

# JAIL BULLETIN

MAY/JUNE 1999

NUMBER 147

The *Jail Bulletin* may be used as a supplement to your jail in-service training program. If officers study the material and complete the attached "open book" quiz, they may receive **one hour of credit**. The bulletin and quiz may be reproduced for staff use as necessary. **We welcome any material you would like to contribute to the "Jail Bulletin"**.

## MANAGING MENTALLY DISORDERED INMATES PART IV

### Corrections Officers Responsibilities

V. **PSYCHOTIC DISORDERS** in detention are not as rare as once thought. They are often overlooked however, until the symptoms become so bizarre that they are unmistakable:

**Schizophrenia** may include

- delusions
- hallucinations
- disorganized speech (incoherence or responses that don't make sense)
- disorganized (odd or repetitive) behavior or gestures
- impaired self-care/hygiene
- disturbed interpersonal relationships
- flat or inappropriate responses or affect
- preoccupation with delusions or auditory hallucinations
- excessive motor activity that is purposeless
- extreme negativism (an apparently motiveless resistance to all instructions)
- peculiar postures, mannerism or facial grimacing

## **DISORDERS OF LEARNING, DEVELOPMENT, COMMUNICATION**

Disorders may also occur in **LEARNING** (in reading, mathematics, written expression or all three areas), in **MOTOR SKILLS** (may be manifest by dropping things, "clumsiness," poor performance in sports or poor handwriting), and in **COMMUNICATION** (characterized by having a limited vocabulary, having difficulty recalling words or producing sentences, or stuttering).

### **Attention deficit disorder with hyperactivity:**

Characterized by symptoms of inattention which is maladaptive and not consistent with the developmental age of the adult combined with symptoms of impulsivity.

### **Mental retardation:**

Significantly subaverage intellectual functioning with impairments in the areas of communication, self care, home-living, social/interpersonal skills, self-direction, use of community resources, work, leisure, health, safety and academic skills.

### **Conduct Disorder:**

A persistent and repetitive pattern of behavior in which the basic rights of others or major age-appropriate societal norms or rules are violated, as manifested by the presence of aggression to people and animals (such as someone who bullies, threatens or intimidates, who initiates physical fights, who is physically cruel to people or animals, who has forced someone into sexual activity), destruction of property (such as deliberate fire setting with the intent of causing damage), destruction of property, deceitfulness or theft (such as a person who lies to obtain goods or favors), and serious violation of rules.

## **OTHER DISORDERS:**

There are some disorders of which staff should be aware that are not as prevalent:

**TIC Disorders** are characterized by motor and verbal tics (a rapid, sudden, recurrent, nonrhythmic motor movement or vocalization). In Tourettes Syndrome both multiple motor and vocal tics are present and the tics occur many times a day. The onset of the disorder is during childhood or adolescence. The disturbance causes marked distress or significant impairment in social, occupational and other important areas of functioning. The disorder is diagnosed when it is known that these symptoms are not due to the effects of stimulants or to a general medical condition (such as Huntingtons Disease).

**Elimination Disorders** are characterized by behaviors which are not due to the physiological effects of a substance or a general medical condition. Encopresis is the repeated passage of

feces into inappropriate places (clothing, floor) and can be involuntary or intentional. Enuresis is the repeated urinating in inappropriate places.

## **Eating Disorders**

! Bulimia is characterized by

- recurrent episodes of binge eating (eating in a certain period of time an amount of food that is definitely larger than most people would eat during a similar period of time);
- a lack of control over the eating, a feeling that one cannot stop eating;
- Inappropriate behavior to prevent weight gain such as self-induced enemas or medications, or excessive exercise or fasting.

! Anorexia Nervosa is characterized by:

- refusal to maintain body weight at or above a minimal normal weight
- intense fear of gaining weight or becoming fat, even though underweight
- a disturbance in the way one's body weight or shape is experienced (a feeling when underweight)
- denial of the seriousness of the low body weight
- absence of consecutive menstrual cycles

## **SUMMARY**

There is no formula for working with mentally disordered inmates or particular disabilities, but there are strategies which can be applied.

### **III. COUNSELING SKILLS WHICH ARE FUNDAMENTAL TO WORKING WITH MENTALLY DISORDERED INMATES:**

Detention staff normally have a broad range of counseling skills which they have acquired either by formal training or by life experience. Many of these skills we will review are skills staff already have.

This brief list is not by any means the total list of skills which are required to work with mentally disordered inmates.

The purpose of this section is to highlight when certain skills may be more effective than others and to heighten awareness of what intervention approaches work or don't work.

**A. Silence:** Silence on the part of the staff is generally not considered a skill though it may be the most useful single intervention available. Silence is the art of knowing when it is more important to let the inmate process internally rather than verbally. It is believing that it is not the staff's responsibility to either be talking or to keep the inmate talking.

Most useful: when the inmate needs to and can benefit from processing internally

Least useful: when the inmate's behavior is agitated (hyperactive), when the inmate's developmental skills do not allow them to understand the social appropriateness of silence, or when the inmate is out of touch with reality and is most likely to misunderstand silence.

