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RHODE ISLAND DEPARTMENT OF CORRECTIONS
ADULT CORRECTIONAL INSTITUTION

NCJRS

MAY 24 1995

ACQUISITIONS

LIFELINE SUICIDE PREVENTION PROGRAM

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NIC INFORMATION CENTER

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GOAL

The purpose of the lifeline peer counselor program is to decrease the incidence of suicide and suicide attempts of the inmates within the Adult Correctional System.

OBJECTIVES

1. To provide new inmates with information which will help to lessen their anxiety, which is a result of being incarcerated.
2. To provide services in order that inmates are detected before they become suicidal.

INTRODUCTION

Suicides are a serious problem in jails all across the U.S. Studies have shown that its rate in the prison population is at least three times as great as that in the general population.

The Lifeline anti suicidal program was started approximately fourteen years ago by Reverend David Hograth, a chaplain at the Charles Street Jail in Boston, Massachusetts. Due to the effectiveness of the program at the Charles Street Jail, suicides have decreased from as many as four to less than one per year. The program has been adopted in at least six jails in the U.S. and two other countries.

The Lifeline Program began at the Rhode Island Adult Correctional Institution in July of 1989. The program was started by Silma-del Langley, a Clinical Psychologist working within the system. Since the inception of the program, there have been six suicides. At this junction, the ACI has a population of about 2,966 inmates, with approximately 1.2 suicides per year.

The program trains inmates as peer counselors, who are the front line volunteers who spot and befriend depressed potentially suicidal inmates; in turn, alerting the medical and psychology staff. They also make a special effort to talk to all new inmates, due to the fact that the first few nights in prison are some of the most critical in the prevention of suicide. Also, new inmates feel less insecure when they are informed about the daily routine of prison life.

The director of the program, and a member of the Samaritans, meet weekly with the Lifeliners (inmates). In these meetings, training is given, the problems of inmates are discussed, experiences are shared, counsel is sought and given. The meeting also services as a stress outlet for the lifeliners, who have been on the alert for despairing and suicidal inmates all week.

One of the reasons why the Lifeline Program has been so effective, is due to the fact that the Lifeliners are inmates themselves. They are generally attuned to what is happening and because of the effective "prison grapevine", are alerted to situations which are stressful and need to be addressed. They are informed when an inmate has received bad news from his lawyer, a "Dear John" from his girlfriend, a lengthy sentence, or an upsetting telephone call, etc.

MEETINGS

Weekly meetings of the Lifeliners, including the director and a member of the Samaritans, are held for one and a half hours. Members of the medical, counseling, psychological, chaplaincy, and health care teams are welcome. These meetings are held as long as the director or a member of the Samaritans Lifeline group is present.

The purpose of the weekly meetings is to discuss problems and cases. They are designed for training, consultation, and to relieve the tension that builds due to performing suicide prevention. It has to be clear to everyone concerned that the contents of the meetings are absolutely confidential.

CHOOSING OF LIFELINERS

Prospective members are identified by the director, or suggested by the medical, psychological or security staff. The prospective member's name is presented to the other Lifeline members. Each member has a veto vote (this is very important in order to function with absolute trust and confidence). The final acceptance of the candidate lies with approval of the director, after the candidate has been interviewed.

A conscientious effort is made to choose Lifeliners from the various ethnic and racial groups in each unit in order to provide a cross representation of the prison population. It is a goal to have at least two Lifeliners in each unit in order to provide emotional support.

JOB DESCRIPTION

The following is the job description of the Lifeliner:

1. Reach inmates before they become a suicidal risk.
2. Befriend inmates who are depressed and alert psychiatric, medical, or psychological staff to a developing crisis.
3. Listen to inmates problems.
4. Ask relevant questions pertaining to suicide such as have you ever attempted suicide, or are you feeling bad enough to think of killing yourself?
5. Inform all new arrivals of what to expect in prison in regards to information on daily routine, rules, visitation privileges, telephone calls, and where to get help, etc.

REFERRALS

The Lifeline members make referrals to the psychological staff, the medical staff, and the security staff when they become aware of potential suicide victims. In turn, the staff make referrals to Lifeliners when it is ascertained that a Lifeliner can help an inmate, but at the same time, does not need professional help at that juncture.

PRIVILEGES

There are no extra privileges for inmates who become Lifeliners. Sometimes, the Lifeliners receive an extra recreation period, but this is strictly to be used as time to befriend and visit men on their module who are experiencing problems. Each Lifeliner receives a certificate after attending four Lifeline meetings. The certificate is signed by the program director and the deputy warden of the security in which the Lifeliner resides. They also receive a certificate from the Samaritans after being a Lifeliner for one year.

