



the State Pen

The Newsletter
of the
California/Nevada
Chapter
of the
American
Correctional
Health Services

Summer 1998

Volume 9

Number 1

Welcome back! After a rather extended hiatus, the newsletter for the CA-NV Chapter of the American Correctional Health Services Association is back in operation, hopefully as a twice-yearly publication. The previous editor, Victoria Mychajlonka, had to resign for personal reasons, and leaves remarkably tough shoes for the new editor, Kevin Connor (yours truly), to fill. Having never edited a newsletter, I have no idea exactly what it entails, but here goes nothing. Hopefully, I'll be able to achieve a fraction of what she did over the years, and the newsletter will continue to provide meaningful and pertinent information to our membership. Wish me luck!



Obviously, nobody wants to read a bunch of pages of my opinions and attitudes. Consider this an open invitation to all members who feel they would like to contribute to the newsletter to please do so. There are a lot of different programs out there, in prisons, jails, juvenile facilities, etc., and we can all learn from each other's operations. Maybe your facility has a really dynamic supervisor who has some visionary ideas; maybe you feel you conduct sick call or intake screens in a particularly innovative way. Whatever the case may be, please feel free to contact me for information about how to submit an article for publication in this newsletter.

I can be reached in a number of ways; via e-mail, at kcon@empirenet.com, or at the CA-NV ACHSA e-mail, ACHSA@hotmail.com. Alternately, you can reach me via "snail mail" at my place of employment, West Valley Detention Center, 9500 Etiwanda Avenue, Rancho Cucamonga, CA 91739. Finally, I can be reached via telephone M-F between 0730 and 1600 at (909) 463-5102. I look forward to hearing from you!



ACHSA's on the WEB!

Most members probably don't realize it yet, but since the middle of May or so the California-Nevada chapter has had a small web site up and posted on the Internet. Although it's small right now, look for it to grow over time. Presently, we have a page that lists all the current members of the Board of Directors and a page with information about the conference to be held in Sacramento this

September, describing the agenda and some registration information. There's also a page which has a membership application (just complete it, print it, and mail it...what could be easier?), and finally there's a page with links which those of us in correctional health may find useful and/or interesting.

If any member (or non-member for that matter) has a suggestion or comment about the site, please feel free to contact us. This can be done easily by either sending an e-mail (there's a link for this on each page), or signing the Guest Book, which can be found on the home page.

The address for the site is <http://members.tripod.com/~achsa>.

The national chapter has had a web page for some time. Among other things, it contains a bulletin-board feature where people in corrections can post any questions they may have and receive feedback from others across the country. Their site address is <http://www.corrections.com/achsa/index.html>. Pay them a visit!

Special thanks to Mr. Alan Wild for graciously consenting to the use of the monitor graphic!

About the Editor

Kevin Connor RN, BSN, CCHP, started as a nurse in corrections in 1980. While his entire career in the field has been spent with the San Bernardino County Sheriff's Department, it has been spent in all of that department's facilities in a variety of roles. His current assignment is that of communicable disease coordinator, and he is based at the West Valley Detention Center in Rancho Cucamonga, CA. Feel free to contact him at (909) 463-5102 with comments or suggestions.

\$10 Gift Certificates

A gift certificate, good for \$10 off either dues, conferences, regional meetings, or any other CA-NV ACHSA chapter activities will be issued to members who submit articles, news items, or other contributions to *the State Pen* (that's \$10.00 for each contribution!). Get out your pens, fire up the word processors, and send us the latest on your work sites, your accomplishments, case studies, humorous or sad stories (or whatever else you may have). We want your input to make *the State Pen* a networking and outreaching format. Contributions need not be grand or wordy, but please type or print!

Mental Health Musings by Ron Smith, Ph.D. Faking Mental Illness

Unlike in some cultures where those who display erratic or odd behavior are revered as holy and honored, having a mental illness in western culture is fraught with negative connotation and stigma. In our society, even with the humanitarian advances of the past hundred years, those with mental illness are often shunned, feared, distrusted, and generally rejected. Given the negative treatment suffered by many with mental illness, it is a wonder that any would fake such a condition - yet they do.

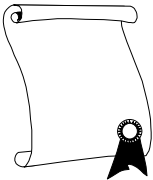
There are two broad diagnostic categories under which those who are faking mental illness are placed, Factitious Disorder and Malingering. Factitious Disorder is a relatively rare condition in which an individual fakes mental illness so that he or she can assume the role of a patient.

