IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF WISCONSIN

CHRISTOPHER GOODVINE,

Plaintiff,

v.

GARY ANKARLO, LIEUTENANT BOODRY, OFFICER CONROY, JEFF HEISE, DR. JOHNSON, OFFICER JULSON, DR. KUMKE, DR. McLARIN, MICHAEL MEISNER, OFFICER MILLONIG, CAPTAIN MORGAN, DR. NELSON, JANEL NICKEL, OFFICER SCHNEIDER, OFFICER WILEY, and OFFICER WITTERHOLT,

Defendants.

OPINION AND ORDER

12-cv-134-wmc

Invoking the Eighth Amendment's prohibition on cruel and unusual punishment, Wisconsin inmate Christopher Goodvine alleges in his *pro se* complaint that prison staff at the Columbia Correctional Institution (1) failed to take reasonable steps to prevent him from attempting suicide; and (2) still refuse to implement policies and practices that will effectively prevent him from "cutting" himself. This opinion and order addresses plaintiff Goodvine's motion for a preliminary injunction requiring that steps be taken to prevent him from harming himself further during the course of this lawsuit. After considering the parties' submissions and holding an evidentiary hearing, the court finds that (1) plaintiff has demonstrated at least some likelihood of success on the merits with respect to defendants' deliberate indifference to his ongoing, repeated cuttings, and (2) whether voluntary acts or the product of compulsion, plaintiff's cuttings have escalated to the point that he is at substantial risk of killing or doing serious bodily harm to himself.

Accordingly, the court will grant in part and deny in part plaintiff's motion for a preliminary injunction.

Instead of the sweeping preliminary relief plaintiff has proposed, the court will order defendants to adopt the following protocol: defendants must place plaintiff in "observation" when he reports a strong urge to harm himself; and plaintiff may be released from observation status only upon the considered decision of his psychological care providers after seeking input from plaintiff. Additionally, defendants must place plaintiff in a physical (four-point, chair, or other type) restraint for a single, four-hour period if plaintiff (1) has been in observation for at least the twelve previous hours, (2) reports an uncontrollable urge to harm himself, (3) has some means to do so, and (4) volunteers to be placed in restraints.

The court believes that this temporary relief is necessary to ensure plaintiff's physical safety and is not an unreasonable burden on Columbia Correctional Institution or the individually named defendants. The court obviously lacks the expertise to oversee correctional and mental health issues, and doubts that the policy fashioned here will solve the difficult health and administrative problems presented by this case. However, it is compelled to act pending trial because neither side has offered a viable alternative that both adequately protects plaintiff and is not overly burdensome on the prison.

In recognition of the extraordinary nature of this relief, the court is also issuing a contemporaneous scheduling order allowing for an expedited trial of this matter on July 15, 2013. The court also encourages the parties to work together to fashion a better protective protocol, and will (1) implement any mutually-agreeable alternative or

modification to this order; and (2) consider any viable alternative offered by either side if demonstrated to be effective at protecting plaintiff's short-term safety while increasing his chance for a long-term, positive outcome. The failure of plaintiff to cooperate in developing a more effective protocol may also result in a suspension of this court's preliminary relief.

BACKGROUND

Plaintiff Christopher Goodvine has been diagnosed with a variety of psychological disorders, including psychopathy, mood disorders, depression and suicidal tendencies. While incarcerated at Columbia Correctional Institution (CCI) over the past few years, Goodvine has engaged in numerous acts of self-harm. Occasionally, he has swallowed pills, but usually he cuts his arms with sharp objects, which he calls suicide attempts. Whether or not these acts of cutting himself are accurately characterized as actual attempts at suicide, they do result in serious injury -- often requiring immediate medical care and hospitalization -- and occasionally are life threatening.

