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February 24, 2001

Burnaby Correctional Centre for Women

Our consultation team has reviewed the documents provided by your firm. Enclosed you will find a summary of the specific evaluation questions and evaluation design, a summary of the key evaluation issues and subsequent implications, as well as general remarks and recommendations. We understand that your firm will require time in which to evaluate our submission. Should you require any further information, please do not hesitate to contact Generation **E** Consultants. We thank you in advance and look forward to hearing from you.

Sincerely,

Generation **E** Consultants

Assessment of the Effectivenes of the Intensive Therapy Program (ITP) for Female Offenders at the Burnaby Correctional Centre

PRELIMINARY REPORT

Prepared for:
The Prison Officials in Burnaby, British Columbia

Prepared by:
Generation E Consulting

February 24, 2001

Acknowledgements: We would like to thank Harriet Clink-Meilluer for her involvement in the evaluation of the Intensive Therapy Program at the Burnaby Correctional Centre for Women (BCCW). Also, we extend our gratitude to the BBCW for the information provided and our ongoing collaborative relationship.

EXECUTIVE SUMMARY

The Intensive Therapy Program (ITP) intends to assist female offenders to develop emotional and cognitive skills that will enable them to think more realistically, manage their anger and establish positive, interpersonal relationships.

The purpose of this preliminary report is to determine the effectiveness of the ITP by first establishing if there was a need for the program, the implementation stages, and linkage between the program outputs and outcomes.

The Intensive Treatment Program (ITP) targetted the following women: 1) those who are currently in maximum security prison settings; and 2) those who are currently in medium and minimum security prison settings. It should be noted that the women enrolled in the ITP require a level of support that is more intensive than women who are not enrolled.

Five research questions guided the review:

1) Is there a need for the Intensive Therapy Program at the Burnaby Correctional Centre for women

2) Are there adequate resources and support to foster the development of the Intensive Therapy Program

3) Are the program activities in alignment with the program`s intended goals and objectives

4) Is the Intensive Therapy Program effective

5) Does the Intensive Therapy Program create any unintended effects, whether they be positive or negative

Based on a review of all data sources, a summary and critique of how this program functions and defines specific client needs, intended service activities, intended outputs (i.e., units of service), and intended shorter-term and longer-term outcomes were reviewed.

Based on the following report, a set of specific recommendations are provided to assist with the implementation and monitoring of the Intensive Therapy Program.

INTRODUCTION

1.1 Program Description.

The Intensive Therapy Program (ITP) was developed to assist women with a variety of mental health issues. The participants are involved in therapeutic sessions to help them acquire skills in the following domains: 1) coping; 2) anger management; 3) dealing with dysfunctional behaviour; 4) dealing with self-injurious behaviour; and 5) to increase overall pychological well-being. The therapy sessions are conducted using a group format and cover an array of healthful and psychologically beneficial activities. For example, participants may be involved in sessions that are oriented toward the development of health cognitions (i.e., abandoning irration thinking patterns, and false beliefs and values). Also, participants will be asked to explore ways in which to develop effective interpersonal relationships and emotional balancing of current and past experiences. Examples of additional therapy components include anger management, relapse prevention techniques, development of personal responsibility, and empathy for victims. Program participants are expected to complete strutured homework excercises and other treatment components. Participants spend approximately 24.5 hours per week engaged in the ITP.

1.2 Identified Needs Addressed by the Program.

The women offenders selected for the ITP purportedly require more intensive support in terms of coping with their current situation at a given level of prison security. The program participants are assumed to need aid in developing healthy cognitions, effective and positive interpersonal relationships and emotional regulation, and assistance in the following domains: 1) anger management; 2) effective communication; 3) sharing autobiographies; 4) intimacy issues; 5) relapse prevention; 6) victim empathy; 7) personal responsbility; and 8) overcoming the effects of violence.