Lifeliners are not given good time for their participation in the program. This is due to the importance of eliminating the chance of having inmates who want to become Lifeliners for their own personal gain.

SUPERVISION

It should be noted that the inmates perform their duties as peer counselors voluntarily; therefore, they need constant support and concern. One of the chief ingredients needed to have a successful program is that the director must be subjectively committed and objectively authorized to spend quite some time in the management of this program.

In order for the program to run smoothly and effectively, there needs to be cooperation of the medical, psychological, and security staff.

CONCLUSION

The goal of the director, which is in concert with the Administration, is to place the Lifeline Program in all facilities of the Rhode Island Adult Correctional System. At present, the program is in the Women's Prison (which includes Maximum, Medium, Minimum, Work Release, and the Intake Service Center), and the men's Medium Security, Maximum Security, High Security, and the Intake Service Center. There are approximately ninety functioning Lifeliners with the ACI. Seven Lifeline meetings are conducted each week by the director and three Samaritans.

The Lifeline Program functions to help residents to cope with frustration, uncertainties, desperation, disappointments, delusions, and dehumanizations to which they feel they are subjected. The program works, produces results, saves lives, its participants are all better people for having been involved with Lifeline.

It should be stated that the Rhode Island Adult Correctional Institution has one of the lowest rates of suicidal deaths in comparison to other prison systems in the U.S.A.

Here are some figures of suicidal deaths, before and after the inception of the Lifeline program:

<u>Year</u>	<u>Number of Suicides</u>	<u>Population</u>
1985/1986	1	
1986/1987	2	
1987/1988	3	
1988/1989	0	
Program Started		
1989/1990	1	No figures
1990/1991	0	2468.6
1991/1992	2	2862.2
1992/1993	3	2774.3
1993/1994	0	2966

In the 1988-1989 year, the largest number of inmates at any one times was 1985. In the 1992-1993 year, 10,404 inmates spent 24 hours or more in the A.C.I. In the 1993-1994 year (as of May 1994), the largest number of inmates was 2966. This means that since 1989, the population has increased approximately 49%.

Looking at the number of suicides in the ACI for years before the Lifeline program started and four years after its inception, the number of suicides have remained the same which is six. Also although the population has increased 49% since 1989 the number of suicides remained the same.

Number of inmates Lifeliner peer counselors in the various facilities:

<u>Facility</u>	<u>No. of Lifeliners</u>
Intake Service Center	25
Maximum	18
Medium	33
High Security	4
Women's (Max, Med, Min)	7
Minimum/Work Release	8
	95 Total

LIFELINE

Suicide Intervention Program Principles

- 1) LIFELINE is an in-jail fellowship of volunteers, both inmates and members, working in cooperation with the Samaritans U.S.A. LIFELINE is dedicated to the prevention of suicide and the alleviation of loneliness and depression that may lead to it, by making befriending immediately available to those who may have no other person to turn to in their distress.
- 2) The befriending which LIFELINE members offer to persons in need is the concern and caring of a compassionate fellow human being who, like the Samaritan in the parable seeks simply to love him as a friend in his time of deepest need.
- 3) The LIFELINE Director, although a volunteer, functions with the explicit endorsement of the Deputy, of the jail administration, and of the Samaritans U.S.A.
- 4) The LIFELINE members are carefully selected for their personal qualities and natural aptitude for the work, without regard to their creed, race, politics, age, education, or status in the criminal justice delivery system.
- 5) The LIFELINE members work under the supervision of the Director, who coordinates with the medical department, with the Intake Service Center administration, and with the Samaritans.
- 6) The primary and overriding concern of LIFELINE is for those who seem to be in immediate danger of taking their lives.
- 7) LIFELINE members engage in extended as well as short-term befriending of despairing, anxious, and lonely people who do not seem to be suicidal at the time help is offered, who seem for good reason unlikely ever to commit suicide. However, no promise nor expectation of continuing

befriending can be made after a man leaves the jail. Rather, every effort will be made to tell the person of other agencies or resources they might seek, whether in another institution or outside.

8) LIFELINE members do not permit their immediate availability in cases of suicidal emergency to be impeded by attention to cases of long-term chronic inadequacy, though persons in this category may be accepted as clients during a crisis.

9) LIFELINE members do not flatter themselves that what they have to offer will be helpful to every person in need. The Director is responsible for using the available human resources to the best advantage and protecting them from being wasted by the grossly psychopathic or others not able to benefit from them.

