

Beltran Pages, M.D., Director
Robert Phillips, Ph.D., Deputy Director

North Carolina Department of
Correction
Division of Prisons
Mental Health Services

Leon Morrow, Editor
Susanna Jones, Editor
Bill Hartley, Layout Editor

The Ψ in *ider*: Your Mental Health Newsletter

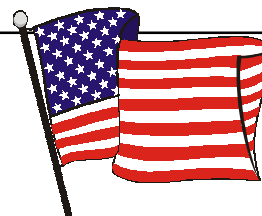
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Beltran Pages, M.D.

Director's Corner



It is again that time of year when the holidays are fast approaching. We get caught up in (willingly) the hustle and bustle, the parades, musicals, holiday parties, spending time with family and friends. At the risk of sounding a bit trite, it is truly the most wonderful time of the year. It is a time of joy for everyone, big and small. A time to make resolutions which we may never keep - to make plans to diet and exercise like we never done before or after the New Year (and likely won't do afterwards anyway).

It is also a time to count our blessings, in spite of what is going on in the world around us. Maybe because of what is happening in the world we are more attuned to what matters most to us, and keenly aware that we have much to be thankful for. We have our families, and this holiday season promises to perhaps bring families closer together than in years past. We have our jobs, and while our place of work may not be the paradise we had hoped for, it isn't that bad. We know things could be much worse. We continue to work hard to make this a better place to live and work, and we continue to look forward to the future, not being scared of what it might bring but rising up to the challenges that we together will face.

So I propose that we all continue to work together to make Mental Health Services a better place. Let us work on the positives and not allow ourselves to be consumed by the negatives. Tony Blair, Prime Minister of Great Britain, said it best, "It is not reform that is the enemy of public services. It is the status quo."

Happy Holidays to y'all. Beltran



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NEW PSYCHIATRIC STAFF

by Leon Morrow

In an ongoing effort to introduce new staff to the MH team, we are introducing, or re-introducing the new full-time psychiatrists that have been recently hired.

Marty Kneece, M.D.

Dr. Kneece is a native of Columbia, S.C. who completed Wofford before going to medical school at Vanderbilt. He completed a residency in oncology at Duke, then taught there for a few years before taking another residency in psychiatry.



He worked for 3 years in forensic psychiatry for the Federal Bureau of Prisons at their Butner facility before taking a job with the NC division of Prisons on the coast in the spring of 1997. He worked out of the New Hanover prison until the summer of 2000 when he decided to take time off to travel. He also maintained a small private practice during this time.

He returned to the DOP in his current full-time position recently. The specific assignment is still in development, but he now works with Pender CI, New Hanover CC, Duplin CC, Columbus CC, and Lumberton CI.

His love of the ocean and water was influential in convincing him to take a job on the coast of N.C. He spends much of his personal time in a salt-water kayak. He frequents the marshes and creeks near his home. He has not tried the rapids associated with freshwater kayaking. Additionally he uses his skills as a carpenter, electrician, and plumber to rehabilitate older houses, turning them into rental property.

One of his professional interests is the area of psychosocial oncology. He finds exploring the interface between psychiatry and the cancer medications to be fascinating. He told me that there is a universal experience of people who are diagnosed with cancer. At the time of the diagnosis people come to terms with what is and what is not important in their life. They recognize they have a limited amount of time left so they are required to make choices about what to do with that time.

He seems to have learned a lesson about deciding what is and what is not necessary. During the interview he was clear and specific in the information that he provided to me and he did not waste time with unnecessary examples. He spoke quickly and to the point. It is clear that he has thought about his life and that he works quickly toward specific goals. I think it is wonderful to have a fellow sandlapper on the team, especially one with his abilities and perspective about what is important.

Teresa Atwater, M.D.

In September 2001 Dr. Atwater became a full-time state employee. This has brought her the great joy of belonging to a team. She had worked on contract with the DOP as a psychiatrist since 1990, but felt like an outsider while in a part-time role.

Dr. Atwater now handles responsibilities at BCCI (and especially loves the day treatment program there), SCI, MYI, SYC, Sanford CC, and Orange CC. Her office is at MYI.

She completed her entire education at UNC-Chapel Hill, first getting her undergraduate degree in Chemistry and later completing both medical school and her psychiatric residency there. She had a full time private practice from 1989 until 1997 in addition to working on contract with the DOP during the 90's. Her 70-hour weeks came to a sudden halt when she suffered congestive heart failure. She said that she "came back from death." Now she lives at a slower pace, enjoys life and is able to "say no" as a way of setting limits.

