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From The Director

20th Annual Friends & Family Day



The theme of this year's event on September 20, 2012, is **The Heart of Music**. To honor this theme, we heard

from a champion of recovery, James Turner, SWVMHI Peer Support Specialist, about his recovery journey. We also celebrated with music in recognition that music is an important pathway to recovery for many of us. We listened to an excellent bluegrass band who shared their passion with us, we had a karaoke contest, and we also heard a bit about the conductor of the Boston Symphony, Benjamin Zander.

Ben Zander has two infectious passions: classical music and helping us all realize our untapped love for it and by extension, our untapped love for all new possibilities, new experiences, and new connections.

Now, classical music is not quite like bluegrass music or like country music, and many of us may not be familiar with it. Ben Zander made up his mind that everyone can love and understand classical music and he knows how to do that.

People in his profession have noted that only three percent of the population love classical music and some have the goal to increase this to four percent. If that increase happened, they believe, all the problems in the classical music world would be over!

However, Ben challenges us to believe that everyone loves classical music but just don't know it yet. He asks us, "If we believe that everyone loves classical music, and it is our job to help them discover this, how would we act? How would we walk? How would we talk? How would we be? These are totally different worlds."

Our job as individuals, as healthcare workers, as family members, as leaders, is to awaken possibility in people. For us, it is the possibility of recovery! And of course we want to know how well we are doing that. So how do we find out if we are awakening possibilities in others? We look at people's eyes. If their eyes are shining, you know you are doing it. And if the eyes are not shining, we get to answer a question, how are we being?

As we go on to our workaday jobs, as we go back to our regular lives, we get to ask ourselves if we are being a success. For me, and for many of us, our definition of success is not fame or money or power. It is about how many shining eyes we have around us. I believe we have many, many shining eyes! If you want to learn more about Ben Zander and inspiring possibility in others, contact the Training Department to borrow a videotape that shows his full presentation.



Live Supervisor Development Training Offered

Beginning in July and ongoing, a series of eight supervisory training classes will be offered at SWVMHI by Tom Rose, Regional Human Resource Manager.

Courses include Introduction to Supervision, Employment Law, Performance Management, Talent Acquisition, Empowerment & Engagement, Progressive Discipline, Conflict Resolution, Coaching and Mentoring. The classes will be offered multiple times during the initial month to allow the most number of staff to attend the class. Make-up classes will be offered in subsequent months. Please review the training calendar for the times/dates of the classes. They are open to all supervisors and those who aspire to be supervisors. All supervisors will be required to attend the classes in addition to the Managing Virginia Program online classes. Please contact the Training Department at ext. 854 to register. An initial series of classes are being coordinated for nursing supervisors this fall.

This is a tremendous opportunity and those who have attended the classes thus far have had many positive comments.

~ Cynthia McClaskey

The average American will spend about \$66.28 on Halloween or about \$5.8 million nationwide.

A Checklist of SWVMHI Core Values

In many of the SWVMHI communications we receive, there is a clear and consistent emphasis on the SWVMHI Values. The emphasis on core values builds and maintains the fabric of our organization. However, to make these Values more than just words on paper, we need to turn them into behaviors that we express throughout the work-day. Each day, we need to resolve to demonstrate by actions, attitudes, and words, the SWVMHI Core Values.

- ☑ We believe that **communication** must be clear, direct, accurate, consistent, concise, timely, inclusive, and relevant. *How will your communication be clear today?*
- ☑ We believe that it is important to combine **honesty with compassion** in our dealings with others; neither is sufficient by itself. *How will you be honest and sensitive to others today?*
- ☑ We believe that **trust** drives out fear in individuals and organizations, and we act in ways to gain the trust of others. *How will you inspire trust today?*
- ☑ We believe that good **teamwork** leverages the best of our human resources and we expect quality output from our teams. *How will you be a good team player today?*
- ☑ We believe that **self-initiative** demonstrates passion and unselfishness towards achieving our Mission and Vision when the right



things are done at the right times for the right reasons. *How will you demonstrate passion about your employment today?*

- ☑ We believe that **leadership** can and should be demonstrated by all staff and giving support to staff leaders is expected. *How will you lead today?*
- ☑ We believe that the building blocks of excellence come from **honoring day-to-day tasks**. As such we demonstrate politeness, neighborliness, optimism, good manners, and leading by example in our moment-to-moment interactions with others. *How will you demonstrate optimism to those around you today?*

~ James Moon, Ph.D.
Psychology Supervisor

National Boss Day is October 16

National Boss Day is an observance day to show appreciation to a boss, manager, or supervisor. Many times we do not realize the challenges of being the boss, which is why Patricia Bays Haroski, a secretary from Deerfield, Illinois, originated National Boss Day in 1958, in honor of her white-collar father, who helped all of his children with good advice throughout their careers. In honor of the elder Haroski's birthday - October 16 - daughter Patricia registered the day with the U.S. Chamber of Commerce.

Four years later, National Boss Day was backed by Illinois Governor Otto Kerner who officially proclaimed the day in 1962. The idea quickly gained favor across the country and is now even observed in England, Australia and South Africa.

Today, National Boss Day (or Bosses Day) always falls on October 16 and is traditionally celebrated with greeting cards, e-cards, or small gifts, and a few extra smiles.



SWVMHI IS PROUD TO



OCTOBER 4, 2012

Domestic Violence Seminar

AB Classrooms

1-2:30 pm

7-8:30 pm

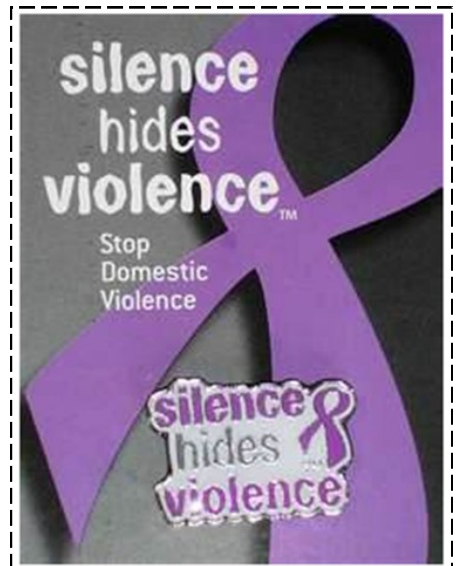
and

11:15 pm - 12:45 am



This workshop is designed to raise employee awareness about this serious societal problem and the steps to take to prevent or curtail instances of domestic violence.

