

**Canadian Evaluation Society
Evaluation Case Competition 2001**

**Case for the Preliminary Round
February 24, 2001**

An Intensive Treatment Program in a Correctional Centre

This material, a combination of actual and hypothetical documents, has been assembled for educational purposes only.

The Case Competition Organizing Committee is very grateful to the Burnaby Correctional Centre for Women (British Columbia, Canada) and Correctional Service Canada for providing access to the information which underlies this case.

About the Canadian Evaluation Society (CES) and the Evaluation Case Competition

The Society

The Canadian Evaluation Society (CES) is a not-for-profit professional association dedicated to the advancement of evaluation for its members and for the public. With more than 1,500 members and representation from every province and territory, the Society promotes the development of evaluation theory and practice.

The Competition

Since 1996, the Society has presented an Annual Evaluation Case Competition in French and English for students in any discipline at any level of higher education. This intense learning experience contributes to the professional development of the students and raises the profile of evaluation on campuses across Canada.

Teams of three to five students compete in the analysis of an evaluation case file that is available in English and French. There is no limit to the number of teams from a given institution.

In a preliminary competition, all teams receive an evaluation case file delivered by courier, e-mail or Internet posting. They have five hours to prepare an analysis and submit it by fax for judging by a bilingual panel of experts. The three best teams are invited to participate in a final round in which they must analyze a new case and present findings and recommendations before a live audience.

The team that makes the best presentation takes possession of the Case Competition Crystal Trophy for a year, receives prizes and is given visibility in various publications.

The Case Competition Track Record

	2000	1999	1998	1997	1996
Competing Teams	15	8	6	5	2
Winning Team	Waterloo Health Studies	Guelph Rural Planning	Guelph Rural Planning	McGill Social Work	Carleton Public Admin
People Involved	220	195	150	110	70

Competition Rules

Teams must read the rules of the Competition that are posted at the Case Comp site: www.magma.ca/~evalucom

Click on: COMP 2001

Click on: Rules

Read: General and Round One (Preliminary Round) rules.

Criteria for Judging Submissions

The criteria by which submissions are assessed are also posted at the web site.

In addition, for the Preliminary Round in Year 2000, the judges reported that they found it very useful to ask: “How effectively did the team answer the questions that were raised in the scenario?”

The Scenario

Harriet Clink-Meilleur was leading an evaluation of the Intensive Therapy Program (ITP) at the Burnaby Correctional Centre for Women in British Columbia (BCCW). She has recently been recruited by the Planning and Review Unit at San Quentin State Prison in California so will not be able to complete the evaluation. Prison officials in Burnaby need some feedback about this program for a Board Meeting this evening. Your evaluation team has been contracted to provide advice.

Harriet had completed the evaluation framework and had begun collecting some of the data to answer the evaluation questions. Most of the work that she had managed to complete thus far is attached. Given what is available to you:

- **Identify and respond to the evaluation questions that you are able to answer with the information that has already been collected.**
- **What steps would you take to address questions that remain?**
- **Is there anything that you feel that the evaluation should address that has not been contemplated sufficiently?**
- **Identify possible long-range effects of the program and how you may assess these effects.**

February 15, 2000

Dear Colleagues:

I do wish I were able to complete this interesting program evaluation study but it was a condition of my appointment at San Quentin that I start by February 19, 2001. Hopefully the work completed so far will be useful to you.

Attached is:

- 1) The Evaluation Framework*
- 2) Results of interviews with the two program Facilitators*
- 3) Results of an interview with the Warden*
- 4) Guides for interviews with participants. (I have not completed any participant interviews.)*
- 5) Data from psychological tests of the participants.*

I am also attaching part of one program participant's file to give you a sense of the rich fund of qualitative information that might also inform the evaluation.

Best wishes, Harriet

**AN EVALUATION FRAMEWORK FOR THE
INTENSIVE TREATMENT PROGRAM AT
THE
BURNABY CORRECTIONAL CENTRE FOR
WOMEN**

Research Branch and Women Offender Sector
Correctional Service of Canada

The purpose of this evaluation is to determine the effectiveness of the program with respect to its goals and outcomes. This evaluation also acts as a pilot study to provide information on the program's success with federally sentenced women offenders in all security levels, in particular for federally sentenced women classified as maximum security. Lastly, this evaluation may suggest or identify ways in which the program could be improved in order to meet its goals.

