

About Us

BarNone Inc. is an Idaho-based 501(c)(3) nonprofit organization whose purpose is to eliminate the emotional, psychological and physical bars that justice-involved people suffer from by engaging in three foundational activities:

Awareness: Holding Idaho Reentry Summit events, conducting social media campaigns and speaking to Idahoans to encourage communication, collaboration and education of the criminal justice system, statistics, and of the people who are impacted by incarceration.

Advocacy: Working with members of the Legislature, municipalities, and various agencies to impact public policy.

Resources: Connecting people with community resources and support when they are returning to their community after a period of incarceration and centralizing the information for those resources.

Find out more at www.barnoneidaho.org

This informational booklet and further research available on our website are the works of David Morgan Lund, President of BarNone's Board of Directors, who wrote a paper on Post Incarceration Syndrome for a criminal justice undergraduate class. He spent 15 years incarcerated in Idaho's juvenile and adult prison systems before his release in 2017. David graduated from Boise State University in 2021.



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Post Incarceration Syndrome



BARNONE

Reimagining the Criminal Legal System for Tomorrow

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“We stand at the margins because that’s the only way they get erased.

The world will accuse you of wasting your time but in this place which you say is a waste there will be heard again the voice of mirth and gladness – the voices of those who sing.

Make those voices heard.

You go to the margins not to make a difference but so that the folks on the margins may make you different.”

Father Gregory Boyle, Homeboy Industries

It should be noted that this condition is likely to be exacerbated in prisoners who were incarcerated during the pandemic since many normal functions of the already restrictive prison environment were eliminated. In many prisons, visitation, religious services, recreation, education, and programming were severely reduced or eliminated altogether for more than two years.

Conclusion

Conclusion About 650,000 men and women are released from incarceration each year with some form of PTSD. The U.S. represents 4.4 percent of the world’s population yet houses around 22 percent of the world’s prisoners, according to U.S. Bureau of Justice statistics. The recidivism rate in Idaho is about 35%, and the rate for offenders who were imprisoned for parole violations average about 3% higher. Idaho has one of the lowest crime rates in the country but one of the highest incarceration rates. A substantial portion of those who are incarcerated are repeat offenders. Idaho spends over \$100 million each year to house probation and parole violators.

While there are several efforts being advocated for by organizations like BarNone and the Idaho Department of Correction to reduce the number of people incarcerated each year in Idaho, it is the correctional staff themselves who have the most influence on the prevalence of PICS inside the prisons. Seeking out new ways to interact with those who are incarcerated, de-escalating situations that occur, and humanizing prisoners all have a positive impact. These steps can be as simple as changing the language we use. Instead of prisoner, we can use the term “resident.” Instead of calling residents by their last names, we can utilize their first names and allow them to call staff by their first names. We can also work to understand that negative and antisocial behaviors are the manifestation of something else, and work to resolve that root cause rather than get frustrated by the symptom.

Through increased efforts by front-line staff, correctional officers themselves, we can reduce the harm that incarceration causes Idaho’s citizens by treating residents with dignity and respect, encouraging them to treat staff with dignity and respect, rewarding appropriate behavior while utilizing inappropriate behavior as a learning opportunity, and always working to maintain the dignity of residents in Idaho’s prisons. These actions pay dividends for residents and staff and help to increase success for residents after they are released. Doing so reduces recidivism, which also reduces criminal justice spending, taxes, and crime rates.

insane. All the people around her, the fast movements — it became overwhelming. She kept scanning the room for trouble, all the while processing the fact that she was not going back to segregation after this, she wasn't even going back to the penitentiary. This was her first "normal" life experience.

While absorbing the whole life change around her, Stephanie is also seeing a smartphone for the first time. She saw Facebook, YouTube, and texting for the first time, and truly saw how far life had gone ahead while she was buried deep inside the prison system.

The Effects of Post Incarceration Syndrome

Life inside the penitentiary is extremely hard. The violence and deprivation warp your whole view about having any hope in humanity. You see the total disregard for basic human life firsthand. The years spent literally staring at walls teach you to detach yourself from all the horrors, and you shut out "life on the street" as a survival mechanism. You dream of walking with your shoes off on the beach and listening to the ocean. You envision a meal that doesn't include someone getting beaten up while consuming whatever disgusting food is given that day. But no matter how difficult and degrading the years were that Stephanie spent just trying to survive multiple warzones, the after-effects are the most lasting.

