─────── **Research Report** ───────

Results of an Evaluation of the Intensive Treatment
Program at Burnaby Correctional
Centre for Women Offenders

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**Results of an Evaluation of the Intensive Treatment Program
at Burnaby Correctional Centre for Women Offenders**

by

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EXECUTIVE SUMMARY

This report provides results of an evaluation of the Intensive Treatment Program (ITP) for women offenders at Burnaby Correctional Centre for Women (BCCW). The ITP entails comprehensive women-centred treatment to provide inmates with the skills to assist in self-awareness and self-empowerment and to assume responsibility for their behaviour in order to begin to make healthy choices.

This evaluation integrated both quantitative and qualitative analyses in a multimethod research design. At the time of this evaluation, the ITP was exclusive to BCCW and was a relatively new program, having commenced in 1998. Results indicated that staff at BCCW were familiar with the program and its objectives. Furthermore, the program was seen as having developed its own place and function at the facility. Although the staff were familiar with the program, the evaluation revealed that more consistent updates and information sessions detailing the program's content would be beneficial.

All of the participants interviewed stated that the ITP met their goals for the program to varying degrees. More specifically, most participants indicated that the ITP was effective in helping them to feel more confident, empathetic and patient, and learning to place more importance on self-awareness and Dialectical Behaviour Therapy (DBT)[1] skills. Some participants, however, expressed concern because they felt pressured to participate in the ITP for alternative reasons. Notwithstanding that, most indicated that it was a positive experience.

Surveys with non-program staff indicated that the staff found the program to be fairly effective in achieving its goals. Most did notice a change in the atmosphere at BCCW as a result of the program, however some observed the change to be positive while others observed it to be negative. Most staff also noted structural and implementation concerns similar to those mentioned by participants.

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[1]CSC has adapted Linehan's DBT model of programming (1993) for use in a correctional setting.

Results of this evaluation suggest that improvements could be made in the area of increased awareness between non-program staff and program facilitators in the form of more structured and detailed information sessions. Specific to the ITP, it is suggested that the admission criteria be expanded to include a wider range of inmates, and the program content be broadened to cover additional relevant topics. In terms of program implementation, it is suggested that the content be lessened in intensity as to allow for participants to take part in other activities outside of the ITP. It is also recommended that a structured strategy for how to manage a variety of difficult situations within the group be developed and consistently used. Lastly, it is suggested that the instruments used to assess the progress of participants pre- and post-program be administered consistently between groups, be dynamic and relevant to program goals, and be applicable to the women offender population.

Overall, the data suggest that the ITP is effective in addressing many of the treatment needs of its participants. Most participants reported clear benefits from their participation in the program. The ITP is generally well regarded by both the participants and staff at BCCW. However, because the program is relatively new, there are implementation and procedural concerns that will need to be examined and addressed further.

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INTRODUCTION

The Intensive Treatment Program (ITP) for women offenders was established in 1998 at the Burnaby Correctional Centre for Women (BCCW), a multi-security level institution housing both provincial and federal women offenders in Burnaby, British Columbia. The program is "built on the principle of experimental learning and personal empowerment, and, at the same time addresses the women's criminality and criminal values" (Saidman & Chato-Manchuk, 2000, p. 2). The ITP takes place within a holistic and women-centred framework, as it is intended to assist women to empower themselves through validating their emotions and taking responsibility for their behaviour, while emphasizing that their actions occur within a social context (Saidman & Chato-Manchuk, 1998). The ITP is a relatively new program, as there have been four groups completed to date.

In 1993, a review of the mental health services at BCCW was conducted on a sample of 75 women offenders incarcerated there (Tien, G., Bond, L., Lamb, D., Gillstrom, B., Paris, F., & Worsfold, H., 1993). Results indicated that the population appeared to display (both previously and currently) a high degree of problematic behaviour.[2] For example, the study indicated that almost three-quarters of the sample had been diagnosed with a personality disorder, one-quarter reported being depressed, and 29% reported engaging in self-destructive behaviour such as slashing. In terms of substance abuse issues, 87% reported that substance abuse had been a problem at some point in their lives, and 67% reported a current substance abuse problem. Furthermore, nearly 70% reported to be the victims of physical abuse from a partner, while almost half of the women had reported childhood sexual abuse, and, to a slightly lesser degree, childhood physical abuse. In response to the extent of the mental health needs of the BCCW population, in May of 1998, the Correctional Service of Canada (CSC) requested that a specialized program be implemented. While the initial framework for the ITP was closely modeled after the Violent Offender Program for male federal inmates, it was amended to include components of Dialectical Behaviour Therapy (DBT) and adopted the concept of self-empowerment and a women-centred approach in helping women address their unique

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[2] It is not clear whether the women in the study from BCCW were serving provincial or federal sentences.

needs. The ITP is exclusive to the BCCW population and while it encompasses therapy practices such as DBT (which has evolved into its own correctional program approach for women), the integration of several components of women-centred therapy renders the ITP unique.

Program Information

The ITP is a twenty-week program offering comprehensive treatment for up to twelve participants who meet the criteria for admission (discussed below) and who have a history of aggression or self-destructive behaviour. The comprehensive model consists of a Pre-Group, the ITP itself, and a Follow-Up Program in the community once the women are released. To offer some essential information about the ITP, the application and admittance process, profile of participants, and the description and structure of the program are outlined below.

Application and Admittance Process

Participants are usually admitted to the ITP through referrals from the sentence management coordinator. Sentence management staff take into consideration the individual and unique needs of each woman as well as her personality characteristics, and assess whether the program would be of benefit to that individual. Women can volunteer to take the program, but must also be referred to it by staff. Occasionally, women are referred to the program at the point of sentencing by the sentencing judge. In some cases, inmates are approached by the ITP facilitators to consider participating in the program.

Potential participants tend to be serving longer sentences and are often nearing the end of their custody time, as participation in the program is designed to assist in the reintegration of these women into their communities. The program is open to both provincial and federal inmates, though preference is given to federal inmates. Although not mandatory, it is encouraged that the women entering the program have successfully completed the Cognitive Skills program. The Cognitive Skills program, acting as a "primer" for the ITP, encourages women to develop insight into their own behaviour and

find effective coping mechanisms to deal with their problems. If the women have not completed the Cognitive Skills program, it is preferred that they have been seeing a psychologist or social worker on a regular basis. In sum, it is desired that the women in the program have prior experience in expressing themselves in a clinical or group atmosphere and see a need to change their behaviours.

Program facilitators meet with all prospective participants, as well as with their sentence management coordinator, to determine the inmate's suitability, level of motivation, and other relevant factors, as well as to address any concerns the inmate might have about entering the program. If the inmate is considered appropriate for the program, she will enter the "pre-group". Figure 1 outlines the inmate involvement in the ITP. To explain, a total of 36 women participated in the four ITP programs. Twenty-four women completed the group, while 12 withdrew from the group before its completion. In total, 61 women either applied or were invited to participate in the ITP. Forty women applied to the ITP, and 21 were invited to the program through the sentence management units, program facilitators, or other staff. Figure 1 illustrates each ITP group and how many women participated as a result of applying or being invited to attend the program.

Figure 1: Inmate Involvement in the ITP (as of July, 2001)

