

# *The insider: Your Mental Health Newsletter*

JULY, 2000

Volume 2, Number 3

## Prologue to Beltran Pages

by Susanna Jarvis

A prologue is, simply defined, an introduction to a play. Good 'ole Webster defines it as "the preface or introduction to a literary work" or "an introductory or preceding event or development." In this case, allow me to characterize this article as the prologue in your introduction to Dr. Beltran Pages.

Typically, the Inpsyder has used a biographical format to bring you in touch with fellow staff. I will briefly try to oblige those of you who were expecting that format for this article . . .

Beltran Pages was born in Cuba, attended medical school at the Universidad of Zaragoza in Spain and completed his residency at Jackson Memorial through the University of Miami. He has served 9.75 years in Florida's correctional system, with the last six in their Department of Correction. There, Dr. Pages went from lead psychiatrist at an outpatient camp to most recently serving as an acting chief health officer. He has two sons, ages 15 and 18. Their family beagle is named Snoopy. His favorite teams are the New York Yankees and the Washington Redskins. He enjoys reading, listening to jazz and exercising spontaneity in terms of travel.

For example, Dr. Pages spoke about enjoying getting up in the morning, then impulsively deciding to drive somewhere for the day while allowing time to leisurely explore the sights along the way. (Doesn't that part sound like our dear Deputy Bob? If these two suddenly disappear together, we can anticipate that the road trip will be far and quite interesting!)

I rejected the typical biography format, as it treats the reader as a passive subject. My interest, and I think Dr. Pages' as well, is for you to take an active role in this new chapter in our professional lives with the DOC. *Be involved* in this process of introductions and joint sharing as we define and reach towards attaining our goals for the future!

I asked Dr. Pages about his impression of our department, now that he has been in office for over a month. He replied, "There are some enormous challenges to this job . . . we're running a system with very good people which needs to be more efficient . . . it's a system where MH people are spread thinly throughout the state . . . some of the places where we do business are below what I like to see [in terms of inadequate office space, run-down buildings, hard to fill vacancies, etc.], so we have a big mountain to climb to bring us up to what I consider par."

In contrast to what he heard in interviews about this system simply needing "a little tweaking", Dr. Pages counters that a major overhaul is needed as MH and medical re-think their whole delivery system. Some talk in recent weeks has surfaced about the "10-year plan"; at first, Dr. Pages optimistically hoped the plan might be implemented in just a few years. Now, he concedes, it may indeed be a ten year plan due to the

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## **Beltran Pages continued**

time-consuming process of moving ideas from the drawing board to implementation and securing consensus among all the various management and administrative sections.

His 10-year plan includes concentrating staff at units where they have the necessary tools for service delivery and designating more specialized prisons. For example, Dr. Pages shared that Florida has 56 prisons housing 60,000 plus inmates in contrast to NC's 79 units housing more than 30,000 inmates; the Florida advantage is what he calls a better organized system, where they assign inmates to camps based on their MH and medical codes. The Fla. DOC has 5 crisis units, 4 residential units for males and 1 residential unit for female offenders, in comparison to our 2 inpatient and 4 residential programs (1 each for female offenders). In particular, Dr. Pages referenced a unit in Florida housing inmates separately by sex via the division of a fence. A total of 2,000 inmates lived there, 700 of which were MH inmates; a group of MH staff members provided services interchangeably to both units. He also pointed out that some of our MH staff spend substantial time driving to the assigned units in their area as opposed to being able to engage in service delivery for extended daily periods at any one of their units. These observations lend support for his idea of organizing MH services according to region, where the full "menu" of treatment options is available within each region.

This writer questioned then, whether "bigger was better", noting her recognition of the need for some smaller camps (like Orange C.C.'s Day Treatment Program for minimum custody offenders) which are more conducive to the needs of

some of our chronic MH patients, given their poor stress tolerance. Dr. Pages agreed that such chronic patients need to be identified and then placed at appropriate sites early on, as opposed to being "bounced" around to various places, and that that may result in having some smaller field units.

