Special Needs Inmates

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Mentally Ill

- May not interact with others or may be overly gregarious
- May see or hear people who aren't there or may not be aware of people who are there
- May act paranoid or suspicious
- May refuse meals or hoard large numbers of items that have no value

Inmate and Staff Safety When Dealing With the Mentally Ill

- **Often they have no perception of pain they may be inflicting on others**
- **Often they feel no pain themselves**
- **Sometimes superhuman strength**
- **Paranoia creates intense fear of others sometimes causing attack**
- **No reality in recognizing others – you may look like an enemy, vicious animal, etc.**
- **Difficult to restrain**

Schizophrenia

Symptoms in Jail

- **May appear non compliant**
- **Agitated by voices and delusions -may look and act dangerous**
- **Command hallucinations may actually be dangerous**
- **More likely to respond to clear directions, and reassurance in a kind tone of voice**
- **Poor hygiene - Not aware of their surroundings enough to know that they are not clean**

Mood Disorders Major Depression

Symptoms

- **Affects 5 percent of the general population**
- **Sad mood that lasts 2 weeks**
- **Loss of interest or pleasure in daily activities**
- **Changes in sleep, appetite, decreased energy**
- **Thought problems affect concentration, memory, decisions, feelings of guilt, worthlessness**
- **Risk of suicide is high**
- **Important to differentiate mental health from physical problems**
- **Responds well to treatment**

Mood Disorders Major Depression

Symptoms in Jail

- Loss of interest in food and self care
- May not care about legal situation
- Suicide risk is real and must be monitored
- Risk of suicide may increase after medication

Mood Disorders
Mania/ Bipolar Disorder

Symptoms

- **Euphoric Mood (elevated, high or happy)**
- **Irritable Mood (touchy)**
- **Three Stages of Mania Hypomania, Acute Mania, Psychosis**

- **Bipolar Disorder - mood swings from depression to mania**
- **Can be Rapid Cycling**

Mood Disorders
Mania/ Bipolar Disorder

Symptoms in jail

- Jail may be the consequence of the disorder
- Mood can swing from entertaining to hostile
- Talkativeness can be irritating
- If depressed, often cry, feel hopeless, become suicidal
- Can be restless, pacing, demanding and destructive
- Often non-compliant
- Can be professional and well-educated

Anxiety Disorders
Panic Disorders

Symptoms

- **Prevalence is 1 to 2 percent of the population; Women twice as high as men.**
- **Panic attacks occur without warning**
- **Symptoms include intense fear, heart palpitations, chest pain, shortness of breath, dizziness**
- **Person is concerned that the attacks will strike again**

Symptoms in Jail

- **Jail environment and structure of holding can induce symptoms**
- **Referral is indicated**

Post Traumatic Stress Disorder

Symptoms

- Exposure to an extremely stressful event.
- Painful memories, nightmares,, suspicion, anxiety, depression, feelings of guilt and sleep difficulties
- Symptoms worsen with exposure to similar events
- Substance abuse is a common method to cope

Symptoms in Jail

- Jail environment can trigger symptoms
- Jail inmates and personnel can trigger symptoms
- Lack of privacy and loss of control are issues

Personality Disorders

- Predominant disorders in jail are Antisocial and Borderline
- Jail environment heightens symptoms
- Effective management requires consistent limit-setting
- Suicidal risk is real and must be monitored
- Jail personnel must professionally manage housing unit, inmates and themselves

Substance Abuse

Symptoms

- 85% of jail population have substance abuse problems
- High correlation of substance abuse and other mental illnesses

Symptoms in Jail

- Monitor risk of OD or withdrawal
- Monitor abuse of prescription drugs
- Can mimic other Mental illnesses
- Long term abuse can cause dementia

Substance Abusers

- May have abscesses on the arms and legs from needles
- Heavy marijuana users may have respiratory problems
- Heavy alcohol users may have internal hemorrhaging and liver failure
- Cocaine and meth users may exhibit extreme paranoia or anxiety

Substance abusers have a strong craving for their drug of choice which can lead to aggression

