


**U.S. DEPARTMENT OF JUSTICE
Federal Bureau of Prisons**



**PROGRAM STATEMENT
Suicide Prevention Program**

Approved by	 William K. Marshall III Director, Federal Bureau of Prisons
DPI	RSD
Number	5332.01
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Summary of Changes

<p><i>Program Statement Rescinded:</i></p> <ul style="list-style-type: none">▪ 5324.08 Suicide Prevention Program (4/5/2007)
<p><i>Changes:</i></p> <ul style="list-style-type: none">▪ Requires two mock suicide emergencies be conducted in the Special Housing Unit (SHU) annually.▪ Requires the staff member conducting the initial social screening (as outlined in the Program Statement Intake Screening) to review the BP-A0519, Psychology Services Inmate Questionnaire (PSIQ) form during the social screening process.▪ Eliminates the Special Review Committee and establishes follow-up procedures to Psychological Reconstructions and Risk Reduction Reviews for institutions with recurring inmate suicides.▪ Requires all psychologists at institutions participate in an on-call rotation to address emergency referrals that may occur during non-business hours.▪ Discusses responsive interventions for special populations.▪ Removes requirement for an Institution Supplement at Medical Referral Centers (MRC).▪ Expands the definition of suicide watch to include the ability to place individuals with dysregulated behaviors on watch at the discretion of the treating mental health provider.▪ Disallows electronic monitoring (e.g., cameras) as a primary means of monitoring inmates on suicide watch. Any inmate on suicide watch must be monitored via direct visual observation.▪ Creates BP-A1182, Self-Directed Violence High Lethality Review and BP-A1183, Suicide Watch Property Authorization forms.▪ Adds requirements related to cut-down tools.

- Removes specific references to a Bureau inmate management system and related codes. Staff must now refer to the Suicide Prevention page of the Bureau's intranet site for guidance regarding this system and required codes for suicide prevention.

1. **§ 552.40 Purpose and scope.**

The Bureau of Prisons (Bureau) operates a suicide prevention program to assist staff in identifying and managing potentially suicidal inmates. When staff identify an inmate as being at risk for suicide, staff will place the inmate on suicide watch. Based upon clinical findings, staff will either terminate the suicide watch when the inmate is no longer at imminent risk for suicide or arrange for the inmate's transfer to a medical referral center or contract health care facility.

a. **Program Objectives.**

- All Bureau staff will be trained to recognize signs and evidence that may indicate elevated risk for death by suicide by attending Introduction to Correctional Techniques I and II (ICT I and ICT II) and Annual Training (AT) thereafter.
- Staff will act to prevent deaths by suicide with appropriate sensitivity, supervision, and referrals consistent with clinical and correctional best practices.
- Any inmate found to be at risk for self-directed violence (SDV) will receive appropriate preventative supervision, assessment, and treatment.

b. **Institution Supplement.** None.

2. **RESPONSIBILITIES FOR BUREAU FACILITIES AND SERVICES**

a. **Psychology Services Branch (PSB).** The Central Office PSB is part of the Reentry Services Division (RSD), and provides oversight and consultation regarding institution treatment and care of potentially suicidal inmates through remote reviews of Electronic Health Record (EHR) documentation; recommendations regarding transfers and designations of potentially suicidal inmates; and direct consultation with Chief Psychologists, other psychologists, and institution Executive Staff.

The National Suicide Prevention Coordinator (NSPC), PSB, is the Bureau's primary source and point of contact on suicide prevention programs, research, assessment, and intervention. The NSPC provides oversight for the Bureau's inmate suicide prevention program, developing various training modules for staff, including Introduction to Correctional Techniques (ICT), AT, supplemental suicide prevention training, quarterly SHU training, and materials and training in support of the clinical development of Bureau psychologists (e.g., remote training, Brief Cognitive Behavioral Therapy for Suicide at the National Corrections Academy).

The NSPC directs Psychological Reconstructions of inmate suicides. They develop an annual

report on the state of suicide prevention in the Bureau and are responsible for developing a research-based foundation for the Bureau's suicide prevention program.

b. **Wardens.** Each Warden is responsible for the appropriate management of potentially suicidal inmates in their institution. They must ensure Psychology Services is adequately staffed to meet all expectations of this program statement and the department has adequate time, space, and material resources to educate staff about detecting and reporting any unusual inmate behaviors that might suggest suicide risk. If Psychology Services staffing is temporarily too low to ensure appropriate training and care, Wardens consult with Regional Psychology Services Administrators to arrange for Temporary Duty (TDY) assignments from PSB and/or coverage from nearby institutions. In addition, the Warden authorizes the use of Suicide Watch Companions as appropriate.

c. **Institution Chief Psychologists.** Each Chief Psychologist ensures the provisions of this program statement are implemented, including designation of a psychologist to serve as the local Suicide Prevention Program Coordinator (SPPC). The Chief Psychologist ensures information about the availability of suicide prevention services is disseminated to inmates during Admission and Orientation (A&O) using the A&O lesson plan developed by the PSB and communicating with the inmate population as deemed appropriate via TRULINCS, walking and talking, impromptu unit meetings, bulletin boards, town hall meetings, etc.

The Chief Psychologist is responsible for ensuring psychological services are provided to inmates as detailed in the Program Statement **Treatment and Care of Inmates with Mental Illness**, and a psychologist is always on call to address emergency referrals that may occur during non-business hours. When local psychologist coverage cannot be provided (e.g., due to illness, injury, leave, low staffing), arrangements will be made between the Chief Psychologist, Regional Psychology Administrator, Associate Warden, and other institutions in the general vicinity to provide appropriate coverage.

d. **§ 552.41 Program procedures.**

(a) **Program Coordinator.** Each institution must have a Program Coordinator for the institution's suicide prevention program.

(b) **Training.** The Program Coordinator is responsible for ensuring that appropriate training is available to staff and to inmates selected as inmate observers.

Suicide Prevention Program Coordinator (SPPC). The SPPC is a licensed doctoral-level psychologist or a psychologist who is under the supervision of a licensed psychologist who oversees and implements the Suicide Watch Companion Program and assists with departmental compliance with suicide prevention-related policy requirements by performing perpetual audits or other quality assurance activities. The SPPC will maintain expertise in the identification, assessment, and treatment of individuals who engage in SDV and who may be at risk for suicide.

The SPPC serves as a resource to provide or consult with other psychologists about the provision of staff training on suicide prevention.

e. **Psychologists.** All psychologists are responsible for recognizing and assessing suicide risk, providing clinical treatment and administrative oversight to inmates on suicide watch, and implementing mental health interventions to address risk factors for suicide and underlying mental health conditions. Psychologists are required to document clinical information in the EHR so the information is readily available for continuity of care. All psychologists are required to participate in an on-call rotation to address emergency referrals that may occur during non-business hours.

f. **Health Services Administrator (HSA).** Health Services organizes, conducts, administers, and maintains responsibility for psychiatric services. In facilities that use contract psychiatric services, the HSA is responsible for contract development and oversight. In facilities that do not employ or contract with a Psychiatrist or Psychiatric Advanced Practice Provider, the HSA is responsible for arranging use of Bureau telepsychiatry services and prioritizing referrals for inmates at risk for suicide or SDV. The HSA ensures a staff member from Health Services is assigned to escort contractors and supervise inmates in telepsychiatry appointments. The HSA ensures that inmates on suicide watch are seen daily by a Health Services provider. The HSA, in coordination with the Chief Psychologist, ensures regular interdisciplinary communication is maintained between Psychology Services and Health Services staff, to coordinate care and reconcile diagnostic differences.

g. **Clinical Director.** The Clinical Director ensures potentially suicidal inmates receive appropriate medical and psychiatric assessment and treatment. The Clinical Director ensures emergency medication is provided consistent with the Program Statement **Psychiatric Services** and guidance disseminated by the Bureau's Medical Director. The Clinical Director also ensures referrals for psychiatric medication evaluations result in an evaluation for medical need by local or remote providers.

h. **Bureau Staff.** All staff members who observe unusual behavior or gather information indicative of possible suicide risk during normal working hours must report these concerns to Psychology Services, or to a supervisor (e.g., Lieutenant), immediately either in person or via live telephonic conversation. During regular normal working hours staff should contact Psychology Services directly, and if there is no response contact a supervisor. During non-regular working hours staff will contact a supervisor (e.g., Lieutenant) who will consult with the on-call psychologist. Electronic mail and voicemail messages are never an acceptable mode of communication regarding inmate suicide risk. Any staff member may arrange, through the shift Lieutenant, to initiate a suicide watch pending a formal Suicide Risk Assessment (SRA) by a psychologist.

