# Case Hanged by panic

PO21 Learning Resources

























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# Case – Hanged by panic

This case was developed within the PO21 project<sup>1</sup>, based on the critical incidents approach and the experience of the Prison Officers involved in the project. It can be dynamised using several strategies<sup>2</sup>, according to the training and trainers' objectives.

## **Case Script:**

# **Summary**

#### **Main situation**

At night, an inmate attempts suicide by hanging, and the rope is visible. There are 2 inmates in the room, 1 Prison Officer on section and 6 Prison officers in prison (Head of shift not included, 7 in total). It is not clear if the situation is actual or a diversion. One inmate is hanging, and one is sleeping. The Prison Officer looks inside by the wicket. PO calls the inmate, who reacts with anxiety and aggression.

## Why is it complicated/difficult/challenging:

- · The physical integrity of the inmate is in jeopardy
- · The physical integrity of PO if they enter the cell
- · Not clear if the situation is real or is a diversion
- · Limited staff members for intervention
- · Limited resources to enter
- · Limited knowledge of the inmates / no access to information during night hours
- · Time pressure

<sup>&</sup>lt;sup>1</sup>For more information: http://www.prison-officers21.org/

<sup>&</sup>lt;sup>2</sup>Detailed information on cases dynamisation and development can be found in the Guide for developing cases, produced under the PO21 project





## **Main Characters**

#### **Character 1: Jhon**

Name - Jhon

**Professional description** – Inmate

**Personal/psychological description** – 33 years old. He has been sad for two days, has 2 children, is married, has a university level, and was sentenced to 10 years of detention. In prison for tax evasion/penalty – case in force of res judicata for two days.

Main function/hierarchy - NA

#### **Character 2: Bob**

Name - Bob

**Professional description** – Inmate

**Personal/psychological description** – 28 years old. He is known for aggression, Psychological problems, personality disorder, and drug abuse. 6<sup>th</sup> time in prison. In prison for drug dealing, theft and a charge against a police officer. Sentenced to 10 years of detention.

Main function/hierarchy - NA

#### **Character 3: Marcus**

Name - Marcus

**Professional description - Prison Officer** 

**Personal/psychological description** – 22 years old. In service for one year. It is his third night shift. Introvert, insecure, lacks self-confidence. Has no relationship, no children.

**Main function/hierarchy** – Prison Officer





# Secondary characters or witnesses

### **Character 4: Nico**

Name - Nico

**Professional description** – Head of shift

**Personal/psychological description** – 50 years old, directive style, not much reflection, big ego. Divorced, three kids. Staff members look at him as a brute but trust him in crises. He gives clear orders and knows how to handle a problem. He can keep a clear mind, even in difficult situations.

**Main function/hierarchy** – Head of shift / responsible officer

#### **Character 5: Monica**

Name - Monica

**Professional description** – Doctor, Responsible during the night for medical affairs.

**Personal/psychological description** – 44 years old, She has been connected to prison services for 15 years. Her expertise is high since she has a lengthy professional background. She worked with people with mental disorders. Married, no children, workaholic, energetic, caring.

Main function/hierarchy - Doctor, Medical Staff









# Description of the situation

#### Time

1 A.M. Observation of a crisis at 01.05h. Visual control of room 0022, after hearing a noise.

#### **Duration**

From observation to end of intervention – 30 minutes

#### Location

Long sentences wing - male; closed section

### **Description of the situation**

When patrolling the wing, *Marcus* observes a crisis at 01.05h after a visual control of room 0022 and hearing a noise. He notices one inmate sleeping, but the other inmate is not in bed.

He sees a body with a rope around the neck near the closet. The body is moving. *Marcus* calls John, but he does not respond.

**Bob** wakes up, looks disoriented and starts to react aggressively and later on with anxiety.

He shouts at *Marcus*, who cannot give clear instructions. *Marcus* calls the shift manager/head of shift. He is in a panic.

**Nico** must ask several times to get a clear view of what is happening. **Nico** goes to the section / calls for more backup (2 PO's comply), calls a medical staff member and gives the order to call an ambulance (<u>remark 1</u>: In several countries, the shift manager will call the director or give the order to do so.) (<u>remark 2</u>: in several countries, the fact that the ambulance is called implies that police forces are informed/are summoned).

