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WHAT IS KNOWN IS NOT WHAT IS ADOPTED: USING IMPLEMENTATION SCIENCE TO TURN "RESEARCH INTO PRACTICE"

(PART TWO OF A TWO-PART SERIES)

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The IACFP Board actively seeks a better alliance between researcher and practitioner—believing that an improved relationship will allow correctional services to reap a harvest of benefits. Implementation science spans the two worlds of research and practice. This two-part series examines implementation science, listing some cautions and considerations for correctional groups. In part one of this series, found in the April 2016 issue of *The IACFP Newsletter*, four learning points were listed:

1. We back our way into preparation and commitment.
2. Motivational Interviewing (MI) is harder to learn than many believe.
3. The “extinction effect” which can steal from newly-acquired skills must be considered.
4. Corrections must place greater emphasis on coaching and feedback.

The first point of “backing our way into preparation and commitment” was examined in the April 2016 newsletter. The six sequential stages for *performance implementation* were listed—stages which outline the effective steps for implementing any evidence-based practice. Among several considerations,

a caution was issued—*don't start with training!* A common misstep is realized when groups forego critical preparation



MICHAEL CLARK

steps, usually brought about by the eagerness of agency managers or department administrators to import a new practice. They bypass “make-or-break” prerequisites, such as: securing information on the practice, decision to implement, staff buy-in, along with elements of organizational readiness, all must be tackled before staff training begins. In almost every instance, starting with training will eventually stall implementation, forcing agencies to “backup to fix” if they hope to regain momentum. Staff and management scramble backwards to put supports in place due to a lack of early adoption preparedness. Headaches and frustrations can be avoided by ensuring the necessary backing and organizational supports are in place before training begins.

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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TBD—Until a new editor is selected, continue to submit material for publication to Dr. Smith using the submission information in the column to the left on this page.

WHAT IS KNOWN IS NOT ADOPTED *(Continued from page 1)*

It's not always administrators who are too quick to pull the trigger. Grant funding can also be a culprit. The rollout sequence for many grants is to start with training—with funding earmarked to continue the service or program once the training has ended. Starting with training is a poor beginning that often ensures trouble will be coming further down the road; a fiscal award seeming to guarantee the “cart will come before the horse.” Correctional agencies that access grant funding would be better served if there were mandates to ensure organizational readiness would be completed as part of pretraining preparation requirements.

As in the first part of this series, I will use MI—an evidence-based practice—as an implementation example of a correctional practice. I do so since I have trained MI for many years and have facilitated multiple implementation/sustainability initiatives for correctional jurisdictions and adjunct agencies across the United States. In the second installment of this two-part series, we'll look at three remaining learning points.

MI Is Harder To Learn Than Many Believe

There is no minimum or sufficient “dose” of training to guarantee competence in MI. There is a certain level of training needed to change staff behavior, though another level is needed to change offender behavior. Motivational Interviewing is a skills-based practice, and these skills are very much like learning how to play golf or fly an airplane. Mastery is more than claiming a certain number of hours of didactic training. Unfortunately, staff often overestimate their skill level, believing themselves to be more proficient than they are. Fortunately, some staff members learn and develop the skills quickly, showing early mastery. This is not always the case, however, and one must plan for continued skills training and reinforcement. People also easily fall prey to the “inoculation effect,” or believing that after minimal training, they are in no need of more. Instead, implementation is a process rather than an event. For instance, painting a room in a house is a specific, one-time event. When it is finished, you can complete the job and marvel at the new look. In contrast, overall home upkeep is a process—one of monitoring the status of multiple rooms, appliances, and systems, as well as prompt response and repair to emerging problems, routine maintenance, and continual budgeting for

anticipated future needs. Such preparation is continual. The same holds true for learning and practicing MI.

The “Extinction Effect” That Can Steal From Newly-Acquired Skills Must Be Considered

Although known by many names—diminished skills, practice drift, competence drain, or skill erosion—the extinction effect is a very real problem in implementation of motivational interviewing. Learned skills can diminish over time, and people will also change important components of their practice, either replacing learned methods with preferred variations, or simply forgetting or disregarding important elements of the practice.

Consider what it takes to learn to play the piano. One or 2 days of intensive and all-day practice, possibly followed by additional training over the course of several more days, and you would have a working knowledge of the piano, as well as some rudimentary ability to play. But what if you didn't play again for months, or a year? And what if you have no further lessons? The consequences are obvious—you would no longer remember how to play, and you would be unlikely to initiate the effort. This is a common occurrence with MI and other approaches in offender settings. The lack of posttraining follow-up causes even skilled and well-intentioned staff members to forget what they have previously learned, and they are unlikely to use these skills in the future.

Corrections Must Place Greater Emphasis On Coaching And Feedback

Feedback is fundamental for any kind of learning, and immediate feedback that occurs in the moment is even more helpful. Does your agency provide ongoing coaching and feedback after training concludes? If the norm in your agency is to provide only the training, then you're in the majority. Whether training involves singular or multiple sessions, most agencies end their implementation effort with training, neglecting the importance of ongoing coaching and feedback to enhance learning and practice. Staff build skills with greater speed and competency under the helpful eye of a coach who offers feedback and correction.

Many who work with offenders operate in relative isolation, with few people observing their interactions with offenders. Yet, learning is impaired in the absence

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of feedback, and building a mechanism for staff to receive feedback as they learn enhances performance. Feedback is fundamental for any kind of learning, and immediate feedback is even more helpful. Consider how difficult it would be to learn the skills of archery, if you *practiced in the dark!* Review of your work in session or via audio or video tapes will offer a large return of investment for the effort. Coaching allows comments, review, reactions, advice, and tips, all of which lead to improvement in your performance. And additionally, the coach should have more experience and skill in motivational interviewing than the person they are instructing.

But what about experienced staff members? One might think that they need little coaching. However, coaching and feedback may be more important than accumulated experience. A consistent finding in counseling research noteworthy for corrections, for example, is that counselors with many years of practice have no better client outcomes, on average, than those who were only recently trained. This includes findings of little difference between professionals and paraprofessionals or therapists with varying levels of experience.

How can this be? Finding no or only small differences in effectiveness between novice and experienced professionals is both surprising and distressing. We are reminded that one of the most replicated findings in medicine is the effect of experience. A surgeon who has done a particular procedure two thousand times is simply better at it than someone who has done it twice—the experienced surgeon produces better outcomes, fewer complications, and less adverse effects. How does this fit with counseling research suggesting that experience

does not matter? The surgeons get constant feedback. They rarely practice alone, and when there are complications or adverse outcomes, they receive rapid feedback and the guided opportunity to make corrections.

Such coaching and feedback may come from multiple sources. Both trained supervisors and outside experts can perform this role. There is also an emerging and use of in-house trainers, peer coaches, *MI champions*, coaching within communities of practice, and web-based training to facilitate peer feedback.

Finally, I sympathize with correctional management teams who find the requirements of effective integration daunting. While it may seem difficult enough to: (a) learn about the steps and progression of implementation science (b) find the patience and commitment to complete necessary organizational readiness, then (c) disrupt agency operations to convene multiple training sessions, only to (d) face the further call to provide coaching and feedback—there is no need for despair. Consider the finding that even a modest amount of expert coaching can significantly improve proficiency in MI. This may involve as few as five or six individual coaching sessions conducted by telephone for 30 minutes each. Your organization can be creative in providing coaching and feedback without further straining already stretched resources and mileage is gained for improving the practice of MI in any setting.

References available from author



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SUPPORTING EVIDENCE-BASED CORRECTIONS: CANADA'S RADICALIZED OFFENDER POPULATION

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YVONNE STYS

Similar to many other correctional jurisdictions around the world, the Correctional Service of Canada (CSC) faces the challenge of managing radicalized offenders in its facilities and in the community. While Canada has a long history of ideologically-motivated

individuals perpetrating criminal acts in order to promote religious, political, or revolutionary doctrine (Leman-Langlois & Brodeur, 2005; Pressman, 2009), with the events of 9/11, there came a realization that there was an empirical gap in the knowledge related to radicalized individuals in Canada generally (Wilner, 2010), and radicalized offenders in a federal correctional context specifically.

To address this gap and support the tradition of evidence-based policy and practice that is the cornerstone of Canadian federal corrections, CSC's Research Branch engaged in a multi-year program of research to learn more about its radicalized offender population and determine national and international best practices in the management of radicalized offender populations. Funded partly by Defence Research Development Canada (Canadian Safety and Security Program), this program of research has contributed significantly to both Canadian corrections as well as the general knowledge-base surrounding radicalization in Western society.

Who Are Canada's Federally-Sentenced Radicalized Offenders?

The CSC defines a radicalized offender as "an ideologically-motivated offender, who commits, aspires or conspires to commit, or promotes violent acts in order to achieve ideological objectives" (CSC, 2012). When comparing radicalized and non-radicalized offenders on a wide variety of variables measured using administrative data routinely collected by CSC,

Stys, Gobeil, Harris, and Michel (2014) found that radicalized offenders were more educated and more likely to be employed upon admission to a federal institution than were non-radicalized offenders. They were less likely than a non-radicalized offender to have a substance abuse history or to demonstrate mental health needs upon admission, and most had never had any previous contact with the criminal justice system. Consequently, they were significantly more likely than non-radicalized federal offenders to be rated as having high reintegration potential.

Through an intensive file review process, Stys and Michel (2014) found that 30% of radicalized offenders had purely ideological motives for their actions, 17% were purely motivated by criminal (non-ideological) drivers, and 53% held both ideological and non-ideological motivations for their crimes. Assessment of criminogenic needs via the Dynamic Factors Identification and Analysis (DFIA) and its revised version (DFIA-R) revealed that radicalized offenders had higher-identified needs in the associates and attitudes domains, a finding that was especially salient when ideologically-motivated offenders were examined separately. These findings denote the importance of focusing on these areas in any rehabilitation and reintegration efforts with members of the radicalized offender population.

How Can We Best Manage Radicalized Offenders?

