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LIVING AND DYING WITH DIGNITY: AN ETHNOGRAPHIC STUDY OF AGING, END OF LIFE, AND HOSPICE CARE IN PRISON



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"Hospice is about living, helping somebody live their last days. It's not about death, it's about how to live at the end, that is what it's about."

—Prison hospice volunteer

What does it mean to be incarcerated for what will likely be a "life" sentence? For a growing number of prisoners, a life sentence means growing older, becoming seriously ill and dying in custody. This is due to a complex number of factors; prisoners are more prone to chronic health conditions and infectious diseases, which have a higher prevalence in prison than in non-prison communities (Plugge et al., 2014; Mumola, 2007), due to substance (mis)use history, poverty, and inadequate access to health care services, both before and during incarceration (Hoffman & Dickinson, 2011; Williams et al., 2012). Additionally, research suggests that prisoners' poor

access to health care and unhealthy lifestyles may accelerate the aging process, with the health status of an older prisoner similar to that of someone who is 10 to 15 years older in the community (Aday, 2003; Kouyoumdjian et al., 2015). This has contributed, in part, to a rapidly rising number of "older" prisoners and a "correctional aging crisis" (Bedard et al., 2016). This crisis is compounded by changing population demographics (i.e. baby boomer cohort) (Bedard et al., 2016), and an increase in the overall prison population, a consequence of harsh sentencing policies which have resulted in longer prison sentences (Caverly, 2006; Hoffman & Dickinson, 2011), as well as a significant increase in the number of individuals serving life sentences without the possibility of parole (Nellis, 2013). In the United States, these factors have directly contributed to the natural deaths of thousands of state prisoners each year (Hoffman & Dickinson, 2011). As such, correctional systems are increasingly pressed to provide humane health and social care to address the unique and complex needs of older and ill prisoners facing end of life.

My doctoral research examines how prisoners living with chronic or terminal
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INTERNATIONAL ASSOCIATION FOR CORRECTIONAL & FORENSIC PSYCHOLOGY

The IACFP Newsletter is published quarterly. The current newsletter will be available on the website: www.myiacfp.org. An archive of prior newsletters is available to IACFP members in the members only area of the website. Members who require a printed copy of the newsletter should contact executivedirectoriacfp@gmail.com.

Comments and information from individual members concerning activities and related matters of general interest to international correctional mental health professionals and others in international criminal and juvenile justice are solicited. The IACFP is particularly interested in highlighting promising research, programs, and practices that are consistent with our vision of engaged criminal justice practitioners implementing innovative and humane practices worldwide. Toward that end, we also aim to spotlight those members who are doing great work. All materials accepted for inclusion in *The IACFP Newsletter* are subject to routine editing prior to publication. Opinions or positions expressed in newsletter articles do not necessarily represent the opinions or positions of the IACFP. Please send materials or comments to Dr. Robert R. Smith at smithr@marshall.edu and Cherie Townsend at executivedirectoriacfp@gmail.com.

Deadlines for submission of all material are:

February 2019 issue—

January 15

May 2019 issue—

April 16

August 2019 issue—

June 15

November 2019 issue—

September 15

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nal illness(es) are cared for in U.S. correctional facilities. I focus especially on novel models of palliative and hospice care and explore the subjective lived experiences of incarcerated men with(in) these, as receiver or provider of end-of-life care. As I seek to understand the contours of dying and natural death as it is lived and experienced by men in state custody, through an applied anthropological study, I place the voices of those who live the realities of incarceration at the centre of my analysis. At the core of end of life and prison hospice is the prisoner and yet what is largely missing from this growing body of literature are the voices of those most impacted—the imprisoned persons themselves. Further, the perceptions of prisoners are critical to understanding their needs and lived realities regarding health-related issues in correctional settings (Loeb & Steffenmeier, 2011). Ultimately, my Ph.D. research is both a theoretical exploration of daily life in prison for those who are dying, and the prisoners who care for them, as well as a practical study that will apply this knowledge to inform evidence-based palliative

and end-of-life care services for prisoners.

Over the course of two years, between 2016 to 2018, I conducted extensive participant observation in several men's state prisons, of all levels of security, with a focus on the medical units, clinics, infirmaries, an assisted living unit, and prison hospice. I also conducted over 45 interviews, primarily with prisoners, but also with correctional and medical staff and palliative and hospice care experts, and lived with a prison hospice director throughout my time in the field. I spent most of my time in a men's maximum- to medium-security state prison which housed a small five cell, seven-bed medical Infirmary and prison hospice program, and to which I was given open, 24-hour access. It was here, that I encountered the men whose journeys I would follow through illness, active dying, and physical death, and the prisoners who volunteered to care for them in a peer-based end-of-life care program.

The hospice program was designed by a selfless and determined community volunteer, in collaboration with the prisoners and prison administrators. The goal of the prison hospice program is to provide holistic, person-centered palliative and hospice care in a health care setting that is under correctional management, to meet a patient's physical, emotional, social, and spiritual needs. The program prescribes managing prisoner care using Interdisciplinary Teams consisting of community volunteers, including the hospice director, medical staff, correctional administration and staff, a chaplain, and trained prisoner volunteers.

I was struck by this particular program for its deep investment in both the patients (and their loved ones) and the prisoner volunteers. The program incorporates some incredibly innovative elements into its extensive volunteer training program, including a 110-hour training, a 40-hour Personal Support Specialist certification, an annual hospice conference that draws more than 100 guests from the community, and on-going weekly educational classes, in order to provide patients with the best quality of care and for personal and professional development opportunities for the volunteers.

The trained prisoner volunteers often spoke of the many ways hospice affected their lives. Many spoke

These trends are most extreme in the United States, where older prisoners are now the fastest growing demographic group in the criminal justice system (Bedard et al., 2016). In the U.S., the fastest growing prisoner age groups are aged 45-54 years and older (Williams et al., 2012). The number of state and federal prisoners age 55 years or older increased from 5% (76,600) in 2007 (West, 2009) to nearly 11% (165,000) in 2016 (Carson, 2018). Human Rights Watch (2012) estimates that between 2007 to 2010, the number of prisoners 65 years or older increased 94 times faster than the total sentenced prisoner population. Many of these older prisoners will die in custody; the deaths of prisoners age 55 or older, accounted for 57% of state prisoner deaths (Noonan et al. 2015).

Note: The definition of "older prisoner" varies by correctional service, ranging from 50 to 70 chronological years old. Additionally, in some states, no official age is designated.

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of a deep sense of self-transformation and personal growth, expressing new feelings of compassion, empathy and understanding, and new relational abilities. The volunteers attributed these to their patients (“final gifts”) and the experience of caring, as well as the humanistic approach of a deeply committed program director, who fostered a safe and open hospice and classroom environment, as well as to their peers. The volunteers also shared of a new sense of meaning and purpose in their lives and of caring as a fulfilling or healing experience. They also often voiced applying new pro-social emotions and behaviours, as well as practical abilities, to other parts of their lives.

Words of hospice volunteers

“This is so transformative...This class brings out the best in all of us. I’m happier, more inspired... than I ever have been in my life.”

“Hospice changed me at exactly the right time; it offered me a kind of nutrients that fostered a perfect type of growth...Before Hospice, I was in search of meaning, now I have found meaning.”

“When I am able to alleviate someone’s suffering, I don’t feel like inmate #823921...I feel like a piece of the world that matters.”

“My heart is becoming lighter as the chains and bonds are lifted one by one.”

“Everything I have learned...affects every part of my life and every relationship I have.”

For the prisoner volunteers, however, the dignity of a fellow patient was their ultimate motivation for volunteering. The volunteers expressed a moral and ethical imperative of compassion and empathy for a fellow prisoner. In the thoughtful words of one, the volunteers aim to “...[act] in a way that always elevates the standard of quality care, and by acting in a way that validates the worth of their humanity, [the] hope [is] to possibly alleviate whatever existential or physical ailment they may have.” The volunteers enacted this through helping frail or ill prisoners with the practical tasks of daily living, as well as with spiritual, social and emotional care, through the comfort of companionship, and sitting vigil 24-hours as natural death

A patient’s journey

I received my first experience meeting my hospice family when I was transferred here [to the] infirmary... It lifted my spirit to hear fellow inmates at the prison explain how they were there for me...When I started this traumatic recuperation process, hospice, not my doctors, not the hospital personnel or chemotherapy [was the] significant factor in my survival...Attempting this by myself is like peeling an onion to find the core. When you’re finished, there’s nothing left but peelings and your tears. But with hospice, I was never alone...I never feel as free as when I’m with my hospice family... Without this powerful force in my daily activity, I would again fall into the depths of my disease and death...I was knockin’ on death’s door and this hospice program brought me back to life.

neared. The prison hospice patients often expressed their gratitude and love for the volunteers, and spoke of the ways in which their care and presence improved their quality of life and eased their experiences with dying.

Although medical or compassionate parole/release is an option in many states, very few individuals are ever released under these provisions (U.S. Department of Justice Office), due to the length of time for parole decisions (Boyle, 2002), denied requests, or prisoners’ own end-of-life wishes (Sanders, 2018). Thus, it remains that providing humane and compassionate health and social care to those who are older or living with a terminal diagnosis is an ethical imperative (Powell, n.d.; Williams et al., 2011), and experts suggest that palliative care and hospice offer humane approaches to care for prisoners will not be released from the correctional environment (Byock, 2002; Williams et al., 2002; Bronstein & Wright, 2006; Loeb et al., 2014). However, the integration of compassionate end-of-life care services in custodial systems remains limited, with between 65-70 known hospice programs in over 1500 state prisons. Therefore, I urge correctional services to take seriously peer-based care models, which offer the possibility of dignity at the end of life for prisoner patients, and a life-changing experience for the prisoner volunteers who provide this care.

References available from the author.

