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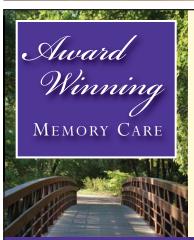
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CALL TODAY TO SCHEDULE YOUR VISIT.

I am pleased to bring you this issue on mental health. I believe it is just as important to attend to our mental health needs as we do our physical health. If we exhibit symptoms that cause us to feel bad physically we typically would not hesitate to see a doctor; but if we experience such things as depression, anxiety, panic attacks or some other condition of the mind we do not always immediately think to seek professional help.



Meredith Collins, Publisher

Unfortunately, there are still some individuals who believe there is a stigma attached with needing or seeking help for mental issues. For others, however, a more open approach to mental health exists. We are now living in more enlightened times and many people embrace the idea of mental check-ups and therapy as part of a healthy approach to the pursuit of happiness.

It is refreshing to find that we have so many wonderful men and women in our community who are dedicated mental health professionals. We are delighted to bring you some of their stories and also the stories of a few of our neighbors who are facing their mental challenges by finding ways to address them head on. This issue will help inform you about some of the opportunities we have for living a healthier life. Read on... NDN

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NEXT DOOR NEIGHBORSOCTOBER2010

Marty Kline

CARING FOR THE MENTALLY ILL

By Ryan Jones

The year was 1773, and Williamsburg was ablaze with the spirit of independence. Bold statesmanship, visionary thinking, and fiery orations were just a few of the hallmarks that underscored an era that would go on to

shape the next three hundred years of our nation's history. Leaders who would later become United States Presidents and international ambassadors strolled openly along the dusty streets of the colonial capital as they mingled with farmers, tradesmen, and countrymen from all walks of life.

Among the myriad of new buildings springing up in the heart of this crossroads community was a two-story structure situated on a parcel of land that now occupies the intersection of South Henry and

> Francis Streets. This building, which was the handiwork of local contractor Benjamin Powell, eventually caught the eye of future president, Thomas Jefferson, as he made his way through town. Well known for his excellent taste in architecture, Jefferson was less than impressed with the workmanship of the structure (which is said to have resembled the College of William and Mary's

nearby Wren Building). In fact, he was later reported to have described both edifices as "rude, misshapen piles, which, but that they have roofs, would be taken for brick kilns." ¹

While the design of Benjamin Powell's new masterpiece might not have conformed to Jefferson's architectural preferences, its purpose represented a new way of thinking for those living in colonial America. The building that had been dismissed as a local eyesore would soon become the first hospital on the North American continent dedicated exclusively to the treatment and rehabilitation of those with mental illness.

Up until the hospital's construction, the prescribed treatment for mental illness in the colonies was time at the local jail. Given the progressive thinking that was evident in the lawmakers who opted to treat mental illness in hospitals rather than in jail cells, it seems ironic that the first treatment center in America designed for such broad-minded purposes would be known among colonists simply and inconspicuously as the Public Hospital.

Though its name was unremarkable, the Public Hospital proved to be influential in the care of the mentally ill for the next two centuries and beyond. Having moved in the years between 1935 - 1970 from its original location on the corner of Nassau and Francis Streets in 1971 to its current location on Ironbound Road, the Public Hospital (currently known as Eastern State Hospital) now claims more than just a new forwarding address - it also sports a significant structural upgrade with the addition of a brand-new state of the art treatment



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No one could be more excited about the new treatment facility than the hospital's Assistant Director, Marty Kline, who has worked at Eastern State for more than 39 years. Born in Winchester, Virginia, Marty finds his work at Eastern State to be fulfilling on many different levels as he serves residents and staff on site. According to friends and relatives, Marty is distinguished by more than just his successful work with the hospital. He also "looks like someone who would like peaches".

Marty explains this distinction with a chuckle.

"I met my wife, Trisha, in the fall of 1969 at the student orientation dance in the old Campus Center at William and Mary on Jamestown Road," he says. "I know this sounds a little crazy, but she was standing by the doorway when I caught her eye. Somehow, at that moment, I knew something special was about to happen, I really can't explain the feeling, because I didn't even know her. Hopefully, there are other romantics out there who might understand. Anyway, I went up and introduced myself in my usual clumsy way. We danced the night away, and there began a relationship which will soon represent 40 years of marriage, along with two children and one grandchild. A standing joke in our family references one of the clumsy statements I made that night to Trisha when she offhandedly told me that her father owned a peach orchard. I responded by saying 'You look like someone who would like peaches.' When our kids were growing up in their teen years, they would tell this story to their friends, and when I would meet them, they would say to me, very politely, 'Glad to meet you Mr. Kline . . . you look like someone who would like peaches.""

Whether or not Marty likes peaches, he is an expert on the progressive history of mental health care and the effects it has had on the treatment program at Eastern State Hospital. Looking back to the 1700's colonial era, Marty reflects on the strides that have been made in caring for the mentally ill.

"Back then, they didn't really understand all of the causes of mental illness," he says. "In England, they were doing what they called "state of the art" treatments - relieving pressure on the brain by drilling holes, bloodletting, and hot/cold baths. That was the accepted standard in a civilized nation; they just didn't know a lot about it. Doctor John Galt, a man known for his progressive work with the mentally ill in the 1800's, came along and worked with the patients in the Public Hospital during what was known as the Moral Management Era. He tried to normalize those with mental challenges by initiating trips to places like the theater, taking carriage rides, going to church, and having dances. He actually started the first community-service living (halfway houses) back in the 1840's. Dr. Galt was definitely a hundred years before his time."

Marty explains that the current treatment course offered to patients at Eastern State Hospital is similar in nature to the work Dr. Galt accomplished at the old Public Hospital as well as that of other prominent doctors who have developed ethics-based programs to help the mentally challenged.

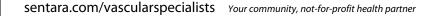
"The treatment we use now at Eastern State is based on the Recovery Model, which grew from the Psychosocial Rehabilitation model implemented here in March of 1997. Following the program's implementation, incidents of seclusion and restraint decreased, there were fewer aggressive incidents, and improved results were achieved on patient/family surveys. Everything went in a positive direction. The gist of the plan is to try to

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normalize a patient's day as much as possible by placing them in a homelike environment and developing an individualized treatment plan. We did that as much as we could here with our old buildings, but we were limited because we were using structures that had been built back in the 1940's."

The new care center, which is visible to passing motorists from its vantage point near the stoplight on Ironbound Road, is specifically designed to support the daily workings of the Psychosocial Rehabilitation model.

"A patient's day is designed to include the same things ours do," he says. "Times are allotted for personal hygiene, work, meals, leisure time, etc. When they get up, residents take care of their hygiene needs and come to breakfast. Then, some of them go to an offsite workshop, while others stay onsite and work in one of the facilities designed to improve work skills and help them live at their highest level of functioning. When they come back at midday, they have a buffet lunch, and then work on therapy in the afternoon. Later, they go back to their building for dinner and activities. This normalizes the day and fosters the eventual placement of the patients back in the community. We talked to the architects of the new building about all of the initiatives we were trying to implement. The designers went out to our existing buildings and looked at them to see what we were trying to do and said, 'Let's build an environment that fosters that kind of care.' "

As Marty surveys the new care center in its final days of construction, it is clear that he is grateful for efforts being made on behalf of those who suffer from mental illness. The new facility will greatly enhance the work done by hospital staff to normalize the lives of those who are struggling through recovery. With new additions to the facility that include a woodworking shop, a fashion store stocked with donated clothing, a library, a café, a recreation hall, a living skills room that teaches residents how to function independently in an apartment setting, a work skills packaging room that operates as a Sheltered Workshop, a gymnasium, and a medical arts center that includes dental and xray services, it is clear that Eastern State Hospital will continue to have an influence on the treatment models that make up the world of mental healthcare in North America. Such attention to the needs of those in our community who are struggling with mental illness brings to mind a quote by Louis Pasteur that Marty often reflects on when considering the mission of mental health care providers: "To cure, sometimes; to relieve, often; to comfort, always."

Looking back on Eastern State Hospital's long history, one wonders if pioneering men like Thomas Jefferson or Dr. John Galt would be impressed with the new care center if they were able to fast-forward through time and take a tour of the building with Marty. One thing is certain - if either of the historical icons had a chance to sit down and talk with Marty, they would likely agree that nearly forty years of service have done little to slacken the assistant director's enthusiasm for making sure that Eastern State Hospital continues to play a positive role in the making of our nation's history.

Marty's wife, Trisha would likely concur.

You might catch her hiding a grin as she recalls another habit that hasn't changed much in forty years. Her husband still looks like the kind of guy who would smile if you happen to offer him a peach. NDN

¹ www.history.org,, Public Hospital



Joan Milkavich

Making a Difference in the Lives of her Patients

By Erin Zagursky

Cach week Joan Milkavich sits in her quiet Williamsburg office and listens to people talk about everything from their greatest fears and deepest hurts to their utmost desires and ultimate goals.

Whatever the reason they come to her office, Joan is dedicated to working alongside her clients until they no longer need her help.

"I see my job as empowering people, helping them to realize and use their own resources," says Joan. "Why suffer if there's someone to help you take the first step?"

Joan is a Licensed Professional Counselor with a certification in clinical hypnosis. She has her own private, general practice in Williamsburg. She works with adults, college students and senior citizens on issues ranging from anxiety and depression to health-related stress, relationship issues, and life transitions.



Although she has treated a wide variety of problems over the years, currently she especially enjoys helping people manage anxiety, including generalized anxiety, panic, obsessive-compulsive tendencies and post-traumatic

stress. Additionally, she has been exploring mind/body issues, using acupressure techniques, focused breathing, guided imagery and hypnosis, as well as teaching coping skills for illness and chronic pain.

When helping people with chronic pain, "some-

times it's as simple as teaching them to pace themselves and to pay attention to the signals that the body gives you to quit," she says. "A lot of people like to push through pain and that really is counter-productive."

She sees many connections between physical and emotional pain. That same desire to push through pain can often keep people from seeking help from a counselor.

"As much as we like to do things for ourselves, there are times when we just need help," says Joan.

For Joan, who came to Virginia in the late 1970s with her husband's military transfer, it was receiving help herself during a difficult time that showed her the benefits of therapy. Later, she completed the graduate counseling

"... I'm invited into the story of people's lives for a period of time, and that's an honor."

- Joan Milkavich

program at the College of William and Mary. She then worked as a counselor for the juvenile and domestic relations court and in community mental health for many years before finally beginning her own practice a decade ago.

She says people can be hesitant to seek counseling not only because of a resistance to ask for help, but also such things as stigmas associated with people who go to therapy and misconceptions about the profession.

"People may not want to come to therapy initially because they think they are going to be analyzed and the therapist is going to point out what's wrong with them," she says. "Who wants to hear that? If I can be the role model to approach problems with simple curiosity and without judgment, I think people can then

> give themselves permission to do that as well."

Joan asks her clients to think of therapy as research or an exploration. It's not about success or failure. If something doesn't work, it's information about which path to pursue or not pursue in order to experience

improvement. Progress may come as a result of an "aha" moment, but more often it's the small steps over time that make the difference.

