

STUDENT HANDOUT “B”

The Administrative Review Process

A Review Of Circumstances Surrounding The Incident

The events surrounding a jail suicide should be reviewed to ensure that such a tragedy does not occur again. A thorough evaluation of the facts and circumstances of the incident should be conducted. This would include the gathering of any evidence from the scene and the interviewing of any witnesses.

Facility Procedures Relevant To The Incident

Facility procedures would include screening, classification, housing, and the supervision of potentially suicidal inmates.

The intake screening process would be reviewed to determine if the procedure itself was adequate to detect indications of potential suicide.

The Psychological Autopsy

If resources permit, clinical review through a psychological autopsy is also recommended. A psychological autopsy is a procedure for investigating a person's death by reconstructing what the person thought, felt, and did preceding his or her death. This reconstruction is based upon information gathered from personal documents, police reports, medical and coroner's records, and face-to-face interviews with families, friends, and others who had contact with the person before the death.

Jail staff may tend to view the purpose of an administrative review as way of affixing blame. However, the psychological autopsy process provides the opportunity for learning, emotional support for staff, and a sense of closure to the incident.

Recommended steps in a psychological autopsy include the following:

- Review of the incident reports for identifying information about the decedent, date and time staff discovered the victim, location of the incident, method used to cause death, and life-saving interventions by staff.
- Review of the jail file to obtain background information about the decedent's criminal history, family history, educational background, employment history, and use of leisure time.
- Review of the health record for information about the decedent's health care contacts while in prison, including medical, mental health, and dental care.
- Review of the medical autopsy/toxicology findings for information relevant to understanding the death, as well as physical evidence of any contributing factor (e.g., physical or sexual assault). The autopsy may also help establish a time frame for the inmate's death.
- Inspect the death scene, including a review of the method used and time of day the death occurred. This can often provide information about the inmate's state of mind immediately prior to the suicide.

- Interview the staff and inmates. Inmate and staff interviews serve several important purposes.
 1. They can help confirm historical factors that may be relevant to the suicide, such as a family history of suicide or depression.
 2. They provide information regarding the inmate's personality dynamics, including impulse control, stress tolerance, coping abilities and lifestyle within the prison.
 3. They allow the reviewer to explore the precipitating events that may have contributed to the suicide.
 4. They help verify any recent medical or mental health changes not documented in the health record that may be important in understanding the suicide.
 5. They may provide a picture of the inmate's pre-suicidal functioning and changes in mental status, behavior, mood, and attitude — all of which may have been indicative of suicidal intent.

The following data collection guide is recommended for the psychological autopsy process:

- 1) Identifying data for the deceased (name, age, marital status, ethnicity, etc.)
- 2) Details of the death (method, date, time, location, how discovered and by whom)
 - a. Social history (including legal history, adjustment to incarceration, and family/peer relationships)
 - b. Psychiatric history (including any history of suicide attempts, any recent mental health treatment, and mental status prior to death, if known)
 - c. Relevant medical history, if any
- 3) Pre-disposing factors
 - a. Demographic factors (age, sex, and history of suicide attempts)
 - b. Psychiatric treatment history
 - c. Personality style of the deceased
 - d. Role of alcohol and drugs in the deceased's life style and death
 - e. Death trends in the deceased's family (suicides, fatal illness, ages at the time of death)
- 4) Precipitants (recent changes or losses in the deceased's life)
- 5) Clues to suicide prior to the inmate's death
 - a. Behavioral changes
 - b. Affective changes
 - c. Direct and/or indirect suicidal communications
 - d. Fantasies, dreams, and/or preoccupations relating to death
- 6) Reactions of staff to the inmate's death

- 7) Recommendations for enhancing screening, referral and treatment services (procedural changes, staff education and training, enhanced communication between mental health and correctional staff, etc.)

Suicide Detention & Prevention (TCLEOSE) Follow-Up: Administrative Review, Psychological Autopsy, and Support for Staff

Staff Support

Officers and other staff need to be assured by administration officials that they should never feel the need to bear responsibility for an inmate's decision to take his/her life. They are only expected to take reasonable measures to protect the inmate from acting on that decision if the decision was known, or should have been known.

