

# University Correctional HealthCare



February 2008

## *Happy New Year*

All UCHC Staff,

Thank you for contributing to UCHC's successful year.

With your efforts we have accomplished significant milestones:

- We have enabled NJDOC to sunset the *CF v. Terhune Settlement Agreement* criteria for the male prisons.
- We have implemented an efficient model of group treatment for sex offenders requiring Parole supervision for life. In addition, Parole is planning to contract with us for juvenile pre-parole evaluations.

The Juvenile Justice Commission has expanded our contract to provide psychiatric services to 4 of their community residential programs. The Commission also plans to have us assume responsibilities for the treatment of sex offenders.

These are just a few of the highlights of many remarkable accomplishments this year. I appreciate the many efforts of our team.

Happy New Year!

Jeff Dickert  
Vice President





## W-2 Hotline

For questions regarding your W-2 form the contact number to call is:

**732-235-9217**



University Correctional HealthCare  
c/o NJ DOC  
Colpitts Modular Unit  
P.O. Box 863  
Whittlesey Road  
Trenton, NJ 08625  
609-341-3093  
609-341-9380 - fax

**ADDRESS**

Looking Ahead....

### April

8 Clinician Supervisor Meeting

### May

13 Clinician Supervisor Meeting  
26 Memorial Day Holiday

### June

10 Clinician Supervisor Meeting



## Welcome Aboard

### December

Isidore Keiman, Physician Specialist, NSP  
Greg Benson, Mental Health Clinician 2, EJSP  
Pamela Ozowalu, Staff Nurse, NJSP  
Kimberly Febres, Recreational Therapist, NSP  
James Chokpelleh, Occupational Therapist Intern, NJSP



### January

Sophia Jordan, Data Control Clerk I, NSP  
Arthur Hochberg, Forensic Mental Health Clinician, SWSP  
Donald Moorehead, Forensic Mental Health Clinician, ADTC  
Edward Shalts, Agency MD  
Rhodelynn Ramos, Physician Specialist Resident - NSP



## Have You Heard?

Heather Harris, Data Control Clerk, EJSP  
Pamela Zamel, Clinician Supervisor, ACWYCF



## Farewell & Good Luck

### December

Charles Blackinton	George Tawfik
Amy Zissman	Marie Perkins
Loretta Johns	Derek Shockley
Rashmi Singh	Randolph Sconiers
Lynell Crawford	Cynthia Jarose-Martinez
Cheryl Pearson-Clark	

### January

Patricia Canete	Gayathri Sastry
Dyanne Dunlap-Jackson	Henry Odunlami





## ***Ask Mechele***

*I had high hopes of embarking on a “Dear Abby” type of scenario when the idea of “Ask Mechele” was first introduced in our newsletter. However, since I have had so few responses from you, the burden to fill the space has fallen on my shoulders. Hopefully there will be more questions from you in the future; however, in the meantime, left to my own devices, I have found some useful information to share. The following is used in officer training, but appropriate for all who work with inmates.*



### **THE DAILY DOZEN**

1. Do you look forward to seeing a particular inmate when you come to work?
2. Have you done anything with an inmate you would not want your family or supervisor to know about?
3. Would you be reluctant to have a co-worker observe your behavior for a whole day?
4. Do you talk about your personal matters with inmates?
5. Do you believe you can ask an inmate to do personal favors for you?
6. Have you ever received personal advice from an inmate?
7. Have you said anything to an inmate that you would not want tape recorded?
8. Do you have thoughts or fantasies of touching a particular inmate? Does this extend into planning how you can be alone with the inmate?
9. Do you think you have the right to touch an inmate wherever and whenever you want to?
10. Do you have a feeling of not being able to wait to share good/bad news with a particular inmate?
11. Do you think inmates are not allowed to say “no” to you, no matter what you ask?
12. Have you ever allowed inmates to talk about sexual fantasies, or to tell sexual jokes in your presence?

