



Resident Watch Companion Program Guide

Table of Contents

RESIDENT COMPANION PROGRAM GUIDE	1
TABLE OF CONTENTS.....	2
SECTION I	3
RESIDENT COMPANION SELECTION CRITERIA	3
GOOD LISTENING, VERBAL AND WRITING SKILLS	3
PHYSICAL AND MENTAL HEALTH CRITERIA	3
PERSONAL PHILOSOPHY INCLUDES RESPECT FOR ALL HUMAN BEINGS.....	3
MOTIVATION TO SERVE	3
SUFFICIENT SENSE OF RESPONSIBILITY TO CARRY OUT THE DUTIES OF AN RESIDENT COMPANION	4
'SEPARATENESS' ISSUES.....	4
SECTION II	5
SIGNS AND SYMPTOMS OF DEPRESSION AND SUICIDAL RISK.....	5
BEHAVIORAL INDICATORS OF SUICIDAL RISK	5
FACT OR FICTION.....	5
SECTION III	7
RESIDENT COMPANION ROLES AND RESPONSIBILITIES.....	7
NOTIFY	7
OBSERVE	7
RECORD	7
ACTIVE LISTENING	7
SECTION IV	8
TIPS FOR RESPONDING TO SUICIDAL INDIVIDUALS.....	8
BE A SOUNDING BOARD	8
DEALING WITH ACCUSATIONS	8
KEYS TO SUCCESS	8
RESPONDING THROUGH ACTIVE LISTENING.....	9
SUMMARIZING.....	9
ACTIVE LISTENING SKILLS INCLUDE.....	10
REPEATING	10
PARAPHRASING	11
REFLECTING FEELINGS	11
FEEDBACK.....	12
SUMMARIZING.....	12
SECTION V	13
WATCH PROCEDURES	13
COMPANION WATCH SHEET	13
USING QUOTATION TO DOCUMENT-VERBAL CUES.....	13
STAFF NOTIFICATIONS	14
CONTACTING A CLINICIAN:.....	14
WHAT DO YOU DO IF YOU HAVE A CONFLICT?.....	15
DEBRIEFING (OCCURS AS NEEDED).....	15
RECORDING YOUR HOURS	15
LOGISTICAL ISSUES.....	15
CONFIDENTIALITY	16
ACKNOWLEDGEMENT OF UNDERSTANDING	17

Resident Companion Program Guide

SECTION I

Resident Companion Selection Criteria

Resident companions play an important role in the IDOC suicide risk management program. The following criteria are vital for those in the resident companion program.

Good Listening, Verbal and Writing Skills

When selecting new resident companions, the following skills are desirable and through training and practice, these skills can be learned and enhanced. The role of resident companion requires:

- The ability to communicate clearly and calmly
- The ability to use active listening skills (training and practice opportunities are provided)
- The ability to communicate assertively (not passively or aggressively)
- The ability to write clearly and legibly (entries in the log must be clear enough for people to read).

Physical and Mental Health Criteria

Being on watch and interacting with emotionally disturbed individuals can be difficult, both physically and emotionally. For that reason, resident companions must:

- Be physically healthy – No medical problems that could interfere with fulfilling duties.
- Be mentally stable – Not suffering from an active mental illness or a recent personal loss (does not include a mental health issue that is currently stable – through medication or otherwise).
 - **You may request a few days off because you are struggling with a difficult situation (death in the family, upcoming court, etc.) However, you will have to be seen by a clinician and have their approval prior to resuming work as a resident companion.**
- Not be on any medication that interferes with their ability to stay alert.
- Have the ability to sit in front of a watch cell for up to four hours. Therefore, must not suffer from significant back problems or sleep disorders.
- Not suffer a significant hearing or vision loss that would make them unable to monitor or observe residents on a monitoring status.

