



OCTOBER 2015

In this Issue

SWVMHI Values	2
Chaplain's Corner	3
Drs. Jones and McKinell Receive Awards	4
Library Corner	7
Domestic Violence Awareness	10
Welcome Aboard	12
Recovery Hero	12
Game room Activities	14
Flu Vaccines	15
Clinician's Corner	16

From the Director



SWVMHI Celebrates 23rd Annual Family & Friends Day!

A perfect autumn day greeted more than 100 attendees of this day of celebration and learning about recovery. Bill Gilbert, president of the regional Empowerment Recovery Council was the guest speaker. Individuals from all six CSBs were available to greet and educate individuals about their services, and Barb Bartnik, RN, represented the local NAMI Family to Family program.

The theme of the day was Olympic Field Day. The Opening Ceremony and symbolic lighting of the torch was presided over by Dr. Tim Graham, Chaplain. There were six different Recovery Olympic Games including Recovery Slops, Recovery Relays, and a Recovery Walk: Walk a Mile in My Shoes. The Food Service staff outdid themselves with treats in Olympic colors. Twenty-five treatment team

members assisted. Big kudos to the individuals who worked on the Recovery table runners. In addition, this day would not be possible without the F&F Day Planning Committee and the SWVMHI Rehab Department Staff. The illustration that leads this article was the winning submission and was a prominent part of the program. The joyous and

hopeful sentiments expressed carried us through to our Closing Ceremony. Everyone present was asked to hold a hope for the future and let it go, as the balloons floated into the sky, carrying our Recovery dreams with them.

~Cynthia McClaskey

Hidden

There is a pumpkin on every page in this edition, just like the one pictured here. Can you find all 18 of them?





A Life Examined: SWVMHI Values

A value is a standard—typically shared by others in a given community. Values are not meant to be slogans, rallying cries, or mere words on a page to be seen and forgotten. Values help us to judge the goodness or badness of some thing or some action. A person (or organization) with values has standards. Weak values correspond to weak standards; strong values correspond to strong standards. Ethical values always imply standards of worth; they are the standards by which we measure the goodness of our actions, and therefore the goodness of our lives.



Socrates is to have said, “The unexamined life is not worth living.” His point was that the highest form of loyalty to others is loyalty to deeply held shared values because those values link us to our fellow human beings. They are the shared

bedrock that give purpose to our lives, and make possible a personal identity as well as a group identity. Values, simply put, define who we are. People identify us through the values that we stand for. At SWVMHI, we stand for Communication, Honesty with Compassion, Trust, Teamwork, Self-initiative, Leadership, and Honoring Day-to-Day Tasks.

~ James Moon, Ph.D.
Psychology Supervisor

Mental Health Awareness Week



In 1990, the U.S. Congress established the first full week of October as Mental Illness Awareness Week (MIAW) in recognition of NAMI's efforts to raise mental illness awareness. Since then, mental health advocates across the country have joined with others in their communities to sponsor activities, large or small, for public education about mental illness. 2015 Theme and Information Each year Mental Illness Awareness Week occurs during the first full week of October. This year it takes place between October 4–10.

This year, the theme revolves around building a movement through the new StigmaFree initiative. Being Stigma Free means learning about and educating others on mental illness, focusing on connecting with people to see each other as individuals and not a diagnosis, and most importantly, taking action on mental health issues and taking the StigmaFree pledge.

Each year millions of Americans face the reality of living with a mental health condition. During the first full week of October, NAMI and participants across the country are bringing awareness to mental illness. Each year we fight stigma, provide support, educate the public, and advocate for equal care. Each year, the movement grows stronger. We believe that these issues are important to address year round, but highlighting these issues during Mental Illness Awareness Week provides a time for people to come together and display the passion and strength of those working to improve the lives of the tens of millions of Americans affected by mental illness.

See more at: <http://www.nami.org/Get-Involved/Raise-Awareness/Awareness-Events/Mental-Illness-Awareness-Week#sthash.WqiHWOWR.dpuf>



Pastoral Care Week



Pastoral Care Week is October 25 to 31, 2015. The 2015 theme, *Spiritual Care Together*, recognizes the role of the different disciplines who offer the optimal healing experience to the whole person.

The first Pastoral Care Week was held in October, 1985. Since then it has grown beyond national to international proportions. The celebration of Pastoral Care Week provides an opportunity for chaplains and pastoral care counselors, educators, and providers to share their story and to celebrate various ministries.

While every member of the team may contribute to meeting spiritual needs, Chaplains and Pastoral Counselors

provide specifically trained spiritual assessment and compassionate support. As part of the team, spiritual caregivers deliver care that integrates the values of mind, body, and spirit to people of diverse cultural and spiritual backgrounds. Pastoral Care Week is an opportunity to create dialogue among multiple disciplines in the work that we do together.

SWVMHI would like to recognize and thank the many volunteer chaplains that assist the individuals we serve, but would also like to recognize and thank our full time chaplain, Rev. Dr. Timothy Graham. Rev. Dr. Graham holds weekly services on Thursday evenings, and ministers to individuals throughout the day. Please contact him at Ext. 522 if you know of an individual with a spiritual need.

Save the Date

Second Annual "Talk of the Town: Stop the Silence About Domestic Violence"

What: Mark Wynn, speaker/facilitator. You can learn more about him by checking out his website: <http://www.markwynn.com/>

When: Friday, October 23rd from 8:30am to 5pm

Where: Holston Hills Community Golf Course Clubhouse

This event is FREE and lunch will be provided.



Chaplain's Corner

Every good conversation starts with good listening.

The other day I was preparing to present a spiritual meditation on Ward E/F to coincide with the music of Dave Thomas,

our volunteer "piano man." Dave told me the story of a man who asked a minister to pray about his hearing. Without hesitation, the minister cupped his hands around the man's ears and offered an eloquent prayer about hearing, healing, and health. The man looked at the minister in surprise and said, "That's nice Reverend, but my court date isn't until next month." Before jumping into action, it may be good to listen and find out what is needed in the first place.

