University Correctional HealthCare

April 2008

Achieving Excellence

To UCHC Staff,

The month of March has been designated "Social Work Month" and this year's theme is, "building on strengths." To all UCHC social workers, I want to recognize your dedication to excellence in the provision of mental health services by first, identifying our clients' strengths, and then, using them as building blocks upon which you help them achieve their goals.

The following items highlight just a small sample of the many efforts made toward achieving our mission of excellence:

Over the past several months, many of the prisons had been surveyed by the National Commission on Correctional HealthCare (NCCHC). Even though efforts to demonstrate our compliance involved some last minute organization of materials related to mental health standards, feedback from the surveyors with regards to our program, has been very positive. More recently the NJDOC Health Services Unit has also been surveying the mental health program and again, the feedback has been positive.

To assist us with the NCCHC surveys going forward, Lisa DeBilio, PhD, manager of quality improvement, Magie Conrad, MSN, nursing administrator, and Marci Masker, PhD, clinician administrator, have prepared a set of binders to standardize our approach to assure ongoing survey readiness.

The Juvenile Justice Commission (JJC) Mental Health Team recently led a 1/2 day training with the Bordentown Campus Education Staff. Get the scoop on page 6.

Our Community Supervision for Life (CSL) Program has been increasing the size of groups in order to maximize the number of parolees receiving sex offender services. With an overall average of 10, groups are now typically at capacity with 12 members.

The ***Performance Improvement Fair is planned for Thursday, June 12 from 11 AM to 2 PM*** at the Harris Auditorium in Trenton. We now have 22 teams registered to showcase a multitude of innovative approaches to further enhance our quality of care.

Your feedback is now being sought. If you have not already done so, please take a few minutes to complete the **staff satisfaction survey**. Your responses will assist us in addressing your needs while also improving the quality of mental health services within these very challenging environments.

On a more recent note, we have received word that the New Jersey Department of Corrections intends to form an Agreement with the University of Medicine and Dentistry of New Jersey to provide Medical Services.

Similar to the transition that occurred January 1, 2005 with Mental Health Services, we intend to not interrupt any inmate health care services, and to minimize the impact such a transition will have on the existing Medical Staff.

NJDOC has been very pleased with the mental health services you have been providing as UMDNJ employees and are seeking comparable high quality for their medical services.

Thank you.

Jeff Dickert
Vice President

Test your pager on a routine basis - any problems should be reported to Melody Massa at 609-341-3095

- **Submit your summer vacation requests early for supervisor approval and scheduling.**
- **Have the covering staff member sign your time-off request form.**

ADDRESS

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609-341-3093
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Effective April 1st, Ellen Zupkus will be NJ ATSA President Elect

Looking Ahead….

May

8 Clinician Supervisor Meeting
26 Memorial Day Holiday

July

4 Fourth of July Holiday
8 Clinician Supervisor Meeting

September

1 Labor Day - Holiday
9 Clinician Supervisor Meeting

Welcome Aboard

February

Danielle Halbig, Mental Health Clinician 3, SWSP
Lillian Taylor-Burnside, Staff Nurse - Per Diem, SWSP
Sharon Decker, Mental Health Clinician 3, NJSP
Abiola Badejo, Staff Nurse, NJSP

March

Tamara Payne, Mental Health Clinician 3, EMCFW
Debra Pepsin, Data Control Clerk I, EMCFW
Sara Dunn, Data Control Clerk I, SWSP
Nicholas Armenti, Forensic Mental Health Clinician, ACWYCF
Kevin Dempsey, Mental Health Clinician 2, SSCF
Nafeesa Siddiqui, Physician Specialist, EMCFW
Robert Lasser, Physician Specialist, Locum Tenens
Nicole Jackson, Mental Health Clinician 3, JJC
Willie Mae Kent, Mental Health Clinician 3, SWSP
Keasha Robinson, Staff Nurse - Per Diem, SWSP

Have You Heard?