In order to determine how various aspects of radicalized offender management were operationalized in other correctional jurisdictions and to identify "best practices" in the management of radicalized offenders, CSC also undertook two studies aimed at determining international approaches to the management of this population (see CSC, 2015 and Axford, Stys, & McEachran, 2015). These initiatives resulted in the following over-arching principles:

- The effective management of radicalized offenders requires an international, national, and multi-systemic approach to the collaborative,

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EVIDENCE-BASED CORRECTIONS *(Continued from page 5)*

open, and reciprocal sharing of intelligence information at all points of offender management.

- The provision of training to all staff is crucial for the effective management of radicalized offenders. Staff in all positions should be trained on what radicalization is, when it is problematic, how to identify it, and what their responsibilities are in terms of reporting and intervention.
- More evidence/research is required in a number of areas surrounding radicalized offenders, including effectiveness of assessments and interventions, community reintegration and reoffending, and understanding resilience in the face of a radicalizing influence.

Specific recommendations were also garnered based on national and international feedback, including the necessity for dynamic accommodation strategies and the identification of key charismatic leaders, the requirement to consider the unique needs of radicalized offenders while assessing and addressing these needs with evidence-based tools specific to radicalized individuals, and the benefit in approaching management from a disengagement rather than a de-radicalization lens.

What's Next?

The success of this program of research is a product of the collaborative partnership that was forged between CSC's Research and Security Branches. Imbedding an operational subject-matter expert in the research team has been identified as an organizational best practice, resulting in a more reciprocal and open internal information-sharing relationship, more relevant and targeted research questions, and a more immediate transformation of research results to operational practice.

The CSC plans to continue this tradition of collaboration in implementing one of the key consultation recommendations: the need for continued research and evidence building. By extending its program of research, CSC's Research Branch aims to support correctional operations in its implementation of a radicalized offender population management plan, while continuing to build the knowledge that can be used by CSC, as well as the broader correctional and academic community, to mitigate the threat posed by radicalized offenders.

References available from the author.

REHABILITATION THROUGH THE ARTS: A PRACTICAL APPROACH TO BEHAVIOR CHANGE

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Changing behavior is hard enough to do when one is free in the world with resources to choose among. Those who are incarcerated face barriers to changing undesirable behaviors at every step—barriers to recognizing the problem, barriers to accepting that the problem can be fixed, and barriers to accessing the right resources to help in changing behaviors. Some mandated and voluntary programs offered to the incarcerated face criticism that the insight developed through talking in groups does not necessarily translate into behavior change either in the prison or postrelease.



SUZANNE KESSLER

The program described here directly targets behaviors most necessary for successful rehabilitation: (a) cooperating with others, (b) managing time, (c) controlling anger, and (d) completing tasks.

Rehabilitation Through The Arts (RTA) is a nonprofit creative arts organization, funded by grants, individual donations, and the New York State Department of Corrections and Community Services. It serves, at any given time, about 200 men and women in three maximum security and two medium security New York State

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REHABILITATION THROUGH THE ARTS (Continued from page 6)

prisons. Approximately 800 men and women have participated in RTA in the 20 years since it began.

The RTA program provides workshops in everything from music theory, public speaking, Shakespeare's sonnets, and the only modern dance program in a men's prison in the United States. Volunteer facilitators apply the tools of drama, creative writing, visual arts, dance, and voice training, *not* to create actors, dancers, artists, or singers, but rather to create behavioral changes that will make it more likely that the men and women who participate in RTA will successfully reintegrate into their communities when released. The training they receive translates into the creation of stable family relations, the ability to earn and retain a job, and ultimately, the desire and confidence to begin giving back to their communities.

In the words of RTA's Founder and Executive Director, Katherine Vockins, "RTA works on transforming poor communication skills, a rigid belief system and a lack of self-control and discipline, using creative arts as an inclusive tool to engage prisoners across cultural, age, and language barriers. Social and communication skills build through group work. Cognitive skills develop through reading, analyzing, and problem-solving. Tolerance, empathy, and trust grow through self-expression, character development, and mutual support. Performance emphasizes group interdependence, community building, personal responsibility, and a sense of achievement. The RTA's prisoner steering committees build goal-setting, leadership, and conflict-resolution skills."

Those of us involved in RTA often consider the relationship between cognitions and behavior when we ponder such questions as: What makes "a thug in the yard" decide to join RTA in the first place? Does it reflect already-changed cognitions—"I have a problem; what I'm doing isn't working; I need help" or does someone join RTA because he or she heard that it is a fun break from the alternating stress and boredom of prison life. Commonly, our facilitators hear protestations like: "But I can't write" or "I'm so bad at this!" After a year of participation in a series of workshops, those same men and women are showing up on time for rehearsals, memorizing scripts, giving thoughtful and sensitive feedback to one another, writing moving pieces, and synchronizing their steps with others. Whether or not a change in cognition drives membership in RTA,

we know that the skills developed in the workshops change the way the members think, which, in turn, reinforces those behaviors and changes other ones.

We know from having conducted controlled studies that new behaviors and the accompanying cognitions developed through RTA workshops—"I can write" and "I'm good at this"—lead to other demonstrable behavior changes; more time spent in prison education programs leading to more academic credentials, fewer infractions, and days in *keeplock*. Of course, the ultimate measure of the program's impact is the low recidivism rate of the alumni. Of the approximately 200 who have been released, over 100 have been released for more than 3 years. Of those 100, five have returned to prison. Our recidivism rate of 5% is miniscule compared to the overall rate of 60% statewide. Our research shows that RTA participants are rated as more dependable, more socially mature, and more able to sacrifice individual needs for the welfare of a group than comparison participants.

In a pilot study, RTA alumni drew direct ties between what they learned in RTA and positive behaviors and cognitions post-release. According to the interviewees, all of whom participated in RTA's theater program, the process of staging productions taught them team work. Memorizing scripts taught them valuable mnemonic tools. For example, one interviewee reported that memorizing an especially-protracted soliloquy from *King Lear* helped him pass a state certification test and gain employment. Others claimed that practicing lines and being on stage gave them

self-confidence and enhanced communication skills. Playing a diverse array of characters taught empathy. Participants gained a sense of community through the hard work and camaraderie of the theatrical process.

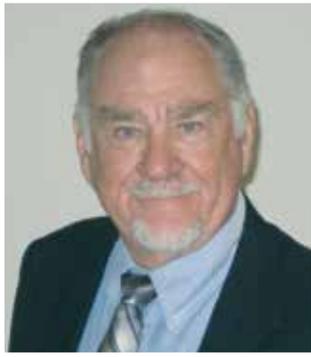
While our existing studies demonstrate positive behavior change on the inside compared to non-participants, once we have formal data from a complete study of our alumni, we will be in a better position to claim that behaviors that matter, such as employment and repaired family relationships, are more positive than in a matched sample.



References available from the author.

OUR CRIMINAL JUSTICE SYSTEM IS NOT BROKEN....

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RICHARD ALTHOUSE

Informed readers know the data, and for those who don't, what follows is all readily available on the Internet. Evolving during the past 40 years during our wars on crimes and drugs and a "do the crime, do the time" ideology in the interests of public safety, the U.S., having only 5% of the world's population, now has 25% of the world's prisoners—over 2 million—with millions of others under corrections supervision. Along the way, America's "tough on crime" practices have been variously described as reflecting a "penal harm movement" (Clear, 1994; Listwan, Jonson, Cullen, & Latessa, 2008), "mass incarceration," "cruel and usual" (de la Vega, Solter, Kwon, & Issac, 2012), "callous and cruel" (Human Rights Watch, 2015), politically-, judicially-, economically-, and racially-biased with violations of human rights agreements (Human Rights Watch, 2009), and causing significant social and economic collateral damage that in turn contributes to crime rates. Inmate suicide is still among the leading causes of inmate death, the average return-to-prison rate has remained relatively stable at around 65%, and the illicit drug trade and use has increased astronomically. The cost to American taxpayers? Billions and billions of dollars a year, with a shrinking array of other social and education programs that also depend on public money. A very quick Internet search will reveal there are between five and 10 states that reportedly now have to spend more money on corrections than education. Although critics and advocates have debated the relationship between our increasing emphases on punishment, mass incarceration, and decreasing crime rates, the general consensus seems to be that there has been no easily agreed-upon-relationship between the two (e.g., Roeder, Eisen, & Bowling; 2015; *Corrections Managers' Report*, 2016).

Consequently, it is not surprising that among her Presidential campaign remarks, Hillary Clinton has

called America's criminal justice system a "disgrace," and Democratic Senator Bernie Sanders believes our criminal justice system is "broken." (In contrast, Donald Trump's comments insinuate the system is not broken.)

Each candidate has their notions for what should be done. For example, former Secretary of State Clinton has called for an end to the "era of mass incarceration," reforming punishment and probation systems, and ending racial profiling. Senator Sanders recommends ending the privatization of prisons, understanding why there is a disproportionate number of incarcerated individuals who are Black and Hispanic, and why the rate of recidivism is so high. Donald Trump, as well as other Republican candidates, apparently has not shared the "broken" descriptor of our criminal justice system, believing that sentences should not be reduced, and that capital punishment is a civilized response to capital crimes.

This divergence of ideas about America's criminal justice system is hardly new. If one searches the Internet for "broken criminal justice system," one will unleash a plethora of websites hosted by a variety of organizations and publications from the *Washington Post* to the *Guardian*, the *National Review* to *Bloomberg View*, expressing the same idea of America's "broken" criminal justice system. It is informing that if one searches for something like "America's criminal justice system working well," one does not encounter a similar number of websites, although there are some that express less critical points of view. However, regardless of one's opinion, thinking about America's criminal justice system as "broken" is not only counterproductive, it is wrong. Our criminal justice is not broken.