Personal Philosophy Includes Respect for All Human Beings

Resident companions

- Value life
- Want to help others recognize self-worth
- Believe that life has meaning
- Believe that every person is worthwhile
- Treat others with consideration and respect
- Are sensitive, tolerant, and respectful of individual differences

Motivation to Serve

Individuals serving as resident companions must be strongly motivated to do so and are motivated for the right reasons. A desire to serve humanity comes out of things like:

315.02.01.001

Resident Companion Program Guide v1.0

(Manual last revised on 10/31/2016)

Resident Companion Program Guide

- Wanting to contribute to the community one lives in (wanting to give back).
- Believing all human life has value.
- Desiring to contribute to another's well-being.

Sufficient Sense of Responsibility to Carry Out the Duties of an Resident companion

Resident companions must be responsible. Responsible individuals:

- Do what they say they will do.
- Are where they say they will be.
- Have the courage to speak up if they are unable to do something.
- Always do the best they can.

'Separateness' Issues

Separateness: One of the biggest dangers for individuals in helping relationships is that of over-identifying with the individual who is being helped. Resident companions must maintain their individuality while working with suicidal individuals.

Enmeshment: Enmeshment is the process in which one person becomes so connected to another (over-connected) that the first person can no longer tell where he begins and the other person leaves off. This type of relationship creates a bond that causes an unhealthy dependency on others rather than facilitating a healthy independent individual.

People pleasing: People-pleasing means doing things to look good or gain others approval. We all want to feel good about ourselves. Doing the right thing in the role of resident companion could be difficult for the person who has a strong desire to please others. For instance, if you did not want to report dangerous behavior because the officers were busy and you did not want to bother them.

Remember: being a resident companion is not, the place to get one's own needs met. Issues of separateness or enmeshment can arise for individuals who have experienced similar circumstances in their own lives. If you, a family member, or a close friend has participated in suicidal behavior, make sure you are in a healthy enough place in your life, where you will not be putting yourself or someone else at risk by becoming a resident companion.

Resident Companion Program Guide

SECTION II

Signs and Symptoms of Depression and Suicidal Risk

It is impossible to know if a person will commit a suicidal act, but certain conditions can suggest the likelihood of an act.

Behavioral Indicators of Suicidal Risk

- Sleeping difficulties or irregular sleeping hours (sleeping too much or not at all)
- Recent personal loss or crisis
- Neglect of personal hygiene
- Easily tired or general loss of energy
- Weight loss or loss of appetite
- Weight gain or overeating
- Progressive health problems such as a chronic or terminal illness
- Emotionally flat, emotions remain the same rather than normal ups and downs
- Self-injury or self-destructive behavior
- Frequent crying
- Moods of depression, apathy, despondency, or despair
- Feelings or expressions of helplessness and hopelessness
- Being socially withdrawn
- Sudden mood swings from hopeless, depressed, or despondent to elated or carefree
- Giving away personal possessions
- Expressing suicidal thoughts or plans
- Composing a suicide note
- Asking questions about death
- Talking of death or afterlife
- Recently receiving a long prison sentence, losing an appeal, or being turned down for parole
- Highly agitated, afraid, or angry
- Severe guilt, embarrassment, or shame
- Obvious psychosis such as loss of reality, paranoia, delusions, hallucinations

Fact or Fiction

1. People with mental health issues are more likely to commit suicide.

Fact: Studies show that more than 90% of people who completed suicide had one or more mental health disorders. People with the following disorders are at particular risk: depression, schizophrenia, drug dependency, and panic disorders.

Resident Companion Program Guide

2. People who talk about suicide do not commit suicide.

Fiction: Most people who commit suicide have talked about or given definite warning signs of their suicidal intentions.

3. Females commit suicide more frequently than men do.

Fiction: Males complete suicide four times more often than females. However, non-fatal suicide attempts are greatest among females and young people.

4. Suicide happens without warning.

Fiction: There are usually warning signs, but others are often unaware of the significance of the warnings or unsure about what to do.

5. Suicide within the jail is higher than in the community.

Fact: Suicide is 5 – 9 times higher within the jail system.

6. Suicidal people are fully intent on dying. Nothing others do or say can help.

Fiction: Suicide is preventable. Most suicidal people desperately want to live; they are just unable to see alternatives to their problems.

7. Once people are suicidal, they are suicidal forever.

Fiction: Most suicidal people are suicidal for only limited periods. However, someone who has made an attempt in the past is at increased risk for future attempts.

8. Improvement after a suicidal crisis means that the risk of suicide is over.

Fiction: Many suicides occur several months after the beginning of improvement, when a person has more energy to act on suicidal thoughts.

Resident Companion Program Guide

SECTION III

Resident companion Roles and Responsibilities

Notify

Resident companions are required to notify staff of any crisis or concern.

When to notify security staff, clinicians and/or the watch coordinator:

- If you are unsure whether your issue requires an immediate response
- If you have a conflict of interest (personal history or relationship) with a person on watch, immediately inform the officer and ask for permission to switch rooms or be replaced.

The purpose of notifying security staff is to make them aware of the situation. They may not respond or react to the situation immediately (they may inform the shift commander or on call clinician to respond, or they may note the behavior and continue observation).

Do not leave unfinished business. If you feel uneasy about something, talk to the unit officer before you leave the unit.

Safety First: Remember it is always the intention that you make the **safest** choice available for your **safety**, the **safety** of the resident on watch and the **safety** of the facility.

When in Doubt Always Choose to Notify a Staff Member!

When monitoring a suicidal resident, the resident companions use NORA:

- Notify
- Observe
- Record
- Active Listening

Observe

The IDOC requires that individuals on suicide watch remain under constant observation by resident companions. Resident companions are a supplement to security staff overseeing an supervising the watch. Resident companions cannot be assigned without adequate security staff to monitor and oversee the watch.

Resident companions are not therapists. However, individuals in crisis typically respond positively to someone willing to listen and show empathy. A resident companion's role is not to give advice, judge, or analyze behavior. **The resident companion observes behavior and provides support.**

Record

In addition to observing, resident companions record what they observe.

Resident companions must document what they see and hear in clear, precise, and objective language (just the facts). Write clearly and note all changes in behavior.

Active Listening

Listening is a vital tool for the resident companion. So much so, you will find an entire section devoted to the skill of active listening.

Resident Companion Program Guide

SECTION IV

Tips for Responding to Suicidal Individuals

Be a Sounding Board

- Listen openly to what the other person is saying.
- Show that you are interested by nodding, paraphrasing, repeating, reflecting feelings, etc.
- Never argue with someone in an emotional state.
- Don't say, "I understand how you feel." Even if you have been through a similar situation, you are not the one in crisis. Hearing that can be offensive to someone in an emotional state.
- Don't say, "It will get better in time." This might cause the person shut down.
- If you can relate that you understand the other person's feelings through personal experience, without joining that person in a conclusion, do so. For example, if they said, "I'm furious that I didn't get that letter", do not say, "You are completely justified in being upset about that." You could say, "That has happened to me and I was upset for days." If you can't relate, just nod your head.
- If it is appropriate, express your thoughts and feelings about the situation through an empathetic response (put yourself in the other person's shoes). For example, "I would feel sad too if I hadn't received a letter from my mom in a month."
- If you are unsure about how to respond, or if you cannot relate to the person's situation, be honest about it. For example, "I don't know what I would do in that situation" or "I don't have a good answer for that." Do not give advice.

Often, suicidal people are emotional and need an outlet. Your job is to listen. Responding is fine if you can remain objective and neutral.

Dealing with Accusations

When dealing with emotional people, it is common to become the focus of their hostility. Do not take it personally. People in pain often lash out at those around them. If needed, send a concern form to the clinician to talk about it. Common accusations include:

- That you don't care, you're just being paid to talk to them.
- That you don't understand
- That you're a do-gooder
- That you're a staff informant

Remember it is never personal and that you are being attacked due to another's pain.

Keys to Success

Often, the key to successfully handling a crisis is to keep the suicidal person talking until the crisis subsides and professionals can help the person. As a resident companion, allowing the person to talk about situations and look at things differently can have a calming effect on the person.

- Tell the person about any positive changes you observe in behavior (observations suggest caring). Example: "You're smiling more today".

Resident Companion Program Guide

- Mention family, fellow residents, or even yourself, when the individual states that no one cares, without being argumentative.
- Do not threaten, challenge, show anger, or argue.
- Do not plead or make promises that you cannot keep. Example: “If you make it through tonight, I promise you will feel better in the morning.”

Do not try to judge whether the attempts or threats are sincere. Leave the analyzing to the mental health staff. **Non-verbal communication** is the first communication received from, and given to, another person. Studies have shown that communication is about 7% verbal, 38% tone of voice, and 55% non-verbal (body posture, gestures, eye contact, facial expressions, etc.).

Communicating effectively involves being aware of our non-verbal messages, which could create barriers, and being aware of the non-verbal cues a person sends to us. Remember: even if the person is not looking at you, your body language can be detected by sound, tone, etc.

Tips for improving non-verbal communication:

- Try to sit at an equal height, if possible. Lean down if the resident is sitting on the floor, but do not get closer than an arm’s distance away (due to security reasons). Stay away from the open utility port.
- Be sensitive to the space between you and the suicidal resident. Everyone feels comfortable at different distances (remember, the closest you are allowed to sit is about an arm’s length away).
- Keep your arms uncrossed and avoid fiddling or distracting movements.
- Face the person and maintain a comfortable degree of eye contact, ensuring that this does not become a fixed stare.

Responding Through Active Listening

Resident companions communicate using **active listening** skills.

Active listening is not a passive process. Active listening demands that the listener understands the meaning of the person’s words and then communicates that meaning back to them. Active listening demonstrates the companion’s willingness and ability to understand the concerns of the suicidal resident. Remember, resident companions are not counselors, but active listening is essential to developing a relationship of trust and support.

The skills of active listening are very different from the way we listen in everyday conversation. To become proficient as an active listener means developing new skills, and unlearning old ones.

The skills of active listening include:

- Paraphrasing/Repeating
- Reflecting Feelings
- Asking Open-Ended Questions
- Giving Feedback

Summarizing

Before looking at active listening skills, are some old habits that prevent active listening:

- Thinking about your own experience: “The same thing happened to me!” Although personal disclosure can be beneficial, focusing too much on yourself means you are thinking about yourself instead of listening to the other person’s experience.

Resident Companion Program Guide

- Thinking about other things while the other person is talking
- Thinking about what to say back
- Feeling self-conscious or anxious in the situation
- Thinking about advice to give based on your personal experience
- Judging the person, positively or negatively: “Surely you didn’t want to do that?” or “I think you were right to say that.”
- Displaying or having deep cultural issues that are in conflict with other person or that you don’t understand
- Harboring ignorance and prejudice against the other person

Active Listening Skills Include

- Stop talking – you cannot listen while you are talking.
- Do not give up too soon – give the person time to say what they want and don’t interrupt.
- Concentrate on what the person is saying – actively focus on the words, ideas, and feelings of the other person at that moment.
- Look at the other person – even when a person is not looking directly at you, they can tell if you are facing them.
- Give some verbal responses – such as “Uh-huh” or “Yes” but do not overdo it.
- Leave your issues behind – they prevent you from listening well.
- Get rid of distractions – though you still have to maintain your companion log sheet, ensure they know that you will complete that task in addition to listening to them.
- Share responsibility for communication – try to understand, and if you do not, ask for clarification.
- React to ideas, not to the person – do not let your reaction to the person influence your interpretation of what is said.
- Listen to *how* something is said – a person’s attitudes and emotions may be more telling than what is said. Listen for personality, likes, and dislikes.
- Allow people time and space to think – avoid the temptation to fill the silence. Silence can be therapeutic.
- Avoid jumping to conclusions – people do not always think, feel, or use words in the same way as you do.
- Do not make hasty judgments – you do not know all the facts and it is not your job to judge.
- Resist feeling that you have to solve the problem – if you are focused on finding answers, you are not listening.

Repeating

Repeating is the easiest way to show someone that you’re listening. Simply repeat what the person has just said back to them. It keeps you focused on what the person is saying. It may feel awkward at first, but if you practice it, you will find that it opens the lines of communication and helps the other person to feel comfortable telling you more. It is by nature non-judgmental and neutral, and it shows the person that you are hearing exactly what they are saying.

Resident Companion Program Guide

Example:

Suicidal Resident: My mom hasn't talked to me in over a month, and I am really sad about it.

Resident companion: So, your mom hasn't talked to you in over a month and you're feeling sad?

Suicidal Resident: Yes! The last time I talked to her, she said she was going to set up visiting.

Resident companion: The last time you talked, she said she was going to set up visiting?

Caution: Be careful not to overuse this skill or you will sound like a parrot. Mix it with paraphrasing.

Paraphrasing

Paraphrasing is something you have likely done before. In school, you may have been asked to '*put the following passage into your own words in order to show that you have understood what you have read*'. Paraphrasing tells the other person that you not only heard, but also understood. He can then verify the accuracy of your statement ("yes that's right" or "no that's not what I meant"). When paraphrasing, select your own words to describe the other's experience, rather than repeating his exact words. It is important that you do not add to or distort the other's meaning.

Examples:

Suicidal Resident: I am completely worn out. I am bipolar and my moods are always changing. My family tells me that I am just feeling sorry for myself.

Resident companion: You are really tired and trying your best but your family doesn't seem to understand.

Suicidal Resident: Yes, nobody understands what it is like. I can't get anyone to understand. I am so frustrated!

Resident companion: It sounds like you are really upset because you keep trying to explain what it is like, but nobody seems to get it.

Or

Suicidal Resident: I am completely worn out. I am bipolar and my moods are always changing. My family tells me that I am just feeling sorry for myself.

Resident companion: You are exhausted but your family doesn't seem to understand what it's like for you.

Suicidal Resident: No, I think they understand how hard it is, but they are just tired of hearing me tell them over and over.

Resident companion: They know you are struggling right now.

Some possible introductory phrases for paraphrasing and repeating:

- So, what I hear you saying is ...
- It sounds like ...
- If I understand you correctly ...
- You are telling me that ...

Reflecting Feelings

Reflecting Feelings is important as it mirrors the meaning and feeling of what has been said. An appropriate feeling reflection involves not only identifying accurately the person's current emotion, but also selecting with sensitivity the appropriate time, tone of voice, and words. The goal of reflecting feelings is to help the other person feel understood, accepted, and encouraged to share more feelings.

315.02.01.001

Resident Companion Program Guide v1.0

(Manual last revised on 10/31/2016)

Resident Companion Program Guide

Examples:

Suicidal Resident: I'm just wasting your time. There must be others who have much more serious problems than me.

Resident companion: You sound like you're **worried** that your problems are not important enough.

Or

Resident companion: You're feeling **hurt** because people have labeled you unfairly.

Or

Suicidal Resident: I'm always being left out. Nobody here likes me. Everyone thinks I'm a snitch and they don't want to hang out with me.

Resident companion: You feel **misunderstood** and want to isolate because of the way people treat you.

Feedback

Feedback is often a better way to communicate than asking questions. Feedback is giving someone **objective information about observed behavior**. This can include facial expression, posture, body movement, tone of voice, eye contact, etc. It is objective because it is a factual statement of what you see first, then an interpretation of what you see. It shows the suicidal resident that you are paying attention to them and care about his well-being.

Examples:

"I haven't seen you smile before. You must be feeling better today."

Or

"You keep hunching over and won't look at me when you talk. You seem to be feeling worse."

Summarizing

Summarizing is useful to clarify conversation or when the suicidal resident seems confused or off track. It involves summarizing the main points you have heard and organizing them so that they can be confirmed or corrected.

Guidelines:

- Put key ideas and feelings together into broad statements of the person's overall meaning.
- Focus on the person's various themes and emotional overtones.
- Be brief and direct.
- Do not add to what the person has said, and avoid interpretations and evaluations.

Examples:

"May I just check that I have understood this correctly? You have told me of a few choices open to you. You could try calling your sister-in-law directly and telling her how you feel, you could try talking to your brother, or you could just give the situation more time."

"So far you told me that you and your cellmate had an argument and you were upset. Now you're not sure if you want to continue to be this person's friend. Is that right?"

Resident Companion Program Guide

SECTION V

Watch Procedures

The watch coordinator obtains a *Companion Watch Sheet* and ensures it is available to you when watch begins. You pass it to the next resident companion at the end of your shift. When the watch ends, the *Companion Watch Sheet* is given to the clinician. Documentation is a critical role of the resident companion.

Companion Watch Sheet

- Write the individual's name and IDOC number at the top of the form.
- Note whether the individual is on acute suicide watch, non-acute suicide watch or close observation.
- Enter the time: Use military time. Enter times only as events or documentation occurs. **Do not enter them ahead of time.**

Time is recorded in 5-minute intervals (12:00, 12:05, 12:10, etc.) at a minimum. If an event occurs, document the event at the time it occurs. At the beginning of your watch, make the following entry:

1. Time your watch starts
2. Your first and last name
3. Your initials in parentheses
4. Write—"Begin shift"
5. After each entry, put your initials in the column titled *Initials*
6. When starting a new sheet, fill in the resident's name, IDOC number, and date at the top.
7. At the end of your shift enter the time and write the following on one of the lines. "_____ passes watch to _____."
8. Check the box related to the resident's behavior at that time. Relevant comments may also be made in this area.

Examples:

- Sobbing. Stated, "I want to die."
- Made eye contact with me and smiled during the conversation.
- States he is upset because of the holidays.
- Banged his head on the wall, I informed the officer immediately.

Using Quotation to Document—Verbal Cues

Listen for, report to the clinician, and write on the watch sheet "quotes" as accurately as possible. Mark the passage in quotes when you are writing exactly what the other person said. Include profanity, slang, incorrect word usage, etc. Quote typically represent the suicidal resident's state of mind. If you are paraphrasing, do not use quotation marks. Some examples of quotes are:

- "I've been no good to anybody."
- "Staff are out to get me."
- "They'll be better off without me."
- "I just want to die."

Resident Companion Program Guide

- “I won’t be around.”
- “I want to cut myself.”
- “Could you tell my family that...?”
- “Everyone is against me.”
- “After I’m gone...”
- “I am going to kill her as soon as I get out of here.”
- “They are forcing me to do something I don’t want to do.”
- “Nobody really cares about me.”

Staff Notifications

Immediately contact the nearest staff member if any of the following occur:

- Physical problems such as vomiting, seizure, choking, etc. or reports of a medical concern
- Suicidal behavior or attempts such as shredding bedding, tying anything together, attempts to cut self, bang head, swallow foreign objects, etc.
- Secretive behavior (direct attempts to avoid your observation).
- Bizarre, strange or potentially threatening behavior (the individual sits in the corner and will not leave, crawls under the bed, covers his head with a blanket and will not respond, starts yelling or threatening you, etc.)
- Any sexual statements made toward you or deliberately exposing genitals or breasts must be documented on the *Companion Watch Sheet* and reported to staff immediately.
- If you become overtired, or otherwise feel unable to perform your duties for any reason.
- If other residents in secure housing are attempting to communicate with you or the resident on watch, or if they are creating a disturbance of any kind.
- If **for any reason** you are concerned about the individual you are watching or your ability to watch him.

Contacting a Clinician:

Most situations do not require immediate intervention. However, if you have an urgent concern that requires the immediate attention of a clinician, you may ask an officer to contact a clinician. Keep in mind that a clinician may not respond immediately depending on the nature of the situation.

Remember: for situations that require an immediate response, contact the nearest staff member, typically an officer.

Notify a clinician:

1. To report a concern about your ability, or the ability or inability of another watch member to adequately perform his duties
2. To request a debriefing
3. To inform the clinician of a crisis or significant behavior change of an resident on watch

Resident Companion Program Guide

What Do You Do If You Have A Conflict?

