The Correctional Psychologist
October, 2010
Vol. 42, No. 4

ARTICLE

DOMESTIC VIOLENCE: MAKING CRIMINAL JUSTICE AND RESTORATIVE JUSTICE WORK TOGETHER FOR POSITIVE OUTCOMES

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The following article was taken from a paper presented by Nicholas McGeorge, M.S., and Marian Liebmann, Ph.D., at the U.N. Congress on Crime Prevention and Criminal Justice, Salvador, Brazil, April 18-19, 2010. McGeorge, a chartered and forensic psychologist, reported on his domestic violence research comparing re-victimization rates for women going to court or being diverted to mediation; Liebmann, restorative justice consultant, described her study for the Home Office of the U.K. Government on the successful use of different types of restorative justice in domestic violence cases in various countries.

The purpose of any intervention in cases of domestic violence is to stop women being victimized. Bringing cases to trial stops some offenders but many continue to assault women. In other cases, restorative justice and mediation are able to provide effective alternative ways of reducing victimization. It appears that many women want to have a choice on how to deal with their violent partner. Different methods, therefore, should be used for different cases.

COMPARING MEDIATION OUTCOMES WITH CRIMINAL COURT OUTCOMES IN THE SAME JURISDICTION

The issue of how to deal effectively with cases of domestic violence is one of the most divisive in criminal justice. On one side, are those who support the Duluth's Domestic Abuse Intervention Project model, which stresses the use of the criminal courts to punish offenders. It is asserted that this is the only way to deal with such violence in a patriarchal society. Restorative justice and mediation ought not to be used. On the other side, are those who consider that a range of options should be provided to take account of the wide variation and needs of victims. The proponents of this view believe that mediation and restorative justice methods can be used in appropriate circumstances to handle domestic abuse. This is a view that has been expressed from a feminist standpoint perspective. Some national jurisdictions (for example, Spain and the U.K.) do not allow the use of mediation and restorative justice in cases of domestic violence.

A comparison of the use of mediation and trial cases in the same criminal court highlighted the issue of effectiveness. Carolina Dispute Settlement Services in North Carolina was asked by the jurisidiction in one county to mediate cases involving charges of assault on a female brought to the district criminal court. Research was undertaken to compare domestic violence re-offending outcomes 2 years after mediation (100 cases) with outcomes 2 years after a court appearance or a prison sentence (108 cases).

> *"Over half the cases that were sent to trial failed to take place because of the absence of evidence from the woman victim."*

For defendants without previous criminal convictions, the re-offending rate was significantly lower for those who went to mediation than for those who went to trial. The study indicates that the question of how much violence is too much violence for mediation consideration could be less important than the characteristics of the parties and whether the defendant has a previous criminal record. Over half the cases that were sent to trial failed to take place because of the absence of evidence from the woman victim.

Areas for further investigation are, for example: (a) whether victims do not appear

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

The Correctional Psychologist (TCP) **is published every January, April, July, and October, and is mailed to all International Association for Correctional & Forensic Psychology (IACFP) members. Comments and information from individual members concerning professional activities and related matters of general interest to correctional psychologists are solicited. The IACFP endorses equal opportunity practices and accepts for inclusion in *TCP* only advertisements, announcements, or notices that are not discriminatory on the basis of race, color, sex, age, religion, national origin, or sexual orientation. All materials accepted for inclusion in *TCP* are subject to routine editing prior to publication. Please send material for publication or comments to Dr. Robert R. Smith: smithr@marshall.edu. Deadlines for submission of all material are:**

January issue—
October 15
April issue—
January 15
July issue—
April 15
October issue—
July 15

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in court because of threats from defendants, (b) why some offenders sent to prison do not re-offend, and (c) what aspects of the profile of men with previous criminal convictions can be used to predict successful outcomes for mediated cases.

DESCRIPTION OF RESTORATIVE JUSTICE MODELS USED IN CASES OF DOMESTIC VIOLENCE

Victim-offender mediation. The process involves the following: (a) mediators meeting with the victim first, (b) only meeting with the offender if the victim wishes, (c) only bringing the parties together if it is safe to do so, (d) helping the parties to come to an agreement, and (e) checking that the agreement is being kept. Used in Austria, Belgium, Canada, Germany, Jamaica, South Africa, and the U.S.

Family group conferences. These involve extended family and multi-agency support, so that secrecy is reduced, and sustainable solutions reached. The process involves the following: (a) facilitators interviewing immediate family members, (b) family members identifying extended family who can help, (c) facilitators inviting statutory and other agencies already involved with family, and (d) everyone meeting together to make a plan for the future.

Aims of meetings are to make all members of the family safer and promote welfare of the children. The perpetrator of the domestic violence is only invited if in the same household as the victim, and is willing to address the abuse. Used in Canada and the U.K.

Sentencing circles. The process involves the following: (a) everyone who is affected meeting in a circle and a talking piece being passed around, giving everyone a chance to speak, (b) rounds of talking take place until everything has been said, and (c) an agreement emerging from this process. The agreement includes follow-up to check whether the agreement is being kept. Judges and lawyers may be in the circle. Used in Canada, Western Australia, and the U.S.

Victim-offender groups in prison. The process involves the following: (a) perpetrators of domestic violence meeting victims of domestic violence, but not their own victims, (b) very careful facilitation, (c) perpetrators and victims having separate preparation sessions before the meeting, and (d) a week-long program of victim awareness for the offenders. Victims sometimes wish to be kept in touch with the progress of the offenders that they met. Used in the U.K.

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VICTIM IMPACT COURSE IN CORRECTIONS: A TEAM APPROACH TO REDUCING RECIDIVISM

Verna Wyatt—*Contact: sara.kemp@yhtp.org*

Note from Verna Wyatt: "In 1991, my sister-in-law was sexually assaulted and murdered. The impact from that horrendous crime devastated our family and turned my world upside down, setting me on a personal mission to prevent that kind of pain from touching other innocent families. If you had told me then that I would someday be working with incarcerated men and women, I would never have believed you. I didn't like offenders one little bit. I didn't believe any of them could ever change, and the recidivism rates and my personal experience supported my thinking.

But about 6 years ago, I had an epiphany that drastically changed my thinking. The Tennessee Department of Correction victim liaison asked me if I would come speak to a class of inmates and share my personal story of victimization. It was a new program that was incorporating victim impact education for the inmates. My first encounter sharing my story was very powerful, not only for the inmates, but also for me.

The next jolt of reality came to me when a corrections official told me that 97% of the inmates who are incarcerated are going to be returned to the community. This same official asked me how I wanted the inmates

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to come back. I had been putting my head in the sand for so long, hanging on to the ideal of locking them away and throwing away the key. But now, I was faced with black and white reality - the inmates need attention, not because they deserve it, but because we do.

WHY IS VICTIM IMPACT IMPORTANT?

At first glance, it might seem counter-intuitive for victim advocates to work with inmates. However, the truth is, victim advocates and corrections professionals are not adversaries. We actually share a common goal of having no more victims. Conducting victim impact classes for the incarcerated is a team approach to preventing victimization. There have been several studies looking at the effectiveness of victim impact programs across the country. In two 2007 evidence-based studies in Iowa, for example, the Iowa Department of Corrections determined that victim impact is a contributing factor in reducing recidivism.

You Have The Power (YHTP) developed a victim impact curriculum and course based on our experience as victim advocates. We learned from our course participants that the majority of offenders over the years never think about their victim as human beings. Many never even think about their victim at all. One of our offender participants told us, “I’ve been incarcerated for over 20 years, and I never once thought about my victim until this course.”

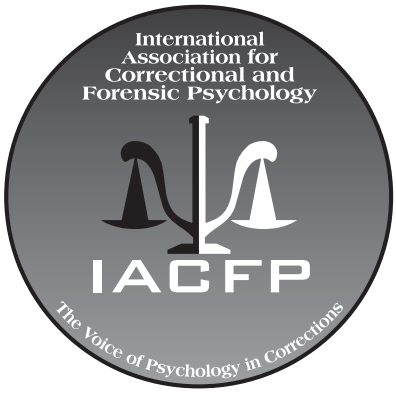
WHAT ARE THE COMPONENTS OF A GOOD A VICTIM IMPACT CURRICULUM AND PROGRAM?

