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THE INCARCERATED VETERAN WITH PTSD

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"One million U.S. veterans are in prison, and 18 commit suicide every day" (Johnson, 2011).

"I wanted to eat a bullet every single day," Hernandez, war veteran said (Stock, Wagner, Peredes, Escamilla, & Carroll, 2012).

Not along ago, I met with a 30-something married veteran, father of two children, who, having been injured during his last deployment in Afghanistan, was returned to the U.S. and transitioned through the various programs designed to assist veterans returning to civilian life. He was medically discharged with, among other challenges, a diagnosis of post-traumatic stress disorder (PTSD). It was not an easy transition for him, and although he received some mental health services through the military transitioning process and a local VA hospital, he continued to have other coping challenges (e.g., hyper-vigilance,



RICHARD ALTHOUSE

chronic anxiety, social and marital difficulties). He explained that he still experienced sleep problems, hyper-vigilance,

paranoia, was still sensitive to loud noises, and still needed to keep doors in restaurants in view. However, these were not his primary concerns. His primary complaint? "I can't find meaning in civilian life." While he acknowledged both the terror and excitement of combat, after his deployment back to the States and the transition into civilian life, he continued to feel lonely, depressed, and preferred to spend most of his free time by himself. He experienced a loss of sexual interest, developed erectile dysfunction, and a chronic affective disengagement from and disdain for the everyday affairs of his family, his friends, and civilian life in general. As a consequence, his marriage was in trouble, and his children were allegedly experiencing some fear of him. His wife shared that he was "no longer the man I married."

Not long afterwards, I had occasion to meet with a veteran of the Korean conflict who experienced the loss of a number of other Marines over which he had responsibility. He, too, discussed the remaining PTSD residuals of his time in the military, some 60 years earlier. He talked about his guilt over watching young soldiers being killed, needing to "check the perimeter" of his property and security of his house every night before he went to bed, and not liking

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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

INCARCERATED VETERAN (Continued from page 1)

the sound of fireworks. But more than anything else, he shared the deep sense of existential loneliness he continues to feel as a civilian, realizing no one in civilian life, even his closest friends and family, could understand the emotional impact his military experiences had and continue to have on his daily life, his recollections of and guilt over seeing others killed, killing others himself, being hyper-vigilant, and his sense of himself as he continues to view himself as a trained killer; this is why, he explained, as he quietly looked at his hands resting on the table between us, he tries never to get angry at someone else.

The background of Marine veteran Anthony Hernandez is similar, but had a different outcome. Similar to the veteran first described above, Anthony returned with diagnoses of PTSD, traumatic brain injury, anxiety, depression, and alcohol addiction. Two years following his return from the Iraq war, he reportedly fought the urge to kill himself on a daily basis. He remained hyper-vigilant, felt threatened by his own community. He couldn't sleep, his marriage fell apart. Not feeling comfortable with anyone except fellow Marines, he was unable to cope with civilian life. During an argument with his new girlfriend's father, Anthony stabbed him multiple times. Only a combat flashback kept Anthony from killing him. Anthony was jailed and charged with attempted murder (Stock, et al., 2012). While these three veterans have many combat experiences in common, the stark difference between them, some 50 years apart in ages, is that two avoided being incarcerated and one did not.

Data have revealed that many returning veterans, like Anthony, eventually become involved with the criminal

Data have revealed that many returning veterans, like Anthony, eventually become involved with the criminal justice system and are incarcerated in jails and prisons around the country.

justice system and are incarcerated in jails and prisons around the country. The statistics are sobering. By 2008, veterans accounted for nine out of every 100 individuals in U.S. jails and prisons, and one study found that among combat veterans of Vietnam with

PTSD, nearly 50% had been arrested one or more times (GAINS Center, 2008). However, after that, the number of incarcerated vets dramatically increased. One source claimed that by 2011, a million veterans were in prison (Johnson, 2011). In

2013, the first national Vet Court Conference in Washington, D.C., focusing on vets involved with criminal justice because of substance abuse and mental health problems, revealed that 700,000 veterans were incarcerated in U.S. jails and prisons (Brevin, 2013). While current data are difficult, if not impossible, to obtain (Stock, et al., 2012; National Drug Court Resource Center, 2012), it is clear that our jails and prisons have experienced an increasing number of combat veterans, many with PTSD. Why is this important to the correctional mental health professional? Because research has shown that PTSD is positively correlated with involvement with the criminal justice system (offending and recidivism) and veterans with PTSD tend to have higher rates of criminal offending than do veterans without PTSD. From their research, Sadeh and McNiel concluded that PTSD should be considered a significant risk factor in assessing and reducing recidivism risk (Sadeh & McNiel, 2015), and so should we.

As the reader may know, PTSD is a complex cognitive/emotional process that involves memory, beliefs, and the emotions of fear, anger, and persistent anxiety, in response to experiencing a great threat to the individual or others significant to the individual (such as those experienced in combat situations). The factual and affective elements of the threat(s) (e.g., smells, sounds, environment background, physical characteristics of a perpetrator) are stored in memory. These stored elements, as well as their related affective neural correlates, can be re-experienced, triggered by conscious memory and environmental cues directly or indirectly similar to the elements and emotions of the original stressors, resulting in flashbacks, hyper-vigilance, nightmares,

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INCARCERATED VETERAN *(Continued from page 3)*

anxiety and panic attacks, social avoidance behaviors, emotional dysregulation, concentration and memory difficulties, and paranoid perceptions that may border on the delusional (e.g., believing others to be the “enemy”), not to mention depersonalization and derealization, to highlight some common signs and symptoms referenced in the *DSM-V* (American Psychological Association, 2013, pp. 274-275).

For the veteran in a combat environment facing repeated life-and-death situations, these distressing symptoms can have deadly consequences. For the similarly afflicted veteran in civilian life, they can lead to a multitude of mental disorders and antisocial behaviors (e.g., depression, anxiety, social isolation, alcoholism, drug dependence, domestic abuse, community violence) that can destroy the individual’s ability to cope with civilian life, and eventually result in being incarcerated, being shot or killed by police or others, or committing suicide (Johnson, 2011). These problems can be especially acute for the incarcerated veteran with PTSD experiencing guards, loud noises, shouting, physical threats, difficulty sleeping, and whose PTSD responses may result in security violations such as fights, placements in segregation, social isolation, repeated suicide gestures, attempts, or completions. Hopefully, however, the individual would first be referred—perhaps to you—for clinical attention.

Treatment Challenges

If you are the one sitting across from an inmate/vet troubled with PTSD, would you know what to do and why? Do not be too self-critical if you wouldn’t know. For the time-pressed or less experienced clinician, it may seem inviting to disaggregate the signs and symptoms of PTSD and treat them separately (e.g., a depressive disorder, an anxiety or panic disorder, a sleep disorder,

polysubstance dependence, cannabis abuse, alcohol dependence, etc.) rather than as a cohesive unit, and overlook the existential aspects of combat-based PTSD. From my analysis of the literature, such a disaggregation would be a treatment mistake. In my opinion, treatments for the variety of signs and symptoms that often accompany combat-related PTSD require special training that would include becoming familiar with the neurobiological correlates of the disorder. Without that understanding, treatment would likely be protracted, frustrating, and ineffective, with an increased chance of recidivism. Consequently, it should not be undertaken by mental health professionals who have not been sufficiently trained. It is perhaps even more difficult for mental health professionals never having been in combat or similar stress situations since the difference in experience can be a rapport-building barrier.

Understanding some of the neurological and biological underpinnings of PTSD helps explain why. First, the evolutionary purpose of our neural responses to threat is to cognitively and emotionally establish that event in memory so we can avoid similar future threats. Primary (but not exclusive) neurotransmitters are glutamate, an excitatory neurotransmitter related to the feelings of fear and anxiety, and gamma-aminobutyric acid (GABA), an inhibitory neurotransmitter that can inhibit glutamate and reduce a sense of fear and anxiety (Reul & Nutt, 2008). The component facts of the traumatic event are most likely neurologically stored in the cortex, the memory of the place of the event is thought to be dependent on encoding in the hippocampus, and emotional components require the involvement of the amygdala and other stress-related response areas. All areas of our brain involved in the experiencing of the event (e.g., visual, auditory, motor, cognitive) as well as the glutamate-activated systems triggered by the

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INCARCERATED VETERAN *(Continued from page 4)*

traumatic event become an organized unit that is not easily inhibited by the normal GABA responses of those regions to the triggers of those memories. Thus, activating and establishing GABA systems, such as those in the prefrontal cortex, to help the individual respond more normally to the triggering memories and environmental cues that maintain PTSD is a treatment challenge.

This challenge can be made more difficult because of the differences among individuals' experiential predispositions to being vulnerable to developing PTSD. For example, recent research has revealed that individuals who have experienced childhood traumas and heightened immune reactivity with higher levels of cortisol-triggered inflammation seem to be more vulnerable to developing PTSD as adults. There is speculation these early childhood experiences might result in reduced neuronal cell volume and related functionality of areas in the prefrontal cortex responsible for executive function, self-control, and self-awareness. Researchers have hypothesized it is because early childhood traumas alter the expression of genes involved in how the body later responds to stress, threats, injury, and infection (Velasquez-Manoff, 2015). Not surprisingly, some research has also strongly implicated an overactive amygdala in individuals vulnerable to PTSD (Velasquez-Manoff, 2015). This suggests that just attending to and treating the most recently experienced traumatic combat events may not get the best outcomes as the individual may remain biologically vulnerable to over-responding to future traumatic events. So, in order to be maximally effective, treatment options have to take into consideration and influence the various neurological and biological subsystems at work prior to and after the most recent memory stressors that drive and maintain the disorder.

Treatment Options

The goals of treating the combat veteran with PTSD are twofold: (a) to reduce the signs and symptoms of PTSD, and (b) to enable the individual to again find meaning and involvement in civilian life to minimize the likelihood of recidivism. A quick review of the literature reveals that the most common treatment options are cognitive-behavior therapy, possibly combined with selective serotonin reuptake inhibitors (SSRIs), exposure therapy, eye movement desensitization and reprocessing (EMDR), neurolinguistic programming, specific energy therapies, and more recently, biofeedback, mindfulness meditation, and brainspotting techniques. These options can be used separately or in combinations. While no one specific technique will work for everyone, they all should be viewed as efforts to retrain the client's brain-based stress-response mechanisms to be less reactive to the memories that drive the signs and symptoms of PTSD by inhibiting the release of glutamine and stimulating GABA-based systems.

