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'WHAT WORKS' IN COMMUNITY CORRECTIONS IN JAPAN

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Preamble

Japan is known for a few things in North America—sushi, origami, cherry blossoms, electronics, and fancy toilets. In the Asean region, however, Japan is known as well for its progressive criminal justice system. Japan has one of the lowest incarceration rates in the world (45 per 1000,000), but perhaps even more particularly, it has entrenched an approach to community supervision that is now being emulated increasingly both in the Asean region and beyond. The well-established Volunteer Probation Officer (VPO) scheme in Japan is not just an adjunct or insignificant component of community corrections but its very backbone. Similar VPO schemes have now been adopted in Thailand, the Philippines, Kenya, Korea, Singapore, and China, but the Japanese VPO scheme remains the most impressive in both scale and breadth of involvement of VPOs. In conjunction with the Third World Congress on Probation that was held recently in Tokyo, a Second Annual VPOs Meeting was held with hundreds of VPOs in attendance from both Japan and internationally. A commemorative booklet was published, in both English and Japanese, titled "Volunteer Probation Officers and Offender Rehabilitation." The booklet is a wonderful resource for individuals interested in learning more about the VPO approach. It is available from the Rehabilitation Bureau, Ministry of Justice, Japan. I first became aware of the VPO scheme in Japan a number of years ago when I had the privilege of lecturing at the 157th International Training Course in Fuchu, Tokyo, for the United Nations Asia and Far East Institute for the Prevention of Crime and Treatment of Offenders (UNAFEI). I remained fascinated ever since and I was invited and agreed to prepare a paper for the commemorative booklet giving my 'international' perspective. The following article is a slightly revised version of that paper.

FRANK PORPORINO

Introduction

Human service delivery is inherently difficult. Routinely, service providers have to find ways to engage recipients who are marginalized, distrustful, emotionally volatile and fragile, dispirited, unmotivated, and uncooperative. This is perhaps one of the most enduring challenges in human service delivery in criminal justice, and especially in the delivery of services in the community context. Probation and parole officers around the world have to contend with the reality of limited time and resources available to manage and provide services to their bulging caseloads, a less than ideal breadth of programs and supports for addressing offender needs, and quite often,

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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

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little if any ongoing professional development training. One way of filling the resource gap for exerting some level of prosocial influence on justice-involved clients supervised in the community is through reliance on volunteers. Though varied in structure or focus, the mobilization of volunteers has become an important component of many probation and community corrections departments' efforts to offer some enhanced, meaningful, and concrete level of 'support and assistance' to clients. Reliance on volunteers is common probation practice. However, the way that volunteers have been incorporated into the core of probation practice in Japan, both in scale and function, is not only innovative but unusually impressive. It is an approach that is now being emulated in other countries in the Asean region and elsewhere, but the flagship Volunteer Probation Officer (VPO) scheme is still in Japan.

From the perspective of a corrections professional who has always believed in community engagement as a necessary backbone for successful reintegration of justice-involved individuals, this article will try to highlight what I see as the unique contribution of the VPO model and how I believe it fits with evidence-informed practice in corrections. In an attempt to draw some lessons for other jurisdictions, I will touch as well on some of the reasons why Japan's VPO model has been able to be so strongly sustained. Finally, I want to end with a brief discussion of some recent challenges faced by the VPO scheme, but conclude that despite these challenges the VPO model should be given continued government priority as an invaluable complimentary support to professional probation practice.

The VPO Model in Brief

The VPO scheme in Japan is not just a peripheral idea supported by correctional officials, or an initiative that was organized by community volunteers and has to struggle for continued government support. It is a long-standing government-sponsored tradition grounded in the VPO Act first enacted in 1950. That Act outlines what qualifications VPOs should have, how they should be appointed and recognized as part-time government officials, what range of duties they are expected to perform, and what might lead to disqualification either through dereliction of duties or behaviour that is inconsistent with what is expected in terms of 'character and conduct in the community.' The scheme was perhaps initially conceived of as a cost-avoidance strategy that would support the mission of probation. But, it is now respected as a central component in the delivery of probation services in Japan. The scale of the initiative is impressive. The Act allows for some 52,500 VPO positions that can be filled nationally, and it specifies the particular number of positions that can be assigned to different Probation Offices across the country.[1] The VPOs are not paid any salary, but are paid reasonable expenses required in performing their duties. Because of their status as government-appointed officials, they are also eligible to receive compensation for any injury they might incur in performance of their functions. The VPOs work as individuals but they are also part of local VPO Probation District Associations as well as a national VPO Association. They are, furthermore, closely and formally connected to the supervision process that is managed by Professional Probation Officers (PPOs).

The Probation Service in Japan is divided into some 886 districts, with PPOs serving as District Case Managers of one or more districts and supervising a total of some 70,000 offenders in the community. There are only some 1,000 PPOs in Japan (as of April 2017) and so, both by necessity and by design, a considerable amount of the 'personal contact' with offenders on probation or released from prison is exercised by VPOs.[2] To assist VPOs in their activities and as a base for their work, the Ministry of Justice has supported the establishment of some 459 'Offender Rehabilitation

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Support Centers' across the country which are now in the process of being improved and expanded.[3] Interestingly, however, the majority of contacts with offenders is still conducted either in the VPO's own home or during home visits with the offender. The VPOs work closely in collaboration with and under the broad oversight of PPOs. The PPOs are responsible for developing an initial individualized treatment plan with the probationer/parolee and the VPO then provides relevant guidance and assistance through regular contact with the probationer/parolee and their families. The VPO also reports on progress every month to the director of the probation office and, in consultation with the PPO, recommends any necessary sanctions or measures that may need to be taken. The PPOs also take a significant level of responsibility for training and capacity building of their VPOs and are available as advisors and problem-solvers for VPOs.

The VPO model in Japan is unique in a number of ways in capitalizing on the efforts and the energy of a mini-army of VPOs and it has been referred to by some probation scholars as a 'third sector template' for probation practice and delivery of community corrections services (Ellis, Lewis & Sato, 2011). There is certainly some controversy both in terms of: (a) whether the model actually 'works' in helping reduce re-offending, and (b) whether it is proper to 'off load' responsibility on such a scale to volunteers for offender community supervision and support. The first question is a difficult one to answer since the model is now such a major multi-faceted component of community corrections in Japan. Research to disentangle what parts work, more or less effectively and why, would pose a very difficult methodological challenge. As for the second question, this is tied up with social-cultural perspectives and traditions on the role of community (versus only government institutions) in supporting the welfare and personal growth of all of its citizens.

What can be said with some degree of certainty about the VPO scheme in Japan, however, is that it adheres to some of the essential elements of successful volunteer support initiatives in criminal justice. We know what doesn't work with volunteer schemes and it shouldn't be surprising. Schemes that are too short-term, under-resourced, not well coordinated or supervised, where volunteers are inadequately trained, and where there is inconsistent and/or lack of any intensive contact with offenders tend to make little difference. But reverse all of these conditions and impact begins to appear in clear and measureable ways (Jolliffe & Farrington, 2007).[4]

The VPO model in Japan clearly follows the key characteristics of good practice in enabling the deployment of volunteers—it focuses on engagement and participation as a primary aim, and it is individually tailored, continuous, and well coordinated. In the next few sections of this article, I want to highlight in what other ways the VPO model is consistent with evidence-informed practice in corrections. This may have occurred unintentionally, but I will argue it has occurred nonetheless.

Why Does the VPO Scheme Seem to Work?

A number of years ago I had the privilege of lecturing for UNAFEI at the 157th International Training Course in Fuchu, Tokyo. Fortuitously, I had the double privilege of meeting a group of Japan's VPOs ('hogoshi'). I listened to their stories about why they had become involved in this work and I was touched by the repeated theme of wanting to give back to their communities and assisting others who had been less advantaged in their lives. In their recounting of a number of case histories of clients they had worked with, I was left awestruck by the warmth and compassion that was expressed, the level of commitment to help re-direct individuals who were stuck in living often lonely and chaotic lives, the intuitive understanding of what might have led these individuals into pathways of crime, and the patience and optimism to stick with it despite the usual setbacks. What could account for this kind of very human spirit and dedicated enthusiasm in spite of the fact that they were working with difficult individuals who faced very difficult circumstances with multiple issues and needs and a history of failure that would have likely crippled their resilience to bounce back and try to improve their lives? On reflection, here are some of my explanations for why VPOs in Japan seem to be able to engage with offenders, and why, in turn, they get engaged, receive satisfaction, and remain personally committed to this work.

Devoting Time for Connection

In contrast to professional community justice workers who have to deal with ever-growing caseloads where they are bombarded every day with some client crisis or problem and where they have to squeeze in time on their schedules

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to have some personal contact with their offenders, in between the paperwork they have to negotiate, and the meetings they have to attend, VPOs have the luxury of only a few clients they deal with at a time. The majority of VPOs in Japan are in their elder years (averaging about 65 years old). They are recruited with the understanding that they will have the time and energy to devote to their VPO duties (see the section on page 8 on recruitment). Most of these VPOs are retired, are both financially and emotionally stable, in good health, undistracted by the usual stresses of earlier stages in life, having left behind productive careers, not needing to worry about earning further income, and looking for some meaningful way to still 'make a difference.' With relative peace and clarity of mind, they have the time to listen to offenders, get to know them, and get to connect with them before beginning to give advice or counsel.

The initial motivational engagement phase of working with offenders, considered so crucial in all of the literature on effective practice in corrections, does not have to be rushed. It can be attended to flexibly, and it can begin to occur both at a 'time and place' convenient to the offender —not just in the probation office at a given time on a given day, but in a coffee shop, a park, or even in the VPO's own home over a cup of tea. This is not forced engagement following some structured motivational technique but rather naturally-evoked engagement between two people with different sets of experiences and backgrounds where each can learn from the other.

Though the notion of 'respect for the elderly' may enter the dynamic, more likely is the fact that the absence of any power imbalance, as in the classic probation officer dilemma of being both enforcer and supporter, allows for a more human connection to take place. Time allows trust to develop and trust becomes the fuel that powers prosocial influence. From the offender's perspective, as trust unfolds, there is no ambiguity or suspicion about the VPOs' motives. The VPO becomes seen as a steadfast and non-judgmental 'helper' pure and simple, in an uncomplicated relationship-building process, where the offender may genuinely experience a caring other, perhaps for the first time in their lives. The VPOs, in turn, receive an uplifting sense of having had a positive influence on someone else's life. The literature on aging is clear on the importance of social networks as a protective factor for the elderly. The relationships VPOs nurture with their offenders, and with their fellow VPOs, undoubtedly contribute to a zest for living a continued and worthwhile life.