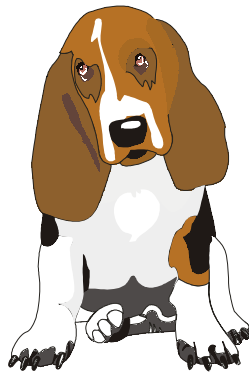
After having this near death experience she is especially appreciative of her relationship with her son, Warren, whom she describes as a computer nerd. He is now a student at UNC-Charlotte. She also enjoys her 3 dogs. Her "baby" is a cocker named Ebony. She also has two golden retrievers. She named the beautiful one Princes

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Diana. Dr. Atwater explained that the one named Hillary is “always difficult and domineering.”

Our telephone interview was filled with laughter. She almost didn’t need to explain that “I love a good joke.” She said her psychiatric specialties are “Bipolars—because they make me laugh, and schizophrenics.” When I reviewed my notes from the interview, I counted that she used the word “love” at least four times that I jotted down—“I love my son,... I love my dogs,... I love a good joke,... and I love Bipolars...”

It is a joy to have someone who loves life, work, and a good joke on the MH team. Welcome aboard, Dr. Atwater.



Bill Shamblin, M.D.

Bill completed undergraduate school at the University of Alabama, and medical school at the Medical College of Alabama. Then he completed the Karl Menninger School of Psychiatry & Mental Health Sciences and is particularly interested in the areas of: family dynamics, existential / gestalt psychiatry, and mental health systems analysis. He worked at Highlands Hospital in Asheville for 17 years, at Broughton Hospital in Morganton for 7 years, and for four years at the Foothills Mental Community Health Center.

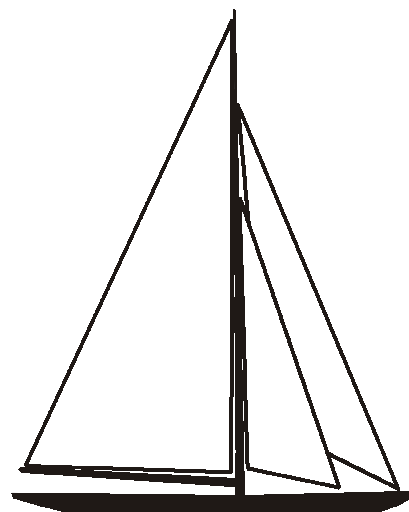
Bill is now responsible for providing psychiatric care for inmates at WYI, Mt. View CI, Avery-Mitchell CI, Craggy, Buncombe, Rutherford, Haywood and Hernderson CC’s, as well as IMPACT-W. In my work with him I have found that he has a unique and effective way of informing inmates of issues affecting their mental health while simultaneously making sure documentation reflects the information he provides the inmates.

Bill and his wife have five children. His hobbies include flying ultra-light aircraft, sailing, photography and chess. His interest in family is

reflected in a sailing school he started in memory of his parents— The Joe and Martha Shamblin Memorial Sailboat Easy Cruising School. The focus of the school is not technical sailing, but teaching the student how to enjoy living on a sailboat.

Bill begins his web page (<http://www.hci.net/~shamblin/>) about the school with a statement that gives you a good idea of his approach: “If while traveling, you are too hurried to enjoy a pot of tea or take a nap, consider.....The idea of taking a nap on a sailboat” gives one impression of Bill, but another side of his personality can be found when he describes his experiences in the air. One of the stories he told about flying an ultra light airplane involved a flight at 13,000 feet in a stiff wind. He was testing a new altimeter by flying as high as possible with his 40hp motor while circling the Marion NC airport. At one point he was flying west into a wind that blew east. The result was evident when he looked down at the airport below him and realized that he was flying backward. He had to drop altitude and get out of the wind in order for the small motor to pull the plane forward.

I am confident that we will all enjoy getting to know and work with Bill. His perspective of family interests, a unique and strong psychiatric training background, and his interesting hobbies will help him fit in well.



Greetings from the Brave New World! I have the dubious pleasure of announcing that we will all get the opportunity to learn and employ a brand new OPUS based activity tracking system in the not too distant future. Hoo-ray. This system will operate as an adjunct to the present OPUS data collection system. We will continue to enter our inmate contacts as usual; this process will not change. However, because the present system is based on OPUS numbers it cannot keep track of the other important responsibilities we perform.



Psychiatric clinics, TAPP reviews, travel, staff meeting and rounds, are to only name a few. To compensate for this shortcoming, the friendly folks at MIS are developing a “Mental Health Services Provider Activity and Report Screen.” This program will allow us quickly and easily enter dates and times for our other activities and will be able to regurgitate this information for our monthly reports. So far, about 20 codes have been identified, more are sure to come. So we old dogs will have to learn some new tricks. No timeline has been set for implementation of this process but MIS is working diligently and so it should be on-line soon. OPUS focus will keep you up to date on developments. And remember, it is wrong to shoot the messenger.

P.S. The Training set for November has been cancelled. It will restart when the new Activity Tracking System goes on-line.