"When people are open to it, they can discover patterns in their lives that may set off a certain, predictable cascade," she says. "But if they're looking at a situation and judging it, then they're more likely to feel defensive about themselves and the way they manage."

Because all of her clients are different, she approaches each one with a unique treatment plan.

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"I've learned to utilize what people bring, so it's important to find out what their personal resources are, where their successes have been in the past, and how they process life experiences," she says.

"Everyone is unique. Some people change by changing their behavior first, some people have to modify their thoughts first. Everyone moves at their own pace. There are people, for example, who just need an understanding about interpersonal dynamics, or information about how the mind and body work together, or reassurance, and they run with it. Others may make the change at a slower pace because their situation is more complex or more chronic. They may need to scale back on their goal, or get additional support, or take additional time to feel their way through their challenges. So it's good for the therapist to be aware of individual preferences, needs, and strengths."

Because of all the different people she sees, every day is unique for the counselor.

"There isn't a typical day because I'm invited into the story of people's lives for a period of time, and that's an honor. It's a gift. And it's always different," she says.

Although Joan can have hard days herself,

she has learned to put aside her personal life when she is working.

"My job is to be present, because that's how I support people and that's how I learn what's needed," she says.

For people who may be considering counseling, Joan advises seeking referrals from a trusted confidant or professional. If that is not comfortable, they might call potential therapists with a few brief questions.

"That can decrease the possibility of discovering after a session or two that the therapist they've chosen is not a good match. It doesn't mean there's anything wrong with the client or therapist. There's probably another therapist out there who has a style or world view that is more in tune with the client's preferences."

Finding the right therapist is crucial because the relationship with the therapist is more important than the theory or techniques used. When people feel accepted and supported, they are freer to make needed shifts. People seeking counseling should also be ready for change, Joan says.

"If you are coming for therapy, it's because something in your life is uncomfortable and you would like it to be different. It's about change, so it's important that people have some sense that they are ready to make a change," she says.

Joan says that those new to therapy should also know that it isn't like the old stereotype of long-term analysis focused on pathology.

"It's much more strength-based and solutionfocused, and it doesn't have to go on forever," she says. "So if you know what your goals are and you come in willing to do the work, then you are far more in control than a lot of people realize. But even if you are not sure of the nature of the problem or the outcome you desire, a therapist can help you sort through it."

Although Joan has certainly helped hundreds of people throughout the years, she says her time with them has given her "a richer, fuller life because I feel like it's been useful to people."

"There are people who are destined to help others on a grand scale, globally perhaps, but not all of us are destined for that," she says. "I think each one of us can do something in our own part of the world, and I think if everyone did that, the world would be a very different place. This is my way of helping in my portion of the world." NDN



Alexander Cavitt



Awesome with Autism

When Margaret Cavitt thinks of her 19year-old son taking college classes, tears often spring to her eyes. She flashes back to the day that Alexander was diagnosed with a form of autism, at age $3\frac{1}{2}$, by a doctor who warned the

By Alison Johnson

boy likely would never be able to speak more than a few simple words.

That doctor was wrong.

Autism, a developmental brain disorder, has undeniably shaped Alexander's life and held

him at a distance from many "normal" childhood activities and milestones. But with support from his family and community programs, the Williamsburg teenager has developed a wide range of interests, earned a modified high



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school diploma and held part-time jobs. Most recently, he helped update computerized donor files for the Child Development Resources agency.

"I liked feeling helpful and getting the project done," Alexander says.

This fall, Alexander has enrolled in two for-credit courses at Thomas Nelson Community College's (TNCC) Williamsburg campus. There, his family hopes he will continue to serve as a symbol of how far a child with a disability can go.

"Alexander teaches people that there are many possibilities – and only a few inevitabilities – in life," Margaret says. "If you are the parent of a disabled child and you see what he can do, you say, 'OK, the world has not come to an end. I am not going to give up. I will take what I've got, but it doesn't mean I can't make it better."

Autism is a general term used to describe a group of complex conditions known as Pervasive Developmental Disorders, or PDD. The cause is unknown, although doctors suspect a combination of genetics and environmental factors. The disorder can range from mild to severe but generally interferes with communication and social skills. Symptoms may include language delays, difficulty noticing emotional cues such as smiles or frowns, failure to make eye contact, angry outbursts, gastrointestinal problems, lack of physical coordination and repetitive behaviors such as arm flapping.

Early intervention – and participation in the local programs Alexander has found – can bring dramatic results. About seven years ago, for example, Alexander began riding horses at the Dream Catchers therapeutic riding center in Toano, which has improved his balance. He also has thrived in arts, literature and bowling programs run by the Arc of Greater Williamsburg, which serves older teenagers and adults with intellectual and developmental disabilities.

"They're my interests, and they are lots of fun," Alexander explains. "It makes me feel calm when going out without my parents." Adds Margaret Cavitt: "It's good for him because I'm not there to trail him. He has new responsibilities placed on him and he sees – and I see – that he can handle them."

Alexander's mother describes him as a fairly high-functioning child with autism. He can hold simple conversations and introduce himself, for example; he shows affection to his large family, has an encyclopedic memory and generally knows the proper manners for school and work.

But Alexander comes across as much younger than his years, has never made his own friends and struggles to understand emotions and social nuances. He doesn't grasp the subtleties of "stranger danger" and is unsure when a casual conversation with a new person is okay – or how much personal information he can give out. While he can follow simple recipes, he is afraid of knives and the heat of ovens, which he'll often forget to turn off. He is also fearful of driving a car.

That complicated mix of traits began early. By age 3, Alexander could identify shapes such as octagons and pentagons and name all 50 states on a map. However, he wasn't speaking in sentences, didn't know how to interact with other children and couldn't sit still for activities such as story times. He had emotional outbursts during which he'd rip off his shirt, socks and shoes to cool his body down.





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A special needs beneficiary may have a physical, mental, or emotional disability that renders them dependent upon another person throughout life.

Planning for "special needs" beneficiaries involves creating an environment that will allow these loved ones to experience both physical and emotional care and economic security. Because many special needs individuals may qualify for government benefits, planning is necessary in order to provide more than the "necessities of life" which is all the beneficiary would receive from governmental assistance programs alone.

Parents, particularly, face a unique planning challenge - ensuring that the child receives the special care he/she needs after the parent(s) becomes disabled or dies. For example, if a parent dies or becomes disabled, unless written plans have otherwise been made, the "special" child becomes a ward of the Probate Court. This means that the Probate Court appoints a guardian as a substitute parent to care for the child. As a result, the guardian (and family) is now subject to the supervisory control of the Probate Court.

If you have a child with special needs, you are rightfully concerned about the costs of caring for that child should you die or become disabled. For example, how can you qualify the child for state or federal benefits to help ease the child's financial burden? How are costs going to be paid? How can you leave instructions for the care of your child? If the child has brothers or sisters, how do you split the inheritance? If your child is now receiving governmental benefits, how do you protect them from being eliminated by his/her inheritance?

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After just one day of preschool, Alexander's teacher called his parents in concern. Once the family had a PDD diagnosis, they had to sign paperwork describing Alexander as "retarded" to qualify for special educational services. Alexander's father, Nick, was so angry that at first he refused. But his wife convinced him that getting the help was more important than the label, and Nick relented – after crossing out "retarded" and writing in "PDD".

Refusing to accept that Alexander wouldn't talk, his parents slowly built up his skills at home. "We went from 'juice' to 'juice please' to 'juice please, Mama," Margaret remembers. "Now when you talk to him, you would notice something was different, but you may not know what exactly you were noticing."

With help from individualized educational plans, aides and medication to help him focus, Alexander graduated from Jamestown High School in June 2009. The subtleties of reading comprehension and history were a struggle; the black-and-white solutions of math and straightforward lines of architectural drawing a relief. Organized team sports were outside Alexander's realm of awareness, although he is a talented downhill skier.

Alexander wondered why his older brother William, 20, and younger sister Catherine, 14, had friends over to play when he didn't, but he never seemed to classify himself as "different." He fell in love with drawing and classic rock, trounced opponents at chess and discovered he enjoyed working with computers. In addition to his volunteer work for CDR, he recently held a paying part-time job doing inventory control for a store at the Williamsburg Outlet Mall.

Alexander now is a "super senior" at Jamestown, continuing as a student under a program that serves special education students until they turn 22. This fall, he plans to take two credit classes at TNCC: introduction to college life and a three-dimensional art course. He will have an aide under a pilot state program to help special needs students go to college.

"I feel sort of excited on the classes, but a lot proud of my art class," Alexander says.

His mother bets he will bring a fresh perspective to fellow students.

"There have always been kids and teachers who are almost scared when they first meet Alexander, but after a while they see he's fine," she says. "He is polite and raises his hand to answer questions. If we just bring a new level of OK to more people, that's a beautiful thing. People of different abilities are part of our world, and if we can come to a comfort zone it's easier for everyone."

Cavitt's ultimate goals for her son are an associate's degree from TNCC and possibly even more college, although she acknowledges his troubles with reading may be a roadblock. "We've learned to always be flexible," she says. "We're starting slow." The family also hopes Alexander can someday move into housing for people with disabilities and find at least part-time work. "I would like to do computer work in the future, maybe something like architecture or music," Alexander says.

No matter what happens, of course, Alexander already is worlds ahead of where that early doctor pictured him. NDN

Stephanie Loebs



Treating Chemical Dependency

By Linda Landreth Phelps

The Center for Disease Control reports that addiction is considered the number one public health problem in the country. In fact, there is not a single person in the United States that hasn't been touched in some way by chemical dependency, either personally or through a friend or family member. Addiction affects us all, whether it's a pack a day of cigarettes, prescription drug abuse, alcoholism, or street drugs.

In the case of Stephanie Loebs, Executive Director of The Farley Center at Williamsburg Place, her entire existence has centered on the illness. Addiction has been the bane of her past as well as her present





life calling.

Stephanie performs her job as Executive Director gratefully. Although she is healthy now, she was once just as sick as those who are treated for chemical dependency of all descriptions at the Center's residential facility. The gap between her respected position and her patients (many of them also health professionals) exists only because Stephanie has learned the use of tools which free her to live a rich and useful life unencumbered by the consequences of addiction. Even though it has been many years since she was acutely ill, Stephanie never takes her ongoing recovery for

"In my career I see people who have lost everything to this disease and think, 'There, but for the grace of God, go I.'"

- Stephanie Loebs

granted.

"Addiction is a chronic, progressive illness which, when left untreated, is usually terminal," Stephanie says. "I've been clean and sober for many years, but even with treatment, a person may appear to be completely recovered, but that doesn't mean that a slip into an acute episode is impossible."

Stephanie knows that once addiction has been triggered, only through hard work, constant vigilance and a real commitment to mental and physical health can an addict maintain sobriety.

"The brain is literally taken hostage by the illness, and much effort is needed to keep the damaged part of the brain from recapturing the flag," she says.