1.3 Target Population.

The women who are enrolled in the ITP have displayed inadequate coping skills, anger management skills, and a procilivity towards aggressive outbursts. Research indicates that women who present with these symptoms are often at increased risk of self-injurious and self-destructive behaviour. Thus, it is the ITP`s objective to assist the women who possess the greatest need for treatment (treatment priority index). This criterion is dependent upon each woman`s sentence length and prior behaviour in treatment programs at the Burnaby Correctional Centre for Women.

1.4 Purpose of the Evaluation.

The purpose of the evaluation is to determine the effectiveness of the Intensive Therapy Program at the Burnaby Correctional Centre for Women. Specifically, the information from the key

informants (i.e., ITP facilitators, the prison Warden, existing case files) and participants` psychological profiles (e.g., women`s overall scale scores and subscale scores on the psychological measure). This information will be evaluated from both quantitave and qualitative perspective. Finally, recommendations will be made for the consideration of Members of the Board and prison officials.

1.5 Evaluation Questions.

The following questions will be addressed in this report:

- Is there a need for the Intensive Therapy Program at the Burnaby Correctional Centre for women
- Are there adequate resources and support to foster the development of the Intensive Therapy Program
- Are the program activities in alignment with the program`s intended goals and objectives
- Is the Intensive Therapy Program effective
- Does the Intensive Therapy Program create any unintended effects, whether they be positive or negative

1.6 Remaining Evaluation Questions

Recognizing the preliminary nature of this report, a discussion of remianing questions, steps to be taken in answering them, and outstanding concerns and issues is also included following the presentation of the evalutation findings obtained to date.

CONTEXT OF THE PROGRAM

The Intensive Treatment Program (ITP) was established at the Burnaby Correctional Centre for Women, in 1998. The ITP is a women-centered treatment program that offers twenty weeks of intervention for participants with a history of aggressive, dysfunctional and /or self-destructive acts in an institution or community setting. The ITP program is a piolet program in response to the 1997 Correctional Service of Canada’s commitment to gender appropriate mental health programs for offenders. This commitment stems from the recognition that men and women differ in the specific mental illnesses and the psychological and behavioural outcomes of mental health problems and, therefore, should be assisted with gender specific programs.

The overall goal put forth by Correctional Service of Canada, which the design of the ITP is intended to reflect, is to provide a continuum of care which permits women offenders to maximize mental well-being and to minimize criminal recidivism through social, emotional, and

cognitive skills development.

Thus far three sessions of the ITP program have been in operation, the first in 1998-99, a second in 1999, and a third in 1999-2000. A completed evaluation of the program is not available at this time and, as noted above, the following preliminary report is designed to both summarize the evaluation findings on the ITP program that are available to date, and to outline the remaining steps to be taken.

METHOD

3.1 Evaluation Design.

The information for this report has been derived from the follwoing sources: 1) a review of the empirical literature available in PsycINFO (1986-present) and MEDLINE (1990-present); 2) the information provided by the evaluation leader at the Intensive Therapy Program (ITP) at the Burnaby Correctional Centre for Women, Burnaby, British Columbia; and 3) additional evaluation texts and key references used in the evaluation community.

3.2 Method Enacted to Date.

3.2 A. Interviews with Key Informants (at this time warden and two facilitators)

3.2 B. Data from Psychological Measures and Case File Review

3.3 Suggested Methods for Gathering Further Information.

3.3 A. Participant Surveys

3.3 B. Focus Groups

3.3 C. Interviews

3.3 D. Research Design

EVALUATION FINDINGS

4. Interviews with Key Informants (at this time warden and two facilitators).

4.1 A. Evaluation Question 1: Is there a need for the Intensive Treatment Program (ITP)? Both, the warden and the 2 group facilitators interviewed, agreed that the program fills a significant demand for more treatment rather than just “programming”. This is in accordance with the recommendations of the Correctional Service of Canada, calling for a coordinated continuum or care, structured support and remediation programs that maximize mental well-

being and to minimize criminal recidivism (Saidman & Chato-Manchuk, 1999).

The facilitators pointed out that inmates are eager to participate and fully expect to benefit from the program. However, not all women who request participation in the program can be admitted for several reasons: a) a careful balance between group cohesion and group size needs to be achieved; b) the length of the sentence is an inclusion criterion, which excludes women with shorter term sentences; c) available resources may not permit implementing several groups to respond to demand.