Provided by Employee Assistance Program



Domestic Violence Awareness Month Training



Please join SWVMHI in recognizing Domestic Violence Awareness Month as an important public health issue. We want to continue to share the message that domestic violence will not be tolerated. Two different

training events will be held to help us become more aware and more competent in addressing his issue with the individuals we serve and in our communities.

On **October 4** and on **October 18, 2012**, training events will be held for all three shifts in the AB Classroom. The first event, on October 4, will be presented by experts from the Virginia Employee Assistance Program on "Domestic Violence." The second, on October 18, will be presented by the Virginia Department of Health and is titled, "Sexual Violence and Child Sexual Abuse." Sessions will begin at 1300, 1900, and 2315 on October 4 and 18.

A message from Susan B. Carbon posted October 5, 2011. Ms. Carbon is the Director of the Office on Violence Against Women:

The Justice Department and The Office on Violence Against Women (OVW) join all our partners in recognizing October as National Domestic Violence Awareness Month. Since the September 13, 1994, passage of the Violence Against Women Act (VAWA), there have been

significant changes in society's understanding of and response to violence against women – but there is much more that needs to be done to end domestic violence, sexual assault, dating violence and stalking.

"... The ramifications of domestic violence are staggering. Young women are among the most vulnerable, suffering the highest rates of intimate partner violence. Exposure to domestic violence puts our young men and women in danger of long-term physical, psychological, and emotional harm. Children who experience domestic violence are at a higher risk for failure in school, emotional disorders, and substance abuse, and are more likely to perpetuate the cycle of violence themselves later in life." ~ President Obama

Prevention and intervention efforts focused on breaking the cycle of abuse and violence is an important part of OVW's ongoing work. That, along with the program's focus on the creation of public education campaigns through the work of community-based organizations and local community partners, has generated great interest and excitement.

We remind all those in need of assistance, or other concerned friends and individuals, to call the National Domestic Violence Hotline at 1-800-799-SAFE or the National Sexual Assault Hotline at 1-800-656-HOPE.

Travel Tips

The Fiscal Office would like to remind employees of the following travel points:

1. Please remember to **check the date** when you process both your travel request and travel reimbursement.
2. The Department of Accounts revises the figures for travel per diems each October. Be on the lookout for updated information this month.
3. If you save a policy or form to your computer, please be aware that you may be using an out-of-date form or inaccurate figures for your calculations, so always refer to the current forms and policies on the intranet.
4. The travel forms and policies are located on the Intranet. Please see the article on Policies and Forms within this newsletter for additional information on accessing all forms and policies.

For questions regarding travel, please contact the Fiscal Office at Extension 205.

**~ Missy Wiles
Accounts Payable Specialist**

Family and Friends Day



Central Rehab News -- September Review



Well, September is gone and we had our annual Apple Butter day that turned out to be a good time for everyone involved. Everybody had a chance to take part

in the making and tasting of some good ole' apple butter.

We had the election of officers for our hospital Consumer Empowerment Recovery Council (CERC) and those elected attended their first Regional CERC meeting on September 19, 2012. The meeting was held in conjunction with the Leadership Empowerment Advocacy Program graduation/celebration. After the business meeting, we were entertained by a local story teller, a LEAP UP

bingo game, and some good food. We also had Power House Clubhouse Band as well as door prizes. Everyone enjoyed themselves and are looking forward to future meetings. Our Director, Cynthia McClaskey, also attended the meeting, which meant a lot to the folks who graduated as well as our new officers.

We held a memorial for Cheryl Rhey, which was a sad yet sentimental occasion, as we remembered fondly all that she had done for us and the good times we all shared. She will be greatly missed.

The horses are taking the winter off but the dogs have been out in full force. Hardly a day goes by without seeing Perry, Sammy, Lily, or Joez with someone we serve at the other end of the leash walking them proudly down the hallway.

We need to start a treat fund for all the good work they do. If you are out and about, stop and talk to them. They love the attention and a pat on the head.

Family and Friends Day was once again been a big success thanks to Robyn Anderson, Jan Barrom, the Rehab staff, and everyone else who made it all work. James Turner, our Peer Support Specialist, told us about his road to recovery and let those we serve, their family and friends, and those who work here know that what we do here every day is very important and it is working.

~ Sue Eller,
Peer Support Specialist

Earthquake Preparedness — Drop — Cover — Hold On

Until last year's earthquake, we all thought earthquakes would never happen in Virginia, and many were unprepared and did not know what to do.

Official rescue teams who have been dispatched to the scene of earthquakes and other disasters around the world continue to advocate use of the internationally recognized "Drop, Cover, and Hold On" protocol to protect lives during earthquakes:

- **DROP** to the ground (before the earthquake drops you!),
- Take **COVER** by getting under a sturdy desk or table, and
- **HOLD ON** to it until the shaking stops.



If there isn't a table or desk near you, drop to the ground in an inside corner of the building and

cover your head and neck with your hands and arms. Do not try to run to another room just to get under a table.

These are general guidelines for most situations. Depending on where you are (in bed, driving, in a theater, etc.), you might take other actions, as listed in [Step 5 of the Seven Steps to Earthquake Safety](#).

The main point is to not try to move but to **immediately** protect yourself as best as possible where you are. Earthquakes occur without any warning and may be so violent that you cannot run or crawl; you therefore will most likely be knocked to the ground where you happen to be. You will never know if the initial jolt will turn out to be start of the big one. You should Drop, Cover, and Hold On immediately!

In addition, studies of injuries and deaths caused by earthquakes in the U.S. over the last several decades indicate that you are much more likely to be injured by falling or flying objects (TVs, lamps, glass, bookcases, etc.) than to die in a collapsed building. *Drop, Cover, and Hold On* offers the best overall level of protection in most situations.

As with anything, practice makes perfect. To be ready to protect yourself immediately when the ground begins to shake, practice Drop, Cover, and Hold On as

children do in school at least once each year.

What NOT to do:

DO NOT get in a doorway! An early earthquake photo is a collapsed adobe home with the door frame as the only standing part. From this came our belief that a doorway is the safest place to be during an earthquake. In modern houses and buildings, doorways are no safer, and they do not protect you from flying or falling objects. Get under a table instead!

DO NOT run outside! Trying to run in an earthquake is dangerous, as the ground is moving and you can easily fall or be injured by debris or glass. Running outside is especially dangerous, as glass, bricks, or other building components may be falling. You are much safer to stay inside and get under a table.

DO NOT believe the so-called "triangle of life"! In recent years, an e-mail has circulated which recommends potentially life threatening actions, and the source has been discredited by leading experts. [Read our special report](#) to learn more.



