

IACFP Bulletin

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from The International Association for Correctional and Forensic Psychology

JAN / FEB 2025



FEATURED ARTICLES IN THIS ISSUE

Foreword from Dr Emma Regan, Newly Elected IACFP President	3
Summary: A Survey of OPD Pathway Services Recipients in United Kingdom Prisons	6
Summary: Reception to and Efficacy of a Serious Video Game for Correctional Intervention	11
IACFP International News, Research, and Resources for Jan/Feb 2025	15
Moving Forward: New Members of the Executive Committee of the Board and the Board	18

Table of Contents

Who We Are: The International Association
for Correctional and Forensic Psychology (IACFP).....2

Foreword from Dr Emma Regan, Newly Elected IACFP President.....3

Summary: A Survey of OPD Pathway Services
Recipients in United Kingdom Prisons6

Summary: Reception to and Efficacy of a Serious
Video Game for Correctional Intervention.....11

IACFP International News, Research, and Resources for Jan/Feb 2025.....15

Moving Forward: New Members of the Executive
Committee of the Board and the Board.....18



WHO WE ARE

The International Association for Correctional and Forensic Psychology (IACFP)



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

IACFP members are not all psychologists and are not all active in the practice of forensic evaluations or correctional mental health. However, they typically have advanced degrees in behavioral sciences and engage in the administration, practice, teaching or research relating to incarcerated populations and those under community supervision. We have been promoting evidence-based and practitioner-informed practices and research to support correctional and forensic psychologists and other helping professionals who work with justice-involved individuals since 1954. Our goals are to:

- Promote the development of psychological practice in criminal justice and law enforcement settings.
- Contribute toward appropriate teaching of the psychology of crime, delinquency, and criminal justice.
- Support the development and application of effective treatment approaches for individuals in the care of the criminal justice system.
- Stimulate research into the nature of criminal behavior, to exchange such scientific information, and to publish the reports of scholarly studies of criminal behavior.
- Concern ourselves with relevant public, professional, and institutional issues that affect or are affected by the practice of psychology in the criminal justice system.

Our current areas of focus for funded projects are:

- Professional development
- International practice and an international leadership network
- Community corrections

We are now accepting submissions.

The *IACFP Bulletin* has six issues per year, and is now accepting submissions. To inquire how to submit, please email executivedirectoriacfp@gmail.com with your proposed article topic.

Foreword from Dr Emma Regan, Newly Elected IACFP President

DR EMMA REGAN, IACFP PRESIDENT / FEB 2025



Dr Emma Regan

In January 2025, I was delighted to become President of the International Association for Correctional and Forensic Psychology (IACFP), a term which lasts two years. I am based in Dublin, Ireland and I have worked for the Irish Prison Service (IPS) for over 12 years as a Clinical Psychologist, National Psychology Service Manager, and more recently as Director of Care and Rehabilitation.

Ireland has a population of 5.14 million and just over 5,000 people in custody; an average of 92 people per 100,000 population. The Irish prison estate is made up of 13 prisons; 11 closed prisons and two open centres. Speaking to my international counterparts, it seems I could be working anywhere in the world in that we are facing many of the same complex challenges, just in different jurisdictions and with vastly different prison population sizes.

In Ireland, we are currently facing significant prison overcrowding. The system is operating at 112% capacity, with some locations operating at 157%. There are ever-increasing numbers of people with severe and enduring mental health challenges and very limited community hospital bed availability. Addiction and dual-diagnosis needs, an aging population with the need for nursing home and palliative care options, chronic illness, infectious diseases, personality disorder, complex trauma, neurodiversity, intellectual difficulties and brain injury are common clinical features. Access to contraband in

prisons and violence are a constant challenge. Rising sentence lengths, increased remand populations, and an increased female prison population are all contemporary features of the Irish prison population. These national experiences replicate international data provided by World Prison Brief (WPB). Separately, but equally common amongst jurisdictions, are challenges associated with prison staff recruitment, staff wellbeing, training and retention, including operational, clinical and other professional grades. There are of course areas of positive improvement. For example, internationally, there appears to be a more concerted willingness to view drug use and addiction through a health rather than criminal justice lens. Furthermore, the needs of women and foreign nationals in prison are gaining more traction; for example, through the recent ICPA's Women in Corrections Conference in Thailand and a Confederation of European Probation workshop dedicated to efforts being made to inform policy and practice in relation to foreign nationals in prisons and Probation Services.

In Ireland, prison healthcare and psychology services come under the jurisdiction of the IPS and Department of Justice rather than the Department of Health. Whilst debates remain internationally about the most effective governance structure, here in Ireland we believe that whilst it may bring challenges, services remaining within Justice offer a high level of bespoke and experienced care for those in custody.

Throughout my career, when faced with the burden of ever-complex situations in prisons and community corrections, I have often felt isolated and alone in tackling them. There isn't another prison service in Ireland, so I cannot reach out to a national counterpart. There

are times when reaching out to colleagues within the Department of Health and Ireland's Health Service has been helpful. However, forensic-clinical psychological experience is often unavailable outside the IPS itself. It was only when I joined the Board of IACFP, and its' Mental Health Leadership Network, that I began to feel as though I had people to turn to in times of crisis and challenge. I cannot explain the relief I have found in sending an email query to colleagues all over the world who come back with a wealth of experience, ideas, and policies associated with the issue at hand.

IACFP is dedicated to advancing the voice of psychology in correctional settings. Through supporting Psychologists in their various roles, IACFP aims to impact correctional agencies systemically, from direct rehabilitative engagement to enhancing positive correctional culture. IACFP's journal — *Criminal Justice and Behaviour* — is a top ranked journal that helps us ensure our work is both evidence-based and practitioner-informed.

In January, I chaired my first meeting of the Board of Directors, in which we welcomed three new Board members including Abigail Tucker (US), Shelley Brown (Canada) and Mariana Martin (Namibia). They join Board members from the US (Jeff Metzner, Richard Althouse, Diane Williams, Joel Dvoskin, Melvin Hinton, Matt Epperson), Canada (Frank Porporino), Singapore (Gabriel Ong), New Zealand (Jessica Borg), Argentina (Silvia Martinez) and Ireland (Emma Regan), with Cherie Townsend as our Executive Director.

During this meeting we focused on the development of our new IACFP strategy. Key to this strategy will be:

1. A strong focus on Continual Professional Development (CPD) for our members.
2. Enhancing our international Mental Health Leadership Network.
3. Fulfilling the potential of our IACFP Bulletin with an emphasis on engaging practitioner and student writers.

“I cannot explain the relief I have found in sending an email query to colleagues all over the world who come back with a wealth of experience, ideas, and even policies associated with the issue at hand.”

4. A focus on IACFP modernisation, governance and organisational resilience.
5. Continuing to find ways to 'Help the Helpers'.