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                        ┌─────────────┐
                        │     36      │
                        │    Women    │
                        └─────────────┘
                       ╱               ╲
          ┌─────────────────┐     ┌─────────────────┐
          │       24        │     │       12        │
          │   Completions   │     │   Withdrawals   │
          └─────────────────┘     └─────────────────┘
```

Group 1: 5
Group 2: 7
Group 3: 6
Group 4: 6

Group 1: 3
Group 2: 3
Group 3: 4
Group 4: 2

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          ┌─────────────────┐     ┌─────────────────┐
          │       40        │     │       21        │
          │  Applications   │     │   Invitations   │
          └─────────────────┘     └─────────────────┘
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Group 1: 14
Group 2: 11
Group 3: 8
Group 4: 7

Group 1: 6
Group 2: 3
Group 3: 3
Group 4: 9
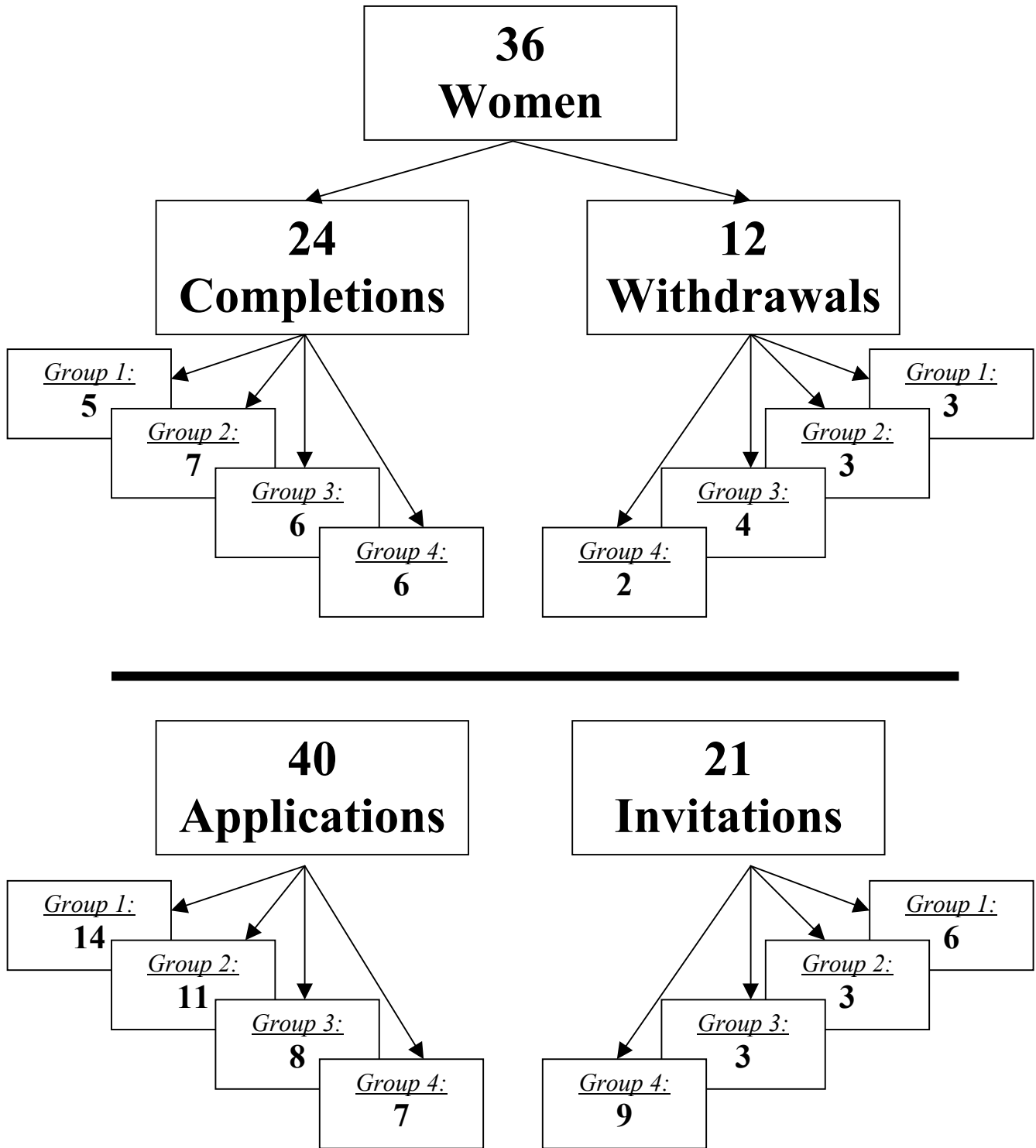
Profile of Participants

Participation in the ITP is voluntary and distinct criteria must be met before a participant is invited to join the program. The criteria for admission are as follows (Saidman & Chato-Manchuk, 1998):

1. Voluntary admission of guilt to a violent, aggressive or antisocial offence.
2. Willing and motivated to participate in a five month program.
3. Willingness to cooperate with treatment recommendations (for example, to make treatment the participant's highest priority, to take the necessary medication, etc.).
4. Have no ongoing appeals of conviction.
5. Have no upcoming release dates, parole application dates, or expiry dates which will occur during the program, or if so, the participant voluntarily waives parole hearings of statutory release dates to be considered for admission to the program.
6. Possesses the capacity to understand and participate in group-based therapy.
7. Possesses average or above average intellectual ability and capacity and is able to read and write at the grade six level or above.
8. Is not presently psychotic, abusing intoxicants, or behaviourally volatile (not likely to be assaultive or suicidal).
9. Willing to comply with assessment procedures as required.

While the program facilitators assess all applicants and select up to twelve participants for each group, numerous other women had previously applied or were invited to attend. These women had decided, for various reasons, not to participate in the program. The reasons as to why these women decided against participating in the ITP are outlined in Table 1 (there may be more than one reason for each inmate).

Table 1: Reasons why inmates refused to participate in the ITP, distribution by application and invitation

Reason given	Number of inmates who applied, were accepted, but refused	Number of inmates who were invited but did not attend or cancelled
On remand	5	3
Applying for parole	4	1
Sentence was under appeal	2	0
Escaped	1	0
Failed to meet program criteria	3	1
Did not want to change	2	0
Less intense program needed	1	0
Cognitive Skills had to be taken	4	0
Not ready for treatment	2	0
Sentence was too short	1	2
Being transferred out of BCCW	1	0
Incompatibles in program	1	0
Will take treatment upon release	2	2
Wanted to post-pone treatment	2	2
Little motivation	1	0
Self-destructive behaviour	0	1
Failed to act non-aggressively	1	0
Lacked responsibility	1	0
Unspecified reasons	10	12

As illustrated in Table 1, the most common reason why potential participants chose not to participate in the ITP is because they are on remand, are applying for parole, they do not meet the program criteria, or they have not participated in other relevant programming prior to this program. Throughout the duration of the ITP, those women who are participating may also choose to withdraw from the program at any point. As shown in Figure 1, an average of three participants chose to withdraw from each program group. Table 2 outlines the reasons participants provided for their decision to withdraw from the ITP.

Table 2: Participant reasons for withdrawing from the ITP

Reason given	Number of inmates who dropped out due to this reason (more than one per inmate may be cited)
Did not want to deal with her past	3
Health reasons	3
Incompatibles in program	2
Did not like the group setting	2
Received negative response from group	1
Reluctant to do "offence presentation"	1
Decreased motivation	1
Released at Statutory Release date	1
Terminated due to missed sessions	1
Unspecified reasons	2

The Pre-Group

The pre-group, recently introduced and commencing for the fourth group, runs mornings for three weeks. It is intended to introduce the participants to some basic skills and to develop guidelines for positive and appropriate group interaction and disclosure. Because the ITP is a lengthy and intense program, it is beneficial for the participants to experience how they interact with others before committing to the twenty week program. During the pre-group there is minimal self-disclosure and sharing of personal information. Participants are expected to take part in exercises such as journal writing and behaviour chain analyses (in which the participant begins to examine their prior behaviour). In general, the pre-group is designed to help establish a safe group environment in which therapy can effectively take place. After completion of the pre-group, each participant meets with the program facilitators to determine if she wishes to continue to the ITP.

ITP Structure and Description[3]

In previous groups, the ITP ran for nineteen weeks with a one-week study break after the tenth week. More recently, the program structure has changed. Currently the program runs in three six-week sessions, with one-week study break in between each session. There is an emphasis in the first six weeks of the program on skills training and practicing, as participants are presented with Dialectical Behaviour Therapy (DBT) skills and learn how they can use these skills to deal with their current problem areas. The initial emphasis on skills may assist the women to deal with the strong feelings that often surface as a result of their participation in the program. The second six-week session is intense, as it incorporates exercises such as the "offence presentation" and "victim empathy", as well as group therapy and more personalized therapy sessions where participants can work through their specific issues. The third six-week session focuses on integrating the skills they have learned into areas including relationships, identity, and their individual "criminal behaviour cycles". Once each week there is a mind-body awareness activity to help participants assist in the integration of their learning, which is lead by the recreational therapist at BCCW. Review groups are held once every month, and allow participants to assess their progress and to give feedback to others.

Throughout the program, participants are expected to complete their own autobiographies and journals, analyze their individual risk factors and thinking errors, identify their problem thoughts and behaviours in "behaviour chains", and realize their potential through monitoring their goals. Participants are also expected to actively participate in presentations, discussions, role plays, art exercises, and a variety of other activities that facilitate the process of learning and working together. The program's components are designed to enhance the participants' self-awareness, gain insight into their individual experiences, take responsibility for their actions, encourage self-disclosure to others whom they trust, learn assertiveness skills, and realize their potential to change their lives through self-empowerment.

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[3] For a comprehensive review of the program's description and structure, please refer to "An Evaluation Framework for the ITP for female offenders at BCCW", by Irving & Blanchette (2001).

Purpose of this Evaluation

Importantly, the ITP is recognized as an evolving program as it continues to adapt to the needs of the participants and the expectations of the program facilitators. Given that the ITP represents a new approach to dealing with women offenders, it is imperative that the specific goals and objectives of the program be examined within the context of women-centered treatment. While this evaluation does not include a thorough examination of the Follow-Up Program, elements of it that are critical to an evaluation of the ITP are noted to help develop a broader understanding of this program. An evaluation of the effectiveness of the ITP may provide insight into the opportunity and appropriateness for its use in other facilities for federally sentenced women.

This evaluation is comprised of three major parts: method, results, and conclusions. The method section describes and discusses the instruments and procedures used for this evaluation. The results section indicates findings obtained through both qualitative and quantitative data analyses. Finally, the conclusion summarizes findings, outlines some of the study's limitations, and suggests recommendations for subsequent Intensive Treatment Programs, as well as the program's assessed appropriateness for use with federally sentenced women in other facilities.

METHOD

Evaluation Framework

The evaluation of the ITP at BCCW followed the evaluation framework outlined by Irving and Blanchette (2001). This framework was developed from relevant literature, consultation with advisors from the Women Offender Sector and the Research Branch (National Headquarters, Correctional Service of Canada), and discussions with the program facilitators of the ITP at BCCW. The framework encompasses three levels of evaluation (basic, moderate, and comprehensive). The comprehensive evaluation option was selected for the current investigation as it provided the most in-depth, thorough examination of the ITP. This option explores the perspectives of all parties at the institution, including ITP facilitators, participants, other offenders, the warden, and staff that are not directly involved in the program. Everyone at the institution was encouraged to contribute personal opinions and experiences with respect to the ITP. The comprehensive evaluation option also incorporates a multi-method assessment strategy including: documentation/file review, staff and participant surveys, face-to-face interviews with staff and offenders, measures of group dynamics, self-report questionnaires, pre- and post- standardized tests, and the offenders' perceptions of their correctional program environment.

Instruments

The ITP facilitators use multiple instruments to assess the progress of participants in the program. Results from most of these measures are examined, while some measures have been excluded from the analyses. Some instruments were excluded because they were used inconsistently throughout the four ITP groups, their origins were unclear. This will be discussed further in the Evaluation Issues and Questions section, as well as the Conclusions section. The instruments that were consistently and appropriately used are outlined below.

Revised NEO Personality Inventory

The Revised NEO Personality Inventory (Costa & McCrae, 1980) provides information on the basic dimensions of personality, including: neuroticism, extraversion, openness, agreeableness, and conscientiousness. Each factor is expanded into five to six domains and is given a value from "very low" to "very high". The responses are based on 240 statements answered by the offender, using a five-point scale with ratings ranging from "strongly disagree" to "strongly agree". The NEO PI-R was administered once, as a pre-test only for the participants in the ITP, and provided a personality profile of each offender as she entered the program. This assisted in identifying any concerns and needs that she may have experienced at program commencement.

State-Trait Anger Expression Inventory

The State-Trait Anger Expression Inventory (Spielberger, C.D., G. Jacobs, S. Russell, & R.S. Crane, 1983) assesses the components of anger and abnormal personality, and provides a means of measuring both the experience and expression of anger. State anger assesses the intensity of anger as an emotional state at a particular time, and is defined as a transient condition varying in intensity. Trait anger measures one's general propensity to perceive situations as anger provoking and to respond with expressions of anger (Spielberger et al., 1983). Trait anger is composed of two sub-scales, angry temperament (Trait Anger/Temperament) and angry response (Trait Anger/Reaction). Temperament measures the expression of anger in the absence of provocation, and Reaction measures the expression of anger when provoked. This inventory also consists of two anger expression scales and two anger control scales, which assess independent anger-related traits: the expression of anger toward other persons or objects in the environment (Anger Expression/Out), suppressing angry feelings (Anger Expression/In), controlling angry feelings by preventing the expression of anger toward other persons or objects in the environment (Anger Control/Out), and controlling suppressed angry feelings by calming down or cooling off (Anger Control/In). Overall, this inventory consists of 44 statements of how individuals might describe themselves with regards to anger experience and

expression. The individual responds using a four-point scale with answers ranging from "not at all" to "very much so". The inventory was administered twice, both pre- and post-program implementation. Pre- and post- data provide an assessment of the intensity of each participant's angry feelings, and the frequency with which that anger is experienced outwardly, inwardly, or controlled outwardly or inwardly.

Buss-Durkee Hostility Inventory

The Buss-Durkee Hostility Inventory (Buss & Durkee, 1957) measures an individual's degree of hostility and verbal expressions of anger, including indirect aggression, irritability, negativism, resentment and suspicion. The respondent uses "yes" or "no" to reply to the inventory's 66 items, providing self-reported information on a variety of hostility-related behaviours. The inventory was administered twice, both pre- and post-program implementation, and the data provide a means of identifying different types of violent individuals.

'Test-Taking Attitude', in the Minnesota Multiphasic Personality Inventory Revised

While the Minnesota Multiphasic Personality Inventory Revised (MMPI-2) in its entirety was not administered to the ITP groups, the sub-scale Test-Taking Attitude was applied to all four groups (Dahlstrom, Welsh, & Dahlstrom, 1975). The Test-Taking Attitude sub-scale attempts to answer three questions, namely "Did the person pay attention and answer meaningfully?", "Were the answers straightforward or biased?", and "What were the sources of any biases in the person's approach, including the very strong and widely under-appreciated effects of socioeconomic status?". The Test-Taking Attitude scale consists of two sub-scales, Personal Reactivity and Perceived Stress, which help to evaluate the test-taker's level of comprehension and the individual's ability to pay attention, and helps to sort out random responding patterns. This sub-scale was administered both pre- and post-program participation.

Depression Proneness Inventory

The Depression Proneness inventory examines the extent to which individuals possess low self-esteem, have a negative outlook, and the presence of other variables consistent with depression (Zemore & Bretell, 1983). With thirteen items in total, respondents are asked to rate themselves using a scale of 1 to 9. The Depression Proneness inventory scores high if the respondent reports a high proneness to variables related to depression. This inventory was administered both pre- and post-program implementation.

Fear of Negative Evaluation Inventory

The Fear of Negative Evaluation inventory measures the individual's tendency to both anticipate and fear negative reactions from others that occur in social situations (Watson & Friend, 1969). High scores suggest that the individual has a greater concern for receiving negative reactions. This inventory was administered both pre- and post-program implementation. Due to the nature of this inventory, it is expected that the responses given by participants will be highly correlated with the BIDR (refer to Table 11).

Social Avoidance and Distress Inventory

The Social Avoidance and Distress inventory measures the perceived distress of individuals in social situations (Watson & Friend, 1969). Higher scores indicate more avoidance of others and distress in social environments. This inventory was administered both pre- and post-program participation.

Social Skills Survey

The Social Skills Survey is a self-confidence inventory. Individuals are asked to rate themselves on the basis of how confident and well they feel they can perform a number of social tasks (Spraikin, Gershaw & Goldstein, 1976). A low score on this survey

indicates that the respondent perceives his or her social skills as being poor. This survey was administered both pre- and post-program participation.

'Tolerance', in the California Personality Inventory

The California Personality Inventory focuses primarily on dynamic items of personality (Gough, 1957). The one scale used from the California Personality to assess inmates in the ITP is a scale for Tolerance. A low score on this scale would indicate a low level of tolerance, thus a higher post-program score indicates that the participants' general tolerance of others and of their environment has improved. This sub-scale was administered both pre- and post-program implementation.

