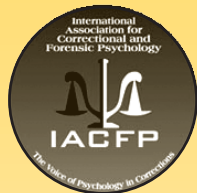


THE IACFP NEWSLETTER

FORMERLY THE CORRECTIONAL PSYCHOLOGIST

Vol. 43, No. 3

July, 2011



In This Issue:

- 6 RAMSELL TECHNOLOGIES....
- 8 VETERANS TREATMENT COURTS:
PREVENTING THE CRIMINALIZATION OF
COMBAT VETERANS WITH PTSD
- 9 DEVELOPMENT AND PILOT TESTING OF
AN INTERNET-BASED PARENTING
EDUCATION PROGRAM FOR TEENS AND
PRE-TEENS: PARENTING WISELY
- 12 IACFP: 2011 AND BEYOND
- 13 FROM DR. JOHN GANNON,
IACFP EXECUTIVE DIRECTOR
- 15 ADULT OFFENDER RECIDIVISM HIGH
- 15 THE PENROSE EFFECT/LAW

CARE AND GUIDANCE FOR EX-DETAINEES: EXODUS IN THE NETHERLANDS

Rien Timmer, drs., Director of Exodus Association in the Netherlands

r.timmer@exodus.nl

Translation by Oldrik Weigand

In 2009, 40,000 people were released from a prison or other penitentiary facility in the Netherlands. For these numbers, one needs to take into account the fact that many sentences in the Netherlands are relatively short: more than 70% of the released has spent less than 6 months in detention, sometimes even multiple times in the same year. Some ex-detainees are on their own after detention: they have no home, no



RIEN TIMMER

job, no money, and no (reliable) family or friends to fall back on. To prevent these people from having to turn to crime again straight away, aftercare is of

great importance. Exodus was founded in 1981 to help ex-detainees reintegrate into society.

The founders were mainly Protestant and Roman Catholic prison chaplains, whose churches are still closely connected to the organization. Currently, Exodus has grown into a nationwide organization with the important function of bridging the gap between detention and society. There are Exodus houses where ex-detainees receive guidance in 11 different municipalities in the Netherlands. Three more are currently being set up. There is also a nationwide

network of volunteer projects both inside and outside prison walls, offering a broad selection of projects for ex-detainees. Exodus has 220 beds available at the start of 2011. The organization employs 230 paid workers and 1,800 volunteers.

Exodus houses both ex-detainees and current detainees (so-called judicial placements). The latter are placed by decision of a judge or prison director as part of their punishment. This is always preceded by advice from their probation officer.

The residents of Exodus houses receive guidance in regards to living, work, relations, and the giving of meaning. This is an essential hallmark of the Exodus way of doing things. Exodus strives for an integral approach covering all aspects of life. After all, the reasons behind criminality generally also come down to a combination of factors.

The small scale of projects and the personal responsibility of the ex-detainee are other hallmarks of the Exodus approach. An Exodus house has a maximum of 20 rooms. They are places where people can find a real home, where they are treated as humans and can learn to lead their lives in a positive way on their own. Because of this, workers at Exodus never speak of clients but rather of residents. For the same reasons, those workers (whether professional or volunteer) are neither guards nor wardens, but guides and buddies, who join the ex-detainee on his journey through life

(Continued on page 3)

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

President

Dean Aufderheide, Ph.D.
Director of Mental Health Services
Florida Department of Corrections
501 South Calhoun Street
Tallahassee, FL 32399
(850) 410-4607

President Elect

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

Past President

Richard Althouse, Ph.D.
548 Linden Street
Verona, WI 53593
(608) 497-0574

Executive Director/ Affiliate Liaison

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

Secretary/ Treasurer

David Randall, M.B.A.
Office of Health Services
Florida Department of Corrections
2601 Blair Stone Road
Tallahassee, FL 32399
(850) 922-6645

Editor, *Criminal Justice and Behavior*

Curt Bartol, Ph.D.
216 Rector Road
Glenville, NY 12302
(518) 377-1312

The IACFP Newsletter Editors

Victor S. Lombardo, Ed.D., Associate Editor
Marshall University Graduate College
100 Angus E. Peyton Drive
South Charleston, WV 25303

Robert R. Smith, Ed.D., Executive Editor
625 Richardson Road
Fortson, GA 31808
(706) 494-1168

CARE AND GUIDANCE *(Continued from page 1)*

for a while.

Financing

For funding, Exodus depends on subsidies from the Ministry of Safety and Justice of the Netherlands (hereafter referred to in this article as the Ministry of Justice), municipal grants or gifts from individuals and charitable funds. Every governmental period is a new challenge in paying the costs for Exodus. The Ministry of Justice only wants to pay for judicial placements, which are formally charged by a judge or prison director. The actual return to society that ex-detainees go through often occurs in a time frame where the responsibilities of the Ministry of Justice have ended but those of local authorities have not yet started, however. Besides that, local authorities often only want to help ex-detainees who lived in their municipality before being detained. However, for many ex-detainees it is important to make a fresh start, away from any problematic relations and a troubled past. Settling in a different municipality takes away reasons for criminality and therefore should be encouraged, but it often is not.

That's another reason why Exodus is dependent on fund raising. One advantage, at least, is that this places the burden of responsibility for giving people another chance after their punishment on society itself.

Starting an Exodus House

Starting an Exodus house is not an easy task. For ex-

ample, it is essential to create a broad social basis for the project with regard to society, politics, justice, and church. It is also important to judge the immediate need for the project on a local/regional scale to determine which groups would benefit from an Exodus house.

However, the greatest challenge when starting an Exodus house is in finding a suitable location. A location for a re-socialization service has to mesh with the municipality's zoning scheme. The location must be suitable for at least 14 residents, our breaking point to prevent monetary loss. The common rooms and staff rooms must be properly furnished and there needs to be sufficient ways of keeping track of who is entering and leaving the premises. Of course, the location cannot be too big, either. Keeping things small scale is essential.

Communication with the municipal authorities, as well as the neighborhood, is key when trying to find a suitable location. Gut feelings and ignorance about the consequences of having a center for ex-detainees in the neighborhood often make establishing a new location difficult. Because of protests, political discussions, and judicial procedures it has taken up to 8 years before a planned Exodus house could be opened. Sometimes, the plan even had to be scrapped altogether under pressure.

Placement and Intake

Application Procedure

Exodus offers relief and guidance for motivated ex-detainees who have questions in the fields of living, working, relationships, or the giving of meaning. When applying, a resident candidate should make his motivations apparent through an application form and a handwritten life story. The organizations that guide people to Exodus also supply background information as well as (sometimes required) advice and reports. After this, an intake conversation can determine whether the detainee fits in Exodus or not. In this way, Exodus tries to ensure that the ex-detainee has a real chance of finishing the program. This is important for Exodus (because a high negative outflow is bad for results and public image), but even more important in preventing (more) disappointment in candidate residents. Prematurely ending a program also often leads to unrest in other residents as well as the guidance team.

Important negative factors are obvious addiction problems, aggressive behavior, or serious psychiatric issues. An Exodus house is not a treatment center for addiction or psychiatric issues. Even so, many residents do have a history of addiction and/or psychiatric issues. The situation of these issues must be stable, prospective residents

(Continued on page 4)

IACFP

IN CASE PEOPLE ASK

The International Association for Correctional
& Forensic Psychology
provides a forum for exchanging ideas, technology,
and best practices among correctional
mental health professionals and others
in the international criminal and
juvenile justice communities.

iacfp.org

CARE AND GUIDANCE *(Continued from page 3)*

must (no longer) be dependent on substance use, and their behavior cannot be a danger to their surroundings. Many residents follow additional programs while they live in the Exodus house. They follow the Exodus program as a practical application of what they learn in addiction care or psychiatric care. Of course, the process of application and placement is not always as smooth as this description might indicate. The cooperation between the different services involved is often very complex, the detainee's behavior can become a problem (for example by returning to an addiction), and judicial laws in regard to financial debt or additional convictions can prevent placement.