Goodvine contends that even when he is confined in "observation" in the disciplinary segregation unit (DS-1) at CCI, he is readily able to hide and bring in large quantities of medication and various sharp objects, to find these objects secreted within nooks and crannies by other inmates in the past, or simply to fashion them himself from materials in the observation cells. All of these items have been used to harm himself when he feels suicidal. He also contends that when experiencing a suicidal episode and asking prison staff to restrain or monitor him -- so that he does not give in to his urges to

"cut" -- the defendants are unable or unwilling to help him. As a result, Goodvine concludes that CCI needs to adopt and enforce more stringent suicide and self-harm prevention practices.

In his proposed findings of fact (dkt. #5) and in his testimony at the court's evidentiary hearing, Goodvine maintained that:

- guards in the DS-1 unit often fail to monitor inmates for hours at a time and falsely report making regular rounds in their log books;
- when they do monitor prisoners, guards simply look at the prisoner's clothed body and do not do a careful inspection for contraband;
- guards are not made aware of the specific psychological needs of individual inmates;
- CCI does not properly train guards to respond to suicidal inmates, and does not inform guards which inmates are at a risk of suicide;
- CCI does not implement its one-on-one monitoring protocol for prisoners who warrant it;
- guards do not adequately search prisoners who are known to be suicidal and are known to have access to materials that can be used to harm themselves;
- CCI keeps inmates in conditions where then can easily fashion objects to harm themselves, such as cells with bare concrete that can be cracked into sharp pieces;
- CCI does not use mechanical restraints on prisoners when necessary to insure their safety;

- there are blind spots in each of the six designated observation cells where occupants cannot be observed unless one is standing directly in front of the cell – staff at the guard station facing the cells cannot see these blind spots;
- four of the observation cells have cameras which transmit via a closed circuit to the officer's station, but these, too, have blind spots;
- prior to being placed in observation status, prisoners are strip searched and given only a "security smock" to wear, but these searches are only brief and perfunctory -- Goodvine has often smuggled items through these strip searches and into observation cells, including toothbrushes and pieces of metal and glass;
- Goodvine has acquired pieces of metal and glass from guards, and has later used these objects to cut himself; and
- CCI currently has no protocol in place to address the immediate, serious medical risks Goodvine poses to himself when feeling compelled to cut.

Defendants' version of the facts is, not surprisingly, somewhat different. At the January 30, 2012, evidentiary hearing, they introduced testimony from Janel Nickel, Security Director at CCI, Dr. Nicholas Buhr, Goodvine's treating psychologist, and Dr. Gary Maier, Goodvine's treating psychiatrist. The testimony of these witnesses, along with the contents of a separate affidavit filed by Ms. Nickel, can be summarized as follows:

- CCI operates under a unit management concept and all inmates in the segregation building are reviewed by members of the unit team weekly, allowing for staff members to share observations regarding the inmates;

- staff working in the segregation units receive Crisis Intervention Training;
- inmates in DS-1 are strip searched before going to segregation and before going into observation status;
- before an inmate is place in a DS-1 cell, the cell is searched to remove any contraband or damaged items that could be used for self-harm;
- all mail is inspected for contraband;
- unit staff conduct frequent searches of segregation and observation cells;
- unit staff conduct frequent rounds of the segregation unit to visibly verify that inmates are not causing self-harm;
- inmates are provided psychological programming and counseling;
- inmates who exhibit a likelihood of engaging in suicide or self-harm (1) are placed on "observation status," (2) have any property that the inmate can use to injure himself removed, and (3) are subject to visual checks by security and psychological services (PSU) staff at least every 15 minutes if housed in an observation cell or at least every 5 minutes if no observation cell is available;
- when PSU staff deem it necessary, a suicidal or self-harming inmate may be placed on constant ("one-on-one") observation, where a staff member will maintain a continuous line of sight;
- in extreme cases, CCI has placed suicidal inmates into physical restraints in compliance with Department of Corrections protocol, but the use of restraints (1) is very resource-intensive under existing protocol as it requires virtually constant monitoring by health and psychological staff, and the presence of several guards every

time the restraints are removed or applied, (2) presents its own set of risks and opportunity for self-harm, and (3) generally runs counter to therapeutic, psychiatric and psychological treatments that try to address the root causes of suicidal or self-harm thoughts and actions;