Thinking about ways to connect in a positive manner can make a world of difference in how we experience our lives for better or worse. Ken Blanchard in his blog about "The Importance of Connection" suggests seven best prac-

tices that can enhance our connections with each other.

1. **Listen well** - when you listen well and people know they are heard, you build a bridge of trust.
2. **Praise others' efforts** - when we catch others "doing the right thing," that recognition builds self confidence and trusting relationships.
3. **Show interest in others** - Showing interest in others helps us to become engaged in what matters to people around us. When we show that we care, we develop positive connections with each other.
4. **Share about yourself** - people will never get to know us until they know something about who we are.
5. **Work well with others** - if we are going to connect with others in a meaningful way, we must show consideration in the workplace.
6. **Ask for input** - It has been said, "No

one of us is as smart as all of us." When we are open to good ideas, communication and connections get stronger.

7. **Show empathy for others** - our hospital's value of "honesty with compassion" can help guide our interactions with each other and cover a multitude of pitfalls that damage relationships.

The joy of being connected and interacting with others in a positive manner can make all the difference in the quality of relationships in which we find ourselves. As Robert Fulghum ("All I Really Needed to Know I learned in Kindergarten") reminds us, "It is still true, no matter how old you are, when you go out into the world, it is best to hold hands and stick together."

~ Timothy Graham, D. Min.
Chaplain

Drs. Jones and McKinell Receive Awards

Kelly McKinell, MD, and Everett Jones, MD, staff psychiatrists at Southwestern Virginia Mental Health Institute, were recently named Psychiatric Preceptors of the Year by medical students at Edward Via School of Osteopathic Medicine (VCOM). On September 24, 2015, Dr. Brian Wood, Chair of the Department of Psychiatry at VCOM, and Louann Morrow, administrative assistant, met with the medical professional staff of Southwestern Virginia Mental Health Institute (SWVMHI). Dr. Wood announced that the VCOM students voted Dr. Jones as Preceptor of the Year for 2014 and Dr. McKinell for 2015.

Both Dr. McKinell and Dr. Jones are staff psychiatrists on the Geriatric Unit at the Marion hospital and were each presented with a plaque honoring their accomplishment by the medical school representatives. Dr. Jones trained at State University of New York Upstate Medical College and completed his psychiatric residency at Wright State University Boonshoft School of Medicine. He has been with SWVMHI since January, 2013. Dr. McKinell attended Tulane University School of Medicine and a residency in internal medicine and psychiatry at Rush Medical College at Rush University, joining the SWVMHI staff in July, 2013.



Left to right: Dr. Everett Jones, Dr. Brian Wood (VCOM), and Dr. Kelly McKinell



Front: Leiann Smith, LCSW/LNHA. Back from left: Ashley Untiedt, BSN; Ellen Bear, BSN; Mike Jones, Ph.D., LNHA; Everett Jones, MD; Brian Wood, DO; Kelly McKinell, MD; Barbara Honaker, MSW; Shelly Jones; Jennifer Tuell, MSW; Angela Anderson. Not pictured, Jonathan Crisp, MD, Medical Director.

SWVMHI and VCOM have developed a long-standing partnership to provide medical students with a high quality rotation during their third or fourth years of medical school that provides an intensive introduction to psychiatric medicine. Up to

four students at a time from VCOM spend a month-long rotation at SWVMHI and attend team meetings, meet with patients and staff, and attend lectures given by SWVMHI's psychiatry and psychology staff.

At this meeting, Dr. Wood discussed the educational process and provided feedback to the medical staff preceptors regarding the students' perception of their educational experiences at SWVMHI. Some of the students' comments included, "I didn't know anything about psychiatry until I went to SWVMHI – now I want to be a psychiatrist." "The medical staff always made time for me, answered my questions, and taught me something every day." "What a great learning experience!"

Dr. Wood thanked the SWVMHI medical staff for their commitment to education and teaching and also commended all the SWVMHI employees who are an integral part of the teams and the educational process. Congratulations to the medical staff for the positive effect they are having on the physicians of tomorrow and kudos to the employees who help make the educational process work.





October is National Physical Therapy Month

National Physical Therapy Month (NPTM) is a commemoration held each October by the American Physical Therapy Association (APTA). NPTM is designed to recognize the impact that physical therapists and physical therapist assistants make in restoring and improving motion in people's lives.

People everywhere are experiencing the transformative effect physical therapy can have on their daily lives. In fact, as experts in the way the body moves, physical therapists help people of all ages and abilities reduce pain, improve or restore mobility, and stay active and fit throughout life. But there are some common misconceptions that often discourage people from visiting a physical therapist.

It's time to debunk seven common myths about physical therapy:

1. Myth: I need a referral to see a physical therapist.

Fact: A recent survey by the American Physical Therapy Association (APTA) revealed 70 percent of people think a referral or prescription is required for evaluation by a physical therapist. However, all 50 states and the District of Columbia (DC) allow patients to be evaluated by a physical therapist without a physician's prior referral. In addition, 50 states and DC allow for some form of treatment or intervention without a physician referral or prescription. Some states have restrictions about the treatment a physical therapist can provide without a physician referral. Check out [APTA's direct access summary chart \(.pdf\)](#) to see the restrictions in your state.

2. Myth: Physical therapy is painful.

Fact: Physical therapists seek to minimize your pain and discomfort—including chronic or long-term pain. They work within your pain threshold to help you heal, and restore movement and function. The survey found that although 71 percent



of people who have never visited a physical therapist think physical therapy is painful, that number significantly decreases among patients who have seen a physical therapist in the past year.

3. Myth: Physical therapy is only for injuries and accidents.

Fact: Physical therapists do a lot more than just stretch or strengthen weak muscles after an injury or surgery. They are skilled at evaluating and diagnosing potential problems before they lead to more serious injuries or disabling conditions—from carpal tunnel syndrome and frozen shoulder, to chronic headaches and lower back pain, to name a few.

4. Myth: Any health care professional can perform physical therapy.

Fact: Although 42 percent of consumers know that physical therapy can only be performed by a licensed physical therapist, 37 percent still believe other health care professionals can also administer physical therapy. Many physical therapists also pursue board certification in specific areas such as neurology, orthopedics, sports, or women's health, for example.

