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FORMERLY *THE CORRECTIONAL PSYCHOLOGIST*

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In This Issue:

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THE TRUTHINDRUGS CAMPAIGN: A CAMPAIGN TO PROMOTE PSYCHOTHERAPY AS A FIRST-LINE TREATMENT FOR BEHAVIORAL DISORDERS

John Caccavale, Ph.D., Executive Director, National Alliance of Professional Psychology Providers,
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The mission of the Truthindrugs Campaign, conceived and sponsored by the National Alliance of Professional Psychology Providers (NAPPP) and its behavioral healthcare partners, is to inform and make the public aware that there are effective treatment alternatives for those who are experiencing behavioral disorders. There is a crises in our nation's behavioral healthcare system. Many factors contribute to this crisis, including financial, regulatory, and cultural issues. One of the most glaring problems in this crisis, however, is the use of medication as a first-line treatment for behavioral disorders (NAPPP, 2010).

Another significant factor contributing to the poor quality of services provided to patients suffering from behavioral disorders is the significant shift of behavioral healthcare from mental health specialists to primary care physicians (Sierles et al., 1995). While well-meaning, the majority of primary care physicians are not trained or experienced enough to provide behavioral health diagnosis and treatment. Many physicians are naive distributors for drug manufacturers in the face of solid research that shows many psychotropic medications are not effective or beneficial for an ever-growing number of patients (Kirsch, Deacon, Huedo-Medina, Scoboria, Moore, & Johnson, 2008). Many, if not most, physicians are caring and hard-working professionals. However, as a profession, primary care physicians know, or should know, that a wide range of psychotropic medications are mostly ineffective and potentially dangerous to patients. As such, most physicians who prescribe these medications do so to the detriment of their patients.

The problem of the present system, in which behavioral health is provided in primary care settings, will become even more pronounced as the new healthcare mandates take effect. We are concerned that healthcare reform will continue and even exacerbate the uneven quality of patient care that is ubiquitous and characteristic of the present system. These concerns and problems need to be taken seriously as a public policy issue. Moreover, these issues should be a matter of public interest. Consumers of behavioral healthcare must be protected and provided with positive and cost-effective treatments. Should the current practices of behavioral health treatment continue

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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

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

THE TRUTHINDRUGS CAMPAIGN *(Continued from page 1)*

to be provided by primary care physicians, we strongly believe that patients in desperate need of these services will suffer as drug companies, healthcare insurers, and physicians all gain at patients' and the public's expense.

Medications As First-Line Treatments

Medications as a first-line treatment for behavioral conditions is unsupported by the most recent outcome research (Turner, Matthews, Linardatos, Tell, & Rosenthal, 2008). Psychotherapy has been proven to be effective and cost-efficient with few, if any, side effects. For a psychotropic medication to be part of a treatment regimen, it needs first to be proven by unbiased peer review, truly unbiased clinical trials, and not as a first-line treatment. Our position is that providing behavioral healthcare in a primary care setting without an appropriate evaluation or collaboration with a doctoral level specialist is ineffective, non-beneficial, costly, and denies patients the standard of care required to treat behavioral disorders (Yury, Fisher, Antonuccio, Valenstein, & Matuszac, J., 2009).

The growing incidence of adverse drug events can be directly tied to the lack of skills and training provided to physicians in medical school and practice (Yasuda, 2002). On-the-job training to prescribe medications must be preceded by solid educational preparation. Even the best medical schools provide only 90 hours of pharmacological education over a 4-year medical school curriculum (Woodcock, 2000). The vast majority of medical schools provide far less training. There is a long-term shortage of psychiatrists that will not be resolved or, even if it were, more psychiatrists would probably not result in better care. This shortage has resulted in primary-care physicians becoming the dominant prescribers, based on suspect published research, which has deceived both them and the public about the safety, effectiveness, and benefit of psychotropic medications (Carlat, 2010). Consequently, patients have been put at risk and become literal guinea pigs for questionable medications such as many antidepressants, antipsychotics, and other drugs marketed to treat behavioral disorders.

Children and aged populations are at the most risk because they are receiving treatment from the least prepared physicians, and are the targets of drug companies, which see children and the aged as "profit centers" in the ever-increasing quest for market share. Off-label use of medications among these populations are promoted by drug companies seemingly to expand the profitability of their existing products.

