



A View From The Hill

JUNE 2019

From the Director

In this Issue

Mental Health Awareness Day	3
Nutritional Wellness Counsel Implements First Initiative	4
Preceptors: A Vital Role	6
Self-Care Fair	7
The TOVA Toolbox - Side Body Restraint	8
Measles - The New Epidemic	9
Training Offerings & Happenings for June	17



Three SWVMHI staff graduated from the Direct Support Professional Program on June 7, 2019 Cindy Osborne and Dru Parks in Integrated Discipline and Shelly Jones in Mental Health. Attending to celebrate their accomplishments were Cynthia McClaskey, Director, and, pictured above from left to right, Cynthia Harvey, Head Nurse; Cindy Osborne; Drusilla Parks; Shelly Jones; and Julie Stoots, Assistant Nurse Executive. Way to go Cindy, Dru and Shelly!!!!!! We love your proud smiles and we thank you for your hard work!

anniversary of Mental Health Month -since 1949! The organization Mental Health America started Mental Health Month and their symbol is a bell as a sign of hope. The Inscription on the Mental Health Bell reads *Cast from shackles which bound them, this bell shall ring out hope for the mentally ill and victory over mental illness.*



The 300-pound Bell serves as a powerful reminder that invisible chains of misunderstanding and discrimination continue to bind people with mental illnesses. Today, the Mental Health Bell rings out hope for improving mental health and achieving victory over mental illnesses.

The Emily Dickenson poem (Cont. page 2)

Hidden

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



Mental Health Awareness Day May 16, 2019

On May 16, more than 400 individuals in recovery drove from Roanoke, Marion, Lebanon, Big Stone Gap, and many places in between. They came together to celebrate Recovery, learn some new skills, bust some stigma, and have a whole lotta fun!

(Photos are on page 3)

The theme for the day was a poem by Emily Dickinson, "Hope is the thing with feathers." Dr. McClaskey gave the keynote address with the help of Ginny Moorer and Merle Obregon from the SWVMHI Training Department.

This year marks the 70th



From the Director, continued from page 1

Hope is the thing with feathers
That perches in the soul.
And sings the tune
without the words
And never stops at all.

~ Emily Dickinson



lenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

We also discussed **Five Feathers for Hope-filled Flights**. First fuel your flight - mind, and body.

Second, find your flock - peer support, and companionship.

Third, find flights of joy! - Be kind and find your higher purpose for being.

Fourth, spread your wings/get up and fly - breathe, relax, and MOVE! Yes, we mean you! Shake your tail-feathers!

Last, have flights of fancy and



plan for future flights - find and celebrate your uniqueness, creativity, and plan for next steps.

These are ways to boost mental health and general wellness.

~ Cynthia McClaskey, Ph.D.

that was chosen as our 2019 Mental Health Awareness Day theme is about hope. We chose this poem because it conveys a very powerful image of hope as a bird in flight, and recognizing that hope sings even when times get tough.

What does hope have? Feathers! Feathers are soft and gentle to the touch, but they are also strong in flight, even on tiny birds.

What does the bird do? Sing! The whole time! It is a special song that doesn't need words, it is a strong song of hope. It's as if hope is pure song, pure feeling, a deep seated longing that can take flight at any time.

Where does hope perch? In the soul! What can hope do? Once you choose hope, anything's possible!

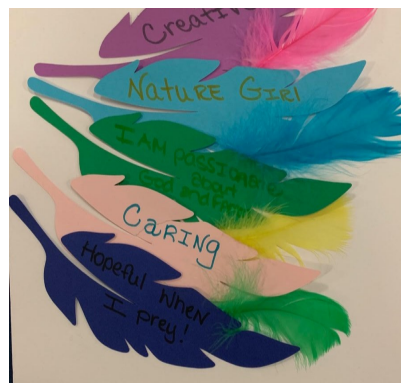
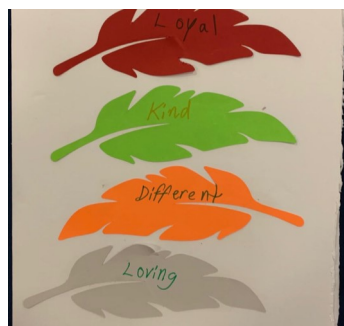
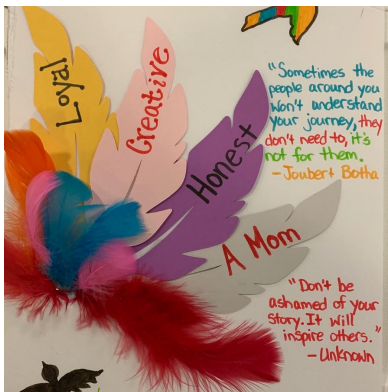
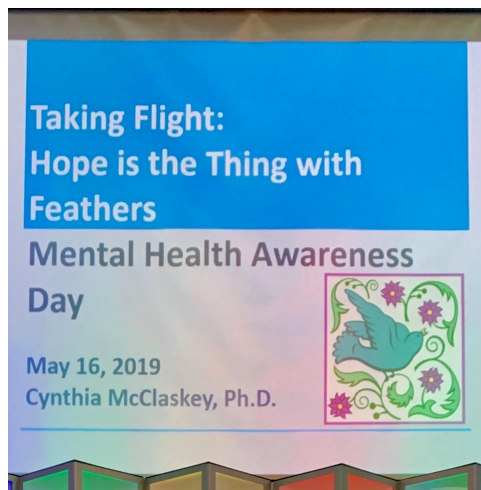
Hope is a pure song in our soul, our heart.

