mg of methadone a day (the recommended maximum daily starting dose) is appropriate.

Individuals can:

- ♦ Use methadone only as directed by a health care provider.
- ♦ Make sure they are the only ones to use their methadone and never sell or share it with others.
- ♦ Store methadone in a secure place and dispose of it properly. See www.cdc.gov/HomeandRecreationalSafety/Poisoning/preventiontips.htm for correct storage and disposal of medications.
- ♦ Get help for substance abuse problems (1-800-662-HELP or www.samhsa.gov/treatment/)

~ CDC Vital Signs, July 2012
www.cdc.gov



From the Library

Music Month



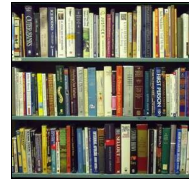
I was looking in the *Creative Forecasting* magazine to see what month is being celebrated in September. With all of the different groups celebrating different kinds of music this

month, it's safe to say this is music month. It's Classical Music Month, Jazz Month, National Piano Month, and Southern Gospel Month, all at once.

Here in the library we have a wide array of cassettes and CDs in just about every genre imaginable. From movie soundtracks to modern praise music to 80s hits and easy listening, there is something for everyone. Also, we have new walkmans and boom boxes to play as well. We have an especially large selection of classical music that doesn't get used nearly as often as rock and country and there is some great stuff in there from basics like Handel's *Messiah* to more modern classical style music like Charlotte Church and Andrea Bocelli. We also have classical disks to listen to on the computer that are somewhat popular including Beethoven, Schubert, and Mozart, and we have a nice selection of music books including hymnals, lyric books for traditional American songs, and biographies of various singers and musicians. We have so much here for the individuals we serve as well as our staff who are interested in music, so come on down to the library and check it out.

New Books

The following is a list of some newer biographies and autobiographies we have in the library. Another huge thank you to all of the staff who have been so generous with such great donations:



John Lennon: The Illustrated Biography by Gareth Thomas

Dog Man: An Uncommon Life on a Faraway Mountain by Martha Sherrill

An Ordinary Man by Paul Rusesabagina
At the Center of the Storm: My Years at the CIA by George Tenet

My American Journey by Colin Powell

I Ain't Got Time to Bleed by Jesse Ventura

The Good Rat: A True Story by Jimmy Breslin

My Life So Far by Jane Fonda

Mother Teresa: Missionary of Charity by Sam Wellman

My Grandfather's Son by Clarence Thomas

Hope and Heroes: Portraits of Integrity and Inspiration by Barry Shainbaum

The Bielski Brothers by Peter Duffy

One Soldier's Story by Bob Dole

Warren Beatty: A Biography by Suzanne Finstad

Please Stop Laughing at Me: One Woman's Story by Jodee Blanco

The Other Side of Me by Sidney Sheldon

Her Way: The Hopes and Ambitions of Hillary Clinton by Jeff Gerth

Donations

The library would like to thank the following people for donating items, as well as the many anonymous cards, magazines, and books, or anyone who I may have accidentally left off the list:

- ♦ Lesu Cole
- ♦ Mary Dotson
- ♦ Sue Eller
- ♦ Jan Barron
- ♦ Robert Farmer
- ♦ Eva Wagner
- ♦ Christy Hall
- ♦ Cheryl Rhey's Family
- ♦ Christine Marion-Lopez

~ Christina Quillen
Librarian

SWVMHI Cemetery News



The cemetery at the SWVMHI sits high atop a knoll overlooking a panorama of the Appalachian Mountains and the nearby town of Marion. While the cemetery has been in existence for 125 years, it was moved to its present location in the early 1960's due to the construction of Interstate 81. Great care was taken throughout this process to ensure that the remains of the interred were carefully placed and their location in the new cemetery accurately recorded.



This history of respect continues today in the maintenance of the cemetery and its landscape, as well as in the records of those who reside there. The grounds were renovated in 2005 by the Nursing Week Planning Committee who arranged the installation of a concrete walkway and seating area around the memorial obelisk, as well as the placement of concrete benches and flower bulbs. Improvements continued in 2012 with the addition of a pergola, additional seating, and the planting of low-maintenance trees and landscape perennials.

~ Christina Lishen, Office Assistant
Physical Plant Services

National Preparedness Month

September is National Preparedness Month, an annual nationwide effort to encourage Americans to plan and prepare for emergencies.

