



University Correctional HealthCare

December 2007

Rising to the Challenge

At a leadership meeting on September 7, 2007 the decision was made to hold a statewide conference for UCHC staff. Conference dates in November were selected based on NJ Department of Corrections' (DOC) holidays (Tuesday, November 6 & Monday, November 12). By scheduling training on DOC holiday's staff can attend in greater numbers without negatively impacting site operations.

Dr. Mechele Morris agreed to plan and coordinate the event with the support of Ms. Sharry Berzins, a limited timeframe and no speaker budget. This led the way for members of the leadership team to step up as presenters on topics offering broad appeal to our multidisciplinary clinical staff. Goals of the conference were multifaceted. First, the conference would allow us to meet the annual requirement for staff training in suicide prevention and infection control. Equally important would be an in depth update on the state of UCHC. Additional offerings, thought to be relevant to all clinicians, focused on treatment team development and learning to discern when inmate behaviors were related to mental illness, environment modification, or both. With even less time to plan, we decided to also hold a separate training for our support staff on Columbus Day, October 8th focusing on quality improvement, customer satisfaction, and infection control.

I was absolutely delighted when Drs. Martindale, Reeves, Abrams, Masker and, Morris agreed to present to our clinical staff, Dr. DeBilio and Ms. Melody Massa presented to support staff, and Ms. Magie Conrad accepted double duty by addressing to both groups. Presenters received positive feedback ranging from 70% - 90% ratings of "very good" or "excellent." Approximately 75% rated the training as "very good" or "excellent" in application to actual practice. Some of the positive comments included:

Informative and enjoyable
Excellent! Would like to have more of these trainings
Topics were pertinent
If done periodically, would be a great way to refuel staff ...
All were excellent
All great presenters-very different styles
Best UCHC training I have attended
Love the CEUs

The quest toward obtaining CEUs required assistance from the University Behavioral HealthCare Training Department. This intricate

process involved completing an array of documentation prior to the presentation including: training objectives, unit descriptions, presenter biographies and evaluations. Although we were told the process required at least 2 months lead time, we were able to complete the required paperwork prior to the conference, thereby obtaining CEUs for social workers, psychologists, counselors, and nurses. Unfortunately, physician CEUs required additional lead time and funding, however, we are optimistic that we will be able to obtain them for subsequent trainings.

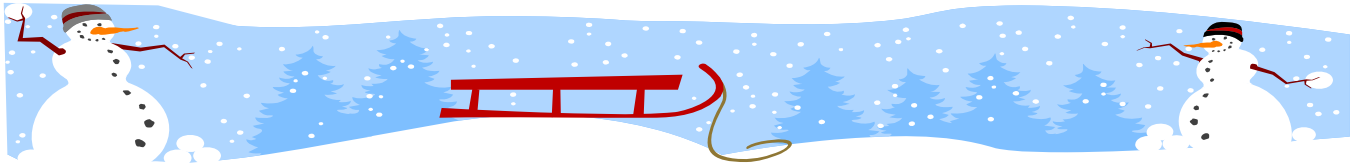
Ms. Shirley Lee and Ms. Massa were instrumental in maneuvering the multilayered permission process in order to purchase breakfast and lunch and in obtaining the required authorizations to procure necessary items through an approved UMDNJ vendor.

We solicited and received great feedback on ways to improve our conference. In some instances, first day suggestions resulted in changes on the second conference day. For instance, we arranged to have coffee available throughout the day and better managed lunch distribution. Other suggestions included:

- Breaking out into small groups
- Training on group work
- Dividing the disciplines so information can be more detailed and relevant
- Repeated display of posters from the PI Fair
- Include OT and Creative Arts treatment issues
- Comprehensive training on gangs with related treatment needs
- Two half-day sessions
- Increased audience participation
- More time for questions following presentations
- Include vegetarian food

When you consider that our objective was to reach approximately 200 staff, the headcount of 275 over the three days greatly exceeded everyone's expectations. I thank you for attending.