The NAPPP supports healthcare reform and universal coverage. We advocate for and agree that extending care to everyone who needs it is good policy. What we are most concerned about, however, is having taxpayers subsidize drug companies and having insurers provide products and services not proven to work as advertised. Costs for medications will continue to increase to a projected $400 billion by the time the new reform takes effect. As professionals and citizens, psychologists and physicians, we must work in the public interest, not for distributors for drug companies and for insurance companies in particular, who gladly reimburse for ineffective medications because they are cheaper than providing effective care.

Patients suffering from behavioral disorders are among our most vulnerable citizens. We should not allow any profession or entity to hide behind selective science and the professional domination of healthcare

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THE TRUTHINDRUGS CAMPAIGN *(Continued from page 3)*

to subject patients and the public to patently ineffective and non-beneficial treatments. We do not argue that the healthcare industry and providers should be denied making a profit. Profit, however, must be balanced with the public good and must honestly and ethically be earned, be based on real need, and be based on sound theories and outcome research. Failure to hold physicians, providers, drug manufacturers, and insurers to these minimal standards will produce an even greater crisis in healthcare aside from the misery afflicted on a trusting population at the mercy of a system concerned more with profit than results. We believe that we can all do better, and we should strive to so. The specifics of the campaign can be found at truthindrugs.com. Information about NAPPP may be found on our website: admin@nappp.org.

REFERENCES

Carlat, D.J. (2010). *Unhinged: The trouble with psychiatry.* New York: International Universities Press.

Kirsch, I., Deacon, B., Huedo-Medina, T., Scoboria, A., Moore, T., & Johnson, B. (2008). Initial severity and antidepressant benefits: A meta-analysis of data submitted to the Food and Drug Administration. PLoS *Medicine, 5*. Retrieved February 2008, from medicine.plosjournals.org/perlserv.

National Alliance of Professional Psychology Providers (2010). Failure to serve: the misuse of medications as first line treatments for behavioral disorders. nappp.org/white_paper.pdf.

Sierles, F.S., Yager, J., & Weissman, S.H. (2003). Recruitment of U.S. medical graduates into psychiatry: reasons for optimism, sources of concern. *Academy of Psychiatry, 27*, 252-259.

Turner, E.H., Matthews, A.M., Linardatos, E., Tell, R.A., & Rosenthal, R. (2008). Selective publication of antidepressant trials and its influence on apparent efficacy. *New England Journal of Medicine, 358*, 252-260.

Woodcock, J. (2000). Testimony on medical errors: Understanding adverse drug events. Before the Senate Committee on Health, Education, Labor, and Pensions. February 1, 2000.

Yasuda, S. (2002). Adverse drug reaction curriculum missing at many medical schools. *Psychopharmacolgy Update,* April, 2002.

Yury, C., Fisher, J., Antonuccio, D.O., Valenstein, M., & Matuszak, J. (2009). Meta-anaylsis of antidepressant augmentation: Piling on in the absence of evidence. *Ethical Human Psychology and Psychiatry, 11,* 171-182.

NAPPP Campaigns To Promote Doctoral-Level Practice

We need the public and policymakers to acknowledge the importance of doctoral-level practice to the mental health system. At a time when people should be getting an appropriate evaluation and diagnosis by a doctoral-level psychologist and provided behavioral interventions as a first-line treatment, many are denied this option and provided with medications by a primary care physician who is ill equipped to provide the appropriate mental health service. Check out our new campaign videos at: nappp.org. NAPPP Executive Committee—Dr. John Caccavale, Dr. Nicholas Cummings, Dr. Jerry Morris, Dr. Dave Reinhardt, Dr. Howard Rubin, Dr. Jack Wiggins

ICCA 19th Annual Research Conference On What Works

The 2011 International Community Corrections Association (ICCA) conference will be held September 11-14 at the Grand Hyatt Hotel, Cincinnati, Ohio, and I strongly encourage members of IACFP and other readers of the newsletter to consider participating. The workshops will be relevant and useful, the opportunities for expanding your conceptual and professional horizons considerable, and the networking invaluable. We will keep you posted on the details of the upcoming program, accommodations, and other information as they develop.

Please note that the 2011 Annual Research Conference On What Works changed from Reno to Cincinnati. A regional ICCA meeting in Reno in July 2011 is planned. Details to follow.

TONY CAMERON RETIRING....

Our colleague and friend Tony Cameron, President of the International Corrections and Prisons Association (ICPA), will retire as President later this year. Ed Wozinak, ICPA Executive Director, said about Tony, "When Tony became ICPA President in 2004, he became President of an organization that was beginning to sense its importance in corrections and, under his leadership, he moved the ICPA into a position of worldwide influence in the field. His vision, his determination, and his unceasing hard work and enthusiasm have been the bedrock of the Association's growth in recent years." We wish Tony well and we congratulate him on his contributions to corrections. We will continue to maintain our collegial relationship with Tony in his retirement.

