They patrol the halls of Oregon State Hospital like a band of superheroes, ready to spread comfort and cheer to everyone they meet. But don’t let their soulful eyes and wagging tails fool you. These four-legged canines are trained to help therapists in the work they do every day.

(continued on page 4)
Hello OSH Team!

I am so excited to be writing my first superintendent’s message for the Recovery Times! In this issue, I will introduce myself and help you get a better idea of where I come from and what I’m all about.

My journey to Oregon State Hospital started approximately 28 years ago at Napa State Hospital, where I started as a dietetic intern, fresh out of college. I had no idea what a psychiatric hospital was or did, but it didn’t take me long to fall in love. I found my passion in this field, and that was it.

I worked my way up the hospital system, becoming a registered dietician, promoted to the assistant director of the Dietetics Department, and from there I crossed over into administration. I served as the hospital administrative resident, assistant hospital administrator, hospital administrator, and for the last eight years, I was the executive director – or what you call the superintendent here at OSH.

In many ways, Napa and Oregon State Hospital are similar. Napa is a large inpatient facility that serves more than 1,200 patients daily who are under both forensic and civil commitments. There are more than 2,300 staff. The units are organized into programs that ideally serve a particular patient population. There are treatment malls, and people regularly leave their units for treatment, education, jobs or to go to the medical clinic. This means I am familiar and supportive of the OSH philosophy of treatment; however, I am still learning your language in terms of laws and commitment types.

I am going to take my time to figure out how all the puzzle pieces fit together for OSH. What is most important to me is that I have time to hear from you and understand your culture – your collective passion and your heartbeat – so I can be a part of that. I want to bring the best parts of me and my experiences to the table and help the hospital continue building on its success.

From a leadership perspective, I am very service-oriented. I am here because I love people, and I want to help make our lives and our communities better. This includes patients and staff, as well as the friends and families who are connected to the patients we serve.

I’m authentic in my style. I’m pretty much “what you see is what you get.” It is my desire to establish an environment where people feel safe, both physically and emotionally – which means people feel safe enough to contribute and to make improvements to the hospital.
I’m also very analytical and systematic in my approach. One of the things I love most about OSH is the Performance System – the strategic planning and all of the metrics. When faced with an issue or an idea, I ask, “What’s the data? What’s the trend? What’s the pattern?” I want to make decisions based on the facts and put measurements in place. That way, we know we are actually making improvements, rather than just changes.

So that’s me in a nutshell. I hope to see you when I am rounding on both campuses, and I encourage you to come visit me during office hours. Look for emails announcing the dates and times.

I am honored and humbled to be a part of your team, and I look forward to working with you.

Sincerely,

Dolly Matteucci
Superintendent
Oregon State Hospital

Superintendent Dolly Matteucci tours the hospital as a part of New Employee Orientation.

Q. What’s the most interesting thing about you that we wouldn’t learn from your resume?
A. I love to spend time outdoors – running, hiking, camping and sitting quietly.

Q. What inspires you?
A. The beauty of nature and the strength of the human spirit inspire me.

Q. What are you known for?
A. I’m known for my sense of humor, compassion and work ethic. I’m also known for my accessories.

Q. What advice would you give your 20-year-old self?
A. Time flies faster than you can imagine, so live your life thoughtfully and with purpose. Always be kind and caring, and laugh often.

Q. What are three things you can’t live without?
A. Family, friends and four-legged companions

Q. How would you describe your perfect weekend?
A. My perfect weekend would include a long walk with my husband and the dogs, followed by coffee and afternoon exploration, topped off with a scrumptious dinner at home.

Q. What is your guilty pleasure?
A. Naps and chocolate

Q. If you won $10 million from the lottery, what would you do with the money?
A. I’d travel and donate to organizations that support people, the environment and animals.
“There is a need for these dogs on every unit,” said CJ Farrell, a recreation therapist in Bridges who works with his dog, Emma-Nova. “They help patients stay physically active. They help with anxiety, and they break down barriers. Most importantly, they bring so much joy to patients’ lives.”