Launching a strategy in relation to supporting Psychologists in prisons and community corrections across the globe is no easy task. The WPB estimates the world prison population is approximately 11.5 million people, an increase of 24% since 2000. This data relates to approximately 224 jurisdictions and there is an acknowledgement that accessing prison population data in some countries is more challenging. Each of these jurisdictions will have their own unique approach to criminal justice. Cultures, socio-political environments and legislation vary widely. There will be differences in attitudes to people in contact with the criminal justice system, within and across jurisdictions. Rehabilitative and security priorities will vary. Language used to describe someone in custody varies; prisoner, inmate, person in custody, justice-involved individual (and that is just in English speaking jurisdictions). The Global Community Corrections Initiative do not have complete data on the size of the global community correction population, but their researchers provide a preliminary estimate of 12.5 million. When this estimate is combined with the 2024 World Prison Population List, the total global corrections population is estimated to be 24 million. To my knowledge, there is no international data available in relation to the number of Psychologists working across institutional and community corrections. Qualifications, processes, practices and approaches to rehabilitation will vary across jurisdictions. In Ireland, for example, the authorised ratio of qualified Psychologist to person in custody is currently 1:146. With current vacancies, there is a ratio of 1:178. In my experience, this ratio varies widely between jurisdictions.

“We welcome your feedback, and in particular, areas of CPD you would like to see prioritised over the coming two years. Please contact Cherie Townsend at executivedirectoriacfp@gmail.com or via [LinkedIn](#).”

Despite all the variation, it seems clear to me that the challenges we face are common to many of us. As a result, I strongly believe that IACFP has a huge amount to offer Psychologists in corrections internationally. I am looking forward to the launch of IACFP’s Strategy (2025 – 2031) shortly, and its implementation over the coming years.

Working therapeutically in correctional settings (institutional and community) is very rewarding and at the same time, can be demanding, both personally and professionally. My mission as the new President of IACFP will be to ensure IACFP is a place correctional Psychologists can turn to for support, no matter where they are in the world. Please join us on LinkedIn and via our [website](#) for further updates over the coming months and years. We welcome your feedback, and in particular, areas of CPD you would like to see prioritised over the coming two years. Please contact Cherie Townsend at executivedirectoriacfp@gmail.com or via [LinkedIn](#).

Finally, I would also like to take this opportunity to highlight two upcoming areas of relevance to IACFP. First is the 4th International Correctional Research Symposium (CRS) which is a collaboration between International Corrections and Prisons Association (ICPA) and EuroPris, and sponsored by the Northern Irish Prison Service. At IACFP we are thrilled to provide sponsorship to this worthwhile conference. For those of you who have attended previous CRS conferences, you will know what an interesting group of people attend; these connections serve to revitalise us in such a challenging area of work. This year’s conference is being held in Belfast, Northern Ireland from 13th to 16th May 2025. Whilst abstract

closure was 14th February, attendance more generally is welcome. The focus of CRS this year is on the theme ‘From Individual to Ecosystem: Sharing Research that Matters for Corrections’. It will examine aspects of the theme in four tracks:

1. Responding to Individual factors in pathways to crime, age, gender, ethnicity and cultural backgrounds, religion, experiences of trauma, neurodiversity, neurobiology, motivation and treatment resistance and other individual factors that can underpin rehabilitative responses.
2. Responding to Interpersonal factors, with a specific interest in family engagement, relationships with third-party or charitable organizations, and peer support both within and outside the prison.
3. Responding to Community obstacles and barriers in efforts to improve the transition from prison to community.
4. Adjusting Organisational and Policy responses, with a specific focus on the impact of prison environment and culture, including staff morale and well-being, as well as responding to/coping with the influence and pressures of political priorities.

Second is IACFP’s little known, but significant annual financial support of student research. More information on the award, the timeline for submitting applications and decision-making on the awards will be available in April 2025. Please support your students and aspiring Psychologists to apply.

Dr Emma Regan
IACFP President

Summary: A Survey of OPD Pathway Services Recipients in United Kingdom Prisons

BILAL DARDAI / FEB 2025

The January 2025 issue of *Criminal Justice and Behavior* has published a new study of the Offender Personality Disorder (OPD) Pathway co-authored by Manuela Jarrett, Julie Trebilcock, Tim Weaver, Andrew Forrester, Colin D. Campbell, Mizanur Khondoker, George Vamvakas, Barbara Barrett, and Paul A. Moran. The OPD Pathway is a network of services across prison, health and community settings in England and Wales developed by His Majesty’s Prison & Probation Service (HMPPS) and National Health Service in the United Kingdom. It was designed to provide mental health support for incarcerated individuals with personality disorders. The study was a component of a national review of the OPD Pathway that specifically solicited qualitative responses from a pool of subjects to learn their responses to the program services and the impact on their mental health. The researchers found that while the participants had overall positive views of the Pathway services, frequent staff turnover and lack of clarity about the roles of individual administrators led to feelings of uncertainty and mistrust of the program.

Background

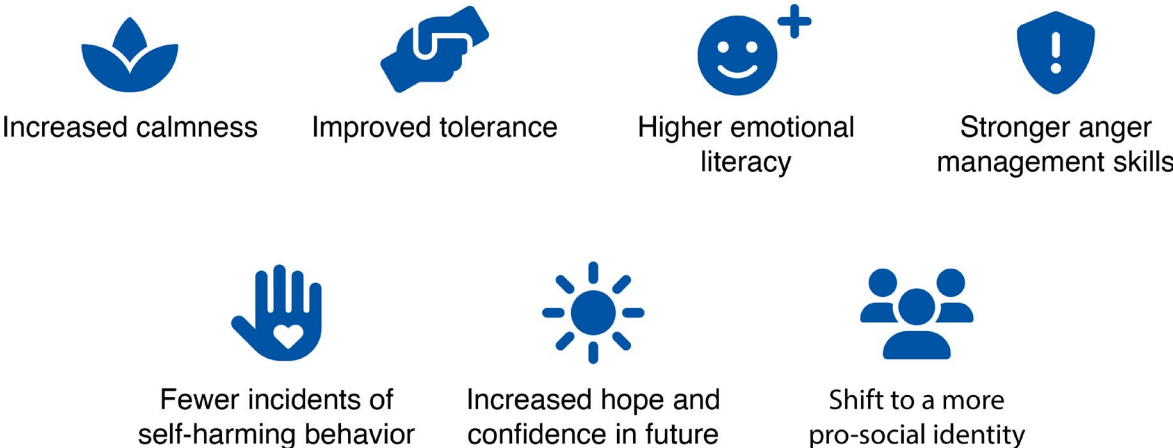
The OPD Pathway was first established as a successor to the Dangerous and Severe Personality Disorder (DSPD) Program that had been instituted in 2002. Several controversies about the DSPD’s methodology and effectiveness led to the program being decommissioned in 2011, with the funding being redirected towards the more therapeutic approach of the OPD Pathway, which is overseen by the Ministry of Justice (MoJ) and National

