

Solitary Watch

Criminal Justice Issues and Prisoners' Rights

<https://solitarywatch.org/2010/12/04/aclu-and-experts-slam-findings-of-colorado-doc-report-on-solitary-confinement/>

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by [Jean Casella](#) | December 4, 2010

This press release, issued by the ACLU of Colorado this week under the headline used for this post, speaks for itself.

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 are 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.



Jean Casella is the director of Solitary Watch. She has also published work in *The Guardian*, *The Nation*, and *Mother Jones*, and is co-editor of the book *Hell Is a Very Small Place: Voices from Solitary Confinement*. She has received a Soros Justice Media Fellowship and an Alicia Patterson Fellowship. She tweets @solitarywatch.

Accurate information and authentic storytelling can serve as powerful antidotes to ignorance and injustice. We have helped generate public awareness, mainstream media attention, and informed policymaking on what was once an invisible domestic human rights crisis.

Only with your support can we continue this groundbreaking work, shining light into the darkest corners of the U.S. criminal punishment system.

by [Juan Moreno Haines](#)

October 25, 2022

by [Solitary Watch Guest Author](#)

October 13, 2022

by [Vaidya Gullapalli](#)

September 29, 2022

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I did time at the disgusting Freemont Correctional Facility. The reason I say disgusting is because it houses some of Colorado's worst sex offenders. I can not go into specific cases, but, it is not as bad as some may say, even in the hole. I did my fair share of time in the hole there and it really is what you make it out to be. Granted it is very loud and smelly in there, but, you are in PRISON. You committed a crime that caused you to be taken out of society. That is extreme in and of itself. You deserve to face extreme circumstances so you see that it is not good to be stuck in hell and maybe, just maybe you will come out a better person more suited to be in society. There is a saying in prison. Prison will make you a better man one way or another. Meaning, you will either be a better criminal or you will truly become a better man that society can handle. The hole is a dark and dreadful place, but, if you did something to cause you to be put in the hole, then you deserve to be in a place that is away from people. You obviously can not handle being in public without screwing up. I did not like being in prison, but, I learned a valuable lesson while I was there. If you screw up, you pay for your screw up. Screw up big, and you pay big.

I would not wish prison nor the hole on anybody, but, you do the crime, you do the time.

I'm the person that left the email stating that this, so-called report is B.S.

My 29 year-old son had been in a California State Mental Health Hospital for 5 years; he was found to be a P.C. 1026THATS Not Guilty Due to Insanity or N.G.I. The acts he committed were acts that were crazy in nature; he hears voices, he has some hallucinating, and suffers from P.T.S.D. as well. The problem was that the State Hospital did not have the facilities to deal with him when he became violent. The state hospitals a set up like large dormitories where the patients are in a hospital atmosphere, which is good. They are treated by fairly good, some even excellent, psychiatrists. They are treated with dignity and respect, on the whole. My son would, because of the torment these voices would often put him thru, lash out every once in awhile at who ever might be standing near him. My son hated to hurt anyone and often put himself into seclusion a little room that would be locked, but is still on the same unit with his roommates, and where psych technicians could keep an eye on him to make sure he would not harm himself. When he was not in seclusion, he was always able to receive and make calls to us; we spoke once or twice every day for the last 5 years. I always had a good idea of what was going on there and often spoke to his psychiatrist and was allowed to phone-conference with the treatment team once per month, and give my insights and comments. My son was very glad about this as it made him feel safer.

About 18 months ago, my son Zack was feeling very panicky and anxious and did not want to go to lunch. The supervisor wanted him to go; some of the other patients on the unit told the supervisor it was not a good idea for him to send Zack to the chow line as they could tell he was hearing voices and in a mood. The supervisor ignored them and ignored my sons obvious anxiety and made him go stand in the chow line. While standing in line, a staff person from another unit made a comment to my son, which my son took the wrong way, being in the state of mind he was in, and Zack hit the staff person, knocking out 2 of his teeth. The staff person was so angered that he told Zack that he would make sure that Zack got sent to prison. Time passed and my sons doctor added a new medication to what my son was already taking. It had an excellent effect on him and he was calmer, able to attend groups, able to read without confusion, and even able to attend one-to-one counseling twice a week. The psychiatrist said to me that my son was doing so well, he (the doctor) expected my son to be ready to go into the CONREP program by the new year (2011). I was so happy and hopeful because this meant that Zack would be working towards coming home! Suddenly, our son told us one evening that his psychiatrist and another psychiatrist he did not know had gone to talk to him that evening and mentioned something about a transfer to another place and that he had 7 days to ask for a hearing about it. Zack was unable to explain to me clearly what the doctors said, so I decided I would call the doctor in the morning. As it turned out, I was unable to speak to the doctor soon enough to do anything because the following morning, 8 of their largest officers went marching onto the unit (as told to me by several of my sons friends later) laughing about what was about to happen. The entered his bedroom at 6 a.m., began throwing his property into large garbage bags, and woke my son up, had him sign a form, and had him get dressed and hauled him off to the waiting van that would take him on a 7-hour ride to Folsom Prison! He didnt even know where he was going. When I called the unit in the morning to say good-morning to my son, he was not there and the patient who answered the phone told me the whole story. I called the psychiatrist who acted as though he didnt know where my son was taken, but I said I was going to call the hospital director and he suddenly found the name of the prison. Two patients on my sons unit told me that they had overheard two of the officers laughing about how they were going to kick my sons ass before they got him to Folsom; which really frightened me, so I called the prison and spoke to the public information officer. I told him what I had learned and could he keep an eye out to make sure my son was ok when he got there. I was told that the Hospital officers had to take photos of my son before he left the hospital and when he arrived to the prison.