- Will go to any length to access the drug such as drinking vanilla or rubbing alcohol
- May eat large amounts of nutmeg or save up drugs to become high
- May deliberately injure themselves to be taken to the hospital in hopes of receiving pain medications

Co-occurring Disorders

- Presence of both a mental illness and substance abuse disorder
- High prevalence rates
- 60% of persons with a mood disorder also have a substance abuse disorder
- 50% of persons with schizophrenia also have a substance abuse disorder

In Jail - More prone to violence, impulsivity, paranoia and anxiety

Dementia and other Cognitive Disorders

Symptoms

- Memory problems
- Confabulations
- Impaired thinking
- Impaired Judgement

Symptoms in Jail

- Poor memory and may not follow directions
- Treat individual as you would any with a disability

Alcohol Withdrawal Syndrome

- 2% of alcoholics going through withdrawal end in death
- 5 to 15% of those experiencing alcohol withdrawal will have seizures and/or other complications

One of First Signs of AWS - Tremors

- Can appear anywhere between within 6 hours of the last drink to 2 days after drinking has ceased
- Are a manifestation of the hyper stimulation of the central nervous system
- Some will try to hide them and can be seen only by having them hold their hands straight out in front of them
- Some will not have tremors but will proceed immediately deeper into the syndrome

Other symptoms that may occur during first 6 hours to 48 hours

- Nausea and/or vomiting
- Insomnia
- Decreased appetite
- Rapid pulse
- Increased blood pressure
- Headache
- Agitation
- Sweating
- Anxiety
- Irritability
- Fatigue
- Sensitivity to light and sound
- Bad dreams
- Difficulty with concentration
- Problems with orientation to time, place and person

More Symptoms

- Symptoms of more severe Alcohol Withdrawal Syndrome that can occur in the first 6 to 48 hours include visual and auditory hallucinations and seizures
- Don't place on upper bunk
- Alcohol Withdrawal Syndrome seizures are a medical emergency

Close Custody

- If Alcohol Withdrawal Syndrome is suspected, place the inmate on a close custody watch to look for any early symptoms
- As soon as the inmate is placed on the close custody watch, notify medical

Remember

- Inmates who come in inebriated and are at risk of Alcohol Withdrawal Syndrome will have a period of time when they are normal – happens between inebriation and withdrawal

Communication

Communication Keys

- **Empathy**
- **Warmth**
- **Genuine**

Communicating Effectively

- **Listening: attend to both verbal and nonverbal cues, hear and observe, and avoid distractions**
- **Clarification: Restate, Repeat, Clarify, Question**
- **Dealing with Silence**
- **Respond appropriately**
- **Maintain personal space**
- **Open-ended questions**
- **Non-verbal cues**

Basic Communication Guidelines

- Short, clear direct sentences
- Simple content
- Low stimulation level
- Don't force communication if person is withdrawn
- Be consistent
- Don't take actions or reactions personally
- Person may not "get" all the information you provide
- Be patient
- Be pleasant and firm
- Praise cooperative behavior
- Practice reflective listening
- Know your non verbal communication

Dos and Don'ts

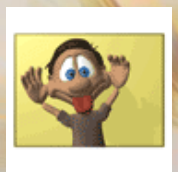
- **Do not encourage or confirm hallucinations**
- **Do be patient – they may not comprehend what you are saying**
- **Do not respond to verbal aggression with anger or verbal aggression**
- **Do speak with calm, non-threatening tone**

Giving Instructions

- **Be patient - Do not give assignments beyond capability**
- **Keep instructions to them simple**
- **Have inmate repeat instructions back to you**
- **Realize inmate may break rules because they do not understand them**
- **Watch closely around other inmates to protect from harm**

Professional Attitude

- **No teasing**
- **Do not encourage the bad behavior**
- **No name calling**
- **No practical jokes on inmate**



Non-Verbal Communication

- **Body Posture**
- **Facial Expression**
- **Eye Contact**
- **Gestures**

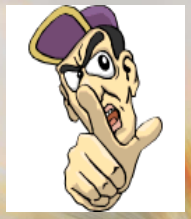
Crisis Management

Documentation

- Document unusual patterns of behavior
- Your observations can help mental health professionals diagnose and treat the mental illness