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Acknowledgements

I wish to acknowledge the International Association for Correctional and Forensic's scholarship for my participation in the 2018 International Corrections and Prisons Association conference. I would also like to express my gratitude to the prisoners who graciously shared their journeys with me, and without whom my research would not have been possible. My study would also not have been possible without the support

of the hospice director, prison hospice volunteers, and the state hospice council. I would also like to acknowledge the department of corrections for their ongoing support of my research. The research was supported by the University of Colorado at Boulder through a Visiting Research Scholar appointment, the Wenner-Gren Foundation for Anthropological Research, and Social Sciences and Humanities Research Council.

AN EXTENDED YEAR IN REVIEW: REFLECTIONS BY JAVEL JACKSON

*"Leadership is an action, not a position."
—Donald McGannon*



Javel Jackson
Psy. D.
IACFP Immediate
Past President

As I review my intriguing time as International Association for Correctional and Forensic Psychology (IACFP) President and self-reflect, it seemed to be new territory navigated and one not unlike an apprentice in a group of intelligent and seasoned professionals. Feelings of gratitude and honor initially come to mind. When the period of my presidency began in 2017, IACFP was in a state of transition, moving from "the way things had been" to moving into uncharted territory. There was excitement about what could be discovered and created with a team of very motivated explorers.

However, the uncharted territory felt healthier due to better communication, the openness when sharing ideas, and the mutual respect of each Board member. Goals included maintaining the stability we were experiencing and to add Board members who could join us in representing an active Board and bond with values important to us. The obvious characteristics for

consideration included experience in corrections, a community leader, prior experience with non-profits, to name a few of several other attributes for consideration.

We were assisted by a great Interim Executive Director (ED), Cherie Townsend, and we were able to extend the support provided by The Moss Group to set the stage for continued rebuilding that had been jump-started by the establishment of our Vision, Mission, and Strategic Plan.

The Board displayed a united front, and we worked together (as we had when we worked many hours on the development of the Strategic Plan) in the development of Committees including the Bylaws, Membership/Nominating, and Finance Committees. We discussed bylaws, travel policy development, decided on a new *Criminal Justice and Behavior* Editor, reviewed audit reports, decided Megargee Award recipients, discussed and made decisions about the newsletter—especially about having a printed or electronic version. Board members submitted articles for the newsletter as we also explored how to revamp the newsletter. We explored organizations to partner with and determined for what purpose or end goal (e.g., ACA, ICCA, ICPA, NCCHC). This also included developing the graduate student pre-conference symposium at the ICPA Conference in Montreal, the brain child of our then President-elect Frank Porporino.

Additional Board activities during my tenure as

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REFLECTIONS BY JAVEL JACKSON

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president included our Treasurer, Diane Williams, providing comprehensive financial reports regarding the finances and sending out an Request for Proposal with the Finance Committee for an Investment Advisor. Furthermore, the Interim ED created our Board Orientation Manual, communicated with lawyers, SAGE, web developers, as well as the IACFP Membership by conducting a member survey and maintained steady communication with the Board Members. The ED displayed great accountability and cleared up a lot of unknowns to help the Board make better decisions

and provided a very comprehensive annual report to the IACFP membership.

Overall, major Board accomplishments included four new Board members, all Board positions filled, a successful pre-conference symposium, and dissolution of aspects of the Board that were not leading the Board in the direction that best served the Association.

It is an exciting time; I appreciate the opportunity to serve as President from 2017-2018 and am looking forward to surveying more territory with the new and exciting IACFP Board.

FEATURE ARTICLE

REMARKS FROM IACFP PRESIDENT, FRANK PORPORINO



Frank Porporino
Ph.D.
IACFP President

Dear Colleagues,

This is the first issue of our new digital Newsletter for 2019, a new International Association for Correctional and Forensic Psychology (IACFP) initiative which we hope you will find helpful. We have had an IACFP print Newsletter for many years and a very respectful thank you is due to Dr. Robert Smith for keeping it going. We decided to go digital, not just to save costs, but to take advantage of linking you easily and quickly to various resources, including a new section on International News, since developments in our field should know no boundaries.¹ When we started this initiative last year, it was based on survey responses from members who answered ‘the call.’ We want to continue improving your Newsletter and so we need and want to hear from more of you. Please

send us your suggestions and consider making your own contribution.

I want to take this opportunity as your new President to thank you for your continued support of IACFP. Some of you have no doubt been members for many years and others of you may have just joined. At times, those of you who have been with us for many years, and perhaps even those of you who have just joined, may have wondered what it is that the Association offers uniquely to its members. The IACFP has been around for a very long time (for the last 63 years). In my case, I first joined in the early '90s when the Association had limited funds and struggled to attract new members. Over the years, our Journal, *Criminal Justice and Behavior (CJB)*, became increasingly respected in the field, and IACFP can now operate in solid financial health due to the steady stream of royalties we receive from SAGE. One of the most significant challenges in our field is turning quality research into meaningful change in practice. The *CJB* continues to be at the cutting edge in publishing scholarly research that adds to our knowledge base for action. As many of you may have noticed, we have a new Editor for *CJB* (Robert Morgan, Ph.D.) and because of his and all of our previous Editors' efforts, our Journal Impact Factor is steadily going up.

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¹A print version of the Newsletter is still available on request.

REMARKS FROM IACFP PRESIDENT

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The IACFP has certainly been fortunate in our success with *CJB*. But, perhaps we have also been a bit too comfortable with just that one success and a little negligent of the diverse needs and interests of our wider membership. Where the rubber hits the road, in contexts where the level of resourcing for service delivery lags terribly behind the level of need, most helping professionals don't have the luxury of keeping up with the latest research. They don't have the time, and some may not even have the inclination, to digest and integrate emerging evidence for best application to practice. They typically run with what they've learned and what they know, in a race to soothe the suffering and improve the quality of life of the steadily growing numbers of justice-involved mentally ill, addicted, despondent, depressed, and disadvantaged. If IACFP aspires to be a true member-serving association, then it behooves us to find ways to assist these practitioners in running their race more sure-footedly and optimistically.

As our name implies, correctional and forensic psychologists should be our principle focus, but since together we can go further than alone, we should also want to welcome other helping professionals who have similar aims in promoting a more humane and effective criminal justice system. No single discipline can possibly meet all of the complex needs of our client base. Corrections is fundamentally about influencing pro-social change in mostly unmotivated individuals and the evidence suggests that how we relate to these individuals is as important as what we do for them. The whole spectrum of professionals in corrections should be respected as potential helpers—not just the psychologist, social worker, or counselor, but in their own way, also the educator, nurse, vocational workshop instructor, correctional officer..., etc. I firmly believe that psychology has much more potential to contribute within criminal justice than just improving the precision and/or accuracy of our assessment instruments or the refinement of our therapeutic techniques. Our limited numbers in corrections, where most jurisdictions seem unable to recruit in filling even minimum staffing standards, suggest psychology in corrections should work in ways other than 'as if in private-practice behind bars,' doing our magic by

remaining behind closed doors in our offices. We can do more, much more. We can help create decent, humane, and desistance-focused environments, whether in secure prison or community settings, where all staff genuinely work purposefully and in unison as effective 'helpers.'

Increasingly, we are recognizing the consequences of a constant onslaught of workplace stress on staff in corrections—it not only disturbs and traumatizes the individual staff member, it de-motivates and disrupts the human helping spirit to become instead just focused on day-to-day survival. We have to find ways to avoid losing all of our potential 'helpers' because of the emotional detachment and disengagement that our correctional environments can create.

For the last several years, your IACFP Board has focused on fundamentals to help us move forward—ratifying new Bylaws, establishing clear policies and administrative procedures, developing an investment policy, modernizing our Website..., etc. Lengthy and at times very animated discussions led to development of our three-year Strategic Plan (posted on our new Website (www.myiacfp.org)). Perhaps most significantly, we agreed on and clarified our core aim as an Association that would focus on 'Helping the Helpers.' This now gives us an opportunity to define what we are about with 'action projects' rather than just words—projects that can make us more relevant and responsive to helpers, that can support helpers to become better at what they do, that can encourage a wider spectrum of staff to become helpers in their own way, and that can help staff in dealing with endemic system-level pressures and stressors that stifle their helping spirit.

Our next step as your Board of Directors is to begin taking more concrete action to serve our members and help improve our field. As your new President, I want to assure you that I am personally committed to doing my part. I am not alone in that. You have a Board of Directors that is equally committed to a redirect and refresh of your Association towards our stated primary aim of 'Helping the Helpers.'

Your new Executive Director (Cherie Townsend) is a seasoned professional who spent many years of her career leading change and helping transform service

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REMARKS FROM IACFP PRESIDENT

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delivery in corrections and criminal justice. Your Treasurer (Diane Williams) had a lengthy career in the private sector before becoming CEO of one of the largest criminal justice non-governmental organizations in the country (Safer Foundation). Our IACFP reserve fund is now well (and very safely) invested with one of the most client-centered financial management companies in the world (UBS Financial Services). Your current Board Secretary, Richard Althouse, well known to many of you because of his regular insightful contributions to our *Newsletter*, kindly stepped up to assist once again even after many years of support for IACFP. You have two statewide Directors of Mental Health on your Board (Javel Jackson from Georgia as your past-president and Melvin Hinton from Illinois, both of whom deal with incredibly challenging issues in their respective jurisdictions). Another retired statewide Director and also past-president of IACFP (Jim DeGroot) is now Clinical Director for a private health care provider (MHM). With more honest acknowledgement of the ‘international’ aspect of IACFP, we now have two incredibly accomplished academic/practitioners on your Board (Dr. Jeffrey Pfeifer from Australia and Dr. Stephen Wormith from Canada). Adding discipline diversity, we have a respected human rights lawyer and legal scholar on your Board (Silvia Martinez from Argentina). And last but certainly far from least, Dr. Jeffrey Metzner is on your Board, perhaps one of the most respected and accomplished forensic/correctional psychiatrists in America. Your Board of Directors is dedicated and hard working. In the near future, we will add a few others both to bring greater discipline-diversity to the Board (e.g., someone from the social work field) and to help in providing leadership on priority projects.

