

APPENDIX

A. Brown Creek Social Skills Day Training Program Follow Up Interview Materials

Dear Psychologist,

Thank you for assisting with this important follow-up study of former Brown Creek Correctional Institution Day Program participants. The University of North Carolina at Wilmington Institutional Review Board and the North Carolina Department of Correction Human Subjects Review committee have both approved this project. If you have any questions, please call Dr. Sally MacKain at UNCW (910) 962-3732 or Charles Messer, Mental Health Program Manager at Brown Creek (704) 694-2622.

This follow-up interview is designed to assess the degree to which the inmate has retained social skills learned at the Social Skills Day Training Program at Brown Creek Correctional Institution, their satisfaction with the program, as well as their present overall functioning. The interview is comprised of several sections, including medication knowledge, medication management, and a satisfaction survey, the Brief Psychotic Rating Scale (BPRS), the Clinical Global Impression (CGI), and the Global Assessment of Functioning (GAF).

Please interview the inmate during your routine monthly monitoring contact and write down his responses word for word, for each item. The interview should take about 20 minutes. Although instructions for each section are provided at the top of the page, here are some tips for administration:

- 1) Please score the 2 items regarding the inmate's knowledge of his own current medications for the Medication Knowledge Questionnaire comparing his response to the current medication record. All remaining items will be scored at Brown Creek Correctional Institution by researchers from UNCW in collaboration with BCCI staff.
- 2) For the Medication Management test items, please do not define any terms that appear in the questions. Inmates were taught these terms at BCCI, and we want to see if they have retained the knowledge. For example, the word "resources" may puzzle inmates, but please do not re-word or define.
- 3) Please ask the inmate to rate the BCCI Day Program satisfaction items himself. The inmate is likely to be more honest about his experiences if allowed to respond privately. Please ask the inmate to fill it out, fold it up, and give it back to you.
- 4) Please complete the Brief Psychiatric Rating Scale, the 2-item Clinical Global Impression ratings, and your GAF rating for the inmate. Please consider their current condition in your rating.

When the follow-up materials are complete, please place in the enclosed addressed envelope and send by BUS Mail to Charles Messer at BCCI. Thank you for making this project possible.

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Psychology, UNC Wilmington

Charles Messer, MA
Program Manager
BCCI

B. Medication Knowledge Items

Inmate Name: _____

OPUS #: _____

Date: _____

Interviewer: _____

(Read to the inmate):

I think you may recall taking part in a research project while you were at Brown Creek's Day Program. While I am seeing you today, I would like to ask you some questions about what you remember about your medications and about what you thought of the classes you had there. If that is OK with you, we'll proceed. If you do not want to answer these questions, we'll skip that part of the session and stick to our regular session. Is continuing to take part in this project okay with you? (If "No," please return this packet to Charles Messer at BCCI via Bus Mail and mark "declined". If inmate agrees, please continue the interview.)

Medication Knowledge Questionnaire

To the interviewer: Write down responses word-for-word. Please score #1 and #2 when complete. A research assistant will score the remaining items at Brown Creek Correctional Institution.

1. What are the names of the medications you are taking (We are only interested in psychotropic medications)?

2 = All correct 1 = Half correct 0 = Less than half correct

Score: _____

2. For each medication, what is the dosage, and when should you take it?

Circle one: Correct Not Correct

3. Why were each of these medications prescribed? What symptoms are they supposed to help?
4. Why is it important to keep taking your medicine, even if you are feeling better?
5. What would happen if you drank alcohol while you were taking your medication? What effect would the alcohol have on the medicine?

6. What should you do if you skip a dose?

7. What should you do if you run out of medication?

8. What should you do if you start to experience side effects of your medicine?

C. Medication Management Module Questions

1. Why might some people need to take more than one type of medication?
2. What are some of the benefits of taking antipsychotic medications? Name as many as you can.
3. Show me all of the steps you would do to take your medications safely and correctly. Show me from beginning to end. (Check off): Read label aloud, opened bottle, put pills in cap, closed cap tight, read label again, took pills with water or juice).
4. What resources would you need for taking your medications safely and correctly? Name as many as you can.
5. What are some of the side effects people experience while taking antipsychotic medication? Tell me as many as you can think of.
6. What resources would you need in order to overcome any side effects that might occur?
7. Here's a story. After I finish, I'll ask you to tell me what the problem is.

You've been on your job for two weeks and are taking medication three times a day. You've been taking one dose of medication at noontime each day, but it makes you feel drowsy shortly afterward. Your supervisor notices this, and says if you're not more alert she's not going to be able to keep you. You don't want to get fired.

Describe the problem in this situation:

Tell me all the ways to solve the problem.

What is the best way to solve the problem?

8. Let's say you wanted to ask your doctor about a problem you were having with your medication. What kind of resources would you need to have in order to negotiate with your doctor?
9. Assume you needed to know your doctor's telephone number and address. What are some ways you would get that information?
10. Here's another story. After I finish I'll ask you to tell me what the problem is.

You have been administering your own medications now for the past two months. Lately you have been noticing that your vision is blurring and your mouth is dry. This has been affecting your work, since you have to read invoices and talk to people much of the time. You decide to report these potential side effects to your doctor and you make a special appointment. When you arrive for your appointment your regular doctor is not there, and the receptionist tells you that a substitute doctor is seeing his patients for the day. The substitute doctor listens to your complaints, consults your chart, and then says, "Well, I don't think you need to worry about those symptoms, at least not now."