Health Service (NHS). Several studies have indicated that criminal justice settings in many countries (ie, prisons and probationary supervision) show a high prevalence of individuals with personality disorders, ranging from 50-70% compared to a range of 4-11% in the general population. In stark contrast to DSPD’s philosophy of “preventive detention” – which aimed to identify individuals at high risk for committing violent crimes and restrain them in advance – the OPD Pathway focuses on those who have already been tried and sentenced with a multi-tiered set of goals:

1. Reduce the risk of serious sexual and/or violent re-offending
2. Improve the overall psychological well-being of OPD Pathway participants
3. Increase competence and confidence of staff involved in the program
4. Increase cost-effectiveness and efficiency of Pathway services

Services are provided across a broad range of environments that include varying security levels of prisons as well as within secure hospitals and community outpatient settings. Within prisons, some nontreatment settings are also designated as Psychologically Informed Planned Environments (PIPEs) where psychologists provide clinical supervision to unit staff to facilitate therapeutic relationships and services. Eligibility for services within the OPD Pathway are based on the following criteria:

Positive Effects Described by OPD Pathway Participants



1. Individual has been assessed to show high likelihood of violent or sexual re-offending and high risk of committing serious harm to others
2. Individual shows a high likelihood – if not a specific diagnosis – of a personality disorder
3. There is a “clinically justifiable link” between the personality disorder and the risk of re-offense

Potential participants in the OPD Pathway are reviewed on a case-by-case basis by NHS psychologists and Offender Managers (OMs) to determine level of severity across the above criteria. In addition to deciding whether or not an individual qualifies for the OPD Pathway, a determination will also be made regarding which services and interventions are most appropriate throughout their sentence.

The UK government conducted its national evaluation of the OPD Pathway for male prisoners between 2014 and 2018, using a mixed-methods design that

combined quantitative data with interviews from program participants and staff. They also commissioned more focused studies on the effectiveness of the Pathway services within the city of London, the nation of Wales, and among female prisoners. The quantitative results of the national evaluation, released in 2022, seemed to show minimal difference between the outcomes of Pathway participants and those who were not involved in the program, although there are concerns that there has not been enough time allocated to follow-up for further analysis and evidence gathering.

The researchers conducting this summarized study have elected a solely qualitative approach that inquires about the experiences of Pathway participants and whether they felt the services had positively impacted their mental wellbeing. This data offers opportunities for OPD Pathway facilitators to adjust their program based on relevant feedback.

Methodology

The researchers sought to assemble a pool of interview subjects from an array of Pathway service sites to ensure geographic diversity across London and Wales and include as many different types of services as possible.

Participant Locations

The sites chosen for the study were:

- Four prison-based personality disorder treatment units – two from Category A (highest security) and one each from Categories B and C (lower security) – that offered both individual and group therapy
- One Democratic Therapeutic Community (DTC), which offers both psychotherapy and a community-based model of engagement
- One Provision PIPE – in which prisoners reside while receiving treatment in another location – in a Category B prison
- Three Progression PIPEs – in which participants who have completed an OPD program are allowed to practice their learned skills – in one Category designation each
- One NHS community-based outpatient personality disorder treatment unit,
- Two Approved Premises PIPEs, which are residential buildings in public communities where released individuals can receive support
- Four Local Delivery Units, where participants receive case consultation

These 16 settings were located within 5 National Prison Service regions (North East, North West, Midlands, South West, and South East) that have since been split further into 11 regions.

Study Participant Characteristics

The researchers asked the lead clinicians in each service to identify two people who had been in the

Pathway program for at least six months and were open to speaking about their experiences. Subjects needed to be 21 years of age or older and be fluent in English. This method helped produce a final pool of 36 participants, ranging from 23 to 58 years of age. Other key characteristics of the sample included:

- The overwhelming majority of participants identified as White British (33 of 36)
- Nearly half (15 of 36) were serving life sentences
- Over a quarter (10 of 36) were serving determinate sentences of 2-14 years
- One of the participants was serving a 1-year Community Order
- The offenses committed by the participants included robbery, arson, sexual offenses, grievous bodily harm, and murder
- On average, the participants had served 9.2 years of their sentences and had been involved in OPD Pathway Services for 14.5 months

The participants described similar life and mental health experiences besides their personality disorder, including:

- Psychosis
- Anxiety
- Depression
- PTSD
- Self-harm and attempted suicide
- Abuse of alcohol and substances
- Childhood adversity and abuse
- Repeated contact with law enforcement and prison or community sentences

Other details reported by the study participants included their relative experiences of incarceration; while some described ease in serving their sentences, most described patterns of conflict with staff and other prisoners, and of behaviors that underlined overall “problems with authority.” These patterns led to

consequences such as regular assignment to segregation units, as well as additional time on their sentences or inability to achieve parole. Some of these also expressed unsuccessful attempts to engage with treatment prior to being qualified for OPD Pathway.

Key Findings and Interpretations

The data collected from the surveys was organized into two key themes:

1. Experiences of the OPD Pathway as illustrated by relationships with program staff in both secure and probationary environments.
2. The effect of these relationships on psychological wellbeing.

Staff Relationships

Within the first theme, participants generally indicated positive perceptions of Pathway services staff, including descriptions that they were “approachable, kind and respectful and offering a high level of support.” While prison officers were also perceived as building positive and therapeutic rapport, some Pathway participants noted the tension in these officers also having to maintain security standards. One prisoner specifically pointed out that it was difficult to absorb therapeutic feedback from an officer who had earlier in the day had to administer a disciplinary action:

“So you’re not going to listen to what they are going to be saying because you’re thinking ‘well, you stitched me up this morning and now you’re trying to teach me the laws on life...how to be a better person or whatever, when you’re not like, I don’t think you’re like that yourself, so why are you preaching to me?”

— O2, Prison PD Treatment Unit

“... the researchers feel that the qualitative data received from the surveys indicates that the OPD Pathway offers clear benefits to its participants. The overall response to the program is positive and has led to improvements in behavior and psychological wellbeing.”

There was also a mix of perception around clinical treatment staff, with some respondents reporting that these mental health professionals were “attuned” to the emotions and needs of Pathway users but also feeling concern about their power to manipulate the prisoners’ tenure in the criminal justice system through their recommendations. The majority of study participants nonetheless commented positively about the transparency, empathy, and openness of these staff members.

Similar positive perceptions of staff in community probation settings were reported – the study participants said that their interactions with these staff members left them feeling listened to and respected. They also described a renewed sense of agency in their decision-making routines and management of the risk factors that could lead to re-offending. Rather than issuing demands, community-based Pathway staff would offer feedback and be open to suggestions, which encouraged the Pathway service user to be more honest and take greater responsibility for their progress.

