NEW YORK STATE DEPARTMENT OF CORRECTIONAL SERVICES TRAINING ACADEMY

TITLE: SUICIDE PREVENTION and INTERVENTION

OBJECTIVES: At the end of this class each student will be able to:

1. List at least four (4) of the five (5) major risk factor categories of suicide as discussed in class.
2. Identify the warning signs of suicide represented by the acronym "IS PATH WARM?" as discussed in class.
3. List at least three (3) of the four (4) responsibilities a Correction Officer has in dealing with inmate suicide, as discussed in class.
4. List at least nine (9) of the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident, as discussed in class.
5. List at least four (4) of the (5) protective factors law enforcement officers can utilize to help them manage their feelings, as discussed in class.

TOTAL TIME: Up to Eight (8) Hours

SUPPLIES AND EQUIPMENT: Laptop, Power Point, Dry Erase Board, Markers, Handout: "IS PATH WARM?"

PRIOR READING: D.O.C.S. Directive #4101, Suicide Prevention

DATE: January 2010

PREPARED BY: NYSDOCS Mental Health and Albany Training Academy Staff

TARGET GROUP: All Employees of the Department of Correctional Services

KHRT CODE: 17022

APPROVED FOR DEPARTMENT INSTRUCTION: _____ **Director of Training**

AUTHORIZED BY: _____ **Assistant Commissioner**

Name:_____ Date:_____

PRE-TEST/POST-TEST

1. **List the five (5) major risk factor categories of suicide:**
   1._____ 2._____
   3._____ 4._____
   5._____
2. **Identify the warning signs of suicide represented by the acronym "IS PATH WARM?".**
   I= _____
   S= _____
   P= _____
   A= _____
   T= _____
   H= _____
   W= _____
   A= _____
   R= _____
   M= _____
   ?= _____
3. **List the four (4) responsibilities a Correction Officer has in dealing with inmate suicide.**
   1._____ 2._____
   3._____ 4._____
4. **List the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident.**
   1._____ 2._____ 3._____ 4._____
   5._____ 6._____ 7._____ 8._____
   9._____ 10._____ 11._____ 12._____
5. **List the (5) protective factors law enforcement officers can utilize to help them manage their feelings.**
   1._____ 2._____ 3._____
   4._____ 5._____

Name:_____ Date:_____

PRE-TEST/POST-TEST WITH ANSWERS

1. List the five (5) major risk factor categories of suicide:

   1. Biological 2. Psychological 3. Socio - Cultural
   4. Environmental 5. Demographic

2. Identify the warning signs of suicide represented by the acronym "IS PATH WARM?".

   I= Ideation
   S= Substance Abuse
   P= Purposeless
   A= Anxiety
   T= Trapped
   H= Hopelessness
   W= Withdrawal
   A= Anger
   R= Recklessness
   M= Mood Changes
   ?= You Must Ask

3. List the four (4) responsibilities a Correction Officer has in dealing with inmate suicide.

   1. Survey the Scene 2. Call for Assistance
   3. Do Not Presume Victim is Dead 4. Initiate Life Saving Measures

4. List the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident.

   1. Confusion in Thinking 2. Faulty Decision Making 3. Memory Dysfunction 4. Difficulty Concentrating
   5. Physical Symptoms 6. Shock 7. Anger/ Hostility 8. Depression/Grief
   9. Addictive Behavior 10. Self-Harm 11. Inappropriate Reactions 12. Withdrawal

5. List the (5) protective factors law enforcement officers can utilize to help them manage their feelings.

   1. Increase Positive Coping Behaviors 2. Communicate 3. Prioritize
   4. Socialize 5. Self-Care

CONTENT

INSTRUCTOR NOTES

INTRODUCTION

GROUND RULES

GRABBER

ADMINISTER PRE-TEST

INTRODUCTION:

Suicide Prevention training is important to help the agency pursue its goal of suicide prevention, which means achieving an annual suicide rate of 0%. All staff have responsibility for preventing suicides by effectively monitoring inmates, understanding potential suicide indicators and knowing the appropriate responses when it is determined that an inmate may be at risk for self-harm or suicidal behavior. We all need to take precautions to ensure the safety of all inmates and help avoid the devastating impact that suicide has on the family, staff and other inmates involved.