Addiction can happen to anyone, but some are more vulnerable to the disease than others. Stephanie's career as a nurse may have been a contributing factor in her own problems. Studies have shown that helping professions with high levels of exposure to trauma and stress lead to greater than normal incidence of alcohol and drug abuse. Firefighters, Emergency Medical Technicians, police officers, doctors and dentists - all of these career categories share the easy availability of drugs which can lead to self-medication and possible addiction.

Some people simply lose in the game of genetic roulette - the dice have already been loaded in favor of the house.

"Like me, ten percent of the general population has a genetically predetermined susceptibility to addiction," Stephanie shares. "I was raised by very high-functioning, white-collar alcoholics. My parents were able to do their jobs, pay their bills, and raise a family, but there was always a certain level of unmanageability and chaos swirling around the abuse of alcohol," Stephanie says.

"I grew up in Cleveland and lived in the same house all my life until I married a naval officer in 1973 and moved to Virginia. For the next decade, my husband saw the world and all I saw was Norfolk. We had two

daughters before we separated in 1982. I was working as a secretary at DePaul Hospital when the Sisters of Mercy there took an interest in me and encouraged me to study nursing and enter the health field myself," Stephanie says.

Eventually, Stephanie remarried and moved to Richmond, where she worked as a Gynecology/Oncology nurse. Unfortunately, in 1991 her genetics caught up with her and she found herself incapacitated by alcohol and drugs.

"I entered a program in Norfolk that was tailored to those in the health care field who had gotten into trouble" Stephanie says. "Dr. William J. Farley was one of the physicians treating patients there, and he literally saved my life. He asked me if I knew why I couldn't stop drinking and using and I said I didn't know. 'Well, I do,' he told me. 'It's not because you're a bad person, it's because you have a disease called addiction.' That was such a relief to me to hear that. I believe that was the single statement that started me on the road to recovery. I'll be grateful to Bill Farley for the rest of my life."

Two years later, she went back to thank him and he offered to return her to her career as a health care professional.

"Bill offered me a job at The Farley Institute for Recovery (later to become The Farley Center at Williamsburg Place), a long term, residential, abstinence-based rehabilitation center, my first job in the health field since recovery," she explains. "I started at the bottom and I've done just about every nursing job at The Farley Center."

For the last five years Stephanie has served as their Executive Director. "My fellow clinical practitioners accused me jokingly of having moved to 'The Dark Side' of nursing when I went into administration, but I strongly feel that I've been called to do this job," Stephanie says.

Stephanie is excited by the expectation of improved ability to care for patients with underlying psychiatric issues as well as substance abuse problems.

"In July we broke ground on a new Psychiatric Pavilion which will eventually have a total of 57 beds. This means we'll be able to better help our addicted patients who are suffering from depression or who are bipolar or schizophrenic."

There is a lot of joy and satisfaction involved in seeing fractured families who were once in tumult being restored as patients regain their health.

"I consider myself a very blessed woman. In my career I see people who have lost everything to this disease and think, 'There, but for the grace of God, go I."

Maybe we would all do well to adopt that attitude of humility, for who knows what lies in the future or lurks in our DNA? It's possible that genetics, overwhelming stress or a traumatic event could tip us over into uncontrollable craving. If that happens, then one can only hope for the courage to fight for recovery.

The philosopher Aristotle recognized that courage when he said, "I count him braver who overcomes his desires than him who conquers his enemies; for the hardest victory is over self."

Along with incalculable others who share her personal battle, Stephanie can attest to the sweetness of this conquest. Sweeter still for Stephanie, each triumph experienced by a patient at The Farley Center at Williamsburg Place becomes a mutual success. NDN



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David Coe

Serving Local Families Affected by Mental Illness, Intellectual

Disabilities and Substance Abuse

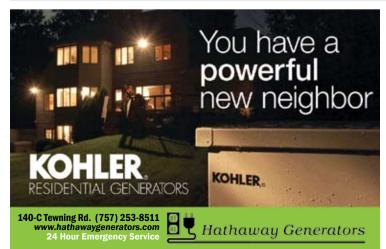
By Lillian Stevens

avid Coe is finishing his third year as Executive Director of Colonial Behavioral Health (CBH), formerly known as the Colonial Services Board. This organization offers an array of mental health and well-being services to local residents of all ages.

"If you boil it down, our role in this community is to help make our four localities (the Counties of James City and York, and the Cities of Poquoson and Williamsburg) – which are already great places to live – healthier and safer places to live. We do that one person at a time, one family at a time, one program at a time," David says.

A venerable offshoot of other Community Services Boards in the Commonwealth, CBH opened its







doors in 1971, as a result of legislation enacted by the General Assembly in 1969. For their service areas, these boards offer a single point of entry into publicly-funded mental health, intellectual disability and substance use disorder services.

Under David's leadership, CBH is tapping into a network of collaborative partnerships with local and regional providers to serve residents who are affected by mental illness, intellectual disabilities and/or substance abuse disorders.

"People who need us have the ability to walk in our front door and

"If our counselors and case managers and support workers go home at the end of the day knowing that 'someone is better off because I saw them today' then as an organization we have done what we needed to do." - David Coe

have access to a whole system of care. It's truly one stop shopping and the services we provide transcend generations. We help children, adults and seniors all the way through their lifespan."

A native born Virginian, David was raised in the Martinsville, Virginia area. In his teens, he was involved in his church youth group. It was there that he met Susan, who would later become his wife. Susan works for Petersburg's Community Services Board and also serves as the pianist at York River Baptist Church where the couple is very active and involved. The couple is celebrating their 25th wedding anniversary.

While David's personal and spiritual life was on track from an early age, his professional trajectory evolved somewhat differently.

"Originally, I thought I wanted to practice law, but the problem was that I didn't like the introductory political sciences courses. And I didn't want to be in college that long anyway. So my roommate – a psychology major – suggested that I try an introductory psych class. Well, I loved it. From that moment, I knew that I wanted to work with people," David says.

Ironically, he holds two Masters Degrees, and estimates he spent more time working toward those than it would have taken him to secure a law degree.

After college, David's first assignment was at a battered women's shelter in Wytheville, Virginia. From there, he went into substance abuse disorder work, where he dedicated 14 years to the Community Services Board system before landing his first position at CBH in Williamsburg.

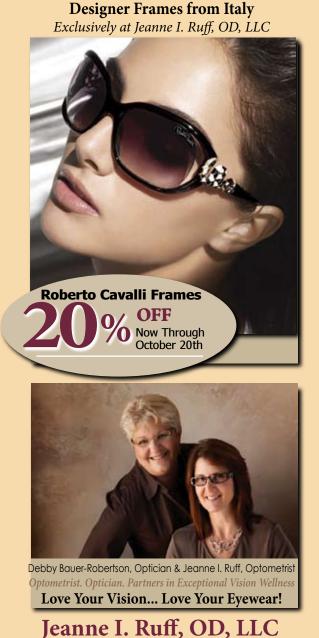
"We used to vacation in Williamsburg, but we never dreamed we'd live here. I have a different perspective now – about what it's like to live in a vacation area. Every place has its strengths but we've never lived any place we enjoyed as much as we enjoy it here," David says.

Still, he is the first to admit that our community has many of the problems that others have, in terms of the demand for the types of service CBH offers.

"But we are fortunate here because our local governments have been extremely supportive of us and they've been consistent in that support



Roberto Cavalli



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even in these down times," David says, acknowledging the local economy where 51% percent of the people who walk through the front door of CBH are uninsured.

"So that's where state, local and federal money comes in - to help supplement those who can't afford to pay. Our services are not free but we do offer a sliding scale, based on factors like income, number of dependants, and so forth."

The type of work that David and his colleagues do is challenging, even in the best of economic times, but they continue to do their level best to "do more with less".

"If our counselors and case managers and support workers go home at the end of the day knowing that 'someone is better off because I saw them today' then as an organization we have done what we needed to do," he says.

In addition to the counselors, case managers and support staff, there are other valuable public servants, like the ones working tirelessly in the local public schools.

"We have two skilled clinicians who are working in K-12 doing a variety of things, from anger work to positive coping skills to helping people just talk about their anxieties. They provide drug education, build self esteem - you name it we're doing it," he says.

Of course, with proper prevention techniques and education, it is reasonable to hope that there are some who will never need to walk through CBH's doors. And while no one can predict the future, David is extremely optimistic.

"On the one hand, we are dealing with a system that is becoming increasingly complex at the community level," David says. "But on the other hand, we're also dealing with a system where technology is becoming more pronounced. For instance, we will become more involved with telemedicine."

Telemedicine is a developing form of clinical medicine where medical information is transferred through interactive audiovisual media for the purpose of consulting or for remote medical procedures or examinations.

"You can literally have a psychiatric visit while sitting at your computer. Today we are connecting with the Lackey Free Clinic, the Angels of Mercy Free Clinic and Olde Town Medical Center. We will be linked with them for psychiatric consultations. Our psychiatrist can actually see people with Skype-like technology and the resolution is good enough that you can bill Medicaid for it. That is going to be increasingly of use for us - and not just us - but nationally," David says.

What's more, there is a recently-developed blood test which will help diagnose schizophrenia. Also, there are new technologies for testing spinal fluid to detect early onset of Alzheimer's disease. David believes that eventually it will be possible to predict future onset of Alzheimer's twenty to thirty years before a person even becomes symptomatic.

Still, there will always be the human side of human services.

"We will continue to need individuals who have dealt with mental illness, substance use disorders and so forth to work with people who are struggling with those issues - as peer counselors and peer therapists and support specialists. We will always need psychologists, psychiatrists, social workers and therapists," David says.

The work is challenging and the needs are many but David is confident that the future holds much promise on all fronts. NDN

FIND OUT MORE ABOUT CBH

What is Colonial Behavioral Health (CBH)? Colonial Behavioral Health (CBH) is one of 40 Community Services Board in the Commonwealth of Virginia. CBH serves residents of James City County, City of Poquoson, City of Williamsburg and York County.

What services are provided at CBH?

CBH offers six core services:

- Emergency services
- Local inpatient services
- Outpatient and case management services
- Day support services
- Residential services

3200.

• Prevention and early intervention services

What is the contact information for CBH? You can contact CBH by phone at 757-220-

What fees are charged for receiving services?

Fees are charged on a fee for service basis. Most insurance plans and HMOs are accepted, including Medicaid. Persons without insurance coverage are charged according to ability to pay, based on income and dependants. No one will be denied services because they are unable to pay.

How is CBH funded?

CBH receives funding from the state as well as from the jurisdictions served: James City County, City of Poquoson, City of Williamsburg and York County. Additionally, CBH has been awarded grant funding from a variety of sources that help support programs and services.

* This information was obtained from the Colonial Behavioral Health website. For more detailed information on this organization, please call the number provided in this column or visit: *http://www.colonialcsb.org*

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Publisher	Meredith Collins
Executive Editor	Joe Collins
Editor	Greg Lilly greglilly@cox.net
Copy Editors	Al White, Ginger White
Photographer	Lisa Cumming
Graphic Designer	Sue Etherton

Writers

Linda Landreth Phelps, Rachel Sapin, Brandy Centolanza, Muna Killingback, Natalie Miller-Moore, Alison Johnson, Ryan Jones, Lillian Stevens, Erin Zagursky, Erin Kelly, Rosemary Van Houten

Advertising Information

(757) 560-3235 or www.WilliamsburgNeighbors.com

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Lorraine DiMuccio



GROUP THERAPY FOR BETTER MENTAL HEALTH

By Meredith Collins

Publisher's Note: For this story, we have interviewed Lorraine DiMuccio, Program Therapist at Senior Behavioral Health Services (SBHS). This service is provided by Sentara Williamsburg Regional Medical Center. In addition to Lorraine, we were also able to interview a group therapy participant who was willing to share her counseling experiences under the pseudonym, Jane Doe. Jane, age 77, was originally referred to the program by her family physician after becoming physically exhausted while taking care of her husband during a period where his health was declining. Jane's portion of this interview and her comments are presented in italics. Change is a part of life. No matter what we do to create stability and consistency in our little corner of the world, each day brings something new to our lives. Sometimes the differences are subtle. Other times the changes are profound. We may have the same spouse, live in the same home, attend the same church



and enjoy the same friendships for years, but at some point along the way we are faced with a new reality when the status quo changes and we are forced to change with it.

As we age, the changes faced in life may create tremendous hardships. When emotional

and physical demands cause depression or other mental health issues, and diminish one's ability to enjoy, or even handle, day-to-day life, there are professionals like Lorraine DiMuccio, LCSW, to help. The SBHS program at Sentara has been in existence for two years. Lorraine, a long-time Williamsburg resident who is originally from

New Jersey, has been a counselor for almost 30 years. She brings a great deal of experience and compassion to those who seek help at the group sessions she leads - three groups a day five days a week. She provides leadership and expertise to people in a group setting that fosters sharing, healing and problem solving among the group's members. The outpatient group therapy at SBHS is for seniors who experience such symptoms as depression, anxiety, social isolation, grief, changes in physical health, confused thoughts, low self-esteem, irritability or anger.

"We are here to provide a really unique kind of treatment for mental health issues for seniors and we have found that this group therapy format works really well for them," Lorraine says. "It is physician driven which means the physi-

"...everything in here is fair game in terms of subject matter. There is a good bit of problem-solving going on." - Lorraine Dimuccio

cian authorizes it, sees everyone at least once a month or more often if needed, and provides the opportunity for med management. It is primarily group therapy but we also offer the opportunity for individual, marital or family therapy if needed."

Parthiv Sheth, MD, is a board certified geriatric psychiatrist who serves as the medical director for SBHS. It is his expertise, and that of the counselors, that provides the guidance needed by those who take part in the program. Quite often the patients who first walk through the doors of SBHS do not want to be there. They may have been gently pushed through the doors by a family member or a physician. They may feel they don't need the help, and often times they don't want it.

> Jane Doe has attended group therapy at SBHS at two different times in her life. The first time she attended group sessions was during a time when her husband was suffering from Parkinson's and dementia. Jane was his primary caregiver and the strain became overwhelming for her over time. When her first experience with group therapy

did not produce the results she had hoped for, she quit. Jane returned to group therapy again just before her husband passed last December and she now participates in it twice a week.

"This is the second time I have joined the group," Jane explains. "I have been here since November of last year. I was in a depression. I had previously been in another group before my husband died, in the same building. But I didn't feel like I was getting anything out of it. When I first came here, I was kind of mousey. I'd just listen to everybody.





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Then all of a sudden 'it clicked'. I was able to say what was on my mind, which I couldn't do in the first group. I feel like sometimes I help [others] with some of the comments I make."

According to Lorraine, the interaction from participants is what works so well in group therapy. Patients can learn from one another and draw on the strength from each other. The more participants share, the better results can be for everyone in the group.

"Jane has made a whole lot of progress toward goals that she set for herself," Lorraine says. "Besides dealing with her husband's illness and death, she has changed residence – she is now in a senior residence – and she sold her house. She has had so many changes and she comes in here and talks about them and can talk about the coping skills she is using, she can come in here and talk about grief and loss and feel sad. She also has a tremendous ability to empathize with other people and give feedback that is right on target. To see her become assertive and comfortable enough to both give and take, it's fabulous." about it," Jane says. "They may at first hold back and all of a sudden you can see them opening up and sharing what's wrong with them. And it's good. I used to sit there and listen and say, 'I'm not going to tell them that.' Then all of a sudden, it's like a freedom – you want everybody to hear your story. Your family is fed up hearing your story. These people here – they are not family, but they are family. They end up being your other family."

The process of group therapy allows participants to talk about their fears, anxieties and feelings in a safe environment where others can do the same. As the patient learns about others they also learn about themselves and the sharing of experiences and feelings in a setting led by a professional is one that promotes healing. Family members may be in a different place in their lives and that could make it hard for them to understand the challenges of an older person. In the group sessions at SBHS, the participants are in the same age range and have similar life experiences to share.

"Sometimes people have issues with their family," Lorraine says. "Either they are the caregiver or someone else has become their caregiver. They don't want to be disloyal or complain, but they are frustrated. What else can you do? You can't talk about it with your caregiver, you don't want to go to church and talk about it with the community – so everything in here is fair game in terms of subject matter. There is a good bit of problem-solving going on. It's not just people talking about their problems. They do a lot of work."

For Jane, her second experience with SBHS has been a blessing. She has learned to cope with the death of her husband and start a new life in a residential community she enjoys. She has learned to be more assertive and independent, having come from a generation where she oftentimes put her husband's needs first. She has learned to share her thoughts with others and in doing so, she feels good about the contributions she is making to help heal someone else's life in addition to her own.

"I'm real happy now," Jane says. "I miss my husband, but I'm happy." NDN

For more information on Sentara's Senior Behavioral Health Services, visit Sentara.com or call 757-345-4670.

"Everyone seems to open up. That's what I like

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COMMUNITY ANNOUNCEMENT

If your organization has a holiday event planned, *Next Door Neighbors* and the Greater Williamsburg Chamber & Tourism Alliance want to know! We're posting and promoting a comprehensive calendar of holiday happenings of all kinds – everything from art exhibits and choral programs to church concerts and charity bazaars – online at **www.ChristmasinWilliamsburg.com**. We want everyone – locals and visitors – to know and enjoy all there is to do, hear and see here during the holidays.

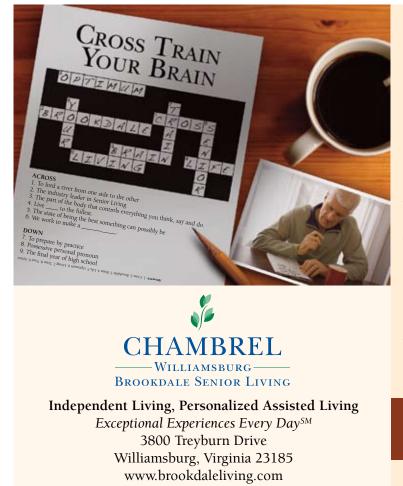
To inform us of your event, email the what, when, where and who of your event to: skrabala@williamsburgcc.com

On November 18th, Next Door Neighbors and the Greater Williamsburg Chamber & Tourism Alliance will bring you **Williamsburg Holidays**, a guide to the holiday season in the Williamsburg area. We'll be interviewing your neighbors who are bringing you some of the exciting events and we'll remind you of the many ways you can make your Christmas fun by going to **www.ChristmasinWilliamsburg.com** to discover everything there is to do!





For advertising information regarding the Williamsburg Holidays issue please contact Meredith Collins at (757) 560-3235.



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SHARON CORNELIUS

^{on} United Way of Greater Williamsburg

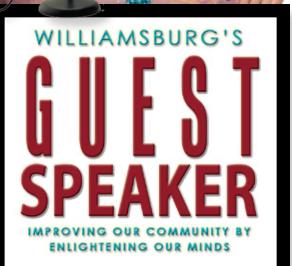
Sharron Cornelius is a native Michigander whose career has taken her to North Carolina, Nebraska, Florida and New Hampshire before settling in Virginia in 1997. Before affiliating with the United Way movement in Raleigh, North Carolina, Sharron worked in local television, owned an advertising agency and was the Administrator of the Commission on the Status of Women in Greensboro. North Carolina. She has been the Executive Director of United Way of Greater Williamsburg for 13 years. Sharron is married to Bob, who recently retired as CEO of the Foundation for Historic Christ Church in Irvington. They have four children and seven grand children.

How long have you been Executive Director of United Way?

13 years going on 14.

Why have you chosen to be a part of this organization?

Because I resonate strongly with the mission of the United Way of Greater Williamsburg: "To improve people's lives by mobilizing the caring power of PART DOOR NEIGHBORSOCTOBER2010



people and communities." Also, because the United Way has energized a broad cross section of amazing, committed people in the cause of advancing our mission. We are a unique community. I say that based upon the numerous collaborations, networks and coalitions which cohesively work together to strengthen our health and human services.

United Way is a convener. We bring people to the table to work together on pressing needs and issues. When I first arrived here I had the pleasure of working with the newly formed Williamsburg Community Health Foundation. Together we conducted a community-wide needs assessment. The two top issues that surfaced were: Access to Information and Substance Abuse.

United Way supports the Information and Referral HELPLINE. We then formed HTSAC (Historic Triangle Substance Abuse Coalition), which has achieved a lot over the years. But, most outstanding was the formation of HTFF, the Historic Triangle Funders Forum. Key health and human service funders meet informally quarterly to discuss issues and to

listen to reports. United Way also works with the Senior Services Coalition, the Homelessness Task force and numerous other networks and coalitions.

This is rare for a community to work so well together at this level. Government and private non-profit health and human service funders, working together for the common good for all in our community. The very heart of United Way is "getting people to the table".

Why do you think giving to United Way is important?

For over 60 years the United Way of Greater Williamsburg has LIVED UNITED by serving this community and insuring that the precious resources are channeled, through a citizen-volunteer driven process, to the most pressing and critical concerns facing the Greater Williamsburg Area - City of Williamsburg, James City County & Upper York County. We raise money for OUR community.

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Many people are familiar with United Way but seldom have the opportunity to learn how their donations help those in need. What are some of the real-life stories you would be willing to share that would help people understand the importance of gifts?

(Names changed for confidentiality)

• Lori left her abusive husband with her two sons and came to Avalon. While at Avalon, she often spoke with staff because she was depressed and contemplated going back to her abuser. Lori decided to stay at Avalon and worked with the staff to obtain employment; Lori came to Avalon unemployed, but had many years of retail experience. She applied for a few jobs and was hired as an assistant manager at a large retail store.

Lori also worked with Avalon's Children's Services Coordinator because her children were exhibiting negative behaviors and were acting out. Once Lori's children had acclimated to Avalon and had worked with the Children's Coordinator, their behavior improved. While staying at Avalon, Lori saved her money and was able to afford her first month's rent and deposit. She moved into her own apartment in the community and continues to work.

