

JAIL BULLETIN

MARCH/APRIL 1999

NUMBER 146

The *Jail Bulletin* may be used as a supplement to your jail in-service training program. If officers study the material and complete the attached "open book" quiz, they may receive **one hour of credit**. The bulletin and quiz may be reproduced for staff use as necessary. **We welcome any material you would like to contribute to the "Jail Bulletin"**.

MANAGING MENTALLY DISORDERED INMATES PART III

Corrections Officers Responsibilities

IV. SUBSTANCE ABUSE AND DEPENDENCE DISORDERS:

Substance induced disorders are symptoms and behaviors associated with use of specific classes of substances, and are defined by patterns of abuse or dependence.

There are 8 classes of drugs (although ways of classifying substances can vary):

1. Central Nervous system depressants: alcohol, hypnotics, anti-anxiety drugs

Associated behaviors:

- slurred speech
- unsteady gait
- impaired attention
- hand tremor
- sweating
- nausea
- anxiety
- transient hallucinations

-psychomotor retardation or agitation

2. CNS stimulants: amphetamine, cocaine, weight-loss products

Associated behaviors:

- pupils dilated
- perspiration or chills
- nausea or vomiting
- evidence of weight loss
- psychomotor retardation or agitation
- confusion, seizures
- fatigue
- increased appetite
- vivid or unpleasant dreams
- insomnia or hypersomnia

3. Opiates: heroin, morphine, methadone, almost all prescription analgesics

Associated behaviors:

- drowsiness
- slurred speech
- impaired memory or attention
- depressed mood
- nausea
- muscle aches
- diarrhea
- yawning
- fever
- insomnia

4. Cannabinols: marijuana, hashish

Associated behaviors:

- increased appetite
- dry mouth
- impaired coordination
- euphoria or anxiety
- sensation of slowed time
- impaired judgement

-social withdrawal

5. Psychedelics: LSD, mescaline, psilocybin

Associated behaviors:

- marked anxiety or depression
- fear of losing one's mind
- paranoia
- impaired judgement
- pupils dilated
- sweating
- heart palpitations
- blurring of vision
- tremors
- lack of coordination

6. Solvents: aerosol sprays, glue, gasoline, paint thinner

Associated behaviors:

- dizziness
- lack of coordination
- slurred speech
- lethargy
- unsteady gait
- slow reflexes
- muscle weakness
- euphoria

7. Over the Counter drugs (OTC) contain atropine, weak stimulants, antihistamines, weak analgesics

Associated behaviors vary.

8. Others or Designer Drugs: Phenocycline (PCP)

Associated behaviors:

- diminished responsiveness to pain

- muscle rigidity
- seizures
- belligerence
- assaultive and impulsiveness
- perceptual disturbances (auditory, tactile, visual illusions)

Substance Induced Disorders are defined by patterns of dependence or abuse:

Dependence: also called habituation or compulsive use connotes a psychological or physical need for a drug.

Psychological dependence: centers on the user needing the drug in order to reach a maximum level of functioning or feeling of well-being. This is a subjective term that is almost impossible to objectively quantify.

Physical dependence: indicates that the body has adapted physiologically to the chronic use of the substance with the development of symptoms when the drug is stopped or withdrawn. Tolerance (the need for higher and higher doses of the substance to achieve the same effect) and withdrawal (appearance of negative symptoms when the drug is stopped too quickly) are important aspects of evaluating dependence.

Abuse: defined as any substance taken through any route of administration that alters the mood, the level of perception or brain functioning.

Additionally, suspected substance use is associated with periods of intoxication and withdrawal.

Intoxication: indicates that the person has taken enough of the drug to seriously compromise his vital signs (heart rate, respiration, blood pressure, etc).

Withdrawal: indicates that the person has generally stable vital signs but shows strong evidence of behaviors associated with the drug ingestion.

IT IS CRITICAL THAT IF YOU SUSPECT THAT OBSERVED BEHAVIORS ARE ASSOCIATED WITH SUBSTANCE USE THAT MEDICAL STAFF BE NOTIFIED FOR FOLLOW-UP CONSULTATION.

STRESS AND TRAUMA:

There are 6 types of stress and trauma disorders most seen in the detention population. These disorders can range in severity, and are very high in our population, reflecting the violence and abuse that most of these inmates are exposed to in their daily lives:

1. Separation Anxiety Disorder:

is a developmentally inappropriate excessive anxiety concerning separation from home or from those to whom the individual is attached which causes significant distress or impairment in social, academic, or other important areas of functioning, as evidenced by the following:

- recurrent excessive distress when separated (or anticipates separation) from home
- persistent and excessive worry about losing or harm coming to an important attachment figure
- worry that a "catastrophe" will lead to separation (such as being kidnaped, earthquakes)
- persistent worry or reluctance to be alone without a number of other adults around
- nightmares about separation
- repeated complaints of physical symptoms (headaches, stomachaches, nausea, or vomiting) when separation is anticipated.