5. Myth: Physical therapy isn't covered by insurance.

Fact: Most insurance policies cover some form of physical therapy. Beyond

insurance coverage, physical therapy has proven to reduce costs by helping people avoid unnecessary imaging scans, surgery, or prescription drugs. Physical therapy can also lower costs by helping patients avoid falls or by addressing conditions before they become chronic.

6. Myth: Surgery is my only option.

Fact: In many cases, physical therapy has been shown to be as effective as surgery in treating a wide range of conditions—from rotator cuff tears and degenerative disk disease, to meniscal tears and some forms of knee osteoarthritis. Those who have recently seen a physical therapist know this to be true, with 79 percent believing physical therapy can provide an alternative to surgery.

7. Myth: I can do physical therapy myself.

Fact: Your participation is key to a successful treatment plan, but every patient still needs the expert care and guidance of a licensed physical therapist. Your therapist will leverage his or her specialized education, clinical expertise, and the latest available evidence to evaluate your needs and make a diagnosis before creating an individualized plan of care.

SWVMHI would like to recognize and thank its Physical Therapy staff for being valued members of the SWVMHI Team: Kayla Winebarger, Physical Therapist, and Rebecca Parks, Physical Therapy Assistant.

For more information about physical therapy, please visit <http://www.moveforwardpt.com/NPTM/Default.aspx>

National Healthcare Food Service Workers' Week

October 5-11, 2015



National Healthcare Foodservice Workers' Week celebrates those hard-working employees who work every day to provide food and nutritional services to the individuals we serve.

Dietary Services provides breakfast, lunch, dinner, and a bed-time snack to every individual of the facility every day. In addition to this, Dietary also provides between-meal snacks for the individuals we serve, special meals and snacks for individual wards, and food for facility-

wide events. Our cafeteria offers an ever-changing menu for employees of the facility and we offer food for on-site special events, as well as pick up service for off-site events in the community.

Dietary is comprised of the following staffing:

- 10 Full Time Cooks
- 14 Full Time Techs
- 7 Part Time Techs
- 1 Cafeteria Attendant
- 1 Purchasing Receiving Clerk
- 3 Shift Managers
- 2 Office Staff Members
- 2 Clinical Staff Members
- 1 Food Services Director

Total number of years of service to the facility from this group is over 400 with 3 staff members having given 40 years of service to SWVMHI.

In addition to all the meals provided to the individuals we serve, our Clinical Staff also visit individuals to determine preferences, allergies, and food/drug

interaction information to help make the best decisions on what foods to send each individual and any recommendations to the physicians concerning diet orders.

Each day, meals are provided to approximately 600 individuals, including staff, with an annual number of meals at nearly 220,000. In addition to cooking and serving all of those meals, the staff wash all the dishes and trays, keeps the kitchen and dining rooms clean, and maintain all the required purchasing, payroll, and clinical records and requirements for all of the individuals we serve.

So, please take the time during National Healthcare Food Service Worker's Week to say thank you to the hard-working employees who make sure that the individuals we serve and staff are taken care of every day!

~ **Robbie Horne**
Food Services Director

Mental Health First Aid Training

Beginning in September, SWVMHI began offering the nationally sponsored, eight-hour Mental Health First Aid (MHFA) Training class. Classes will be held monthly from 0830 to 1700 in the Dogwood Room. Be sure to check the monthly training calendar on the Intranet for the exact dates. Also be sure to pre-register with Patricia Evans at Ext. 854.

MHFA is recovery focused and uses a five step action plan to assess and assist someone who may be experiencing psychological distress.

New staff and direct care workers with minimal or no training in behavioral health are encouraged to attend; however, staff at

all levels of training are invited to participate. Staff who complete the class will be certified through the National MHFA Registry and will be counted in the campaign to certify 5,000+ Virginians in MHFA each year.

MHFA Training is sponsored by the Department of Behavioral Health and Developmental Services. To learn more about MHFA, please visit one of the links below:

<http://www.mentalhealthfirstaid.org/cs/take-a-course/what-you-learn/> or

http://sfc.virginia.gov/pdf/health/2013/2013_Interim/102413_no2_Pezzoli.pdf

Topics Covered:

- Depression and mood disorders
- Anxiety disorders
- Trauma
- Psychosis
- Substance Use disorders

MHFA teaches about *recovery* and *resiliency* — the believe that individuals experiencing these challenges can and do get better.

You will learn how to apply the MHFA action plan in a variety of situations, including when someone is experiencing such things as panic attacks, suicidal thoughts, self-injury, acute psychosis, overdose, or reaction to a traumatic event.





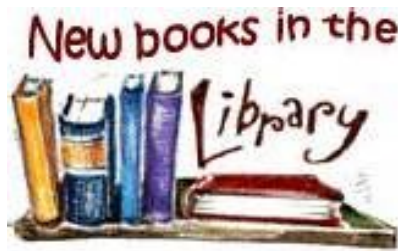
"Even if something is left undone, everyone must take time to sit still and watch the leaves turn." ~ Elizabeth Lawrence

Library Corner

October is an exciting time for libraries. From October 18 to 24, we celebrate Teen Read Week. I was just thinking some of you might not know that here in our library we have a great selection of young adult novels. Despite the name, young adult, these books are usually geared toward teens and pre-teens. Many of these books, such as those from the Harry Potter series and the Twilight series, have become very popular even with adults, though, because they have been made into blockbuster movies.

Young adult books are an excellent resource for our library because these books are easier to read than our novels for adults and they usually don't have the profanity, graphic, or violent scenes that might be found in a more mature book.

We have a great selection including both the Twilight and Hunger Games series, James Patterson's Witch and Wizard series, and more classic favorites like Robinson Crusoe, Little House on the Prairie, and The Adventures of Tom Sawyer. We have a wide selection in all grade and reading levels from beginning readers that have a picture and one line on each page to books for high school level readers.



We have recently received some new additions, which I am listing in this article, and I think anyone might enjoy many of these titles, so please come on down to the library and see what we have available.

