Introduction

The detrimental and counter-productive effects of isolation have been known since the first experiments of solitary confinement at the Eastern State Penitentiary in Philadelphia nearly 200 years ago. In the 1820s, the Quakers built the first American prisons with individual stone cells kept bare except for a Bible to encourage self-reflection and repentance. The belief was the criminal would use the time alone to repent, pray and find introspection. But instead many went insane, committed suicide or were not able to function in society and the practice was slowly abandoned.

Isolation returned to adult facilities about 50 years ago for reasons cited such as overcrowding, increasingly violent inmates, insufficient funding for security and repressive behavior management strategies. It moved into juvenile facilities with other adult practices and policies superimposed on new agencies for lack of an alternative. Over the past decade, juvenile leaders have questioned and eliminated many of the adult approaches, including use of isolation and room confinement.

Performance-based Standards (PbS), a program developed by the Council of Juvenile Correctional Administrators (CJCA) to improve conditions of confinement, has cut in half the time youths spend in isolation or room confinement in participating facilities. PbS sets national standards that establish the highest expectations for facility conditions and services and measures practices impacting the quality of life. PbS trains and supports participants to collect data, analyze the results and change practices to best serve youths, staff, families and communities.

PbS addresses seven areas of facility management: safety, security, order, health/mental health, programming, reintegration and justice. PbS collects both quantitative and qualitative data from administrative forms, youth records, incident reports, exit interviews of youths and climate surveys of youths and staff. The results are presented in easy-to-read reports showing how well facilities meet PbS’ commitment to treating all youths in custody as one of our own. In 2004 PbS won the Innovation in American Government Award for uniquely and effectively addressing conditions of confinement.

PbS standards are clear: isolating or confining a youth to his/her room should be used only to protect the youth from harming himself or others and if used, should be brief and supervised. Any time a youth is alone for 15 minutes or more is a reportable PbS event and is documented. PbS reports isolation, room confinement and segregation/special management unit data together to draw attention to practices that are inappropriate, ineffective and can have deadly consequences1.

1 As reported in the “Juvenile Suicide in Confinement: A National Survey” by Lindsay Hayes, half of the youths who committed suicide were confined in their rooms for punishment; more than half had a history of room confinement.
PbS Goal and Outcomes

Each of the seven areas of facility management is addressed in “Goals, Standards, Outcome Measures, Expected Practice and Processes,” the PbS blueprint, which links the activities, practices and experiences within facilities to performance meeting the PbS goals and standards. The PbS blueprint specifies the standards of performance required to meet each goal, the outcome measures that indicate facility performance and the practices and policies that contribute to achieving success. PbS worked with national safety, behavior management and mental health experts, advocates, researchers and practitioners\(^2\) to establish the following goal for facility order:

“To establish clear expectations of behavior and an accompanying system of accountability for youths and staff that promote mutual respect, self discipline and order.”

The PbS outcome measures in the order area monitor the facility’s behavior management practices, such as engaging youths in programming and following rules as well as responses to misconduct, including use of isolation, room confinement and segregation/special management unit. PbS’ advisors established a comprehensive definition of isolation that includes any instance a youth is confined alone for cause or punishment for 15 minutes or more in his or her sleeping room or another room or separation unit. Exceptions are made for protective isolation, medical isolation or when requested by a youth. The time measured begins when the youth is placed in the room and continues until when he or she leaves, including sleeping time when extending over night.

PbS facilities collect information about the use of isolation and room confinement by reviewing all incident reports during two data collection months a year – April and October. PbS’ growth model measures specific moments in time and monitors progress made toward meeting goals. The incident report data are checked with qualitative survey responses from youths. PbS facilities monitor four outcome measures of isolation and confinement:

- Number of cases of isolation, room confinement and segregation/special management unit is used,
- Average duration of uses of isolation, room confinement and segregation/special management unit,
- Percent of cases terminated in four hours or less, and
- Percent of cases terminated in eight hours or less.

\(^2\) In 1995, PbS created an Order Working Group to draft the goals and standards that were later approved by the National Advisory Board. Members of both included representatives from the American Bar Association – Juvenile Justice Center, Youth Law Center, Council of Juvenile Correctional Administrators, National Council of Juvenile and Family Court Judges, American Correctional Association, National Juvenile Detention Association, Correctional Education Association, National Commission on Correctional health Care, National GAINS Center for People with Co-Occurring Disorders in the Justice System and public defenders, prosecutors, facility administrators, researchers and practitioners.
The Dangers of Isolation and Room Confinement

When PbS was developed in 1995, it was common for a juvenile agency to have inherited policies that permitted isolation sanctions to be ordered in number of days, some as many as up to 30 days. PbS set out to change that mindset and count isolation and room confinement in hours. Currently, very few state agency policies permit extended isolation time for youths and the majority limit time to as little as three hours and a maximum of up to five days.

