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BRAINS AT WORK: COMMUNITY-BASED COURTS

*Richard Althouse, Ph.D., is former IACFP President and former Chair of the IACFP Executive Board
goldmine123.a@gmail.com*

In the April 2010 issue of *The Correctional Psychologist*, Dr. John Gannon wrote an article titled: "Toward a Sustainable 'Ecology of Criminal Justice.'" Doctor Gannon notes in that "One does not have to be a wild-eyed tree hugger or a left wing ideologue to recognize that we do not keep honest books in corrections." He went on to say, "We know what the prison budget is, what it costs to feed, house, and clothe the people incarcerated, and then asked, "but what is the cost in productivity and community wealth when large numbers of young men are removed, labeled with felonies, and returned a year or more older and that much farther behind socially and financially than other same-age cohorts?" (p. 3). He proposed that the list of unacknowledged and unexamined criminal justice "externalities" is both lengthy and serious, but people in the criminal justice system are loath to admit that they exist, much less examine them and seek change. Why?

This question is most easily answered by understanding how our brains work when experiencing fear and anger, and in previous contributions I have shared with readers various brain-based viewpoints to assist in understanding the whole concept of "criminal" justice, that is, a systematic approach to managing and reducing the incidence of behaviors that frighten and anger us, behaviors like theft, property damage, rape, murder, and terrorism. However, as criminal justice data have shown over the years, America's criminal justice system has not had celebra-

tory success in programmatic efforts in managing criminal behaviors, and in some instances (e.g., the "War on Drugs," "three strikes...," and mandatory sentencing) has made matters immeasurably worse and contributed to a sense of unfairness that excessive penalties for nonviolent crimes often induces among offenders, their families, and their communities.

One of the primary explanations for our recalcitrance to seek change is that our brains are in large measure social organs, and many of our neurological processes are shaped by social interactions. Clearly, those who violate our social rules of behavior stimulate numerous amygdala-based responses that lead us to want to reject these individuals from our "tribe," and exclude them to whatever extent possible from our neighborhoods. As the saying goes, "out of sight, out of mind."

Unfortunately, the wide net of criminal justice captures both those who are unable to manage their own behavior in socially-acceptable ways no matter what (e.g., the sociopaths and psychopaths), and those who could better manage their

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RICHARD ALTHOUSE

INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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President

James DeGroot, Ph.D.
Director of Mental Health
Georgia Department of Corrections
300 Patrol Road
Forsyth, GA 31029
(478) 992-5861

President Elect

TBD

Past President

Edward Dow, Ph.D.
President, Modeling Solutions, LLC
W268 N1988 Shooting Star Road
Pewaukee, WI 53072
(262) 229-9343

Executive Director/ Affiliate Liaison

John L. Gannon, Ph.D.
Central Coast Consultancy
897 Oak Park Blvd., #124
Pismo Beach, CA 93449
(805) 489-0665
jg@ia4cfp.org

Secretary

Michael D. Clark, MSW, LMSW
Director, Center for Strength-Based Strategies
872 Eaton Drive
Mason, MI 48854
(517) 244-0654

Treasurer

Thomas K. Bissette, CMCA
Blue Atlantic Management
5129 Oleander Drive, Suite 101
Wilmington, NC 28403
(910) 392-3130

Editor, *Criminal Justice and Behavior*

Emily J. Salisbury, Ph.D.
Department of Criminal Justice
University of Nevada, Las Vegas
Box 455009
4505 S. Maryland Parkway
Las Vegas, Nevada 89154-5009
(702) 895-0245

Executive Editor, *The IACFP Newsletter*

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.

BRAINS AT WORK *(Continued from page 1)*

own behaviors given the right social responses. Why is this an important difference?

One reason is that we normally do not respond well to social rejection. Some neuroscience research has revealed that the brains of those who feel excluded respond with increased activation of the dorsal portion of the anterior cingulate cortex, that region of the brain involved with the distressing, or suffering, component of pain. One hypothesis is that being socially connected to caregivers is necessary for survival, and that the same neural responses that drive us toward food or away from predators are triggered by our perception of the way we are treated by other people. Perceived social rejection can activate the same neural networks that threats to survival activate. This perceived threat evokes a neurological response that makes it more difficult for a person to process new information and ideas, impairs analytic thinking, and interferes with problem solving. What does this have to do with more effective management of criminal behavior?

Rock (2009) indicates that when leaders make people feel good about themselves, clearly communicate their expectations, give employees latitude to make decisions, support peoples' efforts to build good relationships..., it prompts a reward response. Not only that, but once folks make a stronger social connection, their brains secrete oxytocin, a hormone linked with affection and generosity, that disarms the threat response, and permits us to perceive someone as "just like us." However, that alone may not be sufficient. Might we not find creating a sense of "fairness" useful in helping others feel good and appropriately engage in social relationships? Again, neuroscience has an answer.

Neuroscientific research has shown that an event perceived to be "unfair" generates a strong limbic system response, resulting in hostility and undermining trust. Using fMRI studies, neuroscience researchers at the California Institute of Technology discovered that fairness is processed in the anterior insular cortex, among other brain areas, a part of our brain that is also involved in a number of other emotional reactions such as moral disgust. How many of us have met offenders who complained their punishment was "not fair?" How many may have recidivated believing this to be true?

How rewarding is a sense of fairness? One study referenced in Rock's work found that the experience of fairness produces reward responses in the brain similar to those that

occur from eating chocolate, and not surprisingly facilitated a sense of loyalty and trust in organizations! If fairness often facilitates a sense of trust and loyalty in organizations, might the same be true for our offender clients as they consider social responses to their criminal behavior?

So what might be an example of a criminal justice process that incorporates both a sense of social acceptance and fairness? How about community courts? Community courts generally combine conventional punishments with alternative sanctions, onsite treatment and training in an effort to eliminate the revolving door cycle for many offenders. Through the community court process, local communities attempt to reduce both crime and incarceration by linking misdemeanor defendants to community restitution projects and social services instead of short-term jail sentences. Among other concepts central to this alternative approach to traditional correctional responses is "procedural justice." As Yale University Law School Professor Tom Tyler suggested, defendants are more likely to obey the law if they believe they have been treated fairly and with respect (cited in Berman, 2013). Neuroscience researchers would agree.

There are a number of examples of community courts that readers may explore, including New York City's Midtown Community Court, and the developing community court in Madison, Wisconsin, the goals of which include keeping young offenders out of the criminal justice system and restoring neighborhood safety. Information for both is available online.

I believe that neuroscience researchers would agree that the evolution of community courts as an alternative to the traditional socio-correctional responses to crime is likely to have a more sustainable impact on many offenders than our amygdala-driven "War on Crime" has had. The increasing interest in this alternative is also more likely to contribute to a more transformative and sustainable "ecology of criminal justice," and perhaps encourage those in corrections to seek to reduce the negative costs of our corrections system and seek sustainable change based on neuroscience evidence.

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IQ EXPOSURE TO VIOLENCE COULD PREDICT WHICH KIDS WILL COMMIT MURDER

These days, experts more or less understand what puts kids at risk for becoming criminals: using drugs, carrying a gun, even just believing that they will die young. But predicting who will commit murder? Not so easy.

A new study by a University of Texas at Dallas (UTD) criminologist found that it's nearly impossible to predict which juveniles will become murderers. Only two factors distinguished them from other offenders: lower IQ and a greater exposure to violence.

But even more notable was what the study didn't find. Mental health issues and drug use—two popular narratives to explain crime—didn't predict which youth offenders would commit homicide.

"It's not always the way people think it is. In fact, with respect to homicide, it's nothing the way people think it is," said Alex Piquero, a UTD criminologist and an author of the study.

Piquero studied about 1,350 serious juvenile offenders (mostly felony offenses) and found that just 18 had been charged with a homicide offense. Those offenders had an IQ of about 79, compared to about 85 in the other offenders. They also were more likely to have been exposed to violence, such as having been in a dangerous situation or witnessing an assault or rape.

"Almost everything else doesn't matter," Piquero said. "You always hear on television that this person



had mental illness or this person had this psychological problem. The world's full of people who have a lot of mental illness or psychological problems, but most of them never commit homicide." The unpredictability of murder could help explain why they happen, Piquero said. "Our best guess is they are situationally driven," he said. "They are assaults and drug deals gone bad."

The lesson, Piquero said, is to focus on improving childhood education and reducing neighborhood violence. "We all benefit from having a higher IQ and less violent society," he said.

Excerpted from an article (by Sarah Mervosh, *Dallas Morning News*) in the October 21, 2014 issue of the *Ledger-Enquirer*, Columbus, Georgia, page A6.