Dr. Pages spoke candidly about the need to deliver MH services efficiently and cost-effectively, stating that someone else may be knocking at the governor's door, offering to do so cheaper than us, though not perhaps as well as us. Speaking from personal experience, he feels privatization is a very real danger. When leaving Florida at the end of April, Dr. Pages said he was assured that privatization of MH/medical services

there was not even a consideration. Now, he reports being advised by a former DOC colleague that a quarter or so of Florida's prisons will be private by the end of this year, including the prison where he was last employed. Service delivery is, he noted, a business and, therefore cost-cutting measures from realigning existing programs to concentrating staff and services where needed, are realistic considerations. Private companies in Florida have

already cut filled positions and laid off career employees as well as reduced the pharmacy available for psychiatrists to use in treating mental illness to a level that is barely marginal in its scope. Thus, said Dr. Pages, we have a choice to either ignore this reality [privatization] or do better than what we do now by pooling our resources.

He pondered aloud about how 13-15% of Florida's inmates access MH services as compared to 20% of NC's inmates, questioning why our costs for such care run 5% higher when our

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**Beltran Pages, M.D.**

### Beltran Pages continued

total inmate population is approximately one-half theirs. Dr. Pages offered that we need to examine whether the services we are providing are appropriate and what the inmate actually needs, suggesting that care should be taken to avoid catering to an inmate's specific demands if they are clinically inappropriate.

Dr. Pages emphasized that his aim is not to cut staff or make them uncomfortable, but to rather go through this departmental self-assessment together in order to make any necessary changes that will allow us to keep our jobs. He concluded, "If we do not change for the better, they will sooner or later change us."

Elements in the necessary changes, according to Dr. Pages, include MH staff consistently logging their service delivery via OPUS entries. Staff, he says, take for granted that everyone knows they're working hard; however, politicians who have to make decisions based only on numbers look to the bottom line of dollars and cents, so we need to take care to reflect our service delivery. He briefly allowed me to examine Florida's OPUS encounter log, which is more descriptive than our OPUS version and asserted that improvements to our encounter log would include additional codes, allowing us to then more accurately reflect the full range of MH services we are currently providing while also accounting for our 40-hour work weeks. [Author's note: Please refer to the OPUS Focus article contained in this newsletter, which addresses a Quickscrip method of calculating our clinical hours for the monthly activity report by accessing data from OPUS entries. Kudos to John Woodlock and the rest of the OPUS committee for their vision, hard work and continued efforts in making our jobs more efficient!!]

This year, Dr. Pages plans to focus on cutting medication costs and providing additional staff training opportunities. He intends to provide psychiatrists with a set of treatment protocols and the Mental Health staff with Continuing Education seminars to enhance and improve our knowledge

of current mental health issues.

Dr. Beltran Pages concluded the interview by asserting that this assessment/change process is a "we vision" that can be accomplished for us, by us. He has already implemented a process to empower the Assistant Directors of Mental Health. He added that a staff member coming to present a problem should also come with a proposed solution, as his preference is to use staff's ideas, noting the sense of accomplishment that allows one to have.

When questioned how long he might serve as our Director, Dr. Beltran Pages replied, "the day I come to the point of learned helplessness, it's time for me to go."

You can be assured that this interview is indeed only a prologue or introduction to Dr. Pages and what lies ahead in our future as MH service providers in the Department of Correction. Please stay tuned and join in as the play unfolds; don't allow yourself to simply be a passive reader!

### Pages' Picks

Movie Suggestions: *The Green Mile*  
*The Sixth Sense*

Book: *Bad Men Do What Good Men Dream: A Forensic Psychiatrist Illuminates the Darker Side of Human Behavior* by Robert I. Simon, M.D.

This book offers an explanation on deviant behaviors and is a "must-read" for anyone working with the criminal mind.

