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# Complicated Confinement: Exploring Modifications to Solitary Confinement Practices in Adult Correctional Facilities

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# Complicated Confinement: Exploring Modifications to Solitary Confinement

## Practices in Adult Correctional Facilities

by

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MSW Clinical Research Paper

Presented to the Faculty of the  
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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

### Abstract

The use of solitary confinement practices in correctional facilities has come under scrutiny for subjecting individuals to environments with potentially detrimental psychosocial implications. Through a systematic review of the literature, this research project explored modifications that have been made to solitary confinement practices in U.S. adult correctional facilities and the resulting effects of those modifications. The findings found three themes in the approaches institutions took to modify their solitary confinement practices: modifying the solitary confinement environment, transitional programs, and a complete overhaul of solitary confinement practices. All outcome data found over the course of the research study documented positive effects resulting from the solitary confinement modification. This suggests that positive changes can be enacted by no-cost or low-cost measures in addition to large scale institutional reform. Literature shows that the solitary confinement reform movement continues to grow and we should not be afraid to think creatively for ways to modify solitary confinement practices. Big change can be possible, even with small steps.

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## Introduction

According to the United States Department of Justice's Bureau of Justice Statistics, there were estimated to be approximately 1,561,500 individuals incarcerated in U.S. correctional facilities by the end of 2014 (Carson, 2015). Breaking this statistic down further, this suggests that approximately 612 per 100,000 U.S. residents were incarcerated in 2014 (Carson, 2015). Correctional facilities in the United States range from municipal jails to publicly- or privately-operated prisons (Stephan, 2008). Custody levels range from minimum security to maximum security (Stephan, 2008). Many correctional facilities offer a range of programming opportunities such as vocational programming, educational services, and counseling programs (Stephan, 2008). According to the data collected from the 2005 Census of State and Federal Correctional Facilities, nearly all of the public correctional facilities and approximately 75 percent of the private facilities in the United States offered counseling programs to their offenders (Stephan, 2008).

Despite the presence of mental health services and other rehabilitative programming, correctional facilities in the United States have also adopted practices such as solitary confinement (also called isolation, protective custody, or administrative segregation) which has been under scrutiny since as early as the mid- nineteenth century (Smith, 2006). In the ten year span from 1995 to 2005, the number of people held in solitary confinement in U.S. correctional facilities increased from 57,591 to 81,622 (Cloud, Drucker, Browne, & Parsons, 2014). This is an increase of 40 percent (The Vera Institute, 2006). When an individual is placed in solitary confinement they are isolated from other inmates, are under constant surveillance in their cell, and have virtually no social contact for up to 23 hours per day (Smith, 2006). An individual can

be placed in solitary confinement to maintain order in the correctional facility if he or she is deemed an escape-risk or potentially violent towards other inmates or facility staff (Smith, 2006). An inmate can also be placed in solitary confinement if they are at risk of harming him or herself or being harmed by other inmates due to the nature of the offense that brought him or her to the facility (some sex offenses, for example) (Smith, 2006).

The practices of solitary confinement, however, have been shown to have potentially devastating psychological effects on individuals subjected to those conditions (Cloud, Drucker, Browne, & Parsons, 2014; Felthouse, 1997; Smith, 2006; Haney, 1993; Haney, 1997; Haney, 2003; Rhodes, 2005; Andersen, et. al., 2000; Franke, K., 2014). An individual who had been in and out of solitary confinement a number of times described the experience by stating, “[s]ometimes I see things that is on the wall... Sometimes I hear voices... There is nobody to talk to... and vent my frustration and, as a result, sometimes I am violent. Pound on the walls. Yell and scream” (Rhodes, 2005). Yet despite the documented harmful effects of the practice, it is still used. Some statistics even demonstrate that the United States “exposes more of its citizenry to solitary confinement than any other nation” (Cloud, Drucker, Browne, & Parsons, 2014, p. 18). This paper will systematically review the literature to explore the clinical implications of the practice of solitary confinement in U.S. correctional facilities and research the effectiveness of interventions that have been used in an attempt to modify or change solitary confinement practices by correctional facilities in the United States.

### Literature Review

The purpose of this paper is to explore the clinical implications of solitary confinement practices in U.S. correctional facilities. It is important to gain an understanding of the corrections system as a whole in the United States and to learn about the evolutionary shifts and changes that happened over time resulting in the corrections system as we know it today. It is also important to understand the history of the practice of solitary confinement to answer the question of why it was implemented and what purpose it serves in correctional facilities before exploring the clinical implications of this practice.

#### **A Brief Overview of Correctional Facilities in the United States**

There are several different types of adult correctional facilities in the United States. Among them are federal and state prisons as well as locally-operated jails (Stephan, 2008). Prisons can be licensed and classified as minimum, low, medium, and high security facilities (Prison Security Levels, 2015; Stephan, 2008). Over-population and crowding in correctional facilities across the United States has been identified as one of the more critical problems faced by the criminal justice system for several decades (Gettinger, 1984 as cited in McCarthy, 1989; Riveland, 1999 and Vaughn, 1993 as cited in Steiner & Wooldredge, 2008). Looking at incarceration rates in state facilities alone, according to the Pew Center on the States (2010), “between 1972 and 2010, the number of prisoners held in state facilities increased seven-fold, from 174,000 to 1.4 million” (as cited in Phelps, 2012). A study conducted by Steiner & Wooldredge (2008) linked sentencing guideline changes and the “crackdown” on drug-related crimes and subsequent arrests to the dramatic increase in prison populations.

By 1992, the federal prison system was operating at 165 percent capacity (Freed, 1992, as cited in Haney, 1997 p. 508) and it was reported in 1993 that the state of California's correctional facilities were operating at 180 percent capacity (Haney, 1993). Coinciding with the exponential increase in incarceration rates in the United States, a movement was introduced in the 1980s that allowed government agencies to solicit bids from private agencies to staff existing correctional facilities or to build and operate entirely privatized correctional facilities (Burkhardt, 2011). The implementation of privatized correctional facility management gained traction and, by 2005, approximately seven percent of the United States' inmates were incarcerated in private correctional facilities (Burkhardt, 2011). As the privatization movement continued to grow, critics began expressing concerns that the criminal justice system might become negatively impacted by potential "for-profit motives" of these new private entities (Schicor, 1995 as cited in Burkhardt, 2011).