The YHTP victim impact curriculum covers 10 topics: accountability, domestic violence, child abuse, drug addiction/drug dealing, DUI, property crime/burglary/robbery, sexual assault, hate crime/gang crime, crimes against the elderly, and homicide. We also talk about the difference between guilt and remorse. This class is not about guilt or making the offender feel bad. We want remorse from our course participants. Genuine remorse is a catalyst for changing behavior and making amends. Guilt holds back any kind of progress.

Core issues are discussed in every course because they are the root of self-destructive and criminal behaviors. Addiction, violence, anger, depression, and promiscuity are often mistaken for core issues when, in reality, they are symptoms of core issues. While symptoms must be treated, they are not the root cause of negative or criminal behavior. Offenders must identify the source for their symptoms which is often early exposure to family violence, childhood trauma, or sexual abuse. This is not an excuse for committing crime. Offenders must take responsibility and accept the consequences of their actions. There is absolutely no excuse for victimizing behavior. It is very important to understand what motivates negative behaviors if we want to address them. Knowledge of core issues can help offenders have a light bulb moment, realizing they are not crazy or a bad seed. Connecting those dots, they can now work on their symptoms more successfully by tackling the issues driving the symptoms. Because many core issues are tied to child sexual abuse and growing up in homes with domestic violence, we spend more time in our victim impact classes talking about the dynamics of these crimes and the long-term impact for the victim.

Victim advocates and corrections professionals must work together to prevent victimization. Prisons and jails are constantly plagued by staffing and budget problems. For most, implementing a victim impact program would be a challenge. However, if we are serious about changing the revolving door nature of the correctional system, victim impact is as necessary as substance abuse, life-skills, and chaplaincy programs.

Verna Wyatt is Executive Director of You Have the Power (YHTP), Nashville, Tennessee, a crime victim advocacy organization founded by Andrea Conte, current First Lady of Tennessee and survivor of a violent crime. Verna facilitates classes for inmates at Charles Bass Correctional Complex, Corrections Corporation of America, Tennessee Prison for Women, and Metro-Davidson County Sheriff's Department. For more information, contact YHTP by telephone (615) 292-7027 or e-mail: sara.kemp@yhtp.org. Visit: yhtp.org.



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DISTINGUISHING BETWEEN VIOLENT JAIL INMATES WITH AND WITHOUT PREFRONTAL CORTEX INVOLVEMENT USING THE BEHAVIOR RATING INVENTORY OF EXECUTIVE FUNCTION-ADULT AND THE BRIEF SYMPTOM INVENTORY

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ABSTRACT

The Behavior Rating Inventory of Executive Function-Adult (BRIEF-A) measures prefrontal cortex dysfunctions in nine domains. It was completed by 17 violent inmates assigned to administrative segregation in a rural southern county jail. Results showed that 10 of the inmates (59%) had at least one major indicator of prefrontal lobe dysfunction. The remaining seven inmates (41%), while still violent and aggressive, had no indications of such damage.

Should these results be supported by subsequent research, modifying jail procedures and treatment protocols for two distinct categories of violent inmates may be supported. For example, violent offenders with prefrontal lobe deficits may need an expanded treatment program when compared to violent offenders without such defects.

INTRODUCTION

In the present study, BRIEF-A results were examined to determine the percent representation of violent jail inmates with and without prefrontal lobe involvement. The prefrontal lobes are portions of the greater bilateral frontal lobes and reside above the eyes and behind the forehead. They contribute significantly to a person's ability at carrying out executive functions such as abstract thinking, cognitive flexibility, planning for the future, error correction, and the ability to inhibit reactions to negative emotions. Reductions in a person's inhibitory capacities can be even more pronounced when the triggering event is novel or dangerous.

The most comprehensive model for understanding offender behavior, including aggression, is the Biopsychosocial Model (Engle,1977). It was originally presented to the medical community in an effort to help physicians see that treatment might require psychological and/or sociological elements as well.

The same model can be instructive in understanding the etiology of offender behavior. That is, violence can result from the interaction of various biological, psychological, and sociological variables. In one instance, a prison inmate received news that his wife was divorcing him. He then gained access to in-prison drugs. These factors then combined with a genetic family pattern of violence which resulted in violent behavior.

While biological variables that create predispositions to aggressive behaviors are less well studied than sociological or psychological variables, there is mounting evidence of biology's role in offender behavior. Such potential biological contributors are myriad including: **prefrontal lobe damage** (Bechara, Damasio, Damasio, & Anderson,1994; Woermann, van Elst, Koepp, Free, Thompson, Trimble, & Duncan, 2000), **low levels of glucose utilization** (Raine, Monte, Buchsbaum, Stanley, Abel, & Stoddard, 1994), **the nutritional quality of the offender's diet** (Schoenthaler, 1991; Zaalberg, Nijman, Bulten, Stroosma, & van der Staak, 2009), **reductions in neurotransmitters**, (Cleare & Bond, 1997; Liao, Hong, Shih, & Tsai, 2004), **genetic heritage** (Billig, Hershberger, Iacono, & McGue, 1996), **and insufficient or excessive gray & white matter volume** (Yang, Raine, Lencz, Bihrle, Lacasse, & Colletti, 2005; Woermann, et al., 2000).

Also, it is important to note that violence is not due just to dysfunctions in the front part of the brain. It results from complex interactions between the prefrontal cortex and multiple brain areas, especially the limbic system. This older and deeper part of the brain is essential to an individual's capacity to experience all emotions, including pleasure, rage, love, and fear.

Adding to the general complexity of the above issues is the fact that there are two forms of prefrontal lobe dysfunction, either of which can create predispositions to aggressive behavior. These are problems in brain structures and brain functions. Structural damage means that there is evidence of injury or physical deformity in an area of the brain. Functional damage is involved when the offender's brain is structurally sound but communication between neurons and neuronetworks is less than adequate.

The present exploratory study assessed violent inmates in a rural southern county jail using the BRIEF-A. However, as noted above, the BRIEF-A does not address the etiology of a dys-

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function, that is, whether the aberrant behaviors are the result of structure or function, or both. As a context for understanding the above issues, it is important to note that not all individuals with prefrontal lobe damage are violent. Nor does a normal BRIEF-A profile mean a subject is without damage to other brain areas, such as the right temporal lobe, that can predispose one to act violently. All of which suggests the need for caution during the assessment process.

A second assessment was made using the Brief Symptom Inventory (BSI). It has nine clinical scales that measure psychopathology but does not assess for biological problems. The BSI was used to assess differences in degree and frequency of psychopathological symptoms in two groups of inmates, those with prefrontal lobe damage and those free of such damage.

RESEARCH DESIGN

Seventeen inmates took two self-assessments, the BRIEF-A (Roth, Isquith, & Gioia, 2005) and the BSI (Derogatis, 1993). The BRIEF-A data were then sorted based on the presence or absence of one or more clinically significant scores in the nine assessed domains. Those inmates identified as having some degree of frontal lobe dysfunction were labeled Prefrontal Lobe Dysfunction-Positive (PF-P/pathological) and formed one group, while the remaining inmates were classified as having no frontal lobe dysfunction and were labeled PF-N/non-pathological. The BSI scores for the two groups were then compared for the presence and intensity of psychological symptoms.

SUBJECTS

The 17 subjects were housed in the jail's administrative segregation unit. During data collection the risk of violence was high. Inmates were seen individually with two jail security officers providing escort to and from the testing sessions. While in the sessions, the inmates remained shackled with hand cuffs and leg-irons and one security officer was stationed outside the testing area. Despite the difficulties created by these surroundings the inmates all expressed interest in the research and were cooperative, although some with considerable attitude.