Book Series: *The Prey* mystery series by John Sanford

## Laura Yates: A Social Workers' Social Worker

By Hanu Rao, Ph.D., *Our Eastern Correspondent*

First, a pop quiz. What is the name of your regional Social Worker? How many types of Social Workers are there in the Division of Prisons, based on their function? What is the difference between a Social Worker II and a Social Worker III, and a Clinical Social Worker? In what other ways can a SW help your mental health client, besides making an outside appointment following his/her release? (The answers to the quiz are at the end of the article.) I hope you've fared better than I had on the quiz, because I had very little awareness of issues affecting D.O.C. Social Workers. They simply haven't been on my radar screen, and I fear that such ignorance may not be uncommon, even if not universal, among our mental health staff.

However, all this is fast changing, thanks to the tireless efforts of Laura Anne Yates, MSW, LCSW-P. Her official job title: Mental Health Coordinator for Human Services. A more operational title would read: Champion of Social Workers. For the better part of the two hours I had spent on my interview with her for this write up, the subject of Social Work in Prisons kept popping back into conversation. Sure, there are other important aspects to her job duties, such as the Special Needs (formerly DD) Program, and Oversight of compliance with the Americans with Disabilities Act, by the various facilities and staff. But these have to take their proper place in the line of priorities, behind matters dearer to her heart: those pertaining to Social Work Services. If you have any doubts, go by her office any time, day or night. This Missionary's agenda is pasted right on the door, for all to see.

Ms. Yates made this reporter feel welcome—so much that I ended up spending a good bit of the morning in her third floor office in the Randall Building. She impressed me as one who is warm, but down to earth. Seasoned and knowledgeable in the ways of bureaucracies and social institutions, yet she has not lost her sense of caring and compassion for the humans who end up inside of them. In order to better understand this “Senora from the Seventies,” let us start at the very beginning.



Laura Yates, M.S.W.

Laura was born in England, a development over which she had little control. She has no memory for the other side of the Big Pond, nor is there even a whiff of English sound left in her Down Home accent. She does remember the tough time she had, as a four-year-old, separating herself from her Nana on the day she left U.K., along with her family. A whole lot has happened since. Laura is from a relatively large family—they were a squadron of seven children, led by their father, who was a Chief Warrant Officer, U.S. Air Force, and a loving and devoted mother. The parents instilled strong core values in the children, a blend of rural honesty, and military discipline.

The siblings were a cohesive group, and there were enough of them that Laura could practically do without outside friendships. The family moved up and down the East Coast, flying from one base to another, finally landing in Goldsboro, NC. Laura graduated from Goldsboro High in 1971. Things get a bit hectic from this point on, because young Laura was virtually air dropped into the 70s scene—anti-war protests, the ERA movement, Bell Bottoms, and Carol King singing “You’ve Got a Friend!” on the AM radio.

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### **Laura Yates continued**

While in High School, Laura underwent training as a medic or corpsman for the Military Red Cross, which experience helped her choose a Nursing major, when she enrolled in East Carolina University, fully intending to go to Vietnam. However, the campus climate was too stormy even for our stolid and determined coed, who had to desert Nursing and strayed into Theater Arts. She studied designing sets, stage and property management etc. (It should be noted that Ms. Yates's aptitude for Nursing lay dormant, cropping up later in the form of a keen interest she had developed in HIV and AIDS issues, well before the time when these diseases entered national consciousness.) Laura left ECU without completing her undergraduate degree, lured by matrimony. As it turned out, she didn't have too much luck with marriage, in spite of two earnest attempts. She did receive one blessing from marriage, which she cherishes, in the form of Ben, her handsome twenty-year-old son (I saw his photos in uniform, displayed in her office.) Mom proudly mentions that young Ben is currently serving in the US Army Corps of Engineers in Europe.

After college, Laura's first job was with the Pitt County Sheriff's Department, where she was the first female hired to serve as a Field Deputy. She worked in that capacity for four years, specializing in cases mainly involving women and children, and child abuse issues. Next, she returned to near by Goldsboro, and went to work for Wayne County Social Services, as a Medicaid Eligibility Specialist, in which capacity she worked for nine long years. In spite of an overwhelming and taxing caseload, Laura found time and energy to pursue a Social Work major at ECU, initially on a part time basis. (The emerging scourge of HIV/AIDS was partially responsible for her choosing Social Work, notes Ms. Yates.) She graduated with a B.S. in Social Work in 1993. Social Work won her over so completely by this point that she went on to complete an accelerated (advanced standing) MSW. Program. She plunged herself fully into her chosen subspecialty of HIV/AIDS, working with the affected population in 9 Eastern NC counties, based in Little Washington. Simultaneously, she was teaching Social Work to under grads at ECU. She even had the opportunity to write a graduate level program on Social Work and HIV/AIDS, and teach the same at ECU.