Program Principles and Components

The Intensive Treatment Program (ITP) was established at the Burnaby Correctional Centre for Women (Burnaby, British Columbia), 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 institutional or community setting. 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). Participants are selected on the basis of fulfilling specific criteria, such as being motivated to change, admitting responsibility, and willingness to cooperate with the various components of the program.

The ITP encourages participants to develop insight and understanding to their behaviours (whether they be aggressive, violent or non-violent, dysfunctional and/or self-destructive) through active participation in a group setting. The ITP also helps participants to exercise "self-help" skills to prevent such behaviour from occurring toward staff or self or others in the future.

PROGRAM DESCRIPTION

The ITP addresses two populations of women; women who are classified as maximum security, and women who are classified as medium or minimum security whose mental health needs require more intensive support to successfully manage them at these security levels.

Mental Health Strategy for Women Offenders

In December of 1997, the Correctional Service of Canada stated that mental health programs for offenders must be based on a comprehensive program of gender appropriate services, in recognition of the gender differences in the classification of mental health problems, the prevalence of specific mental illnesses, and the psychological and behavioural manifestations of mental health problems (Saidman & Chato-Manchuk, 1999). 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 maximize mental well-being and to minimize criminal recidivism through social, emotional, and cognitive skills development (*Mental Health Strategy*, p. 6)

With this in mind, the specific goals and objectives of the ITP must be examined within the context of women-centered treatment. Programming and services must be holistic insofar as they address the social context of women's lives, and target the areas which have contributed to their criminal behaviour (Saidman & Chato-Manchuk, 1999).

Profile of Participants

The Intensive Treatment Program is tailored for women with deficits in coping skills, anger management, and who have behaved in an aggressive or dysfunctional manner either in the community or within the institution. The manner in which women cope with their problems is of primary concern. Research indicates that women offenders tend to invert their anger and dissatisfaction towards themselves and turn to self-injurious or self-destructive behaviours (Blanchette & Motiuk, 1997). With this in mind, the ITP attempts, through various methods of shared communication and treatment, to provide more suitable, rational, and pro-social alternatives to deal with anger.

Women are referred to the program through sentence management staff. At times, this referral is made at the point of sentencing by the sentencing judge at his or her discretion. Sentence management takes into consideration the individual and unique needs of each woman as well as their personality characteristics, and makes a decision if the program would be of benefit to that individual. Prospective participants are organized in terms of treatment priority and the element of time inherent in their sentence length. Numerous factors are taken into consideration in this decision, such as evaluations from previous programs the offender has participated in, and institutional adjustment factors such as the offender's behaviour while at BCCW. Women can volunteer to take the program, but must be referred to it by staff.

Stakeholders

Stakeholders refers to all parties who are involved in the ITP, which includes parties both internal and external to BCCW. Stakeholders within BCCW include the program director, program facilitators, and other professionals as determined by participant need (such as institutional native liaison or Institutional Prevention Security Officer), other staff from BCCW not directly involved in the ITP, inmates involved in the ITP, and inmates who

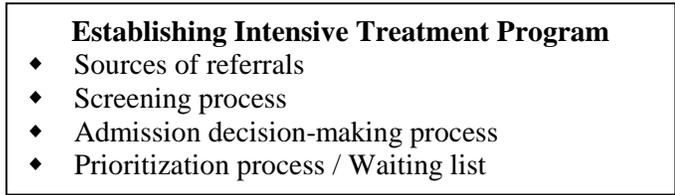
are non-participants in the ITP. Stakeholders outside of BCCW include community support networks and agencies, such as mental health, judicial and correctional representatives, as well as the general public.

PROGRAM LOGIC MODEL

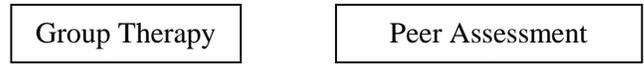
The logic model for the ITP presented on the following page reflects the program as implemented at BCCW, based on "Intensive Treatment Program for Female Offenders" (1998), which outlines the program mandate, specific goals and objectives, and implementation process.