In sum, it is helpful to keep in mind that although many of these incarcerated veterans were perhaps more vulnerable to developing PTSD because of factors not under their control (e.g., early childhood traumas), they nonetheless volunteered to be warriors on our behalf. So, should they struggle to cope with the part of the war they bring back with them and end up in our jail and prison offices, they deserve the best mental health attention we can provide to decrease their risks of recidivism.

References available from the author.

OBAMA SEEKS SHORTER PRISON SENTENCES FOR NONVIOLENT CONVICTS

Calling it an issue America can't afford to ignore, President Barack Obama laid out an expansive vision July 14, 2015, for fixing the criminal justice system by focusing on communities, courtrooms, and cellblocks. He announced a federal review of the use of solitary

confinement and urged Congress to pass a sentencing reform bill by year's end.

In a speech to the NAACP's annual convention, Obama also called for voting rights to be restored

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OBAMA SEEKS *(Continued from page 5)*

to felons who have served their sentences, and said employers should "ban the box" asking job candidates about their past convictions. He said long mandatory minimum sentences now in place should be reduced — or discarded entirely.

"In far too many cases, the punishment simply doesn't fit the crime," Obama told a crowd of 3,300 in Philadelphia. Low-level drug dealers, for example, owe a debt to society, but not a life sentence or 20-year prison term, he said.

With his speech to the prominent African-American advocacy group, Obama sought to put a spotlight on the need for new legislation as he mounted a weeklong push on criminal justice reform. A day earlier, Obama commuted the sentences of 46 nonviolent drug offenders—the most commutations a President has issued on a single day in at least 4 decades.

Upon arriving at the convention, Obama met with a number of former prisoners to discuss their experience reentering society, the White House said. And on July 16, 2015, Obama put a personal face on the nation's mushrooming prison population with a visit to El Reno

Federal Correctional Institution outside of Oklahoma City—the first visit to a federal prison by a sitting U.S. President.

The assertive moves reflected a President eager to wield his executive power during his waning years in office to reduce harsh sentences, cut costs, and correct disparities he said have disproportionately burdened minorities. But as of late, public attention has been piqued by a series of upsetting incidents across the country. In places like Baltimore, New York, and Ferguson, Missouri, tensions between law enforcement and their communities have spilled out into the open, underscoring longstanding concerns among minority communities that they're treated differently in the criminal justice system. Obama pointedly acknowledged that many people in the U.S. need to be in prison—"murderers, predators, rapists, gang leaders"—yet he said that in too many instances, law enforcement is treating young Black and Latino men differently than their White peers.

Excerpted from an article (by Josh Lederman, Associated Press) in the July 15, 2015 issue of the *Ledger-Enquirer*, Columbus, Georgia, page A3.

MANDATORY SENTENCING

DO NON-DISCRETIONARY CRIMINAL PENALTIES MAKE FOR SOUND JUSTICE AND GOOD PUBLIC POLICY?

YES (Otis):

STRONG SENTENCING MAKES US ALL SAFER

It's good to see President Obama and members of Congress take an interest in criminal justice reform, but their emphasis is wide of the mark. The problem is not, as is so often said, that the system is "broken." To the contrary, the criminal justice system is arguably the most successful domestic program in the last 50 years.

Today, we have more than 5 million fewer serious crimes in this country per year than we did a generation ago. We have 10,000 fewer murders. The crime rate is half what it was in the early 1990s, at levels not seen since the Baby Boomers were in grade school. Would that all our domestic programs were this "broken."

It may sound appealing to say that we should become more forgiving, should eliminate sentencing rules for

judges (such as mandatory minimum statutes), and have greater faith in rehabilitation. The problem is that we've tried these things before, for at least a quarter century in the 1960s, 1970s, and part of the 1980s. For our trouble, we got a national crime wave.

Instead of the dramatically falling crime we have today, crime skyrocketed in those years by more than 300%. Whole cities became free-fire zones with the gunplay common to drug dealing. The country had 450 murders a week. What now goes by the name "sentencing reform" is nothing more than an invitation to return to the disastrously failed policies of the past.

The truth is that the great majority of inmates serving long terms are there because of repeat, serious offenses. This is scarcely an argument to start cutting back on

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MANDATORY SENTENCING (Continued from page 6)

sentencing laws that have averted so much misery and saved so much loss for so many innocent people.

What will happen if we start to cut back on incarceration? We're already starting to find out. As the rate of imprisonment has begun to flatten over the last few years, troubling signs are on the horizon. The U.S. Justice Department has warned that we are in the throes of a heroin epidemic. Just in the last year, in cities from coast to coast, the murder rate spiked. Even as things stand, the recidivism rate—the frequency with which released inmates return to crime—is a startling 77%. Is this the time to signal retreat? To cut back on a crime-fighting tool we know works? To tell criminals that they are not the problem, that we are the problem?

Finally, we shouldn't be fooled by the notion that "sentencing reform" will be limited to low-level, non-violent offenders, although it's often advertised that way. Some of the leading pro-reform organizations, such as Families Against Mandatory Minimums, have made it clear that violent offenders also should be included in the windfall.

But even beyond that, we shouldn't be lulled by the talk of nonviolent offenses; nonviolent offenses do incalculable harm. The trafficking and consumption of hard drugs, for example, is one of the most socially destructive enterprises going on in America, even when it comes without direct violence. There's nothing violent going on when a teenage addict slides the needle in his arm, but if he gets the dose wrong, he'll be dead by nightfall. There's nothing violent going on when a 9-year-old is enticed to pose for obscene pictures, but her childhood has been poisoned. There's nothing violent going on when an older couple is swindled out of their life savings, but their hopes for the future are gone.

The siren song of the low-level, nonviolent offender will lead us back to bad old days of the 1960s and 1970s, in which the people least able to defend themselves—children, the elderly, the poor, the addicted, and minorities—will be hurt the most. But make no mistake, we will be hurt. Our system may look broken to the mugger, the meth dealer, or the swindler serving a long sentence he went out of this way to earn, for the rest of us—the 99.3% who are not in prison—it's a system to preserve, not dismantle.

NO (Ring):

EVEN 'LOCK-'EM-ALL-UP' ADVOCATES SEE THEIR ERROR

Defenders of our nation's crummy criminal sentencing laws have relied on just two arguments for the last 20 years: Lengthy mandatory minimum sentences have caused crime to fall and have helped prosecutors persuade guilty defendants to cooperate against others.

These arguments had superficial appeal. Today, however, both arguments have been proven false, and even former defenders of the lock-'em-all-up policies have jumped ship and now back commonsense reform.

First, it simply is not true that passing mandatory minimum sentencing laws will always reduce crime and repealing these laws will increase crime. Yes, Congress and the states passed lots of mandatory sentencing laws in the mid- to late 1980s and the crime rate fell, but that is only part of the story.

A decade or so ago, many of the experts who previously supported prison-heavy policies began to think we had gone too far. Most notably, Professor Steven Levitt, author of the best-selling book *Freakonomics*, estimated in 2004, that more incarceration deserved credit for up to one-third of the crime drop in the 1990s. (Note: Even this estimate means that two-thirds of the decrease was due to other factors.)

Professor Levitt's estimate was higher than that of many other experts, so mandatory minimum defenders cited him frequently. Eight years later, however, Professor Levitt said: "In the mid-1990s, I concluded that the social benefits approximately equaled the costs of incarceration. Today, my guess is that the costs outweigh the benefits at the margins. I think we should be shrinking the prison population by at least one-third."

From the status quo corner, all one heard were crickets. Levitt's new idea appeared nowhere in the tough-on-crime talking points. Of course, no one in Congress was or is proposing to reduce prison populations that much. Even the most ambitious sentencing reform pending in Congress, the bipartisan SAFE Justice Act, would not achieve that target.

Many states began to rethink their mandatory minimum sentencing schemes at the same time Levitt was questioning their utility. Michigan, once home to the

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MANDATORY SENTENCING *(Continued from page 7)*

toughest drug laws in the country, repealed its mandatory minimums. New York, Delaware, and Rhode Island repealed most of their drug mandatory minimums, too. Over the course of a decade and a half, 30 states either repealed or reformed their drug laws. In every state, the crime rate fell, sometimes at a faster clip than it had when mandatory sentences were in place.

The second argument one often hears from defenders of the current system is that mandatory minimums are needed to coerce guilty defendants to plead guilty and cooperate against other criminals. Again, the argument has intuitive appeal; who, when facing a mandatory prison sentence of 10 years, wouldn't do anything in his power to avoid it?

But if this argument were correct, we would expect to find plea-bargain rates for crimes carrying mandatory minimum sentences to be much higher than the plea rates for crimes that don't carry automatic sentences. Alas, that's not what we find. According to the U.S. Sentenc-

ing Commission, the plea rate for drug trafficking, which carries mandatory minimum sentences, is actually lower than the plea rates for manslaughter, larceny, robbery, embezzlement, and counterfeiting, none of which carry mandatory minimums.

Politicians and advocates from across the political spectrum, including President Obama, Senators Ted Cruz, R-Texas, and Rand Paul, R-Kentucky, House Speaker John Boehner, R-Ohio, Koch Industries, the ACLU, the NAACP, and the Heritage Foundation have come together to support commonsense reform. With modest improvements, we can ensure that violent and dangerous repeat criminals continue to get the stiff sentences they deserve while nonviolent offenders get shorter, more proportionate sentences.

Excerpted from an article (Yes by William Otis; No by Kevin Ring) in the July 26, 2015 issue of the *Ledger-Enquirer*, Columbus, Georgia, page B3.

JUDGE: DEATH ROW INMATE GOT 'RAW DEAL' IN MURDER TRIAL

An Alabama inmate who has spent almost 30 years on death row for a murder he denies committing has an unusual supporter in his bid for freedom: A state judge who once represented the man's co-defendant while working as a defense lawyer. Jefferson County Circuit Judge Tommy Nail told the Associated Press in an interview recently he believes Donnis George Musgrove and another man were wrongly convicted of capital murder in 1988, and he hopes a federal court now reviewing Musgrove's appeal corrects the error. "I really think they got a raw deal and I've always felt they were not guilty of this offense," Nail said during an interview in his office.

A judge since 1999, Nail represented David Rogers when Rogers and Musgrove were convicted in the 1986 gunshot killing of Coy Eugene Barron. Both men received the death sentence.