SECONDARY TRAUMATIZATION AND SELF-CARE OF CORRECTIONAL PSYCHOLOGISTS....

Kristin Francis,
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Kristin Francis is a student at Alliant International University, San Diego, California, where she is completing her PsyD program in forensic psychology. A summary of her proposed dissertation research follows.

To ensure quality treatment to clients in need, research has been done on the secondary effects on professionals working with traumatized clients. Most of the research has focused on the concept of burnout and compassion fatigue in social workers and other health care providers. The purpose of this study is to examine secondary traumatization in professionals working in correctional settings as well as to examine mediating variables that can help prevent development of secondary trauma such as methods of self care.

This research study will survey a population of correctional psychologists by utilizing an assessment for secondary traumatization, a self-care assessment, and a demographic questionnaire. In order to ensure anonymity, the surveys will be completed online and no identifying information would be elicited from participants. As there continues to be a need for clinical services in correctional settings, it is imperative that the mental health of these professionals be maintained in order to decrease secondary effects of working with traumatized populations and provide clients with the highest quality of care.

From Dr. John Gannon
IACFP Executive Director

IACFP Association and Institute Policy Committee

We are sometimes asked if our Association or our Institute takes official positions on matters of public policy. Recently, we prefaced a piece in our article on privatization of prisons with a statement that the Association had no official policy on privatization. Past President Althouse and I have been discussing this topic at some length, and we would like to solicit members for a committee that would consider the desirability of taking official positions either through the Association or through the Institute and, if so, seek to identify the topics and members with the relevant expertise to address them. I am interested in learning the views of our members directly on this topic, and any Association member who has an interest in serving on such a committee may contact me at: jg@ia4cfp.org or (805) 489-0665.

Committee for Romanian E-Learning Platform and Program

We have formed a committee of Association members to help Romania further develop their e-learning platform and program so that the platform and program may be accessed worldwide. At this writing, the committee members include: Dr. Robert J. Powitzky, Oklahoma Department of Corrections, Dr. Leonard Morgenbesser, New York Department of Corrections, and Carl Nink, corporate consultant, who is currently working with Carnegie Mellon University on initiatives for developing and presenting information. Other Association members who have interest in working with this committee may contact me at: jg@ia4cfp.org or (805) 489-0665.

Institute's Psychology Leadership Focus Group

We continue to make progress with the IACFP Institute's project to improve the professional standing and advance the role of correctional psychology in all areas of criminal and juvenile justice. To this end, Dr. Gary Dennis and I launched the IACFP Institute's Psychology Leadership Focus Group at the American Correctional Association (ACA) winter meeting in San Antonio, Texas in January 2011. Doctor Dennis, Senior Policy Advisor with the Bureau of Justice Assistance (BJA); Dr. Dean Aufderheide, mental health director for the Florida Department of Corrections and IACFP President; Dr. Robert Powitzky, mental health director for the Oklahoma Department of Corrections, Dr. Jim DeGroot, mental health director for

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From Dr. John Gannon....

