



"People helping people help themselves."

Division of Mental Health and Addictions

Logansport State Hospital

The Spectrum

In this issue:

Certificate of Distinction .. 1

Spyke The Psyche ... 2 - 4

Arts~'n~facts5 & 6

Chance Winner 6

Q-tips..... 7

Policy Updates 8

Thank You... 8

Culinary Corner ..9 - 11

Southworth South Cottage Open House.. 11

Who Am I? 12

Sneaky Snaps 13

Upcoming Events 13

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Certificate of Distinction



Awarded Certificate of Distinction, Ted Shriver (C) poses with Service Line Manager, Steven Barlow (L) and Transitional Care Manager Rick Ricks (R).

Ted Shriver

Transitional Care Specialist

Southworth South

The nomination read:

"I would like to nominate Ted due to his big heart and genuine smile. I have only been here four months, but every day during rounds on

his unit, he greets me with a smile and asks me how my day is going. He treats his clients with the utmost respect and goes out of his way to make sure I have everything I need to do my job. Ted and the whole Southworth South team are like a big family and they make me feel welcome every time I step through the doors. This makes me feel good knowing that my clients are well taken care of. Along with Ted's outstanding work ethic, he also takes time to use his well known alias "Santa". Every year Ted puts on the suit for our clients and the kids in the community. I feel I am just doing my part by nominating Ted for his well deserved recognition. I also want to add that I have never heard Ted say one thing negative and that goes a long way in my book. Ted may get "detailed" to another unit, but he always looks on the bright side and I feel the patients benefit from his positive attitude." Chad Davis.

Rick Ricks added his endorsement, "Ted comes to work and does his job as he has for a number of years. His special traits are in the areas of his social/leisure skills and willingness to volunteer in any area to benefit LSH clients. Ted loves to talk and rarely misses a chance to do so with any willing staff/client. He is honest and caring and an asset to the SWS Unit."

Nominate Someone Today!



SPYKE THE PSYCHE



Disruption of Person’s Functioning

Trauma and Addictions programs are designed to help people struggling with addictions that are related to trauma and stress. The stress and trauma can be related to childhood and adult life experiences that were traumatic for the person. Most of us have experienced stress at one time or another in our lives. For trauma survivors it seems that the “stress button” is stuck in the on position, and it doesn’t take much to elicit a strong reaction through thought, feelings, or behavior patterns. So many things seem to increase stress in the survivor’s life including treatment.

One such program, Mungadze, is based on the assumption that trauma problems and addiction related to trauma are rooted in disrupted brain functions. This disruption is at the heart of most of the problems. Disruption of functioning is often referred to by clinicians as "patient quality of life". It doesn’t matter what it is called by clinicians, for the survivor, all the survivor knows is that they want to improve their quality of life or improve their ability to function.

For some, the ability to function has deteriorated so much that they end up being hospitalized. In most hospitals trauma is not addressed; therefore the trauma survivor leaves the hospital after the “symptoms” are treated, only to find that their ability to function is still disrupted once they get back into “life”. Many who suffer from trauma, whose problems with functioning are severe, have very little hope that they can regain it back. We believe that it is important when treating trauma survivors, that the patient’s treatment plans address functional ability. This gives them hope, and motivation to address some of the deeper pathologies underlying their inability to function.

Most people with Dissociative Identity Disorder go on for years being functional, and successful in what ever they do. In fact their coping mechanism (the D.I.D.), or (M.P.D., or multiple personality disorder as it was called in the old days), makes it possible for them to be successful. Those who become aware of this in later years are able to see in retrospect how the D.I.D. helped them through the years. They will also be able to see where the D.I.D. may have caused them problems. This is the reason why people end up seeking treatment because the coping mechanism may fail or develop problems.

There are possibly a lot of successful people in all walks of life including show business who use this very coping mechanism to achieve what they have achieved and for them they don’t see this as a negative and bad thing.



SPECTRUM

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If the coping mechanism starts to give them problems, they may never go to seek help because all that is ever talked about is how bad, crazy and bizarre D.I.D. is.

Negative View of D.I.D.