Intensive Treatment Program Logic Model

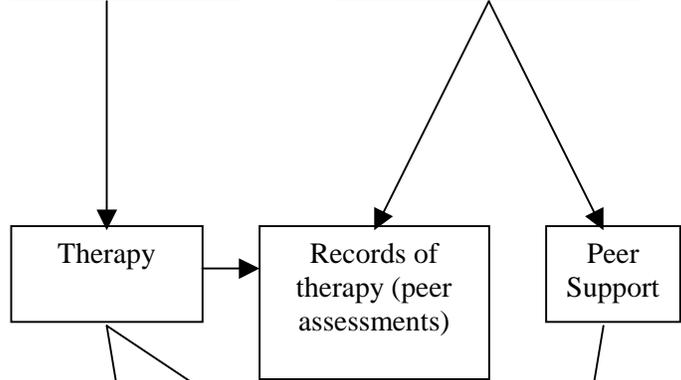
Pre-program



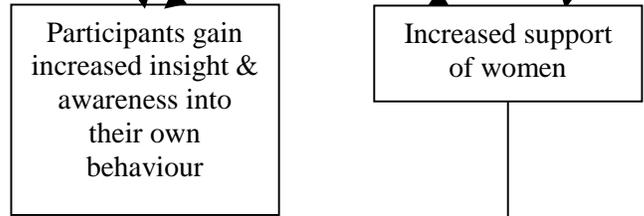
Activities



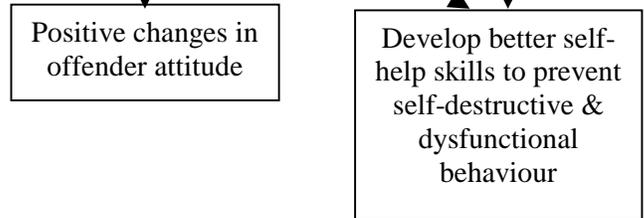
Products



Immediate Impacts



Long Term Impacts



Establishing the Intensive Treatment Program

The program is delivered by two program facilitators, and is assisted by a team of other staff members (sentence management and program personnel, contract personnel and other institutional staff), both of which share the responsibilities of the delivery of treatment, assessment, participant care, and program evaluation.

Activities

Three distinct activities are noted in the logic model, which are essential to the program and its ability to meet its purposes.

Group therapy

The ITP is based on the concept of "closed group" therapy, wherein the group participants remain the same during the entire treatment process. A maximum of ten participants are involved in each five-month treatment session. The group consists of a maximum of 24.5 hours of treatment per week, which includes cognitive and didactic group therapy, interpersonal psychodynamic group therapy, structured homework exercises, and various other treatment components.

Cognitive and Didactic: The cognitive and didactic therapy is implemented in order to teach participants how irrational thinking, false beliefs, and false values can lead to criminal thinking patterns. The participant must identify and recognize the connection between thinking, feeling, and acting out, and challenge these patterns by replacing them with more rational and pro-social alternatives. Through actively participating in such therapy exercises, which consist of nine hours per week, the participant learns that thinking and feeling are connected to behaviour.

Interpersonal Psychodynamic: Interpersonal psychodynamic group therapy is a component of the ITP as it helps to improve the participant's interpersonal relationships and emotional regulation as they relate to ongoing and past experience. As a result, the desired outcome of such therapy includes the participants illustrating improvements in mood and emotional regulation, and the group experience being self-directed by individual participants. This component of the ITP consists of 5.5 hours per week.

Various other group therapy components are implemented in the ITP which serve multiple purposes. Such components include anger management, effective communication, sharing autobiographies, and issues pertaining to intimacy, relapse prevention, victim empathy and personal responsibility, and overcoming violence.

Anger Management: Therapy in anger management assists the participant in understanding and managing anger without being harmful to others. The participant will identify the causes of anger within herself, become aware of the emotional and physical signs of anger, and adapt new skills in order to express anger in a more responsible and effective manner.