In the year 1996, Ms. Yates was recognized for her pioneering efforts by being selected as the Medical Social Worker of the Year, and also as one of a select group of Distinguished Women of North Carolina, named by the Governor. On her office wall hangs a framed article written by the News and Observer titled, A Rose for Duckie, recognizing the dedication and hard work rendered by Ms. Yates in Eastern N.C., helping HIV patients. Duckie, incidentally, is an endearment coined by a very special friend of Ms. Yates, who rather tragically succumbed to AIDS early in the epidemic, inspiring her to devote herself to help fight the disease.

It is 1998. Enter the Division of Prisons. (A caveat: Ms. Yates was already familiar with D.O.C., having taught the inmates at Umstead Youth Center back in 1972, as part of a community college sponsored academic program. She was also an ECU intern, at the D.A.R.T. Program in Goldsboro, twenty years later.) She began as a Clinical Social Worker in Central Prison Inpatient Mental Health Facility, in January 1998. In October 1999 she was transferred to the Eastern Regional Office, where she assumed the position of Regional Social Worker. As made plain by the above, Ms. Yates is simply a down right, Down East, person, fleeing back to Pirate country at the first opportunity. Barely six months later she found herself returning to Raleigh, this time, however, for a cause bigger than wanting to live on home turf. Here was opportunity to lead and develop the heretofore relatively neglected discipline of Social Work in the Division of Prisons. "Social Workers must achieve parity with the other mental health professionals in our department," Ms. Yates remarked.

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#### **Laura Yates continued**

As the Mental Health Program Coordinator for Human Services, a job that is broader in scope than exclusively overseeing the Social Work program, Ms. Yates stays busy. She plays an active role in the areas of Quality Assurance and Developmental Disabilities, to name only a couple. As stated earlier, in her eyes developing the profession of Social Work is Priority #1 for her. Ms. Yates is quite ambitious: she has plans to develop a career ladder for Social Workers, integrate all areas of Social Work, and develop a medical aftercare planning process for the truly medically needy. Then, she will work on improving the pay scales and working conditions for the D.O.P. Social Workers; at the same time, she has plans to provide quality training to Social Workers to improve competence and professionalism. Ms. Yates especially stresses the need for all workers to be mindful of professional boundaries, while interacting with clients, and other staff. She is also enthused about making changes so that the Social Workers “will feel empowered, be invested in their profession, develop a Collective Identity, and benefit from a departmental network of professional colleagues and resources, so as not to remain isolated and demoralized...”

How is she going to tackle the tall agenda? Ms. Yates responds by saying that she was forced to learn to persist and innovate while working in the poorly funded area of HIV/AIDS work. “You have to make it happen, any which way you can...I am sure the department sees the merits of our case, and will move quickly to make the necessary improvements.” I left the interview feeling more optimistic about the world, having been with a person who has strong convictions and clear aspirations. Good luck in your efforts, Senora.

#### **Answers to Pop Quiz:**

1. Find out!

2. There are two types of SWs, by assignment in the D.O.P.: those attached to Mental Health, and others attached to Program Services.

3. The SW III, generally holds a M.S.W. degree and works with a greater degree of independence and engages in more direct clinical functions, than an SW II, who is generally a Bachelor's level. However, both levels require supervision by a licensed MH professional. Most SW IIIs in our system tend to be attached to institutions, working in MH treatment settings, while the SW IIs are usually assigned to field units or administrative regions. The Clinical Social Worker is an M.S.W., who additionally holds a professional license (usually, the LCSW) and hence can practice independently. The LCSW can engage in “the full gamut of MH counseling services afforded to any other mental health professional.” Some of our current SW colleagues, who are experienced, have been grandfathered (you can't tell, just by looking at them, however) into the various categories above, irrespective of credentials for practical reasons. Future candidates, however, will be held to stricter standards, we are told.