DEAR OPIE:

The Ann Landers of the OPUS System:

Dear Opie:

When most people transfer away from my facility they automatically come off my caseload. However, every now and then I find one that doesn't come off by itself. Why is this happening and what can I do about it?

Peeved in the Piedmont

Dear Peeved:

As for the why - who knows? OPUS is often a riddle wrapped in a mystery inside an enigma.¹ However, in examining the rare cases that have arisen I have theorized that this problem occurs when an inmate has numerous past due appointment (usually old medical appointments). When several pages of past due appointments exist, OPUS doesn't realize that they have current MH appointments that need to be reassigned upon transfer. To prevent this annoying problem from happening to you, you should periodically review the appointment lists for your clients. To do this, use IP10 2 ##### and put a D next to significantly overdue appointments. My motto is “Keep OPUS tidy.”

We are on firmer ground in answering the second part of your question on how to correct this problem once it occurs. First make sure that they have an appointment (if appropriate) at their new facility. If they do, simply create a MH02 appointment, using MNC as the contact type and place a “N” in the ‘continue treatment field’. This will remove them from you caseload. If they do not have an appointment and need one, you will still create a MH02 appointment, using MNC as the contact type and place a “N” in the continue treatment field, but when you get to the MH03 screen add an action ‘RY’ to refer them to the on-call psychologist. Voila.

FINALLY - As always, the Opus Committee is looking for new ideas and feedback! If you have any ideas for improvements to OPUS, features for the Web Site or topics you would like discussed in future OPUS articles – LET US KNOW! You can email me at WJK02@doc.state.nc.us or call me at (252) 747-8101 ext. 2165 and I will forward your ideas to the committee.

¹ Winston [Leonard Spencer] Churchill (1874 - 1965)

MANDATED REPORTING OF SUSPECTED CHILD ABUSE

by John Vogler

It is essential for Mental Health Staff to know their legal and ethical responsibilities when it comes to reporting of suspected child abuse. Mental Health providers are one of many professional groups who are designated as "Mandated Reporters." As a matter of fact, all people in North Carolina are mandated by law to report suspected child abuse. This brief article attempts to summarize the "Who," "What," and "When," of mandated reporting.

WHO IS REQUIRED TO REPORT?

N.C. General Statue 7B-30I states that any person or institution must report suspected child abuse. The actual law states; "any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the Department of Social Services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing."

North Carolina is one of twenty (20) states that requires EVERYONE to report.

WHAT IS REQUIRED TO BE REPORTED?

Four different types of child maltreatment are most commonly included in reporting laws: (a) physical abuse, (b) sexual abuse, (c) neglect and (d) emotional maltreatment. It is essential to study Statutes of the state in which you reside and/or work for a complete definition of what constitutes abuse. Neglect, for example, is most typically defined as a "failure to provide, by those legally responsible for the care of the child, the proper or necessary support, education as required by law, or medical, surgical, or any other care necessary for his or her well-being."

WHEN IS REPORTING REQUIRED?

In North Carolina professionals mandated to report child abuse must do so under explicit conditions defined by law. State laws do not require report-

ers to have knowledge of any degree of certainty that abuse has occurred or will occur. Most often, laws use terms such as "reason to believe," or "having reasonable cause to suspect." In North Carolina the General Statue states; "When they have cause to suspect that any juvenile (child <18 years of age) is abused, neglected, dependent, or has died as a result of maltreatment."

There are penalties associated with failure to report. The decision not to report suspected child maltreatment places professionals at risk for legal and professional sanctions, including fines, licensure suspension, jail sentences and potential civil suits. Mandated reporting of suspected child abuse occurs within the context of professional obligations to protect persons from harm; i.e., **DUTY TO WARN.**

WHO RECEIVES REPORTS?

In North Carolina the Child Protective Services section of the local County Department of Social Services is designated to receive reports.

Mental Health Clinicians working in a correctional environment face significant challenges in meeting their ethical and legal requirements. In addition, mandated reporting may seem to conflict with ethical obligations. A National Survey of APA members showed that conflicts over client confidentiality were the most frequently encountered ethical dilemmas, with reporting suspected child abuse being the most common.

It is important to know that mandated reporters are provided with immunity from civil and criminal liabilities associated with reporting; when reports are filed in "good faith," or in the absence of "malicious intent," whether the report is substantiated or not; (statistics show approximately 45% of mandated reports are substantiated upon investigation by CPS).

It is important to remember that Reporting Laws are designed to maximize reports; the threshold to justify reporting is "cause to suspect." You are both legally and ethically required to report. Suspected abuse can arise in nearly any service

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delivery setting. Psychologist/Attorney Bryant L. Welch was recently quoted as saying: "You would expect therapists to get in trouble because of inexperience, but what I see more frequently is a group of people who are over age 45, have been practicing for 15 to 20 years, and then run into a problem. Psychologists who didn't keep up with the changing Child Abuse reporting laws, what their duties are, can become quite vulnerable."