This is an exciting time for IACFP. Membership fees and our *CJB* journal royalties currently provide our only revenue stream and, though both of these should be carefully nurtured and invested in ways to benefit our membership, we should also be seeking opportunities for other possible revenue. We will continue to increase visibility for the Association and help transfer knowledge into practice by organizing workshops and sponsoring keynote presentations at the American Correctional Association (ACA), the International

Community Corrections Association, and the International Corrections and Prisons Association (ICPA). But, we want to explore other avenues for transferring knowledge into practice such as Webinars or specialized Workshop events. This again is something where we need your feedback. Is there a particular research-to-practice topic you want to learn more about?

In expanding our membership, your Board believes we should reach out in particular to students and helping professionals in ‘early career.’ We ask for your feedback here as well—strategies we can pursue to realize this objective. Recently, we provided four graduate student travel scholarships to present at the ICPA Conference in Montreal, a Conference that attracts representatives from over 70 countries (summaries of these student presentations are now appearing in your *Newsletter*). We plan to support a number of students again for the 4th North American Correctional and Criminal Justice Psychology Conference (N4) to be held in Halifax, Canada from May 31st to June 3rd (<https://cpa.ca/naccjpc/>)

This coming August in conjunction with the ACA Conference in Boston, we are planning for a first small meeting of an International Mental Health Network to begin creating a dialogue between Correctional Mental Health Leaders from around the world. You will receive more details on this initiative in due course.

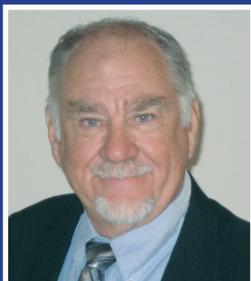
With some feedback from you, we hopefully can help crystalize a few more projects to focus on for the next few years. We welcome your comments, your criticisms, or any thoughts you might have about how else we can strive realistically in ‘Helping the Helpers.’ I look forward to serving you as best I can.



How can IACFP realistically “Help the Helper”? Please provide your comments, ideas, and feedback to:

executivedirectoriacfp@gmail.com

THE GENETICS OF REENTRY



Richard Althouse
Ph.D., Secretary for the
IACFP Board of Directors,
former At-large Member
of the IACFP Board of
Directors, former IACFP
President, and former Chair
of the IACFP Board of
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“Public opinion polls also show that people across the political and ideological spectrum agree that the objectives of reentry policy should be to prevent recidivism and to help offenders reintegrate into society as responsible and productive citizens.” (Petersilia, 2003, p. 15).

“...the extensive, largely hidden collateral consequences of mass incarceration...include lifetime bans of those with felonies of the receipt of welfare and food stamp benefits, restricted rights to housing and higher education, limits in emergency public aid and social service access, occupational licensure restrictions, and voter disenfranchisement.” (Brown, 2009, p. 6).

“To be sentenced to prison is to be sentenced to social death.” (Price, 2015, p. 5).

“...the problem of reentry raises the question of when punishment ends.” (Western, 2018, p. xiv).

* * * *

Reentry difficulties are one of those thorns-in-the-side of criminal justice that critics of our criminal justice system have identified, discussed, researched, and even written books about. As Joan Petersilia observed 16 years ago in her book *When Prisoners Come Home*, “Our nation has a history of implementing programs that are initially designed to help offenders but instead end up treating them more harshly” (Petersilia, 2003, p. 16). Few if any explanations for this persistent curiosity entertain a genetic-based neurobiological point of view.

Many studies focused on understanding antisocial behavior have explored genetic correlates facilitated by advances of diagnostic technologies and the cumulative evidence is relatively compelling. For example, in 2006, Baker, Besdjian, and Raine stated, “There is now abundant evidence that both genetic and environmental influences—and probably their interactions—are

of major importance in explaining individual differences in antisocial behavior, including differences in criminal behavior.” (Baker, Besdjian, & Raine, 2006, p. 7). Exploring the role peers play in the etiology of delinquent and antisocial behavior, researchers concluded that the peer effect was statistically insignificant when controlled for genetically determined propensities (Teneyck & Barnes, 2015). Fox Butterfield, in his book *In My Father’s House: A New View of How Crime Runs in the Family*, concluded that approximately 5% of families account for half of all crime in the United States, while 10% account for two thirds!

The implications of this genetic-based point of view for criminal justice policy, sentencing, release planning policies, and reentry success, are profound and raise thought-provoking questions. Consider, for example, the research of James Cantor, of the University of Toronto. In an opinion piece on CNN, he wondered, “Do pedophiles deserve sympathy?” After reviewing the neurobiologics of pedophilia, Cantor pointed out that pedophilia runs in families in ways that suggest genetics play a role, that pedophiles have atypically high rates of childhood brain injuries and possible endocrine abnormalities during fetal life. Are some individuals destined to be this way? Cantor concluded ex-

What are the implications of this point of view for the persistent reentry problems offenders face when returning to their communities?

actly that; “One cannot choose to not be a pedophile.” (Cited in Sapolsky, 2017, p. 597).

In the context of genetic research, Cantor’s opinion suggests that individuals born to criminal parents who may raise them in an early childhood environment of physical and/or sexual abuse, neglect, educational neglect, neighborhood violence, drug addiction, and values of criminal behavior, cannot “choose” not to be a criminal.

What are the implications of this point of view for the persistent reentry problems offenders face when returning to their communities? Might many of those problems also be the results of genetically-influenced

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THE GENETICS OF REENTRY

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legislative and community resistance? Are we genetically unable to choose not to think about punishing criminal behavior the way we do?

Crime is an emotional event stimulating an amygdala-based cascade of fear, anxiety, and anger by the victims and ultimately society-at-large. If we consider the biological underpinnings of tribalism, those who deliberately break the rules of the tribe—especially if other tribal members are victimized or the behavior threatens the integrity and safety of the tribe—may be conceptually welcomed back, but are never really emotionally trusted again. In our culture, we seem to be more inclined to continue to punish such individuals despite evidence suggesting continued punishment is counterproductive, perhaps explained by a bit of research showing that punishing wrong-doing and defending standards of fairness releases dopamine, a major pleasure-producing neurotransmitter (e.g., Beckman, 2004), suggesting that being “tough on crime” drops more dopamine—and thus is more emotionally rewarding—than being smart on crime.

Leaping ahead, advances in both genetics and neuroscience suggest we are all genetically and neurobiologically complicit in the evolution of our criminal justice system. By acknowledging that, we may be more able to design more effective community-based strategies to decrease community resistance to reintegration and facilitate a reduction of barriers offenders encounter after release. If offenders, despite their genetic predispositions, can be rehabilitated to make different choices, why can't we?

Perhaps engaging in more honest, evidence-based discussions among criminal justice policymakers and community members that incorporate genetic/epigenetic contributions to both antisocial behaviors *and* our negative responses to them may create a path to more humane and effective reentry programs and positive community responses to those reentering society from prison.

References available upon request.



CALL FOR NOMINATIONS IACFP PRESIDENT-ELECT

The call for nominations will be sent in March 2019, via email, to current IACFP members. It will outline the leadership skills and professional experiences needed in candidates to support the health and success of the Association.

The IACFP Board asks you to thoughtfully consider individuals you think demonstrate the skills outlined in the call for nominations. Then, submit the individual's curriculum vita and a letter explaining why you nominate this individual.

MENTAL HEALTH IN THE CORRECTIONAL SYSTEM: MAKING CHOICES FOR SAFETY AND WELL-BEING

Open Access Training Curriculum

In late 2018, we became aware of the new on-line curriculum that is described on page 13. In a recent conversation with Dana DeHart, Ph.D., we were able to gain additional insight into how the curriculum was developed and how it is now being implemented.

As described in a forthcoming article in *American Journal of Criminal Justice*, professional education is needed to prepare correctional staff to assist in addressing and referring justice-involved individuals with mental disorders to the appropriate resources as soon as possible. It is possible to also provide them with evidence-based models for assessment and interaction that will improve correctional safety and prevent those with mental disorders from suffering the negative effects of both untreated disorders and further trauma from an inappropriate response from correctional staff.

Doctor DeHart shared with the International Association for Correctional and Forensic Psychology (IACFP) that the University of South Carolina, College of Social Work, had the opportunity to work with a corrections agency to develop this curriculum through funding from the United States Department of Justice, Bureau of Justice Assistance. That corrections agency is now integrating the curriculum into their existing training and new staff orientation. The overall project involved a three-phase process of needs assessment, media development, and pilot testing for the comprehensive curriculum. While the target audience for the curriculum was correctional officers (CO), Dr. DeHart believes that the curriculum has broader utility; it has simply not yet been tested with them. The pilot testing was delivered to COs as well as individuals in their chain of command up to the position of Deputy Warden. The pilot training was delivered by a clinician; however, it is recommended that the training be co-facilitated by a clinician and a CO.



There are twenty modules in the curriculum:

- What is Mental Health?
- Characteristics of Correctional Populations
- De-institutionalization and Criminalization
- Corrections in the Context of the Justice System
- Challenges of Mental Disorders for Incarcerated People
- Subjective Experience of Mental Disorder
- Maintaining Safety, Offering Respect
- Mental Disorders and Individual Rights
- Common Medications and Malingering
- Mental Health Screening
- Crisis and Mental Illness
- The Calm, Assess, and Facilitate Model of Crisis Intervention
- Self-Directed Violence
- Crisis Prevention
- Understanding Trauma
- Trauma-Informed Correctional Practices
- Understanding the Roles of Correctional Officers and Mental Health Staff
- Communication between Correctional Officers and Mental Health Staff
- Promising Practices in Corrections and Reentry
- Managing Workplace Stress

The media, vignettes, and activities in the curriculum can be pulled out and utilized for other audiences. The Powerpoint slides and activities within the curriculum can be edited by trainers for adaptation to be site specific and for expanded audiences. The adaptation to an international audience will be dependent on the country and how corrections and the delivery of mental health services are working within that government and through non-governmental organizations.