Recreation Therapist Mike Patton has offered animal-assisted therapy (AAT) at OSH for more than a decade, but the program officially launched hospital wide three years ago. To date, there are three certified dogs who visit the Junction City campus, and another five for the Salem campus.

Already, the dogs have attracted many fans – including Alex Danciu of Mountain 3.

“They help lower my anxiety and my depression,” Danciu said. “They make my day brighter. They really are a gift.”

To qualify as an animal-assisted therapy dog at OSH, the dogs must have – at minimum – a current license and vaccination record, certification or registration in an accredited animal therapy program, and a completed OSH registration form on file with Infection Prevention. They must also have a Canine Good Citizen certification from the American Kennel Society, which ensures they have good manners and temperament.

Once they start working at the hospital, the dogs are outfitted with official volunteer badges so they can enter the secure perimeter. They’re matched with patients through a referral process, and they help out with both group and individual therapies.

“Animal-assisted therapy is a phenomenal intervention,” said Recreation Therapy Director Shelly Severson, who oversees the program. “Dogs feel emotions that humans cannot express. They can reach patients in ways no one else can.”

For most of the dogs, their job is to help staff as they provide therapy — whether this be helping patients regulate their emotions, develop their social and communication skills, or participate in treatment mall activities.

The assisted-therapy animals visit the hospital two to three times a week for up to three hours. They spend the rest of their time at home with their trainers.

For Sean Kelley of Forest 2, nothing tops a visit from Sammy. The 6-year-old black pug quakes with excitement and loves nothing more than to cover Kelley’s face with slobbery kisses.

“Sammy reminds me of home.” Kelley said. “He makes my days a lot better, because he’s always excited and happy to see me.”

Gracie

Age: 10 years old
Breed: English Bulldog
Years on the job: One year. Gracie has worked across the hospital, serving patients in the Harbors, Springs and Crossroads programs.

What is Gracie’s super power?: “Gracie can hypnotize anyone into giving her treats! But really, what’s special about Gracie is that she is a slower-moving, calmer senior dog. She is especially suited for patients looking for calming or relaxing sensory modulation.” – Frances Griffith, an art therapist for the Harbors program, and Gracie’s mom
Sammy
Age: 6 years old
Breed: Pug
Years on the job: Three years on the Junction City campus
What is Sammy’s super power?: “Sammy is certain each and every person he meets is his very best friend. I’ve seen him kiss away tears and bring giggles.” – Ina Dunlap, a community volunteer for the Junction City campus, and Sammy’s mom

Aly
Age: 5 years old
Breed: Dutch Shepherd
Years on the job: About three years. Aly has been a part of groups in Bridges, Crossroads, Harbors, Archways and Pathways.
What is Aly’s super power?: “Aly has super puppy eyes and knows how to use them.” – Liz Ammons, a recreation therapist in the Crossroads program, and Aly’s mom

Emma-Nova
Age: 3 years old
Breed: Lab mix
Years on the job: Two years in the Harbors, Archways, Pathways, Bridges and Springs programs
What is Emma Nova’s super power?: “High fives and a tail that’s been known to take down tall buildings.” – CJ Farrell, a recreation therapist for the Bridges program, and Emma-Nova’s dad
**Sammy “Ka-blammy”**

**Age:** 8 years old  
**Breed:** Beltie, a sheltie-beagle mix  
**Years on the job:** Less than one year. He spends one-on-one time with patients in the Crossroads program.  
**What is Sammy’s superpower?:** “Sammy can tell when someone is distressed, anxious or sad, and he always wants to go with that person to give kisses, cuddles and love on them. He will lick away tears, demand affection with someone is withdrawn, and he loves to sit on laps and help people learn to ground themselves.” – Bethany Schupp, a music therapist in the Crossroads program, and Sammy’s mom

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**Luca**

**Age:** 11 years old  
**Breed:** Shepherd mix  
**Years on the job:** Three years on Bird 1  
**What is Luca’s super power?:** “You can tell him absolutely anything with complete confidence, and he will never tell another soul.” – Dr. Scott Ketainneck, a clinical psychologist in the Pathways program, and Luca’s dad
Jiminy Cricket

