Effectively Responding to Inmates in Psychiatric Crisis:

Suggestions for Jail and Correctional Officers

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Factors Complicating Mental Illness in Jails

- Not only is the number of inmates with mental illness growing…
- But more persons whose illnesses fall at the most severe end of the mental illness spectrum are being incarcerated
- Tend to be more acutely ill in jail than prison
  - Have not had time to stabilize on medications
  - Withdrawing from substances

Factors Complicating Mental Illness in Jails (cont.)

- **Physical conditions of jail**
  - Overcrowding, noise, no privacy
  - MI offenders' senses tend to be enhanced
  - Have fewer resources with which to cope with added turmoil
  - Prone to dehydration because of psychotropic medications

Factors Complicating Mental Illness in Jails (cont.)

- **Vulnerability to abuse**
  - Vulnerable to assault, sexual abuse, exploitation, extortion
  - Re-activation of prior trauma
    - Intake process (e.g., strip search) and experiences in jail population
    - Prior victimization/victimization in jail ↔ Violence

Factors Complicating Mental Illness in Jails (cont.)

- **Susceptibility to breaking rules: Facts**
  - Individuals with mental illness commit more rule infractions, spend more time in segregation, and are less likely to be released
  - Because of rule violations, the average length of stay in the NY City jail system for inmates with mental illness is 215 days, versus 42 days for inmates without mental illness

Factors Complicating Mental Illness in Jails (cont.)

- **Susceptibility to breaking rules: Reasons**
  - For many, their symptoms of MI manifest in disruptive behavior, belligerence, paranoia, aggression, and violence
  - Some with disorganized cognitive symptoms or mental retardation don't understand the rules
  - Symptoms render it difficult to control their behavior
  - Prison rules don't mean much when you're hearing voices and having impulses to kill yourself
  - Punishment for disciplinary infractions (e.g., segregation) can further exacerbate symptoms

Factors Complicating Mental Illness in Jails (cont.)

- **Segregation**
  - Stresses of isolation (e.g., having clothes removed, sensory deprivation)
  - Lack of social interaction (e.g., no peer supervision)
  - A distinct set of reactions, known as “isolation sickness” or “RES” (reduced environmental stimulation) syndrome, has been identified
    - Anxiety, headaches, lethargy, trouble sleeping, oversensitivity to stimuli, difficulties with concentration and memory, confusion, perceptual distortions, paranoia, motor excitement

Factors Complicating Mental Illness in Jails (cont.)

- **Segregation (cont.)**
  - Self-mutilation and suicide risk is increased in conditions of segregation, social isolation, and psychosocial deprivation (e.g., placed in single cells with little supervision)
    - Suicide rates in jails are 9X the rate of the general public
    - 30-50% of suicides for NY prison population occurred within the 8% confined in 23-hr isolation
    - 90% of completed suicides in jail had a diagnosable mental illness or substance abuse disorder

Role of Jail Officers in Mental Health Care

- Officers' attitudes can influence whether inmates voluntarily seek (or receive) mental health services
- Observation
  - Individuals with mental illness can often "look good" to a clinician who meets with him/her for a few minutes even when their overall functioning is declining
  - Officers are typically the first to observe significant changes in an inmate's routine or mental status
  - Can alert staff when inmates refuse to take their medications

Role of Jail Officers in Mental Health Care (cont.)

- Intervention
  - Officers as “treatment extenders”
  - A good jail officer can be an important therapeutic agent
    - Firm but fair
    - Balanced between firmness and sensitivity
    - Providing clear boundaries and consequences

Role of Jail Officers in Mental Health Care (cont.)

- Intervention (cont.)
  - Officers are the first to respond to inmates' problems and, thus, have as much of a role (if not *more*) in suicide prevention as mental health staff
  - A concerned and knowledgeable officer can assist an impaired inmate with prompts or supports that help the inmate meet the demands of the institution
    - Can enforce inmates' attendance at MH appointments
    - Can encourage compliance with treatment/medication

Characteristics of an Effective Jail Officer

"Therapeutic" Skills

- Attentiveness
- Accurate listening and responding
- Congruence between thinking, feeling, and acting → model of genuineness
- Reassuring and supportive

Leadership Skills

- Poise
- Quick mental reflexes
- Ability to analyze, synthesize, and "diagnose"
- Creativity and flexibility
  - Ability to explore alternatives and solve problems

Communicating with a Person in Psychiatric Crisis

Caveats

- Every individual and every situation is unique
- There is no cookie-cutter method of responding effectively
- It's about the *relationship* you are able to develop with the individual
  - Everything we do or say affects others, directly or indirectly
  - The effective officer understands the power of communication and uses it to his advantage.

Keep it Calm

- Remain calm yourself, avoid overreacting, watch your nonverbals
- Keep the environment as calm as possible
  - Remove any unnecessary stimuli (e.g., distractions, upsetting influences, disruptive people) from the scene
  - Take your time
  - Talk in low, non-threatening voice
  - Avoid direct, continuous eye contact

Keep it Calm (cont.)