The **22nd Annual Florida Symposia** provides psychologists, social workers, psychiatrists, primary care physicians, counselors, nurses and allied mental health professionals with an outstanding opportunity to combine a stimulating symposium with a relaxing, sunny winter vacation. Distinguished faculty, each a leader in their field, will present three different week-long symposia.

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Transformational Moments: How Master Clinicians Think, Talk, and Listen When Facing the Most Challenging of Clinical Tasks

John Arden, Ph.D.

Brain-Based Therapy: Integrating Science with Theory and Practice

Dost Öngür, M.D., Ph.D.

Clinical Psychopharmacology: From Neurobiology to Practice

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SYMPOSIA INFORMATION AND SCHEDULE

Each symposium will convene from 9:00 am until 12:15 pm, Monday through Friday. Registration and distribution of materials will begin on Monday at 8:00 am at the Hilton Marco Island Beach Resort, 560 South Collier Boulevard, Marco Island, FL, 34145.

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SCHEDULE

- Monday Creating hope when clients see none/Matrix Treatment Planning: the biopsychosocial model re-imagined as a tool for creating resiliency/A new definition of "happiness"/Collaborative spiritual exploration
- Tuesday Finding the person beneath the diagnosis: Differential diagnosis in a new light/ Techniques for helping clients to avoid shame and embarrassment when sharing the severity of their symptoms/How to explore physical and sexual trauma with sensitivity and compassion while uncovering the truth
- Wednesday Seeing the person beneath the borderline and narcissistic personality disorders/ Using interviewing techniques from cognitive therapy, object relations, and self-psychology to sensitively engage clients who are hard to engage /Performing a DSM-5 differential diagnosis in a 50-minute initial interview/"Facilities:" The art of transforming interviews into flowing conversations
- Thursday Validity techniques for uncovering taboo topics/Effectively uncovering suicidal ideation, planning, behavior, and intent using the Chronological Assessment of Suicide Events - CASE Approach
- Friday Recognizing and transforming wandering, shut-down and rehearsed interviews/ Practical techniques for turning moments of angry disengagement and potentially disengaging questions into moments of therapeutic magic

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PRISON PARADIGM SHIFT AWAY FROM BIG GOVERNMENT NEEDED

John Dewar Gleissner, J.D., Attorney-At-Law, Birmingham, Alabama
johngleisner@charter.net



JOHN GLEISSNER

AN ARTICLE
FROM GLEISSNER REVISITED

Dostoevsky believed the degree of civilization in a society can be judged by entering its prisons. Prisons today resemble declining civilizations in that prisoners spend an inordinate amount of time planning, avoiding, and participating in violence directed against each other and very little time working productively. Our prisons in many respects might signal a national decline. The era of American ascendancy from about 1650 to 1800 saw zero mass incarceration and very little incarceration at all as the ultimate punishment for crime. Back then, communities were more vigilant. Punishments included more judicial corporal punishment, banishment, hard labor, indentured servitude, death, and public shaming. We humans like to flatter ourselves that society progresses, but that's not always the case. In terms of effectiveness, misery, expense, and social costs, few can seriously contend our modern system of punishment is demonstrably superior to the methods used earlier in American history. Today, the United States incarcerates over five times as many prisoners as it did in 1975, when the "nothing works" to rehabilitate consensus appeared. Some things actually do "work," but with this many prisoners and an economic slow-down, governments cannot afford them. We own a major crisis.

Increasing numbers of Americans worry about the social and economic costs of mass incarceration, our penal systems that put 2.3 million Americans behind bars at any one time, and a total of 7.3 million Americans in the entire correctional population, which includes those on probation, parole, and awaiting trial. Those concerned with our prison systems created a wide variety of foundations, centers, projects, academies, boards,

bureaus, blogs, coalitions, commissions, councils, charities, leagues, networks, initiatives, institutes, studies, websites, university departments, offices, and programs dealing with the social and economic consequences of our criminal justice and correctional systems.

These various and sundry organizations differ regarding their approaches, focus, methods, and particular problems. Some primarily deal with the victims or families affected by crimes or punishments. Others address problems at specific stages in the crime-arrest-prosecution-trial-sentence-imprisonment-probation-parole-release-reentry-recidivism cycle. Several common issues or themes appear: racial disparities in sentencing, harmful prison conditions, social and economic costs, reentry stigma, recidivism, and the overall ineffectiveness of incarceration. The goals and aspirations of these organizations are frustrated by the intractable problems of crime, punishment, incarceration, in particular, and recidivism.

Federal, state, and local governments have a monopoly over criminal justice systems and incarceration. This includes defining crimes, apprehending and prosecuting criminals, and then deciding what to do with the convicts. During incarceration, government control is absolute. Despite variation in the means, methods, goals and aspirations of the many prison reform organizations, most of them out of necessity have a big-government focus. But the shift must eventually be away from big government and towards decentralization, local control, private enterprise, competition, and evidence-informed punishments in public. Why? Because that's what worked in the past. American and world history provide fully documented successful evidence-informed practices, not with studies or "social science," but in the more critical world of practical application over centuries.

Punishment used to be carried out at the local level, but over time it became centralized. That centralization takes the form of prisons housing offenders from throughout a state or all over the nation. Prisoners live

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PRISON PARADIGM SHIFT *(Continued from page 6)*

far from their homes. Big government absorbs big money and gives us little in return. Mass incarceration is the end result of big government, but big government has run out of options and ideas. Big-government proponents bemoan released prisoners' inability to obtain public housing, welfare, student loans, voting rights, spouses, and jobs. Smaller government advocates understand prisoners could work for reduced but negotiated wages, pay more child support and restitution, reduce incarceration expenses, and still have a small nest egg for their release.

Prison privatization today does not shrink government control over mass incarceration, nor does it break the governments' double or triple monopoly over prison industries and labor. Prison privatization merely privatizes how the buildings and prison guards are financed and paid; it does not change the punishment or the grand failed wasteful paradigm. Private prison companies prefer large numbers of prisoners to support profits. Privatization may actually increase the government's role by artificially swelling the number of prisoners. In truth, privatization as currently understood merely privatizes the warehousing function, but has little impact upon the size, scope, or effectiveness of American prison systems. Privatization now facilitates a larger government role and monopoly. Private prison companies have the same monopolistic incentives with regard to the care, treatment and rehabilitation of prisoners. Neither private nor state prisons earn rewards when prisoners are rehabilitated or goods produced. The rewarding mechanism for prisons is still roughly equivalent to the punishment being inflicted: time behind bars. Private

enterprise used to play an active role in both prisons and slavery, with the result that those earlier institutions were very productive and profitable. Hard labor would be good for prisoners today, and prisoners want jobs, but only a small percentage work hard. Prisoners sit, stand, and lie around most of the time. If they're really bad or need protection, they get room service in solitary confinement. The government monopoly does a very poor job of working state slaves.

Incarceration used to be rare to non-existent. It was invented to rehabilitate, and has rarely succeeded. So, we ought to take another look at American history for the evidence-informed methods we abandoned for a failed experiment. Punishment was administered at the local level, in public, so that it could provide the benefit of example. Judicial corporal punishment has worked nearly everywhere they have ever tried it, and it is not abolished for ineffectiveness, but because it is unpopular with newly-enfranchised citizens. That was the case with France, Germany, and the United States in two stages. The abolition of judicial corporal punishment is one of the byproducts of democracy. We abandoned the productive use of prison labor in private enterprises, an excellent form of rehabilitation. Some say prison labor is a form of state slavery, and they would be right. Under the Thirteenth Amendment, involuntary servitude is allowed after a criminal conviction. In the old days, slaveholders made money with their slaves, but today our state slaves cost law-abiding citizens tons of money, even though hard labor would be good for everyone concerned.

We will not abolish prisons. We can lessen the devastating burdens incarceration puts on the entire nation, and certain communities, in particular, by handling less serious offenses with proven techniques, utilizing the labor of our prisoners, and re-thinking institutionalized ineffectiveness. To shift the paradigm away from incar-

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"...Prison privatization merely privatizes how the buildings and prison guards are financed and paid; it does not change the punishment or the grand failed wasteful paradigm...."

PRISON PARADIGM SHIFT *(Continued from page 7)*

ceration, we must admit failure. We've gone backward. To move forward, we must adopt methods we abandoned for untested experiments. For that to happen, big government, stifling special-interest laws, enormous expenses, and centralized monopoly need to shrink. Local public punishments and private prison industries offering jobs to prisoners — not convict leasing — need to grow, creating a better private enterprise environment for prisoners. If prison industries only made goods now made exclusively overseas, everyone in North America can win.

