AMERICAN PSYCHOLOGICAL ASSOCIATION

APA RESOLUTION Opposing Involuntary Individual Isolation of Youth in Juvenile Justice Settings

FEBRUARY 2024

Consistent with APA's earlier position on this issue, the following specific recommendations provide that while Council continues to support "efforts to eliminate the practice" (APA, 2017), additional specificity is needed with respect to youth solitary confinement. Thus, Council adopts 10 recommendations, based on a close examination of the best available science and practice in this area, and enacts these recommendations as APA policy so that APA is positioned to advocate for approaches fostering positive, preventative youth development and behavior changes in adolescence, and to advocate against harmful involuntary individual isolation of youths in carceral or detention settings. Those 10 recommendations (followed by a list of references) are:

1. The APA recommends that the solitary or room confinement of youths—involuntary isolation of a youth in a locked cell or room—be prohibited,[1] except under truly exigent or emergency circumstances, in response to instances in which the youth is an imminent danger of serious physical harm to themselves or to others. Thus, the brief involuntary isolation of a youth from others must never occur unless it is absolutely necessary to achieve stabilization or protection of the youth and/or other persons from serious physical harm. Further, the separation of youths from others must never be a substitute for adequate staffing numbers, staff training, and supervisory and/or administrative support. In every instance, adequately trained staff must first employ alternative best practices methods for de-escalation, stabilization, protection, and/or risk reduction.
2. This placement should be allowed to continue only as long as the danger itself persists, and/or the exigent circumstance continues, a duration that should be the shortest amount of time needed until these circumstances abate and the person can return to programming in a manner safe for the person, other detainees, and staff. Consistent with best practices (e.g., Annie E. Casey Foundation, 2014), APA recommends that this time should be limited to no more than 4 hours, except as explained in #3, during which time the youth should be continually monitored and supported, ideally by qualified mental health staff. The youth should receive a mental health assessment in a timely manner and, when warranted, evidence-based treatment initiated. Staff must return the youth to programming as soon as they have regained self-control and no longer represent an imminent danger of serious physical harm to themselves or to others.
3. In the exceedingly rare instance in which solitary confinement is deemed to be necessary beyond 4 hours, staff shall: a) document the reasons for solitary confinement and the basis for the extension, the date and time the youth was first placed there, and when they are eventually released; b) develop and implement an individualized plan that includes the goals and objectives to be met in order to expedite the youth's return to general population or transfer to a facility better equipped to address the youth's clinical, socialization, or other needs; c) document the interventions or treatments that have been attempted during their period of isolation; and d) obtain documented authorization by the facility superintendent or their designee every four hours thereafter.
4. Solitary confinement should never be used for punishment or disciplinary purposes, or for the protection of property. The separation of youths from others must never be a substitute for adequate staffing numbers, staff training, and supervisory and/or administrative support. At no point should a youth subjected to solitary confinement be deprived of educational or other services to which they are legally entitled.
5. Every youth subjected to this extremely rare sanction should be told why this has occurred and reassured that immediate steps are being taken to remove them to a more appropriate alternative setting. Staff should engage with youths to develop an individualized plan so they can be released in the least amount of time possible. The staff and supervisors should understand and clearly convey, in a language the youth understands, the fact that the goal is to support the youth's placement in a more appropriate, less restricted setting in as short a time as is possible.
6. Rather than relying on solitary confinement, youth carceral and detention facilities should always prioritize the use of evidence-based strategies for responding to undesirable behavior and enhancing positive youth development and learning experiences. Disciplinary infractions should signal a potential need for intensified assessment and/or intervention rather than any deprivation of services already

[1] This is not intended to prohibit the widespread and routine practice of locking youths in their cells or rooms during nonwaking hours.

supporting the youth, and should include enhanced access to educational, medical, and mental health services.

7. These recommendations are intended to apply to what are sometimes termed "time outs" or "room placements." They, too, should be exceedingly rare, used only as a last resort in response to imminent threats of harm to self or others, require de-escalation or therapeutic intervention, and be carefully time limited. That is, they must occur in conjunction with ongoing staff supervision, and subject to clear rationales and consistently implemented policies and practices that limit the duration of separation and preclude harsh conditions of confinement.
8. This resolution applies specifically to what we have defined as solitary confinement—the involuntary isolation of a youth alone in a locked cell or room. We recognize that, although determining "voluntariness" in an inherently the coercive environment of a youth detention facility is extremely difficult, instances of "voluntary" isolation can be problematic and pose potentially serious risks. Because it deprives persons of meaningful human contact, prolonged voluntary isolation also can be harmful in many of the same ways that involuntary isolation is. In addition, choosing to be alone for prolonged periods may reflect underlying psychological issues that require caring treatment and/or legitimate safety concerns. For these reasons, voluntary isolation should precipitate a timely mental health assessment, appropriate therapeutic intervention, ongoing careful monitoring and support, and/or a determination and resolution of existing institutional safety concerns.
9. Youths of color are disproportionately subjected to harsh disciplinary sanctions (such as solitary confinement) and for longer periods of time. Other groups, such as persons with physical and/or intellectual disabilities neurodevelopmental disabilities (including autism and intellectual disabilities) also may be subjected to disparate treatment in the youth justice system (e.g., Kincaid & Sullivan, 2020). Continued research is needed to assess how institutional policies and practices contribute to disparities among racial/ethnic, LGBTQ, and other particularly vulnerable youth populations, including those with physical and/or intellectual disabilities, in use of such harsh sanctions. Further, institutions must examine needs for administrative and staff training, provide training on implicit biases, trauma-informed care, culturally informed practices, and the range of negative consequences of unwarranted or harsh sanctions to aid in reducing these disparities.

10. The APA recommends that existing deficiencies in the collection and reporting of reliable data with respect to the full range of disciplinary sanctions applied to youth and their stated rationales be addressed. This includes a recommendation that federal agencies (e.g., Office of Juvenile Justice and Delinquency Prevention (OJJDP)) and/or state youth justice authorities keep accurate track of and publicly report the frequency, prevalence, duration, conditions, and rationales for various forms of individual confinement, disaggregated by subpopulations and identities (gender, racial/ethnic, LGBTQ, physical/intellectual disability, etc.).

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