Effective Communication: Effective communication helps the participant to enhance her interpersonal skills and relations through both physical and non-physical self-expression, self-disclosure, applying assertiveness skills, and active listening. The skills that are used in dealing with conflict situations can also be enhanced by uncovering hidden agendas and clarifying language. The end result is to identify appropriate and inappropriate methods to communicate across a spectrum of different situations.

Sharing Autobiographies: Active participation is encouraged in sharing autobiographies, as the participant will increase her self-awareness of her life experiences through verbalizing them to the group, gain insight and understand the impact of past event on her present behaviour. Through verbalization, it is understood that the participant will have diminished feelings of uniqueness and isolation through learning about her own life history and listening to other participants share their life histories¹.

Intimacy and Relationships: Learning to adopt healthy attitudes and values toward sexuality and relationships is paramount in developing and maintaining positive and intimate relationships with others. In enhancing the participant's awareness of sexuality, the participant learn how to establish, maintain and end a relationship, as well as examine personal values and attitudes toward intimacy and relationships. Through both verbalizing to the group and introspectively reviewing the relationship patterns that each participant has established in the past, she can identify appropriate changes that should be made, and examine how her present relationship style may effect relapse prevention techniques.

Relapse Prevention Techniques: The participant is shown that criminal behaviours constitute a "crime cycle", which is composed of behaviour chains involving feelings, fantasy, and thinking errors. Through presenting her individual crime cycle to the group, each participant learns that she is responsible for her behaviour and that the crime cycle can be effectively broken by using appropriate deterrents and intervention techniques.

Victim Empathy and Personal Responsibility: Due to the large majority of participants in the ITP have been convicted of violent offences involving victims, an important component of the program is to make each participant aware of the impact of her actions on the victim(s), as well as the emotions

¹ This method of group therapy may also produce negative unintended effects, which are described in Part Three of this framework.

of the victim during the commission of the offence(s). This includes identifying the concept of empathy and how a lack of empathy can contribute to antisocial behaviour, and to develop an awareness of the victim's experience in terms of short and long term life consequences.

Overcoming Violence: In gaining insight into the role that violence plays, participants must examine how aggression often becomes a common response to handling their daily frustrations. In order to overcome violence as a response, each participant needs to develop a strategy to break her destructive cycle, develop coping skills to recognize destructive patterns of behaviour, and realize that aggressive acting out is a learned behaviour as opposed to a pro-social problem solving technique.

Peer assessment

The participants in the ITP play an active role in the treatment planning and decision-making of their own treatment, as well as the treatment of their peers within the program. In promoting participants to actively share their personal experiences with other participants, the ITP prompts participants to reflect on each other's performance in the group and offer constructive feedback to others as well as receive feedback from fellow peers. Peer assessments and feedback is expected throughout the duration of the program, from the commencement to the final stages of the ITP. Through sharing personal experiences, participants empathize and support one another, which acts to foster cohesion within the group and provides a venue for interpersonal growth.

Impacts

Immediate Impacts

Participants gain insight and awareness into their own behaviour

Participants in the ITP are encouraged to communicate their past experiences to the other participants in the group. Through sharing personal experiences, and listening to the experiences of others in similar situations, the participant immediately feels less emotionally isolated, and gains insight into her actions and the circumstances that have led to her aggressive behaviour in the past. In having an awareness of her own situation, the ITP supports and challenges her to take positive action in order to regain control of her life.

Support of women in crisis

The ITP selects and brings together women offenders who share the common experience of being incarcerated, but who also experience

emotional difficulties and exercise methods of problem-solving which are detrimental to the well-being of themselves as well as that of others close to them. In gathering women together who share similar experiences and face similar obstacles, a group setting is a pro-social and constructive way to offer support and promote positive attitudes (CSC, 1996; Pollack, 1993). The ITP offers a therapeutic environment within which participants are emotionally supported by other participants in the group and by ITP staff members.