2. Panic Attacks:

a period of intense fear or discomfort in which some of the following appear and reach a peak within a very short time period (about 10 minutes)

- pounding heart
- sweating
- trembling
- sensations of shortness of breath or smothering
- feeling of choking
- chest pain or discomfort
- nausea or abdominal distress
- fear of losing control or going crazy
- fear of dying
- numbness or tingling sensations
- chills or hot flashes

3. Phobias: marked, persistent fears that is excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (e.g., flying, height, animals, receiving an injection, seeing blood).

4. Obsessive-Compulsive Disorder:

Obsessions: recurrent thoughts, impulses that are intrusive and inappropriate and cause marked anxiety and distress. The thoughts are not simply excessive worries about real-life problems.

Compulsiveness: repetitive behaviors such as hand washing, ordering, checking, or mental acts (e.g., praying, counting, repeating words silently) that the person feels driven to perform in response to an obsession. The behaviors or mental acts are aimed at preventing or reducing distress or preventing some dreaded event although the behaviors are not connected in a realistic way to the dreaded event.

5. Acute Stress: the person has been exposed to a traumatic event that involved actual or threatened death or serious injury of self or others, and the persons response involved intense fear, helplessness or horror.

While experiencing or after experiencing the event the individual feels a sense of:

- numbing, detachment or absence of emotional responsiveness
- a sense of "being in a daze"; a reduction of awareness of the surroundings
- a sense of experiencing the events as if observing from outside one's body of awareness
- the event is re-experienced through thoughts, dreams or flashback episodes

6. Post Traumatic Stress Disorder (P.T.S.D.):

the person has been exposed to a traumatic event that involved actual or threatened death or serious injury of self or others, and the persons response involved intense fear, helplessness or horror.

- recurrent intrusive recollections of the event
- recurrent distressing dreams of the event
- acting or feeling as if the event were recurring, a sense of reliving the experience,
- illusions, hallucinations, flashback episodes that occur when awake or intoxicated
- intense psychological distress at exposure to cues that resemble an aspect of the traumatic event
- effort to avoid thoughts, feelings, or conversations associated with the trauma
- inability to recall an important aspect of the trauma
- feelings of detachment or estrangement from others
- difficulty falling asleep or staying asleep
- irritability or outbursts of anger
- difficulty concentrating
- hyper vigilance (excessively watchful/aware)
- exaggerated startle response.

The next jail bulletin will continue with mental disorders and counseling skills in **Managing Mentally Disordered Inmates part IV.**

Material prepared by staff of the Nebraska Commission on Law Enforcement and Criminal Justice. If you or your agency wish to contribute to the **Jail Bulletin** or have a special subject to be addressed through the bulletin, please contact: Jail Standards Division, P.O. Box 94946, Lincoln, Nebraska 68509-94946, Telephone 402-471-3710, FAX 402-471-2837.

The contents of the *Jail Bulletin* represent the views of the various author(s) and do not necessarily reflect official views or policies of the Nebraska Crime Commission or the Nebraska Jail Standards Board.

QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in service training each year. The Jail Bulletin may be used to supplement in service training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections. **CREDIT: One Hour credit for jail in service training requirement.**

MARCH/APRIL 1999

NUMBER 146

**SUBJECT: MANAGING MENTALLY
DISORDERED INMATES
PART III**

NAME: _____

DATE: _____

1. Which of the following are Substance Induced Disorders that may be observed in detention facilities? (circle those that apply)
 - a. Physical Dependence
 - b. Bipolar Disorder
 - c. Intoxication
 - d. Psychological Dependence
 - e. Psychosis
 - f. All of the above except b and e

2. Panic Attacks can be characterized by: (Circle those that apply)

- a. Pounding heart
- b. Sensations of shortness of breath or smothering
- c. Sweating
- d. Chest pain or discomfort
- e. all of the above

3. List the six most commonly observed stress and trauma disorders encountered in detention settings.

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____
- f. _____

4. According to the material, which of the following classes of drugs are associated with Substance Induced Disorders:(Circle those that apply).

- a. Prozac
- b. Central nervous system depressants
- c. Central nervous system stimulants
- d. Opiates
- e. All of the above
- f. b, c and d above

5. Physical Dependence indicates that the body has adapted physiologically to the chronic use of the substance with the development of symptoms when the drug is stopped or withdrawn. (Circle one).

- a. True
- b. False

6. It is critical that if you suspect that observed behaviors are associated with substance use, that medical staff be notified for follow-up consultation. (circle one).

- a. True
- b. False

7. Phobias are characterized by marked, persistent fears that are excessive or unreasonable, cued by the presence or anticipation of a specific object or situation (Circle one).

- a. True
- b. False

8. Intoxication indicates that the person has taken enough of the drug to seriously compromise their vital signs.(circle one)

- a. True
- b. False

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Answer sheets should be retained by the Jail Administrator.

QUIZ

(Answers)

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 - Acute Stress
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