

An Analysis of Solitary Confinement: Uses and Best Practices

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## Abstract

### Introduction of Research Question

Solitary confinement in the United States was first used as a mode for prisoners during their time in isolation to repent, pray, and reflect upon their crime. It is a method still used today by many correctional institutions for safety measures on the inmate population, however the over abuse of this method has open doors for stakeholders to reform its negative impact on inmates. According to Cockrell (2013), " In *Farmer v. Brennan*, the Supreme Court laid out the two elements of an Eighth Amendment challenge to prison conditions: the prisoner must show 1) a substantial risk of serious harm to inmates, and 2) that the prison staff was deliberately indifferent to it" (p. 216). In hindsight, proper procedure and policy changes should be implemented to promote better rehabilitation practices for inmates to proceed onto re-entry. Thus, the abuse of over utilization of solitary confinement on the inmate population has constituted as cruel and unusual punishment and the effects of it are needed to be evaluated to find best practices for its future utilization. Perspectives from various professional fields and academic standards are needed in order to create a valid solution to further address the abuse of solitary confinement.

According to Bennett (2016), "The documentary, *Solitary Nation* , explains that isolation was intended to reform criminals, but was abandoned in the early 1800s because, rather than leading to reformation, it resulted in inmates becoming severely mentally unstable. The practice was later revived in the 1980s as a means to control the growing prison populations at facilities across the country. The United States now has more inmates in isolation than any other country" (p. 295).

The amounting data and research conducted on solitary confinement further concludes that reforms must be made on the utilization of solitary confinement in the United States. Excruciating and detrimental conditions that deteriorates inmate rehabilitation has prolong been the underlying argument against solitary confinement. This has made many stake holders and policy makers to agree that solitary confinement is constituted as cruel and unusual punishment for the incarcerated individuals.

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## Introduction

### Statement of the Problem

Solitary confinement as a form of punishment is a well-known deliberated issue in the correctional field of America. Solitary confinement can negatively affect an inmate and in which, these effects are detrimental and harmful to the inmate's cognitive and mental well-being. Researchers, scholars, and politicians have often encouraged institutions to limit their use of solitary confinement in which, it deteriorates the rehabilitation course and model of an inmate. Bersot and Arrigo (2010) has also stated that, "Although the mental health of prisoners in isolative confinement is monitored according to policies delineated in each penal setting, the extreme solitude to which incarcerates are subjected raises a number of thorny ethical questions. Research, dating back as far as the mid-nineteenth century, delineates the deleterious effects of solitary confinement on prisoners" mental health. Indeed, as Haney observed, "there are few if any forms of imprisonment that appear to produce so much psychological trauma and in which so many symptoms of psychopathology are manifested""(p. 7).

Also as well, much medical and psychological effects of solitary confinement are unknown and variety of negative impacts on the inmate's wellbeing are consisted of severe and chronic depression, anxiety, problems with impulse control, self-mutilation, decreased brain functions, hallucinations, and revenge fantasies. Some inmates may encounter or develop symptoms of psychosis or severe disorders while being subjected into solitary seclusion and develop other signs of mental health concerns (Steinbuch, 2014). There is not a known limitation to which solitary confinement can negatively affect the inmate's cognitive well-being. Often, these negative effects pushes inmates in solitary confinement to their limitations and in which, these inmates are becoming more violent and dangerous to themselves and to others.

Besides the mental, physical, and psychological health concerns of solitary confinement, the lack of training and education from correctional officers is also noted to impact the severity of solitary confinement upon inmates. Officers lack the knowledge to detect signs of mental and psychological behaviors that are exhibited by inmates in solitary confinement and often inmates are left to help themselves or become exclusively dangerous to themselves and to other people. Grohs (2017) states that, "Best practices regarding detecting mental health issues, says Wilson, include "early and frequent assessment of inmates to ensure prompt detection of mental health needs, routine follow-up, additional mental health contacts during high risk, high stress situations, comprehensive suicide prevention training, and reduction of segregation and restrictive housing whenever possible all constitute best practices." Training should readily be available for all individuals entering and gaining employment in the correctional field in which it will better prepare new correctional officers to become familiar with detecting mental illness and early signs of suicides among inmates.

### **Purpose of Research**

After the reemergence of solitary confinement in the 1980's, many legal changes have occurred throughout the United States to limit the use of solitary confinement, but prisons are still advocating for the use of solitary confinement as a way to control and punish their inmate populations. Poor environment conditions of solitary confinement units are some of the physical deprivations that inmates have to endure twenty three hours a day along with other health and psychological concerns. Prisoners have often challenge and made legal battles in court addressing the physical conditions of solitary confinement units that were unlit, dirty, and unsanitary for inmates to live. "Courts across the United States ordered reforms to these conditions of confinement, including requirements for running water, better lighting, improved

hygiene, minimum periods of time out of the cells, and reductions in overcrowding" (Reiter, 2017, p. 83). But due to budget cuts and lack of financial support, many prisons are unable to update their solitary confinement units and operate at a secure level for inmates and staff members.

Therefore, the purpose of this research paper will build a better understanding of the mental, psychological, and physical effects of solitary confinement. Many harmful health concerns such as cognitive repercussions along with psychological trauma and physical harm are among some of the detrimental effects that give the opposite results and turn inmates more violent after their time in seclusion. This research paper will build an analysis and address the issue in which how solitary confinement and the poor conditions of solitary confinement impact different special population of inmates throughout the United States' correctional system. These special groups of inmates consists of females, juveniles, and the mentally ill population and by learning how solitary confinement affects each individual group of inmates will foster a more structured utilization of solitary confinement on the inmate population.

### **Significance/Implication of Study**

The inmate population of the United States has been growing tremendously over the recent years. Drug related convictions, Rockefeller Laws, and harsher sentencing laws have led to an increasing inmate population in correctional institutions throughout the United States causing them to be overcrowded with non-violent offenders compared to violent offenders. According to Morgan, Labreque, Gendreau, Ramler, and Olafsson (2017), "The use of administrative segregation in North American correctional institutions has risen since the 1980s, as have concerns about its effect and utility. Current estimates suggest that nearly one-fifth of all jail and prison inmates in the United States, and one-quarter of those in the Canadian federal

prison system, have spent some time in administrative segregation" (p. 18). The hostile environment of correctional institutional settings often promotes violence among inmates and one of the response that prison administration have created to control this violence is the implementation of solitary confinement as a form of control, conformity, and protection.

Recent changes in law and court cases have set boundaries for the use of solitary confinement, but even so, the over utilization of solitary confinement is often the only way to control the inmate population. Therefore, the significance of this study will outline the negative effects of solitary confinement and provide recommendations for Department of Corrections across the United States and the Bureau of Prisons to utilize these recommendations in which it best will benefit the safety of the institution and promote the rehabilitation of the inmate population. By learning how solitary confinement can affect an individual inmate and how it affects different inmate populations incarcerated in the American prison system, will allow for a broader understanding of how solitary confinement is constituted as cruel and unusual punishment. Thus, a broader understanding of solitary confinement will help the correctional system reform its solitary confinement policy and allow for other reforms to take place.

### **Method of Approach**

Information in this study will come from and consist of secondary data analysis which includes past researches, textbook materials, national statistics, legal court cases and government documents which also includes Wisconsin Department of Correction's policies pertaining to solitary confinement. The key component to finding best practices for the use of solitary confinement will be analyzed from different purposes and justifications in which solitary confinement are utilized in federal or state funded prisons. Utilization of solitary confinement

will come from a group input of health service experts, psychological professionals and prison security personals.

### **Theoretical Framework and Implications**

#### **Skyles (1958/1999), *The Society of Captives***

The prison subculture is often mirrored and influence by the culture of the outside world. Behind the bars and the walls of an institution, the prison subculture is contained of violence, deprivation, and the loss of freedom. In analyzing the theoretical framework that best describes the unpredicting and hostile environment within the prison culture in America is Skyles (1958/1999) ethnographic study *The Society of Captives*, which is primarily based on a maximum security institution in the United States. According to Neuber (2011):

For Sykes, the decisive aspect for the powerful internal dynamic are the five different deprivations the inmates have to endure: the loss of liberty, the deprivation of goods and services, the deprivation of heterosexual relationships, the deprivation of autonomy and the deprivation of security. Sykes (1958/1999) calls the inmates' experiences of deprivation and their coping strategies as 'pains of imprisonment'. The pains of imprisonment: form the uneven bedrock on which the social order of the prison' is built. Thus, great effectiveness has been attributed to the deprivations. The pains of imprisonment go far beyond the individuals' anxiety. Sykes (1958/1999) calls them an 'attack at a deep psychological level'. This feeling can only be mitigated by the patterns of social interaction among the prisoners (p. 3).

Often many incarcerated individuals seek roles that are accepted and fit within the prison subculture and often so not, this causes violence between inmates and toward staff members.

