IACFP Bulletin

**RESEARCH
PRACTICE
POLICY**

from The International Association for Correctional and Forensic Psychology

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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.

Summary: UNODC Global Prison Population and Trends: A Focus on Rehabilitation

BILAL DARDAI / OCT 2024

Each year the United Nations Office on Drugs and Crime (UNODC) administers the *United Nations Survey of Crime Trends and Operations of Criminal Justice Systems* (UN-CTS) to gather comprehensive information on the global prison population and the processes of correctional systems across all UN member states. The UNODC's first edition of *Prison Matters*, which follows the 2021 and 2023 publications of *Data Matters* on prisons, is their report on this collected and analyzed data.

The document is the product of UNODC's Research and Trend Analysis Branch, supervised by Branch Chief Angela Me and coordinated by Chloe Carpentier, Chief of the UNODC Research and Knowledge Production Section. Analysis and drafting contributions were provided by Hussain A. Al-Naser, Mark Brown, David Rausis, and Markus Schwabe.

Background

A key statistic observed by UNODC was that global incarceration rates remain high, despite a dramatic reduction during the peak of the COVID-19 pandemic. Recognizing that a driving factor of recidivism is the prison not adequately preparing individuals to be law-abiding and self-supporting in the community, and that this return to pre-pandemic levels is cause for concern, UNODC sent out a second supplemental survey focused on learning the rehabilitation plans and practices of prisons across different jurisdictions. The results of this survey were combined with UN-CTS results and further supported by data from other sources to articulate the UNODC findings for 2024.

> "**The purposes of a sentence of imprisonment or similar measures deprivative of a person's liberty are primarily to protect society against crime and to reduce recidivism. Those purposes can be achieved only if the period of imprisonment is used to ensure, so far as possible, the reintegration of such persons into society upon release so that they can lead a law-abiding and self-supporting life.**"
>
> – Rule #4, *The United Nations Standard Minimum Rules for the Treatment of Prisoners* (the Nelson Mandela Rules)

Key Findings and Interpretations

Global Prison Population and Conditions

The UNODC found that the global prison population had risen approximately 1.6% from 2021 to the end of 2022, accounting for 11.5 million incarcerated individuals (10.8 million men and 700,000 women). This also marks a 5.5% increase overall since 2012, although the survey found that different regions saw rates of increase or decrease:

→ Northern America continues to show the highest rate of incarceration in 2022, but has also seen a decline of approximately 25% since 2012.

→ Europe's rate of incarceration also declined overall, with Eastern Europe in particular experiencing a 36% decrease.

→ In Asia, the incarceration rate slightly increased (approximately 5.6%), although the increases in western, southern, and south-eastern Asian countries were offset by a significant decrease in central Asia.

UNODC Policy Recommendations
(based on results of UN-CTS Surveys)

Reduce the use of pre-trial detention.

Reduce prison overcrowding.

Ensure gender-responsive prisons.

Reduce preventable deaths in custody.

Ensure adequate prison staffing.

Foster rehabilitation for prisoners.

UNODC also noted that individuals living in North and South America were nearly four times more likely to be in prison than those living in Africa.

One significant consequence in the rising number of the global prison population is a crisis of prison overcrowding, with the UN-CTS finding that over 60% of surveyed nations reported operating at full capacity or beyond– and that nearly 25% reported they were at over 150% capacity. This statistic raises real concerns about the quality of health and human rights for those held in those facilities, particularly in the Americas and Africa, which showed the highest rates of overcrowded facilities.

Mortality Rates and Causes

As conditions of incarceration decline, the physical and mental well-being of prisoners also shows alarming trends. The UN-CTS collected data on mortality within prison populations and calculated a global average from reliable data in 95 member nations (mortality data from Asian, African, and Oceania regions were not considered wholly reliable). Deaths were sorted into four distinct categories:

→ Natural causes

→ Accidents

→ Intentional homicide

→ Suicide

The analysis showed that the rate of death among the global prison population was approximately 3 per 1,000 individuals. Countries within the Americas reported an exponentially higher rate of intentional homicides than other regions – more than 600% higher than Europe, which showed the second highest intentional homicide rate. Of significant concern was the finding that at least one in every ten deaths reported in prison was due to suicide, a rate nearly 300% higher than the suicide rate across the general global population.

Pre-Trial Detention

The UN-CTS survey sections on pre-trial detention are designed to determine the degree to which a correctional system's processes have left individuals in detention without having received an official sentence of incarceration. Of the 11.5 million prisoners counted across all participating member nations, UNODC found that 3.5 million – over 30% of the total prison population – were placed within this pre-trial status. This proportion has remained approximately the same since 2012, with distinct regional characteristics also found in the data:

→ The highest proportion of unsentenced detainees are reported in the Africa and Oceania (Australia and New Zealand) regions, both at 36%.

→ The lowest proportion of unsentenced detainees was within Europe, at 18%.

→ The southern Asia region showed the greatest ten-year increase in this rate, jumping from 52% to 63%.