Balanced Inventory of Desirable Responding

Some instruments are more susceptible to socially desirable responses than others. In examining the correlation between the Balanced Inventory of Desirable Responding (BIDR) and other pre and post measures, the BIDR provides an estimate of the extent of socially desirable responding that exists in the results provided by respondents, and an estimate of the transparency of the other measures. The Balanced Inventory of Desirable Responding (Paulhus, 1984) identifies the level of insight that individuals demonstrate in regard to their own behaviour, and the level of responsibility that they accept for their actions. The inventory is based on the assumption that individuals with a propensity for self-deception tend to deny having psychologically threatening thoughts and feelings. This measure is comprised of two constructs, 'impression management' and 'self-deceptive enhancement'. Impression management measures the willful desire to impress or mislead others by presenting oneself in an overly favorable light, and is "aimed at the crude form of dissimulation known as faking or lying" (Paulhus, 1998, p.9). Self-deceptive enhancement measures an innocent and overly positive representation of the self, and also represents "an unconscious favourability bias closely related to narcissism" (Paulhus, 1998, p.9). Each of the constructs contains 20 statements, a combined total of 40. For each statement, respondents rate their agreement ranging from 'strongly agree' to

'strongly disagree' using a seven-point Likert scale. High scores indicate that the individual tends to mislead or represent oneself in a favourable light, whereas low scores indicate more honest and direct responses. The inventory was administered at pre and post treatment implementation and was correlated to the other instruments used to assess the ITP both pre and post treatment.

Sociometric Test

Sociometric tests (Northway & Weld, 1957) present in-depth information regarding individual and group interactions. Specific to this evaluation, it was necessary to examine which individuals the group participants gravitate toward for social support. More specifically, participants were asked to indicate their first, second, and third choice in response to the question, "Who do you spend your free time with?". The results are presented graphically in the form of a sociogram (see results section). The sociogram illustrates the popularity of specific individuals or groups (e.g., members of the ITP group), the group structure, the presence of 'cliques' within the group, as well as the relationships between ITP participants, other offenders, and staff. The sociometric test was administered twice, both pre- and post-program for the fourth group only, in order to provide information concerning any changes in the group structure affected by the ITP.

Staff and Inmate Surveys

Surveys were used for the participants as a means to provide the researchers with the information regarding the opinions and experiences of those directly involved in the ITP. Some staff who were directly involved with the program and aware of its content were surveyed (the program facilitators and the warden), while surveys were also randomly distributed to staff who were indirectly involved with the program. Surveys consisted of open and closed, short-answer and rating-scale questions for the program facilitators and warden (see Appendix A), non-program staff (see Appendix B), and the offenders' experiences in the ITP (see Appendix C).

Staff and Inmate Interviews

The primary source of data in this evaluation was obtained from interviews with both staff and offenders. Guidelines for the interviews were developed in the evaluation framework for the ITP (Irving & Blanchette, 2001). Interviews were semi-structured to allow respondents the opportunity to freely express their opinions, experiences and ideas about the ITP in a confidential manner (see Appendix D for staff interview, and Appendix E for participant interview). The interview format for program facilitators and the warden at BCCW and an interview with the facilitator in the follow-up program in the community was sent through electronic mail.

Procedure

Data for this evaluation were obtained through collaboration with the program facilitators of the ITP at BCCW. The majority of the measures used in the evaluation (see Method section of this evaluation) comprise the method currently used by the program facilitators to evaluate the progress of participants in the ITP. Thus, these measures were supplied and distributed by the program facilitators. Researchers received pre- and post-program results for the four groups by both traveling to BCCW and through mail. Interviews were conducted with the program facilitators and the warden in December of 2000. Surveys were distributed to some staff at BCCW ($\underline{n}$ = 50), either in person or placed randomly in their personal mailboxes by a researcher in February of 2001. Each survey also included a self-addressed, stamped envelope to the researchers at the Correctional Service of Canada's National Headquarters. Copies of the Sociometric Test ($\underline{n}$ = 7), specific to this evaluation, were sent to the program facilitators in March of 2001 for distribution and completion at the commencement of the fourth ITP group.

Upon completion of this ITP group, the program facilitators again supplied and distributed all of the measures except for the Sociometric Test. A researcher traveled to BCCW in July 2001 to conduct participant interviews, and to distribute surveys and copies of the Sociometric Test ($\underline{n}$ = 6; one participant had dropped out since pre-

program). All inmates signed informed consent forms prior to their participation in the semi-structured interviews. Interviews with the program facilitators and the warden were updated at this time, and an interview (through electronic mail) with the facilitator in the community follow-up program was conducted.

Sample

This evaluation examines the results from the four ITP groups completed at BCCW as of July 2001. Findings indicated in the Results section with respect to the standardized measures represent the results from all of the participants who completed any of the four ITP groups. Participants who withdrew from the program at any point were not represented in the pre-post data.

The total number of participants in the four ITP groups who completed the program was 24. More specifically, there were 5 participants in group one, 7 participants in group two, 6 participants in group three, and 6 participants in group four. The average age of the participants was 32 (ranging from 21 to 50), and the average length of sentence was 5.8 years (ranging from 11 months to 14 years). While this report includes only participants who completed the program, it is important to note that an average of 3 participants dropped out of each group for various reasons. More specifically, 3 participants dropped out of groups one and two, 4 from group three, and 2 from group four. Please refer to the Profile of Participants section of the Introduction for information regarding the reasons participants left the group.

While the progress of the four ITP groups was assessed with the standardized measures, surveys and interviews were conducted only with the participants in the fourth group. In total, 5 out of the 6 program graduates (83%) consented to complete surveys and interviews with a researcher. Semi-structured interview protocols for offenders provided general guidelines for interviews. While the group commenced with eight participants, one withdrew promptly, thus the remaining seven participants completed the sociograms

pre-program. Five participants completed the sociogram post-program (one participant did not provide information, and another withdrew from the group just prior to this).

Staff interviews were conducted with the ITP facilitators (2) and the warden at BCCW. Staff surveys (50) were circulated to randomly chosen employees. Only 5 staff completed the surveys and sent them to the researchers (10%).

RESULTS

The State-Trait Anger Expression Inventory

Results from this measure indicate that two variables show significant differences between pre and post scores. More specifically, the participants' averaged level of trait anger decreased pre- to post-program from 17.5 to 15.7. Responses ranged from a score of 10 to 30 pre-program and 11 to 22 post-program. The participants' level of anger expression towards other persons or objects also decreased from 16.0 pre-program to 14.0 post-program. Scores on "Anger Expression/Out" ranged from a score of 8 to 27 pre-program and 9 to 21 post-program. However, it is important to note that this measure appears to be highly susceptible to socially desirable responding, especially post-program, thus these results should be interpreted with caution (see Table 11).

Table 3: Means for anger expression and anger control variables, distribution by pre and post

Variable	Pre (SD), $\underline{N} = 23$	Post (SD), $\underline{N} = 23$
State Anger	11.7 (4.5)	11.8 (2.7)
Trait Anger	17.5 (4.9)	15.7 (3.0)*
Trait Anger/Temperament	6.6 (2.2)	5.6 (1.5)
Trait Anger/Reaction	8.7 (2.7)	7.2 (1.5)
Anger Expression/Out	16.0 (4.1)	14.0 (3.1)***
Anger Expression/In	14.9 (3.5)	15.1 (2.9)
Anger Control/Out	22.3 (5.2)	25.2 (3.7)
Anger Control/In	25.3 (9.2)	19.9 (6.7)

*$p<.05$, ***$p<.001$

Buss-Durkee Hostility Inventory

Results indicate that the variables labeled "negativism" and "suspicion" show a significant difference between pre and post treatment scores. "Negativism" refers to oppositional behaviour, which is usually directed against authority figures (Buss & Durkee, 1957), and decreased from 3.5 pre-program to 2.0 post-program. Responses ranged from 0 to 6 both pre-program and post-program. "Suspicion" refers to the

projection of hostility onto others, and varies from being distrustful or wary of others to beliefs that others are being negative or planning to inflict harm (Buss & Durkee, 1957). This variable also showed a decrease from 4.8 pre-program to 4.0 post-program. Responses ranged from 1 to 10 pre-program and 0 to 9 post-program. While all other 'Hostility' variables changed pre- to post- treatment in the expected direction, none showed statistically significant difference.

Table 4: Means for Buss-Durkee Hostility variables, distribution by pre and post

Variable	Pre (SD), $\underline{N} = 24$	Post (SD), $\underline{N} = 24$
Assault	3.1 (2.4)	1.6 (2.1)
Indirect Hostility	5.1 (2.2)	4.8 (2.4)
Irritability	5.0 (2.7)	3.5 (2.2)
Negativism	3.5 (1.9)	2.0 (1.7)**
Resentment	3.9 (2.2)	2.5 (1.9)
Suspicion	4.8 (3.0)	4.0 (2.7)*
Verbal Hostility	6.4 (2.6)	6.0 (1.9)
Total Hostility	32.3 (12.4)	24.3 (11.8)
Guilty	5.2 (1.8)	5.0 (2.7)

*p<.05, **p<.01

'Test-Taking Attitude', in the Minnesota Multiphasic Personality Inventory Revised

Results from the Test-Taking Attitude sub-scale indicate that there is a significant difference between the pre and post treatment score. The participants' "perceived stress" decreased from 25.2 pre-program to 21.5 post-program. Responses for this variable ranged from 13 to 40 pre-program and 15 to 31 post-program. No significant differences between the pre and post score in terms of "personal reactivity" were found. Both sub-scales, however, were highly susceptible to socially desirable responding (see Table 11).

Table 5: Means for Test-Taking Attitude variables, distribution by pre and post

Variable	Pre (SD), N = 24	Post (SD), N = 24
Personal Reactivity	17.3 (6.1)	18.5 (6.4)
Perceived Stress	25.2 (6.3)	21.5 (4.7)**

**p<.01

Depression Proneness Inventory

Although the Depression Proneness inventory shows that the participants' proneness to depression decreased from 72.0 pre-program to 61.8 post-program, this decrease was not statistically significant. Responses range from 13 to 111 pre-program and 15 to 109 post-program.

Table 6: Means for Depression Proneness, distribution by pre and post

Variable	Pre (SD), N = 24	Post (SD), N = 24
Depression Proneness	72.0 (22.3)	61.8 (22.4)

Fear of Negative Evaluation Inventory

The Fear of Negative Evaluation Inventory indicates a significant difference between the pre and post treatment scores. The participants' fear of being evaluated or observed in a negative manner decreased from 14.4 pre-program to 10.7 post-program. Responses ranged from 0 to 29 pre-program and 1 to 29 post-program. These results suggest that at post-testing the participants responded to the assessments with less concern of being evaluated in a negative manner. Again, these results should be interpreted with caution. The inventory was very highly correlated with the self-deception subscale of the BIDR at post-test, suggesting that self-deception skewed the distribution of scores post treatment (see Table 11).

Table 7: Means for Fear of Negative Evaluation, distribution by pre and post

Variable	Pre (SD), N = 24	Post (SD), N = 24
Fear of Negative Evaluation	14.4 (9.2)	10.7 (7.6)*

*p<.05

Social Avoidance and Distress Inventory

The participants' self-reported avoidance of social situations and level of distress decreased from 11.8 pre-program to 8.2 post-program. Responses ranged from 0 to 28 pre-program and 0 to 26 post-program. The difference between pre and post scores was not statistically significant.

Table 8: Means for Social Avoidance and Distress, distribution by pre and post

Variable	Pre (SD), N = 24	Post (SD), N = 24
Social Avoidance and Distress	11.8 (9.1)	8.2 (8.2)

Social Skills Survey

Results indicate that there was a slight increase, though unreliable from pre- to post-program in the participant responses for the Social Skills Survey. Pre-scores showed an average of 127.5 pre-program, while the post-program average was 135.3. Responses ranged from 86 to 180 pre-program and 100 to 171 post-program. While the results imply that participants have broadened their social skills, the difference between pre-program and post-program is not sufficient to meet criteria for statistical significance.

Table 9: Means for Social Skills Survey, distribution by pre and post

Variable	Pre (SD), N = 24	Post (SD), N = 24
Social Skills Survey	127.5 (22.1)	135.3 (19.8)

'Tolerance', in the California Personality Inventory

Results of the Tolerance sub-scale indicate that participants demonstrate a significant increase pre-program and post-program. The participants' general tolerance level increased from 19.8 pre-program to 23.3 post-program. Responses ranged from 9 to 31 pre-program to 11 to 30 post-program. The results indicate that the participants' level of tolerance for others and for their experiences increased significantly.

Table 10: Means for Tolerance, distribution by pre and post

Variable	Pre (SD), N = 24	Post (SD), N = 24
Tolerance	19.8 (6.2)	23.3 (5.8)**

**p<.01

Balanced Inventory of Desirable Responding

The pre and post treatment results from the BIDR were correlated with pre and post treatment results from other measures used in this evaluation. This was done in order to provide an estimate of the extent of socially desirable responding by respondents, and an estimate of the transparency of other measures. Results indicate that there were statistically significant relationships between the BIDR and all but two measures, namely the Depression Proneness inventory and the Social Avoidance and Distress inventory. Interestingly, there are more statistically significant relationships between the measures and engaging in impression management and self-deceptive enhancement post as opposed to pre-program. Results are presented in Table 11.

In terms of the State-Trait Anger Expression Inventory, post program results suggest that participants who report high levels of anger (state, trait) are less likely to be engaging in a socially desireable response bias. Interestingly, however, pre-program, participants who report higher levels of anger control/out are also more likely to score high on the self-deceptive enhancement subscale of the BIDR.

Results from the Buss-Durkee Hostility Inventory suggest that, pre-program, participants reporting increased levels of indirect hostility and total hostility are less likely to be engaging in a self-deceptive response bias. Notably, both self-deception and impression management are more highly associated with responses on all subscales at post-test. Specifically, the data suggest that women reporting higher levels of hostility are being more honest with themselves, and with others.

With regard to the 'personal reactivity' sub-scale of the Test-Taking Attitude measure, results indicate that both pre- and post-program, participants are more likely score higher in impression management when levels of self-reported personal reactivity are high. However, as respondents report higher levels of perceived stress, they are also less likely to be deceiving themselves; this association was noted at both pre- and post-test.

Results from the Social Skills Survey suggest that as self-reported social skills increase, so does the self-deceptive enhancement subscale of the BIDR. This correlation is statistically significant both pre- and post-program, however the relation is stronger post-program. Results also indicate that post-program, participants are more likely to report higher levels of impression management as they score higher on the Social Skills Survey. The results (reported earlier) from both the Test-Taking Attitude 'personal reactivity' sub-scale and the Social Skills Survey may be attributable to the participants' increases in self-confidence, which may be interpreted in the BIDR as overconfidence or narcissism.