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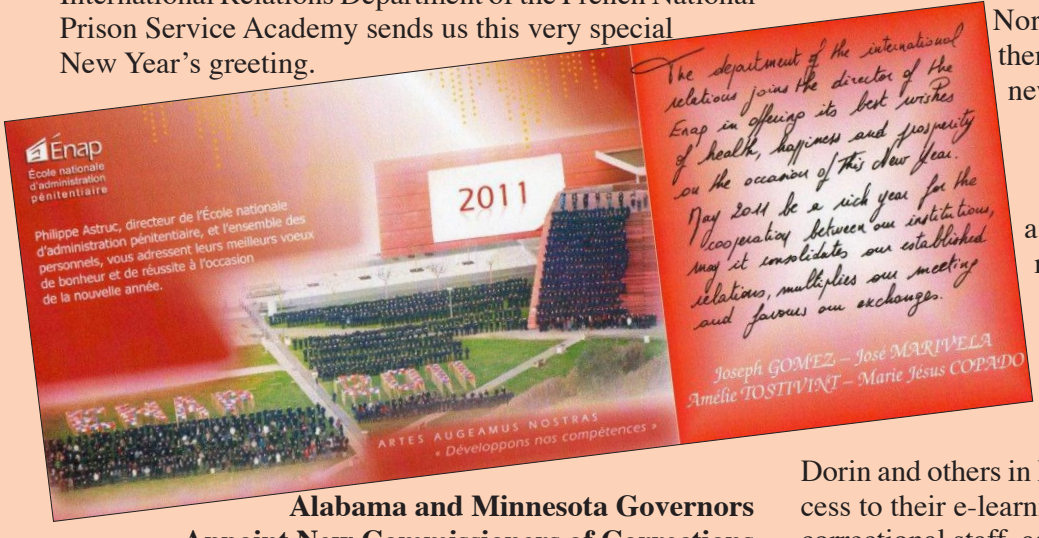
the Georgia Department of Corrections; Terri Marshall, MPA and mental health director for the Cook County (Illinois) jail; Dr. Ed Dow, Managing Director Modeling Solutions, Syscon; Dr. John Baxter, mental health director for Corrections Corporation of America (CCA), and I met for over 2 hours in a brainstorming and review session. I believe there was general consensus regarding at least two areas of general concern for our readers. First, as reported by various group members who participate in the mental health directors' national web conferencing and meetings through the National Institute of Corrections (NIC), as well as those familiar with the Association of State Correctional Administrators (ASCA), mental health issues in corrections are at the very top of the agenda for modification, improvement and resolution. With this observation came the obvious shared conclusion among the group members regarding the belief that psychologists, social workers, psychiatric nurses, and researchers in the field are becoming increasing important in the functioning of the institutions, the well-being of staff, the management and treatment of inmates, and the outcomes related to recidivism. Our importance, potential, and opportunities to participate in influential ways in corrections and criminal justice have never been greater than they are right now. Second, during our meeting, I attempted to articulate a vision of the role of mental health workers in general, and psychologists in particular, that includes broader participation by our Association members in program design, administration, monitoring, and research, particularly for programs related to reentry, whether that reentry be from jails and prisons to the community, mentally ill and drug addicted individuals to half-way houses, or impaired veterans to diversion programs outside criminal justice sanctions. The vision also includes opening channels for those of our members, and people similarly situated professionally who have an interest in these areas, to play significant roles in facility personnel screening and hiring procedures, staff training, correctional administration, and correctional policy development, especially those policies related to behavioral change within the culture of prisons as social institutions and among inmates. While being surrounded by mental health professionals may provide an undue measure of hope that comes from "preaching to the choir," the vision was well received by those present, and everyone present committed to continuing the dialogue in a way that would allow us to begin to take direct action toward the goals. Since this was a brainstorming session, no specific plan was adopted, but I remain interested in working with leaders in corrections and criminal justice agencies, and in sponsoring psychology leadership forums for networking on the behalf of our field and for further discussion of these issues. Please let me know if you have any interest in participating in this project at any level. Contact me at: jg@ia4cfp.org or (805) 489-0665.

Special Announcements

New Year's Greeting From France

Our friend and colleague Ameilie Tostivant from the International Relations Department of the French National Prison Service Academy sends us this very special New Year's greeting.



Alabama and Minnesota Governors Appoint New Commissioners of Corrections

Kim T. Thomas has been appointed as Interim Commissioner of Corrections in Alabama. Prior to his appointment, he was Chief Counsel for the Alabama Department of Corrections. Thomas Roy has been appointed as Commissioner of Corrections in Minnesota. Prior to his appointment, he served as Director of Arrowhead Corrections, serving five Northern Minnesota counties. We wish them both well and the best of luck in their new positions.

Dorin Muresan Appointed....

Dorin Muresan of Romania, a colleague and friend of our Association, was recently promoted to the Deputy Director General of the National Administration of Prisons Romania. We congratulate him and wish him good luck in his new position. We also look forward to continuing our work with Dorin and others in Romania in developing worldwide access to their e-learning platform and program for training correctional staff, as well as working with him and others there on other projects of mutual interest.

2nd North American Correctional & Criminal Justice Psychology Conference

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Distinguished Keynote Speakers Include:

Joel Dvoskin, Ph.D., ABPP: "Crime & Punishment & Psychology: How to Spend a Fortune Making America Less Safe"
R. Karl Hanson, Ph.D.: "The Assessment and Treatment of Sex Offenders"
Sheilagh Hodgins, Ph.D.: "The Neurobiology of Persistent Violent Offending"
Jennifer Skeem, Ph.D.: "Mental Illness and Criminal Justice Involvement: A New Paradigm for Research and Policy"
Paula Smith, Ph.D.: "Treatment Integrity: The Relationship Between Program Level Characteristics and Offender Recidivism"