In summary, based on the report of the facilitators and the warden, there is a significant need for ITP and this need exceeds availability.

4.1 B. Evaluation Question 2: Are there adequate resources and support for establishing the ITP?

Facilitators and Warden agree that the mental health care professionals are not uniformly supportive of the program. The facilitators point out that while one of the psychologists is very supportive, another is not at all. The warden believes that the initial reservation has changed and the support overall is at 6/10. Case managers and sentence managers are in closer contact with the inmates and generally are judged by the facilitators as more educated and aware of the program's content and usefulness, and by the warden as more committed than are the psychologists. However, facilitators also mention the fact that not all staff are aware of the groups objectives and themes and show little personal involvement (e.g. not attending graduation ceremonies to which they were invited). The warden also noted the reservations on part of contractors, that some of the interventions (e.g. writing in a journal) may compromise confidentiality and criticize the use of a male therapist. Overall, both facilitators and the warden agree that more education and a treatment manual would be crucial to the coherence of treatment and the commitment of staff to apply the program in the most efficient way possible.

The warden points out a further element affecting the delivery of the ITP. It appears that no workshop space has been committed to the program and at times it has to be moved if the room is need for other programs. While there is consensus among warden and facilitators that ITP interferes with the attendance to other programs, the limited office space and subsequent relocation of ITP meetings brings up the issue of program priority setting within the BCCW.

In summary, based on the report of the facilitators and the warden, support and commitment of mental health professionals and staff is limited and not uniform; their knowledge and application of the program may compromise effective treatment. The priority given to the program with regard to attribution of space by the BCCW is questionable.

4.1 C. Evaluation Question 3: Are activities of the program organized in a way that its goals can be achieved?

The goals of the program as elaborated by facilitators and warden focus on skills and insights to increase confidence and knowledge of inmates to be able to function in a community with

relative success. Long-term expectations are the reduction of recidivism and self-harming behaviour. The chosen group format, however, appears to compromise to some extend the expected outcome. While the warden finds it "natural" for women to socialize and share in a group setting, they agree with the difficulties that are highlighted by the facilitators' comments. Difficulties revolve around several issues: a) confidentiality between group members, but also staff and the larger prison population; b) the confined setting of a correctional facility with a possible coercive element to it; c) the role group members play in the larger context of the prison community (e.g. loss of status, loss of clique membership, etc.), d) scape-goating, victimizing and dismissing group members as a result of their disclosure or lack thereof; e) inmates' personality disorders actively interfering with group dynamics and exacerbating other group members' difficulties; f) lack of support following the termination of the group.

The absence of a formal treatment manual and work book for participants has been noted as contributing to the lack of focus and lack of structured interaction between women. Some of the interventions are problematic in terms of women dropping out of the program (e.g. offense presentation), while other important issues to the participants remain unaddressed (e.g. substance abuse and sexual abuse). While the facilitators point out that the former serves to "weed out" women who do not take responsibility over their actions, it is not clear at this point if the active components of the ITP meet the needs of the participants, thus contributing constructively to meeting the program goals.

In summary, based on the report of the facilitators and the warden, the treatment format and the lack of formal and structured treatment manual may affect a coherent application of the interventions. The absence of attention to substance abuse and sexual abuse and the relative insistence on offense presentation may need to be reviewed in view of meeting program goals and objectives.

4.1 D. Evaluation Question 4: Is the program effective?

Facilitators and warden agree that the effectiveness of the ITP has to be evaluated on an individual level, that variability is very high and the focus of treatment may differ from woman to woman. Participants shared with the warden that they have "benefitted tremendously" from the program. However, both warden and facilitators fail to see an affect on the atmosphere in the prison yet, but the facilitators have noted a decrease in "incidents" after the program was completed for those women who remained incarcerated. Most of the women get discharged following the end of the ITP and the year-long aftercare program may be able to provide information as to the achievement of long-term outcomes.