10) LIFELINE is not a medical program. People needing medical attention will be referred to the medical department, and careful coordination with the prison psychiatrist, nurses, and other staff members and custodial officers is required.

11) LIFELINE is not a trained social work agency, nor a legal counseling service. Members are not permitted to do for a client in an amateur way what should be done by professionally trained people.

12) LIFELINE is not a religious organization. Volunteers, whatever their personal beliefs, are strictly forbidden from making any attempt to convert clients or exploit a client's distress by using the opportunity to witness to the member's beliefs. Clients asking for religious help of a particular kind are referred, with their permission, to a member of the appropriate body, who may or may not be a member of LIFELINE.

- 13) Members of LIFELINE are normally known when working with the program, only by their first names. Discussion of a person's criminal status or history, without specific permission, is expressly forbidden by the Criminal Offender Record Information law.
- 14) The fact that a person is being offered help by a LIFELINE member, and everything he has confided, are confidential within the program. All communications from clients which could reasonably be regarded as of a highly secret nature, and those related to criminal matters, are received in the strictest confidence and are revealed neither to any person outside LIFELINE without the client's express permission, nor to LIFELINE members who are not involved, except the Director. Members are not permitted to accept confidences if a condition is made that not even the Director should be told to them. Inmate LIFELINE members are not to discuss a client's guilt or innocence with the client, nor with a third party.
- 15) Notwithstanding the above, as the courts legally order the Intake Service Center staff to keep a detainee/inmate safe (both from others and from himself), the Director will reveal to the medical department and to the shift commander the potential suicidal act of a person in crisis, even if the person will not assent.
- 16) A person becomes or remains a member of the LIFELINE program only with the unanimous assent of all other members. The Director will receive the assent of the jail administration and of the medical department for any new member. The Director may refuse membership to any person; no reason for this refusal need be given.
- 17) When a LIFELINE alumnus returns to the Intake Service Center, he will be invited to return to participation in the program, providing the assents in the above principle are given.

- 18) There is no payment, benefit, or extra privilege granted for participation in LIFELINE, except for the satisfaction that comes from an increased awareness of the common humanity of all people.
- 19) The principles, guidelines, and procedures detailed in the LIFELINE manual will be observed at all times by LIFELINE members.
- 20) All members of LIFELINE adhere to these principles without reservation.

Taken from the LIFELINE Manual of SUICIDE PREVENTION, LIFELINE program at the Suffolk County Jail, March 1984.

ROLE DEFINITION, RESPONSIBILITIES AND OPERATING GUIDANCE FOR A LIFELINE PEER COUNSELOR

The role of a Lifeline Peer Counselor can be a very challenging and yet a worthwhile and rewarding experience for those who are serious about performing it. Being a Lifeliner is a special calling to be of service to others; in this case, being of service to fellow inmates in need of personal assistance, guidance, fellowship, and/or emotional support. In the extreme, a Lifeliner may be called upon to interact with inmates who are experiencing severe depression or are even on the brink of wishing to take their own lives. In order to be responsive to these sometimes demanding needs, a Lifeliner must be willing, capable, available and committed to their peer counseling role. Further, the principles stressed in the Lifeline Peer Counselor Contract, to maintain strict confidentiality, to be non-discriminatory in dealings with others, and to be a positive role model, must also be upheld, maintained and fostered. The general responsibilities and operative guidance which supports this established Lifeliner role are specified in subsequent paragraphs.

A LIFELINE PEER COUNSELOR will:

1. Be continually alert for occasions when their services may be needed by another inmate. Experience has demonstrated that the following circumstances often trigger reactions that may warrant the need for this peer interaction. However, there are many other situations where a Lifeliner could be of assistance that they should also be sensitive to.
 - a. Upon initial arrival at the ACI, periods surrounding movement to or from another security, or just prior to release back into society.
 - b. After a discipline, classification or parole board hearing, or after a court appearance.
 - c. After the death of an immediate family member, other relative or close friend.
 - d. During or after the breakup of an important relationship, e.g., wife, girlfriend or significant other.
 - e. After a medical examination or treatment where a serious injury or illness is involved, especially disabling or life-threatening situations.
 - f. After receipt of bad news from the outside via a phone call, by letter, or during a visit.
 - g. After conflicts with another inmate, a correctional officer, or other members of the ACI staff.

2. Provide orientation guidance and assistance to inmates who are new to the security. Lifeliners should welcome them, provide necessary and useful pointers, explain the role of lifeline, and answer all appropriate who, what, where, when, and how questions regarding at least the following areas.

