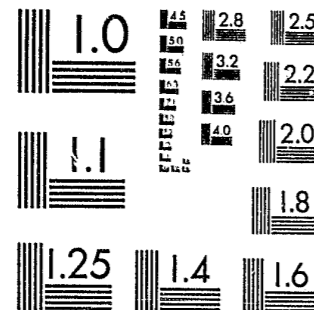


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Washington, D. C. 20531

10/4/85

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# THE SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY



PRESENTS

## UICIDE INTERVENTION

BY  
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## SUICIDAL TYPES

1. Inmate facing a crisis situation

2. Manipulative and Impulsive Inmate

3. Anyone Confine to Jail

4. Inmate in serious depression

TYPES OF SELF DESTRUCTIVE BEHAVIOR

A. Active suicide

B. Attempted suicide

C. Suicide Gesture

A. Physical signs of depression

1. Sleeping difficulties
2. Insomnia
3. Irregular hours
4. Early morning awakening
5. Depressed physical appearance
6. Walks slowly
7. Easily fatigued
8. Loss of appetite and weight
9. Slumps when walking or sitting or sits in the corner in the fetal position
10. General loss of energy

B. Behavioral Warning Signs

1. Cries frequently
2. Retarded thinking
3. Apathy and despondent
4. Sudden social withdrawal, little communication with inmates and/or officers
5. Feelings of helplessness and hopelessness
6. General anxiety, with physical and mental symptoms
7. Talk of self pity
8. Talks of suicide, leaves notes
9. Talks of getting out unrealistically
10. Gives away personal possessions
11. Previously attempted suicide
12. Sudden changes in behavior, attacks officer or inmate

D. Passive suicide

E. Suicide threat

F. Subintentioned suicide

1. Unconscious suicide

2. Suicide by precipitated homicide

G. Psychotic Condition

1. Psychotic mutilation

2. Psychotic depressionalization

H. Sensational suicide

## EFFECTS OF INCARCERATION

### A. Typical Emotional Response

1. Uncertainty

2. Anxiety

3. Shame

4. Frustration

## FOUR CATEGORIES OF REACTING

1. The inmate who knows what to expect and adjust

2. The inmate doesn't know what to expect adjust anyway

3. The inmate doesn't know what to expect and becomes suicidal

4. The inmate knows what to expect but becomes depressed and suicidal

#### CRITICAL STAGES OF INCARCERATION

1. Initial arrest
2. Return from visits or calls
3. Return from bond hearing or trial
4. Any significant change in status or location

#### THE MENTALLY DISTURBED AND JAIL SUICIDE

1. Inability to separate reality from fantasy.
2. Confusion and misconception about reality.
3. Mental illness with depression
4. Limited ability to control impulses.
5. Uncontrollable feelings of anger turned inward.

## ALCOHOL, DRUG ABUSE AND SUICIDE

### Roles of the Jail Officer

1. Check for available substance abuse and detoxification programs in your community.
2. Develops policy and practices to monitor persons under the influence.
3. Do more screening at the time of arrest and booking.
4. Use detoxification programs
5. Use detox cell, or holding cell nearest the officer
6. Increase cell supervision.
7. Take the inmates clothes, leaving on him only whats humanly necessary.
8. Be prepared to respond to an attempt.

### Verbal Clues

1. "I'm going to kill myself."
2. "my family would be better off without me."
3. "You won't be seeing me around anymore."
4. "I just can't stand it any longer."
5. "It's too much to put up with."
6. "If (such and such) happens, I'll kill myself."
7. "If (such and such) doesn't happen, I'll kill myself."
8. "I'm getting out."
9. "Here, take this (valued possession), I won't be needing it anymore."

### Behavioral Clues

1. Extreme tension
2. Restlessness
3. Sits silently
4. Agitation/Aggressive
5. Crying spells
6. Rhythmic rocking back and forth
7. Saddened face, downcast eyes, staring into space, etc.

