

The Cost of Long-Term Isolation: A Need for Accountability and Policy Safeguards
in Supermax Prisons Across the United States

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Supermaxes: A Collective Liability

In spite of decades of evidence demonstrating harmful consequences, extended solitary confinement in supermax prisons across the United States remains the preferred method for dealing with behaviorally troublesome prisoners (Arrigo & Bullock, 2008; Haney, 2008). Inherent to its cultural and institutional acceptance is a retributive paradigm of justice in the United States, in which dangerous or illegal behavior deserves punishment and harsh sentences deter plotting criminals from perpetrating future crime. Supermax prisons are 24-hour solitary confinement facilities originally intended as a last resort for inmates within the existing prison system who committed crimes or attempted escape (Haney, 2003). Over the past decade, however, many correctional departments have implemented vague criteria for moving prisoners to supermax facilities including inmates who are behaviorally problematic but not necessarily a security threat or those who are severely mentally ill (Lovell, 2008). The use of solitary confinement as a deterrent and punishment rather than a short-term safeguarding solution is referred to as penal isolation (Cohen, 2008). The United States prison system currently uses penal isolation in supermax prisons as a necessary means to control troublesome inmates (Smith, 2008). This solution can result in negative consequences to inmates, mental health professionals and prison workers, and society.

Penal isolation often results in dangerous and unanticipated consequences to inmates. If not carefully monitored, inmates psychologically decompensate, becoming more of a danger to themselves and others as a result of extended isolation (Kupers, 2008). In viewing long-term solitary confinement as increased punishment (Toch, 2008), supermax prisons employ violent behavioral management techniques including forced cell extractions, tear gassing, rubber bullets, and electric tasers (Human Rights Watch, 2000). The California Supreme Court acknowledged

such tactics as excessively harsh when compared to the controls necessary to maintain routinely prison order and safety (*Madrid v. Gomez*, 1995). The court also conceded that such conditions led to justification of horrendous abuses such as hog-tying and holding inmates in cages outside during severe weather (Arrigo & Bullock, 2008). Toch (2008) termed these excessive and unnecessary controls “custodial overkill.” Custodial overkill exacerbates inmates’ maladjustment to the harsh conditions of supermax confinement and may increase the numbers of inmates with chronic posttraumatic stress reactions, severe mental illness, and a rage toward authority figures (Haney, 2003; Kupers, 2008).

When inmates clearly represent a safety threat, solitary confinement may be the most appropriate method of separating them from the main population. Violence toward fellow inmates or staff and escape attempts, for example, would justify the use of isolation to maintain order and safety. However, inmates transferred to supermax prisons may stay there for several years without reexamination of their need to remain isolated (Lovell, 2008), which may cause and exacerbate serious mental illness (Grassian, 1983; Haney, 2003; International Psychological Trauma Symposium, 2007, December 9).

In addition to negatively affecting inmates, long-term solitary confinement is a threat to the community (Kupers, 2008). One third of inmates at Tamms Correctional Center in Illinois have release dates from their original sentence (Illinois Department of Corrections [IDOC], 2009). Inmates are not sent to supermaxes for rehabilitative purposes, and incarcerates released from years spent in supermax prisons may experience irreparable psychological effects of isolation such as an inability speak or make eye-contact, acute social anxiety, psychosis, and a fractured self-concept (Haney, 2009). Such profound human despair suggests a need to

implement policies safeguarding inmates who are exposed to long-term isolation in supermax facilities.

Supermax policy directly affects psychologists as they provide vital, albeit limited mental health services to inmates in solitary confinement. Due to the isolated status of supermax inmates, most psychological services are given in full-bodied shackles or via video conference (Haney, 2003), limiting the quality of and potential for a strong therapeutic alliance. Moreover, assessment feedback is limited and only a small percentage of supermax prisons screen for any psychiatric illness prior to entrance (Lovell, 2008). Psychologists working in such austere conditions are forced to violate the basic guiding principles of beneficence and nonmaleficence in the American Psychological Association's Code of Ethics (APA, 2002).

