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Better care for college students topic of health officials' meeting



Better health care for college students away from home is the main topic under discussion as the Southern College Health Association holds its annual meeting here through tomorrow.

More than 100 physicians, nurses and administrators representing some 30 college and university student health services throughout the southeastern United States were expected to attend the three-day event which began Thursday.

Dr. Dorothy Naumann, director of the Duke Student Health Clinic is president-elect of the organization. She said the meeting offers an opportunity for the people who take care of students to exchange information, methods and ideas for improving the services they provide.

Yesterday participants toured the Duke campus, the university infirmary

and Burroughs Wellcome Co. and also heard a talk, "A Look at the Past: The Dukes of Durham," by Dr. Robert Durden, chairman of the History Department at Duke.

This morning's topics

This morning undergraduates Cindy Hart and Requa Tolbert will describe student-run sexuality and interpersonal relationship counseling and the Rape Crisis Center.

Other talks this morning include:

—"A Study of Divergent Academic Performance Among Seniors Who Enter College With Presumed Equal Academic Potential" by Dr. Kenneth Rockwell, assistant professor of psychiatry.

—"Sexually Transmitted Virus Infections" by Dr. David J. Lang,
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Prison elective looks at overlooked factors

By John Becton

Given a choice, some psychiatric residents opt for six months in prison.

They are participants in an elective offered to third-year residents by the Division of Community Social Psychiatry, under the direction of Dr. James H. Carter, associate professor of psychiatry.

This past fall, three residents spent one day a week at Central Prison in Raleigh and other corrections units, participating in post-sentence evaluations and treating some patients on a regular basis.

This semester they are working with pre-sentence evaluations in Dorothea Dix Hospital in Raleigh.

Carter said the rotation experience was

established to prepare residents to work with disadvantaged patients.

"There are factors related to poverty which are often overlooked in treatment," he explained. "The prison presents an opportunity to look at these.

"State prisoners are not so sophisticated like many in federal prisons. There are no John Deans, or John Mitchells. The majority can't read or write," Carter said.

"So you can't use traditional psychoanalysis. Instead, you work on simple living skills — how to get a job, using appropriate language. It's a reality-oriented therapy."

Limited opportunities

One of the residents currently participating in the elective, Dr. Sally C. Johnson, added, "It's not as much a matter of limited intelligence as limited education. Being from lower socioeconomic backgrounds, they don't have much to look forward to when they get out. They have no skills, no place to stay. So, many return."

Consequently, psychiatrists working in the prisons often treat anger and depression, as well as some more severe problems.

Carter said some people have ended up in prison because they "are so retarded, that they don't even know their own names. They have to be led, and often are led by criminals."

Includes legal training

In coming up with treatment plans within the limitations of the corrections

institution, the residents get a rather thorough law course.

They not only need to be knowledgeable of current psychotherapeutic techniques, but also must be just as knowledgeable of laws governing treatment in this setting.

"Behavior modification is no longer allowed in corrections," Carter said. "And they are extremely sensitive to patients' rights and to the use of medications."

Patients can be instructors

Some of the patients themselves may also contribute to the legal training.

"Some sit and contrive ways to sue their doctors," Carter said. "They key to avoiding such a problem is good record keeping."

The residents also learn to give credible testimony in court. To be effective, the psychiatrist must translate the technical jargon without losing the significance of the diagnosis, Carter explained.

Exposure to different facilities

The prison experience features exposure to different kinds of facilities within the system.

Central Prison, a maximum security facility, has a complete mental health unit, which minimum security units, such as McCain Prison Unit, lack.

"If someone at McCain is seriously ill, he has to be shifted to Central Prison for care," Johnson said.

"Women's Prison has no inpatient facility," she added. "So psychiatric services are performed on a more loosely structured outpatient basis, which limits what you can do."

But perhaps the most unusual educational aspect of this fall's experience was the opportunity the group had to interview the only inmate on death row.

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CAN SPRING BE FAR AWAY?—This youngster was among those who grasped at last week's glimpse of spring. Many must have been reminded of how pleasant it is that the Sara P. Duke Gardens are next to the medical center. And it's especially nice during the spring and on spring-like days. (Photo by Parker Herring)