<u>MOST USEFUL</u>	<u>LEAST USEFUL</u>
Depression	Mental Retardation
Anxiety	Psychosis
	Substance affected
	Attention Deficit

**B. Attending:** Attending basically means giving undivided attention to the person with you. It means keeping the focus on the inmate, continuing to listen or ask questions with the sole focus on what the inmate is saying, feeling, wanting and doing. Attending means resisting the temptation to ask ancillary questions that might come up, or asking lots of questions to speed up the interview. Part of attending is to slow the pace, and to allow silences and lulls in the conversation to occur without filling in the space.

Attending can be very effective with inmates who are escalated (very angry), or depressed and agitated at the same time and with inmates who have been traumatized.

<u>MOST USEFUL:</u>	<u>LEAST USEFUL:</u>
Depressed/irritable/agitated	Tic Disorder
Substance effected	Eating Disorders
Anxiety/Trauma	Psychotic
Developmental Delays	

**C. Encouraging, Paraphrasing, Summarizing:**

Inmates need to know not only that they have been heard, but that the staff understands their point of view, and that the staff understands their world as they experience it.

**Encouraging** is a skill that is expressed by using short verbal or facial cues that signal "yes, I understand," or "tell me more about..."

Effective **paraphrasing** is recounting a few simple statements back to the inmate, such as "it seems like you were thinking (feeling...)" which reflects back to the inmate the inmate's point of view.

**Summarizing** uses information given to you and is the essence of what was said, using the inmate's own words.

MOST USEFUL:

Depressed  
Stress/Anxiety  
Learning/Developmentally Delayed

LEAST USEFUL:

Substance effected  
Psychotic

The next jail bulletin will continue with counseling skills and management guidelines in **Managing Mentally Disordered Inmates part V.**

Material prepared by staff of the Nebraska Commission on Law Enforcement and Criminal Justice. If you or your agency wish to contribute to the ***Jail Bulletin*** or have a special subject to be addressed through the bulletin, please contact: Jail Standards Division, P.O. Box 94946, Lincoln, Nebraska 68509-94946, Telephone 402-471-3710, FAX 402-471-2837.

The contents of the ***Jail Bulletin*** represent the views of the various author(s) and do not necessarily reflect official views or policies of the Nebraska Crime Commission or the Nebraska Jail Standards Board.

## QUIZ

Nebraska Jail Standards require that jail staff receive eighteen (18) hours of in service training each year. The Jail Bulletin may be used to supplement in service training if an officer studies the bulletin, completes the quiz, and this process is documented by the jail administrator for review during annual jail inspections. **CREDIT: One Hour credit for jail in service training requirement.**

MAY/JUNE 1999

NUMBER 147

**SUBJECT: MANAGING MENTALLY  
DISORDERED INMATES  
PART IV**

**NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

1. Which of the following are Learning, Development and Communication Disorders that may be observed in detention facilities? (circle those that apply):
  - a. Attention Deficit Disorder
  - b. Bipolar Disorder
  - c. Mental Retardation
  - d. Conduct Disorder
  - e. Psychosis
  - f. All of the above except b and e
  
2. Schizophrenia can be characterized by: (Circle those that apply):
  - a. Delusions

- b. Hallucinations
- c. Disorganized speech
- d. Peculiar postures, mannerisms of facial grimacing
- e. all of the above

3. List the three disorders that may be encountered but are less prevalent in detention settings.

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

4. According to the material, which of the following counseling skills is most useful for inmates exhibiting symptoms of depression and anxiety? (Circle those that apply):

- a. Attending
- b. Silence
- c. Encouraging, paraphrasing, Summarizing
- d. Posturing
- e. All of the above
- f. Only b above

5. Excessive motor activity that is purposeless and preoccupation with delusions or auditory hallucinations are symptoms of conduct disorders. (Circle one):

- a. True
- b. False

6. Mental retardation is characterized by sub-average intellectual functioning with impairments in the areas of communication, self care, home living and social and interpersonal skills.(circle one):

- a. True
- b. False

7. Attention Deficit Disorder is characterized by inattention which is maladaptive and not consistent with the developmental age of the adult combined with symptoms of impulsivity (Circle one):

- a. True
- b. False

8. Attending is a counseling skill that is most useful for those who are depressed/irritable/agitated and have suffered trauma or developmental delays.(circle one):

- a. True

- b. False

**CREDIT: One Hour credit for jail in service training requirement.**

**Answer sheets should be retained by the Jail Administrator.**

## **QUIZ**

**(Answers)**

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  - d. Peculiar postures, mannerisms of facial grimacing
  - e. **all of the above**
  
3. List the three disorders that may be encountered but are less prevalent in detention



settings.

1. **TIC Disorders**
2. **Elimination Disorders**
3. **Eating Disorders**

4. According to the material, which of the following counseling skills is most useful for inmates exhibiting symptoms of depression and anxiety? (Circle those that apply):

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- e. All of the above
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