



# Navigating Ethical Dilemmas in Corrections

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Robin Timme, Psy.D., ABPP, CCHP-A  
Senior Expert  
Falcon, Inc.

Corey Brawner, Ph.D., CCHP  
Senior Expert  
Falcon, Inc.



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# Learning Objectives

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- 1: Recognize professional situations that create ethical dilemmas
- 2: Explain how to deconstruct ethical dilemmas using ethical principles and moral reasoning
- 3: Identify pathways of resolution for ethical dilemmas





# Overview

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- Review fundamental principles of our codes
  - Psychologists, physicians, counselors, social workers, nurses
- Identify commonalities and most applicable principles
- Understand the concept of *dual loyalty* in correctional healthcare, and the inherent risks that make our setting unique
- Explore dilemmas, implications, and how to navigate troubled waters







# Codes of Ethics

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APA, ACA, AMA, NASW, and ANA



# Codes of Ethics

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## Psychology and Professional Counseling

### American Psychological Assn.

- General Principles – Aspirational
  - Beneficence and nonmaleficence
  - Fidelity and responsibility
  - Integrity
  - Justice
  - Respect for people's rights and dignity

### American Counseling Assn.

- Fundamental Principles
  - Autonomy
  - Nonmaleficence
  - Beneficence
  - Justice
  - Fidelity
  - Veracity



# Codes of Ethics

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## American Medical Association

- Principles of Medical Ethics
- A Physician shall...
  - Provide competent care with compassion & respect for dignity and rights
  - Respect the rights of patients, colleagues, others, and safeguard patient confidences and privacy
  - Uphold professionalism, honesty, report physicians' deficient in character or competence
- Respect the law, seek changes in requirements which are contrary to best interest of patient
- Study, apply, advance scientific knowledge
- Maintain commitment to education
- Except in emergencies, free to choose whom to serve, associate, and the environment
- Improve community health
- Responsibility is to patient
- Support access to care for all people



# Codes of Ethics

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## Social Workers and Nurses

- National Association of Social Workers
  - Core Values
    - Service
    - Social Justice
    - Dignity and Worth of the Person
    - Importance of Human Relationships
    - Integrity
    - Competence
- American Nurses Association
  - Nine Provisions
    - Compassion & respect of dignity, worth, uniqueness
    - Primary commitment to patient
    - Promotion/advocacy for rights, health, and safety of patient
    - Authority, accountability for practice
    - Establishes, maintains, improves ethical environment
    - Owes same duties to self as to others – promote health...



A scenic landscape featuring a calm lake in the foreground, a dense forest of evergreen and deciduous trees in the middle ground, and majestic mountains with patches of snow in the background under a clear blue sky. The water reflects the surrounding scenery.

# Dual Loyalty

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A Unique Ethical Dilemma



# Dual Loyalty

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For Discussion

- Held to the standard of ‘first, do no harm,’ does your clinical practice change because of influences unique to the correctional environment?



# Dual Loyalty (Glowa-Kollisch, et. al. (2015))

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- Surveyed 650+/- healthcare professionals working in a large jail
- Provided six scenarios to assess for dual loyalty
- Asked if something like this has happened in their work
- Then asked how they would respond, hypothetically
- Some examples:

Glowa-Kollisch, et. al. (2015). Data-driven human rights: Using dual loyalty trainings to promote the care of vulnerable patients in jail. *Health and Human Rights Journal*, 17(1), 47-59.



# Dual Loyalty

(Glowa-Kollisch, et. al. (2015))

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While being seen for an asthma visit, a patient tells a provider that DOC staff don't ever front cuff him while being escorted, despite a medical order to do so for access to his asthma inhaler. The patient is young and doesn't appear to be having any asthma symptoms during this visit. In addition, the provider is aware that the patient has a high security classification and has been in multiple fights. The patient asks the provider to reprint the medical order for front cuff and give copies to him and to DOC.



# Dual Loyalty (Glowa-Kollisch, et. al. (2015))

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- Have you encountered this?
  - 240 (36.5%) said yes
  - 417 (63.5%) said no
- How would you respond if you were the provider?
  - 274 (42.8%) – Give the orders to the patient and DOC
  - 38 (5.9%) – Refuse to give the orders to the patient and DOC
  - 328 (51.3%) – Try to assess whether or not the patient really has asthma



# Dual Loyalty

(Glowa-Kollisch, et. al. (2015))

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You briefly visit a high security setting to see one patient and ask a few questions before moving on to the rest of your day. While there, multiple other patients call out to you from their cells requesting help with medical, mental health, medication and other issues they are having. After jotting down the names and concerns of several patients, you turn to leave the unit. As you approach the gate, another patient yells out “I’m not getting my medicine, I really need my medicine, these officers won’t let me have my medicine!” You hear a DOC officer yell at the patient and you leave the unit. As you exit the unit, you become worried you should have stopped and spoken with the patient.



