

 CD-180300	NEW MEXICO CORRECTIONS DEPARTMENT	ISSUE DATE: 11/28/00 EFFECTIVE DATE: 11/28/00 REVIEW/REVISED: 01/27/10
	TITLE: Management Plans for Self-Injurious Behavior	

AUTHORITY:

- A. NMSA 1978, Section 33-1-6, as amended.
- B. Policy *CD-010100*.

REFERENCE:

- A. ACA Standard 4-4373 and 4-4435 *Standards for Adult Correctional Institutions, 4th Edition*.
- B. NCCHC: NCCHC Standard P-G-02, P-G-04, and P-G-05 *Standards for Health Services in Prisons, 2008*.

PURPOSE:

To establish Multi-Disciplinary Management of self-injurious behavior for NMCD Mental Health, Psychiatry, and Security Staff.

APPLICATION:

NMCD facilities and all contract facilities.

FORMS:

Management Plan Form (*CD-180301.1*)

ATTACHMENTS:

None

DEFINITIONS:

Self-injurious behavior: Actions or activities involving self-harm. The etiology of such behaviors may be due to a range of factors including Axis I or Axis II pathology and/or for secondary gain.

POLICY:

- A. Inmates who demonstrate self-injurious behavior shall receive psychiatric and mental health assessments in order to determine behavioral etiology. Once a determination is reached that the inmate's behavior is chronic and has not responded to previous attempts to eradicate such behaviors, a Management Plan may be developed.
- B. The multi-disciplinary plan establishes a protocol designed to address and diminish self-injurious behaviors.
- C. Management Plans are for the use of mental health, psychiatry, and security staff members who are responsible for implementation.
- D. Copies of Management Plans will not be given to inmates or to any staff member who does not have an implementation or oversight responsibility. However the details of the Management Plan shall be explained to the receiving inmate.
- E. Staff shall be available to counsel inmate upon request; provision is made for counseling and crisis intervention services. **[4-4435]**
- F. There is a written suicide prevention plan that is approved by the health authority and reviewed by the facility or program administrator. The plan includes staff and offender critical incident debriefing that covers the management of suicidal incidents, suicide watch, assaults, prolonged threats, and death of an offender or staff member. It ensures a review of critical incidents by administration, security, and health services. All staff with responsibility for offender supervision is trained on an annual basis in the implementation of the program. Training should include but not be limited to: **[4-4373]**
 - identifying the warning signs and symptoms of impending suicidal and parasuicidal behavior
 - understanding the demographic and cultural parameters of suicidal behavior, including incidence and variations in precipitating factors
 - responding to suicidal and depressed offenders
 - communication between correctional and health care personnel

- referral procedures
- housing observation and suicide watch level procedures
- follow-up monitoring of offenders who make a suicide attempt

Original Signed and Kept on File

Bianca McDermott, PhD, Mental Health Authority
New Mexico Corrections Department

01/27/10
Date



Joe R. Williams, Secretary of Corrections
New Mexico Corrections Department

01/27/10
Date

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AUTHORITY:

Policy *CD-180300*

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PROCEDURES:

A. Background:

1. The New Mexico Corrections Department (NMCD) understands self-injurious behavior by inmates may represent a potentially dangerous symptom of a Mental Disorder and requires the NMCD provide safety and treatment. Occasionally inmates injure themselves for other reasons, such as a desire to secure secondary gain. The secondary gain often involves the desire to be relocated to a different environment, to be transferred because they intend to harm others, as a means to escape from enemies or to do what they presume will be "easier time". Regardless of the etiology and/or intent on the part of the inmate, self-injurious behavior requires that actions and plans be instituted to protect the inmate's well being.