What can we do if we have hope? Anything! We will have a strong song of hope in our soul!

"Hope is the thing with feathers" is a reminder to us all that no matter the circumstances each and every one of us has this entity – hope – within us that is always there to help us out, by singing.

We can hold the hope for others when they are down, and others can hold the hope for us.

We know that Recovery emerges from hope: The belief that recovery is real provides the essential, and motivating message of a better future – that people can, and do overcome the internal and external chal-





Nutritional Wellness Council Implements First Initiative



Staff members have probably heard about some changes to food availability on the units, which have come about due to health concerns for our clients. While hospitalized, our clients find themselves in a more sedentary environment and often taking medications that increase appetite. Luckily, we have the nutritionist to help us assure that our clients are assessed for their nutritional needs each and every time they are admitted. All other disciplines are challenged to explore other ways to deal with the client's desire for food. Some of these may include increasing active treatment hours, increasing physical activity groups, and increasing activity while outside on breaks.

In researching this issue the council found that not only were our clients gaining weight, but many were having difficulty with sleep hygiene, which was affected by the desire to get up and eat at night. I hope you all would agree that sleep is an important part of mental health recovery. With the weight gain many of our client's experience, physical ailments are aggravated leading to the need for additional medications and medical appointments. These things often cause the treatment focus to shift from mental health treatment to medical treatment.

Beginning May 13, a smaller variety of food items are being ordered for the units along with an increase in accountability added to the ordering process. Our clients will still have options with their food preference forms, while encouraging healthier choices such as an increase in water intake. It is the Council's goal to become better advocates for our clients, as well as reduce waste for the facility. The Nutritional Wellness Council revised both the Food Service Preference Form and the Morning Diet and Floor Stock Order Form, and presented these at the Pharmacy, Therapeutics, and Diagnostics Committee meeting.

The individuals who we serve live in the South where food is an important part of the culture. Comfort foods are a coping skill for some. But healthcare providers have to advocate for a healthier lifestyle. Weight management should be a treatment focus as much as smoking cessation, and not using drugs, or alcohol.



So far the changes have been well received. One nurse has noted, "I have seen good results from the changes". Patients are in bed earlier because they are not staying up until 11:30 to get a snack, which means they are getting more rest, which in turn, may help them to be up during the day and be more involved in their treatment." The council is hopeful that small changes such as these can lead to additional benefits for our clients, and for staff as the role models. These results will be monitored as time moves forward, particularly in regards to unwanted weight changes, as well as costs related to unit food supplies. The council will also be on the lookout for other needed changes related to food and nutrition to promote recovery.

Our treatment goal is to continue to operate within individual treatment plans/needs. So our answer to someone who is hungry will still be considered on an individual basis. It really does take a village . . . I challenge each discipline to encourage a healthy mindset for the individuals we serve. SWVMHI is incorporating our client's physical health into the CBHDS Vision of "A life of possibilities for all Virginians."

~Submitted by: Lisa Taylor, RN, MSN, MBA
Chair of the SWVMHI Nutritional Wellness Council



BORN IN JUNE

- Far sighted
- Polite and gentle
- Sensitive
- Procrastinator
- Choosy and always seeks the best
- Funny and humorous
- Daydreamer
- Easily hurt
- Prone to getting colds
- Loves to dress up
- Brand and image conscious
- Takes time to recover when hurt

Just for Laughs

My boss told me to have a good day...

So I went home.

FOCUS ON ADDICTION
PREVENTION, TREATMENT AND RECOVERY

MENTAL HEALTH FIRST AID
NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH
Healthy Minds. Strong Communities.