Most people are familiar with D.I.D. or M.P.D. through the Hollywood version of it. Sybil, The Three Faces of Eve, Many Minds of Billy, The Many Lives of Trudy Chase, and many other movies about D.I.D.. No wonder people with D.I.D. don't want to admit it. Who wants to be seen as crazy and out of control? Most people with D.I.D. are normal people with normal jobs in your community. They could be your pastor, your teacher, your lawyer, your congressman, your police officer, your favorite movie star, or your professional athlete, or your therapist. They are not running around screaming, pulling their hair out and fighting with people, as depicted in the Hollywood movies.

Clinical View of D.I.D.

The clinical view of D.I.D. is based on the (DSM) Diagnostic Statistical Manual which is the diagnostic authority on mental disorders. The focus in the DSM is on the pathology rather than adaptation. However, the clinical literature in the field does address the adaptation qualities that allow some D.I.D. people to function reasonably well. But, even in the clinical literature a lot of attention is still focused on the pathological aspects. It is important that adaptation be considered a big part of the overall view of D.I.D. because adaptation is the coping mechanism of the disorder that allows people with DID to go on with their lives just like everyone else.

Research indicates that only 20% of those diagnosed with D.I.D. have obvious symptoms leaving 80% with hard to detect symptoms. It is also important at this juncture to mention that the symptoms of D.I.D. mentioned in this paper do not apply to everyone who has D.I.D. And a lot of these symptoms are not always expressed outwardly to where everyone sees them (See Table I.). This is the reason why people wonder why they did not see the D.I.D. in their loved ones. Research also indicates that most people diagnosed with D.I.D. are not eager to get the diagnosis contrary to the notion that they are trying to get attention. Research also indicates that D.I.D. is a childhood disorder developed in childhood contrary to the notion that therapists create it in their adult clients.

Skepticism About The Diagnosis

The skepticism in the general public is understandable given the difficult nature of diagnosing the disorder. However the skepticism among mental health professionals is both confusing and disturbing to people diagnosed with the disorder. D.I.D. has been in the DSM since 1980, it would appear that there should not be any discussion about its validity since its inclusion in the DSM. It would make sense if the skepticism was really about "who" has D.I.D. instead of its existence. This level of skepticism is disturbing because it's the same as the president of South Africa, who declared that HIV and Aids does not exist in his country, even with thousands of his people dying from it. He angered the international community with this level of skepticism.

This level of skepticism is disturbing also because research indicates that the skeptics tend to treat their other mental health professionals who believe in the diagnosis unprofessionally, and with disrespect instead of disagreeing agreeably. A lot of the skepticism focuses on the many different treatment approaches used by many different mental health professionals over the 29 year history of D.I.D. treatment.

Mungadze Trauma Programs

"Dissociative Identity Disorder: Triumph Over Life's Greatest Challenges"

by Dr. Jerry Mungadze; phone: 1-888-470-8885; E-mail: mungadze@msn.com

Article summarized by Marjorie Potts.

Table 1
Dissociative Identity Disorder
(DID) Diagnostic Criteria

Physical Symptoms: headaches, stomach problems, genital problems, body rashes, generalized body pains. Unexplained bleeding, blurred vision, dizziness, and physiological changes.
Emotional Symptoms: Too much or too little sleep, frequent depression, floods of emotion that cannot be explained, feelings of emptiness, helplessness, hopelessness, suicidal ideation, homicidal ideation.
<p>Mental Symptoms:</p> <ul style="list-style-type: none"> Mass confusion: <ul style="list-style-type: none"> Inability to make decisions or fluctuating decisions Inability to focus or concentrate Racing thoughts that cannot be controlled Amnesia: <ul style="list-style-type: none"> Memory lapses too great to be accounted for by mere forgetfulness Fluctuation of knowledge Hearing voices inside of your head: <ul style="list-style-type: none"> De-realization Depersonalization Frequent trancing out Paranoia Irrational fears and phobias
<p>Behavioral Symptoms:</p> <ul style="list-style-type: none"> Living life as more than one person Drastic changes in actions Fluctuations of skills Inability to control actions <ul style="list-style-type: none"> Actions out of character or inappropriate No awareness of some actions Impairment of function, often severe Abusive Behavior <ul style="list-style-type: none"> Self mutilation Abusive to others Eating disorders Substance abuse
<p>Historical Symptoms: Job experiences marked with instability, relationships short lived, intense and apprehensive.</p> <ul style="list-style-type: none"> Varied treatment history <ul style="list-style-type: none"> Failed treatments Several different diagnoses Use of several psychiatric medications without significant help
<p>Paranormal symptoms:</p> <ul style="list-style-type: none"> Patient feels like they are possessed Patient feels like they go from one place to another without leaving physically Patient feels like they can read your mind

Criteria from: Mungadze Dissociative Disorders Program at Bedford Meadows, Psychiatric facility, (@1992, Mungadze, Jerry J.)

