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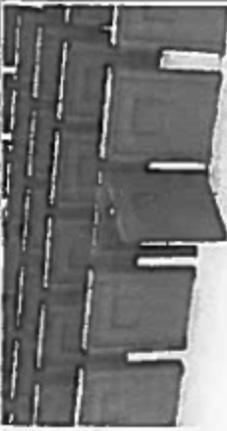
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Special Housing Unit Management

Suicide Prevention

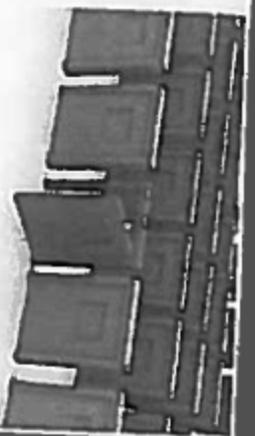
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Objectives

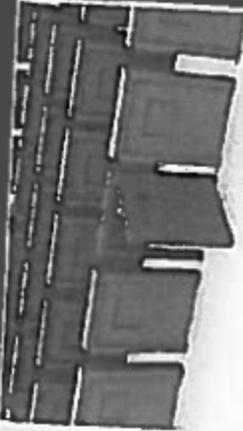
- Understand suicide risk associated with locked units and single cells
- Identify high risk groups
 - mentally ill inmates
 - behavior disordered inmates
 - sex offender and protective custody inmates