DESCRIPTIVE DATA--JAIL SUICIDES  
AUGUST 1978 - APRIL 13, 1984

	<u>Race</u>	
White	36	73.5%
Black	11	22.4%
Unknown	1	2.0%
Other	1	2.0%
Total	49	

	<u>Gender</u>	
Male	48	98.0%
Female	1	2.0%
Total	49	

	<u>Age</u>	
18-20	6	12.2%
21-24	4	8.2%
25-30	16	32.7%
31-34	10	20.4%
35-40	4	8.2%
41-44	5	10.2%
45-49	2	4.1%
50-54	1	2.0%
55-60	1	2.0%
Total	49	

	<u>Cause of Death</u>	
Strangulation	47	95.9%
Unknown	2	9.1%
Total	49	

	<u>Type Facility</u>	
Type I	17	34.7%
Type II	4	8.2%
Type III	1	2.0%
Type IV	22	44.9%
Unknown	5	10.2%
Total	49	

Substance Present At Time Of Incarceration

Alcohol	23	46.9%
Alcohol & Drug	4	8.2%
Drug Alone	1	2.0%
None or Unknown	21	42.9%
Total	49	

	<u>Tried</u>	
Yes	7	14.3%
No	39	79.6%
Unknown	3	6.1%
Total	49	

Time Incarcerated Before Death

0-5 Hours	16	32.7%
5 Hours 1 Minute -		
23 Hours 50 Minutes	7	14.3%
1 Day - 5 Days	10	20.4%
6+ Days	8	16.3%
Unknown	8	16.3%
Total	49	

Type Offense (Most Serious Charged)

DUI	9	18.4%
Public Drunk	12	24.5%
Crime Against Property	6	12.2%
Violent	9	18.4%
Other	8	16.3%
Unknown	5	10.2%
Total	49	

Time of Death

Midnight - 1:15 a.m.	4	8.2%
2:00 a.m. - 3:39 a.m.	3	6.1%
4:00 a.m. - 5:59 a.m.	3	6.1%
6:00 a.m. - 7:59 a.m.	3	6.1%
8:00 a.m. - 9:59 a.m.	2	4.1%
10:00 a.m. - 11:50 a.m.	3	6.1%
Noon - 1:59 p.m.	3	6.1%
2:00 p.m. - 3:59 p.m.	3	6.1%
4:00 p.m. - 5:59 p.m.	6	12.2%
6:00 p.m. - 7:59 p.m.	5	10.2%
8:00 p.m. - 9:59 p.m.	10	20.4%
10:00 p.m. - 11:59 p.m.	5	10.2%
Total	49	

### Intervention

1. Recognize the clues to suicide.
2. Do take seriously every suicidal threat, comment, or act.
3. Do be willing to listen (and talk).
4. Don't dismiss a suicidal threat and underestimate its importance.
5. Stay with a suicidal inmate.
6. Don't try to shock or challenge the inmate.
7. Don't argue with the inmate about whether he would live or die.
8. Be supportive.
9. Do seek support help as soon as possible if you think that you cannot handle the situation. (Don't be the Lone Ranger!)
10. Empathize by helping the person to understand his feelings.

### Interaction Technique

- |                           |  |
|---------------------------|--|
| a. Dwelling on One's Self | Allow gratification by letting individual talk;  |
| b. Feeling of Loss        | Show interest and support.   |
| c. Loss of Self-Esteem    | Point out individual's strong points; Appeal to his/her ego;   |
|                           | Ex. Inmate: "Why should I bother anymore, everything I do is wrong. My life is useless-I'm useless. Can't even support my wife and kids. What good am I? I'll tell you NO GOOD. Might as well be DEAD!"<br>C/O: Why don't you try being more positive. Don't you think your wife would rather have you here than not at all. Try thinking more about when you get out of here, being with your wife and kids, working again... |
| d. Anger                  | Express what the person is afraid to express himself, take the burden away from him.   |
| e. Feeling of Being Alone | Involve others; put in contact with significant others; i.e., wife, girlfriend, mother, father.  |
| f. Cry for Help           | Assure individual about your willingness to help.  |
| g. Anxiety                | Be tolerant of individual's and your own anxiety, don't lose your patience with his/her depression and/or your own uneasiness with the situation.  |

These dynamics can be achieved by using the interaction techniques listed below:

1. Silence - often encourages the inmate to verbalize if it appears you are interested.
2. Accepting - "Yes", "Uh-humm", etc.
3. Restating - rephrase what inmate says:  
Ex.: Inmate: "I can't sleep, I stay awake all night."  
C/O: "You're having difficulty sleeping?"