- on several occasions, Goodvine has indicated that he felt a strong urge to cut himself, staff have responded by placing him in observation, and then Goodvine has not cut himself;
- on other occasions, Goodvine has used the threat of cutting to coerce CCI staff into complying with his wishes;
- on one occasion, Goodvine lied about swallowing a large number of pills because he wanted to be sent to the hospital to treat his cutting rather than have it done in the prison;
- in the professional opinion of Goodvine's treating psychologists and psychiatrists, Goodvine suffers from a primary diagnosis of antisocial personality disorder, and has been diagnosed with a high degree of psychopathy;
- these diagnoses indicate to CCI's psychiatrist, Dr. Maier, and psychologist, Dr. Buhr, that Goodvine's acts of self-harm are not produced by mood swings or impulsive behavior, but rather are entirely volitional and arise from a desire to manipulate prison staff;
- these diagnoses also indicate to Dr. Maier that Goodvine's personality disorder cannot be readily treated with medication;

- as a result, Dr. Maier and Dr. Buhr are currently in the process of developing a new, coordinated treatment plan to better understand and anticipate Goodvine's suicidal thoughts;
- CCI staff are also currently working with Goodvine to foster coping skills that will, in theory, help him deal with his suicidal thoughts; and
- in the professional opinion of these treating psychologists and psychiatrists, placing Goodvine in physical restraints would hinder his ability to develop coping skills and ultimately to no longer feel a desire to harm himself.

Despite these safeguards, defendants concede that over the past few years there have been numerous incidents of serious self-harm by prisoners in DS-1 and on observation status. Even among the inmates in CCI's segregation wing who have attempted self-harm, Goodvine's case stands out for the frequency, severity and extensive history of overdosing and cutting. Defendants also concede that prison officials at CCI, including the warden, security director, DS-1 unit manager, and psychological services unit staff have long been aware of the existence of his and others' attempts at self-harm, as well as that in Goodvine's case, his actions pose a substantial risk of serious medical harm and even death.

Plaintiff seeks an order enjoining defendants from "maintaining ineffective suicide prevention measures and ineffective self-harm prevention measures and . . . directing defendants to effect plaintiff's transfer to the State's Mental Health Facility in Winnebago, WI." (Dkt. #3, at 1.) Since filing his motion, Goodvine has attended a four-week "coping skills" therapy session at the Wisconsin Resource Center, but is now

back at CCI. While Dr. Maier reports that all therapeutic options remain on the table for long-term relief, including additional treatment or placement in state mental health facilities, he concluded shortly before the preliminary injunction hearing that Goodvine's conduct is principally the product of an "antisocial personality disorder." As a result, the defendants maintain that no further protective measures can be implemented at CCI beyond those already in place, though Dr. Maier proposes meeting with Goodvine to discuss his self-monitoring, and a plan for Goodvine to log "on a regular basis" his "mood," and his urges to self-harm, in order to close a "deficit of information." CCI would then use this information to help Goodvine develop interventions that would be implemented at various stages based on identified patterns.

OPINION

"[T]he granting of a preliminary injunction is an exercise of a very far-reaching power, never to be indulged in except in a case clearly demanding it." *Roland Mach. Co. v. Dresser Indus.*, 749 F.2d 380, 389 (7th Cir. 1984). To prevail on his motion for a preliminary injunction, plaintiff Goodvine must show (1) a likelihood of success on the merits of his case, (2) a lack of an adequate remedy at law, and (3) an irreparable harm that will result if the injunction is not granted. *Lambert v. Buss*, 498 F.3d 446, 451 (7th Cir. 2007). If he meets the first three requirements, then the court will balance the relative harms that could be caused to either party. *Id*.

