SWASC/SWAA
SOCIAL WELFARE ACTION ALLIANCE

Social Workers Against Solitary Confinement,
an Issues Chapter of the Social Welfare Action Alliance

Dual Loyalty in Solitary Confinement

The literature is clear that prolonged solitary confinement (confinement in excess of 15 consecutive days) is linked to severe psychological and health-related consequences that could be permanent - leading to poorer outcomes, higher recidivism rates, and even early death. Through this lens, helping professionals must conclude that prolonged solitary confinement is not in the best interests of their clients' well-being. This creates an ethical dilemma between a commitment to the client and a commitment to the practice setting/agency when employment in this particular practice area is accepted. This ethical dilemma is known as "dual loyalty", in which a conflict exists between opposing ethical codes that involve professional loyalties. Some important issues to consider when faced with dual loyalty in this situation are:

- Whether or not a professional believes the services being provided are in the best interests of client well-being despite the environmental conditions of solitary confinement.
- Whether or not a professional is able and/or willing to witness the suffering of others as part of the delivery of their services.
- Whether or not a professional can make reasonable attempts to remediate the institutional policies driving the use of prolonged solitary confinement and/or proactively advocate for clients to be released from solitary confinement as soon as possible.

(Read about Dr. Ali Winters, a social worker who worked as a mental health provider in solitary and faced this dilemma.

Other Ethical Issues faced by Helping Professionals in Solitary Confinement Units

When working on a solitary confinement unit, there are multiple ethical conflicts that can arise, either as part of general professional service or the unique tasks required for a particular position. When confronted with these ethical issues, the key is to generate professional decisions based exclusively on ethical principles/codes with client well-being as a central tenet while also understanding the need for safety and security.

Here are some common ethical conflicts inherent to working with those in prolonged solitary confinement:

- Professionals may be asked to participate in disciplinary or placement reviews in which clients are "sentenced" to solitary confinement or their stay on solitary confinement is extended.
- Those with a severe mental illness, those who are members of racial/ethnic oppressed groups, and those who identify as LGBTIQ2S are disproportionately placed in solitary confinement.
- Some clients may prefer to be placed in solitary confinement, at least temporarily, despite the dangers associated with this type of housing assignment.
- In solitary confinement, it often takes one or more correctional officers to transport a client to a private area, making it difficult to offer confidential services.
- Professionals may be asked to complete a psychological evaluation designed to assess and document a person's capacity to withstand the effects of prolonged solitary confinement.
- Because prolonged solitary confinement causes severe psychiatric problems, medication is often used to manage the effects of the environmental conditions on confinement.

Supplemental Reading:

Winters, A. (2019). The ethical conflicts of working in solitary confinement. *Journal of Social Work Values and Ethics. 16*(2), 18-27.

Contemplation points:

1. What are the steps you should take in resolving an ethical dilemma like dual loyalty?
2. If a professional decides to maintain employment as a resolution of dual loyalty, what steps would they need to take in order to ethically do so?
3. If a professional decides to terminate employment as a resolution of dual loyalty, what steps would they need to take in order to ethically do so?
4. What are some self-care techniques you could use to manage your response to witnessing client suffering?
5. What are some actions an ethical helping professional would take to remediate institutional policies regarding solitary confinement or advocate for their clients under such conditions?
6. Is it ethical for a professional to participate in an agency decision that would likely result in dangerous outcomes for clients?
7. What does your Code of Ethics tell you about advocating for social justice - especially for marginalized, vulnerable, and oppressed groups?
8. What ethical code tells you that confidential information should only be disclosed in a private setting in which confidentiality can be ensured?
9. What can a helping professional do when they cannot provide needed services to clients?
10. What is your city or state doing to address the issue of solitary confinement?
11. What can you do, as a professional, to advocate for change in the use of solitary confinement?

Additional Suggested Readings:

Ahalt, C., Haney, C., Rios, S., Fox, M. P., Farabee, D., & Williams, B. (2017). Reducing the use and impact of solitary confinement in corrections. *International Journal of Prisoner Health, 13*(1), 41-48.

Brinkley-Rubinstein L, Sivaraman J, Rosen DL, et al. Association of Restrictive Housing During Incarceration With Mortality After Release. *JAMA Netw Open.* 2019;2(10):e1912516.

Department of Justice. (2016). *Report and Recommendations Concerning the Use of Restrictive Housing*. Washington, DC.

Grassian, S. (2006). Psychiatric Effects of Solitary Confinement. *Wash. U. J.L. & Pol'y, 22*, 325-384.

Haney, C. (2003). Mental Health Issues in Long-Term Solitary and "Supermax" Confinement. *Crime & Delinquency, 49*(1), 124-156.

Kupers, T. (2017). *Solitary: The Inside Story of Supermax Isolation and How We Can Abolish It*. Oakland, California: University of California Press.

National Commission on Correctional Healthcare. (2016). Solitary Confinement (Isolation) *Position Statements* (pp. 6). Chicago, IL: National Commission on Correctional Healthcare.

Pont, J., Stover, H., & Wolff, H. (2012). Dual Loyalty in Prison Health Care. *American Journal of Public Health, 102*(3), 475-480.

United Nations General Assembly. (1994). Convention against torture and other cruel, inhuman or degrading treatment or punishment. (Treaty Series, vol. 1485).

Winters, A. (2018). Alone in isolation: A clinician's guide to women in solitary confinement. *Criminal Behaviour and Mental Health, 28*(3), 217-222.

Call to Action!

1. Go to the Social Workers Against Solitary Confinement (SWASC) website and join this task-force in promoting a conversation surrounding professional ethics and solitary confinement.
2. Watch "Last Days of Solitary" and consider the ethical implications related to the actions taken by the Warden in transitioning away from the use of solitary confinement.
3. Go to the Solitary Watch website and consider participating in their "Photo Requests from Solitary" program.
4. Contact your state department of corrections and request their policies related to solitary confinement. Create recommendations on how your state can implement safe alternatives to solitary confinement.