Age: 2 years old  
Breed: Pug  
Years on the job: About one year on the Junction City campus  
What is Jiminy Cricket’s super power?: “Jiminy has a calm, cuddly side. He climbs up in laps and kisses earlobes.” – Ina Dunlap, a community volunteer for the Junction City campus, and Jiminy Cricket’s mom

Ginger

Age: 4 years old  
Breed: King Charles Cavalier Spaniel  
Years on the job: Three years  
What is Ginger’s super power?: “Ginger has the ability to make everyone she meets smile and want to scratch her head. She also has an amazing nose and will sniff out a treat anywhere you hide it.” – Jodi Parker, a mental health registered nurse for Mountain 3 on the Junction City campus, and Ginger’s mom

Animal-Assisted Therapy Referral Form

If you are a staff member, and you’d like to refer a patient to the animal-assisted therapy program, please contact Shelly Severson, director of Recreational Therapy, at shelly.m.severson@state.or.us. She can give you a copy of the form and answer any questions you may have.

Alex Danciu (left) of Mountain 3 gives therapy dog Ginger a hug in Junction City. Sean Kelley (right) of Forrest 2 relaxes with therapy dog Sammy.
In the fall of 2017, Dr. David Blakey became interim director of Collaborative Problem Solving (CPS) for Oregon State Hospital. Familiar with CPS from his background in clinical psychology, Blakey sees how the approach helps in situations where other methods fail.

He believes in the CPS motto that “people do well if they can,” and he knows that everyone – from patients to staff – are capable of growth. That’s why he supports the continued expansion of the CPS model at the hospital.

In this issue of the Recovery Times, Blakey shares his hopes for the next year.

A few years ago, CPS used to be something people heard about but didn’t understand. It had something to do with relationship building, and it was supposed to help patients feel heard and understood. But to many staff members, CPS was just another new program that would fizzle out in time.

That was then. Now, nearly four years later, CPS is still going strong at Oregon State Hospital. Patients and staff on 17 units use this approach to help build skills and create cooperative relationships with one another. CPS coaches regularly work with all levels of hospital staff (including direct-care staff, clinicians and management), and the hospital has formed an interagency partnership with the Stabilization and Crisis Unit (SACU) in Keizer to keep CPS trainings affordable.

These efforts to improve services are just a few reasons why Blakey believes OSH is the best state hospital in the nation.

“We refuse to settle for ‘good enough,’” he said. “I’m hopeful that the CPS department can continue to partner with staff around the hospital to provide the best possible care for the people we serve.”

With CPS, people have three choices. They can hold their expectations and impose their will, drop their expectations for now, or discuss a problem with someone to reach a mutual understanding.

**Benefits of Collaborative Problem Solving at OSH**

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<tr>
<th>Consistency</th>
<th>Collaboration</th>
<th>Compassion</th>
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<td>People want predictable interactions with staff. This creates a sense of safety for everyone. Inconsistency creates anxiety, frustration and power struggles that can result in unsafe outcomes.</td>
<td>People want to have a say in how things are going to go for them while they’re in the hospital. CPS recognizes their dignity, and it helps them take ownership of their recovery.</td>
<td>People want to feel like the staff care about their well-being and can see things from their perspective.</td>
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If used successfully, the CPS philosophy fosters empathy, builds trust and gives people a roadmap for how to solve problems collaboratively. This is why Blakey is invested in growing CPS even more in the year to come.

“As the first large, adult, residential facility to implement CPS, OSH has been presented with a unique opportunity,” he said. “We wouldn’t be successful without a genuine team effort across the hospital.”

For the remainder of 2018, Blakey is focused on increasing CPS coaches’ availability to units and departments. He wants to continue educating people about CPS and its benefits, and he supports psychologists, security and other staff members who are invested in earning their own CPS certifications.

Blakey is also invested in increasing the hospital’s collaboration with community agencies, so they can collaborate on developing the best practices for their specific populations.

To that end, OSH recently hosted an inaugural meeting of agencies that either use CPS with adult populations or are interested in doing so. Representatives of the meeting included two hospitals, multiple group homes, independent providers and a county corrections department.

