# IACFP Bulletin

RESEARCH
PRACTICE
POLICY

*from* The International Association for Correctional and Forensic Psychology

MAY / JUN 2024

## FEATURED ARTICLES IN THIS ISSUE

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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 which 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, and
- 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.

# Summary: Mental Health Needs, Substance Use, and Reincarceration in British Columbia

BILAL DARDAI / JUN 2024

A new study by Amanda Butler, Tonia L. Nicholls, Hasina Samji, Sheri Fabian, and M. Ruth Lavergne – first published online in *Criminal Justice and Behavior* – takes a new approach to studying the effects of mental illness and substance use disorder on incarceration and recidivism. Although several prior studies have noted the prevalence of these disorders among incarcerated individuals, researchers have been unable to draw firm conclusions about how they may act as predictors of recidivism. This study has opted to focus on the metric of time between release and reincarceration among prisoners within Canada's British Columbia (BC) province, providing a new, quantitative data point to consider.

## Background and Research Purposes

Within the Canadian correctional system, it is considered best practice to perform a routine screening of individuals being taken into custody at a correctional facility. This screening attempts to identify health needs and provide necessary remedies while an individual serves their sentence, including treatment for mental health issues and substance use disorders. However, resources are limited when it comes to providing further assistance beyond incarceration, such as programs that transition prisoners to community-based services or forensic care, and those that work to discourage reoffending. As a result, research has shown that recidivism is a high risk among justice-involved individuals after their release – and that mental health or substance use disorders can be exacerbating factors.

The researchers refer to several studies published in the last 15 years to describe the current body of evidence available related to recidivism. Points noted as relevant background include:

- Justice-involved individuals with mental illness are more likely to be reincarcerated and remain in custody for longer sentences than those who do not present with mental illness.
- Incidences of violent crime occurred at higher rates among offenders with mental illness, moreso when these offenders also had a substance use disorder.
- In comparative studies of offenders who presented with mental illness, substance use disorder, co-occurring disorders (COD), or neither, those with COD were found to be most likely to re-offend – in some cases experiencing multiple reincarcerations within a six-year period – and spend the least amount of time reintegrating within their communities before committing a crime.

The researchers also note, however, that this research predominantly relied upon health records to gather diagnostic information, which do not take into account certain variables among the population of incarcerated individuals and may also under-report the actual prevalence of illness.

> "Rates of recidivism are used worldwide as a measure of the effectiveness of criminal sanctions and offender management programs. Recidivism is common, as shown in a recent systematic review, including studies from 25 countries, which found that 2 years postconviction, the rate of rearrest is between 26% and 60% (Yukhnenko et al., 2019)."

## Methodology

The study focused on 13,109 individuals within the BC correctional system who had been released from prison between October 1, 2012, and September 30, 2014. The sample excluded individuals who were on immigration holds and those who had been transferred into federal custody. The data on each individual were gathered from two sources – the Jail Screening Assessment Tool (JSAT) and the Corrections Operations Network (CORNET) database, both administered by BC Corrections.

### Diagnostic Categories

Similar to previously published research, this study grouped individuals within four distinct categories: those who indicated mental health or substance use disorders alone, those with COD, and those who indicated neither. This information was pulled from the JSAT results of each study subject, which recorded histories of mental health needs and treatment as well as histories of abuse involving controlled substances including alcohol, marijuana, and other drugs.

### Sociodemographic, Clinical, and Criminal Justice Variables

The study considered a multitude of different distinctive variables for each subject available within the JSAT and CORNET data sets. Sociodemographic variables included:

- Sex
- Age
- Indigenous status
- Marital status
- Housing status
- Employment status
- Education
- Social or family support status

Clinical variables included:

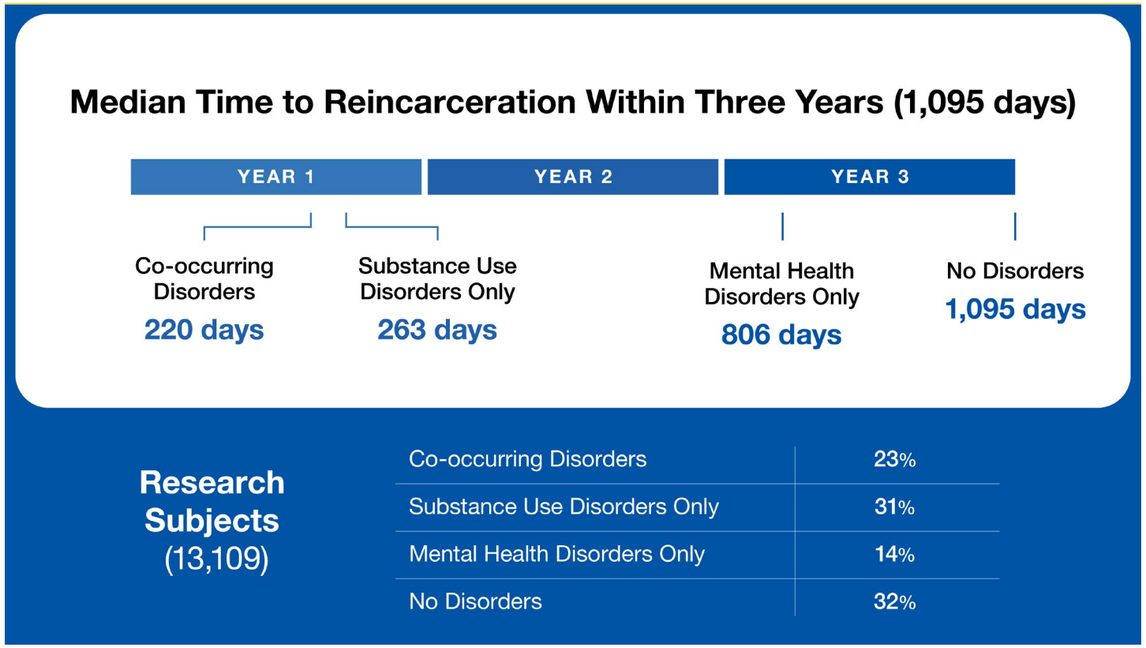
- Intellectual disability
- Past traumatic brain injury
- History of suicide attempts
- Personality disorder traits or other psychiatric symptoms such as depression, hallucinations, or psychosis

Criminal justice variables included:

- Incarceration within the prior year
- Sentenced or remanded custody status
- Length of incarceration (more or less than 30 days)

These variables in particular had been identified through prior research as predictors of recidivism.

The researchers examined a period for each individual lasting up to three years after their release from incarceration. They used CORNET data to determine if an individual had experienced reincarceration for a new offense or breach of probation within that time, had not been reincarcerated, or had passed away before the end of the period. While reincarceration statistics alone would not capture minor offenses as evidence of recidivism, the data was still considered relevant for the study's purposes due to the likelihood that mental illness or substance use could be aggravated by the inherent




characteristics of imprisonment (such as separation from family or exposure to violence).

## Findings and Interpretations

Within the research cohort the study made note of several distinct associations between variables, including the following:

- Nearly half of the subjects with COD or substance use disorders only had completed a high school education.
- Over half of the subjects with COD (60%) were receiving some form of government assistance.
- Approximately 78% of subjects with COD reported being unemployed at the time of their incarceration.

With regards to the key purposes of the study, the research observed that approximately 61% of the cohort had experienced reincarceration within a period of three years (1,095 days). The study found that those with COD had the shortest median time to reincarceration, at 220 days, while those with substance use disorders only experienced a median time of 263 days. These numbers sharply contrasted with the median time for subjects with mental health disorders only (806 days) and those with no disorders, whose probability of recidivism remained above 50% at the three-year mark. The researchers also found that there were a few variables that tended to indicate a lower chance of recidivism, such as having a university education, being over the age of 45, and being female.

> “In terms of clinical complexity, people with COD were the most likely to have an intellectual disability or a head injury, past suicide attempts, and/or psychiatric symptoms. Among those with COD, 46% had an intellectual disability or head injury, compared with 23% of those with no disorder.”

## Conclusions

Following the findings of prior studies, the initial hypothesis of this study had assumed that justice-involved individuals with substance use disorders or COD would be most likely to experience reincarceration sooner than those with no disorders or mental disorders only. This hypothesis was ultimately affirmed, and given greater nuance by the complexity of the data gathered from the JSAT and CORNET systems.

The researchers also elaborate on several implications of these findings, supported by past studies, including:

- Treatment and services to support people during incarceration and after their release from custody are vital to reducing recidivism.
- Poor social support, financial insecurity, and unstable housing prospects increase the likelihood that recently released prisoners will reoffend.
- Drug criminalization as public policy has a capacity to create many of the conditions that lead to recidivism, such as increased barriers to employment.

The demonstrated connection between substance use disorders and COD in particular to a likelihood of recidivism leads the researchers to conclude that there must be greater collaboration between correctional, health, and social services to confront these issues.

*Source*

Mental Health Needs, Substance Use, and Reincarceration: Population-Level Findings From a Released Prison Cohort (Amanda Butler, Tonia L. Nicholls, Hasina Samji, Sheri Fabian, and M. Ruth Lavergne)

# Summary: Prevalence of Mental Health and Comorbid Disorders in Scandinavian Prisons

BILAL DARDAI / JUN 2024

First published in *BMC Psychiatry* in February of this year, a study by Anne Bukten, Suvi Virtanen, Morten Hesse, Zheng Chang, Timo Lehmann Kvamme, Birgitte Thylstrup, Torill Tverborgvik, Ingeborg Skjærvø & Marianne R. Stavseth examines the decade of 2010-19 among the prison populations in three Scandinavian nations (Norway, Sweden, and Denmark) to examine the pervasiveness of various mental health disorders – including substance use disorders (SUD) – within those incarcerated. The research observed a rising rate of such disorders even within an overall decrease in the number of prisoners, raising questions about what programs or systems may need to be implemented to answer this issue.

## Background and Research Purposes

Recent studies have indicated that the global prison population has grown to over 11 million people, and that within this population there are significant rates of mental health disorders, often comorbid with substance use disorders. Several other studies of this circumstance have shown that these disorders can correlate to tragic outcomes after incarcerated individuals are released, including instances of suicide, substance overdose, or reoffending. Correctional systems within Scandinavian countries tend to have offenders with mental health disorders transferred to forensic care rather than prison. The lower rate of imprisonment, however, has not meant that there are lower rates of mortality within prisons or after release, which speaks to the likelihood that there remain high rates of mental health disorders among those incarcerated even within Scandinavian countries.

The researchers noted that prior prevalence-focused studies involved examination of only one disorder, while studies that considered comorbidity tended to focus on very specific combinations of conditions – such as depression and SUD – rather than a more general review. They also noted that prior studies of mental health disorders within the prisoner population used subject interviews, including retrospective study formats or self-reporting. The limitations of these methods included the potential for recall bias, colored by the psychological stresses of incarceration, as well as the difficulties of having non-medical professionals provide their own diagnoses. For these reasons, the researchers opted to use data from administrative registers, which contain detailed information on each prisoner including the duration of their incarceration. Through this data, the researchers identified three key goals:

1. Estimate the prevalence of mental health disorders in the prisoner populations.
2. Estimate the annual proportion of comorbid mental health disorders with SUD at the start of incarceration.
3. Investigate changes in the prevalence of these disorders over time between 2010–2019.



> "Comorbidity of mental health and SUDs is associated with a poorer treatment response, poorer adherence to medication, and a substantially higher risk of reoffending, when compared to those without comorbidities. Comorbidity poses great challenges to treatment planning, and thus it is critical that the criminal justice system has an accurate picture of the clinical health complexities of people imprisoned."

## Methodology

The study cohort across the three countries involved 119,507 prisoners who were over the age of 19 during the study period of 2010–2019, including those who had been incarcerated in high-security units and low-security units and those who were in pre-trial remand. Individuals serving their sentences outside of correctional facilities (eg, home detention) were excluded. Research was limited by the available register data during the study period, resulting in a cohort as follows:

- Norway – 50,861 prisoners, 2010–2019
- Denmark – 45,532 prisoners, 2010–2018
- Sweden – 23,114 prisoners, 2010–2013

The median age of the entire cohort during their first sentence ranged between 32-36, and women represented a profound minority of those imprisoned – approximately 7% within Denmark and Sweden, and nearly 11% in Norway. Within the cohort, the majority had only been incarcerated once during the study period, ranging from 63.9% in Denmark to 71% in Norway and 78.7% in Sweden.

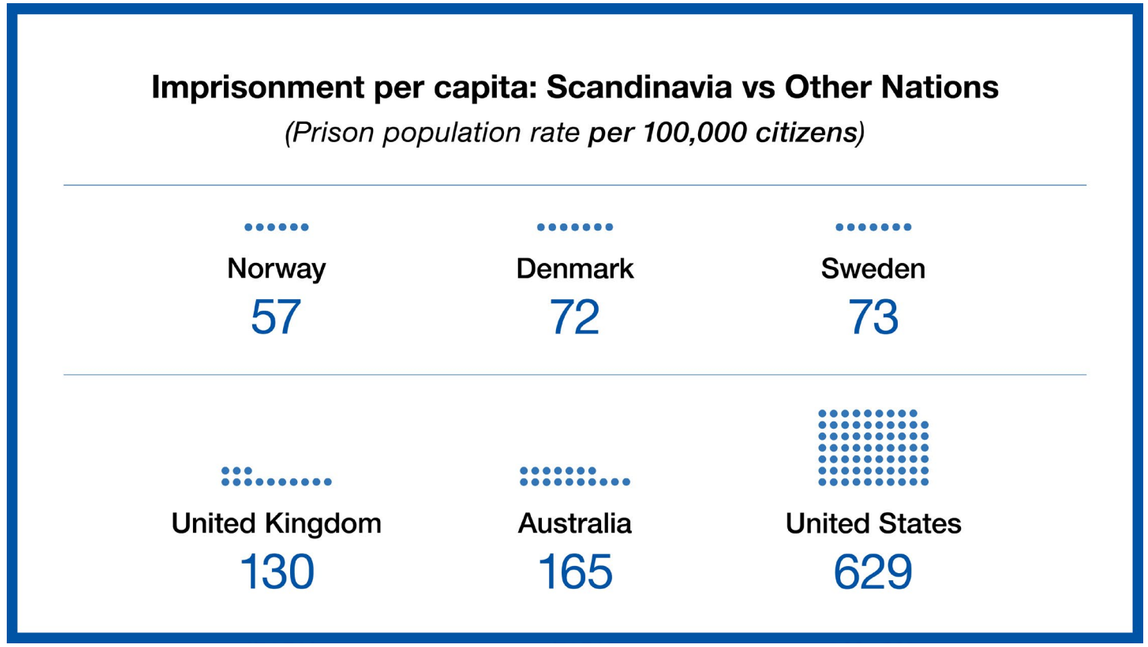
Mental health disorders being assessed by the study were categorized using the document *International Classification of Diseases and Related Health Problems, 10th Revision*, which distinguishes them as follows:

- Organic mental disorder
- Substance use disorder (SUD)
- Schizophrenia and psychotic disorder
- Affective disorder
- Neurotic, stress-related, and somatoform disorder
- Disorders associated with physiological disturbances
- Disorders of adult personality and behaviour
- Intellectual disability
- Disorders of psychological development
- Childhood onset emotional and behavioural disorder

Addiction to tobacco has been excluded from this study, as have the following types of disorders:

- Specific developmental disorders of speech and language, scholastic skills, motor function
- Mixed specific, or unspecified disorders of psychological development
- Conduct disorders
- Emotional disorders, disorders of social functioning or other behavioural/emotional disorders with onset specific to childhood and adolescence
- Tic disorders

To assess the link between mental health disorders and incarceration, the national prison registers in these three countries were viewed alongside the national patient registers, which collect hospital data for those receiving specialist health care (excluding primary care, private clinics, or treatment from NGOs and social services), and sorted by unique PIN numbers.




## Findings and Interpretations

The study made several key observations, including:

- In all three countries, the proportion of prisoners diagnosed with a mental health disorder was at least 50% – ranging from 50.8% in Sweden to 51.2% in Denmark, and 59.6% in Sweden.
- The most prevalent diagnoses were for SUD, depressive disorder, stress-related disorder, and ADHD.
- Comorbid SUD and other mental health disorders ranged from 21.7% in Sweden to 23.1% in Denmark and 29% in Norway, and were increasing over time.
- Disorders such as psychosis or schizophrenia presented at much higher rates within the study cohort than have been observed in the general population of these countries.
- Women were generally more likely to be diagnosed with a mental disorder and a comorbid SUD than men, despite comprising a significantly smaller proportion of the cohort.
- In all three countries, while the prison population went down over time, the prevalence of mental health disorders within that population increased.

Through a prospective study design, the researchers learned that one in three prisoners, through specialist healthcare, had been diagnosed with a mental health disorder prior to entering incarceration. Furthermore, the researchers hypothesize that the actual prevalence may be higher, since national patient register data requires individuals to first seek specialist health services.

Within the three Scandinavian nations, current policy remands offenders to forensic psychiatric care only when it is determined that mental illness or other conditions have rendered the accused unable to comprehend their actions at the time of the offense. The growing prevalence of mental health disorders within the study cohort indicates that these policies may need to be revisited and reconsidered, as those suffering from these disorders and SUD require psychiatric care rather than incarceration.

> "Since individuals with concurrent disorders are more likely to access mental health services compared to those with substance use disorders or mental health disorders alone, our estimates likely represent a subset of individuals suffering from relatively severe psychopathology."

## Conclusions

The results of this study underline the need to offer effective mental health treatment options within the incarcerated population in both short-term and long-term settings. Since many offenders entering incarceration may already have been diagnosed with mental health disorders, SUD, or different comorbid conditions, it is crucial that any who have been receiving treatment prior to the start of their sentence have access to these same treatments during their period of imprisonment. This will require correctional institutions to examine their resources and upgrade their services to account for the rising population of prisoners in need of care. They must also work hand-in-hand with community agencies to ensure that after an individual is released from incarceration they have a path to recovery and reintegration within society, which will reduce negative outcomes such as recidivism or relapse.

*Source*

The prevalence and comorbidity of mental health and substance use disorders in Scandinavian prisons 2010–2019: a multi-national register study (Anne Bukten, Suvi Virtanen, Morten Hesse, Zheng Chang, Timo Lehmann Kvamme, Birgitte Thylstrup, Torill Tverborgvik, Ingeborg Skjærvø & Marianne R. Stavseth)

# Examining the Roots of Violence in the Irish Prison Service

DR. ORLA GALLAGHER / JUN 2024

Dr. Orla Gallagher

*Dr. Orla Gallagher recently received her PhD from University College Dublin and she currently works as a Post-Doctoral Researcher within the Irish Prison Service, focusing on the role of experts by experience and how neurodiversity is responded to within the correctional system. In this article, she discusses the four studies that formed her doctoral thesis,* Managing Serious Violence in The Irish Prison Service: Exploring the Experiences of Prisoners and Prison Officers through the Lens of the Power Threat Meaning Framework. *Gallagher was a recipient of the 2023 IACFP Student Research Award.*

In October 2017, I entered uncharted territory as the first PhD candidate to be funded by the Irish Prison Service (IPS), and was tasked with conducting a complete programme of research exploring serious violence in Irish prisons. Over the following six years, this research developed into four distinct studies with two core foci – the Power Threat Meaning Framework (PTMF) and the Violently Disruptive Prisoner (VDP) Policy. With my PhD now complete[1], this article provides an overview of this research, and the implications it has had.

To begin, it's important to position this research within the theoretical framework that has guided it. The PTMF was published by the British Psychological Society's (BPS) Division of Clinical Psychology (DCP) in January 2018 and was lead-authored by Dr. Lucy Johnstone and Prof. Mary Boyle. The PTMF offers an alternative way of understanding the origins, experiences and expressions of emotional distress and troubled/troubling behaviour. The holistic structure of the PTMF lends itself to understanding a wide range of phenomena, including offending behaviour and violence, hence its applicability to this research. The PTMF contains four core components that can be translated into four core questions:

1. Power – what has happened to you?
2. Threat – how did it affect you?
3. Meaning – what sense did you make of it?
4. Threat response – what did you have to do to survive?

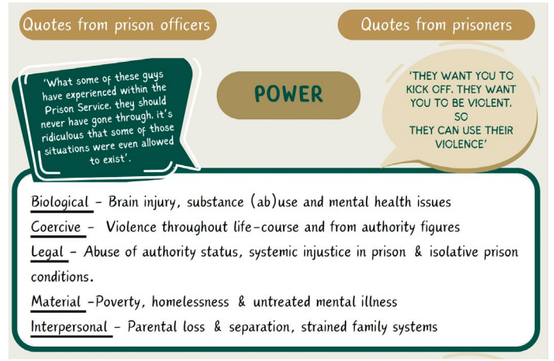
The PTMF also highlights the moderating role of various exacerbating and ameliorating factors throughout the power-threat-meaning-response process. The PTMF was published shortly after I commenced my PhD studies, and I saw this as a timely and compelling opportunity to "test" a new and novel way of understanding violence. Thus, as my research progressed, the PTMF played an increasingly integral role in it. At the same time, the volume of empirical research drawing on the PTMF also grew rapidly.

Recognising this, the first study of my PhD thesis was a scoping review of the emergent empirical PTMF literature in the five years since its initial publication[2]. I conducted this scoping review in line with the Preferred Reporting Items for Systematic Reviews and Meta-Analyses Scoping Review Extension (PRISMA-ScR) and identified 17 relevant studies. The evidence base was diverse, with studies conducted across a range of disciplines (e.g. clinical/forensic/educational psychology), settings (e.g. inpatient psychiatric wards, prisons, schools) and populations (e.g. clinicians, prisoners, education professionals). Studies featured various methodologies (including quantitative, qualitative, and mixed), and utilised the PTMF in four main ways:

1. PTMF-informed data collection
2. PTMF-informed data analysis
3. Experiences of/views on the PTMF
4. PTMF-informed psychological practices

I concluded that while this evidence base has merit and is a welcome and promising development in the first five years since the publication of the PTMF, its heterogeneity makes it difficult to synthesise and draw meaningful conclusions from. Thus, in the next five years of the PTMF's lifespan I recommended a deepening of the science, whereby a consistent and coherent approach to research utilising and/or evaluating the PTMF is necessary.

While the PTMF was the broad lens through which I came to understood violence, the VDP policy became the specific focus of my PhD research. In the IPS, a very small cohort of prisoners (< 1%) who are repeatedly engaged in serious violence and disruption are managed under the VDP policy. The original VDP policy was published by the IPS in January 2014, with the primary aim of protecting others from the risk posed by these prisoners. It was operationally driven, focusing on containment and physical security rather than intervention, progression, and relational security. A defining characteristic of the original VDP policy was the regular use of Control & Restraint (C&R) teams in almost all interactions with




Samples of Dr. Gallagher's work.

VDP policy prisoners. This practice was referred to locally as "barrier handling".

In the second study of my PhD thesis, I aimed to generate a detailed description of practice under the previous VDP policy by qualitatively exploring the experiences and perspectives of prisoners (n = 4) and prison officers (n = 13)[3]. My inductive thematic analysis (TA) of 17 semi-structured interview transcripts resulted in the development of nine themes:

1. Describing VDP policy prisoners
2. Staff characteristics and approaches
3. Describing the VDP policy regime
4. The social environment
5. The occupational environment
6. Function of the VDP policy
7. Impact of the VDP policy
8. Factors influencing violence
9. Responding to violence

Overall, participants described prisoners in mostly negative terms (e.g. manipulative, opportunistic), whilst also highlighting the influence of adverse childhood

experiences on the development of their behaviour, and the related psychological (e.g. relieving tension) and strategic (e.g. securing better treatment) functions of their violence. Two types of staff were identified – the "right" staff (e.g. fair) and the "wrong" staff (e.g. antagonistic). The VDP policy regime was also described in negative terms (e.g. restrictive, solitary, controlled), with its inappropriateness and inconsistency highlighted. In describing the social environment, participants revealed that prisoner-prisoner interaction was limited in quantity, and staff-prisoner interaction was limited in quality. Prison officers reported positive staff team dynamics, but less positive relationships with management. In describing the occupational environment, prison officers highlighted the vast responsibilities of their role, for which they received limited training. Participants emphasised the operational focus of the original VDP policy, in which repeated serious violence was the main reason for designation and protection of others was the main purpose. The original VDP policy had adverse impacts on both prisoners (e.g. psychological wellbeing) and prison officers (e.g. desensitisation to violence), with both groups developing their own coping strategies for dealing with these impacts. In line with the existing prison violence literature, participants identified factors that influenced prison violence at the individual (e.g. drugs), interactional (e.g. staff misconduct) and environmental (e.g. staff shortages) levels. Participants ended interviews discussing how they thought violence should be managed in the IPS, which included a shift from reaction to prevention, and from containment to intervention. Overall, participants thought that the original VDP policy was both ineffective:

> "It mirrors putting the child on the bold step for ten minutes. It'll have a short-term effect, but long-term it doesn't do anything."
>
> —PRISON OFFICER 8

And harmful:

> "You're just creating a monster."
>
> —PRISON OFFICER 2

Shortly after the implementation of the original VDP policy, and reflecting the results above, its shortcomings became evident. In 2016, the IPS formed a working group to look to the Close Supervision Centre (CSC) system in England and Wales as a possible alternative for Irish prisons. CSCs manage a cohort of prisoners similar to those under the VDP policy, but in a more psychologically informed way. This resulted in the opening of the National Violence Reduction Unit (NVRU) in November 2018 — which has become home to all VDP policy prisoners in the IPS — and a revised VDP policy. The NVRU aims to:

- reduce repeat violent offending
- improve the psychological health, wellbeing and pro-social behaviour of prisoners managed on the unit, and enhance relational outcomes for them
- develop a centre of excellence where staff demonstrate a high level of competence and expertise in dealing with prisoners with complex needs
- through this specialisation introduce a high quality of service, increased efficiencies and cost effectiveness across the prison estate.

To achieve these aims, the NVRU has taken steps to ensure that practice in the NVRU is psychologically informed at the policy (e.g. focus on intervention/progression); organisational (e.g. oversight by multi-disciplinary NVRU Committee); management (e.g. co-led by senior psychologist); environmental (e.g. enhanced provision of facilities/services/activities); staff (e.g. initial and ongoing psychological training for prison officers); and prisoner (e.g. intensive psychological assessment and intervention) levels.


Samples of Dr. Gallagher's work.

The third and fourth studies of my PhD thesis, respectively, explored the experiences of prisoners and prison officers in the NVRU during its first year. Specifically, I explored their understandings of the origins, experiences, and expressions of violence through the lens of the PTMF. In both studies, prisoners (n = 3) and prison officers (n = 13) participated in semi-structured interviews informed by the core questions of the PTMF. Using a hybrid deductive (i.e. theory-driven) and inductive (i.e. data-driven) approach to TA, I identified six themes:

1. Power
2. Threat
3. Meaning
4. Threat response
5. Function of threat response
6. Moderating factors

These themes contained a number of sub-themes and codes, many of which were noted a priori in the PTMF, and some which were novel to participants' accounts. It is impossible to do justice to the breadth and depth of these results in this article, so I encourage you to read the respective published articles for more detail. Taken together, these results illustrate clear pathways in the development of violent behaviour, from the negative operation of power through to associated threats and subjective meanings, ending in functional threat responses and moderated by exacerbating and ameliorating factors. Understanding the origins, experiences, and expressions of violence in this way is essential, if attempts to reduce it – as per the aim of the NVRU – are to be successful. Prison officers embody and develop these understandings in their interactions with prisoners, and the positive impact of this could be observed even in the first year of the NVRU. In an interview with one prisoner who had demonstrated a considerable reduction in violence since coming to the NVRU, I asked him why he thought this was. He replied:

> "It's them. I swear to God, it's the officers. They're just decent human beings. Actually seeing officers like that for me is mind-blowing. They don't want to hurt you, which is totally not what I'm used to. I'm used to they want to hurt you, so you have to hurt them."

While this quote highlights the impact that the NVRU has begun to have in the IPS, I have also observed the positive impact of my research throughout and following the completion of my PhD. I have shared my research nationally and internationally through conference presentations and journal publications, with the ultimate aim of enhancing understandings of the origins, experiences, and expressions of violence. I have proactively translated and disseminated my research findings in the IPS to various key stakeholders,

who have welcomed, valued and actively engaged with its recommendations. Most importantly – at least to me – I have placed value on the voices of often-neglected and marginalised prisoners and prison officers, who are experts in their own lived experiences, and from whom I have learned so much throughout this research project.

*Sources*


[1] https://researchrepository.ucd.ie/entities/publication/e52055c7-9b47-4f6f-b0fa-7b0fc463c4fe/details

[2] https://bpspsychub.onlinelibrary.wiley.com/doi/abs/10.1111/bjop.12702

[3] https://www.tandfonline.com/doi/abs/10.1080/1068316X.2022.2096885

[4] https://www.tandfonline.com/doi/full/10.1080/1068316X.2023.2228967

[5] https://www.tandfonline.com/doi/full/10.1080/1068316X.2024.2303485


# Considering the Trend of Innovative Technology at TIC 2024


DR. GABRIEL ONG, PRINCIPAL PSYCHOLOGIST, CNB PSYCHOLOGY UNIT – SINGAPORE;
IACFP BOARD MEMBER / JUN 2024


In the rapidly evolving landscape of corrections, technological advancements have emerged as powerful catalysts for change. As we convene at the forefront of innovative technology, the intersection of technology and corrections promises to reshape traditional paradigms, offering unprecedented opportunities for security enhancement, rehabilitation, and societal reintegration.

Dr. Gabriel Ong

I didn't write this. I merely instructed ChatGPT to craft an opening paragraph about a corrections technology conference, and it over-delivered in mere seconds.

The technology that we have at our fingertips today is certainly amazing. Different fields of human endeavour – business, education, medicine, entertainment, finance, and many more – have woven technology into ways that individual activities within those fields may be conducted differently and better. The field of corrections should be no exception, but the pace at which we adopt this technology could be accelerated now, rather than waiting for another event of "COVID-ian" proportions.

At the Technology in Corrections (TIC) Conference 2024, the sense of energy and belief in technology's new opportunities was pervasive. With the theme of 'Digital Rehabilitation', TIC 2024 was a smorgasbord of presentations and discussions on topics such as the role of technology in correctional rehabilitation, prisoner wellbeing, staff training, digital transformation journeys, and AI and business analytics in corrections.

An article on the TIC Conference 2024 cannot quite do justice to the thoughts, ideas, insights, and reflections shared at the conference. But here are four of my takeaways:

*#1 – The availability of digital rehabilitation tools is just around the corner.*

Moreso now than before, digital rehabilitation tools are being developed and will likely continue to grow as the boundaries of current technologies are pushed further and start-up costs are pushed lower. Take virtual reality (VR) as an example: At TIC 2019, there was only one exhibitor's demo on VR for offender rehabilitation. At TIC 2024, there were at least four presentations by France, Türkiye, and Singapore on how VR has been developed and used in rehabilitation for domestic violence and drug abuse. By immersing treatment participants in high-fidelity environments, clinicians used VR to elicit psychological reactions in participants, and supported them by helping them process their thoughts and experiences, as well as through de-escalation and arousal reversal techniques.

## TIC 2024 in Numbers

**Edition of TIC:** 5th

**Number of delegates:** 350+

**Number of countries represented:** 60

**Number of presentations:** 50+

**Number of parallel sessions:** 12

Dr. Ong with colleagues

If early versions of digital rehabilitation tools we see today are a lead indicator of what we may expect to see tomorrow, then we should expect to see AI-based applications, data analytics applications, and other digital tools, all of which were covered and discussed at TIC 2024.

*#2 – Don't just adopt technology for technology's sake – appreciate the whys of doing so.*

Technology adoption is exciting but may be disruptive to current processes. Tech solutions may fail when the user interface or user experience is poor. Tech systems may be costly to implement and refresh. These reasons may discourage support for technology adoption and contribute to poor outcomes. When results are discouraging, it may be useful and important to refocus attention on the benefits of technology adoption.

For the correctional agency, technology helps with resource and manpower constraints, and aids in improving the efficiency of facility management and operations.

For inmates and supervisees, technology can enhance F2F rehabilitative interventions and skills equipping, be used to engage families to support offender change, and be implemented to facilitate smoother transitions to the community.

For correctional staff, technology helps free officers from routine administrative work, so that they may be engaged in higher-value rehabilitative work and prisoner engagement. This may, in turn, translate to higher job satisfaction and sense of mission.

*#3 – Don't just introduce hardware and software. Manage the "heartware" of organisational change too.*

It may be argued that identifying and bringing in technological solutions is the easy part of digital transformation. Technology adoption may be made harder when officers need to unlearn and relearn new skills and navigate new work processes. They may have to acquire new knowledge in data systems management or cyber security, as well as take on an expanded role in inmate and supervisee engagement.

Therefore, technology adoption involves not just having a suite of technological solutions to address security, operational, and rehabilitation needs, but also to take care of the change management needed to bring people on board for new processes, operations, and systems. It also involves strengthening leadership support, creating staff buy-in and commitment, ensuring implementation fidelity, and evaluating outcomes for success.

*#4 – What is the role of the international corrections community?*

It seems that many countries are embarking on similar digital transformation journeys, albeit at different paces. As an example, there were several presentations at TIC on VR-supported interventions, and there are likely many jurisdictions that may be trying something similar, but which are at varying stages of development and implementation. The same might be said of AI-supported technologies or wearable technologies. There may be a lot of learning in silos, learning from scratch, and learning from trial-and-error.

How may the corrections community come together as a resource to help different jurisdictions set up these capabilities, share research and implementation best practices and strategies, define and shape the ethics of technology integration, and articulate guardrails against malpractice?

The learnings from the TIC 2024 conference, the hospitality of the Turkish hosts, and the connections made were but some personal takeaways. The cherry on top of the cake for me, however, was soaking in the beauty of the city of Istanbul.

If you have a thought or reflection about technology in corrections, write in to us.

# 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.

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