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Impacts of and Alternatives to Solitary Confinement in Adult Correctional Facilities

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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 in adult correctional facilities has recently been scrutinized due to concerns surrounding offenders' mental health and what impacts come from its use. The purpose of this research was to examine the impacts of and alternatives to solitary confinement in adult correctional facilities through the lens of professionals with direct experience working with offenders. A qualitative research design was executed, contacting a total of twenty-two professionals, completing four semi-structured interviews. All participants had professional experience working with offenders in an adult correctional facility in Minnesota. Three major themes emerged within the data: working definitions of solitary confinement, impact on mental health, and alternatives to the use of solitary confinement. Findings were consistent with the literature, emphasizing the importance of the current reform surrounding solitary confinement practices and recognizing the continued need for future research.

Keywords: *solitary confinement, segregation, mental health, correctional facility, prison*

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Envision yourself being locked in a room no larger than a walk-in closet; there is no way out and you have no control over how long you will be in there. Imagine how your mind and body may react. Do you think you may feel hopeless, anxious, depressed, restless or trapped? These are the experiences of offenders in solitary confinement. Solitary confinement has become one of the most common disciplinary practices within correctional facilities in the United States. Solitary confinement may be described as a single-cell, which offenders have restricted movement, limited interactions with others, and limited privileges within the facility. There are many different uses for solitary confinement, including using it as a punishment for rule infractions, removing individuals who may pose a risk to the general population's safety and security, or isolating and protecting high profile and vulnerable inmates at risk of exploitation within the general prison population. Cloud, Drucker, Browne and Parsons (2015) found "data suggests that about 84,000 individuals endure extreme conditions of isolation, sensory deprivation, and idleness in US correctional facilities" (p. 18) and "from 1972 to 2012, the nation's prison population grew by 706%" (p. 19). Over this period, the use of solitary confinement quickly climbed.

Conditions of solitary confinement may differ across state facilities. One study described the conditions as: "cells were 80 square feet and had 35 square feet of unencumbered floor space. Each cell contained a bunk, toilet, sink, desk and stool and had a window to the outside and to the inside of the prison" (Bulman, 2012, p. 58). Inmates are often confined to their single cell for 23 hours a day, with the one hour outside of their cell for recreational activities and personal hygiene. O'Keefe (2007) writes, "inmate movement is severely restricted, with multiple restraints placed on inmates before leaving their cell" (p. 150). Any additional services received

are typically at their cell doors, including contact with correctional staff and daily meals passed through their door. Of these individuals housed in solitary confinement, Steinbuch (2014) writes, an alarming majority of these inmates are "severely mentally ill or cognitively disabled, causing detrimental effects that limit the possibility of rehabilitation" (p. 501). Inmates may experience both medical and psychological consequences, many of which are negative, such as; "severe and chronic depression, anxiety, problems with impulse control, self-mutilation, decreased brain function, hallucinations, and revenge fantasies" and others may "develop clinical symptoms usually associated with psychosis or severe affective disorders" (Steinbuch, 2014, p. 501). With limited laws and regulations around the use of solitary confinement, there has recently been a large push for reform.

In the social work and mental health/behavioral health field, there are many individuals encountered who have experienced incarceration, with a portion of those who have experienced solitary confinement. Prisoners are not all one in the same, yet policies and procedures are intended to be used across the board, including the use of solitary confinement or segregation. Steinbuch (2014) reports "about one-fifth to two-thirds of prisoners held in solitary confinement have a serious mental illness which was diagnosed or manifested before isolation" (p. 511). This population's vulnerabilities bring attention to the social work profession to continually assess the need for advocacy and justice. With numbers this high, upon release, these individuals make up a portion of the outpatient mental health population. As social workers, it is crucial to "consider the effects of solitary confinement (SC) in order to contextualize the intrapsychic experiences of these clients" (Glancy & Murray, 2006, p. 361). By not taking into consideration the impacts and alternatives to solitary confinement, clinicians are dismissing the inmate's experiences which may be directly correlated to their symptoms and behaviors.

As solitary confinement or segregation has been a "go to" to manage difficult situations, additional alternative programs have been implemented and shown overall success. Examples of alternative programs include: reentry programming and integrated housing units. These programs have shown to reduce the number of inmates in segregation, which would ultimately decrease daily per capita costs. Shames (2015) found, "in 2013, the estimated daily cost per inmate at the federal administrative maximum (supermax) facility was $216.12 compared to $85.74 to house people in the general prison population" (p. 24). With this decrease in costs, excess funds could be put towards pursuing evidenced-based practice models to assist incarcerated adults to successfully transition back into their communities and reduce recidivism.

The purpose of this paper was to examine the impacts of and alternatives to solitary confinement in adult correctional facilities. First, it is imperative to look at the prison population to get an understanding of the environment. Exploring the historical context brings to light why solitary confinement began in the first place and what its original purpose was. Next, comprehending the historical context of solitary confinement and acknowledging what changes have occurred over time is crucial to fully understand the current system. The evolution of the use of solitary confinement has significant physical and psychological implications related to the treatment of inmates, which has prompted a recent reform around the use of solitary confinement to ensure it is regulated and alternatives are considered.

Literature Review

A Look Inside

The prison population can be described as a widespread and unique one. Kaeble & Glaze (2016) report, "at yearend 2015, an estimated 2,173,800 persons were either under the jurisdiction of state or federal prisons or in the custody of local jails in the United States" (p.2) and "an estimated 6,741,400 persons were under the supervision of U.S. adult correctional systems (p.1). These astonishing statistics conclude, "about 1 in 37 adults (or 2.7% of adults in the United States) was under some form of correctional supervision at yearend 2015, the lowest rates since 1994" (Kaeble & Glaze, 2016, p. 1). Although this most recent statistical decline is significant, this trend has historically fluctuated. Cloud et al. (2015) write, "with only 5% of the world's population, the United States now accounts for one quarter of its prisoners. The United States not only incarcerates the most people, but also exposes more of its citizenry to solitary confinement than any other nation" (p.18).

Incarceration rates in the United States adult correctional facilities saw a significant increase beginning in the 1970s and continued into the 1980s. These correctional facilities include municipal jails and both public and private operating prisons. 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). This drastic increase contributed to the phenomenon of overcrowding; a concerning problem that continues to be present to date (Pitts, Griffin & Johnson, 2014). During this timeframe began a massive expansion in prison construction and capacity, with 200 new correction-related buildings were under construction in the United States, with all 80,000 beds available by 1990 (Barnett, Rich, & Public, 1985; Guetzkow & Schoon, 2015). However, controversy began when

the mid-1984 prison census report was published and showed, “that the rate of increase in prison population “appeared to be slowing”” (Barnett, Rich, & Public, 1985, p. 780). At that time, prison officials challenged whether to continue construction or cease. After numerous projections were calculated, officials determined, “that prison overcrowding is not a short-run phenomenon” and “the need for prison capacity will not likely diminish in the decades ahead” (Barnett, Rich, & Public, 1985, p. 780). A challenge of projecting such data is not being able to predict how sentencing laws and guidelines may change in the future (Barnett, Rich, & Public, 1985). Unfortunately, this projection remains accurate to date and the prison overcrowding phenomenon continues.

The theories behind the sudden increase of the prison population were heavily influenced by the United States’ “war on drugs”. Boggess, & Bound (1997) acknowledged, “a large increase in drug use over the last ten years and that higher arrest rates are the results of a larger population being engaged in the sale, manufacture, and possession of serious drugs” (p. 732). The same study also considered the United States “war on drugs” made a large impact in the increase in arrests and prosecution of not only those selling but persons using (Boggess, & Bound, 1997). This idea was not considered the lone factor attributed to the increase.

With the “war on drugs” causing a significant increase in the overall prison population, it forced a look at the judicial system and its guidelines. Austin, Bruce, Carroll, McCall, & Richards, (2001), concur the contributing influence to the increase in the overall prison population was “the product of two factors, admissions and length of stay” (p. 19). They go on to reiterate the significant increase over the last two decades being due to the number of persons being sent to prison for drug crimes. The thought was that “tougher sentencing policies, and the incapacitation effects of higher incarceration rates will reduce crimes rates and ultimately solve

the prison population and overcrowding problem" (Barnett, Rich, & Public, 1985, p. 780). This idea has clearly not been proven.