Rogers and Musgrove were best friends and career car thieves, Nail said, but both always denied having any role in Barron's shooting. Nail said he believed their

claims of innocence then and still believes them today, particularly after learning of "eerie" similarities between their trial and the case of Anthony Ray Hinton, another Alabama death row inmate who was freed recently after proclaiming his innocence for years.

The same judge, prosecutor, and forensic expert were involved in the cases against Musgrove and Rogers and Hinton, he said. Each case also involved questionable weapons analysis, defendants with solid alibis, and allegations of prosecutorial overreach, he said.

"I would hope somebody would see all of these things and try to correct them," Nail said. "But it's a very tough process."

Rogers died of natural causes on death row, but Musgrove, 66, is currently asking a federal judge in Birmingham to overturn his conviction and death sentence. He has been on death row for 28 years.

Prosecutors haven't filed written responses to Musgrove's claims, and Attorney General Luther Strange's

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'RAW DEAL' IN MURDER TRIAL *(Continued from page 8)*

office declined comment on Nail's remarks. But the state has defended the conviction since Musgrove's earliest appeals. Barron was shot to death on September 27, 1986. Prosecutors said two men entered his home in the middle of the night and opened fire.

The state's main witness, Barron's wife Libby, initially told police she couldn't identify the killers from the darkened home, and at first she failed to select Rogers and Musgrove out of a lineup, Nail said. She even wrongly identified two plainclothes police officers as the killers, Nail said. "Then, 10 minutes later when the detective talks to her, they bring her back and she positively IDs both of them," said Nail, calling the identification "shaky."

Forensic evidence also was important in the trial.

Prosecutors said a 9 mm shell casing found at the scene of Barron's slaying was linked to a pistol Musgrove used in an assault three months earlier. But later testing showed that the shell casing found at the murder scene was planted and not linked to the crime at all, Musgrove's current attorneys contend.

Jurors heard from a supposed jailhouse informant who claimed Rogers told him about Barron's killing and implicated Musgrove, but the informant later recanted and said he'd been put up to the testimony by police and the late Bob McGregor, an assistant district attorney who also prosecuted Hinton. Given all the questions, Musgrove's federal petition "raises a pretty strong presumption" of innocence, Nail said.

U.S. Department of Justice



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THE MYTH OF MENTAL ILLNESS AND VIOLENCE

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Surveys reveal that the public associates mental illness with violent crime—Claudia Hammond says the evidence suggests otherwise.

On 24 March 2015, Germanwings Flight 9525 crashed into the French Alps, killing all 144 passengers on board and six crew members. In the days that followed, investigators began to suspect that co-pilot Andreas Lubitz had deliberately downed the plane—and when it emerged that Lubitz had a history of depression, some questioned whether pilots with similar mental conditions should be allowed to fly.

Time to Change, a campaign to end mental health discrimination run by the charities Mind and Rethink Mental Illness, issued a statement urging the public to avoid assuming that all people with depression would act as Lubitz had done. The campaign's own statistics suggest such assumptions might be prevalent: they say that more than one-third of the public believe that people with mental health problems are more likely to be violent.



There's a widespread perception associating mental illness and violent crime. (iStock)

Violent crime statistics tell a different story, though. One survey suggested that only 1% of victims of violent crime believed that the incident occurred because the offender had a mental illness. In the UK, between 50 and 70 cases of homicide a year do involve people known to have a mental health problem at the time of the crime—but these perpetrators make up a tiny minority of the 7 million people in the UK estimated to have a significant mental illness at any given time.



CLAUDIA HAMMOND

More than one-third of the public believe people with mental health problems are more likely to be violent. So, people with mental illness are very unlikely to commit murder. But what about more everyday violence? One of the most frequently-cited studies comes from the MacArthur Violence Risk Assessment Study, conducted in 1998 in the United States. More than 1,000 people were followed up every 10 weeks for a year after they left a psychiatric inpatient ward. They were compared with people living in the same neighborhoods who hadn't been in hospital. Generally speaking, there was no difference between the two groups in terms of the levels of violence they perpetrated—unless drugs or alcohol were involved. Both former patients and other people in the neighborhoods

The frustration of incarceration can enhance risk of violence. (iStock)



were more likely to behave violently if they showed signs of substance abuse—and the mental health patients were more likely to begin abusing substances than the other people in the community. But mental illness alone was not enough to make people more violent.

Delusional thoughts are not associated with more violence. There are certain mental health diagnoses which are more associated with violence in the minds of the public at large—psychosis, for example. But again, most people with psychosis are not violent. There are cases where people believe that outside forces have control of their minds, and some early studies found that this could lead to an increased risk of violence, but another

(Continued on page 11)

MENTAL ILLNESS AND VIOLENCE *(Continued from page 10)*

strand of data from the 1998 MacArthur study suggests these kinds of delusional thoughts are not associated with more violence.

So, if there's no connection, why are there higher than average rates of mental health problems, often untreated, within the prison population? There are many factors at work here. Deprivation puts people at a higher risk of committing crimes, and also at a higher risk of developing mental health issues, so it's hard to disentangle all the factors. And those who have examined the issue in detail point out that the figures don't prove that mental health problems actually led the offenders in prison to commit their crimes.

Again, though, substance abuse might be a factor in



Drugs and alcohol are more likely to increase the risk of violence than mental state. (iStock)

the prison figures. Research in 1988 examining arrest rates within a sample of mental health patients found that those with a diagnosis of alcohol or drug abuse were arrested more times during their adult lives.

But, even if people with mental illness don't generally pose a violent threat to people in the community, what about the violence that staff working in locked wards at mental health units can sometimes encounter? In the United States, it's estimated that between 40% and 50% of junior doctors doing stints during their 4 years of psychiatry training will be assaulted at some point.

The trigger for attacks may be frustration, not mental illness directly. Some interesting research conducted in the UK found that such assaults—although frightening for staff—typically don't come out of the blue. The researchers interviewed nurses and patients within a 3-day window following violent incidents and found that in the majority of cases, the violence occurred because the nurse asked the patient to do something that they didn't want to do. In other words, the trigger for these attacks may have been frustration, not mental illness alone. The study showed that only a minority of patients behaved aggressively in the absence of aversive triggers. We can't know for sure whether or not a person without a

mental health problem would react in the same way to such frustrations since this has not been examined.

Successful attempts to reduce the numbers of violent incidents suggest they are not the inevitable consequence of illness. Surroundings make a difference, too. One study found more violence when the environment was noisy and unpleasant. And incidents are more common



A person's surroundings can make assaults more likely. (iStock)
in the evening and early in the morning, so ensuring that there are enough staff available at these times to answer patient questions can help avoid violent incidents.

An intriguing Dutch study involved intervening in one ward for 3 months and comparing the effects with two control wards where things carried on as usual. All patients in the intervention ward were given detailed explanations of how everything works, why doors are locked, when people can leave, when different staff are available, and how to make appointments with psychiatrists. The idea was to lessen as many sources of frustration and uncertainty as possible. The researchers found that the approach did, indeed, lead to a drop in the number of violent incidents on the ward—but curiously, violent incidents became more infrequent on the other two wards as well. The authors suggest that simply recording incidents can make a difference. Perhaps the study got all the staff thinking about how to avoid the situations that lead to violence in the first place.

Of course, there have been individual cases where people with mental health problems have committed violent crimes. On occasion, aspects of the mental illness itself might be a contributing factor; but it's a myth that, in general, people with mental health problems present any more of a threat than anyone else.

References available from the author.

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ILLEGAL FISHING AS TRANSNATIONAL ORGANIZED CRIME

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**TEALE PHELPS
BONDAROFF**

In April 2015, I had the pleasure of meeting Dr. John Gannon while at the 13th United Nations Crime Congress in Doha, Qatar. He invited me to share a short article with the membership on the subject of the report I was launching at the Crime Congress.

The report, "The Illegal Fishing and Organized Crime

Nexus: Illegal Fishing as Transnational Organized Crime," was jointly commissioned by The Black Fish and The Global Initiative against Transnational Organized Crime. The report argues that not only is illegal fishing a form of transnational organized crime, but conceptualizing illegal fishing in this way is vital in order to effectively combat this destructive practice.

Illegal fishing is currently a low-risk, high-return activity, driven by greed, weak governance, poor monitoring and enforcement, overcapacity, overfishing, and diminishing fish stocks. Far from constituting a harmless lack of compliance with regulations, illegal fishing destroys marine ecosystems, threatens food security, harms legitimate fishers, and damages economies and state governance. Because it is largely treated as a regulatory matter, illegal fishing has been permitted to flourish. Perpetrators are levied minimal fines, if at all, and are permitted to continue their illicit and profitable activities, sometimes while continuing to receive government subsidies.

The report presents a wide range of case studies selected from across the globe, to argue that illegal fishing is in fact a dangerous and highly organized form of transnational crime, and one associated with other illegal, violent, and destructive practices. Illegal fishing more than meets the criteria used to describe transnational organized crime. Structured groups of illegal fishers launch multi-vessel fleets on lengthy voyages to all the corners of the globe, with the intent to violate existing laws and regulations. They employ sophisticated and coordinated strategies to launder money and fish, and evade taxes. Along the way,

they enable their activities through the violation of labor and environmental standards, corruption, bribery, and violence. Case studies also reveal connections between illegal fishing and human trafficking and drug smuggling.

As long as illegal fishing is treated as a mere regulatory issue, efforts to combat this destructive practice will remain half-hearted. Conceptualizing illegal fishing as a form of organized crime increases the attention, resources, energy, political will, and levels of international cooperation concomitant with combating a highly dangerous form of organized crime.

One of the more puzzling questions raised by the report is why has illegal fishing been primarily treated as a regulatory issue? Criminologist André Standing suggests this may be due to the methods by which definitions of organized crime are derived, whereby we look to prominent groups to highlight the distinguishing features of organized crime. With impactful circularity, therefore, those studying organized crime gravitate towards the mafia, tongs or yakuza, ignoring highly organized crime in areas such as the fishing industry.

Crime committed by businesses is categorized as white-collar crime, thereby separating it from organized crime. The idea is that gangsters do organized crime and businessmen do white-collar crime. This distinction is supposed to be found in the fact that for one crime is central, for the other, peripheral. However, such a distinction is fictitious.

