

**From:** [REDACTED] >

**To:** "[REDACTED]" >

**Subject:** About

**Date:** Mon, 12 Aug 2019 00:04:44 +0000

**Importance:** Normal

**Attachments:** TEXT.htm

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Hi [REDACTED],

I just got this from our acting branch chief. This hasn't been reviewed or cleared by IPPA or Dir. I've requested a deeper dive in to standards but couldn't get it tonight. We will press further tomorrow.

Feel free to call.

[REDACTED]

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

**From:** [REDACTED] >

**Date:** 8/11/19 7:38 PM (GMT-05:00)

**To:** [REDACTED] >

**Subject:** Suicide Watch

>>> "[REDACTED]" 08/11/2019 19:38 >>>

Hi [REDACTED],

Please see the following paragraph as a justification for why every individual with some level of suicide risk is not maintained on long-term suicide watch:

Suicide watch is widely regarded as a short-term crisis intervention. As practiced in the BOP, it is a highly restrictive intervention that focuses on preserving the life of an individual in crisis. Typical conditions of a suicide watch include containment in an identified suicide watch cell absent tie-off points and sharp objects, placement in a suicide watch smock that is resistant to use as a ligature, constant observation by another individual, lights on 24 hours per day to ensure effective observation, extreme limits on personal property for safety, and at least daily contact with a BOP psychologist. While these restrictive conditions are extremely effective in the short-term prevention of suicide, they are inconsistent with a quality of life that supports future oriented goals and the achievement of those goals. For this reason, suicide watch is used to prevent a suicidal crisis, but is ended when an individual is no longer assessed to be an immediate threat to himself and is able to resume goal directed behaviors that support a quality of life, such as interactions with peers, visits with family or attorneys, work, etc. The assessment used to determine that suicide watch is no longer warranted is conducted by a doctoral level psychologist. Following the conclusion of a suicide watch, psychologists follow up with ongoing assessment and interventions such as additional suicide risk assessments, counseling sessions, and/or supportive visits.