By definition, broken means "having been fractured or damaged and no longer in one piece or in working order, e.g., "a broken arm." Thinking of something as broken is a common example of linear thinking, and there are many correct instances of exactly that (e.g., a broken part like a tree branch, a car part, a body part). But what if that concept is applied to something

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that is in one piece and is working, even if not well, like a system? Since systems cannot break, thinking about them in that way precludes us from thinking systemically about a problem, instead leading us to thinking (often incorrectly) about “who” or “what” is to blame (the “broken” part), what needs “fixing” or “replacing,” and leads us astray from a truly effective understanding of the systems’ interactive parts and effective intervention(s). The potential result? Changing the wrong thing(s) and eventually leading to a return of the problem, only worse. With that caution in mind, let’s briefly return to our criminal justice “system.”

Social order and safety are obviously important for the survival of a culture and its inhabitants. When a behavior occurs that threatens social order and/or safety, the common and, might I suggest, genetically-programmed response is to contain, reduce, or eliminate the threat. The extent to which that process works to achieve those ends reinforces that behavior (a reinforcing loop). The extent to which it does not do that leads to explorations of how that process might be improved, and the extent to which it does reinforces that behavior, and so on. Crime in America (a) is defined as such a threat, and our criminal justice system (b) is the response in the interests of the outcome, and (c) public order and safety.

Together they form a system; (a) crime influences (b) criminal justice response, and (b) influences (a). Together they produce outcome (c) increased or decreased social order and safety that influences both (a) and (b). Crime, our criminal justice response, and public safety form a dynamic system, each part interacting with and influencing the others. As long as this is true, the system remains a system. So what’s “broken?” Nothing. What’s wrong then? Nothing. The system is working the only way it can given the dynamic evolution of its component parts (e.g., politicians, prosecutors, judges, juries, prison guards, probation officers, society, criminals, etc.). Why then are some folks complaining? Because for them the overall system has produced such collateral damage and poor outcomes that it has now become more of a problem than the one it was supposed to fix! Is this a new conclusion? No, many others have made similar observations over the past 2-3 decades. What keeps this system going anyway? The two most fundamental answers are understandable: (a) anger and (b) fear. The remaining answers are more complex, but simply stated, when the solutions to the problem don’t give us the results we believe we want, we begin to

tinker with them. If a little punishment doesn’t work, we apply more in different ways. And it is in the tinkering that things can go terribly amuck, especially if we fail to comprehend the totality of the system with which we are tinkering!

Remembering that today’s problems are the result of yesterday’s solutions, clearly those solutions must have a way of playing forward and providing a context that shapes the next round of problems and solutions. And they do. For example, in his wars on crime and drugs in the context of wide-spread civil disobedience, President Nixon said, “You have to face the fact that the whole problem is really the Blacks. The key is to devise a *system* that recognizes this all while not appearing to” (Baum, 1996, p. 13). Then he used the Drug Enforcement Administration as a jurisdiction-free police force that would indirectly target Blacks to solve the problem of civil unrest and crime. This linear racially-biased “who’s to blame” belief in the hands of a racially-biased President conceptually framed the subsequent wars on crime and drugs for the next 40+ years, implicitly and explicitly shaping and motivating racially-inclined sociojudicial focus on minorities, both Blacks and Latinos, that eventually fueled racial protests against the (White) police, all eventually contributing to *decreases* in public safety.

For example, in 1989, Chicago newsman Studs Terkel noted that after a 70-year battle against illegal drugs, it was possible to do a drug deal across the street of the White House (Grey, 1998, p. 124.), and President George H. W. Walker Bush promised to end the scourge of the drug problem, particularly cocaine. His and others’ subsequent efforts to decrease illicit cocaine use resulted in a 15% *increase* in the total cocaine output in the Andes, possibly in excess of a thousand tons a year. By 1995, worldwide coca cultivation by acres rose to a new record of 530,000 acres, and the production of cocaine evolved into a growth industry in most of the world (Grey, 1998, p. 143). How have we succeeded with reducing heroin use? From 1990 to 1995, the numbers of heroin-related emergency episodes doubled. Currently, illicit heroin use has become pandemic across the United States. Despite all the efforts to curb marijuana use over the past 3 decades, a number of states have now made marijuana legal.

There are many other examples of how the “legal” linear solutions to the social problems of crime and

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illicit drug use have contributed to the current status of American's criminal justice system. Despite these examples, however, it is incorrect and misleading to claim that our criminal justice system is broken. It is working the only way that it can given the dynamic interplay of its component parts and is doing exactly what it's meant to do (Mody, 2014).

Readers may not know what to do to help create a fair and just criminal justice system that critics and

proponents alike would consider working well. Yet, without understanding the differences between a linear and a systemic approach to solving problems, how systems work, and applying that knowledge to our criminal justice system, the system is not likely to become more just, fair, or graceful any time soon.

References available from the author.

THE SUFFERING ENTERPRISE

John Gannon, Ph.D., IACFP Executive Director

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Prisons are by nature, social enterprises. They are society's principal moral and legal response to the moral and legal wrongdoings of citizens. The method used is, in large part, to respond in kind to the suffering that offenders impose on themselves, their families, and society by imposing suffering on them in return.

Such practices position well-meaning psychologists as part of the enterprise of suffering, and create dilemmas of the reciprocal moral standing between offenders and society that are seemingly only to be avoided by denying the problem, which is yet another offender refuge. Denial and moral standing are not trivial issues, and deserves thorough inquiry. Similarly, the practices of prisons and the official doctrine of imposing suffering on citizens so they will no longer impose suffering on others are not outside the boundaries of reasonable philosophical consideration. Yet, we have no philosophy of incarceration.

Retribution, deterrence, incapacitation, and rehabilitation are sometimes cited as philosophies of punishment (Cullen & Jonson, p. 4), but are better seen as competing stories about why we think we're doing what we're doing. Like, "My philosophy is, "spend it while you've got it," or "honesty is the best policy." Philosophy, in this sense, is more euphemism or figure of speech with only mechanical descriptions or statistical support and little or no substantive analysis behind it.

Hans Toch delivered a well-received paper: *I Am Not Now Who I Used To Be Then*, at the International Corrections and Prisons Association conference in 2009. The emphasis of his remarks was on the difficulty inmates have in convincing the parole board that they have changed. Doctor Toch's insightful comments noted not only the problem from the point of view of a jad-

ed panel of evaluators, most of whom have heard such claims made falsely many times in the past, but also, that prison policies often lead to only limited opportunities for growth and maturity for long-term inmates.

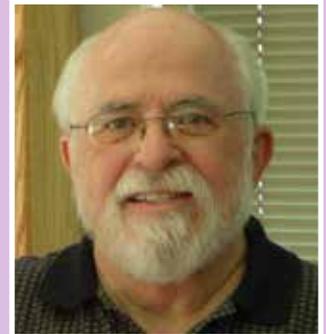
As a psychologist, the comments were well within the traditional framework for such prison-related presentations. Cite a problem. Note the source of that problem. Suggest an alternative.

At the same time, there has been a virtual explosion in philosophical speculation about issues of person identity, free will and moral and legal responsibility, much of it arising initially out of the findings of neuroscientist Benjamin Libet (1985, 1999, 2001, 2004). Regardless of any specific conclusions we might draw from this literature, it seems unworthy of us to be professionally satisfied with anything less than deeply reflective views of these topics.

The entire criminal justice apparatus is based on centuries old formulations of consciousness, volition, and personhood that have now been under careful scrutiny and, I might add, considerable dispute for decades. As Dr. Toch's article shows, received views and notions of personal identity have genuine realworld and serious practical consequences, though it is hard to see any effect of either neuroscience or philosophical analysis on our own archaic viewpoints or practices.

The fact that experiment and deep analysis has

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JOHN GANNON

SUFFERING ENTERPRISE *(Continued from page 10)*

had so little effect on correctional practices is somewhat surprising. With the possible exception of the educational system, there is no social institution more susceptible to fads than corrections. According to some commentators, a single paper by Robert Martinson led all the rehabilitationists to abandon their side of the boat and rush to the side of “Nothing Works.” Perhaps the faddishness of corrections is confined to the twin swings of the pendulum from extremes of hurt ’em and heal ’em to just hurt ’em.

In any case, despite the considerable evidence against punishment as the sole effective strategy for changing behavior, and despite the considerable evidence in favor of Cognitive Behavior Therapy, Motivational Interviewing (MI), substance abuse treatment, and a host of specific programs that could lead to more successful inmate lives and safer communities, these ideas have been difficult to implement, and many prisons today are operated on concepts that differ little from those of Philadelphia’s Walnut Street Jail of 1773.

Now, slow as we’ve been to accept and implement the evidence of the last 30 years (and we have been very slow, indeed), there is a new wave of neuroscientific evidence and philosophical analysis that is almost certain to revise many of our beliefs about human nature and legal responsibility. It is looking very much like the strategies we’ve been promoting within our own groups, the very ones that are still not fully accepted like MI and the Risk-Need-Responsivity (RNR) Model are showing serious cracks in their conceptual walls, and will need to be significantly reconfigured.

The work of experimental philosophers Joshua Knobe and Joshua Greene are expanding our understanding of how human beings engage in moral reasoning, and leading us to rethinking the whole of relationships between intuitions and rational ethical thought. Adina Roskies, Albert Mele, and Roy Baumeister are making huge contributions to additional understanding in the work and evolution of decision making and the attribution of responsibility for making those decisions.

Our work as correctional and forensic psychologists is nowhere near complete. Yes, facilities to house those who offend may persist. But, if we’re going to uphold the standards our profession and the taxpayers rightfully expect, not to mention living with ourselves, we better be ready to launch the interdisciplinary rocket. In my view, we need a corrections innovation lab that will garner the best ideas all the relevant areas of study, compile the best research, and serve as a respected resource for taxpayers, the media, and the correctional

and forensic authorities who make the decisions. To foster this process, we’ll each need to broaden our reading, consider new findings, and integrate new concepts. We need to start rethinking the entire suffering enterprise to extricate ourselves from association with the morally-dubious practice of inflicting suffering as our primary mode of response to offending and in ways to replace it. We share these thoughts with many like-minded professionals. A group to pay particular attention to with respect to the more philosophical issues of our practical dilemmas is the Society for Philosophy and Psychology. They are an organization that promotes discussion and research at the nexus of philosophy, psychology, and cognitive science, with an emphasis on moral reasoning and personal identity. Check out their program for this year at www.socphilpsych.org to get an idea of their offerings and give some thought to attending next year to get serious about exploring old problems.

