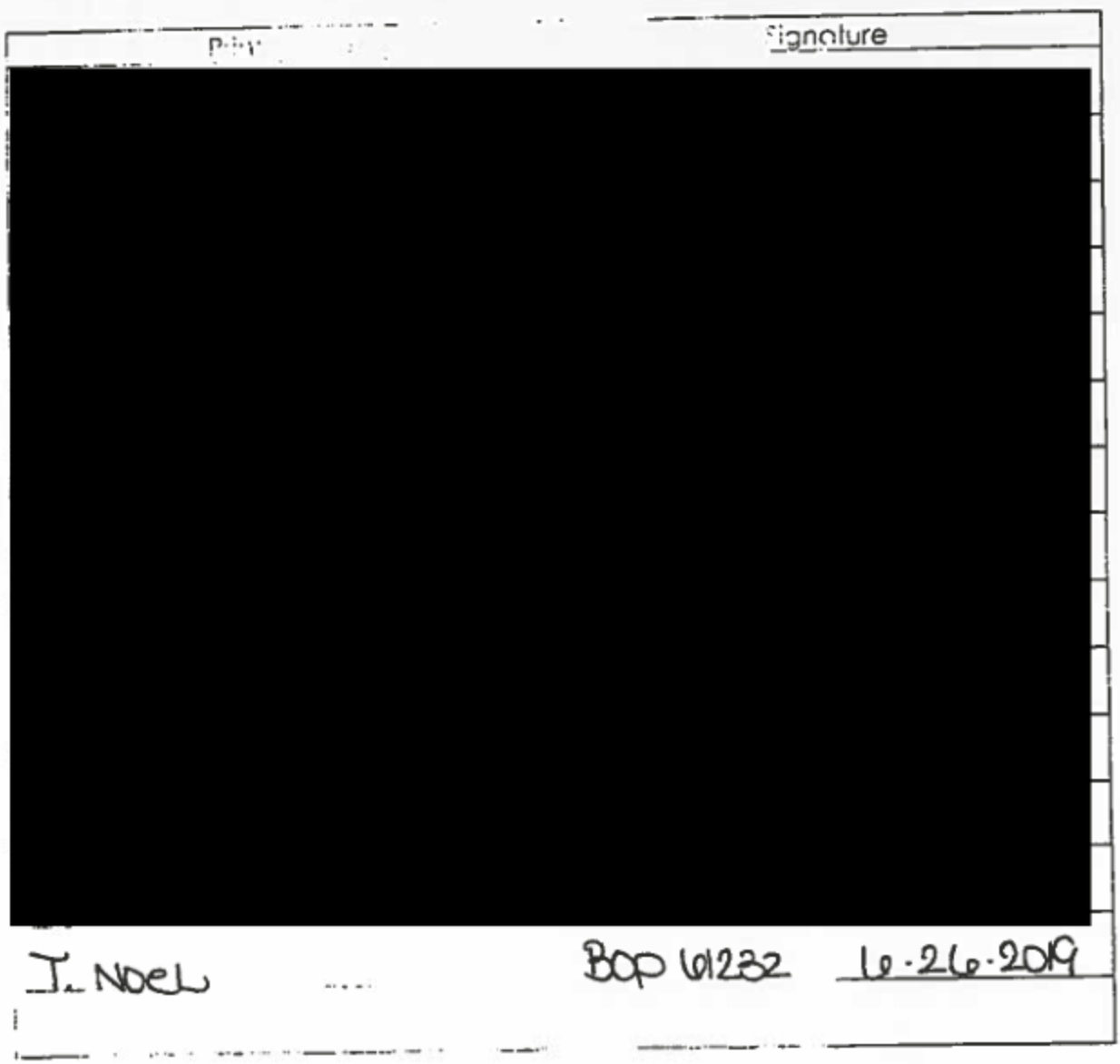
SUICIDE

6/6/19
D. Miller

Sign-In Sheet



Print	Signature
[redacted]	
J. Noel	BOP 61232 6-26-2019

TN 6.22.21

2/28/19

SHU Suicide Prevention Training (1hr)

[redacted]	BOP #
[redacted]	

MCC NEW YORK
TRAINING PARTICIPANT SIGN-IN LOG

COURSE TITLE: Suicide Prevention/SHU Training COURSE CODE: _____

TRAINING DATE(S): From: December 7, 2018 To: December 7, 2018 TOTAL TRNG HRS. 4 hr