Many organized criminal groups operate legitimate businesses which may have been established to support money laundering or as fronts, but which became profitable. In the fishing industry and elsewhere, we can see that the business models of many companies are often dependent on violating the law. As can be seen in the case of toothfish poaching in the Southern Ocean, or the legitimate import-export businesses which buy poached abalone in South Africa, these businesses might not be profitable (or in some instances might not even exist) were it not for their breaking the law.

Many fishing companies are incentivized to cut corners to avoid taxes and duties, and when profits depend on maximizing catch sizes, efforts to circumvent or avoid

(Continued on page 13)

ILLEGAL FISHING *(Continued from page 12)*

quotas designed to protect species are often taken. Because illegal fishers have a competitive advantage over fishers who follow the law, it is increasingly the case that breaking fisheries regulations and laws becomes part of fishing companies' business models. The vicious circle which emerges is currently threatening marine ecosystems globally. The distinction between white-collar crime and organized crime is artificial, and is hampering our ability to tackle illegal fishing.

Ultimately, the way that we conceptualize illegal fishing directly impacts how this serious problem is addressed. Treating it as a form of transnational organized crime is a vital step to combating this serious threat to marine ecosystems and global food security. A full copy of the report can be found at http://theblackfish.org/Fishing_Crime.pdf

References available from the author.

MORE NEWS

NEW EXECUTIVE DIRECTOR OF THE COOK COUNTY JAIL

Nneke Jones Tapia, Psy.D., has been appointed Executive Director of the Cook County Jail, the second largest such facility in the United States. She is the first psychologist in charge of a major correctional institution. Tapia has worked at the sprawling corrections facility for 2 years and was in charge of creating programs to help the mentally ill inmates, including a job and education transition facility at the jail's old boot camp. About one-fourth of the jail's occupants suffer from mental illness. Cook County Sheriff Tom Dart said Tapia's appointment is "the final piece of the puzzle" in addressing the mental health problems at the jail.

PSYCHOLOGIST SURRENDERS RIGHT TO PRACTICE

Francis John Deisler, Ph.D., of Fort Wayne, Indiana, who has been a psychologist in Michigan for more than 20 years has been ordered to surrender his right to practice for allegedly lying on his 1993 application for a license. He failed to report that he had served prison time in Wisconsin in the 1970s for rape, armed robbery, and attempted burglary and provided an inaccurate birth date and Social Security number. Michigan now does background checks on applicants for psychologist licenses, but didn't start the practice until 2008, a spokesperson for the Michigan Department of Licensing and Regulatory Affairs told the *Detroit Free Press*. The spokesman said Deisler's actions demonstrated a lack of good moral character and fraud or deceit in obtaining a license, which are grounds for license revocation.

MENTAL HEALTH PROFESSIONALS RESPOND TO STRING OF KILLINGS

One psychiatry professor calls it "the conversation we're stuck with," a teachable moment growing out of horror. Each time mental illness is cited as a possible factor in a high-profile mass killing, there's a collective sigh among mental health professionals. Even as they see an opportunity for serious discussions of problems and remedies, they also worry about setbacks to their efforts to destigmatize mental illness. "Most people who suffer from mental illness are not violent, and most violent acts are committed by people who are not mentally ill," said Dr. Renee Binder, President of the American Psychiatric Association.

Reported in the *Ledger-Enquirer*, Columbus, Georgia, July 28, 2015, page A3.

CHICAGO MAN, CLEARED AFTER YEAR IN PRISON, SHOT DEAD

A Chicago man who served 17 years in prison for murder before being cleared of the crime has been shot and killed almost 3 years after being released from prison, police said recently. Alprentiss Nash, 40, was fatally shot on May 28, 2015, after an argument during "some sort of transaction" between Nash and his attacker, Chicago police spokesman Anthony Guglielmi said. He said police were questioning a person of interest.

Nash was convicted in the 1995 murder of Leon Stroud on Chicago's South Side, based on witness testimony, though he always professed his innocence. In 1997, he was sentenced to 80 years in prison. He was released in August 2012 after DNA tests on a ski mask matched the genetic profile of another man.

Reported in the *Ledger-Enquirer*, Columbus, Georgia, July 31, 2015, page A3.



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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
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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: *Early Murders, 10 Years Later* follows below.



EARLY MURDERS, 10 YEARS LATER

A tall, bright, handsome young man entered these walls 10 long, mind-numbing years back. In a Sisyphean quest, he has performed his dance with every female officer and staff member, a dance driven by a desperate effort to recreate a life lost. Now he is 29-years-old and suddenly suicidal.

That which has been buried in the deepest recesses of his mind is now hauntingly close and cannot be contained forever. Like volcanic lava, these emotions push into awareness only to be blocked again and again with an unspoken they deserved it or it was not my fault, mental barriers weakening against an onslaught of truth.

As the inmates say, "The crime and the time will have their way." Like unseen viruses of the mind, all the pain of a life and lives lost, seep and then

spill into the soul with their dark truths.

Where is the arrogant, lost man/child who brutally slaughtered the befriending two silver-hairs, the same ones who attended his church and extended helping hands?

I have found these moments can fragment my own mind which immediately begins its frantic search for wholeness. It is a search that swings repeatedly between two dichotomous emotions—concern and disgust—only to stop suddenly in exhaustion and doubt.



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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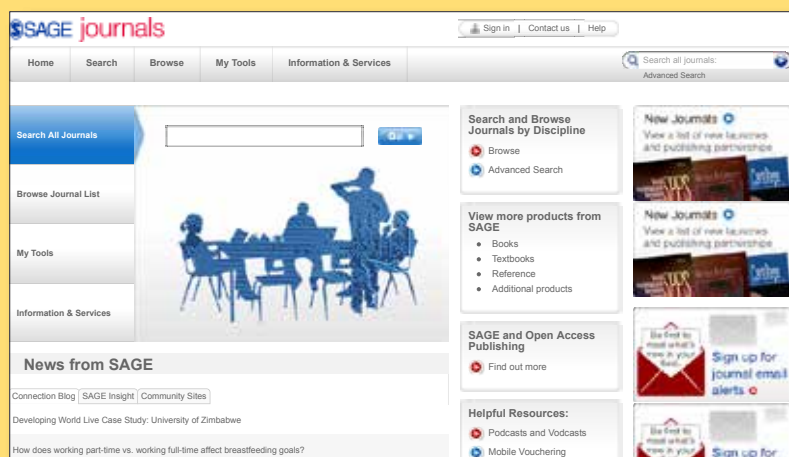
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TEXAS JAIL DEATH FOCUSES NEW ATTENTION ON INMATE SUICIDES

When Sandra Bland died in a small Texas jail on July 13, 2015, she became just the latest name on a long list of inmates whose deaths were determined to be suicides. Bland's death following her arrest for a minor traffic violation added fresh fuel to the national debate over police use of force on Blacks. It also focused new attention on the longstanding problem of inmates who take their own lives.

The traffic stop "is one issue and that will be dealt with," Lieutenant Governor Dan Patrick said. "But, she lost her life in the jail. And that's what we have to look at." If the correct procedures had been in place, "maybe she would be alive today."

Suicide is the leading cause of death in jails after natural illness. In fact, inmates take their own lives

three times more often than the average population, according to a 2010 study cited in the National Study of Jail Suicide.

Since 2000, the total number of jail suicides has remained fairly constant—around 300 a year, according to the U.S. Bureau of Justice Statistics. Improved awareness and monitoring have helped make suicides far less common than in the 1980s or 1990s.

"You talk to any sheriff 20 years ago and they would say suicides are not preventable," said Lindsay Hayes, author of the national study. "Today, more often than not, a sheriff is going to be much more proactive or better-read about that issue."

Statistically, White male inmates are most likely to

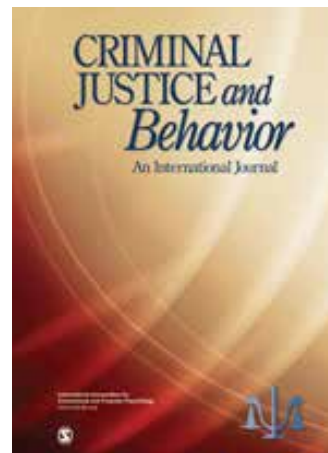
(Continued on page 19)



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TEXAS JAIL DEATH *(Continued from page 18)*

die by their own hand, both nationally and in Texas. Women make up just a fraction of total jail suicides, and Bland was the only Black woman found to have killed herself in a Texas jail since 2009.

The heightened risk of suicide behind bars results from various factors, including those that arise from the jail environment itself. "Suicides are often spontaneous and notoriously difficult to forecast," said a 2013 article on Texas jail suicides in the *LBJ Journal of Public Affairs* published by the University of Texas. "Some stressors may come from the jail environment itself where isolation, loss of control, conflict with other inmates or staff, frustration with legal proceedings, or distress and shame over incarceration may flare suicidal tendencies."

State law requires county jails to determine an inmate's suicide risk and whether enhanced security measures are needed. The state only requires that an inmate be observed in person at least once every hour. An inmate who may be suicidal or who displays bizarre behavior must be checked every 30 minutes.

A suicide prevention plan filed by the Waller County, Texas Jail, where Bland was found dead July 13, 2015, requires all jailers to get 2 hours of annual mental health training. It also says inmates with high suicide risk should be observed every 5 minutes.

The four-page plan was filed in 2010 with the Texas Commission on Jail Standards, which released it July 24, 2015, to the Associated Press. The plan sets out the same requirements for all inmates deemed suicidal: a paper gown instead of cloth, isolation in a single cell, and no allowances for personal property or linens. Michele Deitch, a University of Texas law school lecturer, said those guidelines could make things worse for lower-risk inmates and cause them to lie about their thoughts. "By making it such a restrictive and harsh setting, you're making it less likely that someone is going to actually reveal they have suicidal thoughts," she said.

Deitch argued the plan did not require enough training for jail staff, based on best practices set out by mental health experts. The plan also only requires investigations of "completed suicides" and not all at-

tempts, and doesn't require creating cells without hooks or other problematic features.

Waller County Sheriff Glenn Smith has said Bland was not on suicide watch and was supposed to be observed once every hour. But he also acknowledged that jailers at least once violated state rules by interacting with her via intercom and not in-person. The intercom conversation, during which Bland asked how to make an outgoing call using a phone in her cell, came about an hour before her body was found hanging from a noose fashioned from a plastic garbage can liner. Two jailers who assessed Bland when she was being booked in the county jail were "adamant" that she appeared fine, the sheriff said.

