

## Career Behind Bars

Shelby Havens, ARNP, AHN-BC



**Driving to work** this morning, I remembered a time in 1989 as I drove south on Highway 441 in Marion County, Florida, in my baby blue 1969 VW Beetle. The radio no longer worked in my little old bug, so I carried a portable cassette player. Carly Simon's album "Coming Around Again" was keeping me company as I drove.

The sun was peeking over the horizon and the sky was becoming light. Stately horse farms lined both sides of the road. The foals were kicking up their heels in the lush pastures. A new colt teetered uncertainly on spindly legs next to his mother. The thoroughbred mare apparently just gave birth to him the night before. The scene reminded me of Kentucky, where my family is from. The bucolic landscape give me peaceful feeling. The colt's mother nudged him with her muzzle, and he lowered his little head under her belly and began to nurse as I rolled on past the farm.

As I pulled into the parking lot at the state women's prison; I said to myself, this isn't what I thought my career would be like. I wanted to be a mental health professional and a nurse practitioner. I never dreamed that I would be practicing in this type of environment.

In graduate school, I discovered, to my dismay that if you want work with the mentally ill in Florida, a large segment of this population is in jail or prison. This is the result of a movement called deinstitutionalization, in which thousands of psychiatric patients were released from state mental hospitals and mainstreamed into community mental health programs. Because the community mental health centers are generally under funded and not equipped to provide adequate services for Florida's mentally ill, many of these patients are at increased risk for getting in trouble with the law. Detention centers and correctional institutions have become the de facto psychiatric treatment facilities.

My position in the prison system was counseling in a substance abuse treatment program. Many of the women in my program had only a middle school education, were physically or sexually abused as children, and had been using drugs and alcohol since their pre-teen years. Some had limited reading skills and had never been gainfully employed. My patients tended to be underdeveloped as people, because of the adverse circumstances in which they were raised (poverty, abuse, neglect, etc.). Some of the women had never played softball, planted flowers, written a poem, or baked cookies.

Even though prison is an oppressive environment, it provides a structured setting where the women can learn life skills and try to build an existence that doesn't revolve around cocaine, heroin, or booze.

Some female inmates had practiced prostitution in exchange for drugs, or just to keep a roof over their heads. Others had lost custody of their children because of criminal records and substance abuse problems. A few had made suicide attempts by cutting and bore scars on their wrists. Several women had never belonged to a church and had no religious or spiritual affiliation. Some had borderline intellectual functioning or mild mental retardation. Most have suffered from depressive episodes. Some were youthful offenders as young as 15.

Today, I head west on State Road 16 in Raiford, Florida, towards my current practice site, a maximum security men's prison. I listened to Jack Kornfield's CD "The Wise Heart, A Guide to the Teachings of Buddhist Psychology." I park my 2001 silver Toyota Echo in the employee lot and enter the facility. I insert my right hand into a fingerprint scanner in the sallyport. A correctional officer searches my handbag. A heavy iron gate clangs shut behind me, and I enter the compound where just over 2000 prisoners are housed.

As a mental health professional with 20 years of experience, I am now the psychiatric provider and prescriber for a 60-bed long-term inpatient psychiatric unit for closed management inmates with serious mental disorders. During a departure from the prison system, I was the Director of Mental Health at a county jail for a couple of years; I practiced as a primary care and psychiatric ARNP with the Veterans Administration for a time, and even tried my hand at private practice. In 2007, with the prospect of turning age 50 looming large, I decided to return to the prison system and get a few more years in the state retirement system.

Most of my patients in my current practice suffer from schizophrenia, bipolar disorder, antisocial personality disorder, or borderline personality disorder. Our treatment team includes a clinical psychologist, three mental health counselors, and a psychiatric nurse. Many of the patients in my unit are serving life sentences for sexual battery or murder. Two of my patients have killed other inmates since they have been in prison. A few of my patients are sentenced to death. Several are living with HIV. Some have suffered head injuries resulting in seizure disorders, as well as permanent changes in personality, judgment, impulse control, and cognitive functioning. Others have survived gunshot or stab wounds. The majority were substance abusers prior to incarceration. Many of my older patients are being treated for chronic illnesses such as diabetes mellitus, heart disease, and emphysema, in addition to their mental disorders. One of my patients amputated his penis with a razor blade during a psychotic episode. Others engage in bizarre behavior such as smearing feces when they are severely agitated or not in touch with reality. One of my patients suffers from the fixed delusion that he has a transmitter implanted in his brain and the warden can hear his every thought.

The correctional officer in our building's control room buzzes me in through a

series of locked doors. In my office, I brew some Starbucks Breakfast Blend coffee in my Mr. Coffee machine, tune in to NPR on the radio, and boot up my computer to check my email. Next, I will move into my daily routine of seeing patients for psychiatric evaluations, mental status examinations, and monthly psychotropic medication check-up visits. I do the best I can to treat my patients' mental disorders and relieve their suffering. Some days I feel as though I accomplish nothing at all. Therapeutic victories here are modest and infrequent.

There is nothing glamorous about my career. Sometimes I have difficulty finding meaning in my work, and I am ambivalent about continuing. Not only is the clinical work taxing and sometimes unrewarding, the politics of a government position can be thorny and complex.

However, I am grateful for my experience behind bars, because it has given me the opportunity to learn about aspects of human nature to which I would never have been otherwise exposed. Over the years, I have worked with many patients whose souls are severely damaged and scarred. These patients are victims as well as victimizers, caught in a cruel karmic circle that turns over and over upon itself. For most of them, ending this cycle will have to occur in another lifetime. Their karma probably cannot be repaired in this life.

I pull on my white lab coat, grab my coffee mug and an ink pen, and go on to the ward.....

*Shelby Havens, ARNP, AHN-BC is a psychiatric nurse practitioner in Florida. She is employed by the Florida Department of Corrections. Shelby holds a masters degree in Nursing from the University of Florida and a masters in Counseling Psychology from Nova Southeastern University. She is an adjunct professor of Allied Health at City College in Gainesville, Florida and is certified as an Advanced Holistic Nurse by the American Holistic Nurses Association.*

*Shelby recently earned her Doctor of Ministry degree from the Esoteric Theological Seminary. She hopes to begin a private practice in pastoral counseling in the near future. You may reach Ms. Havens at [nurseholistic@yahoo.com](mailto:nurseholistic@yahoo.com)*