Let's face it, "patients" get special treatment in our culture. They often get attention they would not otherwise; they get sympathy, they receive treatments of various kinds; they may live in special housing with special privileges and lighter responsibilities - the list could go on. A Person with Factitious Disorder has an inner need to assume the patient role, and so he or she consciously fakes illness to do so. This is the kind of person to which one is severely tempted to say, 'Get a life!'

The second type of faking is Malingering. The essential feature of malingering is the intentional production of false or grossly exaggerated physical or psychological symptoms, motivated by external incentives such as avoiding military duty, avoiding work, obtaining financial compensation, evading criminal prosecution, or obtaining drugs. We generally suspect malingering if any of the following is present:

1. The individual is referred by the legal system (e.g., an attorney) for examination.
2. There is a marked discrepancy between the person's symptom complaints and what is actually seen (e.g., the patient presents symptoms of mental illness to the clinician but functions completely differently on the unit when the clinician is not there).
3. The symptoms do not match known diagnostic categories.
4. The individual is uncooperative during the evaluation and in treatment.
5. The person has an Antisocial Personality Disorder.

In most facilities, custody staff, nursing staff, and mental health staff work together closely to identify those individuals who are faking mental illness, whether they are faking to assume the patient role or are motivated by some external incentive. While the ultimate decision about whether a person is faking mental illness is left to the mental health professional, the multiplicity of observations that can be made by a variety of staff in a variety of situations makes a jail an ideal place (if there is such a place) to detect deliberate faking when it occurs.



The Certified Correctional Health Professional Credential

As most of us in the field of correctional health are aware, the National Commission on Correctional Health Care (NCCHC) offers a credential in correctional health. The test, offered twice yearly in May and November, consists of 50 multiple-choice questions and 10 essay questions. The exam is given on a take-home basis, and participants are given approximately one month in which to complete it and return the answers.

Taking the exam speaks well for us as professionals, being a symbol of accomplishment and recognition of self-improvement, and the growing numbers of certified individuals reflects the growing professionalism within our ranks.

In order to qualify for the exam, applicants must have 3 years of experience in correctional health, either full-time or part-time. Applications can be obtained by contacting the National Commission at the address and phone number below:

**Certified Correctional Health Professional
1300 W. Belmont Ave.
Chicago, IL 60657
(773) 880-1460 fax: (773) 880-2424
<http://www.corrections.com/ncchc/certified.html>**

What is a Correctional Nurse?

By John Heary, RN, CCHP

A correctional nurse is a person who has chosen to specialize in the care of an incarcerated population. Yes, I said that correctional nursing is a *specialty*. Not everyone has what it takes to work in this field. Correctional nursing requires that you have developed a strong background in physical assessment, knowledge of emergency nursing, organizational skills, and the ability to provide care for individuals who often don't appreciate what you do for them. The person who chooses this field is truly a special person, not only for the reasons I have already stated, but because they give of themselves to those whom society deem unworthy of any consideration or kindness.

Each nurse is unique, each bringing a wealth of knowledge and experience. There are nurses in the field who have worked in the ER or ICU, or have years of experience in med-surg working at the bedside. The LVNs who work with us are also special, and all of us in the field should be proud of the fantastic job we do everyday. We've all heard "You're not a real nurse," simply because we have chosen to work in the corrections setting, but the reality is unless you ARE a "real nurse," this type of nursing would be too hard to stick with. I know the worst day I have ever had during my career in correctional nursing is better than my best day working the hospital!

Morbidity and Mortality Weekly Report Features Jail Issues

The June 5, 1998 issue of the MMWR features issues which concern corrections. The topics featured are Assessment of Sexually Transmitted Diseases Services in City and County Jails --- United States, 1997, and Syphilis Screening Among Women Arrestees at a Cook County Jail --- Chicago, 1996. You can obtain a copy of the MMWR by contacting the Centers for Disease Control at 1600 Clifton Rd., NE, Atlanta, GA 30333, (404) 639-3311. You can also get it off their web site at:

<ftp://ftp.cdc.gov/pub/Publications/mmwr/wk/mm4721.pdf>

You'll need the Adobe Acrobat reader in order to view it, and this can be downloaded for free from their site at:

<http://www.adobe.com/prodindex/acrobat/readstep.html>

You can also subscribe to receive the MMWR as it is updated, and this service is also available at no cost.

Did you know...

An analysis of reasons why heterosexuals refused HIV testing at a clinic for sexually transmitted diseases found that of 44 persons who claimed to be HIV negative, 29 were, in fact, HIV positive. The HIV tests were conducted anonymously from samples taken for syphilis analysis. Because of the strong link between HIV and other sexually transmitted diseases, the U.S. Public Health Service recommends that STD clinic patients be offered HIV counseling and testing.

