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ACLU and Experts Slam Findings of DOC Report On Solitary Confinement

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The ACLU of Colorado and leading forensic psychology experts are questioning the findings of a report released by the Colorado Department of Corrections (DOC) on the psychological effects of solitary confinement. The report, titled “One Year Longitudinal Study of the Psychological Effects of Administrative Segregation,” concludes that solitary confinement does not cause mentally ill prisoners to get worse. The ACLU noted that this conclusion, which contradicts considerable previous research and prevailing expert opinion, also poses a danger of rationalizing the continued warehousing of seriously mentally ill prisoners in “supermax” conditions that impede treatment and improvement.

Dr. Terry Kupers, one of the world’s leading experts on the psychological effects of solitary confinement, notes that “the methodology of the study is so deeply flawed that I would consider the conclusions almost entirely erroneous. I fear that this seemingly scientific study will be used to justify the use of solitary confinement with mentally ill prisoners in the future.” He continued, “the researchers did not even spend time talking to the subjects about their experience in supermax. And far from finding ‘no harm,’ there were many episodes of psychosis and suicidal behavior during the course of the study - the researchers merely minimize the emotional pain and suffering because they judge the prisoners to have been already damaged before they arrived at supermax. Further, the tests in this study are designed as accompaniments to record reviews and clinical interviews, and are not valid as stand-alone self-reports, which is how this study utilized them. By only including prisoners who volunteered for the study and who can read at an

8th grade level or better, the researchers excluded two of the groups most likely to be adversely affected by solitary confinement: those who refuse to participate in social interaction and those unable to pass time by reading and writing.”

Dr. Stuart Grassian, a Board-Certified forensic psychiatrist and former faculty member at Harvard Medical School, was invited by the study’s authors to review their research.

“Prior to publication, I informed the researchers that their report contains several fatal flaws in methodology, particularly their decision not to analyze to data that contradicted their conclusions. DOC files record incidents of emergency psychiatric contacts (e.g. incidents of suicidal or self-destructive behavior). Among the prisoners in solitary confinement, there were almost two incidents for every three inmates (63%), as compared to less than one incident for every ten inmates (9%) in the general population. This objective data squarely contradicts the authors’ conclusion that solitary confinement does not produce significantly more psychiatric difficulties than does general prison housing. The authors simply declined to perform this straightforward statistical analysis, even after the oversight was explicitly pointed out.

As Dr. Grassian notes, while the study is flawed, there are some useful pieces of data. For example, it confirms that a shockingly high number of inmates in solitary confinement are suffering from serious mental illness.

“The DOC’s study confirms a scandalous and unacceptable reality: there are hundreds of seriously mentally ill prisoners who are essentially warehoused in solitary confinement under conditions that prevent them from receiving adequate treatment for their illness,” said Ray Drew, ACLU Executive Director, who recently toured seven solitary confinement units at various Colorado prisons. “Even if the study were reliable, a proposition many experts contest, it concludes only that solitary isn’t causing further deterioration. But that’s a far cry from meeting the DOC’s legal obligation to provide the treatment the prisoners need.”

The decision to base many of its findings upon inmates’ self-reported information is the report’s most obvious weakness. Prisoners have every incentive to downplay symptoms of mental illness and deny their suffering in order to present themselves as healthy enough to be released from solitary. Yet instead of acknowledging this basic truth, the DOC tries to turn it on its head, noting that prisoners “may have reason to exaggerate their symptoms.”

The report concludes that there was “improvement in psychological well-being across all study groups,” while at the same time noting that the official prison records—a major component of the data—were “inconsistent and incomplete.”

The report's troubling conclusions create the very real danger that it will be used to justify the current system of solitary confinement, allowing it to operate without regard to its ineffective nature, dubious constitutionality, or cost to the taxpayer. Ultimately, well over 90% of prisoners held in solitary confinement will be released to the community. 41% are released directly from solitary confinement to the streets, after years of total isolation from human contact. They don't last long. 68% return to prison within three years, as compared to a 50% recidivism rate in the overall prison population.

"We must address this from a public safety perspective, as well as a policy issue," said Drew. "Furthermore, the practice of releasing prisoners directly to the streets after years of solitary confinement simply cannot continue. It is a danger to the public and an almost surefire way to guarantee that a prisoner will be returning to prison."

EXPERT BIOS

Dr. Terry Kupers is a Board-certified psychiatrist, Institute Professor at The Wright Institute and author of *Prison Madness: The Mental Health Crisis Behind Bars and What We Must Do About It*. He has served as an expert witness and monitor in class action litigation about conditions of confinement such as supermax isolation, the quality of correctional mental health care and the ramifications of sexual abuse of prisoners. He was named "Exemplary Psychiatrist" by NAMI (National Alliance on Mental Illness) in 2005.

Dr. Stuart Grassian is a Board-certified psychiatrist and former faculty member of the Harvard Medical Schools. He has served as an expert witness in numerous lawsuits addressing solitary confinement, and his conclusions have been cited in a number of federal court decisions. He has provided invited testimony before legislative hearings in New York State, Maine and Massachusetts.

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