Why Do Leaves Change Color in Autumn?

Simply put, leaves change color because deciduous trees, trees that lose their leaves, in order to survive the winter, need to store nutrients in their roots, which they must absorb through their leaves. Color changes are triggered as the leaves absorb essential nutrients.

Tree leaves are green in the warm, summer months because of an abundance of the pigment chlorophyll, which is essential to converting sunlight, water, and carbon dioxide into energy-rich sugars. Color changes are triggered by cooler temperatures, changes in rainfall and weather, as well as shortened daylight hours in the fall. As the trees absorb the last of the chlorophyll, the brilliant colors we associate with autumn begin to appear.

Yellow colors, called carotenoids, are always present in leaves, but become unmasked as the chlorophyll is broken down and absorbed. Red and orange colors are made by different pigments, called anthocyanins. Unlike the ever-present yellows, these colors are created as the tree is going dormant.

A succession of warm, sunny days and cool, crisp but not freezing nights seem to bring about the most spectacular color displays. During these

days, lots of sugars are produced in the leaf, but the cool nights and gradual closing of veins going in the leaf prevent these sugars from moving out. These conditions spur production of the brilliant anthocyanin pigments such as reds, purples, and crimson.

While leaves will always change color as the amount of sunlight wanes, several weather conditions can affect how brilliant they become. High heat or drought can rob leaves of their brilliance, or make leaves drop early. Insufficient rain in September can also hurt peak color.

The Blue Ridge Mountains of Virginia and North Carolina, and the Smoky Mountains of Tennessee are expected to peak around mid-October, so get out and enjoy the beautiful autumn days in our back yard.

For more information about this fall phenomenon, please visit: <http://www.thedailygreen.com/environmental-news/latest/why-do-leaves-change-color-0909#ixzz277G6AN4Q>.

October Lunar Phases

October 8

Last Quarter Moon

October 15

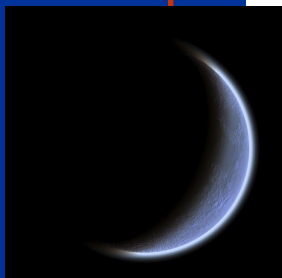
New Moon

October 21

First Quarter Moon

October 29

Full Moon (traditionally called the "Hunter's Moon" by Native Americans of New England and the Great Lakes because at this time of the year the deer are fattened and it's time to hunt. Since all the crops are harvested, it's now time to gather food by hunting animals.)



FLU VACCINES COMING IN OCTOBER

Be on the lookout for information regarding dates, times, and places that the flu vaccine will be given out starting in October!

Server Storage at Critical High

The storage space on our H drive is rapidly diminishing and is at a critical capacity (or lack thereof). The items that take up an inordinate amount of space are pictures and power point presentations. If you have those types of items that you cannot delete, please transfer those files to a jump drive or burn to a CD. And as soon as you copy (and verify that the file was copied), permanently delete the files from your computer. In addition, the elimination of pictures and wallpaper on e-mails will be very helpful as well.

If you have any questions, please call me at Extension 270 or 202.

~ Amanda J. Currin
Assistant Director Administrative Services



Chaplain's Corner

As I write this article for the newsletter, I am enjoying a nice piece of red velvet cake, shared with me by a co-worker. I've always been intrigued by this legendary cake, so I looked up the story behind it. A few clicks on the internet and I discovered a southern family favorite whose clouded history was based on "getting even" with a baker at the Waldorf Astoria Hotel.

The Legend

The exact history of red velvet cake is unknown. There is, however, a well known story of how the recipe came to be. The legend claims a woman was staying at the Waldorf Astoria in New York. She loved the cake she had sampled there so much that she wrote to the hotel, asking for the baker's name and a copy of the recipe. The recipe arrived in the mail alongside a rather large bill. The story explains that the woman was so furious, she copied the recipe and sent it to everyone she knew.

It's always interesting how we interpret and react to life. Part of our ongoing spiritual experience is to interpret the lessons we encounter through our daily routine. Do we show kindness or seek revenge? Do we listen or insist on being heard? How do we interpret helpful suggestions? It probably depends on the **MEANING** we ascribe to these interpersonal encounters.

It has been said that many people define spirituality as the search for **MEANING** and purpose. The way we decipher the lessons of life may be a good indication of the true health of our soul. Victor Frankl once observed that "everything can be taken from a man but one thing: the last of human freedoms - to choose one's attitude in any given set of circumstances, to choose one's own way... It is this spiritual freedom - which cannot be taken away - that makes life **MEANINGFUL** and purposeful."

In some traditional Jewish communities, according to Rabbi David Wolpe, children entering Hebrew school for the first time are welcomed by a curious sight featuring Hebrew letters smeared with honey. The students are encouraged to lick off the honey from the letters one by one and absorb a critical lesson. Learning is supposed to be a sweet experience and the

very letters of the Hebrew language carry the sweetness. I missed out on this delightful experience when I took Hebrew in seminary, but I certainly get the point. The **MEANING** of our life experiences can emphasize the sweetness of learning, and the opportunities for joy over the years. Find that **meaning** and share it with others through a smile, a joke, an act of kindness, or a piece of cake.

Red Velvet Cake

Recipe courtesy of Johnnie Gabriel

Prep Time: 15 min

Inactive Prep Time: 30 min

Cook Time: 1 hr 0 min

Level: Easy

Serves: 6 to 8 servings



Ingredients for cake:

- 2 1/2 cups all-purpose flour
- 1 teaspoon baking soda
- 1 teaspoon cocoa
- 1 1/2 cups granulated sugar
- 2 eggs
- 1 1/2 cups canola oil
- 1 teaspoon vinegar
- 1 (1-ounce) bottle red food coloring
- 1 teaspoon vanilla
- 1 cup buttermilk

Ingredients for the cream cheese frosting:

- 1/2 cup margarine
- 1 (8-ounce) package cream cheese
- 1 box confectioners' sugar, sifted
- 1/2 teaspoon vanilla
- 1 cup chopped lightly toasted pecans

Directions for the Cake:

Preheat oven to 350 degrees F. Grease and flour 3 (9-inch) round layer cake pans.

Sift flour, baking soda and coco together. Beat sugar and eggs together in a large bowl.

In a separate bowl mix together oil, vinegar, food coloring, and vanilla. Add to the bowl of eggs and sugar and beat until combined.

Add the flour mixture and the buttermilk to the wet mixture by alternating the buttermilk and dry ingredients. Always start with the flour and end with the flour.