Objectives

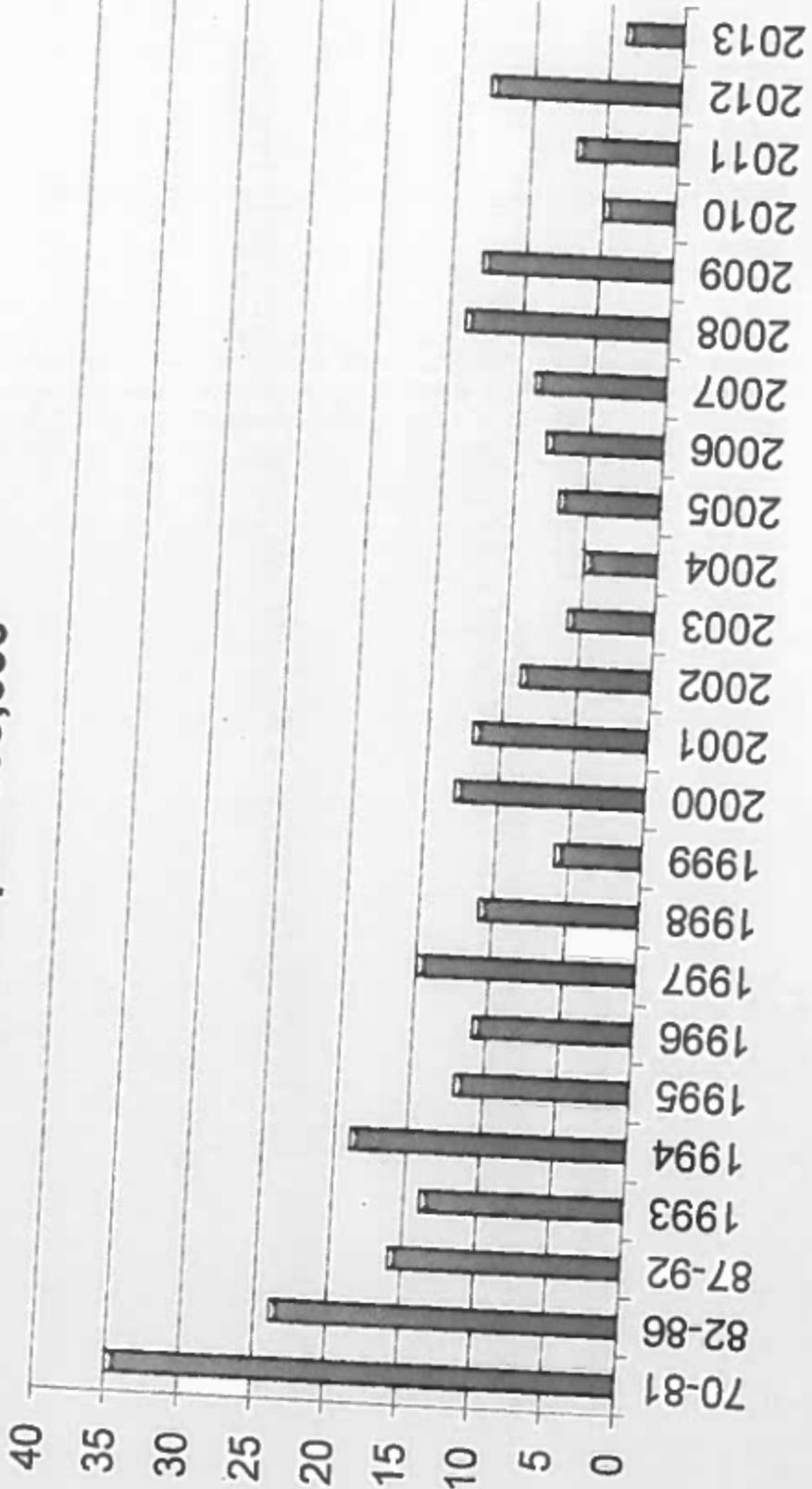


- Discuss management strategies for specific at risk inmates in this SHU
- Review emergency response procedures

INMATE SUICIDES IN THE BOP

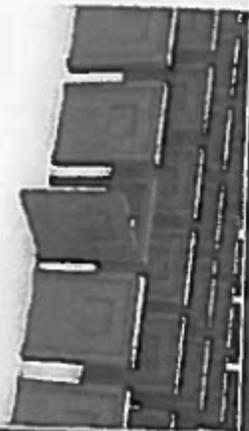


Rate per 100,000



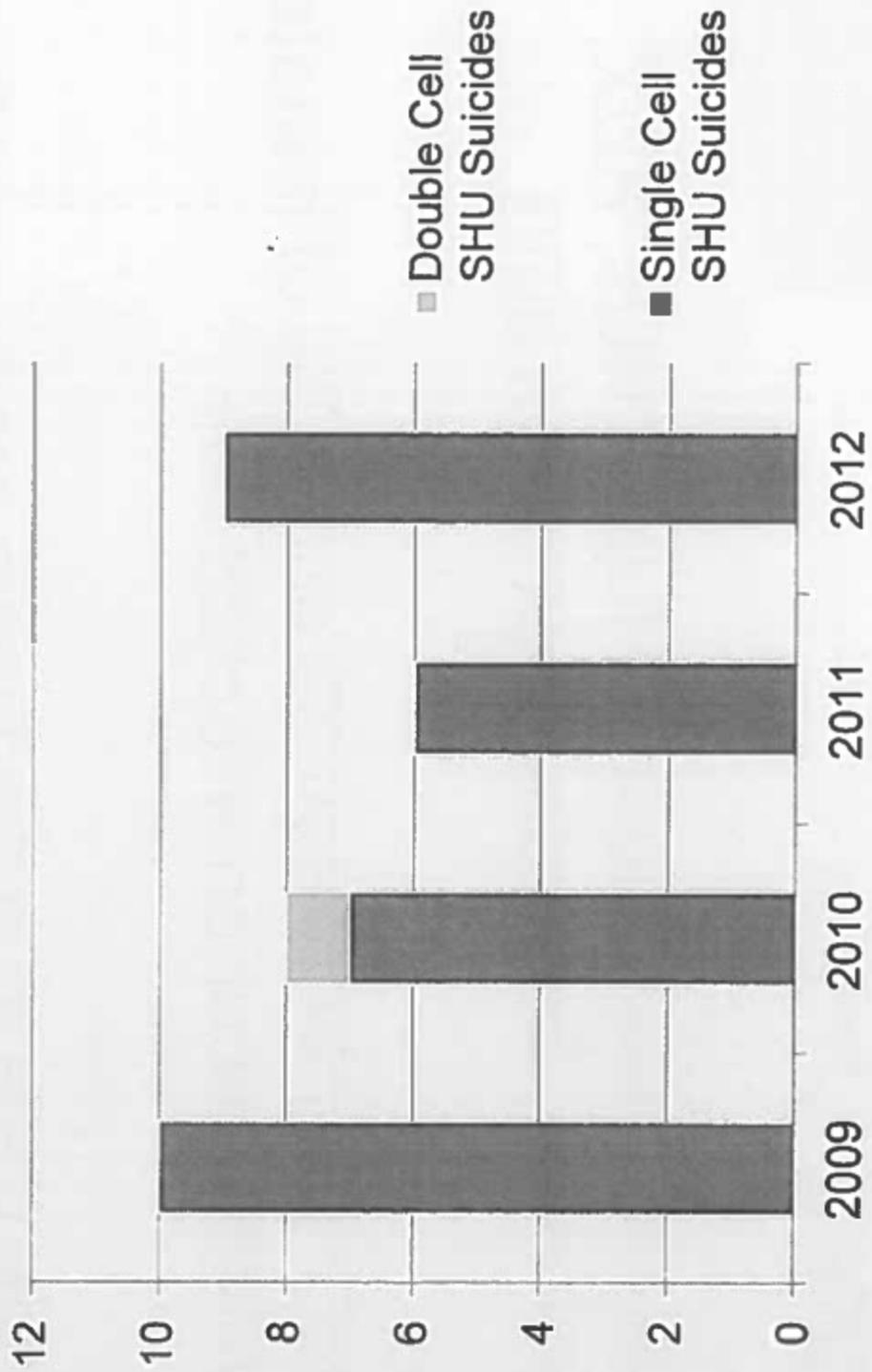
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Locked Units