A Supportive and Respectful 'Relational' Style

In a number of early ethnographic studies of probation practice (Bailey & Ward, 1992; Ditton & Ford, 1994; Rex, 1999), a particular blending of style and skills emerged as core in importance in working effectively with offenders. More contemporary notions of 'motivational' practice for working with offenders and other resistant clients point to the same qualities (Miller & Rollnick, 2002; McMurran, 2002; Prochaska & Levesque, 2002; Stinson & Clark, 2017). A recent qualitative study of probation practice (Lewis, 2014), that is fully consistent with other studies looking at probation officer qualities influencing desistance (Robinson et al., 2014), has narrowed in on five key dimensions: (a) acceptance, (b) respect, (c) support, (d) empathy, and (e) belief. It is this adroitness in enabling a positive relational climate with the offender that, in turn, can effect a significant change in beliefs and behaviour. The conclusions are strikingly consistent. Effective helpers in working with offenders need to show:

- a demeanour that shows sensitivity and understanding of the offender's perspective (without collusion);
- an ability to negotiate active participation;
- an attuned sense of how and why offenders may tend to react to and/or reject what is proposed to them;
- an approach that focuses on encouraging the offender to arrive at sensible and reasonable conclusions (through analysis of their own decisions/thinking);
- a facility for providing 'critical' and 'problem-solving' advice when it seems welcomed, but grounded in a 'demonstrated understanding of the offender's situation;'
- the ability to talk convincing about the consequences of, and alternatives to offending;
- encouragement that is perceived as genuine, coming from a desire for 'wishing you make a success of your life';
- attentiveness to promoting self-determination and change in the offender's 'self-identity and sense of maturity and responsibility.'

As I sat that afternoon in the comfortable UNAFEI meeting room listening to the personal stories and case studies the VPOs were presenting, I was struck by how eas-

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ily I could complete a mental checklist. All of these core qualities came out clearly and frequently. These VPOs were being intuitively effective in interacting with offenders. It could be that some greater theory or structure could help them get even better at their work. But, I felt uneasy that interference in an attempt to 'professionalize' VPOs might have unintended consequences. I concluded with a hope that Japan would mostly adhere to the old adage—'don't try to fix what isn't broken!'

It has been suggested that a 'relational revolution' is needed in criminal justice where offenders are situated as the 'experts' and given opportunities to project their voice and be heard 'to alleviate feelings of social exclusion and reconsider their identity' (Lewis, 2016, p. 163). This is fully in accord with the principles of the increasingly respected 'desistance' paradigm that calls for more attention on the factors that can help offenders find their way 'out of crime' rather than the just the risk factors that led to propelling their lives 'into crime' (Porporino, 2010; Maruna & Immarigeon, 2004; McNeil, Raynor & Trotter, 2010). The VPOs I met in Japan, perhaps in part because of their maturity and range of life experience, seemed to me to adopt a relational style, effortlessly and naturally, that could help offenders navigate through their struggles to desist from further offending. To breakthrough credibly with offenders, the message giver may have to display certain characteristics, and be able to deliver the message in a trusting interpersonal relationship, where the offender decides it may be worth self-disclosing meaningful and sensitive information. The VPOs I met impressed me as these kinds of credible 'message givers.'

Coaching to Support and Mentoring to Inspire

In the business management literature, a distinction is made between the focus of 'coaching' and 'mentoring' (McCarthy, 2014). The terms are often confused in criminal justice. In summary, the mentor in the leadership development literature is seen generally as person-focused and future-oriented; the coach, on the other hand, is seen as task- or performance-focused and mostly present-oriented. The mentor is someone who is personally involved and displays an obvious personal interest—in a sense, a respected 'friend' who cares about you, your future, and your long-term development. On the other hand, the coach concentrates on helping you develop specific skills for the task, and coping with the challenges and performance expectations that you are facing in the present.

The most distinguishing features of the mentor is how they are able to 'listen and understood me' and how they can 'build my confidence and trust in myself, and empower me to see what I can do.' The mentor serves as a sounding board, creating a two-way mutually beneficial learning experience where the mentor provides advice, shares knowledge and experiences, and gently teaches in a Socratic questioning style to encourage self-discovery. A coach can be more directive in pointing someone to some end result. Though the other may choose how to get there, the coach should be strategically assessing and monitoring progress and giving advice for effectiveness and efficiency.

One has to stretch very little to appreciate the fact that one of the essential skills that VPOs should master is the ability to oscillate between being both 'coach' and 'mentor' to the offenders under their care. Again, in my interactions with the VPOs I met, I saw evidence that they remained attuned to both of these aspects of their work. Offenders need coaching to deal with the many facets of their lives, in the short-term, that can create 'clear and present danger'—a return to substance abuse, managing their emotions and especially their anger and depression, dealing with conflict with loved ones, boredom, the discouragement of continued unemployment, etc. Coaching offenders with realistic options and strategies they can use to cope with (and hopefully resolve) these issues is clearly invaluable. The coaching is unlikely to take hold as a one-shot intervention. But repeating and reinforcing, clarifying and adjusting, and helping the offender remain positive even in the face of inevitable setbacks, is the kind of supportive 'stick-to-itiveness' that I noticed in the case histories that VPOs presented on that afternoon in Tokyo.

Beyond the coaching effort, where the need to do it becomes almost immediately apparent in beginning to work with offenders, mentoring begins to take center stage as the relationship unfolds and offenders begin to find some semblance of stability in their lives. Once again owing to a combination of their age, their life accomplishments, their experience, and their intimate knowledge of the community context and the opportunities it can present, VPOs, in my view, have the potential to serve as powerful and empowering role-models. They can nudge and influence offenders in realizing they can achieve not just basic adjustment—but their full potential. A consistent finding in positive psychology is that 'implementation planning' (the how, when, and

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where of goal pursuits) works only when there is strong autonomous motivation to strive for the goal, and when consistent approach-oriented strategies are applied. In working with offenders, it means that we should be helping them with their planning skills for the future, practically and concretely, and that we should remain by-their-side as their approach-goals emerge, and not just be there to admonish and call out what they should avoid.

One of the essential tenants of the 'desistance' paradigm is that over the longer haul, what will support desistance are the positive qualities of sustaining hope, maintaining a strong sense of self-efficacy, and re-defining one's sense of self and identity. This necessitates that the individual achieves at least some of their personal aspirations, both for new meaning and for gaining prosocial legitimacy (Porporino, 2010). The VPOs I met seemed to be acutely aware of this.

Providing Meaningful Practical Assistance

In the case histories that the VPOs presented that afternoon in Tokyo, there was repeated emphasis on efforts made to give offenders some level of 'practical assistance' (e.g., a suggestion or referral for possible employment, a place to sleep for the evening, a warm meal, transportation, help in acquiring some official document, support in entering a substance abuse program, etc.). We know that desistance seems to be accompanied by active, offender-led, agentic resolution of social obstacles (Farrall, 2002). It is this sense of 'agency' experienced by the offender—where they feel they have been able to personally surmount some significant concern or obstacle in their lives—that, in turn, seems to strengthen motivation and resolve even further (Burnett & Maruna, 2004). Curiously, much of our standard community supervision often fails to recognize (or is unable to respond to) the often indirect or vague requests for practical assistance received from offenders. Instead, supervision tends to lead with standard options rather than compliment emerging offender 'agency' motives with timely and contextualized practical support (McNeill, 2006). To paraphrase a dictum regarding 'what works' generally in intervention, for support to make a difference, it has to be the right support, offered at the right time, and in the right way. In the end, the individual should believe that though the support was helpful, it was their own efforts that made the greatest difference.

As I listened to my group of VPOs, I began to appreciate that they fully accepted their role as 'practical helpers'—who should use their contacts, their connections, and their influence in the community to help offenders surmount some of their key obstacles and deal with some of their most immediate concerns. These VPOs, moreover, seemed to understand the importance of 'agency' and how it can 'lift the individual up'—perhaps because 'agency' had been so important in their own lives. Even in their elder years, these were individuals who took control of their lives and agreed

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RESEARCH STUDY PARTICIPANTS WANTED

Greetings:

My name is Krystal Jiles and I am a doctoral student at Capella University seeking participants for a research study. I'm also an IACFP member. This study involves correctional mental health professionals and their experience of cognitive dissonance (an uncomfortable state in which an individual experiences a disconnect between their beliefs and actions) while working in a maximum security environment (specifically, those who are employed in facilities that house death row inmates with execution dates). Eligibility for participation within the study include current employment as a mental health professional (psychiatrist, psychologist, therapist, counselor, or psychiatric nurse) within a maximum security prison with at least 3 years of experience in which one year involved working with death row inmates. Prospective participants must also indicate experiencing cognitive dissonance in their current roles as a correctional mental health professional.

Participants will be interviewed regarding their experiences via Skype. Any data collected will be kept confidential. In accordance with Capella University's policy and best practices for ethical research, participants will not be identified in any report of my findings or in my published dissertation.

All participants will receive a $10 Wal-Mart gift card as appreciation for their time. If you have any questions or would like to participate, please do not hesitate to contact me at: (251) 377-4721, krystaljiles34@gmail.com, or through LinkedIn. Thank you in advance, Krystal Jiles

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to take on a significant new challenge as VPOs. A good deal of ethnographic research on probation practice points to the fact that 'good' practice should remain attuned to giving timely, concrete, and meaningful 'practical support' that can begin to improve the quality of life for offenders, even if only in small ways (Farrall, 2004; Mair, 2004; Robinson et al., 2014). The VPOs seemed to me to be ready, willing, and able to play this role.

The VPO Scheme as Self-Sustaining: VPOs as Recruiters of Other VPOs

The last stage in implementing effective practice is often the most difficult. Once good practice has been entrenched, it has to be sustained. Too often in corrections, we fail to sustain effective practice and it ends up becoming fragmented, spotty in quality, and generally more true 'on paper' than in reality (e.g., outlined only in policy).

One of the most significant informal functions of VPOs in Japan is to look for, identify, and recruit other VPOs. In most correctional jurisdictions, recruitment of volunteers is an uphill struggle. Recruiting the right volunteers is even more difficult. The public has a stereotyped view of offenders, often assuming them to be dangerous, unpredictable, and uncooperative. Some volunteers may be attracted more because they are curious or intrigued—and not because of any particular dedication to support and assist others who are troubled and disadvantaged. Because they have done the work, VPOs are more likely to have a deep appreciation of the characteristics and qualities that are needed. They can remain alert in looking for, identifying, educating, informing, and encouraging others to take on the role of VPO. From personal experience and real examples, they can point to what makes the work both rewarding and meaningful. The VPO system becomes self-sustaining, with one generation of VPOs recruiting and then guiding and advising the next generation.

Noteworthy is the fact that being appointed as a VPO also carries some level of prestige. In Japan, for example, individuals who apply to become VPOs are screened and then officially appointed by the Ministry of Justice. They became part of a 'community of VPOs' both locally and nationally, as members of a recognized, structured, and rather dynamic National Association of VPOs. The system, in essence, is effectively and easily sustainable because it feeds and nourishes itself. Of course, PPOs also play an active role in continuing to engage VPOs through various training seminars, encouraging the sharing of practice-based experience in treatment meetings held at Rehabilitation Support Centres, and in recognizing the work of outstanding VPOs with recommendations for particular commendations. But, it is the continued networking of VPOs themselves that seems to be the glue keeping the VPO scheme dynamic in the present and sustainable for the future.

VPOs as Community Engagers and Community Advocates

There is clear and unambiguous evidence to support the buttressing of active community involvement for successful offender reintegration. For example, over a period of more than a decade, the well-respected Urban Institute in America conducted perhaps one of the most comprehensive evaluations ever of prisoner reintegration initiatives across the nation. They explored the pathways for successful reintegration and concluded that when key elements are addressed—in the areas of employment, housing, substance use, physical and mental heath, family, and community supports—success is consistently improved.[5]

The effectiveness of community corrections hinges on how well we can mobilize greater community acceptance and engagement as our full partners. We should not be so constrained by not in my back yard (NIMBY) and build absolutely nothing anywhere near anything (BANANA) in introducing transitional residential facilities and community treatment or resettlement centers. Though community resistance at some level has to be inevitably managed, it is also true that when 'populist punitiveness' is confronted, even by providing only minimal, accurate and relevant information, public attitudes can change.