• Daily, Williamsburg Area Faith In Action gets calls from people like Geneva who don't know where else to turn. Geneva is 89 years old and legally blind. One Monday she called Williamsburg Area Faith In Action in a panic. Her eye, which had been operated on two months earlier, was bothering her and her eye-specialist in Richmond wanted to see her the next day. Despite the short notice, we were able to find a volunteer to drive her to the appointment. At that appointment the specialist said he needed to see her again on Friday. Again, we quickly lined up a volunteer. On Friday Geneva was informed her eye had deteriorated and required further surgery to preserve her sight. Surgery was scheduled for the following Monday and she would need to go back for a follow-up on Tuesday.



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We were able to get Geneva to Richmond for her eye surgery and follow up appointments. Geneva called to thank everyone who made it possible for her to get the medical care she needed. "I don't know what I would do without you. I might have lost the little vision I have left."

• Here at United Way's Information and Referral program the Referral Specialist most recently worked with a homeless man. He and his wife used to live in one of our gated communities. They were retired and lived off his portfolio. The market crashed and wiped out his retirement funds; and, then his wife was diagnosed with cancer. After months of treatment, debilitating bills, she passed away. His home was foreclosed. He got a job working at fastfood burger place and he slept behind the building at night. He came to Information and Referral and said "I can't keep this up, I need help."

He received immediate assistance with food, they worked with him to find a place to stay and ultimately he was able to find a better job and is slowly getting back on his feet.

When I think about this man and his story, I think about the fact that so many people are only one pay check away from poverty.

I asked a banking friend what to do about the people we are seeing who are about to lose their homes. He said "people wait too long. They should come to us sooner so we can help. When they wait too long oftentimes we cannot help." United Way has partnered with Catholic Charities of Eastern Virginia, and they place a Financial Counselor in United Way's office every Monday. People can call and make an appointment with the Counselor.

How does the Information and Referral Service Work?

United Way of Greater Williamsburg's Information and Referral Center links people in need to available services. A person may have already talked to a couple of human service agencies that were unable to help, but they shouldn't give up hope. The Information and Referral Center collects and maintains information on hundreds of human service organizations - public and private agencies, civic clubs, support or self-help groups, non-profit and for-profit agencies. Each one of these organizations offers different services. One of them may be able to help.

A trained Information and Referral staff person helps determine which referral will best meet a person's needs by gathering as much information as needed to steer them in the right direction. Any information shared with an Information and Referral staff person will only be used to help the person and handle their situation. All names and information are held in strict confidence.

How has the soft economy increased the need for the services of United Way?

The recession has affected individuals and families across a wide swath of the socio-economic spectrum. Many people who were living from paycheck to paycheck are without employment and unable to find work. Some seniors, while not affluent, were comfortable until the stock market decline dramatically reduced their retirement saving. United Way partner agencies that provide emergency assistance, and United Way's Information and Referral Service, are helping increased numbers of individuals and families whose financial resources are no longer adequate to meet the basic essentials of daily life: there just isn't enough money to pay all the bills. We see a steady parade of people with eviction notices, power shut-off notices, inability to pay for medications and not enough money to adequately feed the family.

Is there a greater need for United Way now because of the changes in our economy?

We have a number of statistics that show that our services are more important than ever. The number of people

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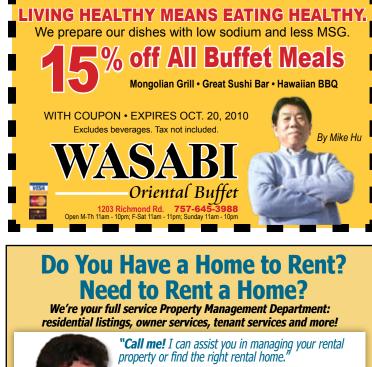


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we served overall has increased by 16% from 2008 to 2009. We served an additional 2,105 people year over year. The number of referrals in that same time period increased 26%.

Number of Pers				
	- 2008 -	- 2009 -	CHANGE	% CHANGE
JAMES CITY	9443	11378	1935	20.49%
WMSBRG	2207	2058	-149	-6.75%
YORK	1166	1541	375	32.16%
OTHER*	79	23	-56	-70.89%
TOTAL	12895	15000	2105	16.32%
Number of Refe	errals Made -	- January t	o December	r
Number of Ref	errals Made - - 2008 -	- January to - 2009 -	o December CHANGE	° % CHANGE
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Number of Refe	errals Made - - 2008 - 3871	- January te - 2009 - 5090	o December CHANGE 1219	% CHANGE 31.49% 0.91%
Number of Refe JAMES CITY WMSBRG	errals Made - - 2008 - 3871 988	- January to - 2009 - 5090 997	o December CHANGE 1219 9	% CHANGE 31.49% 0.91% 32.02%

* Other includes transient clients and those that do not reveal the county they live in.

Every year United Way conducts a campaign to raise money to fund the efforts of the organization. Oftentimes people focus on the money being raised more than the good that is being done with it. What would you say to someone who is not sure whether to donate to United Way or not?

United Way of Greater Williamsburg maximizes your contribution by combining your gift with others and, through the Community Investment Committee, invests in local, results-driven programs and initiatives that are identified and reviewed annually by local volunteers. These volunteers carefully monitor community needs and invest your dollars in programs that are focusing on long-term solutions to our community's most pressing needs.

One of the greatest strengths of the United Way is the Community Investment Committee (CIC) process (the allocations process). During the 2009 CIC process, over 75 volunteers (including the United Way Board of Directors) contributed thousands of hours reviewing agency requests, visiting their facilities and making recommendations to help insure the needs of our community are met. The most critical issues are carefully considered in order to allocate the precious funds. Nearly one million dollars were allocated to 37 programs through 21 partners. This is the backbone and integrity of the product we offer to our donors.

United Way funding is channeled into several critical areas of need. The present distribution is for programs aimed at:

- improving Health and Wellness
- building Self Sufficiency
- caring for People in Crisis
- investing in Children and Youth
- promoting Senior Independence
- programs designated by donors to non-member agencies

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Finally, since our local beginning in 1949, the accountability standards of United Way of Greater Williamsburg have been based upon models of transparency and efficiency. Each year, a local finance committee comprised of CPAs, accountants, and corporate leaders review the annual budget and internal operational procedures. In addition, on an annual basis, an independent certified public accounting firm conducts an audit in accordance with generally accepted accounting principles. Annually, the audit confirms United Way of Greater Williamsburg is in compliance and operates with the strongest of internal controls.

What are your goals for United Way in the remainder of this year?

UWGW is presently working on a new Strategic Business Plan. Five Committee's with Board members and other expert volunteers are focusing o n: Governance; Marketing / Communications Information and Referral; Community Investment/IMPACT and Resource Development. The plan will be for 2011 and 2012.

This year we are continuing our work with the coalitions, with a lot of focus on the Homeless issue, which is really poverty. I am impressed by the magnitude of commitment from our Faith Community and the service providers. The Community IMPACT Committee has conducted focus groups to learn more about the changing needs and is planning another one as well as analyzing "real time data." And, of course, our Campaign is setting a positive goal, which we really think is achievable.

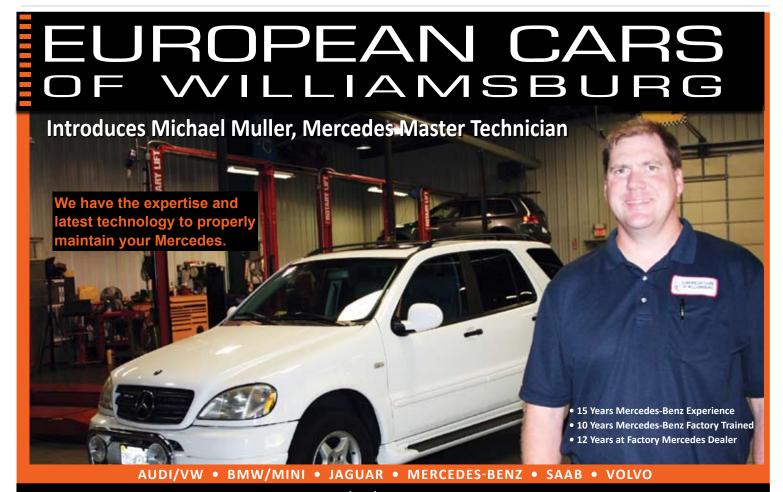
How has being a part of United Way changed your life?

My United Way career now spans 30 years in several communities. During that time it has been my privilege to work alongside and become friends with an amazing array of the most fascinating people, ranging from just plain, humble workaday folk to major movers and shakers. Even though each United Way is separate, independent and rooted in the community it serves, there is a universal common experience of concerned citizens voluntarily coming together to make their community a better place to live and work for all its residents.

The results that flow from all that voluntary energy and effort are amazing and provide a profound sense accomplishment. Examples that have special meaning for me include: the advancement of literacy, children and women at risk of violent harm are protected, independent living for seniors is fostered, health and dental care are extended to the uninsured and underinsured; quality affordable child care is available for working Moms, and basic necessities are marshaled and ready for our neighbors experiencing difficult times. NDN

For information on how you can become a volunteer or make a donation to United Way, call (757) 253-2264.

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Next Door Neighbors **Business**

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Mike Vahey Taps into the Resources of the JCC Business and Technology Incubator to Build his Business

By Greg Lilly, Editor

Zhese economic times can be cursed or embraced. Mike Vahey identifies the opportunities and incorporates them into his business plan.

"I had worked for General Motors since 1996. In 2004, I became aware of a law that protects your job while you serve in the military," Mike explains of starting his new business. He decided that he could do his part in







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the military and still have his civilian job when he returned. "A lot of people thought I was crazy because I was in a management position with a career path at General Motors. At 34, I knew I didn't have much time left to go into the military." He joined the Army and became an Army diver stationed at Fort Eustis.

His four-year commitment ended and he returned to General Motors. "They were set to bring me back to the plant in Wilmington, Delaware," he says. "Eleven days after my military service ended and before I actually walked back into the office, the Wilmington plant closed down. Along with all the other salaried employees, I was laid off."

Mike and his wife, Katie, were still in Williamsburg when the news about the layoff came. "We liked it here," Mike says, "and Katie's job allows her to work from her home office. We needed to make a decision as to where to go. With my skill set and my experience in automobile manufacturing, at a time when there were thousands of other folks just like me with the same skill set laid off, I knew it wasn't the best time to go job hunting and I had always wanted to run my own business."

He took the plant closing as a sign to plunge into the world of small business. "That's how Breathe Healthy[®] got started," he says. "The timing was right."

Mike knew a man in Lynchburg, Virginia who, in his retirement, had developed a washable and reusable allergy mask. "He's an allergy sufferer," Mike says. "He developed the mask, but found he wanted to spend more of his retirement, retired. I purchased the company from him with the intent to move the product to a larger audience." Mike, too, has suffered from allergies all his life. Along with that, his military service gave him other ideas for that type of mask. "When I served in the Middle East, I recognized the need for soldiers to have something to combat the dust storms. I knew I could promote the mask for allergies. It does a great job - I've tried it out. Somewhere down the line, I want to have one issued for each soldier going to the Middle East."