TELL CLASS
PPT 1

In 1984, the NYS Office of Mental health, the NYS Commission of Corrections and later the Ulster Mental Health Department initiated the design and statewide implementation of a model to address the problem of jail suicide. The model was successful in reducing the number of inmate suicides (26 in 1984; 6 in 1994) and attempts in county jails and police lockups located in the 57 counties outside of the city of New York. The model later became a national Suicide Prevention Program winning the Governor's Award in 1988.

PPT 2

CONTENT

INTRODUCTION (cont'd)

INSTRUCTOR NOTES

TELL CLASS

In 1994, the training component of this model was expanded and modified to address suicide prevention in State Correctional facilities. This was done through a collaborative effort between NYSDOCS, NYSOMH and NYSCOC. What you are receiving today is a revised version of that program.

PPT 3

Statistics: The following data was obtained from the National Institute of Mental Health (NIMH), American Association of Suicidology (AAS), NYS Department of Health (NYSDOH) and the National Center for Health Statistics (NCHS).

- One person kills themselves every 16.6 minutes (AAS, 2002).
- Suicide is the 11th leading cause of death accounting for 31,655 national deaths in 2002 (AAS, 2002).
- There are 790,000 annual suicide attempts in the United States (AAS, 2002).
- It has been estimated that 5 million Americans have attempted suicide (AAS, 2002).
- In 2002, NYS ranked 49th in the United States for suicides as compared to its rank of 51 in 2001 (NCHS, 2002 & AAS 2002).
- The suicide rate in New York State is 6.4/100,000 for people in the community, accounting for 1,228 deaths for the year 2002 and a sum of 3,830 deaths for the years 2000 through 2002 (NYSDOH: Vital Statistics Data, August 2004; AAS 2002).

Local Jails and Detention Centers

PPT 4

- There are 400-600 jail suicides each year (excluding state and federal prisons)
- Suicide is the leading cause of death in most jails throughout the country. In the 1980's, the rate of suicide in county jails was

CONTENT

INTRODUCTION (cont'd)

INSTRUCTOR NOTES

approximately 107 deaths per 100,000 inmates (a rate 9 times greater than the community rate).

- In the 1990's, the rate of suicide in county jails dropped.
- By 1999, the rate was 4.5 times greater than the community rate.

TELL CLASS

State Correctional Facilities

PPT 5

- In 1995, the national suicide rate in state correctional facilities was 18 per 100,000.
- By 1999, the national rate of suicide in state and federal prisons dropped to approximately 15 deaths per 100,000 (a rate slightly greater than the community).
- The majority of prison suicide victims have documented histories of mental illness and suicidal behavior.
- There are close to 200 prison suicides each year and suicide is the third leading cause of death nationally in prisons (natural causes and AIDS are first and second).
- The overall suicide rate for the NYSDOCS inmate population for the study period of 1997 – 2003 was 17 per 100,000 per year.

ADMINISTER QUIZ: "Myths and Misconceptions"

PPT 6
SHOW VIDEO "Suicide Prevention and Intervention in State Correctional Facilities"

CONTENT		INSTRUCTOR NOTES
OBJECTIVES:	**At the end of this class each student will be able to:**	**PPT 7** **TELL CLASS**

1. **List at least four (4) of the five (5) major risk factor categories of suicide as discussed in class.**
2. **Identify the warning signs of suicide represented by the acronym "IS PATH WARM?" as discussed in class.**
3. **List at least three (3) of the four (4) responsibilities a Correction Officer has in dealing with inmate suicide, as discussed in class.**
4. **List at least nine (9) of the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident, as discussed in class.**
5. **List at least four (4) of the (5) protective factors Correctional Services employees can utilize to help them manage their feelings, as discussed in class.**

OBJECTIVE #1 **Identify four (4) of the five (5) major risk factor categories of suicide as discussed in class.** **PPT 8**

There are several risk factors for suicide which we will break down into five categories: Biological, psychological, socio-cultural, environmental and demographic. Risk factors can be thought of as predispositions to the possibility of suicide. Remember, just because you perceive an increase in risk factors, this is not a clear indication that a suicide will occur.