Since the psychological effects of extended isolation have been the subject of several studies (Arrigo & Bullock, 2008; Cohen, 2008; Smith, 2008), recent literature has examined the consequences of isolation in new ways. Applying social (Haney, 2009) and systems-based (Clements, Althouse, Magaletta, Fagan, & Wormith, 2007) theories, current literature explores how social and environmental factors heavily shape what culture attributes to inmates' personalities. Social psychologists have described conclusions that people make about the cause of behavior as a product of only "stable" personality traits as the fundamental attribution error (Ross, 1977). In supermax facilities, prison workers often assume that supermax inmates are inherently deserving of solitary confinement, have little hope of recovery, and are morally corrupt individuals (Cooke et al., 2008). While common in American culture, the deserving inmate perspective lacks insight regarding any environmental effects of isolation on the individual. Supermax inmates are similarly affected in that they expect prison workers to abuse them and may act to elicit these responses in a self-defeating cycle (Haney, 2008). The

fundamental attribution error often remains unquestioned in society, and examining its influence may provide a clearer understanding of troublesome but predictable patterns of behavior from inmates in solitary confinement. Insight into this self-defeating cycle can ultimately help foster recommendations to mitigate harmful consequences on an individual and societal level of impact.

History of Solitary Confinement and the Advent of the Modern Supermax

Although supermax prisons are a modern phenomenon, solitary confinement as a form of extended incarceration has existed in the United States since 1829, with the creation of the Pennsylvania Model prison. This type of prison operated with the belief that isolation would allow inmates time and space to reflect on their crimes, promoting inner growth and a connection with God (Cohen, 2008; Smith, 2009). In spite of good intentions, however, prison officials soon discovered unintended traumatic consequences, and the prison system was quickly abandoned (Arrigo & Bullock, 2008). After the closing of Pennsylvania Model prisons and before the implementation of modern supermaxes, isolation was primarily used within existing prisons as a form of time-limited punishment to address behavioral infractions (Haney, 2008). Despite changes in appearance, technology, and motives for implementation, modern supermax prisons operate with nearly identical levels of isolation earlier regarded as torture by the U.S. Supreme Court (Cohen, 2008). Because supermaxes are only built for solitary confinement, inmates are subjected to nearly identical levels deprivation and develop similar psychological sequelae to prisoners of the 1800s in Pennsylvania Model prisons (Smith, 2009).

Professionals began studying the effects of solitary confinement on mental illness from the early stages of psychiatry, when Danish psychiatrists would regularly transfer isolated inmates from Pennsylvania Model prisons to insane asylums (Smith, 2008). At that time, mental

disorders were attributed to abnormalities in the brain, allowing the traumatic effects of isolation to remain unquestioned institutionally through the 1930s (Smith, 2008). In other words, the biological paradigm unknowingly promoted the fundamental attribution error as bizarre and maladaptive behaviors of isolated inmates were ascribed to their personalities rather than the deprived nature of isolation. It is understandable that the effects of isolation were historically attributed to the personalities of inmates, as environmental influences were not clearly understood in the days of the Pennsylvania Model prisons. Even though research has shown how the supermax environment contributes to inmate behavior (Cohen, 2008; Jackson, 2001; Lovell, 2008; Smith, 2008), the fundamental attribution error remains an implicit principle informing public and correctional institutions' promotion of current supermax policies. For example, inmates are often transferred to supermax prisons on the basis of individual risk without accounting for the social or situational factors that may have influenced a particular behavior (Cooke, 2008).

As separate facilities devoted entirely to solitary confinement, supermaxes reflect desolate and sterile living conditions. Over 20,000 inmates are housed in supermax prisons across the United States (Human Rights Watch, 2000). All of these individuals live in near total isolation. They are alone in six by eight feet cells with solid or perforated steel doors for 22 to 23 hours a day, and only allowed out of their cell for isolated exercise. Most supermax facilities permit no contact visits, phone calls, or personal belongings, and a limited variety of reading materials (Amnesty International, 2009; Arrigo & Bullock, 2008; Human Rights Watch, 2000; Jackson, 2001). Meals are eaten alone in the cell and inmates have no access to educational programs (Cohen, 2008). Inmates are shackled before any type of human contact or movement out of the cell (Human Rights Watch, 2000).