Post-Incarceration Syndrome (PICS) is a mental condition that affects people who have recently been released from prison, and the longer someone is incarcerated, the worse it becomes. Institutionalized personality traits, social sensory deprivation syndrome, and reactive substance use disorders are just a few of the main symptoms of what a returning convict will suffer. Just riding a bus or subway can cause panic. Flashbacks of being herded across the state or even the country in chains then released into a new warzone with basically nothing race through your mind. The simple act of walking into a grocery store or shopping mall can be so overwhelming you immediately need to leave. Stephanie struggles greatly with the demons and horrors she experienced while incarcerated. She would drink before going out in public to numb the hypervigilance that never left her. The fear of going back is crippling. Simple things like having a smartphone, contact with a convicted felon (which is basically everyone you know at this point in your life) on Facebook, or not making it on time for work can end your healing journey before it even begins.

Post Incarceration Syndrome (PICS)

Post Incarceration Syndrome (PICS) is a disorder that affects many currently incarcerated and recently released prisoners and is caused by being subjected to prolonged incarceration in environments of punishment with few opportunities for education, job training, or rehabilitation. While all incarcerated people are at risk of this disorder, the symptoms are most severe in prisoners who have been subjected to prolonged solitary confinement and/or severe institutional abuse. The severity of symptoms is directly related to the level of coping skills a person had before their incarceration, the length of their incarceration, the restrictiveness of their incarceration environment, the number and severity of institutional episodes of abuse they encounter, and the degree of their involvement in educational, vocational, and other rehabilitation programs while they are incarcerated.

The Post Incarceration Syndrome (PICS) is a mixed mental disorder with four clusters of symptoms:

- (1) Institutionalized Personality Traits resulting from the common deprivations of incarceration, a chronic state of learned helplessness in the face of prison authorities, and antisocial defenses in dealing with a predatory inmate culture,
- (2) Post Traumatic Stress Disorder (PTSD) from both pre-incarceration trauma and trauma experienced within the institution,
- (3) Antisocial Personality Traits (ASPT) developed as a coping response to institutional abuse and a predatory prisoner culture, and
- (4) Social-Sensory Deprivation Syndrome caused by prolonged exposure to solitary confinement that radically restricts social contact and sensory stimulation.
- (5) Substance Use Disorders caused by the use of alcohol and other drugs to manage or escape the PICS symptoms.

PICS often coexists with substance use disorders and a variety of affective and personality disorders and may include feelings such as helplessness, fear, isolation, hopelessness, anger and rage.

Symptoms of the Post Incarceration Syndrome (PICS)

Below is a more detailed description of four clusters of symptoms of Post Incarceration Syndrome (PICS):

Institutionalized Personality Traits

Institutionalized Personality Traits are caused by living in an oppressive environment that demands passive compliance to the demands of authority figures, passive acceptance of severely restricted acts of daily living, the repression of personal lifestyle preferences, the elimination of critical thinking and individual decision making, and internalized acceptance of severe restrictions on the honest self-expression thoughts and feelings.

Post-Traumatic Stress Disorder (PTSD)

Post-Traumatic Stress Disorder (PTSD) is caused by both traumatic experiences before incarceration and institutional abuse during incarceration that includes the six clusters of symptoms:

- (1) intrusive memories and flashbacks to episodes of severe institutional abuse;
- (2) intense psychological distress and physiological reactivity when exposed to cues triggering memories of the institutional abuse;
- (3) episodes of dissociation, emotional numbing, and restricted affect;
- (4) chronic problems with mental functioning that include irritability, outbursts of anger, difficulty concentrating, sleep disturbances, and an exaggerated startle response.
- (5) persistent avoidance of anything that would trigger memories of the traumatic events;
- (6) hypervigilance, generalized paranoia, and reduced capacity to trust caused by constant fear of abuse from both correctional staff and other inmates that can be generalized to others after release.