Jeff Dickert, PhD
Vice President



QI Tips:

- Use the Booking Number not the SBI Number
- Discipline means either: Psychology, Social Work or Psychiatry, not your job title.
- Write Clearly and Neatly
- Use the correct form
- Submit by the Deadline
- Use Full Names
- Units are RTU, TCU, SU, OP, Ad Seg etc.
- Fill the form out completely
- Review forms before submission, making sure everything is complete and legible

ADDRESS

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

Looking Ahead....

January

- 1 HAPPY NEW YEAR
- 8 Clinician Supervisor Meeting
- 21 Martin Luther King Holiday

February

- 12 Clinician Supervisor Meeting

March

- 11 Clinician Supervisor Meeting
- 21 Good Friday Holiday



Welcome Aboard

October

- Kim Williams, Staff Nurse - Per Diem, NSP
- Karen Lehr, Staff Nurse - Per Diem, NSP
- Marva Robinson, Psychology Intern, ADTC
- Kenneth Ovitz, Mental Health Clinician 3, ADTC
- Marcelle Santiago-Serrano, Mental Health Clinician 2, BSP
- Deborah Skibbee, Clinician Supervisor, EMCFW
- Kimberly Napier, Psychology Intern, EMCFW
- Anna Battle, Staff Nurse - Per Diem, NJSP
- Isatu Jabbie, Staff Nurse, NJSP
- Rosie London, Mental Health Specialist 2, RFSP
- Jeffrey Mattes, Physician Specialist - Per Diem, Statewide

November

- Melissa Lopreiato, Mental Health Clinician 3, JJC



Have You Heard?

- Debbie Skibbee, PhD, Clinician Supervisor, EMCFW
- Harry Green, PsyD, Clinician Supervisor, SSCF
- Pamela Zamel, PsyD, Acting Clinician Supervisor, ACWYCF
- Phil Slonim, PsyD, Clinician Supervisor, SWSP

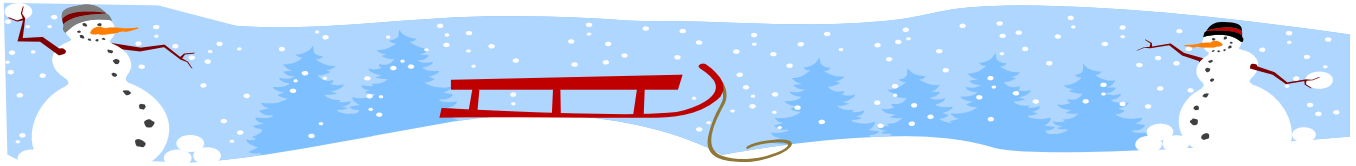
Farewell & Good Luck

October

- | | |
|--------------|-----------------|
| Turhan Floyd | Eniola Omisakin |
| John Gibbons | Edith Schneider |
| Maria Campos | |

November

- | | |
|----------------|------------------|
| Deborah Bauba | Cassandra Gordon |
| Edward Oladele | |



Ask Mechele

Dear Mechele,

How do I handle it when an officer asks me out and I'm really not interested? My concern is that this is someone I see every day and depend on for my safety. I don't want any problems.

This is an excellent question. When it comes to personal relationships our environment can feel like being back in high school. When the mental health program began we were the new kids on the block, interesting, attractive, naive to the corrections experience...challenging. There were lots of looks, whispered conversations, sly personal questions. I learned that it was important to set boundaries early, firmly but politely. I believe honesty is the best policy so a polite, "sorry, I don't date people where I work but thanks for the offer" worked well for me...initially. If the officer(s) in question take "no" for an answer, the word will spread. Now some may see you as a challenge, and I've heard from reliable sources that often there are even bets made on who can persuade you to change your mind, so expect other offers. But typically, nicely turning down the offer works.

If the refusal is not accepted this is where things can get tricky. It's ok to remind someone that you're not interested, and more firmly assert your position. But since some of us are more comfortable with confrontation than others, this is a judgment call. Another alternative might be to approach a correctional officer with whom you've established a rapport. Without naming names, you could ask their advice on how to best handle the situation.