4. Offer general lead - "Go on" and then, encourage the inmate to continue.
5. Give Broad Opening - Ask inmate if he would like to discuss something or what he is thinking. This releases tension and despair; the inmate was probable wishing someone would ask what was wrong.
6. Seek Clarification - "I'm not sure I understand. Could you explain?"
7. Attempt to Put Things In Sequential Order - Develop circumstance leading up to present situation.
8. Present Reality - In the form of discussing how fantasies are fun, but that we must accept and deal with every day life functions.
9. Suggest Collaboration - Introduce the idea of discussing problems with someone else, perhaps a sensitive inmate that the person could relate to.
10. Encourage Evaluation - Ask inmate how he/she feels after discussing the problem with someone else. Is he/she more comfortable with the situation.
11. Discuss Alternative Plans of Action for Future - "How can you let your anger out harmlessly?" Next time this come up how do you think you will handle it?"

#### FACTS AND FABLES ON SUICIDE

- FABLE: PEOPLE WHO TALK ABOUT SUICIDE DON'T COMMIT SUICIDE
- FACT: Of any ten persons who kill themselves, eight have given definite warnings of their suicidal intentions.
- FABLE: SUICIDE HAPPENS WITHOUT WARNING.
- FACT: The suicidal person gives many clues and warnings regarding his suicidal intentions.
- FABLE: SUICIDAL PEOPLE ARE FULLY INTENT ON DYING
- FACT: Most suicidal people are undecided about living or dying, and they "gamble with death," leaving it to others to save them. Almost no one commits suicide without letting others know how the person is feeling.
- FABLE: ONCE A PERSON IS SUICIDAL, THE PERSON IS SUICIDAL FOREVER
- FACT: Individuals who wish to kill themselves are "suicidal" only for a limited period of time.
- FABLE: IMPROVEMENT FOLLOWING A SUICIDAL CRISIS MEANS THAT THE SUICIDAL RISK IS OVER
- FACT: Most suicides occur within about three months following the beginning of "improvement", when the individual has the energy to put his morbid thoughts and feelings into action.
- FABLE: SUICIDE STRIKES MORE OFTEN AMONG THE RICH -- OR CONVERSELY, IT OCCURS ALMOST EXCLUSIVELY AMONG THE POOR.
- FACT: Suicide is neither a rich man's disease nor the poor man's curse. Suicide is very "democratic" and is found among all levels of society.
- FABLE: SUICIDE IS INHERITED OR "RUNS IN FAMILIES"
- FACT: Suicide does not run in families. It is an individual pattern.
- FABLE: ALL SUICIDAL INDIVIDUALS ARE MENTALLY ILL, AND SUICIDE ALWAYS IS THE ACT OF A PSYCHOTIC PERSON.
- FACT: although the suicidal person is extremely unhappy, he is not necessarily mentally ill.

\*From: Some Facts About Suicide, E. S. Schneidman and N. L. Farberow, Los Angeles Suicide Prevention Center, 1971.

# A SUICIDE RISK ASSESSMENT INSTRUMENT

Description: Below is a checklist of signs that indicate that an inmate could be suicidal. Not all suicidal people show all of these signs and the occurrence of a few does not mean that someone is necessarily suicidal. Both the arresting and booking officer should evaluate the inmate using the same form, and both should sign it.