Despite these positive aspects, participants did also make the particular observation that staff turnover was a detriment to their process within the Pathway. A lack of continuity in who was helping to treat them was frustrating and unsettling. Program participants often had to share personal information repeatedly – in effect, starting over – which made them less likely to invest in the relationships at all.

Psychological Wellbeing

Pathway services and the relationships that participants established within the program led to a number of positive effects on mental health and wellbeing. For example, many of the study participants discussed feelings of safety within the Pathway locations and programs in stark contrast to their feelings of fear in normal prison environments. This feeling of security, in turn, gave Pathway participants the ability to be open about their feelings and do the work required of treatment instead of persistently worrying about unpredictable violence.

Participants also described reduced levels of “emotional turmoil,” which led to positive effects such as:

- Improved calmness and ability to tolerate stressful situations
- Higher emotional literacy
- Better anger management skills and fewer incidents of anger
- Fewer instances of self-harm

They also felt an increased sense of hope and confidence in their future, and a shift in how they identified themselves – many who had internalized the idea that they were a “hardened criminal,” for example, began to develop an identity more akin to positive social relationships and interactions, including with their families.

Conclusions

The researchers note that despite several of the strengths of their study – including a diversity of perspectives across Pathway environments and the use of case summaries to record comprehensive data – there were also a number of limitations. The sample pool

was predominantly White, which means there is little information about how Pathway programs are perceived by other races or ethnicities. The sample was also a “convenience sample” of participants selected by program psychologists, which means there may have been a bias towards more cooperative and positive responses. The study also cannot conclude on its own if positive response to Pathway programs has led to reduced incidences of re-offending.

These limitations notwithstanding, the researchers feel that the qualitative data received from the surveys indicates that the OPD Pathway offers clear benefits to its participants. The overall response to the program is positive and has led to improvements in behavior and psychological wellbeing. The relational approach to Pathway services has seemed to offer a sense of safety that helps develop more pro-social identity and hope for the future. The structure of the services has also encouraged greater agency among the participants. However, many participants also noted that staff turnover is a significant hindrance to the effectiveness of the program, and the researchers believe that addressing this issue is crucial to the continued success of the OPD Pathway.

Source

“The Offender Personality Disorder (OPD) Pathway for Men in England and Wales: A Qualitative Study of Pathway User Views About Services, Perceived Impact on Psychological Wellbeing, and Implications for Desistance” (<https://journals.sagepub.com/doi/full/10.1177/00938548241286829>)

Summary: Reception to and Efficacy of a Serious Video Game for Correctional Intervention

BILAL DARDAI / FEB 2025

A pilot study of the utility and effectiveness of video games designed for correctional intervention appears in the November 2024 issue of *Criminal Justice and Behavior*. The study is co-authored by Keegan J. Diehl, Robert D. Morgan, Christopher M. King, Paul B. Ingram, and Cooper Mitchell, and focuses specifically on *Project Choices*, a “serious” video game designed for justice-involved individuals that aims to reduce recidivism. Through a cross-over design study and follow-up surveys, the researchers sought to determine if *Project Choices* could provide as much engagement and immersion to the players as a game designed strictly for leisure purposes. The researchers also looked at the effects of gameplay on criminogenic thinking, self-perceived criminogenic risk, and social problem-solving.

Background

Project Choices was developed by Dr. Christopher M. King and Dr. Robert Morgan of the University of Southern Illinois – two of the authors of this study – in collaboration with Skyless Games. The game consists of 42 decision-making scenarios based on real-life events taking place during community reentry, and provides cognitive behavioral skills feedback for the decisions made by the player. Examples of scenarios include:

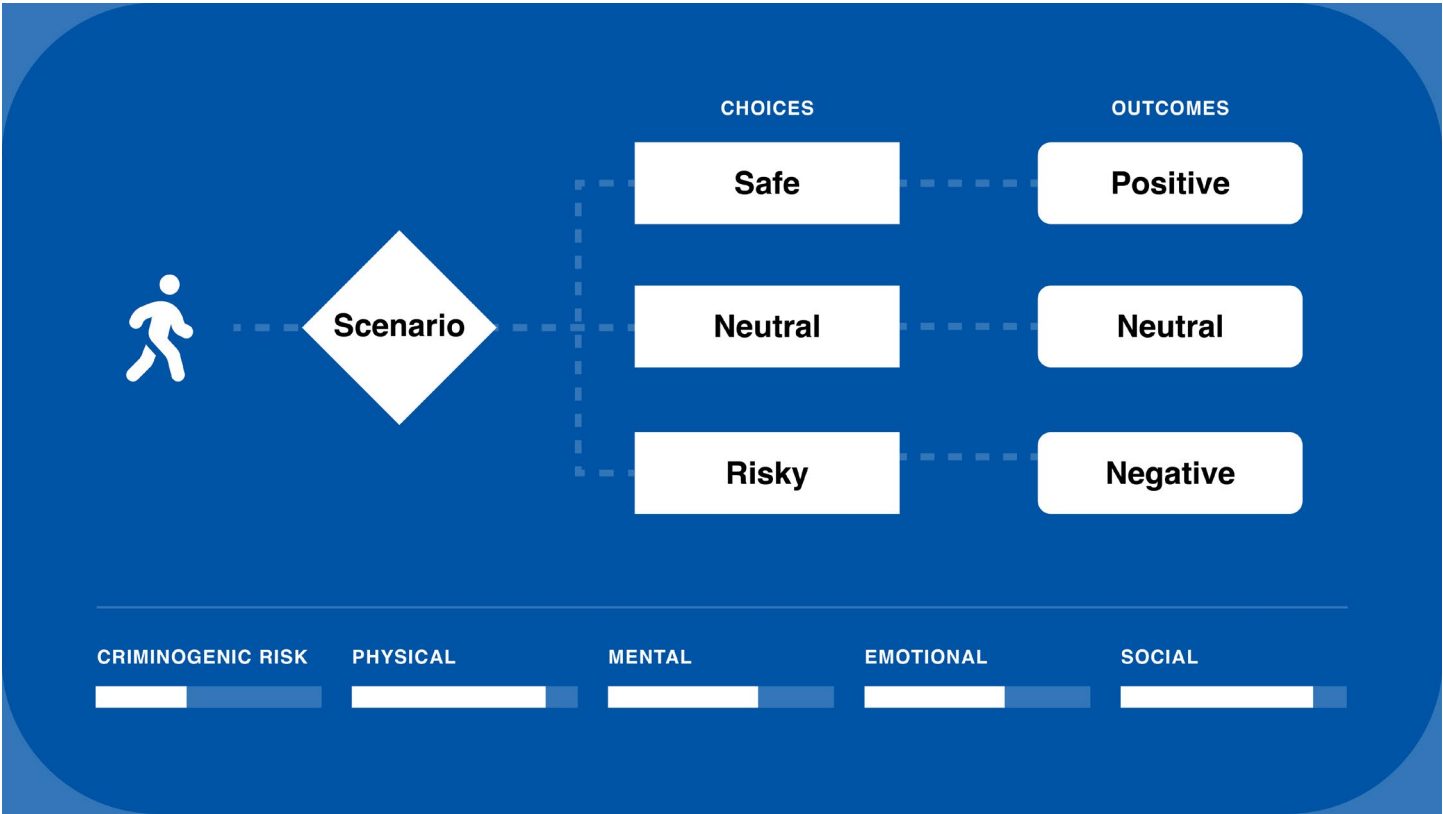
- Encountering individuals with criminal backgrounds
- Feeling overwhelmed by day-to-day responsibilities
- Facing the choice to resume an unhealthy, violent personal relationship