Images and social roles that inmates take upon themselves creates the prison subculture and often these social roles conflict with others (gang affiliation, sexual orientations, etc). The development of a violent prison subculture is also linked to the pains of imprisonment which is described in Skyes (1958/1999) ethnographic study *The Society of Captives*. *The Society of Captives* is the inmates' answer to the deprivations and thus, violence is born within the confine of a correctional facility. The development of violence in prison is based on the institutional structure and is closely related to his description of the consequences of deprivation which are the painful and conflicting experiences of incarceration itself (Neuber, 2011).

The pains of imprisonments shapes the ideologies of each individual inmates in prison. Offenders who returns back to the outside world may express a different identity than what they claim back inside the institution. The dynamic evolution of Skyes' theory and the social culture of the outside world create and reform inmate identities which has led to institutional gangs, turf wars, and sexual abuse throughout all correctional facilities in America. Thus, prison administrations have created sanctions and rules to confront these types of violent behavior that occurs within the prison subculture. These rules and sanctions lay out the rules of engagement and categorize each different misconducts due to their level of severity. It allows prison staff members to control their prison population with these rules and promote the security of their institution.

### **Deterrence Theory**

One the goals that prison security administrations strongly try to achieve in is deterrence through rules and punitive sanctions. Much like how deterrence is used by police officers out on the streets, prison security force use rules and punitive sanctions to deter inmates from committing prison infractions. Pogarsky, Piquero, and Paternoster (2004) states, "Deterrence

theory describes a process of offender decision making in which threatened or actual sanctions decrease the expected utility of offending, and make individuals less likely to commit crimes (p. 343). Often most time, inmates who commits prison infractions are punished through seclusion in solitary confinement and often, this punitive sanction deters most inmates from committing future misconducts. Due to the limited freedom that inmates already have, being subjected to solitary confinement or any other type of prison sanctions would undoubtedly restrict further freedom and privileges such visitation, phone calls, recreation time, and etc. Knowing the consequences of committing a prison infraction will mostly likely deter most inmates from committing deviant behaviors while being incarcerated.

Furthermore, Pogarsky et al (2004) also states that, "An individual's current sanction threat perception is a function not only of their prior sanction threat perception, but also of the information gained from recent experience with offending and what if anything occurs as a consequence of that offending" (p. 346). Often threat and consequence perception helps deterred offenders from future misconducts and ultimately, it reinforces inmates to conform to rules and regulations in prison. There is evidence that solitary confinement can be effective when applied for the purpose of punishment, interrogation or for coercing conformity to rules and norms. (Lucas, 1976). Inmates knowing the threat perception of solitary confinement or any other punitive prison sanctions are often motivated or reinforced to follow the rules of that certain correctional facility.

Lastly, according to Morris (2016), "Regarding beneficial (i.e., deterring/attenuating) outcomes post-solitary, deterrence theories would posit that those directly or indirectly exposed to solitary confinement should refrain from subsequent misconduct to prevent further exposure to solitary. In turn, the inmate population in general should also be less likely to engage in similar

behavior in an effort to avoid experiencing the potential punishment" (p. 3). Solitary confinement used as a form of punishment in which the media portrays for the public to see is justified to keep inmates accountable for their actions and it also promotes safety and security of prison institutions. Not only are sanctions a means to punish, but it deters offenders from future misconducts in order to promote their rehabilitation to return back into society. Inmates who conform to rules in prison will often conform to rules and laws outside of prison when they return back into the outside world.

### **Social Learning Theory**

Influenced by the Deterrence Theory, solitary confinement as a plausible social learning experience to other inmates confined within the same correctional facility. Often, inmates who are placed into solitary confinement for prison infractions are handcuffed and escorted by a security supervisor along with two to three support correctional officers. Often, this occurs in plain view in front of other inmates in general population and serves as a learning experience for all other inmates in general population. This experience is called "being locked up" or "going into the hole." According to Bandura and Walters in 1963 and further detailed in 1977, key tenets of social learning theory are as follows:

- Learning is not purely behavioral; rather, it is a *cognitive* process that takes place in a social context;
- Learning can occur by observing a behavior *and* by observing the consequences of the behavior (vicarious reinforcement);

- Learning involves observation, extraction of information from those observations, and making decisions about the performance of the behavior (observational learning or modeling). Thus, learning can occur without an observable change in behavior;
- Reinforcement plays a role in learning but is not entirely responsible for learning;
- The learner is not a passive recipient of information. Cognition, environment, and behavior all mutually influence each other (reciprocal determinism) "(Grusec, 1992).

Often, solitary confinement and other various sanctions are used as reinforcement to stop future misconducts by other inmates. Inmates witnessing other inmates being subject into solitary confinement and hearing stories and rumors of extreme deprivation and loss of freedom in solitary confinement are observable consequences that other inmates fear in general population. Thus, security personals are able to use these opportunities to influence positive inmate behavior.

## **Literature Review**

### **Fundamental Ideology of Punishment**

The history of corrections in America can be predated back to the fundamental ideology of punishment which stems from Anglo Saxons lineage. According to Barnes (1921)," The prison, viewed as an institution for detaining men against their will, originated in the most remote antiquity. It probably goes back as far as the time of the general practice of cannibalism, when future victims were held in stockades to be fattened or to await their turn in contributing the chief course in the menu of their captors. Throughout recorded history one frequently meets with references to prisons used for the confinement of political and religious offenders, but the prison system of today, which is the agency through which imprisonment is made the mode of

punishment for the majority of crimes, is an innovation of relatively recent origin. It is quite impossible to fix the exact date of the general beginning of imprisonment as a punishment for crime, and it may, indeed, be seriously doubted if any such date exists, except in a metaphysical sense" (p. 35-36). The concept utilizing prisons or jails weren't thought of as a source of punishment toward offenders prior to the 18<sup>th</sup> century. During this time in history all punishments were held out for public view such as whippings, burnings, pillorying, and hangings on orders of the king or court. Punishment was used to control crime and to exhibit the sovereign's power of king (Muraskin, 2010). Imprisonment wasn't for seen as a form of punishment for offenders. It was only a means to secure and house variety of offenders to await their trial or their punishment.

Furthermore, during the colonial times of America, prisons and jails were not developed intuitively to house offenders for long periods of time. Prisons and jails were seen as soft on crime and other types of punishment were seen better fit for offenders. Barnes (1921) further explains:

During the Colonial period there were two institutions in existence, the combination of which later produced the modern prison. They were the jails, or prisons of the time, and the workhouses. The jails or prisons were chiefly used for the detention of those accused of crime pending their trial and for the confinement of debtors and religious and political offenders. They were rarely used for the incarceration of what were regarded as the criminal classes. At each session of the court there occurred what was called a "goal delivery," when the jail was practically emptied of its inmates, only to be filled again during the interval between the delivery and the next session of the court. Only political and religious offenders, debtors, and the few criminals who had received the rare penalty

of imprisonment, remained in the jails or prisons longer than the period which elapsed between successive sessions of the courts (p. 36 -37).

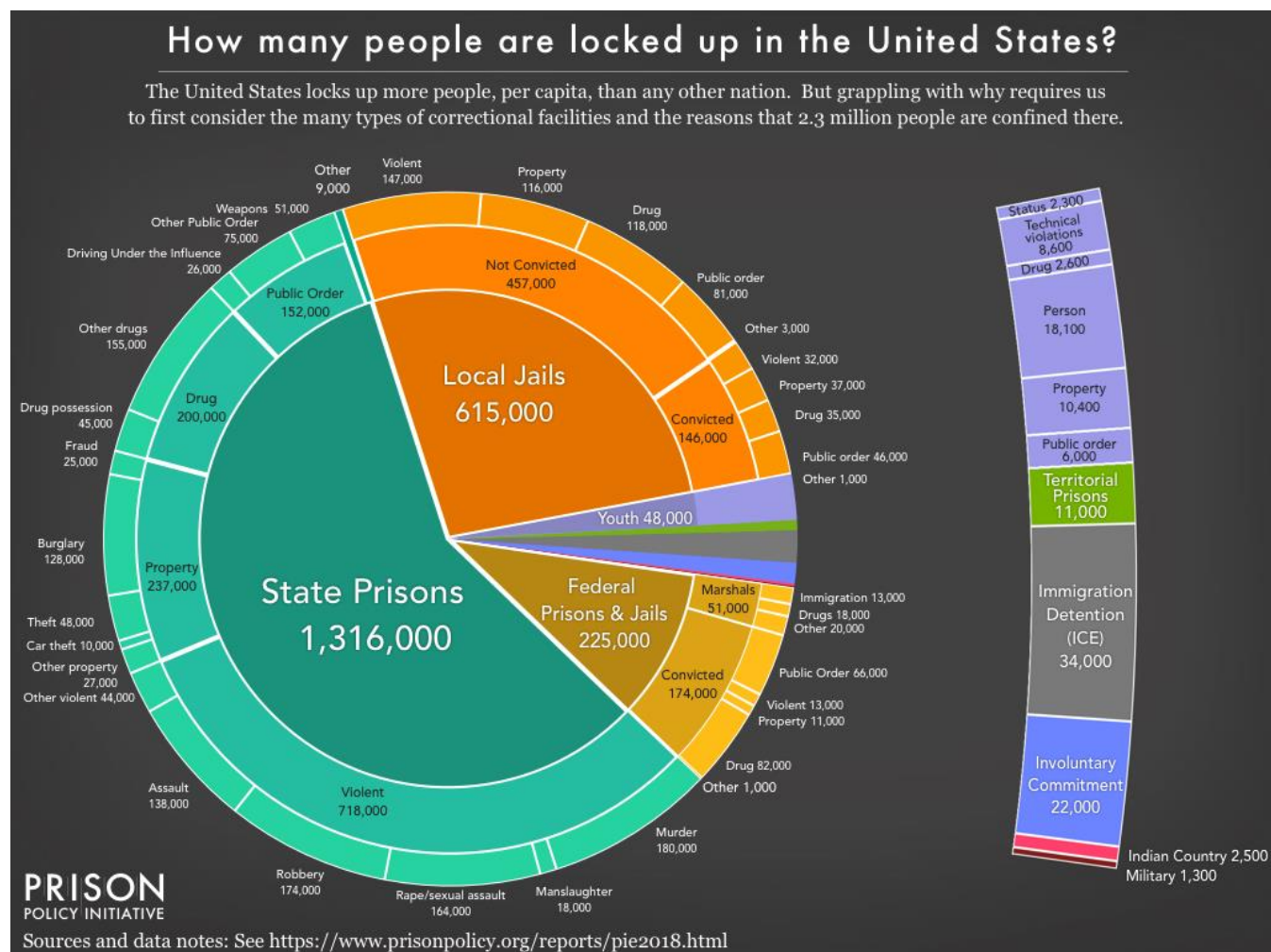
Often, offenders or convicts suffered from extreme severities according to their crimes in which their punishment entailed forms of money forfeitures or corporal punishment. Some of the early forms of punishment that were actually created to punish offenders were slavery and the system of indentured servitude to work in the American colonies as laborers due to vast expansion of the colonists. "The system of indentured servitude provided colonists with a needed labor force about one quarter of the cost of a free man. Indentured servants also tended to be obedient and dependable workers, because the penalties for sassing a boss or running away were severe. Regardless of how they came, all were considered "slaves" for the term of their indenture. In total, indentured servants represented half (30,000 to 50,000) of all the colonist coming to this country from the early 1600's to 1700's" (Muraskin, 2010, p. 29).

One of the very first correctional facilities to be established in America was the Walnut Street Jail, which was located on Walnut and Sixth Street in Philadelphia, Pennsylvania. On February 26, 1773, the correctional facility was approved to commence ground breaking and it officially opened up in January of 1776. The correctional institution "occupied a lot of ground 400 by 200 feet, directly across from Independence Square. The principal building fronting on Walnut Street measured 184 feet in length and 43 feet in depth, having two wings extending at right angles for 95 feet. It had a ground floor and two additional stories. A 20-foot wall, attached to the buildings, surrounded the grounds. The main building had several congregate-type rooms, 20 by 18 feet" (Skidmore, 1948, p. 169). Despite many controversies and legality issues of reforming prisoners imprisoned at the Walnut Street Jail, the correctional facility has become one of the most iconic and birth of modern corrections in America. One of the biggest

accomplishments of the Walnut Street Jail was creating a system to incarcerate different offenders of security measures: maximum, medium, and minimum inmates. "More serious offenders, previously subjected to corporal or capital punishment were confined in a newly built penitentiary house containing 16 solitary cells called punishment cells. After a period of time, these inmates could earn the privilege of working while still confined to their cells, and after completing a portion of their sentence, they we could be release into the general population of the prison. Less serious offenders were congregately housed in eight large rooms and were permitted to work at occupations basic to the economy of the period" (Muraskin, 2010, p. 31). This framework laid out the foundation of how the modern correctional system worked in the United States. Maximum, medium, and minimum institutions were created to house different groups of inmates based on their criminal history and past behavior.

Today, the field of corrections in America is ever changing with new policies and laws that are upheld in each correctional institutions across the nation. The construction of modern security infrastructure along with advancing technology, correctional facilities are ever more secured than they were before. Currently, ""over 2.3 million Americans (about 1 percent of the population) are incarcerated." It costs about \$23,000 a year to house and feed each prisoner. About 7 percent of U.S. federal prisoners are female. Over half of all federal prisoners are incarcerated for drug offenses. About 73 percent of American federal prison inmates are U.S. citizens and 15 percent are Mexican. Whites make up 56 percent of all federal prisoners, 40 percent are black, 2 percent are Native American, and 2 percent are Asian"" (Muraskin, 2010, p. 3). Though, these statistics only covers federal inmates, statistics from state funded institutions are also alarming and note taking. Clear and concise numbers on the inmate population in the United States are often hard to obtain due to misinformation, skewed data, and lack of research,

but Figure 1 shows the approximate number of individuals incarcerated at each different institution level.



*Note. Figure 1. Mass Incarceration: The Whole Pie 2018. Adapted from "Prison Policy Initiative by Wagner and Sawyer, 2018. Copyright 2018 by the Prison Policy Initiative.*

Due to high astronomical numbers of incarcerated individuals per capita, America has become known as the leading nation in incarcerating its people. The steadily growing inmate population is putting under-budget states to fall deeper into debt. States can't afford the soaring cost to house inmates in their prisons and their Department of Corrections are failing to have a clear impact either on recidivism or overall crime rate in their state. For an example, the State of

California's Department of Correction is working 175% over its capacity. "The corrections department's current \$8 billion budget pays for operations at the state's 33 prisons, which were designed for a capacity of 100,000 inmates but which now hold 172,000" (Muraskin, 2010, p. 5). The prison population of California is projected to grow past 200,000 in the coming years and now, inmates have to bunk and live in recreational areas or in hallways to accommodate the overcrowding. The state budget is unable to make ends meet and it is prompting officials and policy makers in many states to consider new, cost-saving corrections policies that might have been shut down in the recent past (Muraskin, 2010). These cost-saving corrections policies are often looked down upon as soft on crime and they don't serve justice for victims and families.

In addition to budget cuts, recent investigations and analytical reports of various state correctional systems are being operated at an understaffed workforce level in which many state funded correctional systems fail to meet safe working standards. Early retirements, undesirable salary, stress, and unsafe working conditions are all common factors in which the field of corrections are unable to fill their workforce.

It is also important to also note that along with prison overcrowding, understaff work force, and budget concerns, one of the most important fundamental models of correction that creates a vast amount of political and moral issues are rehabilitation opportunities. Due to limited funding and strict punitive sanctions from prison security administration, rehabilitation opportunities for inmates are extremely limited especially for inmates in solitary confinement or restrictive status. A study conducted by Durose, Cooper, and Snyder (2014) showed that majority of America's prison population have little to no educational and/or occupational experiences. Most of America's prison population suffer from various forms of mental disorders and most have a variety of additional health-related problems such as drug addiction. Also an addition,

hundreds and thousands of these mentally ill inmates are being release back into society every year without proper medication or financial support. Most offenders will be rearrested within the first three years after reentry and the cycle of incarceration will keep intensifying America's correctional problem because it refuses to incorporate rehabilitation into its prison visions and goals" (Seigafo, 2017). According to Seigafo (2017), "The Correctional system, instead, continues to strictly focus on an extremely punitive approach, which has made inmates into more dangerous criminals (p.183). Along with strict punitive sanctions, solitary confinement is one of the most utilized form of punishment used to by prison security to control and keep inmates safe from within each correctional facility.

### **Brief History of Solitary Confinement**

"The American practice of solitary confinement began in the 1820s with two prisons, one in Pennsylvania and the other in New York. Inspired by these model prisons, numerous other prisons experimented with solitary confinement in the mid-1800s" (Cockrell, 2013, p. 212). The use of solitary confinement drastically decline just as soon as it had emerge in the American correctional system because the utilization of it had cause too many detrimental suffering on the inmate population. It wasn't until the 1980's that the reemergence of solitary confinement began to take its rise again in the American correctional system. Along with the reemergence of solitary confinement, new laws and policies were passed to restrict the use of solitary confinement in correctional facilities throughout the United States. Along with new policies and procedures, the shift in American stance on incarceration had also influence the use of solitary confinement in the early 1990's. "Indeed, the 1990's saw a doubling of the prison population until there were over two million in prison by 2001, a shift Zimring (2001) characterizes as being from 'lock them up' to 'throw away the key'"(Easton & Piper, 2016, p. 145). The ideology of "lock them up and

throw away the key" was a mass shift in incarceration which has led to more offenders being locked up at an astronomical level. The public and politicians' tough on crime attitude and harsher sentencing guidelines had brought drastic change, which inevitably gave birth to the cycle of incarceration in America.