Warning Signs of Violence

- Tremors
- Hyperactivity
- Rigid Posture
- Clenched jaws and fists
- Pulsing arteries
- Verbal abuse/profanity
- Pacing back and forth
- Irrational thinking or speaking
- Irritability
- Explaining a situation and becoming louder and angrier as the story progresses



Effective Crisis Intervention

- Reduce Stress
- Force as the last resort
- Consider the symptoms of mental illness
- Identify precipitating factors
- Goal is to de-escalate

5 Stages of Successful Interventions

- Immediacy- Intervene as soon as possible. Goal is to reduce anxiety.
- Assume Control - via providing the structure the person needs, not be overwhelming them
- Assess the situation- let the person talk, watch for nonverbal cues, be a guide and avoid judgements and putdowns
- Situation Management
- Post crisis intervention

Administrative Segregation

- **Cells should be searched and inspected frequently**
- **Inmate should be served meals in his individual cell**
- **Inmates should be required to keep their cell clean and neat**
- **Should be monitored every 10 to 15 minutes**
- **Report any unusual activity or change in attitude or behavior**

ADMINISTRATIVE SEGREGATION

- **Inmate workers should never be allowed any contact with these inmates**
- **Status should be reviewed every seven days**
- **When not disciplinary, inmates should receive the same privileges as inmates in general population**
- **Medical staff should visit with the inmate weekly**

Developmentally Disabled

Developmentally Disabled

- Symptoms in Jail
  - May find it difficult to follow instructions or orders
  - May respond to situations as a child would
  - Tend to show immature responses to stress, anxiety and frustration
  - May be prone to temper tantrums from not understanding what is happening to them

Developmentally Disabled

- Can be very demonstrative and affectionate
  - You must set understandable and real limits
  - Take the time to explain appropriate and inappropriate behaviors and be prepared to repeat
  - Best to not house with general population

Lesbian, Gay, Bisexual, Transgender and Intersex Inmates

- A decision to segregate gay or lesbian inmates is usually based upon an articulated risk, derived from current or previous institutional behavior where the need for segregation has been identified, or a request for protective custody.
- Protective custody may be offered with a waiver option, which the majority of our gay and lesbian offenders prefer to do. Inmates who can function in the general population are permitted to remain there, unless a situation arises requiring a change in status (victimizing or being victimized, consensual sexual activity, behavioral problems, etc.).
- Similarly, with bisexual inmates, protective custody housing typically is offered, with the inmate having the opportunity to waive out to the general population.

Preventing Homosexual Activity

- Do not allow towels, sheets or hanging clothes to obstruct you view of the bunk or cell area
- Make sure inmates are only in assigned areas
- Through classification identify “predators” and younger weaker inmates
- Discourage feminine traits or behavior among male inmates
- Closely supervise shower activities

- Transgender people typically are placed directly into protective custody with little opportunity to waive out. Some transgender persons are in the process of changing their physiognomy via sexual re-assignment when they reach our jails. The process involves counseling, lifestyle changes, hormone replacement therapy, and ultimately surgical procedures to either implant or remove breasts and to reconstruct the genitalia. During the process of sexual re-assignment, many live as a member of the sex they plan to be.

What Would You Do If:

- **Following are several incidents of special needs inmates. In your groups discuss what you would do in each scenario including housing, referral, communication, security, etc.**

Exercise: What Would You Do If

Following are several scenarios of special needs inmates. In your groups outline exactly what you would do in each situation. Outline each of the following:

Officer Safety
Communication
Housing
Medical or Administrative Assistance
Follow-up

Incident #1

- **The city police department has brought you an arrestee for booking on Assault on an Officer and Resisting Arrest. The man was walking down the middle of the road and when police tried to talk to him, he started screaming “Death to the Gestapo!” and swung at one of the officers. He fought them when they tried to arrest him and they finished the arrest by taking him facedown to the ground. During intake, he starts spitting at everyone and yelling, “Why are you trying to kill me?” He has never been in jail before and will not answer any medical or mental health questions.**