The idea of providing soldiers with washable dust masks led Mike to Joe Moore at the James City County Business and Technology Incubator to ask about doing business with the military. While there, he inquired about the offices at the building and the incubator program. He talked with Director, Bill Bean, and became one of the first companies housed at the Incubator.

"I was working, literally, out of my garage," Mike explains. "My wife worked in her home office upstairs, and I was in the garage. It was very cramped." He knew he needed to get out of the garage "before I went crazy," he adds. "It's nice to have separation. When I'm here, I'm at work. When I leave here, I'm home. When you work from home, you work all the time. I was wandering into the garage at eleven o'clock at night to check orders. I didn't have that separation."

Orders come to Mike through his website *BreatheHealthy.com*. He keeps tweaking the site based on customer feedback. "Ninety percent of my business is coming from the website," he states. People who suffer from allergies, people who are in dusty environments like attics, basements, garages also make up his customers. "Any reason you would want to filter out particulates from the air," he says, "that is a person who could benefit from these washable and reusable masks. Most people have some sort of mold or pollen allergy."

Mike sees many potential customers for the masks. "I'm just one guy," he says. "For me to try a shotgun approach wouldn't work. I have to

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hone in on a particular customer and a particular market that I think I can saturate. That's a great thing about the Incubator program. They have Friday morning classes for business owners conducted by the professors of William and Mary's graduate school. The first class I went to, I came out of it thinking I needed to focus on a market, and that market was dog groomers."

If he had not attended that class, he says he would still be marketing too broadly. "I'd be randomly e-mailing people all over the country," he says. "Interesting, the first class I went to, I had a light bulb go on. I implemented what I had learned that day."

When dog groomers start the trimmers and blow dryers on a dog, the fur flies. "They need to wear some type of mask," Mike says. "It's a niche market I discovered by analyzing the orders coming in on the website. It's a huge market and continues to grow, even in this economy. Groomers could go to a hardware store and buy a disposal mask, but they seem to love ours." The groomers like the reusability, which makes the masks more environmentally friendly than disposables and they like the styles. "They can wear the doggie styles," Mike says, and he shows a mask with a dog bone print. "That puts the pet owners at ease because when they see the groomer wearing a surgical mask, they might think the groomer is sick, and wouldn't want them around their pet. But when they see our mask, it's obvious it is made for grooming."

Mike travels to pet groomer trade shows to demonstrate the *Breathe Healthy*[®] masks and has found enthusiastic responses. His discovery of the fairly recession-proof market of the dog groomers was just one of the opportunities presented by the Incubator program.

"Just a few weeks ago," he says, "I met with a professor at the college to review my SWOT analysis (Strengths, Weaknesses, Opportunities, Threats) to give an overall view of the company and where it's going. I have access to knowledge. I'm not an expert on everything. I know a little bit about a lot, but I don't know a lot about anything," he adds with a laugh.

For the future, Mike wants *Breathe Healthy*[®] to become a household name, to have brand recognition. "After the dog grooming market," he says, "I'm going to focus on the allergy market, which is a much larger market. There's a great need for the masks. I receive wonderful

feedback from customers with allergies."

The masks seem to be a necessity for some people, and as European and Asian countries have shown, masks are becoming more socially acceptable as a preventative health aid. Mike says his designs and patterns help overcome any social stigma of wearing the mask.

One day soon, Mike would love to see people walk into a store and next to the disposable masks, they would find a rack of *Breathe Healthy*[®] masks too. "That type of market penetration," he states, "is my goal in a few years." With his ability to identify and embrace opportunities, Mike might get there sooner than he realizes. NDN

The goal of the James City County Incubator is to increase economic diversity through the growth and development of knowledge and technology based small or start-up businesses. A major benefit for companies in this exciting collaboration will be the access to William and Mary's Mason School of Business, consistently ranked as one of the best business schools in the nation.

To find out more, visit: www.wm.edu/offices/tbc/ incubator/index.php



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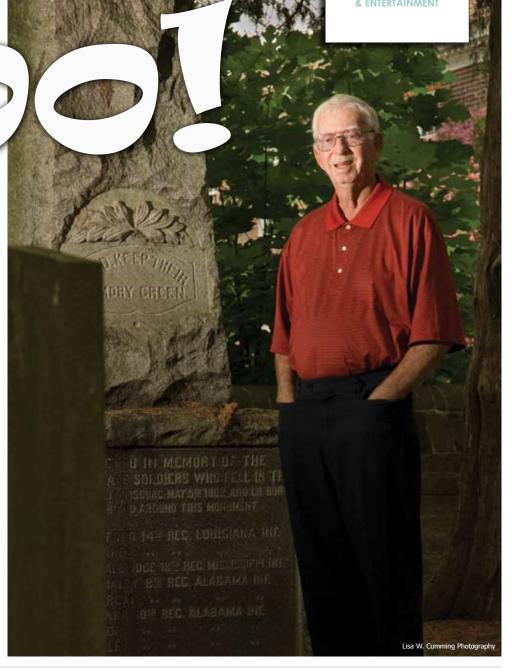
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L.B. Taylor, Jr. Doesn't Spook Easily

By Greg Lilly, Editor

Kis work has landed him on NBC's Today show, an episode of Ghost Hunters and earned him the 2007 "Lifetime Achievement Award" from the Virginia Writers Club. L.B. Taylor, Jr. documents ghostly encounters. He published *The Ghosts of Williamsburg* in1983, and since then, has recorded tales of paranormal activity all over the state. That book based on Williamsburg spawned interest in other cities.

"I did a book on the ghosts of Richmond, of the Tidewater, of Fredericksburg, then of Charlottesville," L.B. lists. "About 18 years ago, I did a book called *The Ghosts of Virginia* that







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covered the whole state. At that time, I thought I was through with the subject because I believed I had used all the material I had. Now, all these years later, it's still going."

Born in Lynchburg, Virginia L.B. grew up in Florida and graduated college from Florida State. After a stint in the Army, he worked at the Kennedy Space Center for NASA and NASA contractors. "That was the 1950s and '60s," he says. "Those were pretty exciting times at NASA."

His jobs focused on writing. "It was a big part of the positions," he says, "usually public affairs, public relations, public information. I've edited newspapers and magazines, and I've written a lot of speeches."

His career took him to California and Pennsylvania then in 1974, L.B. came to Williamsburg to work for Dow-Badische. "Which eventually became BASF," he adds. "I retired from them in 1993."

With that retirement, he was able to spend more time writing. He calculates that he's been freelance writing for over 50 years and has written over 300 national magazine articles and around 45 non-fiction books. "The first book I wrote was called Pieces of Eight," he says. "The book details the discovery of a shipwreck treasure off the east coast of Florida. Some amateur treasure hunters that L.B. knew found the gold and silver and asked him to write a book about the adventure. That first book published in 1966 is still in print. From there he kept writing on subjects that fascinated him. "I did a bunch of books on a variety of subjects," L.B. adds, "several on the space program."

Authoring books seemed to come naturally to L.B. "Since I was a kid, I seemed to have a flare for writing. The type of writing I do isn't creative writing; I probably couldn't write a novel. But, what I can do, I call a craft-like talent," he says. "Someone can tell me something and I can put it into understandable words."

With most any topic, he can organize it and explain it to readers. "It can be complex subjects," he says. "I did a book once on electronic surveillance. I knew nothing about it, but after researching, gathering material and talking to experts, I was able to put the book together."

In the early 1980s, L.B. did some work for editors at the large New York publishing company Simon and Schuster. They wanted a book on haunted houses, and chose L.B. as their author. "It was interesting to me, doing the research for that," he says. "I came upon so much material here in Virginia that I couldn't put it all in that one book. I had to limit the Virginia information because Simon and Schuster wanted a national scope for the book." The material he'd uncovered piqued his curiosity and he wanted to do more with it. "My editors weren't interested," he says. "They said regional books don't sell. So, I went to Colonial Williamsburg and said I was thinking about doing a book on the ghosts of Williamsburg. I asked, 'Will you sell it at your outlets?' I figured a million tourists a year, maybe it would do all right." And all right it has. The Ghosts of Williamsburg is in its 23rd printing and has sold more than 150,000 copies.

L.B. collects his tales from various sources. "To start, I spend a lot of time researching in libraries and archives, old book stores, old family histories, old diaries," he lists. "Margaret DuPont Lee wrote a book in 1930 called Virginia Ghosts, which is a classic and provided a lot of leads for me." The explosion of research resources available on the Internet helps him too. He says if you type in "ghosts" in a search engine, hundreds of thousands of links appear. Sometimes the tales find him. With his series of books on ghosts, many people will contact him directly with their stories.

People haven't always been so forthcoming about ghostly experiences with him. When he wrote the Williamsburg book, he included some plantations along Route 5: Sherwood Forest, Shirley Plantation and Edgewood.

"I went to Berkeley," he explains, and the owner then was Malcolm Jamieson, now deceased. He said, 'We don't have any ghosts here." Once the book hit the shelves and people started going out to the plantations asking about the ghost tales, L.B. received a phone call from Malcolm Jamieson. "He asked, 'Why didn't you write about our ghost?' " L.B. says with a laugh. "So I go back out and interview him and did a piece in the next book, *The Ghosts of Richmond*. What I found at the beginning was that people were very reluctant to talk to me, but since they've seen other people have had experiences like their own, they are much more open now."

The books continue to keep L.B.'s attention. "They're interesting to me," he says. "It's been a fun project. I enjoy it. I still do. It's never gotten old because I continue to find unusual and historic phenomena that are different and extraordinary." He attributes the volume of ghostly experiences to human nature. "Have you ever been scared before?" he asks. Those chilling moments are universal, and he says some tales may be imagined or psychological, "but things seem to happen," he admits. "They haven't happened to me. I haven't had a ghostly experience." He sounds disappointed.

With a little prodding, L.B. confesses he did get scared on one outing to check out a reported phenomenon. "I went to a house in Bowling Green, Virginia about twenty years ago," he says. "It was a 300-year-old house called Old Mansion. The owner had invited me up to learn of its history because it has a reputation of being haunted. I didn't get there until eight o'clock at night. It was pitch black and had a long driveway with no lights anywhere. I got out of the car, and thump, something hits me square in the chest. It was so dark I couldn't see a thing. I could literally feel the hair curl on the back of my neck. I thought: 'You're going to have your first encounter.' I heard a labored breath and a brush of something against my leg." He leans in to continue his harrowing incident. "It was the owner's big, friendly black Labrador retriever," he says with a chuckle. "That's the closest I've gotten to an experience. I've had eerie feelings a couple of times when I went to isolated houses. I think some people are more sensitive to these things than others. For some reason, I'm not."

For his future projects, L.B. says he has *Ghosts of Virginia*, Volume 14 ready for the printer and a good start on collecting enough tales for a volume after that. "I'm going to break away, a little bit, from this next year," he confides. "I'm working on a book called *Monsters in Virginia*. It's going to have vampires, sea monsters, werewolves and all sorts of crazy things like Big Foot in Virginia."