This is a list of some newer Young Adult books we have in our library:

Witch and Wizard by James Patterson

The Printer's Devil by Paul Bajoria

A Kindness by Cynthia Rylant

Playing Beatie Bow by Ruth Park

The Horse Comes First by Mary Calhoun

Healer by Peter Dickinson

Artemis Fowl by Eoin Colfer

The Story of Beautiful Girl by Rachel Simon

Hippolyta and the Curse of the Amazons by Jane Yolen

Grinny by Nicholas Fisk

Heart of a Champion by Carl Dueker

Land of Hope by Joan Lowery Nixon



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

Jan Barron
 Gaynelle Davis
 Robert Farmer
 Ginny Moorer
 Becky Sparger
 Sheila Thomas
 Sharon Winebarger

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

~ Christina Quillen
 Librarian

Recycling Tip: Remove tops from plastic bottles placed in recycling containers. At SWVMHI, the plastic bottles are compressed to take up less space and the tops inhibit the compression.



Rehab Department News



Fall is in the air. Leaves are beginning to turn vibrant, warm colors and slowly float down to the ground as the days get shorter and a chill greets us more and more often.

The Rehabilitation Department continues to operate over 100 groups each and every week, using this season of change as inspiration to implement healthy, new habits to propel those we serve forward in their recovery.

New Day Café operations continue to run smoothly and successfully. The café offers a wonderful learning opportunity for those individuals working within it, serving the rest of the SWVMHI community. Weekday morning sales still occur for both the individuals we serve as well as staff. Hours of

operation are posted on the café's entrance.

On Thursday, September 24, 2015, all hands were on deck for SWVMHI's 23rd Annual Family and Friends Day. The theme, "Recovery in Action," came alive in the Olympic rings surrounding the event, which symbolized the five stages of recovery the Rehab Department employs on a daily basis. Community Service Boards (CSBs) from the region helped make the activities even more successful, offering beneficial information about the support they provide to the individuals we serve. This was an exceptional circumstance that allowed for staff to become more familiar with individuals with whom they hadn't yet interacted. The entire afternoon was a celebration of the hard work all of our staff and individuals perform each and every day.

On Wednesday, September 16, 2015, the Regional Consumer Empowerment and Recovery Council (R-CERC) met at Hungry Mother State Park with two individuals we serve attending.

On a final note, please help the Rehab Department in congratulating Sylvia Robbins. Starting on Thursday, September 10, she officially became Senior Rehab Resource Coordinator (continuing to work on C Team). The entire department is thrilled to work with her in this new role. In addition to Ms. Robbins, Justin Hughes has returned to work as a PI4 Rehabilitation Specialist, helping out during game room activities in the evenings. We are very pleased to have him back.

~ Emily Lockhart
Wellness Rehabilitation Coordinator

Kronos Workforce Questions and Answers

So you remember your password and can get into Kronos and your timecard pops up on your screen. Now what? There is a lot of information available on this screen; you just have to know where to look and understand what it is you are reading. Here is a brief tutorial on your timecard:

The main view you see is the actual timecard. Here you can see your punches, the leave your timekeeper has keyed for you, and whether or not you missed a punch. Missed punches are indicated by a solid red box. If you see one of these, you need to talk with your timekeeper and fill out a Kronos Maintenance (Missed Punch) Form. If you see a red outline around your punch, that means that your punch is outside your normal start or end time. This could be because you had planned leave and left early, you came in late because you had an appointment, you were tardy because you had a flat tire, or maybe you were called in because of staffing issues. Basically the red means something is different and is a clue to look further—perhaps a leave slip needs to be completed, or your supervisor needs to approve a time adjustment.

Leave is indicated by the type of leave you are taking with the amount. It will show up on your screen on one line, followed by a purple

entry with the type of leave the system used and the amount of leave used. Purple indicates a system-generated entry. For example, if you requested eight hours of annual leave, the timekeeper will key in eight hours of annual leave (it will show up as either VRS AT or VSDP AT, depending on whether you are covered by the "old" leave system or the "new" leave system.) You should then see a purple entry of AT eight hours. If you don't have enough of the requested leave, the system will automatically roll to the next available leave type according to a formula set up in Kronos for all leave. For example, you requested eight hours of annual leave but you only had six hours available. The timekeeper will key eight hours AT and the system will add in purple, six hour of AT and two hours of FP or CT (or whatever you have available that is next on the list of available leave according to the preset formula). In other words, the first entry indicates what the timekeeper keyed in and the purple entry indicates what Kronos actually deducted from your leave balances.

Another area you will want to look closely at is your leave balance section, located on the bottom right side of the screen. **Re-**

member to put your cursor on today's date on the timecard in order to see your leave balances as of today. Please also remember that you should always look at Kronos for your leave balances, and ignore any notices you may receive from Payline regarding leave balances.

The paycode totals are located on the bottom left side of the screen. This section shows how many regular hours you worked, how many shift differential or overtime hours you are due, how much leave you have taken, how much leave you have earned, etc. all for the period of time you have requested. The system is defaulted to pull up the current pay period—if you want to change this, you need to go to the top of the screen just below your name and use the down arrow button to chose a different period of time. Just remember that overtime hours are generally a pay period behind.

These are just the most used sections of your timecard, but other tabs hold other information you may view, such as comments your timekeeper or supervisor have added to your timecard.



Staff Development

Take advantage of Training Opportunities in October

When: 10/06, 1515 to 1615
Where: Dogwood Classroom
What: Domestic Violence Awareness for Individuals

When: 10/27, 1515 to 1615
Where: Dogwood Classroom
What: Domestic Violence Awareness for Managers

When: 10/30, 0830 to 1700
Where: Dogwood Classroom
What: Mental Health First Aid

Two CAIs are due in the month of October:

- Fire, Safety, and Security
- Influenza Prevention

Please log into the Knowledge Center and take your CAI today. Questions should be directed to any member of the Training Department.