NAME OF PRISONER: \_\_\_\_\_

	HIGH	MEDIUM	LOW
A. BEHAVIOR			
Irregular sleeping habits (asked inmate)	3	2	1
Destroying property	3	2	1
Non-communicative	3	2	1
Defensive attitude	3	2	1
Withdrawn	3	2	1
Helpless	3	2	1
Crying	3	2	1
Depression	3	2	1
Shame	3	2	1
Mood swings	3	2	1
Argumentative behavior	3	2	1
Rage	3	2	1
Inconsistent behavior	3	2	1
Delusions or hallucinations	3	2	1
Memory loss	3	2	1
Lethargic behavior (sluggish)	3	2	1
Staring into space	3	2	1
Other: _____			

	HIGH	MEDIUM	LOW
B. APPEARANCE/HEALTH			
Neglect of personal appearance	3	2	1
Hyperactivity/nervousness	3	2	1
Signs of previous suicide attempts	3	2	1
Physical/emotional exhaustion	3	2	1
Other: _____			
C. FAMILY			
Family has history of suicide	3	2	1
Family rejection because of incarceration	3	2	1
Suffered recent loss (divorce, death)	3	2	1
Troubles in family (financial, emotional, separation)	3	2	1
Other: _____			
D. ENVIRONMENT			
Ridiculed by others	3	2	1
Juvenile in an adult setting	3	2	1
Asking to be in isolation	3	2	1
Being placed in isolation	3	2	1
First time for incarceration	3	2	1
Incarcerated for major felony	3	2	1
Incarcerated for a crime of passion	3	2	1
Likelihood of a life sentence	3	2	1
Incarcerated for DUI	3	2	1
Incarcerated for something "shameful"	3	2	1
Avoiding others	3	2	1

			HIGH	MEDIUM	LOW
E.	AGE AND SEX				
	Male	Female			
	---	---			
		- 15 yrs.	3	2	1
		15 - 34 yrs.	3	2	1
		35 - 49 yrs.	3	2	1
		50 yrs./over	3	2	1
F.	STRESS				
	Actual Loss				
	- death		3	2	1
	- money		3	2	1
	- separation wife		3	2	1
	- job		3	2	1
	- divorce		3	2	1
	- health		3	2	1
	- children		3	2	1
	Permanent Change				
	- home		3	2	1
	- environment		3	2	1
	- job		3	2	1
	- sickness		3	2	1
	- surgery		3	2	1
	- accident		3	2	1
	- prosecution		3	2	1
	- vague feeling of stress		3	2	1
	- law suit		3	2	1
	- bankruptcy		3	2	1
	- recent success		3	2	1
G.	PRIOR SUICIDAL HISTORY				
	- one/more attempts of high lethality		3	2	1
	- one/more attempts of low lethality		3	2	1
	- repeated suicide threats, ideas		3	2	1
	- no previous suicidal behavior		3	2	1
	Present Suicide Plan				
	- yes				
	- no				
	If yes, by what means				
	- means are available				
	- not available				
	- other				

			HIGH	MEDIUM	LOW
H.	RESOURCES				
	- no sources of help, relatives, friends		3	2	1
	- no help from employer		3	2	1
	- family, friends available, unwilling		3	2	1
	- major financial problem		3	2	1
	- currently employed, stable income		3	2	1
	- living with roommate, spouse, parents		3	2	1
	Contact With				
	- therapist		3	2	1
	- family, friends willing		3	2	1
	- prison chaplain, or counselor		3	2	1
	- other agency		3	2	1
	- physician		3	2	1
	- minister		3	2	1
I.	COMMUNICATION				
	- meaningful communications broken		3	2	1
	- efforts to establish rejected		3	2	1
	- making no effort to establish		3	2	1
	- focus on shame, guilt, worthlessness		3	2	1
	- effort to cause guilt, shame, repentance in others		3	2	1
	- communication directed toward specific other		3	2	1
	- effort to force compliance		3	2	1
	- seek specific response		3	2	1