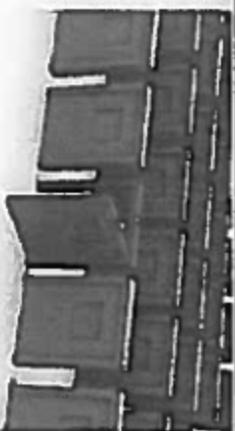
- Locked units include SHUs, SMUs, ADX, Seclusion, Extended lock down units, etc.
- Every year between 30 and 80% of inmate suicides occur on a locked unit
- Single Cells in locked units are especially risky for high-risk inmates

Single Cell Suicides in SHU



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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 rescue opportunity

Single Cells

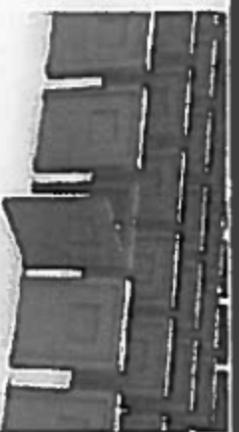


When an inmate cannot be double celled:

- 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

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High Risk Inmates



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

- Special notation on Hot List
- Special notation on cell door
- Special notation on SHU board
- *Other*



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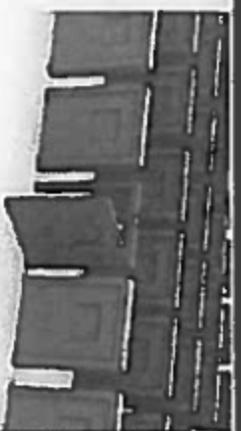


Good SHU Management is Good Suicide Prevention

- 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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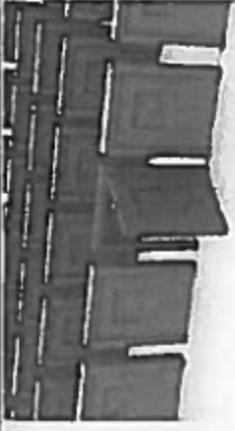
Good SHU Management is Good Suicide Prevention



- Staff should wait for assistance prior to entering a SHU cell
- 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



