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
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. ____________________________
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
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.

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.
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.

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

- 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...
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.

State Correctional Facilities
- 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”
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 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.

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
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

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

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

*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.
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.

MINI-SUMMARY
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

Play Candella Video: This video will walk the participants through the warning signs using the acronym “IS PATH WARM?”.

OBJECTIVE #2
Identify the warning signs of suicide represented by the acronym “IS PATH WARM?”, as discussed in class.

WARNING SIGNS:
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.
“IS PATH WARM?”

**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!**

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?

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

Myths and Misconceptions

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.
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.
NYSDOCS Statistics:

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.

<table>
<thead>
<tr>
<th>Year</th>
<th>ON OMH CASELOAD</th>
<th>NOT ON OMH CASELOAD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>18</td>
<td>10</td>
</tr>
<tr>
<td>2006</td>
<td>8</td>
<td>4</td>
</tr>
<tr>
<td>2005</td>
<td>9</td>
<td>9</td>
</tr>
</tbody>
</table>

*OMH LEVEL AND SUICIDE*

<table>
<thead>
<tr>
<th>OMH LEVEL</th>
<th>'07</th>
<th>'05 – '07</th>
<th>1998 – '07</th>
<th>% G.P.</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>3</td>
<td>7</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>II</td>
<td>4</td>
<td>7</td>
<td>22</td>
<td>4</td>
</tr>
<tr>
<td>III</td>
<td>2</td>
<td>7</td>
<td>18</td>
<td>8</td>
</tr>
<tr>
<td>IV</td>
<td>1</td>
<td>3</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>VI</td>
<td>6</td>
<td>18</td>
<td>39</td>
<td>41</td>
</tr>
<tr>
<td>VII</td>
<td>2</td>
<td>2</td>
<td>9</td>
<td>39</td>
</tr>
</tbody>
</table>

**TOTALS:**

18     44     123

INSTRUCTOR NOTES

TELL CLASS

PPT 19

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

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

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

<table>
<thead>
<tr>
<th>Race</th>
<th>%age of Population</th>
<th>%age of Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>21%</td>
<td>41%</td>
</tr>
<tr>
<td>African-American</td>
<td>51%</td>
<td>28%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>26%</td>
<td>25%</td>
</tr>
</tbody>
</table>


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.

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

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.

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

"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.

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.

- 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).

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

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

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.

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.

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
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)

MINI SUMMARY

OBJECTIVE #3

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

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.

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.

**Understanding the Effects of Trauma**

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:**

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

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.

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.
5. Lack of Social Support: Lack of public knowledge and understanding about Corrections may lead to a sense of isolation.
6. Stigma: Suicide has carried with it a long history of fear and disgrace.

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

**VIDEO: Impact of Suicide on Staff**

**MINI-SUMMARY**

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.

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.
There are ways that Corrections employees can help themselves by increasing what we call “protective factors” and decreasing those risk factors.

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

2. **Communicate:** Talk about your problems with family, friends, coworkers, 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.

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:

“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.”

“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.

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)
Identify 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

Identify the warning signs of suicide represented by the acronym “IS PATH WARM?” as discussed in class.

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!

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

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.

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.

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

**INSTRUCTOR NOTES**

TELL CLASS

PPT 50

ADMINISTER POST-TEST AND EVALUATIONS

DISMISS CLASS

Page 23 of 23