- Keep the environment as calm as possible (cont.)
  - Keep a reasonable distance, don’t crowd the person
  - Make no sudden movements
  - Keep your hands visible
  - Don’t touch the person
  - Don’t force discussion

Communicate Clearly

- Keep the person focused on you
- Tell the person what you are doing and be honest
- Keep your instructions simple, repeat as necessary
  - Remember: the person to whom you are talking may be confused, disorganized, and may benefit from repetition
  - BUT be flexible. If repetition agitates him/her, stop repeating yourself!

Be Friendly but REAL

- Don’t express anger, impatience, or irritation
- Don’t threaten or intimidate
- Avoid ordering, criticizing, blaming, name calling, sarcasm
- Try to avoid power struggle
- Be friendly, helpful, and *firm*
- Plan ahead and create an escape route for yourself, if needed
- Respect threats
  - Take threats toward self or others seriously
  - Ignore verbal abuse

Develop a Relationship

- Goal: Understand what they are experiencing – LISTEN, REFLECT, and CLARIFY
- You can only respond when you know what is needed…LISTEN to content
  - Use open-ended questions
    - "Tell me what's been going on."
    - "Tell me what you need. I'd like to help."
    - "What started all of this?"
  - Patiently allow the individual to vent some of his/her frustrations, without countering

Develop a Relationship (cont.)

- REFLECTING and CLARIFYING your understanding of his/her experience can be a powerful de-escalator
  - See it from their perspective
  - Don't impose your values
  - Validate their experience
  - Use reflective phrases:
    - "You seem…"
    - "Am I correct in this…?"

Develop a Relationship (cont.)

- Engaging and Assessing Individuals with Psychosis
  - Understand that a rational discussion may not take place.
  - Recognize and acknowledge that a person's delusional or hallucinatory experience is real/important to him or her AND convey a desire to understand.
    - Avoid challenging or disconfirming delusional or hallucinatory statements.
    - Avoid "going along with" or "buying into" delusional ideas
    - Rather than commenting on the actual content of the delusion, try to connect with the individual in terms of the feelings that he or she appears to be experiencing

Develop a Relationship (cont.)

- Express (genuinely) your own feelings of concern
  - "I'm glad you decided to talk to me."
  - "I don't want you to harm yourself"
- Don't argue!
- Be reassuring, offer hope, a relief of discomfort
  - "Has something like this ever happened before? What happened then?"
  - "What helps you most when you're feeling like this?"

Assess the Situation

- Try to get as much information as possible as can be accomplished in a relaxed and caring manner
  - This may require reading the individual's nonverbal indications of comfort and backing off as necessary
- Ask questions about *past* and *present* mental health
  - About mental illness and medical illnesses
    - Ask a person who is hearing voices if the voices are controlling their actions
  - Medications & compliance with medications
  - Substances

Assess the Situation (cont.)

- "Observe" the Individual's Mental State
  - 3 Categories of Behavior
    - **Visual –** observe head, face, neck, hands, body movements, general appearance, patterns of behavior
    - **Verbal –** sounds and statements, both *content* and *process* of what is said
    - **Changing Behaviors –** escalation indicated by more direct eye contact, furrowing of brows, clenching of hands, profanity, pacing

Assess the Situation (cont.)

- "Observe" the Individual's Mental Status
  - Components of Mental State as evidenced by Behavior
    - Mood – pronounced depression/pessimism; repeated and/or rapid changes in mood (e.g., crying to angry)
    - Cognitive – confusion regarding person, place, time, and/or situation; easily distracted; difficulty following the conversation; inability to answer questions
    - Behavioral – excessive energy OR lethargy; speaking rapidly OR slowly, slurring words; restlessness

Assess the Situation (cont.)

- Assess risk factors for suicide/homicide
  - Ideation? → Motivation? → Intent? → Plan? → Means of carrying out plan?
    - Check whether weapons are available
  - Ask directly. Talking about it does not give someone the idea.

Focus Discussion

- Help them to identify their issues – let them vent, if necessary
- Separate and define specific problems to alleviate confusion and feelings of hopelessness
  - “Have you ever felt like this before?”
  - “Which problems do you want to see resolved the most?”

Help Find Alternatives, Build Hope

- Emphasize the temporary nature of the crisis (without trivializing or minimizing)
- If possible, help them to see their own strength in solving problems
  - "What have you tried so far?"
  - "What has helped you in the past? What hasn't?"
- *Discuss* alternatives, don't *tell* them
  - "Of the ideas we've talked about, what seems best to you?"

Gaining Compliance

- Use behavioral principles
  - Again, be friendly, helpful, and *firm*
  - Tell the person what you are doing
  - Set and enforce real limits
  - Reinforce positive, cooperative behavior
  - Don’t offer consequences on which you don’t intend to follow through

In the event that a threat is made…

- DO
  - Take threats seriously
  - Be direct
  - Be willing to listen and let them know you want to help
  - Be non-judgmental
  - Stay focused on the problem
  - Stress that suicide/homicide is permanent

In the event that a threat is made… (cont.)

- DON'T
  - Offer simple solutions to serious problems
  - Tell him/her everything will be OK
  - Try to minimize
  - Accept to be sworn to secrecy
  - Leave the person alone