Arts-'n-facts

Longcliff Museum Art-'n-facts

Musical Therapy in Logansport Hospital Has Important Place in Patients' Treatment
Indianapolis Star, May 25, 1952



The Logansport (Indiana) State Hospital established a Music Therapy Department about two years ago. It is a comparatively new field of functional music, and has proved to be an important field. Miss Pat Otto is in charge of the department.

Longcliff, the Logansport (Indiana) State hospital, has been interested in the therapeutic value of music for patients for the past two years, and, in the early summer of 1950, established a music therapy department, now supervised by Miss Pat Otto.

Music, of course, is not a "miraculous cure," if the patient is seriously ill, but it has been discovered that it has an important place in treatment.

The editor of this page quotes, with Miss Otto's permission, part of an article she wrote about the music therapy department in Longcliff.

"Longcliff has, for some time, been aware of the power of music to help its patients toward recovery. This is evidenced by the patient orchestra and band, the Sunday evening concerts, the dinner music provided in the patients' cafeteria and the Choir with organ accompaniment for religious services."

"The success of the present music program has been the inspiration for a more highly organized program of music, devised to delve into the definite possibilities of music as a specific therapy.

Although the soundness of principle in the use of music as a therapy is a fairly well-accepted fact, the problem of perfecting its practical application still remains. Hence, the establishment of a music therapy department at Longcliff.”

“Music therapy in a hospital does not make the hospital a music school. It does not aim at technical perfection at the expense of the patient’s mental welfare. The first and last objective is the patient’s recovery. Its motto should be ‘music for the patient—not the patient for music.’ The Music Therapy Department hopes to reach individuals as well as groups, to bring music to the back wards, to reach not only the professionally trained musical patient but also the patient who cannot perform—yet derives much enjoyment from listening to music. Observations will be made as to the reaction of patients from a mixed ward to a certain musical composition, as compared with that of a homogenous grouping to the same composition.”

“Perhaps, with mutual support and co-operation, together they will find some of the answers at Longcliff. It is encouraging to note that research along these lines is taking place in various parts of the United States so that any work done here at the State Hospital will be of value to others in the field of musical therapy. If music has such numerous potentialities in the field of medicine (and we believe it has), then no stone should be left unturned to prove it and to make of it a practical science insofar as is possible. But in so doing, it must be remembered that the music must reach the whole man, mind and body, and that because we are dealing with individuals we must expect to find varied reactions. If, in a scientifically-controlled experiment, it is discovered that 98 out of 100 depressed patients experience joy on hearing “Happy Days Are Here Again,” we cannot conclude that all depressed patients will react in that same way. We must always take into consideration those who may not. This is, of course, the case in any work with human beings.”

“Perhaps, in the not-too-distant future, the doctor may prescribe music for the patient with as much confidence as he prescribes digitalis.”

Father's Day Chance Winner.



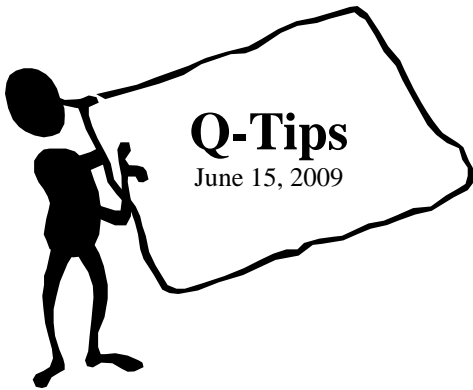
Brenda Phillipy (pictured on the left) drew Dena Packard's (pictured on the right) winning ticket.

Dena was the lucky winner of the Father's Day Chance.

The Morale Boosters gives thanks to all who donated time/money towards the Father's Day Chance.

All proceeds goes towards future Morale Boosters events.





Continuous Readiness Reminders

- LSH Mission, Vision, Values

By Quality Management

As our “window” for a Joint Commission survey opens, please be reminded of the Logansport State Hospital mission, vision, and values.

Mission

The Mission of Logansport State Hospital is to provide comprehensive inpatient services to persons with mental illness. The individuals are treated and reintegrated into community settings within the shortest duration possible.