That a group of

- Frogs is called an army
- Rhinos is called a crash
- Kangaroos is called a mob
- Whales is called a pod
- Geese is called a gaggle
- Owls is called a parliament
- Alligators is called a congregation
- Baboons is called a troop
- Opossum is called a grin
- Pigs is called a drift
- Butterflies is called a flutter
- Jellyfish is called a smack
- Peacocks is called a muster
- Guinea Pigs is called a muddle
- Turkeys is called a rafter
- Albatross is called a rookery
- Penguins is called a colony
- Zebra is called a crossing
- Pandas is called a bamboo
- Swans is called a bevy
- Sharks is called a shiver

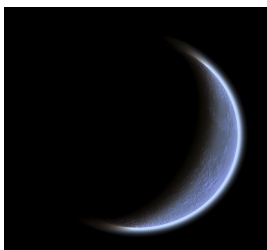
Cyber Security

Americans can follow simple steps to keep themselves, their assets, and their personal information safe online. Here are a few tips all Internet users can leverage to practice cybersecurity during National Cyber Security Awareness Month and throughout the year:

- Set strong passwords and don't share them with anyone.
- Keep your operating system, browser, and other critical software optimized by installing updates.
- Maintain an open dialogue with your family, friends, and community about Internet safety.
- Limit the amount of personal information you post online and use privacy settings to avoid sharing information widely.
- Be cautious about what you receive or read online—if it sounds too good to be true, it probably is.

For more information on how to practice cybersecurity during National Cyber Security Awareness Month and throughout the year, visit Stop.Think.Connect or contact stopthinkconnect@dhs.gov.

October Lunar Phases



October 4

Last Quarter Moon

October 12

New Moon

October 20 and October 30

First Quarter Moon

October 27



Full Moon, also called "Hunter's Moon" by Native Americans of New England and the Great Lakes because at this time of year the deer are fattened and it's time to hunt.



October is Domestic Violence Awareness Month



Domestic violence is an alarming and pervasive problem in our country.

- On average, 24 people per minute are victims of rape, physical violence, or stalking by an intimate partner in the United States. Over the course of a year, that equals more than 12 million women and men.

Source: Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf.

- In just one day, across the United States and its territories, more than 67,000 victims of domestic violence sought services from domestic violence programs and shelters.

Source: National Network to End Domestic Violence. (2012). *Domestic Violence Counts 2011*. A 24-hour census of domestic violence shelters and services. Washington, DC. Available at http://nnedv.org/docs/Census/DVCounts2011/DVCounts11_NatlReport_BVW.pdf.

Although anyone can be a victim of domestic violence, women are disproportionately affected.

- One in 4 women is the victim of severe physical violence by an intimate partner while 1 in 7 men experiences severe physical violence by an intimate partner at some point in their lifetime.

Source: Black, M.C., Basile, K.C., Breiding, M.J., Smith, S.G., Walters, M.L., Merrick, M.T., Chen, J., & Stevens, M.R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Available at http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Report2010-a.pdf.

- In 2010, the percentage of female victims (22%) of intimate partner violence was about four times that of male victims (5%).

Source: Truman, J. (2011, September). *Criminal Victimization, 2010*. Washington, DC: U.S. Department of

Justice, Bureau of Justice Statistics. Available at <http://www.bjs.gov/content/pub/pdf/cv10.pdf>.

Despite its prevalence, the patterns of domestic violence are not fully understood by many bystanders. Americans want to help but don't know what to do.

- Approximately 2/3 of Americans say it is hard to determine whether someone has been a victim of domestic abuse. Moreover, more than 90% of Americans fail to define repeated emotional, verbal, sexual abuse, and controlling behaviors as patterns of domestic violence and abuse.

Source: Liz Claiborne, Inc. (2006). *Bystander Survey 2006*. Available at http://loveisnotabuse.com/web/guest/surveycurrent-/journal_content/56/10123/84924/DEFAULT.

- More than half of Americans (54%) say they may have been in situations where they believed domestic violence had occurred, but they didn't act because they were not sure what to do.

Source: Liz Claiborne, Inc. (2006). *Bystander Survey 2006*. Available at http://loveisnotabuse.com/web/guest/surveycurrent-/journal_content/56/10123/84924/DEFAULT.

For a large number of families, home is not a safe place.

- The majority of nonfatal intimate partner victimizations occur at home; on average, approximately two-thirds of females and males are victimized at home.

Source: Catalano, S. (2007). *Intimate partner violence in the United States*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Available at <http://bjs.ojp.usdoj.gov/content/intimate/ipv.cfm>.

- On average, children have been found to be residents of the households experiencing intimate partner violence in 38% of the incidents involving female victims and 21% of the incidents involving male victims.

Source: Catalano, S. (2007). *Intimate partner violence in the United States*. Washington, DC: U.S. Department of Justice, Bureau of Justice Statistics. Available at <http://bjs.ojp.usdoj.gov/content/intimate/ipv.cfm>.

SAFETY ALERT:

If you are in immediate danger, please:

- Call 911.
- Contact your local hotline.
- Call the U.S. National Domestic Violence Hotline: **1-800-799-7233 (SAFE)** or **TTY 1-800-787-3224**.
- Call, text, or chat Love Is Respect—the U.S. National Teen Dating Violence Helpline: **1-866-331-9474** or **TTY 1-866-331-8453**, text "loveis" to **77054** or live chat at <http://www.loveisrespect.org>.
- Call the U.S. National Sexual Assault Hotline: **1-800-656-4673 (HOPE)**, which automatically connects you to a local U.S. rape crisis program based on the area code of your phone number. Secure, online private chat is available at <https://ohl.rainn.org/online/>.

Remember: Corded phones are more private and less able to be intercepted than cordless phones or analog cell phones.

Be Aware: You may not be able to reach 911 using an Internet phone or Internet-based phone service, so you may need to be prepared to use another phone to call 911.

Contact your local domestic violence program, shelter, or rape crisis center to learn about free cell phone donation programs.

If you think you may be monitored on your home computer, be careful how you use your computer since an abuser might become suspicious. You may want to keep using the monitored computer for innocuous activities, like looking up the weather. Use a safer computer to research an escape plan, to look for new jobs, apartments or bus tickets, or to ask for help.

Oxygen Therapy at SWVMHI

A Performance Improvement Journey



Medical emergencies at SWVMHI involve many aspects of patient care. Having the right team members present, the correct equipment and supplies available, and knowledge by all involved parties are

all important aspects needed to provide efficient quality care to the individuals we serve during an emergency. This is a brief description of a performance improvement project to make a safer patient care environment through team work and problem solving.