2. This document articulates the process by which the NMCD intends to address the above problem and how the NMCD's mental health, psychiatry, and security staff will manage this type of behavior. The core of this strategy is to continue to provide clinical assessments of all inmates who injure themselves, identify the etiology of the self-injurious behavior, and establish a Management Plan for assessing and managing future self-injurious behavior. Formulation of a Management Plan will be limited to inmates that have demonstrated a repetitive pattern of self-injury.
3. It is the expectation of the NMCD that the implementation of this type of Management Plan will reduce the frequency of such self-injurious behavior because it will less often lead to the achievement of secondary gain. It is in the opinion of the NMCD that implementation of this policy is in the best interests of safe, secure and sound correctional institutions, and also protects inmates' well-being.
4. Management Plans are designed to manage self-injurious behavior in an outpatient correctional environment. Management Plans are developed to assist mental health, psychiatry, nursing, and security staff. An inmate on a Management Plan may have no coexisting Mental Disorder and the Management Plan will be the sole plan guiding treatment. Often inmates with concurrent psychopathology will have individual treatment plans and the Management Plan will serve as an adjunct to treatment.

B. Management Plans:

1. Psychiatry and Mental Health Staff Responsibilities:
 - a. Conduct an assessment of the self-injurious behavior by interviewing the inmate, reviewing mental health and psychiatry records for past history of mental disorders, psychiatric treatment and previous suicide attempts or self-injurious behavior.
 - b. Explore the presence or absence of any current psychosocial stressors that might be related to the self-injurious behavior.
 - c. Obtain information from security regarding relevant security concerns or current disciplinary issues.
 - d. Determine the presence or absence of a Mental Disorder.
 - e. Determine and implement appropriate treatment intervention required for an identified Mental Disorder.

- f. Ascertain the purpose for the self-injurious behavior and determine if a Mental Disorder is clinically linked to self-injurious behavior, or if the self-injurious behavior is a purposeful act not directly related to mental illness as a means to achieve a secondary gain.
- g. If, after the assessment, the self-injurious behavior is found to be largely due to a Mental Disorder, a Management Plan would not be indicated, unless the behavior was repetitive, the inmate had not responded to previous treatment, and/or placed the inmate at risk of serious injury or death.

2. Documentation Requirements:

- a. Self-injurious behavior will be documented in the psychiatric and mental health records
- b. The documentation will describe the inmate's mental health and psychiatric assessments, clinical problems, precipitating events, relevant history, and the inmate's apparent external goals for the self-injurious behavior. For example, information should be documented in the psychiatry/mental health record on inmates who engage in self-injurious behavior in order to simply change a housing assignment or simply to remain in the Mental Health Treatment Center.
- c. Inmates selected for a Management Plan may be transferred before the Management Plan process is completed, including conference calls and required signatures.

3. Behavior Management Plan Formulation and Implementation:

- a. The Management Plan will include:
 - 1) The DSM IV-TR diagnosis
 - 2) Precautions to minimize potential for future self-injury
 - 3) Information regarding security (*e.g.*, housing, property, etc.)
 - 4) Activities to be implemented if self-injury occurs
 - 5) Efforts designed to address the client's self-injurious behavior through counseling
- b. The Management Plan will be documented on the **Management Plan** Form (*CD-180301.1*).
- c. The facility Mental Health Manager and psychiatrist will review, finalize, and sign the Management Plan.

- d. The Management Plan will be completed and signed by:
 - 1) The facility Mental Health Manager
 - 2) The facility psychiatrist

Signatures of other individuals deemed relevant to the implementation of the Management Plan may be added. Examples would be a Unit Manager or a Mental Health Clinician.

- e. The plan will be placed in the mental health record and the psychiatry record.
- f. Inmates selected for a Management Plan who require retention on the Management Plan for more than one year must have the Management Plan renewed on an annual basis.

4. General Provisions:

- a. For inmates on a Management Plan who also suffer from a coexisting Mental Disorder, the mental health and psychiatry treatment plans will be developed in order to meet the inmate's mental health and psychiatric clinical needs.
- b. Mental health staff are responsible for meeting with the inmate as frequently as clinically indicated by the facility Mental Health Manager.
- c. The facility Mental Health Manager will review with security the reasons for the Management Plan, the procedures for each inmate placed on a Management Plan, and/or if changes are made to a pre-existing Management Plan.
- d. Any self-injurious behavior noted by security will be reported immediately to the mental health and/or psychiatry staff.
- e. An inmate's cell should be checked by security with the frequency specified in the Management Plan for sharp objects or immediately if sharp objects are suspected.
- f. If a Management Plan is in place, no documentation, i.e. Misconduct Report, is required to enact the plan provisions. Provisions in a Management Plan are intended to manage or modify behavior, not enforce sanctions.