*If you answered “yes” to one or more of these questions, you are at high risk of developing an inappropriate relationship with an inmate.*

*You should discuss the issues with a supervisor as soon as possible.*

**DO NOT RISK YOUR CAREER**

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## Columbus House

Columbus House, established in October, 2006, is comprised of two residential community release programs contracted by the New Jersey Department of Corrections, (NJDOC) Office of Community Programs. It is housed in The Kintock Group, Inc. located in Newark, New Jersey. Servicing a maximum of 65 males and 50 females, the program is specifically designed for individuals with a psychiatric diagnosis who are, or have been, on the Special Needs Roster. The purpose of the program is to address the residents mental health needs in order to facilitate their reintegration into society.

There are three phases to the program. Phase 1 is a 30 day orientation beginning with the intake process. During this phase, residents learn program policies and procedures and what is expected of them as residents. Each resident is assigned a case manager, clinician, and psychiatrist. Through collaboration among the disciplines, as well as reviews of criminal history, mental health/substance abuse history and treatment, level of education, employment history, and assessments from Bo Robinson and Talbot Hall, program services that best suit the needs of each individual, are determined. A review at the end of Phase 1, evaluates the residents' progress, which may or may not include recommendations for more intensive services.

Phase 2, the treatment phase of the program, runs two to nine months beyond orientation. Residents are required to attend and participate in individual and group therapy, take their prescribed medication, work toward the goals documented in their treatment plan, demonstrate the ability to be responsible, maintain a positive and respectful attitude towards other residents and staff, and complete chores/job functions on a regular basis. They are also required to participate in program services including life skills, psycho-education, cognitive skills, parenting skills, daily lectures, morning/house meetings, relapse prevention, health education, etc. They meet with their case managers biweekly and have the option to attend GED classes and NA/AA groups.

Phase 3 is work release and after care planning. This is the final phase of reintegrating residents back into society. The treatment team made up of clinical staff (UCHC) Operations, Program Services, and Employment Services (Kintock) evaluate each individual for work readiness. Residents are required to go through a 2-week black-out period where they attend employment orientation and job seeking privileges. After care is facilitated by the Kintock Social Services Coordinator. Residents are provided links within the community, appointments for ongoing mental health services, referrals, and placements prior to being released from DOC custody.

Since its inception, Columbus House has added another component called Corrections to Careers (CTC). CTC is a six-week comprehensive workplace literacy training program whose goal is to provide education on how to properly seek, secure and maintain the meaningful employment necessary to successfully re-enter society. The program is funded by the New Jersey Department of Labor and consists of a two-hour lab and two-hours of classroom instruction. The lab covers introductory computer literacy and the class focuses on interviewing skills, money management and select aspects of adult basic education such as basic math. These combined skills are necessary to compete in today's job market and significantly assist in the reduction of recidivism. Upon completion of the program, each individual is given a certificate.

Residents who reach the work release phase can also attend college. One male resident attended Essex County College for two semesters prior to his release from the facility and others are currently attending technical schools in the Newark area.

Most recently, the Division of Rehabilitation Vocational Services (DVR), an outside resource, has been utilized to help disabled individuals having problems obtaining or maintaining jobs. They put together a step-by-step plan geared specifically to the needs of the individual as determined by diagnostic evaluation, individual vocational counseling/guidance, and job seeking skills. They also offer post-employment and follow-up services.

Submitted by: Tina Bedell, Ph.D.  
Northern State Prison

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## Your Help Is Needed to Reduce the Spread of Infections

The Center for Disease Control and Prevention estimates that up to 2 million patients develop a variety of infections while being treated in hospitals each year and that almost 100,000 of them die. Most infections, however, could be prevented if health care providers follow proven infection-control practices, such as hand washing. But studies documented that fewer than 50 percent of health care providers follow hand-hygiene standards.

Methicillin-resistant *Staphylococcus aureus* (MRSA), which is an antibiotic-resistant staff infection developed by almost 95,000 Americans each year with 19,000 deaths, can result from such laxity. **Such infections can be avoided.** In Finland and the Netherlands, MRSA rates were reduced significantly through strict hand hygiene, screening patients for bacteria, and taking precautions such as isolating those found to be carrying MRSA.