In terms of the Tolerance sub-scale, results suggest that pre-program, participants who report higher levels of tolerance are also more likely to be engaging in self-deception.

With respect to the Fear of Negative Evaluation inventory, post-program, as participants report an increased fear of negative evaluation from others they are less likely to be engaging in impression management. Although this is an extremely strong relation, this finding is counter-intuitive; one would assume that those with an extreme fear of negative

evaluation would be more likely to mitigate those feeling through impression management.

Overall, a high number of statistically significant relationships exist between the evaluative measures and the BIDR (see Table 11). In other words, most of these instruments are highly susceptible to socially desirable responding by participants; especially post-program. For this reason, their utility in assessing the progress of the participants is questionable. This concern will be further addressed in the final section of this report.

Table 11: Correlation between the results of the Balanced Inventory of Desirable Responding (BIDR) and other measures implemented, distribution by pre and post

Pre-post scales	BIDR Pre-test				BIDR Post-test			
	Impression Management		Self-Deceptive Enhancement		Impression Management		Self-Deceptive Enhancement	
	R	N	R	N	R	N	r	N
State-Trait Anger Expression Inventory								
State Anger	-.06	22	-.18	22	**-.52***	22	-.21	22
Trait Anger	-.26	22	**-.46***	22	**-.59****	22	**-.55****	22
Trait Anger/Temperament	.04	22	-.21	22	**-.63****	22	-.33	22
Trait Anger/Reaction	-.37	22	**-.43***	22	-.40	22	**-.48***	22
Anger Expression/Out	.14	22	-.23	22	-.19	22	-.35	22
Anger Expression/In	-.19	22	-.36	22	-.28	22	-.15	22
Anger Control/Out	.17	22	**.44***	22	.17	22	.09	22
Anger Control/In	-.10	22	**-.45***	22	-.31	22	-.28	22
Buss-Durkee Hostility Inventory								
Assault	-.23	23	-.05	23	**-.45***	23	-.27	23
Indirect Hostility	**-.54****	23	-.39	23	**-.62****	23	-.32	23
Irritability	-.30	23	-.25	23	**-.57****	23	**-.57****	23
Negativism	-.38	23	.03	23	**-.42***	23	-.40	23
Resentment	-.34	23	-.33	23	**-.48***	23	**-.55****	23
Suspicion	-.06	23	-.29	23	-.37	23	**-.47***	23
Verbal Hostility	-.35	23	.00	23	**-.47***	23	-.14	23
Total Hostility	**-.41***	23	-.25	23	**-.61****	23	**-.50***	23
Guilt	-.17	23	**-.46***	23	-.34	23	-.31	23
MMPI, Test-Taking Attitude								
Personal Reactivity	**.61****	23	.21	23	**.61****	23	.35	23
Perceived Stress	-.18	23	**-.44***	23	-.25	23	**-.44***	23
Depression Proneness	-.07	23	-.25	23	.05	23	-.20	23
Fear of Negative Evaluation	.04	23	-.37	23	-.20	23	**-.69*****	23
Social Avoidance and Distress	.24	23	-.13	23	.14	23	-.28	23
Social Skills Survey	.19	23	**.46***	23	**.52***	23	**.67*****	23
CPI, Tolerance	.33	23	**.44***	23	.25	23	.26	23

*p<.05, **p<.01, ***p<.001

Sociometric Test

Seven out of a total of eight inmates who were participating in the fourth ITP group responded to the pre-program sociometric test. The pre-test occurred approximately two weeks after the program commenced. The pre-group acted to stabilize group participants and implementing the pre-test approximately two weeks into the ITP gave the participants an opportunity to begin forming support networks within the group. Five inmates, out of a total of six who completed the program, responded to the post-program sociometric test, which was implemented just a few days before the program's termination. Each participant was given a number for identification purposes, which allowed for comparison between pre and post sociograms. It was important to include all ITP participants in the sociogram regardless of whether or not they responded to the sociometric test or were indicated as chosen support figures by other inmates. Results of the pre sociogram are illustrated in Figure 2, and results of the post sociogram are illustrated in Figure 3.

Figure 2:   Pre Sociogram: Participants Pre-ITP at BCCW

Participant 1

Non-participant

Non-participant

Participant 3

Non-participant

Participant 4

Non-participant

Family (partner)

Participant 5

Non-participant

Family (parents)

Participant 6

Non-participant

Participant 2

Non-participant

Non-participant

Participant 7

Non-participant

Non-participant

Non-participant

□ Participant

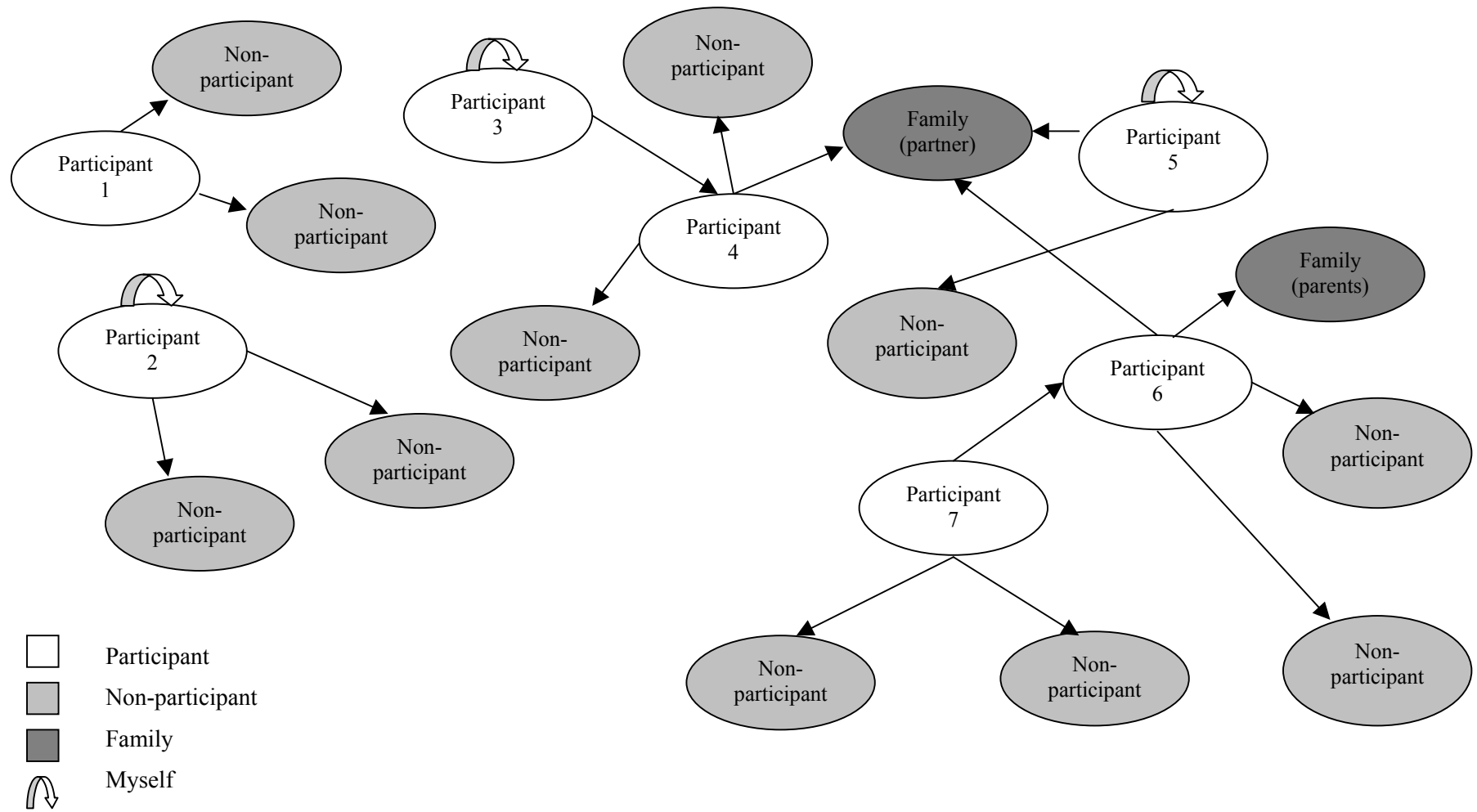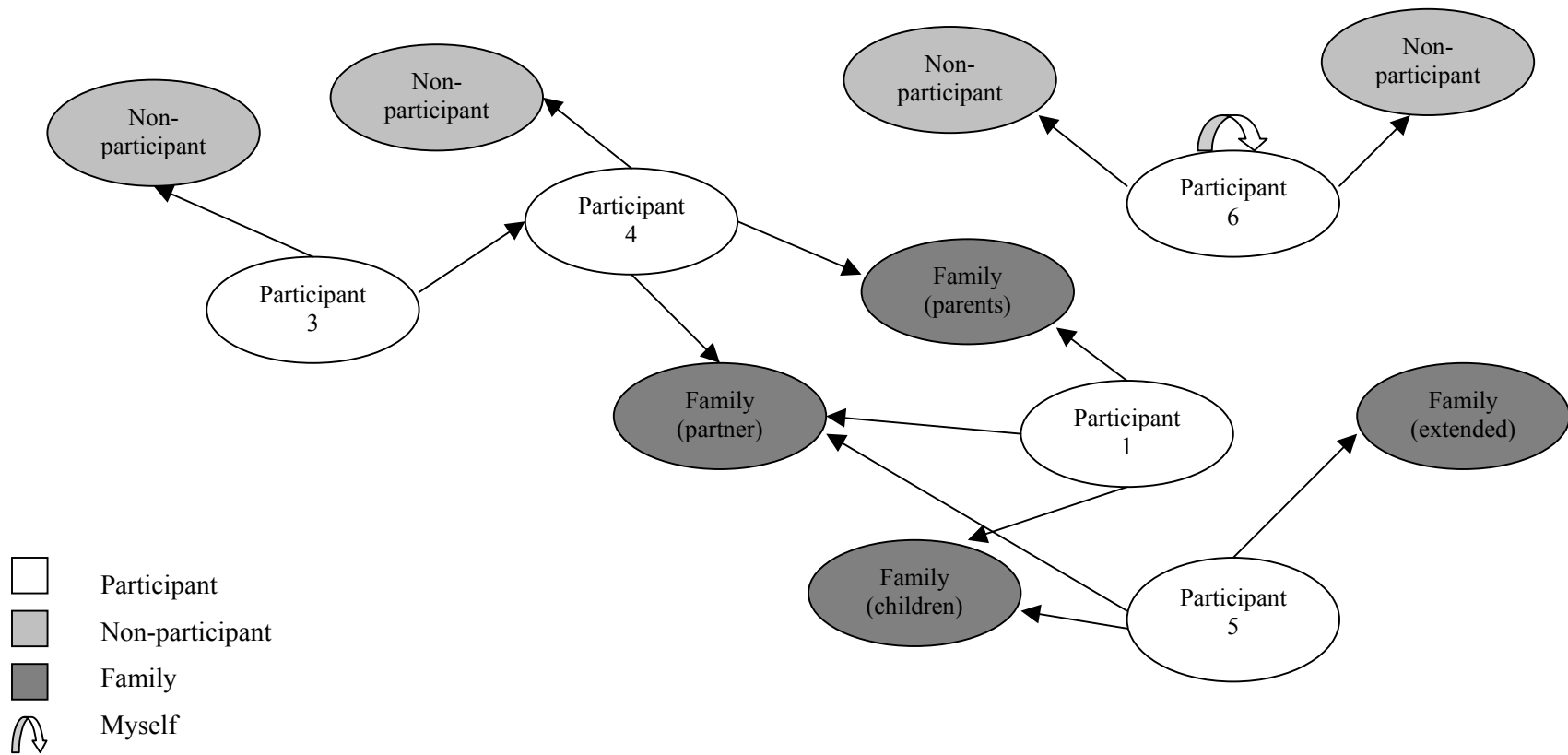▨ Non-participant

■ Family

↻ Myself

Figure 3: **Post Sociogram: Participants Post-ITP at BCCW**

There were some noteworthy results from the pre sociogram. Participants tended to seek support primarily from non-participants (5 out of 7) as opposed to participants in the ITP (2 out of 7). This tends to indicate that the participants, with the exception of participants #3 and #7 (who chose participants #4 and #6 respectively as part of their support networks), had individual support networks that were entirely outside of the ITP.

While participants #3 and #7 sought support in #4 and #6 respectively, no reciprocal relationships were noted between the participants. Three out of 7 participants reported that their support networks included at least one family member, either a partner or parents. An equal number of participants included themselves as part of their support network, as opposed to someone else. No participants included any staff member as part of their support network.

Results of the post sociometric test are illustrated in the sociogram (Figure 3). Out of the five participants that completed the testing, the results indicated that four participants sought support in non-participants rather than ITP participants. Generally, the participants who chose non-participants as part of their support network tended to again identify the same non-participants post-program. In other words, there were no instances of participants identifying a non-participant who was not already identified as part of their support network pre-program. However, there were only four non-participants in total identified by the six participants who completed the program. In terms of inter-participant support, the post-testing indicates that all but one participant (#3, who continued to seek support in #4 from pre-program) sought support outside of the ITP participants. There were no reciprocal relationships noted between participants. It appears that this decline in co-inmate support is probably accounted for by the increase in family support noted by three of the five participants.

More than half of the participants (3 out of 5) reported that post-program their support networks included at least one family member, including a partner, parents, children, and extended family (grandparents). One out of the five participants identified that she was

part of her own support network. Again at post-test, no participants included any staff member as part of their support network.

An analysis of the pre and post sociograms indicates some interesting findings. First, it appears that the degree of support between ITP participants did not increase from pre- to post-program. In fact, the testing indicates that no reciprocal relationships between participants were noted either pre- or post-program. Moreover, while two participants looked to other participants for support pre-program, only one participant noted having a supportive relationship with another participant post-program. Also, both pre- and post-program, no participants reported turning to staff for support. Interestingly, this finding was inconsistent with results of other research using sociometric tests for women in federal facilities (Syed & Blanchette, 2000a; Syed & Blanchette, 2000b; Delveaux & Blanchette, 2000; Richardson-Taylor & Blanchette, 2001).

Alternatively, while the participants seemed to have limited supportive contact with inmates in BCCW post-program, it appeared that the majority of participants experienced an increased orientation toward outside family members for support. More specifically, participants #1 and #5 noted only family members as their support network, while participant #4 reported that two out of three people in her support network were family members.

It could be interpreted that the ITP was helpful to assist participants to build or repair familial relationships, as most participants indicated that they had started to build more significant relationships with family members post-program. Conversely, participant #6, who appeared to seek support from her family and non-participants pre-program (and who was viewed by participant #7 as part of her support network), tended to identify non-participants and herself as her support network post-program. Given that this decline in family support was indicated by only one participant, it is likely that this may be explained by this participant's individual experiences.

Participant Surveys

Five out of six participants that completed the ITP responded to the survey. The average age of participants was 29 years old, ranging from age 22 to 52. Sentence lengths of participants ranged from 10 months to life, with an average of 2.5 years for those with determinate sentences. The mean time served at BCCW averaged approximately 42.6 months (ranging from 12 months to 10 years).

All of the participants were aware that the ITP existed and knew of its availability to them either through direct contact with the group facilitators (1), the sentence management case manager (1), or through other inmates (1) at BCCW. The remaining two participants reported that they learned of the ITP through multiple sources.

The majority of the participants (3 out of 5) acknowledged that they initially felt worried about participating in the ITP. One participant cited numerous reasons for feeling worried, two participants did not specify as to why they felt worried, while the remaining two participants indicated that they anticipated feeling uncomfortable sharing sensitive information in a group setting. Similarly, the participants entered the ITP with different expectations, as illustrated in Table 14. Three participants indicated that they had more than one expectation for the program.

Table 12: Participant expectations in participating in the ITP

Expectation for the program	Number of inmates who had this expectation
Acquire more life skills	1
Gain self-confidence	1
Learn more about myself (in general)	1
Understand myself and my actions better	1
Become more aware of my feelings/issues	3

In general, most participants reported that they found the ITP to be very helpful. The scale ranged from 1 (not helpful at all) to 10 (extremely helpful), and while one

participants rated the program's helpfulness at 3, the average score was 8 (scores ranging from 3 to 10).   Participants were given the opportunity to describe to what extent the program met their expectations. All but one of them indicated that their expectations for the ITP were met or surpassed. Some positive feedback offered by the participants about the program included: "It surpassed my expectations… mostly because of the openness and honesty within the group and in helping me strive for my goals", "Decreased my feelings of guilt and shame about my crime", "Helped me to stay positive", and "The group facilitators' feedback helped me work through a lot of my issues". The participant who indicated that the program did not meet her expectations offered feedback, which included: "I didn't feel comfortable or safe sharing information with group members", "When someone breached (confidential information) it wasn't being dealt with to other inmates' standards", "When tension increased the facilitators would not intervene", and "I found I was learning about other people instead of myself".

Four of the five participants suggested that there was resistance to the ITP either by staff or by inmates. More specifically in terms of co-inmates, participants stated that co-inmates not involved in the program sometimes "think the program is useless". Participants also noted that some participants in the group displayed "resistance to change of any kind", and that others resisted opening up to other inmates and staff.   One participant indicated that some inmates and staff "don't believe in the depth of the issues brought up in group". Despite this resistance, only one of the five participants reported noticing negative change in the atmosphere at BCCW as a result of the ITP, while the other four noted positive changes. The negative change noted was that the participants became tense within the group. The positive changes noted in the BCCW environment included that inmate-staff relationships improved, and that the participants noticed that staff were more respectful, compassionate and supportive toward inmates taking the program.

With respect to the ITP possibly being misused for other non-program related purposes, one participant stated that the program sometimes got "off topic" and unrelated issues would be discussed. Another participant noted that the program may have been viewed

as an "easy way out of work". However, the other two participants who provided feedback on this issue did not view the program as being used for unintended purposes.

In summary, the participant surveys suggest that the women involved in the ITP are generally supportive of the program. While the majority of participants identify that the interaction they have with staff has been more positive as a result of the program, the effect that the program has had on non-participants at BCCW is questionable. Consequently, it does not appear that the ITP has had a significant effect on the general atmosphere at BCCW.

Staff Surveys

Five staff members, out of a total of fifty surveys distributed, responded (10%). These staff included correctional officers (3), a correctional supervisor (1), and a staff with an unspecified position (1). The average length of service in their current position at BCCW was 35.5 months (ranging from 16 to 48 months). The average length of time the five staff had worked with women offenders was 56 months (ranging from 16 to 168 months).

All of the staff respondents were aware of the ITP, and indicated that they obtained information about the program through a variety of ways, including posted notices (2), morning meeting discussions (1), email (1), staff training and information sessions (3), weekly staff updates (1), and directly from the program facilitators (1). All of the staff indicated that they were aware of the objectives of the ITP, and two of them stated that they have had participants of the program on their caseload.

In terms of the program's effectiveness, staff were asked to rate their perceptions of the program on a scale of 1 (not helpful at all) to 10 (extremely helpful) for three contexts. When asked about the helpfulness of the program in terms of "women gaining insight into their own behaviour", staff indicated a mean score of 7.1 (ranging from 6.5 to 8). In terms of the degree of helpfulness for "women developing self-help strategies", the mean

score was 7 (ranging from 6 to 8). Lastly, in response to "women feeling empowered by sharing experiences", staff had a mean score of 7 (ranging from 5 to 9).

Two staff indicated that they observed a change in the atmosphere at BCCW as a result of the ITP, and both stated that the change was positive. More specifically, one noted that some of the participants are more open to talk about their issues after having completed the program, and the other respondent stated that there tends to be an increased connection between case managers and the program participants on their caseload. In response to inquiring if staff have noticed changes in the individual participants since their involvement in the program, all of the staff indicated that positive changes have been noticed. Areas of positive change included the manner in which the participants deal with their feelings, how they cope with difficult situations, their behaviour toward staff, and their institutional behaviour. One staff member also noted that there tends to be an increase in the participants' awareness of themselves and may result in feelings of empowerment.

Four staff indicated that they were aware of problems or crises occurring as a result of the ITP. For example, two of the four staff stated that they were aware of two incidents where there have been physical altercations between the participants in the group setting, one of which "the inmate got away with assault", and the other resulted in intervention by correctional and sentence management staff. One staff cited that an incident occurred when a protective custody inmate was allowed in and "the others become increasingly hostile". In this situation an inmate who had been convicted of sexual crimes had entered the group, and the other participants had shown animosity toward her as a result of her "offence presentation"[4]. While the fourth staff member indicated an awareness of such incidents, he or she did not indicate any specific information. While two participants stated that they believed the problems had been resolved, two participants indicated that the problems had not been resolved thus may be ongoing. One respondent implied that

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[4] Each participant is required to complete an "offence presentation" in which she presents a brief description of her criminal history and more detailed information about a specific offence. The purpose of this is for the participant to take responsibility for her behaviour and develop increased awareness.