In summary, based on the report of the facilitators and the warden, effectiveness of ITP cannot judged on an improved atmosphere at the prison but a decreasing number of incidences of those women who remain at the prison point towards a positive treatment effect.

4.1 E. Evaluation Question 5: does the program create any positive or negative unintended effects?

Some unintended negative effects have been observed by facilitators and warden. Permanent scapegoating by the group has marginalized some members who were resented by the group. Lack of appropriate response by the group may lead group members to revert and/or reinforce their antisocial behaviours and attitudes. Participants who may have benefitted from the program may find themselves without sufficient support following the end of treatment or find the available support differs significantly from the group format they are familiar with (e.g. individual counseling with a psychologist). Some women continued sharing but without the protection of confidentiality which can have negative implications. The role of the inmate within the larger population of the prison may also be affected by group membership in the ITP. Sharing openly with other inmates, relying on staff for advice and support and conflicting allegiance to the treatment group versus their own "clique" may be seen as going against the "inmate code" of conduct. Finally ITP interferes with other programs and women tend not to be able to participate in those programs.

In summary, based on the report of the facilitators and the warden, unintended negative effects of the ITP are significant and need to be addressed and juxtaposed with positive treatment outcome.

4.2 Data from Psychological Measures and Case File Review

Information from psychological measures and case file review addresses how interventions of the ITP are presently organized in view of their effectiveness in meeting the short and long-terms goals of the program and the needs of a particular segment of the prison population not met.

Review of Participant Assessments

Program participants were assessed on several measures of psychological, emotional, and social functioning both before entering the program and after completion. These measures yielded global scores for anger/hostility, guilt, stress, judgement, emotional vulnerability, and social skills. A comparison was made of the average score on these measures of those participants who completed the program with those who did not complete the program. There were significant differences in the pre-program scores of these two groups of participants on the anger/hostility and emotional vulnerability measures. The group comprised of those who did not complete the treatment program had a significantly higher mean on the anger/hostility (39.3 compared to 28.8) and on the emotional vulnerability measures (121.7 as compared to 83.4), indicating that they experienced significantly more feelings of anger and hostility and of emotional vulnerability. Emotional vulnerability was a measure of proneness to depression, feelings of distress, social withdrawal, and fear of negative evaluation.

Scores were also compared for three groups based on the time during time period during which treatment occurred. This indicated no significant differences between the pre or post measures

of each group, suggesting that they could be treated as one group for the analysis of impact of the program. On average, program participants showed improvements on five of the six factors being measured; on guilt for which the average change score was zero. However, an analysis of the change in participants' scores on these measures after completing the program indicates that the improvements in participants scores were statistically significant only for judgement and for emotional vulnerability. However, this suggests that after treatment, participants were on average more tolerant, empathic and capable of perspective taking in their interpersonal interactions, as well as less prone to depression, distress and social avoidance, and less fearful of negative evaluation.

Review of Program Files

The evaluation team had access to one participant's file to review to give some indication of what type of data might be available from a thorough review of all participants' files. The file provided for review was of a participant who did not complete the program. She only completed 6 of the 20 weeks of the program. In addition, her attendance was sporadic: she missed 9 of the 56 sessions of the group during the 6 weeks in which she was participating. However, there were times that this participant seemed to be contributing to the group and progressing well in achieving the goals of the treatment program. These goals were stated as 1) having the participants gain insight and awareness into their behavior; 2) increasing their support of one another; 3) achieving positive attitude change; 4) developing self-help skills that would help them prevent self-destructive or dysfunctional behaviour. The participant's file indicated that the clinical staff viewed her as having shown insight into her problems, for example, connecting her history of being sexually abused to her current problems with substance abuse. In addition, at times, she showed the capacity to both assert herself positively with other participants and to express empathy and sensitivity toward them. However, at other times, she seemed unable to hear what others were saying, and engaged in other behaviours that may indicate dissociative symptoms resulting from her abuse history. In addition, her sporadic attendance and participation seemed to be related to trust issues that were also a result of the traumatic experiences of sexual and physical abuse of both her childhood and most recent romantic partnership. These trauma issues do not appear to be directly addressed by the treatment program. Because of trust issues, sporadic attendance is frequently encountered in the treatment of trauma survivors.