# SUMMARY OF SUICIDAL RISK ASSESSMENT INSTRUMENT

AREA	EVALUATION		
	HIGH	MEDIUM	LOW
1. Age and Sex	3	2	1
2. Behavior	3	2	1
3. Communication	3	2	1
4. Stress	3	2	1
5. Suicide History	3	2	1
6. Suicide Plan	3	2	1
7. Resources	3	2	1

## OVERALL EVALUATION

HIGH MEDIUM LOW

## (OFFICER COMMENTS AND REFERRAL)

Booking officer's comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

Arresting officer's comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature

## Method of Observation

1. Use of Inmates

2. Television Monitors

3. Constructs Holding Cells

4. Release under Conditions set by Magistrate

## A SUICIDE PREVENTION POLICY GUIDE

### I. IDENTIFICATION

#### At Admission

1. Inquire about current suicidal behavior
2. Inquire about prior suicidal behavior (Two or more previous events indicate high risk)
3. Record presence or absence of above (If present, obtain details of method, motivation, etc.)

#### After Admission

##### Watch for support behavior (suicide potential)

1. Refusing food
2. Asking about suicidal methods
3. Talking of death, futurity
4. Giving away personal possessions (watch, jewelry, wallet, etc.)
5. Checking layout of the cell, cell block, cottage, play ground, etc.
6. Loosening bolts, tearing sheets into strips, etc.

##### Watch for suspect mood

1. Hopelessness, helplessness, worthlessness
2. Depression with agitation, restlessness (manic depressive)
3. Depression with apathy, withdrawal
4. Unrelieved anxiety
5. Excessive guilt and self-blame
6. Bitter anger (police, judge, criminal justice system, spouse, etc.)

##### Observe Personality Characteristics

1. Severe personal disorganization
2. Mental illness (psychosis)
3. Recent loss (death, status)
4. Negative feelings about society, family, police, job, etc.
5. Feelings of no future

### II. ENVIRONMENT SAFEGUARDS

#### Environmental

1. Install safety glass
2. Restrict window openings with stops
3. Block off stairwells, access to roof

4. Use breakaway shower curtain rods, breakaway clothes hooks in bathrooms and clothes lockers
5. Cover exposed pipes
6. Use screen rather than vertical-horizontal bars
7. Avoid grills over ventilators, screens, and railings

#### Procedural

1. Remove from vicinity of suicidal inmate all articles easily used in self-harm, such as belt, suspenders, bathrobe cord, nail file, nail clippers, etc.
2. Be alert when suicide inmates are using sharp objects such as scissors, needles, pins, bottle openers, can openers, etc.
3. Be alert when suicidal persons are using the bathroom (to prevent hanging, jumping, cutting)
4. Be alert when giving suicidal inmates medication.
5. Observe acutely suicidal inmates on a one-to-one basis
6. Check suicidal inmates at least 15 minutes at night
7. Be alert to whereabouts of suicidal inmates during shift changes.
8. House suicidal inmates with others close to supervisors' station; do not keep inmate alone if avoidable.
9. Warn visitors about bringing or leaving anything with lethal potential.
10. Apprise off-incarceration facility escort of suicide concern
11. Keep suicidal inmate in middle of escorted group, examine anything person picks up
12. Define staff responsibilities
13. Ensure continuous available care

### III. COMMUNICATION

Document records completely to show that:

1. Suicide risk is recognized and evaluated
2. Reasonable measures are ordered
3. Orders are followed (if not, indicate why)

Ensure that all staff record pertinent observations  
Write orders specifically to show:

1. Plan and rationale
2. Specific restrictions
3. Specific staff responsibility for observation or escort
4. Specific frequency of night observation
5. Obtain regular consultation about the status of the inmate's risk of suicide

IV. ATTITUDES

1. Avoid preoccupation and fear
2. Avoid harsh, repressive measures
3. Use positive interest and build mutual trust
4. Restore and strengthen hope
5. Rebuild self-esteem to overcome helplessness
6. Accept reality that mistakes (failure) occur; aim for minimum

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**END**