

Command & Control

Suicide Prevention:

A

Proactive Solution

Instructor's Aid



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Suicide Prevention

Program Objectives:

- ❖ The Myths about suicide
- ❖ Factors that can trigger suicidal behavior
- ❖ The most critical times for suicidal behavior



Suicide Prevention

Program Objectives:

- ❖ The signs and symptoms of suicidal behavior
- ❖ Indicators of depression
- ❖ Three steps in suicidal screening during intake



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Program Objectives:

- ❖ Two categories of supervision for suicidal inmates
- ❖ Housing considerations for suicidal inmates



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Program Objectives:

- ❖ Methods of communicating with suicidal inmates
- ❖ Barriers to communicating with suicidal inmates



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Program Objectives:

- ❖ Guidelines for dealing with manipulative suicidal behavior
 - ❖ What to do when you discover an inmate suicide



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“Suicide Prevention: A *Proactive Solution*” is designed to instruct corrections and detention officers in basic concepts of dealing with suicidal inmates in a corrections setting.



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The Myths About Suicide

What are the facts?

While *suicide* is a leading cause of *death* in correctional institutions, most of these deaths *can be prevented*.



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It takes a planned and coordinated strategy that is comprehensive and proactive.



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It *requires* identifying possible *suicide victims* early, and supervising *them* carefully.



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Myths About Suicide

There are *many myths* about *suicide*, and these mistaken ideas *often* lead to *suicide* because they *keep* people from taking *preventive action*.



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Here are
common
misunderstandings
about
suicide.



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Myth: People who threaten suicide don't commit suicide.



Fact: Most people who commit suicide have made direct or indirect statements of their intentions.



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Myth: People who attempt suicide once will not try it again.

Fact: *Anyone with one or more suicide attempts is at much greater risk of repeated attempts.*



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Myth: Suicidal people are intent on dying.

Fact: Most suicidal people feel trapped by living, see death as the only way out. Most of them want to live, but simply can't cope with their situation.



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Myth: Talking to people about their suicidal thoughts will cause them to go through with it.

Fact: You cannot make someone suicidal by discussing the possibility of suicide.



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Myth: All suicidal people are mentally ill.

Fact: Suicidal people are extremely depressed and unhappy, they are not necessarily mentally ill.



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Myth: If someone really wants to kill themselves, there's generally nothing we can do about it.

Fact: *Almost all prison and jail suicides can be prevented.*



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Identifying Suicidal Inmates

Factors That Can Trigger Suicidal Behavior

- Recent excessive drinking or use of drugs.

Depression sets in when a person sobers up.



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*Pay special attention
when more than two-
thirds of all arrestees
are under the
influence of drugs or
alcohol.*



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- Recent loss of a stabilizing resource.

The loss of a stabilizing resource such as a spouse, parent or close friend can be devastating, or the loss of financial resource.



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- Severe guilt or shame over the offense.

More people take their own lives over minor offenses than serious crimes. People of stature who commit serious crimes, are especially vulnerable to suicide.



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- Same-sex rape or the threat of it.

For new inmates, this can simply be the fear of sexual assault.



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- Current mental illness.

People who are depressed or delusional with voices telling them what to do may also be suicidal.



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- Poor health or terminal illness.

This is true for all ages,
and involves depression
over diseases such as
AIDS, hepatitis or
cancer.



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- Approaching an emotional breaking point.

Varies by individual, everyone has a breaking point that is dependent on stress, time, and severity.



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Identifying Suicidal Inmates

High Risk Suicide Periods

Another important condition that often influences suicidal behavior is the period of time of the incarceration or involvement with the criminal justice system.



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High Risk Suicide Periods

The first 24 hours of confinement. Especially in jails, this is the most crucial period, with particular emphasis on the first three hours.



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Intoxication or withdrawal.

Depression frequently sets in when the inmate sobers up.



Waiting for trial. Sometimes the agony of the unknown and just plain waiting creates unbearable anxiety.

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Sentencing. The breaking point may occur just before or after sentencing.

Impending release. This may catch you off guard, most inmates look forward to being released. For some the shame of facing family, friends, may be too great to tolerate.



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Holidays. The loneliness of being confined when families are normally together can become unbearable.



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Dark and alone. Suicide is a very private act, almost always occurs during the hours of darkness or when the inmate is left unsupervised.



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Decreased staff surveillance.

Not only nights, but weekends and holidays can offer more opportunities for suicides. In fact, a number of suicides occur during shift changes when the staff is distracted with other duties.



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Bad news of any kind.

“Dear John” letters,
“restraining orders”,
“pink slip” any type of
foreclosure notices,
notification of a death,
lack of visits or disturbing
news of any kind from
loved ones.



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Signs and Symptoms of Suicidal Behavior

Suicidal inmates will *most often* give some indication of their intentions. These become apparent in interviews during intake or booking.



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Once you have developed a base line of behavior from observing the inmate during confinement, you may detect signs and symptoms such as....