The history and abuse of solitary confinement have often plague corrections in America in which it has given the correctional system a bad reputation. Excessive force, sexual abuse by correctional officers, and ultimately, torture from prison security all entails the prolong abuse that inmates have been enduring since the birth of corrections in America. "Solitary confinement is often described as the "hole," a term derived from its sanitary facilities in the past, or some less stigmatizing euphemism such as punitive isolation, segregation, protective custody, administrative segregation, or the adjustment center, the solitary confinement unit causes great distress for prison administrators and everyone connected with institutional life" (Barak-Glantz, 1983, p. 29). Solitary confinement is the maximum security cellblock is the prison's prison. It is the only place in the institution where violators, predators, and the worst of the worst are punish through extreme measures. For some, it is a temporary safe haven for real or vulnerable victims that may not survive out in general population. Above all, it is a place for dangerous and violent inmates to repent their wrong doings in seclusion in order for prison security to maintain order and promote the wellness of the institution" (Barak-Glantz, 1983).

Physical conditions of isolation units are often described and compared to living conditions in concentration camps. "Although some prison segregation units may vary slightly depending on the jurisdiction, the facilities are typically designed to house inmates 23 hours a day in steel-door-enforced cells measuring approximately 6 by 8 feet in size. One hour of exercise time a day is allowed for most segregated prisoners" (Bersot & Arrigo, 2010, p. 6-7).

Often tiers and solitary confinement cells are dirty and unsanitary. The light in the tier are often dimmed or flickering and in which, it can cause seizures and epilepsy among inmates placed in solitary confinement. Food is passed through a food port and running water is controlled by the officers. The overall environment in most solitary confinement units are hostile, violent, and unsuitable for rehabilitation opportunities.

### **Three Perspectives of Solitary Confinement (SC)**

"There are three schools of thought on the effects of SC that have emerged out of the general prison life literature. The first position—which appears to be the conventional wisdom amongst prison wardens—suggests SC increases safety, order, and control in prisons" (Labrecque, 2015, p. 3). This view of solitary confinement tends to follow the notion of “prisons as punishment” philosophy. The first view of solitary confinement rests on the reinforcements of stigmatizing and humiliating experiences of incarceration to deter individuals from pursuing an offending career. Other proponents of this view also suggest that sanctions and punishments must be increased in severity to obtain the final outcome of deterring individuals from a criminal path. By increasing the penalty or the severity of the crime, individuals in prisons or out on the street will learn not to commit crimes and thus, become a law-abiding individual. Ultimately, according to this perspective of solitary confinement, the implementation of solitary confinement on the inmate population will result in a decrease in criminal behavior among all inmate population and it will promote them to conform to rules behind bars" (Labrecque, 2015).

"In contrast, a second school of thought insists that most inmates in SC will develop “lasting emotional damage, if not full-blown psychosis and functional disability” (Labrecque, 2015, p. 4). The second perspective of solitary confinement proposes that solitary confinement

imposes major health concerns and increase criminal activity. This view follows many criminology theories in which it describes how inmate behavior is a process of learning through direct and indirect observation of antisocial values. Due to the prison subculture and violent behavior that exist within the subculture, inmates are able to learn deviant behaviors from others and they take pride in their criminal behavior in which it leads them to solitary confinement. According to this view of solitary confinement, solitary confinement increases criminal behavior and inmates become more violent during and after seclusion" (Labrecque, 2015).

Lastly, according to Labrecque (2015), "Finally, a third perspective contends that SC has only a minimal effect on offender outcomes. This position suggests there are factors that increase an inmate's probability for being placed in SC (e.g., gender, age, race, risk level, mental health status, institutional behavior, how inmates are treated) which are actually responsible for influencing these outcomes"(p. 4). This view of solitary confinement is closely related to the "behavioral deep freeze" theory, in which it describes how inmate behavior is controlled by pre-existing factors before prison. These pre-prison factors influence inmates to become nullified from the effects of solitary confinement which is commonly seen by mentally ill inmates who have pre-existing mental health concerns before being subjected into solitary confinement. Lastly, according to this view of solitary confinement, the application of solitary confinement have little to no effect on criminal behavior when these pre-existing factors are present" (Labrecque, 2015).

### **Debate/Legal Challenges to Solitary Confinement**

After the reemergence of solitary confinement, there have been many great legal debates and challenges to the use of solitary confinement in the prison system. Lawsuits and interpretation of solitary confinement policies have reach the U.S. Supreme Court and many

have won and lost in both cases. One of greatest legal challenges on solitary confinement is the constitutionality of utilizing the method on the prison population. Cockrell (2013) also explains:

Many prisoners have attempted to challenge prison facilities by asserting that while imprisoned, they were subjected to cruel and unusual punishment in violation of the Eighth Amendment.' This holds true for supermax prisons as well: the conditions have been challenged by prisoners on Eighth Amendment grounds, but with limited success." Additionally, courts have held that inmates are only protected against only certain kinds of extreme deprivations by the Eighth Amendment." In *Farmer v. Brennan*, the Supreme Court laid out the two elements of an Eighth Amendment challenge to prison conditions: the prisoner must show 1) a substantial risk of serious harm to inmates, and 2) that the prison staff was deliberately indifferent to it" (p. 215-216).

These elements have been also seen to challenge solitary confinement utilization in prisons which is arguably one of the harshest prison sanction seen throughout the American correctional system. "The Federal Bureau of Justice estimated that today over 80,000 prisoners are held in "restricted housing," including prisoners held in administrative segregation, disciplinary segregation, and protective custody all forms of housing inmates in solitary confinement or segregated housing units" (Steinbuch, 2014, p. 500 -501). "Of the estimated 80,000 prisoners in solitary confinement in the United States, there are at least 25,000 in super max solitary confinement" (Steinbuch, 2014, p. 501).

It is also note taking that with an influx of more offenders being incarcerated, more and more offenders in various forms of confinement are being doubled up in cells to accommodate overcrowding issues. Throughout the history of solitary confinement, inmates were usually housed separately in single cells in order for inmates to fully submerge themselves in seclusion

and rehabilitate on their own terms. "In 1981, the Supreme Court decided *Rhodes v. Chapman*. In that case, Ohio inmates challenged the practice of housing two inmates in a single cell ("double celling"). The Court clarified its ruling in *Estelle* by emphasizing that the Constitution "does not mandate comfortable prisons." To constitute an Eighth Amendment violation, a prisoner must be deprived of "the minimal civilized measure of life's necessities." It was not until 1991 that the Supreme Court determined that conditions of confinement can constitute an Eighth Amendment violation if the totality of circumstances deprives the prisoner of "a single, identifiable human need such as food, warmth, or exercise"(Bassett, 2016, p. 213).

Also as well, "High recidivism rates are attributed to the fact that those prisoners in solitary confinement may stay isolated for years without the opportunity to engage in the types of interaction, treatment, and educational experiences necessary to aid in the adjustment of reentering society" (Steinbuch, 2014, p. 502). Solitary confinement units and supermax facilities are very expensive to maintain and they cost up to three times as much as general population facilities. For an example, the State of Arizona has estimated the annual cost of placing an offender into a supermax facility to be around \$50,000, compared to \$20,000 for the average prisoner who is placed in general population housing. In the State of Texas, it costs roughly about 45% more to house prisoners in solitary confinement than in general population prison" (Steinbuch, 2014). Many stakeholders and reformers have argued that solitary confinement should be used for the worst of the worst inmates. Other inmates who commit petty or low level misconducts should receive a lesser punishment than their counterparts in order to cut back on financial cost which can be spent elsewhere.

### **Secondary Analysis**

#### **Side Effects of Solitary Confinement**

## **Psychological Side Effects**

"The most widely reported effects of solitary confinement are psychological. These will vary with the premorbid adjustment of the individual and the context, length, and conditions of confinement. The experience of previous trauma will render the individual more vulnerable, as will the involuntary nature of confinement as punishment and confinement that persists over a sustained period of time. Initial acute reactions may be followed by more chronic symptoms if the confinement persists. Though the majority of those held in solitary confinement will report some form of disturbance, there may be a small number of prisoners who show few signs and symptoms and are more resilient to the negative effects of solitary confinement" (Shalev, 2010, p. 156).

Also as well, "reported symptoms occur in the following areas: anxiety, ranging from feelings of tension to full-blown panic attacks; depression, varying from low mood to clinical depression; anger, ranging from irritability and hostility to unprovoked anger, sometimes manifesting as rage; cognitive disturbances, ranging from lack of concentration to confused thought processes; perceptual distortions, ranging from hypersensitivity to hallucinations affecting all five senses; and paranoia and psychosis, ranging from obsessional thoughts to full-blown psychosis and increased incidents of self-harm and suicide" (Shalev, 2011, p. 156).