1. Biological Risk Factors include:
Mental Disorders - major mood disorders, psychotic disorders, panic
Substance Abuse or Dependence
Medical Problems - serious physical illness/ chronic pain

CONTENT		INSTRUCTOR NOTES
	2. Psychological Risk Factors include: Personality Disorders - antisocial, impulse control, explosive disorders Self Perception - isolation, self-esteem, helplessness/hopelessness, fear, anxiety, anger History - victim of violence, sexual assault/abuse, prior suicide attempts, prior psychiatric treatment, family history of mental illness, PTSD	**TELL CLASS**
	3. Socio-cultural Risk Factors include: Life Stress – personal losses: status, relationships, family Prison Stress – Disciplinary sanctions, good time loss, parole or appeal denial, perceived harassment by security staff, threats, intimidation, bullying and teasing by gangs or individual inmates Violence Exposure – family or friends killed, murdered or committed suicide, violent crime Belief System – immigrant status, social stigma, lack of problem solving skills	**PPT 9**
	4. Environmental Risk Factors include: Obstacles – refusal to accept treatment Access to Lethal Means – in-cell radiators, pipes, etc…, can tops, razors… Living Conditions – newly transferred, SHU, dormitory vs. single cell	
	5. Demographic Risk Factors include: Gender – male (for completion); female (for attempts/gestures) Ethnicity Relationship Status – isolated, no family/friends	**PPT 10**
TELL CLASS	The following case studies include graphic material which may be disturbing to some audiences. The content was chosen to prepare audiences for the possibility of exposure to distressing events.	***TELL CLASS***

CONTENT		INSTRUCTOR NOTES
CASE STUDY	**Case Study #1:** In 2007, Mid-State CF, Protective custody unit, committed suicide by cutting. This inmate was an OMH level 6 indicating no need for Mental Health services. He was placed in PC at the request of our Department due to the nature of his instant offense and previous employment as a NYSDOCS Correction Officer (sex crime). He was discovered laying on his bed in a pool of blood by a Correction Officer delivering meals.	**PPT 11** **TELL CLASS**
MINI-SUMMARY OBJECTIVE #1	**List at least four (4) of the five (5) major risk factor categories of suicide as discussed in class.** 1. Biological 2. Psychological 3. Socio-Cultural 4. Environmental 5. Demographic	**PPT 12**
	Play Candella Video: This video will walk the participants through the warning signs using the acronym "IS PATH WARM?".	**PPT 13** **SHOW VIDEO: Candella**
OBJECTIVE #2	**Identify the warning signs of suicide represented by the acronym "IS PATH WARM?", as discussed in class.** **<u>WARNING SIGNS:</u>** We will introduce to you the following acronym used by the NYS Office of Mental Health to identify major warning signs of suicide. These can be thought of as "triggers" or an "acute" risk of suicide.	**PPT 14**

CONTENT

INSTRUCTOR NOTES

"IS PATH WARM?"

TELL CLASS

I = Ideation	Threats, talk or writing about death, dying or suicide
S = Substance Abuse	Change or sudden increase in use
P = Purposeless	Expressing no reason to live
A = Anxiety	Agitation, restlessness, unable to sleep
T = Trapped	No options and no way out
H = Hopelessness	Self as lacking value, nobody cares
W = Withdrawal	From friends, family; sleeping all the time
A = Anger	Expressions of rage, homicidal ideation, seeking revenge
R = Recklessness	Engaging in risky activity
M = Mood Changes	Dramatic shifts from typical mood state
? = You Must Ask!	