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1. *Depression or paranoia.*
2. The inmate expresses *shame or strong guilt over the offense.*
3. The inmate *talks about or threatens suicide.*



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4. The inmate is *under the influence of alcohol or drugs and becomes depressed when sobering up.*



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5. Previous suicide attempts or a history of mental illness, particularly recent history.

6. Severe agitation or aggressiveness.



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7. Hopelessness or helplessness.

8. Unusual anxiety over consequences such as "What will my wife say?" or "What will my employer say?"

9. Noticeable mood or behavior change.



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10. The inmate *may act very calm once the decision has been made.*

11. The inmate speaks *unrealistically about getting out of jail or prison.*



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12. The inmate *becomes preoccupied with the past* and does not deal effectively with the present.



13. The inmate *begins packing belongings.*

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14. The inmate *starts giving away possessions.*

15. They *may try to hurt him or herself with attention-seeking gestures.*

16. *Paranoid delusions or hallucinations.*



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Identifying Suicidal Inmates

Recognizing Signs of Depression

While all of the signs and symptoms can be important, *seventy to eighty percent* of all suicides are committed by people who are severely depressed.



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If you can recognize *severe depression* you can often intervene to prevent a suicide.

Many signs of *depression* are apparent during *intake* or *booking*.



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The most *common indications* of **severe depression** are:

- ✓ *Feelings of inability to go on.*
- ✓ *Extreme sadness or crying.*
 - ✓ *Withdrawal or silence.*
- ✓ *Loss or increase of appetite or weight.*



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- ✓ *Insomnia or excessive sleeping.*
- ✓ *Mood or behavior changes.*
 - ✓ *Tension or anxiety.*
 - ✓ *Lethargy.*
 - ✓ *Loss of self-esteem.*
- ✓ *Loss of interest in people, personal appearance, or activities*



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- ✓ *Self-blaming or strong guilt feelings.*
- ✓ *Difficulty concentrating or thinking.*
- ✓ *Agitation, which frequently precedes suicide.*



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Identifying Suicidal Inmates

Suicide Screening During Intake

The *most critical time* for *suicidal behavior* is the *first several hours* of *incarceration*.



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The *most important point* for *detecting suicidal tendencies* in in the *booking* or *intake process*.

Officers who *conduct* this *process* should be *specially trained* to *look* for *these tendencies*.



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There are three
important steps to
observe while
conducting the
suicidal screening
during intake
process.



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Observation

Booking or receiving officers will pay attention to the inmate's speech, attitude and state of mind.



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They *will look* for *scars* from *previous suicide attempts*, for *traumas* or *bruises*, *observe color* and *condition* of the *skin*.

They *will also look* for *signs* of *drug* or *alcohol abuse* or *withdrawal*, and *determine* if *inmate* is on any *medication*.



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Questionnaire

The *next step* is to *use* a *questionnaire* to *screen* the *inmates personal history* along with *mental* and *physical condition*.



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Reassure the inmate by explaining all inmates are asked questions for their own health and welfare.

This should be done in private as much as possible, and asked in a normal, matter-of-fact tone using language the inmate can understand.



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When an *arrestee* comes too *intoxicated* to *cooperate*, you may *delay* the *screening process* until the *individual sobers* up. The *inmate* should be *placed* under *continuous observation*.



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Disposition

The *final step* is *disposition*.
The *intake officer* will make
the *decision* about *housing*
and *supervision depending*
upon the *outcome* of the
observation during the
interview steps.



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Supervising Suicidal Inmates

Jails and *prisons* tend to *isolate suicidal inmates*.

While this is *more convenient* for the *staff*, it can be *detrimental* to the *inmate*.



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Isolation not only *escalates* the *inmates* *sense* of *alienation*, it can also *remove* him or her from *proper staff supervision*.



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Suicidal inmates should *housed* in the *general population*, if they are *isolated*, they *must be under continual staff supervision.*



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Classification of Suicidal Inmates

For the *purpose* of *housing* and *supervision*, *suicidal inmates* are *categorized* into *two* *groups*; *Low Risk Suicidal Inmate*, and *High Risk Suicidal Inmates*.



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Low Risk Suicidal Inmates

are *not actively suicidal*, but have *expressed suicidal thoughts* or *have a history of suicide attempts*.



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These inmates should be placed under **Close Watch** which means they *should be physically observed by staff at frequent, irregular intervals, and housed with other inmates so they are not left alone.*



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High Risk Suicidal Inmates are *actively suicidal* who are *either threatening suicide* or *engaging in suicidal* or other *self-destructive behavior*, or *may have recently attempted suicide*.



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These inmates should be placed under **Constant Watch** which means they *should be physically observed* by *staff* on a *continuous, uninterrupted basis*.



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Housing Suicidal Inmates

When *housing* a *suicidal inmate*, *regardless* of the *level*, you should *take* *the following* *precautions*.



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*Use suicide-resistant,
protrusion free cells.*

*Preferred cells include
those located in high
traffic and visibility areas
such as booking,
receiving and discharge
area, or near an officers
station.*



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Remove *belts, ties, shoelaces, and suspenders*. Ideally, the inmate should be issued *regulation clothing*.



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Do not rely on audio or closed circuit video monitors. They should only be used as a supplement, and never as a substitute for staff observation.



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Use physical restraints only as a last resort, and then only with the permission of the senior officer and under the supervision of medical personnel.



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Supervising Suicidal Inmates

When *supervising suicidal inmates*, the *best policy* is to try to *establish meaningful communication* with them.



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Techniques for accomplishing Communicating with Suicidal Inmates

Trust your judgment. If you believe an inmate is in danger of suicide, act on your beliefs. Don't let other opinions cause you to ignore suicidal signals.



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Listen patiently.

Encourage suicidal inmates to talk and express feelings. Allow them to verbalize the extent of their pain.



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Maintain contact through verbalization, eye contact, and body language. Don't be reluctant to express your concerns about the inmate.



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Emphasize a positive future. If you are aware that family or close friends are concerned with the inmate's welfare, share that information with the inmate.



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Stay with the suicidal inmate. *Do not* leave suicidal inmates alone if you believe they are a danger to themselves. Stay until assistance arrives.



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Take all threats seriously and make immediate referrals.

It is not your responsibility to interpret the sincerity of a suicide threat. Contact qualified personnel to make a decision about intervention.



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Barriers to Communication with Suicidal Inmates

There are *important barriers* to *communication* with *suicidal inmates*. You should not do...



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Do not offer solutions or give advice. You are not a social worker or mental health counselor. Don't get caught up in trying to make a diagnosis or pinpoint an inmates problem.



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Don't become angry, judgmental or threatening to the inmate.

Do not act sarcastic or make jokes about the situation.



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*Do not placate the inmate
by making promises you
cannot keep.*

*Do not challenge the
inmate to make good on
his or her threat.* Attempts
at reverse psychology are
dangerous.



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Do not ignore the suicidal risk or threat. If you feel uncomfortable with the situation, don't just walk away. Get help!



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Dealing with Manipulative Suicidal Behavior

Few issues challenge institutional staff more than the management of manipulative inmates.



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For attention, inmates will go as far as to fake a suicide attempt in order to avoid a court appearance, bolster an insanity defense, to gain special treatment, or seek compassion from a spouse or family member.



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Although there are no perfect solutions to the management of inmates who threaten suicide or engage in self-destructive behavior, there are several guidelines you should keep in mind.



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Guidelines for Controlling Manipulative Suicidal Behavior.

Use preventive measures such as increased supervision to discourage it.



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Avoid Isolation as a response to it. It often escalates the problem.

Observe and document the behavior. It is not your responsibility to determine whether the inmate is being manipulative or actually suicidal.



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Refer the inmate to mental health or medical personnel for assessment.

Avoid labeling the inmate as manipulative in your reports. Once labeled, the inmate's treatment by other staff will be influenced.



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Supervising Suicidal Inmates

What To Do When You Discover
A Suicide

Now we come to the difficult
situation. You discover an
inmate who has committed
suicide.



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94% of inmate suicides are by hanging. Never assume that an inmate is dead.

First, call for back-up. After surveying the situation for security, get help to cut the inmate down and initiate first aid and CPR.



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You *should not leave* the *victim hanging* to *protect* the *scene* of the *crime*.

Even *though* there are *no vital signs*, you should never *presume death* has already occurred.



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When *cutting the inmate down*, you should *protect the head and neck* as much as possible.

Put the *inmate on the floor* and *begin CPR* while another officer *calls for medical personnel or ambulance*. **DO NOT** stop CPR until *medical staff* tells you to.



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You or the facility may be held *legally responsible* for the *death* of the *inmate* if the *staff* does not *promptly* and *effectively* *initiate life-saving* *measures* to an inmate in the *act* of an *attempted* *suicide*.



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*Never take that risk.
Do whatever you can
to save the life of the
inmate.*



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Every completed suicide, as well as suicide attempts that require hospitalization, should be followed up with an administrative review and psychological assessment of the inmate in order to reduce the likelihood of future attempts.



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Coping With the After-effects

An *inmate suicide* can be extremely stressful for staff members. You may experience *misplaced guilt*, wondering if there was something *you could or should have done to prevent the death.*



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As a corrections officer, you should never feel the need to bear responsibility for an inmate's decision to take his or her life.



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The *guilt* sometimes remains, leaving lasting scars. Always use *counseling* or *therapy* to help *overcome* the *trauma* of a *suicide* in your *facility*.



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Most suicides in correctional facilities are preventable. It takes a coordinated, proactive effort to make that happen, particularly in the booking or intake process when suicides occur most frequently.



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Make sure you pay close attention to the indicators we have discussed, and don't be afraid to take action if necessary.

Above all, relate to the inmates with respect and concern. It may help save a life.



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QUESTIONS



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