This all entails the psychological torture in which prisoners have to endure during their stay in solitary confinement. "Psychological torture solidifies prison psychosis and creates a breed of permanently damaged prisoners who eventually become immune to pain and punishment. Unfortunately, the inability to feel pain or respond to punishment takes away from the prisoner's natural human attributes" (Taylor, 2000, p. 51). Furthermore, Brett Story, a University of Toronto professor further explains in his solitary confinement research that, "The

long-term solitary confinement of prisoners causes fundamentally debilitating psychological damage. This violence, inherent to the socio-spatial organization of solitary confinement, diminishes prisoners' capacity to function as human beings. Yet, while violence might characterize the ends of solitary confinement, individuation defines the means...The violence of solitary confinement's spatial practice therefore holds important implications for a critical reassessment of any or all socially isolating institutions and individuating ideologies within the structural fabric of modern life" (Bennett, 2016, p. 298).

Lastly, "many of the prisoners who are housed in long-term solitary confinement are undoubtedly a danger to the community and a danger to the corrections officers charged with their custody. But for many they are a danger not because they are coldly ruthless, but because they are volatile, impulse-ridden, and internally disorganized" (Grassian, 2006, p. 354).

### **Mental Side Effects**

Mental health concerns has often plague the correctional and health system with numerous cases and legality reforms. Prior to the use of solitary confinement, mental health concerns have been minimal in the correctional field, but today, the alarming rates of mentally ill inmates are far more than ever imagined. According to "John Wilson, PhD, CCHP-MH, who is MHM's vice president of Clinical Development, says, "Current rates of mental illness in jail settings are reported to be 30% to 40% in male detainees and 50% to 60% in female detainees. In prisons, rates are somewhat lower, but correctional authorities can still expect about one in five male inmates and two in five female inmates to suffer from a diagnosable mental disorder"(Grohs, 2017, p. 32). Actual and precise numbers of mentally ill inmates in the correctional system are often hard estimate. Some inmates come into prison with a history of mental illness and some develop it during their stay in prison. There have been countless

research and data pertaining to inmate mental illness and the rising number of mentally ill offenders entering the prison system can be due to many attributes and factors that are occurring throughout all health and criminology field. Steinbuch (2014) states:

"The mental effects of solitary confinement are so prevalent that psychiatrists have associated these prolonged effects with a specific psychiatric syndrome known as "Reduced Environmental Stimuli" (RES), also known as "isolation sickness." Symptoms of this syndrome include "hypersensitivity to external stimuli, perceptual distortions, illusions and hallucinations, panic attacks, difficulties in thinking, concentration, and memory, 'intrusive obsessional thoughts' or 'emergence of primitive aggressive ruminations,' over paranoia, and problems with impulse control." All of these side effects comprise what Harvard professor and psychiatrist. Dr. Stuart Grassian, has called an "acute organic brain syndrome" or "delirium." This syndrome results in electroencephalogram (EEG) abnormalities in the brain, caused by a slowing of brain waves. EEG studies have shown that "diffuse slowing of brain waves" starts to occur in most prisoners after only a week in solitary confinement. This decrease in brain wave stimuli is connected to a reduction in stimulation seeking behavior, and often prisoners in confinement begin to develop a withdrawn and reclusive personality.' Because of the "drop in sensory input," prisoners experience severely reduced mental alertness, which can cause difficulty in using the speech and motor systems, as well as a decline in physical activity and a "disinclination to learn," manifesting in decreased concentration and motivation" (p. 509-510).

Prison administrations have sought out to incorporate more mental health services in their prisons, but due to the vast amount of mental illness that is present in the prison population,

prison administration are unable to provide adequate treatment for everyone. Additionally, with many state mental health hospital closing due to financial issues, state funded prison are being flooded with people who have mental health issues and in which these mental health issues include schizophrenia, posttraumatic stress disorder, depression, and drug addictions "(Grohs, 2017).

### **Physical Side Effects**

Physical effects of solitary confinement can be attributed or related to various psychological and mental health problems related to solitary confinement. Often, inmates left in solitary confinement will physically cause harm to themselves to ease their punishment in solitary confinement. "In July 2011, 182 years after Eastern State Penitentiary opened its doors, prisoners in the Security Housing Unit (SHU) of Pelican Bay State Prison in California initiated a hunger strike. Pelican Bay State Prison was opened in 1989 with over 1,000 cells specifically designed to imprison people in long-term solitary confinement. Pelican Bay was one of the first "supermax" prisons in the United States, and its arrival initiated a trend in constructing prisons explicitly for long-term solitary confinement. SHU cells are built for sensory deprivation" (Herzing, 2014, p. 190). "The 2011 hunger strike escalated throughout prisons across the state as a protest against the policies that determined allocation to the SHU, the length of detention, the terms under which prisoners would exit, and the conditions of their confinement" (Herzing, 2014, p. 190-191). Hunger strikes are among the most common group resistance seen throughout correctional institutions across the United States in solitary confinement. Therefore, force feeding has also become a common practice throughout all correctional institutions across the United States as well. Unsafe drop in weight level among an inmate can become hazardous, unhealthy, and life threatening if not attended to by a health professional.

Along with hunger strikes, suicides and self-mutilations are just some of the few physical effects in which solitary confinement imposes on inmates in isolation. "Self-harm is a prevalent and dangerous occurrence within correctional settings. Inmates in jails and prisons attempt to harm themselves in many ways, resulting in outcomes ranging from trivial to fatal. Suicide is a leading cause of death among the incarcerated; however, suicide and suicide attempt represent a small share of all acts of self-harm. The motivations of inmates who harm themselves are complex and often difficult to discern"(Kaba et al, 2014, p. 442). Kaba et al (2014) also state that, "Inmates ever assigned to solitary confinement were 3.2 times as likely to commit an act of self-harm per 1000 days at some time during their incarceration as those never assigned to solitary" (p. 444).

### **Effects on Different Inmate Populations**

#### **Incarcerated Female Population**

"Across the United States, jails and prisons hold more than 200,000 women. These prisoners are routinely subjected to solitary confinement. Yet the use of solitary on women is often overlooked" (American Civil Liberty Union, 2014, p. 2). Often there are much research conducted on solitary confinement that occurs in a male adult institution, but rarely are there any information regarding incarcerated women and how they are affected by solitary confinement. When one talks about solitary confinement, one usually foresees worst of the worst inmates being locked up in solitary confinement, but this isn't all true towards the incarcerated female population. "In fact, solitary is often used on the most vulnerable: pregnant women, individuals with mental illness, transgender women, and—in a particularly disturbing trend—victims of sexual assault by prison guards" (American Civil Liberty Union, 2014, p. 4).

A major problem that women face in prison is the re-traumatizing event of their past and criminal history in which being placed in isolation can re-victimize the female inmate. According to the American Civil Liberty Union (2014), "Because a majority of women in state prisons across America report being victims of past physical or sexual abuse, the potential is high for re-traumatizing women who are already vulnerable. The isolation, enforced idleness, and absence of healthy stimulation can all contribute to further psychological deterioration in vulnerable women. Women in solitary confinement, especially those who have been victimized by men in the past, can experience acute psychological suffering when they are closely watched, with virtually no privacy, by male guards" (p. 6). Furthermore, Chowdhury (2016) explains that, "Research shows that many incarcerated women have an at risk background, come from broken homes, and over half of them have received welfare at some point in their adult life" (p. 46). Pas research have indicated that most of these women who are in prison have experienced physical and sexual abuse in their childhood and they are more vulnerable to domestic abuse in their adult relationships. Along with the pains of imprisonment, women offenders have unique concerns that require prison administrations to further examine and address within the correctional system.

The incarcerated female population is a unique group of inmate because they have a higher chance of to sexual abuse and harassment from prison officials during their incarceration. Often times in the field of corrections, the job is dominated by male employees and in which, sexual abuse occurs from male correctional officers to female inmates. "Correctional officials sometimes lock prisoners in solitary confinement in retaliation for speaking out against abusive or negligent treatment. Again and again, stories arise in which women who report rape and other abuse by corrections officers are sent to solitary confinement. Women who have been sexually abused by prison guards are thus faced with another painful dilemma, forced to decide between

reporting the attack and risking retaliation, or not reporting it and risking further assault" (American Civil Liberty Union, 2014, p. 7).

A special population of inmates that exist within the incarcerated female population is transsexual female offenders. Defining "transgender" within the legal terminology is often hard and daunting. Gender identity and the sense of maleness or femaleness often puts prison administration in hard situation to define correct male or female institution to place the transsexual offenders. In the legal system, there is no statute or law to create a gender neutral correctional facility to house transgender offenders. Often times, these situations has brought great concern and frustration to define a legally accepted language pertaining to the terminology of "transgender" (Shah, 2010). In addition, "when a transgender woman is placed in solitary, her cognitive well-being can be severely harmed by the isolation and depression of constant lockdown" (American Civil Liberty Union, 2014, p. 9). Strip searches by male correctional officers, lack of proper medical care and constant verbal abuse by prison officials and other inmates generally elevates the risk of suicide for transgender inmates in solitary confinement"(American Civil Liberty Union, 2014).