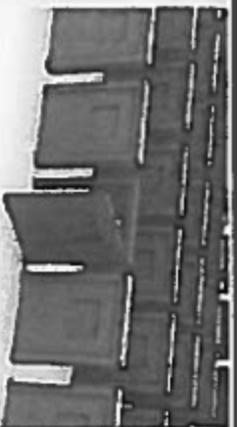
- Don't allow negative perceptions or frustrations to impact your professional judgment
- Manage through collaboration between departments



Working with Behavior Disordered Inmates

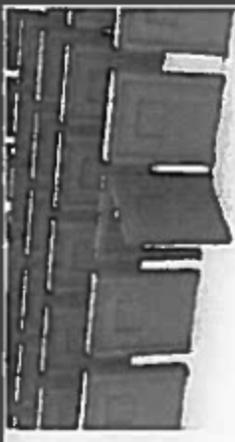
- Manage with positive reinforcement
 - Catch them being good
 - Praise progress, not perfection
 - Address reasonable requests promptly
- If a Suicide Risk Management Plan is in effect, follow it exactly

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

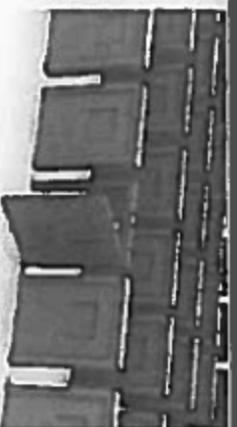
Suicide Risk Management Plan



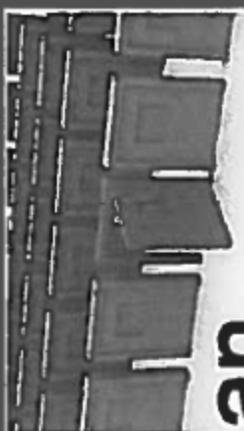
The goal of a Suicide Risk Management Plan is to increase inmate safety by decreasing behaviors that create risk for suicide or accidental death

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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.)

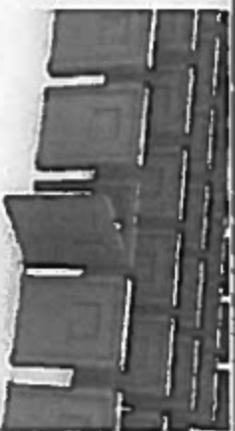


Creating a Suicide Risk Management Plan

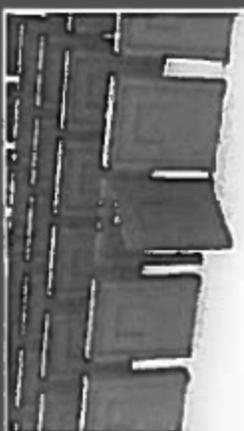
Psychology Services identifies key issues through observation of the inmate and input from staff:

- 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



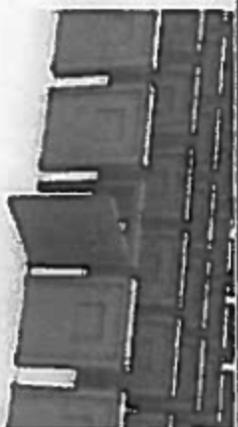
- These are combined into a brief, individualized plan that indicates:
 - Management strategies
 - When reinforcers will be provided
 - What harmful behaviors will trigger more intensive risk management strategies



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

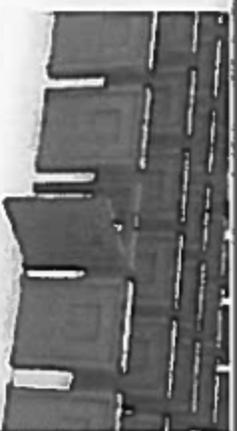


- Place PDS Photo Here
- Inmate's Name & Location
- List Risk Factors & Warning Signs Specific to the Inmate
- Discuss Helpful Interventions: Especially Preventative Interventions

