

Safe Behind Bars

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Communication, Control, and De-escalation of Mentally Ill and Aggressive Inmates

A Comprehensive Guidebook for

Correctional Officers in Jail Settings

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CHAPTER 7

Taking into Account an Inmate's Mental Illness During Write-Ups and Disciplinary Hearings

Officers are responsible for maintaining order and when necessary, charging inmates with rules violation reports or infractions. Mentally ill prisoners frequently receive discipline reports and are punished for behavioral problems that are manifestations of their illness rather than malevolence or an intention to make trouble. Consider that it is regarded as "destruction of property" when such items as sheets, towels, shirts, etc. are used in attempted suicide by hanging. Even acts of self- mutilation are a destruction of property because, in this case, the state's property is the inmate's body. This presents the correctional officer with quite a dilemma, given that a custodial institution generally functions best when the rules are "fair, firm, and consistent."

One of the most effective approaches in this area is to ensure that correctional officers receive ongoing training that will assist them in determining when inappropriate behavior might be a symptom of a deeper underlying mental illness, signaling the need to not only record the rule violation but to also immediately refer the inmate to a mental health practitioner.

Change from baseline behavior is one of the most significant warnings that the individual may be decompensating. Among these warning signs:

- **Changes in Hygiene.** Not bathing (strong overpowering body odor), not brushing their teeth, combing their hair, or wearing rumpled dirty clothing.
- Inappropriate Clothing or Clothing that Is Inconsistent With Temperature or Season. This would include sweatshirts and/or jackets during the summer. Refusing to wear clothing at all or wearing clothes inappropriately—for example, shirts as pants.

Figure 7.1 Caution Regarding Clothing: It's Always More than One Thing

Security rules should never be suspended because an officer believes an inmate to be suffering from a mental illness. Inappropriate clothing is also indicative of an inmate carrying contraband such as weapons and/or drugs; therefore, appropriate caution must always be exercised in detaining and/ or searching the inmate.

• **Significant Changes in Diet.** This includes not eating or missing meals that are normally eaten by the inmate.

- **Change in Mood.** Such inmates may be withdrawn, depressed, and lethargic or may be irritable or uncharacteristically defiant
- Manic Excitement. Rapid speech, gesture and movements, over-exuberance, and boisterousness (Chapter 43).
- **Psychotic Behaviors.** The expression of delusional ideas, talking to oneself, or interaction with visual hallucinations (**Chapters 41 & 42**).

If an inmate evinces any of these "red flags," they must hopefully be calmed, and at minimum, safely controlled. The correctional officer then needs to ensure that the inmate is seen as soon as possible by trained clinicians to further assess the inmate's needs. The inmate should not be left alone until there is a clinical order to do so, following assessment. This may be immediately or within the next hour, but should not be prolonged beyond the current shift unless there are unavoidable circumstances. For facilities that do not have twenty-four hour mental health care, this inmate will have to be housed in a place that is safe for them and others until they can be assessed. Aside from the treatment issues of concern, this immediate response will help staff ascertain if the inmates actions were driven by their mental illness or volitional (by choice), information that is essential for the disciplinary hearing.

Disciplinary Hearings

With mentally ill inmates, jail disciplinary hearings, which are set up in a quasi-judicial manner, should judge whether an inmate is competent to participate in the proceedings, and whether the prisoner's conduct reflected cognitive mental health impairments or was volitional. Correctional officers share information at disciplinary hearings through their description of the inmate's actions during the rule violation as documented on the rules violation report (RVR) or on a supplemental document such as an incident "chrono." The officer might be called as a witness by the senior hearing officer, by the inmate, or the inmate's clinician (who should also be a member of the disciplinary committee). Due to their mental health problems, the inmate should always be assigned a staff assistant who will aid the inmate to understand the disciplinary process as well as ensuring that he or she receives full due process.

Whether found guilty or not of an infraction, the hearing may decide to require placement in a specific therapy or psycho-education/counseling group and/or placement into an intensive behavioral therapy unit. Sanctions can also be reduced to a lesser rule violation in order to implement a punishment that is more instruction/learning oriented as opposed to a punitive sanction that may lead to more degeneration in an inmate's mental state.

The preceding information does not negate in the slightest the fact that all inmates must be accountable for their actions and behavior. It simply requires that mental health staff and correctional staff assess how best to manage the inmate's behavior while ensuring that any relevant clinical and medical needs that are revealed by the infraction are addressed.