→ In some regions – Africa, Oceania, North America, and South America – the survey also reported a gender gap in this population of pre-trial detainees, observing that women were 5-8% more likely to be held without receiving a sentence.

Rehabilitation

The supplemental survey on prison rehabilitation practices provided several noteworthy findings elaborated within the UNODC report. One cause for optimism was that nearly three-fourths of the jurisdictions surveyed described having a rehabilitative framework in place already or that such a framework was within the planning stages, which would reflect that a majority of prisons worldwide have placed a priority on rehabilitation. The survey also asked administrators to rank a series of core goals for developing a positive environment for prisoner

rehabilitation, with three goals receiving a consistent "high-priority" ranking:

→ Fair and dignified prisoner treatment

→ Torture prevention mechanisms

→ Safety and security

And two goals consistently ranked "low-priority":

→ Active civil society involvement that supported prisoners with non-state partnerships

→ "Normalised" community-like prison conditions that would reflect those of the general public

The survey also included an open-ended request for goal suggestions, which provided two additional concepts related to behavioral change:

→ Individualized case management for each prisoner

→ Improved inter-agency coordination between prisons and post-release entities (ie, probation and parole agencies)

Half of the jurisdictions that reported having a rehabilitation program in place reported that prisoners had been made active stakeholders in the planning stages, indicating that there is a growing interest among policymakers and prison administrators to implement this as a best practice to facilitate better outcomes. The UNODC report does note that there are regional disparities in this trend – far fewer jurisdictions in Europe indicated an inclination to involve prisoners in developing rehabilitation frameworks, and none of the responding African nations followed this practice.

The UNODC reports, however, that prisons who have implemented or are planning a rehabilitation strategy more frequently report a focus on general prison management than on practices centering the offender

and their future reintegration in society. For example, 82% of respondents had implemented measures to counter torture and corruption through prisoner complaint management mechanisms. Practices that provide equal access to healthcare services as would be found outside of prison, increasing contact with family and close connections, and generally working to reduce institutionalizing routine were reported with far less frequency, at only 43%.

The UNODC survey did also raise questions regarding the effectiveness of efforts to advance rehabilitation programs in regions where prison staffing is inadequate. In those jurisdictions where there are fewer correctional staff in relation to the size of the prison population, safety concerns are undermining efforts to develop rehabilitative environments. The global average showed an approximate ratio of four prisoners to every staff member; however, in Asia the average was close to seven prisoners per staff member and in Europe this number was closer to two prisoners per staff member. The report points out that there is not currently any agreed-upon guidance for ideal prisoner-to-staff ratios, due in part to the wide range of prison architecture and infrastructure across different countries. However, the survey showed that only 49% of jurisdictions that responded to the UNODC survey on prison rehabilitation felt they had adequate prisoner-to-staff ratios, and that the pressure of being understaffed was reflected in their capacity to implement rehabilitation frameworks.

Conclusions

The findings from the UN-CTS and supplemental survey have led the UNODC to suggest six chief policy goals for prisons worldwide:

1. **Reduce the use of pre-trial detention:** UNODC stresses that an over-reliance on pre-trial detention has been found to contribute to prison overcrowding and subsequent deterioration of conditions within facilities, as well as socioeconomic costs for the accused and their communities. Numerous studies have also shown that reducing pre-trial detention practices improves sustainability and cost savings to the state.

2. **Reduce prison overcrowding:** In addition to being an acute human rights violation, overcrowded prisons undermine most operations and conditions within the facility, and create both emotional and physical burdens on both prisoners and staff that reduce the capacity to engage in effective rehabilitation programs.

"Overcrowding may generate conflicts, fuel violence, erode prison infrastructure and pose immense security and management challenges…the impact of overcrowding multiplies the challenges faced by prison services in preserving the integrity of prison management, ensuring the health, safety and well-being of prisoners, maintaining a rehabilitative prison regime and preserving prison security."

3. **Ensure gender-responsive prisons:** Since women represent a significant minority of the global prison population, the majority of existing systems are designed with male prisoners in mind. Criminal justice policies often fail to consider measures that take into account the trends of offense and relatively lower security risks of female prisoners, and also disproportionately affects children of these prisoners, who are more likely to end up in the foster care system. This lack of recognition also affects opportunities for rehabilitation, which may not reflect the needs of female prisoners.

4. **Reduce preventable deaths in custody:** Lack of proper risk and needs assessments at the time of incarceration, as well as an inadequate standard of safety within many prisons, are leading to a preventable rise in suicides across the global prison population. Enhanced procedures, such as access to qualified healthcare professionals and efforts to reduce security risks among prisoners – which will include the reduction of overcrowding issues – are vital to tackling this trend.

5. **Ensure adequate prison staffing:** In regions where prison staff feel overwhelmed, their capacity to effectively engage with prisoners and implement policies designed to maintain and improve conditions are severely limited. By working to answer staffing shortages, these facilities will be better equipped to execute these plans.