References available from the author

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CRANIAL ELECTROTHERAPY STIMULATION (CES) AS A TREATMENT FOR REDUCING STRESS AND IMPROVING PREFRONTAL CORTEX FUNCTIONING IN VICTIMS OF DOMESTIC VIOLENCE

Ronald R. Mellen, Ph.D., Professor, Department of Criminal Justice, Jacksonville State University, Jacksonville, Alabama, and an IACFP Member, Jan Case, Ph.D., Professor, Department of Mathematical, Computing, and Information Sciences, Jacksonville State University, and Deanna J. Ruiz, M.S., Counseling, Student and Research Assistant for the Study, Jacksonville State University

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“The meaning of life is to find your gift, and the purpose of life is to give it away” (Picasso, 1881-1973).

Abstract

Many females, in free-world and prison, have suffered the effects of domestic violence including elevated and chronic levels of stress and symptoms of post-traumatic stress disorder (PTSD). This pilot study examined the efficacy of cranial electrotherapy stimulation in reducing clinical symptoms and improving prefrontal cortex functionality (“executive functioning”) in non-incarcerated women who had experienced significant domestic violence and were residing in a secured shelter.

Despite limitations associated with using a small sample (N=10), a repeated measures design and a highly restricted number of treatment sessions (N=5), the Alpha-Stim SCS, a cranial electrotherapy device, produced statistically significant reductions in stress levels. These measures were based on the Brief Symptom Inventory’s (BSI’s) assessment of global anxiety. Statistically significant improvements in executive functioning were also found using two global measures provided by the Behavioral Rating Inventory of Executive Function—Adult Version (BRIEF A): (a) Behavioral Regulation Index, and (b) Metacognition Index.

Introduction

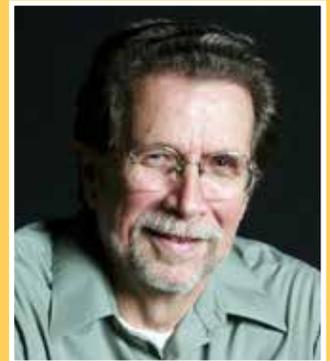
In her publication, *The Battered Woman* (2009), Lenore E. Walker described the Battered Women’s Syndrome. This syndrome included symptoms such as intrusive recollection of events, hyperarousal, high levels of anxiety and/or avoidance, emotional numbing, depression, dissociation, minimization, repression, and denial. These, and other symptoms she noted, are consistent with today’s diagnosis of PTSD.

The treatments for PTSD in victims of domestic

violence tend toward cognitive-behavioral counseling and the provision of social services. The present study focuses on a biologically-driven treatment to reduce stress symptoms in victims of domestic violence and improve their cognitive abilities. Such a treatment could add another dimension to current correctional treatment protocols.

Review of the Literature

The most common diagnosis among women suffering from domestic violence has been identified as PTSD (Jones, Hughes & Unterstaller, 2001). In addition to psychosocial issues, cortical, and subcortical neuro-network dysfunctions have also been related to PTSD. For example, Milad et al. (2009) proposed an amygdalocentric model, which identified dysfunctions in PTSD subjects’ amygdalae, hippocampi, and prefrontal cortices. The specific dysfunctions included hyperarousal of the amygdala (fear and rage) and deficient arousal in the top-down medial pre-frontal cortex (executive function). There were also dysfunctions associated with



RON MELLEN



JAN CASE



DEANNA RUIZ

(Continued on page 13)

CRANIAL ELECTROTHERAPY *(Continued from page 12)*

the hippocampus (memory) which makes the extinction of traumatic events difficult. These issues are also consistent with the deficiency of “extinction ability” found in PTSD subjects. In this pilot study, the Alpha-Stim SCS was utilized to apply cranial electrotherapy stimulation (CES) treatments to 10 residents living in a secured environment.

Alpha-Stim SCS

The Alpha-Stim SCS has been used successfully in treating varied psychological dysfunctions. While the device has been Food and Drug Administration (FDA)-cleared for the treatments of depression, anxiety and sleep dysfunctions, cranial electrotherapy stimulation has also been used successfully in research with alcohol and/or drug abuse subjects as well as related comorbid disorders and impulsively violent individuals. More specifically, CES has been used successfully to treat a variety of symptoms frequently associated with PTSD. Examples include anxiety, (Voris, 1995; Overcash, 1999; Bystritsky, Kerwin, & Feusner, 2008; Barclay & Barclay, 2014) drug and alcohol abuse, (Schmitt, Capo, & Boyd, 1986; Braverman, Smith, Smayda, & Blum, 1990; Amr, El-Wasify, Elmaadawi, Roberts, & El-Mallakh, 2013) and Bianco’s 1994 research in which patients suffered from both depression and anxiety found significant reductions in symptoms.

Because the Alpha-Stim SCS has an impact on the total brain, researchers have found global improvements in thinking (global modulation effect) are possible. Such improvement has been reported in a number of studies including Kennerly’s, 2004 qEEG assessments, Braverman, Smith, Smayda, and Blum’s (1990) study which found increases in P300 bandwidth activity. Improvements in IQ scores secondary to Alpha-Stim treatment were also found by Schmitt, Capo, and Boyd (1986) and Smith (1999).

Two studies (Brovar, 1984; Mellen & Parmer-Shedd, 2009) examined the effect of Alpha-Stim SCS on retention in substance abuse treatment programs. In Mellen et al. (2009), the retention rate for treated subjects was 100% compared to untreated subjects, who had a washout-rate of 46%. Results in the Brovar study also

found 100% retention rate in the treated subjects.

In a single-case study (Mellen & Mitchell, 2008) researchers applied the Alpha-Stim SCS to a 19-year-old jail inmate with an extensive history of impulsive and violent behaviors. He was remanded to the county jail with the injunction that he complete the substance abuse treatment program. The court order stated failure to complete the program would result in his going to the state prison system. While in the treatment program, the inmate continued with physical attacks on other inmates and one jail correctional officer. The jail Director, who liked the young inmate, pulled him twice from the treatment program and put him in solitary confinement hoping that the young man would calm down and be able to finish the program and avoid prison. Although he had little hope, the Director allowed the inmate into the treatment program for the third and final time. It was at that juncture that the researchers began the Alpha-Stim treatment protocol. As a result

The Alpha-Stim treatment encouraged the inmate’s neurons to produce higher levels of serotonin which calmed him down and blocked noradrenergic effects.

of the 15 treatment sessions, the inmate was able to complete the substance abuse program and was eventually promoted to pod leader.

The Alpha-Stim treatment encouraged the inmate’s neurons to produce higher levels of serotonin which calmed him down and blocked noradrenergic effects. These two effects tend to enhance global modulation which can lead to better

decision making.

Experimental Design and Location of Study

The present study took place at a shelter for female victims of domestic violence in Northeast Alabama. The shelter provides free comprehensive assistance to its residents.

Subjects

The sample included 10 women living in a shelter environment: five were Caucasian, four African-American, and one Hispanic. The subjects’ average age was 45 years and all but one had completed high school. Most reported having completed some college and were either married to or were living with the abuser. About 40% of the subjects had been with their abusing partner between 6 and 10 years. Eighty percent of the victims

(Continued on page 14)

CRANIAL ELECTROTHERAPY *(Continued from page 13)*

were unemployed and 80% of the subjects reported not being chemically dependent or were recovering from chemical dependency. Half of the subjects reported being threatened by the abuser with a weapon. The most common weapons were feet, hands, and knives. One in five had been threatened with a handgun.

Repeated Measures Design

Due to a high turnover rate in the shelter, a repeated measures design was utilized. That is, the same subjects were used in both control and treatment conditions. During the treatment condition, the subjects received 5 days with the Alpha-Stim SCS for 20 minutes per day. The control group's postdependent measures were then utilized as the pretreatment dependent measures for the study's treatment component.

Independent Variable

The Alpha-Stim SCS is a cranial electrotherapy stimulation device that has been cleared by the FDA for the treatments of anxiety, depression, and insomnia. The treatment's microamperage (uA) is a proprietary waveform (square-wave) that creates an electronic harmonic resonance in neurons and neuro-networks. The device uses a 9-volt battery to provide electrical current that ranges for 100mV to 500mV. The treatment both increases serotonergic (5HT) activity and reduces noradrenergic (NE) effects in the brain (Kirsch, 2002).

Side effects are minimal with the most common being nausea and dizziness. These are generally self-correcting or can be addressed by reducing the uA current level. The one potentially harmful negative side effect has been increased agitation which occurs in about one in 5,000 cases. The recommended response is to remove the subject from the study (Kirsch, 2002).

There have been over 125 human subjects' studies completed using CES to treat a wide range of emotional and drug-related problems (Kirsch, 2002). Well over 90% of Alpha-Stim studies have reported positive results.

Dependent Variables

In an effort to establish the effectiveness of the Alpha-Stim SCS as a treatment two instruments were utilized as dependent variables: (a) BRIEF-A and (b) BSI. Both have established validity and reliability.

The BRIEF-A (Roth, Isquith, & Gioia, 2005) is a

self-report instrument that assesses the quality of the prefrontal lobes, the area of the brain that is responsible for executive functioning. One set of subscales addresses the subject's ability to manage his or her behavior. These include the Inhibit, Shift, Emotional Control, and Self-Monitor scales. The second set of subscales relate to an individual's meta-cognitions such as short-term memory and problem-solving skills. These subscales include: Initiate, Working Memory, Plan/Organize, Task Monitor, and Organization of Materials. Finally, an overall rating of executive functioning is included. T-scores are utilized in presenting the data.

The BSI (Derogatis, 1993), is also a self-report instrument. The three global scales provide a measure of the subject's overall level of life stress: (a) Global Severity Index (GSI), which provides an overall measure of a subject's stress levels, (b) Positive Symptom Total (PST), which records the total number of stress-related items endorsed by the subject, (c) Positive Symptom Distress Index (PSDI), which is calculated by dividing the sum of the item values by the PST.