While the curriculum is available on-line and open

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MAKING CHOICES FOR SAFETY

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access, it is not suitable for on-line only training. The activities are intended to prompt discussion among participants regarding what practices can be supported within specific facilities and by whom.

Doctor DeHart hopes that people get access to the curriculum. *The IACFP Newsletter* readers are in a unique position to carry information about the curriculum to training teams within the jurisdictions where they work; to ensure that corrections agencies, i.e., prisons, jails, and community corrections facilities, know that the curriculum is available and that it is free. She further hopes that through this training that the lives of offenders will be improved, especially as they return to the community and interact with

their families.

One significant outcome of the curriculum is that it raises awareness regarding those with mental health issues and reduces the detrimental effects of when these individuals are untreated. A formerly incarcerated individual who was involved in the development and testing of the curriculum said, "...this curriculum helps officers see how minor adjustments can improve communication and keep things from escalating." Qualitative and quantitative results of the project are detailed in the forthcoming article in *American Journal of Criminal Justice*.

To view and download the curriculum, go to <http://cmhtraining.sc.edu>.



The International Association for Correctional and Forensic Psychology (IACFP) Board would like to introduce you to their newest associate, Rodica Popa. Ms. Popa began working with IACFP in November 2018 as a consultant. Her experience working with the European Organisation of Prison and Correctional Services (EuroPris) in Belgium and with the National Administration of Penitentiaries in Romania will be most beneficial to IACFP. Rodica's strengths are in project planning and management, proposal writing, event planning, communication, and information management. She has a decade of experience working with teams to produce results in international settings. The IACFP is looking forward to her applying those skills for the benefit of the Association.

Rodica received both her Bachelor and Master's degrees from the Academy of Economic Studies in Bucharest, Romania. She currently resides in Belgium. Ms. Popa will be working with IACFP to support the Association's priorities as well as IACFP's partnerships with European non-governmental organizations and governments.

College of Social Work
University of South Carolina

Mental Health in the Correctional System:

Making Choices for Safety & Well-Being

Open-Access Training Curriculum

"Mental Health in the Correctional System: Making Choices for Safety & Well-Being" is a free, online training curriculum for delivery to correctional officers. Content addresses mental health and trauma among persons who are incarcerated. The curriculum provides officers with knowledge, skills, and resources to coordinate with other professionals and respond to mental health needs of persons who are incarcerated.

Flexible Format Allows Adaptation of the Curriculum to Training Needs

Online materials include the curriculum, slides, activities, handouts, and videos. Materials are designed for classroom delivery by a trainer or by others such as clinical staff or supervisors. Modules include characteristics and challenges of mental disorders for persons who are incarcerated, mental health screening, crisis intervention, self-injury, trauma-informed corrections, how correctional officers can manage workplace stress, and other topics. The website includes information on how to use the curriculum and offers formats ranging from individual modules (less than one hour) to the full 20 modules (up to 25 hours). Trainers choose content suited to learner needs and can use as a stand-alone curriculum or in conjunction with other content.



Development & Contact Information

Online materials were developed through an extensive process that included needs assessment interviews and focus groups, review of best practice literature, an advisory board of professionals who work with persons who are incarcerated, consultation with experts and persons who were formerly incarcerated, and pilot testing of content and delivery. For more information on the curriculum or on the development process, contact Dr. Dana DeHart at dana.dehart@sc.edu or 803-777-7867.

Access online content at: www.cmhtraining.sc.edu



UNIVERSITY OF
SOUTH CAROLINA
College of Social Work

THE INTERFACE OF MENTAL HEALTH NEEDS AND THE REALITIES OF THE CORRECTIONAL SYSTEM



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IACFP At-Large
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There is little argument that our nation's prison system has a disproportionately high rate of offenders who are diagnosed with mental illness. The estimates for the rate of offenders in U.S. prison systems with mental illness ranges from 15-20% (Benson, 2003)¹ in most cases, but can be as high as 28% in some states. To illustrate these percentages, if a prison had a total offender population of 40,000, that would be equivalent to between 6,000-8,000 offenders suffering from

There is little argument that our nation's prison system has a disproportionately high rate of offenders who are diagnosed with mental illness.

mental illness, and again that range is the more conservative estimate. With such large numbers of offenders suffering from mental illness, which according to the National Alliance on Mental Illness (NAMI) is defined as medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning (NAMI, 2014)², the prison system is being forced to alter its primary mission as a punitive setting. Such prison reforms occur within a larger context of the judicial system's movement toward re-

¹Benson, E. (2003). Rehabilitate or punish? *APA Monitor*, 34(7), 46-47.

²National Alliance on Mental Illness (2014). *What is Mental Illness: Mental Illness Facts*. Retrieved February 24, 2014, from <http://www.nami.org/>

³Small, M.A. & Kimbrough-Melton, R., (2002) Essay Rethinking Justice. *Behavioral Sciences and the Law*. 20(4) 309-315. DOI:10.1002/bsl.501

storative justice, which includes creation of specialized drug courts and mental health courts with alternative sentencing options to better promote behavioral change in offenders. These judicial system reforms, although not available in many communities, have laid the groundwork for changing attitudes toward mental health-minded reforms in prison. Restorative justice has increased attention to new paradigms for considering social, addiction, and mental health factors in how society structures the criminal justice system (Small, M.A. & Kimbrough-Melton, R., 2002).

Because of the large number of mentally ill offenders and the constitutionally-mandated requirement to provide treatment for their mental illnesses, the prison system must accommodate various therapeutic philosophies and settings such as behavioral modification units, sub-acute units, residential treatment units, and crisis care units. This is further complicated as the field of mental health has begun defining subsets of the mentally ill population and creating terminology such as "Serious and Persistent Mental Illness (SPMI) and Seriously Mentally Ill (SMI)." With no universally-accepted definition of these subsets, the prison system is placed in an uncomfortable and unwelcome state of confusion. Most prison systems have adopted clear, black and white concepts, "A always equals B; B always requires C." However, it is imperative that prisons adopt an integrated-systems approach marked by subjectivity and flexibility to effectively and safely manage mentally ill offenders due to the inherent complexity of individuals' adaptive functioning deficits.

Despite the lack of a universal definition or agree-
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MENTAL HEALTH NEEDS

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It is imperative that prisons adopt an integrated-systems approach marked by subjectivity and flexibility to effectively and safely manage mentally ill offenders due to the inherent complexity of individuals' adaptive functioning deficits.

ment of terminology for the subset of the mentally ill in prison settings, several state entities such as Indiana, Oklahoma, Massachusetts, and others have some shared agreement on which disorders make up SPMI/SMI such as psychotic disorders, delusional disorders, mood disorders, and anxiety disorders. Still there are differing opinions as to whether or not personality-disordered individuals should be included in this designation. For the purpose of our discussion here, let us include personality disorders and use the term Seriously Mentally Ill (SMI) because it better illustrates the need to alter the approach used by the prison system for these individuals. As is the case in most state-operated departments of corrections, the programmatic budget, which not only includes medical and mental health services, but also educational and vocational services, has been scaled back to accommodate overall fiscal realities of the state. What has not decreased is the number of individuals entering into the prison system. Statistical data collected between 2000 and 2005 indicate that among state and federal correctional facilities, the offender population increased 10% (Stephan, 2008)⁴. That 10% translates

to approximately 63,000 more offenders in state and federal systems compared to the 2000 census data on correctional facilities (Carson & Golinelli, 2013)⁵. If we assume that 15-20% conservatively would be mentally ill, then 9,450-12,600 of those individuals entering the system were mentally ill. While the percentage of the mentally ill population that will be designated SMI can vary, there is some indication that between 7-10% of those individuals will be considered SMI. These numbers are particularly troubling since during the same period, “the number of inmates incarcerated in state and federal facilities rose nearly three times faster than the number of employees working in state and federal facilities” (Stephan, 2008)⁶. If the number of offenders have increased and the number of staff has not increased at a rate that accounts for the offender population, then there is imbalance and that leads to deficient service delivery.

The inherently isolating nature of prisons may actually exacerbate mental illness symptoms. Consider that high quality partnership and extended family relationships have a buffering effect on depressive symptoms among midlife adults, but were not a buffering factor for anxiety (Crowl, Dearing, & Davis, et al, 2014)⁷. Incarceration creates a physical barrier for building or maintaining high quality relationships because access and confinement factors limit the nature and duration of interactions. Given that prisons cut off or severely limit family support, incarceration of SMI offenders requires an effective mental health system to enable such offenders to thrive.

In order to guard against an ineffective mental health service delivery system in prisons, there must be effective policy and procedures in place that specify the service delivery model. This system must take into account the training needs and culture building necessary to create a more individualized and flexible

The inherently isolating nature of prisons may actually exacerbate mental illness symptoms.

⁴Stephan, J., J. (2008). Census of State and Federal Correctional Facilities, 2005 (Bureau of Justice Statistics. NCJ 222182). U.S. Department of Justice.

⁵Carson, E., A., & Golinelli, D. (2013). Prisoners in 2012 Trends in Admissions and Releases, 1991-2012 (Bureau of Justice Statistics. NCJ 243920). U.S. Department of Justice.

⁶Stephan, J., J. (2008). Census of State and Federal Correctional Facilities, 2005 (Bureau of Justice Statistics. NCJ 222182). U.S. Department of Justice.

⁷Crowl, J.A., Dearing, E. Davis, C.M. et al, (2014). Partnership and Extended Family Relationship Quality Moderate Associations Between Lifetime Psychiatric Diagnoses and Current Depressive Symptoms in Midlife. *Journal of Social and Clinical Psychology*. 33(7) 612-629.