Long Term Impacts

Changes in offender attitude

Through participating in a group setting where experiences are shared, the participant is able to acknowledge that she is responsible for her own actions. She is better able to apply skills to prevent such behaviour from occurring in the future, and has become familiar with the causes, signs and feelings of anger. When the participant is able to identify irrational thinking patterns, beliefs and values that were once held in the past, she is more capable of learning effective deterrents and interventions to interrupt her crime cycle and learn methods to prevent relapse in to past behaviour. The desired result is that the participant is able to show improvements in mood and emotional regulation, as well as more capable of self-managing anger. Develop self-help skills for the prevention of aggressive and dysfunctional behaviour

The participant in the ITP learns, from sharing her experiences with others, to develop self-help skills and to promote the use of these skills in everyday functioning. In exploring past experiences, the participant is able to apply her current knowledge of anger management techniques and functioning to not only better understand the past experiences, but to apply these techniques in present experiences.

Possible Unintended Effects of the Program

These include effects unintentionally created by the program, which can be either positive or negative in nature. They are unintended, as these effects were not necessarily anticipated as a result of the program implementation.

There are numerous potential negative effects of the ITP. For example, the power structure of the treatment staff, as they relate to the women involved, may be problematic. Women may feel like they cannot be completely honest about their past and present experiences, or be reluctant to open up to the staff, because of the general control that the staff hold over them. Because the treatment staff are still viewed by the women as part of the power hierarchy within the facility, the women may feel that although the program is voluntary, they are being forced to communicate their

experiences. Other negative effects include issues that may result from the women sharing their experiences with other women in the group. For example, women may worry about retaliation or any negative impact that might occur from them sharing their private experiences to other group members who are not close friends.

Women may also feel lost when the program is completed, as for five months they have routinely spoke of their experiences, and now they are no longer have that opportunity within the same group environment. Lastly, animosity may arise between inmates in general population and ITP women, as the mindset of both may be quite different. For example, while participants in the ITP have admitted their involvement and responsibility in their offences, and are motivated to change their thinking patterns and behaviour, non-participants in general population are less likely to possess the same level of motivation, and are more likely to practice the "inmate sub-culture" (eg. not speaking openly about their feelings or offences, only minimal involvement with institutional staff).

It is presumed that positive unintended effects also exist resulting from the completion of the program. However, because they are unknown and unanticipated at this time, these effects will be detected upon analysis of the evaluation results. One potential unintended effect of the ITP is that women who have participated in the program and who found it positive may be able to positively influence their non-participant peers. Further, if the most sociable and open women in BCCW bring a prosocial attitude to general population due to participating in the program, it is likely that this attitude may be adopted by her peers.

EVALUATION DESIGN

A detailed description of each of these issues, specific questions that define them and suggested methods of measurement, are presented in the Evaluation Matrix (to follow).

Program rationale: Is there a need for the program?

This is the first issue to be addressed in the evaluation. It explores the rationale of the program, asking whether the program's activities and outputs are linked to achieving its effects in a valid and logical way, if the program has its own place and function within the facility, and if the program serves its targeted population.

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

This issue refers to the process of establishing and implementing the program at the facility. It examines the resources required to support the activities for the program, the effectiveness of the staff training, and the program's place within other programs within the facility.

Implementation: Are activities of the program organized in such a way that its goals can be achieved?

This issue examines activities of the program that are designed to achieve the objectives of the program. It addresses the process of conducting activities by the staff and program participants. More specifically, this includes if the inmate population not involved in the program is familiar with it, if the program is meeting the needs of the participants, and if the program allows for sufficient support and exchange of information between staff and participants.

Effectiveness: Is the program effective and how?

This issue may represent the most critical aspect of program evaluation. It examines the extent to which the program achieves its goals of promoting awareness and preventing self-destructive, aggressive and dysfunctional behaviour, and promoting the use of self-help skills.

Unintended effects: Does the program create any positive or negative unintended effects?

Unintended effects, both positive and negative, were presented in detail in the previous section. Due to the fact that this program is new at this time, it is relevant to explore such 'side effects' of the program. They might work to provide valuable insight in regards to the full potential of the program, and might also indicate directions that the program may take in order to minimize its negative unintended effects. Perhaps the main positive unintended effect is represented in the attitude of the participant after the program has been completed.