6. **Foster rehabilitation for prisoners:** By investing in programs that rehabilitate prisoners and provide them with opportunities for successful reintegration, correctional systems reduce recidivism, which are a major driver of the rise in the global prison population. However, in many cases the only way to create the proper environment and procedures for rehabilitation is to address issues within the prison that hinder their development.

These conclusions speak to UNODC's overall thesis in the first edition of *Prison Matters*: "The survey results… reveal widespread recognition of the importance of rehabilitation in prison."

Source

"UNODC Global Prison Population and Trends: A Focus on Rehabilitation" (https://www.unodc.org/documents/data-and-analysis/briefs/Prison_brief_2024.pdf)

Summary: Prisoners' Perceptions and Satisfaction with Telepsychiatry Services

BILAL DARDAI / OCT 2024

A recently published study within the journal *Healthcare* (Basel) examines the use of telepsychiatry services to provide mental healthcare for prisoners within the correctional system of Greece. The research was conducted by Evangelia Karachaliou, Phoebe Douzenis, Fotios Chatzinikolaou, Nikos Pantazis, Sophia Martinaki, Panagiota Bali, Konstantinos Tasios, and Athanasios Douzenis, and found several positive effects to adopting telepsychiatry for this specific patient population in comparison to more traditional methods of treatment.

Background and Research Purposes

Numerous studies in multiple settings have documented the prevalence of mental health and substance use disorders among incarcerated individuals, which often manifest at higher rates than within the general public. Effective care by qualified professionals is required to help develop more positive outcomes. The typical treatment model, however, involves in-person interaction between the patient and their healthcare provider. In prisons without mental health services available on site, the procedure may involve transporting the patient beyond the grounds of the correctional facility, which requires expenditures of time and budgetary resources. Security concerns also mandate restrictive measures – such as handcuffs or other forms of restraint – must be implemented upon prisoners receiving this care. This may, in turn, have the effect of hindering the quality of the treatment, and in worst-case scenarios may even be considered a human rights violation.

The study's purpose was to determine how prisoners described their healthcare when it was provided within an in-person setting as opposed to how they described their

> "Current protocols for inmates experiencing psychiatric problems (in the acute phase or not) provide for them to be transferred to a local hospital or an appropriate medical facility. This implies transportation over long distances, thus entailing significant costs, cumbersome procedures, increased human resources, and coordination between different administrative bodies, elements which often lead to delays."

healthcare using telepsychiatry methods. By comparing these two scenarios, the researchers could gain insight directly from those receiving treatment, and both draw conclusions and offer recommendations based on the data.

Methodology

The six-month study took place between 2020 and 2021 within the Greek correctional system, specifically at the Malandrino correctional facility (capacity 431 inmates) and the Trikala correctional facility (capacity 600 inmates). Both facilities housed only male prisoners, and had both implemented telepsychiatry service options through the Forensic Psychiatry Unit of the Second Psychiatric Clinic, National and Kapodistrian University of Athens (EKPA), Attikon Hospital. Potential participants were identified through the following criteria:

1. They had received psychiatric services within six months prior to the start of the study.

2. They had experience in receiving mental health treatment in both face-to-face and telepsychiatry settings.

Surveyed Factors in Mental Healthcare Services

Quality of interaction within facility

Confidentiality and privacy

Competency (knowledge of patient's condition)

Quality of service (waiting times, staff behavior)

Condition of treatment space (cleanliness, accessibility, spaciousness)

Quality of assessment (communication ease, relapse management)

Quality of care delivered (diagnosis and/or medication)

3. They had received at least four telepsychiatry sessions.

4. They could communicate in either Greek or English.

Of the 142 inmates at both facilities who met this criteria, the researchers gained consent from 100 prisoners to participate – 66 from Malandrino, 34 from Trikala.

Three distinct surveys were conducted to gather data for the study:

1. **Demographic Data Questionnaire:** This gathered information on age, nationality, and other identifying characteristics, including details of their incarceration.

2. **Participant Satisfaction Questionnaire (Face-to-Face):** This 30-question survey assessed the subject's satisfaction with in-person mental health care prior to receiving telepsychiatry services.

3. **Participant Satisfaction Questionnaire (Telepsychiatry):** This 38-question survey assessed the subject's satisfaction with telepsychiatry care.

The "satisfaction" questionnaires were modeled on the Greek Ministry of Health questionnaires that measured patient satisfaction with NHS hospital services, and has been used in prior research involving mental health services in Greece. They adopted a 5-point Likert scale ranging from "very bad" to "very good" and measured these satisfaction levels against such characteristics of treatment as:

→ Physical aspects (eg, cleanliness, accessibility, spaciousness) of the treatment space

→ Service aspects (eg, waiting times, staff behavior)

→ Psychiatric assessment (eg, ease of communication, relapse prevention management)

→ Psychiatric care delivered (eg, diagnosis and/or medication)

→ Knowledge and ability to provide a full briefing on the patient's condition

→ Behavior and methods of healthcare professionals within the facility

→ Confidentiality and privacy

The telepsychiatry satisfaction questionnaire also asked for responses related to technology elements

such as video and audio quality, and two open-ended questions on the participant's attitudes toward engaging telepsychiatry in the future.