*See our website for more information about our **speakers** and for **registration information:** cpa.ca/convention/registration*

Pre-Conference Workshops

Assessing Dynamic Risk in Sexual Offenders: The STABLE-2007 and ACUTE-2007
Andrew Harris, M.Sc., Ph.D., C. Psych.
Violence Assessment Workshop: Daryl G. Kroner, Ph.D.; Jeremy F. Mills, Ph.D., C.Psych., & Robert D. Morgan, Ph.D.
Translating Neurobiological Theory with Correctional and Forensic Practice: David Nussbaum, Ph.D.
How to Conduct a Meta-Analysis (with a Focus on Criminal Justice Research): Leslie Helmus, M.A.
An Introduction to Motivational Interviewing with Offenders:
Joel Ginsburg, Ph.D., C.Psych. & Sharon Kennedy, Ph.D., C.Psych.

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RECOMMENDED READING LIST FROM DR. EDWIN (NED) MEGARGEE

We asked Dr. Megargee to create a list of readings for correctional mental health professionals that he thought would help. His list is not exhaustive, but it provides an excellent sample of selective readings on relevant topics in our field. Doctor Megargee has recently retired from the Department of Psychology, Florida State University, Tallahassee. He has distinguished himself over the years as a prolific writer and contributor to the literature, as well as being an eminent lecturer and teacher. Doctor Megargee is an IACFP member also serving as its President and on the Editorial Board for our journal, *Criminal Justice and Behavior.* Before, and sometimes after the list for each area, he provides a brief commentary. We thank our colleague and friend very much for this contribution.

The only area that I think all correctional mental health professionals must master is ethics and standards of practice in corrections. I recommend these primary references in that area:

International Association for Correctional and Forensic Psychology Practice Standards Committee. (2010). Standards for psychological services in jails, prisons, correctional facilities, and agencies. *Criminal Justice and Behavior, 37,* 749-810.

Monahan, J. (Ed.). (1980). *Who is the client? The ethics of psychological intervention in the criminal justice system.* Washington, DC: American Psychological Association.

National Commission on Correctional Health Care (2008). *Standards for mental health care in correctional facilities*. Chicago, IL: Author.

A clinical mental health professional who is new to corrections should be familiar with the basic structure of the criminal justice system and with criminological theory. If she or he has not had any criminology or criminal justice courses, I recommend reading one of the current basic texts in the field. With regard to criminological theory, I recommend:

Bernard, T. J., Snipes, J. B., & Gerould, A. L., (2009). *Vold's theoretical criminology, 6th ed*. New York: Oxford.

Most correctional mental health professionals should also be familiar with forensic psychology (although the reverse is not true). In my opinion, the best and most comprehensive resource is:

Goldstein, A. M. (Ed.). (2003). Forensic psychology, Vol. 11. In I. B. Weiner (Ed.). *Handbook of psychology.* Hoboken, NJ: Wiley.

Aside from these basics, ethics and standards, criminology, and forensic psychology, different specialists will have different lists of important resources that will be of little interest to other specialists. I will note some in the areas that I work in.

First, if someone is interested in my work, there are three content areas that are relevant to corrections: assessment, aggression and violence, and classification. I will list some references that would give an introduction or overview to each.

In the area of assessment, I would recommend:

Megargee, E.I. (1976). The prediction of dangerous behavior. *Criminal Justice and Behavior, 3,* 3-21.

Megargee, E. I. (2003). Psychological assessment in correctional settings. In J. R. Graham & J. A. Naglieri (Eds.), *Handbook of psychology, Vol. 10: Assessment psychology* (pp. 365-388). New York: Wiley.

An updated revision of this chapter is due out in 2011 or 2012.

With regard to my theoretical approach to aggression and violence, the best single source is:

Megargee, E.I. (1993). Aggression and violence. In H. Adams and P. Sutker (Eds.), *Comprehensive handbook of psychopathology, 2nd. ed.* (pp. 617-644). New York: Plenum.

With regard to my MMPI-2-based classification system, the best resource is:

Megargee, E. I., Carbonell, J. L., Bohn, M., & Sliger, G. L. (2001). *Classifying criminal offenders with MMPI-2: The Megargee system*. Minneapolis, MN: University of Minnesota Press.

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RECOMMENDED READING LIST *(Continued from page 8)*

Aggression and, especially, criminal violence are interest areas that are relevant to many correctional psychologists. For overviews of these areas, I suggest:

Berkowitz, L. (1993). *Aggression: Its causes, consequences, and control*. New York: McGraw-Hill.