4. A SW can do a lot more than picking up the phone to make an appointment in the community. Depending on their level of experience and expertise, the SW can and does the following duties: conduct groups, provide individual counseling, consult on community resources, coordinate services within and outside of our system, resource development and access, complete social histories as part of treatment and after care processes, complete discharge summaries to assist in the transition back to the community or the residential/outpatient settings, and facilitate reunification of the families. In the female facilities, the SW works towards the maintenance of mother-child relationships. In other words, the Social Workers, are much more than liaison to the community.

Finally! After much ballyhoo the first computerized forms are available on-line! The DC-444A (Individual Outpatient Progress Note) and the DC-444B (Group Outpatient Progress Note) are already loaded, and the Outpatient Treatment Plan will be arriving soon. You can obtain these forms through the internal DOC MH website. You must access the MH website through the internal page because the HEALTH link from the Public DOC website takes you to a public information site without access to downloads or sensitive information. The direct link is: <http://internal.doc.state.nc.us/mhs/Forms/mhforms.htm>. There are directions for installation at the site. If you have any questions/comments, or perhaps a request for a particular form, please contact me at [wjk02@doc.state.nc.us](mailto:wjk02@doc.state.nc.us).



Update on MH52: The revised activity summary report is in the final stages of testing and should be available soon. (Regular readers will recall that revised report will sort your opus encounters by type and then tally up the total time spent on each.) The OPUS committee will send out an email when the report is up and running.

DEAR OPIE: ***The Ann Landers of the OPUS System:***

Q: I have gotten a bunch of your QuickScripts and I have been using them regularly. Is there anyway I can run them without having to go through all the menus?

A: There sure is! (I wouldn't include a letter that didn't have a good answer). To simplify your life, you can assign each QuickScript to a specific key on your keyboard. Therefore you will be able to run each QuickScript with the press of a single button. This process is called mapping. The key assignment will only be available when the OPUS window is active, so it won't effect your other applications. Here is how you do it:

1. **Open your OPUS window and select SETTINGS for the menu bar.**
2. **Select EDIT KEYBOARD from the pulldown menu.**
3. **This should bring up a picture of your keyboard. Click on the box next to ALT in the upper right hand corner so that an 'X' appears in the box. This simulates holding the Alt key down. It is very important that you only map to keys that are NOT already in use because after they are mapped the original function will be unavailable. For example if you map a QuickScript to the F8 key you would launch the program every time you tried to scroll down a page.**

**I recommend the following mapping schematic to avoid key conflicts:**

**ALT + F9 to DISPLAY.ISX ALT + F10 to SOCIAL.ISX ALT + F11 to PRINT.ISX**

**Select the key you would like to map by double clicking it with your mouse. It should become highlighted when selected.**

#### OPUS FOCUS continued

4. Press Alt+A to bring up the DEFINE SCRIPT window. Each QuickScript needs to be assigned a Shortname. (I recommend the following abbreviations: DISP = Display.lsx; PRNT = Print.lsx; SXHX = Social.lsx.)
  - A. Type your desired Shortname in the 'Script Legend' box.
  - B. Type in a brief description in 'Script Description' box.
  - C. Click on the 'Browse for Script File' button and find the appropriate script. Press OK.
  - D. Next, Click the keys in the following order. RESET - DEFINE - ASSIGN. The keyboard image should now show the Shortname on the appropriate key.
5. Repeat the process for each QuickScript.
6. Close the DEFINE SCRIPT window.
7. Select FILE from the top of the IRMA KEYBOARD EDITOR window. (Be careful not to pick the FILE all the way at the top under IRMA MAINFRAME DISPLAY).
8. Select SAVE AS from the pulldown menu and type in SPECIAL as the file name. Click OK.
9. Press F3 to close the KEYBOARD EDITOR window.
10. Select SETTINGS from the Menu Bar and then SELECT KEYBOARD. Select SPECIAL.KBD and press OK.
11. Voila! Now you can just press ALT plus a key to run the script.
12. HINT: Put a note on the keyboard to remind yourself where you mapped each script.