# Dual Loyalty (Glowa-Kollisch, et. al. (2015))

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- Have you encountered something like this?
  - 314 (50.2%) said yes
  - 311 (49.8%) said no
- Having left the unit, what are some things you might do?
  - 512 (67%) – Contact the facility clinic, describe the location and concerns of the patient and ask them to check on the patient
  - 64 (8.4%) – Call operations to report
  - 82 (10.7%) – Email the human rights department of the RHA
  - 106 (13.9%) – Other



# Dual Loyalty

(Glowa-Kollisch, et. al. (2015))

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A patient in solitary confinement has become increasingly withdrawn on daily rounds. The patient has a history of adjustment disorder, multiple self-harm gestures and recent assessments of 'goal-oriented behavior to influence housing are.' The patient now begins to bang his head on the walls of his cell, causing laceration(s). After brief transfer to Urgicare for suturing, he returns to the solitary unit.



# Dual Loyalty (Glowa-Kollisch, et. al. (2015))

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- If this patient appears to be escalating the lethality of his self-harm, do you have any concerns about him returning to solitary?
  - 573 (83.3%) said yes
  - 46 (6.9%) said no
  - 45 (6.8%) said unsure
- What are alternative areas for this patient to be housed?
  - Mental health observation unit (563, 70.2%)
  - Hospital (180, 22.4%)
  - General Population (10, 1.2%)
  - Other (49, 6.1%)



# Dual Loyalty (Glowa-Kollisch, et. al. (2015))

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- Do you feel confident in your ability to advocate for a different housing unit placement for this patient?
  - 431 (70.5%) said yes
  - 42 (6.9%) said no
  - 138 (22.6%) said unsure

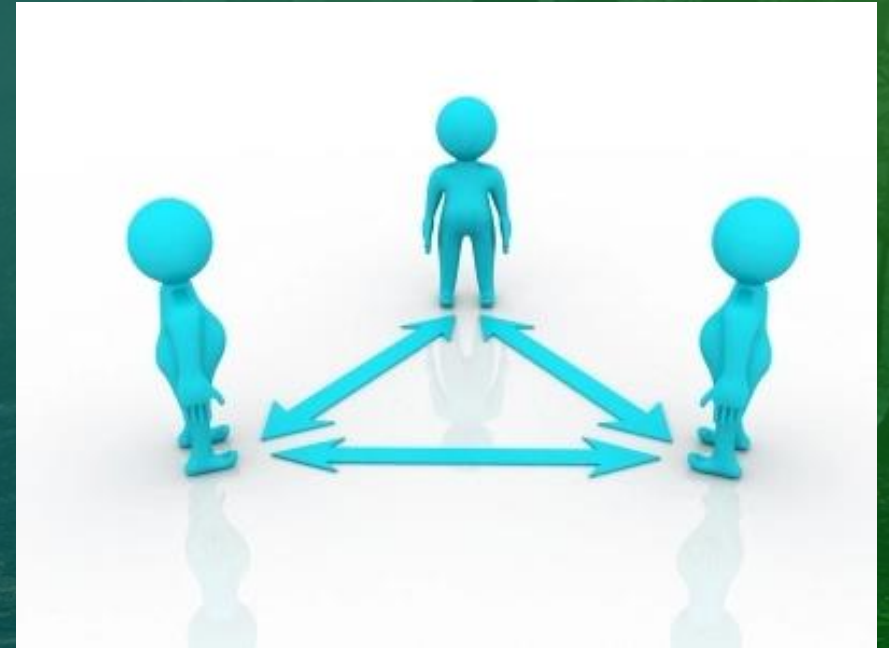


# Dual Loyalty

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## Defined

- Impact of security culture and incarceration on delivery of care
- Fundamentally differing relationships with inmates/patients:
  - Incapacitation
  - Deterrence
  - Retribution
  - Rehabilitation





# Dual Loyalty

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## Defined



- Process of indoctrination
- Reminders that you are in “security’s house,” “security first,” etc.
- A common example of unique dilemma:
  - Please clear this person for placement in segregation



# NCCHC Position Statement

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Solitary Confinement (Isolation) [4/10/2016]

- Correctional health professionals' duty is to clinical care, physical safety, and psychological wellness of their patients
- Correctional health professionals should not condone or participate in cruel, inhumane, or degrading treatment of inmates





# NCCHC Position Statement

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Solitary Confinement (Isolation) [4/10/2016]



- Citing the World Health Organization, United Nations, many professional organizations, conclusively states:
  - Hazardous to the health and well-being of inmates



# NCCHC Position Statement

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## Solitary Confinement (Isolation) [4/10/2016]

- Prolonged (>15 days) is cruel, inhumane, and degrading
- Juveniles, “mentally ill individuals,” pregnant women excluded from all
- Health staff must not be involved in determining whether adults or juveniles are physically or psychologically able to be placed in isolation
- What are the implications of this?
- How does dual loyalty play a role in this process or issue?