Richard Gaudet, Acting Clinician Supervisor, BSP
Ellen Zupkus, Clinician Administrator, JJC
Lisa DeBilio, Manager Quality Assurance, Central Administration

Farewell & Good Luck

February

Deborah Pinto
Robert Feldman
Celeste Nwanna

March

Richard Estell
Kimberly Febres

Ask Mechele

Yet again I have not received any questions or feedback from our readers so, here's my contribution to "Ask Mechele."

The following is a satirical look at life when you work in prison. Hope this lightens up your day!

Top Ten Things NOT To Do When You Work In Prison

10. Invite friends to stop by the job for lunch.

9. Bet on a horse recommended by the compulsive gambler on your caseload.

8. Invite inmates in your transition group over for dinner when they get out.

7. Threaten to take your kids to work.

6. Recommend creative ways to brighten up prison issue clothing.

5. Offer to fix up that cute guy in Ad Seg with your best friend's stepbrother's grandfather's niece on her dad's side.

4. Bring in a freshly baked batch of cookies for your unit runner's birthday.

3. Lend the porter $10.00 until his commissary order comes in.

2. Take up that inmate on his offer to get you a good deal on a jailhouse tattoo.

And, The Number One Thing NOT To Do When You Work In Prison

1. Start up an inmate dating service called nolongeracon.com

UBHC
UNIVERSITY BEHAVIORAL HEALTHCARE
UNIVERSITY CORRECTIONAL HEALTHCARE

An integrated service delivery system of the
University of Medicine and Dentistry of New Jersey

Our Mission. . . . .

University Correctional HealthCare, operating within the mission of the University of Medicine and Dentistry of New Jersey and University Behavioral HealthCare, is dedicated to excellence in providing health services to the people of New Jersey involved in the criminal and juvenile justice systems.

We are committed to being a leader in the delivery of effective, compassionate and accessible care informed by research within correctional environments.

Our Vision. . . . .

University Correctional HealthCare, a leader in the advancement of health within the criminal justice system for the people of New Jersey.

Our Values. . . . .

- Accessibility of services to the inmate population of New Jersey, especially those who are ill, disadvantaged and in need.
- Use of evidence based practices.
- Promotion of research and innovative programming in an open-minded spirit of inquiry.
- Education of professionals and students through clinical training and the development of academic programs and courses.
- Obligation to the larger correctional community through primary prevention, outreach, consultation, training activities, and through efforts to ensure collaboration and continuity of care among all service providers.
- Respect for the cultures and appreciation for the diversity of the people we serve and support toward ensuring the viability and integrity of the communities in which they live.

Discharge Planning

Andrea Frazier, mental health clinician III, held an in-service for the inpatient and outpatient mental health staff at NJSP on 2/13/08 . The discussion topic was Discharge Planning. Ms. Frazier has, for several years, worked with some complicated cases at NJSP where securing community placements for inmates has been very difficult. With significant expertise in this area from previous employment, discharge planning is one of Ms. Frazier's strengths. During the course of the in-service she outlined the steps that she has found to be successful in assisting inmates with their transition into the community upon maxing out of prison or being paroled. When creating an inmate discharge plan, she utilizes resources from prior UCHC trainings along with her own experience. She regularly collaborates with the DOC social workers and has received significant assistance from Greater Trenton Behavioral HealthCare. By scheduling appointments for their Director Tony Townes to come into the institution, inmates are interviewed on site to determine their status as potential program participants. The purpose of Ms. Frazier's in-service was to provide staff with an array of resources as well as a flow sheet outlining the steps one can take when preparing an inmate for discharge into the community.

The list below contains some of the information included in the Discharge Plan Training provided by Ms. Frazier. It is a brief outline supplemented with case reviews as well as supportive documentation (i.e. UCHC handouts, etc).

Discharge Plan Flow Sheet

1. Establish a place of residence for the inmate (review with inmate, contact family/guardian/DOC social worker/parole).

2. Provide the inmate's family member/guardian with psycho-education about their psychiatric condition, need for medication/intensive outpatient treatment, the nearest emergency room/1-800-crisis hotline number.

3. Set up Mental Health Services for the inmate in the community upon release.

4. Determine the name of the clinical facility and identify a contact person where the inmate will receive services.

5. Establish the days and times of inmate treatment/anticipated start date.

6. Identify the types of services that will be offered to the inmate at the facility where he/she will be receiving mental health treatment including: psychiatric evaluation, medication management, intensive case management, substance abuse counseling, etc.

7. Identify any additional community support services including: housing, employment, education, etc.

8. Utilize numerous resources including handouts for various mental health services/agencies distributed through UCHC, once the inmate's residential location is established.

Submitted by: *Kerri Edelman, PsyD*
NJSP Clinician Supervisor

Juvenile Justice Commission Update

On February 14, 2008, the UCHC Mental Health Department of the Bordentown campus provided a half day of training for the Juvenile Justice Commission (JJC) Education staff. An overview of the role and responsibilities of the Mental Health Department was presented, along with a review of mental health issues relevant to the youth. There was also a discussion on the importance of maintaining appropriate boundaries in relation to the JJC residents. Below are details from the training.

Juvenile Reception and Assessment Center (JRAC) Mental Health Services

- Intake Psychological Evaluation
  - Record Review
  - Kaufman Brief Intelligence Test-2 (KBIT – 2)
  - Jesness Inventory
  - Clinical Interview Determination:
    Special Needs vs. Non-Special Needs
    If Special Needs then
    Intake Psychiatric Evaluation

JRAC

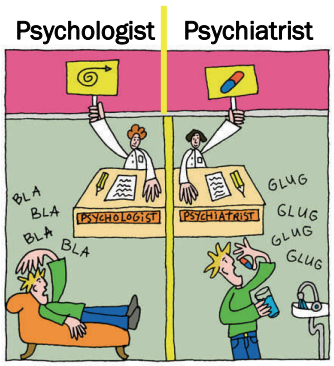
- If Special Needs then placement on the Special Needs Roster
- Initial Treatment Plan
- Treatment Plan Review every 90 days
- Referrals to: Psychiatry/Classification/Medical
- Referrals for Community Programs/HU 11

Disorders Most Frequently Found In Juvenile Justice Populations

- Attention Deficit Disorders
- Affective Disorders
- Substance Abuse Disorders
- Anxiety Disorders
- Conduct Disorders
- Developmental Disabilities

Most Frequent Symptoms and Problem Behaviors

- Depressed Affect
- Anger and Aggression
- Anxiety
- Suicidal thoughts and tendencies
- Alcohol and drug related problems
- Unusual or bizarre thoughts and behavior



Anger Management

Chronic Anger Problems

Pervasive anger that is part of personality functioning.
Behavioral/Emotional dyscontrol that results in violence in the form of property destruction, aggressive/assaultive behavior.
Instrumental and hostile aggression.

Acute Anger Problems

Resident responds with anger to an acute crisis.
May be instrumental; may be hostile aggression but is specific to the environment or developmental stage.

Juvenile Medium Secure Facility (JMSF)

- Mental Health Treatment of Special Needs Roster residents.
- Mental Health Treatment of Non-special Needs Roster residents.
- Individual, Group, Family Therapy.
- Sankofa Group
- Parenting Skills

Hayes Unit

- Mental Health Treatment of Special Needs Roster residents.
- Mental Health Treatment of Non-Special Needs Roster residents.
- Individual, Group, Family Therapy.
- Sankofa Group
- Surviviors Group
- Parenting Skills

Resident Monitoring

- Close/Constant Watch
- Detention Rounds
- Weekend Coverage
- On-call Coverage

May 13, 2005: A fly appears to be driving the patient even crazier.

Special Evaluations

- Program Placement
- Parole Board
- Firesetter risk
- Pre-release
- Rule out Civil Commitment

Percentage of Special Needs Inmates in Groups Now Exceeding 30%

The use of a Cognitive Behavioral Therapy (CBT) approach with inmate treatment groups has been repeatedly found to be effective in reducing:

1) Recidivism[1, 2]
2) Anger[3]
3) Risk of substance abuse relapse[4]
4) Risk of repeated sex offenses[5, 6]

CBT has clearly demonstrated its effectiveness in the treatment of depression and anxiety disorders. In addition, there are promising results in the treatment of schizophrenia, borderline personality disorder, and other common mental disorders.[7]

When the University of Medicine and Dentistry of New Jersey (UMDNJ) assumed responsibility for the mental health services within the New Jersey state prisons, clinicians were commonly using CBT approaches. However, with the exception of the sex offender/mental health treatment teams at the Adult Diagnostic Treatment Center and the Security Threat Group Management Unit program at Northern State Prison, the use of a group approach with CBT was the exception, not the rule. Through the Briefing Booklets, we began to track the volume of special needs inmates' group treatment throughout the prisons. Initially, we found the rate in the general population to be approximately 10%, however, group treatment using a CBT or related psycho-educational treatment approach was infrequent. Factors related to this outcome included:

1) Logistical barriers related to conducting groups
2) Significant increase in time required for documentation in the Electronic Medical Record
3) Lack of readily available CBT materials.

Dr. Mitch Abrams, recognizing a high rate of co-morbid substance abuse among inmates identified with mental disorders, advocated for the acquisition of: **A New Directions: A Cognitive Behavioral Treatment Curriculum** through Hazelden. Dr. Carol Christofilis took the lead in developing a Performance Improvement Team which compared the benefits of group versus individual treatment. Finding that there was no difference in change scores on the Basis 24 (an inmate self report on psychiatric symptoms) provided evidence of the efficiency of group approaches. Championed by the majority of supervisors, most of our clinicians now conduct group treatment. Overall, CBT and treatment groups have become more commonplace, even within New Jersey State Prison, the state's maximum security facility. Though a real challenge, a few members of the clinical staff have even been able to conduct group treatment on Administrative Segregation (Ad-Seg) units. Overall, the rate of special needs inmates in groups consistently rose through 2007. We now have approximately 1/3 of special needs inmates in the general population, exclusive of Ad-Seg, in group treatment.

The clinical team at Columbus House has embraced the group format with over 90% of the halfway house residents participating. Bayside State Prison has episodically exceeded 40%. Sites exceeding 30% include: Mountainview Youth Correctional Facility, Riverfront State Prison, Garden State Youth Correctional Facility, and South Woods State Prison. Treatment teams at Edna Mahan Correctional Facility for Women and Albert C. Wagner Youth Correctional Facility typically exceeded 20% during 2007.

The progress being made in this arena by our clinical teams is indeed impressive. This effort provides yet another example of the evolution of our treatment toward matching community standards. The rate of special needs inmates in the general population in group therapy is now comparable to the 30% rate for clients in the outpatient programs of University Behavioral HealthCare.

Jeff Dickert, PHD
Vice President

[1] N. Landenberger and M. Lipsey (2005). "A Meta-Analysis of Factors Associated with Effective Treatment." Journal of Experimental Criminology, Vol. 1, pp. 454-476.

[2] L. Allen, D. MacKenzie, L. Hickman (2001). "The Effectiveness of CBT for Adult Offenders: A Methodological Quality-Based Review." International Journal of Offender Therapy and Comparative Criminology, Vol. 45, #4, pp. 498-514.

[3] R. Beck and E. Fernandez (1998). "CBT in the Treatment of Anger: A Meta-Analysis." Cognitive Therapy and Research, Vol. 22, #1, pp. 63-74.

[4] F. Pearson and D. Lipton (1999). "CBT: Promising Treatments Warrant further Attention in the Treatment of Drug Abuse." The Prison Journal. Vol. 79, #4, pp. 384-410.

[5] G. Hall (1995). "Sexual Offender Recidivism Revisited: A Meta-Analysis of Recent Treatment Studies." Journal of Consulting and Clinical Psychology, Vol. 63, pp. 802-809.

[6] F. Losel and M. Schmucker (2005). "The Effectiveness of Treatment for Sex Offenders: A Comprehensive Meta-Analysis." Journal of Experimental Criminology, Vol. 1, pp. 117-146.

[7] T. Sensky and J. Scott (2002). "All you need is cognitive behaviour therapy? : Critical appraisal of evidence base must be understood and respected." *British Medical Journal,* June 22, p. 1522.