Toch, H. (1992). *Violent men: An inquiry into the psychology of violence*. (Rev. ed.). Washington, DC: American Psychological Association.

Wolfgang, M., & Wiener, N. (Eds.). (1982). *Criminal violence*. Beverly Hills, CA: Sage.

There have been many articles and books on risk assessment, especially violence risk assessment, published in recent years. One cannot go wrong reading books or articles written or edited by Kirk Heilbrun or Randy Otto. I was also favorably impressed by:

Singh, J. P., & Fazel, S. (2010). Forensic risk assessment: A metareview. *Criminal Justice and Behavior, 37,* 965-988.

My own contribution to the recent literature on risk assessment is:

Megargee, E. I. (2009). Understanding and assessing aggression and violence. In J. N. Butcher (Ed.), *Oxford handbook of personality psychology* (pp. 542-566). New York: Oxford University Press.

In the general area of clinical assessment, I recommend reading just about anything by Paul Meehl. Although you may not agree with him, he always makes you think. The following are some especially relevant articles:

Meehl, P.E. (1959). Some ruminations on the validation of clinical procedures. *Canadian Journal of Psychology, 13,* 102-128.

Meehl, P. E. (1973). Why I do not attend case conferences. In *Psychodiagnosis: Selected papers of Paul Meehl* (pp. 225-302). Minneapolis, MN: University of Minnesota Press.

Meehl, P. E., & Rosen, A. (1955). Antecedent probability and the efficiency of psychometric signs, patterns, or cutting scores. *Psychological Bulletin, 52,* 194-216.

This article first introduced the concept of base rates and their effect on prediction. Although important, it is not user friendly. For a more recent explication and application of these concepts, see:

Finn, S. E. (2009). Incorporating base rate information in daily clinical decision making. In J. N. Butcher (Ed.), *Oxford handbook of personality psychology* (pp. 140-149). New York: Oxford University Press.

The last paper of Meehl's that I will recommend is relevant to forensic psychology:

Meehl, P. E. (1971). Law and fireside inductions: Some reflections of a clinical psychologist. *Journal of Social Issues, 27*, 65 – 100.

MAKING PARENTING MATTER: COACHING PARENTS ON POSITIVE PARENTING

This is a summary of a presentation made by Dr. Danny Singley at the Winter Conference of the American Correctional Association (ACA) in San Antonio, Texas, January 28-February 1, 2011. Doctor Singley described the results of a quasi-experimental study during which selected clinicians were taught the same course across three conditions. An abbreviated summary of the study follows below.

Doctor Singley is Vice President of Curriculum Development and Research for Essential Learning. The study's co-author and co-collaborator, Dr. Carol Hurst, was not present at the ACA conference. She is Director of Continuing Education and Evaluation, Corporate University of Providence. Doctor Hurst is also a licensed social worker (LCSW).

Coincidently, because our Association is beginning to work with Romanian prison officials, helping them further develop their new e-learning platform and program for worldwide access so that others in corrections may benefit, we thought that our readers might have interest in the Singley and Hurst study. Their study compared four groups of clinicians from Providence Service Corporation, a large behavioral health organization in 36 states and British Columbia, Canada, who took the same five-module course titled "Making Parents Better" across three conditions:

a). Live 1-day workshop (n=46)
b). Five-week tele-class involving weekly conference calls (n=46)
c). Five-part weekly (one module per week) e-learning course (n=45)

An additional comparison waitlist group (n=22) was added as a control. This group did not take the course but did complete all the pretests and posttests and were involved in the 1-month followup assessment, like the other groups. All four groups showed no statistically significant differences on pretests, indicating that all were comparable in terms of their knowledge of the course materials prior to participating. Results showed that the three intervention groups had significantly higher scores on posttest scores, including the 1-month scores, when compared to the waitlist group. The study also showed that the e-learning method of presenting the course was the most cost-effective:

a). $18.50 per CE for e-learning
b). $19.50 per CE for tele-class, and
c). $66.74 per CE for live workshop

In sum, "Making Parenting Matter" in an e-learning format is as effective as tele-class and live workshop formats, but is more cost-effective. Doctors Singley and Hurst plan to submit their study to a journal for publication consideration. You may contact Dr. Singley at: dsingley@essentiallearning.com

IACFP EXECUTIVE DIRECTOR QUOTED BY THE ASSOCIATED PRESS

In a recent Associated Press article featuring a successful Alabama prison program, Dr. John Gannon, our Executive Director, was asked to comment. The program, called Vipassania, works with violent offenders using contemplative Buddhist practices through breathing exercises, and teaching the offenders to let go so that their body relaxes, teaching them not to react to thoughts impulsively and to step back and observe the situation more rationally, and then teaching them to think through more constructive ways to manage the situation. The program operates out of Alabama's William E. Donaldson Correctional Facility in Bessemer, Alabama. Doctor Gannon said that he "Applauds Alabama's efforts." He went on to say, "That any help to reduce (offender) impulsivity is likely to reduce recidivism and that is what the process is about, as I understand it." The article appeared nationwide in several media outlets.

