

CRISIS INTERVENTION TEAM TRAINING
BEXAR COUNTY SHERIFF'S OFFICE

Suicide in a Jail Setting

INSTRUCTORS:

Unit Goal

The Officers will have the ability to summarize the process of screening for suicide risks and preventing suicide incidents.

Objective 1:

The Officers will have the ability to discuss the suicide problem occurring nationally and in Texas county jails.

Statistics

- 1. Suicide is the leading cause of death in U.S. jails***
- 2. From three national studies conducted from 1994 to 1996, it has been determined that the suicide rate in county jails is approximately nine times greater than that of the general population. There has not been a national study since 1996.***

Statistics

- B. Texas statistics in county jails and lockups:***
- 1. 1987 - 47 suicides***
 - 2. 1995 - 25 suicides***
 - 3. 2001 - 20 suicides***

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Suicides per year at the Bexar County jail

| | |
|-------------|----------|
| 1999 | 2 |
| 2000 | 1 |
| 2001 | 2 |
| 2002 | 0 |
| 2003 | 2 |
| 2004 | 1 |
| 2005 | 1 |
| 2006 | 1 |
| 2007 | 0 |
| 2008 | 0 |
| 2009 | 6 |

Objective 2:

Ability to explain some myths and accompanying facts about suicide.

A. *Myth: People who make suicidal statements or threaten suicide don't commit suicide.*

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

B. Myth: Suicide happens suddenly and without warning.

Fact: Most suicidal acts represent a carefully thought out strategy for coping with various personal problems

C. Myth: People who attempt suicide have gotten it out of their systems and won't attempt it again.

Fact: Any individual with a history of one or more prior suicide attempts is at much greater risk than those who have never made an attempt.

D. Myth: Suicidal people are intent on dying.

Fact: Most suicidal people have mixed feelings about killing themselves. They are ambivalent about living, not intent on dying and most suicidal people want to be saved.

E. Myth: Asking about and probing the inmate about suicidal thoughts or actions will cause him to kill himself.

Fact: You cannot make someone suicidal when you show your interest in their welfare by discussing the possibility of suicide.

F. Myth: All suicidal individuals are mentally ill.

Fact: Although the suicidal person is extremely unhappy, they are not necessarily mentally ill.

G. Myth: The rate of suicide is lower in a jail setting.

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Fact: Jail suicides occur several times more often than in the general population.

H. Myth: Inmates who are really suicidal can be easily distinguished from those who hurt themselves but are just being manipulative.

Fact: Manipulative goals as a motive for self-injury are not useful in distinguishing more lethal attempts from less lethal attempts.

I. Myth: You can't stop someone who is really intent on committing suicide.

Fact: Most suicides can be prevented.

Objective 3:

Ability to describe some factors of jail suicides.

Factors

A. Some situational and/or personal factors:

- 1. First-time arrestee or insignificant arrest***
- 2. Committed heinous crime, one of passion, or a revolting sex crime***

Factors

- 3. Young offender (anyone under 18, regardless of whether in adult court).***
- 4. Persons with high status in community. (Budd Dwyer)***
- 5. Prior suicide by close family member or loved one***

Factors

- 6. Previously imprisoned/facing new, serious charges and long prison term***

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7. Prior jail suicide or recent attempt by another inmate (i.e., a "copycat" situation)

8. Harsh, condemning, rejecting attitudes of officer or an authoritarian environment-regimentation

Factors

9. Prior experience with pain/suffering

10. No apparent control over future, including fear and uncertainty over legal process

11. Isolation from family, friends and community

Factors

12. The shame of incarceration or over the offense

13. Dehumanizing aspects of incarceration - viewed from inmate's perspective or fears, based on TV and movie stereotypes, social stigma, etc.

Factors

14. Recent, excessive drinking and/or use of drugs, or withdrawals

15. Recent loss of stabilizing resources:

a. Loss of spouse or loved one (for a young offender; it could be a peer)

b. Loss of job or expulsion from school

c. Recent, pending, threatened divorce, separation, or break-up

Factors

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d. Rejection by peers (especially common among young offenders)

e. Loss of home or land (e.g., farm or ranch)

f. Business failure or other financial disaster

Factors

16. Same-sex rape, or the threat of it

17. Current mental illness, poor health, or terminal illness

Objective 4:

Ability to list some signs and symptoms of potential suicides.

Signs & Symptoms

A. Key times to observe signs and symptoms:

1. At arrest and booking

2. During transportation

3. First 24 hours of confinement

Signs & Symptoms

4. Intoxication/withdrawal

5. Waiting for trial

6. Sentencing

7. Impending release

Signs & Symptoms

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8. Holidays

9. Darkness (or "lights-out")

10. Decreased staff supervision

5 Stages of Grief...

Signs & Symptoms

B. Warning signs and symptoms:

1. Signs and symptoms of depression (the single best suicide indicator):

a. Feelings of inability to go on (hopelessness or helplessness)

b. Extreme sadness and crying

Signs & Symptoms

c. Withdrawal or silence

d. Loss of or increase in appetite and/or weight

e. Pessimistic attitudes about future

f. Insomnia or awakening early; excessive sleeping

Signs & Symptoms

g. Mood/behavior variations, tenseness

h. Lethargy (i.e., slowing of movements or non-reactive state)

i. Loss of self-esteem

j. Loss of interest in people, appearance, or activities

Signs & Symptoms

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k. Excessive self-blaming

l. Strong guilt feelings

m. Difficulty concentrating or thinking

Signs & Symptoms

2. Expresses or evidences strong guilt and/or shame over offenses

3. Talks about or threatens suicide

4. Under the influence of alcohol or drugs

Signs & Symptoms

5. Previous suicide attempts and/or history of mental illness

6. Severe agitation or aggressiveness

7. Projects hopelessness and/or helplessness, has no sense of future

Signs & Symptoms

8. Expresses unusual or great concern over what will happen to them

9. Noticeable behavior changes

10. May act very calm once the decision is made to kill themselves

Signs & Symptoms

11. Speaks unrealistically about getting out of jail

12. Has increasing difficulty relating to others

Signs & Symptoms

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13. Does not effectively deal with the present, is preoccupied with the past