Spurred by the community’s engagement, Blakey said he’s confident the CPS model is here to stay. Not only is CPS straightforward and easy to learn, it’s a way of treating others with respect and dignity.

“Who wouldn’t want people to assume they’re doing their best? Who wouldn’t want people to really listen to their concerns and to compromise with them whenever possible?” Blakey said. “Everyone we serve deserves that.”

OSH collects more than $32,600 for the Oregon Food Bank Network

Through payroll deductions, silent auctions and numerous fundraisers, Oregon State Hospital raised $32,600 to benefit the 2018 Governor’s State Employees Food Drive.

Jeff Jessel, director of Volunteer Services, said year after year, OSH staff generously contribute to the campaign to help their hungry neighbors.

“It’s very exciting to be among employees who just keep giving,” he said. “It’s awesome to see everyone come together to help our community in such a great way.”

In February, different teams hosted numerous fundraisers on both campuses with support from Volunteer Services, the Food Drive Committee in Salem and the REFUEL committee in Junction City. REFUEL is an employee group that helps year-round with various fundraisers, drives, patient events and employee recognition celebrations.

This year’s food drive featured silent auctions, bake sales and other lunchtime food events. The committees also helped employees sign up for payroll deduction donations and collect nonperishable foods.

In the past 13 years, including 2018, OSH has raised about $253,600 for the local food banks – which equates to nearly 1 million pounds of food.
Understanding trauma, and its impact, can transform how we see ourselves, each other and the work we do.

This is the message Raul Almazar shared with patients and staff when he visited Oregon State Hospital earlier this year. As senior public health advisor for the National Association of State Mental Health Program Directors, Almazar has led a long and distinguished career helping organizations change their cultures in a trauma-informed way.

Here are some of my takeaways from his presentation:

**Don’t judge another person’s reactions by your own experience**

Reactions to traumatic events are as varied as the people who experience them. Three staff may be involved in the same event where one returns to work the next shift, one comes back a week later, and the third person returns after a month and needs to move to a different work area. Consider the three residents who witness the same event. One may need to simply express concern and stay on a regular schedule, another may need to meet one-on-one with a trusted staff member to talk things through, and the third person may need multiple sessions with someone they trust and to move to a new unit.

None of these responses is right or wrong. They simply are. How we respond to the responses of others is what matters.

**Ask “What happened to you?” not “What’s wrong with you?”**

At the heart of a trauma-informed approach is a fundamental shift in thinking. Rather than looking at a challenging situation with a resident, co-worker, or ourselves and asking, “What’s wrong with this person?” we need to ask, “What happened to them?” This slight reframing makes all the difference.

Think of the last time you had a challenging self-behavior you were trying to change. Perhaps it was eating too much fast food, or maybe it was missing a daily walk. It might have been not
spending enough time with your child or partner. Did you find yourself saying something like, “What’s wrong with me? I know what I need to do. Why can’t I just do it?”

Was this approach helpful? If you are like most people, the answer is no. Being critical and judgmental doesn’t usually lead to lasting behavior change. Instead, we should show ourselves compassion. We need to understand what drives our behavior to begin to take steps to change it.

For example, if I ask myself, “Why am I eating so much fast food when I know it’s not the healthy thing to do?” I might realize my schedule leaves little time for healthier food choices. This could lead me to reexamine how I budget my time. Going forward, I could prepare meals in advance and keep more nutritious snack options handy.

**What’s wrong with you?**

- What is your diagnosis?
- What are your symptoms
- How can I best help or treat you?

**What happened to you?**

- What is your story?
- How did you end up here?
- How have you coped and adapted?
- How can we work together to figure out what helps?

**Traumatic histories are the rule, not the exception, for people who receive mental health services**

The Adverse Childhood Experiences study, conducted by Kaiser Permanente and the Centers for Disease Control and Prevention, revealed that childhood trauma is common – 1 in 8 people have experienced four or more adverse events before the age of 18. Other studies have shown that 90% or more of public mental health clients have been exposed to trauma. That’s why we should assume each person we meet has experienced some form of trauma. This understanding guides and directs how we go about the work we do.