Pour batter into pans. Tap them on the table to level out the batter and release air bubbles. Bake for 25 minutes or until a cake tester inserted near the middle comes out clean, but be careful not to over bake or you'll end up with a dry cake.

Let layers cool on a wire rack for about 10 minutes before turning out of pan. Cool completely before frosting.

Directions for the frosting:

This is the "official" cream cheese frosting recipe, but we always use about 1 1/2 recipes on each cake to cover it well.

Let margarine and cream cheese soften to room temperature. Cream well. Add sugar and beat until mixed but not so much that the frosting becomes "loose." Add vanilla and nuts. Spread between layers and on top and sides of cake.

ENJOY!

~ Rev. Dr. Timothy Graham,
Chaplain

October's Party

October gave a party;
The leaves by hundreds came
The Chestnuts, Oaks, and
Maples,
And leaves of every name.
The Sunshine spread a carpet
And everything was grand,
Miss Weather led the dancing
Professor Wind the band.

~ George Cooper



Staff Development and Training Update



All employees are expected to complete the **Fire, General Safety, and Security CAI** by October 31, 2012, available now on the Knowledge Center. If you experience any problems with the CAI, please report them to the Training Department immediately by calling Extension 854.

Also in October, the following special training opportunities are available:

- The Joint Commission Breakfast Briefings, each Thursday at 1000
- Introduction to Supervision, October 2, 1300—1500
- Performance Management, October 9, 1300—1500
- Talent Acquisition, October 16 and 23, 1300—1500 and October 22, 0900—1100
- Domestic Violence Seminar, October 4, 1300, 1900, and 1115
- Sexual Violence Seminar, October 18, 1300, 1900, and 1115
- Dr. Gillette's Ethics Presentation, October 25, 1330

All classes are in the AB Classroom unless otherwise specified, and require registration. Please call Extension 854 to register today.

For these and 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 — Baked Stuffed Pumpkins

It's October and pumpkins are in season. But what to do with all those pumpkins other than make a pie? How about something different? Choose miniature pumpkins like Small Sugar, Little Boo, or Jack Be Little to act as individual casserole dishes in which to bake a mix of fresh pumpkin, Israeli couscous, sausage, apples, onion, and cranberries. The flavors and colors of the fall harvest make this a dish you'll enjoy serving year after year.



Ingredients

4 ounce(s) *sweet Italian sausage*
1/2 cup(s) *chopped onion*
1 (1 1/2-pound) *pumpkin*, peeled, seeded, and cut into 3/4-inch pieces

1/2 cup(s) *chopped Granny Smith apples*
1/4 cup(s) *white wine*
1 cup(s) *Israeli couscous*, cooked
1/4 cup(s) *dried cranberries*
1 tablespoon(s) *extra-virgin olive oil*
1 teaspoon(s) *fresh thyme*
1 teaspoon(s) *fresh oregano*, chopped
1/2 teaspoon(s) *salt*
1/4 teaspoon(s) *fresh ground pepper*
4 small (1-pound) *pumpkins*, hollowed out

Directions

Make the stuffing: Preheat oven to 350 degrees F. Decase and crumble the sausage meat and place it in a large saucepan over medium-low heat. Cook the sausage until it is almost done -- about eight minutes. Remove the sausage from the pan, increase heat to medium, and add the onion and two cups of the chopped pumpkin. Sauté until the pump-

kin begins to soften -- five to seven minutes. Add the chopped apple and sausage and sauté for three minutes. Add the wine, cook for two minutes, remove from heat, and set aside. Combine the couscous, dried cranberries, olive oil, thyme, oregano, salt, and pepper in a large bowl. Add meat mixture to the bowl and toss to combine.

Bake the pumpkins: Evenly fill the hollowed-out pumpkins with the stuffing mixture and place the pumpkins in a shallow baking dish. Cover the dish with aluminum foil, bake for 25 minutes, remove the foil, and bake for 10 more minutes. Serve immediately.

~ <http://www.countryliving.com/recipefinder/baked-stuffed-pumpkin-3090>

History

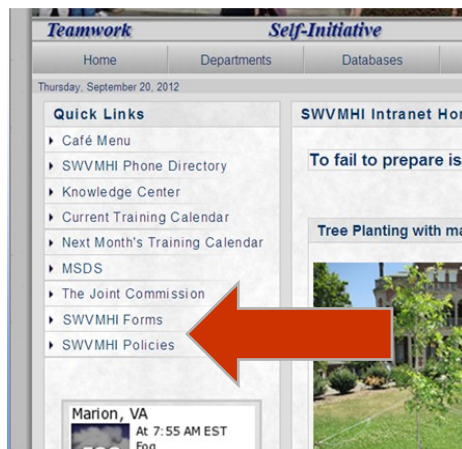
TREATMENT PROGRESS

The 1938—1954 period has witnessed certain changes in or additions to existing methods of treatment. Insulin Shock has continued to be actively used when possible, but its use has been rather limited due to professional personnel shortage. In 1938, the agent for producing convulsions in convulsive therapy was Metrazol and this was given intravenously. In 1940, this was replaced by electroshock and since that time the use of Metrazol has been discontinued. As an average, 32-40 patients daily are usually found to be undergoing electroshock therapy. On July 26, 1951, 12 patients underwent the first operations of prefrontal lobotomy. This necessitated additional surgical instruments so that now the facilities for brain surgery, as well as other types of surgery, are very good. The first trans-orbital lobotomies were performed in 1953; a total of 26 have been performed to date. The cases for trans-orbital lobotomy are very carefully selected on an established criteria basis; a duration of mental illness for at least two years, a trial of other therapies, the approval of the staff and the Commissioner of the Department of Mental Hygiene and Hospitals. Recently Serpasil and Thorazine have been tried on an experimental basis.

~ Dept of Mental Hygiene and Hospitals Sixteen Years of Progress 1938—1954

Policy and Forms Directories

A group of administrative professionals are currently working to make both policies and forms easier to access for everyone. They are both housed on the Intranet with their own link from the homepage.



This group is cleaning up the forms and establishing hyperlinks from the corresponding policies, if applicable, and all forms and all policies will soon be accessible from either a policy or form "library." The two libraries will make it easier for you to find the policy or form you are looking for because you will no longer

need to open up individual folders to find what you are looking for. In other words, when you click on the link from the homepage, instead of a folder opening up with a host of other folders, a spreadsheet will open up — one for policies and one for forms.

Policies will be listed in numerical order along with the name of the policy and all you will need to do is click on the hyperlink for the policy to open. Forms for that policy will be hyperlinked at the end of that policy.