PRACTICAL GUIDELINES

- Read your State Statutes—know what your obligations are.
- Read your Psychology Practice Act—know what your obligations are.
- Call your local Child Protective Services Office. Discuss responsibilities and obligations.
- Seek supervision.
- Keep detailed records of reports.
- Provide informed consent with details of limited confidentiality.
- Discuss ambiguous cases with colleagues and/or supervisor.

Child abuse is one of the great social maladies of our time. In 1997, there were over three million children reported as victims of child maltreatment in the United States. As staggering as this statistic may be, community-based incidence studies have estimated that reported child maltreatment constitutes only about 40% of all cases.

Much of the information contained in the article is found in Seth Kalichman's excellent text, *Mandated Reporting of Suspected Child Abuse, Ethics, Law & Policy*, 2nd Edition, Published by the American Psychological Association, 1999.

Personnel Corner by Susanna Jones

Please report your staff changes, accomplishments, etc. as they occur to your Assistant Director, who will then pass on that information for printing in the newsletter. Much happens in the department in terms of personnel changes but I need your help to pass on that information. THANK YOU!!

Piedmont Region:

Staff Psychologist Stevette Barnett (now Watkins) ended her employment with DOC on 8/30/01. She and her husband are now living in the Tampa area. Stevette provided excellent mental health services to inmates at the Dan River prison facility in Yanceyville. She had replaced Catherine Cheek, who left to pursue the "mommy track." Says Richard Pallazza, "those wedding bells are breaking up that old gang of mine." Jeff Rayl, who had been working under contract to Mental Health and Program Services may replace Stevette, if this is approved by Personnel.

Central Region:

To all those who have at one time or another said, "One of these days I'm going to build a catapult!", the golden opportunity to make that dream come true has arrived. Robert Carbo at Harnett C.I. invites you to check out his website – Onager online – and click on the link to a website where you can order catapult kits – "real nice ones!" They are not big enough to hurl punkins but they can really fling golf balls, plums, tennis ball, snow balls, etc. Fun and educational!! For happy hurling, go to <http://www.onager.net>

Leon Morrow: mwl10@doc.state.nc.us
828-757-5738, leon@hci.net

Susanna (Jarvis) Jones: jsc02@doc.state.nc.us
828-438-5585, starfish@vnet.net.

Bill Hartley: hwc10@doc.state.nc.us
828-438-6037, wch2@bellsouth.net

EDITORIAL COMMENTS—FALL 2001

The folks who work for the NCDOC are known for their humanitarian concern and many have volunteered to help community agencies, religious groups and individuals in need, especially during this time in our nation after the horror of 9/11. DOC staff have made significant contributions to relieve the suffering. Staff have given blood and donated money. Two of our own MH staff are making a unique contribution. Janice Church of WYI and Leon Morrow of the Western Region are using their training, skills and sensitivity to emotional needs to work with those in NYC who struggle with the after-effects of the attack.

Shortly after the 9/11 disaster, Janice Church volunteered for training as a Red Cross Disaster Mental Health services provider. She attended Red Cross training in Raleigh in October. Janice was deployed by the Red Cross to provide disaster relief services in New York City from 11/3/01 through 11/17/01. She found the experience enlightening, fulfilling, and difficult. She said, "Ground Zero is more appalling and shocking than anything I had imagined. The many volunteers still working every day at the site and those supporting them are truly wonderful people. It was a privilege to spend time with them."

Janice related a very strange experience she had one day. While at the Red Cross center near Central Park (there are several Red Cross sites in the Manhattan area) she saw a fellow who looked exactly like Leon Morrow. She hesitated to say anything to him, but the likeness was so striking she had to say hello. And, surprise, of the nearly nine million people in New York City, two North Carolinians, neither of whom knew the other was there, ran into each other.



Leon was in New York the week of 11/11/01 volunteering through the United Methodist Church's Committee on Relief (UMCOR). UMCOR is a large agency that coordinates the church's international response to disasters. After responding to the flooding in Nicaragua and Hurricane Floyd in NC, UMCOR is making a different type response in NYC. The church agency has established eight "listening posts" in the Manhattan area near Ground Zero. Volunteer counselors staff these posts to provide help to those in the community who continue to suffer the emotional and spiritual effects of the 9/11 attack.



INFORMATION UPDATE

The next time you check the internal mental health website (<http://internal.doc.state.nc.us/mhs/staff.html>) you will find several new webpages. The staff roster recently updated (11/26/01) by Dr. Page's able staff can be found there. You can also find a fairly up-to-date listing of the state's community mental health centers arranged by county. The mental health manual is slowly taking shape. We hope soon to have an up-to-date copy of the mental health standards on which the current round of mental health audits are based for you to reference.