Surveys were administered within each facility in a separate interview room, with each participant being provided full disclosure by the researcher. All surveys were done in a face-to-face manner to ensure that all questions were answered and understood, and without a prison officer present to invite candid responses. In addition, the researchers conducted an assessment of the amount of time prisoners spent in restraint and/or confinement and transportation while waiting for face-to-face evaluation by conducting independent interviews with the directors of each facility. To refine the measurement instruments prior to beginning the study, researchers conducted a pilot that involved ten randomly selected prisoners who had received telepsychiatry services; their results were not included in the final analysis.

Findings and Interpretations

The study produced a significant and enlightening level of data for the researchers to evaluate.

Demographics

The demographic survey determined the following about the 100 participants in the study:

→ The median age of participants was 38 years old.

→ More than half (59%) of the participants were of Greek origin, while 29% were from North Africa/Asia, and 13% from Eastern European countries.

→ Only 22 of the 100 participants had completed a high school education or higher; the majority (40%) had failed to complete grades 1–6 of primary school.

→ Approximately one-third (32%) of the participants had been imprisoned for violent offenses.

→ The median sentence within the participant pool was 15 years.

→ More than half (55%) were serving their second sentence or more.

Satisfaction Survey Comparisons

The researchers found that participant responses to the surveys conducted after receiving telepsychiatry services showed a clear positive trend in comparison to the surveys regarding conventional mental health care services that were conducted prior. Across nearly all metrics, there were statistically significant improvements – in some cases twice or three times more positive than the responses from the initial survey. Results indicated higher satisfaction with:

→ Waiting time for appointments

→ Appointments occurring at the scheduled time

→ Duration of the assessment

→ Follow-up contact

→ Transfer process within correctional facilities

→ Quality of care

→ Management of psychiatric problems

→ Management of medications

→ Behavior of mental health providers

→ Freedom to express their health concerns

→ Confidentiality

Questions related to the technology required for telepsychiatry were also positive, ranging from 72–80% answering "good" to "very good." Most notably, 92% of participants stated that they would "definitely" or "probably" make use of telepsychiatry services in the future and that they would recommend telepsychiatry to others as well.

Other Metrics

The researchers compared data across certain demographic categories as well to learn if other patterns emerged. They observed, for example, that participants from North Africa or Asia generally provided responses

indicating less satisfaction with psychiatric services than their Greek counterparts overall, although telepsychiatry was nonetheless given higher scores regardless of ethnicity. In another example, the study showed that offenders sentenced for non-violent crimes showed greater satisfaction with in-person services before receiving telepsychiatry, but that telepsychiatry services were received with especially positive responses from participants who had been sentenced for violent crimes.

The final metric measured by the researchers through interviews with both prisons' directors was a comparison of how long prisoners were required to be placed in restraints for travel to in-person services against how many hours prisoners were relieved from being restrained during telepsychiatry. Here, the difference was highly significant – prisoners traveling for health services would spend between 5–6 hours, on average, in handcuffs. Therefore, telepsychiatry for 100 patients amounted to 500–600 hours in which these prisoners did not require handcuffs.

Conclusions

The data collected within this study aligned with findings from previous, related studies – including a 2016 survey of parolees and a 2020 survey of patients with substance use disorders – that indicated a preference for telepsychiatry services. Additionally, the researchers were informed by studies regarding inmates' access to mental health services, which showed a pattern of deterioration when those services were unavailable and benefits to the introduction of a telepsychiatry option.

The quality of care was perceived to be higher among the study participants, and relapse prevention was considered to be more effective. The ability to forgo coercive restraint also provided a sense of comfort to let the prisoners express their concerns and increased satisfaction with treatment overall, which encouraged them to continue receiving care.

The researchers do note limitations to their study structure, such as the fact that people of color and ethnic minorities are typically overrepresented within correctional systems but that their participant pool skewed opposite to that trend. Regardless, they feel strongly that these findings may be of worth to policymakers, and that the evidence suggests both the reduction of coercive measures required for in-person care and the satisfaction of those receiving telepsychiatry services should prompt consideration for broader reforms and changes to procedure.

Source

Prisoners' Perceptions and Satisfaction with Telepsychiatry Services in Greece and the Effects of Its Use on the Coercion of Mental Healthcare (https://www.ncbi.nlm.nih.gov/pmc/articles/PMC11121354/)

Improving Staff Wellness: An Interview with Rosemary Ricciardelli

Rosemary Ricciardelli, Ph.D. (left), is the Research Chair in Safety, Security & Wellness for the Fisheries & Marine Institute at Memorial University of Newfoundland. She has written extensively about staff wellness in public safety organizations; specifically in corrections. This interview was conducted by IACFP Executive Director Cherie Townsend, and has been edited and condensed.

Cherie Townsend:

Currently, correctional systems are experiencing significant challenges with recruitment and retention of staff. In the past staff would work in corrections as a lifetime career. From your perspective, what has changed?