Another apparent shift coinciding with the increased incarceration rates in the United States was a change from the "rehabilitative" programmatic ideals of the criminal justice system trending toward more "punitive" practices (Phelps, 2012). Research suggests that the amount of rehabilitation offered in the form of inmate services in correctional facilities experienced a consistent decline in almost all states between 1979 and 2005 (Phelps, 2012). It is worth noting, however, that it was also indicated in the same research that there was a significant variation in the amount of decline experienced by different states or different regions of the United States (Phelps, 2012). This suggests an inherent disproportionality in the rehabilitative or support services offered to prisoners in different states or regions of the United States. The widespread use of solitary confinement practices, while sometimes a necessary practice, is also an indicator



of this shift from a primarily rehabilitative focus to a more punitive focus in the operational procedures of our nation's correctional facilities.

### **Solitary Confinement Practices**

In this section I will provide a brief overview of the history of solitary confinement practices in the United States. I will also highlight the reasons under which individuals are placed in solitary confinement in U.S. correctional facilities today. For the purpose of this study, solitary confinement may be used interchangeably with “segregation”, “administrative segregation”, and “protective custody”. The uniform concept of solitary confinement in this study is defined as:

*The practice of isolating a prisoner in a cell for 22-24 hours per day, with extremely limited human contact; reduced (sometimes nonexistent) natural lighting; severe restrictions on reading material, televisions, radios, or other physical property that approximates contact with the outside world; restrictions or prohibitions on visitation; and denial of access to group activities, including group meals, religious services, and therapy sessions (Heiden, 2013).*

**History of solitary confinement practices.** The modern prison system was developed by ideology dating back to the 1770s (Smith, 2006). Activist reformers at the time pushed the penal system to transition away from the brutality of corporal punishment (Cloud, Drucker, Browne, & Parsons, 2014). The movement believed that silence and solitude would “induce repentance and motivate prisoners to live a devout, socially responsible life” (Johnston, 2004, as cited in Cloud, Drucker, Browne, & Parsons, 2014).

Two prison models were developed in the 1820s with the intent of rehabilitating criminals through the use of isolation (Smith, 2006, p. 456). One model (the Auburn system developed in the Auburn Prison in New York state) allowed inmates to work together during the daytime, but they were not allowed to talk to one another (Smith, 2006). It was expected that they work in total silence. The solitary confinement practices we see in today's correctional facilities more closely resemble another model implemented in the 1820s called the Pennsylvania model (based on the Cherry Hill Prison in Philadelphia). There, the inmates were required to spend all of their time in their cell where they could do their work, in silence, where they were expected to "turn [their] thoughts inward, to meet God, to repent [their] crimes, and eventually return to society as a morally cleaned Christian citizen" (Rothman, 1971; Ignatieff, 1978; Foucault, 1995; Smith, 2003; Smith, 2004*b*, as cited in Smith, 2006, p. 457).

The Pennsylvania model gained both national and international support and began to be implemented in many prisons in the United States and Europe (Smith, 2006). By 1841, however, prison officials began noticing increases in the number of "cases of insanity" at the facilities (Smith, 2006). The use of solitary confinement practices began to be condemned by the late 1800s and, in 1890, the Supreme Court ruled that solitary confinement "was an additional punishment of the most important and painful character" (Smith, 2006, p. 466). Correctional facilities stopped using the practice of solitary confinement as a result of these reports and findings; however, the practice was implemented again when Alcatraz Prison and a prison in Marion, Illinois were opened in 1934 and 1963 respectively that were built to house dangerous offenders that were considered a danger to staff and other inmates (Cloud, Drucker, Browne, & Parsons, 2014). Once reinstated at Alcatraz and Marion, solitary confinement practices

continued to be used and are still used in correctional facilities today. The practices are used in all levels of correctional facilities, but may be most commonly thought to be used in facilities known as supermax prisons.

The concept of “supermax” prisons began after two guards were killed in the same day in the penitentiary in Marion, Illinois (Steinbuch, 2014; Smith, 2006). The penitentiary’s response to the killings was to implement a lockdown regime where inmates were confined to their cells for 23 hours per day and under strict surveillance (Steinbuch, 2014; Smith, 2006). This lockdown status ultimately became known as “supermax”. In 1989, the first official supermax prison was opened: California’s Pelican Bay Prison (Cloud, Drucker, Browne, & Parsons, 2014; Steinbuch, 2014). It was built solely to house prisoners in isolation (Cloud, Drucker, Browne, & Parsons, 2014). By 2004, there were supermax facilities in over 40 states (Cloud, Drucker, Browne, & Parsons, 2014; Steinbuch, 2014). The VERA Institute of Justice (2006) reported that “[b]etween 1995 and 2000, the growth rate in the number of people housed in segregation far outpaced the growth rate of the prison population overall: 40 percent compared to 28 percent” (pg. 14). While it is difficult to calculate precisely, Rhodes (2005) estimated that over 20,000 people can be housed in supermax facilities at any given time. While the media often portrays supermax facilities as housing “the worst of the worst criminals”, it is often one’s behavior in prison (regardless of the social context for their behavior) rather than their criminal history that sends individuals to supermax facilities (Rhodes, 2005, pg. 1692).

**Modern uses of solitary confinement.** There are many reasons why individuals may be placed in solitary confinement today. A common myth is that solitary confinement placement is reserved for the most violent offenders housed in U.S. correctional facilities, like those housed in

Alcatraz and Marion mentioned above; however, only a small fraction of the individuals placed in solitary confinement are dangerous, violent offenders (Cloud, Drucker, Browne, & Parsons, 2014). It is not my intention to minimize or overlook the importance of institutional safety and protection of corrections personnel. Findings from a study on occupational injuries among U.S. correctional officers reported that there were 113 fatalities and approximately 125,200 nonfatal injuries that required treatment in an emergency department from 1999-2008 (Konda, Reicard, & Tiesman, 2012). 45 of the 113 fatalities reported in the study were from assaults and violent acts and approximately 38 percent of the nonfatal injuries were caused by assaults and violent acts (Konda, Reicard, & Tiesman, 2012). What is worth emphasizing, however, is that the use of solitary confinement practices is not solely reserved for protecting staff and other inmates from violent, dangerous offenders. More commonly, in some jurisdictions, people are placed in solitary confinement for disciplinary purposes often for minor infractions such as insolence, provocations, throwing things, or even possession of contraband such as an excess quantity of postage stamps which can be used as a form of currency among prisoners (Cloud, Drucker, Browne, & Parsons, 2014; Lovell, Cloyes, Allen, & Rhodes, 2000).