Like many female inmates of correctional facilities in Canada, this participant reported a history of childhood sexual, physical, and emotional abuse. In addition, she reported experiences of emotional abandonment with both her birth and adoptive parents. The literature on treatment of trauma indicates the necessity of addressing safety and trust issues before other treatment can be successfully undertaken (Rosenbloom & Williams, 1999).

In summary, the results of both the assessment data and the preliminary file review suggest that there may be differences between those participants who complete the program and those who do not. The greater emotional vulnerability and anger scores, on average, of those who do not complete the program may be related to trauma experiences, and this would be in keeping with

the information gleaned from the file review. This suggests that the program may need to be changed in order to address these issues more directly, or that a separate treatment group may be needed to address the greater anger and emotional vulnerability issues of trauma survivors.

Overall, the assessment data suggests that the activities of the ITP as presently administered, is effective in meeting short-term goals. However, the data on those clients who did not complete the program, both from the assessment data and file review, suggests that there are some clients with additional needs who are not served effectively.

5. STEPS TO BE TAKEN TO ADDRESS REMAINING QUESTIONS

5.1 A. Conduct Literature and Internet Review

In order to contrast this piolet program with other similar existing programs a review of the literature and Internet is planned. It is anticipated that examining the best practices literature on group pyscho-therapy treatment in general and that specific to correctional facilities for women will contribute greatly to the present treatment design. Documentation specific to work with women on the issues of anger management, and the effects of trauma are also thought to be important to addressing present concerns expressed by some involved with the program about the appropriateness of group therapy with this population. In addition, information will be sought on treatment with women who identify as belonging to a minority group (e.g.s, racial, sexual orientation, linguistic) as such issues of diversity appear to have been absent in the work thus far. This is thought to be particularly important as the Burnaby Region has a large First Nations Population.

5.1 B. Conduct Focus Groups, Interviews and a Survey with Program Participants

The evaluation framework presently calls for interviews with women participating in the program. We suggest this is an imperative source of information and efforts should be made to solicit the input of participant as soon as possible. Although the present framework calls for interviews and surveys to be conducted, with focus groups as a means to address information gaps, it is the evaluation team's experience that focus groups can be a quick and effective means of gathering participant's reactions to such programs. Furthermore, the opportunity to discuss and interact in the focus group may provide more detailed descriptions of the women's experiences to date.

We recommend that program participants be offered a menu of means by which to participate in this evaluation (i.e., focus group, interview, antonymous survey). For those that choose to be involved in a focus group setting it is important that the groups be staffed by experienced facilitators who are not a part of the present program and have training in participatory research methods in which the program participants are empowered to openly comment on the program and, if necessary, envision a different program design. Based on the results of these focus groups, the present draft of the interview could be revisited and a new interview developed. If gaps in understanding remained, a brief survey could also be administered to a larger sample of

participants. As a final note on participant participation in the evaluation, it is also important that former participants be contacted and their input gathered in order to get a better understanding of the long term impacts of program participation.

This process could be guided by the evaluation questions as identified above (i.e., the need for the program, resources and support for the program, organization of program activities, self-report of the effectiveness of the program, and unintended effects perceived by the participants). The process could also involve questions not currently present such as: the participant's perception of the programs overlap with existing programs and the match between program activities and the participant's personal goals for change. Given concerns about the dynamics of the groups, it is also recommended that participants be asked explicitly about how safe they feel in the program.

6. ASSESSMENT OF THE POTENTIAL LONG-TERM EFFECTS OF THE ITP

6.1 A. Suggested Research Design

It is strongly recommended that participants in the program (i.e., the experimental or treatment group) be compared to individuals who are not in the program (i.e., a comparison or control group). According to Rossi, Freeman, and Lipsey (1999), the use of a control group enables stakeholders and evaluators to make statements about the overall long-term effectiveness of the program. The best way to ensure comparability between the experimental and control groups is to randomly allocate members of the target population to the two groups (Rossi et al., 1999). This technique is easy to employ and allows chance to determine whether or not a participant receives treatment or not. That is not to say that members of the target population will be receiving absolutely no intervention, but rather, they may become involved in an intervention or treatment other than that of interest to the stakeholders.