The placement of Dutch people detained abroad is even more complex. For them, it is often unclear when they will be allowed to return to the Netherlands, communication is difficult and having an intake conversation before placement is practically impossible.

Guidance

A guidance plan for the ex-detainee is important. After an ex-detainee has been placed in an Exodus house, he receives an individual guidance plan aimed at the key points of: work, living, relationships, and the giving of meaning.

Key Point: Work

Having a job is crucial. While the majority of Exodus residents has working experience, it is often difficult for them to find and keep a paid job. In many cases, they have performed unskilled labor, illegal work, or have had a criminal income. There are also holes in their resume as a result of their detention. Most Exodus residents are semiskilled or unskilled. For some, primary school is their highest education. While unskilled labor is generally easily available, it is also highly sensitive to the economic situation. For example, this is the case in construction and the catering industry. Finding work in these industries is doubly hard for Exodus residents because they are not allowed to drink alcohol. In the catering industry the use of alcohol is the rule rather than the exception, and both in construction and in catering, it is not unusual to drink alcoholic beverages after working hours. The risk to Exodus residents is great.

Aside from trouble finding a job, some of the residents also have the problem that they are used to having plentiful financial means. They not only need to learn to work in a structural manner, but they also need to learn to deal with a very limited budget. Any debts they might have on top of that make for an even greater issue.

The Exodus guide must support the resident in making choices and taking steps towards a structural return to the job market. Can he enroll in education or training? How

will he get (temporary) work, even unpaid volunteer work? What support can he receive in keeping appointments and dealing with difficult situations at work? How can he deal with a limited budget?

Key Point: Living

The key point living is not just about finding a personal living space, but also about preparation for being able to live on one's own (e.g., cooking, shopping, cleaning, personal care, etc.). These things do not always come naturally to many ex-detainees. Some of them have never lived on



No Translation Needed

their own before and were always taken care of by care centers or prisons. Others have been homeless until they were detained.

One of the biggest problems with the key point of living is the lack of affordable living spaces. Finding an affordable living space in Amsterdam can take years. For a successful resocialization it is important that residents have somewhere to go after the Exodus program, which only lasts up to 12 months. Because of this, Exodus makes a lot of deals with municipal authorities and building corporations about declarations of urgency and the availability of living space. In many cases, finishing the Exodus program is a prerequisite for getting one of these declarations of urgency, making it another way of stimulating residents to cooperate in a positive way.

Key Point: Relationships

(Continued on page 5)

CARE AND GUIDANCE *(Continued from page 4)*

Residents work together with their guides in re-building relationships and maintaining them for the sake of re-socialization. Any relationship counts, whether family, partner, or friends. It is however also important to look for new friends and to maintain distance from old criminal relations.

This process can be complicated by travel distance, small social circles, and estranged families that want nothing to do with the resident. This can happen as a result of earlier disappointment, threats, or even victimization of family members. Furthermore, Exodus imposes rules of leave, especially for those who spend time with Exodus for the sake of a judicial title. This means that these residents can only see their families on the weekend, and only in the latter phases of the program.

For people with a history of addiction it is even more difficult to build and maintain good relations. Under the influence, they often only had the most basic knowledge of their friends' situations, which is very different from building a close relationship.

Key Point: Giving of Meaning

The fourth key point in the Exodus program is the giving of meaning. This point receives the attention of Exodus guides in both group conversation and individual conversation. There is room for questions like: How do I deal with guilt? Why is this happening to me? What makes my life worth living and for whom and what do I want to apply myself? Residents are encouraged to find their personal answer to these sorts of questions. A religious answer to these questions is encouraged, but residents at all times make their own choices. Exodus is not an evangelizing organization and it is open to all walks of life.

To talk about the questions of meaning, a guide must first develop a bond of trust with the resident. This takes time, more so because the guide is not only a mentor but also fills several different roles. For example, guides are also group leaders in shared activities. They must also place sanctions on residents who break the house rules or fail to adhere to agreements. Exodus works with a system of sanctions and rewards. Residents get yellow cards as a reminder that they need to keep to (house) rules and as sanctions for unwanted behavior. As such, these cards serve as a measuring stick for norms and values within Exodus. The yellow cards also serve a teaching role with regard to the future self-sufficiency of residents. The system brings order and rhythm to the life of the residents. Green cards are handed out to reward and stimulate good behavior. A resident that has accumulated 10 yellow cards receives a red card and will be terminated from the Exodus

program. Many residents also see their guide as a part of the justice system, because Exodus reports to probation when someone is in the Exodus program with regard to a judicial title. The giving of meaning is not just the subject of individual conversation. There are also theme nights that touch on the subject.

Expulsions

Of the 400 residents that Exodus guides on a yearly basis, about 40% are forcibly expelled. The most common causes of forced expulsion are use of alcohol or drugs and failure to keep to house rules or agreements. Being forced to leave is irritating to the person involved, but also to the guidance team and the group of residents. Thankfully, most expulsions happen in an orderly manner.

It can also happen that a resident does not return from leave or stays away for a night. This is also a reason to end the program for the person involved. When people stay with Exodus for judicial reasons, Exodus always reports any incidents with the residents to the probation officer. Probation then decides in conference with Exodus, whether an incident should lead to a formal warning or immediate expulsion. Residents who stay with Exodus for a judicial title are retrieved by the Ministry of Justice and returned to the penitentiary. After all, they are formally still detained. If necessary, probation reports to the Ministry of Justice that someone has left supervision and should be placed on the list of people to be traced down.

Results

A 2009 study of the Exodus program showed that ex-residents from Exodus became a recidivist significantly less often in the 2 years after their release, compared to the general ex-detainee population in the Netherlands during the same period (47% versus 55%). The study also showed that the 47% recidivism rate for Exodus ex-residents was significantly lower than their expected rate of recidivism (57%). The expected rate of recidivism was calculated by using specific personal characteristics, such as gender, age, and the number of prior convictions. Furthermore, the study also showed that the longer residents stayed in the Exodus program, the better were their chances of not recidivating. Exodus residents who completed the program were less likely to recidivate 2 years after their release, compared to those who were prematurely expelled from the program (31% versus 64%). Put another way, those who finished the Exodus program did significantly better than those who quit the program. While other explanations may

(Continued on page 6)

CARE AND GUIDANCE *(Continued from page 5)*

be proffered, the care and guidance provided at Exodus does seem to lead to the reduction of repeat offenses. An alternative explanation could be that residents of Exodus are perhaps more motivated to turn their backs on their criminal lives than other ex-detainees and that it is this difference in motivation which explains the lower numbers for recidivism in ex-residents of Exodus. Because of this, Exodus guidance also leads to significant cost savings on the grounds that criminality and recidivism clearly carry a hefty social cost.

Numbers aside, it is too bad that an organization like Exodus seems to be calculated in as simply a contribution to recidivism reduction. It fails to do justice to the fact that the results of the Exodus program were, and continue to be, dependent on many organizations (i.e., probation services, prison staff, building corporations, municipal social services, employers, churches, etc.), as well as external circumstances, such as employment rates and the availability of suitable rental homes.

