

# Caring for Inmates in a Specialized Dementia Unit in a Correctional Setting!

## Why You Should Care About inmates with a Dementia Diagnosis, Stay in A Correctional Setting

The Federal Medical Center (FMC) located in Devens Massachusetts and under the direction of Rear Admiral Stephen S. Spaulding, Warden, is opening the first Memory Disorder Unit (MDU) for inmates with a Dementia diagnosis. The unit was modeled after nursing homes memory care units and is the first correctional unit in the country to have staff who are certified in Dementia care. The unit will house 36 inmates who all have a dementia diagnosis and are in the middle stages of the disease. Under the supervision of Warden Spaulding and Captain Bollinger, they chose to use a nursing home dementia unit model. The unit provides a secure living area while recognizing the importance of providing compassionate and competent care.

Establishing this type of nursing home model includes extensive, specialized staff training in Alzheimer's disease and Dementia care. Dementia certification for the educators as Certified Correctional Personnel Dementia Trainers (CCPDT) and the Correctional Officers as Certified Dementia Trained Correctional Personnel (CDTCP) is required to work on the unit. The Alzheimer's Disease and Dementia Care Training and the CCPCT and CDTCP credentials were developed by the National Council of Certified Dementia Practitioners specifically for correctional facilities. Correctional staff deal with unique issues and often times challenging behavior with prisoners who have a dementia diagnosis.

This correctional facility nursing home model includes; policy and procedures developed specifically for the unit. It will include best practices, staff safety, security, pat searches, communication techniques and environmental changes to promote a calming effect, sensory room called Snoezelen, multidisciplinary team approach, medication management, therapeutic recreation and safety modifications. There is also an inmate volunteer program utilizing other inmates in the institution as companions. These inmates have completed comprehensive nurses' aide training, which when they complete the program, they will be certified nurse's aide (CNA'S) they are able to assist with daily care such as ambulation, bathing, toileting, showers and feeding.

The Federal Bureau of Prisons realized the special need for such a unit due to the aging inmate population. FMC Devens was chosen to activate the first MDU. Warden Spaulding chose Captain Bollinger to lead the development team in creating a true dementia unit with therapeutic care and programming. In August of 2018, the development team consisting of nurses, doctors, correctional officers, facilities management and executive staff began collaborating on the policies and procedures to be used in the MDU. All departments at FMC Devens have a vital role in this process. The criteria to determine the placement of inmate that have been diagnosed with Dementia will be created by medical staff and approved criteria to be placed in the MDU. The unit has been designed to accommodate inmates who are ambulatory, in wheelchairs or bed ridden and those inmates that are near end of life will be placed in a comfort care program.

In the prison system we are seeing an increase in aging inmates and many have a Dementia diagnosis. This is due to lengthier sentences, stricter parole laws and the increase in older adults entering the prison system. Many of the elderly have pre-existing health problems such as hypertension, diabetes, HIV Aids, head trauma (from fights or some type of violence) as well as other risk factors such as smoking, limited education and substance abuse. These risk factors add to the increase of dementia 2 to 3 times that of the elderly not in prisons. By the year 2030 one third of all inmates will be over 55. It is widely noted that inmates age faster in prison due to pre-existing medical issues or medical issues they may develop during their incarceration. "Many states consider over the age 50 prisoners, elderly, saying they age up to 15 years faster." Reported by Pam Belluck.

An elderly prisoner with a diagnosis of Dementia leads to; Increased risk of victimization and bullying by other inmates. Increase in depression among dementia inmates, frustration among correctional officers who are ill prepared to respond to behavior challenges (such as wandering, pacing, repetitive questions, yelling or crying out), social anxiety, self-Injury and an increase in falls. An inmate with Dementia can also lead to security threats (pose risk to self, other inmates, and staff), increased medical and mental health issues, round the clock care, total dependency on staff (unable to communicate, perform bodily functions, dress nor toilet themselves), and poor decision making ability as well as suffering from paranoia and confusion. Without proper training all of these issues can lead to correctional staff being overwhelmed, ill prepared and unable to meet daily challenges of inmates with a diagnosis of Dementia. Additionally, the inmate cannot communicate effectively to medical staff about their medical issues and often times don't remember the medical concern.

In an article published in Physicians Weekly, the author noted, "that in California alone, there were over 18,400 inmates over the age of 55. They are in the early stages of implementing a dementia unit. Prior to this unit, they wrote about volunteer inmates who assisted inmates with cognitive decline with toileting, feeding, dressing and ambulation. Additionally, in

California they are adding a Hospice unit to care for dementia patients who are in the end stages of the disease. In California, it is expected to spend \$26,000 per inmate on health care.”

The Federal Bureau of Prisons has decided that we need to have specialized care for inmates with Dementia since Nursing home placement is not an option for violent offenders. Society, Would not want a violent sex offender living on the same hallway as their family members.

Additionally, Nursing homes are not equipped to deal with the increased security issues arising from this type of placement. It is up to the prison system, government and tax payers to look for the change that needs to come in every state. We now have entered a crisis situation in every state.

NCCDP went on to state, that the reason why it is so important to train the correctional staff is because Dementia training has the greatest impact and effect on the staff interaction with the inmates. Staff need to understand the disease process for several reasons. First, they will recognize the signs and symptoms of dementia and report cognition changes and physical changes to the medical staff. Second, by understanding communication difficulties, such as an inmate who does not respond to a command or has a sudden outburst, (which otherwise could result in restraint or punishable misbehavior), the officer may just need to communicate in a different way, possibly breaking down the steps and simplifying the command or question. Thirdly, is recognizing that a behavior is a symptom of Dementia and understanding techniques to calm the behavior down helps the behavior from escalating. Learning communication techniques is very important. Staff need to understand how to respond to repetitive questions, answer in an adult tone and not answer an inmate using baby talk. The key is learning to never argue with a cognitively impaired inmate but to enter their reality and live their truth. With training comes compassion and to be less judgmental. Staff also learn to be flexible as each inmate is unique and so the correctional officer approach with the inmate also has to be tailored to that individual. What works with one person, may not work with the next.