3. RESPONSIBILITIES FOR CONTRACT FACILITIES AND SERVICES

When inmates are housed outside of a Bureau facility, they may receive services from contractors. This is most common during the reentry process. When contracts for services are used, the Statement of Work will include a suicide prevention plan or program that meets American Correctional Association (ACA) standards.

a. **Community Reentry Affairs Branch (CRB).** The Community Treatment Services (CTS) section of the CRB is responsible for the establishment and oversight of community-based mental health, substance use, and sex offender treatment services. CTS sets standards for community providers for the recognition of and appropriate response to individuals with a history of SDV (e.g., crisis intervention procedures). CTS is the primary office for collecting information from institution staff (e.g., Case Management Coordinator [CMC], Health Services, Unit Management, Psychology Services) about an inmate's mental health needs (e.g., continuity of care for individuals subject to an elevated risk of SDV). CTS will consult with the PSB when there are complex cases and/or system-wide or interagency issues. They will work closely with the Residential Reentry Management Branch (RRMB) to facilitate placement in geographic locations with appropriate resources and connect individuals with those resources.

b. **Residential Reentry Management Branch (RRMB).** The RRMB is responsible for collaborating with the CRB to coordinate placement for individuals at risk for suicide (e.g., history of SDV) releasing through Residential Reentry Centers (RRC) and Home Confinement. Residential Reentry Managers (RRMs) will monitor contract facilities regularly to determine their capability to manage at-risk populations effectively. The RRM will consult with CRB and the NSPC if questions arise about the adequacy of a contract facility's suicide prevention program or about the need to transfer a potentially suicidal resident to a different facility. The RRM will contact the PSB when there are system-wide or interagency issues. In the event of a suicide, the RRMB will notify the NSPC and all evidence and documentation will be preserved to provide data and support for a subsequent Psychological Reconstruction, as outlined in Section 16 of this program statement.

c. **Institution Psychology Services.** Chief Psychologists are responsible for ensuring critical mental health information, specifically suicide risk (e.g., acute, chronic) and known destabilizing factors are communicated to Unit Management, CTS, and the RRMB for inmates who have received or are awaiting a designation to an RRC or home confinement. This is typically accomplished as described in Program Statement **Treatment and Care of Inmates with Mental Illness**. Acutely suicidal inmates are treated prior to transfer to an RRC or home confinement. Inmates with chronic suicide risk as identified in the EHR may be transferred to an RRC or home confinement and will require connection with community mental health providers.

4. TRAINING

While the initial period of incarceration is often a critical time for inmates, serious suicidal crises may arise at any time. Line staff are often the first to identify signs of potential suicidal behavior based on their frequent interactions with inmates. The Chief Psychologist is responsible for ensuring appropriate training is available to institution staff. The Chief Psychologist in conjunction with Executive Staff, department heads, and supervisors ensure all staff are trained, ordinarily by Psychology Services staff, to recognize signs indicative of potential suicide, the appropriate referral process, and suicide prevention techniques.

a. **Training for All Staff.** Suicide prevention training must be included in the Introduction to Correctional Techniques (ICT I and II) and AT curriculum at all sites. Training for staff will focus on:

- Suicide watch logbook documentation procedures.
- Maintaining basic conditions of suicide watch.
- Communicating with the inmate on suicide watch.
- Risk factors and warning signs for suicide.
- Recognition of potentially suicidal behavior.
- Common characteristics of inmates who have died by suicide.
- High-risk groups, locations, and circumstances.
- Lessons learned from Psychological Reconstructions.
- Identifying and referring suicidal inmates.
- Responding to a suicide emergency (e.g., suicide attempt in progress), including the location and proper use of a cut-down tool, initiation of life-saving measures, and use of an automatic external defibrillator (AED).
- Name of the SPPC, location of suicide watch rooms, etc.

b. **Supplemental Specialty Training.** The Chief Psychologist ensures in-person supplemental training is offered to staff who have frequent contact with inmates. Supplemental specialty training is required to be conducted with Health Services providers (e.g., Medical Officers, Advanced Practice Providers [APPs], Paramedics, Registered Nurses, Dental Hygienists), Lieutenants, Chaplains, and Correctional Counselors approximately six months after the completion of AT. This training ordinarily occurs in person to facilitate discussion. If a department has a staff member who is not available for training due to long term absence, the department head must submit a memorandum to the SPPC indicating why this individual is not available to participate in required training.

c. **Supplemental Training for Special Housing Unit (SHU) Staff.** The Chief Psychologist ensures in-person training is conducted with Correctional Services staff assigned to work in the SHU in accordance with Program Statement **Special Housing Units**. The only approved alternative to in-person training is for staff who are unexpectedly assigned to the SHU; they may

complete training on the Bureau's electronic training platform (e.g., Bureau Learning University [BLU]). Training will focus on risks associated with the SHU environment, reviewing risk factors and warning signs for suicide, identifying local inmates at risk for suicide and SDV, the risks associated with single cell housing, and determining strategies to reduce risk. Training information is provided to the Employee Development Manager in a timely manner (e.g., not to exceed three working days) for inclusion in the staff electronic training records. In addition, information about recognizing potentially suicidal inmates and procedures to follow will be included in all SHU post orders. Psychology Services staff can access a sample suicide prevention information SHU addendum to post orders on the PSB page of the Bureau's intranet site.

d. Emergency Response Training. At a minimum, the Captain (or supervisory designee), HSA (or designee), and Chief Psychologist (or licensed designee) will jointly conduct at least three mock suicide emergencies yearly, one on each shift, approximately four months apart. Complexes will complete the exercises separately at each institution within the complex. These exercises are interactive, live-action role plays that require staff to physically simulate and problem-solve the actions of responding to a suicide attempt in progress (e.g., calling for assistance, responding to the scene, taking appropriate safety precautions, using the cut-down tool, initiating life saving measures, applying the AED).

Within the calendar year, two of these exercises will be conducted in the SHU and one in another inmate area (e.g., general housing unit, work detail site, Receiving and Discharge [R&D], Health Services, Food Services). One of the SHU exercises must be conducted on Evening Watch or Morning Watch.

Institutions that do not have a SHU (e.g., Federal Prison Camps) are exempt from this aspect of the requirement but are still required to conduct three mock suicide emergencies yearly, one on each shift (i.e., Morning Watch, Day Watch, and Evening Watch).

Documentation of training will be completed by memorandum from Psychology Services to the appropriate Associate Warden. Psychology Services staff can refer to the PSB page of the Bureau's intranet site to access a sample memorandum for documenting mock suicide emergency training. All training documentation is maintained by Psychology Services, with copies to Correctional Services, Health Services, and Employee Development. The Chief Psychologist is responsible for reporting the completion of each mock drill to the Regional Psychology Services Administrator. The Regional Psychology Services Administrator will provide the dates of mock drills completed at each institution in their region to the PSB Chief of Mental Health at the completion of each calendar year.

One mock suicide scenario may be done as a component of an institution major mock exercise. If this option is selected, the Chief Psychologist collaborates with the Captain to ensure a mock suicide emergency is incorporated into the overall major mock scenario in a manner that affords

meaningful participation and training for staff from a variety of disciplines, including Psychology Services, Health Services, Correctional Services, and first responders from other departments.

This training is in addition to the supplemental specialty training for Health Services providers, Lieutenants, Correctional Counselors, and Chaplains. It will include a component to ensure cut-down tools, AEDs, and gurneys/stretchers/backboards are readily available to the location, and these items arrive on scene in an efficient and timely manner.

The following staff at all security levels are required to obtain a cut-down tool from a secure storage location (normally the Control Center) upon reporting for duty and carry it throughout their shift: Unit Management, staff who have an assigned office in a housing unit (e.g., Residential Drug Abuse Program [RDAP] staff), staff assigned to a custody post on a housing unit, all staff assigned to a SHU, Compound Officers, and Lieutenants.

Cut-down tools are to be carried by the assigned staff member in a way that secures it to the staff duty belt or vest (i.e., in an approved holster).

5. IDENTIFICATION OF INMATES AT RISK FOR SUICIDE UPON ARRIVAL

a. Health Services Screening.

§ 552.41 Program procedures.