However, if you feel uncomfortable, then you definitely need to get others involved. When things escalate to the point of harassment, there are formal channels that can be explored and your supervisor can help guide you in the right direction. To ignore it, hoping the whole thing blows over, is a mistake. As clinicians, we know that problems rarely dissipate without action. So, don't hesitate to get support from the resources around you and remember you can always.....

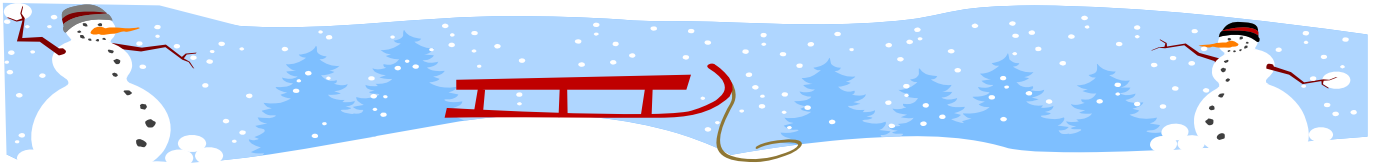
"Ask Mechele."

A Hero Among Us



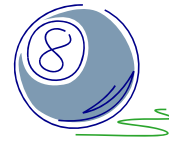
Congratulations and big ups to Nurse Bernice Picerno-Jones, RNC who was an integral force in the recent rescue of a suicidal inmate. While that alone is noteworthy, the situation was further complicated by the fact that the inmate did not speak much English and Nurse Picerno-Jones speaks no Spanish. In true "thinking outside the box" style, she was able to engage the inmate by diverting his attention to a photo of his mother. Her efforts have been recognized with a letter of commendation from University Correctional HealthCare Vice-President Jeff Dickert.

Way to go Nurse Picerno-Jones!



Creativity Group on an RTU:

The 8 Ball Roundabout Comedy Troupe



For several months the Creativity Group on the RTU at NJSP worked enthusiastically on a dramatic production, and the process increased group cohesion, fostered self expression through songwriting and role play, and further developed the social skills of participants. Through this process the treatment team observed participants overcoming specific symptoms of their mental illness within the confines of the group process, and the hope is that there will be some carryover into the daily functioning of the participants.

The dramatic production was initiated and written by the participants, and it was intended to be loosely structured and improvisational in nature. No script was ever written. The improvisational nature of the project created a unique opportunity for the observation of symptoms, and in the end proved to be an interesting treatment modality. Most participants were diagnosed with thought disorders, and some presented with symptoms such as poverty of thought, disorganization, and tangential speech. Within the confines of the improvisation they were able to adhere to the structure of a loosely planned skit and improvise dialogue with peers. This required reality orientation, flexibility, and the ability to self generate spontaneous and productive thoughts and speech.

Through the improvisation the treatment team saw participants taking healthy risks in front of peers through creative expression. This willingness to be vulnerable, to risk the possibility of looking foolish in front of peers, staff, and administration, points to the development of ego strength, self esteem, and trust in each other and the group facilitator. This is quite an accomplishment for any individual, let alone an individual battling paranoia and the tendency to socially isolate.

As inmates come to terms with lengthy sentences and their life expectations are redefined, many will no longer identify themselves through a profession or industry but through creative and intellectual pursuits in order to find meaning in an existence they may otherwise find futile. For example, one member of the Creativity Group, who was sentenced to life at the age of 18, now defines himself as a songwriter and a poet and takes great pride in this. Another inmate has developed artistic abilities that may have otherwise remained undiscovered. Mental health programming that encourages and facilitates these processes will help inmates manage symptoms of mental illness and the unique stressors of incarceration.

Margaret Patterson, MA
Music Therapist

The Reviews are in...and the Critics agree THREE THUMBS UP!



