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 Jarvis, Editor
Bill Hartley, Layout Editor

The inΨder: Your Mental Health Newsletter

Spring, 2001 Volume 3, No 2

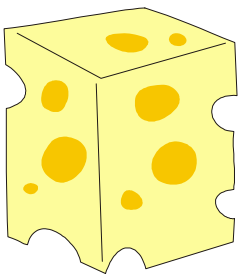
Beltran Pages, M.D.

Notes From The Director

A year later but who is counting?

It has been a year now since I became Director of Mental Health. A year filled with hope and dreams for better things to come. To some, it has been a year filled with fear of the unknown. To others, the change in leadership styles has brought a welcome change to a Division looking for a common identity for all. I have met a number of wonderful colleagues in my visits around the state. To those of you whom I have met personally, I thank you for your hospitality and hard work. To those of you whom I have not yet met, your time will come as I plan to visit more prisons throughout the year and I do thank you for your hard work and support.

This past week I read a book, which I strongly recommend to all of you. As a good procrastinator I have had this book with me for over 5 months in spite that Deputy Dog gave my copy away and had to take it back to give it to me. Perhaps the fact that the book title is "Who Moved My Cheese" did nothing for my intellectual curiosity, I needed something to read while I flew back to Raleigh from a business trip. Sheepishly I did not want anyone to see what I was reading especially when the four characters of the story are named Sniff, Scurry, Hem and Haw. By the time the flight had landed, I had recommended the book to anyone who passed by me. It is a wonderful book about CHANGE and I believe it will influence the way you think and act in the future. I do hope you all get a chance to read it and that the changes that are still to be made will be those initiated by all of you, for the betterment of all of us. Thanks again for all your support, Beltran.



Mental Health Newsletter

Risk Assessment Update

-by Steve Jones

The revisions to the Community Risk Assessment procedure over the last several years have led to a great deal of interest and speculation on the part of DOC mental health and administrative staff. The addition of the Hare Psychopathy Checklist – Revised (PCL-R) has been of particular interest. In an effort to quantify the effects of the new procedure, we have established a database to track risk assessment cases. Having evaluated data over the last year, we felt it would be informative to share some results with you.

Between February 2000 and February 2001, mental health staff completed 698 risk assessments, recommended promotion in 381 cases (55%), and recommended against promotion in 317 cases (45%). The primary component of the risk assessment procedure remained the actuarial and MMPI-2 factors that comprise the Community Risk Assessment Worksheet. For example, only 120 inmates received a PCL-R. Risk assessment cases yielding 2 or fewer risk factor were recommended for promotion 86% of the time, 3 risk factors 66% of the time, and 4 or more risk factors 2% of the time. Of the 120 risk assessments requiring a PCL-R, only 12 scored above the cutoff of 25 (10%). The total percentage of inmates receiving negative evaluations based solely on the PCL-R was 1.7%. In contrast 258 RRASOR's were required with 80 resulting in a recommendation against promotion (11% of all risk assessments).

Despite early speculation that the PCL-R would result in fewer recommendations for promotion, the data have shown this is not true. For example, prior to the introduction of the PCL-R most inmates with 2 or fewer factors were recommended for promotion, but only 38% of cases with 3 factors were so recommended. Using the PCL-R to assess cases with 3 factors, favorable recommendations increased to 66. Thus, in those cases that are most difficult to evaluate (3 identified risk factors), use of the PCL-R almost doubled the rate of positive recommendations. The fact that this increase was achieved through use of a well-validated risk assessment tool allows both mental health and administrative staff to maintain confidence in our recommendations.

Data collection and review will be an ongoing process. Please continue to send a copy of all risk assessment reports to me, and be sure to include the final report, worksheet, and PCL-R score sheet (if applicable). We have begun to check individual PCL-R ratings for quality purposes using report and OPUS information, and this process will continue in an effort to promote high reliability. Early reviews suggest some scores are running low, but we'll work to provide more specific feedback through Assistant Directors. PCL-R training for new staff is currently on hold due to budget constraints, but we hope to offer this training again in the new fiscal year. Thank you for helping to keep this project manageable, and feel free to contact me by phone or GroupWise (jse03) for additional information.

