

Recovery Times

Fall edition, 2018

OREGON STATE HOSPITAL

Person-Directed Transition Team makes strides in patient care



(From left to right) Diane Hass and Lara Medinger help Corey, a former OSH patient, learn how to use Salem's public transportation system.

Maria knew what she wanted. She only had a \$50 budget, but she needed everything on her list, from hangers and toothpaste to towels and nail polish – all to prepare for her move out of Oregon State Hospital (OSH) and into a group home.

Luckily, she didn't have to navigate the aisles of Walmart alone. She had Diane Hass and Linda Forbes, members of her Person-Directed Transition Team (PDTT), there to help.

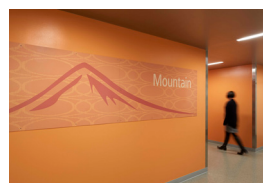
"Our patients look at us as allies," Hass said. "We invest in relationships with them. We treat them as equals."

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OSH Recovery Times is edited by Erin Dahl. Contact her at erin.e.dahl@state.or.us with questions, comments or suggestions.



Message from the Superintendent



Dolly Matteucci

Dear OSH Team:

It's October, and I can't believe I'm already in my sixth month here at Oregon State Hospital. I'm still learning at least ten new things each day. I'm finding my way around the campuses easier, and I have a better understanding of the issues that are important to patients. I also have a whole new respect for the dedication and resiliency of our staff. This issue of the Recovery Times is full of stories of how staff are doing amazing work to help the people we serve get better and return to their lives in the community. It is so important to celebrate these efforts and achievements.

Since I started in April, Cabinet has been working hard to coalesce as a team so we can better serve staff and patients. To that end, we have moved our weekly meetings to a new date and time – Mondays from 2-4 p.m. This change allows Cabinet members' schedules to better align with clinical and other work, enabling them to be more present at team and department meetings and to provide assistance throughout the hospital. We are striving to be more present and accessible to staff across the organization with the goal of improving communication, transparency and relationships – all essential elements of organizational health. Our conversation priorities include enhanced supervision, safety, staffing and population management.

These are all important issues that affect people throughout the hospital, and I want to hear from you. I encourage you to come see me during my office hours to share your thoughts, concerns and ideas for improvement.

Superintendent's office hours

- Salem Campus
Kirkbride building, 4th floor, B03-413
 - » First Mondays 7-8 a.m.
 - » Third Fridays, 2-3 p.m.
- Junction City Campus
Admin 2, Room A-2003.
 - » Second Wednesdays, 7-8 a.m.
 - » Fourth Wednesdays, 2-3 p.m.

And, of course, you can always email me at Dolores.Matteucci@dhsosha.state.or.us or contact my executive assistant, Jacee Vangestel, to set up an appointment by calling 503-945-2852.

As always, thank you for all that you do for the people we serve and for each other. I am so proud to be part of the OSH team. I look forward to the next six months and beyond.

Sincerely,

A handwritten signature in black ink, appearing to be 'Dolly Matteucci'. The signature is stylized with a large loop at the beginning and a long horizontal stroke extending to the right.

Dolly Matteucci
Superintendent

Food for Lane County, Oregon State Hospital team up for apple harvest



Jennifer Jones of Mountain 2 helped pick apples on the Junction City campus on Aug. 29, which were donated to Food for Lane County.

Oregon State Hospital's partnership with Food for Lane County (FLCC) came to fruition recently through the celebration of the first apple harvest on the Junction City campus.

The two organizations came together in March 2015 when Food for Lane County supporters – including many OSH staff – bought 200 Empire apple trees and donated them to the hospital. Staff and community volunteers planted the trees along Recovery Drive.

More than three years later, on Aug. 29, about two dozen Junction City patients, staff and a few Food for Lane County volunteers gathered for the harvest. In just under an hour, the group quickly filled dozens of cardboard boxes that went to feed people in need from Lane County.

"This is good discipline for us," said Jennifer Jones of Mountain 2, as she twisted apples off a tree. "It feels good to be outside doing this, giving back to our community."

As part of their service work, several OSH patients volunteer at Food for Lane County. The nonprofit food bank solicits, collects, grows, prepares and packages food for distribution through a network of more than 150 social service agencies and programs.

Because many hospital patients have been recipients of FFLC food boxes, OSH Deputy Superintendent Kerry Kelly said the collaboration between the hospital and the nonprofit is especially significant.