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MENTAL HEALTH NEEDS

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response to mentally ill offenders' social functioning and ability to comply with institutional rules and social demands. At its core, an effective mental health delivery system screens, refers, evaluates, designates, and continuously improves the quality of its service delivery at all levels. All offenders entering into the correctional system must be screened at intake for potential risk of suicide and for any indication of mental health concerns/mental illness. Initial screening is vital because it becomes the launching platform for future service delivery within the prison system. Effective screening influences housing, security designation, mental health designation, referrals, and countless other processes.

Mental Health screenings are supposed to detect the potential for mental health concerns. Screening, follow up assessment, and treatment is needed to maintain prison safety, especially given the moderating role of anxiety for physical aggression among impulsive persons (Hatfield & Dula, 2014)⁸. Such screens should not be intended to diagnosis or provide in-depth assessment, as that will occur upon referral for mental health services.

The screening step is one of the first steps that can flag a problem or potential problem. Developing a system of referral by correctional officer and other non-mental health professionals is another crucial means of flagging potential mental health issues, as these staff members act as a first point of contact with the offender. Effective and timely communication of mental health concerns that arise before and after screening guards against oversight of mentally health needs, as the volume of offenders processed at arrival to the system may be high due to the insufficiently growing staff-to-offender ratio. An adequate referral system is also crucial because common offender characteristics may pose a challenge to identifying mental illness at the time of screening, including general mistrust of inmates.

The mental health evaluation is an in-depth process that takes a comprehensive look at the person. This process includes but is not limited to assessing the person's psychological, developmental, and social histories, along with their current mental status in order to formulate a current diagnosis and establish an indi-

vidualized treatment plan. The goal of a mental health evaluation is to obtain a comprehensive picture of the person so that a diagnosis and treatment course can be formulated. Mental health evaluations must continue to occur as the person progresses through treatment to ensure their needs are continuously being met.

Offenders often transfer to several different facilities within a state system, making up-to-date treatment plans imperative to ensure continuity of care. Offenders who adapted well to the structure, services, and cultural environment of one facility may have difficulties adapting to changes in these factors between facilities, especially after transfer between facilities of differing security levels. Mentally ill offenders' ability to adapt may be strained by changes in availability of mental health, rehabilitation, vocational, and educa-

SMI offenders are at risk of remaining off the "radar screen" regardless of adaption when they have less involvement in programs.

tional programming. Change in the level of freedom of movement and out-of-cell time across facilities also poses a challenge for mentally ill offenders who have difficulty coping with social isolation. Some offenders benefit from a highly structured and lower stimulus environment, which may pose problems for their ability to thrive in lower security level settings with freer movement less correctional officer direction, and decreased monitoring. Institutions with less programming involvement will leave SMI offenders with fewer opportunities for staff to witness decompensation and provide early referral to the mental health department. In essence, SMI offenders are at risk of remaining off the "radar screen" regardless of adaption when they have less involvement in programs.

Having an effective Quality Assurance (QA) process in place is essential for any correctional mental health system. Quality Assurance is designed to find ways to improve clinical processes, enhance resource allocations, improve continuing professional educational training opportunities for staff, and improve overall offender satisfaction with mental health services. This process, above all others, allows the prison system to show evidence that its mental health service delivery

⁸Hatfield, J., & Dula, C. (2014). Impulsivity and Physical Aggression: Examining the Moderating Role of Anxiety. *American Journal of Psychology*. 127(2) 233-243.

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MENTAL HEALTH NEEDS

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system is functioning well and sufficiently integrated within the larger correctional system to provide treatment. An effective QA process may be difficult to implement in some systems, because it will require staffing and resource allocation. This is a full-time process that must be allowed to run its course. Further, there must be a commitment on the agency's part to support the improvement recommendations that flow out of the QA process. Without such support and commitment, the QA process cannot be effective.

As has been illustrated, the offender population, specifically the mental health population and its seriously mentally ill subset, has a tremendous impact on the entire correctional system. In future discussions, we will take a more comprehensive look into the basic core components of an effective mental health delivery system.

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THE IACFP BOARD IN ACTION

The International Association for Correctional and Forensic Psychology (IACFP) Board of Directors met for their semiannual in-person Board meeting on January 10-11, 2019. The agenda for the first day was focused on the business of the Association. The second day, the agenda focused on developing the priorities and projects the Board will invest in during 2019. Seven Board members participated in-person (see photo on next page); Dr. Melvin Hinton participated by video teleconference.

This was the first meeting that incoming President, Frank Porporino, presided over. He began the meeting by stressing the importance of the Board's leadership and the value that the Association does and can have for its members. He asked Javel Jackson to outline the accomplishments of 2018. President Porporino followed that by then recognizing the contributions of Javel Jackson and her leadership over the previous two years.

The business decisions and discussion of the IACFP

Board focused on:

- Standards
- Fiduciary Responsibility
- Nominations
- Relationships with other professional associations
- *IACFP Newsletter*
- International work

The first area to be highlighted is that the Board devoted a significant portion of the meeting to their fiduciary responsibilities. They met with representatives from the Integrated Wealth Management Group from UBS Financial Services regarding how they will work in partnership with them. The Board has taken a very methodical and conservative approach to investment of the Association's assets. Over the last year, they have adopted an Investment Policy Statement, issued a Request For Proposal (RFP) for investment management services, evaluated proposals submitted in response

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THE IACFP BOARD IN ACTION

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Left to right:
Dick Althouse,
Jeff Pfeifer,
Jeffrey Metzner,
Frank Porporino, Javel Jackson, Diane Williams and Jim DeGroot

to the RFP, and selected an investment management consultant. They also set aside a reserve of two years of operating expenses. During the January meeting, the Board reviewed proposals for a comprehensive allocation strategy for investment as well as risk management. Following those discussions, the IACFP Board made some minor revisions to their previously-adopted *IACFP Investment Policy Statement* and adopted a portfolio risk ratio that was subsequently communicated to the investment management team.

The Board also completed a review of the *End-of-Year Financial Report*. The overall expenses for the year were within budget. The proposed budget for 2019 was reviewed, revised and adopted. The bottom line of the budget does not increase over that of 2018 or 2017. The allocation of funds for expenditure did change with a significant increase in funds directed to projects that will directly benefit members and accomplishing the IACFP mission.

A second area we are highlighting in this newsletter regarding the Board business meeting was the discussion of the *IACFP Standards of Practice*. Board members also reviewed American Correctional Association's (ACA) *Adult Correctional Institutions 5th Edition Standards and Expected Practices* and the National Commission on Correctional Health Care's (NCCHC) *Standards for Mental Health Services in Correctional Facilities*. The IACFP Board remains committed to supporting evidence-based and practitioner-informed best practices for the provision of mental health services in correctional settings, both secure and in the community. They also want to approach any review of basic and aspirational standards of care from an international perspective. In accordance with best practice, the IACFP Board has decided to sunset the *IACFP Stan-*

dards of Practice that were last published in 2010.

The Board was pleased to have ACA President (now Past President) Lannette Linthicum, Executive Director Jim Gondles, Deputy Executive Director Jeffrey Washington, and Dr. Betty Gondles, Advisor to the President and Office of Correctional Healthcare, meet with the Board to discuss how the two organizations can work together to positively impact mental health services in corrections. This was an informative and productive conversation which IACFP anticipates will result in greater collaboration between the two associations.

The IACFP Board is excited to share with you the results of the second day of their meeting. This day was filled with ambitious as well as practical proposals, discussion, and prioritization of projects that the Board is committed to doing in 2019. Additional information is included in the feature article on page 6 that was written by President Frank Porporino.

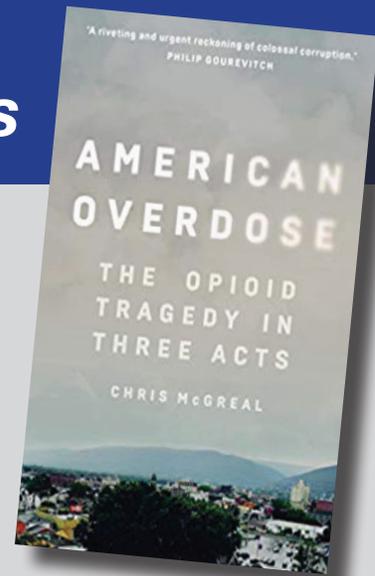
TOP 5 PRIORITIES FOR 2019

1. IACFP International Correctional Mental Health Leadership Network
2. International conference scholarship for a member in good standing
3. Student research support
4. Membership values and mission pilot
5. Relationships with other professional organizations
 - a. ICPA Distinguished Scholar and Pre-conference Symposium
 - b. ICCA Keynote and Conference
 - c. ACA Behavioral Health and International Committees as well as workshops
 - d. IAFMHS
 - e. NCCHC

American Overdose: The opioid tragedy in three acts

**Author
Chris McGreal**

**Book Review
by Richard Althouse, Ph.D.
Secretary, IACFP Executive Board**



ISBN: 9781610398619

Approximately 20 million Americans meet the criteria for a substance-use disorder, and about 72,000 Americans died from an overdose in 2017 (Time, October 15, 2018). Percentage estimates of offenders incarcerated or under criminal justice jurisdiction for drug-related offenses hover around 20% if not higher. More recently, one estimate was that approximately 91 Americans dies each day from opioid overdoses (National Geographic, September, 2017, p. 45). Despite these statistics and our legal efforts to reduce them, the United States continues to be the world's leading consumer of both licit and illicit drugs, consuming about 80% of the world's narcotics. In this context, Chris McGreal's book "American Overdose" is both timely and informing.

Chris McGreal undertook a daunting research effort to answer the question: "How was the greatest drug epidemic in American history allowed to grow virtually unchecked for nearly two decades with no end in sight?" His book is his attempt to answer that question.