5. Management Plan Outcomes:

- a. If an inmate on a Management Plan engages in self-injurious behavior, the inmate will be placed on close observation after being medically stabilized. In such cases, security will contact the facility mental health staff, and the mental health clinician will prescribe a 15 minute watch or 24 hour continuous observation. Security will maintain the prescribed watch until lifted by mental health staff. If the need arises, the mental health staff will consult with psychiatry.
- b. The facility Mental Health Manager will immediately provide the information verbally to the Mental Health Services Bureau Chief or designee and/or Clinical Director of Psychiatry:
 - 1) The type and extent of injury – obtained from medical staff.
 - 2) Whether or not inpatient or outpatient hospitalization was required.
 - 3) What was used to create the self-injury (e.g.: razor, laces etc.)
 - 4) The need for placement in the LTCU – obtained from medical staff.
 - 5) Whether mental health was contacted at the time the self-injury occurred and if mental health responded to the self-injury.
 - 6) Whether the case was staffed with the Warden or his/her representative.
- c. When an inmate has responded satisfactorily to a Management Plan, the facility mental health and psychiatry staff may recommend discontinuation of the Management Plan.
- d. After formal discharge from a Management Plan, some inmates may require the reinstatement of a Management Plan. In such cases, the Management Plan should be re-established in accordance with guidelines listed above for the evaluation of self-injurious behavior.

6. Management Plan Transfer:

- a. When an inmate on a Management Plan is proposed for transfer to another facility, the facility Mental Health Manager of the sending and receiving facilities are required to staff the case. Telephone calls between the facility Mental Health Managers and psychiatrists will take place prior to transfer in order to ensure the seamless continuation of the Management Plan.

- b. The receiving facility Mental Health Manager will review and accept the current Management Plan if appropriate, or edit the plan as required. Edits will be initialed, ensuring that additions to the plan are easily recognized.
- c. If problems arise such that the Management Plan is not working effectively at the receiving outpatient facility, the facility Mental Health Manager will consult with the NMCD Mental Health Services Bureau Chief or designee and the NMCD Clinical Director of Psychiatry. .
- d. Prior to any facility transferring an inmate with a Management Plan to the MHTC, the mental health and psychiatry staff will contact the NMCD Mental Health Services Bureau Chief or designee and the NMCD Clinical Director of Psychiatry to review the appropriateness of the transfer. If an MHTC admission appears appropriate the NMCD Clinical Director of Psychiatry will contact the on-call or MHTC staff psychiatrist. If neither person can be reached (for example, pager system not working), the inmate may be admitted per emergency transfer protocol provided space is available in the MHTC. If space is not available, the inmate will remain where they are until space becomes available.

Original Signed and Kept on File

Bianca McDermott, PhD, Mental Health Authority
New Mexico Corrections Department



01/27/10
Date

Joe R. Williams, Secretary of Corrections
New Mexico Corrections Department

01/27/10
Date

**NEW MEXICO
CORRECTIONS DEPARTMENT
Management Plan**

Management Plan is being developed for:

Inmate Assigned to Facility

MHTC Discharge

CLINICAL AND BACKGROUND INFORMATION

Clinical profile:

Reason for Management Plan:

Summary of psychiatric history, psychiatric record review, and history of psychiatric diagnoses:
DSM-IV-TR Diagnoses:

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: (GAF) =

Other:

MANAGEMENT PLAN

Precautions to minimize potential for future self-injury:

Information regarding security (property, housing, etc.):

Activities to be implemented if self-injury occurs:

Counseling protocol provisions to address inmate's self-injurious behavior:

REQUIRED SIGNATURES (Signature represents acceptance of the plan)

Facility Mental Health Manager

Date

Facility Psychiatrist

Date

FOR INMATES DISCHARGED FROM MHTC:

MHTC Mental Health Manager

Date

xc: Mental Health File Medical File

Inmate Name: _____ NMCD#: _____ Facility: _____