In response to the 1980s-prison overcrowding crisis, the United States restored the practice of solitary confinement. It was considered "a means to control the growing prison populations at facilities across the country" (Bennett, 2016, p. 295). Overcrowding can also be assumed to be a cause of disruptive or violent behaviors (Dietz & Rada, 1983). With implementing solitary confinement or segregation, it allows corrections staff to have a significant amount of control. With this control, offenders in solitary confinement or segregation may be exposed to conditions of extreme isolation and restriction of privileges, which in turn may have detrimental effects on a person's mental health.

Solitary Confinement Practices

The use of solitary confinement began in the United States over 200 years ago. Cloud et al. (2015) state "the pioneers of solitary confinement were activist reformers who believed that silence and solitude would induce repentance and motivate prisoners to live a devout, socially responsible life" (p. 19). From this concept came the "first silent prisons: penitentiaries where every prisoner was placed in solitary confinement" (Cloud et al., 2015, p.19). As solitary confinement was implemented, it was thought, "isolation was intended to reform criminals, but was abandoned in the early 1800s because, rather than leading to reformation, it resulted in inmates becoming severely mentally unstable" (Bennett, 2016, p. 295). Throughout the 19th-century, it was found many prisoners were experiencing "distinct patterns of symptoms—labeled prison psychosis and solitary confinement psychosis—caused by prolonged isolation with a lack of natural light, poor ventilation, and lack of meaningful human contact" (Cloud et al., 2015,

p.19). Although prisoners were experiencing negative effects, the use of solitary confinement continued to grow.

Solitary confinement expanded quickly with the rise of supermax facilities. Supermax facilities were described as prisons designed to house all prisoners in solitary confinement (Cloud et al., 2015; Steinbuch, 2014). Supermax prisons were designed to "operate solely for the purpose of isolating inmates for long periods of time" (Harrington, 2015, p.46). The operation of supermax facilities in the 1980s was a responsive "solution to prison overcrowding" (Steinbuch, 2014, p.504). As previously mentioned, Cloud et al. (2015) reiterated as the prison population rapidly grew, "solitary confinement rapidly expanded—not as an idealized system for inducing repentance or a necessary measure to separate only the most dangerous individuals, but instead as a more routinely applied punishment tactic to control overcrowded jails and prisons" (p.19).

Current forms of solitary confinement. There are numerous purposes for why different forms of solitary confinement are used today. Data suggest "about 84,000 individuals endure extreme conditions of isolation, sensory deprivation and idleness in US correctional facilities" and "from 1995-2005, the number of people held in solitary confinement increased by 40%" (Cloud et al., 2015, p.18). Smith (2006) defines solitary confinement as, "a means to maintain prison order: as disciplinary punishment or as an administrative measure for inmates who are considered an escape risk or a risk to themselves or to prison order in general" (p.442). Those inmates who may pose a risk to their own or another's safety and security may be placed in what is referenced as protective custody. Protective custody may be voluntary, if the offender is asking for this protection from the general population. Protective custody may also be involuntary, when administration deems an offender as unable to be housed safely from the general prison population (Harrington, 2015). Harrington (2015) describes temporary

segregation as "immediate isolation of an inmate from the general prison population", which most likely results from some form of crisis and is usually for 72 hours or less (p.45). Disciplinary segregation is described as "the punitive isolation of an inmate for the violation of prison rules" and its length varies depending on the jurisdiction and severity of the rule violation (Harrington, 2015, p.45-46). As previously mentioned, supermax custody is intended to, "isolate inmates for longer periods of time than traditional prisons do" and intends "to more thoroughly eliminate contact between inmates and prison staff" (Harrington, 2015, p.46).

Effects of Solitary Confinement Practices

Evidence began to gather and the medical and legal community amassed it, noting, "the inhumanity and detrimental psychological impacts of solitary confinement" (Cloud et al., 2015, p.19). Cockrell (2013) writes, "the length of stay in a modern supermax prison depends on the system in which the prisoner is confined, but a two or three-year stretch is not uncommon" (p. 213). Whether a person had a mental health diagnosis prior to being placed in solitary confinement or not, such length of prolonged periods of time with restricted privileges has some sort of impact on psychological functioning.

Prisoners are not all one in the same yet policies and procedures are intended to be used across the board, including the use of solitary confinement or segregation. There are many prisoners who may engage in self-injurious behaviors or physical or verbal altercations to facilitate changes in their housing status (Lanes, 2009). On the other hand, there are many offenders with considerable major mental health disorders. Although mental health disorders do not always directly correlate with violence, it is noted that "understanding the risk for criminal behavior posed by offenders with mental disorders is an important component in devising effective correctional supervision and intervention strategies" (Stewart & Wilton, 2014, p. 64).

Positive. Although much of the research surrounding the impact of solitary confinement is negative, in some instances its practice is supported. Studies have found that the mental health of most inmates did not decline but showed initial improvements in psychological well-being and did not negatively affect a prisoners' mental health or psychological functioning (Bulman, 2012; Bulman, Garcia, & Hernon, 2012; Zinger, Wichmann, & Andrews, 2001). Some effects may be attributed to voluntary protected custody, where the inmate initiates the request for solitary confinement. Other reasons may be credited to an inmate being extremely introverted and having far more stability in a smaller environment, or an inmate's mental health symptoms are exacerbated by the chaos and constant noise of residing in general population.

Negative. The living conditions in solitary confinement are described as physically unhealthy, extremely stressful, psychologically traumatizing, with inmates lacking daily exercise and meaningful activities such as opportunities for rehabilitation or education (Cloud et al., 2015; Metzner, Trestman, Hurt, & Hamilton, 2016). Solitary confinement often provides limited stimulation for inmates within concrete walls. With limited stimulation, inmates may mistake their own thoughts for voices, which contributes to decompensated mental health (Grohs, 2017). Cloud et al. (2015) wrote, "the incidence of self-harm, injuries inflicted on correctional staff, and suicide among prisoners is significantly higher in segregation units than in the general prison or jail population" (p.21). Despite the negative impacts of the overuse of solitary confinement, its use persists within the corrections system.

Misconceptions & Emerging Alternatives to Solitary Confinement

There are numerous misconceptions when it comes to the purpose and use of solitary confinement within the corrections system. Research has begun to point out these misconceptions and offer alternatives to the use and misuse of solitary confinement. One

common misconception is that solitary confinement is used for only the most violent. Shames (2015) writes, "the most commonly misunderstood justification for segregation is as punishment for a violation of a prison rule" (p. 12). One study suggests increasing mental health training for correctional staff, to help them grasp the behaviors they are encountering daily. This training goes "beyond the simplistic operant conditioning model which leads them to believe that control and punishment (deprivation) will cure bad behavior and when that does not work, they become increasingly frustrated and angry" (Grassian, 2016, p. 36). With increased training, skills and resources, the goal would be to utilize solitary confinement as a last resort verses a first.

Another misconception is that solitary confinement or segregated housing increases safety. As part of a reform act, "Colorado has decreased its use of segregated housing by 85 percent and prisoner-on-staff assaults are the lowest they have been since 2006" (Singer, 2015, p. 18). Many correctional facilities have begun creating specialized units, which include programming. One study began developing secure sub-environments in general population and reintegration/reentry housing units, which include extensive programming that already exists in the prison therefore it is not a further cost to the system (Robertson, 2016; Shames, 2015). These alternatives have proven to be successful in their implementation.