Calculating things on the basis of recidivism numbers unfortunately also leads to outflow results becoming important to future financing. If there is too much focus on outflow results, we run the risk of losing track of the actual goal, which is the improvement of the situation for people with a criminal past. If the intake already steers towards expected results, only those people who look to

have a large chance of success would be admitted. A large group of ex-detainees who also need guidance would risk being pushed aside.

The contribution that Exodus makes is in more than recidivism numbers alone. The faith in the power of people, the offer of a future and the creation of a societal basis for the reintegration of ex-detainees into society are also important contributions that Exodus makes to society. For more information, particularly about the Exodus research cited in this article, contact: r.timmer@exodus.nl

An aside about the drs. The Dutch doctorandus (drs.) is acquired by passing the doctoralexamen, traditionally a matriculation exam for admission to study at the doctoral level. In most cases this concludes university study, but occasionally students will continue to do research under supervision of a professor, which eventually allows them to obtain the title of doctor. The Dutch legislature points out that the drs. degree is equivalent to the master's degree in English-speaking countries, with the difference that the coursework and comprehensive exams for a doctorate are included in the academic study. After being graduated to drs., the candidate may start with Ph.D. research and writing the dissertation without any further exams. Individuals with the drs. have the option of signing with the drs. before their name like drs. John Davis or showing their master's degree after their name like John Davis, M.S., or other master's degree.

RAMSELL TECHNOLOGIES PROVIDES AN AUTOMATED DISCHARGE PLANNING PROGRAM FOR CORRECTIONAL FACILITIES

Over the last decade, the prison and parole populations have increased at an alarming rate. The United States currently has roughly 2.4 million inmates, or one in every



100 adults, which translates to one of the highest rates of incarceration of any free nation. The Pew Center on the States (2011) also reports that, despite the enormous escalation in prison spending in the United States, there is barely a noticeable impact on the national recidivism rate. Adam Gelb, Director of Pew's Public Safety Performance Project, points out that prison policies aimed at reducing American adult offender recidivism offer the ripest opportunities for achieving the twin goals of less crime and lower costs. Access to resources and services that allow offenders the increased likelihood of successfully transitioning back into the community is vital to meeting the mission of correction departments and to insure public safety. The big question is, how will correction depart-

ments provide these services at a level that will insure they meet their stated responsibilities and adhere to their mission, in light of budget deficits and the many challenges

they face? Correction departments cannot be expected to accomplish these objectives alone. Collaborating with internal and external partners has become increasingly critical to accomplish the mission of corrections, which is to enhance public safety and manage offenders in the community. Corrections must find new and innovative ways to meet their goals and objectives.

The Ramsell Correctional Application

Ramsell Technologies recently introduced the Ramsell Correctional Application (RCA) as a unique web-based, on-demand software solution that is specifically designed to automate the Correctional Discharge Planning and Management Process. The RCA allows stakeholders the

(Continued on page 7)

RAMSELL TECHNOLOGIES PROVIDES *(Continued from page 6)*

ability to build a custom discharge plan for each inmate that matches the individual's needs for healthcare, housing, education, employment, substance abuse, and social services with the right Community-Based Organizations (CBOs). Through RCA's automated workflow capability, appointments can be scheduled, adherence can be monitored and activity can be audited in a safe, secure, and compliant environment.

Benefits of Ramsell Correctional Application

- Automates the discharge planning process.
 - Giving Community-Based Outpatient Clinics (CBOCs) and healthcare providers the tools to effectively work with offenders in the continuity of their care.
- Matches offenders with resources tailored to their specific needs.
- Provides visibility and manageability into activity.
- Coordinates post-release continuity of care.
- Decreases jail/prison overcrowding and reduces recidivism rates.
- Creates a lifetime electronic record.
- Increases public safety.
- Decreases overall cost of incarceration.

The RCA provides a complete solution to automate the discharge planning process. Ramsell will collaborate with clients to build, validate, and maintain a network of CBOs in order to increase the likelihood of parolee/probationer success, improve post-release continuity of care, and reduce overall program costs.

Continuity of Care

The American Academy of Family Physicians (2011) points out that the continuity of care is the process by which the patient and the physician are cooperatively involved in ongoing healthcare management toward the goal of high quality, cost-effective medical care. Continuity of care is a hallmark and primary objective of family medicine and is consistent with quality patient care. Continuity of care is facilitated by a physician-led, team-based approach to

healthcare.

The RCA completes the loop of communication between all reentry stakeholders. With RCA, case managers have a comprehensive and timely view of an individual's adherence to the discharge plan. Transitional services, whether contracted or volunteer, are precious resources. Duplication of efforts and the loss or mismanagement of data are costly and frustrating to those who are trying to help. By automating the coordination of these resources, RCA improves continuity of care and increases an individual's likelihood of having a successful reintegration into society.

REFERENCES

- American Academy of Family Physicians. (2011). Continuity of care. Retrieved from <http://www.aafp.org/online/en/home/policy/policies/c/continuityofcaredefinition.html>
- Pew Center on the States. (2011). *State of recidivism: The revolving door of America's prisons*. Washington, DC: Author.

About Us

Ramsell Technologies is a wholly owned subsidiary of privately held Ramsell Holding Corporation, based in Oakland, California. With over 30 years of experience providing technology solutions to underserved and vulnerable communities nationwide, Ramsell leverages its software and service-based application suite, strong domain expertise and consulting services to deliver solutions that integrate into existing systems, platforms and processes to solve real world problems quickly, efficiently, and cost-effectively.

For more information about Ramsell Technologies and the Ramsell Correctional Application, visit us at ramselltechnologies.com or contact Toby Bruce, Account Executive, by telephone at (510) 587-2620 or at: tbruce@ramselltechnologies.com.



FORENSIC
MENTAL HEALTH
 Association of California

**Visit fmhac.net
 for Association
 news and information**

VETERANS TREATMENT COURTS: PREVENTING THE CRIMINALIZATION OF COMBAT VETERANS WITH PTSD

*Paul Freese, J.D., Vice President of Public Counsel Law Center and Special Advisor on Veterans Advocacy to the American Bar Association
pfreese@publiccounsel.org*

The HBO documentary titled: "War-Torn: 1861-2010," reveals a deeply troubling phenomenon happening with greater frequency across the country. Men and women returning home from combat overseas with no prior criminal history and exemplary service records are acting out in the throes of Post Traumatic Stress Disorder (PTSD), ending up arrested and facing serious prison time.

This haunting film powerfully conveys the reality that PTSD is not only a devastating consequence of combat exposure (but an almost certain one) especially for the soldiers returning from multiple deployments in Iraq and Afghanistan. In fact, veterans themselves say the "D" should be removed from this acronym because "it is not a disorder, it's an expected and normal consequence of the trauma of battle and losing your friends."

In its most profound affliction, PTS can have hallucinatory affect, making the veteran believe she or he is back in combat and that they need to defend themselves with a weapon. In the throes of such delusions the veteran predictably may threaten harm to individuals prompting a police response and his arrest.

Now what happens? Or more importantly, what should happen now to do the right thing for men and women who put their lives in harm's way to protect our freedoms and now are arrested for manifesting behavior that is an indisputable by-product of trauma experienced directly through their service?