TRAINING TIMES: From: 8:00 am To: 12:00 pm

INSTRUCTOR(S): [redacted] NOTE: INSTRUCTOR(S) MUST ATTACH AGENDA OR SUMMARY OF TRAINING

	LAST NAME (PRINTED)	FIRST NAME (PRINTED)	BOP ID	SIGNATURE	OFFICE USE
1.	[redacted]				
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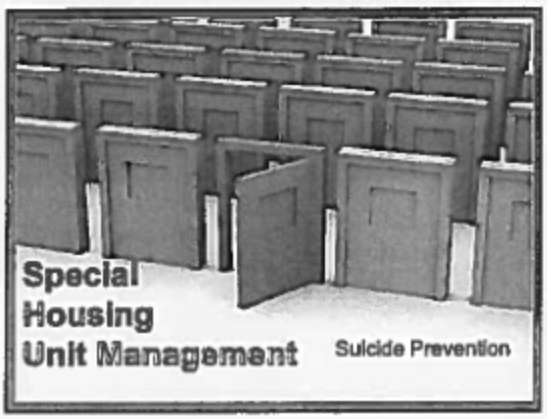
By signing above you attest to not only attending the above named training course, but also to understanding the course material, policies and procedures pertaining to the training.

SENSITIVE - LIMITED OFFICIAL USE



Special Housing Unit Management

Suicide Prevention

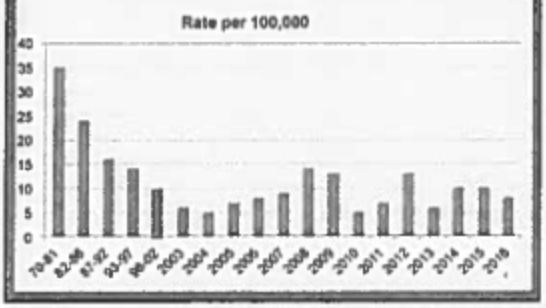
Objectives

- Understand suicide risk associated with locked units and single cells
- Identify high risk groups
  - mentally ill inmates
  - behavior disordered inmates
  - sex offender and protective custody inmates

Objectives

- Discuss management strategies for specific at risk inmates in this SHU
- Review emergency response procedures

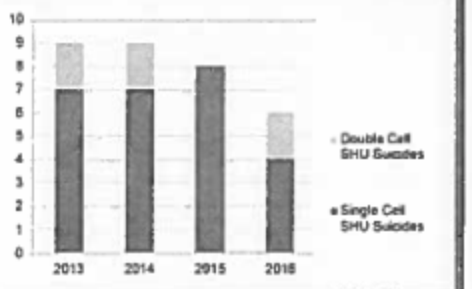
BOP Inmate Suicides



Locked Units

- Locked units include SHUs, SMUs, ADX, Seclusion, Extended lock down units, etc.
- Every year between 30 and 80% of inmate suicides occur on a locked unit
- Single Cells in locked units are especially risky for high-risk inmates

Single Cell Suicides in SHU



Single Cells

It is recommended that all SHU inmates be double-celled unless there is a compelling reason not to do so.

- Reduces isolation
- Reduces privacy
- Provides distraction
- Provides rescue opportunity

Single Cells

When an inmate cannot be double celled:

- Place at-risk inmates in higher visibility cells
- Reduce or eliminate tie-off points
- Increased monitoring of property
- Additional out of cell contacts with Psychology, Health Services, Unit Team, Recreation, Education, and Religious Services

High Risk Inmates

Discuss local policies to ensure specific inmates are not single celled. These may include:

- Psychology Advisory List (TRU-SCOPE)
- Special notation on cell door
- Special notation on SHU board
- SHU Program
- *Other*

Good SHU Management is Good Suicide Prevention

- Complete SHU rounds as directed by policy and document them accurately
- Observe inmates & report concerns to the SHU Lieutenant, Psychology Services, and/or the next shift, as appropriate
- Respond to inmate concerns and accommodate reasonable requests promptly

Good SHU Management is Good Suicide Prevention

- Prior to entering a SHU cell to provide assistance staff should ensure their safety which may include waiting for assistance
- Cut down tools should never be used for any purpose other than responding to a suicide emergency
- Know the location of the AED and how to use it

Behavior Disordered Inmates

- 30% suicides are committed by behaviorally disordered inmates in SHU
- At risk for suicide AND accidental death
- Must be assessed by psychology EVERY time they make a new threat of self-harm
- Must be taken seriously!