Studies of a controversial new heroin detoxification therapy have found it is less attractive to heroin addicts than methadone, according to a letter published in the Medical Journal of Australia. Ultra rapid Opiate Detoxification treatment is now available at clinics in London and Israel and has been said to "cure" addiction in just 8 hours. The body is flushed with the heroin-negating drug naltrexone, usually while patients are sedated or in deep sleep. While treatment has had widespread publicity in Australia, National Drug and Alcohol Research Centers Executive Director Wayne Hall and Research Director Richard Mattick warned that studies showed naltrexone retained fewer addicts in treatment than methadone. (Maybe because it worked, you think?)

About 1 million people in the United States have hepatitis B, with about 200,000 new cases each year and 5,000 deaths. Transmitted through body fluids, hepatitis B is a hundred times as contagious as HIV and can be transmitted through a single sexual encounter, body piercing, or tattoo. Sharing personal items, such as toothbrushes, washcloths, razors, or nail clippers can also spread it. Are you vaccinated yet?

Looking to expand your vocabulary? How about homocysteine? It's an amino acid found in the blood. High levels of homocysteine are associated with vascular disease. Two primary factors that affect your homocysteine level are genetics and diet. You can't change your family history, but you can change what you eat. An adequate supply for B vitamins, particularly folic acid, can help cut homocysteine levels.

The 1998 CA-NV Chapter Conference
September 21-22, 1998

To be held at the Radisson Hotel
500 Leisure Lane
Sacramento, CA

Topics

(not complete at press time)
Stress management
Legal issues for medical services within correctional settings.
Dietitian/Nutrition
Teamwork/Nurse as healer
Transfer Summaries (interfacility)
Telemedicine with demo
Juvenile Facilities and Title 15 Communicable Disease/Dr. Neil Flynn
Quality review programs for medical services programs - Barbara Cotton
CTC update - or something else by Rebecca Craig, ACHSA National President
BOC - topic yet to be defined
Dental issues in Corrections

Conference Information

Conference check-in will be held on Monday, September 21 starting at 7:30 a.m. Registration includes breakfast. ACHSA is a continuing education provider approved by the CA BRN, provider # CEP4676. 14 CEUs will be offered to nurses.

Hotel Information

**Please Note* Hotel accommodations are not included with conference registration. Please contact the hotel directly at (800) 333-3333 or (916) 922-2020 for your reservation.*

Reservations made by 8/20/98	\$85.00/night/sgl/dbl
Upgrade to Lakeside Rooms	\$105.00/night/sgl/dbl
Reservations made after 8/20/98	Regular hotel rates

Registration Form – ACHSA Conference 1998

Early Registration (postmarked by August 20, 1998):

ACHSA Member	\$135.00
Non-member	\$165.00
All registrations postmarked after August 20, 1998	\$185.00

Make checks payable to: ACHSA Conference 98
36807 Little Leaf Dr, Palmdale, CA 93550
Ph (805) 949-3823 or Fax (805) 949-3836

Name _____ **Job Title** _____

Affiliation _____ **Day phone #** _____

Mailing Address _____

City _____ **State** _____ **Zip** _____

Cancellation Policy

Cancellations must be made in writing or faxed by close of business on August 30, 1998, in order to receive a refund minus a \$50.00 processing fee. NO REFUNDS will be made for cancellations after this date; however, substitutions are permitted when the registrant is unable to attend. If paying by purchase order, payment or proof of purchase order must be received prior to the conference start.

Application For the California/Nevada Chapter of the ACHSA

Name _____
Mailing Address _____
Name of Organization/Institution _____
Address _____
Work Telephone No. _____
Specialty/Discipline _____
Position _____

Are you a member of ...

ACA? Yes No

National ACHSA? Yes No

The American Correctional Health Services Association (ACHSA) is an affiliate of the American Correctional Association (ACA). Although not mandatory for ACHSA membership, please indicate if you are a member of the ACA on application.

In order to be a member of the California/Nevada Chapter of the ACHSA, you must be a member of the national ACHSA; please indicate if you are a member of the national ACHSA on application.

Annual dues for ACHSA are: \$45.00 (National) and \$25.00 (State). Total due = \$70.00

Please make check payable to: ACHSA, California/Nevada Chapter, and send to: Treasurer, 2140 Shattuck Ave., Box 2491, Berkeley, CA 94704.

Membership is open to all individuals interested in correctional health services

California/Nevada Chapter
American Correctional Health Services Association
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