Consider the case of Nathan Damigo. After returning from extensive combat duty in Iraq in which he lost three of his closest friends in battle, including his best friend and bunkmate, Nathan was preparing to transition back to civilian life and was winding down his time at Camp Pendleton, in San Diego, California. His three close friends all had died in battle within days of each other, and upon the anniversary of his best friend's death, Nathan treated his depression by getting drunk, and then something gave. He ended up in combat mode and stopped a taxi at gunpoint. He acted as if he were at a checkpoint, ordering the driver down and checking his wallet at gunpoint. He told the driver to get out of there and was found wandering around delirious with the man's wallet. He didn't need the \$40 in

the wallet since he had plenty of cash in his checking account. It wasn't until he was in handcuffs that he snapped out of what he thought was another nightmare. He was charged with armed robbery with an enhancement because the crime was committed with a weapon. He hurt no one during his meltdown. He had never committed a crime in his life, and his military service was not only honorable but distinguished. While in custody he expressed both disbelief and remorse for what he had done. Nevertheless, the prosecutor charged him with a felony and two misdemeanors and said she felt Nathan deserved 12-15 years in prison.

He did what many of us would never have the heart to do when he put his life on the line in the call of duty. He risked the ultimate sacrifice for our protection. He responded to the call of honor and sacrifice. He lost three of his best friends in the line of duty. He served valiantly and with distinction. And he is now serving 6 years in a cell where every day the bars echo the message that the true measure of his country's devotion and thanks or his sacrifice is to treat him as the lowest of the low in society, a criminal. But the greatest injustice is perhaps to his loving family, his schoolteacher mother and his father, also a decorated marine, who feel like they are serving time with him. "This is what happened to him despite having a supportive family, a father in law-enforcement and with resources to hire an attorney," said his mother, Charilyn Damigo. "I can't imagine what it's like for families of our troops who have no resources," she said. Indeed, one wonders how many of them are serving 12-15 year prison terms.

As Nathan waits in prison for justice, it is incumbent upon us all to consider which was the greater crime here? A soldier fresh back from combat in the throes of severe depression due to the anniversary of his best friend's death who goes delusional with PTSD and believes he's in combat and brandishes a weapon inappropriately, yet no one is hurt. Or, putting that man in prison for 6 years, when he has no prior criminal record, has a distinguished service record, and acted out only because of untreated trauma that was a direct byproduct of his service to his country?

Stories like Nathan's are occurring with great rapidity

(Continued on page 9)

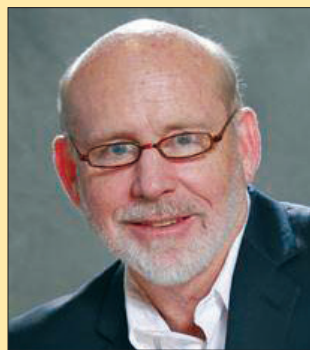
VETERANS TREATMENT COURTS *(Continued from page 8)*

across the country. Jail is ending up being the ultimate PTS catchment area. Happily, in terms of what should have happened to provide justice to Nathan and those similarly situated as they return in the throes of untreated trauma, there is another way. Veterans treatment courts that are emerging around the country show promise.

Rather than treat veterans like Nathan Damigo as criminals, these courts recognize that their behavior has no criminal origin but is a by-product of trauma that is not only a badge of honor reflecting their sacrifice in our country's service, but also something that can successfully be treated. Moreover, these special courts are proving that their therapeutic rather than punitive approach more effectively addresses public safety concerns, while also enabling the veteran to return to their families and communities with normalcy and support.

As Orange County Superior Court Judge, Wendy Lindley, who presides over one of the most impressive veterans treatment courts in the nation notes: "If this veteran goes into jail or prison with untreated PTS, his instability will only be exacerbated and ultimately when he is released, will society truly be safer? If, on the other hand, we can effectively treat and monitor the progress of a veteran closely in an intensive therapeutic environment, public safety is served because he is on track to becoming stable while being closely observed in the process."

Los Angeles launched its veterans treatment court in



PAUL FREESE

September 2010, with Judge Michael Tynan, himself a veteran, presiding. Unfortunately, San Diego, where Nathan was tried and sentenced, has not yet established its own. The family hopes that Nathan can be transferred to the supervision of the new San Diego veterans treatment court and released to

the custody of an appropriate community-based residential treatment program where he can receive the cognitive therapy that is proving so effective at treating PTS, enabling men and women who bear the hidden wounds from their honorable service to reclaim normalcy in their lives, and some semblance of sanity for their families.

In battle, soldiers like Nathan were trained to leave none of their wounded comrades behind on the battlefield. Justice will only be served if jurisdictions across the country act with earnest to establish veterans treatment courts to ensure that soldiers like Nathan who have been invisibly, but no less deeply wounded in service to our nation, aren't left behind in our jails and prisons. So let us resolve as a nation to do justice to our veterans and provide appropriate treatment and care for their hidden wounds as they return home. If we do not, by what right do we deserve their sacrifice?

DEVELOPMENT AND PILOT TESTING OF AN INTERNET-BASED PARENTING EDUCATION PROGRAM FOR TEENS AND PRE-TEENS: PARENTING WISELY¹

Donald Gordon, Ph.D., Chief Executive Officer and Founder of Family Works and Professor Emeritus of Psychology at Ohio University, Edward G. Feil, Ph.D., Holly Waldron, Ph.D., Laura Backen Jones, Ph.D., and Chris Widdop, M.S.
gordon@mind.net

One of the most effective interventions in behavioral science is behavioral parent training (BPT) for disruptive behavior disorders (i.e., oppositional defiant, conduct disorder, delinquency) (Kazdin, 1995; Taylor & Biglan, 1998). The delivery is often hampered by lack of access to validated programs, the high cost of professional providers, and time and travel by parents to attend meetings (Spoth & Redmond, 2000). Such obstacles are compounded

in incarcerated and ethnic minority populations, who are especially disadvantaged with respect to their children's risk for child behavioral problems, barriers to participation, and especially access to culturally sensitive interventions (Amaro, Arévalo, Gonzalez, Szapocznik, & Iguchi, 2006; Carroll et al., 2007; Copeland, 2005; Shillington & Clapp, 2003). Moreover, research has found a link between psycho-educational skill training that incorporates culturally similar

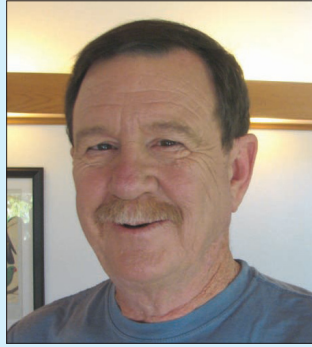
¹All co-authors of Dr. Gordon's are from the Oregon Research Institute.

PARENTING WISELY *(Continued from page 9)*

video examples and the likelihood for change (Orleans et al., 1989). Hence, the inclusion of video scenes of a culturally diverse group of parents may be critical to strengthening the adoption of the program and effecting behavior change in ethnic minority families.

When incarcerated parents are released, their chance of avoiding re-incarceration depends significantly upon family factors (relationship and parenting skills) (Wright & Wright, 1992; Gendreau, Little, & Goggin, 1996). Educational programs in prison, of which parenting education is a component, show reductions in recidivism compared to those not participating (Morash, Bynum, & Koons, 1998). Even while in prison, parent education programs for incarcerated mothers showed positive behavior changes and reduced disciplinary problems (Gonzalez, Romero, & Cerbana, 2007). The present study is relevant for delivering an effective parenting program in jails and prisons with integrity and low cost.