Describe the problem in this situation.

Tell me all the ways to solve the problem.

What is the best way to solve the problem?

D. Satisfaction Questionnaire

The Mental Health Staff at Brown Creek' s Day Treatment Program would like to know how you feel about the program. Do not write your name on this form. This is an anonymous questionnaire, so your answers will not be traced to you. Please be honest in your answers. When you finished, put the form in an envelope and seal it. Thank you for helping us make the Day Program as effective as possible.

Rating:

1 = Strongly disagree

2 = Disagree

3 = Neither agree nor disagree

4 = Agree

5 = Strongly agree

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
1. Mental Health Staff at Brown Creek Correctional were/are genuinely interested in how I' m doing.	1	2	3	4	5
2. Mental health counselors at Brown Creek Correctional Institution was helpful.	1	2	3	4	5
3. My diagnosis has been explained in a way that I can understand.	1	2	3	4	5
4. I have a good understanding of my symptoms.	1	2	3	4	5
5. My mental-health related medication is helpful.	1	2	3	4	5
6. I am getting along better with the other inmates now compared to before I was in the Social Skills Day Treatment Program at Brown Creek.	1	2	3	4	5
7. The mental health staff at Brown Creek Correctional Institution attended to me when I was having a difficult time.	1	2	3	4	5

What are some of the things that you liked about Brown Creek' s "Social Skills Day Treatment Program"?

What are some things that you did NOT like about Brown Creek' s "Social Skills Day Treatment Program"?

E. Please complete for the inmate. Consider his current condition.

Brief Psychiatric Rating Scale

1	2	3	4	5	6	7
Not present	Very mild	Mild	Moderate	Moderately severe	Severe	Extremely Severe

The form consists of 24 symptom constructs, each to be rated in a 7-point scale of severity ranging from 'not present' to 'extremely severe.' If a specific symptom is not rated, mark 'NA' (not assessed). Circle the number headed by the term that best describes the patient's present condition.

1. Somatic concern	NA	1	2	3	4	5	6	7
2. Anxiety	NA	1	2	3	4	5	6	7
3. Depression	NA	1	2	3	4	5	6	7
4. Suicidality	NA	1	2	3	4	5	6	7
5. Guilt	NA	1	2	3	4	5	6	7
6. Hostility	NA	1	2	3	4	5	6	7
7. Elated Mood	NA	1	2	3	4	5	6	7
8. Grandiosity	NA	1	2	3	4	5	6	7
9. Suspiciousness	NA	1	2	3	4	5	6	7
10. Hallucinations	NA	1	2	3	4	5	6	7
11. Unusual thought content	NA	1	2	3	4	5	6	7
12. Bizarre behavior	NA	1	2	3	4	5	6	7
13. Self-neglect	NA	1	2	3	4	5	6	7
14. Disorientation	NA	1	2	3	4	5	6	7
15. Conceptual disorganization	NA	1	2	3	4	5	6	7
16. Blunted affect	NA	1	2	3	4	5	6	7
17. Emotional withdrawal	NA	1	2	3	4	5	6	7
18. Motor retardation	NA	1	2	3	4	5	6	7

19. Tension	NA	1	2	3	4	5	6	7
20. Uncooperativeness	NA	1	2	3	4	5	6	7
21. Excitement	NA	1	2	3	4	5	6	7
22. Distractibility	NA	1	2	3	4	5	6	7
23. Motor hyperactivity	NA	1	2	3	4	5	6	7
24. Mannerisms and posturing	NA	1	2	3	4	5	6	7

F. Please complete for the inmate. Consider his current condition.

Clinical Global Impression (CGI)

Severity of Illness

Considering your total clinical experience with this particular population, how mentally ill is the patient at this time?

(Put appropriate code in box)

- 0 = Not assessed
- 1 = Normal, not at all ill
- 2 = Borderline mentally ill
- 3 = Mildly ill
- 4 = Moderately ill
- 5 = Markedly ill
- 6 = Severely ill
- 7 = Among the most extremely ill patients

Global Improvement

Compared to patient's condition on admission, how much has patient changed?

(Put appropriate code in box)

- 0 = Not assessed
- 1 = Very much improved
- 2 = Much improved
- 3 = Minimally improved
- 4 = No change
- 5 = Minimally worse
- 6 = Much worse
- 7 = Very much worse

G. Please complete for the inmate. Consider his current condition.

Global Assessment of Functioning (GAF)

Consider psychological, social, and occupational functioning on a hypothetical continuum of mental health-illness. Do not include impairment in functioning due to physical (or environmental) limitations.

Code (Note: Use intermediate codes when appropriate, e.g., 45, 68, 72).

- 100 Superior functioning in a wide range of activities, life's problems never seem to get out of and, is sought out by others because of his or her many positive qualities.
- 91 no symptoms.
- 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).
- 81 with family members).
- 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment
- 71 in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).
- 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household),
- 61 but generally functioning pretty well, has some meaningful interpersonal relationships.
- 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts
- 51 with peers or co-workers).
- 50 Serious symptoms (e.g., suicidal ideation, severe obsessional rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable
- 41 to keep a job).
- 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed man avoids friends, neglects family, and is unable to work, child frequently beats up younger children, is defiant at home, and is failing at
- 31 school).
- 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day; no job,
- 21 home, or friends).
- 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent
- 11 or mute).
- 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear
- 1 expectation of death.
- 0 Inadequate information.