McGreal argues that the current opioid epidemic, particularly but not exclusively involving Oxycontin, is the result of "Big Pharma" pushing physicians to prescribe and individuals into consuming "more than 80% of the world's opioid painkillers." As Mike Gray's book "Drug Crazy" (Gray, 1999) explores the evolution of our many-decades war on illicit drugs through the mid-1990s, McGreal's book picks up where Gray's book left off, but on the other side; explaining the evolution of forces behind the over-prescription of legitimate narcotics in illegitimate ways. His book is the story of Oxycontin, an extended-release version of oxycodone, developed and

HACKETTE BOOK GROUP, INC.

For more information about "American Overdose: The opioid tragedy in three acts",
U.S. or International clients may go to: www.hachettebookgroup.com

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BOOK REVIEW

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manufactured by Purdue Pharmaceuticals in the mid-1990s. His book contained stories of people and communities McGreal claims were “hit by a catastrophe they never saw coming.”

To understand the importance of McGreal’s work, one has to understand the role of Oxycontin in managing mild- to severe-chronic pain. Oxycontin is the extended-release form of oxycodone, a popular prescribed morphine-like opioid anti-pain medication often prescribed with aspirin (Percodan) or tylenol (Percoset). However, oxycodone has a short relief life—about 4 hours. Purdue Pharmaceutical’s discovery of how to convert oxycodone into Oxycontin provided pain sufferers much longer periods of pain relief, up to 12 hours.

Oxycontin works like any opioid analgesic; it binds itself to our natural opioid receptors throughout our body and brain, facilitating a flood of dopamine (our “feel good” neurotransmitter). Used as prescribed, it reportedly does not produce a “high” for those suffering with chronic pain, but it is still addictive. When abused (e.g., higher doses), however, the abuser will experience an increased sense of euphoria, become relaxed, drowsy, even sedated. Pain and stress fade away. The increase of dopamine acts as a reward, motivating the user to want to repeat the experience. Over time, abusers become tolerant and need increased doses to achieve the same level of euphoria and relaxation. Eventually abusers become dependent, with the abuser’s brain, particularly the locus ceruleus (LC)—an area at the base of the brain that stimulates wakefulness, breathing, blood pressure, and general alertness—becoming accustomed to functioning with high levels of Oxycontin. When the opioid levels are not maintained, the LC releases noradrenaline (NA) and one becomes restless, agitated, insomnic, experiences rebound pain, appetite changes, nausea, vomiting, and other unpleasanties. It is easy to understand why experiencing these withdrawal effects motivates an individual to seek more of the drug as soon as possible, and why addiction, a medical condition, is so refractory to treatment.

With that backdrop, McGreal begins his story in the mining country of West Virginia, where the hard life of miners made them easy prey for anyone promising a less-addictive form of a serious anti-pain medication that will allow them to continue to work and not suffer after work. In the mid-1990s, Purdue Pharmaceutical promised that Oxycontin would provide just that. Its use spread into rural Appalachia where it became known as “hillbilly heroin.” McGreal offers some sobering data. He points out that over-use in Appalachia proved to be devastating to local communities, creeping into Virginia, Kentucky, and West Virginia with similar results. Nonetheless, from there, its use quickly spread. By 2000, Oxycontin sales had risen to \$1 billion a year. Despite emerging warnings by some physicians and appeals to the FDA to limit its use, by 2004, Oxycontin sales had passed \$2 billion a year. By 2009, deaths from opioid overdoses outnumbered deaths by traffic accident for the first time. In 2012, doctors wrote more than 250 million prescriptions for opioids, and the United States was consuming more than 80% of the world’s prescription narcotics, a status it still maintains.

McGreal’s 304-page book contains a very detailed, graphic, at times heartbreaking, anger-producing, and stunning expose of how a major pharmaceutical company (Purdue Pharmaceutical) that, in the interests of profits, from the mid-1990s on facilitated the abuse of Oxycontin and our opioid epidemic by false advertising, engaging in corrupt practices, facilitating the duplicity of politicians, physicians, hospitals, the American Medical Association, and the Food and Drug Administration; a process that puts all of us at risk as potential victims of such practices.

McGreal concluded that our current opioid epidemic was “years in the making,” and “...its ruinous consequences will stretch years into the future.” Readers will undoubtedly agree, will likely not consider addiction as a moral failing again, nor attribute our opioid epidemic to South American cartels. Clearly, we have our own.

INTERNATIONAL NEWS



1. Research

Correctional Officer (CO) Safety and Wellness Literature Synthesis

The intent of this report is to offer a comprehensive synthesis of the literature so as to highlight any inherent limitations and offer recommendations for future research and policies designed to enhance the overall well-being of COs. Information from published and peer-reviewed journal articles, state and federal government reports, university and academic think-tank reports, and commercially-published books was retrieved and summarized. Emphasis was placed on collecting research conducted since 2000 to account for current safety and wellness concerns confronting COs, although some earlier research is referenced to provide a baseline understanding of the various issues related to CO safety and wellness. This report will conclude with a discussion of how the safety and wellness issues of law enforcement personnel compare with those of COs and an overview of the salient findings from this literature synthesis and how they can be used to inform decisions regarding CO well-being. Read the full report here: <http://bit.ly/2Sz11Cs>

Long-Term Impact of Correctional Officers' Work on Their Personalities

The intent of this blog is to report on research which explored the impact of employment in prison on correctional officers' level of neuroticism. In this research, neuroticism represented the individual's emotional stability and relates to anxiety, anger, depression, poor control of urges, social embarrassment, and vulnerability. After three to four years of employment, correctional officers scored significantly higher

than new recruits. Additionally, the score among organizations similar to the Israeli Prison Service was significantly lower than at the start of their employment. The research explores the impact of continuing traumatic pressures on personality. The recommendations that are made by the authors are to implement techniques to decrease stress and self-regulation, instruction and training to help COs respond to the challenges they face, and that correctional systems acknowledge the unique role and professional challenges of COs. Regarding the final recommendation, it also included a recommendation for appropriate and accurate selection tests and employment criteria, including personality assessments and simulation exercises. Read the full blog here: <https://www.compen.crim.cam.ac.uk/Blog/blog-pages-full-versions/does-work-stress-change-personalities>

Characteristics and Precipitating Circumstances of Suicide among Incarcerated Youth

Teens and young men in correctional facilities are at increased risk of dying by suicide, but they are otherwise fairly similar to unincarcerated youth who take their own lives, the U.S. study suggests. Looking at a nationally-representative sample of all suicides by boys and men aged 10-24 years over a decade, one of the few differences researchers noted was that jailed youth were most likely to die within the first seven days of incarceration. That suggests screening these youth for suicide risk factors at intake and monitoring them for signs of suicidal intent might reduce deaths, the authors conclude in the *Journal of the American Academy of Child & Adolescent Psychiatry*. Read more on the study here: <https://reut.rs/2TzIRhg>

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INTERNATIONAL NEWS

(Continued from page 21)

The study can be accessed here: <http://bit.ly/2UJIUYZ>

Inquiry into Imprisonment and Recidivism

In September 2018, the Queensland Government directed the Queensland Productivity Commission to undertake an inquiry into imprisonment and recidivism. This report summarizes the early findings and nominates areas where further information is sought. Despite declining crime rates, the imprisonment of Queenslanders is escalating. Concerning trends include the growth in the rate of imprisonment of women, which doubled the rate of men over the last ten years, and the significant and growing over-representation of Aboriginal and Torres Strait Islanders. These matters are not unique to Queensland and reflect wider Australian and international trends.

In this report, the authors ask whether community safety is best served by continuing the current approach. Is there a case for some crimes to be punished with non-custodial options? Could better outcomes be achieved with greater attention to rehabilitation and reintegration? Would some offences be better treated as medical issues than criminal offences? Should victims be empowered by building in restitution and restoration options? Early indications are that the community may actually be made safer by reforming current practices, and the authors are seeking further information to allow them to complete the inquiry.

This report reflects the contributions of over 400 stakeholders, representing a broad cross-section of Queenslanders—government agencies, victim peak bodies, prisoner advocates, unions, the judiciary, corrections officers, prisoners, Indigenous peak bodies, and academics. Read the full report here: <http://bit.ly/2SdRIst>

Research Note on Immigrant Youth Radicalization and Terrorism: Pre- and Post-Migration Considerations

This paper published by the *Journal* for deradicalization focuses on youth radicalization and engagement with terrorism. This theoretical paper is based on working experience with newcomer refugee youth in Canada. It calls for an understanding of the refugee pre- and postmigration experience in an attempt

to answer why some youth are drawn to radicalization and engagement in terrorism. This comprehension could lend to designing a global refugee youth radicalization and terrorism prevention strategy by creating resiliency within the refugee camps and within the host community of resettlement. The paper presents 12 propositions which need to be tested by future empirical research. Download it here: <http://bit.ly/2MP-3mUs>

Promising family interventions in Ukraine

Dutch researcher Annemieke Wolhuis and colleague Yulia Yachnik conducted a research in three Ukrainian correctional juvenile institutions. They tell about the Family Conference method that was initiated by the Criminal Executive Service of Ukraine to improve contact between young detainees and their network. They also reflect on the theoretical basis of Family Conferencing and the interviews with participants. Read the full article <http://bit.ly/2SxspRs>

Research reveals the key to reducing prison radicalisation

New research from The (Australian National University (ANU) shows people imprisoned on terrorism offences stand a better chance of being rehabilitated when placed in general prison populations, than when kept in isolation or in a separate location with other terrorists. The study, which primarily looked at inmates in Philippine prisons over a 10-year period, challenges the traditional view that violent extremist offenders will spread their radical ideology amongst other prisoners. Researchers Dr. Clarke Jones of the ANU Research School of Psychology and Dr. Raymond Narag said the study conducted a comparison between incarcerated terrorists dispersed within the general prison populations versus those isolated and segregated. Read more at: <http://bit.ly/2MRCCTv>

Post-Traumatic Stress Disorder (PTSD) rate among prison employees equals that of war veterans

Prison employees experience PTSD on par with Iraq and Afghanistan war veterans, a new study from a Washington State University (WSU) College of Nurs-

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ing researcher found. Working conditions in a prison can include regular exposure to violence and trauma, and threats of harm to the workers and their families. Previous studies have shown that prison workers have some of the highest rates of mental illness, sleep disorders, and physical health issues of all U.S. workers. But the rate of PTSD among prison workers isn't well understood. The new study, "Prison employment and post-traumatic stress disorder: Risk and protective factors," was conducted by lead investigator Lois James, Ph.D., assistant professor at the WSU College of Nursing, and co-investigator Natalie Todak, assistant professor at the University of Alabama at Birmingham. Read more on the study here: <http://bit.ly/2HUBvng>.