A number of countries are now following the example of Singapore with their far-reaching annual Yellow Ribbon Campaign, co-opting the media, celebrities, government officials, the private sector, and an impressive array of community-based organizations in celebrating the theme of giving offenders a 'second chance' by 'helping unlock the second prison.' The campaign has effectively engaged hundreds of new employers to offer jobs to ex-offenders and a national survey a number of years ago showed that 9 out of 10 Singaporeans endorsed the aims of the Yellow Ribbon Campaign.

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Most communities in most parts of the world are still restrained by the attitude that offenders' well being and adjustment is a correctional services responsibility and not a community responsibility. Because of their status and their interconnectedness in their local communities, VPOs in Japan are ideally positioned to counter this sentiment and to promote instead the proposition that the responsibility is joint. When the community gets involved and the offender succeeds, it is both the community and the offender that benefit. Though perhaps not on the scale of the annual Singapore Yellow Ribbon Campaign, VPOs in Japan have entrenched themselves as local Yellow Ribbon Campaign ambassadors, reaching out to the community in a myriad of ways—in all of the various community events they participate in, social gatherings they attend, discussions they have with their neighbours, presentations they make to other association meetings, contacts they have with employers and business people, the exposure they may get in the local media, etc. There is an unleashing of energy and creativity needed to engage our communities and help them see that offenders, with the right support, can indeed become an asset instead of a liability. Government institutions have a difficult time to orchestrate this kind of momentum. However, though it would be perhaps difficult to measure how and how much, I am convinced that VPOs in Japan are creating this momentum, as ambassadors for a community-responsive, reintegration philosophy for corrections, both at the local and national level.

Future Forward: Challenges Confronting the VPO Scheme

The Ministry of Justice in Japan has made note of the fact that the VPO pool is quickly aging. In recent years, there has also been a gradual but precipitous decline in the number of appointed VPOs (see Figure 1). Obviously, should this trend continue, it would jeopardize the vitality and effectiveness of the VPO scheme. It has been noted that recruitment of new VPOs is becoming increasingly difficult owing to the steady urbanization of Japanese society, the fracturing of community relations, and a situation of growing financial hardship among the elderly. Japanese society is changing and the recruitment of VPOs will have to adapt and adjust to those changes. That may involve, for example, incorporating greater use of social media to attract younger VPOs, the co-opting of the celebrity culture to promote the

Figure 1: Changes in the Number of Volunteer Probation Officers, 2009-2014

VPO scheme (as has been done so successfully in Singapore), and perhaps even a lessening of the bureaucracy and 'officialism' that has developed around the appointment of VPOs. It is not just the 'community service' aspects of the VPO scheme that should be highlighted, it is the potentially very rewarding and meaningful learning experience that the scheme can afford to those who get involved.

But, there is another subtler and perhaps even more difficult challenge facing the VPO scheme in Japan. After a number of high-profile cases of serious violent offences committed by offenders under community supervision, the Ministry of Justice enacted a new law regarding probation and parole in 2007 in the form of the Offenders Rehabilitation Act. As has occurred in many other countries, the new legislation was intended to respond to growing public fear of crime with a 'toughening up' of policies and sanctions. What has been referred to as the 'new look' probation service (Ellis et al., 2011), it now places more emphasis on surveillance, including more intensive supervision with more frequent contacts and home visits by VPOs, more restrictions, and more ready use of revocation. Enforced community service (i.e., community punishment) is also now much more frequently used. In many ways, the relatively informal, supportive, offender-focused approach that has developed so naturally with the tradition of the VPO scheme is being challenged as perhaps 'too soft.' Whether VPOs will be able to counteract this public perception and remain dedicated to their original goals and aims will remain to be seen. Whether government, in concert, will be able to work to support these original goals and aims, and see them for the 'evidence-informed' practice that they real-

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ly are, will also remain to be seen. Criminal justice practice should not be categorized as either soft or hard. It should be seen as either smart, evidence-informed, and community responsive—or NOT.

Conclusion

A VPO who wanted to share her experiences presented a short case study at the recent Third World Congress on Probation. The case was about a young offender who had a very difficult and rebellious early adolescence and fell into drug use. The VPO worked with the young man for a lengthy period seeing him regularly every week and thinking she had established a good relationship. The young man was working and going to school. However, in time, he relapsed back into drugs and one day assaulted a peer. He was sent to training school. The VPO was disappointed but thought there was nothing more she could do. But the young man's mother visited the VPO at her home and asked that she not abandon her son. So, she didn't. She visited the young man every week once again while he was in training school. As the young man's release approached, she advocated with the young man's previous employer to rehire him. The employer obliged. The young man did exceptionally well this time around, completed his probation period, and he continues to visit the VPO to give her the occasional update concerning his life. The VPO concluded that she learned to not give up and that everyone can change if someone 'stays by their side.' I want to end with a quote from a chapter I wrote a number of years ago which still very much applies today.

"Creating an effective practice framework (in corrections) that is responsive to change, encouraging it to start, alert to noticing it when it begins, sensitive to mutually reinforcing ways of supporting it when it does, is supposed to have an underlying integrative theme to it. It is complicated by an ever-present need to balance conflicting imperatives to protect (the public) and to serve (the offender). It begs the question as to whether an essentially coercive system can accommodate, or claim to be supporting, a noncoercive practice framework. It is challenging in the way it strains resources, requires skilled, human-service oriented staff and so heavily depends on timely accessibility to a range of community services that are at best spotty in their availability. And there is no escaping that this process, especially in the community context, cannot be made to come to life simply with more flexible, more refined, or better targeted programmes and services. What will always underpin or undermine effectiveness is how we 'relate' with offenders throughout the process …" Porporino and Fabiano, 2005 (p. 3).

When we cut through to the core of all the research and all the theorizing about 'What Works' with offenders, one conclusion comes to the forefront. Corrections is fundamentally about how to influence change in others through the building and leveraging of relationships. When we get this right, whether in prisons or in community contexts, we can help transform others lives. This is what makes corrections a noble profession and this is what makes the VPO model in Japan an innovative, far-reaching, and important component of community corrections that should be preserved, applauded and emulated wherever and however possible.

NOTES

1. The model operates at about 80% of its full capacity and, as will be discussed later, there has been some struggle in filling all positions in recent years, a situation which the Ministry of Justice is well aware of and is following various promotional strategies in attempting to re-invigorate the recruitment process. As of January 2017, there were 47, 909 VPOs.
2. Although it is noted that high-risk offenders are more closely supervised by PPOs even if there is also involvement of VPOs.
3. Funding has been approved to add another 42 such centers in 2017.
4. Another good example of a well-coordinated volunteer effort that originated in Canada and is now spreading internationally is the Circles of Support and Accountability framework where a group of well-trained and carefully-screened volunteers (up to five or seven) become a 'circle' of 24/7 support for a given offender, and where the offender meets with the circle as a group and then again individually with each circle member as often as once a week (Wilson et al., 2009).
5. For a summary listing of research reports, see: urban.org/center/jpc/returning-home/publications.cfm

References available from the author.

RESHAPING OUR CULTURE OF MASS INCARCERATION

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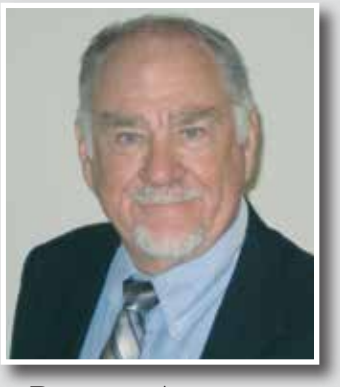
Culture: "The customary beliefs, social forms, and material traits of a racial, religious, or social group." (Merriam-Webster)

"The criminal justice system is built on the idea that it is blind to all but the objective facts… Of course, this ideal does not always match reality." (Wilson & Rule, 2015)



RICHARD ALTHOUSE

The data, trends, predictions, outcomes, and systemic concerns about America's criminal justice system have been available for decades, and our informed readers know what they are. Since the declared wars on crime and drugs in the late 1960s by Presidents Nixon and Johnson, later bolstered by Presidents Reagan and Clinton, American culture has evolved into one of punitive incarceration. Having just 5% of the world's population, America now has 21% of the world's prisoners. Despite recent but exceptionally minor decreases in our jail, prison, and supervised populations, the United States still retains the distinction of being the world's incarceration leader with over 6 million individuals involved with our criminal justice system, 2.3 million in prisons, with half a million people locked up just for drug offenses. In the U.S., people go through jail over 11 million times each year, many not yet convicted. There are almost 7,000 youth incarcerated because of "technical violations," and hundreds more for status offenses (e.g., truancy, incorrigibility, running away). Then there are those incarcerated for immigration-related issues. There are over 800,000 individuals on parole and 3.8 million on probation (Wagner & Rabuy, 2016). In short, America's criminal justice system is now an empire responsible for over 6 million individuals, three times that of America's total military personnel.

The economic costs related to our evolving culture of incarceration have not been trivial. For example, from 1962 through 2014, the FBI spent a little over $178 billion, the U.S. Attorneys and Marshals Services, $162 billion, the U.S. Bureau of Prisons, $151 billion, the Office of Justice Programs, $130 billion (Meagher, 2015). Today, the average cost to taxpayers of incarcerating just one individual is about $20,000 a year. At the state and local levels, there are related economic, educational, and social losses, particularly to poor and minority communities and families, that are often ignored but potentiate the very crimes government policies and laws are intended to reduce.

There has also been a substantial negative cost to the United States' international image. Among other developed countries, the U.S. has become known as the "incarceration nation." In 2014, the United Nations' Human Rights Committee issued a "blistering" report on the U.S. Government's role in perpetuating injustices both within its borders, citing among other violations the United States' significant racial disparities in the its criminal justice system, and denying minorities—particularly Blacks and Latinos—basic human rights throughout our criminal justice process. These included severe sentencing including the death penalty for juveniles, improper use of solitary confinement, and denial of civil rights following incarceration (e.g., the right to vote) (Reyes, 2014). Such violations contribute to a level of social anger among those whose rights are violated that has erupted during times of social protest.

These and similar data might be more comprehensible if the changes in criminal justice policies and subsequent evolution of our cultural inclination to incarcerate produced a clear and definitive reduction of crime rates with a commensurate increase in public safety. Alas, there are no definitive data to support such outcomes.

Consequently, it is not surprising there are now conversations among some criminal justice experts about reshaping our cultural inclinations to incarcerate offenders by such bills as the "Reverse Mass Incarceration Act" that would reward states that successfully reduced crime and incarceration rates (e.g., Eisen & Chettiar, 2015). In my opinion, to reverse and reshape our culture of incarceration will require that correctional professionals—particularly social and correctional psychologists—identify and process a number of variables, including the following four:

(a) Legislators at both the state and national level write and promote criminal justice policies that are often reactive responses to a complex set of public and political pressures that have little to do with realistically stemming crime rates. Within this theater of crime management, policies often have more to do with protecting and promoting political interests—like staying in office—by satisfying the specific desires of their constituents and appearing to be tough on

(Continued on page 12)

RESHAPING OUR CULTURE *(Continued from page 11)*

crime. Constituents understandably want to feel and be safe and generally do not care or know about the behind-the-scenes costs, realities, and effectiveness of their legislators' criminal justice policies. This gap needs to be reduced, if not closed, if a more reasoned approach to crime management is to evolve.