All subjects were male. Thirteen were Black (76%) and four were White (24%). Their average age was 26.7 years with a range from 18 years to 45 years. Only one reported having finished high school but three inmates, one White, two Black, reported having obtained GEDs. Taken together, the average grade completed for the 17 subjects was the eighth. Two reported having been married. The mean number of previous jail incarcerations was five per inmate. About 63% of the subjects reported being raised in a father-absent home. When asked what changes they would like to bring to their lives, most responses related to the need for increased self-control and the ability to think before acting. One inmate wrote that "he didn't need to change anything."

BRIEF-A

The BRIEF-A is a 75-item instrument requiring a fifth-grade reading level. It had nine non-overlapping domains which provide assessments of a subject's overall executive functioning. It is typically used as a screening tool and to make referrals for full neurological evaluations. The clinical items addressed two domains. The first is related to the ability to self-regulate and is measured by the Behavioral Regulation Index. The second domain is related to thinking processes and is measured by the Metacognition Index. Subject's scores that fell at or above a T-score of 65 were considered in the pathological range and the higher the score, the greater the subject's degree of pathology.

BRIEF-A SCALES

1. Inhibition (IN): This scale addresses the subject's capacity to control his impulses.
2. Shift (SH): The degree of mental flexibly available for problem solving.
3. Emotional Control (EC): The ability to be aware of one's emotions and respond in a controlled manner.
4. Self-Monitor (SM): This scale addressed a subject's capacity to understand how his behaviors impact others.
5. Initiate (IT): The ability to successfully begin a task and/or generate ideas.
6. Working Memory (WM): The capacity of a person's brain to hold information in a short time frame and make that information available to complete a task.
7. Plan/Organize (PO): The ability to understand main concepts and set goals. One must be able to then take steps that would lead to the successful completion of the task.
8. Task Monitor (TM): These skills relate to one's ability to monitor progress once a plan has been implemented.
9. Organization of Materials (OM): The ability to maintain orderly working and living environments.

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BSI SCALES

1. Somatization (SO): The shifting of psychological stress to bodily discomfort.
2. Obsessive/Compulsive (OC): Unremitting thoughts and/or actions that are unwanted.
3. Interpersonal Sensitivity (IS): A sense of inadequacy with others.
4. Depression (DE): Dysphoric emotions.
5. Anxiety (AX): Feelings of nervousness, terror, and/or panic attacks.
6. Hostility (HO): Feelings and actions associated with anger.
7. Phobia (PH): Irrational fear of a person, place, or object.
8. Paranoia (PA): Irrational suspiciousness and fear of loss of autonomy.
9. Psychoticism (PS): Extreme withdrawal, schizoid lifestyle, and/or psychosis.

RESULTS

Table 1 presents mean T-scores for each of the BRIEF-A scales when results from all 17 subjects were treated as one group. A score of 65 or higher is required for a subject's responses to be considered significant. It is noteworthy that none of the mean scores are in the significant range. While scores for three of the four Behavioral Rating scales are somewhat elevated, none would be deemed problematic. Metacognition and validity scores were also well within acceptable ranges.

In Table 2, results from the two groups are compared. The average number of Behavior Rating scores in the pathological range and for the PF-P group was two, with a range from 1 to 4. Their scores on the Metacognition scales ranged from 0 to 5 with a mean of 1.3. Results from the PF-N group were all within the normal range, indicating no prefrontal lobe dysfunctions.

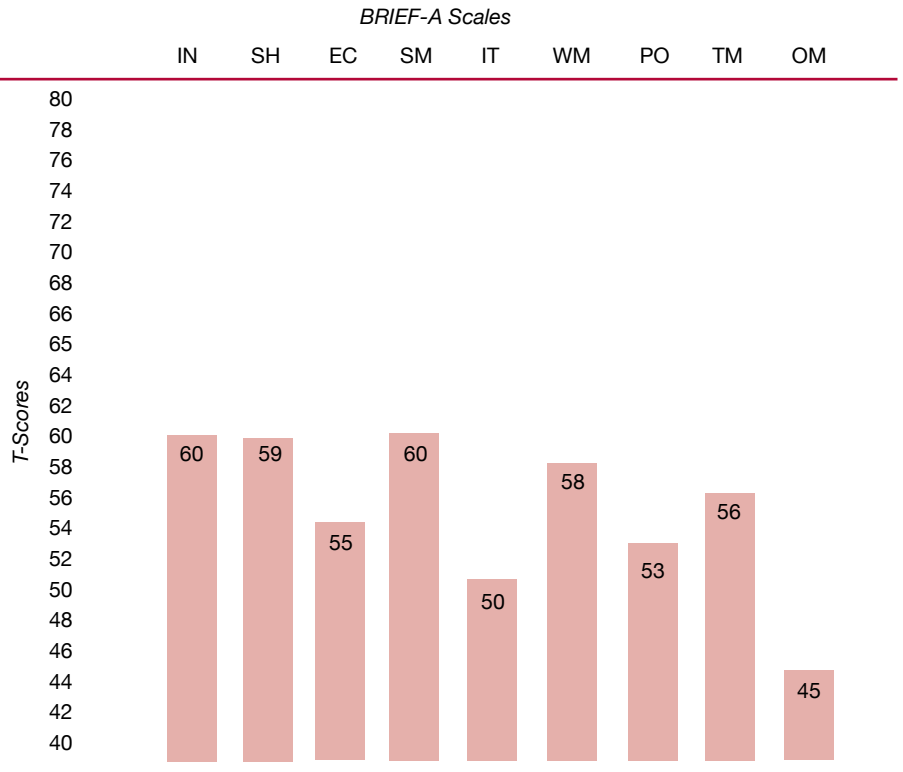
Finally, Table 3 brought to our attention that, despite no evidence of prefrontal lobe problems in the PF-N group, levels of psychopathology were just as serious as the PF-P group. Clinically significant scores on the BSI begin when two or more categories have T-scores at 65 or higher. The mean T-scores for both groups were above the cut-off score in all categories, indicating significant levels of psychopathology.

DISCUSSION

Since this was an exploratory study the findings are suggestive. Results from this sample, using the BRIEF-A indicate a possible presence of two distinct classes of violent inmates, those with damage, either structural or functional to the prefrontal cortex and those without prefrontal lobe damage. In addition, the risk of seeing all subjects as free of cortical defects (Table 1) was addressed, noting it could lead to important misinterpretations, since mean scores for all nine scales fell within normal ranges.

In Table 2, PF-P mean scores suggested pathological concerns on two of the four behavior control scales. The scales were Self-Monitoring (SM) and Inhibition (IN). The T-score of 64 on the Shift (SH) scale would be of concern also, given

TABLE 1: BRIEF-A Mean T-Scores for All Inmate Participants Collapsed Into One Group



Note. All 17 subjects were treated as one group.

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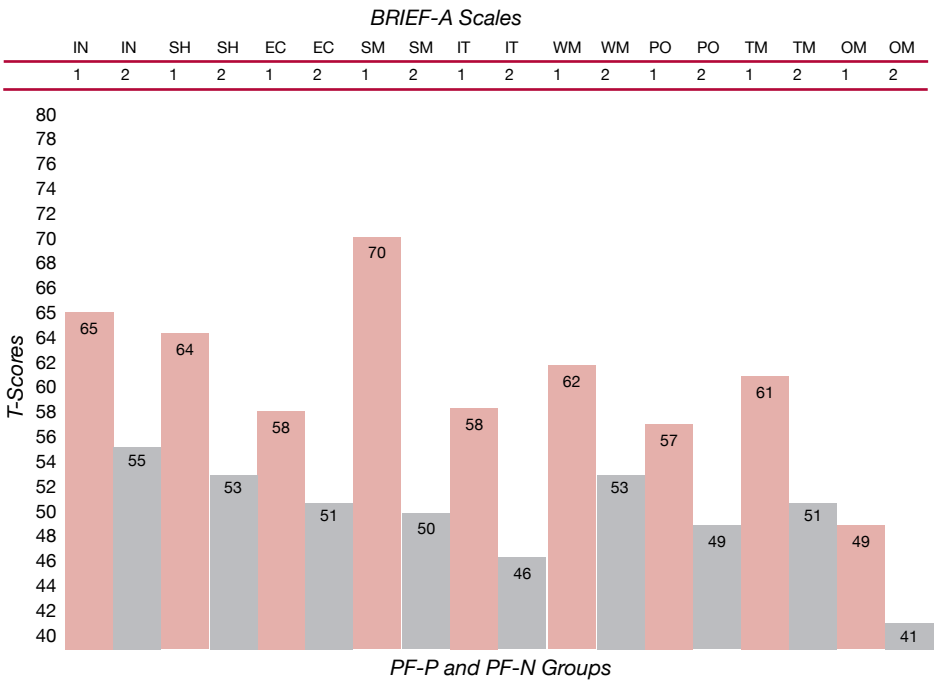
TABLE 2: BRIEF-A Mean T-Scores for Pathological and Non-Pathological Groups