John Gleissner, J.D., graduated from Auburn University (B.A. with Honor, 1973) and Vanderbilt University School of Law (1977) where he won the Editor's Award and participated in the Men's Penitentiary Project. He has also published 56 articles and he hosts the Incarceration Reform Mega Site: incarcerationreform.blogspot.com/ and Prison Reform You Tube Channel: youtube.com/user/JohnDewarGleissner His article comes from: EzineArticles.com and the article is republished here with his permission.

2014 NOBEL PRIZE FOR WORK ON BRAIN'S NAVIGATION SYSTEM

How do we remember where we parked the car? And how do we figure out a shortcut to work when there's a big traffic jam?

The brain, it turns out, has a GPS-like function that enables people to produce mental maps and navigate the world—a discovery for which three scientists won the 2014 Nobel Prize in medicine.

Husband-and-wife scientists Edvard Moser and May-Britt Moser of Norway and New York-born researcher John O'Keefe were honored for breakthroughs in experiments on rats that could help pave the way for a better understanding of human diseases such as Alzheimer's. "We can actually begin to investigate what goes wrong in Alzheimer's," said O'Keefe, a dual British-American citizen. He said the findings might also help scientists design tests that can pick up the very earliest signs of the mind-robbing disease, whose victims lose their spatial memory and get easily lost.

It was in London in 1971 where O'Keefe discovered the first component of the brain's positioning system. He found that a certain type of nerve cell was always activated when a rat was at a certain place in a room. Other nerve cells were activated when the rat moved to another place. He demonstrated that these "place cells" were building up a map, not just registering visual input.

Decades later, in 2005, the Mosers identified another type of nerve cell — the "grid cell" — that generates a coordinate system for precise "positioning and path-finding," the Nobel Assembly said. "I made the initial



This is a three-photo-combination image of an undated photo issued by University College London (UCL) of professor John O'Keefe, left, a September 5, 2014 file photo of Norway's May-Britt Moser, center, and a 2008 file photo of Norwegian scientist Edvard Moser. It was announced in Stockholm on Monday, October 6, 2014, that the three are the joint winners of the 2014 Nobel Prize for Medicine. (AP Photo/UCL, dpa, Scanpix Sweden)

discovery over 40 years ago. It was met then with a lot of skepticism," the 74-year-old O'Keefe said. "And then slowly over years, the evidence accumulated. And I think it's a sign of recognition not only for myself and the work I did, but for the way in which the field has bloomed."

John Kubie of the SUNY Downstate Medical Center in New York said this GPS system in the brain is used in such everyday tasks as remembering where a car is parked or taking a new shortcut on the way home. Kubie also said learning about it may teach scientists more about how the brain learns and remembers, even apart from navigating.

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2014 NOBEL PRIZE *(Continued from page 8)*

Born in Harlem and raised in the South Bronx, O'Keefe received his doctoral degree in physiological psychology at McGill University in Canada before moving to England for postdoctoral work at the University College London. "If you can survive the South Bronx, you can survive anything," he said.

The October 2014 award was the fourth time that a married couple has shared a Nobel Prize and the second time in the medicine category. "This is crazy," an excited May-Britt Moser, 51, said by telephone from the Norwegian University of Science and Technology in Trondheim, where she and her husband work. "This is such a great honor for all of us and all the people who have worked with us and supported us," she said. "We are going to continue and hopefully do even more groundbreaking work in the future." Edvard Moser, 52, said: "It is really a joint work. Not only are we two people, but we are complementary as well."

The Nobel Assembly said the laureates' discover-

ies marked a shift in scientists' understanding of how specialized cells work together to perform complex cognitive tasks. They have also opened new avenues for understanding cognitive functions such as memory, thinking, and planning.

"Thanks to our grid and place cells, we don't have to walk around with a map to find our way each time we visit a city, because we have that map in our head," said Juleen Zierath, chair of the medicine prize committee. Half the Nobel prize money of 8 million Swedish kronor (about \$1.1 million) goes to O'Keefe and the other half to the Mosers. Each winner also receives a gold medal. Are there implications here for elderly prisoners?

Excerpted from an article (by Karl Ritter and Mark Lewis) in the October 7, 2014 issue of the *Ledger-Enquirer*, Columbus, Georgia, page A4.

WOMEN UNIQUELY VULNERABLE IN CRIMINAL JUSTICE SYSTEM

Lenore E. Walker, Ed.D., is Professor of Psychology and Coordinator of the Ph.D. and Psy.D. Clinical Forensic Psychology Concentration and Director of the M.S. Forensic Psychology Program, Nova Southeastern University. Carlye Conte, B.A., and Stephen Grabner, B.A., are members of the Nova graduate research team that compiled statistics on women's experiences in the criminal justice system.

walkerle@nova.edu

As of 2012, women made up about 7% of the states' prison population and 6% of the federal prison population, with an estimated total of 108,772 women in prison in the United States. When women in jail, on probation, or on parole are included, there are over 1 million women involved within the various stages of the criminal justice system.

While these percentages may seem small compared to male rates, female incarceration rates are growing at a rate about one-and-a-half times that of men. This necessitates an understanding of women's interaction within the criminal justice system, specifically to understand how their experiences may be inherently different than their male counterparts.

In order to effectively reduce the number of women incarcerated, an emphasis must be placed on the unique female vulnerabilities that lead them to become incarcerated in the first place and subsequently impact all their interactions with the criminal justice system.

Histories of trauma and abuse, mental illness, and substance abuse are all risk factors that increase the likelihood of criminal activity and subsequent criminal justice involvement. For example, while over one third of incarcerated women have been victims of domestic violence, about 90% of female-perpetrated homicides involved a male partner who was previously abusive.

Women who commit violent crimes that have a history

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WOMEN UNIQUELY VULNERABLE *(Continued from page 9)*

of interpersonal violence may be motivated by a need to defend themselves or because they are under the control of an abusive partner. Additionally, many women use substances to self-medicate and mask symptoms associated with mental illness or traumatic experiences. For the majority of women, involvement in illegal activity is not motivated by criminal gain. Instead, it stems from vulnerability as a result of previous life experiences.

In looking at the statistics of the current criminal justice population, it is clear that these life experiences are having strong adverse impacts. It has been estimated that upward of 95% of women within the criminal justice system have experienced some type of physical and/or sexual abuse, and up to 98% have been exposed to some form of trauma.

Additionally, incarcerated women are significantly more likely to suffer from mental illness and substance abuse when compared to men. More than 50% of incarcerated women meet criteria for a substance use disorder and upward of 70% have some form of mental illness.

Female offenders are not only victimized prior to involvement with the criminal justice system; they are also disproportionately re-victimized during incarceration by both staff and other inmates. Women report inmate-initiated sexual victimization at a rate nearly twice that of men; female victims account for a third of prison incidents and 67% of jail incidents in which sexual misconduct is initiated by staff.

Rates of victimization are also significantly higher for inmates with mental illness or prior histories of sexual abuse. In addition to direct victimization, incarceration in and of itself can serve as an environmental stressor and often leads to the exacerbation of psychopathology.

Many prisons lack the necessary resources to provide comprehensive treatment programs to address the entire spectrum of issues faced by women, which may leave women worse off after being incarcerated than when they first arrived. It is commonly quipped that prison facilities have become the new psychiatric hospitals, but statistics underline this as a reality; the number of mentally ill in prison is nearly 10 times the number of those being treated in state psychiatric hospitals.

This raises the question: Are those who are suffering from mental illness and related psychiatric histories more prone to criminal activity or are they just more

likely to end up behind bars? Also, is it possible these vulnerabilities not only influence women who are guilty, but also those who are innocent?

Our graduate student research team has begun to shed light on the similarities, and more importantly, the differences, between men and women who falsely confess in order to better understand the impact of individual vulnerabilities within the criminal justice system. The majority of current information on false confessions focuses on men, presupposing gender similarities, and largely ignoring the plight of women.

This discrepancy was further highlighted at the recent APA Council of Representatives meeting in which recommendations for changing police interrogations were passed in order to reduce the occurrence of false confessions. However, Council members also voted to request encouragement of more research within the next 3 years on the inclusion of women as a vulnerable group along with data on those with other diversity issues such as multicultural and sexual orientation. This action accentuates the need for additional studies that emphasize gender differences within the legal system even with women taking responsibility for crimes they did not commit.

Through our research at Nova Southeastern University, we have identified 80 cases of women who have falsely confessed to a crime. By analyzing those cases, we have begun to uncover distinct influences that make women more vulnerable to manipulation when facing criminal charges.

The high rates of mental illness, substance abuse, intellectual disability, and histories of trauma and abuse influenced all aspects of the women's cases—from arrest to conviction and incarceration. These women were particularly susceptible to coercive interrogation tactics used to elicit a confession, such as minimization, maximization, presentation of false evidence, unfounded threats, and false promises of leniency.