The BSI also provides information on a subject's responses to nine clinical scales that relate to mental disorders. The scales include: (a) Somatization: Subjects' reports of bodily dysfunctions, (b) Obsessive/Compulsive traits: Unremitting thoughts and impulses, (c) Interpersonal Sensitivity: Difficulties in relating to other people, (d) Depression: Dysphoric mood and emotions, (e) Anxiety: Nervousness, tension, and apprehension, (f) Hostility: Anger-related thoughts, feelings and/or actions, (g) Phobia: Persistent fear of a person, place, object, or situation, (h) Paranoia: Projective thought, delusions, fear of loss of autonomy, and (i) Psychoticism: Withdrawn, schizoid lifestyle, thought control, and schizophrenia.

Findings

On the BRIEF-A, three statistical measures were reported: (a) Global Executive Composite score (GEC): $p = .028$, (b) Metacognition Scale (abilities to Inhibit, Shift Thinking, Control Emotions & Self-Monitor) resulted in a $p = .06$, and (c) Behavioral Regulation Scale (Working Memory, Planning and Organizing, Task Monitoring and Ability to Initiate) gave a $p = .009$.

Results from the BSI's measures of stress were:
1. Global Severity Index $p = .02$

(Continued on page 15)

CRANIAL ELECTROTHERAPY *(Continued from page 14)*

2. Positive Symptom Total $p = .05$
3. Positive Symptom Distress
Index $p = .012$

The nine clinical measures of the BSI did not achieve statistical significance; however, the trend lines indicated positive changes in all nine of the clinical variables suggesting movement toward more normalized functioning in each category.

Discussion and Summary

All three BSI global scales found significant reductions in stress levels for the 10 sheltered residents secondary to treatment with cranial electrotherapy stimulation. As noted above, the clinical scales, while not achieving statistical significance, the subjects' trend lines demonstrated reduced symptoms in all nine categories. Specifically, there were reductions in somatization, obsessive-compulsive thinking, reduced levels of depression, anxiety, hostility, and improved ability to relate interpersonally. There were also reductions in phobic anxiety, paranoid ideation, and psychoticism.

Results from the BRIEF-A were also statistically significant and supported the possibility of a global modulation effect. The global assessment of executive functioning showed significant improvement, $p = .028$.

Residents' abilities to engage in metacognitions such

as self-monitoring, ability to control emotions, ability to self-inhibit, and the ability to shift one's thinking all showed improvements, although the $p = .06$ fell just below the accepted level.

Results from the Behavioral Regulation Scale were statistically significant $p = .009$. These results showed improvements in the residents' working memory, planning and organizing, task monitoring, and ability to initiate. As noted above, changes in the subjects came after only five treatment sessions, which demonstrated the ability of the Alpha-Stim SCS to produce rapid, positive improvement in the subjects' emotional and cognitive lives.

In summary, results from this pilot study suggest cranial electrotherapy stimulation may contribute to reductions in the psychological stress experienced by victims of domestic abuse. In addition, results from the BRIEF-A suggest improvements in global functioning within the cortical and subcortical areas of the brain that may improve the victims' abilities to think more clearly and make better decisions. Future research is recommended to see if this treatment will work as well with female inmates.

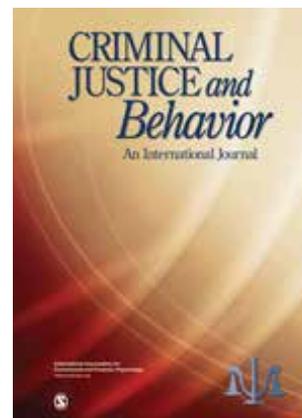
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CORRECTIONAL HEALTH CARE EXPERTS RECOMMEND MINIMIZING USE OF SOLITARY CONFINEMENT

The National Commission on Correctional Health Care (NCCHC), the nation's leading authority on health care systems in jails, prisons, and juvenile detention facilities, has released a position statement on solitary confinement to help correctional health professionals address its use in the facilities in which they work.

The 17-point position statement calls for an end to prolonged solitary confinement, defining "prolonged" as longer than 15 consecutive days. That is substantially shorter than the months, years, and even decades that some individuals are kept in isolation, and corresponds to the maximum acceptable time period cited by the United Nations Standard Minimum Rules for the Treatment of Prisoners.

The new position statement also states that juveniles, mentally ill people, and pregnant women should be excluded from solitary confinement of any duration. It calls for an end to the use of solitary confinement as punishment, and recommends that as a means of maintaining security, it be used only on an exception basis when less restrictive options are not available. In all cases, it is to be used for the shortest time, in the least-restrictive conditions, and with as much human contact as possible.

With this statement, NCCHC joins a growing chorus of voices calling attention to the psychological, social, emotional, and physical damage that solitary confinement inflicts. As background, the statement presents some of the overwhelming evidence of the practice's harmfulness, quoting, among others, the World Health Organization, the U.S Attorney General's office, the American Psychiatric Association, the American Academy of Child and Adolescent Psychiatry, and the UN Special Rapporteur on torture and other cruel, inhumane, or degrading treatment or punishment.

"It is extremely important and timely that NCCHC, the leading organization for promoting quality correctional health care and promulgating health care standards in jails, prisons, and youth detention facilities, has joined the many national and international organizations calling for limiting the use of solitary confinement," said Joe Goldenson, M.D., consultant with San Francisco Jail Health Services.

"Most public health organizations agree that, in addi-

tion to being cruel and inhumane, solitary confinement is harmful to an individual's health and well-being, and presents a barrier to the delivery of needed medical and mental health services," he said. Doctor Goldenson is the American Public Health Association liaison to the NCCHC Board of Directors and a member of the committee that created the position statement.

Time spent in solitary confinement is especially damaging to mentally ill individuals. Continued misconduct related to their underlying mental health issues, which are often exacerbated by isolation, can result in their being held in solitary confinement indefinitely. Even in people without a history of mental illness, lack of meaningful social interaction can cause anxiety, depression, anger, diminished impulse control, paranoia, hallucinations, obsessive thoughts, paranoia, hypersensitivity to stimuli, post-traumatic stress disorder, self-harm, suicide, and/or psychosis. For young people, the developmental, psychological, and physical damage is more extensive and lasting.

"Just as many of us today wonder how previous generations tolerated harsh and often inhumane conditions in mental health hospitals, future generations will wonder how we tolerated solitary confinement of distressed youth in desperate need of mental health treatment," said Kevin Fiscella, M.D., MPH, Professor of Family Medicine at the University of Rochester, the American Society of Addiction Medicine liaison to the NCCHC Board, and a member of the committee that created the position statement.

For health professionals working in the correctional environment, NCCHC's position statement defines what their role should, and should not, be vis-à-vis solitary confinement. In summary:

- Prolonged solitary confinement (longer than 15 days) is cruel, inhumane, degrading, and harmful to one's health. Correctional health professionals should not condone or participate in such treatment.
- Correctional health professionals' duty is the clinical care, physical safety, and psychological wellness of their patients. They must not be involved in determining whether any adult or juvenile is physically or psycho-

(Continued on page 17)

SOLITARY CONFINEMENT *(Continued from page 16)*

logically “fit” for isolation.

- Individuals in solitary confinement, like all inmates, are entitled to health care that is consistent with the community standard of care. Health care staff should evaluate these individuals upon placement and at least daily thereafter, and provide prompt medical assistance and treatment as needed.

- Health care staff should advocate for removal from solitary confinement if the inmate’s medical or mental health deteriorates; for adequate cleanliness, nutrition, water, exercise, clothing, ventilation, heating, and lighting; and for policies that adhere to the points laid out in this position statement.

The Position Statement on Solitary Confinement was developed by a committee of experts representing medicine, psychiatry, nursing, and law. It was approved by the NCCHC Board of Directors in April 2016 at the Spring Conference on Correctional Health Care.

Read the entire position statement at: www.ncchc.org/position-statement The NCCHC position statements serve to augment the organization’s Standards for Health Services for jails, prisons, and juvenile facilities, and express NCCHC's expert opinion on important issues that are not addressed in the Standards.



The NCCHC is a not-for-profit 501(c)(3) organization working to improve the quality of care in our nation’s jails, prisons, and juvenile detention and confinement facilities. The NCCHC establishes standards for health services in correctional facilities; operates a voluntary accreditation program for institutions that meet these standards; produces and disseminates resource publications; conducts educational trainings and conferences; and offers a certification program for correctional health professionals. The NCCHC is supported by the major national organizations representing the fields of health, law, and corrections. Each of these organizations has named a representative to the NCCHC Board of Directors.

The NCCHC Supporting Organizations: Academy of Correctional Health Professionals, Academy of Nutrition and Dietetics, American Academy of Child and Adolescent Psychiatry, American Academy of Family Physicians, American Academy of PAs, American Academy of Pediatrics, American Academy of Psychiatry and the Law, American Association of Public Health Physicians, American Bar Association, American College of Correctional Physicians, American College of Emergency Physicians, American College of Healthcare Executives, Ameri-

can College of Obstetricians and Gynecologists, American College of Physicians, American College of Preventive Medicine, American Correctional Health Services Association, American Counseling Association, American Dental Association, American Health Information Management Association, American Jail Association, American Medical Association, American Nurses Association, American Osteopathic Association, American Pharmacists Association, American Psychiatric Association, American Psychological Association, American Public Health Association, American Society of Addiction Medicine, Association of State and Territorial Health Officials, International Association for Correctional and Forensic Psychology, National Association of Counties, National Association of County and City Health Officials, National Association of Social Workers, National Medical Association, National Partnership for Juvenile Services, National Sheriffs' Association, Society for Adolescent Health and Medicine.