(c) *Identification of at risk inmates.*

(1) Medical staff are to screen a newly admitted inmate for signs that the inmate is at risk for suicide. Ordinarily, this screening is to take place within twenty-four hours of the inmate's admission to the institution.

In accordance with the Program Statement **Patient Care**, Health Services clinical staff conduct an initial assessment of each newly committed inmate upon their arrival at an institution. This screening is to determine, in part, urgent mental health care needs. Inmates with perceived urgent mental health care needs, including but not limited to current risk for suicide, are referred to Psychology Services immediately. If this occurs after hours and it involves risk for suicide, contact the Operations Lieutenant, initiate a suicide watch, and contact the on-call psychologist. For all other acute mental health concerns, contact and consult with the on-call psychologist.

b. **Pretrial and Presentence Detainees.** Per the Program Statement **Psychology Services Manual**, inmates arriving at pre-trial facilities (e.g., Metropolitan Correctional Center [MCC]) or institutions with similar missions, are required to complete the BP-A0519, Psychology Services Inmate Questionnaire form, or PSIQ, within 24 hours of arrival. This form will be completed in R&D upon arrival in conjunction with the initial Health Services screening and social screening.

c. Per the Program Statement **Intake Screening**, a social screening is required to be conducted immediately upon each inmate's arrival to determine, in part, the emotional condition of the inmate. Ordinarily, the social screening is conducted by a staff member from Unit Management. However, the Warden may designate other staff who have been trained in intake screening, particularly Correctional Services staff, to conduct interviews of inmates arriving outside of regular business hours. The staff member conducting the social screening reviews the completed PSIQ to determine if the inmate has answered "yes" to item #7, "Are you thinking of harming or killing yourself now?" If the answer to item #7 is "yes," the staff member will notify Psychology Services immediately via telephonic communication or in person. Email or voicemail/other telephonic message notification for this is never acceptable.

After reviewing PSIQs, the staff member completing social screenings leaves the PSIQs in a secure, mutually agreed-upon location for retrieval by Psychology Services.

6. IDENTIFICATION OF INMATES AT RISK FOR SUICIDE AFTER ARRIVAL

a. **Newly Assigned and Transferred Inmates.** As outlined in the Program Statement **Psychology Services Manual**, provisions are in place for psychological intake screenings of newly assigned and transferred inmates within 14 or 30 days of arrival, respectively. Prior to the inmate leaving the screening area, the staff member (i.e., ordinarily, a staff member from Unit Management or designee) responsible for conducting the initial screening reviews the PSIQ to determine if the inmate has answered "yes" to item #7, "Are you thinking of harming or killing yourself now?" or if there is any other information suggestive of suicide or SDV risk. If the answer to item #7 is yes, or if there is any other information suggestive of suicide or risk of SDV, the staff member conducting the screening will notify Psychology Services immediately via telephonic communication or in person. Email or voicemail/other telephonic message notification for this is never acceptable.

When information suggestive of suicide risk or SDV is communicated to Psychology Services (e.g., via Health Services intake screening, social screening, self-referral, or other staff or inmate referral) prior to the completion of the psychological intake screening, a formal SRA is required, and completion of the intake screening is prioritized.

b. **Inmates in Restrictive Housing.** Inmates in restrictive housing, particularly those requesting protective custody (PC) or requesting to be celled alone, are at increased risk for SDV and suicide. Correctional Services staff must carefully observe inmates for suicide risk factors and warning signs. Psychology Services works closely with Correctional Services staff to monitor inmates for signs of hopelessness, anxiety, agitation, depression, psychosis, or any mental health symptom suggesting a need for an increased level of psychology services. If a SHU inmate exhibits emotional distress or warning signs of suicide, Correctional Services will notify Psychology Services immediately.

c. **Inmates Requiring Special Precautions.** The Psychology Advisory List (PAL) in TRUSCOPE provides information about inmates who may become unstable, dangerous, self-injurious, or suicidal when placed in restrictive housing due to a mental health condition. The Chief Psychologist will ensure the PAL is updated as needed with current, accurate information. When an inmate on the PAL is placed into restrictive housing, a Lieutenant will notify Psychology Services immediately, in person or telephonically. Psychology Services will see an inmate on the PAL within the time frames outlined in the Program Statement **Special Housing Units**. Information regarding that inmate may be copied from TRUSCOPE into the SHU Program for local review during SHU meetings.

d. **Special Populations.** Certain populations, including women, inmates who are aging or elderly, or inmates who have a disability, may present with unique risk factors and warning signs for suicide and may require special considerations and accommodations related to the assessment, management, and treatment of suicide risk. Psychologists involved in the care of inmates who belong to any special population will consult with an appropriate subject matter expert in the Women and Special Populations Branch to ensure ethical practice. Upon consultation, appropriate accommodations must be provided in accordance with Program Statements **Female Offender Manual** and **Management of Inmates with Disabilities**.

In accordance with the Program Statement **Female Offender Manual**, the needs of women placed on suicide watch will be addressed in a manner responsive to the needs of women. Women on suicide watch are always authorized undergarments unless there are a clear clinical rationale and evidence to support withholding these items in the current suicide watch (e.g., current or past documentation of SDV attempts using these items). Staff will afford women placed on suicide watch access to feminine hygiene products to include regular-size tampons, super-size tampons, regular-size maxi pads with wings, super-size maxi pads with wings, and panty liners. These are not limited to a one-to-one exchange. Staff are required to offer these products daily and deliver these products upon request. Unless exigent circumstances arise, constant visual observation of women on suicide watch will always be provided by staff or Suicide Watch Companions of the same sex. For institutions using contract beds at non-Bureau facilities to place women offenders on suicide watch, the standards described above are required as well.

e. **§ 552.41 Program procedures.**

(c) *Identification of at risk inmates.*

(2) Staff (whether medical or non-medical) may make an identification at any time based upon the inmate's observed behavior.

(d) *Referral.* Staff who identify an inmate to be at risk for suicide will have the inmate placed on suicide watch.

f. **Safety Precautions and Referral.** Any staff member may identify an inmate as potentially

suicidal at any time based upon the inmate's verbal or written communication or observed behavior. Whenever staff determine there is concern related to current suicide potential, Psychology Services will be notified immediately in person or by telephone call. Email and voicemail messages are not acceptable under such circumstances. Safety precautions (i.e., constant visual observation or suicide watch) must be implemented immediately and until Psychology Services conducts a formal SRA. Documentation must be completed in accordance with the Program Statement **Psychology Services Manual**. Ordinarily, when Psychology Services is at the institution during day watch hours, an inmate will be kept under constant visual observation until Psychology Services arrives to assess the individual and determine if suicide watch is necessary. The inmate must be seen within 24 hours of referral. During non-business hours, notification will be made to the on-call psychologist, ordinarily by the Operations Lieutenant.

7. RESTRICTIVE HOUSING CUSTODIAL ISSUES

- a. **Single Cell Status.** Being housed alone is a strong predictor of death by suicide. Absent written approval from the Warden as described in Program Statements **Special Housing Units**, inmates in SHU will be celled with a cellmate.
- b. **Psychology Services.** At a minimum, a psychologist will make weekly rounds of restrictive housing units, documented by their signature in the unit logbook. As a component of these rounds, they will consult with staff in those units concerning any inmates needing special attention.
- c. **Health Services.** During required daily rounds of restrictive housing units, the Health Services Clinical Director, or their designee, will be attentive to inmates whose risk for SDV or suicide may become elevated due to changes in health status or medication needs. Health Services will immediately notify Psychology Services and restrictive housing unit staff when these concerns are identified. When an inmate demonstrates medication refusal, particularly when such refusal could create the potential for the inmate to become unstable, dangerous, self-injurious, or suicidal, Health Services will collaborate with Psychology Services to attempt to improve compliance or identify alternatives.
- d. **Inmate Removal from Restrictive Housing.** Inmates will be removed from restrictive housing to be placed on suicide watch when exhibiting elevated potential for suicide. Ordinarily, once the crisis is over or it is determined they no longer have an elevated suicide risk, inmates are returned to restrictive housing. However, when Psychology Services determines placement in restrictive housing contributes to heightened risk for suicide or SDV, alternative housing arrangements will be considered in consultation with Correctional Services, the Executive Staff, Regional Psychology Administrator and, as appropriate, PSB.

e. **Prevention of Placement in Restrictive Housing.** As outlined in the Program Statement **Treatment and Care of Inmates with Mental Illness**, an inmate's mental health symptoms may contribute to institution rule infractions that could result in disciplinary sanctions, including placement in restrictive housing. Psychology Services and Correctional Services will collaborate to prevent placement in restrictive housing for behaviors resulting from mental health symptoms. Ordinarily, an inmate that is served an incident report for SDV or a suicide attempt will not be placed in restrictive housing.