(3) Convert 80% of our federal, state, and county prisons into rehabilitation programs with daily involvement in educational, vocational, and rehabilitation programs;

(4) Eliminate required long mandated minimum sentences;

(5) Institute universal prerelease programs for all offenders with the goal of preparing them to transition into community-based addiction and mental health programs;

(6) Assuring that all released prisoners have access to publicly funded programs for addiction and mental health treatment upon release.

Soul Murder

Soul murder is a term that Dr. James Gilligan, professor of psychology and law at NYU, uses to describe long-term incarceration. This “destroying of someone’s personality, the sense of their own aliveness,” is a condition most of the more than 2.3 million people in prison will bring with them after their release as they attempt to reenter society and begin their journey back to a normal life. But these returning citizens will quickly find out just how difficult that journey will be.

“I remember the day I was released like it was yesterday,” Micah said. “My family picked me up outside the prison in St. Anthony and I had three days to get back to Boise for my parole. Those were the best three days of my life after seven years inside.”

The day Stephanie was released was quite different from Micah. The moment she was picked up at the prison she was greeted with the best and worst sight she could possibly see: her family. Stephanie was in sheer horror as they introduced themselves to the correctional officer in visiting. She gave her family hugs and bummed a cigarette from her brother. Leaning back against the hood of her mother’s car, she lit up the most bittersweet cigarette of her life. She’d quit smoking for years on the inside but needed something to simmer down the level of stress she felt at that exact moment. It was the first time she realized the obstacles that came with readjusting to civilization.

They went to the local IHOP where Stephanie sat down at a normal table for the first time in years. Just looking at the menu and knowing she could order anything was completely mind-bending. The feeling of having a real plate, real cup, real silverware after years of sporks and plastic trays were

Stage 5 is marked by an effort to avoid violence by severe isolation to avoid the triggers of violence;

Stage 6 is marked by the intensification of flashbacks, nightmares, sleep impairments, and impulse control problems caused by self-imposed isolation. This leads to acting out behaviors, aggression, violence, and crime, which in turn sets the stages for arrest and incarceration.

Currently, 60% of prisoners have been in prison before and there is growing evidence that the Post Incarceration Syndrome (PICS) is a contributing factor to this high rate of recidivism.

Reducing the Incidence of PICS

Since PICS is created by criminal justice system policy and programming in our well-intentioned but misguided attempt to stop crime, the epidemic can be prevented and public safety protected by changing the public policies that call for incarcerating more people, for longer periods of time, for less severe offenses, in more punitive environments that emphasize the use of solitary confinement, that eliminate or severely restrict prisoner access to educational, vocational, and rehabilitation programs while incarcerated.

The Political Antidote for PICS is to Implement Public Policies That:

- (1) Fund the training and expansion of community-based addiction and mental health programs staffed by professionals trained to meet the needs of criminal justice system clients diverted into treatment by court programs and released back to the community after incarceration;
- (2) Expand the role of drug and mental health courts that promote treatment alternatives to incarceration;

Antisocial Personality Traits

Antisocial Personality Traits are developed both from preexisting symptoms and symptoms developed during incarceration as an institutional coping skill and psychological defense mechanism. The primary antisocial personality traits involve the tendency to challenge authority, break rules, and victimize others.

In people with PICS, these tendencies are veiled by the passive-aggressive style that is part of the institutionalized personality. People with PICS tend to be duplicitous, acting in a compliant and passive-aggressive manner with therapists and other perceived authority figures while being capable of direct threatening and aggressive behavior when alone with peers outside of the perceived control of those in authority. This is a direct result of the internalized coping behavior required to survive in a harshly punitive correctional institution that has two sets of survival rules: passive aggression with the guards, and actively aggressive with predatory inmates.

Social-Sensory Deprivation Syndrome

The Social-Sensory Deprivation Syndrome is caused by the effects of prolonged solitary confinement that imposes both social isolation and sensory deprivation. These symptoms include severe chronic headaches, developmental regression, impaired impulse control, dissociation, inability to concentrate, repressed rage, inability to control primitive drives and instincts, inability to plan beyond the moment, inability to anticipate logical consequences of behavior, out of control obsessive thinking, and borderline personality traits.