Rosemary Ricciardelli:

The prison population is changing. There's a change in who's incarcerated, and people don't do time in the same way. There was a structure to doing time that people had to learn. But the people who don't adhere to the informal and formal rules; they're unpredictable. It's not that mental health is getting worse, but that mental health problems and brain injuries are getting more pronounced and drugs are having greater effects on people. So we're seeing people engage in behaviors that are extreme. Combine that with the changing needs of the workforce, and the results include challenges with recruitment and retention.

Townsend:

We are hearing that as systems seek to decarcerate, the remaining population has multiple issues and very serious mental health conditions, because they were the hardest to decarcerate.

Ricciardelli:

Often too, the hardest to decarcerate are the people who are never going to commit another crime. It's often lifers, right? The people who have the lowest rates of recidivism are the people who can't be decarcerated because of societal perceptions.

Townsend:

This is having an impact on the prison population. The impacts on staff now are also dramatic. Have we gone beyond the point where we can recruit people to these positions?

Ricciardelli:

There's a huge change in what people want in a career, and the new generations have different needs for their fulfillment. It's a different world. I think that is impeding the ability to recruit and retain staff. In the correctional workspace, you need to protect the people incarcerated and you can't disclose a lot of information; particularly all the nuances of the work. It's really hard to attract people when you can't share the nuance.

Townsend:

What do you think people are doing well at the organizational level? People are starting to get desperate about what they're facing in terms of staffing – how do they address wellness in a way that they can see some immediate effects as well as longer-term results?

Ricciardelli:

I think that's a really difficult but important question. One of the things that I've been noticing a lot is that people are coming up with wellness strategies that are trying to hear

> "Don't create new – look at what you have, evaluate it, and make it better. It doesn't always have to require a new influx of money. You don't need 30 programs; you need effective programs."
>
> – Rosemary Ricciardelli, Ph.D.

more from the front line. One of the challenges I'm seeing is where the person in charge of the wellness strategy is trying to hear from the front line but recognizes that what they're hearing was from 20 years ago and things have changed, because the front line is not the front line from even five years ago. We need to always listen and hear the voices of the front line in order to make change.

I do think there is incremental cultural change happening where it's okay to talk about mental health, but it's often not until a person experiences adversity that they recognize and are okay with talking about the adversity. When people in leadership positions understand it's not a weakness, then the organization thrives more than when you have a nagging bias of "suck it up, let's go." So that really impacts things.

There are simple solutions like just being positive, telling people that they've done a good job. It's amazing what an impact it makes. And there are other components, like different wellness strategies that are designed to reduce stigmas, reduce barriers, and increase understanding. What I'm doing right now with one police service is something I hope others can do. This police service has a very robust expenditure for a variety of mental health programs for their staff. I'm evaluating them to see what works, what needs to be done to make it work better, and to get rid of what doesn't work or to re-envision what doesn't work. I think this is really important: Don't create new – look at what you have, evaluate it, and make it better. It doesn't always have to require a new influx of money. You don't need 30 programs; you need effective programs.

Townsend:

While staff may be honest with their therapist or healthcare provider, the challenge is still the attitudes that first-line supervisors may have either to health or wellness. There's still a stigma, both for health and mental health issues.

Ricciardelli:

And if you do a safeguard like a mandated appointment that's necessary to continue in your job, those outcomes are never confidential. I'm looking at creating a psych support service stocked with peer support. We would have trained mental health professionals doing CISM (Critical Incident Stress Management), it becomes group therapy. Ontario is doing this with peer support: They activate peer support every time there's an incident, so people are exposed to it and more likely to talk to those peers. You could activate that with someone clinical who understands what is necessary. I think the cost would be the same and the effectiveness would be increased.

Townsend:

In Canada, you have such an incredible wealth of psychological services. You have a lot of psychologists in the service or attached to the service. We're seeing in some other areas where there aren't licensed professionals to provide services.

Ricciardelli:

There's a lack of these professionals, and the only psychologists in the services right now are for the residents in the prison, not for the staff.

Corrections is never going to be amazingly funded. Society is too polarized in how they feel about the persons who are incarcerated…they're always going to push back to give them less. And there needs to be this blanket of confidentiality to protect the rights of those incarcerated, which prevents the ability for people to see where help is needed.

Townsend:

Correctional officers, psychologists and anyone working in the service have the most interaction with their colleagues, but their second-most consistent interactions are with their first-line supervisors. What can first-line supervisors do to support the wellbeing of their staff?

Ricciardelli:

It's important that front-line supervisors, correctional managers, wardens, leaders, etcetera, are able to provide the support for the persons working under them. But at the same time, we have to be conscientious of the responsibility we're giving them. People in management roles and higher fare worse mentally than people working the front lines, probably because they worked their way through the system. It's so isolating and alienating in those positions. We need to do more for their wellness too, because if you don't have a healthy leader, everything will fall apart. A starting point is to draw attention to how much we need to do to support the health and wellness of leadership, and do more to give them a collectivity so they're not just responsible for everything that happens below.

Townsend:

What impact does working the units have on people? Considering what they have to do to work through their day and manage those individuals, and then leave the prison at the end of their shift, it must be a shock as they go back and forth.