Jail administration, possibly with mental health staff, involvement, should discuss with concerned staff their feelings stemming from the tragedy. Recognition of staffs' feelings and giving them a chance to express themselves may be all that is necessary to ward off any long-term negative aftereffects.

However, professional counseling services may have to be provided to staff (through employee assistance programs or private sources), as severe guilt sometimes results, remaining for years, and leaving lasting scars. Counseling and/or supportive services should also be provided to any inmate that is affected by a jail suicide.

Supportive services, professional counseling, and/or CISD debriefing for all staff must remain totally confidential, as well as separate and apart from the investigative process and issues of liability.

Critical Incident Stress Debriefing

An inmate suicide can be extremely stressful for staff. Dealing with death and the events surrounding it has a psychological effect on the most seasoned officer. It is not uncommon for an officer to experience a feeling of separation from his fellow officers and jail administration. Following a suicide, misplaced guilt is sometimes displayed by the officer. He may begin to question his own judgment and blame himself for the suicide. Such questions as: "What if I had made my cell check earlier?" may plague him.

When crises occur and staff is effected by the traumatic event, they should receive appropriate assistance. One form of assistance is Critical Incident Stress Debriefing (CISD). A CISD team, comprising professionals trained in crisis intervention and traumatic stress, can provide effected staff with an opportunity to process their feelings about the incident, develop an understanding of critical stress symptoms, and develop ways of dealing with those symptoms.

Critical Incident Stress Debriefing should take place within 48 hours of the incident. Its effectiveness diminishes with the passage of time between the incident and the debriefing and has minimal effectiveness after six weeks.

For maximum effect, the debriefing must follow certain ground rules that include:

- Absolute confidentiality
- No criticism of others' feelings or reactions
- Positive, supportive, understanding atmosphere, based on concern

- Active listening.

The CISD team leader should be someone with good group process skills and a working knowledge of stress responses. These skills can be helpful in keeping the meeting going.

If the feelings and reactions to the incident are particularly intense, it is recommended that a professional facilitator is provided for the Critical Incident Stress Debriefing.

During the debriefing, each person is given the opportunity to describe the facts about themselves and the incident:

- Where they were
- What they saw, heard, smelled
- What they did in and around the incident

The group contributes all facts necessary to make incident become real again in the room.

Once the incident is reconstructed, each person is given the opportunity to discuss their feelings. They will respond to such questions as:

- "How are you feeling now?"
- "How did you feel when that happened?"
- "Have you ever felt anything like that before?"

It is important that no one dominates the discussion and that no one is left out.

A discussion of the results of the incident will follow the discussion of each participant's feelings. At this time the participants may be asked:

- "Had you experienced any unusual things at the time of the incident?"
- "What unusual things are you experiencing now?"
- "Has your life changed in any way since the incident? (home, job, other)"

At this phase, people frequently describe normal "stress response" symptoms.

The facilitator can review normal stress responses and reassure the participants that what they are experiencing is normal. The facilitator must be supportive and understanding. During this phase, the facilitator can offer reminders and suggestions of things that can be helpful, ways to take care of themselves.

In conclusion, the participants should identify specific concerns which warrant follow-up and develop a plan of action to address these concerns.

The participants should discuss concerns about how the incident may affect the transition back into the job or family and seek solutions for problems that are presented during the discussion.

Because any incident has the potential to evoke feelings that may take more than one session to relieve, follow-up sessions can be conducted as needed for the whole group or for part of the group or specific individuals.

Individuals may find it helpful to talk to a professional helper or counselor if feelings or symptoms seem to go on too long, seem to be "out of control," seem particularly intense, or if they are interfering with work or family life.

Well-executed Critical Incident Stress Debriefings have an enormous potential to alleviate overwhelming emotional feelings and potentially dangerous physical symptoms. When used properly, they can extend the careers of personnel, thus saving great outlays of resources to replace perfectly good men and women who have seen too many broken bodies and too much human misery.

Placer County Law Enforcement Chaplaincy (California) Critical Incident Stress Debriefing – Chapter 4

Despite our best efforts, suicides do occur and yet officers sometimes blame themselves for “not having done better.” These feelings need to be recognized and dealt with openly. The key is immediate encouragement and support from administration officials.