Equally important is providing non-pharmalogical approaches and interventions verses medicating the unwanted behaviors. Non-pharmalogical approaches is a much more human way of navigating the behavior storm. Some examples of non-pharmalogical approaches that can have a positive effect are; exercise, music, aromatherapy, massage, pet therapy and art programs.

No prison system is immune from the greying of the inmate’s population. Let’s first look at providing training to the staff and secondly, how to house and care for the inmates with a Dementia diagnosis. There is already an urgent need for specialty units for inmates with the Dementia diagnosis. The Federal Bureau of Prisons is taking the lead on addressing the elderly inmate population by creating the first correctional dementia unit. It is everyone’s

problem and we can no longer look away.

## About the authors:

Captain Bollinger is the Captain at FMC Devens and will retire after 34 years of service in August 31, 2019.

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### Resources cited and recommending reading:

Prisons and Dementia

[https://www.dementiaaction.org.uk/assets/0003/4619/Prisons\\_and\\_Dementia\\_-\\_DAA\\_briefing\\_paper.pdf](https://www.dementiaaction.org.uk/assets/0003/4619/Prisons_and_Dementia_-_DAA_briefing_paper.pdf)

The Looming Challenge of Dementia in Corrections [https://www.ncchc.org/filebin/images/Website\\_PDFs/24-2.pdf](https://www.ncchc.org/filebin/images/Website_PDFs/24-2.pdf)

Prisons Taking Role of Care Homes and Hospices as Older Population Soars <https://www.theguardian.com/society/2017/jun/20/prisons-taking-role-of-care-homes-and-hospices-as-older-population-soars>

The Impact of Dementia in The Prison Setting: A Systematic View <https://www.ncbi.nlm.nih.gov/pubmed/30269533/>

California Deals with Dementia Among Aging Inmates <https://www.reuters.com/article/us-california-aging-idUSKBN1JF1XI>

Meeting the Challenges of Dementia in Prisons

[https://www.dementiaaction.org.uk/assets/0003/4619/Prisons\\_and\\_Dementia\\_-\\_DAA\\_briefing\\_paper.pdf](https://www.dementiaaction.org.uk/assets/0003/4619/Prisons_and_Dementia_-_DAA_briefing_paper.pdf)

NY Times: Life, With Dementia. Feb 5th 2012

<https://www.nytimes.com/2012/02/26/health/dealing-with-dementia-among-aging-criminals.html>

NY Times Video: [https://www.nytimes.com/2012/02/26/health/dealing-with-dementia-among-aging-criminals.html?\\_r=1](https://www.nytimes.com/2012/02/26/health/dealing-with-dementia-among-aging-criminals.html?_r=1)

Dementia in Prisons: <https://insidetime.org/dementia-in-prisons/>

Physican's Weekly, California Deals with Dementia Among Aging Inmates, June 19th 2018

<https://www.physiciansweekly.com/california-deals-with-dementia/>

Video: Us Prisons Face Increasing Dementia

<https://www.bing.com/videos/search?q=dementia+units+in+prison&&view=detail&mid=F577B603B31F98284F2AF577B603B31F98284F2A&&FORM=VRDGAR>

Spotlight: Prison Gray

<http://correctionalnews.com/2009/12/04/spotlight-julyaugust-2008-prison-gray/>

When Prisons Need to More Like Nursing Homes

<https://www.themarshallproject.org/2015/08/27/when-prisons-need-to-be-more-like-nursing-homes>

The Looming Challenge of Dementia in Corrections, Correctcare Spring 2010 Volume 24 Issue 2

[https://www.ncchc.org/filebin/images/Website\\_PDFs/24-2.pdf](https://www.ncchc.org/filebin/images/Website_PDFs/24-2.pdf)

The Perfect Storm: Inmate Dementia is on the Horizon

<https://www.correctionsone.com/correctional-healthcare/articles/2083910-Perfect-storm-looming-Inmate-dementia-is-on-the-horizon/>

## **Certified Correctional Personnel Dementia Trainer™ CCPDT™**

This certification is open to Correctional Personnel Trainers or Educators who are employed and in good standing at a correctional facility, have a minimum of one-year experience in presenting seminars, seminars, or staff in-services and one year of paid experience in a correctional facility. The seminar is a one day live in-person seminar. In the seminar, you will receive a Correctional Personnel Dementia PowerPoint ADDC curriculum on USB, Instructor Manual, Master Student Handout Notebook, Textbooks (environment, activities, diagnosis, and communication) video titled, Intimacy and Aging: Issues and Answers for Long Term Care on USB, pretest, posttest and certification as a CCPDT. You are then authorized as a CCPDT trainer to provide the Correctional Personnel ADDC dementia correctional personnel training curriculum. Upon completion of your ADDC seminar, the correctional personnel can apply for CDTCP Certified Dementia Trained Correctional Personnel. See the [www.nccdp.org](http://www.nccdp.org) web site for more information.

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## **Certified Dementia Trained Corrections Personnel™ CDTCP™**

This certification is for corrections facility personnel who have attended the live, in-person Correctional Personnel Dementia Care Alzheimer's Disease Dementia Care Curriculum. In addition to attending the CPDC seminar, you must be actively employed and in good standing at a correctional facility, have a minimum of one-year paid experience in a correctional facility and a minimum of a high school diploma to qualify for CDTCP certification. See the NCCDP [www.nccdp.org](http://www.nccdp.org) website for more information.