the potential exists for such problems to persist because "they would have never happened if the facilitator(s) had been aware of institutional rules and regulations".

All five staff indicated that they have noticed resistance to the program by inmates and two noted staff resistance. In terms of inmate resistance, staff indicated the following: "Inmates are unsure of the program… most believe it's a tell-all (including ratting-out) situation", "Several inmates have stated they feel pushed into the ITP or they would not be supported for parole", "If they don't take the program they cannot get into other programs", and "Many inmates do not want to do the program". Respondents noted that "some staff appear angry that the program is set aside from others (flexible hours, no work on Fridays)", and that "staff are not always supportive of the women in coping with raw emotions".

Most staff indicated that they believed the program was not being used for alternative purposes, while one indicated that the participants in the program "were not volunteers… it was a mandatory situation… it is used as a step to receive parole". Accordingly, all but one staff member did note that inmates frequently view the ITP as mandatory in order for them to have a possibility of being granted parole.

Three staff provided positive feedback about the program, including: "The weekly staff updates are of great help", "This last group has been empowered… you can see a difference in the inmates' view of themselves", "Inmates state that they are more aware of triggers that affect them", and as a result of one respondent who sat in on the program, "I was pleased at how open, honest and direct the conversation was". Two staff noted criticism of the ITP, indicating that it "has been used as a crutch… they (participants) are affected by certain parts of the program to not do other tasks". Another staff noted that the program was in need of "stronger facilitation" in that the participants needed to be taught "more positive coping and social skills to help heal the wounds that the program opens up".

An overview of the results of the staff survey suggests that staff members at BCCW generally view the program favourably. The staff were aware of the program, its objectives, and rated it as effective. Some staff observed a positive change in the atmosphere at BCCW since the implementation of the ITP and have noted a positive change in the participants as well.

However, most staff also indicated that crises had occurred as a result of the program, and the potential that such incidents could reoccur was inferred in the staff responses. The incidents appear to question the appropriateness of some inmates entering the program, and concerns regarding conflicting roles of correctional and treatment staff in terms of intervention methods within the program. All staff noted resistance to the ITP. Overall, staff indicated that some inmates appear to feel pushed into the program for parole purposes, while some staff do not appear prepared for the changes (e.g., increased confidence and openness, more communication skills, feeling empowered) that seem to result from the program. While it does appear that significant resistance exists in inmates toward the ITP, and it is likely that it may be reinforced by some staff. Similar to the results of the inmate survey, results of the staff survey generally tend to indicate that the ITP is not used for alternative purposes.

Staff and Inmate Interviews

Three staff interviews were conducted at BCCW with the program facilitators (2) and the warden (1). Also, interview questions were sent electronically to the staff who facilitate the follow-up program. Five inmate interviews were conducted upon completion of the termination of the fourth ITP group. Staff and inmate interviews were key elements of this evaluation as they presented significant information in order to answer the evaluation questions outlined in the framework (Irving & Blanchette, 2001, pp. 32-35). Semi-structured interviews provided staff and inmates an opportunity to candidly communicate their opinions and experiences with the ITP. The information gathered from the interviews provided more detail and explanation on the results of other measures used in the study. Results of the staff and offender interviews will be summarized according to

the evaluation questions and issues outlined in the framework (Irving & Blanchette, 2001). There are five main evaluation issues explored, each encompassing several more specific questions.

Evaluation Issues and Questions

1. Program Rationale: Is there a need for the ITP?

The participants interviewed indicated that they sought treatment in the ITP to deal with their anger, substance abuse and personal issues. Some expressed that they wanted to address issues in their past, their criminal offences, relationships, and learning to set achievable goals. The participants felt that this program would help them meet their needs by learning how to interact with and treat people, gaining skills to deal with difficult experiences, such as stress tolerance, and dealing with issues as they occur instead of allowing them to intensify.

Results of surveys and interviews indicate the ITP serves its targeted population and appears to have its own place and function at the facility. Staff who completed surveys were educated about the program, were aware of its objectives, and had been well informed about the program through weekly staff updates. Staff also indicated that they thought the ITP was relatively effective in achieving its objectives. While the ITP is unique to BCCW, the warden expressed that there is a definite demand for the program, as it is viewed as more 'treatment-oriented' as opposed to the more 'skills-oriented' programs the facility offers its inmates.

While the ITP does serve its targeted population, interview and survey data suggest that the criteria restricting the admission of participants may be problematic. For example, due to the length of the program there is a significant restriction on which women at BCCW can participate, as some women's sentences are not long enough to allow them to participate. However, as the program facilitators indicated, it is often the case that the women with the highest needs may be the women serving the shorter sentences. While the program does target its intended population, the population that might benefit from the program the most is unable to participate because of the length of their sentence. The program facilitators have acknowledged this issue as problematic, and have proposed that in addition to the recent restructuring of the ITP (sectioning the program into three parts

with two breaks in between), they are considering that each program section act as an entity for women serving shorter sentences. This may be beneficial, as it may allow women with shorter sentences to participate in one module of the program, while those women with longer sentences can still participate in the whole program. This may also allow inmates to only participate in the modules of the program that are of particular interest to them, or that are deemed more applicable than others by facilitators.

Another factor that may inhibit the ITP from targeting the population of inmates that may benefit from the program the most is the participant screening criteria. One criterion in particular, that the participant possess "average or above average intellectual ability and capacity and is able to read and write at the grade six level or above", may act to screen out women with less education who quite possibly may need the assistance that the program offers[5]. Application of this criterion means that women who are screened out will only have the opportunity to receive the skills-oriented programming available at BCCW, and not the more therapy-oriented programming through the ITP. Permitting admission to women who possess less education than grade six would mean that another participant who is a positive and motivated influence may have to assist that person to complete the necessary work. This has the potential to be beneficial for both women in terms of positive interaction and empowerment through peer support, and in terms of the cohesiveness and dynamics of the group as a whole.

2. Resources: Are there adequate resources and support for establishing the ITP?

Results from this study indicate that there is sufficient acknowledgement and support for the ITP. While the staff at BCCW appear supportive of the program and of the participants, there were concerns noted in regards to the manner in which the program is implemented, which will be examined in the next section.

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[5] The admission criteria have since changed and the literacy requirement is no longer active. Nonetheless, this has influenced the type of women chosen to participate and the dynamics of the groups and, in turn, has influenced the results of this evaluation, thus it was deemed important to address in this report.

Interviews and surveys with program facilitators and the warden indicate that some staff are more supportive of the ITP than others. Results from interviews and surveys indicate that case management and sentence management units are highly supportive, and that correctional officers are also very supportive of the program. This is effective, as the majority of participant referrals to the ITP occur through the sentence management staff, and the correctional staff deal with the program participants on a daily basis. Some respondents suggested that mental health staff and contract workers are generally less supportive of the program in comparison to other staff[6]. Through interviews with the program staff and the warden, it was indicated that mental health staff were somewhat hesitant about the program in its inception, but this has gradually become more positive over time. Overall, it seems that staff are generally supportive of the program, however they tend to share an uncertainty stemming from issues surrounding trust within the group and the manner in which the program is implemented. Both issues will be detailed further in the Implementation section to follow.

The fact that women found out about the ITP through a variety of sources suggests that the program is widely known and supported. For example, interviews and surveys indicated that women found out about the program through non-program staff such as sentence management and case managers, other inmates, and the British Columbia Board of Parole.

In the most recent ITP group, two participants had been sought out by the program facilitators, one participant was fulfilling obligations from a sentencing judge on participating for a certain amount of time in the program, while the other participants were referred to the program through sentence management staff. This suggests that staff, both inside and outside BCCW, tend to be familiar with the program.

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[6] It should be noted that mental health staff were not interviewed, nor did the researchers receive any completed surveys from them.

3. Implementation: Are the activities of the ITP organized in a way that its goals can be achieved?

Surveys from participants and non-program staff generally indicate that they are supportive of the program and its objectives but that there are deficiencies in issues surrounding its implementation. As previously mentioned, trust is viewed as problematic in the program and in the context of a correctional environment, especially between participants. For example, participants indicated that there was an adequate level of trust in the group at the start of the program. The participants felt that there was some level of cooperation in the group, however the level of trust decreased substantially after there was a breach (a participant revealed confidential information to other inmates outside of the group). A breach in confidentiality effects the level of trust and cohesiveness in the group, and places the safety of the offender whose information has been shared in jeopardy. Because the program is lengthy and starts in BCCW and continues in the community in the form of after-care, confidentiality is an extremely sensitive issue for participants, and it has (reportedly) been breached on occasion. To illustrate, when all of the participants from the four ITP groups were asked to rate their opinions about group confidentiality from 1 to 5, the responses averaged 2.99 (falling into the "good" range). A survey completed by the British Columbia Board of Parole indicated that while it is sometimes difficult for women in the group to trust each other, they do learn some basic values around trust. Interviews with participants revealed that there would have been more cooperation, trust and support between participants if the group did not contain individuals who felt "forced" into the group.

Interview and survey results from staff and participants indicate that there are important issues surrounding the level of control within the group. It appears that, in general, most participants feel that they have control within the group, while they view the facilitators as lacking control of the group at times. Surveys with both participants and staff indicated that the ITP is viewed as a prerequisite to applying for parole. One participant mentioned that she felt "forced" into the program because she wanted to apply for parole later. However, the majority of participants indicated that they felt they had "control", "freedom" and "flexibility" within the group. A program component which heightens

their sense of control is that the participants are asked to create rules at the beginning of the program, thus helping to create a sense of ownership and responsibility. However, some participants felt that others in the program would sometimes take too much control over the group.

In terms of the relationships between participants and the program facilitators, participants generally tended to perceive the relationships to be supportive, however there was some ambivalence in terms of the roles of the facilitators. This same issue was noted in staff surveys (as previously examined), indicating that staff had general concerns surrounding the lack of control that the facilitators' exhibited in situations such as hostile moments and physical altercations between the participants. The majority of the women interviewed had problems with the manner in which confrontations within the program were handled. For example, a fight (some referred to as assault) between two participants occurred in the most recent group. In interviews, all of the participants stated their concerns with the way that the situation was handled by the program facilitators. Participants noted that they would have felt more comfortable if the program facilitators had shown more control over the group in situations that are physically or emotionally volatile. Given that this concern has been indicated from most participants and non-program staff, this is an important issue that will need to be addressed for future programs.

Participants also identified that BCCW has not accommodated the ITP into the other activities at the facility. More specifically, because the program operates every weekday for twenty weeks (except for two one-week breaks), and because of its intensity in terms of homework exercises, participants stated that they "had to give up everything else" in order to participate in the ITP. This is problematic for participants who want to work or participate in other programs at BCCW. This issue will be discussed further in the Recommendations section.

4. Effectiveness: Is the ITP effective?

Results from participant interviews indicated that all of the participants had their needs met to varying extents in the ITP. For example, participants stated that they felt more confident, focused, truthful, patient, and empathetic. Some also reported that they had learned to place more importance on self-care and stress management, inner awareness, and exhibited higher tolerance levels. Furthermore, participants identified developing self-help skills such as interpersonal, emotional, time-out, and Dialectical Behaviour Therapy skills.

Most participants referred to the ITP as "a road to recovery", and stated that it gave them a feeling of accomplishing something positive. One participant acknowledged that she did not believe she needed treatment upon entry to the program, however the program assisted her to see that she could benefit from treatment. Two participants were less satisfied with the program, one of whom left the program early. The other participant indicated that soon after the program started she did not feel comfortable sharing her experiences with the group, and as a result she "shut down". However, she did choose to stay and complete the program. An essential point that needs be made is that, like in any treatment program, participants must take an active role in order for the program to be effective.

All of the participants believed that they have experienced changes in their understanding of their experiences and now deal with their problems differently. Three of the five participants believe that these changes are positive. One participant stated that the program allowed her to "break through her defense mechanisms", another stated she is communicating in a more positive manner, accepting support and has learned to like herself again, and yet another feels she is more self-aware, has a better sense of control and no longer feels powerless. In terms of relationships, one participant mentioned that she now avoids entering into co-dependant relationships, a significant factor in her progress.