- a. Pertinent rules, regulations and procedures of the security, including the purpose and use of important forms.
- b. Special "mod" rules and cell assignment policy.
- c. Obtaining inmate bedding, clothing and other state property allowances.
- d. Available assistance for indigent inmates.
- e. Visitor list changes and B.C.I. processing.
- f. Receiving money and personal property from the outside.
- g. Schedules for meals, recreation periods, visits, laundry and other key activities.
- h. Processing of store orders and items available for sale.
- i. Obtaining medical, dental and other dispensary services.
- i. Available religious services and activities.
- k. Available institutional and industrial jobs.
- l. Available educational and rehabilitative programs.
- m. Use of the recreational and law libraries and obtaining legal services.
- n. Available recreational activities and use of the gym.

3. Befriend other inmates and be ready to respond to their needs as necessary and appropriate. Remember that Lifeliners don't have to necessarily like a person in order to effectively assist them, but they must be willing to help them. Consider the following techniques, approaches and pointers when initiating, building and/or maintaining trust relationships or responding to the problems of other inmates.

- a. **Socialize** by being a participating member of the security community you live in. Place yourself in situations where you will be available to interact with other inmates, e.g., through participation in available educational and rehabilitative programs, religious services, recreational activities, and other group activities.

- b. It is important to **always be yourself** when interacting with others; phonyness is a turn-off.
- c. Show that you are **interested** in what the other person has to say by being **sincere** and **attentive** when communicating with them, which will also help them feel that you **care**.
- d. Talk as an **equal**; don't act like an expert or counselor, it is often resented.
- e. Be a **good listener** and be **patient**. Let the other person talk and try not to interrupt them because they usually just need to get it all out to someone; it's therapeutic, and it may be all you need to do. Be **sensitive** to voice tone and inflections as well as the many non-verbal forms of communication that are being expressed through hand, head, body and eye movement, body posture, physical distance, eye contact, touching, etc.
- f. Be **open, honest** and **supportive**. This fosters **trust** and encourages the other person to openly and honestly communicate how they feel. Also, relating a similar personal experience that you've had promotes this kind of exchange while helping them to see that they are **not alone**.
- g. Steer toward the causes of pain, not away from them. Don't let the problem get side-tracked, but don't push either. Invite them to continue with a simple direct question or two: no "third degrees".
- h. Be **compassionate** and **empathetic**. Show them that you are **concerned, sensitive** to their pain and feelings, and can maybe **understand** how they feel.
- i. If an inmate seems depressed or highly stressed, determine whether they have considered taking their own life or experienced suicidal thoughts, feelings or impulses. Don't be afraid to ask "are you feeling bad enough to kill yourself?" It can be a welcome relief to have this door opened so that they can speak freely about this deeply personal subject.
- j. Make a **verbal contract** with anyone who has seriously considered or often thought about suicide. Just have them promise you that they will talk to you before attempting to do anything harmful to themselves. Confirm this pledge with a handshake; it's a symbolic honor code that works. As a further precaution you may arrange to have other lifeliners share in monitoring them to ensure that they are doing and staying O.K.

4. Refer cases beyond their capability to more qualified personnel. A Lifeline cannot expect to successfully resolve or even provide sufficient help for every inmate problem. They cannot effectively relate to every inmate just because of the many differences inherent in human nature. Lifeliners should know when they cannot be effective or when the limits of their knowledge and capabilities has been reached. Thus they should know when it's time to hand off the person or the problem to someone better qualified. The following guidance is offered to assist with this judgment.

- a. Depending on the problem and the circumstances, sometimes another Lifeline with a different personality, perspective, approach or more specific knowledge or experience in a certain area may be more helpful to an inmate. Defer to them when it makes sense.
- b. For certain types of problems a Lifeline may only be able to provide a "first aid" response for an issue that requires more deliberate medical treatment, professional counseling or psychotherapy. Cases of severe or manic depression, suicidal tendencies, and other mental disorders fall into this category. Such cases should be referred to a member of the medical or psychological staff for further intervention. However, don't abandon such an inmate once you have provided this referral; continue to be a friend and be supportive.
- c. Emergency situations, including those when it is feared that an inmate may be a danger to themselves or others, should be referred immediately to a mod correctional officer or the brass.