Two recent legal decisions are making it easier for people in jail and seeking recovery to access the medication they need. As part of a settlement agreement, the Whatcom County Jail in Washington state has agreed to provide inmates who have opioid use disorder (OUD) with medication-assisted treatment (MAT). In *Kortlever v. Whatcom County*, the plaintiffs successfully argued that depriving inmates with OUD of legally prescribed MAT is prohibited under the Americans with Disabilities Act (ADA). Once the settlement agreement is ratified, Whatcom County inmates will have access to MAT. [The ACLU of Washington, which represented the plaintiffs, has a write-up of the settlement.](#)

On the other side of the country in Maine, the U.S. Court of Appeals for the First Circuit has upheld a lower court ruling that Aroostook County Jail must provide an inmate with MAT. The court also found that denial of MAT violates the ADA. The ruling sets a precedent for the region and will benefit other inmates who also require MAT. [A detailed description of the case is available on the ACLU of Maine website.](#)

Both cases reflect a changing public consensus around addiction that we have known for years: addiction is a disease, not a moral failing. If you offer appropriate treatment, people can and do recover.

Preceptors: A Vital Role

Each new employee who joins the Nursing Department has an assigned primary preceptor and a secondary preceptor. In addition to demonstrating the facility's Mission, Vision and Values, preceptors demonstrate competence in their role, model profession behavior, have a positive attitude and practice organized and focused work habits.

Nursing Department preceptors also provide a vital role in the orientation and onboarding of new employees by helping new staff to apply classroom learning with on-ward clinical practice and by assisting new employees to develop skills and abilities. Studies have linked effective preceptors with reduced staff turnover and increased patient safety.

Two preceptor classes were held in May. Nursing staff members who participated in preceptor training:

Jodi Aker, PCT	Regina King, RN II, Head Nurse
Dawn Alexander, PCT	Natasha McGhee, PCT
Bobby Blevins, Lead PCT	Aaron Osborne, RN II HN
Kelsey Blevins, Lead PCT	Amy Pauley, RN II Team Nurse
Brandi Caudell, PCT	Denise Rashad, PCT
Kevin Gobble, Lead PCT	Nora Ruiz, PCT
Charlene Grizzle, RN II, Head Nurse	Betty Sexton, RN II
Sarah Hale, Lead PCT	Elizabeth Tate, PCT
Darien Hamm, RN I	Vickie Woods, RN II
Patty Horn, RN II Head Nurse	Anthony Yarborough, PCT
Carol Johnson, PCT	

While in preceptor training, each staff member was asked to write their personal mission statement and some are shared below. A personal mission statement acts as a personal guide and helps to identify core values and beliefs. These statements have been defined as "what you're all about and what success looks like to you:"



- ⇒ To be a better person than I was yesterday.
- ⇒ Live like there is a tomorrow.
- ⇒ I will always try to lend a helping hand to anyone in need to the best of my abilities.
- ⇒ Do my best to treat everyone equally, be kind and smile even when I don't feel like it.
- ⇒ Always give 110%.
- ⇒ To provide encouragement, honesty, and acceptance to everyone I interact with.
- ⇒ To always learn, to enjoy life and to make a positive impact on those around me.

The role of preceptor is vital to a successful, effective orientation and the partnership between the preceptor and new employees helps to set the foundation for success. Congratulations to all staff members who completed preceptor training and thank you for your willingness to accept additional duties and responsibilities to assist others. **Thank your new preceptors!**



SELF-CARE FAIR



We would like to invite you all to participate in a **Self-Care Fair** that we will be hosting in the **Gym** on **Thursday, June 27th, from 7 am to 3 pm for staff.**

This is the first Self-Care Fair at SWVMHI. It is being hosted by the Cultural and Linguistic Competence (CLC) Committee in conjunction with their initiative: **Encouraging A “C.O.R.E. – Culture of Respect and Engagement”**.

We will have a very special guest at the Fair, Jacob Moore, Founder of NoStigmas, a social movement for mental health equality.

You can find out more about Jacob and NoStigmas on these sites: <https://nostigmas.org/> or <http://jacobmoore.com/blog/>

Jacob has traveled the world with Kevin Hines, international spokesperson for suicide prevention and mental health awareness, speaking and educating people about the importance of health and wellness.

Jacob is the creator of the "5 Bridges: Wellness System" program. He will be here on the 27th to help educate staff and the individuals we serve on how to use the program to achieve and maintain optimal health.

The fair will focus on each of the 5 Bridges:

1. Base: Your support systems
2. Fuel: What goes in
3. Move: What you do
4. Rest: Repair and recover
5. Give: Your positive output

We will also be hosting a Self-Care Fair for the individuals we serve on Tuesday, June 25, from 1:30 pm-3 pm in the G Courtyard (weather permitting, gym as back-up location) Jacob Moore will be present for that as well.

We would love to have you come and enjoy activities and get information about the importance of respecting yourself through self-care at either or both of the events!

The CLC Committee





The TOVA Toolbox

#3 - Side Body Restraint

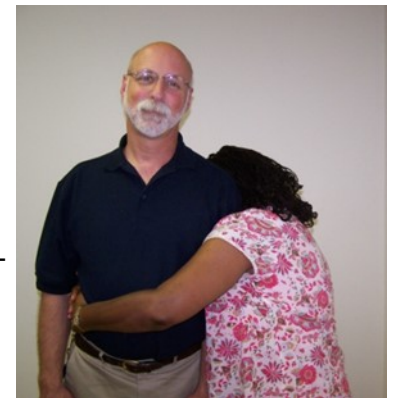


This side body restraint is used to physically manage a person who is harming himself or someone else. It is a relatively simple gross motor skill that uses the principle of body mass to contain a person's arms against his body until he and others are safe. The hold is only maintained long enough to ensure safety.

