

A Handbook for Correctional Psychologists: Guidance for the Prison Practitioner

By Kevin M. Correia, PhD. Springfield, IL: Charles C Thomas Publisher Ltd., 2009. 202 pages. \$54.95.

One of the unintended consequences of closing many U.S. public psychiatric hospitals is the growing need for mental health professionals, including psychiatrists, psychologists, psychiatric nurses, and social workers, to work in correctional facilities. However, trainees in the aforementioned disciplines often have been steered away from correctional mental health care because of concerns about violence and other misconceptions. In this well-organized and simple-to-read book, Kevin M. Correia demystifies some of these perceptions and offers practical narratives for professionals who are preparing to transition into correctional mental health care.

Correia uses the first chapter to offer an overview of the growth of the corrections system in the United States and the role of psychology in correctional facilities. This chapter is followed by a discussion of the correctional mental health culture, including how it differs from community-based mental health practice. In this vein, the author examines important concepts in correctional facilities, including institutional culture versus the clinical work environment, the nuances of confidentiality, and the power of secrets. Mental health professionals who have an appreciation of the salient matters that are unique to the correctional environment are better equipped to focus on their professional roles.

The roles of the correctional psychologist as a management consultant and clinician are examined in Chapter Three. The author describes the role of mental health professionals in preventing suicides and sexual assaults as conducive to inmate safety. He also reviews psychotherapy and crisis intervention services that are provided by mental health professionals. He states correctly that working with mentally ill inmates requires humane clinical interventions that should foster safety in the institution.

Failure to emphasize safety in correctional institutions can have devastating consequences. Correia describes potential outcomes of safety breaches, includ-

ing riots and emotional trauma. I particularly enjoyed reading the author's commentary on hostage negotiations, as well as the emotional sequelae of trauma, including the Stockholm syndrome, which can affect inmates and staff.

Fostering therapeutic alliances with inmates is the focus of the fourth chapter. Correia notes that it is important to establish a therapeutic contract with inmates for treatment to proceed. This contract should include limitations unique to the corrections environment, such as reporting potential safety breaches that go beyond suicide and homicide threats, including riots and other dangerous situations; reporting requirements may vary by jurisdiction. The author emphasizes the need to balance one's professional wish to trust clients with much skepticism. Unfortunately, some inmates may use a clinician's weakness to their own advantage. Also, contends Correia, although many inmates have antisocial personality disorder, they are not necessarily psychopathic; he explores the implications of this distinction.

Interactions with corrections officers are described in Chapter Seven. Although corrections officers and mental health professionals have different professional backgrounds, both groups have common interests, including maintaining safety and order in the facility. Corrections officers encourage safety by directing and monitoring the actions of inmates. Mental health professionals contribute to facility safety by using therapeutic interventions to foster mental wellness in inmates. Although many correctional officers are polite, some of them may view clinicians with disdain for a variety of reasons. Clinicians who successfully manage unfavorable attitudes from corrections and other professionals contribute to an ambience that supports effective mental health care for inmates.

Some aspects of the book are paradoxically insufficient. Chapter Five, for example, is dedicated to a discussion of malingering and deception. The author does not mention, however, that in a correctional environment, inmates may use symptom embellishment as a tool to bring needed attention to their psychological distress. Consequently, Correia's broad use of the term malingering may be clinically unproductive. When malingering is suspected, it should be confronted with an individual approach. The author's discussion of crisis intervention and suicide prevention does not devote sufficient attention

to the psychological effects that a crisis, such as a completed suicide, may have on correctional staff and mental health providers and the role of the clinician (e.g., debriefing, therapy) in this stressful situation. The discussion about the use of psychoactive medications in jails mentioned how correctional psychologists could serve as “gatekeepers” in their collaborative work with consulting psychiatrists. However, the controversy about prescription privileges for psychologists was merely summed up as being elusive. Readers would want to know more about this, and how only two states, Louisiana and New Mexico, currently allow psychologists to prescribe, and how the American Medical Association, the American Psychiatric Association, and most individual psychologists are opposed to the idea.

Overall, I believe that this book is one of the few well-written and practical handbooks in the area of correctional psychology. It will be an invaluable resource for correctional psychologists as well as for clinical social workers, activity therapists, advanced nurse practitioners, and psychiatrists who plan to work in jails and prisons.

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Women Who Perpetrate Relationship Violence: Moving Beyond Political Correctness

Edited by Frederick P. Buttell and Michelle Mohr Carney.
New York: Haworth Press, 2005. 130 pages. \$29.95.

The stated goal of *Women Who Perpetrate Relationship Violence* was to take a frank look, unfettered by political correctness, at female perpetration of intimate partner violence (IPV). The book is edited by academics in the field of social work who have vast experience in researching and providing clinical care to this population. Women who batter their partners have rarely been the subject of empirical research. Therefore, much less is known about their patterns of violence or their treatment than is known about male perpetrators. The editors explain that subsequent to mandatory arrest laws for IPV, women represented approximately one-fourth of court referrals

to battering intervention programs. This book makes an important contribution to understanding this phenomenon.

The innovative text is composed of five concise chapters that were contemporaneously published in the *Journal of Offender Rehabilitation*. One chapter is an overview of women who inflict IPV, and the remaining four round out the volume with original research. The chapters are authored by psychologists, criminologists, and social workers whose perspectives regarding IPV may offend some readers. The authors state that women who engage in violence in their intimate relationships are heterogeneous, ranging from those who are similar to classic male perpetrators to those who are self-protective.

The authors of the book's well-referenced first chapter review the literature about women as perpetrators of IPV, including the rarely explored matter of violence in lesbian relationships. Several studies are presented that support similar rates of female IPV in homosexual and heterosexual relationships. The authors assert that a man's reports of victimization in a heterosexual relationship would be likely to receive greater scrutiny than similar reports made by a woman. They also posit that men may not report victimization by women because of embarrassment. In addition, some male violence may occur in self-defense, in response to female aggression.

The book may be considered a call for expanded research in female IPV assessment and treatment. Researchers who study violent behavior by women should examine the motive, context, and severity of the behavior. IPV may evolve in several contexts, including a mutually reciprocal event in an argument, a predatory act, reaction borne of paranoia, or self-protection in the context of victimization. Bland and Orn, for example, surveyed Canadian women who had engaged in IPV.¹ The researchers found that 23 percent of their sample had hit or thrown things at their husbands and 73 percent had initiated violence. This study and related work support a recommendation for female IPV offenders to be assessed for Axis I and II mental disorders, personal victimization, communication skills, frustration tolerance, and violence risk factors.

Authors Carney and Buttell describe research that found that, in women who attended mandatory treatment for IPV, excessive dependence on one's partner was correlated with violence by the perpetrator. Also, batterer intervention programs that fo-