De-Escalation Skills

Along with programming as an alternative to solitary confinement, there has been a large push for formal training and instruction on how to address the vast range of calls law enforcement encounters daily. These calls may include responding to individuals experiencing mental health crisis. These scenarios typically force law enforcement "to recognize the characteristics of individuals in crisis in order to provide an effective and helpful resolution" (Olivia, Morgan, & Compton, 2010, p. 16). These trainings often include role-playing scenarios

involving persons in crisis and the goal is to safely and effectively respond to the situation. Trainees are taught that de-escalation takes time and active listening skills so the intervention "will assist the individual in crisis in regaining control emotionally and resolve or reduce the crisis to a manageable state" (Olivia, Morgan, & Compton, 2010, p. 18). The appropriateness of a response to a crisis is critical to reducing injuries to the person in crisis, other citizens and law enforcement officers (Olivia, Morgan, & Compton, 2010). One promising model which promotes these skills is Crisis Intervention Training (CIT).

Conceptual Framework

Mental illness crosses all bounds, including a significant portion of offenders in adult correctional facilities. According to the Minnesota Crisis Intervention Training Officer's Association (2017), "on any given day, the L.A. County jail, Cook County Jail in Chicago, and Riker's Island in N.Y. hold more people with mental illness than any actual mental health institution in the U.S." This alarming claim suggests law enforcement is encountering persons with mental illness on a frequent basis, with a significant number ending up incarcerated. The Crisis Intervention Team Training model (CIT) was first developed in Memphis, Tennessee, known as the "Memphis Model." It was developed in 1988 by the Memphis Police Department in partnership with the Memphis chapter of the National Alliance for the Mentally Ill (NAMI), the University of Memphis, and the University of Tennessee (Compton, Esterberg, McGee, Kotwicki, and Oliva, 2006). CIT was established to provide "law enforcement-based crisis intervention training for assisting those individuals with a mental illness, and improves the safety of patrol officers, consumers, family member and citizens within the community" (Dupont, Cochran, and Pillsbury, 2007, p. 3).

This model was chosen as the conceptual framework for this study because of its demonstrated positive results. The CIT model is considered "an innovative first-responder model for police-based crisis intervention with community, health care and advocacy partnerships" (Dupont et al., 2007, p. 3). The CIT model has become widespread across the United States for law enforcement and has expanded to correctional/jail staff, hospital staff- including emergency department staff, psychiatric care unit staff and outpatient mental health providers. Compton et al. (2006) found, "CIT program has produced favorable results by reducing unnecessary arrests

and use of force, while increasing referral rates to emergency health care" (p. 1199). This model's effectiveness has been upheld when used properly.

CIT Training is described as a 40-hour comprehensive training emphasiz(ing) mental health-related topics, crisis resolution skills and de-escalation training, and access to community-based services" (Dupont et al., 2007, p. 14). Training includes lectures on various mental health topics including: diagnosis specific information, clinical issues, medications and side effects, alcohol and drug interactions, co-occurring disorders, developmental disabilities, suicide prevention, rights/civil commitment, and diversity across mental illness (Dupont et al., 2007). The use of de-escalation training and education about mental illness "enhances police officers' responses to people in crisis, which reduces the need for more costly responses and incarceration" (Compton et al., 2006, p. 1199).

The CIT Training Model gave the researcher a framework as an alternative that has been found to be effective. In this research study, I listened for the extent to which respondents are using approaches consistent or inconsistent with this model. It also explored additional alternatives shown to be effective in working with individuals in a mental health crisis. The study explored the impacts of solitary confinement on individuals and what alternatives are available prior to or other than using solitary confinement.

Methodology

Research Design

The purpose of this study was to seek informed yet varied perspectives on the impacts of solitary confinement for offenders and what alternatives to solitary confinement are available and used in a sample of adult correctional facilities. This was a qualitative, exploratory study.

Population and Sample

The study sample consisted of four semi-structured interviews. The participants all had some form of direct experience working with offenders and had perspective on the use of solitary confinement, effects of and alternatives to it. Participants were from the follow disciplines: correctional officers and correctional social workers/mental health professionals. The participant's role and gender were noted as well as the number of years working in the field. To broaden the reach of possible participants, inclusion criteria for participation included direct or indirect professional experience with adults who are in solitary confinement or had experienced solitary confinement and can speak to impacts of and the alternatives to this practice.

Participants were selected through purposive sampling. This form of sampling allowed for selection of participants based on their capability to provide reliable information related to the topic. Suggestions for initial, potential participants were requested from the researcher's committee members and from professional acquaintances. After the initial participant search yielded five interested participants, I attempted snowball sampling in an effort to gather at least eight participants. In the snowball sampling, I requested potential participants from interviewees who have already shared their interest in participating in the study. It was at that time I reached out to others suggested by interviewees, including other professional staff as well as the research department at the Minnesota Department of Corrections. I also contacted every Warden at each

Minnesota Department of Corrections facility via public email addresses listed on the DOC website in an attempt at gaining eight interviews. Returning to the initial five interested participants, one was told they could not participate by their supervisor and another was unable to coordinate an interview date. At that time, the researcher reached out to a professional acquaintance who agreed to participate, ending with four total interview participants.

Data Collection

The researcher sought participants starting with asking the researcher's committee members for potential participants and their contact information. The researcher also relied on professional acquaintances as possible participants. The initial participant recruitment yielded only five responses from interested interviewees. At that time, the researcher requested potential participants to contact from interviewees who have already shared interest in participating.

The researcher's committee members contacted individuals they felt might be interested in participating. Upon those individuals stating they would be interested, the committee member forwarded that email and cc'd the researcher. It was at that time, the researcher sent the formal email invitation which included: information on the research topic, the research design, how long it would take, where the interview would take place, information on how it will be audio recorded, what would be done with the recording and how the information gathered will be kept confidential. The end of the email asked individuals to reply via email or phone, if interested and agreeing to participate in the research study. The above approach was intended to reduce the likelihood of coercion.

A qualitative, exploratory research design was used to obtain data. The researcher conducted a total of four individual, semi-structured interviews. The participants had the following roles: corrections officer, corrections supervisor and two mental health professionals.

The researcher completed an amendment to the initial IRB application to include the interviews to be completed by electronic means or telephone. All interviews were completed by phone and were audio-recorded with an audio-recording device. Two sets of interview questions were approved by the research committee and IRB prior to recruiting participants, one for professionals with direct work experience and another with indirect experience. All four interviews consisted of eight questions which addressed their knowledge and direct experience working with offenders and perspective on the use of solitary confinement, effects of and alternatives to it. Questions were designed with objective and open-ended wording to draw honest responses from the interviewees and avoid any bias.

Data Analysis

The qualitative research data were analyzed using both deductive and inductive approaches. Each interview transcript was analyzed individually. The researcher initially reviewed each transcribed interview inductively, by using open coding. After completing open coding, each transcript was looked at deductively. During deductive coding, the researcher used selective coding, looking for and noted common themes predicted by the literature or those consistent with the CIT model. Lastly, the researcher went back to using inductive coding, reviewing all transcripts and the deductive coding from each. With an open mind, the researcher inductively looked for patterns and commonalities and noted these as themes and sub-themes. These themes and sub-themes were identified by color coding throughout the individual transcripts.

Protection of Human Subjects

The proposed study was submitted for expedited-level review by the University of St. Thomas Institutional Review Board (IRB) prior to data collection. A consent form explaining the

purpose of the study, the interview procedures, confidentiality, and the voluntary nature of the study was created using the template provide by the University of St. Thomas. The consent form was reviewed by the researcher, researchers' chair, committee members and IRB prior to data collection interviews (See Appendix A). The researcher provided the interviewee with a copy of the consent form prior to the interview and reviewed the consent form both verbally and in writing with the interviewee prior to starting the interview. After reviewing the consent form and addressing any questions or concerns, the researcher reminded the interviewee of the sensitive nature of the topic prior to the interviewee signing and dating the form.

Prior to the interview, via email, interviewees were provided an electronic copy of the interview questions for review (See Appendix B). The questions addressed the interviewee's direct experience working with offenders and their perspective on the use of solitary confinement, including the effects of and alternatives to. The interviewee was reminded that they did not have to answer questions they are not comfortable with and they could opt out of the study at any point during the interview or within a week of the interview. To opt out, the interviewee was asked to contact the researcher and request that either a portion of or all the interview not be used.