I. Irreparable Harm and Lack of an Adequate Remedy at Law

The court notes that with regard to irreparable injury, plaintiff's requested injunction proposes to reduce the likelihood that he will severely injure or even kill himself. Obviously, a successful suicide is an irreparable harm. Although most of Goodvine's cuttings and overdoses were not likely to result in his death, Dr. Maier testified that on at least one occasion Goodvine had bled so severely that he had no pulse and would have died but for staff intervention. Given that his cutting is "escalating," Dr. Maier also testified that Goodvine is "in danger of permanent harm or even killing [him]self." Moreover, significant bodily injury, including further scarring of Goodvine's limbs, is a virtual certainty if things continue as they are. There may also be long-lasting medical and psychological complications of further "cutting." Thus, the court finds that irreparable harm is not only possible, but likely.[1]

As for lack of an adequate remedy at law, Goodvine's pain, suffering and bodily injury might, to some extent, be compensated with a damages award, although this may be difficult to quantify and unfairly discounted. Of course, there is no adequate remedy at law to cure permanent injury or death.

II. Likelihood of Success

The court finds that plaintiff has at least some likelihood of success on the merits of his deliberate indifference claim. Prison officials "may be held liable under the Eighth

[1] "When an alleged deprivation of a constitutional right is involved, most courts hold that no further showing of irreparable injury is necessary." 11A Charles Wright & Arthur Miller, Federal Practice and Procedure § 2948.1 (2d ed. 2012).

Amendment for denying humane conditions of confinement only if [they] know[] that inmates face a substantial risk of serious harm and disregard[] that risk by failing to take *reasonable measures* to abate it." *Farmer v. Brennan*, 511 U.S. 825, 847 (1994) (emphasis added). At least formally, there are basic policies in place at CCI to prevent suicide attempts and other acts of self-harm. Despite these policies, however, defendants are well aware that Goodvine still manages to engage in serious "cutting" on a semi-regular basis. The crux of this case is whether defendants' long-standing failure to prevent Goodvine's cuttings by more vigorously enforcing existing policies or implementing more restrictive ones amounts to "total unconcern for a prisoner's welfare" in the face of "serious risks." *Duane v. Lane*, 959 F.2d 673, 676 (7th Cir. 1992) (quoting *McGill v. Duckworth*, 944 F.2d 344, 347 (7th Cir. 1991)).

The question of whether a state official has taken the requisite "reasonable" steps to protect a prisoner depends in large part on the level of risk and amount of specific information known to that official. *See Luckert v. Dodge Cnty*, 684 F.3d 808, 817-18 (8th Cir. 2012) ("In evaluating an official's response to a known suicide risk, we should be cognizant of how serious the official knows the risk to be." (quotation omitted)). Thus, when an inmate with little or no history of suicide attempts merely exhibits symptoms of depression or strange behavior, officials are deemed to have acted reasonably so long as they take very basic steps, such as putting the prisoner on a regular watch and segregating him from the general population. For example, in *Snyder v. Baumecker*, 708 F. Supp. 1451 (D.N.J. 1989), a jail inmate became depressed, reduced his food intake, began urinating on the jail floor and was intermittently calm and hysterical. *Id.* at 1461. Officials

segregated him and placed him on a 15–minute suicide watch, which was later extended to 30 minutes. In between one of the watches, he hung himself. *Id.* Given the low to moderate risk of a suicide, the court dismissed deliberate indifference claims because the affirmative acts taken to protect the inmate were at most negligent. *Id.*

In contrast, when jailers possess particularized knowledge of suicide plans, their duty to act is more comprehensive. In *Matje v. Leis*, 571 F. Supp. 918 (S.D. Ohio 1983), jailers knew a detainee planned to end her life because she threatened to take a lethal overdose of drugs smuggled into jail in her diaphragm. *Id.* at 922. After being subjected to two unproductive strip (though not body cavity) searches, the detainee carried out her plan. *Id.* at 922-23. At trial, the estate's claims survived motions for summary judgment. The court admonished jail personnel who "could not determine whether or not [the inmate] had the means available with which to carry out that threat. . . . [but] nevertheless took no substantial steps to assure that she would not or could not do so." *Id.* at 930.

