

From: [REDACTED]

To: [REDACTED]

Subject: Re: About

Date: Mon, 12 Aug 2019 02:16:55 +0000

Importance: Normal

Attachments: TEXT.htm

Thanks [REDACTED] As soon as they can provide the research or references that support this information it will be greatly appreciated. We would like to get this to the Department as early as possible.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: [REDACTED]

Date: 8/11/19 8:04 PM (GMT-05:00)

To: [REDACTED]

Subject: About

>>> [REDACTED] 08/11/2019 20:04 >>>

Hi [REDACTED]

I just got this from our acting branch chief. This hasn't been reviewed or cleared by IPPA or Dir. I've requested a deeper dive in to standards but couldn't get it tonight. We will press further tomorrow.

Feel free to call.

Sent from my Verizon, Samsung Galaxy smartphone

----- Original message -----

From: [REDACTED]

Date: 8/11/19 7:38 PM (GMT-05:00)

To: [REDACTED]

Subject: Suicide Watch

>>> [REDACTED] 08/11/2019 19:38 >>>

Hi [REDACTED]

Please see the following paragraph as a justification for why every individual with some level of suicide risk is not maintained on long-term suicide watch:

Suicide watch is widely regarded as a short-

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term crisis intervention. As practiced in the BOP, it is a highly restrictive intervention that focuses on preserving the life of an individual in crisis. Typical conditions of a suicide watch include containment in an identified suicide watch cell absent tie-off points and sharp objects, placement in a suicide watch smock that is resistant to use as a ligature, constant observation by another individual, lights on 24 hours per day to ensure effective observation, extreme limits on personal property for safety, and at least daily contact with a BOP psychologist. While these restrictive conditions are extremely effective in the short-term prevention of suicide, they are inconsistent with a quality of life that supports future oriented goals and the achievement of those goals. For this reason, suicide watch is used to prevent a suicidal crisis, but is ended when an individual is no longer assessed to be an immediate threat to himself and is able to resume goal directed behaviors that support a quality of life, such as interactions with peers, visits with family or attorneys, work, etc. The assessment used to determine that suicide watch is no longer warranted is conducted by a doctoral level psychologist. Following the conclusion of a suicide watch, psychologists follow up with ongoing assessment and interventions such as additional suicide risk assessments, counseling sessions, and/or supportive visits.