In many cases, a woman took responsibility for a crime committed by an abusive partner out of fear for herself and her children or even as an attempt to protect the abuser. Also, direct or indirect threats to children motivated many of the false confessions, a finding which is unique to cases of women. These findings only begin

(Continued on page 11)

WOMEN UNIQUELY VULNERABLE *(Continued from page 10)*

to illustrate the importance of gender dynamics within the criminal justice system and the psychological, social, and environmental factors that differentially influence women.

As psychologists, it is our responsibility to understand the unique influences women face and how these influences shape women's experiences. If mental illness, substance abuse, and histories of trauma and abuse remain unaddressed, prisons will continue to act as a revolving door for women.

Therefore, it is essential that these vulnerabilities are identified within the initial stages of involvement in the criminal justice system. In order to effectively

rehabilitate incarcerated females, we must acknowledge the factors that led them to become incarcerated in the first place. The identification and understanding of these experiences are not only important in reducing female involvement in criminal activity, but are also fundamental in preventing the wrongful conviction of innocent women.

Reprinted with permission from *The National Psychologist* and taken from the November/December 2014 issue (volume 23, number 6, page 12).

ACCESS TO GUN CAN MAKE MENTAL ILLNESS LETHAL

Colby Sue Weathers killed her father at the insistence of the voices in her head. She shot him once in the back as he sat at the family's dining room table. A paranoid schizophrenic, Weathers had used the money from her disability check to buy the handgun.

In September 2014, the 40-year-old Missouri woman was declared not guilty of first-degree murder due to her mental impairment. Her mother is grateful. Finally, her only daughter is receiving appropriate medication and counseling—at a state mental hospital. That's some solace after losing the man she'd married 39 years before as a 17-year-old bride. Both women miss Tex Delana horribly.

"I don't blame her," Janet Delana calmly explained in a long conversation this week. "She was sick and we couldn't get her any help. That's what hurts the most; there was nowhere to turn."

Her family's story briefly flashed in the media last spring when Delana filed a wrongful death lawsuit against Odessa Gun and Pawn, the gun store in Odessa, Missouri, that sold her daughter the gun. The suit claims that the shop did so despite the fact that Delana had informed an employee that Weathers was mentally ill and a danger.

Two days before her husband's death, Delana had called the gun shop and begged an employee not to sell a gun to her daughter, who had bought one there the

month prior. She had called the ATF and the FBI; she had tried to get all of her daughter's medical records together for the gun shop and frantically tried to reach doctors. Delana realized her efforts were in vain when her daughter texted her: "Dad is dead."

Whenever a mentally ill person kills with a gun—be it in these lesser known cases or in higher-profile mass shootings—the question naturally arises: Why can't more be done to keep weapons out their hands? A tangle of interests works against stronger restrictions.

Mental health professionals fear stigmatizing mentally ill people, most of whom are not violent. Doctors fear liability, both for labeling someone as violent and for failing to do so. Privacy rights are an issue. And elected officials at every level of government quiver at the threats of the NRA, which staunchly fights any perceived attack on the Second Amendment.

Delana wishes waiting periods could be instated for handgun purchases—and she is by no means opposed to responsible gun ownership. Her husband was a hunter.

Weathers had bought the second gun on a Wednesday and killed her father a short time later. A 3-day waiting period would have pushed her acquisition of the gun to the weekend, when her mother would be home from work. Maybe the storms in her head, building for 2

(Continued on page 12)

ACCESS TO GUN (Continued from page 11)

weeks, would have subsided by then.

The loss Delana suffered was extreme. But she emphasizes that the details of her daughter's spiral are familiar to families with an adult child suffering from severe mental illness.

Before she killed her father, Weathers had never been violent. But she had been deeply troubled for about 7 years.

She'd spend hours standing in the street, staring up at the sky. Or she'd sit at the big window in the front of the house, adamant that the same car kept passing by.

The longest Weathers had spent in a hospital was about a week, after a suicide attempt. She was prescribed medication that cost \$600 a month. By the time her mother could find an affordable rate, Weathers would refuse the drugs. She often threw them up.

After Weathers fired a mental health case manager, the family tried to keep her in touch with reality. They had to cajole her into bathing. But she rarely slept, and she believed her mother had sold her off as a sex slave at 12.

If Delana could go back and change anything about this episode, she says, she would have lied to health officials. She would have told them that her daughter was a physical threat to the family or herself, in hopes of triggering involuntary hospitalization.

But it was difficult to see where her daughter's illness would lead. Before the problems began, Weathers had earned a paralegal degree, worked in accounting and was "one of the most generous and decent people," her mother said. Delana now visits her daughter every other weekend. She's at peace, knowing her daughter is safe. "It's just amazing to me, the transformation," Delana said. "It's like my old daughter is back."

Excerpted from an article (by Mary Sanchez, *Kansas City Star*) in the October 12, 2014 issue of the *Ledger-Enquirer*, Columbus, Georgia, pages B1, B3.

RESEARCHERS SAY FEWER ALABAMA INMATES BEING PAROLED

Despite concerns over prison overcrowding, researchers say fewer Alabama inmates are being paroled and prisoners are spending more time behind bars before being released on parole. Council of State Governments research manager Andy Barbee told the *Montgomery Advertiser* that the average length of an inmate's prison term before parole release has increased from 30 months in 2009 to 43 months in 2014. Barbee says the number of eligible inmates being released has also fallen from about 42% in 2009 to 36% in 2013.

Alabama Board of Pardons and Parole member Robert Longshore says the Board hasn't changed the way it decides parole releases in the past 5 years and many factors contribute to the pattern. "By the time someone gets to prison, many have been on probation, drug courts, or community corrections," Longshore said. "By the time they get to us, they've had opportunities to live free, law-abiding lifestyles."

The newspaper reported that inmates who are sentenced to 5 years or less typically get on the parole board's docket quickly and inmates who have sentences

longer than 15 years are not eligible for "good-time" credit, which helps prisoners shave time off of their sentences. "Nowhere does it say we can consider overcrowding in parole decisions," Longshore said. "We cannot change what the statute imposes on us as standards for release." He added that new sentencing guidelines have helped get potential inmates into community corrections programs, probation, or another supervision program.

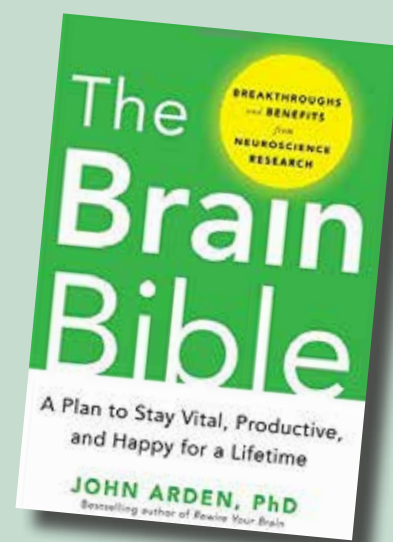
Many states require parole-granting agencies to declare a reason why an inmate's release is denied, but there's no such requirement in Alabama, Barbee said. "It makes it difficult for anyone working on behalf of the inmate to have a target or a plan," Barbee said. "It's very challenging to lay out a clear picture on the kinds of expectations (the Board) puts forward for inmates."

Excerpted from an article (by the Associated Press) in the October 1, 2014 issue of the *Ledger-Enquirer*, Columbus, Georgia, page B3.

The Brain Bible: A Plan to Stay Vital, Productive, and Happy for a Lifetime

Published 2014

John Arden



ISBN 9780071826549

One of today's leading experts on brain health, Dr. John Arden tells it straight. There's no simple remedy for maintaining sharp-mindedness into old age. But there are a lot of things you can do to help. Doctor Arden culls from the latest findings in neuroscience, cognitive psychology, gerontology, and other sciences and provides a smart, actionable, science-based plan. He points to five crucial factors:

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- Diet - What you eat and drink directly affects your brain health;
- Exercise - Starting a fitness routine is simpler than you think;
- Relationships - The love of friends and family has a strong healing power;
- Sleep - Get enough but not too much sleep.

If you want to keep your brain sharp—and who doesn't?—*The Brain Bible* is packed with the simple lifestyle changes you will want to make. After exploring the five *Brain Bible* factors, Dr. Arden shares indispensable advice on how to lower your everyday stress level. Then he provides the 7-Day Brain Bible Jumpstart Plan you can use to start changing your lifestyle and improving your brain today.