The alleged facts in this case are at least arguably analogous to the situation in *Matje*. Defendants assert that CCI "already has in place effective self-harm and suicide prevention measures." (Dkt. #46, at 5.) By this, they presumably mean CCI's general protocol for suicidal prisoners. This protocol calls for the following graduated steps: (1) placing a prisoner into "basic" observation (typically 15-minute rounds); (2) "enhanced" observation (typically 5-minute rounds); (3) "one-on-one" observation; and (4) use of physical restraints as a last resort. The evidence provided to date, however, supports a finding that defendants have only used the first step with Goodvine, although they

concede (1) he is an exceptional case and (2) know that this step has proved ineffective on a semi-regular basis during the course of his custody.

Indeed, Goodvine is often able to harm himself with materials found or smuggled into his observation cell. Moreover, once he begins to experience suicidal and cutting ideations -- even after alerting prison staff to this fact -- he still has no trouble eluding the observation of guards and inflicting serious injury upon himself. Without countervailing or extenuating facts, empowered prison officials armed with this knowledge, who then fail to revise their protocol or authorize additional steps under the existing protocol for application to Goodvine, may be seen by a trier of fact as being deliberately indifferent to his safety. *See, e.g., Reed v. McBride*, 178 F.3d 849, 854-55 (7th Cir. 1999) (when prison officials knew about periodic, substantial deprivations of food and medicine to a prisoner and did nothing for almost two years to remedy the situation, the prisoner met his burden to show an inadequate response).

Defendants assert that the following extenuating circumstances in this case justify their failure to implement stronger measures: (1) CCI psychologists and psychiatrist have been working in good faith to treat Goodvine, so that he will no longer experience suicidal urges or at least has the psychological skills to resist them; and (2) ultimately, Goodvine's urges are voluntary and manipulative, rather the function of a treatable disorder, meaning he alone can stop his behavior. Dr. Maier also indicated that while the use of physical restraints may be effective in the short run to prevent Goodvine's cutting further, they (1) involve an additional set of staff-intensive protocols; and (2) may actually hinder Goodvine's development of coping skills to control his cutting in the long

term. There may, therefore, be good reason not to take more drastic immediate steps, particularly if these would jeopardize the success of a more permanent solution. If these statements were credited fully, a trier of fact might well conclude that the failure to automatically place Goodvine in observation in response to his self-described urges, much less increase the frequency of observation and even use restraints on Goodvine's say-so, reflect a thoughtful consideration of the risks and rewards of more drastic remedies, rather than deliberate indifference to Goodvine's current situation or merely a desire to save CCI money and hassle.

But there is also evidence that would permit a trier of fact to reach a contrary conclusion. For example, while there is some evidence that Goodvine's suicidal "urges" are the product of manipulative behavior, Dr. Maier appears to have reached this conclusion only in the week before the preliminary injunction hearing in this case, after years of trying various medications. In fact, even after concluding that Goodvine's suicide attempts and cuttings were not the product of, or treatable as, a mood or other psychiatric disorder, Maier continued Goodvine on fluoxetine for depression and cyproheptadine for stress. Of course, this does not mean Dr. Maier (who, like Dr. Buhr, came across as caring and credible) came to his recent diagnosis in bad faith, just that a trier of fact might find the timing a reason to discount it.