"The apple harvest is great opportunity for the hospital to partner with our community and provide an opportunity for our clients and staff to contribute locally," she said.

To see a video of the apple harvest, check out the Featured Stories section on Oregon State Hospital's home page at osh.oregon.gov.



Roger Sullivan of Mountain 2 was excited to pick apples on the Junction City campus to benefit people in need from Lane County.

Person-Directed Transition Team makes strides in patient care

(continued from page 1)

Hass, an employment specialist, and Forbes, a transition navigator, are among a new group of contracted specialists who help civilly committed individuals like Maria who have exceptional barriers to discharge. Occupational therapist Lara Medinger and recreation therapist Amanda Rillema round out the team.

Together, team members equip patients with life skills and help them navigate their transition out of the hospital. Their work was initially funded by Oregon Health Authority's former Addictions and Mental Health Services Division and is now funded by Oregon State Hospital.

"Our clients are like puzzles we have to figure out," Medinger said. "We get creative to connect with them and help them find what they need."

Overcoming barriers

That creativity was apparent when the PDTT helped one patient fulfill his dream of playing his violin under disco lights. For another patient who had not left the hospital for 20-plus years, they eased his anxiety about leaving by taking walks with him.

"We started within the secure perimeter, then the ballfield, then we went outside the hospital grounds for five minutes," Rillema said. "We repeated this process until he got comfortable. Now, he's discharged and doing well."

Working in cooperation with hospital staff since 2017, the PDTT helps patients realize life goals and overcome barriers to discharge by showing them how to access local resources, orient to their new surroundings, and develop relationships with community support systems. There are no treatment malls or scheduled groups to attend, and the team bases their schedules on their patients' availability.



Diane Hass and Linda Forbes (center to right) helped former OSH patient, Maria, shop for items in preparation for her discharge from the hospital.

They receive patients from hospital referrals. Most have been at the hospital for a long time or have an extensive history of readmissions. Potential clients choose whether they want to work with the PDTT, and if they do, they'll get to know the team over coffee and snacks in the PDTT's cottage on the Salem campus.

By working with their patients one-on-one – and at their patients' preferred pace – the team strives to help people discharge from the hospital and return to their lives in the community. To date, the team has worked with more than 60 individuals.

Person-Directed Transition Team makes strides in patient care

“We don’t focus on helping people do well in the hospital,” Medinger said. “We focus on helping people do well in the community and in life.”

Daring to dream

Terry counts himself as one of the group’s success stories. A former OSH patient, he had worked with the PDTT for about a year before he was discharged to a Salem group home.

During that time, he learned how to make a grocery budget, how to act in a restaurant, and how to apply for jobs. He also developed a new outlook on life.

Terry is in recovery from addiction and had spent 14 years in the Oregon State Penitentiary before coming to the hospital. “If you had known me before, my attitude was very messed up,” he said. “I didn’t care about anything, and I was kind of hateful. I needed something like this to make me think about my life.”



Lara Medinger (left) gave former OSH patient, Corey, style advice during a shopping trip in downtown Salem.

Although the journey wasn’t easy – he tried to “fire” his team several times – Terry said no one ever gave up on him.

His team members helped him write maps about his relationships, life history and goals. They shared with him the advantages of medication compliance, and they took him on outings in Salem.

“I wasn’t sure how to shop for groceries. I didn’t know the price for anything, and what’s

up with everyone eating organic?” Terry said. “They helped me know what to talk about and how to act. They gave me hope.”

Now, Terry divides his time between his two sons and Dual Diagnosis Anonymous meetings. He is grateful for his team’s support and hopes more people will have long-term access to the personalized care the PDTT provides.

“I’d be back in prison if I hadn’t met them,” Terry said. “They helped me build a picture of where I wanted my life to go. My dreams became a reality.”

Bridging the gap

Brian Long is a team lead for Telecare Corp., which operates Portland-area group homes that provide rehabilitation services for people with serious mental illness. He said the PDTT’s in-depth approach makes a difference.

Typically, Long receives a packet of information when someone comes into his care. But when an OSH patient transferred to a Telecare group home, the PDTT talked to him for an hour about that person’s specific needs and challenges. This attention to detail – as for all the PDTT’s patients – continues for 30 days after someone is discharged from the hospital.

“The team has a more personalized touch,” Long said. “Clients feel more involved in their care.”