Approach the person from behind and at a 45-degree angle by extending your hands in front of your face with palms forward. The person is less prepared to successfully intercept your approach when you enter from the 45-degree angle than approaching from directly behind the person. Place both hands on the person's shoulder. No matter how fast or furious the person's arms and hands are moving, his shoulder remains relatively stable, so that is the place we will make contact.

Slide your hand around the person's chest, containing his arm nearest you. As you do this, bring your body snug up against his to prevent his arm from striking back at you. At the same time slide your other arm across his back. Secure the person to you by holding your own hand at the bony protrusion of the person's pelvis. This will allow a safe anchor point that prevents you from squeezing soft tissue or applying pressure to his ribs. As your hands slide across the person's body, move directly to his side.

At this point, you may be containing one arm while the other is free. You may be able to hold the person safely in this fashion by yourself, or a second staff person may move in and secure the second arm in the same way. In most instances, if the person is roughly your size or greater, it may take two staff to hold him safely using this method.



Sometimes a person may be of such girth, that your hands cannot meet at his pelvis. In this case, you hold the person's waistband or belt loop. Maintain an upright position to protect your back.

Draw your own hips in close to the person's body, by placing your imaginary belt buckle against their imaginary hip pocket and lowering your center of gravity. Protect your head from head butts by placing your head on the person's back or shoulder blade.

If the person moves about, adjust your position to follow him closely, maintaining your posture the entire time.

To discontinue the hold, slide your front hand back across the person's body to just above his elbow. You are essentially in the supportive escort position. This allows you to manage the person's elbow during the release. Raise your hand in front of your face (palms out) and back away quickly to the rear.

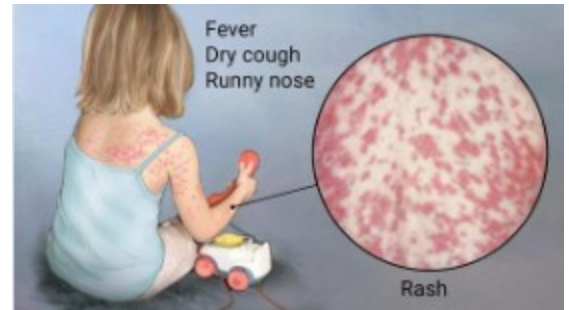
Stay tuned for next month's TOVA Tool # 4: Standing Re-straint



Measles-The New Epidemic

Measles (rubeola, red measles, 10 day measles) is a highly infectious acute viral respiratory illness that can be spread through coughing, sneezing, and contact with respiratory secretions of an infected person. The illness begins 7-21 days after exposure with a fever, cough, stuffy nose, and conjunctivitis. After 3-7 days of illness, a macupapular (tiny red spots) rash begins on the face and spreads to the rest of the body. The rash usually appears about 14 days after a person is exposed. Persons with measles are contagious from four days prior to rash onset through four days after rash onset.

As of June 6, 2019, the CDC is reporting 1022 cases of measles from 28 states so far in 2019. This is the greatest number of cases reported in the United States since 1992 and since measles was declared eliminated from this country in 2000.



The high number of cases in 2019 is primarily the result of a few large outbreaks – one in Washington State and two large outbreaks in New York that started in late 2018. The outbreaks in New York City and New York State are among the largest and longest lasting since measles elimination in 2000. The longer these outbreaks continue, the greater the chance measles will again get a sustained foothold in the United States.

Should we be worried?

Vaccination with the MMR vaccine is the best way to protect against measles. In Virginia, 88.6 percent of children have received the measles vaccine by their second birthday, and 93.1 percent are fully vaccinated against measles when they begin school. One dose of MMR vaccine is sufficient for most US adults born on or after 1957. Presumptive (or assumed) evidence of measles immunity includes:

- Birth before 1957, or
- Laboratory evidence of immunity, or
- Documentation of one dose of MMR vaccine after 1967 and after first birthday, or
- Documentation of two doses MMR vaccines



Certain adults are considered to be high risk and need two doses of MMR, each dose separated by at least 28 days, unless they have other presumptive evidence of measles immunity as listed above. High risk adults include **healthcare workers**, college students, and international travelers. Persons without evidence of immunity who are exposed to a confirmed case of measles are recommended to receive a MMR vaccine. A MMR vaccine is considered an effective control measure.

Watch your email for more information. The MMR and additional vaccines will be offered on June 27th.