PPT 15

These are things most of us make assumptions about but are afraid to ask. All staff must be aware of any major changes in behavior especially following an event. Example: After receiving mail, following a visit, a denied visit, bad news, phone calls, etc… Always listen and be alert for comments like "Nobody cares about me", "Nothing matters anymore", etc… Studies have shown that people who talk about suicide are more likely to commit it. If you suspect an inmate is contemplating suicide, do not be afraid to ask that inmate questions. Some sample questions to ask a potentially suicidal inmate are: Are you thinking about killing yourself? Have you ever tried to hurt yourself in the past?

PPT 16 - Tips

Inmates may use suicide threats as a manipulative strategy. Correction Officers must treat all threats as the real thing regardless of how obvious it may seem that it is a manipulative maneuver. Do not pass judgment. Let the Mental Health experts make the decisions.

CONTENT

INSTRUCTOR NOTES

PLAY SKINNER VIDEO: Instructors should highlight the warning signs from "IS PATH WARM" in a similar fashion as the Candella video clip.

PPT 17
SHOW VIDEO: Skinner

Myths and Misconceptions

PPT 18
REVIEW QUIZ TAKEN AT BEGINNING OF CLASS.

MENTAL HEALTH INSTRUCTOR WILL LEAD DISCUSSION.

Myth #1: People who make suicidal statements or threaten suicide do not attempt and/or commit suicide.

ANSWER: False: Most people who commit suicide have made either direct or indirect statements indicating their suicidal intentions (Robins et al, 1959).

Myth #2: Suicide always happens suddenly and without warning.

ANSWER: False: Many suicide acts represent a carefully thought out strategy for coping with serious personal problems. Irregular surveillance of inmates within the prison environment can restrict suicide attempts on impulse.

Myth #3: People who attempt suicide are still potential suicide risks.

ANSWER: True: Four out of five suicide victims have made at least one prior suicide attempt.

Myth #4: Suicidal persons may not be intent on dying but attempt suicide because it was the only option they could see at the time.

ANSWER: True: Most suicidal people have mixed feelings about killing themselves. They are ambivalent about living, not intent on dying.

Myth #5: Questioning inmates about suicidal thoughts will cause them to commit suicide.

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

TELL CLASS

Myth #6: All suicidal persons are psychotic or out of touch with reality.

ANSWER: False: Most suicidal persons are in touch with reality and not actively psychotic at the time of the attempt. During periods of lucidity/stabilization, they may feel a sense of helplessness/hopelessness regarding their issues.

Myth #7: Suicide happens more frequently in prison than in the community.

ANSWER: True: Nationally, prison suicides occur more often than in the community. The control an inmate has over his/her destiny is reduced, thus making the future more unpredictable. Inmates may develop a sense of hopelessness (a hallmark sign of suicidal intent) causing them to view suicide as the only viable option.

Myth #8: You can easily tell if a person is really suicidal or just "manipulating".

ANSWER: False: Simply observing the behavior of suicidal inmates does not allow us to safely distinguish those with the most determined efforts to die from those who presented no significant threats to life. Studies have shown that both groups show similar signs of hopelessness, depression and inward rage.

Myth #9: People who mutilate their bodies by cutting up, swallowing razors or burning themselves with cigarettes are often not suicidal.

ANSWER: False: Self mutilation is a destructive act to the body without the intent to die. However, the mutilation is sometimes so severe that the person can die by accident.

CONTENT

INSTRUCTOR NOTES

NYSDOCS Statistics:

TELL CLASS
PPT 19

123 Suicides between January 1, 1998 and December 31, 2007. That is an average of 12.3 per year.

Per the US Justice Department, the suicide rate in State Prisons nationwide was 17 per 100,000. Recent figures for NYSDOCS were 18.4 per 100,000.

The following chart shows the number of inmate suicides for each year and the breakdown of Mental Health status. As you can see, an OMH designation is not a clear indicator of suicide.