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The Global Center and the Institute for Security Studies, with expert assistance from the UN Counterterrorism Committee Executive Directorate and supported by the European Commission, in January 2016, launched a project in cooperation with the International Institute for Justice and the Rule of Law aimed at creating a sustainable, nonpolitical forum for supreme court-level and senior judicial officials. The forum brings together justices of the highest courts in Europe, the Middle East, and North Africa, legal experts from international and regional organizations including UN agen-

cies, and representatives of judicial networks and academies to discuss and exchange, among equals, questions of law and good practices for the handling of terrorism cases.

The Global Center works with governments, international organizations, and civil society to develop and implement comprehensive and sustainable responses to complex international security challenges through collaborative policy research, context-sensitive programming, and capacity development. In collaboration with a global network of expert practitioners and partner organizations, the Global Center fosters stronger multilateral partnerships and convenes key stakeholders to support integrated and inclusive security policies across national, regional, and global levels. For more information, go to: www.globalcenter.org

NEED YOUR HELP

My name is Stephanie Ramirez and I am a clinical psychology doctoral student in the California School of Professional Psychology at Alliant International University, Sacramento campus. I am currently conducting a study on the various factors that impact burnout levels among correctional psychologists. I would like to invite you to participate in this study if you are a psychologist working full-time in a correctional (prison) institution in the United States, you work exclusively with the criminal populations, and you have been practicing for a minimum of 3 years in a correctional (prison) setting. Your participation, which is anonymous and confidential, will help the profession better understand the process of burnout and those factors that can protect against burnout. I hope you will consider participating. The survey should take 20-30 minutes to complete. If you are interested, please type https://newqtrial2015az1.az1.qualtrics.com/SE/?SID=SV_1NOQyKsK6Cqjv4p into your browser, or click the link above if you are viewing this newsletter online. For more information regarding this study, contact me: psychologistburnout@gmail.com



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AMENDED 2016 ELECTION TIMETABLE FOR THE IACFP OFFICE OF PRESIDENT ELECT

The IACFP Executive Board is soliciting nominations for the office of President Elect. Members may self-nominate, nominate another member, or nominate a non-member. Please send nominations to Mr. Michael D. Clark, Chair of the Nominating Committee, by August 1, 2016, using his e-mail address: buildmotivation@aol.com

Individuals who accept their nominations will be required to submit to Mr. Clark a biographical abstract of up to 250 words using his e-mail by Au-

gust 15, 2016, or sooner. The IACFP President, Dr. Jim DeGroot, will publish nominee abstracts in our October 2016 newsletter and will also have voting ballots and pre-addressed stamped envelopes prepared and inserted into the October issue with instructions to return completed ballots by November 12, 2016. Election results will be published in our January 2017 newsletter to coincide with the new President Elect taking office for the 2017-2019 term.

FORENSIC PSYCHOLOGY

The Assessment and Treatment of Adult Firesetters - University of Denver, Colorado, USA.

Friday, July 22, 2016, 9am-5.30pm, University of Denver, Colorado, USA. Course Leaders: Professor Theresa Gannon and Dr. Nichola Tyler

This workshop offers training on best practice approaches to the assessment and treatment of adult firesetters. The training covers: (a) Characteristics and Theoretical Explanations of Firesetting, (b) Treatment Needs and Risk Assessment with Firesetters, and (c) Treatment of Firesetters.

As part of this training, delegates are provided with formal training on the delivery of two new evidence-based interventions for firesetters: The Firesetting Intervention Program for Mentally Disordered Offenders (FIPMO) and the Firesetting Intervention Program for Prisoners (FIPP).

The FIP-MO is a specialist firesetting intervention which has been developed for use with male and female offenders with a mental/personality disorder. The FIPP is a specialist firesetting intervention which has been developed for use with prisoners.

Audience: This training is likely to be of interest to academics and professionals working with individuals who have engaged in deliberate firesetting including those working within correctional services, mental health services, fire and rescue services, probation, and the criminal justice system.

Additional information: The training includes a copy of either the FIP-MO or FIPP manual for all delegates along with all reading and training materials to enable them to run the program. Delegates select in advance which program manual they would like to receive as part of the training to meet their professional needs.

£240 per person (approx. 340 USD). Refreshments and lunch will be provided. Booking information: Book online here or contact Jackie Fotheringham on 01227 824804 or at: j.c.fotheringham@kent.ac.uk

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WHITE HOUSE EAGER TO REKINDLE CRIMINAL JUSTICE EFFORT

President Barack Obama is eager to rekindle work with congressional leaders on a bipartisan bill to overhaul the country's criminal justice laws—but this key legacy item could falter due to a crowded legislative calendar and dissension within the GOP ranks. The Obama administration devoted an entire day the week of March 28, 2016, to reinforcing the need for reform when the President reduced the sentences of 61 prisoners being held on drug-related charges, and dined with a group that had previously had their prison time reduced.

The message from the White House was clear, with senior aides saying they are working with members of both parties to secure a package that can get to Obama's desk and receive his signature. Administration officials are "quite optimistic" that the Senate will take action on a criminal justice overhaul bill "quite soon," White House Counsel Neil Eggleston said.

But in a series of interviews April 5, 2016, Senate leaders who have been working closely with White House officials, sounded more cautious. "It doesn't seem to be moving," said Senate Judiciary member Jeff Flake, R-Arizona. Securing agreement on still-unresolved issues and making sure there is adequate floor time to complete work on the bill are Flake's biggest concerns. "We've got to get agreement on some things so it doesn't take much time," he said.

Senate Majority Whip John Cornyn, R-Texas, a leading author of the chamber's emerging bill, said "there are always problems with floor time." That's why he and other proponents are working to assuage Senators' concerns in hopes of "maybe getting a time agreement so we can do this when an opportunity opens up." But just when remains murky.

That's because Senate Majority Leader Mitch McConnell, R-Kentucky, intends to spend months passing all 12 of the fiscal 2017 appropriations bills. Senator Richard J. Durbin of Illinois, the chamber's No. 2 Democrat, said April 5 that he plans to inquire about just where a criminal justice overhaul bill could fit into the truncated election-year floor schedule. Senators will be on recess for most of July and August and again in October.

Once the Senate finishes work on a Federal Aviation Administration reauthorization measure now under

consideration, there likely will be just one remaining slot. But that spot could go to a National Institutes of Health bill introduced recently by Senate Health, Education, Labor, and Pensions Chairman Lamar Alexander, R-Tennessee, and Ranking Member Patty Murray, D-Washington.

As the clock ticks down on the legislative calendar, Cornyn and others are working to bridge a divide among Republicans. Proponents are trying to rally broader GOP support for a revised version of a measure that would hand judges greater discretion in sentencing, reduce mandatory minimum sentences, and allow the lowest-risk prisoners to qualify for early release.

The Judiciary Committee voted 15-5 to approve a version of the bill in October, 2016. But since then, the effort has slowed tremendously—much to the White House's dismay. The House, meanwhile, is taking a piecemeal approach. It likely will take up multiple bills on specific issues, which then would have to be meshed—and differences between resolved—with the Senate version.

White House Press Secretary Josh Earnest, the week of March 28, sidestepped a question about whether the overhaul effort is stalled, saying only that "sometimes the legislative process on Capitol Hill doesn't work nearly as quickly as we would like or as even as quickly as one could reasonably expect." Cornyn, who says he is "optimistic," said there has been some progress—but "the action is just not in public."

"What we're trying to do is shore up support among the original co-sponsors. And, then to begin to reach out to other members," Cornyn said April 5. "We're having some meetings with people who previously had expressed some concerns, show them how we've listened and made some modifications."

But sources involved in the effort say the bill's leading opponents—Republicans Orrin G. Hatch of Utah, Jeff Sessions of Alabama, Tom Cotton of Arkansas, and David Perdue of Georgia—appear unmoved by many of the changes under discussion. Each has penned opinion pieces attacking the legislation's central provisions.

Cotton has argued sentencing laws have contributed to "a steady and dramatic drop in crime." He called the

(Continued on page 24)

WHITE HOUSE EAGER *(Continued from page 23)*

Judiciary panel's bill "badly misguided," in a February 9, 2016, floor speech and warned, if it passed, the bill would amount to "launching a massive social experiment in criminal leniency without knowing the full consequences."

The divide could doom what, for Obama, is a missing piece of his legacy. McConnell could choose against putting the bill on the floor to avoid a Republican-on-Republican fight—and prevent Obama and his Democratic colleagues from securing campaign-trail fodder.

The issue is of great importance to Obama, who last November said: "A lot of time, criminal records disqualify you from fully participating in our society, even if you've paid your debt to society. That is bad not only for the individual, it's bad for the economy. We've got to make sure that Americans who have paid their debt to society receive a second chance," he added.

Ironically, a President who has clashed with Republican lawmakers could see a final-year priority dashed

due to an internal GOP disagreement despite the support of several of that party's leaders, including Cornyn and Speaker Paul D. Ryan, R-Wisconsin.

But the legislation's GOP authors have yet to give up. They are trying to bring in outside groups to rejuvenate momentum lost in recent months, Cornyn said, "to demonstrate that there's a broad coalition of people in law enforcement and civil libertarians who agree that this makes sense." Cornyn would like to get a final bill to the floor "hopefully sometime before November, 2016."

Senator John McCain, R-Arizona, said both parties stand to benefit by sending the President a bill before voters head to the polls in November, 2016. "I think it's in the interest of everybody to get something like criminal justice done," McCain said. "But like a lot of these issues, the devil is in the details."

Excerpted from an article (by John T. Bennett, CQ-Roll Call) in the April 8, 2016 issue of the *Ledger-Enquirer*, Columbus, Georgia, page 10A.

WHAT IS PENAL REFORM INTERNATIONAL?

Penal Reform International (PRI) is an independent non-governmental organization that develops and promotes fair, effective, and proportionate responses to criminal justice problems worldwide. We believe that in criminal justice systems that are fit for purpose: offenders are held to account, sentences are proportionate, and the primary purpose of prison is rehabilitation not retribution.

Over 10 million men, women, and children are in prison around the world, a large proportion for minor, nonviolent offenses. Around 3.2 million people in detention are awaiting trial. We advocate for the rights of defendants to a fair trial without delay, and an end to the unnecessary use of imprisonment. We promote alternatives to prison which support the rehabilitation of offenders and reduce the likelihood of reoffending.