Working with Behavior Disordered Inmates

- Negative perceptions or frustrations may impact your professional judgment and need to be monitored
- Manage through collaboration between departments
- A group approach is indicated for the most demanding cases

Working with Behavior Disordered Inmates

- Manage with positive reinforcement
  - Catch them being good
  - Praise progress, not perfection – "small steps"
  - Address reasonable requests promptly
  - Set one goal that is guaranteed to occur
- If a Suicide Risk Management Plan is in effect, follow it exactly

What is a Suicide Risk Management Plan?

- The Plan we will discuss today is not the same as the plan used by the institution when an inmate is in restraints
- A Suicide Risk Management Plan is also NOT:
  - Punishment
  - Stricter rules
  - Extreme deprivation
  - Social isolation
  - Less work for staff

Suicide Risk Management Plan

The goal of a Suicide Risk Management Plan is to increase inmate safety by decreasing behaviors that create risk for suicide or accidental death when the inmate cannot be engaged in positive change behaviors

Suicide Risk Management Plan

- A Suicide Risk Management Plan IS:
  - Feedback: immediate and frequent
  - Reinforcement: of positive behaviors or neutral behaviors that replace harmful behaviors
  - Collaboration: between psychology, custody, other departments, and executive staff
  - Targeted: self-harm behaviors and other behaviors that place the inmate in danger (cutting, cell fires, etc.)

Creating a Suicide Risk Management Plan

Psychology Services identifies key issues through observation of the inmate and input from staff:

- High risk behaviors
- Elements of the environment that perpetuate dangerous behavior
- Reinforcers that may be used to reward positive behavior

Creating a Suicide Risk Management Plan

- These are combined into a brief, individualized plan that indicates:
  - Management strategies
  - When reinforcers will be provided
  - What harmful behaviors will trigger more intensive risk management strategies

Enacting a Suicide Risk Management Plan

- Present the plan to the inmate; this is usually done collaboratively by the Captain and Chief Psychologist
- Be prepared: Behaviors usually get worse before they get better
- All staff need to adhere to the plan
- Discuss concerns and issues along the way to ensure staff members are being consistent

Behavior Disordered Inmates

- Place PDS Photo Here
- Inmate's Name & Location
- List Risk Factors & Warning Signs Specific to the Inmate
- Discuss Helpful Interventions: Especially Preventative Interventions

Mentally Ill Inmates

- Approximately 30 to 60% of BOP suicides are completed by mentally ill inmates
- Disorders most frequently include Depression, Bipolar Disorder, and Schizophrenia
- Symptoms may include psychosis, poor hygiene, lack of energy, poor appetite, insomnia, agitation, and lack of interest in things that were once of interest

Mentally Ill Inmates

- Monitor these inmates closely; look for changes in mood and behavior and report them to Psychology
- Build positive rapport with these inmates to assist them with problem solving and meeting their needs
- During shake downs, ensure medications are not being hoarded and property has not been modified to allow self-harm

Mentally Ill Inmates

- Place PDS Photo Here
- Inmate's Name & Location
- List Risk Factors & Warning Signs Specific to the Inmate
- Discuss Helpful Interventions: Especially Preventative Interventions

Sex Offenders and Protective Custody

- Both of these groups are at heightened risk for suicide
  - Both groups may be fearful of other inmates
  - Both groups may be experiencing shame
- Double-cell all inmates whenever possible
- Convey requests to speak to Psychology immediately
- Place in higher visibility cells

Emergency Response

- Always initiate life saving measures
- Ensure the response reflects the emergent nature of the situation
- All staff should carry personal protective gear

Lesson Learned From Local Mock Drills

Psychology Advisory List

- The Advisory List
  - identifies inmates with mental health conditions who may become dangerous, self-destructive, or suicidal when placed into the SHU

PSY Alert

- PSY Alert is an enhanced tracking and monitoring system to ensure:
  - Special psychological needs are reviewed and considered by Psychology Services
  - Safety and security concerns are highlighted for non-psychology staff

Phone a Friend

- You are required to refer an inmate to Psychology Services if you observe behaviors that indicate she or he may be at risk for suicide
- Call to collaborate in managing high risk inmates
- Call to discuss small problems before they get big

Review of Objectives

- Understand suicide risk associated with locked units and single cells
- Identify high risk groups
  - mentally ill inmates
  - behavior disordered inmates
  - sex offender and protective custody inmates
- Discuss management strategies for specific at risk inmates in this SHU
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QUESTIONS?