Other reasons for placing individuals in solitary confinement are for the protection of the individual from him- or herself or other inmates. This may be because the individual is more vulnerable than other inmates, often manifested in the case of a juvenile housed in an adult correctional facility, or because they are considered sexually vulnerable in cases of inmates who identify as gay, lesbian, transgender, or queer who are incarcerated in facilities that lack appropriate housing or programming policies (Cloud, Drucker, Browne, & Parsons, 2014; Felthouse, 1997).

Individuals may be placed in protective custody for reasons related to their mental health, such as being at-risk of harming themselves and needing ongoing monitoring (Cloud, Drucker, Browne, & Parsons, 2014; Felthouse, 1997; Smith, 2006). Felthouse (1997) states, “[i]nmates thought to be suicidal may be placed in a ‘suicidal cell’ or segregated from the rest of the...population so they can be better observed” (pg. 289). Sometimes, individuals are placed in segregation due to the nature of their offenses, oftentimes sex offenses, to protect them from harassment or retaliatory crimes by other offenders (Smith, 2006). Individuals may also be placed in segregation in remand prisons as a preventative measure pretrial so that the individual may not tamper with witnesses or force out a confession (Steinbuch, 2014). Lastly, some institutions have implemented practices of putting individuals in solitary confinement if they have been identified as having gang affiliations to maintain order in the facility (Cloud, Drucker, Browne, & Parsons, 2014).

### **Effects of Solitary Confinement Practices**

The practice of solitary confinement in correctional facilities has been largely criticized by advocacy groups, human rights campaigns, and the media for the negative psychological effects often associated with prolonged periods of isolation. In this section, I will discuss the positive effects of solitary confinement practices are documented in the literature as well as highlight the themes found in the literature regarding the negative effects solitary confinement practices have on the individual in isolation as well as the correctional system as a whole.

**Positive.** Though the research on solitary confinement is overwhelmingly negative, there is some research that supports the practice in certain situations. A study by Suedfeld & Roy (1975) found a few cases where positive behavior changes were observed in disruptive inmates

after being placed in isolation (as cited in Smith, 2006). Some inmates will actively choose to be placed in solitary confinement, either due to mental health symptoms they are experiencing or because they fear harassment from other inmates (Smith, 2006; Felthouse, 1997).

A study by Brodsky & Scogin (1988) found that inmates in protective custody at a facility with larger cells and access to programming had no complaints about the practice. The authors stated that protective custody in itself is not necessarily harmful, but it had “strong potential for harmful effects” (p. 279, as cited in Smith, 2006, p. 483). Danish psychiatrist Henrik Steen Andersen stated that there is “a great individual difference, ranging from no reaction to being in solitary confinement for a year to serious reaction to a short period of solitary confinement, so the individual constitution is important” (Thelle & Traeholt, 2003, p. 769; Grassian, 1993, p. 13, both cited in Smith, 2006, p. 474). A review of the literature conducted by Glancy & Murray (2006) corroborated the variability of the effects of solitary confinement on individuals and findings from a study conducted by Roberts & Gebotys (2001) suggested that short-term solitary confinement stays did not produce detectable psychological distress among a small sample of individuals. These findings suggest that, if implemented properly and exercising caution with regards to individual inmates’ own abilities to cope, the practice of solitary confinement may be able to be used in correctional facilities under certain circumstances without inherent negative consequences.

**Negative.** There is an abundance of research documenting the harmful effects solitary confinement practices have on an individual (Cloud, Drucker, Browne, & Parsons, 2014; Felthouse, 1997; Smith, 2006; Haney, 1993; Haney, 1997; Haney, 2003; Rhodes, 2005; Andersen, et. al., 2000; Franke, K., 2014). The symptoms experienced by individuals can be

physical or psychological. Physical or physiological symptoms reported by individuals in solitary confinement can include headaches, heart palpitations, oversensitivity to stimuli, pain in the abdomen, digestive problems, lethargy, dizziness, or fainting (Smith, 2006; Cloud, Drucker, Browne, & Parsons, 2014). The psychological symptoms that have been reported in the literature are extensive, including: impaired concentration, confusion, memory loss, paranoia, hallucinations, delusions, depression, anxiety, impulsivity, and self-mutilation (Smith, 2006; Rhodes, 2005; Cloud, Drucker, Browne, & Parsons, 2014; Haney, 1993; Haney, 2003).

Another negative consequence to solitary confinement practices on a purely administrative level are the additional costs of the extra staffing necessary for solitary confinement units, the costs associated with property damage that can occur as a result of inmates experiencing distress in solitary confinement, and the costs associated with medical expenses of inmates who injure themselves or prison staff while in solitary confinement (Evon & Olive, 2012; Cloud, Drucker, Browne, & Parsons, 2014)

### **Constitutionality of Solitary Confinement Practices**

Advocacy organizations and human rights initiatives have made attempts at eradicating the practice of solitary confinement in U.S. correctional facilities. The two constitutional amendments cited in the attempts to eliminate the practice are the Eighth Amendment prohibiting cruel and unusual punishment and the due process clause of the Fourteenth Amendment stating that individuals may not be deprived of life, liberty, or property without a due process hearing (Steinbuch, 2014; Wedekind, 2011). To date, courts have yet to deem the practice of solitary confinement by correctional facilities as unconstitutional; however, this section will describe

how these two amendments have been used in the attempts to eliminate the practice of solitary confinement.