	ON OMH CASELOAD	NOT ON OMH CASELOAD
2007 (18)	8	10
2006 (08)	4	4
2005 (18)	9	9

***OMH LEVEL AND SUICIDE**

PPT 20

OMH LEVEL	'07	'05 – '07	1998 – '07	% G.P.
I	3	7	30	3
II	4	7	22	4
III	2	7	18	8
IV	1	3	5	5
VI	6	18	39	41
VII	2	2	9	39
TOTALS:	18	44	123	

Note that there are a high number of inactive mental health cases, OMH Level 6 that commit suicide.

CONTENT

INSTRUCTOR NOTES

*It is important to note that while inmates requiring OMH 1, 2 and 3 levels of service accounted for 9 or 50% of the 2007 suicides, 8 or 44% were OMH Level 6 or 7. 46% of the suicides between 2005 and 2007 were OMH Level 6 or 7.

TELL CLASS

**As you can see, an OMH designation is not a clear indicator of suicide although having a mental illness increases the risk of suicidal behavior.

2007 Statistics (completed suicides):

PPT 21

17 male inmates, 1 female inmate
12 (67%) happened in maximum security facilities
6 (33%) happened in medium security facilities

Note the increasing rate (16% - 33%) that occur in medium facilities.

2005 – 2007 Statistics:
34 (77%) happened in maximum security facilities
10 (23%) happened in medium security facilities

1998 – 2007 Statistics:
103 (84%) happened in maximum security facilities
20 (16%) happened in medium security facilities

Age Statistics:

PPT 22

As of December 31, 2007, the average age of an inmate under custody in NYSDOCS was 37.

Of the 123 suicides between 1998 and 2007:
14 (11%) were ages 16 – 24
38 (31%) were ages 25 – 34
46 (37%) were ages 35 – 44
18 (15%) were ages 45 – 55
7 (6%) were over 55

CONTENT

INSTRUCTOR NOTES

Race/Ethnicity Statistics: **1998-2007**

TELL CLASS
PPT 23

Statistics show that white inmates are more likely than inmates of other racial backgrounds to commit suicide.

Race	%age of Population	%age of Suicides
White	21%	41%
African-American	51%	28%
Hispanic	26%	25%

Type of Crime Statistics: **1998 – 2007**
History of Sex Offenses 18%
Heinous Crimes (crimes vs. elderly, children, family members) 30%

MINI-SUMMARY OBJECTIVE #2

Identify the warning signs of suicide represented by the acronym "IS PATH WARM?" as discussed in class. **PPT 24**

I = Ideation
S = Substance Abuse

P = Purposeless
A = Anxiety
T = Trapped
H = Hopelessness

W = Withdrawal
A = Anger
R = Recklessness
M = Mood Changes
? = You Must Ask!

CONTENT		INSTRUCTOR NOTES
OBJECTIVE 3	**List at least three (3) of the four (4) responsibilities a Correction Officer has in dealing with inmate suicide.**	**TELL CLASS** **PPT 25**

The Role of the Correction Officer
What do you do if you suspect an inmate is contemplating suicide?
What do you do if you find an inmate who has attempted suicide?
What do you do if a fellow staff member has ignored what you perceive to be warning signs of a potential suicide attempt?

All NYSDOCS employees are responsible for following the Department's rules. These rules are dictated by the NYSDOCS Employees' Manual, Directives, Codes, Rules and Regulations of the State of New York, Civil Service Law, Correction's Law and Mental Hygiene Law.

PPT 26 & 27
Referral form, and Directive 4059 - and Lucien Leclaire Memo. Instructor will read and stress importance of highlights

As stated in the Employees' Manual:
"The primary responsibility of correctional facilities, charged with attaining the Department's objectives, is security."

PPT 28

"All employees, regardless of title, share the responsibility of insuring the security, safety, and welfare of the inmates, fellow employees and visitors."

"Employees shall cooperate in maintaining the security and good order of the facility and shall aid in the rehabilitation of inmates. Each employee shall be responsible for the efficient performance of duties assigned including the proper custody, supervision, and welfare of all inmates under his/her direction."
Essentially, if an employee follows Department rules, the employee will

be acting within the scope of his/her employment. If the employee acts within the scope of his/her employment, he/she is immune from personal liability.