Using a randomized evaluation research design allows for pre-treatment comparisons between participants and non-participants on the (psychological) variables of interests, as well as post-treatment comparisons once the treatment has been completed. However, it is important to note that this randomized control design is enhanced if some form of follow-up is conducted with the participants in the experimental and control groups. By extending the timeline for data collection, stakeholders will be able to provide indications of longer-term program benefits.

7. LIMITATIONS OF THE EVIDENCE

The goals of this program were not clearly stated, and they appear to vary depending on who is being interviewed. The warden and the program facilitators appear to have different goals, and different ideas of what "success" means.

This program needs to demonstrate that it falls within the Correctional Service of Canada's mandate. The goal of mental health services for women identified in the *Mental Health Strategy* is ``to develop and ensure a coordinated continuum of care, structured support and remediation programs which permit women offenders to:`` 1) maximize mental well-being; and 2) minimize criminal recidivism

Once program goals are more clearly defined, program developers need to look at the empirical literature to determine if the type of treatment offered is actually effective in preventing recidivism and improving mental health. At this point in time, the evaluation team is skeptical about the possibility that treatment based on insight, empowerment, and self-awareness, is actually effective in maximizing mental well-being of this particular population, and minimizing criminal recidivism.

One of the goals of the program is to "encourage participants to develop insight and understanding of their behaviour." This goal is based on underlying assumptions which need to be brought out and examined more closely. The first assumption is that increased insight and awareness into behaviour will have both short-term (while still incarcerated) and long-term (once released into the community) impact on mental health and behaviour. The clinical evidence for this assumption needs to be examined and weighed. In other words, program developers need to determine how they will measure and track "increased insight and awareness" and, more importantly, they need to justify why this is a worthy program goal.

Another of the stated program goals is to "help participants to exercise "self-help" skills to *prevent* such *behaviour* from occurring toward staff or self or others in the future. This goal is concerned with skills development and behaviour change. While this goal appears more concrete than the previous one, it is still far too vague for an adequate program evaluation. Future evaluators need to decide how they will assess "self-help skills" in program participants. These skills need to be more clearly defined so that they can be assessed and their stability over time tracked. Also, since this goal clearly has a behavioural component, it needs to be assessed using behavioural management research criteria (i.e. behaviour counting methods). The behaviours that program staff want to change, decrease, or eliminate need to be clearly defined. Researchers need to look at Baseline behaviours that they want to modify, and then track these behaviours over the course of treatment, and into the follow-up period, post-program and post-release.

If behaviour change is the goal, then program facilitators will need to make decisions on an individual basis, based on the different sets of behaviours that each woman will bring into the program. They need to decide which behaviours they want to change, and what types of outcomes will be considered successful.

If behavioural change and skills development are stated goals of the program, then each woman who enters the program needs to be assessed before starting treatment and clearly defined behavioural goals need to be developed on an individualized basis.

Also, if behaviour modification and skills development is the goal, then perhaps a behaviour modification/skills training program would be more appropriate. The link between the type of treatment offered (empowerment, self-awareness, group therapy, open expression of feelings) and behaviour change does not appear to be a logical one.

Increased support of women is stated as a goal. Once again, the program needs to decide what an increase in support would look like, how they would measure it, and why this is considered to be an important goal. Does increased support lead to an improvement in mental health, does is decrease recidivism?

On a similar note, a positive change in offender attitude is listed as a goal of the program. What would a positive attitude change look like, and why is attitude change considered important?

Follow up therapeutic support should be provided. To give women 5 months of intensive therapy followed by nothing? This is ethically problematic.