One way of doing this is to view symptoms of trauma as tension-reducing behaviors. When viewed through this lens, it feels more natural to ask, “How do I understand this person and her experience?” instead of, “How do I understand this problem or symptom?”

Everyone contributes to the culture we share at OSH. What will your contribution be?

Below are some comments from patients and staff who attended the Raul Almazar lecture:

“I liked hearing that my reaction shouldn’t be judged by someone else’s reaction.”

“I felt like he was talking about me, about my story. It felt good.”

“This is great! We need more training and reinforcement of these principles on our units and treatment malls.”

“He was saying we’re all people, but it’s easy to forget that.”
When Susan Wright practices Tai Chi, she feels centered. The Chinese martial art form allows her to clear her mind, focus on her breathing, and connect with her surroundings. For her, there is no better medicine.

“It’s grounding,” said Wright, who was discharged from Butterfly 3 this spring. “It helps me feel so relaxed and at one with nature. I’m committed to doing this for the rest of my life.”

These healing attributes are part of why Sara Pickett offers Tai Chi to her patients. As an occupational therapist at Oregon State Hospital, she’s charged with studying how every-day activities affect people’s health and well-being. Through Tai Chi, she can gauge people’s ability to balance, focus and regulate their emotions.

“When our clients, we don’t talk about what they can’t do. We talk about what they can do,” she said. “We figure out ways to help clients adapt and be successful.”

Assessing patients’ needs

Oregon State Hospital’s Occupational Therapy Department consists of about 25 therapists on both the Salem and Junction City campuses, who have a mixture of bachelors, masters and doctorate degrees.

A big part of their job is to assess whether patients’ behavioral issues are related to sensory needs. For example, if patients punch staff or walls, this might be because their nervous systems crave deep-pressure input. Occupational therapists would help find other ways to help fulfill this need, such as through giving patients weighted vests or blankets.

Occupational therapists are also responsible for performing a wide variety of patient assessments. They examine how well patients can pay attention, solve problems, follow directions and remember information. They may help patients with daily
living activities – such as how to dress or bathe themselves – and they help lead numerous treatment mall activities, ranging from healthy cooking and budgeting to crafting and quilting.

“We motivate our clients by helping them do things that are meaningful to them,” said Janelle Sheehan, interim director of the Occupational Therapy Department. “Our goal is to help them improve their quality of life and be as independent as possible.”

Forging personal connections

Her ability to connect and motivate patients is what occupational therapist Kim Kammerer enjoys most about her job. Even in her cooking classes, she learns how patients interact with one another, how they tolerate frustration, and whether they have any physical challenges with measuring ingredients or chopping vegetables.

“I like finding the things that motivate them and give them purpose,” said Kammerer, who’s worked at the hospital for more than 18 years. “They give me a reason to come to work every day.”

On the surface, Kammerer and Pickett said a cooking class may seem straightforward and fun. But for patients, the experience is taxing.

“They’re working really hard to stay calm, to talk with other people, to be persistent,” Pickett said. “For our clients, this is exhausting. They’re forced to focus.”

Pickett said occupational therapists need to have keen observation skills to be good at their job. They also need to be compassionate, genuine and flexible.

“You have to have boundaries, meet the person where they’re at, and be able to make quick decisions,” she said. “You have to admit failure when something doesn’t work, and you can’t let failure stop you. You figure out what needs to get done.”

Learning opportunities

The value of these and other qualities are stressed as part of OSH’s occupational therapist internship program. Launched at the hospital several decades ago, the program helps occupational therapy students from across the nation gain hands-on training in their chosen profession.

About 20 years ago, OSH accepted one to two interns a year. Today, that number has swelled to 15, and next year, OSH plans to add doctoral-level research internships.

“I like finding the things that motivate them and give them purpose,” said Kammerer, who’s worked at the hospital for more than 18 years. “They give me a reason to come to work every day.”

Sheehan, a former intern at OSH, counts herself as one of these people. For her, one of the most gratifying aspects of her experience was seeing how her classmates overcame their fears about working in a psychiatric hospital.