When the 28-year-old Chicago-area woman was booked into the county jail on July 10, 2015, records show she reported having attempted suicide after a failed pregnancy. Her sister said the miscarriage happened in 2014. Other booking papers indicated Bland did not have suicidal thoughts at the time of her arrest. The commission cited the jail for violating standards on staff training and observation of inmates, and the sheriff said he was forming a task force to review jail procedures.

Nationally, about 33% of all inmate deaths resulted from suicide from 2010 through 2012, compared with 29% for the same time period in Texas. Women have been responsible for just 14 of the 140 inmate suicides in Texas since September 2009, when the jail commission began tracking deaths, according to data released to the Associated Press immediately after Bland died. With jails becoming the largest providers of mental health treatment in many communities, they need more resources and better standards to keep up with increasing demand, Deitch said. "All of those factors combined with the trauma of suddenly being in jail—the realization of the enormity of what has just happened to them—all of those things can be combined to make them particularly vulnerable in that setting," she said.

Excerpted from an article (by Nomaan Merchant, Associated Press) in the July 25, 2015 issue of the *Ledger-Enquirer*, Columbus, Georgia, page A3.

SOCIAL STRUCTURE AND ANOMIE SUMMARY

- All societies have culturally-defined goals, purposes, and interests.
- All societies have means of achieving those goals.
- Goals as more or less integrated and involve various degrees of prestige.
- Most groups in society generally accept the goals.
- Society establishes accepted means of achieving goals (institutional norms).
- People achieve degrees of success in terms of achieving the goals.
- Most people gain satisfaction from participation in the competitive process.
- The distribution of rewards through competition must be organized so that positive incentive for conforming exist in every position.
- All groups in society have some kind of regulatory code.
- Antisocial or criminal behavior may occur because of different emphasis on goals of each group.
- Criminal behavior becomes more common when the emphasis on culturally-induced goals becomes divorced from the institutions or the means which operate in it.
- Groups tend to fit into five categories when it comes to the goals and the means of achieving them: conformity, innovation, ritualism, retreatism, and rebellion.
- The most common is conformity.
- The least common is retreatism (these would be the psychotics, drug addicts, etc.)
- This group of people reject the goals of society and their means are also not in accordance with the rest of society.
- Some people try to escape from society (defeatism, resignation).
- These people have not rejected the goal, but try not to participate.
- Innovation, ritualism, and rebellion are often determined by the particular cultural background.
- Innovation—you keep the goal but reject the means.
- Ritualism—you accept that the goal is out of reach, but you keep the means and continue on.
- Rebellion—because of frustration, you reject the means and try to create a new order.
- Antisocial behavior is partly a result of the class you are in and how they feel about the opportunities of achieving the goals of society.
- Lack of opportunity is not in itself the reason for criminal behavior.
- Criminal behavior tends to occur when one group in society is blocked from achieving the accepted goals of all of society and when the group feels that it is blocked by institutional means from achieving those goals (systemic racism).
- Poverty is not in itself the reason for criminal behavior.
- It is a factor when combined with the view that particular groups are blocked from achieving the goals that everyone in the society accepts.

Summary influenced by the works of Dr. Emile Durkheim (1857-1917), commonly cited as the principal architect of modern social science and father of sociology and Dr. Robert K. Merton (1910-2003), credited for founding sociology of science and is considered one of the founding fathers of modern-day sociology.

GUNMAN IN LOUISIANA THEATER SHOOTING HAD HISTORY OF SEEKING VENGEANCE

The stranger clenched his fists and shook his head, recounting a time when he tried and failed to beat a cat to death with a steel rod. His audience, two women lunching at a Lafayette, Louisiana, bistro on July 25, 2015, sat across from him, shocked and silent. The man in a Hawaiian-print shirt had pulled a chair up to their table minutes earlier. He stroked their dogs and started to ramble: people spend too much money on their pets. There should be a cheaper way to euthanize an animal. This stranger told them he once took in a stray cat and it got sick, so he bashed its head with the rod but failed to kill it. "He was hurt that the cat lived," recalled Bonnie Barbier, who listened in horror to the bluster for 30 minutes. "It was this twisted sense that he was doing the right thing."

Days later, John Russell Houser's photograph flashed onto television screens across America as the man who opened fire in a Louisiana movie theater. "My stomach dropped," Barbier said of the moment she saw his photo, stern and unsmiling. "That was the man from Saturday."

At the bistro, the man seemed unhinged and self-righteous, Barbier remembered. He had written letters to newspapers about conspiracies, he told her. But he was too smart for the world and had to dumb down his missives so the masses might understand them.

"I'm just sitting there thinking, 'There's something wrong with this. He's out of his mind because normal people don't talk about this kind of thing,'" she said. "He was just so odd, and I felt really weird feelings with him. Something inside was like, 'Just don't set him off. Just smile and nod.'" She and her friend found an excuse to slip away.

Houser, a mentally ill 59-year-old, terrified his own family and ranted in online forums about African-Americans, Jews, and gays. He had lost his wife and his house and left behind a paper trail documenting a long history of seeking vengeance.

Five days after the chance meeting at the bistro, Houser walked into the theater, bought a ticket to the 7 pm showing of "Trainwreck" and picked a seat two rows from the back. Twenty minutes into the movie, he stood up in the darkness and, according to those who knew him, let loose a lifetime's reserve of rage.

Five hundred miles away in Houser's hometown of

Columbus, Georgia, some former neighbors say his life was a decades-long collision course with disaster. "He's been known as a lunatic and a fool around this neck of the woods for years," said Patrick Williams, an antiques dealer who once filed a police report alleging Houser sold him a stolen iron fence at a flea market. "He was a highly intelligent guy but mean as a snake and dangerous. I wasn't a bit surprised when I saw his picture on television. And no one else that knew him was surprised either."

Houser, who went by Rusty, was known as odd and eccentric in the cluster of towns near the state line between Georgia and Alabama where he lived nearly all his life. Neighbors said he filled his in-ground pool with hundreds of koi. He flew a Confederate flag, passed doomsday fliers around his neighborhood, pounded out angry online missives about corruption and injustice, and spouted admiration for Adolf Hitler.

He fit the familiar mold of mass shooters, said James Alan Fox, a criminologist at Northeastern University, author and prominent expert on massacres. Houser was paranoid, blamed everyone but himself, alienated his family, and survived in a world of self-imposed isolation. "If you gave me a list of names, I would have picked his out as the one that done it," said Vince Woodward, who was then active in local Republican politics.

But many towns have a resident crackpot. And hindsight is an inaccurate lens, Fox said. "There's a very large haystack of people who have these characteristics, but very few needles that will indeed carry out a rampage," he said. "They're not red flags. They're yellow. The only time they turn red is after blood is spilled on them."

Mass shooters often sound a lot like Houser, he said. But thousands of men who sound a lot like Houser don't become mass shooters. Fox compared the relationship to another sort of tragedy; most planes that crash do so in bad weather. But most planes withstand storms without plunging from the sky.

Excerpted from an article (by Claire Calofaro, Melinda Deslatte and Kim Chandler, Associated Press) in the July 27, 2015 issue of the *Ledger-Enquirer*, Columbus, Georgia, page B2.

WHY LOUISIANA SHOOTER WAS NEVER COMMITTED TO AN INSTITUTION AND HOW HE LEGALLY PURCHASED A FIREARM

Rusty Houser's deadly rampage in a Louisiana movie theater on July 25, 2015, left those learning of his reckless past wondering; why did no one heed the warning signs? Why wasn't a man with his mental issues in prison or hospital? How could someone with his record buy a gun?

Those who know the law, and work with the mentally ill, say such bewilderment reflects a widespread lack of understanding of both. They make these points:

- Houser's more serious crimes were never prosecuted and were spread out over time and across jurisdictions. Had he been prosecuted, he likely would not have served much, if any, prison time.
- Involuntarily committing someone to a mental institution is not easy, nor is it intended to be, as the law over time has evolved to protect individual rights and prevent abuses that led to "warehousing" those with mental or developmental disabilities.
- Though Houser's previous offenses of soliciting arson and domestic abuse, which weren't prosecuted, precluded his obtaining a "carry permit" from the Russell County, Alabama, Sheriff's Office in 2006, that means he was prohibited only from legally wearing a firearm. He still legally could purchase the .40-caliber handgun he used in the theater shooting.

Houser is not typical of the mentally ill, who are more likely to be victims rather than perpetrators of crime. The mentally ill who wind up in jail usually are there for minor offenses and respond well to treatment aimed at stabilizing them and getting them out of jail and into community-based programs.

The Record

Had he been prosecuted, Houser could have had two felonies:

In 1989 he was arrested for hiring a man to burn down the office of a lawyer who represented pornographic theater owners. Police said he committed this crime of "criminal solicitation" on June 14, 1989.

The attorney, John Swearingen, said he declined to prosecute if Houser got therapy. A court-ordered psychological evaluation was never carried out, because

a grand jury declined to indict Houser on September 19, 1989.

On April 23, 2014, Phenix City, Alabama, police found Houser had trashed the house from which he was being evicted. Besides the mess Houser made inside and out, he disconnected a fireplace gas line and lit it. Police reported "the gas line had been bent upward toward the ceiling and burning."

Those who know the law say that had the new owner opted to prosecute, Houser likely would have been charged with criminal mischief, possibly a felony depending on the estimated damage. But such charges often are reduced in plea-bargaining, and in Houser's case, his vandalism might have been attributed to what were thought to be his well-known eccentricities, before the theater shooting caused them to coalesce into an apparent pattern.

Because Houser had no felony record, Money Miser Northside Pawn in Phenix City had no reason to prohibit his buying the .40-caliber pistol he used in Lafayette. Phenix City attorney Eric Funderburk, who represents the pawn shop, said the Federal Bureau of Alcohol, Tobacco, and Firearms reviewed the records and found the sale was legal.

No Commitment

An early misconception in the reporting on Houser's past held that his wife had him involuntarily committed to Columbus' West Central Georgia Regional Hospital after he threatened to disrupt his daughter's wedding in Carrollton, Georgia, in 2008. This is not true, and the process is not so simple.

Muscogee County Georgia Probate Court Judge Marc D'Antonio and Associate Judge Rebecca Crowley talked about the steps required for such commitments, and the options available to families who fear relatives have become dangerous. No one goes straight to a mental institution, they note; each case begins with a professional evaluation, and those who conduct the evaluation then may petition the probate court for an involuntary committal.