Although clearly some inmates require segregation to ensure safety, isolation has traditionally been used within existing prisons and included some social time, phone calls, and was implemented as a short-term procedure until adequate order and safety was established (Haney, 2003). The modern supermax resulted from political, economic, and institutional pressures (Arrigo & Bullock, 2008; Shalev, 2009), not as a tool for inmate rehabilitation. The United States prison population quintupled after 1975, with no raise in funding for any programming or mental health services (Haney, 2003). The war on drugs in the 1990s implemented 'zero tolerance' laws, which mandated harsh minimum sentences and further increased the number of prisoners nationwide (Shalev, 2009). These forces resulted in an enormous increase in behavioral delinquency within existing prisons, which the modern supermax was designed to address (Haney, 2003). A cultural belief that criminals made morally poor decisions ignored the large impact of rising numbers of inmates and a lack of correctional funding, resulting in the decontextualization of crime and the public perception that criminals have no hope for recovery (Haney, 2008).

Psychological Effects of Long-Term Isolation

Individuals exposed to extended stays in solitary confinement are at serious risk for harmful consequences. Self-mutilation, feces smearing, hallucinations, severe social and generalized anxiety, depression, emotional breakdown, suicide attempts, acute psychosis (Arrigo & Bullock, 2008; Haney, 2009; International Psychological Trauma Symposium, 2007, December 9), and posttraumatic stress reactions (Grassian, 1983) are expected and predictable reactions to living in extended isolation. Over 40% of all completed suicides in prison occur in isolation, twice the suicide rate than in general population prisons (Pupovac, 2009). The impact of supermax isolation is so severe that a Texas Supreme Court judge in *Ruiz v. Johnson* (1999)

acknowledged the traumatic effects of its supermax prison including mental illness and considered total isolation as unconstitutional as a form of cruel and unusual punishment.

The effects of extended solitary confinement are also predictable. Early studies like those of Grassian (1983) wrote in favor of creating a mental disorder called Secure Housing Unit (SHU) Syndrome. Although he did not examine inmates' preexisting mental states outside of documented record or the motives of those who agreed to participate in interviews (Clement et al., 2007), he discovered striking similarities in reactions of inmates to extended solitary confinement. Perceptual changes, affective disturbances, hypersensitivity to external stimuli, hallucinations, extreme generalized anxiety, amnesia, paranoia, and difficulties with thinking, concentration, and memory were all common (Grassian, 1983). A Danish prison study confirmed these findings; inmates without mental disorders placed in isolation for four weeks were 20 times more likely to require psychiatric treatment than the main prison population (Koch, 1986).

Social and Environmental Influences

The environmental consequences of long-term isolation have been called *social pathologies* (Haney, 2003) and were defined as:

...adjustments in thinking, feeling, and behaving to adapt to supermax conditions that can be long lasting, difficult to measure, and unknown even to the prisoner that make it possible to survive in isolation but once released, set limits on what the person can become. (p. 138)

General population inmates may experience an "institutionalization" effect in which they are unable to cope with the demands and expectations of society once released (Clements et al., 2008). However, supermax inmates literally depend on the prison to dictate their every move. A lack of ability to assert their will can cause a loss in the ability to initiate or have purpose in a

broad range of behavior (Haney, 2009). In adapting to isolation, social pathologies may become inseparable from inmates' personalities because they are the only influencing forces on the inmate's life for long periods of time. Living in supermax conditions, inmates lose the skills necessary to think, feel, and survive once released. The lack of contact with the outside world can result in poor reality testing and living in a personal fantasy as a primary coping mechanism (Haney, 2003). From an Adlerian perspective, this limits isolated inmates' sense of belonging to the larger whole, which could otherwise increase social interest and feelings of usefulness. The irony of supermax custody is that those who adapt to the isolated conditions—a prerequisite for release—are most likely to be ill-equipped and unable to deal with the social demands of the main prison population (Haney, 2003) or life outside of prison.

Adlerian psychology describes one the most basic human needs and markers of mental health as social interest, in which a meaningful connection to others fosters a desire for positive action, mental clarity, and general well being (Mosak & Maniacci, 1999). The very experience of living inside a supermax prison does not allow for any type of connection to exist, severely restricting all movement and behavior. Because human identity is largely dependent upon the reaction of others in a social context, isolated inmates literally begin to lose knowledge of themselves (Haney, 2009). Although they may have been placed in solitary confinement because of prior maladaptive behavior and a lack of social interest, inmates who have been isolated for extended periods of time may act out to elicit any type of response acknowledging their existence (Haney, 2003) or as a result of mental illness (Lovell, 2008).