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NEW CHALLENGE FOR GEORGIA DEATH PENALTY PROVISION

A Georgia death row inmate filed a new challenge to the state's requirement for defendants to prove intellectual disability beyond a reasonable doubt to be spared execution on those grounds. The lawsuit filed in Butts County Superior Court says a U.S. Supreme Court ruling in May 2014 bolsters arguments made by Georgia death row inmate Warren Lee Hill against Georgia's toughest in the nation "beyond a reasonable doubt" standard.

The U.S. Supreme Court in May knocked down a Florida law that said any inmate who tests above 70 on an IQ test is not intellectually disabled and may be executed. The opinion said IQ tests have a margin of error and inmates whose scores fall within the margin must be allowed to present other evidence of intellectual disability.

Brian Kammer, a lawyer for Hill, said the U.S. Supreme Court's ruling also "highlights the error of the Georgia standard." Hill's lawyers have long argued Georgia's high standard for proving intellectual disability is problematic because psychiatric diagnoses are subject to a degree of uncertainty that is virtually impossible to overcome. "Medical conditions are not proven 'beyond a reasonable doubt' in the medical world,"

Kammer said, adding that the U.S. Supreme Court has shown that it "requires the states to look to medical professionals and use their agreed-upon methods for determining intellectual disability."

Hill began showing signs of intellectual disability in childhood, and all doctors who have examined Hill now agree he's intellectually disabled, Kammer said. Three doctors who examined Hill in 2000 and testified before the court at the time that he was not intellectually disabled have since changed their opinions. All three submitted sworn statements in February 2013 saying they had reviewed facts and documents in the case now believe that Hill is intellectually disabled.

The state has consistently argued that Hill's defense has failed to prove beyond a reasonable doubt that he is intellectually disabled, and Georgia's strictest-in-the-nation standard has repeatedly been upheld by state and federal courts. The Georgia Attorney General had no comment on Hill's latest filing, spokeswoman Lauren Kane wrote in an e-mail.

Hill was sentenced to death in Lee County for the 1990 beating death of fellow inmate Joseph Handspike. At the time Hill, was already serving a life sentence for

murder in the 1986 slaying of his girlfriend; he came within hours of execution on three occasions, most recently in July 2013. Each time, a court has stepped in at the last minute and granted a delay based on challenges raised by his lawyers. Only one of those challenges was related to his intellectual abilities, and it was later dismissed. There is no date scheduled for Hill's execution at this time.

Excerpted from an article (by Kate Brumback) in the August 30, 2014 issue of the *Ledger-Enquirer*, Columbus, Georgia, page B3.



U.S. Supreme Court

COLLEGES RE-THINKING SEXUAL ASSAULT EDUCATION

As freshmen descend on college campuses, they enter the "red zone" — a period between Labor Day and Thanksgiving during which they are most vulnerable to sexual assault. This year is different, though. It is the first since the U.S. Department of Education released a list of colleges and universities under federal investigation for their handling of rape and sexual assault complaints, and many schools are making sexual assault awareness programs mandatory for incoming students.

The list, which includes 77 schools under investigation, was released in May 2014. It represents one piece of a national conversation that gained unprecedented political momentum in April 2014, when the newly-minted White House Task Force to Prevent Students from Sexual Assault released its first report, alongside a website designed to advise colleges on how to combat rape on campus. Since then, Senator Claire McCaskill, a Missouri Democrat, has introduced a bill to require annual surveys of students, and require schools to staff confidential advisers on campus.

Oklahoma State University, which is on the list, announced in July 2014 that students who do not complete a new 40-minute online course on sexual assault awareness will be barred from registration. Vice President for Student Affairs Lee Bird said the school took the unusual step of asking to be under federal review.

"Sexual violence has been a huge topic for years, but the politics around it and trying to find remedies is what's changed," Bird said, adding that the school offers "hundreds" of alcohol, drug, and sexual assault awareness programs throughout the year. "This has been an issue for my 36 years and I imagine it will be an issue on campus for the next 30."

University of California at Berkeley, which is under investigation, has started two new mandatory programs. Freshmen and transfers must attend a sexual awareness program known as Bear Pact, as well as complete an online course, called Haven, about sexual assault, harassment, and stalking. The school has also designated a confidential advocate whose role is to assist students who have been sexually assaulted.

While the U.S. Education Department doesn't release what prompts an investigation, UC Berkeley was the subject of a blistering state audit in June 2014 that re-

vealed the school's failure to adequately train resident advisers, athletic coaches, and even campus law enforcement on how to handle sexual assault allegations. The audit also found that the administration did not ensure attendance at sexual assault education workshops for freshmen. Based on the school's own data, only 52% of the incoming class attended the programs in 2013.

"For us, it's looking at what we need to do to be in federal compliance and follow best practices," said UC Berkeley spokeswoman Janet Gilmore. "It's a continuing effort. We've done a lot, and we know that there's more we can do."

Dartmouth College in New Hampshire, another school under federal investigation, also requires its freshmen to complete Haven. The school adopted a policy in June 2014 requiring an independent investigation into sexual assault complaints, and calls for mandatory expulsion for convicted students.

Johns Hopkins University in Baltimore is one of the most recent additions to the list of schools under investigation for possible Title IX violations. It was added



In this July 8, 2014 picture, people walk on Johns Hopkins University's Homewood campus in Baltimore. Johns Hopkins is under investigation for its handling of an alleged gang rape of a Towson University student at a fraternity house, Pi Kappa Alpha, in the Spring of 2013. Since the allegation became public in May 2013, Hopkins students have come out of the woodwork to share their own sexual assault stories, said Laura Dunn, an advocate with nonprofit organization SurvJustice who helped file the initial complaint. (AP Photo/Patrick Semansky)

(Continued on page 16)

SEXUAL ASSAULT *(Continued from page 15)*

August 12, 2014.

Title IX is a federal law prohibiting gender discrimination. It regulates institutions' handling of sexual violence and is the same law that guarantees female athletes equal access to sports. Schools that violate Title IX can lose federal funding.

Johns Hopkins is under investigation for its handling of an alleged gang rape of a Towson University student at a fraternity house, Pi Kappa Alpha, in the spring of 2013. Since the allegation became public in May of that year, more Hopkins students have come forward to share their own sexual assault stories, said Laura Dunn, an advocate with nonprofit organization SurvJustice who helped file the initial complaint.

One of those students is a rising junior who asked that her name be withheld. The Associated Press does not identify alleged victims of sexual assault.

In June 2013, she told AP that she was sexually assaulted in 2012 during her first few days on campus. She

said her alleged attacker had taken her keys and phone, dragged her into his room, and assaulted her.

A few days prior, the student said she had gone to a sexual assault awareness workshop offered to incoming freshmen. "At the workshop they said anything after you say no is sexual assault. I said to him, 'Don't you remember what we saw yesterday? This is going to be rape.' "Then he said, 'I didn't go to that stupid thing.' That's when I really got scared."

The workshop she attended, Sex Signals, is on this year's orientation schedule and not labeled as mandatory. Hopkins spokesman Dennis O'Shea said freshmen are required to attend with their resident advisers, and those who do not sign up for it will be registered for a makeup session later in the year.

Excerpted from an article (by Juliet Linderman) in the August 30, 2014 issue of the *Ledger-Enquirer*, Columbus, Georgia, page A8.

ACADEMIC POSITION

ASSOCIATE PROFESSOR IN FORENSIC PSYCHOLOGY

(equivalent to Full Professor), Victoria University of Wellington

The School of Psychology at Victoria University of Wellington (New Zealand) is inviting applications for a confirmation path position (equivalent to tenured) in the field of forensic psychology. The appointment will be made at the level of Associate Professor (equivalent to Associate Professor/Reader in the UK and Full Professor in the U.S. and Canada).

The successful applicant will possess a Ph.D. in forensic psychology with a strong research and publication record in the area of forensic, correctional or criminal justice psychology. We would particularly welcome applications from researchers in areas relating to policing, investigations, adult or youth forensic mental health, forensic program evaluation, forensic psychological assessment, and/or corrections.

The School of Psychology was ranked top overall in New Zealand on research quality in the last two national quality assessment rounds. Further details regarding the position may be found at: <http://www.victoria.ac.nz/about/careers/current-vacancies> (Position reference 374) or contact Professor Devon Polaschek, School of Psychology, at: devon.polaschek@vuw.ac.nz Applications close January 17, 2015.