Interviews were scheduled to be completed by phone and conducted at a time most convenient for the interviewees. The researcher audio-recorded the interviews for the purpose of data collection. Within 24 hours after the completion of the interview, the audio-recorded file was transferred onto the researcher's password protected computer and a back-up copy onto a flash-drive and stored in a fire proof, locked safe. Each interview was de-identified, with names and any other identifiable information not being transcribed. Each interview was transcribed and

verified by the researcher. Once the audio recorded interview was transcribed and verified, the audio recording was destroyed within 48 hours.

In order to avoid coercion and any conflict of interest, the researcher did not recruit interviewee participants who were a direct employee, supervisee or someone with whom I had a direct personal relationship. Consent to participate was only be accepted via email or a return call, to allow participants time to read details about the study and ensure they had the opportunity to make an informed decision.

Strengths and Limitations

A strength of this study is that its method and design plan can be replicated. Another strength of the research design being qualitative in nature with semi-structured interviews as it allows for unique perspectives as they relate to this specific topic. This type of interview allows for more than "yes" or "no" answers and those answers can be expanded on to gain a more nuanced, detailed, or even expansive response.

One significant limitation of this study is not being able to directly interview offenders who are currently in or have been in solitary confinement. By not interviewing offenders, the researcher is unable to get direct experience and insight into the impacts and alternatives to the use of solitary confinement. Another limitation of this study is the interviewees/participants were all were from one state, Minnesota. A third limitation of this study was the low response rate. The nature of the topic may have deterred some individuals, even though the research proposal specifically stated it was not asking interviewees to specifically speak for the agency they work for but only to their professional experiences.

Results

Broadly, the four interviewee participants spoke to the nature of the settings they have professional experience working in, in which offenders have experienced solitary confinement. They also spoke to their definitions of solitary confinement, including identifiable trends surrounding offenders who go to and the duration of confinement. Potential impacts on mental health were discussed, both positive and negative. Finally, participants spoke to alternatives to the use of solitary confinement and what they have experienced to be effective.

In this study, all the participants had professional experience working in adult correctional facilities which had some form of solitary confinement. One participant's professional experience was working in an all-women's prison. This participant stated the length of stay in their facility was anywhere between *"one day to life sentence."* Another participant's experience was at a county correctional facility (workhouse) which housed both men and women. This correctional facility could house people up to a year but *"the average stay is about 42 days."* Two participants had professional experience working with offenders in two different all-male prisons. One of these participants described the average length of stay *"as short as a 30 day stay and they might expire or we have had individuals even as long as 5 years"* and the other stated sentences varied. Each participant's professional experience environments were different, which allowed for a glimpse into four different adult correctional facilities to find similarities and differences in how they describe solitary confinement.

Working Definitions of Solitary Confinement

The four participants were asked if their facilities had some form of solitary confinement and each participant asked the researcher what their working definition was, for the purpose of this study. The researcher gave a definition of solitary confinement which was consistent with

the research that had been done, for example, single-cell, restricted movement and restricted privileges. Each participant stated that their facilities did have a form of solitary confinement but there was a different name for it. One participant stated, *"now it is called 'restrictive housing'—this started with the Feds and it changed about three years ago"* with *"less use of the word segregation and more use of the words restrictive housing."* Another participant described their facility as having a *"segregation unit and something called the Administrative Control Unit (ACU)."* This participant states that what separates segregation and ACU from other units in that facility is *"the movement within the facility because segregation and ACU they are confined to their living units, they can't just wander around freely, their movement is restricted."* The participant further elaborated stating,

> *"the ACU was physical space that was designed to minimize staff contact, the cells if you will, are self-sufficient. Each cell has its own sink, its own shower, its own communication. The offender lives in a living space designed like a cell and then on then outside of the main door into their cell is another sally-port vestibule that has nothing in it and outside of that is another sliding locked door."*

This participant made a clear distinction of the differences in acuity stating,

> *"in segregation, I can look through my door and see the living space and other offenders. In the ACU, I cannot, I can only see my cell. I can see outside through a small window and I can see into a vestibule. I can only see people if they walk directly in front of my door in the hallway."*

A third participant described their facility as having "*a segregation unit, where they would be in a single cell, not necessarily isolated from human contact but isolated in the sense that they are unable to physically contact anyone else."* The fourth participant confirmed that they also have

a unit such as solitary confinement or segregation, stating they call it a *"security unit, it is used 99.9% by the men for pre-disciplinary holding. You commit an infraction; you are moved into the security unit and your privileges are suspended up until your security time is done and or your* (disciplinary) *hearing is over."* Participants had many similarities in their definitions of solitary confinement or segregation units yet it was noted they all used different names.

Administrative Segregation. Three participants described another level of solitary confinement or segregation as Administrative Segregation. One participant stated, *"administrative segregation is if there is an administrative reason for an offender to be placed on restrictive housing"* and described it as a "*confidential thing. Offenders can go on administrative segregation for their protection, they can go for the protection of the facility if the facility believes they are doing criminal activities or causing general mischief."* This participant stated, *"they* (offenders in administrative segregation) *get reviewed on a weekly basis by the associate warden"* and *"they do want to get people out of there as soon as they possibly can so they do try and work with them with programming as much as they can."*

The second participant reported,

> *"on very rare instances, probably less that ten times a year, we actually have someone on admin segregation. We are required by law, if you are on admin segregation for us, by our policies, you get the same privileges that anybody in general population does. We are just simply keeping you out of general population for either your own safety and security or for the safety and security of the institution. We are required by our policy to meet with that individual once a week to check them on their administrative segregation status."*

This participant stated,

> *"the last time that I was directly involved with somebody on administrative segregation, it was literally for his safety and the safety of the facility. He just could not figure out how to live in general population but he had full privileges, he had access to our mental health team if he wanted it and he had access to our medical."*

This participant made a point that, *"part of our role is to keep people integrated"* and *"it is rare that anyone does all of their time on admin segregation."* These two participants made mention that this segregation status is reviewed and that they feel it is important to keep offenders busy and in programming. The third participant made note, "*everything is on a case by case basis. Let's say there is a former police officer that is incarcerated, they might be considered high profile and they may be placed in there* (segregation) *for their own protection from the general population."*

Trends. The four participants were asked in their experience, whether they would identify any trends in relation to solitary confinement/segregation. Four themes which emerged from the data were: how offenders end up in segregation, availability of services, frequency and preference. One participant identified a substantial theme, which no others did— mental health diagnoses. All four participants provided similar ideas surrounding why offenders find themselves in solitary confinement/segregation. Each participant answered stating offenders land in segregation as a direct result of their actions and behaviors. One participant stated, *"it varies, anything from consistently failing to follow the daily rules, to fighting or even refusing to leave restricted housing to go to general population."* Another participant stated an offender may be in segregation for various reasons, *"anything from a high-profile offender, a disciplinary hearing, pending investigation, assaulting other offenders, making threats towards staff or vile behavior towards staff."* A third participant stated, *"it is fights and the other rule infraction is*

failure to follow directions of the correctional officers, we call it refusal" as the two biggest reasons for offenders going to their security unit. This participant made mention that offenders that *"have crimes against people, they have a history of institutional misconduct, they have three or four felonies and I would say the younger guys get into stuff with each other, that is really who ends up in our security"* unit.

Each of the four participants also identified that mental health services were available to offenders in solitary confinement/segregation. One participant stated, *"health services go up every day, so the nurses, they go up multiple times a day, actually. And then psychiatric services, mental health goes up every day and they do rounds. They check in with everybody, even if they are sleeping."* This participant followed up with *"they* (offenders) *can push their emergency button for immediate help if necessary."* Another participant stated their facility had access to mental health services, *"24 hours a day—there is always someone on-call"* and went on to say *"I really feel I work at a facility that has outstanding services for health care and mental health care."* A third participant stated *"mental health services are available to offenders at any point in time"* and continued stating "*by policy, there are mandated procedures that include mental health assessments."* This included every offender having a mental health file and that record would indicate any mental health history. The fourth participant stated mental health services are available to offenders, stating *"they will meet individually"* but *"it is really more triage for hooking up community based services."* This participant went on to explain the duration of mental health services is not lengthy, due to the short duration of time an offender is in their facility.