Over the course of two simulated game “weeks” the player is provided with choices in response to each scenario that are considered “safe,” “neutral,” or “risky.” The outcomes associated with each choice produce positive, neutral, or negative outcomes, which then alter the player’s in-game “functional statistics”:

- Criminogenic risk
- Physical status
- Mental status
- Emotional status
- Financial status
- Social status

Players receive feedback about the outcome probability associated with each option and are encouraged to make safer choices that lower their criminogenic risk and increase their other statistics. If too many of their choices lead to negative outcomes and the criminogenic risk statistic hits a higher threshold, the player’s game ends with the player’s character automatically reoffending.

This game is categorized as a “serious” video game, which indicates that it was developed for clinical purposes. Its potential use aligns with recent initiatives to address challenges in rehabilitation services using technology solutions, often referred to as “eHealth” options. These technology-assisted services allow for standardization, flexibility, portability, and reduced demands on providers within the corrections space. Several studies have shown that incorporating technology into corrections practices and interventions can



reinforce positive decision making, and that justice-involved individuals respond favorably to their inclusion in their programs. This study focused on metrics of immersiveness and engagement for *Project Choices*, and the researchers further hypothesized that gameplay might lead to lowered risk of criminogenic thoughts and behavior.

Methodology

Participants

A pool of 43 participants was chosen from a mid-sized residential correctional institution (population approximately 150) in the southwestern region of the United States between June 2021 to January 2022. Any potential participants who were two months or less away from release were excluded. All chosen participants shared the following characteristics:

- Adult male
- Considered moderate to high risk
- Diagnosed with a substance use disorder
- Currently on probation
- Had community supervision revoked for noncompliance
- Enrolled in a cognitive behavioral program focused on substance use and criminogenic thinking, with an average participation of nine months

The average age of the 43 participants was 30 years old, with 59% identifying as White, 23% identifying as Black, and 42% reporting Hispanic ethnicity. They had served an average of five years and eight months under probation and had undergone treatment for an average of nine weeks.

Research Structure

The study took place over a course of six weeks, and split the participants into two groups. Each group received a baseline assessment using the following battery of surveys:

- Capacity Assessment Record for Research Informed Consent (CAR)
- Modified Game Engagement Questionnaire (mGEQ)
- Temple Presence Inventory (TPI)
- Psychological Inventory of Criminal Thinking Styles-Short Form (PICTS-SF)
- Perceived Risk Inventory (PRI)
- Social Problem-Solving Inventory-Revised: Short Form (SPSI-R:S)

All surveys except for the CAR were self-report assessments, designed to collect information about the participants’ levels of immersion in technology, engagement during gameplay, criminogenic thinking, self-perceived risk of offending, social problem-solving skills, and other relevant metrics.

After this assessment, the study employed a crossover approach in which one group would spend three weeks playing *Project Choices* in 30-minute sessions, three times per week, while the other group would play the puzzle-based video game *Tetris* (chosen as a control due to its neutral content) under the same conditions. After this period concluded, all participants received the assessments again before receiving a break of 12 days, which was followed by the groups switching games for another three weeks. The participants then received the assessments one final time at the study’s conclusion.

Key Findings and Interpretations

Over the course of the study, the pool of participants experienced significant attrition, with individuals withdrawing either due to disinterest or logistical difficulties.

“The study seemed to support the hypothesis that *Project Choices* offered engagement and immersion that was comparable to a leisure video game, and that this may offer potential for the use of clinical video games in correctional interventions.”

- Within the *Project Choices*-first group, 8 of the 22 participants withdrew during the first three-week period, and 4 more withdrew during the second three-week period. Two-thirds of these withdrawals (8) were due to disinterest.
- Within the *Tetris*-first group, 3 of the 21 participants withdrew during the first three-week period, and 4 more withdrew during the second three-week period. Five of the seven withdrawals were due to disinterest.

Results for the 24 participants who completed the study showed that in terms of engagement, immersion, criminogenic thinking, and self-perceived criminogenic risk, there were not any statistically significant differences between the group that played *Project Choices* first and the group that played *Tetris* first. The researchers did observe a slight difference in social problem-solving skills for those participants who played *Project Choices* first that did not occur in the group that played *Tetris* first. The study seemed to support the hypothesis that *Project Choices* offered engagement and immersion that was comparable to a leisure video game, and that this may offer potential for the use of clinical video games in correctional interventions.

The researchers note that the lack of clear and consistent evidence of effects between the two groups could be due to a number of reasons, including:

- The study’s structure of two three-week periods per group might need to be expanded
- *Project Choices* gameplay might require supplemental feedback from a treatment provider
- Gameplay elements within *Project Choices* could increase the participant’s level of self-perceived risk

- Growing confidence in the game mechanics of *Project Choices* could decrease the participant’s level of self-perceived risk

The researchers did observe moderate to large effects for reductions in current and reactive criminal thinking – outcomes very relevant to criminogenic risk-reduction interventions—but further research is required to verify that these results are accurate.

Conclusions

As a pilot study, the researchers acknowledged that there were notable limitations, including the high rate of participant attrition, the likelihood that levels and methods of substance abuse treatment of each participant may have affected their responses, and the availability of other recreational video games within the facility. Logistical issues were also a factor, as the researchers often needed to communicate with facility staff to ensure that there was minimal interruption to gameplay sessions during day-to-day operations.

Regardless, even this limited data shows that further research into the use of “serious” video games like

Project Choices for correctional rehabilitation may offer additional insights. The researchers suggest that stronger study designs with larger sample populations will be required, and that other studies may focus on other variables, such as the amount of time the games are played, the demographic makeup of the participants, and different criminogenic risk and needs outcomes. The game itself may also have utility in assessment of justice-involved individuals, which is worthy of separate investigation as well.

Note

Co-author Cooper Mitchell was a recipient of the IACFP Student Research Award in 2024.

Source

“Reception to and Efficacy of a Serious Video Game for Correctional Intervention: Project Choices” (<https://journals.sagepub.com/doi/abs/10.1177/00938548241268043>)

IACFP International News, Research, and Resources for Jan/Feb 2025

CHERYLN TOWNSEND / FEB 2025

We've compiled top highlights from recent research, policy, and practice resources across the world for our latest IACFP International News summary. Our topics for January and February, 2025 include IACFP updates; member access to SAGE Journals; recent research, policy, and practice; and upcoming conferences.

