Disability Rights in Prisons; The Adverse Effects of Restraint and Seclusion on People with Severe Mental Illness

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Research Regarding Adverse Effects

Physical & Psychological Harm

- Injurious harm and death can occur for SMI held in restraints.
- Pain is experienced by prisoners and also hard to interpret.
- PTSD: This is the primary aspect of psychological harm that has been shown to correlate to restraint in relevant literature. This includes previous experiences of trauma and the act of re-traumatization during restraint. It is hard to make direct correlations for someone with a lifetime of abuse and/or neglect. The most prevalent correlation is for inmates who have experienced sexual abuse.
- Risk of short and long-term physical injuries including neuromuscular and musculoskeletal disorders.
- Higher risk of injury and death for elderly or physically compromised populations; includes comorbidities and contraindications.
- Risk of the following: asphyxia, strangulations, rhabdomyolysis, (deep vein) thrombosis, aspiration, blunt trauma to chest, catecholamine rush, pulmonary embolism, pressure ulcers, and more.
- Disregard for risks associated with psychotropic medications (e.g. drug-induced liver injury).

Emotional & Behavioral Outcomes; Gaps in Literature

- There is little understanding about the states of catatonia, dissociation, and delirium. This uncertainty regarding associated feelings and experiences within the person is hard to ethically research.
- These states experienced by people with SMI can lead to misinterpretations of various behaviors, repetition/repetition of unwanted behaviors and episodes, and an increase in symptoms. Research shows a variety of emotional influence from episodes of restraint. These include: fear, rage, anxiety, nightmares, intrusive thoughts, avoidance responses, and painful memories.
- A lack of support for the well-being a each SMI inmate, and the disregard for the interrelation of mental and physical experiences in restraint, leads to a cyclical experiences, norms, and culture within a prison.
- The negative emotional impacts on prisoners effects future actions and relationships within the prison.
- Negative perceptions are generated of staff and the prison/location. These experiences deteriorate prisoner’s feelings of self-worth, self-determination, and trust/safety. These previously described attributes likely cause future need for/evnts of restraint and seclusion.

Informing Policy & Procedural Change Recommendations

The Implementation of Evidence-Based Practices and Psychotherapies (EBP)

- Must include methods of evaluation, measurement, and recording to determine effectiveness of strategies
- Learning-based Behavior Therapies
  - These therapies work to understand the environmental factors that reinforce an individual’s behavior, along with the social reinforcers of the prison that incentivize these ecologically related behaviors.
- Social Learning Theory (SLT)
  - Providing specific structure of positive reinforcement in order to influence behaviors understanding they are adaptable. These adaptable behaviors – e.g. interpersonal and self-care skills – displace aberrant behaviors.
  - Other social skills training through a strengths-based approach – e.g., peer-mentoring, observational learning and social modeling, and role-play practice of skills and problem-solving. These empowerment strategies should be highly structured and evaluative.
- Trauma-Informed Care and Practice (TICP)
  - The initial screening tools used upon prison entry should include screening for PTSD.
  - Staff perspectives must shift by way of awareness of the systemic issues regarding those with SMI. This pushes the need for therapeutic methodologies.
  - A higher numbers of Adverse Childhood Experiences Correlates to decreased resiliency.
  - Utilizing Cognitive Behavioral Therapy (CBT) when appropriate through psychoeducation, cognitive restructuring, activity scheduling, behavioral techniques such as relaxation exercises, exposure exercises and schema modification.
- Group Intervention Programs
  - Promoting community inclusion within prisons and developing an atmosphere of “choice”.

Understanding the Problem & Considering Context

Culture and Society Considerations:
- Due to a lack of uniform standards, preventative measures must come from different policy structures simultaneously.
- Stigma surrounding severe mental illness (SMI) – often this is not seen as a ‘disability’.
- The Prison Trap: bountiful literature exists regarding the cycle of imprisonment and recidivism for SMI. This population typically moves from the streets, to treatment centers, and into prisons. There is typically a drop-off in mental health services one month prior to arrests for people with SMI.
- SMI is disproportionally high for people with diverse ethnic and racial backgrounds, low SES, and people who fall through the cracks of care health care. These vulnerable populations also have higher counts of ACES. This phenomenon perpetuates inequalities, institutionalized racism, and marginalization.

Research and Science Considerations:
- Research regarding both ‘adverse effects’ and ‘best practices’ used in this study came from medical institutions and inpatient settings for SMI persons.
- A gap in literature exists regarding adverse effects of restraint and seclusion on people with SMI, particularly in regard to relevant psychological effects.
- The challenge of research implementation on this issue is largely due to ethical considerations of restraints used on this population.

Innovative Practice

Interdisciplinary Work & Education

Research & Evidence - Based Practice

Research & Evidence - Based Practice

Leadership Experience

Improving the Health Care System

Community - Based Partnerships

Advancing Knowledge & Skills

Innovative Practice

Leadership Education in Neurodevelopmental Disabilities (LENDD)

The Disability Rights Center (DRC)

Advocacy and Disability Rights

2018-2019 Leadership Placement Partnership

- Learned about the DRC through case meetings, project partnership, and staff mentorship.
- Experienced and developed awareness of the continuous nature of advocating and protecting the rights of those with disabilities.
- Implemented relevant research in support of the DRC.
- Developed knowledge regarding the legal and policy protections for people with disabilities.

The Adverse Effects of Restraint and Seclusion on People with Severe Mental Illness

- Processes of restraint and seclusion need to be “faded out” of the prison system. Each institution needs a systematic and individualized reduction process.
- Staff Training should include: looking at the staff – prisoner relationship, proper awareness and use of medication, preparation of cardio-emergencies, administrative support for staff to reduce fear and uncertainty regarding restraint.
- Individualized Determinations of Care includes: linking each SMI individual with proper treatment assignment, addressing physical health and lifestyle, replacing a ‘one-form-fits-all’ restraint protocol, including substance-abuse treatment, psychiatric services, and nursing care, and including a plan proceeding time in prisons.
- Initial Assessments and Evaluation: This included a thorough risk assessment, initial health assessments without an air of interrogation, and the most accredited Mental Health Screening Tools.
- Psychological Harm
  - Displacement of aberrant behaviors, fear, rage, anxiety, nightmares, intrusive thoughts, avoidance responses, and painful memories.
  - Disregard for risks associated with psychotropic medications (e.g. drug-induced liver injury).
  - There is little understanding about the states of catatonia, dissociation, and delirium. This uncertainty regarding associated feelings and experiences within the person is hard to ethically research.
  - These states experienced by people with SMI can lead to misinterpretations of various behaviors, repetition/repetition of unwanted behaviors and episodes, and an increase in symptoms. Research shows a variety of emotional influence from episodes of restraint. These include: fear, rage, anxiety, nightmares, intrusive thoughts, avoidance responses, and painful memories.
  - A lack of support for the well-being a each SMI inmate, and the disregard for the interrelation of mental and physical experiences in restraint, leads to a cyclical experiences, norms, and culture within a prison.
  - The negative emotional impacts on prisoners effects future actions and relationships within the prison.
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