Two participants had similar trends identified, with the first stating, *"the trend I see for offenders who go to segregation is that if they go once, they are more likely to go again."*

Another participant stated, *"most of the men that I ever saw, had histories of being placed in segregation repeatedly. It was pretty rare to ever visit with someone in segregation that had never been in segregation before."* This participant continued by saying, *"I think there is some truth to once to you go segregation once, you are more likely go to again."* The participants allude to there being a cycle.

The same two participants discussed a similar trend regarding preference. One participant stated *"some of them really see it as a vacation."* This participant went on to say *"so I mean, for some people it is really not a deterrent."* Another participant stated, *"some men prefer it and do not seem to have any adverse effects, really what so ever."* This participant went on to elaborate on how other's find it difficult, which will be addressed later when looking at impact.

One participant identified a trend regarding offenders who landed in solitary confinement/segregation, that being common mental health diagnoses. This participant stated, *"about 80% of the women come in with a diagnosed mental health* (diagnosis)*, something more serious than just depression or anxiety. A lot of them have very serious mental health issues and I would say the common theme is they are SPMI* (serious & persistent mental illness)*."* The participant also stated, *"it does seem that our women who have got more of the serious personality disorders tend to end up in segregation more, which would make sense."* This information, although an outlier, is significant in looking at the entire data.

Length. Each of the four participants identified a general length of time offenders may be in solitary confinement or segregation. One participant reported minimal time in their security unit, stating,

> *"we are talking generally less than a week unless there is a really major rule infraction. And if it is a really bad rule infraction then our superintendent and assistant superintendent and myself and a couple of captains get together and talk about whether or not this person needs to be on administrative segregation or not."*

Another participant stated it *"varies, anywhere from 1 day to 90 days"* but explained *"there used to be extended time in segregation. Now, the max is 90 days, that is the max cap."* This participant gave an example stating she *"was assaulted by an offender in 2014 and for discipline, besides another felony, received six months of time in segregation."* This participant made it clear that offenders *"can be on administrative segregation longer"* stating those guidelines are different but did not elaborate.

Another participant shared their strong opinion around the changes to the laws surrounding segregation. They stated *"the one thing that I am very displeased about is this past year, the federal government changed a law that states the absolute longest you can keep anyone in segregation is 90 days."* This participant went on to say,

> *"you can have the worst crime happen in prison, let's say an offender were to kill an officer or kill another offender, the cap is 90 days in segregation. Now the offender is back in general population and they can repeat this process and kill another officer, kill another offender do it again and go back to segregation for 90 days."*

This participant continued stating,

> *"the point of segregation is not necessarily for the benefit of or lack there of, of the offender but it is for the benefit of everyone else. The whole entire point of a correctional facility is to benefit the public that these individuals are inimical, the state law says, inimical, to the public so they need to be removed from the public and placed in a*

> *correctional facility for the greater good of the community, to keep the public safe." So now, this is not an opinion but it is a fact that we have some of the worst behaving individuals inside a correctional facility. Now the individuals inside there that cannot behave the rules of the facility or without assaulting one another. They need to go to isolation and that is for the benefit of all the other offenders and all the other staff within the correctional facility."*

This participant continued by stating *"when I started in 2009, I have seen people in segregation that have been in segregation for a year, over two years. I want to say the longest I have read someone was sentenced to segregation was 840 days."*

A fourth participant answered stating,

> *"I do not think there was then (a cap on length of time in segregation), but there may be now. I left the DOC in July 2013. We had men who had been in segregation for years. By policy, if they were in there over 30 days then you had to do formal mental health assessments on them. So, there was some recognition of the time that they were in there. But when I worked there, there was no end limit for how long someone could be placed in segregation."*

Impact on Mental Health

Positive. Two participants reported some offenders prefer being isolated from other offenders. One participant stated *"some men prefer it"* and another participant mentioned *"some of them really see it as a vacation."* This participant stated offenders have told them, *"think about it, the deliver my food, I can sleep as much as I want, I can read and people do not bug me,"* while also mentioning *"they do not have a roommate, so they don't have to deal with*

roommate issues or constant drama." This participant did mention *"I would say it helps deter offenders who really do not want to end up in segregation from going."*

Two additional participants mentioned they did not have professional experience with offenders having any significant mental health impacts while in segregation. One participant stated those who prefer to be in segregation *"do not seem to have any adverse effects, really what so ever."* This same participant stated, *"so when they are not impaired and symptom free, a person who has a chronic mental illness, is probably no less likely harmed by that level of confinement than anyone else."* Another participant stated, *"if someone is in segregation for a long period of time, I cannot think of anything off the top of my head or any instances or any individuals that I have met that I feel their mental health has deteriorated while they've been in segregation."*

A significant positive that three participants mentioned was safety. One participant stated a positive was for *"either your* (offender) *safety and security or for the safety and security of the institution."* Another participant concurred stating *"the only reason we kept them confined to their cells or rooms was typically for their own safety or the safety of other people."* The third participant reported it

> *"is my opinion that segregation is meant to keep everyone else in the prison safe just like the prisons are meant to keep everyone else in the public safe. Because these are the worst people in public go to prison and the worst people in prison go to segregation."*

Along with safety of the offender, all four participants identified that offenders in solitary confinement or segregation are not limited access to services just as the general population would have. One participant mentioned, *"if they are injured, it gives our medical staff time to look at them."*

Negative. Several negative impacts came about throughout the four interviews. One participant mentioned *"social isolation can exacerbate mental health issues,"* stating they have seen *"the primary* (negative) *effects are mental health- increased depression and lack of motivation"* as well as *"offenders tend to sleep a lot and not pay close attention to their personal hygiene."* Another participant mentioned there are offenders *"who find it challenging, difficult psychologically inhibiting if you will."* This same participant mentioned *"for people with a formal mental health diagnosis but specifically what is defined as serious and persistent mental illness, untreated, any kind of segregation is really, less desirable if not detrimental to the person."*

Two participants both discussed the negative impact of restricted movement and the isolation while in solitary confinement. One participant stated *"social isolation also limits their physical exercise"* and another participant stated they felt a negative effect is *"limiting physical exercise and movement."* Another participant added if,

> *"it was your time for rec, you were simply popped out of your room and you would go down to either an internal or external exercise area but no one else would be there. So, you spend time in your cell and then when it is your time for recreation, you then go down to an empty room or at least with no one else in it."*

Two participants made mention of lack of contact with other individuals. One participant stated for the most part, *"I think most people would agree that it is better for someone to have a support network that they have access to, people that they can talk to, when it is important or when they need to. And segregation makes that less available."* Another participant mentioned, *"the other piece with Restrictive Housing in general, is the lack of physical contact with another*

human being." This participant went on to talk about how they are *"a no touch facility, the* (offenders) *are not allowed to touch each other or us* (staff) *for that matter."*

These participants made note of these negative impacts while another participant made mention, *"I will say I have seen in my experience, a lot of boredom of the individuals in there* (segregation)*."* This participant went on to say *"when an offender is sitting idle, not in programming, not in any educational, and now even further with that, let's say they are in segregation due to misbehavior, I would assert mainly boredom, acting out because of boredom."* Another participant mentioned offenders *"get so bored that even seeing someone for five minutes is a nice change."* Along with boredom came consequences for going to segregation. Three participants mentioned a negative impact of offenders serving time in solitary confinement, segregation, or the security unit is the loss of their "job". One participant stated

> *"once you go to segregation, then you get fired from your job. Then you are really restricted once you come out of segregation, you have a discipline status and you could be sitting in your room for 21 hours a day and only get 3 hours out, pretty much because you do not have a job."*

This discipline status can go on for up to 90 days but usually lasts around 45 days, depending on how many open jobs available. Another participant stated offenders may, *"be fired from a job, if they are on a job. So, if they are working in the kitchen, laundry, floor crew, nursery crew, and they make a minor infraction they can potentially lose their job and that is an alternative sanction as well."* Two participants stated educational programming can be considered a "job" within the Department of Corrections. One participant stated offenders can be removed from educational programming if they are disrupting the learning environment. This participant made important note that *"most of them are doing something in terms of what we call, a productive*

day." With restricting work, education and movement, may have negative impacts on an offender's overall mental health. Another participant mentioned

> *"security time is actually more painful than the loss of good time because the loss of good time is out in the air, they cannot grasp it. The security time is they are pulled out of general population and they cannot hang out with their friends."*

One participant pointed out a significant negative impact, cost. This participant noted, *"They do not want people to be up in segregation much, it is a huge money (cost) and it is a major waste of our resources, not waste, that is a bad word, but a big drain so they do want to get people out of there as soon as they possibly can so they do try and work with them with programming as much they can."*

Alternatives

Throughout the four interviews, three prominent themes emerged when discussing alternatives to the use of solitary confinement or segregation. Those themes were specialty units, training & coordination of staff and programming for offenders. Each theme includes either current practice or ideas for implementation.