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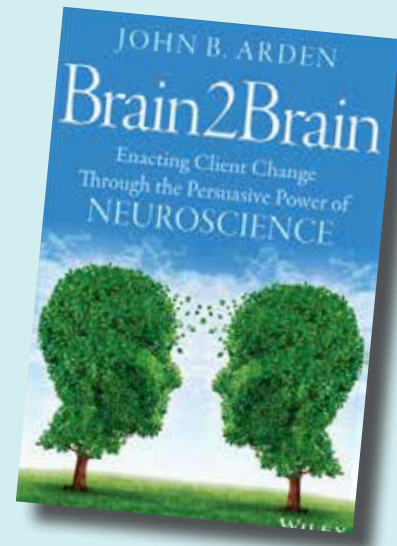
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Published 2015

John Arden



ISBN 9781118756881

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Brain2Brain: Enacting Client Change Through the Persuasive Power of Neuroscience applies the popular topic of neuroscience in mental health to everyday practice, showing therapists how to teach their clients brain-based strategies for making changes and improving their lives. Cutting-edge findings in neuroscience are translated into language that clients will understand, and sidebars provide therapists more detailed information relating to particular disorders. With a holistic approach that incorporates mental, spiritual, and physical skills, knowledge, and exercises, this book provides a clear, complete resource for incorporating neuroscience into therapy. Case examples illustrate how the material can be used with different types of clients and situations, and sample dialogues and client handouts help therapists easily incorporate these techniques into their practice.

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IMPROVED TREATMENT OF MENTAL ILLNESS COULD PREVENT VIOLENT BEHAVIOR

*Kathryn Seifert, Ph.D., is CEO of Eastern Shore Psychological Services in Salisbury, Maryland
To contact Dr. Seifert, you will have to go through her website: drkathrynseifert.com*

Determining the most effective level of care needed is essential to a well-run and efficient behavioral health care system and to reducing the overall levels of violence throughout the world.

Violent behavior is a separate issue, which can co-occur with mental illness. Both must be assessed with tools that are appropriate. That assessment should result in a treatment plan that improves mental functioning and coping skills and reduces the risk for violent acting out and mental deterioration.

To have a treatment plan that only addresses mental health issues when there is also risk for violence is insufficient. Types of interventions and dosage issues should both be addressed by the assessment. Re-assessment should indicate that the risk of future violence is being reduced.

For example, in addressing levels of care, those with a mild Axis I diagnosis of mood disturbance, ADHD, or anxiety, who have no history of violence or psychosis, may find that reading self-help books give them the information they need to essentially self-treat their condition without medication and create more satisfying lives. Those with moderate depression, etc., probably will require and improve with traditional individual talk therapy techniques such as CBT once a week for 6 months or less.

Persons suffering from two diagnosable conditions such as mood or anxiety disorders and substance abuse issues will likely require specialized group, individual, and sometimes family therapy twice a week for as long as 2 years. Recovery rates for those with dual diagnoses are typically 50%.

Those with severe Axis I diagnoses, such as mood and anxiety disorders or schizophrenia, and Axis II or personality disorders and histories of trauma, and who have been or are at risk for becoming criminal or violent need complex interventions involving multiple agencies, multiple times per week, including family involvement in therapy, case management, specialized services, skill building, and trauma work.

Recovery rates for this group are typically only 30%. Most end up incarcerated, in rehabilitation, hospitalized, or dead. Intensive community services are far less expensive and more effective than hospitalization or incarceration and a good deal for taxpayers.

Individual weekly therapy for the mild-to-moderate group has a recovery rate of around 90%. If one uses individual, short-term talk therapy for those with more severe conditions and more complex histories, they are applying the incorrect techniques and dosage for the clinical needs of the client. The therapy is likely to be less effective and the recovery rate is often much lower than when the treatment is matched with client needs.

This is very elementary to most therapists who increase or decrease services depending on client need. Given recent shootings by those who were clearly mentally ill or autistic, there is pressure for better treatment for the mentally ill to prevent them becoming violent.

There have been some major misconceptions by the public and media regarding the link between mental illness and violent behavior. While mental illness is a piece of the puzzle, it only results in violent outcomes when it is accompanied by the collision of many seemingly insurmountable problems and weak coping skills and supports.

When we help these people change the balance in their lives to one with more coping skills and fewer issues, they can begin to see a more positive path for themselves. This means that these people need very practical help with safe homes, secure jobs and job skills, good health, adequate income, a reason for living, natural supports, and community involvement (SAMHSA Life Domains).

For those at moderate and high risk for violence, this is not traditional therapy as most therapists see it. It is more similar to what departments of social services and vocational rehabilitation might provide.

To help those that are at high risk for violence they need to learn coping skills that we all take for granted,

(Continued on page 20)

IMPROVED TREATMENT (Continued from page 19)

such as patience, delaying gratification, speaking in a calm tone or soothing oneself when angry, seeing things from another person's point of view, and learning how to make a budget and open a checking account.

These people need evaluations for the level of developmental skills that they have achieved and what skills may be lacking or missing due to trauma or family chaos. They are usually not ready for insight-oriented talk therapy and need multiple services per week often from multiple agencies. For the clients at high risk for violence there needs to be interagency treatment teams that work together on developmental skill assessment and skill teaching, family and trauma therapy, housing, job skills, and the basic necessities of life.

If we were able to apply the most helpful level of services to all clients, the system would be more efficient and cost effective. Outcomes would be better

and the cost to society would be less as well.

Clinicians would be able to help young people before a situation got out of control, meaning early detection and interventions for those at risk for violence. Studies deriving out of the CDC Aversive Childhood Experiences study are showing that aversive life experiences in childhood are associated with poorer social and physical outcomes for adults, including depression, substance abuse, tobacco use, and heart disease. Additionally, the research of Moffit, et al., in 2003, indicates that the source of life course antisocial behaviors is neurodevelopmental, worsening over time, and life-long.

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IACFP AUDIT UPDATE

*Richard Althouse, Ph.D., is former IACFP President and former Chair of the IACFP Executive Board
goldmine123.a@gmail.com*

As our members should know, the Executive Board is responsible for the selection and use of appropriate accounting policies. To ensure the appropriateness of those policies, in 2010 the Executive Board approved a 3-year audit review of our finances and governance process. We contracted with Earney and Company, a certified accountant group in North Carolina, to undertake this process which they began in 2011. Earney and Company recently completed the audit and shared their findings with the Executive Board in an August 2014 report. Among their comments, they reported that they encountered no significant difficulties in dealing with management in performing and completing our audit. On October 7, 2014, Charles Earney and Sandy Crumrine, CPA

of Earney and Company, held a telephone conference that included: Dr. John Gannon, our Executive Director, Thomas Bissette, our Treasurer, and me, to discuss their findings in more detail. They believed that although the Association's operating expenses have risen \$75,000 from the previous 2 years, our fiscal management has been "exceptionally responsible," noting that we have 5 years operating expenses at our disposal. However, they had a number of recommendations regarding both the oversight and possible diversification of our assets. They recommended establishing a number of committees to enhance our governance and ensure compliance with IRS standards. These recommendations will be taken up by the Executive Board during upcoming meetings.

NINTH EUROPEAN CONGRESS ON VIOLENCE IN CLINICAL PSYCHIATRY

On behalf of the scientific committee we would like to invite psychiatric clinicians, psychiatrists, practitioners, psychiatric mental health nurses, psychologists, health scientists, educators, trainers, researchers, managers, and policymakers engaged in the management, research, study or clinical treatment of aggressive behavior of psychiatric patients and persons with intellectual disabilities and serious behavioral problems to submit an abstract and/or attend the Ninth European Congress on Violence in Clinical Psychiatry.



This time the Congress will be held in Copenhagen—Denmark from the October 22-24, 2015. Copenhagen is the capital of Denmark with over 1.1 million inhabitants and is one of Europe's oldest and most wonderful capitals.

The Ninth European Congress on Violence in Clinical Psychiatry is co-organized by the European Violence in Psychiatry Research Group (EViPRG) & the European Network for Training in the Management of Aggression (ENTMA08), and with due reserve is a World Psychiatric Association (WPA) co-sponsored meeting.

The Ninth European Congress on Violence will focus strongly on clinically relevant and practically useful interdisciplinary scientific and practical knowledge with regard to interventions aiming at treating and reducing violent behavior of psychiatric patients, forensic patients and severe problem behavior in persons with intellectually disability. Hence, the overall Congress theme “Advancing knowledge—Transforming Practice.” Further, also this time a debate: “Meeting of Minds” regarding user participation.

You are cordially invited to submit abstract to: dmpublisher.nl/oud/lt.php?id=ekoJVV8FVFAHBE0DB0IXAAZUVQM%3D, attend and register<<http://dmpublisher.nl/oud/lt.php?id=ekoJVV8FVFAHBU0DB0IXAAZUVQM%3D>

Please submit your abstract electronically by March 1, 2015. Poster abstracts may be submitted through August 1, 2015.

Approval of accreditation will be requested from the World Psychiatric Association (WPA) for the award of Continuing Medical Education (CME) Credits, and from the International Council of Nurses (ICN) for the award of International Continuing Nursing Education Credits (ICNECs).