Old Dogs Humoring Puppies

By Nancy Manhke

When I came to North Carolina to work with adults, I had just left two years of employment at a Juvenile Reception Center for 14 to 18 year old males in Tennessee. I feared that working with adults would be more grim, or boring, or at least less satisfying, and I would miss my "kids."

Working with adults turned out to be NOT more boring, and thankfully, at least as satisfying. Though there were different twists to their behaviors, I eventually realized they seemed so familiar because psycho-socially, many of them were still relating on the 14- to 18-year-old level. I still came in contact with many of the same "kids;" it was just that they were housed in older bodies.

In the adult system, I did enjoy the range of ages and the challenge of switching gears when seeing a 22 year old, a fifty year old, and two 30-somethings in the same afternoon. I also handled everything from "I'm depressed because my mama needs me at home" to "I can pick up the officers' plots about me in my dental work and I know they're working for the CIA." It would add variety when some one would say, "Ms. Manhke, there's an inmate throwing bed frames through the windows of the 'sickroom' and we need you to come talk to him."

The "youngsters" I did see came in through the Richmond processing center and disappeared in to the youth system, so I had fewer experiences upon which to base an accurate perception of them as differentiated from the adults. One youthful offender I screened at Hoke reported being suicidal because he dropped his hairbrush out of the 2nd floor window and the officers refused to retrieve it for him. He reported being very attached to his brush. I found myself asking, with as straight a face as I could muster, if he felt the same about his comb. He decided he did, indeed. After some discussion about the reality of prison, he decided there were perhaps worse catastrophes and maybe the loss of a bit of "home" wasn't worth self-harm. It was this shortsighted neediness and naivete that represented the "youth" for me until January of 1996.

When the South Central Area Office died and then rose, phoenix-like, from the ashes to become the South Central Region, my position moved to Whiteville. Dedicated State employee though I am driving almost 2 hours one way was not an option, so I jumped to the nearest vacant position - at Morrison Youth Institution. Others in the Adult system rolled their eyes and wished me well. To myself I thought, "I've worked with youth before, big deal." The reality was that that had been almost a generation ago; the youth of today come from a different planet than the youth I fondly remembered from Tennessee (or could it be that the generation gap had widened significantly?) I remembered the older inmates' chronic complaints about dealing with the "young punks"; in my mind's eye I pictured old dogs humoring

continued on page 4

Old Dogs continued from page 3

puppies until exasperation led the older dog to growl and smack a puppy to make his point.

The single biggest difference I noticed immediately was the energy level. A line of inmates being herded to the dining hall resembled a parade of Mexican jumping beans. - or a line of 2nd grade boys in grammar school. The second difference I noticed was the significant lack of restraint over their enthusiastic baiting and catcalls, daring staff to respond. Another difference has been the lack of a "convict code". With the exception of the gang mentality, the prevailing attitude is "every man for himself." At least in the earlier days of the adult units, an inmate would proudly exclaim, "I ain't no inmate - I'm a convict!" Being a convict meant having a set of rules to go by, which might even include a kind of respect for those prison officials who earned it. No such code appears to exist for the youth. Youthful inmates who show respect are punished, especially if it violates gang rules.

The youth system differs in ways that mirror society in the increasing violence in younger individuals. One afternoon shortly after starting to work at MYI, I was talking to a 22-year-old, incarcerated for murder, which had been in Western at a younger age and "graduated" to Foothills and then Morrison. He was eagerly awaiting transfer to the adult system. I asked his opinion of the controversy re placement of youth with older "hardened" criminals and mentioned the opinion of some who say we will damage impressionable youth by exposure to adult inmates. This inmate echoed the view I had heard from Bill Hartley of WYI, who told us once that the 15-year-old who had committed a crime sufficiently severe enough to get them a prison sentence were already more dangerous than many adults who were imprisoned. The inmate said, "The thing that scares me more than anything is a 15-year-old with a gun, 'cause he thinks he's bad and ain't nothing can stop him. I have a chance to reason with somebody older."