With the aim of addressing the issues of access for ethnic minority families, our research group capitalized on the meteoric rise in the use of the Internet (Madden, 2006) to offer one BPT program, Parenting Wisely (PW; Gordon, 2000) to Hispanic, African-American & non-Hispanic White parents with children ages 10 through 17 exhibiting disruptive behavior problems. The PW program is self-administered, brief (3 hours), and was originally delivered on CD-ROM and has been translated to an Internet-based delivery system and has been shown to effectively reduce child problem behaviors and improve parenting skills (e.g., Cefai, Smith, & Pushak, 2010; O'Neill & Woodward, 2002; Segal, Chen, Gordon, Kacir, & Gylys, 2003). The PW program is video-based, showing vignettes of positive and negative parent-child interactions to teach critical parenting skills. For this project, our research group teamed with a group of three ethnically diverse experts (Latino, non-Hispanic White, and African American) at research institutions in the field of conduct disorder, and conducted three focus groups to revise and update the program for ethnic minority families. Updates included the following: (a) Revision of issues targeted to be more contemporary, (b) several new skills (e.g., self-talk, prompting, planned ignoring), and (c) new concepts and related practices (e.g., mindfulness to improve the quality of the parent-teen relationship & neuroscience to explain and remedy the conflict between parents and teens (e.g., Duncan, Coatsworth, & Greenburg,



DONALD GORDON

2009; Siegel, 2007; Siegel & Hartzell, 2003). The revised PW version was piloted with a culturally diverse sample of parents to assess the impact on parenting and child behavior.

Families of youth with a score in the clinical range (over 15) on the Eyberg Child Behavior Inventory (Eyberg & Ross, 1978) were recruited from family service agencies, middle schools, and online announcements. Contact with parents was either via telephone or computer via the Internet. Of the 111 people who called, 91 (82%) were eligible and 53 (58%) completed both the pre- and post-assessment. Participating families' annual income was well distributed (with 26% < \$30,000, 43% \$30,000 to \$60,000, and 31% > \$60,000). Most parents (61%) were married or living with a significant other. Parent-reported race was: 27% Hispanic or Latino; 35% African-American; 32% White; 6% other. Most (77%) parents were mothers or stepmothers and 23% were fathers or stepfathers. Parents' average age was 41.2 and accessed the program at home or at work, library, or at a community resource agency. Children were 60% male and 40% female with an average age of 13.9. Children's mean problem behavior rating on the Eyberg was 24.6, which is very high (6.0 is normal).

Examining gains from baseline to post-assessment, all measures of child behavior reported by the parent improved. On the Strengths and Difficulties Questionnaire (Goodman, 1997), parents reported a highly significant reduction in problem behavior resulting in a medium effect size of .46. On the Parenting Scale (Arnold, O'Leary, Wolff, & Acker, 1993), the Lax subscale showed reduction with a small effect size of .13. The Overreactive subscale showed a significant reduction with a small/medium effect size of .24. On the Parenting Sense of Competence Scale (Johnston & Mash, 1989) parent satisfaction and efficacy increased significantly with a small/medium effect sizes of .28 and .27, respectively. The effects are all in the expected direction showing significant improvements in parent-reported child behavior and parenting.

Overall satisfaction with the program was high (Range 0-6; mean=1.4) and parents found the program easy to understand (mean=1.4), easy to use (mean=1.5), engaging (mean=1.4), provided new ideas about how to work with their children effectively (mean=1.3), and increased their motivation to improve their relationship with their child (mean=1.4). Parents reported that they were likely to use the strategies in the PW program (mean=1.4). Parents wrote many positive statements, such as: "I am a little surprised that I found it helpful, we have been to therapists, counselors, etc., and didn't expect to hear anything I haven't already heard."

(Continued on page 11)

PARENTING WISELY *(Continued from page 10)*

The results of this pilot study of the revised PW program were very encouraging. All measures of parent-reported child behavior and parenting showed good prosocial gains after receiving the program. The high level of satisfaction and usability supports the likelihood that parents like to use PW online and will be motivated to use it. Moreover, the appeal of the program across parents from various ethnic cultural groups is consistent with our goal of making the video more culturally salient to a wider group of parents. Although this was not a randomized control trial, prior controlled research with PW (e.g., Cefai et al., 2010; Kacir & Gordon, 1999; Lagges & Gordon, 1999) showing similar strong effects, increases our confidence that PW caused the improvements. Delivery of PW via Internet increases accessibility by overcoming obstacles to parent participation and decreasing the costs of intervention.

REFERENCES

- Amaro, H., Arévalo, S., Gonzalez, G., Szapocznik, J., & Iguchi, M. Y. (2006). Needs and scientific opportunities for research on substance abuse treatment among Hispanic adults. *Drug and Alcohol Dependence*, 84 (Supplement 1), S64-S75.
- Arnold, D. S., O'Leary, S. G., Wolff, L. S., & Acker, M. M. (1993). The parenting scale: A measure of dysfunctional parenting in discipline situations. *Psychological Assessment*, 5, 137-144.
- Carroll, K. M., Rosa, C., Brown Jr., L. S., Daw, R., Magruder, K. M., & Beatty, L. (2007). Addressing ethnic disparities in drug abuse treatment in the clinical trials network. *Drug and Alcohol Dependence*, 90, 101-106.
- Cefai, J., Smith, D., & Pushak, R.E. (2010). The Parenting Wisely parent training program: An evaluation with an Australian sample. *Child and Family Behavior Therapy*, 32, 17-33.
- Copeland, V. C. (2005). African Americans: Disparities in healthcare access and utilization. *Health & Social Work*, 30, 265-270.
- Duncan, L., Coatsworth, J., & Greenberg, M. (2009). A model of mindful parenting: Implications for parent-child relationships and prevention research. *Clinical Child and Family Psychology Review*, 12, 255-270.
- Eyberg, S. M., & Ross, A. W. (1978). Assessment of child behavior problems: The validation of a new inventory. *Journal of Clinical Child Psychology*, 7, 113-116.
- Gendreau, P., Little, T., & Goggin, C. (1996). A meta-analysis of adult offender recidivism: What works. *Criminology*, 34, 575-608.
- Gonzalez, P., Romero, T., Cerbana, C. B. (2007). Parent education program for incarcerated mothers in Colorado. *Journal of Correctional Education*, 58. Retrieved from https://login.ezproxy.lib.uwf.edu/login?url=http://vnweb.hwwilsonweb.com/hww/results/external_link_
- Goodman, R. (1997). The Strengths and Difficulties Questionnaire: A Research Note. *Journal of Child Psychology and Psychiatry*, 38, 581-586.
- Gordon, D. A. (2000). Parent training via CD-ROM: Using technology to disseminate effective prevention practices. *The Journal of Primary Prevention*, 21, 227-251.
- Johnston, C., & Mash, E. J. (1989). A measure of parenting satisfaction and efficacy. *Journal of Clinical Child Psychology*, 18, 167-175.
- Kacir, C. D., & Gordon, D. A. (1999). Parenting adolescents wisely: The effectiveness of an interactive videodisk parent training program in Appalachia. *Child & Family Behavior Therapy*, 21, 1-22.
- Kazdin, A. E. (1995). *Conduct disorders in childhood and adolescence* (2nd ed.). Thousand Oaks, CA: Sage.
- Lagges, A. M., & Gordon, D. A. (1999). Use of an interactive laserdisc parent training program with teenage parents. *Child & Family Behavior Therapy*, 21, 19-37.
- Madden, M. (2006). *Internet penetration and impact*. Retrieved from http://www.pewinternet.org/pdfs/PIP_Internet_Impact.pdf
- Morash, M., Bynum, T.S., & Koons, B.A. (1998). *Women offenders: Programming needs and promising approaches*. Retrieved from <http://www.ncjrs.gov/pdffiles/171668.pdf>
- O'Neill, H., & Woodward, R. (2002). Evaluation of the Parenting Wisely CD-ROM parenting training programme: An Irish replication. *Irish Journal of Psychology*, 1-2, 62-72.
- Orleans, C. T., Strecher, V. J., Schoenbach, V. J., Salmon, M. A., & Blackmon, C. (1989). Smoking cessation initiatives for Black Americans: Recommendations for research and intervention. *Health Education Research*, 4, 13-25.
- Segal, D., Chen, P. Y., Gordon, D. A., Kacir, C. D., & Gyls, J. (2003). Development and evaluation of a parenting intervention program: Integration of scientific and practical approaches. *International Journal of Human-Computer Interaction*, 15, 453-467.
- Siegel, D. J. (2007). *The mindful brain*. New York: W. W. Norton.
- Siegel, D. J., & Hartzel, M. (2003). *Parenting from the inside out*. New York: Penguin.