Both prison workers and the public are informed that all supermax inmates are the “worst of the worst,” and the only way to be sent there is to commit a violent crime while in prison (Haney, 2009; IDOC, 2009). However, prison records reveal that many documented behaviors

for which inmates are transferred to supermax custody reflect symptoms of severe mental illness including self-mutilation and suicide threats (Haney, 2008; Human Rights Watch, 2000).

Additionally, categories such as “administrative detention” or “disturbed” are used to send problematic—though not necessarily dangerous—inmates, those with prior gang affiliations, and even those known to file grievances against the prison, to indefinite supermax custody (Lovell, 2008). Labels such as “disturbed” have no clinical utility and do not account for the motives or context of the behavior in question (Lovell, 2008).

The “worst of the worst” stereotype increases the fundamental attribution error’s influence (Haney, 2009). As a result, guards may intimidate and provoke the very type of behaviors from inmates they expect (Haney, 2003; Haney, 2008). Correctional departments often use extremely vague criteria to justify supermax confinement including behavioral noncompliance or nonlethal behavioral infractions (Shalev, 2009). Many inmates sent to supermaxes are not presented evidence regarding their transfer (Human Rights Watch, 2000). Once inside, inmates’ voices are silenced and they are assumed deserving of supermax placement (Lovell, 2008). The lack of administrative oversight on transfers to supermax facilities from within correctional institutions allows some inmates potentially be placed in supermax custody to lessen the burden on correctional departments and not because they pose a serious threat.

In addition to vague criteria and a lack of due process, larger social forces impact the make-up of supermax populations. The demographics and narratives of isolated prisoners reveal the extent of racial and economic disparities inherent to supermax inmates. Ethnic minority individuals have always been disproportionate in prisons, and economically disadvantaged people of color comprise up to 90% of supermax populations (Arrigo & Bullock, 2008; Shalev,

2009). Individuals with mental illness have also traditionally been part of prison populations. In a general population facility, 10-20% of inmates suffer from severe mental illness; 29-56% of supermax populations are severely mentally ill (Haney, 2003; Kupers, 2008; Lovell, 2008). Whether inmates were mentally ill before or after entering supermax custody has not been well investigated. Over 40% of general population prisoners have been found to have histories of severe trauma (Dutton & Hart, 1992) and may be re-traumatized by the harsh treatment and physical conditions of supermax isolation (Haney, 2008). Individuals who have or are predisposed to mental illness in general population prisons have the most difficulty conforming to strict rules and are therefore at high risk for supermax custody (Haney, 2009). Isolated conditions in supermax may increase their chances of psychological breakdown.

The lack of resources allocated for psychologists to provide mental health services in supermax facilities sometimes results in unqualified care delivery (Kupers, 2008). Services such as psychotropic medication distribution as well as diagnostic and behavioral risk assessments are routinely performed by individuals with little knowledge of mental illness in some supermaxes (Adams & Ferrandino, 2008). Consequently, the likelihood of inmate mistreatment, maladjustment, or abuse is increased. The scarcity of trained professionals and mental health resources in supermaxes further results in an underdiagnosis of mental illness (Kupers, 2008). The lack of services to inmates most in need may accelerate psychological deterioration. Unqualified care delivery has also resulted in psychotropic medications being prescribed without a diagnostic record in medical charts, for prisoners with “adjustment disorders,” and as a means of moderating disruptive behavior without any particular diagnostic consideration (Adams & Ferrandino, 2008; Kupers, 2008).

Strengths and Successes

In documenting the effects of long-term isolation, research and advocates have provided ample evidence toward changing the focus of supermax prisons to a short-term and last-resort solution. In addition to exposing human-rights violations (Amnesty International, 2009; Human Rights Watch, 2000; International Psychological Trauma Symposium, 2007, December 9), research has addressed the likelihood for total psychological and interpersonal collapse of inmates in supermax custody (Arrigo & Bullock, 2008; Haney, 2003; Lovell, 2008). Regardless of individual and cultural beliefs on the inherent nature and justified treatment of criminals, society must ultimately deal with the consequences when these inmates are released (Kupers, 2008).