We cordially invite you to Copenhagen—Denmark October, 2015

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LOOKING INWARDS: AN AFRICAN AGENDA FOR ADDRESSING PRETRIAL INJUSTICE

Stanley Ibe, LL.M (Maastricht), Associate Legal Officer, Open Society Justice Initiative, Abuja, Nigeria

The author writes this article in his private capacity.

stanley.ibe@opensocietyfoundations.org



STANLEY IBE

including, poor infrastructure, inefficient justice systems and general misplacement of priorities.

To be clear, excessive use of pretrial detention is a global phenomenon. In a recent report aptly titled: *Presumption of Guilt—The Global Overuse of Pretrial Detention*, the Open Society Justice Initiative confirmed that arbitrary and excessive use of pretrial detention around the world “is a massive form of human rights abuse that affects in excess of 14 million people a year.” The report also references some 3.3 million people in pretrial detention today. As frightening as these figures are, they are conservative at best. This is because official data often ignores possibly several thousands of pretrial detainees locked away in police stations and other places of detention. Given this scenario, one may be tempted to ask—should pretrial detention be used in any circumstance?

The answer is a resounding yes. Pretrial detention is not inherently bad. It is designed to keep away criminal suspects who are likely to escape from justice, interfere with evidence or prejudice investigations. Applied to suspects who fall into any of these categories, for short periods and with adequate safeguards, there is scarcely any reason to worry about pretrial detention. The challenge is that principles are observed more in breach.

There are good reasons why pretrial detention should be used sparingly, over short timeframes and with adequate safeguards. One is the nearly globally accepted principle of presumption of innocence. A suspect should not suffer the consequence of a crime for which s/he has not been convicted. Where alternatives exist, they should be applied to keep these people away from detention as much as possible. There is yet another reason—most pretrial detainees are poor and often powerless. Therefore, they are unable, for the most part, to afford a lawyer, procure bail or pay a bribe to guarantee release from pretrial custody. Keeping the poor in prolonged pretrial detention therefore exposes them to double jeopardy. This is more so in Africa given the widespread poverty. The third reason relates to legal obligations which states assume under national and international law to promote, protect and respect rights, especially of the

most vulnerable in society.

Against this backdrop, a curious reader might wish to know what Africans have done or are doing about this unfortunate state of affairs? They have done a couple of things. Let me briefly share two models adopted to address some of the problems identified above. In Nigeria, the *police duty solicitors’ scheme*, deploys young lawyers on compulsory national service to police stations across seven states with a mandate to provide free legal aid and assistance to indigent suspects. Established in 2006, the scheme is anchored on a partnership between police, an official legal aid institution or federally-owned platform, the Legal Aid Council of Nigeria (LACON), and two non-governmental organizations (NGOs), the first, Open Society Justice Initiative, the second, Rights Enforcement and Public Law Centre (REPLACE), as the implementing partner.

In its 8 years of existence, the scheme has secured the release of over 13,000 detainees from police stations and prisons across the country. It has also significantly reduced the duration of pretrial detention to about 7 days on the average compared to a national average running into weeks. Remarkably, provision of legal aid by the scheme is low-cost compared to similar efforts by private lawyers. Indeed, some suggest that with the same financial support, the scheme could divert 10 times more pretrial detainees from the system. It is also sustainable since LACON has taken over its management and control following a review concluded in the third quarter of 2012.

The second model resides in Southern Africa. Precisely Malawi. There, Paralegal Advisory Service Institute (PASI), which began in 2000 offers a nation-wide project aimed at training and deploying paralegals to provide legal education, advice and assistance from the point of arrest until final appeal. Like the Nigeria project, this project is anchored on a memorandum of understanding (MoU) bringing together the Government of Malawi through the Solicitor General on one side and the Open Society Initiative for Southern Africa (OSISA) on the other. The MoU regulates case flow management and pretrial detention.

The difference in approach in both models stems from the relative paucity of lawyers in Malawi as compared to Nigeria. As of 2012, Nicholas Kahn-Fogel found that the lawyer to population ratio in Malawi was 1:34,286 compared to Nigeria’s 1:2,813. Clearly, lawyers alone could not and still cannot meet the legal needs of Malawians hence the huge demand for paralegals. The ratio in Nigeria is not too good but it is certainly better than Malawi’s.

Although these models and similar ones elsewhere on the continent have contributed to ameliorating the pretrial crisis, there is still more room for improvement. Consequently, the

(Continued on page 24)

IACFP EXECUTIVE DIRECTOR, DR. JOHN GANNON, TRAVELS TO AFRICA

Each year, as part of our support for like-minded groups, our Association sponsors the IACFP Distinguished Scholar Lecture at the International Corrections and Prisons Association (ICPA) Conference. This year, the conference was held in Windhoek, Namibia. Doctor Gannon reports that he was very proud, indeed, to be able to give a brief talk at the conference and to introduce the distinguished lecturer, Dr. Justice Tankebe.

Doctor Tankebe, originally from Ghana, has come to be recognized as a rising international figure in criminology research. He is a University Lecturer in Criminology, and the Director of the Institute of Criminology's Master of Philosophy Program at Cambridge University in the UK.

Doctor Gannon was also invited to give the keynote address at the International Rehabilitation Council on Victims of Torture (IRCT) Regional Training Workshop in Kigali, Rwanda, on his way to Namibia. He was accorded a standing ovation upon completion of his address on the potential for new research in neuroscience and the role of the adaptive subconscious for treatment of torture victims.

On his way back from ICPA, Dr. Gannon was able to honor another invitation, to participate as one of only two formal speakers to address the 200 attendees at the 20th Anniversary Celebration for Prisoners Reform and Welfare Action (PRAWA), a pan-African prison reform and offender change organization in Abuja, Nigeria. The other speaker was Mr. Chidi Odinkalu, holder of a Ph.D. in Law from the London School of Economics and Political Science, and Chairperson of the Governing Council of Nigeria's National Human Rights Commission. Doctor Gannon received an award on our behalf from PRAWA honoring the Association for our



JOHN GANNON

contributions to psychology in African prisons.

As has been widely reported, in Rwanda, a former German and Belgian colony, from April to July, 1994, local officials and government-sponsored radio stations called on ordinary Rwandan civilians to murder their neighbors. As a result of those influences and others, Rwanda experienced mass killings of some 800,000 people. In addition, more than 2 million people fled Rwanda, crowding into refugee camps in the Congo and other neighboring countries. Doctor Gannon reports that since that time, Rwanda seems to have experienced a near

miracle of reconciliation and progress. Today, Rwanda is ranked by African agencies as the safest country on the continent, and one of the top three in Africa in which to create a new business.

Similarly, Dr. Gannon reports that Namibia, also a former German colony, appears to be one of the better countries in the southern region of Africa in terms of safety and economic activity. The streets are clean, roads and other infrastructure are good, the people are friendly, the country seems optimistic, and the criminal justice procedures are well functioning for the region.

Nigeria, comprising an area as large as California, Nevada, and Arizona combined, is home to an estimated 177 million people and is the eighth most populous country in the world according to CIA rankings. Unfortunately, criminal justice and prisons in Nigeria suffer from extreme problems of poor training, deteriorating facilities, and widespread corruption. Nigeria is the 144th most corrupt among the 177 countries studied in the world by Transparency International, a 100-chapter, global, anticorruption organization.

AFRICAN AGENDA *(Continued from page 23)*

premier continental human rights institution—African Commission on Human and Peoples' Rights decided to intervene by developing guidelines. The intervention was premised on the Commission's mandate which extends to formulating principles and rules aimed at solving legal problems relating to human and people's rights in Africa. The Commission's special rapporteur on prisons and places of detention ably led this intervention with the support of civil society across the continent.

The journey to the adoption by the Commission of *Guidelines on Arrest, Police Custody, and Pretrial Detention* in April 2014 took several months of intense engagements with stakeholders – governmental and non-governmental in five cities – Banjul, Dakar, Johannesburg, Nairobi, and Tunis. These engagements culminated in a draft set of guidelines, which was subjected to review by an expert group of practitioners and academics and presented before the full panel

of commissioners for scrutiny and adoption.