Specialty Units. Three of four participants mentioned alternatives other than strictly solitary confinement. One participant reiterated from earlier in the interview that they have a specific mental health unit. This participant stated *"on the mental health unit particularly, the direct mental health treatment was offered by trained clinicians"* and continued to say on the mental health unit they had *"more movement, interaction and they had access to recreation, chapel, education and to some degree work opportunities."* This participant shared how the mental health unit is a step down from their ACU or segregation unit and offenders may request to transfer. One unique thing about their mental health unit was offenders *"did not necessarily*

have to be in crisis to be in the mental health unit." Another positive was *"any time you were in treatment or a special needs type of unit, your segregation time was active."* This meant if an offender received a rule infraction while in an already special needs type of unit, their segregation sentence time would run while they were in that unit, not separate, upon their transition out of that unit. This participant went on to say that transfer requests were pretty common *"because the mental health unit is the mental health unit, not segregation. You can enroll in treatment, you get perks, like a TV and more movement than you would get otherwise and obviously, people there to work with you and help you."* Another participant mentioned having

> *"a full-blown mental health unit, that people with SPMI, if they are willing to work with our mental health staff and our mental health supervisor, they can move into that open dorm and they are actually out of general population, which is a huge piece, because now that anxiety in both the individual with the SPMI as well as the general population is completely reduced."*

This participant continued to say *"the mental health unit is just a place for them to reside if they choose to do that and if they choose to work with our mental health team."* They continued to say *"the guys that are in our in mental health unit rarely ever end up in security* (segregation)*."*

A third participant stated they have something called holding so *"when an offender has a rule violation that is serious enough for possible segregation, holding is a place for us (staff) to figure things out."* This participant went on to say *"it is a place for us to evaluate the situation and figure out do we have to send them to segregation or can we mediate this"* and that holding is a safe place, *"away from their living unit, in a completely different building which allows them to cool off."*

Policies, Training & Coordination of Staff. Each of the four participants identified staff trainings as an alternative to the use of solitary confinement. All four participants mentioned Crisis Intervention Training (CIT) as a training alternative. One participant mentioned *"our officers are all trained in CIT so they really do a good job of trying to deescalate."* This participant went on to say their facility uses *"warnings, a lot of that is done by our custody staff which is documented in the inmate notebook and you will see warning was given for this particular behavior"* and by staff intervening, offenders may be given *"room time so they can have a shorter lock down period"* instead of having to go to the security unit. Another participant mentioned *"we offered training on mental health and mental illness to staff. The DOC recognized there was a benefit to something called, CIT- Crisis Intervention Training."* This participant continued by saying they felt it was very beneficial because *"as an administrator/manager, I saw a difference between people who were trained in mental health and interventions, how they interacted and treated clients* (offenders)*."* This participant mentioned they have seen coordination of staff as an alternative as well. They went on to say*, "security staff and the clinical staff worked together so, anytime there was a modification to a person's treatment plan, that information was always relayed with security staff so they know what plan or what program a client was on".* This participant mentioned *"the discipline unit consults with the mental health staff of the facility to determine if there are mitigating conditions that would have an impact on the length or degree of discipline someone served."* This participant continued saying *"if there was a concern about a client's personal safety as it related to self-harm, there were distinct plans or directions"* in place for staff to follow. Mental health staff and security staff "*typically met at the beginning of ever shift to talk about any considerations that might need to be made"* in respect to any specific offenders.

Another participant also made note,

> *"Minnesota has also taken the initiative and introduced CIT programming- Crisis Intervention Training. They send staff, officers and non-uniform staff through the CIT training because we may be tip of the spear in dealing with someone in a mental health crisis. We are trained to recognize signs and symptoms of mental illness and mental health crisis."*

This participant mentioned also taking *"interpersonal skills and behavioral intervention techniques"* trainings through the employer. This participant went on to say, *"although we are not mental health professionals, it may be 2am and there is not a mental health professional immediately available. We are not making a diagnosis but are able to respond appropriately."* This same participant wanted to clarify that the first response is not always to send an offender to segregation but they have a sanctions process. They continued to say an offender

> *"can get to segregation by one act which was very egregious or it could be a progression of smaller lesser offensive acts. The progression may start with a verbal warning, then a written warning, then one day loss of privilege- which recreational time is lost but not meals or religious service time. The next infraction may be 3 days, 5 days and 7 days loss of privilege and then a formal report. Then a formal report will be read by a hearing officer and Lieutenant which may result in 10 days loss of privilege or 5 days in segregation. But typically, segregation for instance on behavioral problems, if something is done so egregiously, (ie: two offenders throwing closed fist punches at one another) they are skipping the informal sanctions process and they are going immediately to segregation."*

This participant reiterated the use of segregation was used to ensure safety of the offender, other offenders, along with corrections staff and the facility. The fourth participant also mentioned *"we have several officers trained in Crisis Intervention who will meet with offenders who are in crisis. This appears to help diffuse many situations and allows an offender someone who will listen."* This participant stated they are aware of a cognitive based program called, *Decision Points* that their agency is considering starting and *"using it for offenders that are coming out of segregation"* and it is a *"much shorter program."* They went on to say it is *"only 5 or 6 sessions so it is kind of like a cognitive 101."* This participant also mentioned

> *"one of the other things that we really try and do is try and get a lot more people trained in Motivational Interviewing, which is similar to CIT and it can help give that active listening skill and it really sets a foundational piece for meeting the offender where* (they) *are at."*

This participant stated they have seen *"Motivational Interviewing can be a proactive way of helping offenders before they get into crisis."*

These policies, trainings and coordination of staff are reported to be effective. Two of four participants agreed, they felt alternatives were effective. One participant stated

> *"yes, I believe they have been very effective. Often times human beings just need to be listened to and our CIT staff provide that opportunity. Staff who utilize their Motivational Interviewing skills also offer the offender the invitation to change and see themselves and their situation in a different way."*

This participant continued stating in their motivational interviewing training, one of the slides reiterates a quote from a movie (title unknown), that states *"what people need is a really good listen to."* This participant stated, *"often times I have seen that. I have seen them use their*

motivational interviewing skills to just listen and the offender will be like, OK I am good now." This participant also mentioned, *"five to ten years ago, I do not know that we allowed them that opportunity"* and that it was a good change for offenders. Another participant agreed that their alternatives are effective. This participant mentioned

> *"we have a very well run facility. We don't have a lot of issues. I go back to there is no body in security today and there was not yesterday* (mentioned previously in the interview). *I think that is the attitude of this facility to keep people busy and programmed."*

One participant shared their opinion, *"I am not saying there is an alternative to segregation, I am saying there is a progressive discipline that everyone is treated fair and consistently but I do not believe there is an alternative to segregation."* This participant went on to say that segregation time, *"is not a punishment, it is a correction for negative behavior."* They further stated,

> *"if an offender assaulted someone, once again, I would maintain the position that that offender would need to be in segregation to benefit everyone else. That offender's mental health is important, I do not deny that, but I do not weight* (that offender's) *mental health above the physical safety of other people."*

This participant stated *"I believe that people knowing in the correctional facility that they could go to segregation might deter them just like I believe people in public know that correctional facilities exist and it deters them from doing crimes."* This participant went on to say

> *"I think segregation is 100% effective, if the individual is in segregation they are not able to harm other individuals. Just like offenders inside of a correctional facility, it is 100%*

effective to the public that they are not wreaking havoc and carnage and pillaging the public."