In time, the PDTT hopes to expand its services. But for now, it wants to show everyone that creativity, perseverance and hope do make a difference in patients’ lives.

“Our only agenda is to get to know clients, teach them the skills they need to be successful, and get them out of the hospital,” Medinger said. “We are their champions.”

For more information on the PDTT, email OSH.PDTT@dhsosha.state.or.us.

Former hospital patient shares message of hope



“Everything I went through changed me dramatically.”

Benjamin Purdy knows, first hand, how overwhelming being at Oregon State Hospital can be. But he wants patients to know there is hope for a better life.

Benjamin Purdy knew something was wrong when he started hearing voices at age 18, but instead of being afraid, he felt empowered.

“It was almost like a honeymoon period of my mental illness,” said Purdy, now 28. “It was like the voice of God was talking to me, and everything was positive. It wasn’t until two or three months later when it started to turn for the worse.”

That’s when the voices he heard began to talk in detail about the terrible things they planned to do to the people Purdy loved. Ignoring them didn’t help – neither did taking drugs.

But Purdy didn’t believe in the severity of his illness until he started a house fire that nearly

killed him. That act led him to receive treatment at Oregon State Hospital, a last resort that gave him the tools he needed to get well.

“When I went through the hospital, I learned a lot about myself – what I was capable of, what I could handle emotionally and physically,” Purdy said. “I wanted to be better. Now, I feel like I’m alive again.”

Living in denial

Purdy was diagnosed with paranoid schizophrenia when he was 21. By that time, the voices in his head were constant, and he had been repeatedly hospitalized for being a danger to himself.

To Purdy, the voices weren’t a sign of mental illness. They were people only he

could hear, and he didn't think he needed the medications his doctors prescribed.

"I was in complete denial," Purdy said. "Everything I went through changed me dramatically."

By killing himself, Purdy believed he'd save the world from certain destruction. So, on Dec. 16, 2012, he went up to the attic in his parents' home, poured gas around the attic's entrance, dropped a match, and waited.

When the flames began to lick his clothes, Purdy realized he needed help. He forced his way through the fire and escaped the house unscathed. No one else was injured, but the blaze destroyed the home's attic and garage.

Purdy was initially sent to jail for his crime, but when that made his symptoms worse, he was released to the custody of his parents.

Still, Purdy knew he needed more help than his supportive family could provide. So in 2014, he asked a judge to admit him to Oregon State Hospital, where he received treatment for 11 months.

"I did everything I needed to do," Purdy said. "I gave it my all so I'd never make the same mistakes again."

New beginning

The first month at the hospital was the hardest for Purdy. The days stretched on forever. He saw people suffering from their own symptoms, and he didn't yet have privileges to go on outings. He also had difficulty taking direction from his treatment team.

What helped was immersing himself in his addiction recovery groups, finding a medication that worked for him, and reconnecting with his spirituality through meditation, yoga and Tai chi. He also grew to trust his therapist, who helped him work on issues he had been trying to avoid.

Before long, Purdy was transferred from the Harbors Program to the Bridges Program – where

Randy Davis worked as his case monitor. In Davis, Purdy said he found a true advocate.

"Randy validated a lot of what I was feeling, and that was really helpful," he said. "He helped me with all of the spiritual, emotional and psychological stuff I was experiencing."

Davis said he knew Purdy was frustrated by the hospital and that he had trouble believing he could get better. But Purdy's perspective began to change after he immersed himself in his treatment.

"If I had a whole unit full of Bens, I probably wouldn't have a job," said Davis, who now works as a Collaborative Problem-Solving coach. "He outlined his own success story and then made it happen."

In less than a year, Purdy was discharged from the hospital to a group home in Salem. He aspires to move to an independent living facility soon and to become a certified recovery mentor.

Purdy has four-and-a-half years left of his sentence, meaning he still has to report to the Psychiatric Security Review Board and abide by its rules. This includes staying sober and following his recovery plan. If he doesn't follow the rules set for him, Purdy runs the risk of losing his privileges and returning to the hospital.

That is an outcome Purdy is determined to avoid. Instead, he's focused on writing a book of poems, making an album of his rock music, and finding a full-time job. He also leads Dual Diagnosis Anonymous support groups, both in and outside the hospital.

Purdy knows, first hand, how overwhelming being at Oregon State Hospital can be. But he wants patients to know there is hope for a better life.