All forms will be listed in alphabetical order in the Forms Library under either Medical Record Form or Other Form (forms not on the medical record). Forms will also receive a new number which will indicate the policy with which it is associated (if applicable), and the department that manages that form. Hyperlinks will also take you directly to that form.

Stay tuned for more information and instructions as this project moves along, and thanks for your patience during this transition.

Mental Illness Awareness Week

Changing Attitudes

Changing Lives



October 7-13, 2012

Mental Illness Awareness Week (MIAW) takes place October 7-13, 2012, and is an opportunity to learn more about serious mental illnesses such as major depression, bipolar disorder, and schizophrenia.

Mental illnesses are medical illnesses. One in four adults experiences a mental health problem in any given year. One in 17 lives with serious, chronic illness.

In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week in recognition of the National Alliance on Mental

Illness (NAMI)'s efforts to raise mental illness awareness. Since 1990, mental health advocates across the country have joined together during the first full week of October in sponsoring many kinds of activities.

MIAW has become a NAMI tradition. It presents an opportunity to all NAMI state organizations and affiliates across the country to work together in communities to achieve the NAMI mission through outreach, education, and advocacy.

On average, people living with serious mental illness live 25 years less than the

rest of the population. One reason is that less than one-third of adults and less than one-half of children with a diagnosed illness receive treatment. The U.S. Surgeon General has reported that stigma is a major barrier to people seeking help when they need it. That's why MIAW is so important. We want people to understand mental illness and join a dialogue in our community. The more people know, the better they can help themselves or help their loved ones get the help and support they need.

Learn more about mental illness support, education and advocacy at www.nami.org.



Word Search

Just for fun, how many of the following unlined words can you find related to Halloween?

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

The first Jack O'Lanterns were actually made from turnips.



Americans know that Halloween falls on October 31, but how much do we really know about Halloween? Halloween is the second highest grossing commercial holiday after Christmas. The first known mention of trick-or-treating in print in North America occurred in 1927 in Alberta, Canada. However, it is believed that Halloween originated around 4,000 BC. Trick-or-treating evolved from the ancient Celtic tradition of putting out treats and food to placate spirits who roamed the streets at Samhain, a sacred festival that marked the end of the Celtic calendar year. Halloween is short for "Hallows Eve" or "Hallows Evening," which was the evening before All Hallows Day (later known as All Saints' Day) on November 1. In an effort to convert pagans, the Christian church decided that All Saints' Day should assimilate sacred pagan holidays that fell on or around October 31. Halloween was celebrated around the world in Scotland, England, and even China. But in many countries today, such as France and Australia, Halloween is seen as an unwanted and overly commercial American influence.





PERSONNEL CHANGES

New Employees

Rushiraj Laiwala, P-14 MOD	Aug 5
Patricia Hall, Health Information Management Manager	Aug 10
Nathan Miller, P14 Security Officer Senior	Aug 10
Danielle Frye, Food Service Worker	Aug 25
Zetta Nicely, Psychology Associate	Aug 25

Separations

Richard Henderson, P14 Security Officer	Aug 3
Robin Phelps, Rehabilitation Specialist	Aug 6
Paulette Turpin, Psychiatric Aide	Aug 6
Robin Young, Food Service Worker	Aug 15
Sherri Henderson, Cook	Aug 18
Brenda Hancock, Psychiatric aide (Service Retirement)	Aug 25

Promotions/Role Changes

Sharon Osborne, full time Registered Nurse to P14 Registered Nurse	Aug 8
Katherine Lewis, Registered Nurse Clinician A to Registered Nurse	Aug 10
Samantha Tipton, Registered Nurse to Registered Nurse Clinician A	Aug 10
Bridgett Ford, Registered Nurse Clinician A to Team Nurse	Aug 25
Melissa Blevins, P14 Registered Nurse to P14 Registered Nurse Clinician A	Aug 25
Susan Nutter, P14 Psychiatric Aide to full time Psychiatric Aide	Aug 25
Joseph Woods, P14 Psychiatric Aide to full time Psychiatric Aide	Aug 25

MONTHLY PATIENT CENSUS

August
2012

Admissions 80

Discharges 85

Passes 11

Average Daily
Census
147

The future belongs to
Those who *believe* in the beauty
of their own *dreams*

~ Eleanor Roosevelt

Halloween Safety Tips



Halloween is an exciting time of year for kids, and to help ensure they have a safe holiday, here are some tips from the American

Academy of Pediatrics (AAP). Feel free to excerpt these tips or use them in their entirety for any print or broadcast story, with acknowledgment of source.

All Dressed Up:

- Plan costumes that are bright and reflective. Make sure that shoes fit well and that costumes are short enough to prevent tripping, entanglement or contact with flame.
- Consider adding reflective tape or striping to costumes and Trick-or-Treat bags for greater visibility.
- Because masks can limit or block eyesight, consider non-toxic makeup and decorative hats as safer alternatives. Hats should fit properly to prevent them from sliding over eyes.
- When shopping for costumes, wigs and accessories look for and purchase those with a label clearly indicating they are flame resistant.
- If a sword, cane, or stick is a part of your child's costume, make sure it is not sharp or too long. A child may be easily hurt by these accessories if he stumbles or trips.
- Obtain flashlights with fresh batteries for all children and their escorts.
- Do not use decorative contact lenses without an eye examination and a prescription from an eye care professional. While the packaging on decorative lenses will often make claims such as "one size fits all," or "no need to see an eye specialist," obtaining decorative contact lenses without a prescription is both dangerous and illegal. This can cause pain, inflammation, and serious eye disorders and infections, which may lead to permanent vision loss.
- Teach children how to call 9-1-1 (or their local emergency number) if they have an emergency or become lost.

Carving a Niche:

- Small children should never carve pumpkins. Children can draw a face with markers. Then parents can do the cutting.
- Consider using a flashlight or glow stick instead of a candle to light your pumpkin. If you do use a candle, a votive candle is safest.
- Candlelit pumpkins should be placed on a sturdy table, away from curtains and other flammable objects, and should never be left unattended.

Home Safe Home:

- To keep homes safe for visiting trick-or-treaters, parents should remove from the porch and front yard anything a child could trip over such as garden hoses, toys, bikes and lawn decorations.
- Parents should check outdoor lights and replace burned-out bulbs.
- Wet leaves should be swept from sidewalks and steps.
- Restrain pets so they do not inadvertently jump on or bite a trick-or-treater.