All,

I would like to thank Margaret Patterson, MA, Music Therapist, the 8 Ball Roundabout Comedy Troupe from the Residential Treatment Unit (2FF), and the Officers and Mental health Team assigned to this unit at New Jersey State Prison for an outstanding performance yesterday. I greatly enjoyed the music, stand-up comedy, poetry, and skits.

Some of the Troupe members, in the past, had been some of the more difficult to manage inmates, which makes such a production an even more impressive program. This is an excellent example of an advanced level of behavioral management programming.

Great job.

Jeff Dickert, PhD

I for one am not surprised at the hidden talents among the SN inmates at NJSP. So, it was a real treat to be invited to attend the recent show on the RTU presented by the 2FF 8 Ball Roundabout Comedy Troupe. Under the direction of Music Therapist Maggie Patterson with the support of the entire MH team and officers, there was comedy, poetry, music and drumming. Having worked in the past with many of the participants, I was acutely aware of how much time and effort went into the program. It's rare that we get to see the SN inmates in such a positive light. You could see how much they enjoyed performing for the audience and their enthusiasm was absolutely contagious.

Great job 2FF!

Mechele Morris, PhD

The NJSP RTU-2FF 8 Ball Roundabout Comedy Troupe put on a highly entertaining variety show on October 25 in front of an audience that included NJSP DOC Administration, UCHC Executives/Administration, NJSP mental health staff and Custody.

The Troupe displayed a number of talents both individually [such as comedy & singing] and as a team [singing & skits]. Their focus, hard work & dedication showed and was greatly appreciated by all in attendance!

Special thanks to Maggie Patterson, Music Therapist, for her leadership.

Jordan Lieberman, MD

GREATER TRENTON BEHAVIORAL HEALTHCARE

COMING HOME PROJECT

The goal of the Coming Home Project is to help reduce recidivism and psychiatric hospitalization among adult men and women with mental illness who are being released from NJ State Prisons or the Mercer County Corrections Center or who are on probation and at risk of incarceration.

Client Eligibility Criteria:

- Referred to the Coming Home Project 3-4 months prior to discharge from prison or jail
- Referred to the Coming Home Project by Probation
- Has a serious and persistent mental illness
- Plans to reside in Mercer County upon release
- No convictions for arson or sex offenses

Corrections Case Management services include:

- Engagement 4 months before release
- Appointment with Case Manager within 24 hours of release
- Individual assessment
- Development of comprehensive after-care release plan tailored to his/her individual needs.
- Linkage with needed services including mental health
- Direct assistance in obtaining the basic necessities including benefits and housing
- Direct assistance with structure and performing activities of daily living
- Accompany/transport client to critical appointments.
- Symptom assessment, management and supportive counseling
- Education and support for consumer and family members
- Crisis intervention and support
- Substance abuse education and intervention

Outcome Data (of the 52 clients in the program for more than six months):

- 27% were re-incarcerated (71% of those were from the County Jail) of the 31 clients open more than 1 year
- 26% were re-incarcerated (87% were from the County Jail)

Living Arrangements:

- 56% were homeless prior to the intervention
- At present, 54% of formerly homeless client have housing
- 33% of clients not homeless (before incarceration) need housing assistance now

Employment:

- 15% of current clients are employed

*For more information contact:
Greater Trenton Behavioral HealthCare
Corrections Project
314-316 E. State St.
Trenton, NJ 08608
(609) 396-4258 ext. 132
Anthony Towns, Project Coordinator

**Greater Trenton Behavioral HealthCare
Corrections Project
314-316 E. State St.
Trenton, NJ 08608
Phone: (609) 396-4258 Fax: (609) 393-4647
www.gtbhc.org**

MENTAL HEALTH REFERRAL

Referral Source: _____

Date: _____

Client Name: _____

D.O.B: _____

Address: _____

Telephone: _____
Alt: _____

Person Making Refereral: _____

Telephone: _____

Service Request: Check all that apply

- _____ Mental Health Counseling (Individual and/or Group)
- _____ Medication Monitoring
- _____ Co-occurring Disorders Treatment
- _____ Other (Specify) _____