"Take the groups you don't want to take, because you will learn more from those," he said. "If something is hard, it means you need to do it."

Introducing Diversity Liaison Nina Perard



By Nina Perard, diversity liaison, Office of Equity and Inclusion

OSH Diversity Committee

Mission: Oregon State Hospital's Diversity Committee strives to cultivate and sustain an all-encompassing, culturally diverse population that values open dialogue, cooperation, shared responsibility, mutual respect and cultural competence for staff and patients.

I wasn't searching for a job when a friend told me Oregon State Hospital was looking to hire a diversity liaison.

But the more I thought about it, the more excited I was to return to the hospital under new terms.

The diversity liaison position is a collaboration between Oregon Health Authority's Office of Equity and Inclusion (OEI) and OSH. The primary purpose of the position is to integrate OHA's diversity and equity initiatives into the OSH culture and to meet the unique needs of patients and staff.

This position would allow me to take on a new role at the hospital. I first started working here in 2008 as a student intern in the Psychology Department – while I was completing my master's in counseling psychology. I was hired as a mental health specialist (MHS) in 2009 and was later promoted to MHS associate chief of psychology. I stayed until 2016, when I took a position out in the community.

Two years later, I decided to apply for the diversity liaison position because I believe everyone deserves to be treated with respect and dignity. As a person of color, I have had

life experiences where I did not feel safe or welcome because of the color of my skin. Patients and staff at OSH should be able to feel they are in a safe, welcoming environment that promotes equity and inclusion and that appreciates diversity.

Luckily, I was hired for the job, where I feel I can make a difference.

My role is to help create an atmosphere where equity and inclusion are standard practice in all that we do here at OSH. I want to help OSH become a model for health equity for other institutions in Oregon and the nation.

To that end, I was able to work with fantastic groups of people on the hospital's Transgender and Gender Non-Conforming policy that launched on June 1. Through this policy, patients who identify as transgender or gender non-conforming have access to medical and treatment supports that will assist them through the recovery process. For instance, if a barrier to treatment is hormone-replacement therapy, treatment teams may pursue getting that treatment for patients to help them achieve their recovery goals.

I'm also working on a screening to assess cultural needs of patients at admission. This screening would identify cultural resources to help patients through their recovery process – such as PLURAL, Veterans for Progress or other support groups within the hospital.

Clinical treatment teams would use the screening to make referrals for cultural supports and consultations. I will consult with many patients, staff and subject-matter experts to ensure the screening is inclusive and representative of the diverse groups of patients we serve.

“Patients and staff at OSH should be able to feel they are in a safe, welcoming environment that promotes equity and inclusion and that appreciates diversity.”

While the role of diversity liaison at OSH is new for me, it is not new work. In the community, I worked toward increasing mental health services to immigrants, LGBTQ populations, homeless clients, and clients who did not speak English as a first language. It is important to me that all persons who wish to receive mental health services have access to the best care possible.

Returning to OSH, my goal is still the same: increase capacity for services and access to services in a trauma-informed and culturally appropriate manner.

I hope some of you will join this journey that will have important and lasting impacts for the patients and staff here at OSH. I encourage all of you to look for ways to integrate cultural humility into your work and home lives. This request is not an easy task to accomplish, but one that can make a difference.

OSH Diversity Committee Committee Members:

- Chairwoman Nina Perard, Diversity liaison
- Michael Kemp, Director of Peer Recovery Services
- Marylou Sanblise, RN, Harbors Treatment Mall
- Arianne Roxa, LPN in Junction City
- Gen Tanaka, Psychiatrist
- Danielle Shallcross, Clinical psychologist
- Kate Daly, Patient care consult coordinator & Quest School liaison
- Kimberly Schlosser-Vixie, Junction City Administrative Services
- David Walters, Treatment Services
- Two Salem patients
- One Junction City patient

Subcommittees and work groups: Other members of the OSH community, including patients, are involved in LGBTQ+, Veterans' for Progress, Native Advisory Council and the Peer Advisory Council. Work groups tackle such issues as events, policies and procedures, and education and awareness.

Meetings: The Diversity Committee meets on the first Thursday of the month from 4 to 5 p.m. in the Callen Conference Room on the third floor of the Kirkbride building.