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Correctional Mental Health:
From Theory to Best Practice

Thomas J. Fagan,
Nova Southeastern University, FL

Robert K. Ax,
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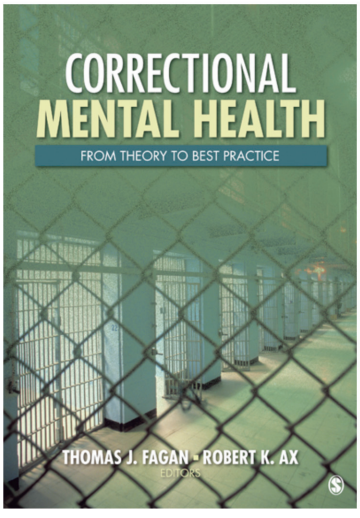

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A research-to-practice text offering a bio-psychosocial approach to treating criminal offenders

Correctional Mental Health is a broad-based, balanced guide for students in corrections, correctional counseling, or criminal justice topics courses who are learning to treat criminal offenders in a correctional mental health practice. Featuring a wide selection of readings, this edited text offers a thorough grounding in theory, current research, professional practice, and clinical experience. It emphasizes a biopsychosocial approach to caring for the estimated 20% of all U.S. prisoners who have a serious mental disorder. Providing a balance between theoretical and practical perspectives throughout, the text also provides readers with a big-picture framework for assessing current correctional mental health and criminal justice issues, offering clear strategies for addressing these challenges.

Key Features:

- **Includes chapters on a wide selection of topics, written by established correctional practitioners or administrators** at the federal, state, or local level or by academics in the field
- **Emphasizes current issues and real problems faced by correctional mental health practitioners along with suggested best-practice solutions** to prepare students for careers in this field
- **Examines special correctional mental health populations such as juveniles, women, and sex offenders**, encouraging readers to develop a greater understanding of the unique symptoms and management issues related to group
- **Features current best practices and other practical tips in each chapter** to help those interested in establishing or managing a correctional mental health practice
- **Offers discussion questions in each chapter** to stimulate classroom discussion and independent thought, as well as other pedagogical tools for critical thinking

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BOOK REVIEW

CORRECTIONAL MENTAL HEALTH: FROM THEORY TO BEST PRACTICE

Edited by Thomas J. Fagan, Ph.D. and Robert K. Ax, Ph.D.
Robert R. Smith, Ed.D., Executive Editor, The IACFP Newsletter

This book is well organized, balanced, well written, and is very readable. The book is not only a contribution to the academic community for students in psychology, sociology, criminal justice, and correctional counseling at any level, it will also have practical use for correctional practitioners at the entry level, as well as for those with more experience. For the practitioner, it will serve as a quick-reference guide and resource highlighting current correctional mental problems and workable solutions in American correctional settings. As an add-on benefit, the book provides correctional administrators with a wide selection of readings to help them broaden their understanding of current correctional mental health practice.

Fagan and Ax begin by helping the reader understand where American correctional mental health is today by, very briefly, detailing some of the more important reasons why we are where we are. They point to the deinstitutionalization movement in America's mental health system during the 1950s and 1960s, when mental hospitals where suddenly closed out of a well-intentioned concern for the poor treatment of the mentally ill in those settings and the belief that the patients would be better treated in the community. However, without the necessary funding and sufficient development of community-based treatment programs and facilities, patients who where abruptly released from the mental hospitals into the community began to show up in our jails and prisons. Coupled with this, where other well-intentioned movements in American justice a little later (e.g., the "getting tough on crime" movement) coupled with a more concentrated focus on drug and sex offenses, our jails and prisons began to be overwhelmed with larger numbers of offenders with serious and less serious debilitating mental illnesses as well as offenders with serious drug and other addictions.