Note. Pathological group (maroon); Non-pathological group (gray)

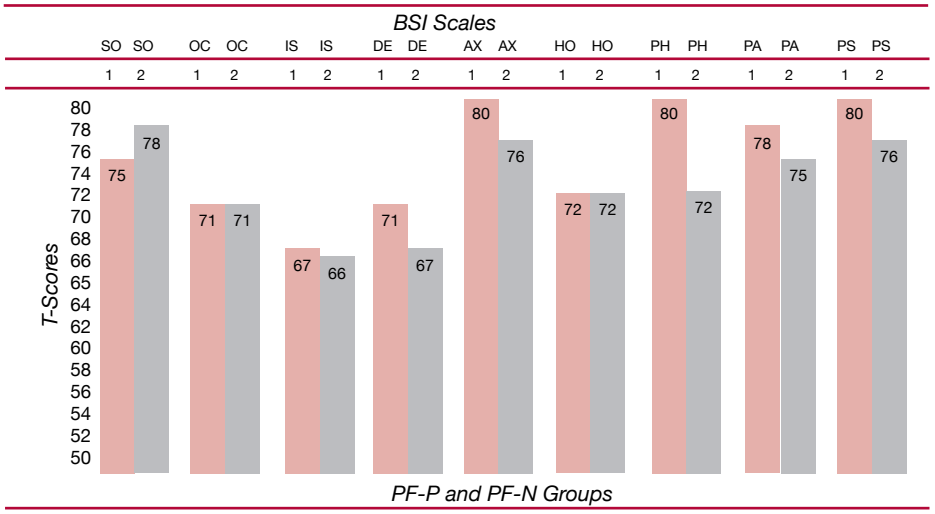
it was one point below the cutoff score. The only mean score within the normal range was Emotional Control (EC), a result that suggests these inmates may have greater difficulties trying to control their impulses than their emotions.

The PF-P inmate metacognition scores indicated two areas with elevations, although they did not reach the cut-off of 65. The two areas were Working Memory (WM) and Task Monitoring (TM). Working Memory provides the individual with the necessary mental skills to hold data for a short term while he completes a task. An example would be looking up a phone number and retaining the phone number while dialing it. The TM scale relates to an individual's ability at tracking their progress while completing a task. Subjects with TM problems frequently report making many careless mistakes. The PF-N inmates, in stark contrast to PF-P inmates, had normal mean profiles across all nine scales.

The major contribution of Table 3 was to demonstrate that for both groups, psychopathology was a significant concern. That said, the PF-P inmates scored higher (minimally) than PF-N inmates on seven of the nine scales: Obsessive/Compulsive (OC), Interpersonal Sensitivity (IS), Depression (DE), Anxiety (AX), Phobia (PH), Paranoia (PA), and Psychoticism (PS). The PF-N inmates scored higher on Somatization (SO) and both groups scored the same on the Hostility (HO) scale.

In summary, two types of violent inmates emerged depending on the presence or absence of frontal lobe dysfunctions. While both groups demonstrated significant psychopathology on all the clinical scales of the BSI, the PF-P group tended to consistently score higher, though not statistically so. If subsequent research supports these findings, then jail and correctional mental health workers may find PF-N inmates to benefit more from counseling services than those with head injuries. Conversely, counseling with PF-P inmates may need to include instruction on brain dysfunctions and behavioral

TABLE 3: BSI T-Scores for Pathological and Non-Pathological Groups



Note. Pathological group (maroon); Non-pathological group (gray)

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treatments in addition to traditional cognitive-behavior counseling. Among the limitations of this exploratory study include:

1. The lack of a control group.
2. The small sample size.
3. BRIEF-A results did not distinguish between structural and functional brain damage.
4. For the PF-N group, there may have been structural and/or functional damage in other parts of the brain not assessed by the BRIEF-A.
5. No effort was made to determine how many inmates were in the jail with prefrontal lobe damage but had remained non-violent.

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ITEMS OF INTEREST

PRIVATE PRISONS IN THE UNITED STATES

Material excerpted from Wikipedia. The IACFP does not have an official position on privitization of prisons. Your comments about private prisons are welcomed. Send your comments to: smithr@marshall.edu. With your permission, we will publish your comments in *The Correctional Psychologist.*

Private sector involvement in United States prisons is not new. Federal and state government have had a long history of contracting out specific services to private firms, including medical services, food preparation, vocational training, and inmate transportation. The 1980s, though, ushered in a new era of prison privatization. With a burgeoning prison population resulting from the War on Drugs and increased use of incarceration, prison overcrowding and rising costs became increasingly problematic for local, state, and federal governments. In response to this expanding criminal justice system, private business interests saw an opportunity for expansion, and consequently, private-sector involvement in prisons moved from the simple contracting of services to contracting for the complete management and operation of entire prisons.

The modern private prison business first emerged and established itself publicly in 1984 when the Corrections Corporation of America (CCA) was awarded a contract to take over a facility in Hamilton County, Tennessee. This marked the first time that any government in the country had contracted out the complete operation of a jail to a private operator. The following year, CCA gained further public attention when it offered to take over the entire state prison system of Tennessee for $200 million. The bid was ultimately defeated due to strong opposition from public employees and the skepticism of the state legislature. Despite that initial defeat, CCA since then has successfully expanded, as have other for-profit prison companies. As of December 2000, there were 153 private correctional facilities (prisons, jails, and detention centers) operating in the United States with a capacity of over 119,000.

Private companies in the United States operate 264 correctional facilities, housing almost 99,000 adult offenders. Companies operating such facilities include the CCA, the GEO Group, Inc., and Community Education Centers. The GEO Group was formerly known as Wackenhut Securities.

The CCA has a capacity of more than 80,000 beds in 65 correctional facilities. The GEO Group operates 61 facilities with a capacity of 49,000 offender beds. Most privately run facilities are located in the southern and western portions of the United States and include both state and federal offenders. According to an opinion piece by the Reason Foundation, private prisons are held to a level of accountability because they can be fined or fired, unlike their government counterparts.

In a 2008-released study, evidence indicated that states can save a substantial amount of money if they use a shared system of both privately and publicly managed prisons. The research showed that during the study period (1999-2004), states were able to save up to $15 million on their yearly corrections budget by using at least some privately managed prisons.

Proponents of privately run prisons contend that cost-savings and efficiency of operation place private prisons at an advantage over public prisons and support the argument for privatization, but some research casts doubt on the validity of these arguments, as evidence has shown that private prisons are neither demonstrably more cost-effective, nor more efficient than public prisons. An evaluation of 24 studies on cost-effectiveness revealed that, at best, results of the question are inconclusive and, at worst, there is no difference in cost-effectiveness.

A study by the U.S. Bureau of Justice Statistics found that the cost-savings promised by private prisons have simply not materialized. Some research has concluded that for-profit prisons cost more than public prisons. Furthermore, cost estimates from privatization advocates may be misleading, because private facilities often refuse to accept inmates that cost the most to house. A 2001 study concluded that a pattern of sending less expensive inmates to privately-run facilities artificially inflated cost savings. A 2005 study found that Arizona's public facilities were seven times more likely to house violent offenders and three times more likely to house those convicted of more serious offenses.