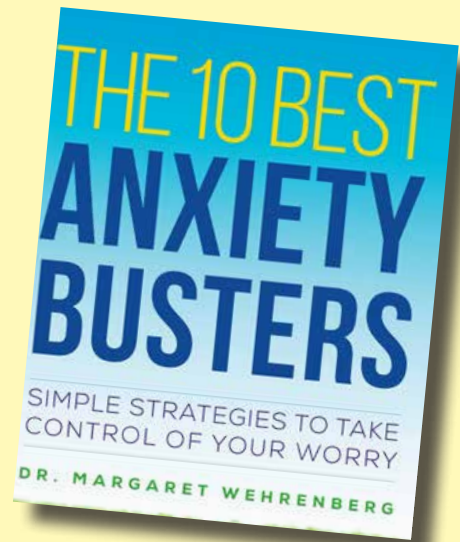
The guidelines have been divided into eight parts and provide guidance with respect to arrest and police custody, decisions, and procedural safeguards on the use of police custody, decisions, and procedural safeguards on the use of remand detention, disappearances and deaths in custody or pretrial detention, conditions of detention, vulnerable groups and persons with special needs, remedies, and accountability, as well as implementation. The provisions are based on existing regional and international human rights instruments and seek to consolidate in one document some of the more important of these instruments.

The guidelines prove that, with some introspection, the continent can solve many of its problems. What is required is a common objective, committed people, and effective partnerships.

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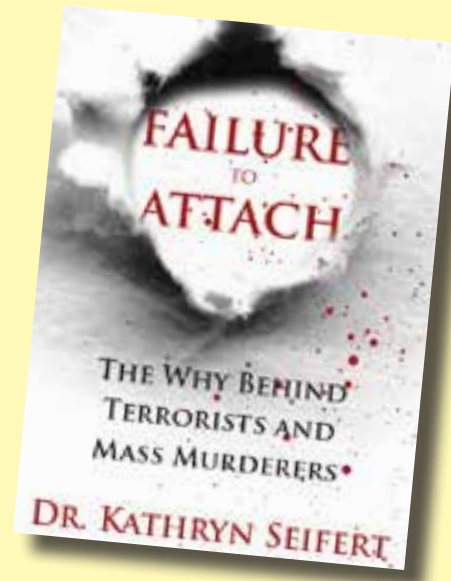
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Failure To Attach: The Why Behind Terrorists and Mass Murderers

***Coming Soon from
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Kathryn Seifert



ISBN: 9780990553618

Doctor Kathryn Seifert, in her new DVD *Failure to Attach*, sets out to answer the inevitable question we all ask ourselves after a mass murder attack—why did they do it? In the past 10 years, the world has seen a surge of horrific mass murders at the hands of seemingly ordinary people. So, what drove these murderers, from a life not unlike our own, to kill? Doctor Seifert, a renowned expert with over 30 years in the field of mental health and violence, has dedicated her career to answering that question.

In *Failure to Attach*, Dr. Seifert delivers a live presentation at Adelphi University in New York revealing her findings. With decades of research into the causes of rape, sexual abuse, drug addiction, murder, domestic abuse, and other crimes, she has identified the key childhood, family risk, and skill factors causing young people to evolve into violent criminals and murderers. When all is said and done, many of these events that blanket the news could have been predicted and prevented if the warning signs had been interpreted correctly and someone subsequently intervened before it was too late.

Doctor Seifert asserts that it is problems with attachment at one or more critical periods of development that can lead to an individual harming others—the more severe the failure to attach, the greater the risk of truly severe harm. This dependency on healthy attachment begins the moment a child is born, then extends on past adolescence and into early adulthood. Psychologists have this knowledge, and therefore the ability to treat future violent offenders and prevent future disasters. It is society, Dr. Seifert claims, that to bring its attention to the issue, starting with changes to the legal, juvenile, and criminal justice systems.

Doctor Kathryn Seifert, in this 2-hour live presentation, displays that the status quo of mass shootings and attacks in this country should not be seen as an inevitable evil of the world, but a treatable epidemic that already has its cure.

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VIGNETTES OF GLIMPSES INSIDE

Ronald R. Mellen, Ph.D., Professor, Department of Criminal Justice, Jacksonville State University, Jacksonville, Alabama, and an IACFP Member
rmellen@jsu.edu



RON MELLEN

After retiring from Saint Mary's University in San Antonio, Texas, and before returning to teach at Jacksonville State University in Jacksonville, Alabama, I worked in the Arkansas Department of Corrections for 6 years. The first 3 years in Arkansas corrections was as Clinical Director of the Special Program Unit (a mental health unit) and the last 3, I was staff psychologist for the max and supermax units. Every so often, an offender event would strike me as important and I wrote them down. The events were not earth-shaking, but collectively, they provided insights into the vast array of hidden and emotional experiences that I encountered as a psychologist.

I've used the offender events in my correctional counseling classes for years and the students responded with interest. I started to craft these events into a book, but the thought also came to me that readers of *The IACFP Newsletter* might find the events interesting and possibly also open the door for others to share some of their similar experiences. Another vignette titled: *A Nun's Covenant* follows below.

A NUN'S COVENANT

The south Texas county jail was a very large and cold structure with eyes of violence and despair. Security officers would only enter the wings in pairs, frequently with a shared quiet nervous laughter. However, efforts at hiding the fear-driven truth was belied by the constant scanning of their concerned eyes.

In a paradoxical juxtaposition, her steps through the same cell defined walkways were no different than passing down the aisle of a cathedral. With her 50 years well hidden in an active five-foot frame, nun's habit, and a swirling Irish bough she also told a story of a hopeless situation, but not of the jail, a situation she addressed in her prayers. Eventually a bargain was struck: a child's life spared from certain death and she would spend the rest of her life serving these, the least of Christ's brethren. That bargain, consummated years before, had been honored by her and by her God.

I was a new consultant to the jail and from our first meeting struck by her presence. The seed of my curiosity grew as I observed her unfailing efforts in an unrelenting day-by-day journey. She

had an unseen protection and I sought to discover its source. The answer to my query began with the enormous hugs she gave every inmate upon his arrival. The look on the inmate's face would reveal a mixed sense of confusion and gratitude that went beyond his initial wall of fear and/or threat. Completely clueless, the inmate had stepped into a river of compassion and service that would flow from her to him until he left the jail.

As we know so well, inmates have their own primal laws of conduct in the jail. These same dark and hidden powers in that institution had made it clear any inmate who considered harming or even intimidating this angel from heaven would be, well, ill advised. It was no surprise that she walked alone into cell blocks officers never entered except in pairs.



If you would like to submit a brief article like Dr. Mellen's, the vignette model used by him would be an excellent way to share similar experiences with others in the newsletter.

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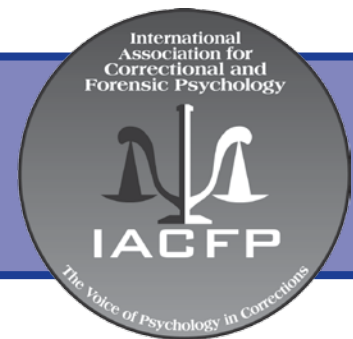


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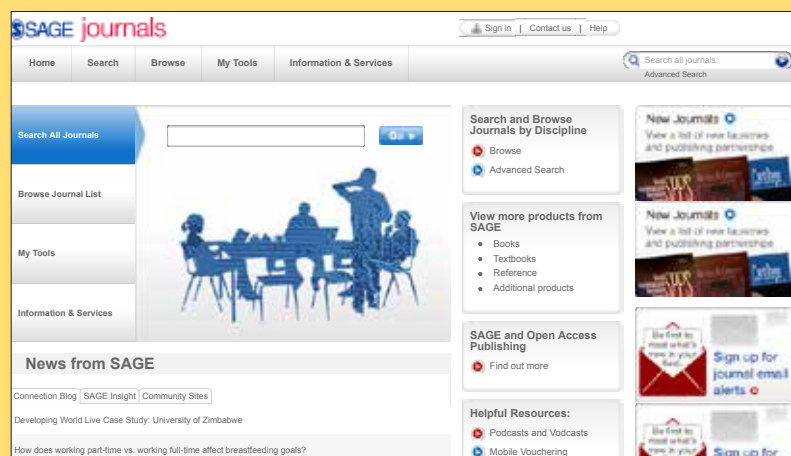
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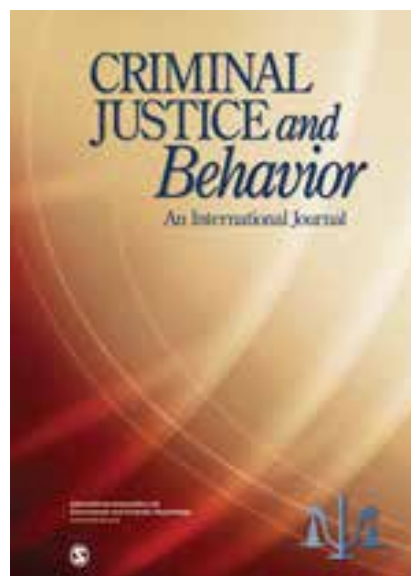
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