“Unfortunately, within the past 14 months, just about every Virginian has experienced tornados, the historic Mineral earthquake, Hurricane Irene, Tropical Storm Lee or the recent severe derecho wind storm,” said Michael Cline, state coordinator of emergency management. “These are all powerful reminders that each of us is responsible to be ready for both predicted and unexpected emergencies. If you are not ready, you can pledge to prepare during September.”

Families and individuals should plan as though they must go for at least three days without electricity, water service, access to a supermarket, or other local services. To prepare, follow these four steps:

1. Stay informed. Get free information on what to do before, during, and after emergencies at www.ReadyVirginia.gov and www.ListoVirginia.gov. Stay aware of changing weather conditions by monitoring local media reports. Get a battery-powered and/or hand-crank radio with a weather band so you can

hear emergency information when the power is out.

2. Make a plan. Discuss, agree on, and document an emergency plan with those in your care. For sample plans, see www.ReadyVirginia.gov and www.Ready.gov.
3. Build a Kit. Keep enough emergency supplies on hand for you and those in your care. Start with non-perishable food and water, and then add first aid, prescriptions, flashlights, and batteries. Remember supplies for children, those with special needs, and pets.
4. Get Involved: Before a disaster happens, the whole community can get involved in programs and activities to make families, homes and businesses safer from risks and threats. Check with local emergency managers, first responder agencies and volunteer organizations for training opportunities.

“In any large emergency, police, fire, and rescue may not always be able to reach you quickly, such as if trees and power lines are down. The most important thing you can do to help your local responders is being able

to take care of yourself and your family,” said Cline. “The more of us who are prepared, the quicker our community will recover.”

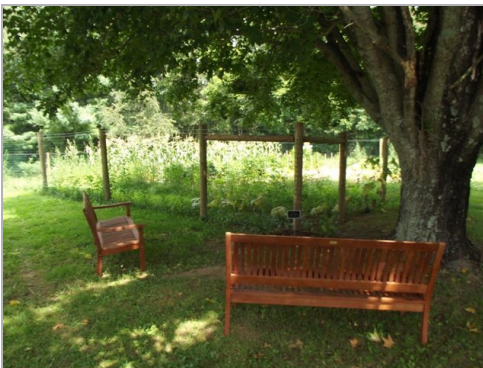
To recognize the significance of National Preparedness Month, Governor Bob McDonnell issued a special proclamation. To view it, go to www.governor.virginia.gov/OurCommonwealth/Proclamations/viewproc.cfm?id=166.

Many families and teachers may want to talk with children about emergency preparedness during September. The Ready Kids website focuses on weather-related emergencies and helps educate children ages 8-12 about how they can help their families prepare. In-school materials for teachers also are available at www.ready.gov/kids or by calling 1-800-BE-READY, 1-888-SE-LISTO and TTY 1-800-462-7587.

To learn more about National Preparedness Month and to join the National Coalition of people and organizations who have pledged to prepare in September, go to www.Ready.gov.

~ Town of Marion

Cultivating the Future of Recovery



This plot of land is a symbol of how we can best honor Cheryl Rhey and her vision of Rehab - by continuing to grow it. Not only plants, gardens, or programs, but to grow in the way that we serve and in our abilities to provide a path towards recovery. This is why we chose to mark it in the manner in which we did - to show that her vision was to cultivate recovery and our mission is now

to honor that vision each and every day. I didn't know Cheryl for very long, but she made it very clear to me that in serving the needs of our clients, the only limitations we have are those that we place on ourselves.

We are not only very proud of the work of our staff, but particularly the individuals we serve who have worked to grow a beautiful and bountiful garden. While I am sad that Cheryl did not have the opportunity to see its completion in person, I assure you that every aspect of its design and makeup has



her stamp on it. She inquired daily as to the status of the garden and where we were in getting it ready to plant. Formally dedicating it to her does not



even begin to touch what she herself put into making it a reality.

I invite each and every staff member to take a few moments and visit Cheryl's garden behind the Rehab building to see a small portion of Cheryl's large vision.

~ Jody Powers
Vocational Rehabilitation Supervisor



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

		S	E	P	T	E	M	B	E	R							
													T	S	O	R	F
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Please submit articles for the next newsletter to Cheryl Veselik by September 20, 2012.

The next newsletter will be published October 1, 2012.