While the remaining two participants also indicated that they had experienced changes, they indicated that these changes were more negative. The participant who left the program early stated that she had a harder time dealing with her experiences while in the program. The other participant who noted that the changes were negative stated that she felt as if she was "moving backwards" and felt more agitated. She also indicated that she was less likely to "stuff" her emotions, however she also mentioned that, as a result of program time constraints, she sometimes felt "cut off" in program. Both participants who indicated that their changes were negative also stated that they were angrier post-program than pre-program. The two participants who indicated that they felt angrier at the end of the program tended to express their anger more than before. Interestingly, this finding is not corroborated by their pre and post standardized assessments. As previously illustrated, participant anger levels consistently decreased from pre to post treatment, both in the State-Trait Anger Expression Inventory and in the Buss-Durkee Hostility Inventory. Participants expressed concern with the increase in anger that they experienced, and some were worried how and where they might express this anger when the program is finished. While this provides support for the importance of the post program in the community, two of the participants had concerns about the post program that will be discussed later.

At the completion of each program, the program facilitators asked the participants who completed the program to evaluate the ITP in an anonymous questionnaire. Participants evaluated the program in terms of its components and how helpful the participants experienced the group to be for them overall. On a scale of 1 (poor) to 5 (excellent), participants from all groups rated the ITP on average as 4.45. The results of the program's components are illustrated in Table 13.

Table 13: Participant ratings for ITP components, distribution by group

ITP components	Group 1 (N = 5)	Group 2 (N = 7)	Group 3 (N = 6)	Group 4 (N = 6)
Morning group therapy sessions	3.0	3.7	3.1	3.8
Processing of morning group therapy	N/A	N/A	N/A	2.8
Review groups	3.2	4.1	2.6	4.0
Autobiography presentation	3.0	4.1	3.6	4.7
Offence presentation	4.0	4.0	3.4	4.8
Behaviour chain analysis (BCA)	3.7	3.7	3.1	4.3
BCA presentations	N/A	4.0	3.1	N/A
Journal writing	N/A	N/A	N/A	3.3
DBT Mindfulness	3.7	3.9	4.0	4.7
DBT Interpersonal effectiveness	3.7	4.1	4.1	4.5
DBT Emotional regulation	3.7	4.6	4.3	4.5
DBT Distress tolerance	3.5	4.9	4.0	4.7
Relationships	3.6	5.0	4.4	4.7
Letters to victim	4.5	4.0	4.0	5.0
Victim empathy role-plays (VE)	4.5	4.7	4.3	4.7
VE discussions/presentations	N/A	N/A	N/A	4.8
Thinking errors	N/A	N/A	N/A	5.0
Daily rating of risk factors	N/A	N/A	N/A	4.3
Presentation of risk factors	N/A	4.6	3.8	N/A
Criminal behaviour cycle (CBC)	3.7	3.6	4.3	4.7
Presentation and feedback for CBC	4.2	4.6	4.0	4.8
Mind body awareness	N/A	N/A	4.0	2.8
Use of videos	4.0	4.3	3.3	3.5
Empathy videos	N/A	3.6	N/A	N/A
Other action techniques (sociometry)	3.0	4.6	3.3	3.5
Psychodramas and role-plays	N/A	N/A	N/A	4.5
Homework assignments	4.2	3.9	N/A	N/A
Average rating per group	**3.7**	**4.2**	**3.7**	**4.3**

Staff interaction is an essential component of the ITP. Participants who completed the program were asked to evaluate the staff interaction in the ITP. More specifically, they were asked to rate the various types of feedback they received from the program facilitators, the teaching skills of the facilitators, and the level of interaction they had during the program with sentence management staff and other non-program staff. Women found the facilitators supportive and friendly. Most participants indicated that while the two facilitators shared the program responsibilities, a distinction was often

evident between the two facilitators as taking on different roles within the group. More specifically, the male facilitator was more of a deliverer of skills, and the female facilitator was more therapeutic-oriented. It is probable that this proves to be beneficial for the facilitators, and no concerns were noted by the participants. The results of this questionnaire are displayed in Table 14.

Table 14: Participant ratings for staff involvement, distribution by group

Staff involvement	Group 1 (N = 5)	Group 2 (N = 7)	Group 3 (N = 6)	Group 4 (N = 6)
Individual feedback from facilitators	N/A	4.1	3.0	4.2
Written feedback from facilitators	3.0	4.1	3.3	4.2
Other feedback from facilitators	N/A	N/A	4.1	3.0
Participation by sentence management	3.7	3.4	3.3	4.7
Participation by other staff	N/A	N/A	N/A	3.5
Male facilitator	4.4	4.9	3.8	4.5
Teaching skills of male facilitator	N/A	N/A	4.1	4.5
Female facilitator	4.4	5.0	3.8	4.8
Teaching skills of female facilitator	N/A	N/A	4.1	4.5
Average rating per group	**3.9**	**4.3**	**3.7**	**4.2**

Positive changes in the behaviour of the participants was noted by both the warden of BCCW and the British Columbia Board of Parole. The warden indicated that the participants appeared more likely to think through their problems before acting out, and that they also seemed to be more objective regarding their situations. Through surveys, the British Columbia Board of Parole noted a very positive response to the program. The Board observed a difference in the women being accepted on parole from BCCW before and after the ITP was implemented. The Board believes that the women are not only more successful at obtaining a parole release, but are also more successful in remaining in the community after their release. They appear better equipped to handle challenges and have a better understanding of their criminal behaviour cycle and how to intervene to stop this cycle. Overall, the Board indicated that the ITP has filled a programming gap. Another element of the ITP that the Board noted as important was the presence of a male therapist as a program facilitator. It is likely that some of the participants have had negative experiences with men in their lives, thus having a male facilitator could help to

emulate real life and assist them to gain trust in a male figure. The male and female facilitators were rated by participants to be comparable in their effectiveness and skill level, suggesting that the participants were equally accepting of both facilitators.

Overall it does not appear that the ITP has altered or impacted the atmosphere at BCCW. Interviews revealed conflicting information in regards to how non-program staff treat participants. One participant stated that she felt she was "picked at more" by staff as a result of being in the program, while another participant indicated that she felt staff were not as suspicious of women in the program as opposed to women who were not in the program. The warden stated that while she does not believe that the program has had an impact on the atmosphere, she feels that there is a difference in the relationship between BCCW and the community. The warden indicated that parole officers are generally aware of the program, thus the credibility of the ITP in the community continues to grow.

Participants provided several recommendations for the ITP in surveys and interviews. In terms of preparation for the ITP, participants suggested that there should be more skills training in advance of the therapy component of the program. This may highlight the importance of the participants having completed various other programming, such as Cognitive Skills, previous to entry into this program. Participants suggested that the group structure should be altered to smaller groups that accommodate more therapy, and that the yoga component should be changed to more flexible activities that are different each week.

Recent changes to the program structure include changing the yoga component to the Mind Body Awareness, facilitated by a recreational therapist who leads a variety of activities for the participants. Participants noted that the program in general should be more structured, however no specific examples were given. Lastly, participants expressed that there needs to be more support for them outside of the group. They indicated that non-program staff should become more familiar with the program and what it entails, and that more positive support and encouragement from non-program staff would be helpful.

Participants expressed several concerns about the ITP, from its general organization to concerns specific to the group they participated in. In terms of the program's organization, two participants indicated that they were not supportive of participating in a mandatory post program. These participants appeared to take exception to the post program and they identified a one-year follow up group as a significant commitment. The participants also indicated that they thought it would be beneficial to address issues of addiction, as the ITP does not have a structured substance abuse relapse prevention component. Some participants expressed concerns of favoritism, as they felt as if there was an absence of common rules with equal treatment. One participant felt that the final progress reports should be completed in a joint manner, as opposed to being completed solely by the facilitator. That is, she felt that she should be able to evaluate herself and her progress. Another concern mentioned by participants, and a concern arising from other groups, was the discomfort that occurred if sexual abuse victims and sexual perpetrators are in the same program together. Because of the emphasis on the participants' offences, some indicated that, depending on the nature or seriousness of their offences, it was hard to open up to group members for fear of getting a negative or emotional response from others. It was also mentioned that participants felt that peer assessments tended to be based on who the person was and what offence they had committed instead of the progress they had made throughout program. Specific to the most recent group (group 4), all participants voiced concerns regarding the fight that took place between two group members and the manner in which it was handled. As previously mentioned, participants stated that they thought the facilitators should have taken more initiative to control the group during emotional times.

As previously mentioned, one of the biggest concerns voiced by participants pertained to the follow-up program in the community. The follow-up program is available for women who have previously taken the ITP and who have been released from BCCW and reside in the Vancouver and Lower Mainland area, which includes but is not limited to the Burnaby locality. An interview of the follow-up program staff gathered general information about the number of women entering and leaving the community program, and the program's perceived effectiveness. The staff acknowledged "varying degrees of

resistance to the follow-up program by most women", and stated that this resistance is not a problem unless it "becomes extreme", and that it can usually be worked on with in group. Although resistance is common, 28 women in total had been involved in the program to date. Interestingly, 75% of the women involved in the follow-up program were federal offenders. A total of 16 participants to date have left the program, and details of their reasons for leaving are outlined in Table 15.

Table 15: Length of stay for participants in the follow-up program, and reasons for leaving

Provincial or federal inmate	Time spent in program (months)	Reason for leaving program
Federal	24	Breached, back to BCCW
Federal	17	Breached, back to BCCW, returned to follow-up program but was suspended for her behaviour
Provincial	12	Other community support in place
Federal	12	Other community support in place
Federal	12	Other community support in place
Provincial	12	To participate in a school program
Federal	8	Other community support in place
Federal	7+	Breached, back to BCCW
Federal	7	End of sentence
Provincial	6	Continuation not supported by parole officer
Provincial	4	Deported
Federal	4	Unlawfully at large, back to BCCW
Federal	2	Deceased
Federal	1	Relapsed into substance abuse, turned herself in to BCCW
Federal	1	Very resistant, parole condition changed
Provincial	2 weeks	Relapsed into substance abuse and re-offended

As illustrated, 37.5% of the participants (6 out of 16) left the program as a result of breaching their parole by committing minor offences or violating their conditions. The follow-up program staff indicated that such breaches are expected given the nature of the population and that while some participants have breached their parole there has been no repetition of serious crime. It is interesting to note that one woman withdrew from the program as it was not supported by her parole officer. While it was indicated earlier that parole officers are becoming more aware and supportive of the program, the program

staff stated that extent of support given by parole officers varies greatly. Staff also indicated that for those not supported, it is usually due to a lack of understanding of the program goals, which is problematic as the participant is not being encouraged to address her therapeutic issues which contribute to her risk factors.

5. Unintended Effects: Does the ITP create any positive or negative unintended effects?

Participants interviewed from the fourth group identified numerous elements of the ITP that they did not anticipate or expect upon entry to the program. Most participants indicated that the program was more "intense" than they had originally anticipated. While not specified, this may be a combination of the program's direct focus on the participants' personal experiences, the program's length, and the amount of homework required for completion. As previously mentioned, the ITP does not allow for the participants to take part in other treatment or work programs because of its length. Two of the women interviewed identified this as an area of concern that they had not anticipated. While they were still able to work reduced hours and participate in Narcotics Anonymous (located outside BCCW), they indicated that it was difficult to find the time required. Moreover, they felt that in order to succeed in the ITP, they first needed to deal with their addictions through other programming. As such, they noted that they expected more emphasis on substance abuse and anger, and would have found these areas beneficial to explore in more detail. Most participants expressed that they did not expect as much focus on their individual crimes as there was. One woman mentioned that having to share and discuss her crime brought back nightmares that were just beginning to diminish. This issue will be examined in more detail later in this section. Lastly, most participants indicated that they were not aware of the follow-up program and its requirement for a one year commitment, and two women expressed resentment toward this.

In terms of sharing personal information, some participants stated that they felt comfortable sharing their feelings and experiences in a group setting while this evoked concern in others. According to the participants, there were a few instances in which

they identified their sharing of information resulted in unexpected consequences. One participant noted that she felt that the group was good at sharing, "almost too good", which can sometimes lead to problems with confidentiality. The issue of confidentiality was identified by both participants and staff as a problem in some groups. Furthermore, most women mentioned that both good and bad result from sharing personal information with others. For example, they stated that by listening to others they sometimes have more understanding of other group members but less of an understanding of themselves.

As previously mentioned, another important and unintended consequence of sharing personal information and criminal histories is that participants expressed concern about talking about their offences, especially if these are high profile. Participants indicated that it is difficult to open up to other participants because they anticipated receiving a negative and possibly aggressive reaction. For example, a participant who has committed a sexual offence may feel as if she cannot be completely honest about her offence for fear of retaliation, however there are likely victims of such offences in the group and she may risk retaliation if she minimizes her offence. Similarly, one of the program components is for participants to assess each other. While this is meant for the participants to provide positive and constructive feedback to each other on their progress, participants indicated that peer assessments tend to be based on who the person is and what offence they have committed instead of the progress the person has made in the program. It appears that the emotional responses of participants to the offences that others have committed may hinder the progress the peers identify in others. In general, the women were quite surprised with the impact that group dynamics can have on the program.