By the arrival of **Nico** at the section, **Marcus** is in despair.

*Marcus* does not know what to do. He is afraid and says they must go inside to help, but he looks anxious.

The other PO's did not arrive yet. With the arrival of *Nico*, he regains some of his confidence.

**Nico** calls **Bob** to help his roommate by holding him up.

**Bob** reacts with anxiety and aggression (you must help him motherfuckers).

**Bob** does not comply with the instructions.

**Nico** asks **Bob** to come to the door to put on handcuffs (by wicket) but does not comply.

**Nico** decides to wait for the 2 PO's to arrive and go inside the cell to secure the situation and help **Jhon**.

He feels he cannot wait too long and feels time pressure. (<u>remark 3</u>: In several countries, the director has to approve to open the door).

Three people go inside to immobilise **Bob.** 

**Nico**, as Head of shift, stays at the door and gives instructions. He observes the situation and possible reactions of **Jhon**.

**Bob** is put in handcuffs, escorted outside the room (hallway), and put on the floor. He's being guarded by one PO. Two Po's re-enter the cell and help **Jhon.** 

After a check of life, they feel no heartbeat. Reanimation is started by the PO's and overtaken by the doctor after her arrival. During reanimation, they feel a pulse.

The medical staff of the ambulance surpasses the reanimation after arrival. (remark: The director will be informed in some countries – see earlier remark).





#### Reaction of each character

#### Jhon

Jhon is taken to the hospital.

#### Bob

Bob is taken to the separation room. The cell is sealed, and the public prosecutor is informed.

#### Nico

Nico informs the support team. Nico makes a report.

#### Marcus

Marcus makes a report.





#### Result of each action

*Marcus:* The first intervention of *Marcus* is to call both inmates after observing the crisis. The interaction between *Marcus* and *Bob* amplifies the crisis and affects *Marcus*.

He decided to call the Head of shift, but stress took its toll on his communication. In turn, *Nico's* arrival makes him regain some confidence.

**Nico:** He keeps calm and tries to get a clear view of the situation. His clear instructions make his staff members regain control of the situation

He takes every step of the intervention plan and ensures every single person/ service is informed at the right time.

The intervention / entering the room: The decision to open the door comes with risk. Nico is not confident about **Jhon's** situation and cannot exclude a simulation.

The result of the action is **Bob's** compliance, he cooperates with the guards. They can remove him from the cell, making it possible for medical intervention for **Jhon**.

Early contact with other services: The services are informed at the start of the incident. In a later phase, this makes the difference between life and death.

The doctor finally resuscitates the victim. The medical team then takes over the resuscitation.

Aftercare: The person in charge implements the aftercare. It ensures that each service is informed and can take up its duties.

The aftercare for the officers provides support after a complex and heavy incident.





# How to apply this case?

This case can be used in several ways, there is no prescriptive, specific strategy, and the trainer shall choose the specific themes to highlight by applying the case. However, making the best of this resource in terms of promoting debate and stimulating reflection among trainees, common strategies can be:

#### **Brainstorming:**

Create a question about the case and promote group discussion. Remember that in brainstorming is particularly important to register all contributions and to make a summary of all contributions. It is suited to initiate a new theme.

#### **Role-play:**

In the training room, arrange the scenario according to the case description. The trainees should perform the characters as close to the description possible to create a real-life situation. After the presentation, group discussion can be promoted. It is suited to deepen a situation or theme.

#### **Problem-Solving:**

Present the case without providing information on how it was handled and ask the trainees, individually or in groups, to describe how the situation should be handled. Then, dynamise a debate around each new ending for the situation. It is suited to applying theory to practice.

#### Dilemma:

Create a dilemma by designing a new development of the situation. Organise a debate around which was the best solution and why. It is suited to explore complex situations.

#### **Pros and Cons:**

A debate can be used in any strategy. If used as the main strategy, one idea may be to organise the group in two sectors: one, arguing in favour of the resolution and the other, arguing against it. This can be improved by providing other learning resources that support the arguments of each sector. It is suited to deepen a situation or theme.

To learn more about the creation and application of Critical Incidents, you can consult the Critical Incidents Technique Application Guide.