To meet new Joint Commission requirements regarding safe storage of oxygen tanks on patient care units, SWVMHI began requiring that oxygen tanks on the unit be classified as full (without a flow meter), or empty (with a flow meter, regardless of the amount of oxygen in the tank). This became confusing to staff, even though education was provided in the Porcelain Post, at staff meetings, and during monthly Environmental Rounds. Nightly checks by nursing staff included the oxygen level in each tank and that appropriate storage was in place. Policy 9302 was revised and updated to meet these new guidelines.

During the same time period last summer, a Performance Improvement workgroup was initiated related to Code Blue medical emergencies to ensure adequate response when changes/deterioration in a patient's condition occurred. This workgroup included members from the nursing staff, training department, medical staff, and Executive Team. Actual Codes Blue and mock codes were performed and data was acquired and reviewed to determine

needs and deficiencies during these medical emergencies.

During the workgroup activities, one of the observations/recommendations for improvement involved the need for improvement in oxygen delivery to individuals. This included equipment storage, operation, and training for oxygen therapy. It was noted that four to five different types of flow meters were in use in the facility and deficiency in storage of oxygen tanks were a frequent finding during environmental rounds.

The initial action was to standardize the type of oxygen flow meters used for all oxygen tanks. Research was completed on types available, their efficiency, and ease of use for staff. A decision was made on the number of flow meters needed for each unit and also extra needed for reserve. The workgroup chose a flow meter that met these criteria. The storeroom department assisted in obtaining the number of flow meters needed for each unit. The new flow meters were placed on all oxygen tanks in use during one shift and training for all nursing staff was provided by the Coordinator for Nursing Staff Development.

A Code Blue competency was implemented for all nursing staff that included use of oxygen therapy. Implementation of "Processing Code Blues" also included use and concerns with oxygen therapy and equipment.

In December, 2014, the nursing department reported to the Safety Committee and Nursing Management teams about the need to re-evaluate the storage issues that remained confusing about what constituted "full" and "empty" tanks. Other issues surfaced about the time needed for each nightly check, the waste of oxygen during each of these checks, continued deficiencies, and confusion in the storage of oxygen tanks. It was requested we evaluate the use of

oxygen concentrators on the patient care units and assess the feasibility of removing the oxygen tanks from the patient care units.

The Safety Committee recommended the financial and logistical issues be evaluated for using all oxygen concentrators for continuous oxygen on the units. The number and condition of current concentrators in use, rental versus owned, and number of required concentrators was assessed. Research was completed regarding types and brands of oxygen concentrators available. A cost analysis was performed evaluating rental cost versus owning cost, which also included cost of repairs. The decision to purchase 14 Respronics Millennium M110 concentrators (up to 10L/minute) was approved by the Executive Team, the Safety Committee, and the Nursing Department.

After purchase, education was provided to all nursing staff included use, proper cleaning and disinfecting, and troubleshooting of problems that may occur.

Oxygen tanks were removed from patient care units except Ward K and the patient cafeteria. Oxygen tanks also remain on the crash cart and the emergency field kit. Portable oxygen concentrators were also purchased to use for transport of individuals who were on continuous oxygen (no more than 2L/minutes). Policy 9302, Maintenance and Use of Oxygen Equipment, was revised and updated to meet these changes.

This process demonstrates multiple layers of teamwork and problem solving, as well as addressing how one issue may impact another. Much appreciation is given to those team members who persisted in improving this process! Thank you!

~ Cindy Jones, RN
Nurse Coordinator
Infection Prevention and Control





Welcome Aboard!

Please welcome the newest additions to the SWVMHI team!



Left to right: Dorothy Johnson, Heather Ward, Kayla Devine, Amber Reese, Crystal Kroening

Dorothy Johnson returns to SWVMHI as a P-14 Staffing Nurse Coordinator on first and second shift after retiring in 2002. In the interim, she worked for Home Nursing Company and Bristol Regional Hospital. Retirement just wasn't for her. Dorothy worked in many different capacities during her first stay at SWVMHI, which lasted 32 years. She is married, has two sons, one daughter, four grandsons, one granddaughter, and one great granddaughter. Dorothy graduated from Sugar Grove High School

and Wytheville Community College with an ASN in Nursing.

Heather Ward lives in Marion and has a daughter and a son and is engaged. She graduated from Marion Senior High School and has worked at Food City for five years. Heather will be working as a float psychiatric aide on third shift.

Kayla Devine is married with two daughters. She graduated from Grayson County High School and currently lives in Mouth of Wilson, Virginia. Previously, Kayla worked for Grayson County School Board, Jefferson Care, and Hardees. She will be a float psychiatric aide on second shift. Her step grandmother, Patsy Reedy, works here as a psychiatric aide also.

Amber Reese has one daughter and lives in Chilhowie, Virginia. She graduated from Chilhowie High School and Blue Ridge Job Corps. Amber has worked at TRW, Royal Moldings, and Valley Healthcare. She is a CNA and will be working on CD second shift as a psychiatric aide.

Crystal Kroening loves nursing and helping others. She has two daughters and one son and has been engaged for 15

years. Crystal graduated from Patterson High School in Maryland, and Virginia Highlands Community College as a Health Technician. She is a CNA. Crystal lives in Marion, Virginia, and worked at Francis Marion Manor. She will be working as a psychiatric aide float on first and third shifts.



Left to right: Colton Smith, Stacey McGrady, Whitney Dockery, Karen Viers, and Michelle Reeves

Colton Smith is currently the assistant manager at O'Reilly's Auto Parts, but will be working at SWVMHI as a P-14 electrician assistant. He graduated from Marion Senior High School and attended Virginia Highlands Community College. Colton received a certificate in Electrical Technology from Smyth County Tech-

Continued on page 15

Recovery Hero

A Spotlight on Our Employees Using TOVA Skills and Assisting People with Their Recovery



This month's Recovery Hero is **Candy Lampkins**.