The fascination with the unknown and with things that scare you is the key to ghosts having such a long life in this town. L.B. sticks to his journalistic integrity on the subject of things that go bump in the Williamsburg night: "I don't try to make believers out of anyone. I just tell you some case histories, and you can make up your own mind." NDN



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Next Door Neighbors Health





Charlsey DeLorenzo

By Greg Lilly, Editor

Pets help relax you. Pet owners know this and so do the people who have ever been comforted by an animal companion during a period of physical or mental stress. That's how Charlsey DeLorenzo became involved in the therapy dog group, K9 Connections.

"I had a neighbor fighting cancer," Charlsey explains. "She would drive by the house and see Cody and Piper lying on the front lawn, all cozy and peaceful. She said how relaxed they made her, just from the sight of them." The woman mentioned a dog named Hogan that would lie in the bed with her as she had her chemotherapy infusion. "I thought that would be an inter-



NEXT DOOR NEIGHBORSOCTOBER2010

Lisa W. Cumming Photography

esting thing for my dogs," Charlsey adds, so she called Hogan's owner, Jo Brooks. "Jo and her dog Hogan are responsible for forming the group of therapy dogs, K9 Connections," she explains.

Today, Charlsey and her dog, Piper, are the longest active members in the group. With her distinctive name, Charlsey gets questions about its origin. She explains that her name comes from a family tradition dating back to the mid-nineteenth century.

"The first girl in each generation since 1865 on my mother's side is named Charlsey. It's one of those good ole southern family names," she says. "My mother was from Oklahoma and my father was from Arkansas and Texas, so family names tend to hang around." The DeLorenzo name comes from her husband Neil, who is active in Kiwanis, Colonial Italian American Organization (CIAO) and the Executive Partners program at the College of William and Mary's Mason School of Business.

Charlsey grew up in Washington D.C. "Neil attended Georgetown University for his undergraduate," she says, "and I went to Mary Washington College in Fredericksburg. Williamsburg was a familiar friend." Before retiring here, Charlsey and Neil lived in Michigan, and "I didn't care if I ever saw snow again," she adds.

When their last dog, Cody, was about six years old, Charlsey started searching for a pup-

"A dog doesn't care what anyone looks like or what they do for a living or what kind of car they drive; a dog accepts."

-Charlsey DeLorenzo

py. At a dog show in Virginia Beach, a breeder pointed her toward a Labrador retriever handler who had puppies available. "We've had many, many Labradors," Charlsey says, "and Piper was our fifth Lab. My husband asked if we could get one that 'just hung out?' because Labs are pretty active dogs." When she and Neil looked over the puppies, one pup just sat and watched the others. "We picked her."

When Piper grew a little, she and Cody would sun themselves on the front lawn, and that's where the path to therapy dog began. In order to become a therapy dog, both dog and owner have to prove themselves. Charlsey found that Piper had the disposition for the activity. "We passed the Canine Good Citizen's Test, became registered as a Delta Society's Pet Partner Team and trained with other therapy dogs."

Training Piper to be a therapy dog was a perfect fit for Charlsey who admits she likes to give her time to worthwhile causes and to helping people. "I was looking for something meaningful here in Williamsburg," she says. K9 Connections started at Virginia Oncology, now Peninsula Cancer Institute (PCI). "The first visit happened with a little, tiny dog named Katie, owned

by Ramona Underwood who was a medical technician in Dr. Mark Ellis's practice at PCI," Charlsey explains. "Katie was portable because she was so small, part sheltie and part Chihuahua, I believe." That combination made a fun lap dog. The dog would come to work with Ramona and one day Dr. Ellis asked Ramona to bring the dog into one of the examining rooms because a patient's blood pressure was too high to receive chemo treatment. "They put the dog, little Katie, on the woman's lap and she began to pet her," Charlsey says. "The patient's blood pressure came down and she had her chemo

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According to Charlsey, dogs lower blood pressure. "They have a very positive effect on patients who want to see dogs or be with dogs. Frequently, I've visited with patients who have dogs at home." The visits depend on the patient and if they would like to interact with the dogs. Charlsey says that Piper seems to know who would like to visit with her. "We always ask if the patient wants a dog visit," she says. "Frankly, some don't. They're so sick and so weak, it's too much effort for them."

One day, Piper and Charlsey visited a patient who asked them to come into her room. The woman said she'd been living in Florida and had to leave her two dogs behind when she came to Williamsburg to be with her son's family to take treatments. "She missed her own dogs so much," Charlsey explains. "Piper actually crawled into bed with her and stayed for quite a long time. The patient was so happy."

Charlsey says that Piper seems to know when someone wants to pet her, "but also she's basically lazy," she adds with a laugh. "A lot of times, she'll just lie in the room. When I talk to patients at the oncology centers, I don't ask them about why they're there or anything like

that. I ask them if they've ever had a dog, and we talk about dogs." Just the subject of dogs and other pets seems to put people at ease.

Therapy dogs benefit their owners and handlers too. They show by example a life of service, caring and acceptance. "One day I realized how little it matters how people appear on the surface," Charlsey admits when discussing Piper's work at the hospitals and retirement communities. "A dog doesn't care what anyone looks like or what they do for a living or what kind of car they drive; a dog accepts. They are not judgmental. We, as humans, are very judgmental as to how someone looks or behaves. Dogs aren't that way."

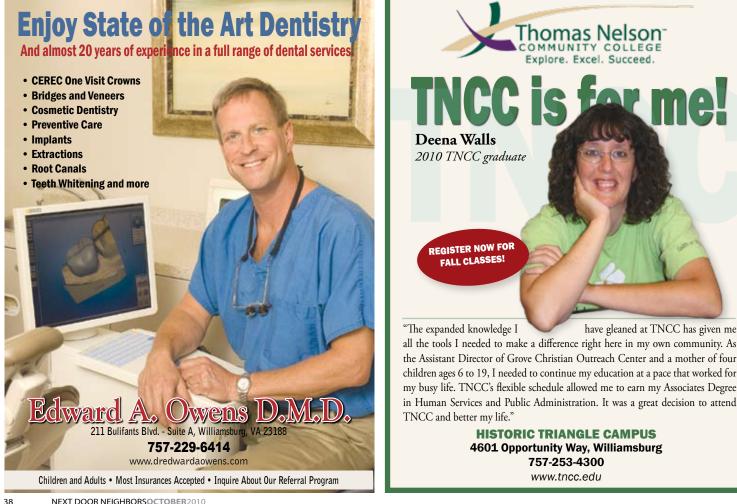
Along with the medical center visits, the dogs help with children's reading skills. The therapy dog teams visit the After Care program at Norge Elementary School and participate in the Books and Barks reading sessions. "Children can read to dogs," Charlsey explains. "Dogs don't care if the kid misses a word or mispronounces something. It gets the children to read more. After the first year, we were curious if this made a difference. The woman in charge said that the kids wouldn't be going to the library and checking out a book unless they were going to read it to a dog. Anything that gets children reading is positive. If you can't read, look at all the things you cannot do." The dogs also meet at the library for the Paws to Read program for more stories read by local children.

Piper will be retiring in about six months. "She's slowing down," Charlsey states. "Although Bindi will start up soon. She just went to her first visit at the library." Bindi joined the DeLorenzo household from a Labrador retriever rescue. "She's been more of a challenge," Charlsey admits. "She was three when we adopted her, and we've had her for two years now. So, she's about five and learning to be a therapy dog." She had always found her Lab puppies at breeders, but this time Charlsey worked with a Lab rescue organization. "It has been a wonderful experience," she adds. "I recommend people look into a rescue organization. Heritage Humane Society is wonderful."

All sizes and breeds of dogs can be therapy dogs. They just need to be friendly, happy and, like Piper, just hang out. Plus, as Charlsey says, they can teach you a few things too. NDN

have gleaned at TNCC has given me

For more information on pet therapy visit: www.k9connection.org



NEXT DOOR NEIGHBORSOCTOBER2010

Next Door Neighbors Home

By Greg Lilly, Editor

Christine Estep

Christine Estep helps people explore the colors in their lives. Painting a room in your home can be an anxious activity. Not so much for the fear of getting paint on the floor or carpet, but more for choosing the wrong color. Is there such a thing as the wrong color? Christine says no.

Christine began her career with color, fabrics and window treatments as a hobby when her first child was young. "My son went to bed at seven o'clock at night," Christine says, "I wasn't a big television watcher, I had just moved into my home and thought sewing window treatments would be fun to do." Over the past fourteen years, she has learned a lot about home décor and perfected her expertise in guiding homeowners past the beige wall syndrome.

She decorated The Settlement's clubhouse a few years ago. "I received great feedback," she says. "People would say 'Oh, you're Windows & Walls by Christine, but you did everything? The colors, the furniture?' I thought the business name was hurting me. I spent so much time telling people what else we did. I finally realized I needed to make a name change." The business became Jackson Thomas Interiors, named after her sons.

lisa W. Cum

In her years of interior design, Christine has found practicality rules over the latest fashion touted on home and garden television shows. "Obviously there are trends," she admits. "A lot of people use robin's egg blue or mirrored pieces, but I don't think you have to chase trends.



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Who has the money or time? This is your house, not a trend house." Her experience has taught her to listen to people, to discover what colors appeal to them. "It doesn't matter what I like or what's current, it matters what you have - what you want your home to look like in the end."

In the real world of interior design, professionals spend less time trying to nail down a hot color for the season than they do guiding a homeowner to discover his or her personal style. "You have what you have to work with," Christine says. "Accentuate what you have, add a few new pieces over time, build from your base. That's the trend. Take what you have and give it a facelift, make it look fresh and new." She gives the example of a paisley pattern on a beloved sofa. A sage hue might have been pulled out for the wall color. "Looking at it today," she describes, "you could decide you're done with sage. Maybe now, pull out a yellow or a cream from the pattern. Trends are important, but more importantly it's taking what you have and still making your house feel like home." She explains how new residents to the Williamsburg area don't want to or can't start over with a blank slate in a new home. She suggests examining your current furniture, fabrics and art and then pull new wall colors from that. A person's favorite colors usually recur in the pieces collected over the years.

"At Windsor Meade, I've conducted downsizing seminars," Christine says. "I explain that sometimes it's sad to think of the things you need to discard when moving to a smaller place. But, do you have a beautiful chair you've loved your whole life? You can create a room around that. Make that environment all new, while holding onto and featuring a treasured piece."

She lists some questions to ask yourself when adding color to your home: What do you have? What are the pieces you love? What are the pieces that are working for you? Build around that, she suggests. Perfecting your home's style is a process of refining over the years, a progression more than a onetime project.

"You should come home and love your surroundings," Christine adds. "It is your haven, your restful place. To make it that way, it should be a reflection of you, not a designer."

Conflicting views bombard people about a home's wall color. Some say neutrals are the only option; others say go wild and use color to express yourself. Christine sees both sides. "People are scared of color," she says. "Some people will live in a house and try to keep it as resell-able as they can." If your house isn't on the market, or won't be in the next year, explore color, explore fabrics. "I know house stagers would say not to put up wallpaper," she adds. "But I love it. That's art to me."