Because most supermax prisons operate on a state-funded level, reform is only possible on a state-by-state basis. Despite this challenge, major reform has begun to take shape regarding the treatment of mentally ill prisoners in supermax custody. In 1995, a California State Supreme Court judge in *Madrid v. Gomez* found that supermax conditions were excessively harsh and acknowledged traumatic consequences of the environment. He found no constitutional basis for amending conditions or closing the prison but instead mandated the prohibition of mentally ill prisoners housed in supermax custody. Though nowhere near the total overhaul called for in the literature, this ruling marked the beginning of a positive shift in supermax policy. Since *Madrid v. Gomez* (1995), every State Supreme Court case regarding supermax conditions has ruled in favor of prohibiting mentally ill inmates from living in supermax custody (Pupovac, 2009).

Perhaps the biggest successes come from grassroots coalitions such as Tamms Year Ten. Working alongside Illinois state representatives, Tamms Year Ten proposed a House Bill, HB2633. This legislative bill imposed a one year time limit on any inmate's stay in isolation,

mandatory monthly mental health screenings, and a prohibition of mentally ill inmates from being held in Tamms Supermax prison. The bill garnered 26 co-sponsors and had nearly enough votes to pass, but many legislators saw it as politically risky and would not support it. Though the bill was ultimately unsuccessful, Tamms Year Ten and the legislators' efforts brought the supermax crisis into public scrutiny where it has been unobserved for over 10 years.

Subsequently, Governor Quinn acknowledged Tamms Correctional Facility as the number one problem on the Department of Corrections' agenda and appointed a new head to address the stated concerns (Garcia, 2009, September 17; IDOC, 2009).

Advances in assessment measures reflect another asset in pushing for safer supermax practices. Although not yet standard in forensic settings, actuarial and statistical methods of predicting behavioral problems and future violence have proven much more reliable than clinical judgment alone (Adams & Ferrandino, 2008). Psychologists have recommended using an assessment model in supermax prisons, incorporating the severity of need through the use of standardized metrics rather than clinical evaluation. If funding does not allow for enough mental health practitioners to provide necessary services, psychologists could work with prison officers to utilize similar methods. By using statistical formulas, decisions to transfer inmates to supermax custody would have much less personal judgment and bias. However, even statistical predictions of violence and suicide are never completely reliable (Adams & Ferrandino, 2008). By combining multiple types of individual, clinical, and statistical approaches in assessing risk, there is a better chance of identifying individuals who pose the most serious threat.

Another type of success has come from mental health experts partnering with correctional institutions. When Indiana University and the National Alliance for the Mentally Ill in Indiana created a 10-hour curriculum for correctional officers to teach them about mental illness, the use

of force by officers as well as incidents of acting out by inmates decreased significantly (Adams & Ferrandino, 2008). Although not yet commonplace, this intervention serves as a good example of how mental health professionals can work with and not against correctional institutions for the betterment of all involved.

Disadvantages and Unaddressed Aspects

Despite wide acceptance among mental health, criminal justice, and human rights advocates, true reform has not yet occurred. Landmark cases like *Madrid v. Gomez* (1995) have brought awareness to part of the problem, implementing safeguards for supermax inmates with mental illness. However, most state supreme courts have not weighed in on supermax conditions. Further, the prohibition of mentally-ill inmates does not account for the development of mental illness in previously healthy inmates. Even in these modest successes, physical and social conditions of the supermaxes themselves—the primary cause of dysfunction (Haney, 2009; Smith, 2008)—have not been altered.

The literature's attempt to ameliorate the problem struggles with a lack of disseminating research into the larger community. The majority of published articles are not easily accessible to nonacademic citizens, and therefore remain within the research and criminal justice communities. As such, the public has limited access to the most current and vital knowledge regarding the harmful consequences of supermax isolation. Until investigative journalists released a series of articles addressing supermax concerns at Tamms Correctional Center (Pawlaczyk & Hundsdorfer, August 2, 2009), limited public awareness of the empirical data gave more power to arguments promoting the stereotypes of supermax inmates. Even these articles were met with disdain and cynicism from public opinion, suggesting that even legitimate information has difficulty swaying strongly held social convictions.