(Continued on page 23)

NEVER COMMITTED *(Continued from page 22)*

But that's rare: The U.S. Supreme Court has held that it's a violation of the Americans with Disabilities Act to deprive the mentally ill of their liberty without extensive due process. The rule now is they must be treated in the least restrictive environment possible. Typically that means community-based outpatient treatment, not hospitalization.

The probate court procedure is this; first, the family files an affidavit swearing the person "appears to be mentally ill" based on conduct witnessed in the past 48 hours. Anything before that can't be cited.

The probate court then may issue an "order to apprehend," to have the person detained for a psychological evaluation, usually conducted in Columbus at The Bradley Center. The evaluation takes about a week.

If the person has quit taking prescribed medication, the facility conducting the evaluation may restore that medication schedule, and that may "stabilize" the individual enough to be released and referred to a followup treatment program. In severe cases, the evaluators may recommend involuntary commitment, requiring a probate court hearing in which all parties are represented by legal counsel, and the judge decides the outcome. Even if the judge decides to commit the person to an institution, the order is limited, with a rehearing in 6 months.

This process is designed to protect the rights of those who in the past were sent off to hospitals and forgotten, leading sometimes to scandals associated with neglect and abuse. Said D'Antonio, "You don't want it to be easy. You want due process. You could be that person."

The probate judge in Carroll County, Alabama, said she issued only the "order to apprehend," subjecting Houser to an evaluation. Those who evaluated him didn't recommend hospitalization. The precise result of his evaluation is not public record, as it's protected by privacy laws.

Other Options

Families acting in an emergency don't have to start with the probate court. They may call the Georgia Crisis and Access Line to request a mobile assessment team respond immediately to evaluate and stabilize the individual before probate court proceedings. It does not circumvent the court.

Another option in an emergency is calling 911, which is the more common response. Local law enforcement officers have "crisis intervention training" to recognize mental illness and respond less aggressively so they don't escalate the crisis. Often in such instances, the individual goes to jail for some minor offense.

Recognizing the Muscogee County Georgia Jail has become the fallback for emergency mental health treatment, the staff has prepared for that. Paul Morris runs the treatment program in conjunction with New Horizons, a community-based provider. He makes the point that most of those he encounters are not dangerous. He said the intense media focus on Houser's mental health stigmatizes those people, makes some fear seeking help and makes the public fear them. "That's part of the stigma that leaves people out there friendless, homeless, defenseless, and then things just get worse — no reality therapy, no one to help guide them, no support system," he said.

He and New Horizons psychologist Cyndy Pattillo said the jail typically has about 300 inmates on medication, and 45 mental health patients incarcerated separately from the general jail population—not because they're a danger to others, but because other inmates are a danger to them. The mentally ill could fall victim to the criminal predators who are thought to be perfectly sane.

If those evaluated in the jail are slated for community-based outpatient care or a mental hospital, they may wait months for transfer. Pattillo and Morris thought only about 20 inmates over the past 3 years went to a hospital. Others go to group homes, if they're unable to live on their own. Though the emphasis now is on such community-based care in the least restrictive environment, the state still needs hospitals for the severely ill, and Columbus is fortunate that West Central Georgia Regional Hospital remains open, despite state moves to close it. When patients are transferred elsewhere, they often lose touch with their families, who then are unprepared for their return. The major change she's seen in care over the years is the limited access to such hospitals, Pattillo said: "It's much more difficult to access the highest level of care. There are more hoops to jump through."

(Continued on page 24)

NEVER COMMITTED *(Continued from page 23)*

State Rep. Debbie Buckner, who serves on the Georgia House Ways & Means Committee and tracks healthcare issues, said the public needs to recognize how crucial such care can be. The switch toward community-based care should not be viewed as an “either-or,” she said. Both she and Morris noted how differently the public sees mental illness as opposed to a disease or injury.

Buckner said insurance companies don’t provide parity in paying for treatment; they may pay for 8 weeks to treat an injury and 3 for mental health care—and if your broken leg doesn’t heal, the hospital doesn’t send you home, but it will if you still need more mental health treatment.

Sometimes just 2 or 3 days spent stabilizing a men-

tally ill patient isn’t enough, Buckner said. States need the resources to provide differing levels of care: “We don’t need either-or,” she said. “We need it all.” If Georgia doesn’t care for the mentally ill in hospitals, it will care for them in jails and prisons, she added.

Morris said the public’s view of mental illness as compared to a disease or injury can be seen in any office setting; co-workers who have heart attacks are sent get-well cards, and when they return to work, everyone celebrates with a cake. Said Morris: “No one bakes you a cake because you’ve got schizophrenia.”

Excerpted from an article (by Tim Chitwood, *Ledger-Enquirer*, Columbus, Georgia) in the August 2, 2015 issue, page A1 and A6.

DOES CHILD ABUSE CAUSE CRIME? DIGEST OF A NATIONAL BUREAU OF ECONOMIC RESEARCH (NBER) WORKING PAPER

"Child maltreatment roughly doubles the probability that an individual engages in many types of crime. This is true even if we compare twins, one of whom was maltreated when the other one was not."

Child maltreatment, which includes both child abuse and child neglect, is a major social problem. According to the U.S. Department of Health and Human Services, over a million children are victims of maltreatment annually. Over half a million children suffer serious injuries, and about 1,500 children die, making child maltreatment the leading cause of deaths from injuries in children over a year old. In addition to this appalling immediate toll, child abuse is thought to have many harmful long-term consequences.

In *Does Child Abuse Cause Crime?* (NBER Working Paper No. 12171), authors Dr. Janet Currie and Dr. Erdal Tekin focus on the effect of child maltreatment on crime using data from the National Longitudinal Study of Adolescent Health (Add Health). They focus on crime because it is one of the most socially costly potential outcomes of maltreatment, and because the proposed mechanisms linking maltreatment and crime are relatively well elucidated in the literature.

The authors find that child maltreatment roughly doubles the probability that an individual engages in many types of crime. This is true even if we compare twins, one of whom was maltreated when the other one was not. It is useful to put this result in perspective by comparing it to other estimates of the effects of factors related to crime. For example, using time-series data from New York, previous researchers found that a single percentage point decline in unemployment generates only a 2.2% point decline in burglaries, and that a 10% increase in the minimum wage leads to about a 3.5% decrease in robberies in New York City.

The authors cite various studies that show that having access to a gun at home increases the propensity to commit a variety of crimes, by about 30% among adolescents. Decreases in gun ownership over the 1990s can explain up to a third of the decline in crime over the same period. Exposure to firearm violence approximately doubles the probability that an adolescent will engage in serious violence over the subsequent two years, so that effects of maltreatment are similar to those of exposure to gun violence.

One potential explanation for the large effects is that

(Continued on page 25)

CHILD ABUSE *(Continued from page 24)*

children who experience maltreatment start engaging in crime earlier, an explanation that appears to be supported by studies the authors highlight. Abused or neglected children are more likely to be arrested as both juveniles and as adults. Starting to engage in criminal behavior early may increase illegal human capital by raising experience in criminal activities, and decrease human capital in legitimate activities, such as schooling or being in the labor market. This would further increase criminal propensities.

Estimates suggest that the crime induced by abuse costs society about \$6.7 billion per year at the low end and up to \$62.5 billion at the high end. The estimates depend on the social costs attributed to crime, and specifically, whether those costs include estimates of willingness to pay to avoid crime.

It would be interesting to compare these figures to the cost of preventing maltreatment, but few intervention programs have been proven to be effective in rigorous studies. The sole exception is randomized trials of nurse home-visit programs that start in infancy, which have shown that they can reduce the incidence of substantiated cases of maltreatment by 50%. At a cost of about \$4,000 per child, the total cost of providing this service to all children would be about \$16 billion. Given that the crime induced by abuse is only one of the social costs of maltreatment, these estimates suggest that such a home visiting program might well pay for itself in terms of reducing social costs, even based on conserva-

tive estimates of the costs of crime. If society attaches some benefit to improving the lives of poor children (beyond the value we attach to saving people money), then the cost-benefit analysis of prevention programs begins to look even more favorable.

The authors provide evidence that the apparent negative effects of maltreatment on children's propensity to engage in crime are real and not simply artifacts of other features of dysfunctional families. They find that being maltreated approximately doubles the probability of engaging in many types of crime and that the effects are worst for children from low socioeconomic status backgrounds. Perhaps unsurprisingly, boys are at greater risk for increases in criminal propensities than girls. Sexual abuse appears to have the largest effects on crime, perhaps justifying the emphasis on this type of abuse in the literature and in the media. Finally, the probability of engaging in crime increases with the experience of multiple forms of maltreatment as well as the experience of involvement with Child Protective Services. These findings suggest that criminal behavior increases not only with the incidence of maltreatment but also with the severity of maltreatment.

Reprinted with permission from the National Bureau of Economic Research (NBER), July 17, 2015. Original working paper authored by Dr. Janet Curie, Chair, Economics Department, Columbia University and Dr. Erdal Tekin, Professor of Economics in the Andrew Young School of Policy Studies, Georgia State University.

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Join ICPA, Corrections Victoria, and more than 500 of your professional colleagues in the fabulous city of Melbourne, Australia, for a sharing and learning experience as only the International Corrections and Prisons Association (ICPA) can deliver. Come, explore, discuss, exchange ideas, and best practices for “Managing Risk in Contemporary Correctional Systems,” and take back with you the best of the world’s solutions, techniques, and successes in corrections, and provide your agency with a wealth of global insight of new, different, and practical applications.

Don’t miss this one-of-a-kind opportunity to be a part of the world’s strongest network of international corrections, prisons leaders, and practitioners from over 80 nations at the ICPA 2015 annual conference.

The conference theme provides a broad platform on which to share our systems, knowledge, and experience in correctional practice, and will allow delegates to explore, learn, and share our collective wisdom across many areas including:

- Intelligence and security practices
- The application of electronic monitoring
- Post-sentence supervision schemes assessment, classification, and placement of prisoners management of self-harming and at-risk behaviors
- Clinical assessment and treatment programs
- Supporting infrastructure and technology
- Parole systems
- The high-security and management regimes
- Responses to specialist groups such as women, Aboriginal people, young prisoners, and those with a disability, or mental illness.

WHO ATTENDS OUR EVENTS

The ICPA’s annual conference typically attracts some 400-500 participants from across the globe, representing various national/state prison agencies, private sector agencies, non-governmental organizations, academic institutes, nonprofits, and third-sector/voluntary organizations. Attendees comprise heads of service/directors

general, senior management, correctional practitioners, and experts within the corrections field. If you are a professional working in prisons and corrections or related industries and organizations, then the ICPA conference is for you.