If the prospect of committing a room to a big color change frightens you, Christine suggests a balanced approach. "For people who like to experiment or plan to make frequent changes," she says, "maybe even seasonal changes, do a more neutral palette on the things that are your biggest investment. Make the neutral palette the walls and the floor then do great, vibrant pillows. Or add a throw with lots of color."

For the people who like to have neutral furniture, try colorful paint and wallpaper. "Hey, repainting doesn't cost a fortune," Christine says with a smile. "Have fun. Do an accent wall. Do wallpaper in a kitchen. The average person is scared of wallpaper, but it is coming back. Grass cloth, like that," she says and points to a corner of her new studio. "It is lovely. That sage is a little trendy, but I can paint that bone later. I can paint that any color I want. When it's repainted, it will still have that great texture."

The paintable grass cloth wallpaper is an example of Christine's Plan-for-Change philosophy. Think to the future and set a foundation that can take on several looks.

"Don't just come up with what you want your home to look like now, but consider things that you know you are prone to change," she advises. "You can come up with solutions that can be modified easily in the future. Make design decisions now that have the flexibility to grow with you over the next ten or twelve years."

A change in color can affect a change in mood. Many designers focus on color/mood theory, but Christine says that is an individual preference. "Mood and color are really important in the bedroom," she says. "What do you want to see when you wake up in the morning? I like a soothing color, but for someone else, she or he may not."

Along with trying new colors in your home, Christine suggests changing hardware and lighting fixtures. "There are so many basic things you can do," she explains. "People feel they have to have a big budget, but just going through your house and changing knobs and handles on cabinets and updating your lighting can make such a big difference."

She also advises moving furniture, art and favorite mementoes from one room to another to achieve a fresh look. "I think people worry that they have to redo a lot to see a benefit," she says. Find the household pieces you love, pull color from those, discover accents in color and furnishings that create a mood for you. "You can start small," Christine says, "and make a big impact." NDN



How does your Organization's involvement with the Realtors[®] Political Action Committee (RPAC) benefit local homeowners?

CHAMBERS:

RPAC is an initiative supported by the National and State Associations of Realtors[®] as well as our local Williamsburg Association. It has been a voice for Realtors[®] in local, state and federal government since 1969. Realtors[®] who are members of this organization keep their focus on changes that could affect your property rights, taxes or other elements related to home ownership.

While most people are busy with their work and family lives, local Realtors[®] are busy working to ensure that the decisions that are made at all levels of government are in the best interests of the homeowners in our area. These issues are not on most people's day-today radar, but it is on ours and we take this role seriously.

As an example, the National Association of Realtors[®] has been hearing increased chat-



An Interview with Kathy Chambers

PRESIDENT OF WILLIAMSBURG AREA ASSOCIATION OF REALTORS

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ter among opinion makers in Washington D.C. about the possibility of eliminating or trimming the Mortgage Interest

Deduction. Local, State and National Realtors[®] are going to bat for homeowner's interests. Homeowners already pay 80 to 90 percent of the income tax in our country and among those who claim the Mortgage Interest Deduction; almost two-thirds are middle-income earners. History has shown through the terms of 17 presidencies, the Mortgage Interest Deduction has brought remarkable stability to the housing market. The Realtor® Political Action Committee keeps a constant eve on this most important issue and we are lobbying to keep the Mortgage Interest Deduction as it stands currently.

Another example of RPAC's initiatives is the recent effort to restore funding for the rural housing program. This legislation increases the guarantee fee for borrowers but allows the fee to be financed. Without these loans many rural families would have been left out in the cold.

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In September alone, we have met personally with Congressman Rob Wittman, as well as with many local and state legislators. We truly appreciate their time and interest in support of our ongoing commitment to protect the private property rights of our greater Williamsburg Area homeowners.

This is my final column as President of the Williamsburg Area Association of Realtors[®]. Thank you for your kind input and support; I have enjoyed hearing from many in our community as a result of this column.

Nan Piland will serve as President of the Association during the months ahead and she will continue to provide relevant information and insight into the local housing market within the borders of this column.

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Hey Neighbor! HARVEST FESTIVAL

September 25, 2010 Chickahominy Riverfront Park. 11 a.m. - 4 p.m. \$3 car/parking fee. Sponsored by James City County Parks and Recreation. Families will enjoy participating in the Fall Fest Family Area which includes a scarecrow stuffing class (\$17/scarecrow), pumpkin bowling, arts and crafts, games, moonwalks, a hayride and more! For adults, there'll be live entertainment on the main stage throughout the day. Come dressed as a scarecrow and enter our Scarecrow Costume Contest or enter your pumpkin in the Largest Pumpkin Contest! For more information, visit www.jccEgov.com/recreation or call 259-5353.

Hey Neighbor! SMART MONEY MANAGEMENT – W-JCC CITY COUNTY COM-MUNITY ACTION AGENCY

<u>September 28, 2010</u> Discover different ways to track

what you spend with budgeting, cut back on expenses, increase your income, save money, set financial goals, improve your credit standing and find financial help. Come and gain knowledge on effective financial techniques from a local banking professional: Setting Financial Goals and Improving Credit. Session starts at 6 pm to 7:30 pm. at Historic Triangle, 312 Waller Mill Road, in the conference room. Session is free. Register – call John Smith at 229-3316 or Yvonne Joseph at 229-9332.

Hey Neighbor! PROJECT DISCOVERY ORIEN-TATION

September 30, 2010

W-JCC Community Action Agency's Project Discovery is a program for middle and high school students who will be the first generation in their family to attend college. The program offers life skills, study and test taking workshops, and educational and cultural activities throughout the year. Project Discovery currently serves students at six schools - Toano, Lois Hornsby and Berkeley Middle Schools, and Lafayette, Jamestown, and Warhill High Schools. Orientation is Thursday, September 30 at 6 p.m. at Historic Triangle, 312 Waller Mill Rd. in conference rooms A & B. For more information please contact Linda Wallace-Cody at 229-9332.

Hey Neighbor!

H.O.P.E. (HELPING OTHER PEOPLE TO EXCEL) TUTO-RIAL PROGRAM

Beginning in October

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Hey Neighbor!

Please visit www.WilliamsburgNeighbors.com and click on Hey Neighbor! for a complete list of current community announcements.

Tutoring locations are Powhatan Apartments every Tuesdays at 4:45 p.m. to 6 p.m., Bethel Restoration Center every Wednesdays at 7 p.m. to 8:00 p.m. and Lafayette Square Apartments every Thursdays at 4:45 p.m. to 6:00 p.m. For more information, please contact Linda Wallace-Cody at 229-9332.

Hey Neighbor! BB&T TRIBE CLUB INVI-TATIONAL GOLF TOURNA-MENT

October 1, 2010

Held at the Green Course at the Golden Horseshoe Country Club. A special gift, cart and green fees, lunch, reception, and prizes will be given to all participants. Registration for the Captain's Choice event begins at 9 a.m. with a shotgun start at 11 a.m. Cost is \$125 (\$85 for W&M alums in classes 2001-2010). Contact Chris Braig (757-221-1599) or Shannon Corcoran at sacorcoran@wm.edu. Event is open to everyone. All proceeds go to the Tribe Club for scholarships for William & Mary student-athletes.

Hey Neighbor! CHÍLDRENS' CONSIGNMENT SALE - KING OF GLORY LU-THERAN CHURCH October 1-2, 2010

Register now to sell fall/winter items only. Public Shopping Hours are October 1, 2010 - 11am - 8pm and Saturday, October 2, 2010 - 8am - Noon. The sale opens to the public starting Friday, October 1 at 8:30 am. Volunteers get to shop before consignors Thursday, September 30 from 7:30 - 9:30pm and Friday, Oct 1 at 8:00 am.

Hey Neighbor! RED CUP CHARITY GOLF CLASSIC

October 4, 2010

A fundraising effort to benefit the Colonial Virginia Chapter of the American Red Cross. At Colonial Heritage Golf Course. Registration starts at 8:30am. Shotgun start at 10:00am. \$100/person or \$375/ foursome

Hey Neighbor! 8th ÁNNUAL ITALIAN FESTIVAL October 9-10, 2010

Italian food, wine tasting, musical entertainment, antique cars, arts and crafts and family fun; 11 am to 6 pm on the grounds of Walsingham Academy, 1100 Jamestown Rd. The Festival raises money for the CIAO Educational Fund and other CIAO activities. Seven Virginia wineries will be selling their wines and offering complimentary tastings as part of your ticket purchase. For the food lovers, a wide variety of Italian specialties including soup, pastas, sandwiches, pizza and desserts will be served by popular local restaurants. Children's activities will include a bounce house, face painting and balloon sculpting. Tickets may be purchased in advance online at www.ciaowilliamsburg.org. Contact 757-220-5535 for tickets and complete information.

Hey Neighbor! 10K RUN/WALK FOR BREAST HEALTH

October 9, 2010

A Colonial Road Runners "Grand Prix event," the Williamsburg 10K "Run for Breast Health," starting at 9 a.m. at the James City County Stadium at Warhill Sports Complex, will take participants through

a challenging combination of roads and beautiful nature trails. Onemile run/walk option. Registration fees (before Oct. 1): \$30 (10K); \$20 (one-mile). All proceeds benefit Bevond Boobs! Inc., a Williamsburgbased nonprofit providing support to young women diagnosed with breast cancer. Download a registration form online at www.thehealth*journals.com/10k*. For more info call (757) 645-4475.

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October 16, 2010

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Hey Neighbor! CELLOS IN CONCERT WITH SARAH GLOSSON

October 20, 2010

The Williamsburg Music Club is proud to present Sarah Glosson in a musical performance demonstrating and commenting on the different characteristics of the Viola da gamba, Baroque 'cello and modern cello. She has studied early music performance at various workshops such as Orvieto Musica, the Baroque Performance Institute at Oberlin and the International Baroque Institute at Longy. The musical program beginning at 11:00 a.m. in Lewis Hall of Bruton Parish on Duke of Gloucester Street in Colonial Williamsburg will be preceded by coffee and conversation at 10:00a.m. followed by a brief business meeting. The program is free and visitors are always welcome. For more information about the activities, programs and scholarships of the Williamsburg Music Club, please refer to their website www: williamsburgmusicclub.org.

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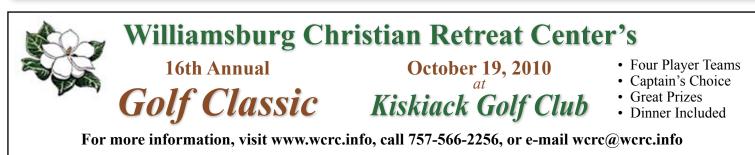
October 23, 2010

The Virginia Inventors Forum Held from 9-5 at the Historic Triangle Community Center located at 312 Waller Mill Road. Cost to attend: \$5. The EXPO provides artists, students, inventors, entrepreneurs, small businesses, with an incredible opportunity to showcase their inventions, ideas and creative works and meet with other inventors, entrepreneurs and imagineers. For more information about this event or to register, please visit www.virginiainventors.org. Contact VIFexpo@ gmail.com for more information.

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