Recently, a behavioral code was called and Candy was one

of the first responders. This particular individual has difficulty devel-

oping and maintaining therapeutic relationships due to her history of trauma. The individual is prone to extreme and often aggressive behaviors.

Without hesitation, during the brief physical restraint period, Candy began talking to the individual. Candy calmly reassured the individual that the staff members were there to keep her safe. Candy explained to the individual why a response code was called, and what was expected from her. During

the entire time, Candy encouraged the individual that she could gain control of her behavior.

Due to Candy's exemplary use of recovery skills and support, the use of the emergency restraint chair was avoided. Candy is an asset to the facility and truly an example of recovery skills in action.

~ **Diann Marshall, MSN, RN**
Staffing Nurse Coordinator



PERSONNEL CHANGES*

New Employees

Amber Reese, Psychiatric Aide	Sep 10
Kayla Devine, Psychiatric Aide	Sep 10
Heather Ward, Psychiatric Aide	Sep 10
Dorothy Johnson, P14 Staffing Nurse Coordinator	Sep 10
Crystal Kroenig, P14 Psychiatric Aide	Sep 10
Karen Viers, Patient Registrar	Sep 25
Stacey McGrady, Food Service Storekeeper	Sep 25
Whitney Dockery, P14 Food Service Technician	Sep 25
Catherine Shortridge, Pharmacy Tech at Hillsville	Sep 25
Michelle Hagee, Patient Registrar	Sep 25
Colton Smith, P14 Electrician Assistant	Sep 25

MONTHLY PATIENT CENSUS

**August
2015**

**Admissions 61
Discharges 57
Passes 21
Average Daily
Census
158**

Promotions/Role Changes

Sylvia Robbins, to Rehab Resource Coordinator Senior	Sep 10
--	--------

Retirements

Mary Blevins, Registered Nurse	Sep 1
Dale Haulsey, Housekeeper	Sep 1

Autumn Fires

In the other gardens
And all up in the vale,
From the autumn bonfires
See the smoke trail.

Pleasant summer over
And all the summer flowers,
The red fire blazes,
The grey smoke towers.

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

~ Robert Louis Stevenson



* As of the time the newsletter was printed for distribution

Special Gym/Game Room Activities



Consumer Empowerment Recovery Council (CERC)

NO MEETING IN OCTOBER



Birthday Party
October 28, 2015
1830- 2000
No Café



Patient Activity Council (PAC)
NO MEETING IN OCTOBER



Church Services
held each Thursday from 1830 - 1930. New Day Café open prior to Church Services



Movie Nights
Oct. 5, 7, 12, 14, 19, and 21, 2015
1830 - 2000

The Appalachian Woman
October 29, 2015
1330 to 1500

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

Recycle



The recycling containers located behind the Blalock Building are available to staff for recycling items from their homes. Bring anything that SWVMHI recycles (paper, plastic, aluminum cans), and put it in the correct bin. Recycling is good for SWVMHI, and it is good for your home.

October Days to Celebrate

“Off the cuff” October holidays to celebrate:

October 4
National Taco Day



October 7
National Kale Day

October 8
National Pierogy Day

October 10
National Family Bowling Day

October 17
National Pasta Day

October 18
National Chocolate Cupcake Day

October 21
Reptile Awareness Day

October 29
National Cat Day

October 31
National Candy Corn Day



Welcome Aboard, continued

nology Center. He lives in Marion, Virginia. His mother is Angel Smith, our second shift SNC.

Stacey McGrady likes to hunt, fish, and spend quality time with his family. He lives in Marion, Virginia, with his wife, Nicole, who is a new patient registrar at SWVMHI, along with their combined family of three sons and two daughters aged 13 to 7. Stacey graduated from Rural Retreat High School and previously worked at Merrilat. He will be working in Food Service as the Storekeeper. His mother-in-law, Linda Taylor, works here as a psychiatric aide.

Whitney Dockery will be working as a P-14 Food Service Technician. She has two children and is expecting her third in May. Whitney also works at Dollar General and Marion Baptist Church Childcare. She has a CNA through Wytheville Com-

munity College. Currently, Whitney lives in Marion, Virginia. Previously she worked for Hardees and Francis Marion Manor.

Karen Viers loves all outdoor activities, especially camping, fishing, walking, and riding bikes on the Virginia Creeper Trail. She is single and has a 19 year old son. She lives in Bristol, Virginia, but hopes to move closer to work. Previously, Karen worked at Jones Animal Hospital. She will be working the night shift as a patient registrar.

Michelle Reeves is a recent graduate from Wytheville Community College with an Associate's Degree in Health Information Management. Her hobbies are watching YouTube and Target shopping. Michelle recently got married in Clearwater, Florida. She and her husband have a cat and a dog whom she calls her children. Previously, Michelle worked at Johnston Memorial Hospital and Smyth County Community

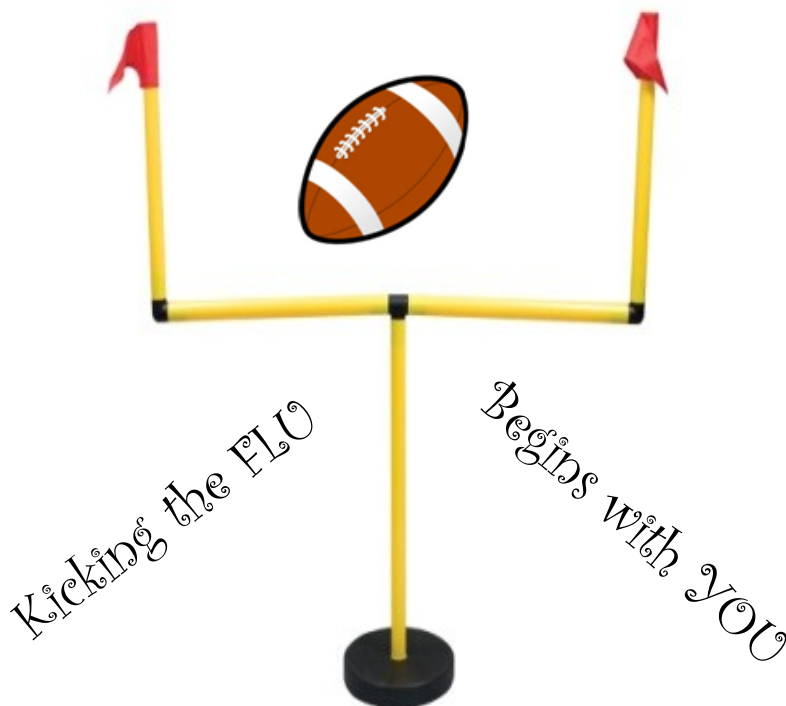
Hospital. She will be working the night shift as a patient registrar. Her mother-in-law is Lori Reeves, RN, who works at SWVMHI.