**Eighth Amendment.** Historically, cases invoking the Eighth Amendment had emphasized more on “unusual practices” rather than cruelty and prison conditions were often overlooked because of the universality of the conditions in the United States (Haney, 1997). Indeed, the Supreme Court has ruled that the Eighth Amendment can be applied to prison conditions, but in order to demonstrate an Eighth Amendment violation the action must be objectively serious and prison officials must be “deliberately indifferent” to the harm caused to the individual (Farmer v. Brennan, 1994 as cited in Wedekind, 2011). There has only been one documented case where the court ruled that solitary confinement use violated the Eighth Amendment: *Madrid v. Gomez*, a class action suit brought by prisoners of Pelican Bay State Prison in California (Wedekind, 2011; Smith, 2006; Haney, 2003).

In the *Madrid v. Gomez* class action suit, the judge concluded that the treatment inflicted on the prisoners at Pelican Bay “may well hover on the edge of what is humanly tolerable for those with normal resilience, particularly when endured for extended periods of time” (*Madrid v. Gomez*, 1995, as cited in Haney, 2003, pg. 146). Despite believing that the conditions in the supermax units were “harsher than necessary to accommodate the needs of the institution”, the judge concluded that he did not have a constitutional basis to close the prison or to require modifications to the conditions at the facility (*Madrid v. Gomez*, 1995, as cited in Haney, 2003, pg. 146). Instead, the judge banned certain categories of prisoners, mainly those who had a preexisting mental illness or those who were at-risk of developing a mental illness from the harsh environment, from being able to be sent there (*Madrid v. Gomez*, 1995, as cited in Haney, 2003).



**Fourteenth Amendment.** If an individual feels like their life, liberty, or property is threatened the Fourteenth Amendment protects the individual's right to request a due process hearing before an impartial decision-maker (Wedekind, 2011). It has been difficult to invoke the Fourteenth Amendment in prison settings as the courts have maintained consistency that prisoners maintain only the "most limited liberties" (Wedekind, 2011, p. 1). Transferring an individual from the general prison population into solitary confinement could be found as a liberty interest under the Fourteenth Amendment if the transfer into solitary confinement posed "atypical and significant hardship on the inmate in relation to the ordinary incidents of prison life"; however, there has not yet been a baseline developed for that standard to be compared to (Wilkinson, 545 U.S. at 223, as cited in Wedekind, 2011, p. 2). Some safety measures have been invoked under the Fourteenth Amendment wherein the Supreme Court has ruled that periodic hearings must be held to make sure that solitary confinement use is not acting as "indefinite confinement" (Hewitt, 459 U.S. at 477 n.9, as cited in Wedekind, 2011, p. 2).

### **Policy Recommendations to Change Solitary Confinement Practices**

With the growing research on the negative effects of solitary confinement practices, advocacy organizations and research institutes are becoming more outspoken with their policy recommendations to change solitary confinement practices. The VERA Institute of Justice (2006) made the following recommendations to improve the practice of solitary confinement: make segregation a last resort and a more productive form of confinement, and stop releasing people directly from segregation to the streets; end conditions of isolation to ensure that individuals in segregation still have regular and meaningful human contact; and protect mentally ill prisoners (p. 14).

### **The Movement Away from Solitary Confinement as We Know It**

A movement has begun to regulate and modify solitary confinement practices with the intent of minimizing negative psychological effects of the practice. Some correctional facilities are moving away from the practice entirely. Since reducing its supermax prison population by 85 percent, Mississippi reports positive results in reducing solitary confinement practices (Steinbuch, 2014). Emmett Sparkman (2011), the Mississippi Department of Corrections Deputy Commissioner, stated:

*...when we started moving people to lower security levels, we found that there was no increase in violence. We were able to identify inmates who were a threat, and those people remained in segregation. But they participated in programs, we gave them more freedoms, and we saw a huge decrease in violence in that unit.”*

Since reducing the amount of solitary confinement use in its correctional facilities, the state of Mississippi has been able to close one of the units in its entirety, saving the Mississippi Department of Corrections approximately \$5.6 million per year (Steinbuch, 2014).

The state of Washington has developed and implemented an “intensive transition program” (ITP) for inmates in its solitary confinement units which helps them transition out of isolation and reintegrate in a four-step process (Steinbuch, 2014). Of the 131 inmates who have completed the program, 107 have not returned (Steinbuch, 2014, pg. 528). In 2008, the Hampden County Sheriff’s Department began allowing inmates in segregation access to MP3 players containing audio books, music, self-help programs, and treatment programs (Evon & Olive, 2012). After implementing this change, the Hampden County Sheriff’s Department has reported increased cost savings due to a decrease in the amount of property damage inflicted on

the cells by prisoners, a decrease in medical costs related to assaults, and a decrease in staffing required in the segregation units (Evon & Olive, 2012). In one year, the number of incidents of inmates damaging sprinkler heads in their segregation unit decreased by 85 percent after implementing the MP3 program (Evon & Olive, 2012).

### **Purpose of this Study**

While it may be appropriate for certain individuals in certain situations, the growing amount of research on the negative effects of solitary confinement practices has contributed to a serious look at policy changes. In 2013, the Federal Bureau of Prisons agreed to a comprehensive and independent assessment of its solitary confinement practices (Steinbuch, 2014). In this study, I conducted a search to explore the effects of attempts that have been made to modify solitary confinement practices to gain an understanding of how our criminal justice system is responding to better meet the needs of its inmates.

### Conceptual Framework

I used Hans Toch's (1992) perspective on the psycho-ecology of prisons as the conceptual framework for my exploration of the literature on modifications to solitary confinement practices in U.S. correctional facilities. Social theorists Dewey and Bentley (1949, as cited in Toch, 1992) coined the term "transactions" to describe person—environment links and how a person relates to their environment. Toch used this concept to explore the transactional relationship between prisoners (person) and the prison setting (environment), which is inherently stressful. In stressful conditions, a person copes with their environment in either adaptive or maladaptive ways (Toch, 1992).

Toch argued that, traditionally, the institutional response to making prison environments more hospitable was to make wide-sweeping changes across the board assuming that what is good for one person is good for all people; however, Toch urged that the institution adopt a transactional perspective instead (Toch, 1992). This approach suggests that by looking at the personal "worlds" of the individuals in the prison environment, one can identify different needs individuals seek for survival. Toch (1992) also argued that there are different options for adaptation in an environment, even if it is an institutionalized setting. While prisons are designed to be undesirable in an attempt to deter crime, the effect that the environment has on the individuals in prison varies greatly. Toch (1992) categorized the transactional responses of individuals in prison as congruent (where the environment responds to people's needs), incongruent (where the environment conflicts with people's needs), or negotiable (where the individual is able to cope) (pg. 8).