Despite solid evidence of harm, decades of publications, and vivid descriptions of what reform would look like, the literature has not explicitly addressed *how* to implement policy change. There are many people who wish to alleviate the problem but lack clear direction. Future research could follow inmates who stayed in long-term isolation longitudinally and examine their outcomes over time. The issue must therefore be addressed not only to a broader audience, but with different levels of consequences underscored. Economically for example, supermaxes are a taxpayer liability, costing an average of \$30,000 more per prisoner per year than the standard maximum security prison (Pupovac, 2009; Shalev, 2009). Tailoring recommendations to specific audience interests and concerns would help to gain support for supermax policy reform.

While psychologists have explored the supermax crisis through a systems perspective (Clements et al., 2007), the use of long-term isolation has not been conceptualized using an Adlerian psychology perspective. The Adlerian concept of holism suggests that a person's behavior reflects multiple levels of influence, and that an individual cannot be fully understood without considering the surrounding social and environmental factors (Mosak & Maniacci, 1999). As such, Adlerian psychology would view the behavior of inmates as inseparable from the guards' behavior, physical conditions of confinement, institutional pressures, and sociocultural influences on supermax policy and populations. Ethnic minority individuals are often discriminated against and given less opportunity to meet basic survival needs than the privileged class in America, increasing the likelihood of criminal behavior (Cooke, 2005). Using Adlerian theory in addressing the supermax crisis may enhance the public's ability to see supermax policy as a community-oriented problem and focus on different levels of intervention that can be addressed in concrete recommendations.

Barriers to Rectifying Supermax Policy

Even if advocates succeed in educating the public on the predictable effects of prolonged isolation, major barriers remain in addressing mental health concerns in supermaxes. While psychologists and advocates continue to contribute essential knowledge to understanding the problem, it will take a public outcry demanding policy change from state legislators before true reform is possible. This is an exceedingly difficult challenge because as previously discussed in this paper, western culture lives in a retributive punishment paradigm. According to such a model, criminals are to be punished and not rehabilitated. Such drastic change requires a fundamental shift in societal thinking and changes in correctional structure. The gravity of this cultural barrier makes major supermax reform a more idealistic than pragmatic goal.

The media is another powerful barrier to raising public consciousness. The constant portrayal of crime and the promotion of justice as punishment have resulted in society's apathy for all aspects of correctional outcomes post-conviction. As such, the consequences of long-term isolation are rarely addressed in public forums or on the news. A shift in literature that addresses the consequences of isolation may cause change in opinions of individuals within society. Understanding that inmates in isolation for over 11 years are thrown back into society without any mental health consultation or step-down training are prone to extreme maladjustment may engender concern from a public citizen's perspective.

Moreover, the media generally highlights a moralistic view of prisoners that perpetuates the fundamental attribution error. Supermaxes are rarely addressed, but when identifying any supermax issue, inmates with mental illness and nonviolent offenders are rarely discussed. Major newspapers covering supermaxes (Marx, 2009) typically discuss the few prisoners who depict the "worst of the worst" stereotype, neglecting the high numbers of inmates with mental illness

or no prior behavioral infractions. In not addressing mental illness or the pathologies caused by isolation, society receives a biased perspective on the issue.

In addition to the media, systemic and structural barriers of racism and poverty further create difficulties in informing public consciousness of the impact different prison environments have on individual mental health. As previously mentioned, prisoners are commonly people of color and from economically disadvantaged groups (Shalev, 2009). African American inmates receive a higher number of violations within prisons than white counterparts, which may be due to correctional officers having a stereotypical view of them as “hostile and aggressive” (Arrigo & Bullock, 2008; Shalev, 2009). Officers may use even more force to subdue their behavior, in turn provoking some of the very behavior penal institutions are trying to prevent (Haney, 2009). This cycle creates a self-fulfilling prophecy of “acting out” (Shalev, 2009). Supermax inmates’ high level of poverty further suggests that most do not have external resources or support, and many of their families are unable to spend money or time advocating for their behalf.

It is also necessary to consider the disparate agendas between correctional institutions and the mental health community as a barrier in addressing change to supermax policy. While mental health advocates are generally concerned with the psychological welfare of inmates, correctional institutions have prison security and order as top priorities (Shalev, 2009). Correctional institutions maintain the upper hand because the majority of the public prefers containment and is uninformed about the community-level consequences of inmates released from isolation. Psychologists working within the system could try to empathize with correctional institutions and strive for a synthesis of considerations; safety and order are top priorities that should not be compromised, but can be maintained with less severe supermax conditions and practices. Ultimately, psychologists can help correctional institutions meet their agendas.