Ricciardelli:

One of the things that was really pronounced to me was moral injury. It was moral harm watching residents not avail of resources or have setbacks in their progress. I saw a woman get transferred from working in a max setting to a structured living unit, and I celebrated that. She did two great days. I came in a day later and she had self-harmed. It's like a kick in the teeth, because you want to see them continue to excel and you believe in it.

This is the thing, when we do this work and we make change, we can do positive things for everyone's wellness, but there's always going to be a relapse. And it's almost like working through anything: We just have to keep pushing the bar forward a bit more and anticipate there are going to be setbacks. Incremental change takes time. You can't give up when there's a relapse.

Townsend:

That relapse is really hard, isn't it? The cumulative effect of those relapses really seems to wear people down.

Ricciardelli:

I'm really conscious of the moral injury because it's the thing we can't contextualize. You do the best job you can and get crucified in the media and you have no voice to talk. It's hurtful. It's hard.

I use the more extreme example that if you're a police officer, a firefighter, a paramedic, any of these jobs outside of corrections, and someone takes your life, that person goes to prison and serves a sentence. If you're working a max unit and a lifer takes your life, nothing happens to them. They have what? A $500 fine and they serve a second sentence at the same time as the first one they were serving. There's no change. They go back to their cell. How is that not morally injurious to know your life is worth 500 bucks? It's complicated, right?

Townsend:

It is complicated. I think one of the challenges right now seems to be trying to offer people some supports. This whole idea that you're focusing on – looking at what they're doing and trying to build upon that as opposed to creating something new – is important.

Ricciardelli:

There are two challenges with something new. One, things take time to be palatable. You can implement something now and it's going to take five years from now to actually be in use. If you keep introducing new stuff,

no one's ever going to use it. It requires longevity and people need to build trust.

The other thing is that we need to make sure things are working the way they're meant to work. We need to evaluate things with a control group. What happens when they actually have the intervention? What happens when they don't? Let's find out what works and what doesn't work. What works, let's embrace and make better; what doesn't work, let's reinvigorate it.

We have to create things that work within the spaces for it. It's no different than when I'm doing interviews. I talk to one, two, three people; they find it beneficial. They tell three people who then tell three people. Next thing you know, I'm talking to everyone under the sun because they know they can trust me. That's the same with these programs. People have to go through them without feeling adverse impacts, find that they're better off, and then recommend it to others. That takes time.

Townsend:

Our readers fall into the categories of researchers, practitioners, and students. The students aspire to become either researchers or practitioners in the correctional and forensic mental health space. What advice would you give them in terms of their own work and their own wellbeing?

Ricciardelli:

Twofold: One, when they're doing work, evaluate and use control groups. Go with the science, follow the science, keep your opinions aside, focus on what the data shows. Because the best compliment you can get as a researcher is when your work resonates. If people don't see themselves in your work, your work is not reflective. Do reflective work that people can learn from, build off, and extend. Have a control group if you're doing any kind of evaluations so you can see what is a result of the intervention and what is just normative, changing culture of practices, etc. Secondly, self-care is really important. Do things that also keep yourself sane.

Townsend:

Is there anything else that you think it's important for people to know about in this space in terms of leadership and taking care of other people that work in this space?

Ricciardelli:

One of the key things to know is that traumatic events happen…adverse events, incidents, whatever we want to call them. What determines how things progress is the support from colleagues and management after an incident. If a person feels like they're supported through the adverse event and are made to feel whole, they will fare better than If they feel ostracized, alienated, and like they did something wrong. It is the most consistent thing I hear: If they feel that the split-second decision they had to make is now going to result in use-of-force investigations or criminal charges, and they don't feel they have the support of the people working with them and the person senior to them, it's a recipe for disaster. We need to find ways to be there for individuals if we want them to be mentally healthy.

Townsend:

It sounds like it's important to look at the way in which we support people through those investigations, but also the way in which those investigations are conducted. It's a scary process, and it has to be objective and look at facts and be done in a healthy way.

> **"… if you don't have a healthy leader, everything will fall apart."**
>
> – Rosemary Ricciardelli, Ph.D.

Ricciardelli:

Because it's a trauma response, right? We need to be there for people and not judge them for who they are in a moment of stress and tension because so many factors are impacting that reaction. Even if someone is clearly wrong, they don't need to be vilified. They know they're

wrong. Investigations make victims feel like perpetrators. That's really important to recognize. We need to do more to be there for people who are going through adverse events, because the most important thing is keep the person whole. If we keep them whole, we keep them alive.

Staff are exposed to so many things and are traumatized, and one trauma reaction is pretending not to care. In corrections, you are trained to be stoic, to be solid in emotion, to not react. That does not mean we don't feel things.

Townsend:

Many of the people that we work with are behavioral interventionists, counselors, psychologists, and they're constantly exposed to trauma. They're trained to care and to be supportive, but also to not get involved personally. But they are bombarded with the most incredible trauma.