THE COMPANION PROGRAM

Want to bring your spouse or a member of the family? ICPA will be running its companion program in parallel with the main event. Partners can also accompany you to our evening events. Surprise someone special by registering them to take part in three fun-filled days of exploring the great city of Melbourne and it’s surroundings. Our package costs \$395 U.S. per person and promises to be an unforgettable experience! Limited to 30 participants.

VENUE AND HOTEL

The ICPA 17th AGM and Conference, October 25-30, 2015 Pullman & Mercure Melbourne Albert Park, 65 Queens Road, Melbourne, Victoria 3004 Australia

THE PROGRAM

October 24-25 - Event registration
 October 25 - Welcome reception
 October 25 - A pre-conference complimentary mini-conference sponsored by the IACFP
 October 26 - Sessions, host welcome reception
 October 27 - Sessions, distinguished scholar lecture, annual general meeting
 October 28 - Sessions and ICPA correctional excellence awards ceremony and gala dinner
 October 29 - Sessions and closing remarks
 October 30 - Prison and facility tours

CONTACT US

For questions regarding the event, please e-mail our team at: contacticpa@icpa.ca.

(Continued on page 27)

A PRE-CONFERENCE COMPLIMENTARY MINI-CONFERENCE SPONSORED BY THE IACFP *(Continued from page 26)*

SUNDAY, OCTOBER 25, 2015

The International Association for Correctional and Forensic Psychology (IACFP), the oldest organization in service to mental health and behavioral-change professionals in criminal justice in the world, is sponsoring a free, half-day mini conference for ICFA participants titled: "Contributions of Psychology to Correctional Practices: More Perspectives in Responsive Work With Offenders." The mini-conference will be held from 9:00 am to 12:45 pm on Sunday, October 25, preceding the regular ICFA program.

The IACFP publishes *Criminal Justice and Behavior*, an internationally-leading journal of criminal justice research. Doctor Emily Salisbury, Editor of the journal, will make a presentation on Gender-Responsive Strategies in Working with Women and Michael D. Clark, MSW, IACFP President Elect, will speak on Strength-Based and Motivational Strategies in Working With Offenders at this mini-conference. Presenter introductions will be made by Dr. Jim DeGroot,

IACFP President. After the presentations, Dr. John Gannon, IACFP Executive Director, will Chair a discussion panel with Australian-based correctional professionals, Dr. Jeffrey Pfeifer, Swinburne University, Ms. Melissa Braden, Manager, Specialized Offender Assessment and Treatment Services (SOATS), Corrections Victoria, and Ms. Shaymaa Elkadi, General Manager, Offending Behavior Programs, Corrections Victoria.

This is an excellent opportunity for program administrators, psychologists, and other program and treatment professionals to meet directly with correctional leaders from the United States, learn about effective strategies for dealing with offenders, and find out more about how you can be involved with IACFP in advancing important principles of leadership and effectiveness in Australia and around the globe.

CONTRIBUTIONS OF PSYCHOLOGY TO CORRECTIONAL PRACTICE: NEW PERSPECTIVES IN RESPONSIVE WORK WITH OFFENDERS



17TH Annual Conference of the International Corrections and Prisons Association
Melbourne, Australia

A Pre-Conference Mini Conference Sponsored by the IACFP

(Apologies for using "of" instead of "for" in the Association's title on page 29 of the July 2015 newsletter.)

SUNDAY, OCTOBER 25, 2015

9:00-9:15 am	Introductions by Dr. Jim DeGroot, President, IACFP
9:15-10:30 am	Michael D. Clark, MSW—Strength-Based and Motivational Strategies in Working with Offenders <ul style="list-style-type: none"> Examine the power of "Responsivity" and how even short interactions with probationers or prisoners can be improved to influence behavior change.
10:30-10:45 am	Coffee Break
10:45 am-12:00 pm	Dr. Emily Salisbury—Gender-Responsive Strategies in Working with Women <ul style="list-style-type: none"> What the spirit of the gender-responsive movement really is, its theoretical assumptions, and how it translates into practice.
12:00-12:45 pm	Panel Discussion—Is this Relevant for Correctional Practice in Australia? Chair, Dr. John Gannon, Executive Director, IACFP Panel Members: <ul style="list-style-type: none"> Dr. Jeffrey Pfeifer, Swinburne University Ms. Melissa Braden, Manager, Specialized Offender Assessment and Treatment Service (SOATS), Corrections Victoria Ms. Shaymaa Elkadi, General Manager, Offending Behavior Programs, Corrections Victoria

CREATIVE CORRECTIONS EDUCATION FOUNDATION HELPS AT-RISK YOUNG ADULTS

Percy Pitzer, Founder and President of the Board of Creative Corrections Education Foundation (CCEF), Chief Operations Officer of Creative Corrections, LLC, Anthony Haynes, Executive Director of CCEF, and Selma De Jesús-Zayas, Ph.D., Director of the Mental Health Division, Creative Corrections, LLC
ahaynes@creativecorrectionseducationfoundation.org



PERCY PITZER



ANTHONY HAYNES



SELMA DE JESÚS-ZAYAS

Creative Corrections Education Foundation (CCEF) is a 501(c) 3 nonprofit organization that provides educational opportunities for at-risk young adults of the incarcerated nationwide, who otherwise are extremely likely to participate in criminal activities.

Research indicates that greater than 50% of juvenile delinquents have at least one incarcerated parent. As a result, CCEF was founded in June 2012 by Percy and Sununt Pitzer to address this national plight. Percy, a retired warden with over 30 years in the correctional sector, believes we need to break the cycle of young adults following in their parents' footsteps of going to prison and reducing second generational crime by giving them financial assistance towards education. Anthony Haynes, Executive Director of CCEF, is also a retired warden with over 21 years in corrections. He communicates with the department of corrections executive and institution staff as well as the incarcerated, educating them on how to support CCEF's endeavor through donations.

Since its inception, CCEF awarded \$93,000 in scholarships to recipients in 28 states nationwide. The goal is to help young adults of the incarcerated help themselves through education. The CCEF truly believes through education, we can provide these young adults with the needed tools towards achieving the American Dream of being successful in life. It's less expensive to educate than it is to incarcerate.

The CCEF relies on monetary donations from corporations, private citizens, and the incarcerated in order to award current and future scholarships. The CCEF believes that the incarcerated need to be involved in helping the foundation financially and to date, the in-

carcerated housed in the following state prisons; Texas, New Mexico, Milwaukee County House of Correction, Colorado, Ohio, New York, Virginia, Louisiana, Oklahoma, and Michigan, have donated over \$31,000 toward scholarships.

The CCEF initiated the Right Path Program in Milwaukee, Wisconsin, and Beaumont, Texas. This program provides educational opportunities to young adults in these communities assisting them with financial aid to technical colleges. The foundation recently aided in the enrollment of 15 young adults at Milwaukee Area Technical College in Milwaukee, Wisconsin, and 33 young adults at Lamar Institute of Technology in Beaumont, Texas.

With continued and future support from corporations, public citizens, and the incarcerated, CCEF will continue to break multi-generational incarceration by investing in education versus incarceration. Together, we can change lives "One Scholarship at a Time." Please visit our website at ccfscholarships.org and your donation will aid in reducing incarceration in America.

Creative Corrections, LLC is a management consulting firm that specializes in all matters pertaining to national and international correctional issues. One of its components is to provide training to correctional staff in mental health issues such as suicide prevention and this training is provided by Dr. Selma De Jesús-Zayas, Director of the Mental Di-

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CREATIVE CORRECTIONS *(Continued from page 28)*

vision, Creative Corrections.

The Mental Health Division of Creative Corrections aspires to raise awareness of mental health issues especially among those agencies that are responsible for the well-being of detainees. From jails to prisons, to military and immigration installations, it is important that when they detain an individual they are aware of that person's state of mind (depression, anxiety, PTSD, intoxication, etc.) as it will have a bearing on their behavior and ultimately, on how they will need to be managed.

Creative Corrections offers workshops that are inten-

sive, research based, and theory driven. By anchoring the workshops on theory, participants gain an understanding of human behavior and dynamics that helps them recognize mental health issues. In addition, "hands on" training in the form of role playing is also offered based on the assumption that "practice makes perfect." Role playing allows for recognition of areas of weakness which opens the door for feedback. The Mental Health Division's main goal is to provide correctional staff proper training in mental health issues that will ensure their safety as well as that of their wards.

BALLY FOUNDATION IMPORTANT RESOURCE FOR THOSE FACING CHALLENGES

Christopher W. Cleveland, Founder of the Bally Foundation and Bally's Brother and Lori Harshbarger, M.A., Superintendent Logansport Juvenile Correctional Facility, Indiana Department of Correction
ccleveland@ballyfoundation.org or LHARSHBARGER@idoc.IN.gov

The Bally Foundation was founded to be a resource for families that care for someone that faces challenges. The individual may have been born with a special need, in an accident, a Wounded Warrior, or is aging. Bally was born without a special need, however shortly after birth, the medical staff realized he had not been breathing. He is now in his forties and needs 24/7 care. Life with Bally is a blessing, but it has been a challenge finding services and companies that can serve the needs of the family. To this day, Bally's security item is a can. He has made this can into a walkie-talkie, camera, drum, and a number of other things. If Bally CAN make this item into anything he CAN imagine, then together, we CAN enable those facing challenges and their families live more enriched lives. There is not a cure for the majority of those we serve, but until there is, Bally CAN help.

The Bally Foundation Wheel L.I.F.E. Program is a partnership with the Logansport Juvenile Correctional Facility (LJCF), an Indiana Department of Correction, Division of Youth Services facility, to supply families with durable medical equipment (DME). Individuals can donate used DME or request used DME by contacting the Bally Foundation at: ballycanhelp.org

The DME will then be delivered to the LJCF students for restoration, which will then be given to families caring for someone facing challenges at no cost to the family. All donated DME and requested DME are delivered free of charge for families through the generosity of our partners, Two Men and a Truck.