~Submitted by Cindy Jones, RN, CIC, Infection Control

Safety Leadership

SAFETY TEAM WORK

How would you group some of the SWMHI features that create a safer environment for **individuals served, visitors, students, guests, and staff members who work here?**

Here's one example...what's yours? What would you change or add to the lists ?

Environmental Improvements

- Prevent death by suicide by replacing hinges, door knobs, covering pipes, enclosing handrails
- Bathroom safety with better break away shower curtains, anti-ligature faucets/dispensers/shower knobs
- Heavier chairs that can't be thrown
- New lights in bedrooms/bathrooms with covers and lightbulbs that can't be removed
- Windows in bedrooms replaced with shatter resistant glass windows



Training

- Annual regarding use of seclusion, restraint ERC, spit hoods, stretcher
- Annual STARS including Infection Control, Fall Prevention, Seclusion, Restraint, Medical Emergencies
- Treatment for individuals with addictions, opiate withdrawal, Librium protocol
- Considerations for individuals diagnosed with Borderline Personality Disorder
- Interventions with Forensic Patients
- Trauma Informed Care
- Stress First Aid
- Active Shooter precautions
- Therapeutic Interventions for TBI, I D/DD, Autistic, Neurocognitive Disorder (dementia)
- Mental Health First Aid
- TOVA Skills practice monthly on units
- Code Blue Drills - discussions for changes in physical condition

Patient Interactions

- Active Treatment, groups, patient education and activities
- Behavior Support Plans
- Personal Safety Tools

Communication: Equipment and Interpersonal

- Personal Safety Alarms
- Panic Alarms
- Motivational Interviewing
- Emotional Intelligence
- Engagement Techniques
- DBHDS Emergency Alerting System
- Duress Fobs
- Closed Circuit Cameras
- Meetings with Treatment Teams
- Staff Meetings
- Processing after Codes
- Change of Shift Report

Patient Care: Velcro shoe laces and belts, Electric Razors; Hand Hygiene, Flu and Pneumonia Vaccines

**Think safe
Work safe
Be safe**

Connect with chairperson and bring your ideas to upcoming:

- 3x3 Safety Focus group (May & June)
- Safety Committee (monthly)
- Accident Review Committee (monthly)
- Staff Meeting on Unit (monthly)
- Nursing Staffing Committee or Forum (monthly)
- Department Head or Executive Team Meeting (at least monthly)

What is a Healthy Weight?

A healthy weight is a weight that lowers your risk for health problems. For most people, [body mass index \(BMI\)](#) and waist size are good ways to tell if they are at a healthy weight.

But reaching a healthy weight isn't just about reaching a certain number on the scale, or a certain BMI. Having healthy eating, and exercise habits is very important.

If you want to get to a healthy weight and stay there, healthy lifestyle changes will work better than dieting. Reaching a certain number on the scale is not as important as having a healthy lifestyle.

Why pay attention to your weight?

Staying at a healthy weight is one of the best things you can do for your health. It can help prevent serious health problems, including:

- Heart disease.
- Stroke.
- High blood pressure.
- Type 2 diabetes.
- Sleep apnea.

But weight is only one part of your health. Even if you carry some extra weight, eating healthy foods and being more active can help you feel better, have more energy, and lower your risk for disease.



HISTORY IN THE MONTH OF JUNE



June 5, 1783 - The first sustained flight occurred as a hot-air balloon was launched at Annonay, France, by brothers, Joseph and Jacques Montgolfier. Their 33-foot-diameter “globe aerostatique” ascended about 6,000 feet.

June 6, 1944 - D-Day, the largest amphibious landing in history, began in the early-morning hours as Allied forces landed in Normandy on the northern coast of France. By the end of the day, 150,000 Allied soldiers and their accompanying vehicles had landed with 15,000 killed and wounded.

June 14, 1922 - Warren G. Harding became the first U.S. President to broadcast a message over the radio.

June 18, 1983 - Dr. Sally Ride, a 32-year-old physicist and pilot, became the first American woman in space, beginning a six-day mission aboard the space shuttle *Challenger*, launched from Cape Canaveral, Florida.

June 20, 1782 - The U.S. Congress officially adopted the Great Seal of the United States of America

June 21, 1982 - Britain’s Prince William (William Arthur Philip Louis) was born in London, June 21, 1982.

June 30, 1971 - The 26th Amendment to the U.S. Constitution was enacted, granting the right to vote in all federal, state and local elections to American citizens 18 years or older. The U.S. thus gained an additional 11 million voters. The minimum voting age in most states had been 21.



**Congratulations to our
May Birthday Winners!**



Jean Pierce

&

Charlene Grizzle



Each received a \$25 gift card to Walmart!

Census



**MONTHLY PATIENT
CENSUS**

May 2019

Admissions - 82

Discharges - 75

Passes Average - 10

Daily Census - 168



Virginia Retirement System

Announcement

If you participate in a VRS Defined Contribution Plan and want to learn more about the different plans, new investing videos are available.