Programming for Offenders. Another alternative that came out of the research interviews was programming for offenders. One participant mentioned *"studies upon studies"* have been done which *"correlate reducing recidivism with programming"*. This participant went on to say, *"I feel Minnesota is very proactive as far as offering programming, educational programming and learning trades to offenders."* Another participant stated,

"the safest thing we can do is to help change these (offenders) and if they are doing good programming and evidenced-based practices and they are engaging in that, hopefully they will not misbehave in here and hopefully it follows out into the community."

This participant stated prior to release, staff work with offenders on setting up community-based mental health services and stated *"our mental health team goes out and works with our probation units so we will follow clients"* for a period upon their transition to the community.

A third participant stated their facility has *"Prison To Community (PTC) specialists who have motivational interviewing skills and will talk with an offender"* and stated offenders who have been in segregation more "would get a PTC specialist." This participant stated these specialists work with offenders on release planning and help setting up community-based services, if necessary. A fourth participant mentioned *"companion programs."* This participant went on to explain that this program was a job for offenders, who are qualified and are screened—to sit outside the single cell or isolation cell of another offender who is suicidal and observe and *"hang out and talk to"* that offender. This participant also mentioned there was *"effort being put forth at (one DOC facility) to try and offer (offenders) in the segregation or ACU access to materials or aids to help them address behavioral, psychological or emotional*

issues." These materials included treatment materials, workbooks, DVDs and treatment assignments.

Discussion

The purpose of this study was to examine the impacts of and alternatives to solitary confinement in adult correctional facilities using a qualitative research method. The resulting study compiles four research interviews from mental health professionals and correctional staff who all had direct experience working with offenders in four different adult correctional facilities in Minnesota. The data parallels previously published literature, including trends, negative impacts and alternatives, specifically Crisis Intervention Training (CIT).

Each interview participant offered significant professional employment experience working with offenders who have experienced some form of solitary confinement within the adult correctional facilities they have been employed at. Each participant shared their facility had some form of solitary confinement, with each participant using a different title. With this, the researcher concluded the phrase solitary confinement appeared to be a dated term. The titles given by participants included, segregation, Administrative Control Unit, restricted housing unit and security unit.

There was an overall consensus among the four participants regarding trends surrounding solitary confinement. Those trends included how offenders end up in solitary confinement, availability of services in solitary confinement, personal preference of some to be in solitary confinement verses the general population and how often offenders may end up in solitary confinement. An outlier in regard to trends was specific to common mental health diagnoses seen in solitary confinement.

Each participant identified impacts of the use of solitary confinement, either positive, negative or both. Common themes surrounding positive impacts of solitary confinement were: there was no impact, individual's preference, access to mental health services, and safety. Two

participants stated their professional experience was that offenders had no adverse effects or deterioration. Two participants reported a positive impact as some offenders prefer being secluded and out of the general population, for various reasons. All four participants identified a positive that services were not limited to offenders while in solitary confinement. Three participants also noted the positive impact of safety for the offender, safety of other offenders, safety of the facility and safety of facility staff.

Although there were many positive impacts reported, there were also negative impacts. Two of four participants identified negative impacts as detrimental effects on their mental health, including increase in symptoms and decrease in attention to personal hygiene. Two participants discussed negative impact of restricting a person's movement and exercise along with the isolation while in solitary confinement. Another two participants made note of the negative impacts of lack of contact with other individuals and social isolation. Along with social isolation, it was mentioned that participants observe significant boredom, which in turn has caused acting out due to boredom. Another negative impact of offenders going to solitary confinement is the loss of their "job" within the correctional facility. Three participants mentioned this consequence for offenders going to solitary confinement. The general consensus was by restricting movement, education and work, it may attribute to more negative impacts for offenders because they are unable to participate in a productive day. A significant outlier in the researcher's data regarding negative impacts was cost. This coincided with the literature reviewed.

Lastly, participants reflected on what alternatives there are to the use of solitary confinement and the effectiveness of these. Among the four participants, three major themes emerged: specialty units, policies, training & coordination of staff and programming for

offenders. Three of four participants discussed already implemented specialty units which are used as an alternative to solitary confinement. All four participants identified policies, trainings & coordination of staff as another alternative. The participants identified Crisis Intervention Training as a significant alternative for staff, along with other trainings such as Motivational Interviewing and additional mental health trainings. There was a general agreement that the more specialized trainings for staff, the better the outcome is with staff/offender encounters.

One participant shared their opinion that they feel there is no alternative to solitary confinement or segregation. This participant based their opinion on the theory that prisons are meant to keep the public safe from an offender and solitary confinement or segregation is meant to keep other offenders and staff safe from that offender within the prison. They went on to say that they feel segregation is 100% effective in keeping an offender from harming other individuals. This participant did acknowledge that offenders in solitary confinement may have negative impacts but maintained that offenders would have 24-hour access to services, should that be the case.

Implications for Clinical Practice

As social workers, we are encouraged to be involved on not only the micro level but also the mezzo and macro levels as well. At the micro level, working with individual offenders, these findings emphasize the significance of acknowledging possible negative effects of solitary confinement. These effects may include depression, anxiety, fear, restlessness, and difficulty adjusting. The findings acknowledge there are alternatives available to positively impact the overall prison environment, such as: programming, specialized units, access to services, and training for staff. Within correctional facilities, social workers also play key roles on interdisciplinary teams. As part of these teams, social workers follow evidenced based practices

as well as looking through a lens which includes the entire picture, not just one piece. Social workers tend to use critical thinking skills and focus on strengths, abilities, talents and resources. With this, social workers can work towards positive change. This would be an example of impact on the mezzo level. Lastly, these findings support continued large-scale, macro-level practice, while advocating for continued reform of solitary confinement practices nationwide, as well as the use of alternative practices.

Implications for Research & Policy

The topic of solitary confinement has gained significant attention within the last couple of years as a result of legislators and advocacy organizations. There has been substantial momentum growing nationally to reduce the use of solitary confinement. Policy reform has forced correctional facilities to reevaluate and redesign their practices to align with new regulations. As mentioned in the literature review, studies have been completed to determine whether offenders experience any negative effects from the use of solitary confinement, with the results varying. With new regulations, policies and practices in place, it is necessary to continue research surrounding this topic. Moving forward, it is essential that these regulations, policies and procedures continue to be reevaluated to examine whether change has been effective and to determine what else can be done.

Strengths & Limitations

One strength of this study is the method and design plan could be replicated. Another strength of this research design is it was qualitative in nature and by completing semi-structured interviews with participants, it allows for unique viewpoints as it relates to the question and topic. Along with a strength of using a semi-structured interview, the interview questions were written in an open-ended manner and in specific order to gather the most information without

repetition. By permitting more than "yes" or "no" answers, allowed participants to give a more detailed and expansive response. This is seen as a strength in order to gain varied perspectives from numerous professionals in a sample of adult correctional facilities. Another strength of this study was all four participants had professional experience in four different adult correctional facilities. One participant was from an all-female prison, another from a co-ed correctional facility (workhouse) and the other two were from two different all-male prisons. With this, a strength was found to be the significant number of similar responses to the research questions. Although there was a low participant response rate, significant data was still collected.

A significant limitation of this study was the low response rate. The researcher did not anticipate the design of the study to be controversial. The researcher did not foresee prospective participants being unable or unwilling to participate due to the nature of the topic and questions. One potential participant was told by their supervisor that they were unable to participate in the study as they were unable to speak on behalf of their employer. Other potential participants may have chosen not to respond to the invitation email for the same factors or others. Another limitation of this study was that it is did not incorporate the offender's experience. By not being able to interview offenders themselves, the researcher is unable to obtain direct experiences regarding the impacts of and alternatives to the use of solitary confinement. A third limitation of this study was all participants were from one state, Minnesota. With this limitation, it may have excluded additional alternatives used outside of Minnesota, therefore the results are unable to be generalized and may not reflect nationwide practices.