Since June of 2014, our Wheel L.I.F.E program, (named by the students at LJCF—Life, Independence, Freedom and Empowerment; we never asked those students why they named the program LIFE, was it for them or the families we serve. As time has gone



**CHRISTOPHER
CLEVELAND**



LORI HARSHBARGER

(Continued on page 30)

BALLY FOUNDATION *(Continued from page 29)*

by, we have realized that it is definitely both groups to which Bally offers hope.) has served families in Indiana, Kentucky, Ecuador, and El Salvador. Over this last year, we have witnessed young men who have made wrong choices, but want to change them-



selves and help others. As we receive used DME, we tell them that we will fix this piece of equipment for a family that can't afford the DME, we will not throw anything away, we will repurpose the items if we can't fix them. We then get an order from a person with disabilities, a family member, or case manager from a hospital. They tell us about the person in need



and what equipment they need. The student identifies the DME, we evaluate the repairs, and then we work hand-in-hand with the student. As we work together, we talk about the person that needs the DME, what their life must be like, how they live, if they can work, or how they enjoy the simple things of life, how this piece of equipment can change their lives, and how the student is changing that person's life. We also chat about the student's life, what it was like before, how life is at LJCF, and how they want their life to become. As our team inspects the work, the student writes a



letter to the person or family. Sometimes he will share what his life was like, how it is at LJCF, and how he hopes the DME will help the family. The team of Two Men and a Truck arrive at LJCF and the student helps load the piece of equipment to be delivered to the family. We have seen the staff of Two Men and a Truck congratulate the students on a job well done and the reaction from the students is heartwarming. Many times families, after receiving equipment, have sent the students letters, photos, and even videos of family

(Continued on page 31)

BALLY FOUNDATION *(Continued from page 30)*

members enjoying the equipment. Students and staff members have been overwhelmed even to the point of tears by the gratitude of families and impact they have made on that person's life.

As the year has progressed, we have begun to build sections of ramps to be delivered to families in need. Once the pieces are assembled at LJCF, we find a local group in the community of the family and they assemble the ramp at the family's home.

What does Bally's future hold? We would like to have a program in as many correctional facilities possible. As we continue to refurbish DME and prefab ramps, we would like to customize helmets for those with traumatic brain injuries by painting. All of this is to provide social and job skills training to those incarcerated to reduce recidivism and give back to those in need. To learn more about the Wheel L.I.F.E. Program and the Bally Foundation go to: ballycanhelp.org

JUSTLEADERSHIPUSA DEDICATED TO CUTTING THE UNITED STATES PRISON POPULATION

MISSION STATEMENT

JustLeadershipUSA (JLUSA) is dedicated to cutting the United States prison population in half by 2030 while reducing crime. The JLUSA empowers people most affected by incarceration to drive policy reform. Mass incarceration is the most significant domestic threat to the fabric of our democracy. The reason for such high incarceration rates is not serious crimes but misguided policies such as mandatory minimums, three-strikes laws, and reductions in the availability of parole and other early-release mechanisms. Through targeted advocacy, strengthening leadership, and membership support, JLUSA believes a decarcerated America is possible. Currently, there are 2.3 million Americans behind bars and an additional 5.6 million Americans are under correctional supervision with a total cost of \$85 billion annually.

TARGET POLICIES

We specifically believe that the following are ways to take action in reducing incarceration:

- The replacement of mandatory sentencing laws with more flexible and individualized guidelines; sentencing relief for people in prison currently under these laws.
- Elimination of "three-strikes" laws and the early release of those unfairly impacted.
- Retroactive elimination of tough-on-crime era, truth-in-sentencing laws.
- Expansion of labor market opportunities for formerly incarcerated job seekers.
- Re-incentivizing public safety spending.
- Encouragement of the use of prison reduction strategies, such as clemency, parole, commutations, and merit time.

LEADING WITH CONVICTION TRAINING PROGRAM

Our Leading with Conviction Training Program is cohort-based

and will train a group of 20-35 applicants committed to working together to complete the 12-month program. The curriculum alternates four weekend group-training sessions with five web-based seminars that extend over a 10-month period. During that same time, participants receive individual executive coaching as well as develop and master their own capacity as leadership coaches. We provide further training by focusing their development around the essential capacities of community building (membership), advocacy, and communication/messaging. These program elements prepare the participants to lead and sustain initiatives that respect the cultural and political particularities of their community or region and have the best chance of producing the decarceration that is our focused goal.

In order to ensure that leaders are introduced to the skills necessary for decarceration success, JustLeadershipUSA has formed partnerships with Columbia Law School's Center for Institutional and Social Change, Opportunity Agenda and Legal Action Center so that participants may benefit from their respective expertise in community building, advocacy, and communication/messaging.

TRAINING

Program participants receive competency-level leadership training in the following core areas:

- Leadership and organizational management—organizing, launching, managing, and funding an advocacy organization dedicated to the reduction of the juvenile and adult prison populations.
- Community building—creating and sustaining an informed network of committed advocates dedicated to regional and national decarceration.
- Advocacy and policy skills—launching and leading an advocacy effort in your community including: recruitment, strategy development, leadership development, mobilizing, implementation, and evaluation.
- Communication.

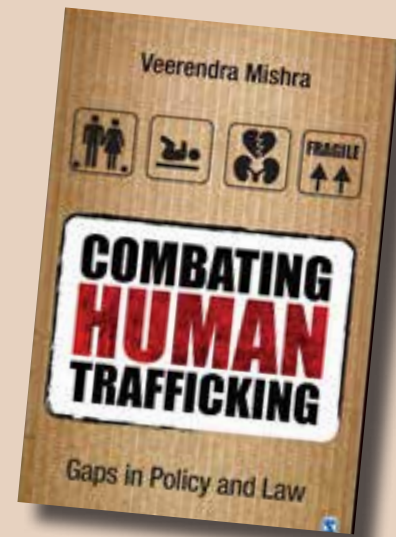
Visit us at: justleadershipusa.org



Combating Human Trafficking: Gaps in Policy and Law

Published 2015

Veerendra Mishra



ISBN: 9789351502531

This book demystifies the term “trafficking” with a view to properly understand its trends, dimensions, and gaps in policy and law that need to be plugged.

Combating Human Trafficking aims to initiate fresh discussion on human trafficking, and offers recommendations to curb organized international crime. It explores varied dimensions of the crime and offers further classification to help effectively address the problem. It presents a new perspective of identifying assimilative interaction between social and criminal justice systems, the progressive growth in socio-criminal legislations, and the universal demand of multi-agency approach to combat trafficking. Through the Brute Mute theory, it gives an illustrative description of micro- and macro-governance, and offers a global perspective to the problem with examples and case studies.

SAGE PUBLICATIONS

For more information about *Combating Human Trafficking: Gaps in Policy and Law*,
U.S. or International clients may go to: sagepub.com

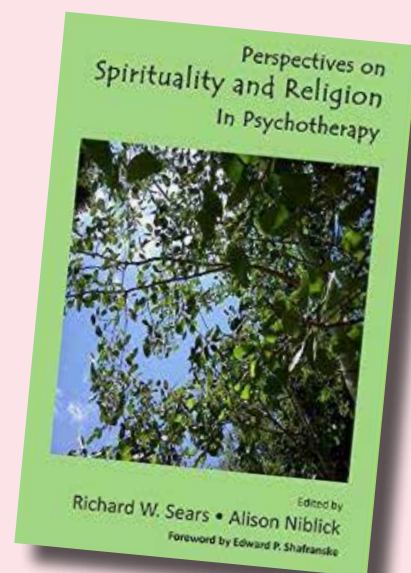
Perspectives on Spirituality and Religion in Psychotherapy

Published 2014

Editors

Richard W. Sears

Allison Niblick



ISBN: 9781568871523

Perspectives on Spirituality and Religion in Psychotherapy provides an important resource for clinicians seeking ways to address and to integrate spirituality into psychotherapy. Consistent with the diverse landscape of spiritual experience, the volume presents a wide range of spiritual perspectives and practices, which may be integrated within psychological treatment. Each approach at its core considers the unique ways in which psychology and spirituality conjoin to construct meaning and offer resources to cope with the challenges inherent in human life. This text is designed to educate clinicians on the importance of considering spiritual variables when working with clients. The chapters cover a wide range of spiritual traditions and common issues encountered in psychotherapy. The topics are practical and give concrete suggestions on how to work with a variety of spiritual issues that commonly arise in therapy and are brought to life with clinical examples.

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Trauma, Shame, and the Power of Love

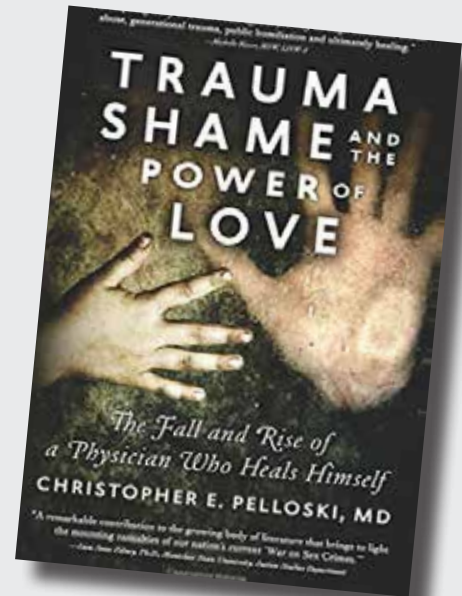
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There is a reason books that recount the regrets and advice of the dying strike so deep a chord: people who have nothing left to lose can tell their stories with a sincerity and unpretentiousness we crave but that is all too rare. In *“Trauma, Shame, and the Power of Love,”* Christopher Pelloski relates his own downfall from a prominent physician-scientist in the field of radiation oncology in a similarly candid way.

Pelloski chronicles the evolution of his devastating legal battle alongside his concurrent journey of recovery from childhood sexual abuse. He shares with us the lessons he learned from these experiences in the hope they can serve as both a warning and an invitation: a warning to abuse survivors not to follow his dark path of silence, and an invitation to society to deal more openly with the multitude of painful issues that have shaped, not only his life, but also, tragically, the lives of so many others.

A portion of the post-production proceeds from the sale of *“Trauma, Shame, and the Power of Love”* will be donated to The National Center for Missing & Exploited Children and the Sidran Traumatic Stress Institute, Inc.

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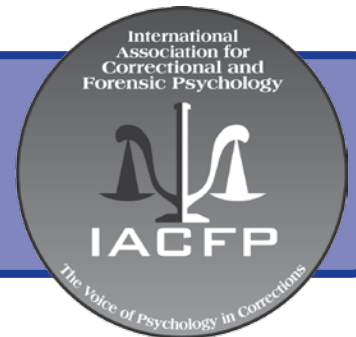
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