(b) We should admit that there are implicit cultural racial, economic, and gender biases that pervade our criminal justice system that negatively interfere with a fair and humane distribution of justice. For example, setting aside implicit racial, economic, and gender biases, there are studies that have shown that criminals with just "untrustworthy faces" (not a judicially-relevant factor) get harsher sentences including the death penalty even when innocent (Wilson & Rule, 2015). Psychologists should increase both political and public awareness of these negative influences and pursue effective means of reducing their impact in our criminal justice process.

(c) Keeping in mind that the general public and many politicians do not read research journals, reshaping must actively incorporate the results of biosocial research to dispel social myths about criminal behavior, improve our understanding of those individuals who commit crime, and what may constitute more effective community-based interventions. These results include genetic influences, parental drug and mental health problems, and neuropsychological deficits among offenders, and how this and related information might best be used to enhance our interventions in the interests of crime prevention, management, and public safety (Vaske, 2017).

(d) More generally, many readers likely know that the best-intended solutions to problems do not necessarily produce the best fixes. Although the beaches of history are littered with the wreckage of well-intended but failed fixes, we tend to ignore such data and what it reflects. The catastrophic failure of Prohibition in the 1920s is a great historical example of when a fix does not immediately work we tend to apply the same fix—only harder—without a commensurate increase in effectiveness and ignoring the negative unintended consequences. As we search for alternative avenues to more effective crime management and public safety, we ignore this tendency at our own peril.

To conclude, correctional psychologists and others in related fields should, indeed must, assume a central role in our search for effectively reshaping our culture of incarceration with research, conferences, community interactions, political advocacy, and related organizational efforts. This will all take time, but will be worth our collective efforts if we want to lose our leadership as the most incarcerating nation while gaining leadership in crime management effectiveness.

References available from the author.

10TH EUROPEAN CONGRESS ON VIOLENCE IN CLINICAL PSYCHIATRY

On behalf of the scientific committee, we invite psychiatrists, practitioners, psychiatric mental health nurses, psychologists, health scientists, educators, trainers, researchers, managers, and policymakers engaged in the prevention, management, research into violence and aggression in mental health and intellectual disability settings to submit an abstract and/or attend the 10th European Congress on Violence in Clinical Psychiatry to be held in Dublin, Ireland, 26-28 October 2017. Since the first European Congress on Violence in Clinical Psychiatry, the meeting has expanded rapidly in terms of the number of scientific contributions and participants; the previous Congress in Copenhagen in 2015 was attended by more than 600 participants from 36 countries.

The 10th European Congress on Violence in Clinical Psychiatry is co-organized by the European Violence in Psychiatry Research Group (EViPRG) and the European Network for Training in the Management of Aggression (ENTMA08), and is a World Psychiatric Association (WPA) co-sponsored meeting. The 10th European Congress on Violence will focus strongly on clinically relevant and practically useful interdisciplinary scientific and practical knowledge with regard to interventions aimed at treating and reducing violence and aggression. The overall Congress theme: "Creating Collaborative Care: A Multi-Partnership Approach" reflects our

commitment to partnership working between clinicians, researchers, educators, service users, and carers. For more information, go to: oudconsultancy.nl/dublin_10_ECVCP_2017

THE OPIOID EPIDEMIC

Every day, more than 90 Americans die after overdosing on opioids. The misuse of and addiction to opioids—including prescription pain relievers, heroin, and synthetic opioids such as fentanyl—is a serious national crisis that affects public health as well as social and economic welfare. The Centers for Disease Control and Prevention estimates that the total "economic burden" of prescription opioid misuse alone in the United States is $78.5 billion a year, including the costs of healthcare, lost productivity, addiction treatment, and criminal justice involvement.

History

In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly addictive. Opioid overdose rates began to increase. In 2015, more than 33,000 Americans died as a result of an opioid overdose, including prescription opioids, heroin, and illicitly manufactured fentanyl, a powerful synthetic opioid. That same year, an estimated 2 million people in the United States suffered from substance use disorders related to prescription opioid pain relievers, and 591,000 suffered from a heroin use disorder (not mutually exclusive). Here are four facts about the opioid crisis:

(a) Roughly 21 to 29% of patients prescribed opioids for chronic pain misuse them;

(b) Between 8 and 12% develop an opioid use disorder;

(c) An estimated 4 to 6% who misuse prescription opioids transition to heroin;

(d) About 80% of people who use heroin first misused prescription opioids.

This issue has become a public health crisis with devastating consequences including increases in opioid misuse and related overdoses, as well as the rising incidence of neonatal abstinence syndrome due to opioid use and misuse during pregnancy. The increase in injection drug use has also contributed to the spread of infectious diseases including HIV and hepatitis C. As seen throughout the history of medicine, science can be an important part of the solution in resolving such a public health crisis.

Responses

In response to the opioid crisis, the U.S. Department of Health and Human Services (HHS) is focusing its efforts on five major priorities:

(a) Improving access to treatment and recovery services;

(b) Promoting use of overdose-reversing drugs;

(c) Strengthening our understanding of the epidemic through better public health surveillance;

(d) Providing support for cutting-edge research on pain and addiction;

(e) Advancing better practices for pain management.

The National Institutes of Health (NIH), a component of HHS, is the nation's leading medical research agency helping solve the opioid crisis via discovering new and better ways to prevent opioid misuse, treat opioid use disorders, and manage pain. To accelerate progress, NIH is exploring formal partnerships with pharmaceutical companies and academic research centers to develop three strategies:

(a) Safe, effective, non-addictive strategies to manage chronic pain;

(b) New, innovative medications and technologies to treat opioid use disorders;

(c) Improved overdose prevention and reversal interventions to save lives and support recovery.

In a plenary address during the National Rx Drug Abuse and Heroin Summit in April 2017, NIH Director Dr. Francis Collins described the NIH opioid research initiative headed up by the National Institute on Drug Abuse (NIDA). In a May 2017 *New England Journal of Medicine* special report, NIDA Director Dr. Nora Volkow and Dr. Collins outline how science can provide solutions to the opioid crisis and they offer a three-pronged strategy for research partnerships.

Excerpted from an article on the National Institute of Health, National Institute on Drug Abuse website: drugabuse.gov/drugs-abuse/opioids/opioid-crisis

PRESIDENT TRUMP DECLARES OPIOID CRISIS AN EMERGENCY

President Trump on August 10, 2017, declared the country's opioid crisis a national emergency, saying the scourge exceeded anything he had seen with other drugs in his lifetime. "We're going to spend a lot of time, a lot of effort, and a lot of money on the opioid crisis," Trump said, speaking outside a national security briefing at his golf club in Bedminster, New Jersey. The designation will allow the waiving of federal rules, giving states and localities more flexibility to respond. One such rule restricts where Medicaid recipients can receive addiction treatment.

Excerpted from an article in the August 11, 2017 issue of the *Ledger-Enquirer,* Columbus, Georgia, page 4A.

EXPANDED ACCESS TO NALOXONE: OPTIONS FOR CRITICAL RESPONSE TO THE EPIDEMIC OF OPIOID OVERDOSE MORTALITY

Drug overdose deaths in the United States have more than doubled since 1999. During 2013, 43,982 drug overdose deaths (unintentional, intentional, or undetermined intent) were reported. Among these, 16,235 were associated with prescription opioid analgesics (e.g., oxycodone and hydrocodone) and 8,257 with heroin. For many years, community-based programs have offered opioid overdose prevention services to laypersons who might witness an overdose, including persons who use drugs, their families and friends, and service providers. Since 1996, an increasing number of programs provide laypersons with training and kits containing the opioid antagonist naloxone hydrochloride (naloxone) to reverse the potentially fatal respiratory depression caused by heroin and other opioids. In July 2014, the Harm Reduction Coalition (HRC), a national advocacy and capacity-building organization, surveyed 140 managers of organizations in the United States known to provide naloxone kits to laypersons. Managers at 136 organizations completed the survey, reporting on the amount of naloxone distributed, overdose reversals by bystanders, and other program data for 644 sites that were providing naloxone kits to laypersons as of June 2014. From 1996 through June 2014, surveyed organizations provided naloxone kits to 152,283 laypersons and received reports of 26,463 overdose reversals. Providing opioid overdose training and naloxone kits to laypersons who might witness an opioid overdose can help reduce opioid overdose mortality.

Since 2008, HRC has maintained a database of organizations providing naloxone kits to laypersons. The Opioid Safety and Naloxone Network is a national network of naloxone experts, program administrators, and advocates. Before the survey, HRC staff polled network participants for information on any new organizations providing naloxone kits to laypersons that should be included in the survey. In July 2014, HRC e-mailed a link to an online survey to managers of 140 organizations known to provide naloxone kits to laypersons. These organizations included public health departments, pharmacies, health care facilities, substance use treatment facilities, and community-based organizations providing services to persons who use drugs, including current or former opioid (heroin or pharmaceutical) users, and other potential witnesses to overdoses. Law enforcement organizations, emergency medical services, and other professional first responders using naloxone were not included in this survey.

The survey included questions about the year the organization began operating, the numbers of sites or local programs providing naloxone kits, the number of persons trained in overdose prevention and provided naloxone kits, and the number of reports of overdose reversals (administration of naloxone by a trained layperson in the event of an overdose), as well as whether the reports were based on program data or were estimates. The survey also asked about the naloxone formulations currently provided in kits, models for training and providing naloxone kits, funding sources, and any difficulties obtaining naloxone. To obtain data for a recent full calendar year, organizations providing naloxone kits during calendar year 2013 were asked to provide specific data for that year, including numbers of persons provided naloxone kits, reversals reported, and naloxone vials provided, characteristics of persons who received naloxone kits (e.g., persons who use drugs, friends and family members, service providers), characteristics of persons reporting overdose reversals, and the drugs involved in reported overdose reversal. The HRC staff used follow-up e-mails and telephone calls to encourage participation and clarify responses.

Managers from 136 organizations completed the survey, including those from 84 community-based organizations, 18 health care facilities, 10 Veterans Administration health care systems, 18 state or local health departments, and six pharmacies. Half of the responding organizations began operating during January 2013-June 2014. Respondents provided reports for 644 local opioid overdose prevention sites that provide naloxone kits, located in 30 states and the District of Columbia (DC). Thirty-eight respondents provided consolidated data

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OPIOID OVERDOSE MORTALITY *(Continued from page 14)*

for multiple local sites providing naloxone kits. Some organizations estimated responses; for example, one health department estimated the number of laypersons receiving naloxone kits on the basis of the number of kits distributed to local sites. Three state health departments (Massachusetts, New Mexico, and New York) oversee operations of statewide naloxone programs, with 334 local sites.

From 1996, when the first organization began providing naloxone, through June 2014, the 136 responding organizations reported providing training and naloxone kits to 152,283 laypersons. The 109 organizations that collect reports of reversals documented 26,463 overdose reversals. During 2013, 93 organizations reported distributing or prescribing naloxone to 37,920 laypersons. The 68 organizations that collect reports of reversals documented 8,032 overdose reversals.