### **Incarcerated Juvenile Population**

"As of 2013, more than 53,000 juveniles were either detained or committed in prisons in the United States. The most recent data from the Department of Justice shows that this number has grown to nearly 70,000, and indicates that "the use of isolation, including solitary confinement, in these facilities is widespread." For incarcerated juveniles, the prevalence of solitary confinement varies widely from state to state. Many states have, by law or practice, banned the use of punitive solitary confinement, while twenty states have imposed time limits on its use. However, ten states still allow juveniles to remain indefinitely in solitary confinement.

And of those states that have prohibited the use of punitive solitary confinement, at least nineteen still allow solitary confinement to be used for other purposes, such as administrative holds or safety concerns" (Cooper, 2017, p. 350-351). "Thus far, five states have banned the use of punitive solitary confinement: Alaska, Connecticut, Maine, Oklahoma, and West Virginia. Several states, including Mississippi, New York, and Ohio, have strictly limited the general use of the practice as a result of lawsuits in federal court. Recently, several other states have considered bills regarding juvenile solitary confinement: California, Florida, Montana, Nevada, and New Hampshire" (Castillo, 2015, p. 1279). In July of 2017, a federal judge order the State of Wisconsin Department of Corrections to reduce the use of solitary confinement practices on juvenile offenders at Lincoln Hills School for Boys and Copper Lake School for Girls. It reduced the maximum penalty of 60 days Disciplinary Seclusion to 7 days for juvenile offenders (Marley, 2017).

Juvenile offenders are internally and externally different from adult inmates. Over the recent years, more and more studies have shown that juveniles lack the decision making process when committing a crime compared to adults who have the reasoning skills to know right from wrong. "In the early 2000s, scientists were able to learn more about the development of the human brain by using new technologies. In particular, scientists learned how to utilize "magnetic resonance imaging (MRI) to create and study three-dimensional images of the brain without the use of radiation." This advance has allowed scientists to safely track the development of the brain from childhood, through adolescence, to adulthood. As a result, scientists discovered that adolescent brains are much more underdeveloped than what scientists had previously believed. The frontal lobe of the brain, which regulates judgment, impulsivity, and emotions, undergoes the most change during adolescence and is the last area to mature. In fact, the brain does not fully

develop until the early 20s" (Castillo, 2015, p. 1268). Thus, juvenile offenders who are subjected to severe isolation and seclusion have often constituted a violation of the eighth amendment right which protects all citizens from cruel and unusual punishment. Lesser brain function and under developed control of emotions and actions disables juvenile offenders from cognitively understanding the repercussions of their wrongdoings

Being underdeveloped compared to adults, juveniles are more sensitive and prone to the effects of solitary confinement. Much research have been conducted on the severe pain in which adult inmates suffer through, but the pain suffered by juvenile offenders in solitary confinement are much more severe and extensive. "Juveniles are more vulnerable than adults to the repercussions of solitary confinement because their brains are not yet fully developed. The repercussions of solitary confinement include mental illness or worsened mental illness, anxiety, rage, insomnia, self-mutilation, suicidal ideation, and suicide. These repercussions are traumatic experiences that impede a juvenile's brain development, which in turn affects the juvenile's cognitive and social abilities"(Castillo, 2015, p. 1274-1275). Aside from the personal repercussions from juveniles' experiences with solitary confinement, other forms of repercussions carries a significant risk for the rest of society as well. Most juvenile inmates who endure some time in solitary confinement often have unsuccessful attempts to reintegrate back in society due to their stunted cognitive and social abilities. Being subjected to severe isolation, research have shown juveniles to express anti-social behavior in which they have trouble controlling their emotions and assessing the consequences of their actions. Often times, these situations leads to higher recidivism rate among juvenile offenders (Castillo, 2015).

### **Incarcerated Mentally Ill Population**

In the recent years, the prevalence of mental illness have emerge in the American culture and the correctional system has taken notice to this special population. Crime and mental illness outbreaks have influence an influx of mentally ill offenders to enter the mental health system and the correctional system. As more mentally ill offenders are entering into the correctional system, the growth of mental health care in prison has risen exponentially to respond to the emerging mental health concern in the inmate population. Mentally ill inmates "enter a prison settings with their mental disorders; the hostile prison environment exacerbates their health conditions and they become prone to violent and aggressive behaviors that would violate prison rules"(Seigafo, 2017, p. 188). Often, inmates with a history of mental health problems become violent and problematic due to the prisonization and they become an issue for all staff members to handle on a daily basis. Mentally ill inmates are a special group of inmates that require more staff attention and they require extensive help from health specialists to address to their health concerns. The prevalence of severe mental illness is higher among inmates who are incarcerated in solitary confinement compared to inmates who are housed in general population. Inmates who have a history of mental illness are more likely to be placed into solitary confinement due to their unpredicted and erratic behavior" (Grassian, 2006). Due to the high volume of mentally ill inmates in the prison population, prison health services are not able to respond to all cases and they have limited resources to address every health issue in the prison.

Throughout the correctional system in America, the lack of mental health treatment from prison health services is constituted as prolong medical abuse to mentally ill inmates. Inadequate and deliberate refusal of treatment of mentally ill inmates have deteriorated rehabilitation opportunities for all mentally ill inmates to fix and cope with their health concerns. "For example, according to Malik-Kane (2005), a study of prisoners in Illinois revealed that from a

total of 30 percent of inmates with mental health issues, only 12 percent received treatment during incarceration. In one prison in Ohio, more than half of its prison population suffered from depression. Nevertheless, only 38 percent were reported to receive treatments during incarceration. Subsequently, only 14 percent of asthmatic inmates, out of 27 percent, received treatments during incarceration in the same Ohio correctional facility" (Seigafo, 2017, p. 189).

In the State of Wisconsin Department of Corrections, inmates who are mentally ill are classified into different codes in order for the Wisconsin correctional system to plan a thorough rehabilitation course for each individual inmate. In the mid-2004, the State of Wisconsin DOC implemented a mental health classification system in order to better track the number of mentally ill inmates as they undergo their prison sentence (Wade et al, 2009). These mental health codes are important to all health professionals and correctional officers who work in the Wisconsin Department of Corrections because it allows staff members to adequately help work with mentally ill inmates who may or may not be able to help themselves. All state funded correctional facilities and mental health institutes in the State of Wisconsin use these mental health codes as a universal language to transport inmates from correctional facilities to mental health facilities. Figure 2 shows the mental health codes in which offenders in the Wisconsin correctional system are categorized in order for adequate treatment and rehabilitation.

**Mental Health Classification Codes Used by DOC  
Mid-2004 through June 2008**

Code	Classification	Common Diagnoses
MH-0	No mental health need	None.
MH-1	Mental health need; not seriously mentally ill	Anxiety disorders; adjustment disorder; impulse control disorder; mood disorders; borderline personality disorder (mild or moderate).
MH-2	Seriously mentally ill	Psychotic disorders; major depression; bipolar disorder; dementia (moderate or severe); borderline personality disorder (severe); severe dysthymia; severe anxiety disorders; mood disorders; organic brain syndrome.
MH-3	Mental retardation	IQ of approximately 70 or below with concurrent impairments in adaptive functioning.

*Note. Figure 2. Mental Health Classification Codes Used by DOC and DHS. Adapted from "An Evaluation Inmate Mental Health Care," by Wade et al, 2009. Copyright 2009 by the Joint Legislative Audit Bureau.*

Due to legal challenges and lawsuits from mentally ill inmates challenging the poor mental health treatment at Wisconsin Secure Program Facility located in Boscobel, WI, the State of Wisconsin Department of Corrections was court ordered not to house prisoners previously identified as seriously mentally ill at the Boscobel super-max prison. "The law suit also arrange for independent mental health professionals to evaluate mentally ill inmates who are prescribed psychotropic medications, those who have been hospitalized in a psychiatric institution at any time, those who have spent longer than 30 days at Level One [basic regime], those who have spent longer than 90 days at the facility without progressing beyond Level Two, and those who have been placed on suicide watch" (Shalev, 2011, p. 166-167). A turning point in the State of Wisconsin Department of Correction and in which it allowed the Department of Corrections to revise its policies pertaining to mental health and solitary confinement. This also further suggest that solitary confinement and super-max prison is not the suitable to rehabilitate mentally ill

inmates and it supports for more resources to be poured into opening more rehabilitative centers or state mental health resource centers.