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



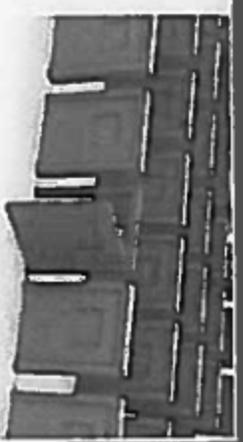
- Monitor these inmates closely; look for changes in mood and behavior and report them to Psychology
- Build positive rapport with these inmates to assist them with problem solving and meeting their needs
- During shake downs, ensure medications are not being hoarded and property has not been modified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

Mentally Ill Inmates



- Place PDS Photo Here
- Inmate's Name & Location
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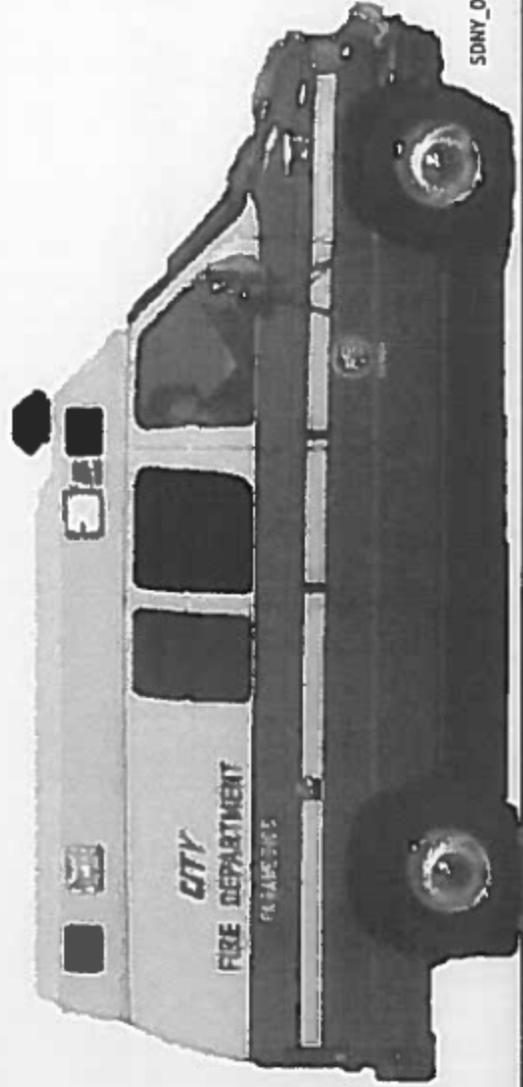
Sex Offenders and Protective Custody



- 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 these inmates whenever possible
- Convey requests to speak to Psychology immediately
- Place in higher visibility cells

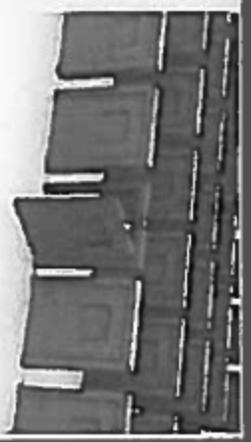
Emergency Response

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



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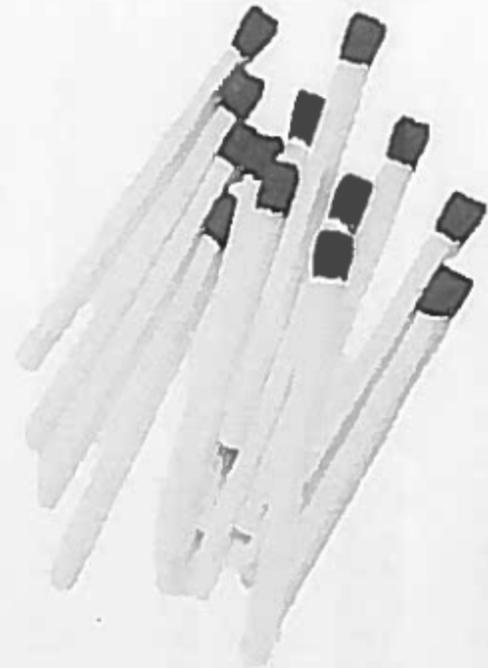
Lesson Learned From Local Mock Drills