TELL CLASS

If an employee is aware of an inmate displaying risk factors or warning signs as discussed earlier, they should first decide if this is an emergency referral. An emergency referral is for situations involving self-harm or suicidal behavior.

PPT 29

- For emergency referrals, call Mental Health (if at a facility with full-time Mental Health staff) or the Medical Unit (if Mental Health staff are unavailable). Tell them you have an emergency referral for mental health evaluation. Staff priority is preservation of life.
- Non-emergency referrals are seen within two weeks. These involve situations where there is no concern for the inmate being at risk for self-harm/suicidal behavior.
- Notify a supervisor.
- Document observations of inmate's behavior that are causing you concern. This includes making detailed log-book entries and completing the Mental Health Referral form (3150).

Refer to Directive #4101

If a Correction Officer observes self-injurious behavior to include a suicide attempt or completed suicide:

PPT 30
"Self Injurious" behavior includes: cutting, hanging, swallowing, burning, biting, etc....

1. **Survey the scene:** Survey the scene to assess the severity of the emergency.
2. **Call for Assistance**: Remain at the scene and alert other staff to call for medical personnel.
3. **DO NOT presume victim is dead:** Staff shall not presume the victim is dead.
4. **Initiate Life Saving Measures:** Staff must initiate and

continue appropriate lifesaving measures until relieved by arriving medical personnel

TELL CLASS

Retrieve the Housing Unit's emergency response bag and begin standard first-aid and/or CPR as necessary per Directive #4059.

Never wait for medical staff to arrive before entering a cell and initiating life-saving measures.

CASE STUDY 2

Case Study 2: In 2007, a Bare Hill CF, dorm inmate, was not active on OMH case load and exhibited no obvious warning signs and was considered low- risk. The inmate was found by CO sitting on his bed in his cube with a sheet tied around his neck. It was later discovered that the inmate tied the sheet to the divider of his cube then "scrunched" down to cut off his airway. Sheet was not in view so when the CO conducted his rounds, the inmate appeared to be simply resting by leaning up against the divider.

PPT 31

CASE STUDY 3

Case Study 3: In 2007, an inmate in Attica's ICP unit, was designated as an OMH level one, seriously mentally ill and considered high-risk. This inmate had a lengthy history of hospitalization and mental illness and was serving a lengthy sentence. He began isolating himself in his cell and had no interaction with peers. The inmate hung himself from a coat hook in his cell with a sheet. Officer response was not appropriate as the officer did not utilize the closest AED. One was located on the unit but Officer went to another location and took fifteen minutes to respond.

PPT 32

CASE STUDY 4

Case Study 4: Moderate risk. In 2007, an inmate at Eastern CF, was designated as an OMH Level 3 but did not exhibit immediate risk factors. This made it difficult for officers to detect because majority of warning signs were based on his history which involved hospitalization in the

PPT 33

community prior to incarceration and multiple domestic incidents and a history of abuse to and by the inmate. The inmate returned from a family visit where he found out his wife was leaving him. He isolated himself for about three months then started socializing and was a favorite porter of the Co's but was incessantly requesting phone calls. No referrals were made. The inmate stood on his windowsill and tied a sheet to a pipe and jumped off ledge. (There are 14 ft ceilings in these cells)

TELL CLASS

MINI SUMMARY OBJECTIVE #3

List at least three (3) of the four (4) responsibilities a Correction Officer has in dealing with inmate suicide. **PPT 34**

1. Survey Scene
2. Call for Assistance
3. DO NOT presume victim is dead
4. Initiate life saving measures

OBJECTIVE #4

List at least nine (9) of the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident, as discussed in class. **PPT 35**

Following every completed suicide, is a thorough investigation by NYSDOCS as well as other agencies including the State Police BCI, NYS Commission of Corrections and the Commission of Quality Care (CQC). The site of the suicide becomes a crime scene and remains a crime scene until cleared by the on-site investigative team. Investigations can involve interviews with inmates and staff, review of phone logs, log books, videos of the area, and any other measures they deem necessary. Officers who do not act in accordance to Directive will be discovered and appropriate

disciplinary action will be taken. **TELL CLASS**

Understanding the Effects of Trauma **PPT 36**

Trauma is defined as:
"The personal experience of interpersonal violence including sexual abuse, physical abuse, severe neglect, loss and/or the witnessing of violence, terrorism, and disasters."