In two other edited books in 2003 and 2007, Fagan and Ax discussed and highlighted the distinctive aspects of correctional mental treatment and practice to help raise awareness of the academic community about these problems and to also motivate entry-level mental health practitioners and others to work in correctional settings in one book and, in the other, they addressed the common problems faced by correctional mental health practitioners globally, with a focus on North America and other Western countries, with their second book. Fagan and Ax were hoping to help readers gain a greater understanding of correctional mental health and the interrelationship with varying social and political initiatives and their common bond across Western countries. They were also hoping to provide the American reader, in particular, with a perspective on the policies and practices of offender mental health treatment in foreign countries.

In *Correctional Mental Health: From Theory to Best Practice*, Fagan and Ax provide a compelling clinical guide for correctional mental health treatment based on a biopsychosocial or intersystemic theory that is grounded in research and clinical practice. The book draws on the wealth of clinical and administrative experiences of the editors and contributors.

Throughout the book, it is posited that correctional populations are not only underserved, but they and their surroundings are unique and complex, with barriers and professional challenges that require considerable patience as well as persistence with offender management and treatment. The editors point out that correctional mental health practice is not the same as mental health practice in the "free world" for several reasons. They go on to note that correctional mental health practitioners must adapt and look for options that are practical, ethical, and based on available research and practice and also caution the practitioner to carefully and consistently evaluate and assess the impact of their treatment strategy. There's need for a stronger link between correctional mental health professionals, correctional administrators, and the academic community. If the corrections-academic gap is bridged, the editors claim, it will increase the probabilities of improved offender management and treatment, improve chances for a safer and more humane institutional environment, and will likely help with effective reentry and reintegration processes.

The book is divided into four sections. Section 1 (Chapters 1-3) establishes the intersystems' theme for the rest of the book, first, looking at correctional practice within the larger criminal justice context (i.e., police,

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CORRECTIONAL MENTAL HEALTH (Continued from page 13)

courts, jails, prisons, and community corrections) with discussion of the limitations of correctional practice when viewed in isolation, next, comparing "free world" mental health practice to correctional mental health practice, highlighting their differences and similarities, and, last, providing an administrator's perspective on mental health treatment with emphases on staff training and recruitment.

Section 2 (Chapters 4-8) provides readings on assessment, treatment, multiculturalism, psychopharmacology, and interdisciplinary collaboration. The interdisciplinary chapter begins with a quote from Plato echoing the book's theme, "As you ought not attempt to cure the eyes without the head, or the head without the body, so neither ought you to attempt to cure the body without the mind...for the part can never be well unless the whole is well." Doctors Aufderheide and Baxter cleverly use this and other famous quotes throughout their chapter to keep the reader's attention on the collaboration theme of the chapter and book. The quotes reinforce the rationale for a collaborative/interdisciplinary offender intervention approach where all staffs, mental health, correctional, and other institutional personnel participate. Solutions to obstacles and challenges in creating such a model are also briefly addressed.

Section 3 (Chapters 9-15) has chapters on specific offender populations including women and juveniles. Characteristics of the specific populations, how that population blends with the correctional environment, barriers to treatment, and current treatment and management strategies for that population are highlighted. Section 4 (Chapter 16) provides a critical look at where correctional mental health treatment is in America with all of the challenges and crises facing us, on one hand, and, where correctional mental health treatment needs to be in the future, on the other, with a plea to health and mental health professionals to do what is necessary to create (and sustain) a best-practice treatment environment in corrections.

All 16 chapters end with a glossary of key terms and discussion questions to prompt more in-depth classroom discussion regarding aspects of correctional practice in context with social, political, and ethical issues impacting that practice. The Appendix stands out as an extremely useful part of the book with a sample lists of relevant articles, book chapters, selected books, and an assortment of documents including: references for correctional practice standards, names of relevant journals, names of criminal justice, corrections, and mental health agencies, a list of Nongovernmental Organizations (NGOs), names of victim's rights organizations, names of related professional organizations, and names of selected and relevant codes of ethics, a list of other corrections and mental health national conferences, and a list of selected electronic learning resources. Many of the entries are accompanied with their websites.

The book's editors and contributors represent an established and distinguished group, not only of correctional mental health professionals and administrators from federal, state, and local levels, but academics and others in the field who have provided significant and distinguished scholarly contributions. Eligible individuals may receive a complimentary review copy of the book by following the instructions on page 12 of this newsletter.

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Find out what we mean by joining us and our distinguished hosts for another unforgettable ICPA event in the beautiful progressive nation of Singapore!

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

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

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

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

"THE VOICE OF PSYCHOLOGY IN CORRECTIONS"

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

APPLICATION FOR MEMBERSHIP

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

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

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