When he arrived, I happened to call just minutes after my son had been processed in, and was told that the assistant warden had come down to receiving to make sure my son was not marked up or beat up. He was alright. My stomach was in knots all day. Now I had to wait to see where they were putting my son. The next day I found out he was placed on the PSUthe psychiatric Services Unit. I contacted a friend of mine who knew the warden and got a call from the Chief Psychiatrist, Dr. Jaffe, who told me that my son would be in a single cell, not allowed any phone calls for a YEAR, exercise in a CAGE which he referred to as a private yard, and would get the top psychiatric care in California! I told him the medications my son was taking from the hospital. Dr. Jaffe said, well 3 of those are not allowed here and I can tell you right now, he wont get them. I asked how could he take my son off those meds just like that; I was worried of the effect cutting him off so bluntly would have, but the doctor did not seem too concerned; say it was the policy of the prison and there was nothing he could do about it. He made it clear that my son was seen as dangerous and would be shackled and cuffed every time he was out of the cell for any purpose. 4 showers a week, only. In his cell 23 hours a day. At some point, he would be allowed to attend groups, but each of the men would be in their individual cages for this, as well. In order to visit, we had to obtain an application form from our son, fill it out, send it back to our son and he was to get it to the proper person to be investigated and approved for visits. I wrote to my son for two months, begging him to send the forms. He never responded. I called every phone number I could find at the prison trying to get someone to help. I knew he was not dealing well with the medication change and could have become psychotic due to being cut off from 3 strong medications all at once. Finally, the wardens executive assistant listened to me cry on the phone and decided to help. She and the public information officer went together to my sons cell and helped him to find the visitation forms, fill them out, sign them and then she put them into an envelope to me personally. She said she could see that my son was very nice, but very confused and could not have filled out the forms on his own at that time. She also said she had not realized that he was not actually an INMATE; he is a PATIENT, because he has never been convicted of a crime. I had tried to tell her this in the beginning, but she would not believe me.

Anyway, we got to finally get our visit and my husband and my other son went to visit him on a Saturday. We waited and waited and finally an officer came over to us and said that Zack could not see us. I asked why and he had a funny look on his face and I just knew that something was wrong. I asked if my son was all right and he seemed nervous. I asked if my son had hurt himself and he nodded yes. I asked if he was alive, he nodded yes and said he could not tell me anything more. We left, there was no one there to talk to because it was the weekend. I called Monday a.m. and found out my son had cut his wrists and was in the crisis clinic. Hed gotten a friend in the clinic to write to me about what had happened because his wrists were all bandaged and he could not write. I couldnt call him, but I did call their medical line about 5 times until a doctor finally called back. I asked her how my son was and she wanted to know how I knew he was in the crisis clinic. I didnt tell her but just asked his condition. She heard how serious I was and told me he was recovering but would be there about 2-3 weeks.

So much has happened. My son should not be in a prison. He is cut off from everything and everyone, does not know how things work in there and just found out how to order from the commissary. Hes been starving because he only had the three meals a day, no snacks or even toothpaste or soap for bathing. he still has not received his first order from commissary. He is afraid to ask anyone anything and says the officers call all of them convict or inmate and not in a nice way. He is frightened in this atmosphere and is starting to believe he will die in there. He begs me to get him back to the hospital. He says he feels he is getting crazier there. I dont know exactly what he means, but I know he is desperate and depressed and angry all at the same time. There is no release there, no where for him to talk to anyone, or to get out his frustration. I have written to the doctor, but have received no response. I am watching my son change every weekend when we go visit him, he looks more disheveled, more tired, never smiles his eyes look so empty. We try to lift his spirits, to talk with him, to pray with him, tell him a joke, but he doesnt react much. This treatment is cruel and tormenting. The mentally ill do not belong in prison. I need help in sending letters to the State, to the prisons, to CDCR, to whoever makes these ridiculous decisions. He was transferred under California Welfare and Institutions Code 7301. Read it if you can. Its one paragraph that can ruin a life. This dr. in Colorado should get locked in solitary for awhile; hell come out crazier than he already is.

Diana

thank you first off to who ever siad that the docs info is bull shit cos it is like i siad i am close frends with Grassian he dose not lie and bet you did not know Terry Kupers was ones Grassians partner yes they at one time where working togethar i am glad to see that CO state is geting thare ass kicked for saying solitary is a good thing they need do but a mouth in thare SHUs and i know they see difrent i hope all i can say is good job Grassian woot and grads on pting this state in its dam place bout time someone ripped them a new one

Let us begin with a nation which boasts the highest rate of incarceration in the world. James Ridgeway named it Incarceration Nation. As always, the extreme will help open our eyes.

A photo essay from Time Magazine.. Fremont County, Colorado, has made incarceration a local specialty industry. Read more:

<http://www.time.com/time/photogallery/0,29307,2009197,00.html#ixzz0wyOMv3Gm>

Text to the various photos. . .

State of the Art

The newest complex in the valley, Colorado State Penitentiary II, is currently under construction in the heart of Caon City. At this facility, a state-prison spokesman says, prisoners wont receive any visits or calls. They wont have contact with anyone. Thats our version of Supermax.

Above citation is take from Prison and the Character of Nations. Obviously some more expert opinions need to consider the definition of torture and the hole specialty besides economic interests.

THIS REPORT IS PURE B.S.!

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