Indirect traumatization occurs when one is exposed repeatedly to traumatic events without realizing the emotional impact of the event. Effects accumulate over time with multiple exposures and it is not until a crisis occurs that one realizes they may be reacting to compounded stress. Correction Officers do not have control over daily events of stress they may experience on the job (assaults, witness of suicide, uses of force). – *Haskell 1999 Police Journal*

A person's response to trauma involves intense fear, horror, helplessness and extreme stress which can overwhelm a person's ability to cope.
Some trauma can result in serious and persistent mental health problems. These traumas tend to be intentional, prolonged, repeated and severe. Many occur during childhood and adolescence and may extend over an individual's life span.

The following are common consequences of trauma: **PPT 37**

1. Confusion in Thinking
2. Faulty Decision Making/ Difficulty Making Decisions
3. Memory Dysfunction
4. Difficulty Concentrating
5. Physical Symptoms

6. Shock
7. Anger/ Hostility
8. Depression/ Grief
9. Addictive Behavior
10. Self-Harm
11. Inappropriate Reactions
12. Withdrawal

TELL CLASS

In the law enforcement community, there is a greater risk of encountering trauma than in other lines of work. The general nature of working in a Correctional Facility makes us all vulnerable to experiencing some type of trauma during our careers. **PPT 38**

Risk factors for suicide have been identified earlier but there are six which have been established factors specific to those in law enforcement communities:

1. Alcohol and Substance Abuse: One study observed that nearly 50% of suicide victims had a positive blood alcohol level. Alcohol and substance abuse has been recognized as a national problem for law enforcement agencies.
2. Relational or Social Loss: Divorce, separation, estrangement from children and friends, death, demotion, termination, disciplinary action, accusations.
3. Easy Access to Lethal Means: 60% of all community suicides are completed using a firearm. Correction Officers are Peace Officers and have convenient access to firearms.
4. High Rate of Suicide in a Particular Community: Our Department as a whole is one community and the effects of a staff suicide are great. **PPT 39**
5. Lack of Social Support: Lack of public knowledge and understanding about Corrections may lead to a sense of isolation.

CONTENT		INSTRUCTOR NOTES
	6. Stigma: Suicide has carried with it a long history of fear and disgrace.	**TELL CLASS**
	Studies have shown that members of the law enforcement community "are more hesitant than the average citizen to get help for emotional problems. Because of their roles, they mistrust many things and they especially mistrust mental health professionals." – *Volanti*	**PPT 40**
	VIDEO: Impact of Suicide on Staff	**PPT 41** **SHOW VIDEO: Impact of Suicide**
MINI-SUMMARY OBJECTIVE 4	**List at least nine (9) of the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident, as discussed in class.**	**PPT 42**
	1. Confusion in Thinking 2. Faulty Decision Making/ Difficulty Making Decisions 3. Memory Dysfunction 4. Difficulty Concentrating 5. Physical Symptoms 6. Shock 7. Anger/ Hostility 8. Depression/ Grief 9. Addictive Behavior 10. Self-Harm 11. Inappropriate Reactions 12. Withdrawal	
OBJECTIVE 5	**List at least four (4) of the (5) protective factors Correctional Services employees can utilize to help them manage their feelings, as discussed in class.**	**PPT 43**

There are ways that Corrections employees can help themselves by increasing what we call "protective factors" and decreasing those risk factors. **TELL CLASS**

1. Increase Positive Coping Behaviors: Exercise regularly, socialize, engage in meditation or prayer. Avoid alcohol and other substance abuse, smoking and overeating. **HANDOUT: CISM Brochure**

2. Communicate: Talk about your problems with family, friends, co-workers, counselors, religious leaders, etc… Utilize Critical Incident Stress Debriefing when offered. CISM teams exist to help staff recover from traumatic stress encountered as a result of critical incidents.