(Continued on page 18)



RICHARD ALTHOUSE

IACFP: 2011 AND BEYOND....

Richard Althouse, Ph.D., Past President of IACFP

As I transition into the position of Past President, I wanted to share a summary of some accomplishments, along with some suggestions that have evolved for me over the last 2 years. With Executive Director Dr. John Gannon's continuing behind-the-scenes efforts and relationship with SAGE publishers, and support from our Board of Directors, we have continued to evolve into a viable professional association with international recognition, a growing membership, stable finances, a high quality newsletter, *The IACFP Newsletter*, and increased publication of our flagship journal, *Criminal Justice and Behavior*. Further, with the help of Tom Mankowski and supportive staff at SAGE, we have a thoughtfully constructed and excellent website that offers significant information and research benefits to our membership.

In 2010, we implemented the IACFP Ethics Hotline, a website forum for those facing ethical challenges or questions in their correctional work. The feedback I got as moderator of the hotline revealed much appreciation by submitters for the prompt and thoughtful responses provided by our panel of volunteer consultants: Dr. Ida Dickie, Dr. Joel Dvoskin, Dr. Dawn Cisewski, Dr. Carl Middleton, and Maren Strenziok.

Doctor Gannon has also continued work on the creation of the IACFP Institute of the Behavioral Sciences, Law, and Public Policy. Work in further developing the Institute continues.

With the help of the committee of Dr. Leonard Morgenbesser, Dr. Patricia Orud, and most of all, Dr. Kelly Paulk Ray, and Dr. Anne Bartol of SAGE, 2010 also saw the publication of the second revision of our standards titled: "Standards of Psychological Services for Jails, Prisons, and Correctional Agencies," for which we received national recognition and an opportunity to contribute the article "Jails are Nation's Largest Institutions for Mentally Ill" published in the November/December, 2010, issue of *The National Psychologist*.

Last, over the past 2 years, John and I have represented and promoted the IACFP interests and membership growth of our association at the annual American Psychological Association (APA), International Community Corrections Association (ICCA), and Mental Health in Corrections Consortium (MHCC) conferences, and I remain on the Advisory Board of the MHCC. Further, Dr. Gannon has actively and effectively represented IACFP interests both here and in other countries, and has supported financial assistance or contributions to a number of other professional organizations including the Forensic Mental Health Association of

California, the American Correctional Association, and the National Association of Wardens and Supervisors, among others. However, these accomplishments are only a prelude to our moving forward.

Moving Forward

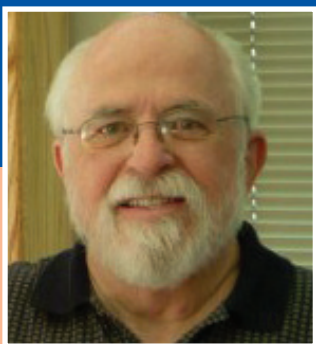
As I have thought about how we might improve IACFP's contributions to our membership, the corrections field, and beyond, the following ideas came to me. First, creating an e-newsletter that would provide readers with a synopsis of significant issues and events impacting the field. Second, inviting guest scholars and others to post on our website their thoughts and opinions about important correctional psychology, mental health, forensic, and other relevant topics. Third, form an advocacy policy committee that would select potential relevant national issues for the Institute and/or Association to support. Fourth, contribute to increased media exposure by forming a small media committee that would write brief media pieces for publication, appearing at events, etc.

In Closing

It's been my pleasure and honor to serve as the President of IACFP from 2008 through 2010. We have accomplished a lot during this time, and I believe IACFP is an association in which anyone working in the corrections and forensics fields should be proud to be a member. In my position of Past President, I look forward to working with our new IACFP President, Dr. Dean Aufderheide, in promoting that status by continuing to serve the Association and its membership.

NEWS FROM THE IACFP

In conjunction with SAGE, the Association plans to send out monthly informational e-mails to members linking to news about conferences already held from other groups and associations that we have partnered with, invitations to join sites like [crimspace](#), a SAGE-sponsored site which is online network for the criminology and criminal justice fields, a [group page](#), open to anyone studying or researching in criminology, criminal justice, juvenile justice, policing, forensics, interpersonal and domestic violence, and other fields in criminal and juvenile justice, Twitter and Facebook opportunities, videos, new interest-related SAGE books on a [blogpost](#) (all members receive a 20% discount), table of contents as a "heads up" for upcoming *Criminal Justice and Behavior* issues, and notices from other related groups and associations about their upcoming conferences and meetings. For more information, go to: [ia4cfp.org](#).



JOHN GANNON

From Dr. John Gannon IACFP Executive Director

TASK FORCE

We continue to work with Dr. Gary Dennis, Senior Policy Advisor with the U.S. Bureau of Justice Assistance and others on our project to improve our professional standing and advance the role of correctional psychology in all areas of criminal and juvenile justice. I constructed a template for our task force discussion and an abbreviated outline of that template follows:

Identify the Problems

Hiring the right people. Providing the right kind of training. Constructing and/or maintaining a good work environment for mental health staff. Contributing to ethical and humane treatment (especially mental health issues in segregated and high-security settings). Training custody and other staff on mental health issues and standards of care. Failure to be fully engaged in the overall functioning of the agency or lack of an institutional treatment milieu. Helping custody staff to maintain a good working environment for themselves.

Identify the Causes

Poorly defined missions for mental health institutional health staff. Look at the ingredients for an institutional culture of hostility toward non-custody staff. A faulty model of skill that relies on a false equivalence between mental health and physical health staffs. A faulty clinical model that relies on supposed similarities of problems between mental health populations in the community and mental health populations in correctional facilities. A faulty management model that presumes mental health workers are just like other employees in spite of significant, work-related differences. A faulty conceptual model that constrains mental health professionals to working only with the mentally ill with regard to other expert skills potentially useful to the agency.

Identify the Solutions

Build consensus regarding problem definition. Make a commitment to the idea that mental health is not a program and that mental health professionals can be key players. Conduct a needs assessment of frontline staff in two to four correctional systems assessing how to work smarter, reentry models, general population behavioral opportunities, career paths outside clinical pro-

grams, and participation in the other aspects of correctional agencies. Circulate the needs assessment results to all correctional systems via mental health directors, the National Institute of Corrections (NIC), and others. Use the needs assessment results to further develop and strengthen national psychology (mental health) effectiveness and leadership task force. Cooperate with others to provide ways of phasing in evidence-based solutions to organizational improvement for correctional facilities. Conduct a national conference on mental health leadership, highlighting how our profession may better impact all areas of criminal and juvenile justice.