Synopsis of Future Action

The following recommendations are offered from the perspective that isolation should ideally never be used as a matter of general prison policy, but as a short-term last resort necessary to ensure safety until further action can be taken for an individual (Smith, 2009). This perspective is supported by literature demonstrating that the harmful effects of long-term isolation often outweigh the benefits (Jackson, 2001; Kupers, 2008; Lovell, 2008). Psychologists have called for treating isolation with the same constrictions placed on mechanical restraints because of the similarly devastating effects (Cohen, 2008).

Several goals remain to alleviate the exacerbation of mental illness in supermax prisons. Most importantly, professional psychology must strive to tangibly alter the conditions of inmates in long-term isolation. Although suggested safeguards would benefit those housed in isolation, the physical conditions still remain. As such, a true solution to the problem would be the abolishment of solitary confinement (Cohen, 2008). However, such drastic policy change is unlikely without radical social reform. A more practical solution is to reform the criteria for sending inmates to supermax facilities, promote education of prison officials about individual and environmental influences of mental illness, and limit the amount of time supermaxes can hold inmates in isolation without subsequent psychological evaluations and documented evidence as to why they should remain in isolation.

Recommendations in the literature are made on three levels of impact: individual inmates, prison staff, and the role of supermaxes within prison systems. On an individual level, future risk is a paramount concern of prison officials in determining supermax status. Psychologists can advocate to implement routine standardized assessments to help more accurately determine future risk and appropriate treatment needs (Adams & Ferrandino, 2008),

and such assessments should be made with multidisciplinary teams ensuring better accuracy and fairness (Cooke, Wozniak, & Johnstone, 2008). The International Psychological Trauma Symposium (December 9, 2007) advocated for more social activities, visits, human contact, and uninhibited in-depth talks with mental health professionals. Psychologists can help prison officials understand the importance of personal history and individual concerns as relevant and necessary to deciding supermax status (Lovell, 2008). Furthermore, supermaxes should provide incentives for good behavior instead of only punishments for bad behavior (Pupovac, 2009). Individual and group therapies employing support, education, and behavioral and cognitive skills training for individuals with severe mental illness (Lehman & Steinwachs, 1998) could be adapted to work with deficits inherent to individuals living in isolation. Further, inmates with documented mental illness should have adequate access to psychotropic medication.

Empathizing with prison officials can help unite the goals of mental health professionals and correctional institutions. This change in perspective should work to demonstrate that correctional officers and mental health staff are both integral parts of the treatment team. Psychologists can provide basic training to prison staff in counseling and psychotherapy, consultation, activities, behavioral programs, and medication compliance (Adams & Ferrandino, 2008). Positive outcomes like the Indiana University example plant the seed for similar types of programs.

Representing the foremost authority on understanding the environmental and internal impacts shaping human behavior, professional psychology can take direct action to advocate for the welfare of all individuals, especially those with no voice and who have lost all individual rights. A growing legislative voice and the ability to influence social policy can create safer, more humane and efficacious policies aimed toward rehabilitating prisoners who will ultimately

be released into society and safely handling the ones remaining in prison. Although it may be a slow and frustrating process, transformative change may prove beneficial over time. The result of such change would provide more knowledge and safeguards to prison officials as well as curb the increasing rates of severe mental illness and violent behavior for inmates with no chance of release.

The field of professional psychology should take action in the supermax crisis and could stand behind its acknowledged view against torture. Professional psychology can use its legislative presence to try to inform state representatives of the similarities between long-term isolation and other forms of torture, promote fair treatment of the mentally ill, and try to enforce regular mental health screenings of all inmates in long-term isolation. Whether this is possible depends on the level of advocacy APA engages in. Furthermore, the field should insist on providing education to prison officials and guards about social behavior affecting prison cycles of violence and abuse in both prison workers and inmates. Psychologists can work to inform prison institutions of basic appropriate interventions and effective therapeutic skills such as relationship building, incentives for good behavior, and collaborative teamwork.

Proposal for an Innovative, Socially-Responsible Action Plan

Psychology can implement pragmatic and realistic goals to help alleviate the exacerbation of mental illness in supermax prisons. The plan involves conducting future research to gather different types of evidence, and to use this evidence to promote socially just supermax policy. Psychologists can come together to create and implement better assessment techniques to provide safer procedures that would positively impact the material and psychological welfare of supermax inmates, supermax staff, and community members without sacrificing order and safety within the prisons.