8. IDENTIFICATION OF INMATES AT RISK OF SUICIDE BY NON-STAFF MEMBERS

In addition to staff, the inmate's community and family members are a vital resource in helping to prevent inmate death by suicide. To facilitate this process each institution will encourage referrals by:

- including a section in the institution inmate handbook/orientation materials encouraging inmates to notify staff of any behavior or situation that may suggest an inmate is in distress and may be considering suicide,
- incorporating the topic of inmate referrals into the A&O lesson plan for Psychology Services,
- placing posters in each housing unit addressing the topic in English and Spanish, and
- placing posters in the visiting room encouraging family members to communicate potential risk to Bureau staff.

9. SUICIDE RISK ASSESSMENT OF IDENTIFIED INMATES

§ 552.41 Program procedures.

(e) *Assessment.* A psychologist will clinically assess each inmate placed on suicide watch.

During regular working hours, inmates referred for assessment of suicide potential will be seen by a psychologist as soon as feasible, but no longer than within 24 hours of the referral. Constant visual observation of the inmate must be maintained until a formal SRA can be completed by a psychologist. During non-regular working hours, the on-call psychologist will consult with institution staff and may choose to see the inmate immediately or have the inmate placed on suicide watch. It is important to note that constant visual observation of the inmate must be kept until a psychologist has made a determination of suicide risk for that particular inmate. In either case, the inmate will be seen in person for a formal SRA within 24 hours of referral. Ordinarily, the SRA will be completed in the EHR within 24 hours of the incidents outlined below. In instances where the SRA is to be reviewed by another psychologist, the document must be submitted to the review queue within 24 hours of the incidents outlined below. The supervisor then has three working days to finalize the SRA.

An SRA will be completed when:

- Staff refer an inmate to Psychology Services because the inmate may be at risk for suicide.
- An inmate's written or verbal communication is suggestive of suicide.
- An inmate exhibits behavior suggestive of suicide (e.g., the inmate refuses/gives away their property).
- Any instance of SDV.
- Any other condition is present that would lead the psychologist to believe that an SRA is warranted.

At a minimum, the SRA includes:

- Type of housing and cell accommodation.
- Classification of suicide-related behaviors.
- Lethality assessment.
- Reason for referral, including date and time of referral and date and time of the SRA, identification of initial referral source, and details resulting from interviewing the initial referral source.
- Mental health and SDV history.
- Current problem, including case conceptualization.
- Current mental status.
- Narrative of risk and protective factors assessed, which weighs risk and protective factors in support of the decision to initiate or not initiate suicide watch.
- An explanation of why some risk or protective factors were not assessed.
- Diagnosis.
- Recommendations, which include social, environmental, and clinical interventions; if no clinical recommendations are made, a clear rationale for this decision is required.

During an SRA, psychologists are required to make several complex determinations based on the totality of information gleaned from an SRA. Thoughts, threats, and acts of violence toward others and self should be considered when evaluating risk of suicide. Psychologists should also consider stability of thoughts, escalation of behaviors, and recency of said thoughts and behaviors when documenting the conceptualization of suicide risk. Interventions are then based on the documented and transparent conceptualization of risk factors. It is recognized that the risk of suicide is dynamic and may change rapidly or over time, resulting in changes to the planned interventions. Decision-making considerations should be clear within the documentation of risk factors noted in the SRA.

a. **Lethality.** Assessment of lethality refers to an estimate of the likelihood of death resulting from an inmate's self-injurious actions or plans. Some self-injurious behaviors may be estimated as having low lethality when they are unlikely to result in injury or death, such as making a superficial cut on one's wrist in the presence of staff. Other self-injurious behaviors may be

estimated to reflect moderate lethality because they could or did result in injury and/or efforts were made to obscure the behavior from others. Finally, self-harm behavior may be considered to have high lethality if it could have resulted in death, such as a suicide attempt in a private area with no expectation of immediate intervention or life-saving measures.

When self-harm behaviors or plans are determined to be of low lethality, it should not automatically be concluded that acute suicide risk is low. However, it is appropriate to conceptualize behaviors or plans of moderate or high lethality as indicative of elevated acute risk of death by suicide in the absence of suicidal ideation.

b. **Acute Risk.** Acute risk refers to an inmate's potential for imminent self-harm. Psychologists estimate acute risk as low, moderate, or high based on their analysis of the information gleaned during the SRA. Acute risk is particularly determined by current dynamic risk factors such as hopelessness, depression, and agitation.

c. **Chronic Risk.** Chronic risk refers to an inmate's potential for death by suicide based on their history. Chronic risk has been operationalized as two or more suicide attempts prior to the current assessment. Chronic risk is determined to be either present or absent, based on history. Inmates identified as being at chronic risk for suicide should be considered for a care level designation of two (i.e., Care2-MH) or higher. See the Program Statement **Treatment and Care of Inmates with Mental Illness** for additional recommendations in the management and documentation of inmates with chronic suicide risk.

10. ENVIRONMENTAL INTERVENTIONS

§ 552.41 Program procedures.

(f) *Intervention.* Upon completion of the clinical assessment, the Program Coordinator or designee will determine the appropriate intervention that best meets the needs of the inmate.

a. **Suicide Watch.** Suicide watch may be used for individuals who have an increased risk of suicide or increased need for support and observation due to acute mental illness (i.e., individuals who present with psychosis or significant behavioral dysregulation related to mental health concerns and cannot be celled with another person but does not present with increased risk factors for death by suicide). Every inmate being placed on suicide watch must be seen for a SRA. This SRA must be completed and documented within 24 hours of notification to Psychology Services of the individual's placement on suicide watch. Upon completion of an SRA incorporating an analysis of risk and protective factors, lethality of plans or behaviors, the degree of acute risk (low, moderate, or high), and the presence or absence of chronic risk, the psychologist must determine what interventions best meet the specific safety and treatment needs of the individual inmate. Inmates determined to be at moderate or high acute risk for suicide or

potentially lethal self-harm behaviors should ordinarily be placed on suicide watch for suicide risk. If inmates do not present with significant suicide risk, but their functioning in general population or in restrictive housing is severely compromised, they may also be placed on suicide watch. Regardless of the reason for suicide watch, cell conditions will often look similar.

(1) **§ 552.42 Suicide watch conditions.**

- (a) *Housing.* Each institution must have one or more rooms designated specifically for housing an inmate on suicide watch. The designated room must allow staff to maintain adequate control of the inmate without compromising the ability to observe and protect the inmate.

The room(s) must permit easy access, privacy, and unobstructed vision of the inmate at all times. It may not have fixtures or architectural features that would easily allow self-injury to occur (e.g., sharp corners, tie-off points).

Under no circumstances can electronic monitoring (e.g., cameras) be used as the primary observation method of the inmate placed on suicide watch. All monitoring of the inmate on suicide watch must be done through constant direct visual observation.

Inmates on suicide watch will be placed in one of the institution's designated suicide watch rooms, a non-restrictive housing unit room, ordinarily located in the Health Services area. Placement of a suicide watch room in a different area may be warranted given the unique features of some institutions. However, administrative detention and disciplinary segregation cells will not be designated or used as suicide watch cells. Designating a suicide watch room outside the Health Services area requires the Warden submit a policy waiver request through the Regional Director (RD) to the Assistant Director (AD) with oversight of the PSB. If the policy waiver request is approved, the policy waiver must be renewed annually. A list of sites with current waivers is maintained by each Regional Psychology Services Administrator.

Under emergency conditions, an inmate deemed appropriate for suicide watch placement may be placed temporarily on suicide watch in a cell other than the institution's designated suicide watch room (e.g., R&D cell), as long as all other conditions of suicide watch are met, as described below. As soon as an officially designated suicide watch room becomes available, the inmate must be relocated to that room.

As early as possible in the course of a suicide watch, psychologists will begin meeting with the inmate face-to-face (e.g., in the suicide watch cell, in a nearby treatment room, in an outdoor recreation area). Additionally, Therapeutic Release can be considered based on the needs of the inmate. Information on Therapeutic Release can be found on the PSB page of the Bureau's intranet site.