“To break that barrier is amazing,” she said. “I love working with patients and seeing how far they’ve come since they were admitted. That’s the most rewarding part of what I do.”
The Employee Recognition Committee would like to congratulate the latest recipients of the Team Recognition Award: **Innovating**

Recipient: **Anchor 1**

Nominating Manager: **Harbors Program Executive Team**

The Anchor 1 team stepped outside its comfort zone by engaging in play therapy to help patients with their recovery. This therapy is a form of counseling or psychotherapy where therapists use play to help patients express their feelings. It helps increase patients’ sense of safety and is used to create meaningful activities for them.

Play therapy was a previously unexplored treatment strategy for the Harbors population. By learning how to use play therapy, the Anchor 1 team demonstrated initiative and innovation to help one patient who was not responding to other types of treatment.

Other inventive efforts on Anchor 1 include providing patients with a quiet space away from the milieu and giving them sensory integration tools to help calm and soothe themselves. These tools include weighted blankets, balls and other toys that are squishy or tactile, stuffed animals, and sensory rooms. Staff also made other soothing activities available for patients, including drawing, singing and music.

The primary treatment goal of all of these efforts was to minimize the use of restraints or seclusion on the unit.

Congratulations Anchor 1 team!
Nurse Manager Angela Isham wanted to find art that would give the Junction City campus a less institutional feel. Knowing that art in patient areas would need to be safe, she picked quilts.

“They provide color and artistic designs,” she said. “The texture adds a softness to the environment that feels homey and safe.”

By calling Greenbaum’s Forest of Quilts in Salem, Isham connected with Denise Sherry, whose quilting group donated 22 quilts to the hospital. This group included Salem residents Sherry, Pat Adams, Janet McLeod, Laurel Grove, and long-distance members Patty Artz and Barbara Sickler.

“Our families already have so many quilts, and there are only so many they can keep!” Sherry joked.

Besides quilts, the group has donated hundreds of pounds of leftover quilting material to the hospital. Group members said quilting is a form of therapy for them. Some find it a calming or creative way to express themselves, while others enjoy the challenge of learning a new technique. They hope patients experience the same benefits when they use the donated materials during sewing groups.

Sherry’s current quilting group meets every other Thursday. They said the time needed to make a quilt depends on its size and the complexity of the design. Their inspiration comes from many places — locales they have visited, art they have seen, suggestions from friends, and even just taking a box of fabric scraps and turning it into a quilt.

The group felt the colors they chose for the OSH quilts would help patients feel hopeful about their recovery. The large quilt with houses was meant to help remind patients that they would be returning to their homes and communities.

“Having art on the walls supports the core belief that clients are safe and can be respectful to their environment,” said Isham about the quilts, which have been on display for more than three years. “The art helps both staff and clients remember this is a place to heal and recover.”
The sound of fast-paced drums thunders down the Kirkbride Treatment Mall hallway. Curiosity propels you forward, determined to find the source of the music.

Your answer lies in Music Therapy Room A, where the recently formed patient group, “Panthers de Batucada, Escola de Samba” are practicing their Samba beats.

“The music is energetic,” said Rehabilitation Therapist Kirsten Swanson, who leads the group. “It’s the combining of the rhythms and the different sounds the drums make that brings the music to life.”

Swanson formed the traditional Brazilian Escola de Samba, or School of Samba, group in January. Anywhere from two to six patients attend the group each Wednesday afternoon, spending their time playing Brazilian instruments and dancing along to drumming.

Through Panthers de Batucada, Swanson hopes patients will learn new music, have fun, and gain confidence in themselves. One day soon, she hopes the group will perform during outdoor celebrations, such as the summer art festival.

Panthers de Batucada needs new members!

The Panthers de Batucada is recruiting patients for all positions, including people who would like to dance and hold flags and banners.

No experience is necessary, and all patients from Crossroads and Bridges/Bird stack are welcome.

Interested patients should visit the group’s practice session on Wednesdays from 3:30 to 4:30 p.m. during the Activity Center activities.