As for future research, it would be interesting to look if there is a correlation of prison overcrowding and the use of solitary confinement as added bed space and what client choice do offenders have with this? Along with this, comparing how private prison systems use solitary

confinement compared to state or federal run correctional facilities. Another idea for future research would be to look at the correlation of staff training and offender outcomes. One participant mentioned they had seen the difference between how trained staff approached offenders in crisis than staff who were not trained. Another idea for future research would be to complete a program evaluation on such programs mentioned, Decision Points or Prison to Community Specialists to determine their effectiveness, credibility and sustainability. Further research allows for continued reassessment and asking "what else can we do?" while critically thinking outside of the box. The findings of this study go to show that change has occurred and there is hope that with continued evaluation, it can continue to create positive change.

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Appendix A: Informed Consent Form

Consent Form
[1168765-1]

Impacts of and Alternatives to Solitary Confinement in Adult Correctional Facilities

You are invited to participate in a research study about the impacts of and alternatives to solitary confinement in adult correctional facilities. You were selected as a possible participant because you have been identified as having either direct or indirect professional experience working with offenders. You are eligible to participate in this study because you are an adult, over 18 years of age and have direct or indirect professional experience working with justice-involved adults. The following information is provided in order to help you make an informed decision whether or not you would like to participate. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Sarah Zyvoloski, primary investigator and David Roseborough, research advisor at the St. Catherine University & University of St. Thomas School of Social Work. This study was approved by the Institutional Review Board at the University of St. Thomas.

Background Information

The purpose of this study is to examine how professionals with either direct or indirect experience working with offenders, make sense the use of solitary confinement, its effects and what alternatives to solitary confinement are available and used in a sample of adult correctional facilities.

Procedures

If you agree to participate in this study, I will ask you to do the following things: to participate in a semi-structured interview, led by myself, the researcher, which would approximately last 45 minutes to one hour. This interview may be completed face to face in a public place or by electronic means (Skype or FaceTime) or by telephone. You will be asked to allow the interview to be audio-recorded for transcription and coding purposes. Prior to the interview, you will be provided a copy of the consent form and interview questions. I will review the consent form with you prior to the interview and ask you to sign and retain a copy of it. If completing an electronic interview, the researcher will review the consent form electronically and a physical copy of the signed consent form will be obtained. If you agree to continue with the interview, you will be asked a list of interview questions based on your direct or indirect experiences working with offenders. I will ask about your professional perspective(s) on the use of solitary confinement, its potential effects of and alternatives to it. The study involves a single interview; there will be no follow up contact required after the interview. *Also, I will ask about your own impressions versus those of your*

employer or agency. I will not ask you to represent or to speak on behalf of your professional setting.

Risks and Benefits of Being in the Study

The study has minimal risks. In order to safeguard your privacy, the interview questions do not ask about personal experiences, but about your professional perspectives and viewpoints. Another precaution is that you will be provided with the consent form and interview questions prior to the interview. You can choose to decline any question(s), end the interview, or choose to withdraw from the study at any point, without repercussion. In order to protect your information, I will move the audio recorded interview from the audio recording device to be retained in Google Drive, as it is identifiable information. If completing an electronic interview, the interview will be completed by landline in a private office to ensure privacy. All transcripts and de-identified information will be stored on the researcher's password protected computer. This is meant to decrease any privacy risk to the interviewee. The audio recordings and transcriptions will be stored without participants' name or other contact information.

There are no direct benefits for participating in this study.

Privacy

Your privacy will be protected while you participate in this study. The interview will take place at a private, neutral location, to be determined on an individual interviewee basis, depending on geographic location. Potential locations include a library conference room, the interviewee's office if they request, or a coffee shop with a separate or partitioned meeting room. The interview will take place outside of work time. If the interview is completed electronically, the researcher will be in a private office location in order to audio record the interview and will use a secure landline to ensure privacy.

Confidentiality

The records of this study will be kept confidential. In any sort of report I publish, I may use quotes from the interview, but will not include information that will make it possible to identify you. I will also remove any potentially identifying information (such as names, locations). The types of records I will create include an audio recording, a transcripts of the audio recording, computer notes and signed consent forms. Only the researcher and research advisor will have access to these records. Interview transcripts and audio recordings will be stored until May 31, 2018 and then permanently deleted. The original consent forms will be saved in a locked file at the researcher's home for three years, following completion of the research study. The consent forms will be shredded on May 31, 2020. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

Voluntary Nature of the Study

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with any research committee members or the

University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you will not be used in the study. You can withdraw by contacting the researcher by phone or email to request that any portion of the entirety of your interview not be used up to two weeks after the interview. You are also free to skip any questions I may ask throughout the interview.

Contacts and Questions

My name is Sarah Zyvoloski. You may ask any questions you have now and any time during or after the interview. If you have questions later, you may contact me by phone or email, or contact David Roseborough, research advisor by phone. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or by email with any questions or concerns.

Statement of Consent

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

You will be given a copy of this form to keep for your records.

_____ _____

Signature of Study Participant **Date**

_____

Print Name of Study Participant

_____ _____

Signature of Researcher **Date**

Appendix B: Interview Questions

Qualitative Research Interview Questions for Interviewees with Direct Experience

Research Question: How do professionals with either **direct** or indirect experience working with offenders make sense the use of solitary confinement, its effects, and what alternatives to solitary confinement are available and used in a sample of adult correctional facilities?

1. Please tell me a little bit about yourself including: your name, current title, length of experience working in this current setting and years of experience in the field.
    a. What is the nature of your setting? How long are people at your facility?

2. From your professional experience, is there a distinction between solitary confinement vs. segregation in your facility? If so, what is it?
    a. In your experience, are there specific trends among people who end up in solitary confinement versus segregation?

3. What has your professional experience been, either directly or indirectly, working with offenders in solitary confinement in adult correctional facilities?
    a. How do offenders end up in solitary confinement?
    b. How long are they there?
    c. Are certain rule infractions more common for offenders to be sentenced to solitary confinement?

4. From your perspective, what effects of solitary confinement have you seen working with offenders in solitary confinement?
    a. Positive/Negative

5. If there are negative effects from the use of solitary confinement, how are they addressed?
    a. Mental health services available in solitary confinement?

6. What has your experience been working with individuals with mental health diagnoses and the use of solitary confinement?

7. What alternatives to solitary confinement are you aware of that are available in adult correctional facilities?
    a. What, if any of these alternatives are used in your setting?

8. In your experience, how often are these alternatives used?
    a. From your perspective, two what extent are these alternatives effective? In your experience, are certain alternatives more effective than others?

Qualitative Research Interview Questions for Interviewees with Indirect Professional Experience

Research Question: How do professionals with either direct or **indirect** experience working with offenders, make sense the use of solitary confinement, its effects and what alternatives to solitary confinement are available and used in a sample of adult correctional facilities?

1. Please tell me a little bit about yourself including: your name, current title, length of experience working in this current setting and years of experience in the field.
    a. What is the nature of your setting? How long are people at your facility or agency?

2. From your professional experience, is there a distinction between solitary confinement vs. segregation in your facility?
    a. In your experience, are there specific trends among people who have been in solitary confinement or segregation?

3. From your perspective, what effects of solitary confinement have you seen working with offenders in solitary confinement?
    a. Positive/Negative

4. If there are negative effects from the use of solitary confinement, what is your sense of how they were addressed?
    a. Do people talk about those experiences of solitary confinement?
    b. Have you observed related or ongoing effects of solitary confinement?

5. What has your experience been working with individuals with mental health diagnoses and their experience of solitary confinement?

6. I am asking correctional facility employees about alternatives to solitary confinement. Are you aware of any models or alternatives?
    a. Have you seen these used in any capacity?
        i. Successfully/unsuccessfully?
    b. In your experience, to what extent were they effective?

7. From your perspective, what could serve offenders better?
    a. Solitary confinement
    b. Mental health services
    c. “Other – Is there anything I haven’t thought to ask?