(2) **Conditions of Confinement.** While on suicide watch, an inmate's conditions of

confinement will be the least restrictive necessary to ensure control and safety. The inmate will be seen in-person by a psychologist at least once per day, including weekends and holidays. The psychologist will interview and interact with the inmate and complete clinical notes following each visit in the EHR. Ordinarily, the notes will be completed immediately following the contact and before the psychologist departs the facility.

Because suicide watch imposes significant limitations on an inmate's independence, much like restrictive housing, Correctional Services supervisors or designees, Institution Duty Officers (IDOs) and medical providers will also have daily contact with inmates on suicide watch and be responsive to needs that may arise. The Executive Staff, Chaplains, Education, Unit Management, and Recreation staff, as well as staff from other disciplines who are responsible for meeting the needs of the inmate on suicide watch, make initial contact within 48-hours and provide follow-up as needed, but at a minimum once weekly following the initial contact. All staff making contact with the inmate on watch must document their interaction in the suicide watch observation log.

Suicide watch-specific items (i.e., safety smocks, blankets, sleeping bags, mattresses, and booties), when authorized by Psychology Services, should be procured from PSB approved vendors. Approved vendors for these items can be found on the PSB page of the Bureau's intranet site.

A psychologist determines the type of personal property, bedding, clothing, and other items (e.g., reading materials) that may be allowed inside the suicide watch room, and this decision may not be modified by anyone other than a psychologist. At a minimum, an individual should always be authorized undergarments while on suicide watch unless there is a clear clinical indication they are at imminent risk to use that item to engage in SDV. If clinical rationale indicates such, this should be clearly documented in the SRA or daily Suicide Watch Contact.

As outlined in the Program Statement **Special Housing Units**, alternate clothing/linen (paper or plastic) is not authorized for inmates on suicide watch. Alternative meals and utensils must be approved by the Warden as outlined in the Program Statement **Food Service Manual**. It is recommended the psychologist complete and sign a BP-A1183, Suicide Watch Property Authorization form and post it in a prominent location in the suicide watch area where it does not hinder the visibility of the inmate on watch and is easily accessible to the observer conducting the suicide watch (e.g., placed on the door). This is to ensure all staff are aware of authorized items and/or changes. Upon placement on suicide watch, the psychologist is to be consulted to determine if the individual on observation can engage in legal and special social visits safely and notate this recommendation on the form. Types of special social visits are outlined in Program Statement **Visiting Regulations**. As suicide watch progresses, it is recommended the psychologist either initial and date the approved authorization form or provide an updated BP-A1183, Suicide Watch Property Authorization form.

Psychology Services provides timely notification to the Executive Staff, department heads, Lieutenants, and the inmate's Unit Management staff when a suicide watch is initiated and terminated. Correctional Services, in consultation with Psychology Services, are responsible for the inmate's daily custodial care, cell, and routine activities (e.g., showering, use of bathroom, cleaning, changing clothes). At a minimum the personal hygiene and showering of individuals placed on suicide watch should be managed in accordance with Program Statement **Special Housing Units**; however, at times additional showers may be necessary while on suicide watch due to the unpredictable nature of suicide watch. It is recommended that the individual on suicide watch be offered an opportunity to shower within 24 hours of their placement on observation, regardless of the day of the week.

(3) **§ 552.42 Suicide watch conditions.**

(b) *Observation.*

(1) Staff or trained inmate observers operating in scheduled shifts are responsible for keeping the inmate under constant observation.

(c) *Psychological Observation log.* Observers are to document significant observed behavior in a log book.

Standards of Observation. For all observers of inmates on suicide watch:

- Inmates on suicide watch require constant visual, in-person observation. At no time should video monitoring of any type be used as the primary method of monitoring an inmate on suicide watch.
- Any visual observation techniques used to monitor the observers will focus solely on the observer and will not be used as a substitute for constant visual, in-person observation of the inmate on suicide watch. The use of video observation for observers does not replace the need for physical hourly rounds to be conducted to check on the Suicide Watch Companions.
- The observer must have a means to summon help immediately (e.g., phone, two-way radio) if the inmate on suicide watch displays any self-injurious or dangerous behaviors.
- At non-MRC sites, observers may only monitor one inmate on suicide watch. A separate observer must be assigned to each inmate on suicide watch. Ordinarily, staff observers and Suicide Watch Companions will not work side-by-side in this capacity.
- At MRCs, observers may watch no more than two inmates on suicide watch if they can be reasonably and easily maintained in the field of vision without the use of video monitoring.
- When approved by the Warden, legal and special visits require constant observation, and use of a logbook by a staff observer must continue during the visits.

Psychology Services will establish procedures for documenting observations of the inmate's behavior in a PSB approved suicide watch logbook, see PSB intranet page for ordering information. Entries will ordinarily be made in at least 15-minute intervals. Logbooks are

maintained by Psychology Services as a secure document consistent with guidance in the Records and Information Disposition Schedule.

Staff Observers. Staff observers provide direct observation of inmates on suicide watch. Suicide watch post orders must reflect the requirement that suicide watch log entries are documented at least every 15 minutes. Staff assigned to a suicide watch post must review and sign the suicide watch post orders before assuming their post. Psychology Services reviews the suicide watch post orders annually, to ensure their accuracy and that they provide clear direction to staff on documentation requirements.

Staff and Suicide Watch Companions will document in separate approved logbooks. An inmate companion will not document in a staff observer's logbook.

Staff assigned to a suicide watch post must have received initial training (ICT Phase I) and AT thereafter. If an individual has completed ICT Phase I and has not yet made it to AT, they may work a suicide watch post.

(4) **§ 552.42 Suicide watch conditions.**

(b) **Observation.**

(2) Only the Warden may authorize the use of inmate observers.

Suicide Watch Companions. Each Warden will determine whether there is a formal Suicide Watch Companion Program in conjunction with the approval of PSB. The recommendation to use companions for any specific suicide watch is made on a case-by-case basis by Psychology Services in consultation with Correctional Services. This decision takes into consideration the safety and security needs of the suicidal inmate, Suicide Watch Companions, staff, and the institution as a whole. Only the Warden may authorize the use of Suicide Watch Companions. The Suicide Watch Companion Program is fully described in Section 13 of this program statement.

(5) **§ 552.42 Suicide watch conditions.**

(d) **Termination.** Based upon clinical findings, the Program Coordinator or designee will:

(1) Remove the inmate from suicide watch when the inmate is no longer at imminent risk for suicide, or

(2) Arrange for the inmate's transfer to a medical referral center or health care facility.

Suicide Watch Termination and Post Suicide Watch Report. Based on clinical findings, a psychologist will remove an inmate from suicide watch when they are no longer at elevated acute risk for suicide or exhibiting mental health concerns that warranted their placement on

suicide watch. In circumstances in which an inmate's acute risk for suicide remains elevated or significant mental health symptoms persist over an extended period, they should remain on suicide watch pending exploration of enhanced treatment options. These could include consideration of emergency medication if indicated, application of varied or more intensive evidence-based mental health interventions locally, elevation of the inmate's mental health care level, and/or transfer to an institution with an advanced care level mission. In some instances, transfer to a Federal Medical Center may be indicated and should be discussed with the PSB and the Bureau's Chief Psychiatrist.

Institutions will seek guidance from PSB on procedures necessary to effectuate a transfer for inmates in pretrial or holdover status.

Once an inmate has been placed on suicide watch, this status may not be terminated under any circumstances without a psychologist performing a face-to-face, in-person evaluation. Only a psychologist has the authority to remove an inmate from suicide watch.

If it is determined that an interruption in suicide watch is necessary (i.e., outside hospital trip, transfer to another agency, mandatory release from custody, or transfer to another institution) a Post Suicide Watch Report must be completed indicating there were administrative reasons for the termination of suicide watch. When the individual returns to the institution they will be reassessed for suicide risk via SRA.

To ensure continuity of care, the Post Suicide Watch Report will ordinarily be completed in the EHR prior to the physical termination of the suicide watch, or as soon as possible following termination. At a minimum, the Post Suicide Watch Report must include:

- Suicide watch start and end dates and times.
- Indication of whether staff and/or Suicide Watch Companions conducted the watch.
- Current mental status.
- Narrative for risk factors reassessed (briefly restate the risk factors that were identified in the SRA).
- Changes in risk factors assessed (provide an explanation of which risk factors have stabilized during the course of the suicide watch and which protective factors have increased, if any).
- Reason for removal from observation (a brief, integrative narrative rationale as to why suicide watch is no longer necessary).
- Diagnosis.
- Conclusions (overall acute and chronic suicide risk).
- Recommendations (will offer social, environmental, and mental health interventions as well as conditions of confinement. When mental health interventions are deemed unwarranted, the psychologist must provide a strong and clearly articulated rationale for this decision based on a comprehensive conceptualization of the inmate's needs).