14. Begins packing and/or gives away belongings

Objective 5:

The student will be able to list the some components of the Mental Disabilities/Suicide Prevention Plan required by the TCJS (273.5).

TCJS

A. Training:

- 1. Staff training in methods of supervision, documentation, and handling of inmates who are mentally disabled or suicidal**
- 2. Supplemental training for staff members responsible for intake**

TCJS

B. Identification/Screening:

- 1. Methods to identify inmates who are mentally disabled or suicidal**
- 2. Methods for referrals to TDMHMR or other available mental health officials (HSC 614.017, which broadens the scope of clients for whom confidential information may be disclosed or received without consent)**

TCJS

C. Communication among staff members

D. Housing

E. Supervision - providing and documenting adequate supervision

TCJS

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F. Intervention

G. Reporting

H. Follow-up and review

Objective 6:

The student will be able to identify a basic role of the officer in suicide prevention.

Training

A. TCJS 273.5 – Well Trained Officer

B. Officers' training includes:

- 1. Awareness training to detect the signs and symptoms***
- 2. Methods of thorough documentation***
- 3. Ability to provide referral for counseling or medical services***

Training

C. Specific instructions:

- 1. Be aware of the symptoms ordinarily displayed by an inmate prior to committing a suicide attempt***
- 2. Be tuned in to signals (both obvious and subtle)***
- 3. Practice daily contact by noticing any sudden behavioral changes***

Training

- 4. Be empathetic (not sympathetic)***

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5. Don't be judgmental

6. Don't give up – provide a positive role model for continued effort

7. Maintain good communication among staff

Objective 7:

The student will be able to list some steps for approaching a suicidal inmate.

A. Approaching a suicidal person:

1. Remember that the inmate may attempt to have others kill them (suicide by cop)

2. Remain calm

3. Develop a plan and follow it: rushing to rescue increases the risk to all those who are involved

4. Be alert

5. Ask the question directly: "Are you thinking of killing yourself?"

If the answer is yes...

6. Check out the situation and ask the following:

a. How are you planning to kill yourself?

b. When are you planning to do it?

Determine if they have the means to carry out the plan! If so...

c. Ask the inmate to remove the means. This allows them to take action for their own safety. Ironically, taking the means away from them as a show of force can trigger a suicide.

Objective 8:

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The student will be able to distinguish between a low- and high-risk suicidal inmate.

A. Low Risk

- 1. Individuals who are not actively suicidal but who have expressed suicidal thoughts and/or have a prior history of self-destructive behavior***
- 2. They should be placed under close watch and physically observed by staff at staggered intervals, not to exceed 15 minutes***

B. High Risk.

- 1. Individuals actively suicidal either by threatening and/or engaging in the act of suicide or other self-destructive behavior, and/or a recent suicide attempts.***
- 2. They should be placed under constant watch and physically observed by staff on a continuous, uninterrupted basis (prostraint chair).***
- 3. Supervising high-risk suicidal inmates:***
 - a. All suicidal inmates should be housed in suicide-resistant, protrusion-free cells located in high traffic/visibility areas.***
 - b. (Unless the inmate is changed into inmate uniform immediately) At intake... belts, ties, shoelaces, and suspenders should be removed, but the inmate should be allowed to keep other clothing unless their behavior indicates otherwise. If the other clothing is removed, a paper gown or smock should be issued.***

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The national correctional standard of audio monitoring and/or closed circuit television (camera observation) should not be used as a replacement for staff observation

Objective 9:

Ability to explain some steps for handling an inmate found hanged.

A. Hanging may affect any or all neck structures:

- 1. Airway***
- 2. Spinal cord***
- 3. Blood vessels***

B. Cut the victim down immediately; avoid cutting the knot, if possible, for investigative purposes:

- 1. One person should hold the body up***
- 2. The other person should cut the noose with a readily available tool - having a cutting tool readily available saves lives***

C. Have someone call an ambulance or medical personnel immediately (Code 1-Blue or 911)

D. Refer to department policy concerning *CPR/First Aid*******

Objective 10:

Ability to identify some components of a psychological autopsy.

A. Psychological autopsy and follow-up support for jail staff:

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- 1. Evaluation of facts and circumstances***
- 2. Goal: to prevent suicides in the future***
- 3. All staff concerned with the suicide should discuss any signs and symptoms that might have been overlooked by others***
- 4. Staff should be encouraged to discuss their feelings - recognizing feelings and discussion may ward off after-effects***
- 5. Professional counseling services for severe guilt cases:***

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- 6. Suicides can occur without staff negligence, although it is common for staff to blame themselves for "not having done better."***

Notes: