INMATE BEHAVIORAL MANAGEMENT IN TRIBAL CORRECTIONS

A Corrections Officer Resource Toolkit — National Native Justice Institute | www.nativejustice.us

■ BEHAVIORAL MANAGEMENT IN TRIBAL CORRECTIONS FACILITIES

Effective inmate behavioral management is one of the most critical competencies in tribal corrections. Native American individuals in custody often carry complex histories of historical trauma, substance use, mental illness, and adverse childhood experiences that directly shape their behavior in detention settings. Officers who understand these dynamics are safer, more effective, and better equipped to maintain a secure and humane facility environment.

🧠 A majority of incarcerated Native Americans have experienced significant trauma prior to incarceration, directly influencing behavioral responses in custody.

⚠️ Mental illness and untreated substance use disorders are present in an estimated 60–70% of tribal detention populations.

📊 Facilities that implement evidence-based behavioral management programs see measurable reductions in incidents, use of force, and recidivism.

⚖️ Courts have consistently held that punitive-only responses to behavioral health episodes in custody can constitute constitutional violations.

■ CORE PRINCIPLES OF EFFECTIVE BEHAVIORAL MANAGEMENT

Trauma-Informed Approach

Effective behavioral management in tribal settings begins with understanding that most challenging behaviors are adaptive responses to trauma — not simply rule violations. A trauma-informed framework asks “What happened to this person?” rather than “What is wrong with this person?”

Culturally Responsive Practice

Tribal corrections facilities serve community members whose cultural identity, family systems, and worldview may differ significantly from mainstream corrections assumptions. Incorporating cultural values — including respect for elders, talking circles, and traditional healing — into behavioral programs improves engagement and outcomes.

Behavior Classification & Response Tiers

- Tier 1 (Minor): Verbal confrontations, rule infractions, refusal of routine requests. Response: verbal de-escalation, documented counseling, brief restriction of privileges.
- Tier 2 (Moderate): Threats, property damage, self-harm gestures, non-compliance with direct orders. Response: mental health referral, documented intervention, supervisor notification.
- Tier 3 (Serious): Physical assault, attempted escape, serious self-harm, weapon possession. Response: use of force protocol, segregation review, mandatory mental health evaluation, incident report.

Use of Segregation

- Segregation must never be used as a default response to behavioral health episodes or mental illness.
- Individuals exhibiting symptoms of mental illness must receive mental health evaluation before any placement in segregation.
- Time-limited, documented, and reviewed — segregation exceeding 15 consecutive days requires supervisory and clinical review.

■ TIPS FOR CORRECTIONS OFFICERS ON BEHAVIORAL MANAGEMENT

- **Stay Calm — Your Nervous System Regulates the Room** – Officers who remain calm during confrontations de-escalate situations faster and reduce use of force incidents significantly.
- **Recognize Behavioral Health Episodes vs. Willful Defiance** – Distinguish between an individual in psychiatric crisis and one making a deliberate choice to violate rules. Each requires a different, appropriate response.
- **Use the Least Restrictive Intervention First** – Always attempt verbal de-escalation before any physical intervention. Document every step of your response regardless of outcome.
- **Know Your Facility’s Behavioral Management Plan** – Every facility should have a written plan. Know the classification tiers, approved interventions, and escalation thresholds before a crisis arises.
- **Apply Cultural Competency** – Understand the cultural background of the individuals in your care. What may look like resistance may be a cultural communication style or trauma response.
- **Involve Mental Health Staff Early** – Do not wait for a crisis to reach its peak before requesting mental health involvement. Early intervention prevents escalation and protects everyone.
- **Document Behavior Objectively** – Record observable behavior, not interpretations. “Individual paced the cell and refused to respond to verbal commands” is objective. “Individual was acting crazy” is not.
- **Avoid Power Struggles** – Winning an argument with an incarcerated person is not a security goal. Disengage from escalating verbal conflicts and involve a supervisor or mental health staff.
- **Prioritize Self-Care and Peer Wellness** – Secondary traumatic stress is real in corrections work. Watch for signs of burnout in yourself and colleagues. Encourage use of EAP, peer support, and wellness resources.

RESOURCES, GRANTS & SUPPORT

Funding, Training, and Support Resources — Tribal Corrections Behavioral Management Programs | www.nativejustice.us

■ FEDERAL GRANT RESOURCES

Corrections Operations & Safety

- **BJA Tribal Justice Programs** – Supports tribal corrections, detention, courts, and law enforcement. bja.ojp.gov/program/tribal-justice
- **CTAS – Coordinated Tribal Assistance Solicitation** – Consolidated DOJ tribal funding covering corrections, law enforcement, and behavioral programs. justice.gov/tribal
- **BIA Tribal Detention Programs** – Federal support for tribal detention facilities including safety, staffing, and compliance. bia.gov/bia/ojs

Mental Health & Behavioral Health

- **DOJ Justice & Mental Health Collaboration Program (JMHCP)** – Funds cross-system collaboration between corrections and mental health systems. bja.ojp.gov/program/jmhcp
- **SAMHSA Tribal Behavioral Health Grants** – Mental health and substance use program funding applicable to in-custody populations. samhsa.gov/tribal-ttac
- **IHS Behavioral Health Programs** – Supports behavioral health services including coordination with tribal corrections. ihs.gov/behavioralhealth

Reentry & Recidivism Reduction

- **BJA Second Chance Act Reentry Programs** – Funds evidence-based reentry programs including behavioral programming and transition services. bja.ojp.gov/program/second-chance-act
- **OJJDP Tribal Youth Programs** – Supports juvenile justice and behavioral intervention programs in tribal communities. ojjdp.gov

■ STATE & ADDITIONAL RESOURCES

- **State Correctional Training Grants** – Many states offer training grants for local and tribal corrections staff through the State Training Officer or PREA administrator. Contact your state Department of Corrections.
- **State Behavioral Health Collaboration Grants** – States administer SAMHSA and DOJ funds for corrections-behavioral health partnerships; tribal jails may qualify.
- **PREA Compliance Assistance** – DOJ provides technical assistance and some funding for tribal facilities working toward Prison Rape Elimination Act compliance. prearesourcecenter.org
- **Grants.gov Tribal Search Tool** – Search all federal grants available to tribal entities. grants.gov (filter: Tribal Government eligibility)

■ HELPFUL TIPS FOR TRIBAL PROGRAMS & LEADERS

Adopt a Written Behavioral Management Policy
Develop a formal behavioral management plan with classification tiers, approved interventions, and escalation protocols. Review and update annually.

Integrate Mental Health Staffing or Contracts
Every tribal corrections facility should have access to a licensed mental health professional on staff or under contract for timely behavioral health evaluations.

■ KEY WEBLINKS

National Native Justice Institute	*www.nativejustice.us*
BJA Tribal Justice Programs	*bja.ojp.gov/program/tribal-justice*
SAMHSA Tribal Behavioral Health	*samhsa.gov/tribal-ttac*
PREA Resource Center	*prearesourcecenter.org*
IHS Behavioral Health	*ihs.gov/behavioralhealth*
Grants.gov (Tribal Search)	*grants.gov*

■ PARTNER WITH NNJI — WE ARE READY TO SUPPORT YOUR COMMUNITY

TAKE ACTION TODAY — Contact NNJI at **www.nativejustice.us** to schedule training, consultation, or access resources.

Strengthening Tribal Justice — One Community at a Time