The environment of solitary confinement has been demonstrated to be a highly stressful environment in the literature. It can also be inferred from the literature that many individuals have incongruent transactional relationships with the environment of solitary confinement. As social workers, we emphasize the importance of the person in their environment and “seek out environmental forces that create, contribute to, and address problems in living” (NASW Code of Ethics, 2008). It was my intention to research the literature on solitary confinement practices to identify attempts institutions have made to adapt or modify the conditions or practices of solitary confinement to promote more congruent or negotiable transactional relationships between an individual person and their own interpretation of the solitary confinement environment.

## Methods

### **Research Question**

Solitary confinement is a practice used in U.S. correctional facilities for both disciplinary and protective purposes. The practice has come under criticism for reports of psychological harm experienced by individuals placed in solitary confinement. There has been a significant amount of research conducted on the negative impacts of solitary confinement on individuals (Cloud, Drucker, Browne, & Parsons, 2014; Felthouse, 1997; Smith, 2006; Haney, 1993; Haney, 1997; Haney, 2003; Rhodes, 2005; Andersen, et. al., 2000; Franke, K., 2014). I chose a systematic review as the method for this study in order to synthesize research on modifications to solitary confinement practices. My research question was: “what attempts have been made to modify or replace solitary confinement practices and what were the effects of these modifications?”.

### **Study Types**

The goal of this study was to identify alternatives or modifications to solitary confinement practices in U.S. correctional facilities from the 1980s to the present. The literature included in this study included qualitative, quantitative, mixed method studies and grey literature focused on adult correctional facilities in the United States.

### **Levels of Publication**

This study includes both peer-reviewed literature and grey literature. There are many advocacy organizations and research institutes involved in solitary confinement reform that contributed greatly to this study. The specific groups included in the research were: VERA

Institute of Justice, Solitary Watch, ACLU (American Civil Liberties Union), the Marshall Project, and Amnesty International.

### **Review Protocol**

The purpose of a systematic literature review is to draw from and compile all relevant literature on a particular topic. The search terms for this study were: “solitary confinement”, “administrative segregation”, “protective custody”, “modification”, “change”, and “alternative”. The databases that were used to retrieve peer reviewed articles for this study were SocINDEX, Criminal Justice Abstracts Full-Text, and PsycINFO. The search for grey literature came from VERA Institute of Justice, Solitary Watch, ACLU (American Civil Liberties Union), the Marshall Project, and Amnesty International.

Inclusion criteria were that the literature discussed a modification, change, or alternative to solitary confinement practices; that outcome data was reported following the implementation of the modification; and that the literature focused on correctional facility practices between 1980 and present day (the year 2016). Exclusion criteria were if the literature was on solitary confinement practices with youth, solitary confinement practices in a country other than the United States, or if there were no documented results or findings after the modification was implemented.

Findings

Data collection for this study occurred between January 1, 2016 and March 25, 2016.

Ten publications were identified that met the inclusion criteria for this study (n=10). See Table 1 for a description of each article and its findings. Several themes emerged from the articles included in this study. These themes were modifications to the environment of the facility or the solitary confinement cell, safely transitioning individuals out of solitary confinement, and a complete overhaul of solitary confinement practices and classification criteria by facilities.

Table 1. Summary of Findings

Citation	Sample	Modification Style	Themes
(Chammah, 2016, January 7)	Inmates at Alger Correctional Facility  Michigan DOC	6 stage incentive program for inmates to work back into gen pop	Transitional program
(Ellis, 1993)	Administrative segregation wing at a southwestern state prison system.	The “Work Squad” Program  Inmates on ad-seg wing are offered cleaning duties in the wing  Appropriate behavior is awarded incentive points  Officers on the wing play a role in the program	Transitional program  Environmental modification  Staff involvement
(Dolovich, 2011)	K6G Unit of L.A. County Jail system  Unit designated for inmates who identify as homosexual or transgendered	Modify a whole unit to serve the population (K6G Unit)	Environmental Modification  Staff involvement



Citation	Sample	Modification Style	Themes
(Heiden, 2013)	Inmates overseen by the Maine Department of Corrections	Eliminate high-risk segregation Prohibit inmates with SPMI from solitary confinement Ad seg and disciplinary seg only used when there is an escape risk or serious safety risk Removal of practice of seg pending investigation Facilities couldn't transfer inmates to another out-of-state facility that didn't offer the same protections/practices Access to privileges	Complete overhaul Corrections staff involvement
(Martin, 2013, January 7)	Inmates at Clallam Bay Prison in Washington State	Intensive Transition Program 9-month program with coursework, gradually earning more freedoms	Transitional program
(Steinbuch, 2014)	Addresses Mississippi and Washington state policy changes	Discussed elsewhere in table	Discussed elsewhere in table
(McCarthy & Connor, 2010)	Inmates served at Hampden County Jail and House of Corrections Implemented in 2008	Changed classification system Eliminated double-bunked seg cells Positive behavior rewarded Inmates given access to programming	Complete overhaul Environmental modification
(Evon & Olive, 2012)	Inmates served at Hampden County Jail and House of Corrections	Double bunked cells eliminated Privileges given to reward positive behavior (MP3 Players)	Environmental modification

Citation	Sample	Modification Style	Themes
(United States Senate, 2012, June 19)	Inmates overseen by Mississippi DOC, specifically Unit 32 at Parchman	<p>Changed classification system</p> <p>Hand-picked staff to work in the unit</p> <p>Multidisciplinary team for inmates with mental illness on the unit</p> <p>Access to programming</p>	<p>Complete overhaul</p> <p>Correctional staff involvement/input</p>
(Kupers, et. al., 2009)	Inmates overseen by Mississippi DOC, specifically Unit 32 at Parchman	<p>Remove prisoners with SPMI from ad seg; implement step-down unit for transition</p> <p>Reexamine classification system</p>	<p>Complete overhaul</p> <p>Transitional Program</p>