Reactive Substance Use Disorders

Many inmates who experience PICS suffer from the symptoms of substance use disorders. Many of these inmates were addicted prior to incarceration, did not receive treatment during their imprisonment, and continued their addiction by securing drugs on the prison black market. Others developed their addiction in prison to cope with the PICS symptoms and the conditions causing them. Others relapse to substance abuse or develop substance use disorders because of using alcohol or other drugs to cope with PICS symptoms upon release from prison.

PICS Symptoms Severity

The syndrome is most severe in prisoners incarcerated for longer than one year in a punishment-oriented environment, who have experienced multiple episodes of institutional abuse, who have had little or no access

To education, vocational training, or rehabilitation, who have been subjected to 30 days or longer in solitary confinement, and who have experienced frequent and severe episodes of trauma because of institutional abuse. The syndrome is least severe in prisoners incarcerated for shorter periods of time in rehabilitation-oriented programs, who have reasonable access to educational and vocational training, and who have not been subjected to solitary confinement, and who have not experienced frequent or severe episodes of institutional abuse.

Reasons to be Concerned About PICS

There is good reason to be concerned because about 40% of the total incarcerated population (currently 700,000 prisoners and growing) are released each year. The number of prisoners being deprived of rehabilitation services, experiencing severely restrictive daily routines, being held in solitary confinement for prolonged periods of time, or being abused by other inmates or correctional staff is increasing.

The effect of releasing this number of prisoners with psychiatric damage from prolonged incarceration can have several devastating impacts upon American society including the further devastation of inner-city communities and the destabilization of blue-collar and middle-class districts unable to reabsorb returning prisoners who are less likely to get jobs, more likely to commit crimes, more likely to disrupt families. This could turn many currently struggling lower-middle-class areas into slums.

As more prisoners are returned to the community, behavioral health providers can expect to see increases in patients admitted with Post Incarceration Syndrome and related substance use, mental, and personality disorders. The national network of Community Mental health and Addiction treatment Programs need to begin now to prepare their staff to identify and provide appropriate treatment for this new type of client. The nation's treatment providers, especially addiction treatment programs and community mental health centers are already experiencing a growing number of clients experiencing Post Incarceration Syndrome (PICS). This increase is due to several factors including: the increasing size of the prisoner population, the increasing use of restrictive and punishing institutional practices, the reduction of access to education, vocational training, and rehabilitation programs; the increasing use of solitary confinement and the growing number of maximum security and super-max type prison and jails.

Both the number of clients suffering from PICS and the average severity of symptoms is expected to increase over the next decade. In 1995 there were 463,284 prisoners released back to the community. Based upon conservative projections in the growth of the prisoner population it is projected that in the year 2000 there will be 660,000 prisoners returned to the community, in the year 2005 there will be 887,000 prisoners returned to the community, and in the year 2010 1.2 million prisoners will be released. The prediction of greater symptom severity is based upon the growing trend toward longer periods of incarceration, more restrictive and punitive conditions in correctional institutions, decreasing access to education, vocational training, and rehabilitation, and the increasing use of solitary confinement as a tool for reducing the cost of prisoner management.

Clients with PICS are at high risk for developing substance dependence, relapsing to substance use if they were previously addicted, relapsing to active mental illness if they were previously mentally ill, and returning to a life of aggression, violence, and crime. They are also at high risk of chronic unemployment and homelessness.

Post Release Symptom Progression

This is because released prisoners experiencing PICS tend to experience a six-stage post-release symptom progression leading to recidivism and often are not qualified for social benefits needed to secure addiction, mental health, and occupation training services.

Stage 1 of this Post Release Syndrome is marked by Helplessness and hopelessness due to the inability to develop a plan for community reentry, often complicated by the inability to secure funding for treatment or job training;

Stage 2 is marked by an intense immobilizing fear;

Stage 3 is marked by the emergence of intense free-floating anger and rage and the emergence of flashbacks and other symptoms of PTSD;

Stage 4 is marked by a tendency toward impulse violence upon minimal provocation;