1 International News

3rd Annual Mental Health-Substance Use Health Report Card

The Canadian Alliance on Mental Illness and Mental Health issued the 3rd Annual Mental Health-Substance Use Health Report Card in January 2025. Findings that are particularly relevant for correctional psychology are the following:

- “There is no health without mental health and substance use health. The results leave no room for complacency and Canadians have made their priorities clear:
- Governments must increase public investments to improve timely access to effective mental health and substance use health services.
 - Hiring more mental health and substance use health providers is essential to address shortages and ensure Canadians get the help they need when they need it.
 - Parity between mental health, substance use health and physical health services must be enshrined in federal legislation with targeted funding.”

BC Corrections and Indigenous Justice

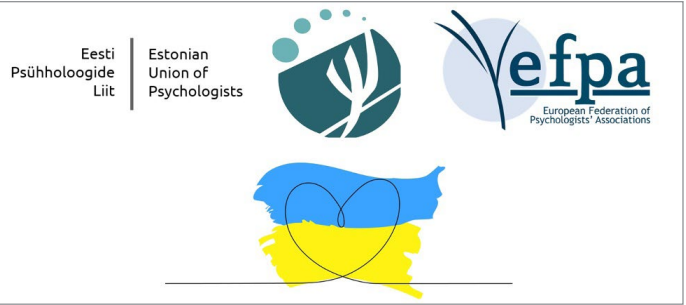
As noted on their website, “BC (British Columbia) Corrections is committed to addressing the over-representation of Indigenous people in the justice system, transforming our organization and healing broken relationships. Indigenous people are nearly 6% of B.C.’s adult population, yet they are 36% of the individuals in our care in custody and 28% in the community.”

This organization works with Indigenous justice partners to create programs and policies that meet the needs of Indigenous individuals to support them to change their behaviour and help reduce the number of Indigenous people in the correctional system. Indigenous justice partners are trained to deliver two of BC Corrections’ core programs – Respectful Relationships and Substance Abuse Management – to support program delivery in a culturally relevant and safe manner.

The Indigenous Justice effort includes

- Improved understanding
- Indigenous Justice Program
- Indigenous Cultural Liaison in ten correctional centres
- Indigenous Justice Programs and Services

For more information on this targeted effort to address over-representation of indigenous people in the justice system, go to www2.gov.bc.ca. The continuum of services and the development of healing plans is noteworthy.



Joint Webinar: “Mental Health During the War in Ukraine: Challenges and Initiatives”

With speakers from the Ukrainian and Estonian National Psychological Associations, mental health experts from neighbouring countries, and representatives of EU-funded initiatives, the webinar highlighted both Ukrainian efforts and the collaborative support from other European nations in addressing the psychological toll of the conflict.

By exploring the significant role of psychology in crisis situations, attendees gained insights into current practices and cross-border collaborations that foster mental health protection, encouraging knowledge exchange and partnerships that has applicability to correctional psychology.

The event, organised in two sessions (on 8 and 19 November), was a joint effort by the [Estonian Union of Psychologists](#), the [Ukrainian National Psychological Association](#), and the [European Federation of Psychologists’ Associations \(EFPA\)](#), as part of the European Semester of Psychology in Estonia. For more information, access this [link](#).

It aimed to raise awareness among mental health professionals, policymakers, and the wider public about ongoing initiatives to safeguard mental well-being in Ukraine and beyond.

Recordings and presentations of the sessions are available here:

- [Session 1](#)
- [Session 2](#)

2 Upcoming Conferences



NCCHC’s Spring Conference on Correctional Health Care, April 5-8

Schedule of Events:

- Saturday, April 5 – Preconference seminars
- Sunday, April 6 – Preconference seminars, CCHP exams, Exhibit Hall opening reception
- Monday – Tuesday, April 7-8 – Conference Sessions, Exhibit Hall

For more information visit www.ncchc.org.



The Fourth International Correctional Research Symposium 2025, May 13-15

IACFP is sponsoring this Symposium,

being held by the International Corrections and Prisons Association (ICPA) and the European Organisation for Prison and Correctional Services (Europris) and hosted by the Northern Ireland Prison Service (NIPS). This year’s theme will be “From Individual to Ecosystem: Sharing Research that Matters for Corrections.”

ICPA and EuroPris share the belief that quality research can help direct both the design and delivery of correctional services. The tradition of our Correctional Research Symposia (CRSs) is an expression of that belief and an opportunity for researchers and practitioners to come together and discuss the challenges of getting from research to practice. Our fourth CRS will highlight a related belief; the fact that our rehabilitative efforts with justice-involved Individuals are not enough. We need to also engage with, be able to rely on, and steadily work to expand, support from the broader Ecosystem.

The Programme

The Symposium will be held at the ICC Belfast International Convention & Exhibition Centre. Symposium events are open to all attendees. In addition to the two-day Symposium, there will be a set of post-Symposium tours of prison and community facilities on the 16 May 2025.

- Tuesday 13 May: Registration and Welcome Reception
- Wednesday 14 May: Plenaries and Workshops
- Thursday 15 May: Plenaries and Workshops
- Friday 16 May: Facility Visits (Optional)

Accommodation

The CRS conference will be held at the Hilton Belfast, address 4 Lanyon Pl, Belfast BT1 3LP. May is a busy time in Belfast, so we strongly encourage participants to book their accommodation as soon as possible. We have secured discounted room prices at three hotels, including the Hilton Belfast, Clayton Hotel Belfast, Travelodge Belfast Central.



2025 IAFHMS Conference, June 24-26

The 2025 IAFHMS in-person conference will be held at Trinity College, Dublin, Ireland from June 24 to 26, 2025, with post-conference workshops held on June 27, 2025. Conference registration includes catered lunch on June 25 and June 26, daily coffee breaks, as well as a welcome reception on the first evening.

For more information go to <https://iafmhs.wildapricot.org/2025-registration>.



Correctional Mental Health Care Conference, July 20 @ 8:00 am – July 21 @ 5:00 pm

Two days of updates and best practices for correctional mental health care issues: juvenile, substance abuse, suicide prevention, trauma, self-care, and more. Plus the opportunity to take the CCHP and specialty exams on-site. Join us in San Francisco for a focused event for mental health leaders, clinicians, and administrators.

Moving Forward: New Members of the Executive Committee of the Board and the Board

CHERYLN TOWNSEND / FEB 2025

As IACFP begins a new year, it moves forward with a new executive committee of the board and three new board members. Our president, Emma Regan, noted in her Foreword for this edition of the IACFP Bulletin that during the first meeting of the board in 2025, “we focused on the development of our new IACFP strategy. Key to this strategy will be:

1. A strong focus on Continual Professional Development (CPD) for our members.
2. Enhancing our international Mental Health Leadership Network.
3. Fulfilling the potential of our IACFP Bulletin with an emphasis on engaging practitioner and student writers.
4. A focus on IACFP modernisation, governance and organisational resilience.
5. Continuing to find ways to ‘Help the Helpers’.”