For more information about the work of the Diversity Committee or the various subcommittees at OSH, contact Nina Perard, OSH Diversity Liaison, at nina.perard@dhsosha.state.or.us or 503-945-7135.

Team Recognition Award: Inspiring Hope

The Employee Recognition Committee would like to congratulate the latest recipients of the **Team Recognition Award: Inspiring Hope**

Recipients: Peer Recovery Services and Performance Improvement

Nominating Managers: (Peer Recovery Services) Michael Kemp, director of Peer Recovery Services; (Performance Improvement) Deputy Superintendent Derek Wehr

Team Members: (Peer Recovery Services): Kris Anderson, Malcolm Aquinas, Margaret Rose Condic, Cecilia Fiorillo, Michael Kemp, Delilah Kennedy, Fumi Nishimoto, Rick Snook, Jerry Weller and Lindsey Widmer; (Performance Improvement) Bill Bahl, Larry Dompierre, Nathan Gillard, Tony Guillen, Katie Hurckes, Heidi Knight, Robert Lee, Dan Mussatti, Elizabeth Rife, Kimberly Ross, Steve Unwin and Camille Wallin

Kemp nominated the Peer Recovery Services team for developing the Breaking Bread treatment mall group to promote inclusion. This group exists on three treatment malls, and it offers a safe and supportive space where people can grab a cup of coffee, play board games, and even sing and play music together.

“You see people engaged with each other, building relationships that are essential for each person’s recovery,” Kemp said. “You see hope is growing for a life where illness doesn’t define you, where others are not discriminating or judging you, and where it is quite OK to be who you are in the moment.”

The group’s success is measured by mall staff and others, who’ve asked for the group to expand to other programs. Because of its popularity, Breaking Bread has already outgrown a double room in the Harbors Program and is now hosted in a cafeteria.



Peer Recovery Services and members of OSH Cabinet

Team Recognition Award: Inspiring Hope



Performance Improvement

“In what is often defined as the most acute and volatile part of our hospital, I saw recovery,” Kemp said. “I saw belonging. I saw hope.”

Wehr nominated the Performance Improvement team for the positive changes it’s making at the hospital. The team empowers the people closest to problems to find solutions. It spurs leadership to remove barriers to a project’s success, and it gives all staff a voice in how the hospital operates.

The Performance Improvement team also encourages staff to capture and submit their great ideas on Continuous Improvement (CI) sheets. Each month, staff from throughout the hospital submit nearly 100 CI sheets to the team.

“The team is very intentional about building professional relationships, enhancing communication, treating others with respect, and persistently pursuing project excellence,” Wehr said. “I firmly believe that providing people with a vehicle to create and sustain positive change is fundamental to inspiring hope.”

Congratulations to the Peer Recovery Services and the Performance Improvement teams!

Oregon State Hospital website shortcuts

If you ever need to direct someone to the Oregon State Hospital website, here are some helpful shortcuts:

OSH.OREGON.GOV

Main OSH website

OSHfriends.org

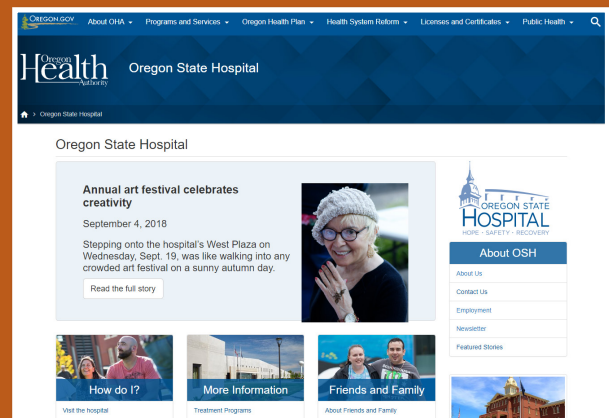
Consumer and Family Services resources page for friends and family

OSHjobs.com

A quick link to the employment page

OSHpsychiatry.org

Psychiatry Department information



All staff encouraged to take CPS trainings

A Collaborative Problem Solving (CPS) coach since 2014, Ryan Stafford has seen, first hand, how this approach to solving problems has changed lives.

“The philosophy of CPS is that people do well if they can,” he said. “When we aren’t doing well, it’s because we don’t have the skill level needed to face our challenges. CPS helps us build those skills.”

With CPS, people have three choices to resolve differences. They can maintain their expectations and impose their will, drop their expectations – but just temporarily – or discuss a problem with someone to reach a mutual understanding.