This treatment takes place in an institutional setting, within the relatively artificial constructs of a therapy group. Context-dependent learning may be a factor. Women may show improvement while they are within the artificial institutional environment. However this improvement may not generalize to non-institutional situations

Confidentiality issues is a serious ethical consideration and needs to be further examined. Stricter safeguards need to be instituted given the power imbalances and social realities of prison life. Women with certain types of mental disorders may have difficulty adhering to a code of confidentiality.

One of the facilitators appears to conceptualize the program using tenets of the harm reduction framework. If the program is to use harm reduction principles, this needs to be stated clearly, and the types of behavioural outcomes which would be considered successful need to be drawn up before treatment begins.

In summary, two questions need to be answered and we are not sure that this evaluation has adressed them sucessfully:

The criterion for program eligibility appear to be quite strict and may selectively inhibit women from certain populations from participating. Also, grounds for exclusion may not be empirically justified, ethical, or fair. Here is an outline of our questions and concerns, based on the program's eligibility standards, as defined in the report:

1. Participants must be motivated to change
    -how is "motivation to change" assessed?
    -why is this a necessary condition for inclusion in the group?
    -There is an underlying assumption that motivation is a necessary

component of successful treatment in this type of program.
-is there evidence that motivation is important precursor to successful treatment?

2. Participants must be willing to cooperate
   This is a vague criterion, and it may create a selection bias.
   We were unclear as to who decides if a participant is cooperative. If this is going to be a selection criteria, needs to be formalized to prevent biased selection.
   But what is the rationale for having it as a criteria in first place?

3. Participants must admit responsibility:
   Why is this considered necessary for successful treatment?
   Is there any evidence that admitting responsibility is necessary for successful treatment/prevention of recidivism.
   Seems to be based on a "confessional model" of corrections.

4. Personality Characteristics determine eligibility
   Women referred to the program through sentence management staff. They need a formalized, structured outline of how the referral decision is made (i.e., sentencing staff takes into consideration "the unique needs of each woman as well as their personality characteristics). Is this based on standardized measures, ie. Neo, MMPI, or based on qualitative observation of the individual.

5. Participants must be able to read and write
   May select against women with learning disabilities, women from lower SES, aboriginal women

6. Participants must have fairly well-developed verbal skills
   May select against aboriginal women

RECOMENDATIONS

Recommendation 1. Foremost, we recommend that evaluation efforts continue, and that this preliminary investigation be followed by the activities discussed above (i.e., literature review, Internet review, examination of similar programs, and solicit participant input).

Recommendation 2. Eligibility requirements are now potentially discriminatory. We recommend that they be changed so they do not selectively discriminate against specific populations such as women with less developed verbal skills, or illiterate women. In essence, the evaluation should not be susceptible to coverage bias.

Recommendation 3. Examination of the present program activities, and preliminary data on the effect on participants, indicates that there is great variability as to who, and how

much, this program assists. Outcome studies from other similar programs as well as outcome data from this program should be considered closely to determine whether this specific form of therapy is effective in developing skills and changing the problematic behaviors experienced by these women.

Recommendation 4. The description of the program suggests several vaguely worded and potentially conflicting goals. We recommend that goals are clearly defined in a broad based consultation with stakeholders.

Recommendation 5. The women in the program appear to be experiencing a range of mental health conditions which may not respond to a single group therapy approach. We recommend that an individual treatment plan be developed for each women in the program with her input.

Recommendation 6. Program facilitator and the warden have pointed out the difficulty of implementing the ITP without a formal treatment manual nor workbook for the participants. We recommend that such a manual be produced in collaboration with staff, facilitators and participants.

Recommendation 7. Review of the program suggests that there are no adequate means of evaluating long term benefits such as decreases in recidivism and decrease in self injurious behaviour. It is recommended that such an initiative be introduced and be placed in the context of the aftercare program. Related to this we recommend that a questionnaire be developed and sent to former participants, including measures of psychological adjustment and future involvment with the law.

Recommendation 8. This program needs to demonstrate that it maximizes the mental well-being of its participants, and minimizes criminal recidivism. The stakeholders need to develop stringent criteria to determine whether or not this program leads to either of these outcomes.

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