Zoom meeting with the Board

The discussion among board members was dynamic and their commitment to action(s) that serve the members of IACFP was evident. During this virtual meeting, all board members were fully engaged, whether it was midnight, 6 a.m., or 5 p.m. where they were joining the meeting from. That’s commitment!

Executive Committee of the Board

I’d like to introduce you to the executive committee of the board. They are:

President Emma Regan (Ireland)



Dr. Emma Regan is a Clinical Psychologist and Director of Care and Rehabilitation with the Irish Prison Service (IPS). She began working for the IPS in 2012, beginning as a prison psychologist, then national Head of Psychology

Services for eight years, and more recently Director with responsibility for Primary Healthcare, Psychology, and Prison Services for people in custody including Education, Work and Training, Chaplaincy, Integrated Sentence Management, Incentivised Regimes and Resettlement. Prior to this, Dr. Regan spent 10 years in the United Kingdom. There, she specialised in forensic mental health, working for the NHS and private sector in low, medium and high secure forensic psychiatric hospitals. She has also worked in community private practice.

Dr. Regan completed her initial Degree in Psychology with Organisational Science from the University of Ulster in 2001, her Masters in Forensic Psychology from the University of Kent in 2003 and her practitioner Doctorate in Clinical Psychology from the University of Surrey in 2008. She also received a Diploma in Area Studies (Business and Psychology) from Queens University, Charlotte, North Carolina in 1999/2000.

President-Elect Jessica Borg (New Zealand)



Jessica Borg is the Chief Psychologist/Director Programmes at the Department of Corrections since October 2019. As the Chief Psychologist, Jessica has strategic responsibility for the design, development, implementation and monitoring of psychological services and rehabilitation programmes and interventions. Jessica has worked for Corrections for 17 years holding both frontline and National Office roles as a Senior Clinical Psychologist. Jessica’s previous role was Manager High Intensity Psychology Programmes and prior to this the Manager Medium Intensity Programmes. These roles involved the oversight of the high intensity and medium intensity suite of programmes, training of Programme Facilitators and Psychologists, integrity monitoring of programmes, and evaluation and psychological research to continually improve programme design and psychology practice. Jessica has delivered rehabilitation programmes and interventions in her frontline roles, completed numerous reports to the New Zealand Parole Board and the Courts for several years before moving into leadership roles. Prior to joining the Department of Corrections, Jessica worked in Child and Adolescent Mental Health Services. Jessica has a special interest in the human rights field and prior to becoming a Psychologist she

completed a MA in Human Rights sponsored by the European Union. This experience and psychological practice over the years has cemented a strong desire to see effective and just outcomes for the people we work in the Correctional and Forensic settings.

Past President Melvin Hinton (United States)



Dr. Melvin Hinton is a licensed Clinical Psychologist and currently is the Chief of Mental Health Services for the Illinois Department of Corrections. Dr. Hinton has twenty-four years of clinical experience working in correctional settings including Cook County Department of Corrections, California Department of Corrections & Rehabilitation and Lake County Jail in Waukegan, Illinois. Additionally, Dr. Hinton is currently an Adjunct Professor at St. Francis University in Joliet, Illinois teaching Introduction to Forensic Psychology and Introduction to Crisis Intervention to undergraduate students. Dr. Hinton has also taught as an Adjunct Professor at Chicago State University, Western International University, and has guest lectured at the University of Michigan, Chicago School of Professional Psychology, and Olive-Harvey College in Chicago. Dr. Hinton currently serves as Immediate Past President of the International Association for Correctional and Forensic Psychology (IACFP) and has served on the executive board of The Chicago School Education System, as well as the chair of the Health and Rehabilitation section of the Illinois Psychological Association (IPA). Dr. Hinton completed his undergraduate studies at the University of Michigan and obtained his doctoral degree in Clinical Psychology from the Chicago School of Professional Psychology. The most important positions held by Dr. Hinton are husband and a father to his fourteen-year-old son.

Treasurer Silvia Martinez (Argentina)



Silvia Edith Martinez is a lawyer. She earned the designation as a Specialist in Criminal Law from the Torcuato di Tella University and received a Masters in Criminal Law from Torcuato di Tella University. Ms. Martinez is an Inter-American Public Defender who has appeared before the Inter-American Court of Human Rights. Currently, she is serving on the Inter- American Human Rights Commission designated for the period 2013/2016 and 2016/2019. She has been a Public Defender in Criminal Issues in the Argentine Republic from April 27, 1993 to the present. Ms. Martinez also serves as an Associate Professor of Criminal Law at the School of Law of the Buenos Aires University. She has held this position since 1995. Silvia is considered a Regional Expert of the EuroSociAL Program of the European Union. Previously, she served as the Head of the Prisons Commission from October 2005 to September 2013. Ms. Martinez is the author of several publications on Prisons and Human Rights.

Secretary Joel Dvoskin (United States)



Joel A. Dvoskin, Ph.D., ABFP is a clinical and forensic psychologist, licensed in Arizona and certified in Forensic Psychology by the American Board of Professional Psychology. He is the former Acting Commissioner of Mental Health for the State of NY, where he directly supervised 31 adult, children’s, and forensic psychiatric hospitals. Prior to that, he served for more than a decade as Associate Commissioner and Director for Forensic Services for the NY State Office of Mental

Health, where he directly supervised three freestanding forensic psychiatric hospitals, three forensic units in adult (civil) psychiatric hospitals, mental health services for the NY State Department of Correctional Services, and the nation’s first statewide community forensic mental health system. During his tenure, his office created the first statewide jail and police suicide prevention projects in the US. He also served as Chair of the Governor’s Advisory Council on Behavior Health and Wellness for the State of Nevada, which expanded crisis and acute psychiatric resources for the people of Nevada. Dr. Dvoskin is a Fellow of the American Psychological Association (APA), and Former President of two APA Divisions, including the American Psychology-Law Society and Psychologists in Public Service. He served on the APA Policy Task Force on Reducing Gun Violence, the APA Blue Ribbon Commission on Ethics Processes, and (currently) on the APA Amicus Curiae Advisory Panel. He previously served on the adjunct faculty of the University of Arizona Law School, and currently teaches at the University of Arizona Medical School. In 1995, Dr. Dvoskin served on the White House Task Force on the Future of the African American Male. He has served as a Federal Court Monitor over correctional and mental health facilities and systems in Washington, New Mexico, Michigan, Colorado, and Montana, and frequently serves as an expert for the Civil Rights Division of the US Department of Justice (DOJ) and various state Protection and Advocacy Systems. He often serves as an expert witness and consultant for state mental health and criminal justice agencies. Dr. Dvoskin worked as a pro bono consultant with the New Orleans Police Department on an innovative program to prevent police misconduct called EgPIC (Ethical Policing is Courageous), and Project ABLE (Active Bystandership for Law Enforcement), which have received national acclaim. In 2022, he co-founded Heroes Active Bystandership Training. Dr. Dvoskin has served as a consultant to criminal justice and mental health agencies in more than 40 states, and the design consultant for numerous hospital, prison, and jail architectural projects.