Throughout their participation in the ITP, three women reported feeling pressure from the sentence management staff and the British Columbia Board of Parole to continue taking the program. Participants also recognized an emphasis in the ITP on parole and the expected impact that the program will have on parole success, that women did not expect nor express appreciation for. Interestingly, one woman indicated that she felt pressured to participate in the ITP by other inmates who had participated in previous groups. The fact that participants from previous groups encourage others to participate can be viewed

as both positive and effective, as inmates are likely more apt to participate in a program that fellow inmates promote. While participants did not report feeling pressure to participate from the program facilitators, they indicated that they had hoped the facilitators would conduct the ITP in a more controlled manner, especially during times of group instability.

In terms of group interaction, the participants appeared to get along well with each other with the exception of the obvious problems that result from negative isolated incidents. One of the participants noted that she learned how to be more selective of the people she trusts by using the skills presented to her in the ITP. For example, she no longer "buys her friends" as she learned that this is not necessary if a trusting relationship exists. While the relationships within the group appeared to be largely positive, the relationships between the three of the participants and other inmates at BCCW appeared somewhat strained as a result of the program. Participants stated that this animosity is a result of the other inmates viewing them as trying to impress staff by taking the program, or as a result of the confidentiality held by the group. One participant noted that her friends act differently around her because they "don't like to see me advance" through the ITP. A problem in this regard seems to be that both participants and non-participants live in the same general population area.

The participants acknowledged both positive and negative unexpected elements that came out of their participation in the ITP. Of the women who originally felt pressured into the program, one participant identified some components of the program as very positive. However, other participants noted a number of negative unexpected elements brought to the surface as a result of the program. First, most identified that being angrier or expressing anger more was an unexpected consequence of the program. As previously mentioned, the pre and post program data do not support this finding. One participant mentioned that it was difficult to accept other participants for who they are, especially after hearing their criminal histories. Once again, participants noted that the lack of control within the group at times was unexpected and difficult to cope with in the group setting.

CONCLUSIONS

Study Limitations

It is essential to note that there are some limitations to this evaluation. First, while the researchers analyzed pre and post data from all four of the ITP groups, they were able to survey and interview only the five participants in the fourth ITP group, thus the sample size for the qualitative analysis was small. Furthermore, in terms of staff response to the evaluation, having received only 10% of the distributed surveys, the staff sample size was also smaller than originally anticipated. Another limitation to this evaluation is inconsistency in application of the pre- and post-program measures.

Since the commencement of the ITP there have been a variety of pre and post measures used to assess the progress of the participants, of which only a few have been administered consistently to all participants in all groups. The researchers analyzed only the results from the measures that had been consistently used throughout all ITP groups. As such, any relevant information that had been noted from other measures was not incorporated. The inconsistency of assessment throughout the ITP groups was a limitation to this evaluation, and recommendations to ensure more consistency in the future are noted.

Recommendations for potential program improvement

The staff surveyed at BCCW all indicated that they were aware of the ITP and its objectives. While they collectively rated the program as fairly effective, all staff expressed numerous concerns about the program. These concerns may not have surfaced, or may have been remedied, with regular and detailed staff debriefing about the program. While weekly updates have informed most staff of the program, increased information for staff to make them more aware specifically of pertinent details of the program would be helpful. This may allow non-program staff to become more educated about the

program's content, thus providing more effective support to the participants outside of the ITP.

The admission criteria currently used to screen potential participants prevents admittance of some women by sentence length and educational and intellectual ability. As previously mentioned, it is probable that women with shorter sentences who do not possess the required ability to read and write at a basic level are likely to have higher needs, yet the current criteria do not permit them to participate. Further analysis of the screening criteria is recommended and widening the range of potential participants should be a consideration.

In terms of program content, a few recommendations are made. First, participants stated that they would have benefited from a focus on addictions and substance abuse in the ITP. For this reason, it is suggested that program facilitators consider developing a section of the ITP to focus on addictions. Second, participants indicated that there was a strong emphasis on parole and attaining parole in the program. Furthermore, most staff surveyed reported that they understood the ITP to be a prerequisite to applying for parole. The participants stated that this emphasis on parole was detrimental for them, in that some of them felt coerced into the program and felt obliged to remain in the program if they intended to apply for parole. This emphasis on parole appears to be substantiated by the British Columbia Board of Parole, which suggested that the program facilitators help prepare the participants for their parole hearing. While this would be beneficial for parole purposes, the focus of the program is likely to be lost. It is likely more beneficial for program success if the women are motivated to participate because of their own experiences and situations, not because they believe this to be the only way to receive parole. Results from the interviews indicate that internal motivation is critical to the success of the program, thus in limiting the focus of parole the program facilitators may find that participants express more of a genuine desire to take part in the ITP.

Recommendations are also made in terms of the program's structure. Due to the length of the ITP, it is noted that the program does not allow for the participants to be easily

involved in other programming or work. While the program facilitators anticipate the structure of the subsequent ITP groups to be slightly different, it is not clear if this will impact the level of intensity and demand the program requires when a participant takes part. It is important for participants to be able to remain in other work or treatment programs if they choose, thus the structure of the ITP should be examined to determine if it can allow for this.

Confidentiality in a correctional treatment setting is an inherent concern. Results from this evaluation indicate that the trust level of the entire group is negatively effected. While it is not possible to prevent breaches of confidentiality from occurring, it is important to develop a consistent and 'zero tolerance' approach in order to deal with breaches. Similarly, when the physical altercation occurred in group, the participants expressed dissatisfaction with the manner in which the incident occurred. All participants indicated that they expected and would have preferred the program facilitators to take more control in the group during such situations. With both confidentiality breaches and physical confrontations, participants should be able to predict and trust that the program facilitators will take control over such situations, and what the consequences will be. Results of this evaluation make it clear that participants felt uncomfortable with the lack of appropriate consequences and would have preferred a more structured and firm response.

Lastly, this evaluation revealed a lack of consistency in the use of pre and post assessment measures for the participants throughout the four groups. Results from some instruments were not used because of their inconsistent administration, and for this reason it was very difficult for the researchers to identify and make use of instruments that had been applied consistently to each group. While this evaluation has touched on the potential deficiencies of the assessments being used, it is beyond the scope of this evaluation to recommend more appropriate instruments. It is strongly recommended that the instruments currently in use be re-evaluated in terms of their utility for the population as well as within the context of the program. Research into the instruments used to assess the participants, and to ensure that these measures were developed and validated for use

with women offenders, would be beneficial. Furthermore, it is recommended that a standardized assessment battery be created and implemented, consisting of measures that are less susceptible to socially desirable responding. This battery should be administered consistently to participants in all future ITP groups, emphasize dynamic factors, and be linked specifically to the goals and treatment objectives of the program.

Summary of Findings

While the ITP is a relatively new program at BCCW, it seems to have developed its own place and function at the facility. In summary, both staff and inmates are aware of the program and its objectives. Staff and participants involved with the ITP generally rate the program positively and believe it is effective in achieving its goals. Some staff expressed that they have observed changes within the participants and the facility as a result of the program.

The first issue addressed in this evaluation was whether the ITP serves its targeted population. The ITP generally serves its targeted population, and the staff at BCCW were educated and well-informed about the program. Even though the program is relatively new, many staff expressed a need for the program. In regards to the criteria for participants to enter the program, a concern was noted that the criteria for sentence length and educational requirements might exclude women who would have otherwise benefited from the program.

The second issue addressed in this evaluation was whether there were sufficient resources to support the ITP. Interviews and surveys conducted with staff illustrate that the ITP is generally supported by most staff at BCCW. While the program is supported by staff, it appears that some staff are more likely to support the ITP than others. The staff who refer the women to the ITP are generally those who are the most informed and supportive of the program. The program is also widely known by the inmate population, as some women are told about it from fellow inmates.

The third issue addressed in this evaluation was whether the activities of the program are presented and implemented in a way that its goals can be achieved. While participants and non-program staff are supportive of the program, they indicated that there have been concerns regarding the implementation of the ITP since its commencement. Such concerns stem from incidents of breaches in confidentiality among participants, and physical and emotional confrontations between participants. While issues of confidentiality are potentially a problem in any correctional program, participants and staff expressed concern with the manner in which confrontations between participants were managed in the ITP. Another concern identified was that the ITP does not adequately accommodate participation in other activities at the facility due to its length. Results of this evaluation indicate that some improvement could be made in the area of developing a structured plan for action that requires taking more control over the group in situations where participants become emotionally or physically volatile. It is clear that implementing such a plan would be of benefit to participants, as it would help to diffuse difficult situations more readily and assist in maintaining a more stable and predictable environment for the group.

The fourth issue addressed in this evaluation was whether the ITP was effective. All participants interviewed indicated that their program needs had been met to varying extents in the ITP. Participants expressed increased feelings of confidence, patience, empathy, and learned to place importance on self-awareness and utilizing self-help skills. All participants also stated that they had experienced changes in their understanding of themselves and of their experiences.

The final evaluation issue addressed was whether the program created any unintended positive or negative effects. The benefits of the ITP were clearly expressed by the participants, even though not all the participants acknowledged the program as effective. The ITP appears to build on the skills that participants have previously learned in other programs such as Cognitive Skills, and seems to build on these capabilities through group therapy. While participants acknowledged that there was potential for others to misuse the program, the participants did not believe that others were misusing the ITP. The

length and intensity of the program likely precluding misuse. The participants did note several negative unintended effects of the ITP. First, many participants stated that they were unaware of the program content and requirements, such as intensity of the program and the follow-up program and its one year requirement, which reportedly caused resentment. Second, the sharing of personal information occasionally leads to breaches of confidentiality into the non-participant inmate population. Third, participants noted that because of the emphasis on their offences, animosity is likely to occur if a participant has committed a high profile crime. It is also difficult for that participant to be honest about her offence for fear of a negative response from others. Fourth, participants stated that they did not expect the program to emphasize parole and parole success, and because of this, some felt pressured to remain in the program for reasons other than internal motivation. Fifth, participants noted that animosity between them and other inmates sometimes exists because of the program, as the inmates' preconceived and sometimes negative notions of the ITP influence how they see the participants. Sixth, participants indicated that the physical altercation that occurred within the group was unexpected, and the lenient manner in which it was handled was surprising and caused participants to comment on the lack of control in the group. Lastly, most participants stated that they expressed more anger after the program was over, a finding contrary to the results of the quantitative analysis. While this was likely a result of having started to share with others personal memories and negative experiences in their lives, some participants viewed this as a negative result of the program. Although the program does appear to be effective for participants, there are numerous negative effects that may hinder the success of the ITP. These need to be acknowledged and evaluated in terms of how they will be remedied in the future.

Overall, there is clear support for the effectiveness of the ITP and it is generally well regarded by both participants and staff. Examining and addressing implementation and procedural concerns will contribute to the overall success of the program.

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APPENDICES

APPENDIX A: Survey format for program facilitators

This questionnaire is designed to determine the effectiveness of the Intensive Treatment Program at BCCW from the point of view of those who implement it, the Program Facilitators.

We would appreciate if you could respond to the following questions. Your perceptions and feelings about this program are of great importance for its evaluation.

1. How effective do you find the ITP to be for…

    a) Women gaining insight into their own behaviour?

        1……2……3……4……5……6……7……8……9……10
        Poor   Moderate   Very good

    b) Women developing self-help strategies?

        1……2……3……4……5……6……7……8……9……10
        Poor   Moderate   Very good

    c) Women to feel empowered by sharing experiences?

        1……2……3……4……5……6……7……8……9……10
        Poor   Moderate   Very good

2. Have you noticed any changes in the general atmosphere at the facility, or the relationship between staff and inmates due to the program?
      _____ Yes   _____ No

If yes, what kind?
_____
_____
_____

3. Have you noticed any changes in the program participants since their involvement in the program?
      _____ Yes   _____ No
If so, please indicate in which areas these changes occur:

_____ In how they deal with their personal feelings
(ie. sharing experiences more)
_____ In how they cope with difficult situations they face
_____ In their role in the program group
_____ In their behaviour towards staff
_____ In their behaviour towards other inmates
_____ In their institutional behaviour
_____ Other (please specify): _____

4.   Do you have any positive feedback about the ITP?
         _____ Yes   _____ No