Evidence suggests that lower staff levels and training at private facilities may lead to increases in incidences of violence and escapes. A nationwide study found that as-

(Continued on page 11)

ITEMS OF INTEREST

PRIVATE PRISONS (Continued from page 10)

saults on guards by inmates were 49% more frequent in private prisons than in government-run prisons. The same study revealed that assaults on fellow inmates were 65% more frequent in private prisons.

ITEMS OF INTEREST

UPDATED FORENSIC ASSESSMENT IMPROVES DETECTION OF FEIGNED SYMPTOMS AMONG PRISON POPULATION ... SIRS-2 HELPS TO DETECT DELIBERATE DISTORTIONS OF SELF-REPORTED SYMPTOMS

Psychological Assessment Resources Incorporated (PAR Inc.) points out that it just became easier to identify prisoners, juvenile offenders, and other members of forensic populations who are exaggerating mental disorders for personal gain. The recently released Structured Interview of Reported Symptoms, 2nd Edition (SIRS-2) evaluates feigning of psychiatric symptoms and the manner in which it is likely to occur.

The SIRS-2 is an updated version of the original Structured Interview of Reported Symptoms, an industry workhorse that forensic professionals have relied on for almost 20 years. Like the original SIRS, the SIRS-2 includes a 16-page interview booklet that contains 172 items, a portion of which are repeated inquiries to detect response inconsistencies. The content covers a wide range of psychopathology, as well as symptoms that are unlikely to be true.

In addition to expanded scoring and classification, the SIRS-2 includes:

- A new Spanish-language interview booklet;
- Classification of responses as feigning, genuine, indeterminate, or disengagement;
- Two security templates to block item content for situations when evaluators are legally required to produce item responses;
- A wealth of empirical data to support psychological evaluations closely scrutinized in a court setting;
- Updated malingering literature with special attention to detection strategies and their clinical applications to feigned mental disorders. It combines data from the original SIRS validation studies with more recent research and includes a conceptual framework for understanding feigned mental disorders plus explicit instructions for administration, scoring, and classification.

Both versions of the SIRS were authored by Richard Rogers, Ph.D., ABPP, one of the founding fathers of the field of clinical-forensic psychology. Additional authors of the original SIRS include: R. Michael Bagby, Ph.D., and Susan E. Dickens, M.A. Additional authors for the SIRS-2 include: Kenneth W. Sewell, Ph.D., and Nathan D. Gillard, M.S. The SIRS-2 may be purchased online through its publisher, PAR Inc. PAR Inc. was founded in 1978, and is the publisher of assessment instruments, software, and other related materials. Visit: parinc.com.

IN BRIEF

Alabama. After serving his prison sentence for rape, an Alabama inmate recently tried to find a place to live. But with no fixed address and no family or friends able to take him in, Alabama's sex offender law kept him behind bars. When it came time for him to leave the Kilby Correctional Facility near Montgomery, he was re-arrested because he couldn't give officials an address where he would be living. In 2009, probation officers in Georgia had to find temporary housing for nine homeless sex offenders who were kicked out of a make-shift tent city in suburban Atlanta. Mississippi has a law similar to Alabama's but it gives sex offenders 10 days to find a permanent residence after they are released. In California, sex offenders are allowed to register as "transient" if they can't find housing. State's attorneys in the Alabama's Office of Attorney General have argued in court briefs that the Alabama law does not require a specific address and inmates can say they are going to live on a park bench or under an interstate overpass, as long as they remain the required distance from schools and police know where to find them. The Alabama's Attorney General denies claims that the Alabama law is an attempt to give homeless sex offenders life sentences.

ASSOCIATION UPDATES

ASSOCIATION'S REVISED STANDARDS IN A SPECIAL ISSUE OF *CRIMINAL JUSTICE AND BEHAVIOR (CJB)* AND THE UPI

Our Association revised standards were published in a special issue of *Criminal Justice and Behavior (CJB)*, July 2010. An article by the United Press International (UPI) further describing our new standards generated several e-mail questions and comments. We thought that it might be of interest to provide a couple of selected e-mails here and how the IACFP President responded to them.

From Richard Gill, *The National Psychologist (TNP)* to Dr. John Gannon:

Here is part of an article that ran in a Los Angeles paper: "New York's Riker's Island, Chicago's Cook County Jail, and the Los Angeles County Jail are the largest mental health institutions in the nation, a study found.

Members of the International Association for Forensic and Correctional Psychology (IACFP) say 15% of the inmates of those three jails are mentally ill, making penal institutions—not hospitals—the three largest U.S. mental health institutions. The IACFP charged a committee to revise their psychological standards for jails, prisons, correctional facilities and agencies, which were first published in 1980."

We find it very interesting that the majority of mentally ill people are behind bars. I think that's astonishing. Are these confirmed mentally ill? Or is this a guess?

As an expert in the field of correctional psychology, the paper is hoping you would write an article describing the "terrible conditions" that exist in jails. The number must run into the thousands. It is not possible, is it, to care for that many people, even diagnosing would present a problem?

Are there any suggestions of what to do about this huge and perhaps dangerous, problem. The number can only continue to grow unless something is done to prevent mentally ill people from being dumped into correctional facilities. What are some of the most serious problems that exist once a mentally ill person is thrown in jail? Is there anyway to separate them from the rest of the prisoners?

Should a committee propose several ways to limit or even eliminate the problem, will its suggestions be followed. I don't know how many people they are talking about in the top three jails, New York, Chicago, and Los Angeles. Of course, there are other institutions around the country, especially in California.

What in the world can be done? Just how serious is the problem now, and how serious will it become if something is not done?

The story does not have to be long, 700 to 800 words, up to 1,000, if necessary. If you consent to do the story, which I certainly hope you do, please also send a brief bio and a photo of yourself. I am very eager to hear from you, and even more interested in reading your views on the matter.

Sincerely
Richard E. Gill
***TNP* Writer/Editor**

To Richard Gill:

Unfortunately, the UPI release as written up in the paper was a little misleading. The problem of the numbers of mentally ill individuals extends beyond our jails and into our prisons. The challenges in meeting the needs of mentally ill inmates in jails and prisons extend way beyond most facility's ability to meet them.

Generally, litigation has been the primary means by which states have been leveraged into providing increased mental health services, but it's a tough haul, particularly in our damaged economy. It takes money, and lots of it. Wisconsin alone spends well over 6 million dollars a year just on psychotropic medications for mentally ill prisoners. County budgets are also often strained because of the need to provide care for jail inmates. There are undoubtedly other states (e.g., California) whose medication budgets far exceed Wisconsin's.

However, this is all the current point of a complex trend that has been slowly evolving for 30 - 40 years, and although some folks have tried to draw this trend to the attention of policy makers, as well as offer possible solutions, their efforts have been generally without substantive results. Now, based on surveys of our currently incarcerated population of over 2 million folks, the general consensus is that we have approximately 300,000 (about 15%) mentally ill offenders incarcerated in our jails and prisons. This is not exactly a guess, but it's not an accurate count either. It often varies with the region and the facility; in some places it is significantly higher, in others, lower. Overall, however. I believe 300,000 is a rather conservative estimate.

To answer your question, it is

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ASSOCIATION UPDATES

ASSOCIATION'S REVISED STANDARDS (Continued from page 12)

not possible to provide adequate mental healthcare for all these individuals. Often only the most seriously ill are attended to. Can they be separated from the rest of the population? Sometimes yes, sometimes no; that depends on variables I don't have time to talk about now.

The cost of treating these many offenders is immense, and often inflates correctional budgets. Unfortunately, the traditional mental insitution is no longer a realistic resource for many of these individuals.

Security problems and suicide are among some of the problems associated with our current process. Litigation occasionally follows an inmate suicide. Another problem is that many of these inmates are released back into their communities without the necessary resources to provide them continuing mental health treatment. Many often end up again in jail or prison; some, deliberately to access mental healthcare they can't get in their community.