On the Trick-Or-Treat Trail:

- A parent or responsible adult should always accompany young children on their neighborhood rounds.
- If your older children are going alone, plan and review the route that is acceptable to you. Agree on a specific time when they should return home.
- Only go to homes with a porch light on and never enter a home or car for a treat.
- Because pedestrian injuries are the most common injuries to children on Halloween, remind Trick-or-Treaters:
 - Stay in a group and communicate where they will be going.
 - Carry a cell phone for quick communication.
 - Remain on well-lit streets and always use the sidewalk.

- If no sidewalk is available, walk at the far edge of the roadway facing traffic.
- Never cut across yards or use alleys.
- Only cross the street as a group in established crosswalks (as recognized by local custom). Never cross between parked cars or out driveways.
- Don't assume the right of way. Motorists may have trouble seeing Trick-or-Treaters. Just because one car stops, doesn't mean others will!
- Law enforcement authorities should be notified immediately of any suspicious or unlawful activity.

Healthy Halloween:

- A good meal prior to parties and trick-or-treating will discourage youngsters from filling up on Halloween treats.
- Consider purchasing non-food treats for those who visit your home, such as coloring books or pens and pencils.
- Wait until children are home to sort and check treats. Though tampering is rare, a responsible adult should closely examine all treats and throw away any spoiled, unwrapped or suspicious items.
- Try to ration treats for the days following Halloween.

Reprinted From the American Academy of Pediatrics

~ Safety Committee



Special Gym/Game Room Activities

Patient Activity Council (PAC)

October 2, 2012
1600 - 1630

Consumer Empowerment Recovery Council (CERC)

October 9, 2012
1600 - 1630

Bingo Night

October 10, 2012
1830 - 2000

Canteen open 1800 - 1830



Halloween Party

October 23, 2012
1330—1500

Featuring Tom Rose
picking and singing



Movie Nights

October 1, 15, 16,
29, and 30, 2012
1830 - 2000
No Canteen



Halloween
October 31, 2012
Special snacks
served during
regular game room
No Canteen

Happy Halloween

Birthday Party

October 24, 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.

New Face Shields and Personal Protective Equipment

A PPE box containing masks with face shields and blue impervious gowns have been placed on each nursing unit in the nurses' station. These PPE boxes may be pulled when a Code Alert or Code Response is called so these items will be available to staff as they come onto the unit so all employees will have protection in the event of a patient spitting or bleeding. A box of gloves should be placed beside these for employees to pick up as they come onto the unit. These boxes can be refilled with supplies that available in the storeroom.



Background: Several months ago a request came from nursing staff to consider obtaining spit masks for patients who spit during aggressive episodes as protection for staff from potential exposure to blood and body fluids.

Betty Hash, Head Nurse, CD, second shift, led an initiative to explore what types of spit

masks were on the market, and specifically, if any of the DBHDS facilities used spit masks when dealing with aggressive patient episodes. After looking into this further, there are two facilities that use spit masks under very specific criteria, which includes special physician orders, detailed nursing assessment and documentation, and coordination through Local Human Rights Committees each time. Also, both facilities prohibit them to be used during supine restraint episodes. With further SWVMHI administrative and clinical review, the spit masks available to use on patients were deemed to be un-recovery oriented and likely to increase aggressive patient behavior if staff tried to put these over a patient's face.

Having staff wear Personal Protective Equipment instead of masking the patient is what most of our DBHDS facilities do in these situations. The challenge is to have PPE readily available in adequate supplies on the units. With the assistance of Cindy Jones, Infection Prevention and Control Nurse Coordinator, plastic tubs have been prepared with PPE for staff to put on prior to approaching a patient who is known to spit,

or who is in the act of spitting. The PPE also will prevent exposure to any blood or other body fluids if there is such a risk in a particular situation.

PPE face shields and gowns do not need to be used in every Code situation; staff are to use reasonable judgment. If a patient is known to spit, it is important to relay that information prior to other staff getting within range of the patient in a code situation.

All nursing staff are asked to look through the box and be familiar with how to put on the PPE equipment.

Feedback will be sought over the next several months as to use of PPE to protect staff from potential exposure when patients spit during aggressive episodes.

Thank you to staff for the suggestion and working on this project, especially Betty Hash and Cindy Jones.

~ Alicia Alvarado, MSN
Chief Nurse Executive

Breast Cancer Awareness Month



Why do you see so much pink every October? October is Breast Cancer Awareness Month,

which is an annual campaign by major breast cancer organizations to increase awareness of the disease. This includes educating the public about early detection, the cause, diagnosis, treatment, and support for survivors.

Breast cancer is a disease in which malignant (cancer) cells form in the tissues of the breast. It is considered a heterogeneous disease—differing by individual, age group, and even the kinds of cells within the tumors themselves. Obviously no woman wants to receive this diagnosis, but hearing the words “breast cancer” doesn’t always

mean an end. It can be the beginning of learning how to fight, getting the facts, and finding hope. An Early Detection Plan enables you to be proactive about your health by reminding you to perform routine breast self-exams and to schedule clinical breast exams and mammograms, depending on your age and health history. You should consider your personal risk factors when preparing your early detection plan. These risk factors include your diet, weight, alcohol intake, and other lifestyle factors. You can get more information by utilizing the [National Cancer Institute’s breast cancer risk assessment tool](http://www.nationalbreastcancer.org/). Talk to your doctor about what is appropriate for you.

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

Facts

- One in eight women will be diagnosed with breast cancer in their lifetime.
- Over 200,000 women will be diagnosed with breast cancer this year.
- Approximately 1,700 men will also be diagnosed with breast cancer
- When breast cancer is detected early (localized stage), the 5-year survival rate is 98 percent.
- Over 30 percent of women are diagnosed after breast cancer has spread beyond the localized stage.



“Sing a song of seasons!
Something bright in all,
Flowers in the summer
Fires in the fall!”

- Robert Louis Stevenson, *Autumn Fires*



October Days to Celebrate

“Off the cuff” October holidays to celebrate:

- October 1**
World Vegetarian Day
- October 5**
World Smile Day
- October 6**
Mad Hatter Day
- October 8**
National Pierogi Day



- October 12**
World Egg Day
- October 15**
I Love Lucy Day
- October 18**
National Chocolate Cupcake Day
- October 21**
Reptile Awareness Day
- October 26**
World Pasta Day
- October 31**
National Caramel Apple





Guest Speaker:

END the silence STOP the violence

Nicole Poulin, Violence Prevention Supervisor, VDH

Sexual Violence & Child Sexual Abuse Seminar



THE POWER OF CHANGE IS IN OUR HANDS TAKE ACTION

October 18, 2012

AB Classroom

1-2:30 pm

7-8:30 pm

11:15 pm - 12:45 am



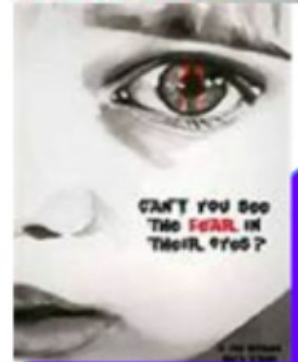
"We are as sick as our secrets..."