Vision

Logansport State Hospital is dedicated to excellence, which is defined by this hospital's total commitment to uphold the highest professional standards with dignity, respect, and compassion. The application of ever improving evidence based/recovery oriented habilitative as well as rehabilitative approaches will be this agency's avenue to greatness and will be reflected by the quality and quantity of services and our efforts to create a State Operated facility to which all others will align.

Values

- Patient focused
- Wholistic individualized treatment
- Courtesy and respect
- Honesty and integrity
- Boundless creativity and dedication
- Advocacy for all in need
- Commitment to Improving Organizational Performance
- Strict adherence to confidentiality
- Competent staff
- Teamwork
- Committed to safe practices and a safe environment



Policy Update

Revised/Updated

- A-37 *“Operation of Personal Motor Vehicle by Patient”*
- A-43 *“Visitation of Patients”*
- A-44 *“Personal Possessions of Patients”*
- A-52 *“Patient Rights and Responsibilities”*
- C-1 *“Seclusion and Restraint Policy/Procedure for the State Behavioral Healthcare System”*
- C-10 *“Special Communication Needs”*
- C-29 *“Suicide Lethality Monitor Policy”*
- C-40 *“Respiratory Protection Program”*
- F-03 *“Medical Services-Payment by Third Party Representatives”*
- F-04 *“Acceptance of Money and Valuables”*
- H-1 *“Dress Guidelines”*
- H-30 *“Use of Personal Cell Phones/Pagers”*
- IM-04 *“Radio Use”*
- IM-07 *“Minimum Necessary”*
- IM-34 *“HIPAA Compliant Access and Indiana Protection & Advocacy”*

RESCIND-

- IM-1 *“Hospital Forms Oversight & Duplication”*

**** Staff should review the above policies on the Intranet or in the manual.**



THANK YOU!

to the Morale Boosters Committee for funding the sponsorship of this year's Corporate Challenge. We have staff representing LSH in ten different events. This should be an exciting year and we wish all the participants Good Luck!



Culinary Corner

Good Taste: Grow a Garden of Fresh Herbs
It's easy to plant homegrown herbs to season delicious dishes.

It's no secret that herbs are a great way to add zest to any dish. But you don't have to build extra shelves for your spice rack to keep the necessary ingredients on hand.

Instead, make room for a fresh crop of savory herbs in your garden, or on a patio or windowsill. Just take your pick from one or more of these common varieties that thrive in warm, sunny areas with well-drained soil.

To raise the herbs from seed, plant indoors in early spring before moving the seedlings outside after the last frost...or plant them directly in the garden in late spring.

Indoor gardens can be planted anytime, although spring is best. Nursery-grown plants should be added to your garden after the last spring frost.

Basil — This annual is as easy to grow as it is to use. And with more than 150 varieties, there's one to satisfy every appetite!

Most prevalent, sweet basil is a mild flavoring for soups and sauces. Similar-tasting purple basil adds color to dishes as well. Lemon basil lends a citrus kick to vegetables, fish and poultry. To encourage bushier plants, pinch off the flowering tops.

Chives — The grass-like spears of this perennial add a mild onion zip to salads, soups and casseroles. Chives are also often sprinkled on top of a dish after cooking for a pretty garnish.

Chives will grow year-round, making it a good choice for indoor gardens. Trim the leaves back in the fall and divide once every 3 years if grown outdoors. It spreads quickly, so be sure to remove the spiky flower heads to prevent overly abundant growth.

Coriander/Cilantro — Both the leaves and seeds of this annual plant provide flavorful and versatile seasonings.

The aromatic leaves—cilantro—are popular in Mexican dishes, while the seeds—coriander—add a sweet lemony flavor to meat dishes and salads.

Pick the leaves whenever you need them, but allow the seeds to turn brown in late summer. Then dry in a dark, airy and cool place and store in an airtight container.

Plant several crops throughout summer to ensure a continuous harvest.

Dill — The feathery leaves of dill add a fresh twist to soups, herb butters and fish, and its umbrella-like sprays of yellow flowers are the perfect partners for pickles.

This annual works best outdoors because it can grow up to 5 feet tall. Plant a few batches to keep dill available throughout summer.

Mint — The invigorating scent of mint makes it a refreshing choice for teas. Its leaves often crop up in summery fruit salads or are used to make mint jelly.