- If Psychology Services recommends an inmate's transfer to a medical referral center or health care facility, it will be done in collaboration with all departments involved in requesting/pursuing the transfer.

b. **Additional Environmental Interventions.** Other environmental interventions, such as involvement of mental health companions, connection with Prison Visitation and Support (PVS), legal and/or special social visits, housing changes (e.g., double celling, property restrictions, cell placement), heightened staff or inmate interaction, or greater observation may be appropriate based on assessed level of risk. While the Warden or their designee has the final decision-making authority on approval of visitations, it is recommended a psychologist and the Captain are consulted when considering legal and/or special social visits for inmates on suicide watch. Each institution will address local procedures for conducting legal and special social visits in accordance with the Program Statement **Visiting Regulations**.

As outlined in the Program Statement **Use of Force, Application of Restraints, and Firearms**, placement in restraints to address instances of SDV is a decision that must be recommended by Correctional Services and approved by the Warden.

11. MENTAL HEALTH INTERVENTIONS

Mental health interventions for inmates at risk for SDV and/or suicide must be planned and offered in direct response to an inmate's specific identified dynamic risk factors for both acute and chronic suicide risk. For inmates who report or demonstrate a reluctance or unwillingness to participate in mental health interventions, the treatment provider should emphasize relational techniques (e.g., rapport building, motivational interviewing, social interaction, modeling) during clinical contacts. Lack of desire for or refusal to participate in treatment is not a rationale for withholding care. If mental health interventions are clinically indicated, they should be planned and scheduled by the psychologist. Inmates' requests for services should not be a requirement for obtaining clinically indicated mental health treatment.

a. **During Suicide Watch.** For inmates placed on suicide watch, evidence-based mental health interventions should be initiated during observation and documented in daily Suicide Watch Contact notes in the EHR. Interventions at this stage should focus primarily on addressing acute dynamic risk factors for suicide and symptom mitigation for uncontrolled mental health symptoms. These interventions should strive to stabilize mental health concerns and dynamic risk factors for SDV or suicide to such a degree that suicide watch can be safely terminated.

Interventions entered into the EHR may include, but are not limited to:

- Collaborative establishment of a Safety Plan.
- Completion of a reasons for living card.
- Coping cards.

- Cognitive behavioral therapy (CBT) and Dialectical Behavioral Therapy (DBT) skills training.
- Brief cognitive behavioral therapy for depression or suicide.
- Emotional self-regulation.
- Restructuring of criminal thinking.
- Therapeutic Release, as described on the PSB page of the Bureau's intranet site.
- Other evidence-based practices deemed applicable to the inmate's unique treatment needs.

b. **Post Suicide Watch Follow-Up.** Once suicide watch can safely be terminated, additional clinical follow-up plans should address maintaining the stability of the mental health concerns and dynamic risk factors that contributed to the placement on suicide watch. Interventions may be delivered individually or via therapeutic groups, that address treatment needs outlined in the Post Suicide Watch Report or treatment plan, and are provided at a frequency commensurate with the inmate's mental health care level and treatment needs. For more information about mental health treatment, see Program Statement, **Treatment and Care of Inmates with Mental Illness**. It is recommended all inmates being removed from suicide watch have follow up interventions indicated.

c. **Inmates Not Placed on Suicide Watch.** Sometimes when inmates are assessed for suicide risk or uncontrolled mental health concerns, acute risk is assessed as low or it is the clinical opinion of the psychologist that suicide watch is not the least restrictive means to manage the inmate, a suicide watch is not initiated. These circumstances do not necessarily convey that mental health interventions are not warranted. If uncontrolled mental health concerns and/or dynamic risk factors for suicide were identified in the assessment, particularly if chronic risk for suicide was identified, these should be addressed by offering mental health interventions matched to those treatment needs. Interventions are particularly important under these circumstances in order to mitigate risks associated with the decision not to initiate suicide watch. Following the SRA, it is strongly recommended follow-up intervention and procedures be documented and adhered to. Deviation from the recommended follow-up interventions should also be documented.

d. **Inmates with Antisocial Personality Disorder.** Inmates with Antisocial Personality Disorder often present with agitation, impulsivity, and/or suicidal statements or behaviors that may be motivated by a desire to change their circumstances. Inmates with this constellation of behavioral symptoms are at increased risk for death by suicide. Therefore, it is essential Antisocial Personality Disorder be recognized as a mental disorder, that mental health care levels be assigned commensurate with the inmate's level of need for services, and mental health interventions are offered to match those needs. Establishing rapport, conveying empathy, maintaining boundaries, restructuring criminal thinking errors, reducing anxiety, treating substance use disorders, and engaging the inmate in problem solving are useful strategies for this population. Clinical services that address mood and/or substance use are often the most

appropriate and should be incorporated into an inmate's treatment plan.

12. REPETITIVE SELF-DIRECTED VIOLENCE AND SUICIDE ATTEMPTS

Some inmates are at high risk for SDV, but do not easily engage in treatment. These inmates threaten or engage in repetitive SDV for diverse reasons. Psychologists identify the underlying adaptive reasons for threatened or actual SDV and target these using individualized treatment interventions that increase appropriate, safe behavior and reduce risk of serious injury or death by suicide.

a. **Functional Behavioral Assessment (FBA) to Reduce Repetitive SDV.** An FBA is one tool used to identify adaptive psychological, biological, social, and/or environmental function of outwardly destructive and disruptive threats and behavior.

The FBA is never used in place of an SRA. An FBA may be warranted after an inmate displays a documented pattern of maladaptive behaviors and/or ineffective coping skills resulting in the need for multiple SRAs.

An FBA is completed by gathering data to identify patterns of repeated threats and acts of SDV. Data gathered from an FBA is then used to formulate a concise statement explaining the purpose of a behavior. This conceptualization informs the treatment plan, is discussed in Care Coordination and Reentry (CCARE) Team meetings, and guides evidence-based treatment interventions. An FBA will always result in an individualized treatment plan.

An FBA must include:

- A clear description of the target behavior as understood through data gathering (e.g., clinical interviews, behavioral observations, record reviews, staff observations).
- An analysis of the environmental, social, and intrapersonal factors that drive and perpetuate SDV (e.g., establishing relationships between antecedents, behaviors, and consequences).
- An explanation of what individually meaningful reinforcers (e.g., social interaction with staff, praise for appropriate behaviors, increased privileges such as phone calls, visits, or recreation time) will be recommended and how they will be applied to increase healthy/adaptive behavior.
- A review of past interventions and exploration to known barriers to learning or implementing interventions.

Guidance on conducting and using FBAs effectively is available on the PSB page of the Bureau's intranet site as well as by contacting the PSB.

b. **Treatment Plans for Inmates with Repetitive SDV.** Inmates who engage in repetitive SDV

must have this problem listed on their treatment plan with associated goals and interventions. Specific Problem-Goal-Interventions (PGIs) related to suicide risk reduction are located in the EHR and are an integral part of the inmate's comprehensive treatment plan.

These treatment plans are built around positive reinforcement/rewards because positive reinforcers increase future likelihood of a behavior. Negative reinforcers/punishments are not to be used. The only appropriate limitations to an inmate's property and privileges recommended by Psychology Services staff are those deemed clinically necessary to restrict access to means for self-harm (e.g., razor restriction, safety garments and linens, alternative meals, pill line only medications).

13. SUICIDE WATCH COMPANION PROGRAM

Suicide Watch Companion teams are established and maintained at the discretion of the Warden in conjunction with the approval of PSB. Psychology Services is responsible for the selection, training, assignment, and removal of individual Suicide Watch Companions.

a. **Selection of Suicide Watch Companions.** Due to the very sensitive nature of such assignments, the selection of Suicide Watch Companions requires considerable care. To provide round-the-clock observation of potentially suicidal peers, a sufficient number of Suicide Watch Companions should be trained, and alternate candidates should be readily available. Suicide Watch Companions are selected based upon their ability to perform the specific tasks necessary with intermittent staff supervision, and for their reputation within the institution. In the judgment of Psychology Services, the inmate must be considered credible and reliable by both staff and inmates (e.g., Unit Management, Special Investigative Services [SIS]). They must protect the privacy of inmates placed on suicide watch from other inmates and be accepted in the companion role by staff.