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](mailto:WJK02@doc.state.nc.us) or by phone at (252) 747-8101 ext. 2165 and I will forward your ideas to the committee.

#### Editorial Comments July 2000 By Leon Morrow

On May 11 this year DOP Mental Health staff held a reception for our new director, Dr. Beltran Pages. He was warmly welcomed by many staff. This marks the beginning of a new era in our program



Some months ago Vasudha Gupta made the wonderful suggestion that the InPsyDer publish pictures of all mental health staff. We have worked with that idea and we believe we have found a way to publish a pictorial directory of staff within the next few months. Many of you know that all DOP staff will have new ID pictures made in the near future. Linda Dejesus Bogan (who works with Auxiliary Services in the Randall Building) is coordinating this project and believes that we will be able to capture the new digital photographs and move them into a directory of mental health staff. You can expect to be asked to have a new ID picture made soon after the new fiscal year begins.

We are looking forward to the upcoming statewide MH meeting on September 24 through 26 at the Sheraton Atlantic Beach. Dr. Pages does not want to repeat old material so we can expect new workshops and interesting material.

You are encouraged to stay up-to-date on the internal web page. Bill Hartley and crew have made several additions/improvements recently. The telephone directory is up and running. You can get the SOAR Newsletter, Specialized reports, and the 390 and 444a forms.





## Tracing the Formative Influences in Hagler's Life – Bearcats and All . . .

by Susanna Jarvis

According to Thomas Wolfe, you can't go home again. Tell that to Tish Hagler and the rest of the 1999 Reunion Band, all former students in the illustrious Lenoir High School Band (home of the Bearcats) who relived their high school band days last July while raising money to restore their former band building for use with a community music program. Theirs is not just your run-of-the-mill band, mind you, but one that received a Superior Rating 42 years in a row at the yearly statewide band competition. In fact, their record of excellence remained unbroken, ending only in 1977 when the school ceased to exist due to a consolidation of schools in the district.

When interviewing Tish Hagler, Coordinator of Mental Health Services at Southern Correctional Institution, it soon became quite clear that her band experiences are something she holds dear and views as an early tremendous and still significant influence on her life. You are invited to learn the history yourself and even hear some of the "live" music from those early concerts; just click on their website at [www.lenoirhighband.org](http://www.lenoirhighband.org). And if you study their website closely, you might even catch a glimpse of Tish marching down Main Street, reliving her glory days as the lead majorette.

Tish played flute in the band and proudly notes her role in years 32 thru 35 of the legacy; theirs was a strict schedule of practice, practice, practice. The band students lived and breathed their music, giving up study hall in order to com-

plete required individual hours of study. There were section practices, entire band practices, etc. No one wanted to be the band that broke the winning record. Tish notes the experience taught her the value of tradition, the importance of doing your best, staying focused, and principles like teamwork and commitment. And with each success, came the reward of confidence.

During her sophomore year, Tish decided to become the lead majorette in the marching band for the following year. This was a noteworthy goal, as she had never even twirled a baton. She

credits her parents for their support and the opportunities they were able to give her.

That summer, Tish attended twirling camp in Tallahassee, Florida and at the start of her junior year, secured the position as lead majorette.

After high school, Tish went on to Wake Forest University where she earned her B.A. in 1974. The Demon Deacons continue to be part of her life, as she is an avid basketball fan and attends the ACC Tournament each year. No doubt, her experience in the stands this year was even sweeter with their victory over the Tar Heels!



Tish Hagler, M.A.

During the summer of '74, Tish served as a N.C. State Government Intern, working at the Randall Building in Raleigh with the Central Classification Board. After graduating from Appalachian State University in 1976 with her M.A. in Clinical Psychology, she interned in the training school system at the Juvenile Evaluation Center in Swannanoa. Tish's first job as a psychologist was at the community mental health center in Bristol, Tennessee. After two years there, she grew tired of working with "disgruntled housewives."