As to what in the world can be done? That's a good question with no answer sufficiently good that it would satisfy the majority of stakeholders in the outcome. It's a complex process that has been highly politicized. Although some states are trying to address these difficulties, it will continue to become more serious as time goes on unless some substantive alternatives are developed. So far, that hasn't happened. However, primarily because of litigation, some states have significantly improved their services to mentally ill individuals in jails and prisons, but that too varies by locale. "Terrible conditions" don't exist in all jails, or even jails in general...but there are facilities that need a lot of help and money to provide better care for mentally ill offenders, and the money is often simply not there.

That aside, there is much that remains to be done to successfully address this national problem. As to writing a story about it, we might discuss that. I'd be happy to be a part of the process if that seems useful. Gotta' run. Happy to discuss all this further as time permits.

My best,
Richard Althouse, Ph.D.

From Kathryn Wiley, Prison Fellowship to Dr. Robert Smith:

We read with interest (as well as horror and sadness) the following news item from UPI reporting on a recent report from IACFP that: "New York's Riker's Island, Chicago's Cook County Jail, and the Los Angeles County Jail are the largest mental health institutions in the nation, a study found." One of our senior VPs would like more information on the topic. Is there any way you could send us a link or a pdf? Thanks so much for your work in the area of mental illness in the criminal justice system. We too, as you may know, are very involved in promoting and advocating change. Thank you, I look forward to hearing from you.

Kind regards,
Kathryn Wiley

To Kathryn:

In the UPI story, they correctly note that Rikers Island, and the Los Angeles and Cook County Jails have been referenced as the nation's leading mental health institutions. However, the reference to a study was not in our original SAGE press release. Consequently, there is no link or pdf file to pass on.

The reference source in the preamble to our standards was from Fred Cohen's article: "Train Your Cops or Else" in *Correctional Mental Health Report*, published in 2007. I've seen similar references to Rikers Island, the Los Angeles and Cook County Jails in a number of different articles over the past few years, although I don't have specific publications at hand. To the best of my knowledge, nothing has changed.

This is not surprising. As far back as 1999, estimates of mentally ill inmates in our jails ranged from 30-40,000 up to between 600,000 and 1 million, depending on how the percentage was calculated (e.g., see "American Jails: Looking to the Future," by K. Kerle, referenced by Marty Drapkin in his work *Management of Jail Inmates with Mental Disorders*, Civic Research Press, 1999, 1-2). These numbers are the result of changes in America's social policies back in the 1960s, resulting in the deinstitutionalization of many of our mentally ill and a significant reduction in the number of mental health facilities. As a consequence, many mentally ill individuals who may have previously been referred to a mental health facility instead became involved with our correctional system.

Since jails are generally the first line of incarceration, it is not surprising that the numbers of mentally ill jail inmates grew accordingly. Since the Los Angeles and Cook County Jails are the largest in the country, the math is pretty straightforward despite some complexities with the research. This is a situation

(Continued on page 14)

ASSOCIATION UPDATES

ASSOCIATION'S REVISED STANDARDS (Continued from page 13)

that many smaller jails across the country experience as well, and often without adequate resources to meet the associated challenges.

I'm sure that you can find other sources related to this topic online (e.g., the Bureau of Justice Statistics). Hope my response was helpful. If you have any additional questions about this, please don't hesitate to contact me.

My best,
Richard Althouse, Ph.D.

ERRATA

There were errors and other problems in the July 2010 issue of *The Correctional Psychologist (TCP)*. On page 7 of that issue, Naglich's article had the banner "IN BRIEF" instead of "ARTICLE" and her e-mail address was incorrect. Figure 1 in her article on page 7 had press problems and the contrasts in the Figure were faded in several copies. Also on page 7, in the Suppa, Grayson-Luzier, and Linton article, the banner should have read "ARTICLE" instead of "ITEMS OF INTEREST." In Mellen's and colleagues' article on page 18 of that issue references were incorrectly cited. Because of these errors and problems, we are reprinting Ruth Naglich's article in this issue and the complete corrected "REFERENCES" section for Mellen's and colleagues' article as well. We regret the errors and problems and apologize. Ruth Naglich's article and Mellen's and colleagues' corrected "REFERENCES" section follow.

ARTICLE

RISING COST OF CORRECTIONAL HEALTHCARE

Ruth A. Naglich, BSN—*Contact: ruth.naglich@doc.alabama.gov*

The majority of law abiding, taxpaying citizens do not generally think about how healthcare is provided, or who provides and pays for the healthcare needs of the criminals that they so desperately want locked up and off their streets. However, when state correctional facilities receive an individual for their first incarceration; for many of them this is the first time in their life that they have received professional medical or mental health services.

The U.S. Bureau of Justice reported in midyear 2008 that state and federal prison authorities had jurisdiction over 1,610,446 prisoners: 1,409,166 in state jurisdictions, and 201,280 in the federal jurisdictions. In 2008, national healthcare spending was estimated to be $2.2 trillion (16.3%) of the nation's Gross Domestic Product (GDP). In addition, and as indicated in Figure 1, the Centers for Medicare and Medicaid Services (2008) indicate that the amount spent on healthcare in the United States is expected to nearly double to $4.3 trillion (19.5% of GDP) – $1 of every $5 spent – by 2017.

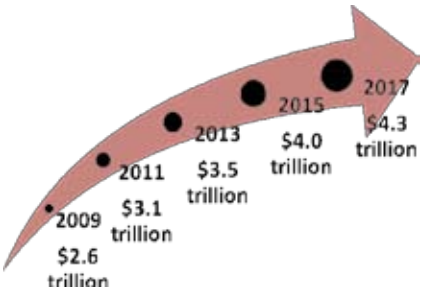

Figure 1: Projected U.S. Healthcare Spending

The responsibility of providing access to all medical and mental healthcare needs for over 1.6 million individuals is a fiscal and physically daunting task. This is the on-going challenge that correctional administrators and correctional healthcare professionals face every day. Thirty-one of 38 U.S. correctional systems responding to an October 2009 *Corrections Compendium Survey* said that their budgets for providing inmate healthcare had continued an upward trend. Ensuring healthcare for those who are incarcerated is no small task in this time of ever-increasing healthcare costs; however, many correctional officials have found sound solutions.

Through the implementation of continuous inmate healthcare education, chronic-care clinics and a strong practice of preventive medicine, many states are seeing a slower rise in the year-over-year increase in their healthcare cost. In addition, appropriate risk sharing contracts for professional correctional healthcare with the private sector, have assisted many states

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ARTICLE

RISING COST (Continued from page 14)

in minimizing their year-over-year increases. For example, in 2003, the Alabama Department of Corrections (ADOC) made the decision to invest in an infrastructure to support and monitor inmate healthcare needs. This was after a number of costly lawsuits surrounding healthcare and years of unpredictable budgeting for health cost. A collaborative approach between the state and the private sector resulted in a system to manage costs appropriately for the state, while at the same time, improving healthcare services for the ADOC offender population. The breadth of clinical data tracked, analyzed, and reported enables the state to manage care more efficiently, identify potential catastrophic cases early, and predict our costs accurately. Since 2006, the ADOC's year-over-year budget increases have remained at 6% or less, versus 10%-15% that was experienced in the previous 5 years. The ADOC's commitment to support this pro-active approach has demonstrated that good healthcare is cost effective.

Ruth A. Naglich, BSN, is Associate Commissioner of Health Services, Alabama Department of Corrections, Montgomery, Alabama.

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Corrected "REFERENCES" section for Mellen's and colleagues' article from the July 2010 issue of *TCP.*

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CONFERENCES

12th Annual International Corrections and Prisons Association AGM and Conference, Ghent, Belgium, October 24-29, 2010. The Belgium Public Federal Service of Justice will host ICPA's 12th AGM and Conference at Het Pand in collaboration with Ghent University Institute for International Research on Criminal Policy. Contact: icpa.ca.