Please give our newest employees a warm welcome to the SWVMHI family.

~ Training Department

Welcome Aboard!

Flu Vaccines Coming Soon



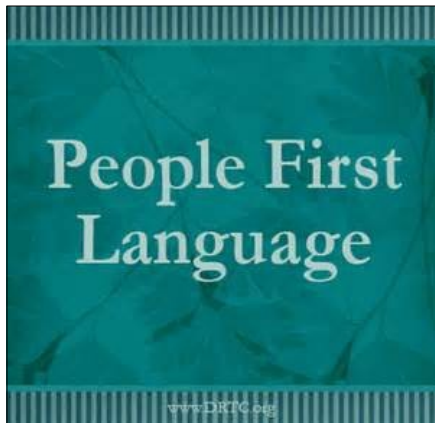
Let the season begin! Flu prevention season is here. The Flu Prevention CAI is now available on the Knowledge Center and is mandatory for all staff. **Please complete this CAI by October 31, 2015.**

Flu vaccines are on the way. Please watch your email for dates, times, and locations when vaccines will be available. Those who receive the flu vaccine prior to October 31 are eligible for the following:

- P3/Q32 employees will receive one hour of comp time;
- P14 employees will receive a \$5 gift card;
- All employees who receive the flu vaccine will be entered into a drawing for an additional eight hours of comp time (P3/Q32 employees) or \$100 (P14 employees);
- "15" sticker will be placed on your name badge after receipt of the vaccine.



Clinician's Corner



Every week members of the WA State Coalition for Mental Health Reporting are struck by the number of news stories with casual generalizations that describe multifaceted people in one-dimensional ways: “the bipolar did this,” the schizophrenic did that,” the mentally ill are whatever.”

Many journalists seem surprised, if not offended, when coalition members ask them to rethink their word choices or use “people first” language when writing about people who may have been diagnosed with a form of mental illness at some point in their lives. It seems so picky, they say, when we ask them to mention the person first, then the diagnosis. It feels awkward, and seems wordy, they object. And besides, what does difference does it make?

It makes a lot of difference, says Melanie Green, Mental Health Recovery Coordinator for the Clark County Regional Support Network. Using people first language and avoiding stereotypes and clichés can have far-reaching consequences both for individuals with mental illnesses and for society as a whole.

Words are power, and for too long, the words to describe mental illness have

been loaded with negativity and judgment, says Stephanie Lane, Director of the Office of Consumer Partnerships for the Mental Health Division of WA State’s Department of Social and Health Services.

For example, when diagnostic labels, like bipolar disorder and schizophrenic, are used to describe the person, rather than the ailment, the individual’s identity gets lost. “Bi-polar is a tenth of who I am,” says Lane, in a phone interview from her Olympia office. “I’m funny I’m smart, I work, I have family, friends. Don’t define me by my illness.”

Defining someone by an illness is not only incomplete and inaccurate, it also dredges up stigma and stereotypes that perpetuate discrimination, isolation and reluctance to seek treatment. Language both reflects and shapes the way we think, and thus can either perpetuate stereotypes or lead the way to fresh approaches.

Again using herself as an example, Lane says, “Stephanie the bipolar” evokes a series of sensationalized media images, especially for people who don’t have any relationship with someone who has the disease. On the other hand, saying, “Stephanie, the manager of consumer partnerships, who has a diagnosis of bipolar,” paints a very different picture. “It should come last. It shouldn’t come first,” she said.

People first language also offers a straightforward, understated alternative to clichés like “suffering from,” or “afflicted with,” which perpetuate misunderstanding and fears about being diagnosed with a mental illness. With treatment and support, most people with mental illness diagnoses are managing their symptoms and leading ordinary, productive lives.

“Don’t say I’m struggling or surviving if I’m doing fine,” says Lane. “I have an awesome life. There are times when I struggle, but not now.”

Broad-brush terms like “the mentally ill” cause problems, too, by lumping all kinds of people with all kinds of conditions into one impersonal mass. Seattle writer and speaker Naomi Stenberg says such terms “put us over on an ice floe” and create the mistaken impression that people with mental illnesses are “out there running wild and would be easily detected.” On the contrary, she says, “I could walk into a boardroom and, statistically, one out of four of the people there could have a mental illness, and maybe have had it for years and been managing it beautifully.”

Old speaking and writing habits die hard, especially without a clear understanding of the impact both on individuals and society as a whole.

It may not have felt natural at first to use gender-neutral language, or to describe people with HIV-positive diagnoses as “living with AIDS” not “suffering” from it; to respect racial and ethnic group name preferences, or use “people first” language for people with visible disabilities. But as stylebooks and habits changed, they both reflected and aided more accurate and empowering attitudes toward many members of society.

It’s time to apply the same degree of accuracy and respect to people with mental illnesses.

~ University of Washington
School of Social Work



FUN FACT

Dogs can see movement up to 985 yards (900 meters) away. That’s the length of more than nine American football fields.



Word Search



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

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

Most people do not listen with the intent to understand; they listen with the intent to reply. ~ Stephen Covey

- acorn
- apple cider
- bonfire
- brown
- chilly
- corn maze
- fall
- foliage
- football
- frost
- ghost
- Halloween
- harvest
- hayride
- Jack-o-lantern
- leaves
- October
- orange
- Pumpkin
- red
- scarecrow
- sweater
- yellow





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

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

Please submit articles for the next newsletter to Cheryl Veselik by October 20, 2015.

The next newsletter will be published November 1, 2015.