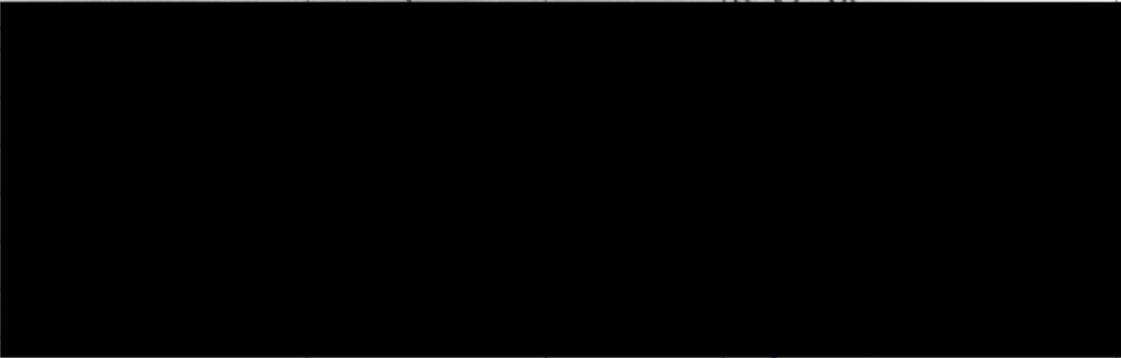


Training Sign-In-Sheet

MCC New York		Hours: 1	Date:	September 6, 2019
Course Name	SHU Suicide Prevention Training		Course Code	
	Last Name	First Name	BOP#	Signature
1.				
2.				
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28.				
Signature				

ANNOUNCEMENT OF SUICIDE

6/6/19

Sign-In Sheet



Print	Signature
J. NOEL	6-26-2019

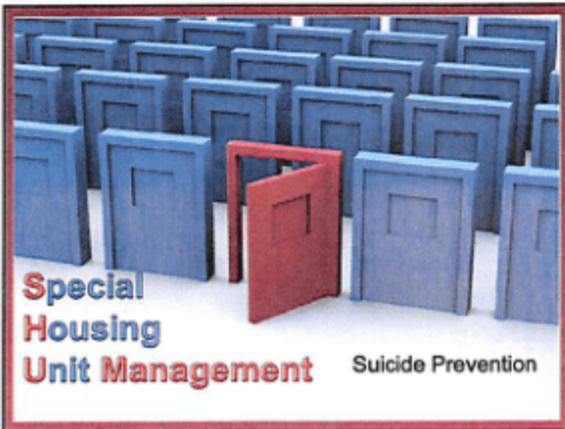
2/28/19

# STU Suicide Prevention Training (1hr)

BoP #





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**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

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**Objectives**

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

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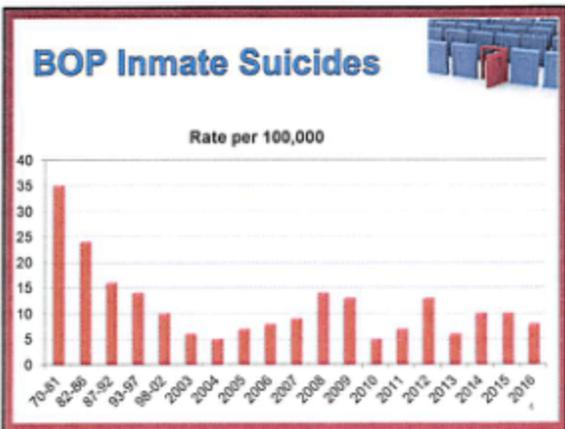
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### Locked Units

- 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

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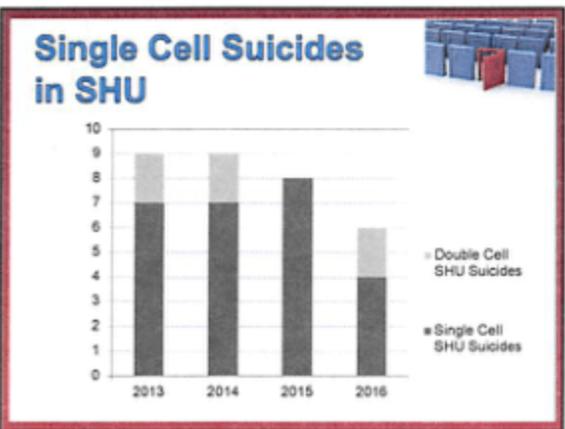
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### Single Cells



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

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### 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

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### 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




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### 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

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### 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

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### 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!

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### 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

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### 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

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### 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

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**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

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**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.)

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**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

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**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

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**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

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**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

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### 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

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### 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

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### 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

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### 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

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### Emergency Response



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




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### Lesson Learned From Local Mock Drills




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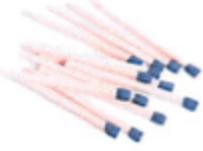
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**Psychology Advisory List**



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




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**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




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**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




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## Review of Objectives



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  - sex offender and protective custody inmates
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- Review emergency response procedures

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## QUESTIONS?



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