### **Key Variables and Principles to a Successful Prison Program**

Being subjected into solitary confinement, many inmates in the American prison system lack the necessary tools, skills, and education to promote their rehabilitation into reentry. Throughout the recent years, there have been many ideas and implementation of programs for inmate needs, but rarely, these programs are not organized effectively to become a successful programs to be implemented in correctional facilities across the U.S. "Research shows that a rehabilitation program generally is effective at reducing recidivism if it possesses three key principles. First, the program should be "evidence based"—meaning it is modeled after a program shown to reduce recidivism and actually operates in the same manner as the proven program. Second, the program should be evaluated for cost-effectiveness. Third, the program should focus on the highest-risk and highest-need inmates, as this has the greatest potential to reduce recidivism" (Taylor, 2017, p. 1).

These three principles are the guiding factors in which prison programs should be organized and facilitated throughout the correctional system. Due to budget cuts in state and federal funding, prison programs are required to be practical and have research to prove its findings usually through past programs. An evidence-based program that is implemented with proper data and supporting research is designed to be similar to past proven programs in which it will produce the same results (Tayler, 2017). Prison programs that are evidence-base definitely enhances its probability to become a successful program if implemented correctly to obtain the correct results. Results that from evidence-based programs are viable to the existence of that

program, but ultimately, results have to reach a certain goal such as reducing recidivism and the results have to be significant enough in order for prison administration to approve of its continuation (Taylor, 2017). Money is a scarce resource in corrections and prison programs have to be cost-effective to yield out positive outcomes to convince taxpayers and budget renewals committees to keep funding the program.

Set aside from key principles to organize a successful rehabilitative program, key variables that are commonly seen within these successful programs are behavioral, cognitive and emotional therapies. These three different types of therapies enable offenders to retract their negative behaviors and create new coping strategies to help them in their journey onto reentry. Stohr et al (2002) states that "the most successful programs are those that combine the delivery of substantive knowledge in an environment that is suited to therapeutic change. Research also indicates that cognitive attributes, positive modeling, behavioral redirection, emotional therapy, a treatment environment engendering trust and empathy and intensive involvement in problem-solving by clients in their own treatment are also key to attaining actual behavioral change upon release" (p. 4). Teaching inmates how to control their emotions and behavior will allow them to take control their life and it will further promote their rehabilitation back into society.

A program that is utilized in the Wisconsin's Department of Correction that has greatly helped inmates in different correctional facilities throughout Wisconsin is Dialectical Behavioral Therapy (DBT). "DBT is a form of cognitive behavior therapy originally created to treat chronic suicide and self-harm in adult women with borderline personality disorder (BPD). DBT is trained through the Psychological Service Unit and it allows psychologists to input their knowledge of cognitive therapy and help correctional officers conduct their duties to help and rehabilitate inmates. There have been vast studies and research conducted on DBT throughout the United

States and the program is the only existing treatment therapy that put out consistent effective results against suicidal prone inmates, bipolar disorder, and more. The program can be applied to adults, juveniles, or mentally ill inmates who suffer from depression, PTSD, or deliberate self-harm (Banks and Gibbons, 2016).

In the dialectical worldview, the first component of DBT, has three primary principles: interrelatedness and wholeness, polarity, and continuous change. The first component of DBT allows inmates to understand their situation and by accepting their situation, they are able to continuously change to create a positive self-image through the course of their incarceration"(Smith and Peck, 2004). After learning how to accept their situation, Smith and Peck (2004) further states that "cognitive behavioral therapy is the second component of DBT. During each of the stages of treatment, the mental health practitioner utilizes cognitive behavioral techniques-keeping a thought diary, behavioral analyses, exposure techniques, flooding, contingency management, and shaping-in order to meet the treatment target goals. In addition, clients in DBT are required to participate in a weekly, manualized skills training, complete with homework assignments and a structure for each session" (p. 28). DBT is geared to change the behavior of inmates to accept themselves in order to fully change and grow in a positive way. By learning how to grow in a positive way, inmates will obtain the techniques to reform themselves and move on from their criminal past. Cognitive self-change and behavioral coping strategies are utilized in DBT in order to provide inmates with the ability to understand their situation and to provide them with the means to travel an less self-destructive path (Stohr et al, 2002).

Another key set of variables to promote a successful program in correctional facilities are the implementation factors that are needed alter different designs of a program to reach a certain

goal in each specific correctional facility. Programs that have successful results at a different security level institution may have the same outcomes at a different security level correctional facility. Also to mention, prison programs that were effective for different population of inmates may also produce the same results for other population of inmates as well. Furthermore, Gendreau et al. (1999) created a taxonomical framework that consists of four domains of successful treatment program implementation: organizational factors, program factors, change agent(s), and staff factors" (Banks and Gibbons, 2016, p. 54). The following are factors in which Gendreau et al (1991) had described in his taxonomical framework to implement a successful treatment program:

- organizational factors pertain to the correctional setting where the program is implemented;
- program factors refer to the clinical and financial components of the treatment program. The program should be evidence based or evidence informed and should cause few resource and fiscal strains on the setting;
- change agent is the person who is the primary party responsible for initiating and administrating the treatment implementation process. The change agent should have extensive familiarity with the setting and the treatment, have appropriate credentials, and be congruent with the setting's mission and goals;
- staff factors pertain to the treatment providers and supervisors. Staff should have consistent contact with the change agent, appropriate training in the implemented treatment, and an active voice in the program design (Banks and Gibbons, 2016).

Overall, the underlying variable to implement a successful program in a correctional setting is communication between every agent and staff member within the team. From a

psychological viewpoint to a security standpoint, all factors and options must be evaluated and explored to promote a rehabilitative model for all inmates confined within a specific correctional facility. Educational and therapeutic programs are all needed to rehabilitate inmates to reach reentry and reduce recidivism among offenders. Thus, incentive prison programs like these will reduce the numbers of re-arrest and stop the cycle of incarceration.

## **Recommendations**

### **Improve Correctional Officer Mental Health Training**

A propose improvement in which all Department of Corrections across the United States and the Bureau of Prisons can improve on is correctional officer training in which it pertains to handling inmates in solitary confinement with mental illness. Recognizing early warning signs and utilizing proper mental health procedures will allow correctional officers to adequately resolve issues or problems in which the inmate may have. Grohs (2017) also states that "correctional officers need specific training in recognizing these signs and referring the inmate for a mental health evaluation" (p. 32). In some cases, inmates go undetected during initial mental illness assessment when being oriented into the prison system and thus, the need for correctional officer training in early detection of mental illness such as dementia or more is greatly needed. Also, the growth of mental illness may occur during incarceration after orientation is completed which can also be an issue when offenders are deprived of their usual standards of living during their stay in the prison system.

More importantly Gordon (2014) also states that, "Despite the large numbers of prisoners with mental illness held there, prisoners in solitary confinement receive psychiatric treatment very infrequently; depending on the prison, prisoners may only be evaluated every ninety days.

Those in solitary confinement who are mentally ill or who become mentally ill (and therefore need treatment the most) do not receive it" (p. 504). With vast numbers of mentally ill inmates in solitary confinement, it is appropriate for all correctional facilities to maintain up to date training for all correctional officers working in these specific confinement units. By maintaining up to date training and policies pertaining to mental health, it will ultimately help promote positive behavior from inmates and help promote their rehabilitation towards reentry.

Proper training is probably one of the best tools given to correctional officers. It gives officers the right knowledge to conduct their daily duties and it also helps officer maintain awareness by detecting early signs of mental illness breakdown. By detecting early warning signs of mental illness, future problems and issues dealing with a certain inmate could properly be address and handle thoroughly. The "National Commission on Correctional Health Care (NCCHC) provide annual comprehensive suicide prevention training to all employees. Correctional officers, medical and mental health staff, staff who provide case management, substance use disorder treatment, and other services attend this training, which includes the signs and symptoms of mental disorders and "implicit as well as explicit signs of suicide risk"" (Grohs, 2017, p. 33-34). These types of training are useful for correctional officers to find other responsive ways to help mentally ill inmates and it can also help health professionals to divert these mentally ill inmates into mental health institute rather than keeping them in prison.

Many other types of training that are taught on the job such as verbal judo and de-escalation tactics are also important to communicate and interact with mentally ill inmates. There are many training opportunities that are readily available out there for police officers and correctional officers and one type of training that is offered through the State of Wisconsin Department of Correction is Crisis Intervention Training. The first Crisis Intervention Team

(CIT) or also known as the "Memphis Model" was a first responder training given to all law enforcement officials in the city of Memphis, Tennessee. The Crisis Intervention Team utilized three basic core elements: 1) ongoing elements; 2) operational elements; and 3) sustaining elements" (Dempsey, 2017). "By incorporating these three core elements you will achieve the two primary goals: 1) improve officer and consumer safety; and 2) redirect individuals with mental illness from the judicial system to the health care system" (Dempsey, 2017, p. 324). Figure 3 shows the basic core elements that are used by the Crisis Intervention Team (CIT) model. The model proved to be very effective for law enforcement officers and it gave law enforcement officers the necessary tools to verbally communicate and deescalate situations dealing with mentally ill individuals. Not only is this type of training crucial to building a good responsive correctional officer, but this training will enable an correctional officer build a rapport with different inmates in a correctional setting.