Ninety-three organizations collected information on the characteristics of laypersons who were provided naloxone kits. Laypersons who received naloxone kits were characterized as persons who use drugs (81.6%); friends and family members (11.7%), service providers (3.3%), or unknown (3.4%). Sixty-eight organizations provided information about laypersons who reported administering naloxone, characterizing them as persons who use drugs (82.8%), friends and family members (9.6%), service providers (0.2%), or unknown (7.4%). Forty-two organizations collected information from laypersons about the drugs that appeared to be involved in the reversed overdoses; heroin was involved in 81.6% and prescription opioids in 14.1%.

Various program models were used by organizations to provide naloxone to laypersons, including distribution of naloxone kits by trained nonmedical staff or volunteers under a standing order (60), by medical staff (49), prescriptions written by a medical provider and filled at a pharmacy (39), pharmacists dispensing directly via collaborative practice agreements and other mechanisms (12), and other protocols (19). Thirty-three organizations used more than one model.

During 2013, 90 of the 136 organizations reported distributing 140,053 naloxone vials, including refills. Three respondents whose organizations were operational in 2013 did not report on the number of vials because they furnished prescriptions to be filled at a pharmacy. The remaining 43 organizations indicated that they were not yet providing naloxone kits during 2013. Sixty-nine respondents reported their organization provided only injectable naloxone, 51 provided only intranasal naloxone, and 16 provided both injectable and intranasal naloxone. A total of 111,607 vials of injectable naloxone and 28,446 vials of intranasal naloxone were provided to laypersons. Organizations were characterized as small, medium, large, or very large, on the basis of the number of naloxone vials distributed during 2013. The 11 large and very large organizations provided naloxone to 28,604 laypersons, representing 75.4% of all 2013 recipients. Forty organizations reported difficulties maintaining an adequate supply of naloxone, and 73 reported inadequate resources to sustain or expand their organization's efforts to disseminate naloxone kits.

Discussion

Organizations that provide naloxone kits to laypersons have expanded substantially since a similar survey in 2010, reflecting a 183% (from 48 to 136) increase in the number of responding organizations, a 243% (from 188 to 644) increase in the number of local sites providing naloxone, a 187% (from 53,032 to 152,283) increase in the number of laypersons provided naloxone kits, a 160% (from 10,171 to 26,463) increase in the number of reversals reported, and a 94% (from 16 to 30) increase in states (including DC) with at least one organization providing naloxone. Half of the responding organizations began operating during January 2013-June 2014. Although early adopters of naloxone kit provision were mainly syringe exchanges, other programs, including substance use treatment facilities, Veterans Administration health care systems, primary care clinics, and pharmacies have started providing naloxone to laypersons.

Providing naloxone kits to laypersons reduces overdose deaths, is safe, and is cost-effective. U.S. and international health organizations recommend providing naloxone kits to laypersons who might witness an opioid overdose, to patients in substance use treatment programs, to persons leaving prison and jail, and as a component of responsible opioid prescribing.

Although the number of organizations providing naloxone kits to laypersons is increasing, in 2013, 20

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OPIOID OVERDOSE MORTALITY *(Continued from page 15)*

states had no such organization, and nine had less than one layperson per 100,000 population who had received a naloxone kit. Among these 29 states with minimal or no access to naloxone kits for laypersons, 11 had age-adjusted 2013 drug overdose death rates higher than the national median.

Some organizations reported information on the laypersons receiving naloxone kits ($n = 99$ organizations), using naloxone in overdose reversals ($n = 68$), and the drugs that appeared to have caused the overdose ($n = 42$). Persons who use drugs accounted for 81.6% of laypersons who received naloxone kits; they also performed the majority (82.8%) of reported overdose reversals. A majority (81.6%) of the overdoses that were reversed involved heroin, indicating that organizations are reaching laypersons who witness heroin overdoses. A study of a community-based naloxone program in San Francisco also found that persons who use drugs play a major role in reversing heroin overdoses. Additional interventions are needed to reach persons who may witness prescription opioid analgesic overdoses, which account for nearly twice as many deaths as heroin overdoses.

Forty respondents reported that their organization has experienced problems obtaining naloxone. Prices of intranasal naloxone more than doubled in the second half of 2014 and Opioid Safety and Naloxone Network members report that cost increases are reducing the quantity of naloxone purchased and provided to laypersons (Matt Curtis, VOCAL NY, personal communication, 2015).

The findings in this report are subject to at least 4 limitations:

(a) Despite extensive knowledge of naloxone distribution programs by the HRC and Opioid Safety and Naloxone Network, organizations providing naloxone kits are increasing rapidly and some might not yet be known to HRC and therefore, might not be included in the survey, which may underestimate the impact of these programs.

(b) Survey responses are based on unconfirmed reports from organizations providing naloxone kits.

(c) Some reports provided by organizations are based on estimates. These three limitations could result in either under or over-reporting of persons provided naloxone kits.

(d) The numbers of overdose reversals likely were under-reported, because some sites, such as pharmacies, do not collect reversal reports.

Organizations providing naloxone kits to laypersons receive many reports of overdose reversals and can reach large numbers of potential overdose bystanders. Comprehensive prevention measures that include teaching laypersons how to respond to overdoses and administer naloxone might help prevent opioid drug overdose deaths. This report suggests that many programs reach persons who witness heroin-related overdoses; additional methods are needed to provide naloxone kits to persons who might witness prescription opioid analgesic overdoses.

Summary

Drug overdose deaths in the United States have more than doubled since 1999, reaching a total of 43,982 in 2013. Heroin and prescription opioids are major causes of drug overdose deaths. Naloxone is the standard medication used for reversal of the potentially fatal respiratory depression caused by opioid overdose.

From 1996 through June 2014, a total of 644 local sites in 30 states and DC reported providing naloxone kits to 152,283 laypersons and receiving reports of 26,463 drug overdose reversals using naloxone from 1996 through June 2014. Most laypersons who reported using the kits to reverse an overdose were persons who use drugs, and many of the reported reversals involved heroin overdoses. Medical clinics and pharmacies have started providing naloxone kits to laypersons, and the reported number of organizations providing kits almost doubled from January 2013 through June 2014.

Organizations training and providing naloxone kits to laypersons can reach large numbers of potential overdose witnesses and result in many reported overdose reversals. Comprehensive prevention measures that include teaching laypersons how to respond to overdoses and administer naloxone prevent opioid-related drug overdose deaths. Additional methods are needed to provide naloxone kits to persons who might witness prescription opioid analgesic overdoses.

Excerpted from an article on the Centers for Disease Control and Prevention website: cdc.gov/mmwr/preview/mmwrhtml/mm6423a2.htm

NARCAN DEVELOPER WORKING ON OPIOID ADDICTION VACCINE, CEO SAYS

The opioid epidemic claims thousands of lives in the U.S. each year, but a new nasal spray from Opiant Pharmaceuticals aims to prevent fatal overdoses. "We developed a formulation and then proved that this formulation, when delivered nasally, could be as quickly absorbed as an injection, if not a little bit quicker actually," Dr. Roger Crystal, CEO of Opiant Pharmaceuticals, told the FOX Business Network in August 2017. "Once you have a product that's a nasal spray rather than an injection, far more people are willing to use it and able to use it." The Narcan nasal spray can be easily administered by anyone and is already being used by half of the New York Police Department. "In different situations the responder might be for example the police force as you mentioned earlier...or for example the mother of a teenager who knows that her son is an addict, and for that person to have Narcan nasal spray at their home… would be very important." The opioid crisis takes up to 91 lives a day and costs nearly $80 billion a year in the U.S., according to the Centers for Disease Control and Prevention. While the Narcan nasal spray is a short-term fix, Opiant Pharmaceuticals says it is devoted to finding long-term solutions that will eventually prevent addiction. "We have some early stage programs. One, for example, is a heroin vaccine. The other area we are looking at is the implant and depot space where you can have longer-acting opioid antagonists in order to prevent people getting high from opioids." Doctor Crystal says Washington continues to support funding for the fight against opioid addiction and overdose. "One of the few consistencies between the Obama Administration and the Trump Administration is their commitment to the opioid crisis and actually their recognition of addiction more broadly."

Excerpted from the website: foxbusiness.com/features/2017/07/26/narcan-developer-working-on-opioid-addiction-vaccine-ceo-says.html

ICPA'S 19TH AGM AND CONFERENCE

ICPA 2017

Innovation in Rehabilitation: Building Better Futures
22-27 October

In joint collaboration with the National Offender Management Service, ICPA is pleased to invite corrections professionals from around the world to attend our 19th Annual Conference in London, 22-27 October 2017. The theme for this event is: "Innovation In Rehabilitation: Building Better Futures" where delegates can expect to learn about the latest approaches, ideas, and technologies in relation to the rehabilitation of offenders and their reintegration into the community.

Join us in London at the largest annual gathering of international corrections professionals with a huge variety of presentations and topics across a full 6-day programme of events. Network with like-minded colleagues and experts, see the latest innovations, discuss real-world case studies, challenges, and solutions and much more. The conference will be held at the Novotel London West. For more information, go to: icpa.ca/london2017

FAMILY DRUG COURT TO HOLD PARENTS ACCOUNTABLE

An Accountability Court for the families of juveniles addicted to drugs will soon be up and running in Muscogee County., Georgia. Juvenile Drug Court Judge Warner Kennon said the court recently received a $220,000 grant from the Annie E. Casey Foundation, a Maryland-based organization that aims to improve the lives of American children.

"Often one or both parents are on some sort of illegal substance," Kennon said of the cases he sees every day. "Through the Family Drug Court, I can get them help and try to keep the children at home while the parents cooperate and get help if necessary."

Accountability Courts exist throughout Georgia to provide effective alternatives to sentencing for nonviolent offenders struggling with substance abuse, mental illness, and other issues. The Family Drug Court will be the fifth in Muscogee County. Other accountability courts in the area include the Juvenile Drug Court, Adult Drug Court, Mental Health Court, and the Veterans Court.

Chief Judge Gil McBride said the circuit also plans to establish an accountability court for parents not paying child support. Kennon said he will be the presiding judge at the Family Drug Court, and hours are yet to be determined. He said the program will help reduce the need for foster beds by finding alternatives to keep children in their homes. Parents will be held accountable. "The Juvenile Drug Court standards are a minimum of every 2 weeks, but the Family Accountability Court is every week," he said. "And so they have to come in front of me every week and say they're doing what they're supposed to be doing or have instant consequences."

Excerpted from an article (by Alva James-Johnson) in the July 5, 2017 issue of the *Ledger-Enquirer,* Columbus, Georgia, page 1A.

EXPRESS SCRIPTS TO LIMIT OPIOIDS; DOCTORS ARE CONCERNED

The nation's largest pharmacy benefit manager will soon limit the number and strength of opioid drugs prescribed to first-time users as part of a wide-ranging effort to curb an epidemic affecting millions of Americans. But the new program from Express Scripts is drawing criticism from the American Medical Association, the largest association of physicians and medical students in the U.S., which believes treatment plans should be left to doctors and their patients.

About 12.5 million Americans misused prescription opioids in 2015, according to the U.S. Department of Health and Human Services. More than 33,000 deaths that year were blamed on opioid overdoses.