**Environmental Modification**

Of the ten articles included in this study, four articles described modifying the facility’s environment in various ways. One of the ways that the Hampden County Sheriff’s Department modified the solitary confinement practices within the Hampden County Jail and House of Corrections was to eliminate the practice of double-bunking in solitary confinement cells, a result of overcrowding (Evon & Olive, 2012; McCarthy & Connor, 2010). Inmates were also given MP3 players loaded with music, nature sounds, audio books, and various self-help programming that they could listen to in their cell as a reward for positive behavior (Evon & Olive, 2012; McCarthy & Connor, 2010). Additionally, one of the cells in the segregation unit was converted into a “wellness area” with various exercise equipment that individuals could be let out of their cell to use, also as a reward for positive behavior (McCarthy & Connor, 2010). As a result of these modifications to the segregation unit (the “Special Management Unit”), the Hampden County Sheriff’s Department saw, in one year, an 85 percent reduction in the amount

of property damage within the solitary confinement cells; fewer assaults on staff; a decrease in the number of fights, gang activity, and threats; a reduction in the use of chemical irritant spray by staff on inmates; and an overall decrease in the number of individuals sent to the Special Management Unit (Evon & Olive, 2012; McCarthy & Connor, 2010). It should also be noted that, at the time of the study's publication, no MP3 players had been damaged or destroyed by inmates; any MP3 players that needed to be replaced were due to their own mechanical failure (Evon & Olive, 2012).

The K6G Unit of Men's Central in the Los Angeles (L.A.) County Jail system has been in operation since 1985 and was created in response to the need to protect the safety of L.A. County's gay and transgendered jail population (Dolovich, 2011). Rather than placing the individuals on administrative segregation status and housing the individuals in solitary confinement cells, the L.A. County Jail system devoted a separate unit in the Men's Central facility to house gay and transgendered inmates (Dolovich, 2011). The unit is run similarly to a general population unit, yet it is completely segregated from the general population units at the Men's Central facility (Dolovich, 2011). Inmates are screened at the time of admission and anyone who identifies as gay or transgendered is assigned to be housed in K6G, must wear a different colored jumpsuit than the general population inmates, and must be accompanied by a correctional officer any time they leave the unit (Dolovich, 2011). While this program has come under criticism for forcing people to "out" themselves or allowing potential predators who lie about their sexuality into K6G, the program has been lauded by both inmates and LGBT advocacy organizations for the protection the program offers to gay and transgendered inmates (Dolovich, 2011). When interviewed, inmates in K6G responded almost unanimously that they

felt “safer — from physical harm, sexual harassment, and sexual assault than they would in [general population]” (Dolovich, 2011).

A final form of environmental modification that was discussed in the literature reviewed for this study was a program designed by correctional officers at a southwestern state prison where inmates in solitary confinement are offered cleaning duties to care for and maintain the segregation wing where they were housed — a duty which was previously performed by general population inmates on a work crew (Ellis, 1993). Inmates who were a part of the program were allowed out of their cell, handcuff free, to perform their cleaning duties and take ownership over the care of “their” wing (Ellis, 1993). Preliminary findings from the pilot program indicated that there was a significant reduction in assaultive behaviors among the inmates who were a part of the work crew (Ellis, 1993).

### **Transitioning Individuals Out of Solitary Confinement**

Half of the articles included in this study described programmatic changes implemented that addressed the issue of how to safely transition inmates back into general population (or the community) once they have been placed in solitary confinement. The Alger Correctional Facility in Michigan implemented the Incentives in Segregation Program as a six stage incentive program to encourage inmates to return to general population once placed in solitary confinement (Chammah, 2016; Alger Correctional Facility, 2012). Once the inmate is placed in segregation, he or she begins the Incentives in Segregation Program starting at level 2, which simultaneously gives the inmate opportunity to either gain or lose privileges from the moment he or she enters the program (Alger Correctional Facility, 2012). As the inmate moves through the six stages, not only does he or she become closer to returning to general population, but the inmate also benefits

from a less restrictive environment while they are in solitary confinement (Chammah, 2016; Alger Correctional Facility, 2012). These incentives from access to items like a basketball during recreation, access to crossword puzzles in their cell, access to a personal television in their cell, to the ability to make phone calls to loved ones while in solitary confinement (Alger Correctional Facility, 2012). Since its inception in 2009, the Alger Correctional Facility has been able to close one 88 bed segregation wing at the facility and turn it back into a general population unit (Chammah, 2016). The Alger Correctional Facility also saw a 76 percent decrease in the amount of “critical incidents” (such as reported assaults or rapes) and an 88 percent reduction in minor rule -breaking offenses (Chammah, 2016).

The Clallam Bay Prison in Washington state implemented a nine month long “intensive transition program” where inmates housed in the prison’s solitary confinement unit (known as the Intensive Management Unit) participate in coursework that “teaches prisoners how to act inside and outside prison” along with a gradual increase in freedoms earned as they go through the program (Steinbuch, 2014, page 527; Martin, 2013, January 7). While there was relatively little outcome data reported on this program, it was noted that since the program was implemented, 131 individuals have completed the program and 107 of those 131 individuals have not returned to prison — a recidivism rate that is significantly lower than the recidivism rate of the prison’s Intensive Management Unit inmates before the program was created (Steinbuch, 2014; Martin, 2013, January 7).

The Mississippi Department of Corrections implemented a step-down mental health treatment program to transition inmates with serious mental illness out of administrative segregation and into general population, if appropriate (Kupers, et. al., 2009). In the unit where

the treatment program was implemented there were two tiers; one tier was administered as a closed, segregated unit and the other tier was administered as an open unit (Kupers, et. al., 2009). Inmates pass through various phases to “graduate” out of administrative segregation and into general population (Kupers, et. al., 2009). These phases include psychoeducation; coursework related to anger, impulsivity, and anxiety; individual and group psychotherapy; as well as various incentives and freedoms to reward appropriate behavior (Kupers, et. al., 2009). After this step-down program was implemented, the facility observed a significant decrease in the amount of behavioral incidents among the inmates with serious mental illness who participated in the program (Kupers, et. al., 2009).