18th Annual International Community Corrections Association Research Conference on What Works in Community Corrections, Louisville, Kentucky, October 31-November 3, 2010, The Galt House and Suites, Louisville, Kentucky. Contact: janebrowning@iccaweb.org.

Citizens United for Rehabilitation of Errants (CURE). The 5th International Conference: Human Rights and Prison Reform, February 21-24, 2011, Abuja, Nigeria. Sponsored by International CURE. Co-sponsored by Jane Addams College of Social Work in Chicago and the Open Society Justice Initiative in New York City. Contact: cure@curenational.org.

The 2nd North American Correctional and Criminal Justice Psychology Conference, Toronto, Ontario, An International Meeting of Minds for Correctional Excellence, June 2-4, 2011, Sheraton Centre Toronto Hotel. Co-sponsors are the Criminal Justice Section of American Psychological Association's Division 18 and the Criminal Justice Section of the Canadian Psychological Association. For more information and paper submission guidelines, contact: tinyurl.com/ddobyv.

19th Annual International Community Correctional Association Research Conference on What Works in Community Corrections, September 18-21, 2011, John Ascuaga's Nugget Hotel, Reno, Nevada. Contact: jane browning@iccaweb.org.

ITEMS OF INTEREST

Edited version of an article titled "U.S. Would Rather Punish Than Cure Cons" by Tony Norman, *Pittsburgh Post Gazette*, July 2, 2010.

Other than their egregious history of colonialism, impenetrable regional accents and soccer hooliganism, the British have a well-earned reputation for being very, very civilized. Quite! This week, British coalition government Justice Secretary Kenneth Clarke demonstrated exactly how civilized—and inexplicably rational—a capitalist country can be when confronted with a seemingly intractable social problem like a bloated prison system it can no longer afford.

"More than half of the crime in this country is committed by people who have been through the [criminal justice] system," Mr. Clarke said on the BBC's Radio 4. "We must now take action and shut off this revolving door of crime and re-offending."

Clarke's plan to dramatically cut the number of recidivists in the United Kingdom includes paying private companies for successfully rehabilitating chronic offenders and introducing more open sentencing options that target the causes of crime and recidivism. "There are some nasty people who commit nasty offenses. They must be punished, and communities protected," Mr. Clarke said. "But just [locking] up more and more people for longer [periods] without actively seeking to change them is what you would expect of Victorian England."

With that, the justice secretary announced that British Prime Minister David Cameron's government has committed itself to a radical change in prison policy in the name of justice and fiscal sanity. The cost of prison incarceration in England and Wales is the equivalent of $57,000 per person -- more than the annual tuition of the most prestigious prep school in that class-conscious country.

The British have decided to shake up their criminal justice system because they're better at math than Americans. They understand that the cost of warehousing prisoners is economically unsustainable. The population of prisoners in England has doubled since the early 1990s.

So, how many prisoners do you think it takes to cause the citizens of the country where the modern penal system was born to re-evaluate their approach to crime and punishment? As of May, exactly 85,201 prisoners are responsible for generating this bout of national soul-searching and belt-tightening. By contrast, America has more than 2 million souls rotting in prisons that range from concrete roach motels to dilapidating hellholes at an average cost of $29,000 per prisoner annually.

Very little, if any, rehabilitation is offered in American prisons because our vengeful sense of morality dictates that incarceration always be the most soul-crushing experience imaginable. There must never be an opportunity for penance in an American penitentiary. Only an accelerated loss of personhood, an ever present threat of rape and a brutally enforced culture of spiritual and intellectual indolence is tolerated. After all, rehabilitation is a con job—a luxury imposed on taxpayers by mushybrained liberals. Never mind that most people in our overcrowded prisons are there because of non-violent offenses like drug possession. Under no circumstances must a convict leave prison with anything resembling a skill necessary to make a living in the outside world.

God forbid a prisoner gets a "free education" behind bars while law-abiding families have to take out usurious college loans. Consequently, American convicts come by their nearly 68% recidivism rate honestly. So far, the British government's intention to embark on meaningful prison reform has attracted very little notice on this side of the Atlantic. In many ways, we're doomed to be at least a half-century behind our British cousins when it comes to instituting sensible and humane reform. Eventually, we'll have to reconsider our prison policies because the cost of maintaining them is too prohibitive.

Our former colonial masters shut down the Atlantic slave trade and outlawed human bondage long before we gave up the taste for free labor, but they also insisted on maintaining their globe-spanning empire longer than was sensible. Even Anglophiles will concede they did a lousy job assigning arbitrary borders in the Middle East, South Asia, and Africa.

What do you think about Norman's comments regarding our justice and correctional systems? If you think that he is right, what's the best course of action for appropriate change? Send your comments to: smithr@marshall.edu. With your permission, we will publish them in *The Correctional Psychologist.*

ASSOCIATION UPDATES

The International Association for Correctional and Forensic Psychology Institute. The mission of our Institute of Behavorial Sciences, Law, and Public Policy is to prepare and assist mental health practitioners to function as service providers and leaders in all areas of criminal justice (as opposed to be relegated to mental health programs alone). It is our belief that psychologists and other mental health professionals should be involved in developing, monitoring, providing, and evaluating programs for staff (hiring, training, etc.) and offender populations.

The Institute focuses on:

(a) Leadership development for mental health professionals in criminal justice agencies to assist in making the behavioral science research (i.e., evidence-based) more relevant to actual practices and policy development.

(b) Assisting in the development of core curricula for forensic mental health (psychology, social work, counseling, etc.).

(c) Working through the details of the "Ecology of Criminal Justice©" as outlined in Dr. Gannon's article titled: "Toward a Sustainable 'Ecology of Criminal Justice©'" and featured in the April 2010 issue of *The Correctional Psychologist*.

IN BRIEF

Kentucky Prison Restricts Pastoral Visits. The Kentucky of Department of Corrections has upset some clergy by renewing enforcement of a previously-ignored policy that limits pastors' access to inmates. Pastors previously had been alerting the prison ahead of plans to visit multiple inmates. Now, clergy must sign up for one of three slots on an inmate's visit list and meet with them one-on-one. The policy change was made after prison officials objected to a pastor meeting with more than one deathrow inmate during a visit to the Kentucky State Penitentiary in rural Eddyville. To help the transition, prison officials allowed inmates to change their visiting lists instead of enforcing the usual 6-month wait for such changes. Along with the rule on pastoral visits, condemned inmates were required to cut down their visitor lists to three people after years of being allowed to meet with people, mainly pastors, not on the pre-approved list.

Pennsylvania. A bill is under consideration to authorize the Pennsylvania Supreme Court to institute rules for establishing problem-solving courts and to appoint a statewide problem-solving courts coordinator and advisory committee. Such a measure would allow local courts to apply for federal start-up grants. Courts could develop local rules as long as they are consistent with the legislation and U.S. Supreme Court rules.

Georgia. The Georgia Supreme Court has ruled that prosecutors cannot use results of a murder suspect's court-ordered psychology test against him. Such a test should only be ordered if the defendant intends to enter expert mental health testimony or if there is question as to the defendant's competence to stand trial. The decision, said a Bibb County judge, erred in ordering the test at the request of prosecutors.

A New Survey. A recent survey from the Treatment Advocacy Center and the National Sheriffs' Association shows that Americans with severe mental illnesses are three times more likely to be in jails or prisons than in psychiatric hospitals. In less than 3 decades, the percentage of seriously mentally ill prisoners has almost tripled from about 6% in 1983 to about 16% in 2010, and 40% of individuals with serious mental illnesses have been in jails or prisons at some time in their lives.

From Citizens United for Rehabilitation of Errants (CURE). There are 10 million people incarcerated in the world. About 3 million are behind bars awaiting trial. This problem affects the poor who are more likely to be arbitrarily arrested and unable to afford legal assistance. Over half of the 10 million prisoners in the world are either children, juveniles, or young adults.