5. Network with other Lifeliners to discuss their own personal problems, share information and experiences, and provide mutual support. Lifeliners have personal problems too, and they also need to rejuvenate and reenergize themselves to be effective at what they do. Networking with other Lifeliners provides this common bond of fellowship which is essential to the role of Lifeline. Opportunities to interact with other Lifeliners present themselves daily, but the following scenarios are offered as fairly reliable occasions for this purpose.

- a. Interaction with fellow Lifeliners with the same mod. In fact, regular "get togethers" are expected.
- b. Weekly Lifeline group meetings conducted within the security. Regular participation is an obligation unless excused for justifiable cause, e.g., a job, rehabilitation group, visits, illness, court, necessary legal work, etc.

c. Interaction with other Lifeliners during outdoor recreation periods.

d. Special sessions with other designated Lifeliners attended with the permission of med corps and officers or the brass.

e. Scheduled Lifeline special training sessions.

f. Participation in ongoing peer training and other available special training sessions offered to increase basic knowledge and personal experience, and to improve interpersonal skills. Continuing to grow in knowledge and experience, and develop more effective means of interacting with others are necessary ingredients to the role of a Lifeliner. Striving to become the best one can be implies that there is constant personal growth and development in process.



LIFE LINE

WE DO CARE!

OUR JOB

We inform you of what to expect in prison. Our job is to provide you with information about daily routine, rules and regulations, visitation privileges, telephone calls, store orders and where to get help, etc.

We listen to your problems whatever they may be.

We befriend you if you are depressed.

We help you if you are suicidal.

TALK TO A LIFELINER IN YOUR AREA.

OUR NUMBER ONE RULE IS CONFIDENTIALITY!!

SUICIDE PREVENTION TOOLS

Remember that the Suicide Prevention Screening Guidelines will only indicate a suicidal inmate during the first 72 hours of incarceration. Therefore, it is extremely important that the supervising officer be alert and make observations at all times: on routine checks, before and after visitation; in the yard, during court appearances, etc. If you know the inmates on your tier, you will be more attuned to changes which might indicate suicide risk. Also, other inmates, as well as family and friends of the detainee, are important sources of information. You may obtain additional information which the detainee withheld during the booking.

Another factor to be particularly alert to is - how is the inmate handling incarceration? Is he:

- * frightened of other inmates
- * embarrassed
- * depressed over lack of visits or absence of family support
- * distressed about noise or lack of privacy
- * affected by the change in diet?

CLARIFYING QUESTIONS

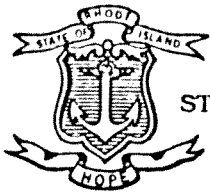
In general, it is best to encourage a suicidal inmate to talk. Five clarifying questions can be incorporated into your regular interactions with inmates.

1. How do you plan to take your life?
2. Where do you plan to take your life?
3. When do you plan to take your life?
4. Do you have the tools to do this?
5. If not, where do you plan to get them?

CRISIS SITUATION

One of the times when you have to make interventions is in the crisis situation in which a person is in the act of attempting suicide. This may be a last cry for help, rather than a firm commitment to die. You may still be able to prevent a suicide. "Build bridges" to this person and keep in mind:

- * remain calm
- * show interest
- * keep inmate talking
- * don't leave inmate alone
- * don't rush or pressure him to make a decision to abandon his plan
- * offer alternatives
- * get help



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections
ADULT CORRECTIONAL INSTITUTIONS
HEALTH SERVICES
Box 8274
Cranston, R.I. 02920

Dear _____

Enclosed is a certificate confirming that you are a trained Peer Counselor for the Lifeline Program.

The Samaritans and I would like to assure you that we appreciate your dedication and the selfless job that you have been doing in order to help your fellow human beings who are in need.

Silma-del Langley
Clinical Psychologist

Certificate of Achievement

Trained Peer Counselor for the
Lifeline Suicide Prevention Program

Deputy

Program Director

Date



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Corrections
ADULT CORRECTIONAL INSTITUTIONS
HEALTH SERVICES
Box 8274
Cranston, R.I. 02920

Dear _____

You have orientated your fellow human beings to Corrections, listened to their problems, befriended them if they were depressed, and helped them if they were suicidal. This has changed and saved the lives of many and has helped to make you a better person in that you are a more caring human being.

We realize that on various occasions you have given up your recreation and visits to attend weekly Lifeline meetings. You have also put aside your problems and withstood ridicule in order to help someone in need.

The hours you have worked in order to help your fellow human beings without any kind of tangible compensation has not gone unnoticed and are in no means wasted.

The Samaritans and I thank you for your dedication and wonderful job that you have been doing.

Silma-del Langley
Clinical Psychologist