We promote the rights of detainees to fair and humane treatment. We campaign for the prevention of torture and the abolition of the death penalty, and we work to ensure just and appropriate responses to children and women who come into contact with the law.

We work with intergovernmental organizations to



bring about reforms that balance the rights of offenders and of victims, and we provide practical assistance to national policymakers, criminal justice authorities, and civil society to reform legislation, policy, and practice.

Our Head Office is in London. It leads and coordinates cross-regional programs, international policy, and advocacy activities, and is responsible for organizational and financial management. Our regional offices in the Middle East and North Africa, Sub-Saharan Africa, Eastern Europe, Central Asia, and the South Caucasus implement practical programs and provide technical assistance at a national and regional level. We also work with partner organizations in South Asia.

We have consultative status at the United Nations (ECOSOC), the Inter-Parliamentary Union, the African Commission on Human and Peoples' Rights, the African Committee of Experts on the Rights and Welfare of the Child, and the Council of Europe. The PRI is an independent organization, with no religious, political, or governmental affiliations. For more information, go to: www.penalreform.org

RE-IMAGINING CUSTODY, COMMUNITY, AND CITIZENSHIP FOR 21ST CENTURY SCOTLAND

Doctor Frank J. Porporino, an At-large Member of the IACFP Board of Directors, recently received an invitation from Scotland to participate in a Symposium being organized in early June, 2016, with a general theme of “Re-imagining Custody, Community, and Citizenship for 21st Century Scotland.” Using the general theme, four topics for discussion are to be created (a) culture, (b) social inequalities, (c) challenges, and (d) experiences. For various reasons, he had to regrettably decline the invitation, but he thought that the Symposium’s Purpose Statement that follows below was important to be shared with our IACFP members and others. He goes on to write, “Wouldn’t it be nice if IACFP could pull something like this off for America—where a significant ‘think piece’ from the right person for each of the four topics for discussion would be commissioned and then organized into a symposium with some key players in America to discuss. What could be easily overlaid with the Symposium is fellow IACFP Board Member and IACFP President Elect Mike Clark’s strength-based perspective and the kind of implications for offender supervision rising out of positive psychology. It might be difficult to assess the exact impact of doing something a little ‘philosophical’ like this but at least a conversation around a BIG idea could begin. Maybe no Association like ours can really hope to make a difference unless we also begin with a BIG idea.”

Purpose Statement

The purpose of the June, 2016 Symposium is to debate the nature and purpose of penal policy and practice in Scotland in order to develop a proposition for a penal system that will be fit for the 21st century and reflective of the Scottish Government’s commitment to a “Safer, Stronger, Fairer” Scotland.

The Symposium Will:

- Explore the values, beliefs and assumptions within Scottish culture which underlie the current relationships between concepts of community, citizenship and custody, and explore how these relationships might be

better configured (the “what if” questions);

- Examine social inequalities that are reflected in and reproduced by the penal system and consider whether and how a future penal system might challenge and disrupt these inequalities;

- Uncover, discuss, and consider “realworld” social and penal problems, dilemmas, questions, and ideas with which we need to engage as a society and resolve in an innovative and imaginative way if we are to create a 21st century penal system genuinely predicated on the values of justice and fairness; in the above discussions, draw on the best analysis of Scottish experience and on experience and knowledge from other jurisdictions in seeking to redefine penal policy.

In so doing, the Symposium would address the significant task of rethinking, reconceptualizing, and reframing penal sanctions as a basic function of the 21st century Scottish state. Through such a process it will:

- Develop a series of propositions which will set out the characteristics of 21st century penal policy and practice, testing the thinking against explicit values, purposes and “what if” scenarios; and

- Act as an “opening gambit” of a much longer deliberative process to stimulate a series of reflective events (a national conversation) to increase participation in the debate, test emerging propositions rigorously and challenge accepted social attitudes to penal boundaries further.

UPDATES FOR THE IACFP NEWSLETTER

We have made a few changes in this issue of the newsletter. To access an author’s e-mail, simply click on the author’s e-mail address to create your message. For some, you may still have to type in the e-mail address. For those who are viewing this issue online, you’ll now be able to click on website links. Both IACFP members and non-members may access any issue of *The IACFP Newsletter* online at: www.iacfp.org We encourage non-members to join IACFP.

POPE FRANCIS TO INMATES: KEEP YOUR FAITH, EVEN WHEN TIME SEEMS TO STOP

Pope Francis has made a habit of communing with prisoners. In his whirlwind trip to the United States last year, he stopped at a Philadelphia prison, where the inmates gave him a chair they had built. In one of his earliest acts as Pope, he washed the feet of juvenile prisoners during the Easter season. He has visited prisoners in Mexico and had lunch with gay and transgender inmates in Naples. He treated children whose parents are imprisoned to a special train ride. He sent a personal letter to an 18-year-old in California serving time for a gang-related killing. Now, he is sharing some of what he has learned from all of that time spent considering the plight of incarcerated criminals.

Inmates “are living an experience in which time seems both to be stopped, and to never end,” Francis



wrote in a letter to prisoners in Veltri, Italy, according to the Vatican. He wrote to the prisoners, who had sent him a letter of their own, “The true measure of time is not that of the clock... The true measure of time is called hope.”

He said he hoped the prisoners would “always keep lit the light of the hope of faith” and would turn their troubled pasts “into a journey of growth, of faith and charity.” He said that prisoners are often in his thoughts, and he always tries to visit them on his travels. “Always be certain that God loves you personally,” Francis wrote.

Excerpted from an article (by Julie Zauzmer, *Washington Post*) in the May 1, 2016 issue of the *Ledger-Enquirer*, Columbus, Georgia, page 3E.

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For general information about the Federal Bureau of Prisons, please visit our website at: www.bop.gov

EX-OFFENDERS NEED A SUPPORT SYSTEM TO GET THEIR LIVES BACK ON TRACK

People getting out of prison need more than a bus ticket back home. They also need a support system to get their lives on track. These days, many lawmakers and social service agencies seem to recognize that fact, and they're taking steps to help ex-offenders meet their basic needs.

One example is legislation currently being considered in the Georgia Assembly. It would remove the state's lifetime ban on felony drug offenders getting food stamps once released. The legislation was recommended by Governor Nathan Deal's Council on Criminal Justice Reform, and would address a provision enacted by Congress in 1996 as part of the Personal Responsibility and Work Opportunity Reconciliation Act.

States can opt out of the ban, or enact a less severe version. But Georgia remains one of only three states that have maintained the punitive prohibition, causing the state to miss out on about \$10.4 million a year in federal benefits.

"After a careful review of the issue, the Council recommends that Georgia remove the lifetime ban on food stamps for felony drug offenders in its entirety," the group wrote in a report. "Doing so will not only bring

millions of dollars of federal revenue to the state, but also remove the barrier to successful reentry, enabling Georgians who have completed their sentences to more easily move past their offense, become law-abiding citizens, and provide for their families."

In Columbus, Georgia, the NewLife-Second Chance Outreach, Inc. group, a nonprofit agency, conducts job and resource fairs to help provide ex-offenders with employment opportunities and provides them with mental health, housing, substance abuse, transportation, education, and other information to help them reenter the community. The Director of NewLife-Second Chance Outreach Inc., explains: "Although employment is significant in reducing an individual's chances of reoffending, there are so many other things that are needed to be successful in reentry," she said. "Therefore, we want to make it a little easier for those who have recently been released or those who have been out for years to have access to everything they need... all in one room, at one stop."

Excerpted from an article (by Alva James-Johnson, *Ledger-Enquirer*) in the April 20, 2016 issue of the *Ledger-Enquirer*, Columbus, Georgia, page 7A.

THE NCCHC RELEASES THEIR ANNUAL REPORT

The National Commission on Correctional Health Care (NCCHC) has published their 2015 NCCHC annual report, "Looking Back, Moving Forward." In this report, you will find a fascinating glimpse into the organization's history and its impact on correctional health care, as well a summary of the past year's highlights. It can be accessed manually by typing: www.ncchc.org/filebin/Publications/2015NCCHCAnnualReport.pdf into your browser, or click this link if you are viewing this newsletter online.