OTHER ITEMS

If you have interest in being on a committee to study the feasibility of our Institute and/or Association taking official positions on relevant national issues, please contact me at: jg@ia4cfp.org or (805) 489-0665. Our Romanian E-Learning Platform and Program Committee continues to work on ways to provide access to Romanian's model platform and program. We have signed a memorandum of understanding between our Association and The Association of Caribbean Heads of Corrections and Prison Services for shared technical assistance and other potentially beneficial cooperative ventures between the two groups. I will detail much more about the memorandum in a piece for October's newsletter. Thirty new members joined IACFP during the Mental Health in Corrections Consortium (MHCC) Conference in Chicago, April 19 and 20, 2011. Our Past President, Dr. Dick Althouse, attended the conference, networked with MHCC Advisory Board members and others, promoted our Association by distributing materials supplied by SAGE, and solicited the 30 members. We are helping to select the scholar presenters for the "Distinguished Scholars Lecture" at the International Corrections and Prisons Association (ICPA) conference in Singapore, September 2011, and for the "Edwin I. Megargee Honorary Lecture Series" at the International Community Corrections Association (ICCA) conference in Cincinnati, Ohio, September 2011. With others, we are also partnering with ICCA and helping them with their summit on risks and needs in Reno, Nevada, July 2011.

EDITORS' NOTE

We have noted that in several places, including our website, the Association goals, to include our mission and purposes, appear to be inconsistent in not including delinquent behavior and juvenile justice. We propose the following changes be made to our goals (highlighted in red):

- To promote the development of psychological practice in criminal and **juvenile** justice settings, including law enforcement.
- To contribute toward appropriate teaching of the psychology of crime, delinquency, and criminal justice.

- To support the development and application of effective treatment approaches for individuals in the care of the criminal and **juvenile** justice systems.
- To stimulate research into the nature of criminal and **delinquent** behavior, to exchange such scientific information, and to publish the reports of scholarly studies of criminal and **delinquent** behavior.
- To concern ourselves with relevant public, professional, and institutional issues that affect or are affected by the practice of psychology in the criminal and **juvenile** justice systems.

ICPA Returns to Asia in 2011!

Mark your calendar NOW for the
International Corrections and Prisons Association 13th Annual Conference!

...

That's right—SEPTEMBER 2011—a little earlier than usual.

So far in our 2nd decade, we have spanned “New Horizons” and we have “Built Bridges”—and now we are preparing to “Unlock the Second Prison.”

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



ADULT OFFENDER RECIDIVISM HIGH IN U.S.

The Pew Center on the States released a report in April 2011, that reflects a state-by-state survey of U.S. adult offenders and their recidivism rates. The report is titled, "State of Recidivism: The Revolving of America's Prisons," shows that nearly 43% of prisoners released in 2004 from America's prisons, and 45% of those released in 1999 were reincarcerated within 3 years for committing new crimes or violating parole in other ways. Forty-one states provided recidivism data on prisoners released in 2004, and 31 states provided data on prisoners released in 1999. The responding states represented 91% of all releases from state prisons in 2004 and 87% of all releases in 1999. The report shows that sustainable reductions in recidivism may be achieved if states invest in evidence-based policies, programs, and practices that target of-

fenders upon admission to prison and motivate offenders to stay crime- and drug-free. In these instances, there was a combination of swift and certain sanctions for violations and positive incentives for compliance.

In the report, it is indicated that a greater shift to evidence-based policies could help reduce costs. The state of California, for example, could save \$233 million in 1 year by reducing its recidivism rate by 10%. Adam Gelb, Director of the Public Safety Performance Project of the Pew Center on the States, notes in the report that: "Policies aimed at reducing recidivism offer...the ripest of opportunities for achieving the...goals of less crime and lower costs." The study is the most comprehensive study of state recidivism rates to date. The report is available at: pewcenteronthestates.org.

THE PENROSE EFFECT / LAW

Robert J. Powitzky, Ph.D., Chief Mental Health Officer, Oklahoma Department of Corrections, recently sent Dr. John Gannon, our Executive Director, an interesting chart depicting what he referred to as, "Oklahoma's Penrose Effect." Doctor Powitzky was referring to the closing of mental hospitals over the years in Oklahoma and the unintended consequences now of having to send mentally ill offenders to prison. Closing mental hospitals in the United States began with the best of intentions, but one of the unintended effects has been the dramatic increases of the mentally ill in our jails and prisons. As mental health professionals, we continue to be challenged to create the most effective strategies to manage and treat that population in these settings. Doctor Powitzky has posted a paper on the Internet about Oklahoma's dilemma titled: "Deinstitutionalization to Reinstitutionalization." You may retrieve his paper by using the *Bing* search engine and keying in: "per capita imprisonment versus mental hospital commitments in the United States." Doctor Powitzky's reference to the Penrose Effect piqued our interest, so we did some research and we thought that you would be interested in what we found.

In 1939, Dr. Lionel Sharples Penrose, a British psychiatrist, medical geneticist, mathematician, and chess theo-

rist, published a cross-sectional study from 18 European countries, including the Nordic, in which he demonstrated an inverse relationship between the number of mental hospital beds and the number of prisoners. He also found strong negative correlations between the number of mental hospital beds and the number of deaths attributed to murder. He argued that by increasing the number of mental institution beds, a society could reduce serious crimes and imprisonment rates. The aim of the study was to test Penrose's theories longitudinally by monitoring the capacity of all psychiatric institutions and prisons in a society over time. From official statistics, he collected and systematized all relevant information regarding the number of mental institution beds and prisoners in Norway during the years 1930-2004, along with major crime statistics for the same period. During the years 1930-1959, there was a 2% population adjusted increase in mental institution beds and a 30% decrease in the prison population. During 1960-2004, there was a 74% population-adjusted decrease in mental institution beds and a 52% increase in the prison population. The same period saw a 500% increase in overall crime and a 900% increase in violent crimes, with a concurrent 94% increase in the size of the country's police force. Penrose's Law proved remarkably robust in the longitudinal perspective.



Encyclopedia of Victimology and Crime Prevention

**SAVE
\$100!**

Bonnie S. Fisher, University of Cincinnati
Steven P. Lab, Bowling Green State University

Hardcover Price. ~~\$350~~ **\$250 Sale Price (members of IACFP only)**

Mention priority code 1101172 when ordering

ISBN: 978-1-4129-6047-2

Two-Volume Set ©2010, 1224 pages

IACFP members save \$100!

Print version only; mention code 1101172

In many ways, the two fields of victimology and crime prevention have developed along parallel yet separate paths, and the literature on both has been scattered across disciplines as varied as sociology, law and criminology, public health and medicine, political science and public policy, economics, psychology and human services, and others. The *Encyclopedia of Victimology and Crime Prevention* brings together in one authoritative resource the dispersed information and knowledge on both victimology and crime prevention.

With nearly 375 entries, this two-volume set moves victimology and crime prevention one step further into recognized scholarly fields whose research informs practice and whose practice informs research.

Key Themes

- Business Prevention Actions
- Civil Justice System
- Correlates of Victimization
- Courts: Alternative Remedies
- Courts: Law and Justice
- Crime Prevention
- Crime Prevention Partnerships
- Criminal Justice System
- Fear of Crime
- Individual Protection Actions
- Interventions and Intervention Programs for Victim and Offender
- Intrafamilial Offenses
- Legislation and Statutes
- Media and Crime Prevention
- Methodology
- Offenses, Special Topics
- Official Crime Data
- Personal Offenses
- Property Offenses
- Psychological, Mental, and Physical Health Issues
- Residential Community Crime Prevention
- School and Workplace Offenses
- School-Based Crime Prevention
- Services and Treatment for Victims
- Theory
- Victimization Scales and Surveys
- Victimology
- Youth-Focused Crime Prevention

Visit: sagepub.com for more information.

Also available on the SAGE Reference Online platform.