To help people improve their CPS abilities, Oregon State Hospital (OHS) offers a variety of trainings throughout the year. Of these, the Tier 1 training is the most intensive. Lasting two and a half days, its purpose is to give staff the tools they need to address difficult behaviors and to forge stronger, constructive relationships with others.

“We want all staff go to through Tier 1 training,” said Stafford, who is certified to teach the course. “Participants will learn how to rethink challenging behaviors and what to do about them. They’ll learn how to trouble shoot when things don’t go well.”

Stafford said he’s spent years trying to encourage patients’ behaviors with rewards and other traditional interventions. While there were some successes, there were other times nothing appeared to help. Now, because of the CPS trainings he’s completed, he knows no situation is hopeless.



“Challenging behaviors are largely predictable, and we can get ahead of them.”

CPS Coach Ryan Stafford at a recent Tier 1 training course

“Challenging behaviors are largely predictable, and we can get ahead of them,” Stafford said. “By caring and wanting to know more, we’ll get so much further.”

For example, Stafford knows patients who don’t want to participate in treatment because they have trust issues, or they don’t feel safe in a crowded environment. Understanding a person, and not just observing their behavior, is really the key to connecting with them and coming up with a solution that works for everyone, he said.

Upcoming CPS trainings

This also holds true for coworkers. For example, Stafford knows a co-worker who always seemed to be in a bad mood on Tuesdays. Using the skills he learned as a CPS coach – to ask questions and probe deeper – he learned the true cause of the problem.

“I found out he was really frustrated by having a meeting scheduled at noon, a time when he used to enjoy a quiet moment at lunch,” Stafford said. “This brought up a much more open conversation about when we needed to meet, and we were able to come up with an alternative time that worked for both of us.”

By learning the tools of CPS, Stafford said the hospital’s treatment will become more compassionate and recovery oriented. It also helps people understand why others act the way they do.

CPS Director David Blakey agrees, adding that CPS helps people think before they react.

“As a psychiatric hospital, our primary job is to promote safety, recovery and community reintegration,” he said. “An empathetic, thoughtful approach is the best way to ensure we’re doing the best we can to accomplish those goals. CPS works.”



“When we aren’t doing well, it’s because we don’t have the skill level needed to face our challenges.”

CPS Coach Ryan Stafford

The following training opportunities in Collaborative Problem Solving (CPS) are available for all staff. Trainings are about two hours long, except for the Tier 1 course – which lasts two and a half days.

Familiarity with CPS concepts – and preferably completion of Tier 1 training – is required to take the advanced courses.

Check iLearn for more information:

- **Intro to Collaborative Problem Solving (CPS)**
This course is designed to serve as a refresher or introduction to CPS concepts.
- **CPS Tier 1 Training**
This intensive training focusses on the assessment, planning and intervention components of the CPS approach. Participants will learn how to identify people’s specific triggers and unmet expectations, identify cognitive skill deficits that contribute to challenging behaviors, and use the CPS process to solve problems.
- **CPS Practice Lab – Assessment**
Using examples from real life, participants will list examples of challenging behaviors and lagging skills they see in patients and brainstorm ways they can work with patients to solve problems. With coaching from CPS coaches, participants will make use of the Collaborative Problem-Solving Assessment and Planning Tool (CPS APT).
- **CPS Practice Lab – Proactive Plan B**
Interactive training allows participants to practice Plan B conversations and troubleshoot, as needed.
- **CPS Practice Lab – Emergency Plan B**
Participants will practice handling difficult situations and conversations with patients who are dysregulated in a safe environment.

Trauma-informed care is here to stay at OSH

Oregon State Hospital's Trauma-Informed Care Committee has one, main objective – to teach everyone how to help people without causing more harm.

To that end, the committee is working to develop new, trauma-related hospital policies and practices. This includes creating a half-day training to give all staff a basic understanding of how trauma affects people's physical, emotional and mental well-being.

In this issue of the Recovery Times, Elizabeth Neves, a behavioral health specialist who serves on the committee, discusses her hopes for the group and the importance of self-care.

Q. First off, what does “trauma-informed care” mean?

Trauma-informed care involves understanding, recognizing and responding to the effects of all types of trauma. It emphasizes physical, psychological and emotional safety – both for patients and staff – and it helps survivors of trauma rebuild a sense of control and empowerment.