The two most common types, spearmint and peppermint, are perennials that propagate easily, so take care where you plant them or keep in a container garden to restrain growth.

Oregano — Best known as a spice for pizza and pasta sauces, the peppery leaves and stems of this perennial are often used to season meat and egg dishes, too.

Pick oregano when the plants are about 6 inches tall to encourage bushy growth.

Parsley — Although often used as a garnish, parsley, with its mildly spicy leaves, also peeps up the flavor of salads, sauces and soups.

Pick the leaves anytime, although they're best during this biennial plant's first summer. Start new seeds throughout the season for a continuous crop.

Rosemary — This plant's needle-like leaves are a good choice to add a pleasing, somewhat piney flavor to meats, especially roasts. Rosemary also enhances herb breads and cheese- and tomato-based sauces.

Rosemary grows slowly from seed, so propagate from cuttings for faster results. This evergreen perennial can grow up to 5 feet tall. In colder climates, bring it indoors for the winter months.

Sage — The camphor-like, pleasantly bitter flavor of sage goes well with pork and other meat dishes as well as bean and vegetable soups. Trimming this perennial's tall spiky flowers will keep the plants compact.

Thyme — The warm rich taste of thyme is a good complement for stews, stuffing and meat dishes. This perennial grows slowly at first and doesn't usually flower until the second summer after you have planted it. In colder climates, be sure to protect the plants with a layer of mulch in winter. Trim back in spring and prune the flowers regularly.

Whatever herbs you choose, a flavorful harvest from your own garden will help make every meal for your family mouth-watering!

Fresh Out?

There's no need to abandon a recipe because it calls for a fresh herb you don't have. Dried herbs make fine substitutes.

The dried forms generally are more potent than their just-picked counterparts, so use 3 times less dried herbs than you would fresh. If a recipe calls for 1 tablespoon fresh basil, for instance, toss in only 1 teaspoon of dried.

Add dried herbs earlier in the cooking process.

Southworth South Cottage Open House

Transitional Clients started programming at the cottage on March 7, 2009. It took much work, funding, and planning to make the project a success. Thanks to all who helped with the process.

The pictures were taken at our Open House which was held on May 21, 2009. Sixty-four staff and clients attended. Transitional Clients took turns and guided all tours through the facility. Punch and homemade cookies were enjoyed by all.

The Transitional program is provided to give LSH clients a refresher course in skills needed to increase opportunity for successful community placement.

Rick Ricks TCM



Who Am I?

Can you guess who the child on the left is?

If you can, call Darrin Monroe at #3803 or e-mail Darrin at darrin.monroe@fssa.in.gov.

Employees with correct answers will be put into a drawing for a chance to win a free soft drink from the Hillside Café.

Who am I?

Winner
will
be
announced
in
the
next
Spectrum



Wine Butler

Winner of a free drink from the last "What Is It?," is Jacquelyn Springer.
Congratulations Jacquelyn for guessing a "Wine Butler."

Thank you to Ellen Blevens and her husband for submitting the "wine butler" for the What Am I? guess.

If you have a picture of an employee and would love to have a little fun with it, call Darrin Monroe at # 3803.

Sneaky



Snaps!



Gotcha!

Eli Smith checks the air conditioning circulation in the Lynch building during a hot summer day.

Thanks for keeping your cool Eli.

Be on the lookout for Darrin and his camera. You may be the next person caught in the act.



UPCOMING EVENTS

Julye 15 - August 24

- July 15th - Catholic Mass - 3:30 PM
- July 16th - Clinton Co Fair - 12:30 PM
- July 21st - Tippecanoe Co Fair - 4:20 PM @ SWW D2E/CLW/L1E
- July 23rd - Clinton Co Gold Ladies - 9:00 AM @ D2E
- July 23rd - Clinton Co Gold Ladies - 10:00 AM @ CLW/L1E
- August 3rd - Picnic @ Riverside Park Cass Co MHA
- August 4th - Museum Open House for LSH Employees – 11:00 AM – 2:00 PM
- August 4th - Morale Boosters Strawberry Shortcake Sale – 11:00 AM – 2:00 PM
- August 8th - Museum Open House for Community – 10:00 AM – 5:00 PM
- August 11th - Rochester Christian Church Luncheon @ CLW/SWW
- August 19th - Catholic Mass @ 3:30 PM
- August 24th - Tippy Co MHA Bingo @ SWW