 **SAGE** reference 
Authoritative Award-Winning Available Online

International Association for Correctional and Forensic Psychology

(formerly American Association for Correctional and Forensic Psychology)

Join today and receive
FREE ONLINE ACCESS
to the *SAGE Full-Text Collections in
Criminology and Psychology!*

The International Association for Correctional and Forensic Psychology (IACFP) is an organization of behavioral scientists and practitioners who are concerned with the delivery of high-quality mental health services to criminal offenders, and with promoting and dissemination research on the etiology, assessment, and treatment of criminal behavior.



Benefits of membership to the IACFP include:

- Access to our social networking sites (Facebook and Twitter) and other Association resources (our Blog and Ethics Hotline).
- A monthly subscription to the Association's journal, *Criminal Justice and Behavior*—for a free sample issue, visit the journal online at: cjb.sagepub.com.
- Free online research tools, including access to current *Criminal Justice and Behavior* content via SAGE Journals Online, as well as online access to more than 55 journals in *Criminology: A SAGE Full-Text Collection* and *Psychology: A SAGE Full-Text Collection*, both of which include archived issues of *Criminal Justice and Behavior* back to 1976.
- A quarterly print subscription to the Association's newsletter, *The IACFP Newsletter*. You may electronically access back issues of the newsletter by visiting ia4cfp.org.
- Discounts on books from SAGE and other publishers.
- Various discounts on other forensic and correctional educational materials.
- Discounts on IACFP sponsored conferences and events.
- Access to the Members Only Area of the Association's website: ia4cfp.org.

Sign up online at: **ia4cfp.org** and click on "Become a Member"

SAGE REFERENCE'S NEW KEY ISSUES IN CRIME AND PUNISHMENT SERIES EXPLORES HOTLY DEBATED CRIMINAL JUSTICE ISSUES

Should assisted suicide be legal? Should violent juvenile offenders be tried as adults? Should hate crimes reap a more severe punishment? From the earliest days of the police as peace-keeping constabularies in England, to dealing with modern-day crimes like Columbine, criminals like Bernie Madoff, and new types of evidence, such as DNA, managing crime and punishment has been hotly debated.

SAGE has come up with something new, *The Key Issues in Crime and Punishment* series, presenting the issues and the answers in five focused books, offering pro/con examinations of controversial programs, practices and issues, all from varied perspectives. Written by eminent scholars and experts, each volume explores a broad range of questions in one of the five main criminal justice subfields, covering such issues as:

- Volume 1 – Crime and Criminal Behavior: age of consent, euthanasia and assisted suicide, gambling, guns, Internet pornography, drug laws, religious convictions, and terrorism.
- Volume 2 – Police and Law Enforcement: accountability, arrest practices, bounty hunters, entrapment, Miranda warnings, police privatization, profiling, and zero-tolerance policing.
- Volume 3 – Courts, Law, and Justice: DNA evidence, double jeopardy, expert witnesses and “hired guns,” insanity defense, plea bargaining, polygraphs, and victims’ rights.

- Volume 4 – Corrections: capital punishment, early release, gangs and prison violence, healthcare for prisoners, prison labor, prison overcrowding, prison privatization, and religious rights.

- Volume 5 – Juvenile Crime and Justice: age of responsibility, boot camps, death penalty for juvenile offenders, gangs, scared-straight programs, and violent juvenile offenders.

An introduction by the series editor sets the debate stage for each volume’s approximately 20 chapters, which offer a succinct exploration of the topics covered. A further reading section concludes each chapter, highlighting different approaches to, or perspectives on, the issue at hand.

All public and academic libraries will want to purchase the entire set of SAGE’s *Key Issues in Crime and Punishment* series so students and professionals, as well as those personally dealing with the criminal justice system, will have the perfect reference support for their research. A free 30-day online trial to these titles is available at sagepub.com/freetrial.

Series editor William J. Chambliss is Professor of Sociology at George Washington University in Washington, D.C. A former president of the American Society of Criminology and the Society for the Study of Social Problems, he has written and researched extensively in the areas of criminology and sociology of law.

PARENTING WISELY

(Continued from page 11)

- Shillington, A. M., & Clapp, J. D. (2003). Adolescents in public substance abuse treatment programs: The impacts of sex and race on referrals and outcomes. *Journal of Child and Adolescent Substance Abuse*, 12, 69–91.
- Spoth, R., & Redmond, C. (2000). Research on family engagement in preventive interventions: Toward improved use of scientific findings in primary prevention practice. *Journal of Primary Prevention*, 21, 267–284.
- Taylor, T., & Biglan, A. (1998). Behavioral family interventions for improving childrearing: A review of literature for clinicians and policy makers. *Clinical Child and Family Psychology Review*, 1, 41–60.
- Wright, K.N., & Wright, K.E. (1992). Does getting married reduce the likelihood of criminal behavior? A review of the literature. *Federal Probation*, September, 50–56.

FIRST ANNUAL INTERNATIONAL MULTIDISCIPLINARY COLLABORATIVE CONFERENCE ON VIOLENCE RESEARCH & EVIDENCE-BASED PRACTICE: SEXUAL HOMICIDE

November 7 and 8, 2011

Holiday Inn Arena & Conference Center • Binghamton, NY

This conference will provide an opportunity for networking, discourse, and collaboration among sexual homicide experts, while broadening research, teaching, and practice opportunities. Professionals and students of all disciplines are welcome, but this conference will be of special interest to: criminologists, law enforcement, corrections officers, criminal law professionals, psychologists, psychiatrists, forensic nurses, forensic scientists, medical examiners, social workers, anthropologists, and sociologists. For more conference information, go to: <http://www2.binghamton.edu/continuing-education/non-credit-programs/sexual-homicide/index.html> or e-mail the Conference Co-Coordinator, Dr. Mary Muscari at: mmuscari@binghamton.edu or telephone (607) 777-5411. Doctor Leonard Morgenbesser is one of the presenters and is the other Conference Co-Coordinator.

U.S. Department of Justice



Federal Bureau of Prisons

Become a part of our Team!

Clinical/Counseling Psychology

Call today or go to our website at: bop.gov

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

Entry level salaries range from \$45,000 - \$80,000 commensurate with experience, and benefits include 10 paid holidays, 13 annual leave and 13 sick leave days per year; life and health insurance plans; and in most cases, clinical supervision for license-eligible psychologists.

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

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

Mid Atlantic Region	Robert Nagle, Psy.D.	(301) 317-3224
Northeast Region	Gerard Bryant, Ph.D.	(718) 840-5021
South Central Region	Ben Wheat, Ph.D.	(214) 224-3560
Southeast Region	Chad Lohman, Ph.D.	(678) 686-1488
Western Region	Robie Rhodes, Ph.D.	(209) 956-9775
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.

Robert R. Smith, Ed.D.
The IACFP Newsletter
625 Richardson Road
Fortson, GA 31808

Pre-Sort Std.
U.S. Postage
PAID
Permit #27
St. Albans, WV
25177

JOIN US

INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY "THE VOICE OF PSYCHOLOGY IN CORRECTIONS"

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

APPLICATION FOR MEMBERSHIP

Name: _____ Title: _____ Application Date: _____

Please check mailing preference:

☐ Home ☐ Agency

Address: _____ Address _____

City/State/Zip _____ Address _____

Educational Achievement:

Institution _____ Major _____ Degree _____ Year _____

Brief Description of Work Experience:

The membership fee for IACFP is \$75 for 1 year or \$125 for 2 years, paid at the time of enrollment or renewal. Membership includes four issues of our newsletter, The 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.