Q. Tell me about the hospital's Trauma-Informed Approach Committee. What role does it serve?

A. The committee represents all disciplines, and our mission is to orient this hospital toward trauma-informed care. For example, we want to create a process of using a trauma-informed approach with patients from admission to discharge. Coming to the hospital, itself, is a traumatic event. People are stripped of their identity, given a number and a badge. We need to integrate this process through a trauma-informed lens.



Elizabeth Neves, behavioral health specialist 3

Q. What trauma-informed practices are we doing well at the hospital?

We do a good job of providing trauma-informed trainings, where we share some of the latest information and bring in subject-matter experts. We also have a trauma informed piece in NEO (New Employee Orientation), which I've heard newer staff say is one of their favorite parts.

Q. In what ways could the hospital be even more trauma informed?

We could do a better job of looking at safety in a trauma-informed manner. For example, we don't need glaring signs that warn staff about patients getting out. This is a secure residential facility. Everyone who comes here should be trained to know that we shouldn't let patients exit unaccompanied.

Q. Why is educating people about the value of trauma-informed care important to you?

Every human is walking around with their own vulnerabilities, and if you can acknowledge that and keep moving in a healing direction, you become an example of our shared humanity. As you work on your own traumatic events, you become more resilient and a role model for others. There is nothing more powerful than that.

Q. What are some signs to look for to know whether you, or your colleagues, need help?

For me, I start feeling irritable and slightly resentful. I start not enjoying things I previously enjoyed. Others may start eating for comfort or they may not be sleeping well.

The best way we can support each other is by letting people know, confidentially, that support is available if they need it. Staff may need to debrief with someone, or they may need to step back from a situation to take care of themselves.

Q. How can staff practice self-care?

We're all familiar with the saying, "You can't serve from an empty cup." Exposure to others' trauma can be viewed as smudges on the outside of our cups. In the same way that we need to replenish our internal resources to serve others, we also need to remove the buildup of daily exposure to the stories of pain and suffering we encounter.

Schedule time for whatever recreational activities bring you joy. You also need to allow yourself to experience a range of emotions. Sometimes, we forget that we are allowed to feel depressed, anxious and uncomfortable. There is no shame in recognizing that we could be processing the same emotions as patients at the same time. We don't have to be super people.

Annual art festival celebrates creativity



Sarah Musconi of Leaf 2 painted a portrait of OSH Founder James Hawthorne.

Stepping onto the hospital's West Plaza on Wednesday, Sept. 19, was like walking into any crowded art festival on a sunny autumn day. People were getting their faces painted at one table, while others received henna tattoos at another. Patients and staff alike filled tented areas for writing poetry, making cards and decorating T-shirts as Collective Soul's "Heaven let your light shine down," sung by Jody Hanson of Bridges 2, resounded across the lawn.

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Annual art festival celebrates creativity



Carlos Marques of Bird 2 talks about the meanings of one of his paintings.

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Every September, Oregon State Hospital organizes this art festival for its patients to express their creativity and share their artistic visions with each other. Art therapy is one of the many treatments patients have access to for developing problem-solving skills, increasing their self-esteem, and expressing their individuality.

Toni Hall of Butterfly 3 sat at a table while her hands were being hennaed by Activity Coordinator John Herring. Hall admired the artwork on her hands. "I used to henna my hair," Hall said. "This is fun."

Herring said he was volunteered for the henna table five years ago by coworkers who knew he could draw. "Now," he said, smiling, "I'm the Henna King."

Carlos Marquez of Bird 2 pointed to one of his many paintings, this one influenced by Picasso's "Blue Room." The painting has a



Toni Hall of Butterfly 3 shows off a temporary floral henna decoration.

window in the center, that for him, represents "an endless opening that keeps going."

Marquez added that it also represents freedom of thought and movement beyond the hospital walls.

"The open window means art to me," he said.

Toward the center of the plaza, one painting stood out – a portrait of James C. Hawthorne, founder of Oregon's first mental hospital. Sarah Musconi of Leaf 2 said her motivation for painting Hawthorne was that she is leaving soon and wanted to leave a part of herself behind for hospital staff.

As Musconi discussed her artwork, she looked at the crowd filling the quad. Some patients lined up for strawberry shortcake while others began playing basketball. The atmosphere was festive and light.

"Art always seems to help," she said.