The release of the landmark “Juvenile Suicide in Confinement: A National Survey” in 2009, ignited changes in suicide prevention practices across the country and drew a direct connection from isolation and room confinement to suicide. The report highlighted many of the dangerous practices that are most likely to lead to suicide in youth facilities, one of which was confining them alone in their room. The research was promoted by PbS and spread across the country to help reduce the use of isolation, room confinement and risks of suicide.

Isolation and Room Confinement Time Cut in Half

Since 2008, the average time a youth spends in isolation has declined in all PbS facilities: long-term correction, short-term detention and assessment centers. Corrections facilities more than cut in half the average time a youth spent in isolation and room confinement from October 2008 to April 2012, the most recent PbS data collection period. The all-time high in October 2008 was an average time of almost 32 hours. In April 2012, the average time was about 14 hours.

During that same time period, the percent of cases of isolation and room confinement ending in four hours or less increased (from 57 percent in October 2008 to 60 percent in April 2012) and the percent of cases ending in eight hours or less increased (from 61 percent in October 2008 to 67 percent in April 2012.) The data shows progress has been made to reduce isolation and room confinement and practices are changing.

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4 The PbS incident report database currently has more than 42,000 incident reports from the past four years that have met PbS’ data quality requirements.
In detention and assessment centers, the average time youths spent in isolation and room confinement dropped from the longest time of about 12 hours in October 2010 to less than six hours in April 2012 – a reduction of more than 50 percent. While not quite as low as April 2009, the most recent average time is still shorter than the trend average since 2008 of eight hours and the decline has been consistent over the past two years.

Also during those two years, the percent of isolation and room confinement cases that ended in four hours or less increased (from 59 to 75 percent) and the percent of cases ending in eight hours or less stayed at 85 percent. Again the data shows progress has been made to reduce isolation and room confinement of youths.

Youths Also Report Shorter Time in Isolation and Room Confinement

In addition to extensive data quality assurance practices PbS employs internally and on-site to ensure reporting is accurate and meets PbS definition and sample size requirements, the data is analyzed with qualitative information from surveys of youths\(^5\). In October 2010 and April 2012, a similar number of youths were surveyed (about 4,000 youths) and the same percent (38 percent) reported being “locked down” or isolated or confined to their room. In both data collection periods, more than half of the youths reported they had not been locked down. The remaining youths either refused to answer, said they did not know or left the question blank.

PbS asks the youths who reported they had been locked down to describe how long they were locked down for and offers a range of choices ranging from “never” to “11 days or more.” In April 2012, the data showed two large percentages changes: six percent more youths reported the shortest time in lock down and five percent fewer youths reported the longest period of time. All three of the shortest descriptions of lock down saw increased percentages and both of the longest time periods saw decreases, showing the field is moving away from isolating and confining youths in their rooms for longer periods of time and supporting the reduction in isolation and room confinement practices documented in incident report data.

\(^5\) PbS facilities survey a minimum random sample of 30 youths and 30 staff every data collection period to assess facility conditions, safety, culture, services, staff-youth relationships, contacts with family and lawyers and overall facility climate.
Reducing Isolation and Room Confinement

There is work to be done but change is happening and needs to be recognized. Dedicated agency and facility leaders and staff are finding ways to change cultures – amidst budget cuts, turnover and politics. PbS facilities are continually working to further reduce use and duration of isolation and room confinement and some facilities have safely eliminated its use, proving it can be done. PbS will continue to help the field by providing resources, networking and site-specific coaching to continue progress implementing behavior management best practices and to sustain positive change.

PbS Reports

The field of juvenile justice knows now more than ever that youths are developmentally different from adults and need to be treated as individuals, within the context of their families, maximizing their strengths and in the care of professionals and agencies dedicated to recognizing kids are kids. PbS focuses exclusively on at-risk and delinquent youths and the facilities and agencies that serve them and will continue to work to improve conditions of confinement, quality of life and outcomes for incarcerated youths, their families and communities.