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## **Tish Hagler continued**

These experiences set the stage for her entry in the N.C. Department of Correction. In December 1977, Tish was hired by Al Harrop to work in the diagnostic center as a Staff Psychologist I at Central Prison. She remembers telling Bob James, also at CP, that she wanted to see Paranoid Schizophrenics like in the textbooks; Bob James replied back “we have 144 of them!”

Working as a woman at CP in those days was quite the historic and challenging experience. While there had been a previous female nurse and psychologist, Tish was the only woman at that time to have contact with inmates. There were no female nurses, correctional officers, or other female MH staff at CP. Not surprisingly, Tish recalls being “grilled” by the warden with all kinds of personal questions being asked of her, including what her father did. She took care with her dress - wearing gauchos, turtlenecks and boots – covering skin from head to toe to ensure that no undue attention came her way. A sense of humor and flexibility was essential. For example, at that time there was only one public bathroom in the dormitory – one that was used by staff and inmates alike. Thus, a male staff member was called on to stand guard whenever nature called. Women could not work in the institution, due to safety concerns with the physical layout of the building. Thus, Tish was not even considered for a vacant Staff Psychologist II position in outpatient MH; that’s just how it was. She remembers how Bob James and David Hawley – all in outpatient MH – would sit on the bunks with inmates while conducting assessments.

Tish notes that it was also a lonely time, and she had to learn on her own how to set boundaries in her professional life. As an extravert, it was difficult to be a single woman - new to Raleigh – and hard to go home and be alone. She had to learn how to separate her personal from her professional life and avoid looking to work for getting her emotional needs met. This, too, came to influence her current involvement with Pat VanBuren and Sandy Huffman in the Boundaries

for Women in Corrections class. Tish comments, “I made my share of mistakes as a young inexperienced professional trying to make my own way in this department—but I did learn from them. I hope to share what I learned . . . so that it may make someone else’s road a little easier. In doing so, I believe that I can make a contribution to the system.”

After a month in the diagnostic center at CP, Tish moved into inpatient mental health and remained there until November 1981. That’s when she got married to Steve, which is another story in itself. Tish met Steve during treatment team. He was the nursing supervisor and worked at CP from 1972-’96.

After getting married, Tish moved on to serve as a Staff Psychologist II at the C.A. Dillon School in Butner from fall 1981-’84 with Willie M students. She was a Unit Manager and helped write a treatment program with a point level system. This role also involved supervising 3 shifts of technicians, about 20 people, who were advocates of a punitive approach rather than a treatment model. The older male staff was very unhappy about this new approach, much less being supervised by a young female. To put it bluntly, it was a disaster!

This stressful time, early in her career and marriage, led Tish to follow up on a brochure that caught her eye. The pamphlet introduced the Public Manager Program, which was part of the Office of State Personnel. She enrolled in the 2-year program, attending two 3-day classes each term. There, she was able to get vital training as a manager. In time, the Certified Public Managers Consortium, a nationally accredited group, sanctioned N.C.’s program. Tish completed additional requirements one year later in order to become certified. She and the other certified graduates formed the N.C. Society of Public Managers in 1989, comprised today of 120 members throughout various levels in our state’s government. The society is also part of the American Academy of Certified Public Managers.

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### **Tish Hagler continued**

Each year, Tish attends their CPM training programs – learning the latest trends in management – and the national conference, which allows her to combine professional work with a little R & R throughout the states; this year, their conference is in St. Petersburg, Florida. Tish served as President of the N.C. Society of Public Managers in 1992 and again in 2000; she has also served as the National Secretary for two terms. Her proudest moment was being awarded the Henning Trophy in 1998 in Biloxi, Mississippi; this prestigious award from the American Academy of Certified Public Managers was in recognition of her contributions on both the state and national levels.