This engaging seminar examines the prevalence of child sexual abuse, discusses the perpetrator's weapons and power dynamics, and reveals the limitations of our current approach to prevention.

Ms Poulin shares a new paradigm for prevention that breaks the continuum of sexual abuse by challenging the beliefs and attitudes that perpetuate it.

STOP THE VIOLENCE BREAK THE SILENCE

THEIR PAIN, YOUR VOICE.



Flu Season is Approaching

Top Ten Myths About the Flu Vaccine

Excerpt from an article in the online journal *Infectious Diseases*, by Mark Crislip, M.D., October 16, 2011.

SWVMHI has set a goal for at least 85 percent of SWVMHI staff – that is, 85 percent of ALL staff – to have the 2012 Influenza vaccine which will be offered in October. Some people believe they are allergic to the vaccine, but data show that most are not allergic when they are tested. Some few individuals have a history of Guillain-Barre syndrome, so it is not recommended to have a flu shot. But if you are not allergic and have not had Guillain-Barre, then you need to get a free flu shot offered by SWVMHI.

Top Ten Myths About the Flu Vaccine

10. I don't believe in the flu vaccine.

"Belief is what you do when there is no data." There is data to show that vaccination greatly decreases the risk of catching the flu.

9. The vaccine costs too much.

"The vaccine costs less than a funeral, less than Tamiflu, and less than a week in the hospital." And besides, SWVMHI offers it to you free of charge.

8. I had the vaccine last year, so I don't need it this year.

"Each year new strains of influenza circulate across the world. Last year's vaccine at best only provides partial protection. Each year you need a new shot."

7. I received the vaccine and I got the flu anyway/The vaccine gave me the flu.

"The vaccine is not perfect and you may have indeed had the flu. More likely you called one of the many respiratory viruses people get each year the flu. Remember there are hundreds of potential causes of a respiratory infection circulating; the vaccine only covers influenza, the virus most likely to kill you and yours."

"The vaccine is a killed vaccine. It cannot give you the influenza. It is impossible to get the flu from the influenza vaccine."

6. I will wait until I have symptoms and stay home.

Although some people do go to work ill, it is important to realize that "about 1 in 5 cases of influenza are subclinical" – that means that you will show no symptoms. The individuals we serve, "hospitalized patients, are more susceptible to acquiring influenza from health care workers than the general population, and 27 percent of people with hospital acquired H1N1 influenza died. And you will never realize that you were the one responsible for killing that patient by passing on the flu."

5. The vaccine is worse than the disease/It is not safe and has not been evaluated for safety.

Is "a sore deltoid for a day is too high a price to pay to prevent two weeks of high fevers, severe muscle aches, and intractable cough?"

"There are 1342 references on the PubMeds (an on-line medical database) on the safety of the flu vaccine, and the vaccine only causes short term, mild reactions. All healthcare requires weighing the risks of an intervention against the benefits. For the flu vaccine, all the data suggests huge benefit for very little risk. And as a health care worker, it could be argued that we have a moral responsibility to maximize the safety of our patients."

This is in keeping with the SWVMHI Values.

4. I never get the flu, so I don't need the vaccine/Only old people get the flu.

"I have never had a head-on collision, but I wear my seat belt. So far you have been lucky."

"Influenza can infect anyone, and the groups who are more likely to die of influenza are the very young, the pregnant, and the elderly. Often those most at risk for dying from influenza are those least able, due to age or underlying diseases, to respond to the vaccine. You can help prevent your old sickly grandmother or your newborn daughter from getting influenza by getting the vaccine, so you do not get flu and pass it on to her. "

"Flu, by the way, is highly contagious with 20 percent to 50 percent of contacts with an index case getting the flu."

3. I can prevent influenza or treat it by taking echinacea, vitamin C, oscillo-coccinum or Airborne.

"None of these concoctions has any efficacy what so ever against influenza. None of the above either prevent or treat influenza. And you can't 'boost' your immune system either. Anyone who suggests otherwise wants your money, not to improve your health."

2. Flu isn't all that bad of a disease.

"Part of the problem with the term flu is that it is used both as a generic term for nearly any viral illness with a fever and is also used for a severe viral pneumonia. Medical people are just as inaccurate about using the term as the general public. The influenza virus directly and indirectly kills 20,000 people (depending on the circulating strain and year) and leads to the hospitalization of 200,000 in the U.S. each year. Influenza is a nasty lung illness. And what is the stomach 'flu'? There is no such thing."

1. I am not at risk for the flu.

"If you breathe, you are at risk for influenza. Here are the groups of people who should not get the flu vaccine (outside of people with severe adverse reactions to the vaccine): Former President Clinton, who evidently doesn't inhale. And people who want to be safe from zombies. If you don't get the vaccine, you do not have to worry about the zombie apocalypse, because zombies eat brains."

So, really, show your concern for the individuals we serve, your co-workers, and your family. We are all one team here at SWVMHI. Take a shot for the team.



Clinician's Corner

Excerpts from: Health Behavior Change: Consumer Engagement (Part I in a Series)

Inciting Health Behavior Change through Consumer Engagement

Joan Kenerson King, Integrated Health Senior Consultant, National Council

Health behavior changes, like changing eating or exercise habits, can profoundly affect the overall health of individuals with mental illnesses and addictions. Given the high rates of preventable chronic health problems among this population, these changes can be life changing and, in some cases, life giving. Despite great efforts, health and wellness goals can be hard to achieve. One solution lies in applying behavioral health providers' well-tuned engagement skills to this new arena of physical health behavior change.

The Ingredients of Success

As a behavioral health provider trying to understand how to best engage consumers in the change process, it's helpful to first step back and think about changes you've made. Have you ever quit smoking, began an exercise regime, or made another positive change in your life? What were the ingredients of your success?

For many people, they find change easier when they have:

- A support system comprised of people who believed in you and your capacity for change even before you did.
- The necessary knowledge and education to approach change.
- A person to help you make small – tiny – steps toward change.
- A way to monitor change and someone to hold you accountable.
- Celebration of small achievements in the change process.