In addition, Dr. Buhr testified that Goodvine showed him "a small, slightly curved piece of metal about the width of a staple, but twice the length," which Goodvine had apparently smuggled into (or found in) his observation cell. Dr. Buhr also testified that while Goodvine reported he "did not feel that he would engage in self-harm," Buhr

notified the guard of this safety risk consistent with existing protocol. Goodvine reports that no effort was made to remove this object by the guards and Buhr acknowledges never following up to see if the guards did so as protocol required. Again, this might be viewed as good faith conduct or evidence of deliberate indifference to an apparent risk the part of Dr. Buhr, the guard, the director of security or others at CCI -- particularly since Goodvine was being medicated for compulsive personality disorder at that time and CCI's own protocol required the guard to follow up.

More importantly for purposes of Goodvine's motion for preliminary injunction, *deliberate* acts of self-harm do not relieve CCI of its duty to keep Goodvine safe. While the Seventh Circuit has held that the Eighth Amendment is not violated when a prison fails to "protect" a prisoner from harm he or she causes, it has expressly acknowledged that a prison always has a duty to intervene to prevent suicide or other behavior that "seriously impairs [a prisoner's] health," even if it is intentional. *See Freeman v. Berge*, 441 F.3d 543, 546 (7th Cir. 2006) (no Eighth Amendment violation for food deprivation when prisoner was denied food for refusing to comply with rules regarding food delivery, but prison still had a duty to prevent him from starving).

III. Balancing of Harms

The possibility that Goodvine's self-harm is entirely deliberate and calculated *is* relevant to the last of the court's considerations: the balancing of harms between the potential burden on CCI of the entry of a preliminary injunction and on Goodvine of not intervening. While this court is unaware of any Seventh Circuit case addressing the

question of how far prisons must go before anti-suicide precautions for determined, self-destructive prisoners are no longer mandated by the Constitution, analogous cases considering the state's duty to provide medical care provide that "the civilized minimum is a function both of objective need and of cost," and that balancing must be done in light of the "particular circumstances of the individual prisoner." *Ralston v. McGovern*, 167 F.3d 1160, 1162 (7th Cir. 1999).

Defendants' witnesses testified at the preliminary injunction hearing that Goodvine's requested relief -- more thorough searches, continuous monitoring and application of physical restraints whenever he requests them -- will be extremely costly in terms of manpower, other resources and potential disruption to the institution, as well as encouraging Goodvine and others to act out even further. On the one hand, such remedies are nothing new in the world of prisons. *See, e.g., Estate of Max G. Cole v. Fromm*, 94 F.3d 254, 262 (7th Cir. 1996) (physical restraints); *Vasquez v. Raemisch*, 480 F. Supp. 2d 1120, 1132 (W.D. Wis. 2007) (body cavity search). Indeed, in large part, they form the measures required in steps 3 and 4 of CCI's existing safety protocol. Thus, defendants cannot claim they are unreasonably burdensome *per se*. On the other hand, the possibility that Goodvine would choose to invoke his "right" to these options on a regular basis, and even strategically (when he knows that manpower resources are at their most strained) presents the real possibility of abuse, safety risks and imposition of costs on the institution so high that they outweigh Goodvine's considerable objective need for

safety.[2]

Of course, the balancing is premised on the assumption that a jury *believes* defendants' testimony about (1) their past efforts to protect Goodvine, (2) his motivations and (3) the extent of the institutional burden that full protection would entail. Given contrary evidence on all three fronts discussed above, the court makes no such factual findings at this stage of the litigation. On the contrary, the court has already found that Goodvine has some likelihood of demonstrating to the trier of fact that defendants knew (and know) that he faces "a substantial risk of serious harm and disregarded [and are disregarding] that risk by failing to take reasonable measures to abate it." *Farmer v. Brennan*, 511 U.S. 825, 847 (1994). Moreover, Goodvine has fully met his burden of showing irreparable harm and lack of an adequate remedy at law. This combination weighs heavily in favor of entry of a preliminary injunction. See *Girl Scouts of Manitou Council, Inc. v. Girl Scouts of U.S. of Am., Inc.*, 549 F.3d 1079, 1100 (7th Cir. 2008) ("We evaluate . . . using a sliding scale approach. The more likely it is that [plaintiff] will win its case on the merits, the less the balance of harms need weigh in its favor." (citations omitted)). The request for relief also passes muster under the Prison Litigation Reform Act (PLRA), which directs courts to give "substantial weight to any