2. Programs

Prison Decongestion: Nigerian Prison Service Works With Mediation Body on Conflicts' Resolution

The Prison Service, Nigeria, says it is partnering with the Institute of Chartered Mediation and Conciliations to increase awareness on mediation as a means of resolving conflicts with the aim of reducing the number of prisoners. <http://bit.ly/2SadGwp>

South Africa: Community service for offenders with short sentences to alleviate prison overcrowding

Offenders who have been handed sentences of less than two years will serve their time doing community service in a bid to curb overcrowding in prisons. <http://bit.ly/2BoWGYG>

Cambodia: Packed prisons hit inmate health

A penal department official has raised concerns regarding the spread of communicable diseases and the degradation of mental health among prisoners in overcrowded prisons. <http://bit.ly/2RJV0yB>

A look inside New Zealand's experimental Drug Courts

The unique model replaces jail time with rehabilitation. Of the 450 offenders who were put through the programme, 180 have graduated—that's a 40% pass rate. Of those who graduated, around 60% of them have not reoffended so far. With 10,000 people current-

ly incarcerated in New Zealand, many experts wonder if the Drug Courts could be the answer to reducing our prison rates. Read article: <http://bit.ly/2Sh86Iv>

Young Dutch cyber criminals get re-education rather than jail time

The Hack_Right programme is aimed at rehabilitation and education, and is a collaboration between Dutch police and public prosecutors, designed specifically to handle cases with young and sometimes naive hackers. Other partners in the project are Child Protective Services and Bureau Halt which gives under-18 criminals alternative punishment, usually in the form of community service. Youngsters convicted through Bureau Halt will have no permanent criminal record that could otherwise greatly hinder them later in life. Read more on the programme here: <http://bit.ly/2GaFfiJ>

US: A Role for Theatre in Criminal Justice?

Formerly incarcerated individuals and corrections officials make a strong case. Frannie Shepherd-Bates explains "The environment in prison is so important to recovery. The typical negative culture inside can be more traumatizing than what they experienced on the outside. What we've decided to focus on instead is to measure the positive development of narrative identity—essentially, that participants find more positive ways of seeing and talking about themselves. They begin to see themselves as people who did terrible things and had terrible things happen to them, but they don't have to be defined by those things. We've got hard evidence that shows this developmental change, and we're hoping to see the research published next year." <http://bit.ly/2t5BjXU>

Japan: Addressing serious recidivism among the elderly

The government is seeking to stop ex-convicts from repeating criminal offenses and being imprisoned again as one of the key pillars of its anti-crime policy. The government has set a target of reducing the ratio of people sent back to prison within two years of their release to 16% or lower by 2021. To meet the target,

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greater efforts need to be made to tackle the serious problem of recidivism among the elderly—by preventing them from falling into a vicious cycle of isolation from society and repeating crimes. Along with exploring job opportunities for former inmates, more public rehabilitation facilities should be secured to accommodate elderly ex-convicts and ease their re-entry into society. <http://bit.ly/2SvE5Ea>

Scotland: Prisoners to help fellow inmates keep fit

Prisoners have been trained as health coaches in an attempt to improve life in Scotland's increasingly overcrowded jails. After the authorities accepted that previous efforts to persuade inmates to eat better and smoke less had failed, 12 inmates at HMP Perth have been trained to assist fellow inmates to make "positive lifestyle choices." The pilot scheme, which could be replicated across the country if it proves successful, was created after a paper by researchers at the University of Dundee and NHS Health Scotland concluded that there was a need for "an alternative approach" after previous health education had not led to changes in behavior. <http://bit.ly/2GbyhtO>

Singapore: Prisons exploring use of digital platforms to help ex-offenders better reintegrate into society

The Singapore Prison Service is exploring the use of video counselling and a mobile application to help ex-offenders better reintegrate into society. This is part of the agency's three-pronged approach towards expanding its community-based programmes: Enhancing community corrections and practices, strengthening throughcare, and leveraging family and community support. <http://bit.ly/2DW3uis>

England and Wales: Prison praised for installing photobooth for inmates and visitors

Families can use a photobooth to take group shots as part of effort to improve visits for children. A prison has been praised by inspectors for installing the photobooth so inmates can take pictures with family members, amid evidence that bolstering personal relationships can reduce the likelihood of reoffending. <http://bit.ly/2BnRSmn>

Louisiana corrections building on successful efforts to reduce recidivism rate of former inmates

Louisiana corrections officials hope to build on their success from the last decade when former inmates returned to prison at decreasing rates with a renewed federal grant focusing on recidivism of high-need prisoners and using state savings from its criminal justice reforms. <http://bit.ly/2UGKQAp>

United Nations' work in prison rehabilitation

Muriel Jourdan-Ethvignot is a Crime Prevention and Criminal Justice Officer working with Prison-based rehabilitation programmes for United Nations Office on Drugs and Crime (UNODC). In this article, she describes the basis of UNODC's work in the field of prison-based rehabilitation and provides an example from its project in Bolivia, more specifically on social reintegration of women offenders through vocational training, implemented under the Doha Global Programme. <http://bit.ly/2Tuclye>

How the Stepping Up initiative is combating the mental healthcare crisis in jails

When it comes to inmate healthcare, correctional facilities are facing a perfect storm. A growth in geriatric inmates poses significant challenges in regard to management of chronic diseases and environmental modifications: drug-addicted inmates are flooding correctional facilities, and in many jurisdictions, jails and prisons are now the largest providers of mental healthcare services. This special coverage series reviews key ways facilities can prepare to battle the storm. <http://bit.ly/2DeUsv9>

3. Resources for practitioners

Developing restorative justice in law, policy and practice: Learning from around the world

Restorative justice is a practice in which the person(s) who were harmed by a crime, and those who were responsible for that harm, are brought into communication. In this blog entry from Penal Reform International, Dr. Ian Marder discusses the implementation of restorative justice in some key jurisdictions,

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focusing on their legislation, policies and models of service provision. Read more here: <http://bit.ly/2GsOWs3>

Radicalization Awareness Network (RAN): Collection of inspiring practices

The RAN Collection of Approaches and Practices presents a set of seven practitioners' approaches in the field of prevention of radicalization, each of them illustrated by a number of lessons learned and selected practices and projects. The Collection should be considered as a practical, evolving, and growing tool, where practitioners, first liners, and policy makers may:

- draw inspiration from,
- find examples adaptable to their local/specific context, and
- identify counterparts to exchange on prevention experiences.

As a work in progress, the RAN Collection will continuously be adjusted and enhanced with new practices from EU/EEA Member States. Access the collection here: <http://bit.ly/2BoF92X>

The myth behind long prison sentences

Does spending '100 years' behind bars actually help deter crime? BBC Future explores the impact of long prison sentences, and looks at how Norway is taking an opposite approach. Read the full article here: <https://bbc.in/2SekYPu>

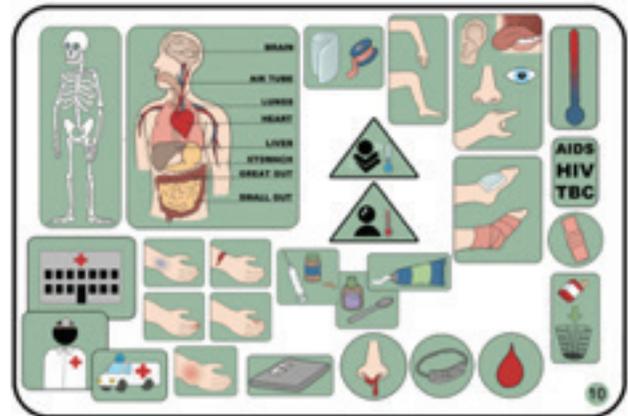
What can U.S. corrections learn from the German prison system?

Gary York—author of "Corruption Behind Bars" and "Inside The Inner Circle" —former senior corrections officer and senior prison inspector in the U.S.—visits Stammheim prison located in Stuttgart-Baden Wurttemberg, Germany, and shares his findings. Read the article here: <http://bit.ly/2RFBfbm>

Foreign National Prisoners Picture Dictionary Picture it in Prison

Worldwide over half a million foreign nationals are detained abroad. Many foreign national prisoners (FNPs) encounter difficulties as a result of the language barrier. To overcome this obstacle Femke

Hofstee-van der Meulen developed a picture dictionary with more than 450 colorful pictures and translation of basic words and sentences in twenty different languages. The aim of this pocket-sized booklet is to stimulate FNPs in their communication with others, to encourage them to learn a foreign language and to create awareness about prison rules and its regime.



In 2016, the picture dictionary was tested in two FNP-prisons in the United Kingdom. Based on the outcome, a tailor-made version was developed for HM Prison & Probation Service. This version contains translations of additional frequently-spoken languages. In 2017, the Belgium Prison Service and the Prison Service in Luxembourg started to provide FNPs with the picture dictionary upon arrival in prison.

Since 2018 the pocket-size picture dictionary is, upon request of prison services, also available on a larger scale (A4-size) for prison staff. Since prison populations become less and less homogenous, prison staff is expected to deal with different cultures and

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languages.