It should also be noted that this theme was present in the study describing the “Work Squad” program at the southwestern state prison described above. As part of their participation in the work crew, inmates would be able to earn and accrue points based on their participation and rewarding their positive behavior (Ellis, 1993). These points could be “redeemed” for commissary or canteen items and they could also be used toward transitioning an individual out of solitary confinement and back into general population (Ellis, 1993).

### **Complete Overhaul of Solitary Confinement Practices**

In addition to the solitary confinement reform conducted by the Hampden County Sheriff’s Department described earlier, the states of Mississippi and Maine have both completely overhauled their policies and procedures regarding solitary confinement practices at the correctional facilities within each of those states (Steinbuch, 2014; Heiden, 2013; United States Senate, 2012, June 19; Kupers, et. al., 2009).

**Maine.** Between 2011 and 2012, the Maine Department of Corrections dramatically changed their policies and practices regarding solitary confinement in all of their facilities statewide (Heiden, 2013). They eliminated the use of segregation practices under all circumstances unless the inmate poses a significant escape risk, a serious risk of harm to him- or herself or others, or there is a significant concern for the inmate's safety (Heiden, 2013). High-Risk Segregation was a practice that had been used in Maine's correctional facilities with inmates who had been labeled the "worst of the worst" (Heiden, 2013). With High-Risk Segregation, individuals were automatically placed in solitary confinement due to their offense history or history of disciplinary infractions in previous facilities (Heiden, 2013). As a result of the policy reform, the practice of High-Risk Segregation was eliminated completely (Heiden, 2013).

Since these changes were implemented, the number of inmates serving time in solitary confinement in Maine's correctional facilities was cut in half with the duration of stays in solitary confinement also reduced significantly (Heiden, 2013). Despite the elimination of High-Risk Segregation practices and the modifications to disciplinary and administrative segregation practices, there has been no statistically significant change in the number of violent incidents reported since those changes were implemented (Heiden, 2013). One other important changes to note about Maine's solitary confinement reform is that they implemented a policy that mandates that an inmate cannot be transferred to a facility in another jurisdiction that does not uphold the same solitary confinement practices as Maine (Heiden, 2013).

**Mississippi.** In 2002, in response to litigation brought on by advocacy organizations and prisoners housed at Mississippi State Penitentiary, Parchman, the Mississippi Department of

Corrections began to implement a change in their classification system which had previously been used to assign individuals to permanent administrative segregation (Kupers, et. al., 2009). The classification system was changed from using subjective classification criteria (largely based on the discretion or judgment of staff) to using objective classification criteria (Kupers, et. al., 2009). The new classification system mandated that “prisoners in Mississippi may be held in administrative segregation only if they have committed serious infractions, are active high-level members of a gang, or have prior escapes or escape attempts from a secure facility” (Kupers, et. al, 2009, page 5). Additionally, Mississippi’s solitary confinement reform included a provision that individuals with serious mental illness significant enough to warrant inpatient psychiatric services could not be housed in administrative segregation and must be housed in a facility that could deliver the appropriate services (Kupers, et. al., 2009).

Since the solitary confinement reform was implemented in Mississippi, the state has seen a dramatic reduction in the number of prisoners housed in supermax and was ultimately able to close an entire unit (Steinbuch, 2014; United States Senate, 2012, June 19; Kupers, et. al., 2009). Incident reports dropped significantly, both in prisoner-on-staff incidents and prisoner-on-prisoner incidents (United States Senate, 2012, June 19; Kupers, et. al., 2009). These changes also contributed to savings of \$5.6 million in the state (United States Senate, 2012, June 19).



### Discussion

The purpose of this study was to, as comprehensively as possible, explore modifications to solitary confinement practices that have been implemented in U.S. adult correctional facilities and to see what effects those modifications had within the facilities. The resulting data documents the steps seven different entities/institutions took to modify solitary confinement practices within their jurisdictions. These findings reinforce Toch's (1993) perspective on the psycho-ecology of prisons used as the conceptual framework for the study. Toch (1993) emphasized that, even in an institutional setting, the environment can be modified or adapted to support an individual's own unique ability to cope (and survive). One of the major themes that emerged from my findings showed that environmental modification was a technique used to modify solitary confinement practices in correctional facilities, and that it had positive effects.

I was not able to find any literature that documented harmful or counter-productive effects from an institution's attempt to modify solitary confinement practices. The findings have been universally positive and cost-effective for the facility. It should be noted, however, that some of the modifications implemented by facilities left a degree of subjectivity in place with regards to transitioning individuals out of the solitary confinement environment. Looking at the facilities that implemented transition or incentive programs for the inmates to move from solitary confinement back into general population, the determination to "graduate" individuals from one level/phase/step of the program to the next is often up to the correctional officers or related staff members. There has been some concern voiced by reform advocates noted by Chammah (2016) that these transitional programs could potentially leave too much grey area or subjective interpretation of the "graduation" requirements up to staff that could be inconsistently

implemented between inmates (or between staff). It is important to continue collecting outcome data on these programs.

One surprising theme that emerged from the findings literature was the importance of correctional staff attitudes and commitment to the population served at their facilities. It is difficult to link outcome data specifically to staff involvement; however, it is important to note this theme since staff involvement and commitment is inherently necessary for the success of any new programs or policy changes made by an institution. This theme also potentially reflects a greater attitudinal shift surrounding justice-involved individuals and the corrections environment.

When the Maine Department of Corrections designed and implemented their solitary confinement reform, a key element in the shift was an attitudinal change among staff that was communicated to the inmates. Heiden (2013) stated,

*prisoners are made aware as soon as they arrive in the SMU [solitary confinement unit] that the prison wants their stay to be temporary and to last as little time as possible...The previous default assumption reflected circular logic about the role of the SMU: we only use the SMU for the “worst of the worst” so if a prisoner is in the SMU it must be because he is among the “worst of the worst.” The current approach attempts to break that circle: the prisoner did something that resulted in him being sent to the SMU, but there is no reason that needs to happen again (pages 17-18).*

Any time a prisoner is placed in segregation, an interdisciplinary team consisting of mental health staff, the corrections caseworker, and the unit management team met with the individual to develop a plan to return the individual to general population (Heiden, 2013).