<b>Ongoing Elements</b>	<b>Operational Elements</b>	<b>Sustaining Elements</b>
Partnerships: Law Enforcement, Advocacy, & Mental Health	CIT: Officer, Dispatch, & Coordinator	Evaluation and Research
Community Ownership: Planning, Implementation, & Networking	Curriculum: CIT Training	In-Service Training
Policies and Procedures	Mental Health Receiving Facility: Emergency Services	Recognition and Honors
		Outreach: Developing CIT in Other Communities

*Note. Figure 3* Adapted from "Beating Mental Illness: Crisis Intervention Teams and Law Enforcement Response Trends," by Charles Dempsey, 2017, *Southern California Interdisciplinary Law Journal*, 26(2), p. 324

### **More Structured Use of Solitary Confinement**

In the recent years, more sentencing guidelines on the use of solitary confinement have emerge to reform the standard operating procedures of the Bureau of Prisons (BOP) and the State Department of Corrections. Although, many politicians and the public have voice their own opinions on recommendations and changes to prison policies, the Department of Justice and President Barack Obama have taken these considerations into their own proposals. Recommendations and proposals outlined by the Department of Justice and President Barack Obama are emplaced to ensure and require the Bureau of Prisons (BOP) to reduce its use of restrictive housing and create a more uniform policy on disciplinary measures. The following includes:

- Diverting inmates with serious mental illness to alternative forms of housing. BOP will be expanding “secure mental health units” for inmates with serious mental illness who cannot function in the general prison population, and hire additional staff psychologists to provide mental health services to inmates who require restrictive housing. The President’s Fiscal Year 2017 budget will include a request for \$24 million to support these efforts;
- Limiting the use of punitive segregation. BOP will undertake across-the-board reductions of maximum penalties when restrictive housing is used as a disciplinary sanction in prison, including an outright ban on the use of the practice for inmates who commit low-level infractions;
- Holding the most dangerous inmates accountable through federal criminal prosecutions. Working closely with BOP, U.S. Attorney’s Offices will ensure that inmates who engage in serious criminal activity—especially those who assault or kill correctional staff—face

criminal prosecution when appropriate (White House: Office of the Press Secretary, 2016).

Figure 4 shows the recommended changes in reduction of maximum penalties for different levels of prison infractions. Also note that the proposed maximum penalty for all 400 level offense type requires no disciplinary isolation in solitary confinement. Lastly, Figure 5 shows the various inmate misconducts that are categorized at each different level of offense type in which this code of conduct is currently used throughout all federal prisons in America.

Offense Type	Current Maximum Penalties		Proposed Maximum Penalties	
	First Offense	Subsequent Offenses	First Offense	Subsequent Offenses
100-Level (Greatest)	365 days	545 days	60 days	90 days
200-Level (High)	180 days	365 days	30 days	60 days
300-Level (Moderate)	90 days	180 days	<b>none</b>	15 days
400-Level (Low)	<b>none</b>	30 days	<b>none</b>	<b>none</b>

*Note. Figure 4* Adapted from “Report and Recommendations Concerning the Use of Restrictive Housing,” by U.S. Department of Justice, 2016, p.110.

Code	Offense
--	All 100-Level Offenses
100	Killing
101	Assaulting with Serious Injury
102	Escape (More than 4 hours)
103	Setting a Fire
104	Possessing a Dangerous Weapon
--	All 200-Level Offenses
201	Fighting with Another Person
203	Threatening Bodily Harm
205	Engaging in Sexual Acts
218	Destroying Property $\geq$ \$100
226	Possessing Stolen Property
228	Tattooing or Self-Mutilation
--	All 300-Level Offenses
300	Indecent Exposure
302	Misusing Authorized Medication
303	Possessing Unauthorized Money
325	Conducting a Gambling Pool
329	Destroying Property $\leq$ \$100
330	Being Unsanitary/Untidy
332	Smoking in Unauthorized Area
--	All 400-Level Offenses
402	Malingering/Feigning Illness
404	Abusive/Obscene Language
407	Violating Visiting Regulations
409	Unauthorized Physical Contact

*Note. Figure 5* Adapted from “Report and Recommendations Concerning the Use of Restrictive Housing,” by U.S. Department of Justice, 2016, p.21.

By upholding these recommendations, the Bureau of Prisons will ensure that every federal prison will foster a rehabilitative vision and cooperate with their prison population without the need for tough on crime sanctions such as the use of solitary confinement. These

recommendations will also give a more structured policy upon using solitary confinement in correctional facilities throughout America and hopefully, it will undermine and cut the vast amount of lawsuits and inmate complaints against prison administrations throughout in the American prison system. Lastly, by implementing this recommendations, all jail and correctional facilities throughout America will follow and adopt the same vision as the Bureau of Prisons and promote proper use of solitary confinement.

### **More Funding for Educational Opportunities**

Finally, one crucial factor that comes in to mind is funding and financial support for more rehabilitative opportunities for inmates in solitary confinement. Inmates who are currently located in solitary confinement are restricted from attending educational courses or rehabilitative programs that are readily available for inmates who are located in general population. Most inmates who come into prison are minority, uneducated and jobless before their incarceration and in order to prepare these inmates to rehabilitate back into society, prison administration must incorporate and develop educational courses to help better prepare inmates. Inmates who come into prison with nothing and leave prison with nothing, will eventually return back into prison for the same reasons that led them onto their criminal lifestyle.

Economic recessions and under-funded state budgets have kept many correctional systems from implementing educational courses into their prisons. According to the "RAND Correctional Education Survey, it showed that, due to the economic recession of 2008, there was an overall 6 percent decrease on average in states' correctional education budgets between fiscal years 2009 and 2012. The largest impact on budgets was felt by medium-sized and large states (on average, a 20 percent and 10 percent decrease, respectively)"(Davis et al, 2014). The RAND study has

founded positive relationship between educational programs and reducing recidivism in which it included in the following:

- Inmates who participated in correctional education programs had “43% lower odds of recidivating than inmates who did not.” This represents a reduction of 13 percentage points on the risk of recidivism.
- The odds of obtaining employment after being released among inmates who participated in correctional education were 13 percent higher than the odds for those who did not. However, the scholarship in this area is not as strong, making the conclusion subject to further research.
- Correctional education is a cost effective initiative; every dollar spent on prison education could save up to five dollars on three-year reincarceration costs. In this sense, the direct costs of reincarceration are far greater than the direct costs of providing correctional education (2014).

The positive relationship between educational programs and reducing recidivism in the RAND study can be a fundamental platform to propose for more financial support for education programs throughout the American prison system. According to Ewert and Wildhagen (2011), "Released prisoners who had enrolled in education programs while in prison were 10-20 percent less likely to commit crimes" (p. 6). There is also much evidence that suggests that participation in prison education programs also increases the wages of prisoners post-release. Inmates who participated in GED prison education programs while incarcerated had quarterly earnings 15 percent greater after release than did non-participants (Ewert & Wildhagen, 2011). As more prison educational programs are developed, it would help promote inmates to achieve their GED and possibly pursue post-secondary schooling within their incarceration or after

reentry. Not only would it provide a way for inmates to pursue academic achievements, but it would also give offenders a better chance to obtain a stable life after incarceration.

### **Conclusion**

In conclusion, more research should be conducted on the effects of solitary confinement on different inmate population. By learning the effects that solitary confinement has on different groups of inmate, it would provide a more solid platform for prison reformers and stakeholders to reform prison policies and create a more structured use of solitary confinement. Legal challenges to the eighth amendment and prisoner complaints of prison official abuse will drastically be undercut and it will pave a positive image for all correctional systems in America. State and federal prisons should develop a consistent structured use of solitary confinement and punish inmates who commit high level security infractions rather than placing inmates who commit low level security misconducts into solitary confinement.

More resources should be poured into creating cost-effective prison programs and opening more mental health institutes to adequately respond to the growing levels of inmate health needs. Solitary confinement is a current issue in which prison officials and the government are examining and implementing new standard operating procedures in prison institutions. Along with the government, the public are also questioning the value and importance of seclusion and isolation in the correctional systems. "More entities are examining whether the practice exacerbates mental illness or perhaps even triggers mental illness—which in turn makes it difficult, if not impossible, for inmates to reform. Many are asking whether the punitive gains compensate for the loss of dignity and sanity to the individuals who are affected"(Bennett, 2016, p. 300). It may seem like any new strategies that is brought up by politicians or reforms may not be able to replace solitary confinement as a means to control the

inmate population, but still, more research and information are being gather on a daily basis to find a solution. It is impossible to draw conclusion for the outcome of solitary confinement in America and the road forward is still unclear.

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