Inmates who have been found to have committed a 100-level prohibited act within the last three years may not be selected as Suicide Watch Companions.

Ordinarily, Suicide Watch Companions will be designated Bureau inmates. At facilities housing primarily pretrial inmates, without sufficient designated work cadre inmates to fulfill the role of Suicide Watch Companions, pretrial inmates may be used as Suicide Watch Companions with the written approval of the Warden.

b. **§ 552.42 Suicide watch conditions.**

(b) *Observation.*

(3) Inmate observers are considered to be on an institution work assignment when they are on their scheduled shift.

Suicide Watch Companion Pay. Suicide Watch Companions will be paid. They are considered to be on an institution work assignment while attending training or observing an inmate on suicide watch. This work assignment must take precedence over any other work detail assignment; pay should be at a level to attract and maintain highly qualified Suicide Watch Companions. Companions are paid based on the hourly pay rate for their assigned work grade.

The Suicide Watch Companion program is a First Step Act (FSA) approved program and as such, inmates participating in this program are eligible to receive incentives and benefits in accordance with FSA policy. Suicide Watch Companions can not be paid for their services using FSA funds.

c. **§ 552.42 Suicide watch conditions.**

(b) ***Observation.***

(1) Staff or trained inmate observers operating in scheduled shifts are responsible for keeping the inmate under constant observation.

Suicide Watch Companion Shifts. A Suicide Watch Companion's schedule may never include more than one four-hour shift during any 24-hour period. While Suicide Watch Companions should not be regularly scheduled for more than four hours in a 24-hour period, under exigent circumstances they may work up to five hours. A Suicide Watch Companion can never work more than five hours in a 24-hour period.

d. **Suicide Watch Companion Training.**

(1) **Frequency, Duration, and Documentation of Training.** At a minimum, one three-hour training is required for all Suicide Watch Companions each quarter. Attendance for the full duration of quarterly training sessions is mandatory. Training may be divided into two sessions per quarter if necessary.

Quarterly training will occur at least once during each of the following four quarters:

- Quarter One: January 1 to March 31
- Quarter Two: April 1 to June 30
- Quarter Three: July 1 to September 30
- Quarter Four: October 1 to December 31

Quarterly trainings must occur at least 30 days apart. Additional trainings/meetings may be scheduled as needed and at the discretion of the SPPC. Newly selected Suicide Watch Companions must attend one complete quarterly training (three hours) prior to working a suicide watch.

Participation on the Suicide Watch Companion team will be documented as follows:

- An Agreement of Understanding, signed by each companion (scanned and attached to the companion's EHR record using document manager).
- The date and duration of each training session, topics discussed, and inmate attendance, documented in the EHR (e.g., open group).
- A schedule or list of Suicide Watch Companions available to Correctional Services personnel during non-regular working hours.
- Verification of Suicide Watch Companion pay and benefits.

(2) **Training Topics.** Each quarterly training will include basic elements of suicide watch and one or more quarterly topics selected from the current training guide, as described on the PSB page of the Bureau's intranet site. Additional content may be added at the discretion of the SPPC, such as debriefing suicide watches that occurred during the preceding quarter. If a particular suicide watch was potentially stressful or upsetting (as reported by the inmate companion) to Suicide Watch Companions or role conflicts are known to have occurred between staff and companions, the SPPC must schedule a debrief for companions who have been affected, ideally within two working days, but not to exceed five working days, of the end of the suicide watch.

e. **Supervision of Suicide Watch Companions.** All suicide watches and Suicide Watch Companions require staff supervision.

Supervision of Suicide Watch Companions will be provided by staff who are in the immediate area of the suicide watch room or who have continuous video observation of the Suicide Watch Companion and inmate on suicide watch.

In all cases, when a Suicide Watch Companion alerts staff to an emergency by calling control or notifying staff in the area, staff must immediately respond immediately to the suicide watch room and take necessary action to prevent the inmate on suicide watch from incurring debilitating injury or death. The expected response time for staff to get to the suicide watch area is within three minutes.

At no time will a Suicide Watch Companion be assigned to a suicide watch without adequate provisions for staff supervision or without the ability to obtain immediate staff assistance (i.e., a phone that calls directly to control). The decision to use Suicide Watch Companions must be predicated on the fact that it takes only three to four minutes for most deaths by suicide to occur.

Supervision of Suicide Watch Companions must consist of at least 60-minute checks conducted in person. Staff must sign the chronological suicide watch logbook in use upon conducting checks.

Suicide Watch Companions may not be used in any situation involving an inmate on hunger strike or in restraints.

f. **Removal.** Psychology Services staff may remove any Suicide Watch Companion from the program at their discretion. Removal of a Suicide Watch Companion should be documented in the EHR.

14. TRANSFER OF INMATES TO OTHER INSTITUTIONS

§ 552.42 Suicide watch conditions.

(d) **Termination.** Based upon clinical findings, the Program Coordinator or designee will:

(2) Arrange for the inmate's transfer to a medical referral center or health care facility.

Psychology Services staff are responsible for making emergency referrals of suicidal inmates to a Federal Medical Center. No inmate who is acutely suicidal will be transferred to a Bureau facility other than a Federal Medical Center on an emergency basis without the recommendation of the Regional Psychology Services Administrator and PSB. Inmates who are chronically but not acutely suicidal may be considered for an advanced care level referral. If pretrial inmates are in need of transfer, consultation should be sought from the Regional Psychology Services Administrator and PSB.

Inmates on prolonged suicide watches should be considered for transfer, as should inmates whose mental health treatment needs overwhelm the mission or resources of the current institution. When an inmate has been on suicide watch for 72 hours and may require a medical center or advanced care level referral, a psychologist will contact the Regional Psychology Services Administrator who will consult with the NSPC to discuss the case and determine if a transfer is appropriate. As part of the referral consideration process, it is often beneficial to consult with other mental health resources such as the treating psychiatrist, psychologists at other institutions, Regional Psychology Services Administrators, PSB subject matter experts, or the Bureau Chief Psychiatrist.

The psychologist will document consultations and referral considerations, and all actions taken, in the inmate's EHR record. If the decision is not to transfer the inmate, the consultation and rationale for the decision must be documented in the EHR, along with specific plans for continuing to address the inmate's treatment needs locally.

a. **Federal Medical Center Referrals.** Inmates who do not respond to treatment interventions (e.g., evidence-based psychosocial interventions, voluntary medication, or emergency medication) and remain acutely suicidal may require emergency hospitalization. Although a Federal Medical Center referral may be indicated at any time, inmates will ordinarily be referred

when they have been determined to be psychiatrically complex, are in an acute state of distress, or the Chief Psychiatrist recommends transfer.

b. **Advanced Care Level Referrals.** Inmates who engage in SDV or consistently report suicidal ideation may not require suicide watch or require inpatient care. These inmates should be engaged in evidence-based mental health interventions (e.g., Brief Cognitive Behavioral Therapy for Suicide [B-CBT], Dialectical Behavior Therapy [DBT], and Emotional Self-Regulation [ESR]) locally. When treatment progress indicates more intensive services are needed, as evidenced in the EHR documentation (e.g., Diagnostic and Care Level Formulation [DCLF], clinical contacts), consultation will be sought from PSB staff regarding a referral to an institution with a higher mental health care level.

c. **Communication.** It is critically important that other institutions are notified when they are to receive inmates with recent suicidal ideation and/or who are at risk for SDV. A psychologist from the sending institution must ensure that a suicidal or self-injurious inmate being transferred to or from a Federal Medical Center or advanced care level facility has the following documentation:

- A Psychology Alert code in the applicable Bureau inmate management system.
- Clinical documentation supportive of continuity of care (e.g., a completed Mental Health Treatment Summary).
- All pending notes finalized in the EHR prior to transfer so they are immediately visible to the receiving institution.
- Added to the PAL.

Refer to PSB's page on the Bureau's intranet site for guidance regarding the appropriate codes in the applicable Bureau inmate management system. These steps ensure staff are informed of serious psychological management problems and continuity of care issues in a timely fashion. In many instances, a phone call to the Chief Psychologist, Advanced Care Level Psychologist, or appropriate Psychology Treatment Program Coordinator at the receiving institution will greatly aid the inmate's adjustment during the transition period.