Express Scripts launched a year-long pilot program in 2016 aimed at reducing patients' dependency on opioids and the risk of addiction, said Snezana Mahon, the Missouri-based company's vice president of clinical product development. Mahon said analysis of 106,000 patients in the pilot program showed a 38% reduction in hospitalizations and a 40% reduction in emergency room visits, compared to a control group. The program was scheduled to take effect nationwide on September 1, 2017, for Express Scripts members whose employer or health insurer has enrolled to participate.

Under the program, new opioid users are limited to 7-day prescriptions, even if the doctor orders scripts for much longer. Mahon said the average prescription is for 22 days.

The program also requires short-acting drugs for first-time opioid prescriptions, even though many doctors prescribe long-acting opioids. Dosage is also limited, and the company will monitor and try to prevent for patterns of potential "pill shopping," where a patient goes from doctor to doctor to collect prescriptions. The program does not apply to patients in hospice or palliative care, or to cancer patients. A competitor, CVS Caremark, has a similar program. "A lot of times physicians are prescribing these drugs blindly," Mahon said. "They don't know that a patient may be going to see multiple prescribers." She said some physicians "are actually appreciative and saying, 'Thank you, I didn't know this was happening.'"

But Dr. Patrice Harris, an Atlanta psychiatrist who chairs the American Medical Association's Opioids Task Force, said doctors are already working toward addressing the opioid epidemic. Harris said doctors have reduced such prescriptions by 17% over the past couple of years and are directing patients to other forms of pain management, including physical therapy and cognitive behavioral therapy.

"We want to be pro-active in making sure the alternatives are available, versus a sort of blunt, one-size-fits-all-all

(Continued on page 19)

EXPRESS SCRIPTS *(Continued from page 18)*

a9proach regarding the number of prescriptions," Harris said. "The AMA's take has always been that the decision about a specific treatment alternative is best left to the physician and their patient."

Express Scripts said that if a doctor wants a patient to have more than a seven-day supply of medication, he or she can request it. Harris said those additional steps create an administrative burden for the doctor, "but more importantly they delay care for the patient." Harris said the AMA has not contacted Express Scripts to raise concerns about the program or taken any action to stop it. The U.S. Food and Drug Administration already requires label warnings about misuse on all prescription medications, but Express Scripts will take the additional step of sending a letter to new opioid patients warning about the dangers of misuse and addiction.

CVS Caremark already has a 10-day limit on opioids and limits the dosage, the company said. Patients must start on short-acting drugs, and physicians are required to regularly assess patients using opioid prescriptions. CVS Caremark also has a monitoring process to identify pill shopping and other forms of misuse or fraud, and works with its retail pharmacies to review "prescribing trends and irregular behavior and with physicians to ensure appropriate therapy for patients with chronic pain," spokeswoman Christine Cramer said in an email.

Express Scripts also is providing data analytics as part of Missouri's new prescription drug-monitoring program. Republican Gov. Eric Greitens announced details in August 2017 at the Express Scripts corporate headquarters in suburban St. Louis. Missouri was the last state without a program to track prescription drugs.

Excerpted from an article (by Jim Salter) in the August 17, 2017 issue of the *Ledger-Enquirer,* Columbus, Georgia, page 4A.

IACFP 2017 EDWIN I. MEGARGEE DISTINGUISHED CONTRIBUTION AWARD HONORS JEFFREY L. METZNER, M.D.

The International Association for Correctional and Forensic Psychology's Edwin I. Megargee Distinguished Contribution Award honors scholars and practitioners of national and international prominence who have made outstanding contributions to the field of forensic and correctional psychology, juvenile justice, the IACFP, or any combination. This year, it is the IACFP Board's privilege to recognize Jeffrey L. Metzner, M.D., with this award. Doctor Metzner has made outstanding contributions to improving the quality of mental health services in jails and prisons. He is primarily a practitioner and secondarily a researcher and teacher. He is an icon in the world of mental health standards and prison and human rights litigation.

Doctor Metzner graduated from the University of Maryland Medical School in 1975 and completed his psychiatric residency at the University of Colorado's Department of Psychiatry during 1979. He is a Clinical Professor of Psychiatry at the University of Colorado School of Medicine in Denver, Colorado.

Doctor Metzner has written extensively on the psychiatric care of prison populations. He has provided consultation to judges, pecial masters, monitors, state departments of corrections, city and county jails, U.S. Department of Justice, the National Prison Project, and others involved in the field of correctional psychiatry in 35 states. Doctor Metzner was a member (2006) of the Institute of Medicine Committee on Ethical Considerations for Revisions to DHHS Regulations for Protection of Prisoners Involved in Research. He was part of the American Psychiatric Association (APA) work groups that produced the first and third editions of the guidelines for psychiatric services in correctional facilities. Doctor Metzner is one of three editors of the *Oxford Textbook of Correctional Psychiatry* (May 2015).

Doctor Metzner remains active at the national level in the APA, the American Academy of Psychiatry and the Law (AAPL) and the American Board of Psychiatry and Neurology, Inc. (ABPN). He is a former president of AAPL. He is a former chair of the APA's Council on Psychiatry and Law and a former chair of the APA's Committee on Judicial Action. He has been a recipient of the Isaac Ray Award and Guttmacher Award, which are both awarded by the APA and the AAPL, and the B. Jaye Anno Award of Excellence in Communication, awarded by the National Commission on Correctional Health Care.

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DOING WHAT MATTERS: INTEGRATING PUBLIC HEALTH AND CRIMINAL JUSTICE REFORM

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ICCA is looking forward to welcoming two of our keynote speakers to this year's conference:

Faith Lutze, Ph.D., Washington State University
Presenting Tuesday, October 31, 2017

Faith E. Lutze, Ph.D., is a Professor in the Department of Criminal Justice and Criminology at Washington State University. She received her M.A. in Criminal Justice from the University of Cincinnati in 1988 and her Ph.D. in the Administration of Justice from the Pennsylvania State University in 1996. Her current research interests include drug courts, the professional role of community corrections officers, offender adjustment to community corrections supervision, violence against women, and gender and justice with an emphasis on masculinity in prisons. She currently teaches criminal justice courses related to corrections, violence toward women, ethics, and gender and justice. Dr. Lutze has published the results of her research in various journals including *Justice Quarterly, Crime & Delinquency, Criminology and Public Policy,* and *The Journal of Criminal Justice*. She is also the recipient of the Coremae Richey Mann Leadership Award (2010) presented by the Minorities and Women Section of ACJS, the ACJS Corrections Section Award (2010) for scholarship and service in corrections, and the WSU Presidents Award for Leadership (2013).

Richard Cho, The Council of State Governments
Presenting Wednesday, November 1, 2017

Richard Cho is a nationally-recognized expert on the intersection of homelessness and criminal justice system involvement, and on the intersection of health care and housing. Before joining the Justice Center, he served as Deputy Director of the United States Interagency Council on Homelessness (USICH), the agency that leads the federal government's response to homelessness. Prior to his time at USICH, Mr. Cho served as the Director of Innovations and Research at the Corporation for Supportive Housing. He advised the City and State of New York in the design and implementation of the $1 billion New York/New York Supportive Housing Initiative. He also helped guide the implementation of New York City's Housing First program for people with active substance use disorders. Mr. Cho has a B.A. from the University of Chicago, an M.A. in city planning from the Massachusetts Institute of Technology, and is completing a Ph.D. in public administration at New York University.

Visit the website to register:
iccalive.org/icca/?option=com_content&view=article&id=436&Itemid=779

AMERICA'S ADDICTION TO ABUSIVE DRUG PRICING

Consider what got Martin Shkreli in trouble with the law. Shrkeli is the infamous "pharma bro" who bought patents to lifesaving drugs then hiked their prices to obscene levels. In one egregious example, he raised the price of a 62-year-old drug crucial to AIDS patients by over 5,000%. But this money-or-your-life extortion racket isn't the root of the case against him. It's whether he lied to investors.

Defrauding investors is illegal. Charging outrageous prices to desperate patients is not (a point that Shkreli himself repeatedly makes). This is the only advanced country that puts its people's lives at the mercy of corporate barracudas.

For those who think they can stop these gougers through shaming or otherwise showing them the error of their ways, I wish them luck. Better to pitch a harder ball and get government on the side of the public.

Louisiana is plagued by obesity, opioid addiction, and other health crises. It has 35,000 residents with hepatitis C who are on Medicaid or uninsured. Hepatitis C destroys the liver, but the drugs to treat it cost $85,000 for a 12-week regimen. Thus, the state decided to cover only 324 patients already suffering severe liver damage. It was that or have little money left for schools and roads.

But Louisiana's Health Secretary Rebekah Gee has landed on a novel approach that other states are watching. She has dusted off an old federal law that lets Washington regulators sidestep drug patents in the interests of the public good. A panel has advised Gee to ask Secretary of Health and Human Services Tom Price to let Louisiana use the patents at more earthly prices. Just the possibility of taking such measures could get drug makers to the negotiating table.

Gilead Sciences makes the hepatitis C drugs—Sovaldi and Harvoni—but $85,000 is an only-in-America price. Sovaldi sells for about $1,000 a pill in the U.S. while a generic version costs only $4 a pill in India. Canada pays $55,000 for a course of treatment. France recently got Gilead down to a price of about $33,000.

Gilead adopts the Big Pharma line that drug companies must charge huge sums to pay for the research and development of their path-breaking products. And, Sovaldi is undeniably a fabulous drug. But actually, it's not Gilead's invention. The developer was Pharmasset, a company that Gilead bought some years ago. Pharmasset, interestingly, had planned to charge only $36,000 for a course of treatment.

Good capitalists can agree that those who develop cutting-edge drugs deserve to be richly rewarded for their efforts. But then Americans must ask why they alone must bear the costs of bestowing the rewards.

The difference is that our government refuses to intervene meaningfully on the people's behalf. Even our taxpayers don't seem to matter. General revenues cover 74% of the Medicare drug benefit, yet Congress has forbid the government to negotiate the program's drug prices.

Clearly, the industry needs a new business model in which costs of development are fairly shared. The same goes for breaks on price.

The real problem in American health care is not that we can't afford what we need. Other countries with far less resources provide as good or better health care than we do. The problem is that, by international standards, we pay inflated prices for just about everything.

Overpaying has become almost an addiction. We don't think we can kick it, and the default has been to not even try. Until we move the emphasis from "How do we pay?" to "What are we paying?" we will never stop the abusive pricing of essential drugs.

Excerpted from an article (by Froma Harrop) in the July 16, 2017 issue of the *Ledger-Enquirer,* Columbus, Georgia, page 2B.

SECRET, SUPERVISED PLACE FOR USERS TO INJECT DRUGS OPERATES IN U.S.

Somewhere in a U.S. city, a small nonprofit organization has been hosting a secret site where users can inject drugs under the supervision of trained staff who provide clean needles and guard against overdoses, researchers said on August 8, 2017. The site, which is illegal under federal law, has been operating for three years, according to a paper published in the *American Journal of Preventive Medicine*. It is part of the "harm reduction" strategy adopted by 98 facilities in 10 other countries where supervised injection sites operate legally.

The controversial approach has been debated in the United States for many years, but it is gaining popularity in some places as the number of overdose deaths from illegal drugs continues to skyrocket. California, New York City, Boston, and Ithaca, N.Y. are exploring the idea. The county that includes Seattle has approved opening two locations.