[2] Among the most serious concerns articulated by defendants at the evidentiary hearing was the fear that granting relief in this case may open the door to myriad similar claims by other prisoners, with potential systemic impacts on the prison. While the court shares these concerns, it finds that this is a unique situation in two respects. First, Goodvine's cutting has escalated to the point of a life-threatening danger. Second, his cutting occurs more frequently -- by the court's recollection of Goodvine's testimony, some 17 times already and by defendants' testimony 4 severe cuttings in the last year. The court doubts that many prisoners would choose to undertake such a self-destructive and prolonged course of harm simply to obtain the very limited "benefits" of being placed in an observation cell and restraints, as ordered here.

adverse impact on public safety or the operation of a criminal justice system caused by the relief," and ensure that any relief awarded is: (1) narrowly drawn; (2) extends no further than necessary to correct the harm; and (3) is the least intrusive means necessary to correct the harm. 18 U.S.C. § 3626.

With these considerations in mind, the court will require defendants (1) to place Goodvine in observation when he reports a strong urge to harm himself; and (2) to place Goodvine in a single, four-hour session of therapeutic restraints after at least twelve, continuous hours in observation and his reporting an uncontrollable urge to harm himself, his having the means to do it and his volunteering to be put in restraints.[3] The court believes that this limited relief will not inappropriately burden CCI staff, while lowering the risk that Goodvine will succeed in another attempt at self-harm before a full trial on the merits of his claims.

The court again stresses that its injunction is very much a temporary remedy. Defendants' counsel has indicated that there are really no other options than those found in CCI's existing protocol for suicidal prisoners anywhere within the Department of Corrections, but the court remains hopeful that a better, more creative, solution can be found to keep Christopher Goodvine safe. The court also expects that the parties -- and especially plaintiff Goodvine -- will work together as already planned, beginning this week, to develop a protocol that is more promising than the limited relief granted in this

[3] At the preliminary injunction hearing, counsel for defendants requested that the court require Goodvine's reports to be in writing. Instead, the court would encourage CCI to implement its own, reasonable procedure, while erring on the side of protection. Of course, the court's order is setting a *floor* for the defendants to meet and *not* a ceiling, recognizing that Goodvine's condition at any given time might require more of an intervention.

preliminary injunction for both Goodvine's short term safety *and* long term health. The parties are encouraged to jointly submit any mutually-acceptable protocol as a substitute for the relief ordered here; the court will also consider a motion by either side unilaterally requesting changes to the instant order.

ORDER

IT IS ORDERED that:

(1) Plaintiff Christopher Goodvine's request for a preliminary injunction (dkt. #14) is GRANTED IN PART according to the specifications set forth below:

(a) plaintiff must be placed on "observation" status as soon as reasonably practicable after he reports a strong urge to harm himself to any prison staff, either verbally or in writing;
(b) defendants may release plaintiff from "observation" status upon the considered decision of his psychological care providers after seeking input from plaintiff;
(c) defendants must place plaintiff in a physical (four-point, chair, or other type) restraint for a single, four-hour period if plaintiff (1) has been in observation continuously for at least the twelve previous hours, (2) reports an uncontrollable urge to harm himself, (3) has some means to do so, and (4) volunteers to be placed in restraints; and
(d) all defendants should consider themselves under a direct obligation to comply with this court order, and to ensure compliance with this order from all subordinates.

Entered this 7th day of February, 2013.

BY THE COURT:

/s/

WILLIAM M. CONLEY
District Judge