Many times, correctional officers are not active members of inmate “treatment programs”; however, the southwestern state prison described earlier asked a correctional officer to be a key decision maker in the creation and design of their “Work Squad” treatment program to transition inmates out of segregation back into general population (Ellis, 1993). Not only did the “Work Squad” program have positive impacts on the overall environment of the prison, but Ellis (1993) also noted that the correctional officer’s attitude toward his post changed as a result of the program as well. Ellis (1993) wrote, “[w]ithin the past five months, this officer had been asked if he wanted to be considered for promotion and transfer to another wing. He refused the transfer” and he also requested that the facility approve the formation of another work squad crew (page 65). The positive impacts of this program contributed to a positive shift in the correctional officer’s attitude and dedication to his position.

The Mississippi Department of Corrections also emphasized the importance of hand-selecting staff who were committed to and interested in working with the population often sent to solitary confinement (United States Senate, 2012, June 19) Lastly, Dolovich (2011) noted that a significant contribution to the success of the K6G Unit in L.A. County was “the genuine commitment [by staff] to the protection of vulnerable groups” (p. 88). Dolovich (2011) went on to state that the two staff who have run the unit for the past several decades “are committed to doing what they can to meet the needs and improve the prospects of the people in their custody (p. 89).

### **Strengths and Limitations**

A strength of this project is that it compiled several different sources documenting various solitary confinement modifications into one publication, allowing readers to access a

more comprehensive representation of the reform efforts to date. Additionally, this research has documented the range of approaches to solitary confinement reform institutions have taken, from the implementation of a “work squad” crew within a single facility to complete state-wide reform. While it is an incredibly complex and nuanced issue, this study has shown that small, low-cost or no-cost changes can have a significant positive impact on the environment of a correctional facility — for both inmates and staff.

For as thoroughly as I attempted to research solitary confinement modifications that have been implemented, I very well may have missed capturing all of the modifications that have been implemented nationwide. I ended up with relatively few publications that met all of my inclusion criteria, namely including outcome data once the modification has been implemented.

Over the course of my own data collection, I relied heavily on non-peer reviewed grey literature that included news articles, senate hearing transcripts, law reviews, and program manuals. This diversity in my sources led to a great deal of my own interpretation or synthesis of outcome data. Likewise, there were inconsistencies in the type of outcome data reported for the modification: some quantified the effects of the policy changes in dollars saved, others quantified the effects of the policy changes in behavioral incident/violence reduction. The efficacy of the K6G unit in the L.A. County Jail system was substantiated by interviews with inmates and their own feelings of safety and protection. The significant variability in the types of outcome data used for each modification practice is a significant limitation in this research.

### **Implications for Future Research**

While the focus of my research was on “hard”, concrete, and tangible modifications to the actual solitary confinement practices themselves, I was struck when one of the themes that

emerged in my findings was a “soft”, intangible factor: the attitude and/or involvement of the staff. Maine’s Department of Corrections shifted the message that was communicated to the inmates sent to solitary confinement as well as to the staff with apparent success. Future research devoted to shifts in the implicit messages communicated to justice-involved individuals including both inmates and the staff who work with them would be a valuable addition to this body of knowledge.

With the growing push for restorative justice programs in correctional facilities, what is the effect of being involved in restorative justice programs on the incidence of assaultive behaviors within correctional facilities that, historically, could result in an individual being sent to solitary confinement?

### **Implications for Social Work Practice**

Social workers have the ability to practice on the micro, mezzo, and macro level. For social workers practicing on the micro —individual — level within a correctional environment, these findings emphasize the importance of understanding the significant psychosocial impacts long-term solitary confinement can take on an individual. At the same time, these findings also demonstrate how significantly a small modification can impact the prison environment. Social workers can be key members of an interdisciplinary team to work on a mezzo level to support a positive impact within the corrections “community”. Additionally, these findings also support continued large-scale advocacy and macro-level practice to continue the momentum of the movement that has begun to reform solitary confinement practices on a national level.

### **The Growing Reform Movement and Implications for Future Policy**

There is no doubt that solitary confinement is a topic in the spotlight right now. As a result of the hard work put in by many advocacy organizations, legislators, legal representatives, and corrections staff, one can see that the momentum is building for more widespread criminal justice-related policy reform, especially in the area of solitary confinement practices. In my research, I found a few sources documenting additional solitary confinement reform that were omitted from the findings because they had either a) not been implemented at the time of the source's publication or b) did not provide any outcome data to the reader. I find it important to note these actions in my discussion, however, to emphasize the growth of the reform movement.

In January 2013 the Tamms Correctional Center in Illinois — a supermax correctional facility where inmates were held in solitary confinement for the duration of their stay — closed entirely (Fettig, 2013, January 4). While the facility was shut down largely due to the operations expenses of the facility, it was still lauded as a major victory by those in favor of solitary confinement reform (Fettig, 2013, January 4). In 2013, the Colorado Department of Corrections also closed a supermax facility with 316 beds that reduced their solitary confinement population by nearly 37 percent (Steinbuch, 2014; Fettig, 2013, January 4). In July 2011, New York State implemented the SHU Exclusion Law requiring that prisoners with serious mental illness housed in New York facilities “must be diverted or removed from segregated confinement...to a residential mental health treatment unit...except in exceptional circumstances” (New York Association of Psychiatric Rehabilitation Services, Inc., 2011, July 7).

Most recently, in January 2016, President Obama announced that he would adopt the recommendations made by the U.S. Department of Justice after their investigation and review of

solitary confinement practices in U.S. correctional facilities (The White House Office of the Press Secretary, 2016, January 25). Among the recommendations made by the Department of Justice was the elimination of restrictive housing practices for juveniles, diverting inmates with serious mental illness to alternative forms of housing, adopting practices that utilize the least restrictive conditions necessary, and limiting the use of punitive segregation (The White House Office of the Press Secretary, 2016, January 25).

Moving forward, it is important to continue revisiting these policies to examine the effects they have on justice-involved individuals and to continue asking “is there anything more we can do?” without being afraid to think outside of the box. The findings from this study show that significant change can occur as a result of thinking creatively.

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