"The whole country knows this is a crisis. We need some new solutions," said Alex Kral, an epidemiologist for RTI International who revealed the program in a commentary August 8, 2017. "We need innovation at this point. This is not innovation out of thin air. This is innovation that's been proven." More than 52,000 people died of drug overdoses in the United States in 2015, according to the Centers for Disease Control and Prevention. Data released August 8, 2017, by the National Center for Health Statistics show that number may rise sharply, to about 60,000, when final totals are available for 2016.

Kral, who has published research on substance use for many years, said he was approached by the organization and asked to collect data on the site's operation. He and co-author Peter J. Davidson, of the University of California at San Diego, did not reveal the site's location in their article. Kral said the peer-reviewed journal did not ask for proof that it existed, and the university's panel that supervised the research did not require that he reveal its location.

The article's data, taken from the first 2 years of the site's operation, provide a sobering glimpse at the hardcore addicts who use the facility. More than 100 users who gave themselves 2,574 injections there were surveyed. Eighty percent are homeless, 91% are men and 80% are White. The vast majority injected heroin, but some used methamphetamine, cocaine, or prescription opioids. On average, they injected drugs about 114 times per month. Four people have been revived at the site with the antidote naloxone after overdoses

during the first 3 years of operation, Kral said.

The program, Kral said, is open by invitation only to drug users who are known to the staff members of the nonprofit organization. Many other supervised injection sites around the world are open to anyone who walks in and wants to inject drugs. The clandestine U.S. program operates 4 to 6 hours a day, 5 days a week and is staffed by people trained to respond to overdoses and to provide advice on safe and hygienic injection. It has five small spaces where users can inject drugs and a second room with couches where they can remain afterward.

Canadian and U.S. law enforcement groups opposed the opening of the first site in North America, in Vancouver, B.C., in 2003, and many communities have raised objections about the impact that opening such a facility would have on their neighborhoods. Research has shown that supervised injection sites reduce deaths from overdoses, cut the risk of HIV and hepatitis transmission by eliminating needle-sharing, and provide users with access to health and social services, Kral and Davidson wrote in their paper. For the surrounding community, they reduce public injections, improper disposal of syringes, and drug-related crime, they wrote.

The sites also help get some users into treatment by offering them care and a chance to talk with staff in a safe, relaxed place, said Taeko Frost, western regional director of the Harm Reduction Coalition, who has studied supervised injection sites. "It's really hard to create any space or time for anyone to focus on anything else when they're worried about not getting arrested or dying alone," she said. In Kral's paper, more than 92% of users said they would inject drugs in a public restroom, park or parking lot, or on the street if the site didn't exist.

"We really applaud the work they're doing," Frost said of the unsanctioned injection site. "It's extremely courageous to operate a lifesaving service like this."

Excerpted from an article (by Lenny Bernstein) in the August 9, 2017 issue of the *Ledger-Enquirer,* Columbus, Georgia, page 7A.

NOTEWORTHY ANNOUNCEMENTS

We are very proud to announce that Dr. Frank Porporino, one of our At-Large Board members, was selected to provide a keynote address at the 3rd World Congress on Probation, Tokyo, Japan, September 12-14, 2017. More to come in upcoming issues of *The IACFP Newsletter.*

* * *

Congratulations to Dr. Richard Althouse for having been elected to the position of IACFP Secretary at the August 2017 IACFP Board and Member Meetings in Saint Louis.

SEEKING NOMINATIONS FOR DIRECTOR, SCHOOL OF CRIMINAL JUSTICE, FERRIS STATE UNIVERSITY

Greetings:

My firm is searching for a capable leader to fill the position of Director of the School of Criminal Justice at Ferris State University (FSU). The university is on the southern edge of the City of Big Rapids, Michigan, a little over an hour away from Grand Rapids. Ferris itself is an extraordinary university with an innovation culture of student retention and success. The Criminal Justice Program is the largest in the state with 21 sites across Michigan.

I seek your assistance in identifying prospective candidates who might be interested and ready to serve in this

role as we hope to diversify and deepen our applicant pool with a deadline near. The successful candidate must possess an earned doctorate or terminal degree and a minimum of five years of practitioner experience in the U.S. Criminal Justice System. The next Director is expected to assume office by January 2018.

I welcome the opportunity to speak with you if you'd like to nominate or suggest potential candidates for this position. Please let me know if you'd like me to arrange a telephone conversation with my colleague, Tessa Martinez Pollack. Contact me at: (202) 332-4049. If you'd simply rather reply with a list of individuals you think we should contact, I'd be happy to take any suggestions. Please e-mail me your suggestions at: lmm@academic-search.com

We appreciate your assistance with this important search for Ferris State University. For additional information, the full search prospectus can be found at: academic-search.com/sites/default/files/ASI.FerrisCJ.Profile.pdf

Letters to the Editor

We would like to hear from you about our newsletter. Please let us know if the articles or material provide helpful/useful information. What other articles or material would you suggest or recommend? Please send your letter to:

smithr@marshall.edu

IACFP BOARD AND MEMBER MEETINGS HELD IN AUGUST 2017

The International Association for Correctional and Forensic Psychology held an in-person Board meeting on August 17-18, 2017. All Board members were present and engaged for the entire meeting. The words that best describe the meeting are productive, strategic, and energizing!

President Javel Jackson presided over the 2-day meeting. The IACFP Strategic Plan guided the proceedings and Board decisions. Seven key decisions made at the meeting were:

(a) Revisions in the IACFP By-laws to be presented to the membership for consideration;

(b) Approval of policies for Board nomination process, Board minutes, and travel;

(c) Identification of the knowledge, skills, expertise, and diversity necessary for a strong vibrant organization and application of this criteria to existing Board members to identify gaps for the nomination of new Board members;

(d) Identifying the recipient of the Edwin I. Megargee Distinguished Contribution Award;

(e) Selection of the new *Criminal Justice and Behavior* editor for 2018-2021;

(f) Appointment of Karen Crawford, CPA, to the Finance Committee and

(g) Election of Richard Althouse as Board Secretary.

The IACFP Board met with Tom Mankowski, Senior Editor, SAGE Publications, to review the performance of *CJB*. The Board engaged in substantive discussions about membership, communications, operations of the Association, and a future investment policy. Diane Williams, Treasurer, provided a financial report to the Board. The nominations committee, chaired by Jim DeGroot, met and submitted a report to the Board.

Back Row: Frank Porporino, Ph.D., Silvia Edith Martinez, Richard Althouse, Ph.D., Diane Williams, MBA, Michael Clark, MSW.
Front Row: Jim DeGroot, Ph.D., Javel Jackson, Psy.D., Emily Salisbury, Ph.D.

Finally, the Board recognized the contributions of Jim DeGroot, Past-President, during his term as IACFP President, and Michael Clark, who is leaving the Board.

The IACFP Board held its annual membership meeting after the adjournment of the Board meeting. The meeting was held in St. Louis in conjunction with the American Correctional Association Congress of Corrections. The membership meeting included the minutes of the previous meeting, and reports by the President, Executive Director, and Treasurer. There was a review of the IACFP Strategic Plan. And, members were asked for their input on how to better serve them and to "help the helper." Members who were not able to attend the membership meeting are encouraged to provide their input via e-mail to Cherie Townsend at: executivedirectoriacfp@gmail.com

VIGNETTES OF GLIMPSES INSIDE

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

RON MELLEN

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

IT'S ALMOST DINNERTIME...CAN I HAVE A RIDE?

Andy was in his mid-20s, a member of a work crew, and not a trouble-maker. On that particular day, after breakfast, Andy was bored and wandered around the medium security unit. He walked up to a gate and, to his surprise, it opened for him. So, he continued ambling about when the second gate also opened. To his amazement, the final gate opened and he walked out into "free-world." The unit is in a rural area of the state so he continued a few miles to the closest intersection with its gas station/grocery store.

Andy didn't have cash so he couldn't buy anything. He wandered around for an hour or so until he realized it was approaching 4:30 pm....dinnertime at the facility. At that juncture, he asked the clerk if he could have a ride back to the prison. It so happened a sheriff's deputy had walked into the store and joined the conversation.

The deputy then called the unit:

Deputy: "We have one of your boys here."

Prison: "That's not possible...our count is good, so no one is missing."

Deputy: Ma'am, I'm at the grocery story, two miles from the unit and he is standing in front of me.

Prison: It's not possible...we've had two counts since this morning and no one is missing.

Deputy: Turning to Andy "Son, what's your name? Turn around and let me get the number off your whites."

Deputy: The inmate is Andy _____and his number is_____."

A very long silence followed by a prison background conversation that was growing, by the minute, in decibels. The background panic gave way to a very calm voice.

Prison: "A van with officers is on its way. Thanks."

Deputy: You bet!! (with a smirk.)

For unexplained reasons the administration chose not to charge Andy with attempted escape.

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

Ph. D. Psychologist

Nature and Scope

Prairie North Health Region is currently seeking two permanent full-time Ph. D. Psychologist positions (Forensic and Non-Forensic areas).

These are clinical positions working as a part of assessment and treatment teams in a dynamic, brand-new growing hospital setting. The position(s) provide the opportunity to work with individuals with chronic major mental illness and intellectual disabilities, often treatment resistant, in both Forensic Psychology and Psychiatric Rehabilitation departments within the new Saskatchewan Hospital, North Battleford.

Opening in September, 2018, the new Saskatchewan Hospital (188 beds, plus 96 secure beds), offers a uniquely designed setting (400,000 square foot building area), shaped by the principles set out by the patients including connections to nature and an abundance of natural light in patient spaces. The common areas of the new facility include innovative space for individual or group activities including music, art, exercise, and learning practical skills for life. The state-of-the-art design of this new facility includes better patient, staff, and supply flows including supportive infrastructure, technology, and programming for optimal patient care and treatment. The design of this one-of-a-kind facility represents the input from patients and staff to ensure that the best care, treatment, and recovery can be achieved.

Please visit our website at: pnrha.ca and click the Saskatchewan Hospital Construction Project to see the most up-to-date videos and pictures of this innovative facility in its' construction and development. On pnrha.ca under the *Career* section, information is provided regarding the ***employment incentives*** extended for these positions, including recruitment and relocation incentives and bursary options.

Specific Accountabilities

The Psychologists in these positions will be responsible for the assessment, planning and evaluation of programming, individual or group, to meet the therapeutic needs of patients in the Short Term Psychiatric Rehabilitation, Extended Psychiatric Rehabilitation, and/or Forensic Service Areas. These positions will provide patient assessments and treatment plans (including behavior management programs), psychotherapy, and participate in formal and informal discussion of all cases. A team approach supports consultation regarding problems and needs of patients as required for the Short Term Psychiatric Rehabilitation, Extended Psychiatric Rehabilitation, and Forensic Service Areas.

Specific Forensic responsibilities include remand assessments for Fitness to Stand Trial and Criminal Responsibility, reports and assessments for Saskatchewan Review Board Hearings, therapeutic intervention, and treatment planning. The Psychologist will assemble data, analyze research, and clinical assessment reports on individual patients providing interpretation for other team members and hospital staff.

The successful candidates will have their Ph.D. in clinical psychology with registration or eligibility for registration with the Saskatchewan College of Psychologists. The successful candidates will have experience in mental health, psychological testing methods, and statistics. The ability to work independently and as a member of a multi-disciplinary team is required, along with advanced communication skills. These are designated field hours position.