15. SELF-DIRECTED VIOLENCE HIGH LETHALITY REVIEW

In the event of a serious suicide attempt at an institution (e.g., an attempt that could have reasonably resulted in death and is categorized as "high lethality" by the assessing psychologist on the SRA), the BP-A1182, Self-Directed Violence High Lethality Review form is utilized to conduct a local review of the incident. This is a multidisciplinary review process conducted under the direction of an Associate Warden and involving collaboration and input from the Captain, HSA, Unit Manager, Chief Psychologist, and any other department head with relevant information to contribute to the review. The goal of the review is to identify lessons learned and enhance future suicide prevention efforts at the local level. The completed Self-Directed

Violence High Lethality Reviews are forwarded to the respective RD, Regional Psychology Administrator, and PSB on at least a quarterly basis. Locally, completed Self-Directed Violence High Lethality Reviews are digitally stored by the institution Psychology Services department.

16. PROCEDURES FOLLOWING AN INMATE SUICIDE

In the event of an obvious or suspected (e.g., potential overdose) inmate death by suicide, the Warden will make appropriate notifications to the RD and Central Office Executive Staff. The Chief Psychologist will notify the NSPC and the Regional Psychology Administrator.

The need to perform life-saving measures takes top priority and should not be delayed or curtailed based on a presumption of death (except in those circumstances outlined in Program Statement **Patient Care**) or concerns about crime scene preservation.

In accordance with Program Statement **Crime Scene Management and Evidence Control**, following the emergency response, the suicide scene will be treated in a manner consistent with an inmate death investigation. All measures to preserve and document the evidence needed to support subsequent inquiries will be undertaken and recorded. Institution staff, particularly the Evidence Recovery Team, will handle the site with the same level of protection as any potential crime scene in which a death has occurred. When there is an inmate death or serious incident that may lead to death or incapacitation, the incident will be recorded in TRUSCOPE. Once all evidence and property have been secured, examined, retained, and written Federal Bureau of Investigation (FBI) declination has been obtained (if applicable), the scene may be released.

In the event of an inmate death by suicide, no clinical documentation from Psychology Services should be added, altered, or completed after the death.

a. **Psychological Reconstruction of an Inmate Suicide.** The professional purpose of a Psychological Reconstruction is to aid in the understanding and prevention of suicide. The specific goals of each Psychological Reconstruction are to determine, if possible, why an inmate decided to end their own life, and what can be learned from the death that could help to strengthen the institution's local suicide prevention program and the Bureau's national suicide prevention program. Psychological Reconstruction reports do not focus solely on policy violations but also on the identification and recommendation of new practices that strengthen the Bureau's suicide prevention program.

Ordinarily, the RSD AD, will authorize a Psychological Reconstruction of an inmate suicide to be completed under the direction of the NSPC or another psychologist from the PSB. Central Office psychologists who have previously been involved in treating or consulting about the inmate ordinarily do not participate in the reconstruction. A Psychological Reconstruction team may consist of additional staff including, but not limited to, representatives from the Office of General Counsel (OGC), the Health Services Division (HSD), the Correctional Programs

Division (CPD), and regional staff as approved by the RD. Participants from the field may be considered on a case-by-case basis but must be at the department head level or above. If a death by suicide occurs at an RRC, a suicide reconstruction may be conducted depending on the specific concerns of the agency.

Wellness of staff and inmates following a death by suicide is of the utmost importance. One task of the reconstruction team is to ensure wellness of both groups is addressed during the site visit.

At the conclusion of the reconstruction, a report is prepared that addresses all of the areas outlined in the Guide for the Psychological Reconstruction of an Inmate Suicide. This guide can be found on the PSB page of the Bureau's intranet site. The report will be reviewed by OGC, HSD, and CPD; feedback will be considered by the NSPC and/or the psychologist who authored the report. Other disciplines may be consulted at the discretion of the NSPC based on the unique features of a particular case.

The RSD AD will review and approve the final report and disseminate copies to the Health Services Division AD; the Correctional Programs Division AD; the Program Review Division AD; the RD responsible for the institution where the suicide occurred; the Warden at the institution where the suicide occurred; and other Wardens as appropriate (e.g., if the inmate was recently transferred). The final report will ordinarily be routed within 120 days of the completion of the site visit.

If the suicide occurred at an RRC, and a reconstruction is conducted, the report is disseminated to the RRMB Administrator.

b. Psychological Reconstruction Follow-Up Procedures. Within 60 days of receiving a Psychological Reconstruction report, the Warden prepares an Institution Response. Wardens are encouraged to consult with the Regional Psychology Administrator in preparing the institution's response. The response will include a comprehensive corrective action plan and is routed by the Warden through the RD to the RSD AD. A copy of the memo format for this corrective action plan can be found on the PSB page of the Bureau's intranet site.

If the suicide occurred at an RRC, and reconstruction is conducted, the RRM overseeing that RRC completes the follow-up procedures outlined in this Section of the program statement.

Upon receipt by the RSD AD, the Institution Response will be forwarded to the NSPC and/or the author of the Psychological Reconstruction report for review. If all corrective action plans appear to be appropriate, the RSD AD prepares a response for the Warden through the RD indicating the conclusion of the psychological reconstruction process. If there are questions or concerns about the corrective action plan, a detailed response is prepared and routed from the RSD AD through the RD to the Warden requesting additional information or clarification. Should that occur, a follow-up Institution Response is submitted to the RSD AD within 30 days.

c. **Reporting Frequent Psychological Reconstruction Findings.** The NSPC will track trends in deaths by suicide, frequent recommendations, and best practices to prevent suicide. This information will be compiled into a report and distributed broadly (e.g., ADs, RDs, Wardens, Psychology Services staff) on a quarterly basis.

d. **Risk Reduction Reviews.** Institutions identified as having high rates of inmate death by suicide will receive a Risk Reduction Review from a multidisciplinary team approved by the RSD Assistant Director. At a minimum, this team will include two representatives from PSB, a representative from HSD, a representative from the Correctional Services Branch, and representatives from the regional office (as approved by the RD). Risk Reduction Reviews will occur at institutions that experience two or more inmate deaths by suicide in two calendar years. This also applies to complexes. Ordinarily, at a complex, each institution will be treated as an individual entity for the purposes of a Risk Reduction Review. If a complex has two or more deaths, and the deaths occurred at separate institutions, no Risk Reduction Review will be completed. If there are two or more deaths at a single institution within the complex, a Risk Reduction Review will be completed. Other circumstances may warrant a review outside of these criteria at the discretion of the RSD AD. The review will examine adherence to reconstruction recommendations, physical safety, communication and interaction styles, provision and fidelity of evidence based mental health treatment, perceptions of the use of discipline and restrictive housing, the reporting and referring culture of the facility (e.g., is it caring), and facility staffing. A report will be written to disseminate findings and make additional recommendations.

REFERENCES

Program Statements

Food Service Manual
Female Offender Manual
Management of Inmates with Disabilities
Visiting Regulations
Special Housing Units
Intake Screening
Treatment and Care of Inmates with Mental Illness
Psychology Services Manual
Crime Scene Management and Evidence Control
Use of Force, Application of Restraints, and Firearms
Patient Care
Psychiatric Services

Bureau Forms Prescribed by 5332.01

BP-A1182, Self-Directed Violence High Lethality Review
BP-A1183, Suicide Watch Property Authorization

Other Bureau Forms

BP-A0519, Psychology Services Inmate Questionnaire

Federal Regulations

28 CFR 552.40–42.

ACA Standards

Performance-Based Standards and Expected Practices for Adult Correctional Institutions (5th Edition): 5-ACI-1D-12, 5-ACI-1D-13, 5-ACI-4B-28(M), 5-ACI-6A-31(M), 5-ACI-6A-32(M), 5-ACI-6A-35(M), 5-ACI-6B-08(M), 5-ACI-6B-12, 5-ACI-6B-13, 5-ACI-6D-02(M)

Performance-Based Standards and Expected Practices for Adult Local Detention Facilities (5th Edition): 5-ALDF-2A-20, 5-ALDF-2B-04, 5-ALDF-4C-28(M), 5-ALDF-4C-29(M), 5-ALDF-4C-31(M), 5-ALDF-4D-08(M), 5-ALDF-4D-11, 5-ALDF-4D-31(M), 5-ALDF-7B-08, 5-ALDF-7B-10, 5-ALDF-7B-11

Records Retention Requirements

Requirements and retention guidance for records and information applicable to this program are available in the Records and Information Disposition Schedule (RIDS) on the Bureau's intranet site.