The new investing videos can help employees who participate in VRS defined contribution plans decide what type of investor you are and there are strategies to help you build a portfolio based on whether you are a **do-it-for-me, do-it-myself or help-me-do-it investor**. Each video offers resources based on an individual's desired level of risk and involvement, as well as tips and guidelines for reaching their retirement goals.

To view the videos, members may visit www.varetire.org/dcplans and select their plan, then click Investing Videos in the What's New section.



Metrics Can Be Fun

Did you know that Millennium, the new electronic health record, will use **metric** measurements?



Fun Facts:

The height of the average

North American male is **175.5 centimeters**, a little over 5 foot 9 inches. The average US female is **162.5 cm**, or 5 feet 4 inches.

1 meter = 3.28 feet, just over one yard and 1 inch = 2.54 centimeters.

If a person weighs 150 pounds, that equates to **68.2 kilograms (kg)** and a 200 pound person weighs **90.9 kg**.

**Thanks for helping us
SHINE!**



An Expression of Appreciation
(sent from the family member of an Individual we served)

Dear Dr. McClaskey:

I am writing to express my appreciation for one of your Health Information Management Department members, Ms. Karen Arnold. Over the past few months we have corresponded about the records of our family member. Ms. Arnold has been so helpful in finding his records and in explaining all the steps and procedures needed to obtain information.

Last month, I had the opportunity to visit SWVMHI and the pleasure of meeting and speaking to Ms. Arnold. She is very competent in her work; organized, helpful, knowledgeable, and she is especially prompt with replies. Ms. Arnold and her work, in my experience and opinion, is a terrific representative of Southwest Virginia Mental Health Institute.

Signed, Family Member

... How Important is it to Respect Yo' Self!

As part of the CLC Committee's *Culture of Respect and Engagement (C.O.R.E.) Initiative* we would like to share some resources and information about how you can practice Respect for Self.

Also, please mark your calendars for two fun and meaningful opportunities to put into practice Respect for Self:

- Self-Care Fair for the individuals we serve - June 25 from 1:30 pm-3:00 pm in Gym or G Courtyard (weather permitting, gym as backup. Staff are welcome to attend as well!
- Self-Care Fair for Staff - June 27 from 7 am- 3 pm in the Gym

When we practice Respect for Self we are healthy and happy!

Here are some traits of a Healthy Employee:

- Productive
- Energetic
- Engaged
- Self-Confident
- Achieves goals and has a sense of accomplishment
- Has fun
- Happy

When we fail to practice Respect for Self we are not our best and we cannot give or do our best!

A recent Gallup study of nearly 7500 full-time employees found that 23% reported feeling burned out at work very often or always, while an additional 44% reported feeling burned out sometimes.

Three Dimensional Definition of Burnout

1. **Emotional Exhaustion:**
 - ⇒ Feelings of being depleted, overextended, and/or fatigued
2. **Depersonalization:**
 - ⇒ Negative attitudes towards peers, the individuals we serve, or work in general.
3. **Reduced Sense of Personal Accomplishment:**
 - ⇒ Negative self-evaluation of one's work with individuals or overall job effectiveness.



Come Practice Self Care with us!



meet our NEW HIRES



Please welcome the newest additions to our SWVMHI Team!

New Hire for 5/8/19



Kaloni Clark, P-14, Food Service Tech

New Hires for 5/10/19



Front row: Melissa Hoover, PCT, 3rd shift, Ward AB; Kasey Salyers, Education Rehab. Coord., Anna Hanson, PCT, 2nd shift, Ward H
Second row: Joe Linkous, Env. Svs.; Curtis Crewsey, Transportation PCT, 1st shift; Jennifer Cress, PCT, 2nd shift, Ward H; Missy Shelton, Food Services

New Hires for 5/28/19



Dylan Roberts, P14, Environmental Services; Matthew (Matt) Whitt, Jr., P14, Environmental Services; Kaycee Hilliker, Food Services; Zachary (Zach) Turley, P14, Environmental Services., Bobbi Pruitt, P14, Patient Registrar; Victoria Pickle, P14, Food Services ; Kathy Christian, Food Services

Having courage does not mean that we are unafraid.
Having courage and showing courage mean we face our fears.
We are able to say, *"I have fallen, but I will get up."*
~Maya Angelou



Special message on teamwork
from Alicia Alvarado, RN/MSN,
Chief Nurse Executive



“One of the reasons our business works is because we have a wide variety of talent, and know how to work together to use it properly.”

Jay Owens, Business Consultant

Reading an online article about teamwork after being involved with a previous discussion about abuse prevention highlighted for me the value of teamwork with preventing inappropriate actions toward the individuals we serve. It is especially important with the staff members who provide direct care interventions all shift long and who work in the same environment, same rooms, and same milieu shared with the people around whom our mission centers.