Ricciardelli:

It's all about boundary construction. It's really hard because boundaries are social and malleable. The officers care; I saw it, they can't hide it. They wouldn't know how to crochet with a prisoner if they didn't care. You can't know that that person's child graduated university if you're not caring. I saw more compassion in a week in a woman's prison than I've seen in a week in any other space in my life. You see adversity, you see difficulties, you see challenge, you see all those other things, but those acts of compassion in such a difficult space takes so much from people and it's absolutely incredible.

Townsend:

Do supervisors see that?

Ricciardelli:

Yeah.

Townsend:

Do leaders get to see that, do you think most of the time?

Ricciardelli:

Not as much, because the environment changes. You can't shadow a 16-hour shift without people being authentic. Everyone's authentic by the end of it. I have the utmost respect for people who do shift work. I am a privileged academic, I own it, I am accountable for it. My God, I've never seen a clock move so slow in my life. It was horrific. You're exhausted, you can barely keep your eyes open. It's like five hours of struggling. You make it to the end of the shift, you get to your bed and it's like, bing, wide awake. It doesn't even make sense. And then you only get tired an hour before you're going back for your next shift. I'm like, how is this humanly possible? I was dealing with the sleep dysregulation, I was dealing with all these things and I was just like…all the compassion, all the training, all the stuff you guys do that I absolutely respect, you guys also do it on shift.

"**We need to find ways to be there for individuals if we want them to be mentally healthy.**"

– Rosemary Ricciardelli, Ph.D.

Townsend:

I think doing that kind of shift work periodically helps to put some reality into the research that you do. And I think that's part of the reason why you're able to bring forth so much compassion in the research.

Ricciardelli:

I use a very large sample and I don't report on tiny nuances. That actually aggravates me. I've done interviews with 150 parole officers and maybe three of them have a challenge working with sex offenders; I would never write a paper saying "parole officers who work with sex offenders struggle," because it describes a small subsection of a greater population. It would misrepresent. I don't think a sample size of three

warrants representation or generalizability.

So if I have a big sample, I don't report on things that fewer than 50 people said. I owe them that because I'm not going to disrespect them by pretending that's the norm. It paints people incorrectly, and then the researchers don't get access anymore. Then they're all upset that they don't get access. How are you going to get access when you misrepresent what you find? I see really good people being misinterpreted by one little, one-off negative thing.

We're scientists. Replication is key to science. If you're not reproducing consistent results and you don't want to do replications because it's boring, then you're not doing science. Evaluate it, test it, figure it out, because people's lives are on the line.

Townsend:

I think people are starting to really look at the potential impacts and consequences of the work and mental health considerations and suicide risk. I think in the past, they did not address that because they thought that one or two incidents reflected on those individuals, as opposed to the bigger issues for the whole.

Ricciardelli:

I have two arguments that I want to make. One is that prison research shouldn't just be for people who study prisons. We need people who specialize in immunization and public health and management and all these things working in the prison space, so it should be broader. And the other thing that I think is fundamentally important in working in the prison space is that if we made our work more applicable and it resonated more, more people would use it. If we got it right more often, there'd be more space. It's hard to trust someone who's saying things that don't represent the reality in which you live. So it makes you question the quality and the value of research.

We need to think things through and we need to be conscientious. We are working in a space where those who work and those who reside in these spaces are made vulnerable by their environment. It's really important we get it right.

IACFP International News, Research, and Resources for Sep/Oct 2024

CHERYLN TOWNSEND / OCT 2024

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 September and October, 2024 include IACFP updates; member access to SAGE Journals; recent research, policy, and practice; and upcoming conferences.

1 IACFP Updates

IACFP Board at ICPA Conference

IACFP board members Diane Williams, Frank Porporino, and Gabriel Ong, as well as IACFP president Melvin Hinton and executive director Cherie Townsend, attended the ICPA annual conference in Singapore this past September. In this photo, the board members are with Dr. Mark Halsey, who delivered the 2024 IACFP Distinguished Scholar Lecture to conference participants.

Dr. Halsey was introduced by Melvin Hinton. The overwhelming response to the lecture was positive, and inspired conference participants to be part of the collective journey of desistance. Dr. Halsey highlighted a quote by David Best: "The reality is that stable

and sustainable reintegration is not a personal decision or choice, but a complex process that involves the person making these changes, their families, their friends and their neighbours. This is a community process."

Dr. Halsey's concluding remarks were:

→ Prisons need at a minimum to uphold the conditions for primary desistance…otherwise all is but lost.

→ The traditional focus on secondary desistance (the "between the ears" dimension of "rehabilitation" [McNeil]), needs to be tied to substantive investment in the conditions that ignite and support tertiary desistance. This necessarily means calling **other key agencies and stakeholders** to the table.

→ There is an undeniable thread connecting the desired self (i.e., who someone wants to be or who others want them to be) and how others – including authority figures – label/treat them or permit them to be.

→ Real change requires a **motivated and well-resourced workforce**, not just a motivated prisoner cohort.

→ Desistance – and by default assisted desistance – are **collective** processes. They are very unlikely to be sparked, much less achieved, through individual "willpower" alone.