After C.A. Dillon, Tish served as a Unit Manager from 1984-'87 with profoundly retarded females at the Murdoch Center. The most advanced treatment goal they had was for a client to learn how to pour from a pitcher into a cup without spilling the liquid. Other goals included being able to dress, comb one's hair and wipe your mouth at mealtime. Only about 3 of the patients were verbal. Burnout was inevitable.

In 1987, Tish returned to the N.C. Department of Correction, this time working as a Staff Psychologist II at Polk Youth Institution, which was then located in Raleigh. While there, she heard about a new institution being built – Nash C.I. – and after learning that the distance was commutable from Wake Forest, set her sights on moving to Nash. While the institution was being completed in 1992, Tish served on special assignment by Al Harrop between Harnett C.I., where she completed minimum custody evaluations, and Morrison Youth Institution where she provided MH coverage. In 1993, she was named Coordinator of MH Services at Nash.

She remained at Nash until the opportunity to transfer to Southern Correctional Institution came in 1997. Tish still has the original phone message from Bob Phillips on her office bulletin board, notifying her of the soon-to-be vacancy and the downgrade from what had been a Manager to

a Coordinator position. Why was this so significant, you may ask? Because it allowed moving towards fruition of another dream, building a home on two lots on Golf Course #6 in Pinehurst. Husband Steve retired in the fall of 1996 and is an avid golfer. He and Tish moved to Pinehurst in 1997 and she assumed the position as Coordinator at Southern C.I. in September that same year. While they have yet to build the dream house, she quips that her retirement dream has come early, as her retirement is not until 2008!

Among Tish Hagler's future goals are to learn how to play golf, have fun and lead an innovative, strong program at Southern C.I. She was appointed by the Assistant Superintendent as the Chairman of the Morale Committee at work, and in that vein has posted on her bulletin board the following quote: "We can't wait for the storm to pass; we must learn to work in the rain." Also clearly evident in her office are reminders that she allows for pleasure in her life, from birthday balloons and band memorabilia to game pom-poms and ticket stubs from Billy Joel concerts.

If her past is indicative of her future, you can be sure that Tish Hagler will continue to succeed and achieve whatever she puts her mind to. Watch and look closely, as who knows, we may all one day be able to say we knew this Senior golf pro back in her days with the DOC!

#### **Other Hagler favorite quotes:**

"If you must swallow an ugly toad, don't stare at it too long."

"Each time you blame someone else, you give up the power to change your life."

## Mental Health Services at Southern Correctional Institution

by Susanna Jarvis

Southern Correctional Institution, located in Troy, NC, houses approximately 533 close custody inmates and 202 minimum custody inmates at a separate facility located to the right of the institution. As many of you are aware, Southern C.I. was once the processing and diagnostic center for the Eastern Region. In 1997, the diagnostic center moved to the newly opened Craven C.I. and reorganization led to the joint operation of the close custody and minimum custody (formerly Montgomery C.C.) camps under the sole name of Southern Correctional Institution.



SCI Mental Health staff includes (left to right) Shae Jacobs, Clerk; Tish Hagler, Coordinator; and David Johnson, Staff Psychologist II. In addition, Dr. Terresa Atwater, contractual psychiatrist, provides psychiatric clinic on Mondays.

Mental Health staff at Southern offer services to both the close and minimum custody inmates. In particular, Staff Psychologist David Johnson, M.A. is attempting to address the unique needs of the close custody offenders via enrollment in his "Skills Enrichment Training", a 12-

week group which uses a Rational Emotive Therapy (RET) approach to anger and stress management and assertiveness training. Offenders receive restoration of 30 days if they remain infraction-free during the 12-week period and successfully complete the group. They are chal-

lenged to continue enriching their skills in these areas and if they are still infraction-free one month later, an additional 30 days restoration will be awarded. David spoke on the results of his RET group at the statewide MH meeting last year and continues to collect data on the effectiveness of this approach.

In one RET group, he observed 65% fewer infractions when comparing their average number of infractions six months pre-group with their average number of infractions post-group. David is happy to share with others about his approach; please feel free to give him a call!

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### Contact the Editors:

View the Newsletter at the DOC Webpage:

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