Prospective longitudinal research on supermax inmates would help discern to what degree people are able to reintegrate into the general prison or free population after spending time in isolation. Assistance from psychologists and correctional departments in multiple states would widen the data pool and capture the impact of differences among state policies. Both qualitative and quantitative data can be collected from inmates including demographics, recidivism rates in and outside of prison, personal narratives, mental health assessments during confinement, methods of coping, levels of social support, intellectual functioning, as well as personality and cognitive functioning over time. Over time and with accumulating research, research could help discern what factors specific to supermax isolation mediate successful societal reintegration as well as adaptation to isolated environments and the factors influencing recidivism and poor adjustment. These conclusions can help inform supermax step-down or release policy.

The lack of established criteria for release from many supermaxes creates difficulty for inmates to garner any hope or understand what to work toward. Existing and future evidence would help determine and give weight to the implementation of criteria for good release from supermax facilities. Working with prison officials, psychologists could establish appropriate incentives supermax inmates could earn through good behavior and eventual release. For example, inmates could earn contact familial visits or time to listen to the radio for good behavior, and if they obtain no violations within a year they can earn the right to move back to the maximum security prison. Researchers can evaluate and reassess the data yearly to see if successful releases increase on the basis of good behavior as well as follow the number of subsequent behavioral violations to help gauge its effectiveness.

Inmates who are unable to maintain good behavior because of severe mental illness are a major concern for psychologists. In addition to establishing release criteria for good behavior, integrating established criteria for what constitutes a serious mental illness from the current Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, 2000) could be incorporated into correctional policy for supermax eligibility. Any inmate with suicide attempts, active psychoses, or moderate to severe Axis I disorders, for example, would prohibit an inmate from supermax custody. To create an exhaustive list, a team of psychologists and psychiatrists will have to work collectively. Working with correctional departments to help establish the need for monthly mental health screenings can help in many ways. First, inmates who decompensate will have the ability to transfer to a safer environment where they can be treated in an appropriate setting. Over time, the longitudinal psychological assessment data would also help inform these criteria.

Another type of research that could begin now and continue advancing is to create and gather surveys and interviews from community members across the state. This research would include a survey design to assess what knowledge, level of interest, and impact community members feel supermax policy has on their daily lives. This information will be helpful in understanding how people feel concerning the issue and how to best address their concern in working toward a socially just policy. In addition to gathering data from prisoners and surveying community members, interviewing family members of inmates would help to understand the psychological effects of losing contact with children and loved ones. Mental health professionals could use this data to help counsel grief-stricken family members and advocate for contact visits.

The final component of this action plan is to help create more reliable behavioral risk assessments. Predicting future behavior will always be dependent on probabilities as well as

ephemeral and idiosyncratic personality states. However, the longitudinal research may help identify what factors can help to predict the potential for violent behavior, a true readiness for change, or proclivity toward decompensation and self-harm. The use of statistical risk assessments will remain an important component in a series of tools used to help determine the eligibility for release from supermax. Most importantly, each decision to place an individual in supermax custody must be made on an individual basis and take psychological, environmental, and biological factors of the inmate into account.

Supermax prisons are a new trend in society that reflects a growing concern for managing behaviorally troublesome and dangerous inmates. Political, economic, and social forces have resulted in prison policies that can justify overly punitive conditions of inmates in extended solitary confinement. In spite of literature documenting the horrifying and predictable effects of unregulated long-term isolation, it remains the accepted procedure for the majority of the United States correctional departments. Professional psychology can gather more research and advocate for fair treatment of the mentally ill held in supermax facilities while preventing previously healthy inmates from developing severe mental illness. It is psychologists who can raise awareness and provide more evidence of the environmental consequences of isolation and the fundamental attribution error to ensure a fair look at the reality of supermax inmates. Adlerian theory can help others to see that the effects of mental illness cannot be entirely separated from the conditions that breed or exacerbate it. Policy safeguards, state corrections departments, and psychologists can work collectively to maintain a safe environment, humane conditions, due process, and the appropriate and safe reintegration of inmates released from extended supermax isolation.

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