Here are a few thoughts prompted from “The Power of Teamwork” that resonate with abuse prevention.

“Teamwork is all about different parts working together to benefit the whole. Everyone is different and has their own talents, ideas, strengths and weaknesses. When the parts are used properly, a team can be more capable, more efficient, and overall more successful than someone working alone.”

An individual care giver needs help when working with an individual who is exhibiting disruptive behavior. The second or third employee may not need to say anything, but the presence and readiness to intervene lends support to the situation as well as visible presence to the person served that everyone is interested in a successful resolution of the problem.

So, if there is yelling, knocking, throwing, (add other behavioral verbs that would require intervention), don’t just walk on by, remain sitting, or not otherwise “check it out” with expectation that someone else can handle it. Check it out. Go help.

It seems especially when individuals have had difficult behaviors in the past, staff members get accustomed and think “oh, that’s just so and so, that’s just normal behavior; staff get conditioned to ignore it and to expect one staff member to handle it...never lower standards for what is acceptable just because it happens often. Never get accustomed to not responding even if others are around who “could” (but don’t) or you are otherwise busy. We do not want individuals at risk for inappropriate actions from a staff member and we don’t want a staff member to be isolated and alone in managing the situation.

Different Perspectives Help Find Solutions

“When working alone, there is no outside perspective to offer another way of thinking or a different technique to achieve a particular goal. Go to coworkers for another perspective, and oftentimes a solution is created out of the collaboration. A team with members that specialize in different areas can be highly efficient. Finding ways to effectively combine unique skill sets is what building a good team is all about.”

Depending on various individual circumstances, someone who may normally demonstrate effective skills may be in a situation where those skills are compromised. Being tired or hungry can cause us to not perform at our best, having difficult challenges earlier in the shift can deplete our internal coping abilities for a time, various problems at home, and so on. Never think that a good employee will not have some bad moments. It takes everyone noticing what is going on in the moment to help keep interactions appropriate and above board. Intervene as a team member to offer help, give a break, step back together and consult, and so forth. Don’t think “if they want help they’ll ask for it.” ***Assist when you notice - before problems get bigger.***

Accept Feedback about Strengths and Weaknesses

“It turns out, nobody’s perfect. Every person comes with their own strengths and weaknesses.”

Balancing a team’s strengths and weaknesses is important for an effective team in the moment. When things are going smoothly for a workgroup or team is a good time to discuss that when things get busy, “having your back” may mean stepping in and giving feedback that what’s going on may need a different approach, different tone of voice, or some assistance.

(Continued on page 16)

(Continued from page 15)

No team member should feel criticized if this happens. It is supportive and preventative. ***We know our internal intentions but we do not exist outside ourselves to observe what others see and hear. We need other’s input be the best care givers***



for individuals.

Mental and Verbal Abuse: Recent Reminders from CMS

“The U.S. Inspector General notes that mental abuse includes both verbal and nonverbal actions which cause – or have the potential to cause – a resident to experience intimidation or fear, shame, humiliation, degradation or agitation. Verbal abuse, which includes oral, written or gestured communication or sounds, can also be considered mental abuse when used within hearing distance of residents.”

Here are a few reminders of issues that may seem minor, but which may become neglect or abuse:

- ◆ Shaking your finger in a person’s face
- ◆ Saying “stop that or something negative/punitive will happen”...and negative/punitive is defined by how the individual would perceive the consequence, not by the staff member intention. So saying “stop that or you will not get fresh air break” is punitive
- ◆ Yelling, using a threatening or demeaning tone of voice, sarcasm or disrespectful words
- ◆ Speaking to an adult individual as if they were a child or an object or about them as if they cannot hear
- ◆ Gestures or body language that could be interpreted as threatening, demeaning, or disrespectful

Every work team member has accountability to each other to help out with interventions, to share impressions and observations, and to think about how to keep the environment and interactions therapeutic.

If an individual continually presents challenges to direct care givers, it is essential to contact the Treatment Team, Primary Nurse, and unit nursing leadership to assist in developing a consistent plan for how staff members manage the difficult behaviors.

Remember: Seclusion or restraint should only be used in emergencies. Otherwise, it could become abuse. Here is the statement from the Human Rights Regulations:

“Providers shall not use seclusion or restraint for any behavioral, medical, or protective purpose unless other less restrictive techniques have been considered and documentation is placed in the Individual Service Plan that these less restrictive techniques did not or would not succeed in reducing or eliminating behaviors that are self-injurious or dangerous to other people or that no less restrictive measure was possible in the event of a sudden emergency.”

If you push the wheelchair of an individual against their will who is dependent on the wheelchair for mobility ...that is considered restraint as they cannot remove themselves from you taking them somewhere they do not want to go. Do not use a wheelchair inadvertently as a restraint device!!