Working with adults in therapy had an advantage simply in the amount of past an adult has to look back on for data regarding patterns of behavior. It's easier to find recurring events in the life of a 40-year-old imprisoned for the third time than in a 20-year-old in for the first. Even if the 20-year-old HAS been in prison 3 times, he is still less likely to see himself as perpetuating the pattern. It's still "a coincidence" or "I was younger then; I know better now." At least the adult is a little more inclined to be ready to say, "maybe it is me; maybe there's something I can change." This

continued on page 5

Old Dogs continued from page 4

seems to be particularly true in sex offender therapy, where one arrest for child molestation is more easily dismissed by the teenage perpetrator as an isolated event, never to recur. ("It was just the drugs, man.") The challenge comes in creating the awareness that in order for the behavior not to recur, therapy is needed now.

Yes, I miss the adults. There are days when the generation and culture gaps seem too wide to even wave across. I am more acutely aware of my own changes in viewpoint (yes, I sound more and more like my mother!) and the need to maintain perspective. I really wish there were some way for adult inmates to send their message to the youth. I can't imagine a 50-year-old inmate looking me in the eye and saying, with all the drama mustered by an 18-year-old with attitude, "I don't believe in crying; I'm into thug life." At those times I sense the ghosts of my former adult inmates shaking their heads in silent sadness with me.

EDITORIAL COMMENTS—SPRING 2001

Nancy Mahne submitted an article to us in which she contrasts her experience working with adult vs. youthful offenders,. See page two for the article. There are many mental health care providers working in the NC Division of Prisons who have special skills or unique experiences. In an article that is scheduled to be published in the state wide DOC newsletter the experiences that Dorsey Edmunson has had as a sports psychologist is mentioned. That story was first published in the InPsyDer. If you would like to submit an article about your experiences please send it to any of the editors. If you would like to suggest an article to the editorial team please let us know. By Leon Morrow

INFORMATION UPDATE

Dr. Ken Wilson indicated these personnel changes are underway:

In an effort to save money (a phrase which begins most any announcement these days), Mental Health Services recently proposed converting a large number of contracts for psychiatric services into full-time positions. Because contractual services typically cost more per hour than full-time salaries (including benefits), we were able to realize significant savings on an annual basis. Fortunately the timing was good for this suggestion and our proposal was accepted. We have been given eight full-time positions for psychiatry spread across the state through all Regions. Advertising is ongoing and applications are coming in. We have a number of providers already on contract who are interested in trading in their contract for a more secure full-time position, as well as interest from psychiatrists in the private sector. We will hopefully begin screening applications and conducting interviews in the next few weeks. Stay tuned!

OPUS FOCUS

Hello there! In their never-ending quest to improve data collection and confuse users the friendly folks of the OPUS committee have revamped the M-Grade codes. For those of you who are having trouble remembering what these are: these are the numerical grades assigned to inmates through the MH02 screen that reflect their mental functioning/needs. The old system was based solely on degree of mental illness. The revised codes build upon this designation to include information about the type of services being rendered and any possible limitations on activity assignments. The new codes are as follows:

1) Receiving no mental health treatment.
2) Treatment is being provided by a psychologist or social worker only (No psychiatric treatment).
3) Mild psychiatric impairment with treatment by the psychiatrist and a psychologist/clinical social worker. There are no limitations on activities or assignments imposed by MH staff.
4) Severe psychiatric impairment with treatment by the psychiatrist and a psychologist/clinical social worker. There are limitations on activity and work assignments, which necessitate a check with MH staff before being assigned.
5) The inmate is assigned to a specialized program such as inpatient, residential or day treatment. Approval required by MH staff prior to transfer or major program change.

Most of these grades are pretty cut and dry. A judgement call is only really needed between 3 and 4. The primary distinction between these two grades is the impact of the illness or medications on daily functioning. If an inmate is coded as a 4, you must enter a public comment stating what activity restrictions, if any, are needed. For example, an inmate should not be posted outdoors for extended periods or inmate should not operate hazardous machinery. Of course you can make/enter a comment anytime you feel that it is warranted, but it is required with an M grade of 4. Please make these changes as you see your clients for regular contacts. 'Nuff said.

Speaking of data collection, we have heard from clinicians that the current encounter codes do not always reflect the services that they are providing. As a result, we are adding two new codes in the near future. The codes will be for psychiatric assessments and rehabilitation assessments. While, there have been suggestions that other codes are needed, we are trying to limit additions to the bare minimum to avoid overcomplicating the process. If there are any codes you simply can't live without, please contact Randy Palmer or myself and we will bring them to the committee.