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SHU Hot List

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

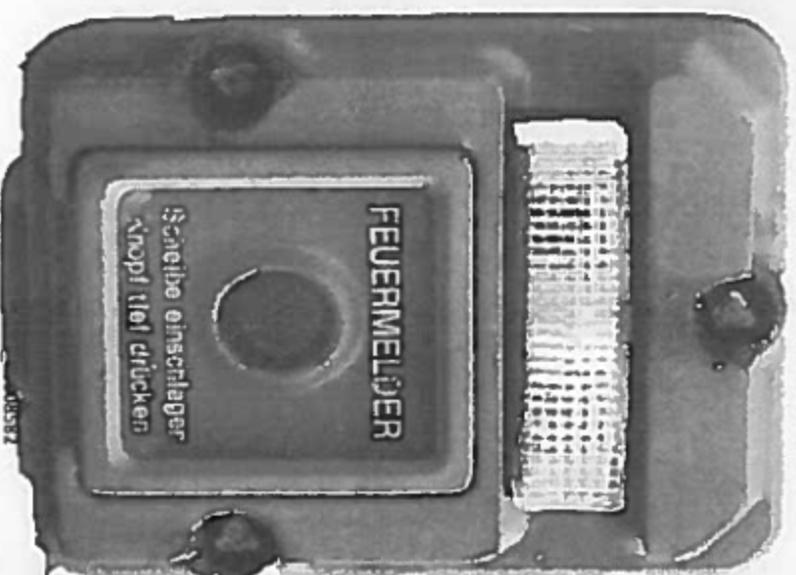


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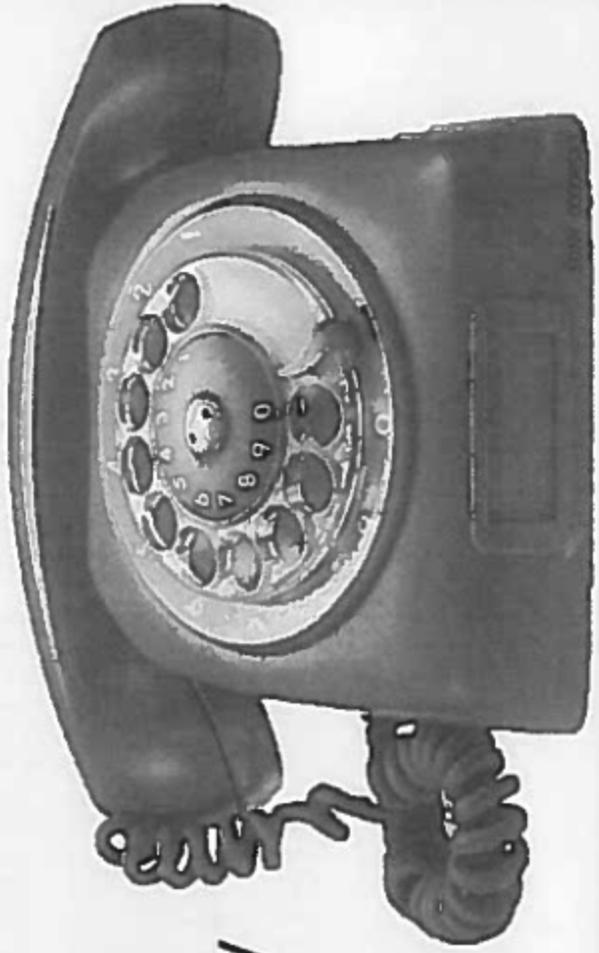
PSY Alert

- 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

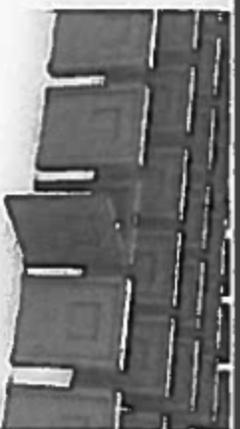


Phone a Friend

- 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



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THE UNIVERSITY OF CHICAGO

PH.D. THESIS

BY

THE AUTHOR

IN

THE DEPARTMENT OF

PHYSICS

CHICAGO, ILLINOIS

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