New Board Members

As noted in Dr. Regan’s Foreword, three new individuals have begun terms as at-large board members. They are Shelley Brown, Mariana Martin, and Abigail Tucker. Their bios and quotes as they begin their terms of service are below:

Shelley Brown (Canada)



Dr. Shelley Brown is a professor of forensic psychology within the Department of Psychology, Carleton University, Ottawa, Canada. Shelley’s program of research aims to improve rehabilitative services

including assessment, custodial, and probation practices for justice impacted people with a special focus on girls and women in conflict with the law. Shelley studies complex trauma, violence, strengths, risk assessment and desistance among justice-impacted girls and women, and more recently, among under-represented genders and sexual minorities. She enjoys working with various collaborators from the Centre for Addiction and Mental Health (CAMH), Toronto Canada, Ontario Institute for Studies in Education, Toronto, Canada, Orbis Partners, Ottawa, Canada, the Ontario Ministry of the Solicitor General, the Department of Sociology, PMAS-

“I agreed to accept the nomination to the IACFP Board because after 20 years in academia, I felt it was time to step out of the classroom and engage more directly with the people and systems who are the true change makers in the field of correctional and forensic psychology. However, if I am being honest, who can say no to Dr. Frank Porporino?!”

– Dr. Shelley Brown

Arid Agriculture University, Pakistan and the Centre for Effective Public Policy, United States. Shelley has published various articles, reports, book chapters and books about criminal conduct in general, as well as works specific to justice-impacted girls and women. One of her more recent publications includes the edited book: *The Wiley Handbook on What Works with Girls and Women in Conflict with the Law: A Critical Review of Theory, Practice, and Policy* (Brown & Gelsthorpe, 2022). Shelley teaches courses in criminal behaviour, gender and crime, and supervises an active team of undergraduate and graduate students engaged in gender responsive corrections-based research. Shelley is committed to advancing gender responsive evidence-based practices.

“As a board member, I hope to bring a critical gender lens to conversations about forensic and correctional psychology. For the last 20 years, my research has focused on the needs of justice impacted girls and women. As such, I aim to advocate for gender responsive evidence-based policies and programs. I also see my IACFP membership as an opportunity to bridge research and practice, ensuring that gender-responsive rehabilitative programs are informed by the latest evidence and truly serve those who need them most.”

Mariana Martin (Namibia)



Mariana Martin brings over 14 years of experience in corrections, having served in both operational and managerial capacities. She currently leads the Rehabilitation and Reintegration sub-department of the Namibian Correctional Service, where she oversees the strategic planning, implementation and

monitoring of key services, including Case Management, Psychosocial Programmes, Education and Vocational Training, Mental Health and Special Needs Offender services, Community Supervision, and Community Service Orders. Her role also encompasses the provision of training related to these services.

“As the Head of Rehabilitation and Reintegration in Namibia, I understand the vital role that evidence-based correctional psychology plays in improving rehabilitation and reintegration outcomes. When I was nominated to serve on the International Association for Correctional and Forensic Psychology (IACFP) Board, I saw it as an opportunity to partake in global discussions that shape good practices in this field.

Furthermore, correctional services across Africa face numerous challenges, including offender mental health issues, resource constraints, and the need for more tailored rehabilitation programmes. I viewed this role as a chance to bring to light the unique challenges facing the African region, with the hope that strategies to address them come to light through the engagements and collaborations with experts in the field.

By serving on the board, I also contribute to regional representation, ensuring that African correctional systems have a voice in international discussions, and that policies, research and practices promoted by the IACFP are inclusive, adaptable, and relevant to diverse correctional contexts.”

With an academic foundation in Clinical Psychology (M.A. Clinical Psychology), Ms. Martin has served as a part-time lecturer at the University of Namibia, teaching psychometric testing. She has also been a visiting expert at the United Nations Asia and Far East Institute for the

Prevention of Crime and the Treatment of Offenders in Tokyo, Japan, where she delivered sessions on systematic measures to support perpetrators of violence against women and children in Namibia, as well as the individualized treatment of perpetrators of gender-based violence.

Ms. Martin contributed to the development of the United Nations Office on Drugs and Crime (UNODC) Handbook on the Classification of Prisoners (2020). Additionally, she currently serves as a member of the Programme Committee of the International Corrections and Prisons Association (ICPA), further demonstrating her commitment to advancing correctional practices globally.

“As an IACFP board member, I aim to meaningfully support the association’s transformational goals and promote initiatives that enhance the work of practitioners in African correctional systems. Additionally, I hope to bridge connections between these professionals and their global counterparts, fostering shared learning and innovative solutions.”

– Mariana Martin

Abigail Tucker (United States)



Abigail S. Tucker, Psy.D., ABPP, is a licensed psychologist in Denver, Colorado, board-certified in Police and Public Safety with the American Board of Professional Psychology. She works directly with

correctional staff, emergency responders, veterans, victims of crime, and behavioral health providers. Dr. Tucker is an adjunct faculty member at Colorado State University Global and Nova Southeastern University, focusing on Emergency Responder and Military

“I accepted the nomination to serve on the board because I believe psychology has a vital role in corrections — not just in supporting justice-involved individuals but also in equipping professionals working in correctional settings and strengthening communities. Serving on this board is an opportunity to contribute to meaningful change.”

– Dr. Abigail Tucker

Psychology. Dr. Tucker is a national training instructor for the Active Bystandership for Law Enforcement (ABLE) Project and co-founder of Heroes Active Bystandership Training. She holds a B.A. in psychology from Loyola College, Maryland, and an M.S. and Psy.D. in Clinical

Psychology from Nova Southeastern University. Her diverse experience includes post-doctoral training in forensics at Eastern Shores Psychological Services and roles as Chief Clinical Officer at Community Reach Center in Westminster, Colorado, Chief Strategy Officer at Polara Health in Prescott, Arizona, and as a Psychologist at KidsPeace, in Orefield, Pennsylvania.

“I hope to bring a collaborative spirit, evidence-informed insights, and a commitment to ethical, effective care. My work in active bystandership training for correctional professionals has fueled my belief that when we bridge psychology and corrections to work with and learn from each other, everyone benefits.”



International Association for Correctional and Forensic Psychology (IACFP)

Promoting evidence-based and practitioner-informed practices and research to support correctional and forensic psychologists and other helping professionals who work with justice-involved individuals since 1954.

Learn more about IACFP or become a member at www.myiacfp.org.