Figure 7.2 Fair, Firm, and Consistent Does Not Mean Rigid

Correctional officers have considerable latitude in effectively enforcing rules and ensuring safety. Consider the following example of three inmates, each of whom refuses to leave his cell:

Inmate #1 is a hard-core fighter, who is simply bored, and considers a fight with officers to be a kind of contact sport. After he is instructed to leave his cell, he laughs and kicks his cell-door, howling, "Bring it on, screws!" The officers quickly and expeditiously remove him from his cell, using powerful, controlled methods of physical force. He is put in restraints.

Inmate #2 is angry because officers inadvertently damaged a picture of his daughter during a mail check. A lead officer uses tactical paraphrasing to "line up" with the inmate (**Chapter 57**). Without compromising staff authority in the slightest, the officer validates that the inmate is understandably upset. The inmate calms down and leaves his cell voluntarily.

Inmate #3 is having a psychotic break and is terrified that if he leaves his cell, rats will invade his mattress and devour him while he is asleep. He needs to go to the infirmary to get a blood-draw to assess if his medications are at the right level. An officer takes the extra time to calm him down, and eventually, places a lit flashlight on the inmate's bed, the cell being locked behind them. The inmate has told the officer that rats attack in the dark. He is reassured that the rats will not invade his room because of the extra light on the bed.

The officers are fair in each case, they are firm in each case, and they are consistent—they determine the most effective tactic to elicit compliance.

CHAPTER 39

Latency: Dropping Stones Down a Well

Latency is a behavior in which inmates respond in a much-delayed manner. It is often a manifestation of disorganization, but because of its confusing nature, we have chosen to discuss it as an entity of its own. With latent inmates:

- You ask a question, and they talk to themselves quietly as they puzzle out what you might be saying.
- They may not even make eye-contact, or engage in odd movements in the air.
- Some latent inmates may simply stare away, a vacuous look on their faces.

Figure 39.1 How to Recognize Latency

You will recognize latency when the inmate to whom you are speaking not only delays his or her answers for a long time, but also when they do reply, their communication is somewhat odd and disjointed. You will notice that they do not really respond to the questions asked. This is different from being silent or defying you. You get the sense that they are not "there," that it is about something going on inside of them, not about you at all.

Figure 39.2 Example of Latency

The correctional officer comes upon an inmate, tying himself to the bars of his cell with his shirt:

- **CORRECTIONAL OFFICER**. "Why are you tying yourself to the bars?" (**30** seconds pass with the latent man standing and staring at the ground, frozen.)
- CORRECTIONAL OFFICER. "Why are you tying yourself to the bars?"
- Inmate. (The mentally ill man slowly raises his head, and his eyes vacant, slowly speaks.) "Uh, bat fly." (He then resumes tying himself to the railing with thin string.)
- **CORRECTIONAL OFFICER.** "I can call for help so you can go to the clinic. I know there is someone there that is able to help you."
- Inmate. (The mentally ill inmate stops tying himself, his hands still holding the string in midknot. His lips move as if he is talking to himself. He raises his eyes, lowers them, and raises them again. He speaks.) "Don't take me steal me." (He then resumes his activity without eye contact.)

Note the CORRECTIONAL Officer's exemplary patience. This contact is not a failure. The officer has ascertained that the individual is so profoundly ill that he is unable to communicate. That the officer is calm probably keeps the inmate from becoming fearful or combative in response.

Note also that the officer did not try to analyze this, for example, asking the inmate if he is afraid he will fly away, and that's why he's tying himself to the bars. Given how impaired the inmate is, figuring things out is unnecessary.

Coping with Latency: Keep Things Simple

Although communicating with a latent inmate can be frustrating, as well as time consuming, the correctional officer should remain calm. Indeed, any frustration or anger you display will only further confuse them. Keep your sentences and instructions short and direct. Minimize the use of qualifiers, such as "you might" "maybe" "kind of," etc., that you ordinarily put in your sentences. Officers should also minimize the use of hand gestures or changing facial expressions. Don't speak robotically; simplicity is best.

It is useless to try to "get through to them" by yelling. All this does is drive them further into the latent state, as they get more frightened, overwhelmed, or confused by the irate officer yelling incomprehensible things at them.

Latent inmates usually don't need things explained in further detail; they just don't "get it" the first time. Say the same thing again and again, with a slow measured pace.

Figure 39.3 How to Speak and Respond to a Latent Inmate

- Keep your sentences short.
- Don't change your vocal tone.
- Repeat the instructions using the same words and the same tone of voice.
- Pause between sentences, giving the inmate time to process what you have said.
- Try to get the inmate to repeat back your instructions (No guarantees on this item!)
- Contact medical. Changes in mental states may indicate the recurrence or onset of serious mental illness.