Solving the Dilemma of Self-Injurious Behavior in the Incarcerated Population

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Presentation Team

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National Institute of Corrections
Polling Questions

In which correctional setting do you work?
A. Community
B. Jails
C. Juvenile
D. Prisons
E. Other

In which field do you work?
A. Administration
B. Case Management
C. Medical/Mental Health
D. Operational Staff
E. Other
Dr. Hayden Smith

- Expert on inmate self-injurious behaviors and suicide.

- Over 60 journal articles, 3 books, 20 technical reports, numerous trainings, and chairs of several dissertations that focus on corrections topics.


- “Further Reading” word document.
Learning Objectives

- **Behavior**: Develop an understanding of the underlying motivations, prevalence, and manifestation of self-injurious behavior among incarcerated adults.

- **People**: Identify the potential risks associated with witnessing self-injurious behavior and how that could affect correctional staff wellness and resiliency.

- **Place**: Gain knowledge about the most appropriate institutional responses to self-injury among the incarcerated population.
Behavior
SIB Definition

- Self-injurious behavior defined as: “the deliberate destruction or alteration of body tissue without conscious suicidal intent” (Favazza, 1989, p. 137).

- Major self-injurious acts include; eye enucleation, face mutilation, and amputation of limbs, breast and genitals (Favazza, 1989).

- Correct terms
  - NSSI: Non-suicidal self-injury
  - SIB: Self-injurious behavior
  - Avoid: “Para-suicide”, “Mutilation”, “cutters”.

Polling Question

Thinking of the correctional setting you work in, what percentage of the incarcerated population engages in self-injurious behavior?

A. 0 - 20%
B. 21 - 40%
C. 41 - 60%
D. 61 - 80%
E. 81 - 100%
SIB Prevalence

National prevalence rates:
- Incarcerated female (5-24%).
- Incarcerated male (2-18%).

Inmates who engage in SIB will cluster within systems and within prisons.
SIB Prevalence

Major SIB Prevalence

SIB Manifestation

- Most common SIB manifestation is cutting with an object.
- Can also include burning, self-hitting, head banging, scratching, hair pulling, reopening wounds, and bone breaking.
- Ingestion is a common SIB manifestation in corrections.
- Major SIB is rare though potentially lethal.

<table>
<thead>
<tr>
<th>Behavior</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cutting w/ object</td>
<td>61.4</td>
</tr>
<tr>
<td>Inserting objects</td>
<td>10.0</td>
</tr>
<tr>
<td>Ingestion</td>
<td>7.7</td>
</tr>
<tr>
<td>Other</td>
<td>4.5</td>
</tr>
<tr>
<td>Head banging</td>
<td>4.1</td>
</tr>
<tr>
<td>Opening old wounds</td>
<td>3.2</td>
</tr>
</tbody>
</table>

### SIB Procedure in Place

<table>
<thead>
<tr>
<th>Procedure In Place for Preventing Self-Injury</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment at intake</td>
<td>82.6</td>
</tr>
<tr>
<td>Counseling / psychiatric service</td>
<td>81.3</td>
</tr>
<tr>
<td>Watch cell / special location</td>
<td>80.8</td>
</tr>
<tr>
<td>Staff training</td>
<td>66.1</td>
</tr>
<tr>
<td>Live / remote monitoring</td>
<td>59.8</td>
</tr>
<tr>
<td>Other</td>
<td>28.7</td>
</tr>
<tr>
<td>Injury prevention team</td>
<td>17.0</td>
</tr>
</tbody>
</table>

Precursors to Self Injury

Hyperstress

Feeling overwhelmed, unable to cope, exposed and/or sensitive.

Dissociation

Feeling numb, lost, alone, disconnected and/or unreal.

Trigger

Self injury

Feeling relieved, in control and/or calm.

Feeling real, alive and/or able to function.

Unique Population: Inmates who engage in Self-Injurious Behaviors

- **SIB risk factors** (all at statistically significant levels):
  - Major mental health treatment
  - Being on institutional restriction, and
  - Having had increased disciplinary infractions.

- Inmates who SIB were associated with a **213% increase** in the number of disciplinary incidents, compared to inmates with no reported SIBs (after removing disciplinaries for SIBs).

- **Odds of receiving major mental health services** were nearly **10 times greater** for inmates who self-injured.

Inmates who SIB are one of the most expensive inmate groups.

SIB can have a contagion effect & become addictive: which increases costs.

“High-Flyers” are very expensive.

<table>
<thead>
<tr>
<th>Number of Staff</th>
<th>Frequency</th>
<th>Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>48</td>
<td>8.0</td>
<td>8.0</td>
</tr>
<tr>
<td>2</td>
<td>100</td>
<td>16.8</td>
<td>24.8</td>
</tr>
<tr>
<td>3</td>
<td>115</td>
<td>19.3</td>
<td>44.1</td>
</tr>
<tr>
<td>4</td>
<td>136</td>
<td>22.8</td>
<td>66.8</td>
</tr>
<tr>
<td>5</td>
<td>131</td>
<td>21.9</td>
<td>88.8</td>
</tr>
<tr>
<td>6</td>
<td>37</td>
<td>6.2</td>
<td>95.0</td>
</tr>
<tr>
<td>7</td>
<td>19</td>
<td>3.2</td>
<td>98.2</td>
</tr>
<tr>
<td>8</td>
<td>6</td>
<td>1.0</td>
<td>99.2</td>
</tr>
<tr>
<td>9</td>
<td>2</td>
<td>.3</td>
<td>99.5</td>
</tr>
<tr>
<td>10</td>
<td>1</td>
<td>.2</td>
<td>99.7</td>
</tr>
<tr>
<td>20</td>
<td>2</td>
<td>.3</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Total 597 100.0 100.0

People
Polling Questions

What are the perceptions that staff have about the reasons that inmates self-injure?