**You can protect yourself and reduce the risk of transmitting MRSA and other infections by practicing good hygiene.** This includes keeping your hands clean by washing them with soap and water or using an alcohol-based hand rub, showering after working out at a gym, covering any cut or scrape with a clean, dry bandage, avoiding the sharing of personal items such as clothing, towels, and razors, using a cloth barrier between your skin and shared equipment in a gym or other community setting, and wiping shared equipment surfaces before and after using them.

**Are you doing your part by consistently following hand hygiene standards?**

**When do you need to wash your hands?**

- A. Before preparing or eating food
- B. After going to the bathroom
- C. After blowing your nose, coughing, or sneezing
- D. After handling garbage
- E. Before and after treating a cut or wound
- F. Before having direct contact with patients
- G. Before donning sterile gloves
- H. After contact with a patient's intact skin
- I. After contact with body fluids or excretions, mucous membranes, non-intact skin, and wound dressings if hands are not visibly soiled
- J. After contact with inanimate objects (including medical equipment) in the immediate vicinity of the patient
- K. After removing gloves



**Good Hand-hygiene techniques**

### **When washing hands with soap and water:**

- Wet your hands with clean running water and apply soap. Use warm water if it is available.
- Rub hands together to make a lather and scrub all surfaces.
- Continue rubbing hands for 20 seconds. Need a timer? Imagine singing "Happy Birthday" twice through to a friend! Or "Jail House Rock"!!
- Rinse hands well under running water

Remember: If soap and water are not available, use alcohol-based gel to clean hands.

### **When using an alcohol-based hand sanitizer:**

- Apply product to the palm of one hand
- Rub hands together
- Rub the product over all surfaces of hands and fingers until hands are dry.



## UMDNJ's Predoctoral Internship Program in Psychology Expands its Training Opportunities

The University of Medicine and Dentistry of New Jersey has added major rotations in forensic and correctional psychology to their already well-established, APA approved, pre-doctoral internship program in psychology. Now in its second year, the forensic rotation requires the interns to train at Northern State Prison three days per week. They will spend six months each on the inpatient and outpatient units. Within these contexts the interns are provided diverse opportunities to work with adult male inmates (age 18 - 70+) who require psychological services. These "special needs" inmates, incarcerated because of a wide range of crimes, represent various diagnoses with levels of severity running from mild to severe.

On the inpatient units, interns work in the Stabilization Unit conducting rounds, brief psychological evaluations and mental status examinations in preparation for disciplinary hearings. On the Residential Treatment and the Transitional Care Units, the interns assume responsibility for an inmate caseload, thereby becoming proficient in evaluation, diagnosis, treatment planning, individual therapy and case management. They run process or psychotherapy groups as well as psycho-educational groups. Throughout their six-month rotation, the interns also perform psychological testing to help clarify diagnosis, plan treatment and rule out malingering. Malingering, or the false reporting of symptoms, is a common problem in the prison population. By participating in weekly multidisciplinary team meetings, interns come to appreciate the contributions of each discipline in the development of a comprehensive treatment plan.

On the outpatient unit, interns carry a caseload of approximately 10 psychotherapy cases that they follow throughout the six-month rotation. In addition, they are trained to conduct "Risk Assessments," in order to determine whether or not individuals should be referred to Ann Klein Forensic Center for continued psychiatric treatment, or, to the Attorney General's office for civil commitment if there is a history of sex offences. Interns are also trained to conduct "Status Evaluations," which determine if an inmate is psychologically ready for a lower level of supervision or confinement. Psychological testing and participation in weekly multidisciplinary team meetings as described in detail above, are also part of the outpatient training experience.

Interns receive several hours of weekly individual supervision by licensed psychologists. This year's interns, Said Shehadeh and Shoval Gur-Aryeh have exhibited exceptional commitment to providing quality patient care. Their professionalism, dedication and intense desire to learn, are clear strengths which have positively impacted the work of the treatment teams at Northern State Prison.

Submitted by:           Guillermo Parra, Ph.D.  
                                  Donna Ricca, Psy.D  
                                  Northern State Prison