For more information about how to obtain a copy of the dictionary, please contact: prisonwatch@prisonwatch.org

The perfect storm: How drugs, mental illness and aging inmates impact correctional healthcare

Dr. Marc Stern, a consultant in correctional healthcare, details the healthcare-related challenges facing correctional facilities. When it comes to inmate healthcare, correctional facilities are facing a perfect storm. A growth in geriatric inmates poses significant challenges in regard to management of chronic diseases and environmental modifications; drug-addicted inmates are flooding correctional facilities; and in many jurisdictions, jails and prisons are now the largest providers of mental healthcare services. Read more: <http://bit.ly/2UI2ZOr>

Using grants to fund inmate healthcare

Inmate healthcare costs continue to represent one of the largest segments of a correctional agency's budget. State prisons, county jails, and municipal lock-up facilities are experiencing ever-increasing expenses in an effort to treat an inmate population with varied medical and behavioral health conditions. HIV/AIDS, hepatitis C, infectious disease, tuberculosis, cardiovascular disease, substance abuse disorders, and various mental health conditions are prevalent among this population. The aging prison population brings many senior healthcare issues to the table as well. This article presents some grant funding sources that could assist

with those expenses. Read more: <http://bit.ly/2WK-gaAb>

Prison animal programs are benefitting both inmates and hard-to-adopt dogs in Florida

Hard-to-adopt dogs are starting to symbolize a ray of hope for inmates in Florida who qualify to enter a program that rehabilitates both them for their release back into society, and the dogs as they search for their forever homes. The Florida Department of Corrections-approved TAILS program—which stands for Teaching Animals and Inmates Life Skills—focuses on pairing at-risk dogs with institutionalized men. The at-risk dogs are categorized as those that would have been euthanized or were seized from dog-fighting, abusive, or hoarding environments, Jen Deane, executive director of TAILS and Pit Sisters, a Jacksonville-based organization that takes dogs in need from city shelters, told ABC News. The program costs about \$80,000 a year to run and is funded entirely by Pit Sisters and donations. Read more here: <https://abcnews.com/2RFBrr6>

Videos

- Last year 138 prison inmates were killed in Brazil's famed overcrowded and violent system. But could those on the inside be trusted to keep law and order if they were handed the keys? Inside the Brazilian prison run by the inmates <https://youtu.be/ushIsV0CaZo>
- Questions to ask when designing and planning prisons: <https://youtu.be/IIM2YAbAiuQ>
- Radicalization Awareness Network: The challenge of resocialization: <https://youtu.be/VxG4kb-dKJY>

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WANTED: Newsletter articles that highlight evidence-based and practitioner-informed practices and programs. Please submit articles with photos to: executivedirectoriacfp@gmail.com.

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Evidence & Innovation in Criminal Justice Psychology
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PRATO 2019

Working with violence in adults and youth.
Effective clinical, welfare and legal strategies

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PRATO, ITALY

Violence is a serious and pervasive problem in both young people and adults. A concerning level of crime and disorder and the criminalisation of youth has broad social, legal, economic and health consequences. Crime and violence are often rooted in broader urban and social problems. Media and community responses call for more, and more authoritarian, sanctions. Australian prison populations have grown by almost 40% over five years, with higher rates of growth for female offenders. Such growth is unsustainable and unnecessary as intervention can lead to desistance from crime. Efforts to prevent violence and to understand and treat violent offenders come up against 'get tough on crime' approaches, which are often disaggregated and fail to address the 'real world' problems. A broad range of professionals are involved in such efforts but confront difficulties in achieving cooperation, with whole of government commitment.

This international conference brings together policy contributors, lawyers, clinicians, legal decision makers, advocates, and researchers to explore the phenomenon of violence from a cross-disciplinary perspective, focusing on clinical, welfare, and legal strategies to explore effective responses to addressing, intervening and preventing violent behaviour.

The conference will be held at Palazzo Vaj, the Monash University Centre in Prato, Tuscany, which provides an exciting opportunity to meet in an inviting setting to share research, practice and policy developments that enable a critical examination of novel approaches to understanding and managing violence across the lifespan.

This exciting conference is hosted by Professor James Ogloff AM (Swinburne University, Australia) and Professor Rosemary Sheehan AM (Monash University).

The conference will give particular attention to the following themes:

- Understanding violence and offending
- Exploring youth violence and anti-social behaviour
- Family violence and child welfare
- Gender and cultural effects
- Legal reforms for managing violent offending
- Advances in offending programs and approaches to desistance from violence
- Mental illness, trauma, personality dysfunction, substance misuse and violence
- Risk, intervention, diversion and decarceration approaches and policy.

The conference will offer considerable opportunity for cross-national dialogue.

Keynote speakers, presented papers and roundtable forums, address the aims of the conference.



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Keynote Speakers

Judge Amanda Chambers



Judge Amanda Chambers is President of the Children's Court of Victoria and a Judge of the County Court of Victoria, Australia. She is a member of the Victorian Courts Council and sits on the Board of the Judicial College of Victoria. Prior to her appointment as a Judge, she served as a Magistrate of the State of Victoria for over eight years.

Professor Giovanni de Girolamo



Giovanni de Girolamo is the former Scientific Director of the St John of God Clinical Research Centre in Brescia, Italy and current Head of the Unit of Psychiatric Epidemiology and Evaluation. He is Professor of Psychology and Psychiatry at the Department of Psychology, Catholic University, Milan, and at the Residency Program in Psychiatry, University of Milan Bicocca. He has a very distinguished career and is a highly prolific researcher. His is leading research on mental illness and violence.

Judge Alice Grunenwald



Judge Alice Grunenwald has been a juge des enfants in France since 2001, deciding cases about child welfare concerns and children in conflict with the law. She is a member of the French Association of Juvenile and Family Judges and Vice Président of the European group of the International Association of Juvenile and Family Judges. In her work she regularly responds to cases involving family violence in child welfare, and contributes to policy and programme responses to protect children, reduce family violence and improve family outcomes.

Professor Fergus McNeill



Fergus McNeill is Professor of Criminology and Social Work at the University of Glasgow where he works in the Scottish Centre for Crime and Justice Research and in Sociology. Prior to becoming an academic in 1998, Fergus worked for a number of years in residential drug rehabilitation and as a criminal justice social worker. His many research projects and publications have examined institutions, cultures and practices of punishment and rehabilitation – and questions about their reform.

Professor Mark Olver



Mark Olver is a Professor of Psychology at the University of Saskatchewan, Canada. Prior to his academic appointment, Mark worked as a clinical psychologist in various capacities, including providing assessment, treatment, and consultation services to young offenders in the Saskatoon Health Region and with adult federal offenders in the Correctional Service of Canada. He has published more than 100 journal articles and book chapters and his research interests include offender risk assessment and treatment, young offenders, psychopathy, and the evaluation of therapeutic change. He is co-developer of the Violence Risk Scale-Sexual Offense version (VRS-SO) and Violence Risk Scale-Youth Sexual Offense Version (VRS-YSO), and he provides training and consultation services internationally in the assessment and treatment of sexual, violent, and psychopathic offenders.

Professor James Ogloff AM



Jim Ogloff is Professor and Director of the Centre for Forensic Behavioural Science at Swinburne University of Technology. He holds a joint appointment as Executive Director of Psychological Services and Research in Victoria's statewide forensic mental health service, Forensicare. He is trained as a lawyer and psychologist and has worked in the field for more than 35 years, as an administrator, researcher and clinician. He leads the Catalyst Consortium to reduce persistent violence and sexual offending and he has a particular interest in contributing to decarceration and justice reinvestment efforts in Australia.

For more information about the Conference, please contact:

Centre for Forensic Behavioural Science
Swinburne University of Technology

Phone: (+61 3) 9214 3887

Email: info-cfbs@swin.edu.au

Information: www.swin.edu.au/prato2019

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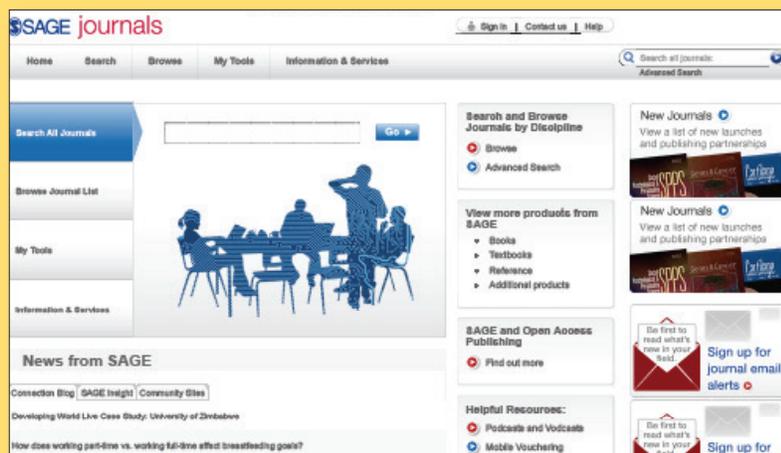
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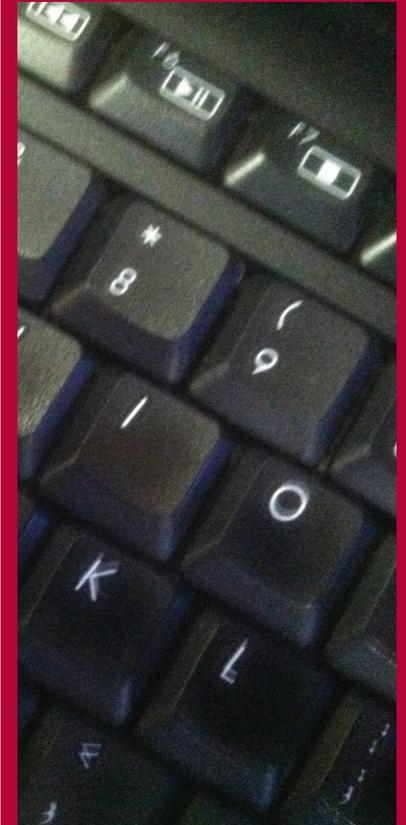
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