If you have a conflict with the resident on suicide watch (a past relationship, a relative, someone you have been in an altercation with, etc.), you must tell the security staff that you cannot serve on that watch. The security staff will then remove you from the schedule and inform the clinician/officer.

If you cannot stay awake, you must contact security staff immediately. Staff will make other arrangements for the watch.

Debriefing (Occurs as needed)

A clinician will be available to debrief with resident companions as needed. You can send the clinician a concern form or speak to them to schedule one. Do not hesitate to get the help that you need.

Recording Your Hours

Resident companions are responsible for keeping track of the hours they serve on watch.

Logistical Issues

- Resident companions are not allowed to work more than a 4-hour shift without authorization from the clinical supervisor of the institution.
- If an officer tells you that you have a shift –**please, do it.**
- Do not beg for shifts, give away your shifts, or refuse to work your shifts without proper reason and authorization. If you refuse to take a shift without a valid reason, you may be removed as a resident companion. No changing shifts once scheduled. Medical appointments or visits are valid exceptions.
- You will be paid only for hours actually worked.
- Attach your timesheet to a concern form and submit to the watch coordinator or unit sergeant (depending on facility) **three business days** before the end of month. (If you miss the three-day deadline, submit your time sheet with the next month's timesheet.)
- Keep a copy of your hours for your records.
- The schedule rotates when needed to make it fair for everyone. Once the person at the top of the list has worked, that name is moved to the bottom of the list and the next name becomes available.
- Resident companions must meet quarterly for training and review.
- A staff member will give you a *Companion Watch Sheet* when you begin your watch.
- If you take over watch from another resident companion, security staff or a clinician must be present for the transition.
- Resident companions should be standing or seated on a high chair at window height to allow for line of sight observation. This chair must be immediately outside of the monitoring cell with an unobstructed and constant view into the cell.
- Resident companions should maintain direct, line of sight supervision of residents on non-acute suicide watch or close observation and must never read, complete homework or do any other activity that would take away from their ability to constantly monitor the resident on a monitoring status.
- Resident companions are allowed listen to music, with one earbud only, in their ear.

Resident Companion Program Guide

- Staff supervising the resident companion is required to ensure that the resident companion follows this process and is responsible for providing direction or removing a companion if there is a safety concern about the resident companion's ability to monitor.
- Always keep a safe distance (arm's length) from the utility port.
- Protect yourself from coming into contact with another resident's body fluids by sitting slightly to the side of the utility port, rather than directly in front of it.
- Do not reach into the utility port
- Do not fill out concern forms, HSR forms, or any other written request for residents who are on watch. If a resident needs a form written, a staff member can assist them.
- You may stand up to stretch, etc., but you must keep continuous **eyes on** other person during a watch.
- You may bring the following items onto the tier where you will be observing: a drink in an approved container, a pen, and your timesheet.
- Resident companions, who work an overnight shift, may be authorized to have extra sleep time in the morning.
- Do not pass **anything**, toilet paper, notes, etc. to the resident on watch. Do not write anything about staff behavior in the watch sheet. You are there to observe an resident in crisis, not to monitor, supervise, or report on staff. The log should reflect only observations of the resident assigned to you.

Confidentiality

Confidentiality: means that something is communicated or told to another person and it is not told to anyone else, except on a need to know basis. In the case of residents on suicide watch, people who need to know are security staff, clinicians, and medical staff. You are responsible as an resident companion to maintain the confidentiality of residents on watch from other residents at all times. Resident companions must do the following:

- Never discuss anything that has happened while you were on watch with another resident.
- Do not discuss anything about watch with another resident companion (you may brief the person taking over the watch).
- Do not reveal the name or circumstances of the resident you are monitoring.
- Do not to repeat any information the suicidal resident might give you except to staff and your documentation on the *Companion Watch Sheet*.
- If confidentiality is broken, you will be removed as a resident companion.

Resident Companion Program Guide

Acknowledgement of Understanding

I have read the *Resident Companion Program Guide*. I understand the duties of being a resident companion and agree to follow the guidelines and requirements of the program.

Name: _____ IDOC # _____

Date: _____

Staff Signature

Date