Unity is Key

“Unity is one of the most important aspects of having a successful team. It feels good when you and your teammates are working together towards the same goal. It feels even better when you accomplish your goal, exceed expectations and enjoy yourself along the way. Working with your peers can be fun as you bounce ideas off one another, tag-team a specific task, or engage in the occasional diversionary conversation about.”

Please discuss these concepts in staff meetings and during shift reports.

Ongoing discussion and feedback helps each other know the challenges, the expected interactions, and to be open throughout the shift for peer feedback and assistance.

Help each other appropriately help the individuals we serve.

**Thank you for keeping the standards
and looking out for one another.**

Alicia Alvarado, Chief Nurse

May 29, 2019

TRAINING OFFERINGS & HAPPENINGS FOR JUNE

- * **June 11 - Blood Drive (outside of Bagley) - 10am - 5pm**
- * **June 12 - History Tour with Dr. Mike Jones - 1pm**
- * **June 14 - CPR Certification Class - 8:30am - 5pm**
- * **June 18 - Intro to Mental Illness with Dr. Chris Carusi - 8:30am - 12noon**
- * **June 18 - Intro to Substance Use Disorder with Tom Martin - 1pm - 2pm**
- * **June 18 - REVIVE! Opioid Education/Naloxone Administration Class with Alexa Mabe, Steve Perry, or Shelly Jones - 2:15pm - 3:30pm**
- * **June 19 - Intro to Intellectual Disability with Mark Morin - 1pm - 3pm**
- * **June 19 - Trauma Informed Care with Matt Woodlee - 3pm - 5pm**
- * **June 25 - Self Care Fair for Individuals we serve - 1:30pm - 3pm - G Courtyard weather permitting or the gym as the back up location.**
- * **June 27 - Self Care Fair for Staff (Gym) - 7am - 3pm**
- * **June 28 - Mental Health First Aid - 8:30am - 5pm**

Bullying and Violence in the Workplace

When: July 9 or July 18
Time: 9:30am to 11:00am
And 1:30 - 3:00pm

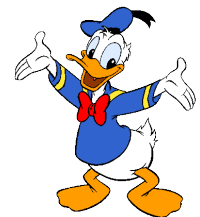
Brendon Vigorita will be presenting
 Contact Patricia Evans to register (x854)



June Days to Celebrate

“Off the cuff” May holidays to celebrate:

- June 1 - National Go Barefoot Day**
- June 3 - Wonder Woman Day**
- June 6 - Drive-in Movie Day**
- June 9 - Donald Duck Day**
- June 11 - Corn on the Cob Day**
- June 21 - Go Skateboarding Day**
- June 23 - Pink Flamingo Day**
- June 27 - National Sunglasses Day**



Word Search

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



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

The way to get started is to quit talking and begin doing.
 Walt Disney

Baseball



Beach Ball

Boats

Camping

Cook Outs

Fathers Day

Fishing

Floats

Garden

Graduation



Grilling

June Bug

Relaxing

Strawberries

Sunglasses

Sunny

Suntan Lotion

Swimming

Vacation

Vegetables



Staff Development

Take advantage of upcoming Training Opportunities

CAI Reminder for June

The time to complete your June CAIs has come!

The 2019 Human Rights - DI 201 CAI is due June 22.

Other courses for June, due June 30, are Infection Control and Regulated Medical Waste. It is always helpful to brush up on this information!

Please complete these CAIs at your earliest convenience (the earlier, the better).

You can find the courses by following these steps:

1. Log in to the Virginia Learning Center (VLC): <https://covlc.virginia.gov>
2. In the Browse Training Catalog Search field, enter keyword "infection control", "regulated medical waste" or 2019 Human Rights and then click on SEARCH.
3. Click on the course title 2019 Infection Control CAI, 2019 Regulated Medical Waste, or 2019 Human Rights - DI 201 then click on Open item to begin.

June Lunar Phases



June 3 — New Moon

June 10 — First Quarter Moon

June 17 — Full Moon

June 25 — Last Quarter



June 2019

Sun	Mon	Tue	Wed	Thu	Fri	Sat
2	3 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	4 G amerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	5 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	6 Chapel 6:15-8pm	7 No Gamerroom	8
9	10 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	11 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	12 MOVIE NIGHT 6:00- 8:00 All units together	13 Chapel 6:15-8pm	14 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	15
	17 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	18 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	19 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	20 Chapel 6:15-8pm	21 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45 1st Day of Summer	22
23	24 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	25 No Afternoon Groups 1:30-3:30 Special Event Gamerroom ERS & E/F- 5:45-6:35	26 Birthday Party & Gamerroom 6:15- 8pm	27 NO Groups AM/PM Self Care Event for Staff in gym Chapel 6:15-8pm	28 Gamerroom ERS & E/F- 5:45-6:35 ADMISSIONS- 6:40-7:45	29



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

Please submit articles for the next newsletter to Teri Townsend prior to the end of July.