You can take your understanding of what goes into successful change and bring it to the table with those you serve.



A Strong Relationship

A strong relationship can serve as a strong motivator for change. Engaging people in hopeful, respectful, and supportive relationships creates a context where change is possible. When supporting a person's health behavior change, your hope and belief that they can change can help the person capture that vision for him or herself. A respectful relationship focuses on the many ways in which the person has already changed, even in ways they may be unaware, and honors the hard work that change entails. In this kind of relationship, you can look for moments in the person's life when he or she was successful and help the person see those moments as ones that can build more change possibility. Support in the context of health behavior change may take many forms. It may mean connecting the person contemplating change to a peer who has been successful with a similar change; it may mean exploring together concrete strategies and resources for change; or it may involve assuming a cheerleading or coaching role and "being with" the person throughout the change process.

Less is More

People don't always understand that change is a possibility for them. Part of that is because they do not understand that even very small changes make a difference. A woman 130 pounds overweight may think she has to lose all the weight in one fell swoop like she sees on the hit show *Biggest Loser*. She may think that requires exercising 4 hours a day and drastically cutting her daily calorie intake. Those are big changes — and daunting ones. However, a **5 percent reduction in body weight can improve health substantially.**

Small changes matter. We can help people see that change is possible when approached in small, incremental steps. We can achieve this by educating them on the change process. For example, instead of focusing on a goal of losing 130 pounds, discuss what would happen if this woman drank five sugary drinks a day instead of six, or gave up the remote and changed the TV manually. Those are small, meaningful changes that one can build upon over time. You cannot run a marathon without first being able to walk around the block. There are steps to follow, and, for some people, change can start with just walking across the room five times a day.

Goal Setting and Support

Many care plans revolve around three-month increments. For example, a provider may write that an individual will lose 12 pounds in 3 months. Then, if that's the last discussion about it, at the three-month check-up, it's likely the goal wasn't met. In this situation, the provider offered little to no regular support. People will meet greater success if they have specific weekly goals that providers support by regularly checking in to see how it's going, celebrate successes, or discuss alternatives if the individual is having difficulty.

For more on health behavior change and **consumer engagement** and other integration topics, visit www.integration.samhsa.gov.

*The SAMHSA-HRSA Center for Integrated Health Solutions, operated by the **National Council for Community Behavioral Healthcare** under a cooperative agreement from the U.S. Department of Health and Human Services, is funded jointly by the Substance Abuse and Mental Health Services Administration and the Health Resources and Services Administration. The CIHS promotes the development of integrated primary and behavioral healthcare services to better address the needs of people with mental health and substance use conditions, whether seen in specialty behavioral health or primary care settings.*

Dysphagia Corner

Signs and Symptoms of Dysphagia

We should be vigilant in observing mealtime behaviors and signs/symptoms which may indicate significant issues related to dysphagia.

Here's a list of some things to watch for:

1. Problems placing food in the mouth
2. Difficulty controlling saliva and/or food in the mouth
3. Frequent coughing during or after a meal
4. Spitting food out
5. Holds food in the mouth instead of swallowing
6. Food remains in the mouth after a swallow
7. Recurring pneumonia
8. Gurgly voice
9. Person complains of something "sticking" in the throat
10. No teeth or poor dentition with difficulty chewing
11. Poorly fitting dentures
12. Person eats very rapidly and overfills mouth
13. Person talks with mouth full of food
14. Choking
15. Slow rate of intake
16. Food is pocketed in cheeks



If you have questions about an observation you have made, call a member of the Dysphagia Team.

Ellen Tilson, RN, UNC Ext. 259
 Coleen Walls, RDT Ext. 122
 Deresa Hall, LNP Ext. 470
 Sharon Neitch, OTR/L Ext. 108

REMINDER FROM HUMAN RESOURCES

This is a reminder to all supervisors that Performance Evaluations for the period of October 25, 2011, through October 24, 2012, are **due** to the Human Resource Office by close of business on **October 26, 2012**.

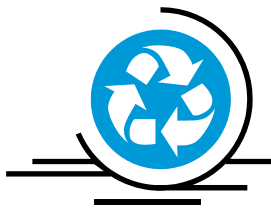
Please be sure all required signatures are obtained before turning in your evaluations. Also, please be sure that you attach copies of Acknowledgement of Extraordinary Contributor or Notice of Improvement Needed/ Substandard Performance forms that may have been issued during the performance cycle, if the employee is to receive an Extraordinary Contributor or Below Contributor rating.

Please note that SWVMHI has elected to have four ratings this year. However, those employees receiving an Exceeds Contributor or Contributor rating will be entered into the state's Personnel Management database as a contributor rating.

Please contact Human Resources with any questions at Extension 204 or 289.

Please Recycle

I have been seeing a lot of cardboard in our trash compactors. We have buildings set up



for you to put recyclable items such as cardboard and paper/ Please help us to keep our recyclable items out of the trash. The following is a list of a few of the items we can recycle:

- Cardboard (except wax coated boxes)
- Office paper (except paper with patient information/confidential information)
- Newspaper

- Magazines
- Aluminum cans
- #1 and #2 plastics

Recycle Buildings

- One is located to the west side of the Henderson Building outside of the breezeway.
- One located at the side entrance of the Bagley Building near the House Supervisor's Office.
- Another can be found near the cardboard bailer at the entrance of the Storeroom.

~ Nathan Shelton
 Environmental Services Director

Just for Fun

Thirty years ago in 1982, computer scientist Scott Fahlman first suggested the use of a colon, a hyphen, and a parenthesis to represent happy and sad faces. He was participating in an online forum, and he felt it was necessary to give some sign if one was joking or sarcastic. "Read it sideways," he wrote, so readers would realize it looked like a smiley face :-). We now call them "emoticons" -- a combination of "emotion" and "icon" -- but it would be 12 years before someone coined the term.

:'[~O)
cries during movies	coffee
/m\	:-/ =))
rock on	confused rolling on the floor



**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

									G										
H	C	R	U	H	C				N			R							
A						L	A	V	I	T	S	E	F						
L				N					N		P	B							G
L	L			N	A				E		I	O							N
O	A			O		G	H		V		R	T							I
W	I			I			A	M	E	R	I	C	A	N	S				T
S	C			T			L	P			T	O			T				A
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Please submit articles for the next newsletter to Cheryl Veselik by October 22, 2012.

The next newsletter will be published November 1, 2012.