Incident #2

- **An inmate was booked for DUI and was sleeping it off in holding. All of a sudden he leaps off the bunk and frantically tells you there is a bomb in the building and it is going to blow up. He is hysterical and crying hysterically that you need to get everyone out.**

Incident #3

- An inmate has been in holding for four hours and is sober enough to take to general population. However, he has refused any phone calls to help bond out, tells you that no one cares and he starts crying. He also begins to scratch his arm over and over in the same spot. When you try to talk to him he will not make eye contact and continues to cry quietly. You ask him if he would like to go to general population and he states he doesn't care what you do with him. His charge is Statutory Rape.

Incident #4

- An eighty year old inmate is in jail for killing his wife. He is in holding and seems very confused. At times he can't understand his charge as he insists his wife is fine and is home waiting for him. Other moments he is totally coherent and insists he was helping her away from her constant pain. At times he thinks you are his child and scolds you for your report card grades and other times is very respectful of you as an officer.

Incident #5

- An inmate has been booked on DUI. This is her first and she has never been in your jail before. During booking she keeps telling you to please not lock her into a small room and she has extreme panic attacks when locked in anywhere. You ignore her and after booking you try to place her in a holding cell. She becomes hysterical and combative to keep from going into the cell. Her emotions are totally out of control.

Incident #6

- You have an inmate who is accused of stealing prescription drugs in several burglaries. He stated at booking he has a cancerous brain tumor and needs strong pain medication. Now, he is in general population and is creating a problem with the other inmates as he is constantly complaining of severe pain and tells them that the medical staff and officers will not give him the appropriate medication to relieve his pain. The other inmates are becoming angry on his behalf and letting officers know they don't appreciate the inhumane treatment he is getting and are going to do something about it. Medical staff have confirmed the brain tumor but still refuse to give him the pain medication he desires.

Incident #7

- You have an inmate who has been booked for Simple Assault. He just returned from his second tour of duty in Iraq a month ago and told you at booking he has Post Traumatic Stress Disorder. He has been in general population for two days now and wakes up screaming in the middle of the night with nightmares. The other inmates are threatening to shut him up at night if you don't. To complicate the issue, your jail is very overcrowded and you have no other place to move him to.

Incident #8

- An inmate was brought into your jail for DUI and DWP 36 hours ago and was placed into general population 6 hours later. Now he is states he has the flu as he has nausea, vomiting, a headache, tremors and is sweating profusely. You try to talk to him and he is unable to concentrate on what you are saying. He refuses to see medical and just tells you to leave him alone.

Incident #9

- **An inmate has been in you facility for two weeks and has a history of mental illness. She has been on medication and has taken it when offered. While doing your security checks, she approaches you hysterically and has what appears to be a shank in her hand. She is crying and stating, "He's coming to get me, he's coming to get me! You have to stop him! Call the FBI! They know what to do!" As she is shrieking this, she is waving the shank wildly side to side looking for the person around her.**

Incident #10

- **You have an inmate in jail that that has a form of mental retardation. You tell him that his job is to mop the floors and he throws a temper tantrum stating, "No! I don't want to mop the floor!" You try to talk to him and he puts his hands over his ears and starts pacing in a circle saying, "I'm not listening! I'm not listening!"**

Incident #11

- **You have an inmate who is in on second degree murder and is in a wheelchair. He hates cops as he was shot by one which put him in the wheelchair. He refuses to cooperate with anything you tell him to do and threatens to sue for everything. You now need to have him change housing units into administrative segregation because he has to have some personal medical care that makes it safer for the nurse in ad seg. He says you are discriminating against him and he insists on staying where he is or he will sue the agency for a civil rights violation. He tells you he will cooperate with the nurse only if he remains in general population.**

Incident #12

- **A person has just been brought to your jail and is dressed as a woman but appears to be a man. When you question the person he/she states she is a she but even sounds like a man. You have no history on the person and there is no ID but the person gives you the name of Bobbi Johnson. The person is brought in on a no-bond warrant so you have to finish the intake and then house the person.**