Client Current Charges: _____

Does Detainee have a scheduled release date? Yes/No (Circle) If Yes when? _____

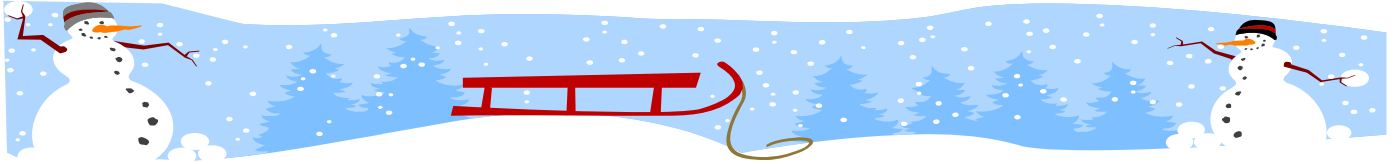
For Office Use Only

Referral Received By: _____

Pre-Intake Completed: Yes No

Intake Scheduled for: _____

Assigned Case Manager: _____

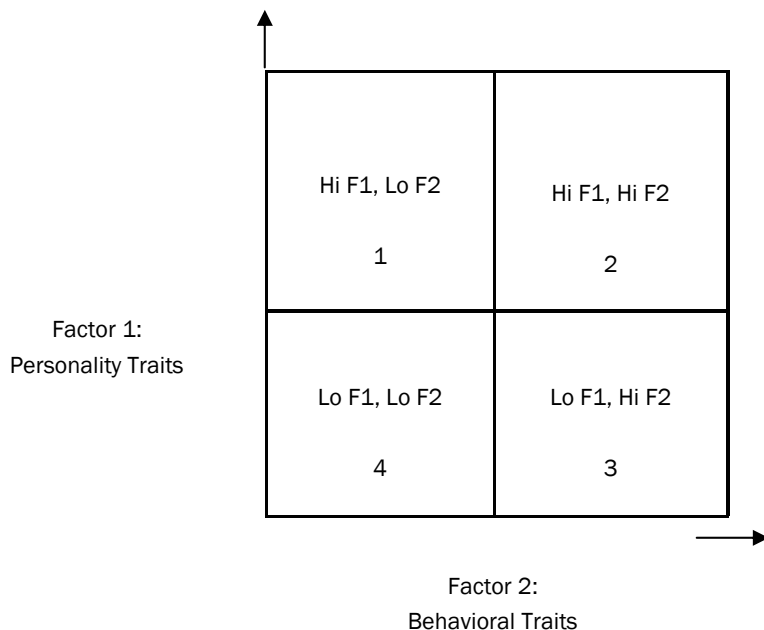


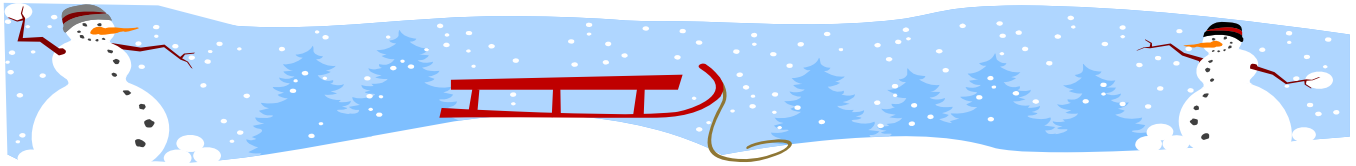
Marci Masker, PhD, LCSW, along with Michael Wogan, PhD, JD, recently published an article in the *Journal of Offender Rehabilitation* (Vol. 44 (4), 2007, pp. 25-42). The article entitled, "An Inmate Classification System Based on PCL:SV Factor Scores in a Sample of Prison Inmates," is briefly summarized below:

It is estimated that over 80% of adult males in prison meet the criteria for Antisocial Personality Disorder using DSM criteria. Of those, 15-25% are thought to be psychopathic (Hare, 1991). The latter represent a significant management challenge in a prison population. In a sample of ninety-five male inmates from three medium security prisons, the Hare Psychopathy Checklist: Screening Version (PCL:SV) determined that 22% of the inmates were classified as psychopaths. Interestingly, the two factor scores of the measure were not correlated ($r=.045, n.s.$) suggesting that psychopathy is made up of 2 independent dimensions. Alpha coefficients for the three PCL:SV scales (total, F1 and F2) were very similar to those reported in normative samples. Therefore, the authors suggested that a four-way classification system could be developed based upon high and low scores within the two dimensions of traditional psychopathy: Factor 1 (personality traits) and Factor 2 (Behavior) that might be helpful in future work. The resulting four quadrants found unique characteristics that may have implications for management and treatment options.

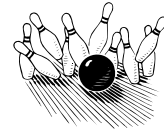
Inmates who score high on Factor 1 and low on Factor 2 (Quadrant 1 below) tend to focus on short term gains, ignore rules, manipulate others, and may be referred to as the dangerous model patients. These inmates do best with highly structured interventions. Interventions that rely upon interpersonal relationships to effect change should be avoided. Inmates who score low on Factors 1 and 2 (Quadrant 4 below) tend to have few job or social skills, little history of violence, few prison infractions and rarely manipulate to get what they want. These inmates would benefit from job and social skills training. Inmates who score low on Factor 1 and High on Factor 2 (Quadrant 3 below) tend to be aggressive and use violence to get what they want, but lack a callous indifference to others. These inmates would benefit from anger management training and relapse prevention programming. Inmates who score high on Factors 1 and 2 (Quadrant 2 below) are the most dangerous, most difficult to manage and have the greatest risk of re-offending. They tend to exploit the weaknesses of others, lack empathy, manipulate others, and can be violent. These inmates require close supervision with prompt feedback in well structured situations to prevent destructive behaviors. They, however, tend not to generalize learning to new situations. In brief, inmates with varying degrees of psychopathy are not all the same and may respond to different treatment approaches based upon personality and behavioral characteristics.

The table below illustrates the four Quadrants of the two factors split into Hi and Lo groups.





Let the Games Begin



Games are more than just fun. They provide an opportunity to explore, develop, and/or habituate a variety of skills (including gross and fine motor, cognitive, perceptual, and social interaction) and experiences (leadership, partnership, power, compromise, etc.). Consider the card game Spades – participants must physically manipulate 13 playing cards while recognizing and organizing colors and symbols, assess the contents of their hand, negotiate a “bid” with their partner, observe play while problem-solving their next “move”, attend/concentrate for the length of the game, and tolerate related frustration.

Games provide both an excellent opportunity to assess an individual’s skills and a fun, non-threatening treatment modality. With this in mind, the Games Tournament has become a treatment fixture at New Jersey State Prison.

The Tournament, held in the spring and fall, begins with the formation of a Games Tournament Committee. Four to six representatives of the wing meet to determine the games to be played, develop a game schedule, identify methods of “advertising” the tournament, and establish any special rules which must be presented to participants. The goals of this group include promoting leadership skills and increasing awareness of the needs of others as well as habituating productive communication, problem-solving, and decision-making skills. The Tournament takes place during six to eight sessions over a 2 week period and is open to all unit residents. Treatment goals include, but are not limited to, exploring/habituating productive social interaction skills, developing/maintaining cognitive skills such as attention span, concentration, problem-solving, and decision-making. Motivators or prizes for the tournament are simple - “bragging rights”, championship certificates, and the opportunity to see their names posted on the unit’s “Wall of Champions”. Games have included Spades, Bowling, Horseshoes, Scrabble, Casino, Jenga, Chess, Checkers, and Dominos. This is always a popular event which unit residents look forward to with great anticipation.

And the next time someone asks “wanna play a game?”, remember, it’s not just a game!

*Susan Connor, OTR
Occupational Therapist*

Happy Holidays