Please describe:
_____
_____
_____

5.   Has the ITP ever created a crisis or a problem?
         _____ Yes   _____ No

If yes, why and when?
_____
_____
_____

Was it resolved?
         _____ Yes   _____ No

    If yes, how?
_____
_____
_____

6.   Have you noticed any resistance to the program, either by inmates or by
      staff?
         _____ Yes   _____ No

What type of resistance?
_____
_____

7.   Do you believe that the ITP is ever used for other purposes (such as to chat, to avoid work, etc.)?

_____ Yes   _____ No

How?_____
_____
_____

8.   Do you have any general complaints about the ITP?

_____ Yes   _____ No

Please describe:

_____
_____
_____

What is your position title with respect to the ITP program?_____

How long have you been in this position? _____

How long have you been working with women offenders? _____

**THANK YOU VERY MUCH FOR YOUR COOPERATION
IN COMPLETING THIS SURVEY!**

This questionnaire is designed to determine the effectiveness of the Intensive Treatment Program (ITP) at BCCW. The program aids women to develop insight and awareness into their own behaviour, and learn more effective coping strategies to deal with difficult life situations.

These surveys have been randomly distributed at BCCW in order to have a representative sample of staff with differing levels of awareness of the program. We would appreciate if you could respond to the following questions. Your perceptions and feelings about this program are of great importance for its evaluation. The questionnaire is anonymous, and your responses are for research purposes only and will be kept entirely confidential.

1.   Are you aware of the ITP?

    _____ Yes   _____ No

If yes, how did you find out about the ITP?

_____
_____
_____

2.   Are there any women on your caseload that are participants in the ITP?

    _____ Yes   _____ No

3.   Do you know the goals of the program?

    _____ Yes   _____ No

What are they?

_____
_____
_____

4.   How effective do you find the ITP to be for…

  a)   Women gaining insight into their own behaviour?

    1……2……3……4……5……6……7……8……9……10
    Poor   Moderate   Very good

b) Women developing self-help strategies?

1……2……3……4……5……6……7……8……9……10
Poor   Moderate   Very good

c) Women to feel empowered by sharing experiences?

1……2……3……4……5……6……7……8……9……10
Poor   Moderate   Very good

5. Have you noticed any changes in the general atmosphere at the facility, or the relationship between staff and inmates due to the program?

_____ Yes   _____ No

If yes, what kind?
_____
_____
_____

6. Have you noticed any changes in the program participants since their involvement in the program?

_____ Yes   _____ No

If so, please indicate in which areas these changes occur:

_____ In how they deal with their personal feelings
(ie. sharing experiences more)
_____ In how they cope with difficult situations they face
_____ In their role in the program group
_____ In their behaviour towards staff
_____ In their behaviour towards other inmates
_____ In their institutional behaviour
_____ Other (please specify): _____

7. Do you have any positive feedback about the ITP?

_____ Yes   _____ No

Please describe:
_____
_____
_____

8.   Has the ITP ever created a crisis or a problem?

           _____ Yes   _____ No

       If yes, why and when?

       _____
       _____
       _____

       Was it resolved?

           _____ Yes   _____ No

       If yes, how?

       _____
       _____
       _____

9.   Have you noticed any resistance to the program, either by inmates or by staff?

           _____ Yes   _____ No

       What type of resistance?

       _____
       _____
       _____

10.   Do you believe that the ITP is ever used for other purposes (such as to chat, to avoid work, etc.)?

           _____ Yes   _____ No

       How?_____
       _____
       _____

11.   Do you have any general complaints about the ITP?

           _____ Yes   _____ No

       Please describe:

       _____
       _____
       _____

Please answer the following questions if you feel comfortable, otherwise please feel free to skip them.

What is your position at the facility? _____

How long have you been in this position? _____

How long have you been working with women offenders? _____

**THANK YOU VERY MUCH FOR YOUR COOPERATION
IN COMPLETING AND SENDING THIS SURVEY!**

The Intensive Treatment Program (ITP) is a program available for women in this facility who express an interest in better understanding their own behaviour, and developing skills to better cope with everyday life problems. In order to understand how this program is going and to find ways to make it even better, we would appreciate if you would fill out this questionnaire and tell us how you feel about the ITP.

Your responses will be kept entirely confidential and your anonymity is guaranteed.

1.   How old are you? _____

2.   How long is your current sentence (in months)? _____

3.   How long have you been incarcerated (in months)? _____

4.   How long have you been at this facility (in months)? _____

5.   Were you aware of the ITP and its availability to you?
         _____ Yes   _____ No

6.   If so, how did you find out about the program and become involved?
         _____ saw notices or postings
         _____ another inmate told you
         _____ you were approached by an inmate participating in the
                       ITP
         _____ you were approached by a staff involved in the ITP
         _____ other (please specify): _____

7.   Have you ever been denied a position in the program?
         _____ Yes   _____ No

8.   Were you worried about participating in the program?
         _____ Yes   _____ No

        If yes, why were you worried? (Check as many as applicable to you)

         _____ you were not really interested?
         _____ you were occupied with another program or work placement?
         _____ you didn't think you needed to?
         _____ you didn't think you would feel comfortable in a group setting?
         _____ you were worried about confidentiality?
         _____ you were worried about what other participants might think?
         _____ you were worried about what staff might think?

9.   What did you expect to gain from your involvement in the program?
     _____
     _____
     _____

10. Have you noticed any changes in the general atmosphere at the facility, or the
     relationship between staff and inmates and among inmates due to the ITP?
     _____ Yes   _____ No

     What kind of changes?
     _____
     _____
     _____

11. Have you noticed any resistance to the program, either by inmates or by staff?
     _____ Yes   _____ No

     What type of resistance?
     _____
     _____
     _____

12. Do you believe that the ITP is ever used for other purposes (such as to chat, to
     avoid work, etc.)?
     _____ Yes   _____ No

     How?

     _____
     _____
     _____

13. Do you have any general complaints about the ITP?
     _____ Yes   _____ No

     Please describe:
     _____
     _____
     _____

14.   Do you have any positive feedback about the ITP?

        _____ Yes   _____ No

Please describe:

_____

_____

_____

15.   How helpful was the program for you?
(please circle one number)

1……..2……..3……..4……..5……..6……..7……..8……..9……..10
Not at all   Somewhat helpful   Entirely

16.   Did the ITP fulfill your expectations?

1……..2……..3……..4……..5……..6……..7……..8……..9……..10
Not at all   Somewhat   Entirely

If yes, in what way?

_____

_____

_____

If no, why not?

_____

_____

_____

17.   If the ITP did not help, could you please tell us why?

_____

_____

_____

_____

Would you be willing to share your thoughts on the ITP in a short one-to-one interview with a researcher?

        _____ Yes   _____ No

Would you be willing to participate in a group setting with other ITP participants, and talk about your experience in the program with a researcher?

_____ Yes   _____ No

If you are willing to participate in either of the above, please write your name and we will contact you. We would like to assure you that information you provide is for research purposes only, and will be kept entirely confidential.

Name: _____   Date: _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

APPENDIX D: Interview format with the program facilitators and warden

1.   General Program Description

What are the goals and objectives of the program?

To what extent do you believe that ITP is meeting its goals and objectives?

What do you hope the end result will be for the women involved in this program?

Are there any other activities or programs related to the ITP at this facility?

Are there any exclusionary criteria for women applying to the program?

Are you aware of any unanticipated outcomes of the program?

If you had to describe a profile of the women who participate in the program, what would it be?

How does this general description of women in the program compare to the general description of the profile of women in BCCW who are not in the program?

What types of behaviour would lead to permanent suspension for women in the program? Can they be re-admitted at some point in time after being suspended? How long?

2.   Establishing the ITP

a)   Support

How important you feel that the ITP is considered by the following staff at BCCW?

- Mental health professionals (Psychologists, Social Workers)
- Case Management staff
- Sentence Management staff
- Warden

Have you noticed any resistance to the ITP, either by inmates or staff?
Are the amount of time and energy put into the ITP acknowledged and recognized as part of your regular job?

What would you find helpful for running the ITP (ie. Anything you need more or less of?)
b)   Training

Are there any other staff assisting you to conduct this program? If so, what kind of training do they require?

Are there any topics not covered in the program that you feel should be? If so, what are they?

c)   ***Balancing ITP activities of participants with other activities at the facility***

Are participants attending the ITP supported by non-program institutional staff?

Were other staff members expecting participants to be somewhere else or to be engaged in some other activity?

Is there a graduation ceremony once the program has been successfully completed?

Who was invited to the graduation, and how did the participants feel about it?

To what extent do you feel that the process of empowering women to address their psychological and emotional needs is going smoothly?

How do you perceive other staffs' responsiveness to the inmate's requests?

How do you perceive the ITP participants' responsiveness and promptness?

3.   ***Implementation***

How do you feel about the idea of ITP participants helping and assessing each other?

How do you feel about women sharing their feelings and experiences together in a group setting?

How would you assess the quality of relationship and the established trust between you and the ITP participants?
How would you assess the quality of relationship and the established trust between ITP participants and the following staff?

- Mental health professionals
- Case Management staff
- Sentence Management staff

How would you assess the quality of relationship and established trust among ITP staff?

Have you noticed any changes in the general atmosphere in the facility, the relationship between staff and inmates and amongst inmates due to the ITP?

Have you ever had to deal with disruptive behaviour from the participants? If so, how did you deal with it?

Do participants who drop out of the program offer constructive feedback as to the reasons why they dropped out? If so, are these criticisms used to help tailor the program in a more successful way?

4. *Effectiveness of the Program*

a) **Changes in participants**

How effective do you find the ITP to be in helping the participants to recognize, acknowledge and address their problems?

How effective do you find the ITP to be in empowering the participants to take responsibility and control over their lives?

Have you noticed any changes in the participants since their involvement in the ITP? Positive? Negative?

Does this program impact other programs in any way?

How do they deal with personal issues, incarceration, stress, etc.? Do they deal with them differently now after having taken the ITP?

How is their relationship and behaviours toward the ITP staff?

b) **Changes in the environment**

Have you noticed any changes in the facility that have been brought on by the ITP? If so, what are they?

5. *Unintended Effects*

Do you see any hindrances of having this program at BCCW for participants or for staff?

Do you believe that this program is ever used inappropriately (ie. for alternative purposes, such as to evade work or other programs, or to engage in general socialization)?

Do you think that the ITP reinforces effects of other programs or has other long term positive effects, in the case of participants and /or all inmates?
Do you think that the power structure of the ITP (ie. the staff and the participants) has a negative effect on the ability of the participants to be completely honest about their experiences?

Do participants who have completed the ITP sometimes feel "lost" after it is over, as they do not have the same support anymore? Are there services within the facility that participants can turn to when they require extra support?

Is there any animosity between participants in the ITP and women in general population? Have any problems ever occurred because of this? How is this addressed?

Are there any services for women outside of Burnaby who cannot attend the aftercare program in Burnaby because of the distance?

## 6.	*Recommendations*

What would you find helpful for running the program? Is there anything you need more or less of? Staff support? Funding? New assessments?

Do you believe that this program could be improved? If so, how?

APPENDIX E: Interview format for participants

1.   *General Program Description*

Why do you think that you need treatment? What were the areas that you wanted to address in your life?

How do you feel treatment will help you to meet these needs?

How do you feel about women sharing their feelings and experiences with each other in a group setting?

If you were to compare yourself to others in BCCW, would you say that you are in greater or lesser need of treatment? Who are you comparing yourself to (are these women in ITP or in general population)?

2.   *Establishing the ITP*

How did you find out about ITP? Was it through staff or through other women?

How did you pursue treatment in the ITP? Did you seek out the ITP yourself, or was it recommended to you?

What does it mean to you to be a participant in the program?

Do you think that the ITP Facilitators have sufficient training for the program?

3.   *Implementation*

To what extent do you feel that the ITP has met your needs?

Do you think that there is cooperation, trust and support between participants? Could this be improved? How do you think it could be improved?

Does the ITP fit in with other activities at the facility?

How do you perceive the relationships between inmates and between inmates and staff at the facility?

To what extent to you feel that you are in charge of the program?

4.   Effectiveness

Did any changes occur in your understanding of things (ie. your behaviour) and yourselves?

Has the ITP helped you to understand your behaviour more than you understood it before? How?

Has this program affected you in any way? How has this program affected you?

Has the ITP helped you to develop self-help skills? What kind of skills? How?

Has the atmosphere at BCCW altered after the implementation of the ITP? If yes, has it changed for the better? How? If no, do you think the ITP could be more effective in changing the atmosphere? How?

Do you find that you deal or cope with problems in your life differently after participating in the ITP as compared to before? Can you give me an example of how you coped with a problem before, and how you think (or have) coped with that same problem now?

How did you find the working of the program?

5.   Unintended Effects

What did you think the program would be like? Was it what you expected, once in it? What was similar? What was different?

Are you currently involved in any other treatment programs? If so, do you feel that participating in the ITP has had any positive or negative effects on your performance in other programs? In work placements?

Did, at any time, you ever feel pressured to share life experiences with the group when you did not feel comfortable doing so?

What role did the facilitators play in the program? Did you feel as if they were helpers? Did you feel pressure to participate because they are institutional staff?

How did you get along with other women before you entered the ITP? Did you have any problems communicating with them? Now that you've completed the program, do you get along with other women (who have not taken the ITP) in the same way? Differently?

Do you feel any animosity between yourself and women in BCCW who have not participated in the ITP? Do you feel that they look down on you? Do you feel that they look up to you?

What are the positive things that came out of your participation in the ITP? Where any of them surprising to you or unintended?

Are there any benefits or difficulties that you are facing as a participant?

Are there any challenges that are facing you as a participant of this program?

6. Recommendations

Do you have any thoughts on how the program could improve in any way? For example, should it be shorter? Longer? Cover different areas or topics? Omit some areas or topics?