DEAR OPIE:

The Ann Landers of the OPUS System:

Dear Opie:

This whole data collection thing is confusing me. I see a lot of inmates during the day. Sometimes these are formal appointments, but often they are just brief contacts. How many of these I should enter on OPUS? Please help.

Confused in NC

continued on page 7

OPUS continued from page 6

Dear Confused:

This is a troubling area for many experienced clinicians. We want to adequately account for our time, but we do not want to spend the entire day entering in encounters. I solve this conundrum by asking if the encounter revealed anything of significance. If it did I write a progress note and make an OPUS entry. If it was nothing more than a superficial conversation, I skip it. The bottom line is, if you make an entry on OPUS you need to have some other documentation to back it up. If it was significant enough to go on OPUS, there should be a progress note, clinic note, assessment or some hard copy document with your name on it.

Dear Opie:
These new forms were supposed to make my life easier, instead I am going crazy. I don't have Word 97 and I don't know what to do. Please help,

A Luddite by proxy

Dear Luddite:

You are not alone. Unfortunately, despite our warnings inertia and budget problems have caused many to be marooned in the lands of Word Perfect and Windows 3.1. There are a few solutions to this vexing problem. The first is, convince your superintendent to upgrade your machines. Okay, okay, stop scoffing. Remember we are trained to understand the human psyche, we should at least be able to convince the administration to swap our machines with the new ones that are only being used for case management. The second option is handwriting. I am told that once, a long time ago, this was standard practice. I don't like this option because my handwriting is atrocious, but it can be done. The third option is to set you margins equal to those on the form, type your note/assessment and then feed a blank copy of the form through the printer.

What is NOT an option, it to create your own template. No one is authorized to make his or her own forms. This frequently occurred with the old forms and was part of the impetus for revamping the forms. If you make your own forms, they will be identified and QA can zap you for using non-approved forms. DO NOT DO THIS! Really, these best long term solution is to keep asking your administration for upgraded software. It will make your life easier in the long run. Trust me.

Thanks to Ken Vaughn's hard work and special expertise, the OPUS manual is now available online at DOC MH internal website.

As always, the OPUS committee is looking for new ideas and feedback! We welcome any comments you have or ideas for improvement to OPUS, features on the website, questions, concerns, or topics you would like discussed in future newsletters. LET US KNOW!

You can email John at wji02@doc.state.nc.us or call him at (252)747-8101, ext. 2165.

Personnel Corner – by Susanna Jarvis

Change is inevitable in a department as large as ours. Listed below are some, though likely not a comprehensive reflection, of personnel changes in Mental Health Services since the Winter Inpsyder. A big thank you goes to Lisa Brown, Administrative Assistant extraordinaire, who helped compile this information.

Eastern Region:

No changes reported.

South Central Region:

Jennifer Fortier, Staff Psychologist II at Hoke C.I. left DOC in April to do private work.

Central Region:

Martha Cole, Ph.D. is the new Staff Psychologist II at Warren Correctional Institution. She reported April 2, 2001 and works with Michael Conley, Ph.D., the Psychological Services Coordinator there.

Dorcas Miller, Ph.D. has been selected to fill the Psychological Services Coordinator position vacated by Lavonne Fox, Psy.D. at NCCIW's inpatient unit. Dr. Miller had been working as a Staff Psychologist II in NCCIW's outpatient service for over a year.

Piedmont Region:

Monica Bauguess, former intern with Drew Nivens and new graduate of Appalachian State University (go Mountaineers!!) began work as Staff Psychologist II at Brown Creek C.I. on 4/19/01.

April Stroth began work as a Rehabilitation Therapist at Orange C.C on 12/18/00; she runs the greenhouse and leads classes with the Day Treatment inmates.

Western Region:

No changes reported.

Comments, suggestions, and questions are welcome.

Editorial Staff:

Leon Morrow: mwl10@doc.state.nc.us
828-757-5601, leon@hci.net

Susanna Jarvis: jsc02@doc.state.nc.us
704-694-2622, starfish@vnet.net.

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