→ The Macquarie Assisted Desistance Instrument (MADI), when combined with a bespoke Assisted Desistance Action Plan (ADAP) and the subsequent redistribution of the MADI to monitor change, can provide important data on how a prison (or sections thereof) support or thwart the conditions for desistance.

→ Therefore, the MADI could be modified to assess the effectiveness of a particular reform initiative or policy change within or across correctional centres and community locations.

The IACFP representatives were actively involved in the ICPA conference, acting as moderators and facilitators, attending workshops and network meetings, and building international relationships. Conference highlights included:

→ Participation in the 20th Annual Yellow Ribbon Run, which advocates for giving former prisoners a second chance to reintegrate into society

→ Fergus McNeill's plenary on six forms of rehabilitation and reintegration

→ A look at Singapore's Correction Model

→ Presentations by individuals with lived experience within corrections systems

→ Correctional wellness and staff engagement

→ An expanded focus on community corrections and community overall

→ Presentations on desistance and promoting desistance around the world

The closing plenary was on a coaching model for corrections that is showing promising results on transforming culture.

2 Research

Risk Assessment and Indigenous Persons

"Too risky to use, or too risky not to? Lessons learned from over 30 years of research on forensic risk assessment with Indigenous persons" by Olver ME, Stockdale KC, Helmus LM, Woods P, Termeer J, and Prince J. was recently published in *Psychological Bulletin* (May 2024;150(5):487-553. doi: 10.1037/bul0000414. Epub 2024 Feb 15. PMID: 38358684.

This article is an excellent review of 91 studies featuring 22 risk tools and 15 risk/need/cultural domains, as well as 4 documents that identify culturally relevant factors. Since indigenous peoples are overrepresented in correctional systems internationally, this summary will assist readers in their selection of assessment tools and implementing practices that mitigate racism and recidivism.

Criminological Highlights

Criminological Highlights is published several times each year by the University of Toronto Criminology Department. Each issue contains conclusions for each of the eight articles included in the issue. This is then followed by summaries of each article. Since they scan approximately 120 journals to identify interesting criminological research, IACFP members may find this a welcome support for keeping up with current research.

The most recent issue of *Criminological Highlights*, Volume 21, No. 5 – August 2024, addresses the following questions:

1. How can former prisoners mitigate the negative impact of imprisonment on finding employment?

2. How do "tough on crime" judges create more crime than "soft on crime" judges?

3. How can police services address the fear that Black residents have of the police?

4. How might delinquency programs be made more effective?

5. Did COVID-19 create an increase in domestic violence?

6. Are sex offenders especially likely to repeat their offences?

7. How does pretrial detention affect the outcome of criminal cases?

8. How does pretrial detention increase the punitiveness of the criminal justice system?

Each of these articles is interesting, but the sixth article may provide the most relevant information for our readers: "What is clear from these findings – in both the US and Canada – is that 'the public image of the sex offender as a life-course persistent sexual predator does not fit the reality of 555 empirical studies on recidivism' (p. 183) examined as part of this study. The drop in reoffending does not appear to be related to the implementation of sex offender registration and notification laws in either country. Perhaps the focus on preventing sexual offending from reoccurring should be questioned. Given the relatively low rate of reoffending after a criminal conviction, a focus on preventing sexual offending from occurring in the first place may be a more productive approach to a serious problem."

3 Practice

"Crisis Management – Toolkit for Penitentiary Training Academies"

This resource developed by EPTA was recently published on the Europris website. Its purpose is to raise awareness, provide guidance, enhance preparedness, facilitate response, and support learning and improvement. The toolkit highlights the role of leaders within organizations to effectively manage and resolve crisis situations. Many of these leaders can be found working in correctional psychology. Their involvement in the implementation of the toolkit is essential.

4 Conferences

The CEP Expert Group Meeting on Mental Health in Probation and Workshop on Mental Health Importance: Supporting Treatment Processes in Probation, 26–27 November 2024

CEP Expert Group Meeting on Mental Health in Probation — 26-11-2024

CEP workshop on Mental Health Importance: supporting treatment processes in Probation — 27-11-2024

Programme: Click here to view the programme

Registration deadline: Until 11 November 2024. Click here to register.

Bursaries: CEP members who wish to attend a CEP event and are not able to (fully) fund their attendance may apply for a bursary through the following link: https://www.cep-probation.org/application-bursaries/

Venue: Centre for Legal Studies and Specialized Training, C/ de Pau Claris, 158, 08009 Barcelona

THE ACA WINTER CONFERENCE, 10–14 January 2025

The ACA Winter Conference will take place 10–14 January 2025 in Orlando, FL. More information on the conference as well as registration can be accessed here.

WOMEN IN CORRECTIONS CONFERENCE, 19–21 February 2025

The Thailand Institute for Justice and ICPA are hosting the "Women in Corrections Conference 2025" in Bangkok, Thailand on 19–21 February 2025. Information on registration, housing, etc. will be available at www.icpa.org.

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**.