

From: [REDACTED]

To: [REDACTED]

Subject: Fwd: About

Date: Mon, 12 Aug 2019 02:05:45 +0000

Importance: Normal

Attachments: TEXT.htm

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.

[REDACTED] Sent from my Verizon, Samsung Galaxy smartphone<div>

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</div><!-- originalMessage --><div>----- Original message -----</div>

<div>From: [REDACTED]</div><div>Date: 8/11/19 7:38 PM (GMT-05:00) </div>

<div>To: [REDACTED]</div><div>Subject: Suicide Watch </div><div>

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

Hi Robbie,

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-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.