Washington, D.C. Our President recently signed a bill reducing the disparity between federal mandatory sentences for convictions for crack cocaine and the powder form of the drug. Obama's signing of the bill was open to news photographers but not the rest of the media. The quarter-century-old law that Congress changed with the new bill has subjected thousands of Blacks to long prison terms for crack cocaine convictions while giving far more lenient sentences to those, mainly Whites, caught with the powder.

IACFP Ethics Hotline. An anonymous service for correctional and forensic practitioners. You do not have to be a member of IACFP to use the service. For more information, visit: ia4cfp.org.

(Continued on page 19)

Encyclopedia of Victimology and Crime Prevention

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IN BRIEF

(Continued from page 17)

Prometheus in Prison. Prometheus in Prison presents scenes from Aeschylus' Prometheus Bound as a catalyst for town hall style discussions amongst diverse groups of corrections professionals about the challenges and rewards of working within the criminal justice system. The objective of Prometheus in Prison is to engage the corrections community, from food service workers to mental health professionals, case workers, corrections officers, and wardens, in constructive dialogue about core values, best practices, and institutional missions. The program serves as an interactive training tool that, through an ancient story, forges a common vocabulary for addressing and overcoming obstacles faced by all corrections professionals. Since August 2009, the program delivered four performances to corrections staff at male and female facilities in the state of Missouri. There was a performance also at the American Correctional Association meeting in Chicago in August, 2010. For more information about Prometheus in Prison, including a short video and a Missouri Public Radio interview, visit: prometheusinprison.com.

IN MEMORY

Allen Hess, Ph.D.

Professor Allen Hess, Ph.D., passed away January 26, 2010, from an apparent heart attack and is survived by his wife Cathy and three children, Tanya, Clara, and Joel. He was 64. He served with distinction as head of the Auburn University at Montgomery, Alabama, (AUM) Department of Psychology from 1988-2003 and was honored as a Distinguished Research Professor there in 1995. From 2003 until his death he primarily taught at AUM. He had been a professor at Auburn University in Auburn for 12 years prior to his tenure at AUM.

Allen was also an outside consultant and contributor to several Alabama and other states' mental health systems and to various courts, testing defendants for competency and insanity. He served as our Association's President from 1983-1985, as Editor of *Criminal Justice and Behavior (CJB)* from 1987-1992, and was on *CJB's* Editorial Board from 1992 until his death. Allen also served as official Editor (dates uncertain) and always, as an unofficial Editor of *The Correctional Psychologist (TCP).*

The current head of the AUM Psychology Department pointed out that Allen had made a greater impact on their department than anyone else in the history of AUM. The department head went on to point out that Dr. Hess brought national attention to AUM through his significant publication record. Allen earned his bachelor's degree from the City College of New York and his master's and doctoral degrees from the University of Kentucky. Among his many scholarly publications was *The Handbook of Forensic Psychology* through Wiley and two editions of *Psychotherapy Supervision* through Wiley, as well.

As a teacher, he had the ability to both academically challenge and entertain. Students at both campuses of Auburn remarked that he was not only human in the classroom, but, as one student put it, "...he would treat us like we were human, as well." Students pointed out that he would joke in the classroom and tell them stories about what he did when he was their age. One student remarked that "...Dr. Hess never sounded, for a moment, like he looked down on you."

He unselfishly provided his professional advice to many former and current IACFP officers and board members over the years. He was a good man and unusually generous with his time. Allen was our colleague and an ambassador in the field of psychology, in general, and forensic psychology, in particular. We truly regret that he is no longer with us and we will miss him dearly.

U.S. Department of Justice

Federal Bureau of Prisons

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Clinical/Counseling Psychology

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The Federal Bureau of Prisons is recruiting doctoral level clinical or counseling psychologists, licensed or license-eligible for general staff psychology and drug abuse treatment positions.

Entry level salaries range from $57,000 - $89,000 commensurate with experience, and benefits include 10 paid holidays, 13 annual leave and 13 sick leave days per year; life and health insurance plans; and in most cases, clinical supervision for license-eligible psychologists.

The Bureau of Prisons is the nation's leading corrections agency and currently supports a team of over 400 psychologists providing psychology services in over 100 institutions nationwide.

Interested applicants are strongly encouraged to contact the following Regional Psychology Services Administrators to learn more about the application process and potential vacancies.

Mid Atlantic Region	Robert Nagle, Psy.D.	(301) 317-3224
Northeast Region	Gerard Bryant, Ph.D.	(718) 840-5021
South Central Region	Ben Wheat, Ph.D.	(214) 224-3560
Southeast Region	Chad Lohman, Ph.D.	(678) 686-1488
Western Region	Rich Ellis, Ph.D.	(209) 956-9774
North Central Region	Don Denney, Ph.D.	(913) 551-8321

For more detailed information on these regional vacancies, please visit our website at: bop.gov and go to careers, clinical psychologist.

Public Law 100-238 precludes initial appointment of candidates after they have reached their 37th birthday. However, waivers can be obtained for highly qualified applicants prior to their 40th birthday. To qualify for a position, the applicant must pass a background investigation and urinalysis. The Bureau of Prisons is an Equal Opportunity Employer.

ASSOCIATION UPDATES

IACFP BIENNIAL ELECTIONS: NOMINATION AND VOTING PROCEDURES

It is time for IACFP biennial elections and the Nominating Committee is open for names of nominees. There are two open positions, President Elect and Secretary/Treasurer and, so far, two nominations for these positions have been received. Ed Dow, Ph.D., has been nominated for President Elect and David Randall, M.B.A., our current Secretary/Treasurer, has been re-nominated for that position.

Ed Dow, Ph.D., is a specialist in advanced criminal behavior modeling and risk assessment. He is a former psychologist with the Wisconsin Department of Corrections and he has had considerable experience working with our Association as a Board member. David Randall, M.B.A., is a consultant for operations and management and former contract manager and supervisor for the Office of Health Services, Florida Department of Corrections. As Secretary/Treasurer, David has provided our Association with the requisite reviews of our financial and procedural rules, policies, and transactions.

- You must be a member of IACFP to nominate, second, and vote for candidates.
- Nomination filing deadline is by noon, October 24, 2010.
- Send your nominations to: smithr@marshall.edu, the Nominating Committee Chair.
- Nominations need to be seconded by another person.
- All names of nominees will appear in the January 2011 issue of *The Correctional Psychologist (TCP),* along with directions for e-mail voting.

Robert R. Smith, Ed.D.
The Correctional Psychologist Executive Editor
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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

"THE VOICE OF PSYCHOLOGY IN CORRECTIONS"

The IACFP is a non-profit, educational organization in service to mental health professionals throughout the world. Many of our members are doctoral level psychologists, but neither a Ph.D. nor a degree in psychology is required for membership. If you are interested in correctional and forensic issues, we welcome you to the Association.

APPLICATION FOR MEMBERSHIP

Name: _____ Title: _____ Application Date: _____

Please check mailing preference:

___Home Agency _____

Address: _____ Address _____

City/State/Zip _____ Address _____

Educational Achievement:

Institution	Major	Degree	Year

Brief Description of Work Experience:

_____

_____

_____

The membership fee for IACFP is $75 for 1 year or $125 for 2 years, paid at the time of enrollment or renewal. Membership includes four issues of our newsletter, The Correctional Psychologist, and 12 issues of IACFP's highly-ranked, official journal, Criminal Justice and Behavior. Membership also includes electronic access to current and archived issues of over 65 journals in the Sage Full-Text Psychology and Criminology Collections.

The easiest way to join IACFP, or to renew your membership, is through our website at ia4cfp.org. However, if you prefer, you may also join by mailing this form, with payment payable to IACFP, to our journal publisher, Sage Publications. The address is: Shelly Monroe, IACFP Association Liaison, Sage Publications, 2455 Teller Rd., Thousand Oaks, CA 91320

If you have questions about missing or duplicate publications, website access, or membership status, please contact Shelly Monroe at shelly.monroe@sagepub.com or at (805) 410-7318. You are also welcome to contact IACFP Executive Director John Gannon at jg@ia4cfp.org or at (805) 489-0665.