A. To get special treatment or different placement in facility
B. To cope with stress
C. To attempt suicide
D. To intimidate other people
E. Due to delusions or severe mental disorder
### Staff Perception

Perceptions of mental health professionals about reasons that inmates self-injure.

<table>
<thead>
<tr>
<th>Reason that inmates self-injure</th>
<th>% professionals</th>
</tr>
</thead>
<tbody>
<tr>
<td>To get special treatment or different placement in facility</td>
<td>91%</td>
</tr>
<tr>
<td>To cope with stress</td>
<td>85%</td>
</tr>
<tr>
<td>To attempt suicide</td>
<td>33%</td>
</tr>
<tr>
<td>To intimidate other people</td>
<td>28%</td>
</tr>
<tr>
<td>Due to delusions or severe mental disorder</td>
<td>22%</td>
</tr>
</tbody>
</table>

### Staff Behaviors

Types of strategies that mental health professionals reported using most often to manage self-injury.

<table>
<thead>
<tr>
<th>Response</th>
<th>% professionals who reported using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Isolate inmate</td>
<td>78%</td>
</tr>
<tr>
<td>Administer psychological counseling</td>
<td>69%</td>
</tr>
<tr>
<td>Report to appropriate authority/provider</td>
<td>57%</td>
</tr>
<tr>
<td>Administer first aid / transport to health care unit</td>
<td>57%</td>
</tr>
<tr>
<td>Confiscate objects used to self-injure</td>
<td>52%</td>
</tr>
<tr>
<td>Administer psychiatric medications</td>
<td>46%</td>
</tr>
<tr>
<td>Restrain inmate</td>
<td>24%</td>
</tr>
<tr>
<td>Do nothing</td>
<td>2%</td>
</tr>
</tbody>
</table>

"My mother would beat me with broom handles or whatever she could find; she would let her boyfriends’ beat me too. When I was 4 years old, she cracked my skull. My mom was a paranoid schizophrenic and would find anything she could to beat us, if she left the house, she would put my brother and me in a closet and have the dogs guard the door so we could not get out".

Inmate: Trauma - Coping Link

“When I got to prison, I was on lock-up. They put me in isolation because I tried to escape. My cutting always starts in my dreams. It is so real, and I wake up covered in sweat. I want to take a shower, and when I tried to sleep again, I try to be objective and think how this was a dream and not real. So when I get stressed it starts in my body, it is like a building up inside. My heart starts beating quickly. I get anxiety and it is like panic, and stress. Once you cut, if you hit a vein, lots of blood comes out. Not enough to die, but I will feel my heart rate decrease, my breathing goes back to normal, it is like I wanted. The stress is gone. It works”.

Self Injurious Behavior & Inmate Manipulation
Staff Considerations

- **Denial of Weakness:**
  - “I am just doing my job”

- **Battle for Control:**
  - Staff vs. Inmate

- **Staff Risk Factors:**
  - Staff will use cognitive dissonance, disconnection, apathy, bravado, and other efforts to “prove that SIB” does not impact them.
  - Staff will say SIB impacts the environment, but not them.

Surround and Defeat the Enemy. The Enemy is SIB. Not the Inmate. Staff Cohesion is the Solution.
Staff Considerations

- Staff/Officer Wellness and Resiliency Plan.
- Basic trainings on inmate self-injurious behavior for all relevant staff groups.
  - Manage staff expectations
  - Understanding (trauma - coping) link.
- Crisis Intervention Training (CIT)
  - Communication skills / Verbal judo
- Critical Incident Stress Management (CISM)
- Staff-Based Partnerships (internal/external resources)
Place
Corrections as a Unique Setting

- Self-injury and suicide are among the most serious consequences of mental illness.

- Ashley Smith Case


Corrections as a Unique Setting

- **Timely Assessment:** (m.h. screening, m.h. assessment and treatment, short/long term planning after SIB event, partnerships with multiple external agencies, performance review).

- **Effective Management:** (Case management, Institutional Supervision, Segregation Practices, Staff wellness).

- **Sound Intervention:** (Partnerships in working groups, Holistic mental health, m.h. service delivery model i.e., DBT, shared responsibility with community).
Corrections as a Unique Setting

- Ongoing Training and Development: (National Training Standards, DBT training, use of restraints, interdisciplinary training).

- Robust Governance and Oversight: (Documenting & Reviewing reports - SIB as a Sentinel Event, advisory committee).
Questions?

Please submit your questions in the Webex chat

Contact Us!

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Scott Richards, s1richards@bop.gov
Thank you for your participation today! Please visit the National Institute of Correction’s website for more information about additional trainings and webinars.

www.nicic.gov