Preference for these positions will be given to HSAS members in accordance with the terms and conditions of the SAHO/HSAS Collective Agreement. The pay range for this position, as per the SAHO/HSAS Collective agreement, is $51.356 ($100,083 per annum) to $62.643 ($122,079 per annum) (5 step range).

Any questions or inquiries please contact the Human Resources Department at: hrreception@pnrha.ca or call (306) 446-6815 for further information.

JAMES PAVLETICH JOINS NCCHC AS CEO

The National Commission on Correctional Health Care (NCCHC) has appointed James R. Pavletich, MHA, CAE, as chief executive officer. Pavletich joined the organization on August 21, 2017.

Pavletich brings a wealth of experience in health care association management to his new role at the National Commission. He worked at the Accreditation Association for Ambulatory Health Care, Skokie, IL, for nearly 10 years, advancing to become vice president and chief operating officer, with responsibility for accreditation services, education, marketing and communications, finance, administration, human resources, and information technology. During his tenure, the number of organizations accredited by AAAHC increased by 140%. More recently, he served as vice president of membership and customer experience at the American Production and Inventory Control Society.

Previous experience during Mr. Pavletich's 20-plus years in the health care association field include positions at the American Medical Association and the American College of Healthcare Executives. "We are excited to welcome a seasoned health care executive like Jim Pavletich," says Eileen Couture, DO, RN, CCHP-P, who chairs NCCHC's Board of Directors. "With his combination of strong leadership, strategic orientation, and governance experience, he is well suited to take the Commission to its next phase of growth." Pavletich is a Certified Association Executive and has a master of science degree in health care administration.

NCCHC National Commission on Correctional Health Care

The National Commission on Correctional Health Care (NCCHC) is a not-for-profit 501(c)(3) organization working to improve the quality of care in our nation's jails, prisons, and juvenile detention and confinement facilities. The NCCHC establishes standards for health services in correctional facilities; operates a voluntary accreditation program for institutions that meet these standards; produces and disseminates resource publications; conducts educational trainings and conferences; and offers a certification program for correctional health professionals. The NCCHC is supported by the major national organizations representing the fields of health, law, and corrections. Each of these organizations has named a representative to the NCCHC Board of Directors. The IACFP is one of the NCCHC's supporting organizations.

HEAD OF COOK COUNTY JAIL TO KICK OFF HEALTH CONFERENCE IN CHICAGO

Nenka Jones Tapia, Psy.D., Executive Director of the Cook County Department of Corrections, will be the keynote speaker at the National Conference on Correctional Health Care, taking place November 4-8, 2017, at the Hyatt Regency Chicago. Doctor Jones Tapia will share her unique perspective as a clinical psychologist overseeing Cook County Jail in Chicago, the country's second-largest jail. With 25% to 35% of its 8,000-plus inmates suffering from serious mental illness, the Cook County Sheriff's Office calls the jail the largest mental health institution in the country.

The 5-day National Conference is the largest annual gathering of correctional health professionals, with clinicians, administrators, and other professionals coming together to learn about latest advances and best practices in health care behind bars. The conference features more than 100 educational sessions on clinical, administrative, and legal aspects of correctional health care. Further highlights include networking activities, educational lunches, and an exhibit hall featuring hundreds of products and services.

In-depth preconference seminars explore some of the field's hottest topics: opioid treatment, suicide prevention, ethics, and gender dysphoria. Other preconference seminars discuss NCCHC's *Standards* for managing medical and mental health care delivery in correctional facilities; the revised 2018 *Standards* for prisons and jails will be previewed.

The conference is recommended for any correctional professional who is interested in learning more about health care for the incarcerated population and its implications for public health and safety. Professionals can earn up to 31 hours of continuing education credit by attending the conference and preconference seminars. For more information or to register, go to: ncchs.org/national-conference

POSTDOCTORAL FELLOWSHIP, CENTRE FOR FORENSIC BEHAVIOURAL SCIENCE AND JUSTICE STUDIES, UNIVERSITY OF SASKATCHEWAN

The postdoctoral fellow will lead a program of research and evaluation encompassing one or more of the following areas: the criminal justice system, including research and evaluation on emerging models of crime prevention and community safety, the law and justice systems, and correctional populations, programs, and practices. Reporting to the Director, the postdoctoral fellow will work with national and regional Correctional Service of Canada (CSC) partners to assist in the development and conduct of Centre-related research and evaluation projects.

Experience preparing literature reviews, managing bibliographies, data collection, data analysis, and report-writing is expected. The successful candidate's area(s) of interest should be aligned with one or more of CSC's corporate priorities: safe transition to and management of offenders in the community, safety and security of staff and offenders in institutions and in the community, enhanced capacity to provide effective interventions for First Nations, Métis, and Inuit offenders, improved capacity to address mental health needs of offenders.

Term: One year renewable for a second year. Annual Salary: $60,000

Start Date: Negotiable.

Interested candidates must submit a resume and cover letter to: forensic.centre@usask.ca

UNIVERSITY OF SASKATCHEWAN
Centre for Forensic Behavioural Science and Justice Studies
USASK.CA/CFBSJS

CLINICAL AND COUNSELING PSYCHOLOGISTS CONFERENCE SERIES TO HOST 2ND INTERNATIONAL CONFERENCE ON CLINICAL AND COUNSELING PSYCHOLOGY

Greetings:

We are happy to bring to your notice that Conference Series is hosting the "2nd International Conference on Clinical and Counseling Psychology" *(Clinical Psychologists 2017)* along with external scientific association with the researchers, academicians, and post doctorates, students, around the globe, scheduled on October 16-17, 2017, at Osaka, Japan. The main theme of the conference is "Advanced Treatment Strategies and Research Methodologies Implemented in Clinical and Counseling Psychology." In regard to your research interest, with great pleasure we would like to invite you as a speaker for the scientific collaboration with event. Renowned Speakers at Clinical Psychologists 2017: Piyal Chakrabarti, Department at Cerebral Palsy Alliance, Singapore. For more information, please have a glance at our Scientific Program at: Scientific-Program.php

–Jessica Siler

THE SUICIDE EPIDEMIC: SOCIAL, ECONOMIC, OR BOTH?

Ours' is a nation in despair. U.S. suicide rates have surged to a 30-year high, and it's not just among struggling middle-aged Whites. Suicides by girls age 10 to 14 have spiked over the last 18 years. And there's been a shocking surge in children 17 or under dying from self-inflicted gunshot wounds.

Since 1999, suicide rates have risen in every age group except the elderly, according to the National Center for Health Statistics. Among women 45 to 64, it jumped an astounding 63%. For men that age, it was up 43%.

In their report on rising death rates among middle-aged White Americans, Princeton economists Anne Case and Angus Deaton referred to "deaths of despair"—early deaths caused by drugs and alcohol, as well as by suicide. They cited deteriorating job prospects and a decline in stable relationships as possible factors.

Economic stress certainly plays a part. America's suicide rate of 13 per 100,000 in 2014 was the highest since 1986. But that was much lower than during the Great Depression, when the suicide rate hit 22 per 100,000.

However, the Depression was an economic calamity unimaginable to many living today. The economic collapse produced an unemployment rate of 25%. The jobless rate in 2014 never reached 7%.

And unlike their Depression-era ancestors, Americans in 2014 had some social safety nets. They had health coverage thanks to Obamacare, disability for those who could get it, unemployment checks following layoffs and, for older people, the option of taking Social Security.

What the Depression generation had in greater abundance, though, was stronger social connections, a key to mental health. Marriages were tighter and connections to community stronger. As an elderly relative who remembers those years told me, "Things were tough, but we had each other."

Many relationships nowadays are online presences that poorly replace physical company. Researchers are tying a pandemic of loneliness to heavy use of Facebook, Snapchat and other social media. "It's social media, so aren't people going to be socially connected?" asked Brian Primack, who co-authored a study on social media's impact at the University of Pittsburgh.

The answer seems no. People who spent more than 2 hours a day on social media were twice as likely to feel socially isolated as those who spent less time on the sites, his study found. Of course, lonely people may gravitate to social media in the first place.

Recall that grotesque story of a teenage girl who egged a depressed boy to commit suicide via text messages and cellphone. Michelle Carter, then 17, had repeatedly texted 18-year-old Conrad Roy III to kill himself. Roy finally drove a truck to a Kmart parking lot in Taunton, Massachusetts, and sat in the cab as deadly fumes poured in. At one point, Roy seemed to have changed his mind and stepped out. But Carter, speaking to him on the phone, told him to get back in. He did and died. Carter's apparent lack of conscience so alarmed the judge that he found her guilty of involuntary manslaughter. Many legal minds condemned the verdict for redefining criminal responsibility. Carter's only "weapon" was words. "Will the next case be a Facebook posting in which someone is encouraged to commit a crime?" asked Harvard Professor of Law Nancy Gertner.

We ask a different question. Would Carter have continued her cruel manipulation had she been face-to-face with Roy? Doing this through text messages may have made it seem less real to her.

Americans can find solace in physical interaction. We can meet a friend for coffee and an honest conversation with none of that social media showboating. There is great comfort in knowing we have each other.

Excerpted from an article (by Froma Harrop) in the July 23, 2017 issue of the *Ledger-Enquirer,* Columbus, Georgia, page 2B.

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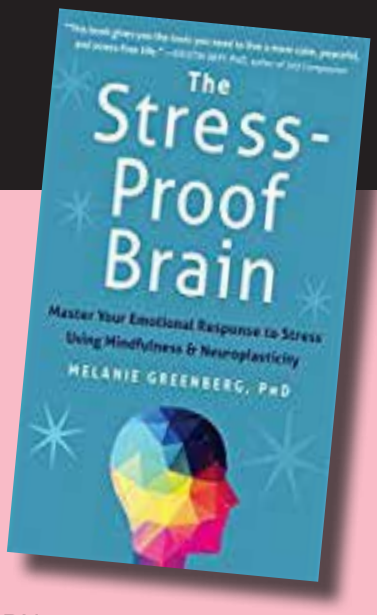

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Author
Melanie Greenberg, Ph.D.

Melanie Greenberg

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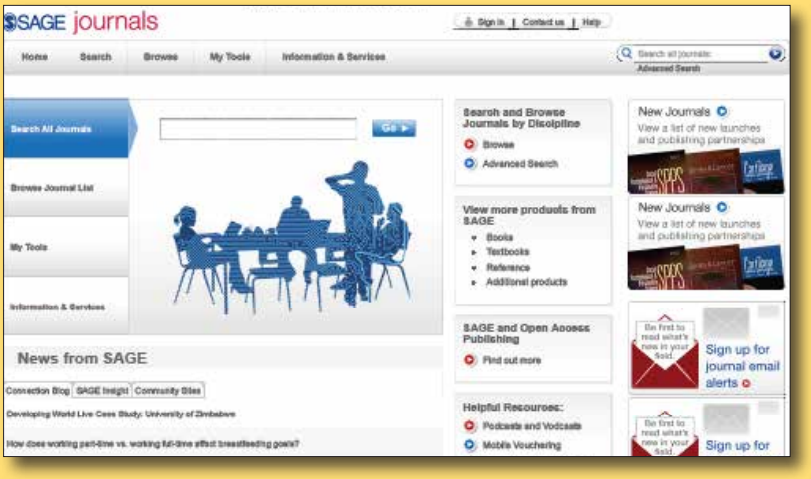

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