3. Prioritize: Clarify your own sense of meaning and identify what is really important to you. Focus on positive outcomes. **PPT 44**

4. Socialize: Establish a social life outside of the law enforcement community. Join clubs, volunteer in the community, etc…

5. Self-Care: Make time for yourself a priority. Utilize your vacation time the way it is intended to be used – for vacation. Get plenty of rest, eat healthy, do things that make you happy.

Directive #4101 outlines the CISM debriefing: **PPT 45**

"1. The Superintendent of each facility is responsible for making the determination of need for CISM services. This determination will be made in accordance with procedures delineated in Directive 4026 Section 2B.

2. When it is indicated, every effort will be made to schedule sessions to occur within 24 to 72 hours after the incident.

3. These sessions include confidential individual and group sessions

without the presence of command personnel to encourage and allow exposed employees to speak freely, debrief and partake in a comprehensive stress management program."

TELL CLASS

"One [might] expect the law enforcement community, with its employee investigations and psychological screenings, would encompass a workforce with a substantially lower suicide rate than that of the general population, which includes the severely mentally ill. The sobering truth is that the limited studies conducted reveal that the suicide rate among law enforcement staff is equal to or greater than the population as a whole.

PPT 46

Note: EAP is a resource in our agency.

A 1996 study involving New York City police officers found that police suicide rates were consistent with the general population of the city. Many doctors [added to] this finding with the view: "the fact that police officers have suicide rates equal to those of the New York population demonstrates that suicide is a problem". – *Volanti*

In 1997, the National Census Bureau indicated the suicide rate of the general population was 20.2 per 100,000. The rate for Police officers was 18.1 per 100,000 that same year.

Also, due to a sense of duty to protect and provide for the families left behind by suicides, the number of suicides is almost certainly underreported." (from the lesson plan: *Suicide Prevention for Correctional Personnel,* 2006)

CONTENT		INSTRUCTOR NOTES
FINAL SUMMARY OBJECTIVE #1	**Identify four (4) of the five (5) major risk factor categories of suicide as discussed in class.**	**TELL CLASS PPT 47**

1. Biological
2. Psychological
3. Socio-cultural
4. Environmental
5. Demographic

OBJECTIVE #2	**Identify the warning signs of suicide represented by the acronym "IS PATH WARM?" as discussed in class.**	**PPT 48**

I = Ideation
S = Substance Abuse

P = Purposeless
A = Anxiety
T = Trapped
H = Hopelessness

W = Withdrawal
A = Anger
R = Recklessness
M = Mood Changes
? = You Must Ask!

OBJECTIVE #3	**List at least three (3) of the four (4) responsibilities a Correction Officer has in dealing with inmate suicide.**	**PPT 49**

1. Survey Scene

CONTENT		INSTRUCTOR NOTES
	2. Call for Assistance 3. DO NOT presume victim is dead 4. Initiate life saving measures	**TELL CLASS**
OBJECTIVE #4	**List at least nine (9) of the twelve (12) consequences of trauma that may be experienced after personal involvement in an incident, as discussed in class.**	**PPT 50**
	1. Confusion in Thinking 2. Faulty Decision Making/ Difficulty Making Decisions 3. Memory Dysfunction 4. Difficulty Concentrating 5. Physical Symptoms 6. Shock 7. Anger/ Hostility 8. Depression/ Grief 9. Addictive Behavior 10. Self-Harm 11. Inappropriate Reactions 12. Withdrawal	
OBJECTIVE #5	**List at least four (4) of the (5) protective factors Correctional Services employees can utilize to help them manage their feelings, as discussed in class.**	**PPT 51**
	1. Increase Positive Coping Behaviors 2. Communicate 3. Prioritize: 4. Socialize 5. Self-Care	**ADMINISTER POST-TEST AND EVALUATIONS** **DISMISS CLASS**