## **Inmate Violence, Officer Protection and CES**

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The present article is a summary of six research projects completed over the past four years which examined a new method, CES to assist offenders in controlling their impulses toward aggression and violence. Two single case studies are particularly relevant to the subject of protecting correctional officers by improving an inmate's ability to self-monitor and maintain self-control.

Inmate RR's story (Mellen and Mitchell, 2008) is a good place to begin. He was an explosive nineteen year old with an extensive history of impulsive violence who was attempting to complete a county detention center's substance abuse treatment program. The county court judge's mandate was for the offender to complete the program and go home; failure to comply and he would be remanded to state prison. Not long after entering the program RR attacked another inmate in his Pod, a housing unit. The detention center director, who liked RR pulled him from the program and had him wait two weeks to calm down before giving him a second chance.

On re-entry RR attacked a detention center officer and threatened to harm the officer's wife when he got out of jail, for which he did 40 days in "the hole." The director's patience was spent but he decided to give inmate RR one last chance. The officers thought RR would last a week at most. However, the inmate volunteered to be a subject in a research study to see if 15 sessions with CES could help him control his aggression and violence.

The results were positive and RR successfully finished the treatment program. In addition, the behavioral changes were so substantial that the director eventually appointed RR as a Pod Leader. The 16 PF (personality factors) was given to RR before and after treatment with CES. Seven of the sixteen factors showed improvements. The greatest changes were in increased warmth and sensitivity toward others, reduced personal tension and increased openness to change.

The second single case study (Mellen, Manners, & Ruckers, 2009), with inmate DH, extended the earlier findings. The inmate was a 31 year old with an 18 year drug habit who was awaiting trial for attempted capital murder of a sheriff's officer. The 16 PF was administered again and three other measures were added, an EEG to assess brain functioning, a measure of clinical symptoms (e.g. depression, hostility, anxiety, etc.) and finally a measure of frontal lobe activity. Frontal lobes are the part of the brain that allows us to control our emotions.

DH received 12 CES sessions over a twenty day period, each lasting 45 minutes. The results were just as impressive as before.

DH's brain functioning (EEG), which had been abysmal returned to near normal levels. His clinical scores which had been off the chart also returned to normal. DH's 16 PF scores showed improvements similar to RRs. And finally, frontal lobe functioning which reflected serious difficulties with emotional control, inhibition, and the capacity to shift his thinking (out of brain lock) had all returned to the normal range.

CES was also used in two additional studies of substance abusers; one group was attending court-mandated free-world group counseling (Mellen & Parmer-Shed, 2009). The other group was in a county jail substance abuse treatment program (Mellen & Talley, 2009). Those who received CES treatment always showed improvement while offenders who did not receive treatment showed no improvement.

Finally, two studies were completed using CES with Sheriff's jail security staff and patrol officers. In the first study (Mellen & Mackey, 2008), male and female officers were divided into two groups. Members of the first group received functioning CES devices. The second group thought they were receiving treatment but in fact their units were sham devices. Results showed significant global reductions, e.g. depression, hostility, anxiety, etc., for the officers who used the working CES units. Results were similar in a second study (Mellen & Mackey, 2009) where the control group was made up of college students.

The specific CES unit used in all the research studies listed above was the Alpha-Stim SCS. It is a hand held device that that delivers a micro-current of electricity through the earlobes, to help modulate brain functioning. It is cleared by the FDA for the treatment of depression, anxiety, insomnia, and pain management. It is inexpensive (compared to pharmacological treatments), effective and easy to use. Basically it encourages the offender's brain to produce more serotonin which is what Prozac and other SSRIs do. In addition it slows down those parts of the brain that get a person agitated. Use of the Alpha-Stim must be approved and supervised by a licensed member of the prison's mental health unit.

These type devices have the additional advantage of not leading to drug seeking type behaviors. Abuse of the device will only leave the offender bored or feeling nauseas. Finally, there is 25 years of existing research documentation on the Alpha-Stim and over 125 human studies on CES as a treatment.

## References

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