A scenic landscape photograph of a mountain valley. In the foreground, a calm lake reflects the surrounding scenery. The middle ground features a dense forest of evergreen trees, with patches of bright yellow wildflowers or shrubs scattered throughout. In the background, majestic mountains rise, some with patches of snow or light-colored rock. The sky is a clear, vibrant blue.

# Ethical Dilemmas

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# Ethical Dilemmas

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## General Information in Correctional Settings

- Involvement in disciplinary decisions creates dilemmas
- What about when staff witnesses or is victim of wrongful action?
- Role of professional: factual objective testimony (IR) vs. recommendations
- What about therapeutic disclosures?
- Do inmates have a right to privacy?
- How do you balance this issue with institutional security?
- Is it ever ethical to breach confidentiality?





# Annual Isolation

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Ethical Dilemmas



# Annual Isolation

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## Ethical Dilemma

- 48 year-old male who has served 10 years of a life sentence
- Housed in Residential Treatment Center (RTC)
- Diagnosed with Schizophrenia
- Convicted of heinous murders
- Sentencing Order mandates 24 hours in solitary confinement on the date of the crime each year
- Classification reminds annually
- First few years, went okay
- Five years ago, symptoms began to worsen around this issue
- Developed panic attacks, acute psychotic episodes
- Three years ago, diverted to Psychiatric Close Observation



# Annual Isolation

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## Ethical Dilemma

- Knowing what we know about the dangers of isolation for SMI populations, what can we do?
- Knowing the impact on this individual, what should we do?
- So much has changed and evolved since 2008 (date of sentence)
- Requested copy of actual sentencing order and reviewed
- Assigned intern to do formal psychological assessment
- Learned as much as possible about relationship between symptoms and isolation experience
- Wrote a letter to the judge
- Sentence modified



A scenic landscape featuring a calm lake in the foreground, a dense forest of evergreen and yellow-leaved trees in the middle ground, and snow-capped mountains in the background under a clear blue sky. The lake's surface reflects the surrounding scenery.

# The Secret

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Ethical Dilemmas



# The Secret

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## Ethical Dilemma

- 38 year-old male 7 years into an 8 year sentence (release date 6 mos.)
- Long history of diagnosed PTSD and Severe Opioid Use Disorder
- Has been in intensive therapy with doctoral-level clinician for 2 years
- Treatment has included cognitive processing therapy and developing re-entry plan
- During session, tells therapist he has been using opioids daily and wants to stop
- States an officer is providing the opioids and “shipment” coming in on Sunday
- What is the ethical dilemma?



# The Secret

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## Ethical Dilemma

- Right to privacy vs. institutional security?
- Safety
- Principles?
  - Beneficence
  - Non-Maleficence
  - Autonomy
- Informed Consent?
- Imagine being in any other setting
  - Hospital
  - Clinic
  - Office park



A scenic landscape photograph showing a calm lake in the foreground, reflecting the surrounding environment. The middle ground is filled with a dense forest of evergreen and deciduous trees, some of which have yellowed with autumn. In the background, majestic mountains rise against a clear blue sky, with patches of snow visible on their peaks and slopes.

# Disoriented

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Ethical Dilemmas



# Disoriented

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## Ethical Dilemma

- 54 year-old male, 20 years into a life sentence
- First-Degree Rape of 7-year-old niece
- Diagnosed with Major Depressive Disorder and on roster for years
- Suddenly begins behaving bizarrely
- Disorientation but mild
- Misses scheduled appointments
- Medical history is positive for Lyme's Disease (2002) and history of CVA
- Evaluated by MH and moved to dormitory-style treatment unit
- Referred for neuropsychological testing



# Disoriented

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## Ethical Dilemma

- Post-doctoral fellow evaluates and diagnosis early-onset dementia – Minor Neurocognitive Impairment Secondary to Lyme's Disease
- Referred to neurology
- Two years later, chief psychologist re-assesses (MoCA – 8/30)
- Major Neurocognitive Impairment Secondary to Multiple Etiologies
- Remains in treatment program, but participation declines
- Plateaus for 12 months – ADL's are okay – then declines again
- Hygiene, orientation, participation in groups
- Admitted to infirmary



# Disoriented

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## Ethical Dilemma

- Disorientation leads to combativeness, but only if unaware of what is happening (anterograde amnesia)
- Officers come to cell unannounced for “bars and windows”
- Panics, backs up, makes officers move faster toward him
- ‘Slow-punches’ at officer
- Sprayed immediately and taken to floor, restrained
- Taken to Restrictive Housing on pre-hearing status
- ‘We can’t have him in the infirmary; he’s too aggressive.’



# Conclusion & Take-Home Points

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- Regardless of setting, our allegiance is to the patient
- Be aware of dual loyalty, recognize its presence
- Dilemmas abound in corrections – recognize, clarify, and consult
- Develop a model/group/process for consultation, and document it
- When you become aware of a conflict or dilemma, approach it actively, do not avoid it (the root of indifference)
- Take care of yourself – you are your most important clinical tool





# THANK YOU!

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