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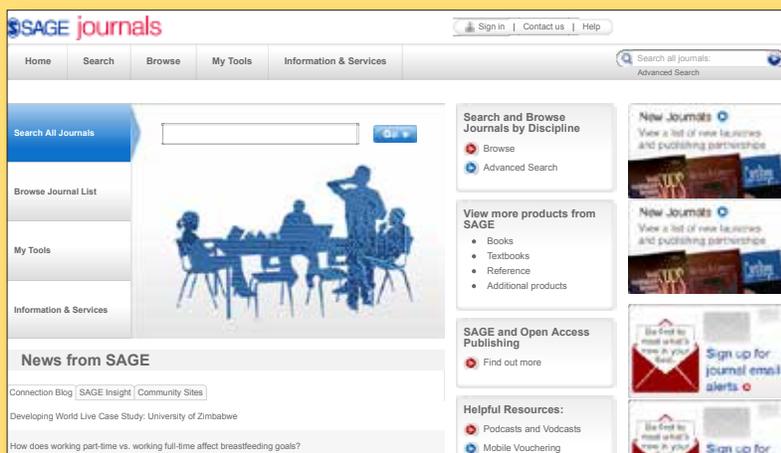
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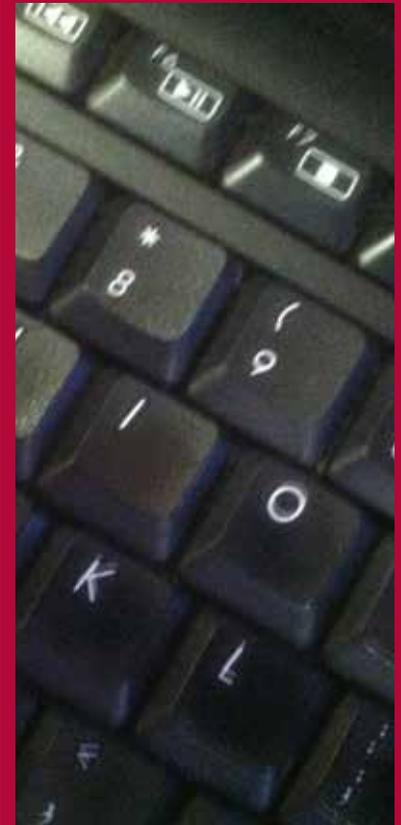
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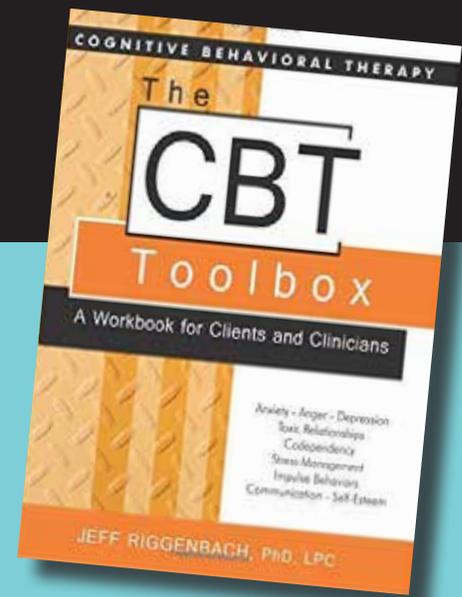
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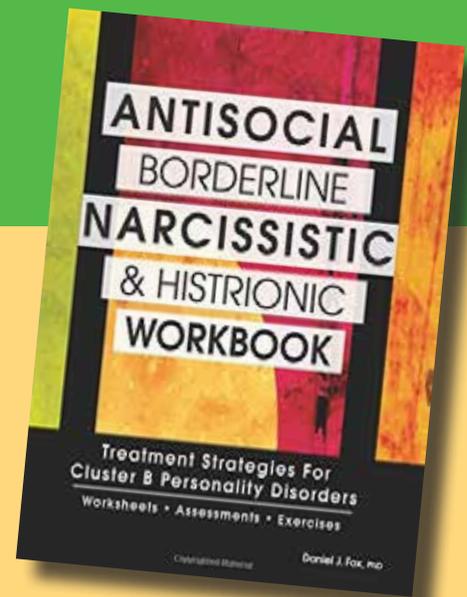


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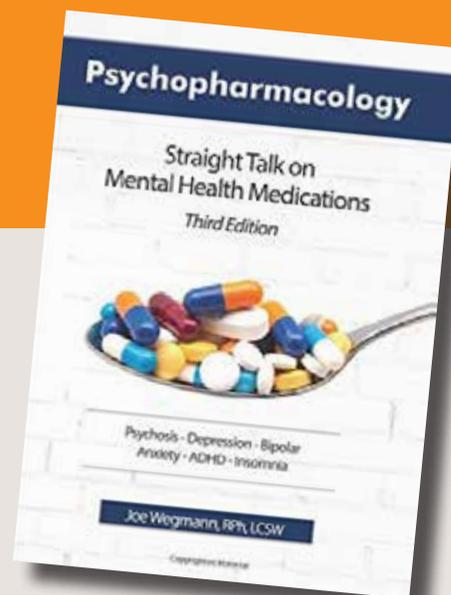
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PRISON-INDUSTRIAL COMPLEX BECOMES TREATMENT FOR PROFIT

Nancy Reagan's recent death was a reminder of the shallow moralizing of the Just Say No anti-drug campaign she once championed. Thankfully, attitudes have changed. We're more attuned to the fact that untreated mental health issues are often a precursor to drug use. Nancy's slogan to fight peer pressure won't help much there.

Most people realize that the War on Drugs, begun under Nixon, has failed. And there's growing public awareness that we've let our jails and prisons become warehouses for people who need treatment—and needed it long before they took a criminal turn.

Mandatory sentencing guidelines have been changed, and the days of presidential administrations following the whims of a drug czar are over. Incarceration rates are dropping. To most, this is good news. But it's not if your business model revolves around keeping people locked up.

The for-profit prison industry has stayed one step ahead of the trend. They got wise quick, sensing the winds shifting away from mass incarceration and toward the need to address mental health issues within the nation's prisons and jails.

For those familiar with the term "prison industrial complex," meet its offspring—the "treatment industrial complex." A report released in February 2016, by Grassroots Leadership, a civil and human rights organization, rings some warning bells. The report, *Incorrect Care: A Prison Profiteer Turns Care into Confinement*, is part of a series of reports that has focused on reducing the nation's reliance on criminalization. This latest installment takes an in-depth look at privatization efforts in Texas, Florida, and South Carolina. In particular, it goes after the shifting business models of for-profit prison operators Corrections Corporation of America and the GEO Group, as well as spinoff rehabilitation companies like Correct Care Solutions.

The charge is that just as prisons are often not about rehabilitation, these new for-profit treatment places are not about helping people regain their mental stability and, therefore, their release. The report also challenges the quality of care being offered, citing cases of violence and patient deaths.

One startling figure from the report: 50% of people in correctional facilities have mental health and substance

abuse disorders. This compares with rates of only 1% to 3% within the U.S. population. Prisoners represent a huge market for mental health care. If the prison operator also has a side business in mental health care, a conflict of interest presents itself.

Under normal circumstances, persons can get out of prison after serving their sentence. In fact, 90% of people who are sentenced do just that. But inmates can be placed by a judge into a for-profit mental health program in a prison—say, under civil commitment laws now on the books in about 20 states—and be detained there past the end of the sentence. The operator has a clear incentive to keep a person there indefinitely, to increase the return on its investment.

The Grassroots Leadership report points out that these private operators offer cost savings to a state when the facility is full, thus, the cost per head goes down. Assigning inmates to these facilities can be very appealing to lawmakers trying to balance tight budgets. Potentially, it becomes even more alluring when a lobbyist with the industry is making a hefty donation to a re-election campaign.

A basic set of circumstances and decisions has set the stage in many states. Legislatures have cut public mental health budgets, resulting in understaffing and poor conditions in state-run facilities. Community-based mental health programs are also being shorted. That leads to more untreated people who act out, and then find themselves in a criminal justice system that now recognizes the complexity of mental health, addiction, and crime.

By virtue of their mental state, many of these people are not in a position to self-advocate for better care. Locked up, they are easily forgotten. One question must continuously be asked by legislators, advocates, and the taxpayers whose dollars are being spent: In a for-profit model—in which more inmates equals more revenue—what possible incentive does a rehabilitation company have to help people regain stability and rejoin society? If such an incentive doesn't exist and outweigh the profit motive, it's hard to see how private-sector rehab programs won't make matters worse.

Excerpted from an article (by Mary Sanchez, *Kansas City Star*) in the March 20, 2016 issue of the *Ledger-Enquirer*, Columbus, Georgia, page 1B.

SENATE EASILY PASSES BILL ADDRESSING OPIOID ABUSE

The Senate on March 10, 2016, passed 94-1 a bill that aims to combat the nation's opioid drug and heroin epidemic. The legislation, known as the Comprehensive Addiction Recovery Act, would allow the Department of Justice and the Department of Health and Human Services to provide grants for states to expand treatment efforts and access to overdose-prevention drugs. The legislation "will help tackle this crisis by expanding education and prevention initiatives, improving treatment programs, and bolstering law enforcement efforts," Majority Leader Mitch McConnell, R-Kentucky, said on the Senate floor before the vote. Ben Sasse, R-Nebraska, was the only no vote.

Senator Thad Cochran, R-Mississippi, praised the bill, saying in a release that Mississippi has higher death rates with 23 heroin and 64 prescription opioid deaths in 2014, according to a report issued in February 2016 by the Mississippi Bureau of Alcohol and Drug Abuse. In a December 2015 report, the State Department of Health indicated opioid-related hospitalizations were associated with almost \$200 million in inpatient costs in 2010 and 2011.

"Mississippians are not immune to the personal ruin, deaths, and crime associated with heroin and prescription drug abuse," Cochran said. "This legislation is intended to provide for more effective programs and policies to counteract the health, social, and legal problems caused by abuse of these strong drugs."

The Senate spent nearly 2 weeks debating the legislation, and on March 9, 2016, reached an agreement on amendments, adopting language intended to strengthen

consumer education about opioid abuse and provide follow-up services to people who have received overdose reversal drugs. The week of February 29, 2016, Senators adopted an amendment that would prevent at-risk patients from getting prescriptions from multiple doctors, and another that would give the Justice Department additional authorities to combat drug trafficking.

After a heated partisan debate over how to fund the new programs, the Senate ultimately rejected a Democratic amendment to include \$600 million in emergency funding. Republicans argue that the fiscal 2016 omnibus included funding that can be used, and that more will be found during this year's appropriations process. "This authorization bill, in addition to the \$400 million opioid-specific programs just a few months ago, can make important strides in combating the growing addiction and opioid problem we've seen in every one of our states," McConnell said. The bill now awaits action in the House, where companion legislation awaits a hearing by the Judiciary Committee. Outside groups praised the bill's passage, including the "doctor shopping" provision that would allow Medicare to designate single prescribers for at-risk patients. "This provision will ensure Medicare patients get needed pain relief without being exposed to dangerous amounts of prescription drugs," said Cynthia Reilly, Director of Pew's Prescription Drug Abuse Project.

Excerpted from an article (by Andrew Siddons, *Roll Call*) in the March 11, 2016 issue of the *Ledger-Enquirer*, Columbus, Georgia, page 12A.

Letters to the Editor

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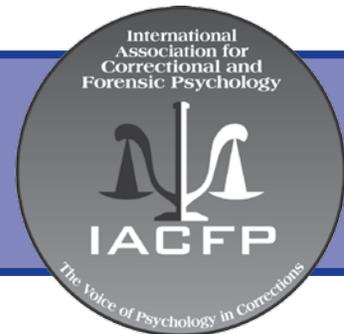
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