Evaluation Matrix

Issues, Indicators and Data Sources

Issue #1		
Program Rationale: Is there a need for the program?		
<i>Questions</i>	<i>Indicators</i>	<i>Data Sources</i>
Are the program's activities and outputs linked to achieving its effects in a valid and logical way?	<ul style="list-style-type: none"> ◆ Clarity of links between program activities and effects 	<ul style="list-style-type: none"> ◆ Interview with Facilitators ◆ Interview with Warden ◆ Participant opinion ◆ Literature review
Does the program have its own place and function at the facility?	<ul style="list-style-type: none"> ◆ Clarity of links between the ITP and other mental health services 	<ul style="list-style-type: none"> ◆ Interview with Facilitators ◆ Literature review
Does the ITP serve the targeted population?	<ul style="list-style-type: none"> ◆ Number of women who volunteer to participate in program (ratio) ◆ Number of women using ITP services (ratio) 	<ul style="list-style-type: none"> ◆ Interviews with participants ◆ Inmate survey ◆ Records of participant assessment by Facilitators
Issue #2		
Resources: Are there adequate resources and support for establishing the ITP?		
Do the Facilitators have sufficient time, acknowledgement and support for activities regarding the program?	<ul style="list-style-type: none"> ◆ Facilitators' responses regarding establishing and running the program 	<ul style="list-style-type: none"> ◆ Interview with Facilitators
Do the institutional staff support the program?	<ul style="list-style-type: none"> ◆ Facilitators' responses regarding support from non-program staff ◆ Warden's perception of support for the program 	<ul style="list-style-type: none"> ◆ Interview with Facilitators ◆ Interview with Warden
Issue #3		
Implementation: Are activities of the program organized in a way that its goals can be achieved?		
Is the prison community familiar with the program and its activities?	<ul style="list-style-type: none"> ◆ Inmate and staff awareness about the program and what the program offers and provides to participants 	<ul style="list-style-type: none"> ◆ Inmate (non-participants) survey ◆ Non-ITP staff survey

<p>Is the program meeting the needs of the participants?</p>	<ul style="list-style-type: none"> ◆ Participants' perceptions of the demands of the program ◆ Responses of the participants regarding quality of intervention and fulfillment of expectations 	<ul style="list-style-type: none"> ◆ Interviews with participants ◆ Interview with Facilitators in regards to participant progress ◆ Participant survey ◆ Review of participant assessments by Facilitators
<p>Issue #4 Effectiveness: Is the program effective?</p>		
<p>To what extent does the program help in teaching the participants skills in order to help identify, understand, and modify their behaviour?</p>	<ul style="list-style-type: none"> ◆ Perception of the participant to the extent that the program has helped her understand her behaviour and develop self-help skills to deal it ◆ Staff's assessment of the effectiveness of the program for both individual participants and for the group ◆ Pre- and post- number of incidents or self-destructive behaviours by the participants ◆ Is there any change in security level before and after program completion (ie. A decrease in security level?) 	<ul style="list-style-type: none"> ◆ Interviews with participants ◆ Participant survey ◆ Review of participant assessments for progress
<p>Did the environment at the facility change after the implementation of the ITP?</p>	<ul style="list-style-type: none"> ◆ Perceptions of staff and inmates of the quality of atmosphere and interpersonal relations at the facility in relation to ITP ◆ Pre- and post- number of incidents or self-destructive behaviours by the participants 	<ul style="list-style-type: none"> ◆ Interview with Facilitators ◆ Interviews with participants ◆ Sociometric test on all participants, pre- and post-program ◆ Correctional Environment Status Inventory (pre- and post-)

		<ul style="list-style-type: none"> ◆ Participant survey ◆ Facilitators survey ◆ Documentation review
Are the inmates involved in the program empowered by it, or showing any changes in their insight or understanding of their behaviour?	<ul style="list-style-type: none"> ◆ Staff and participant assessment of the changes in ways that participants deal with their emotions and problems, employ coping skills, and relate to each other ◆ Participants' awareness of the need to change their behaviour ◆ Pre- and post- number of crises and types of coping mechanisms employed? 	<ul style="list-style-type: none"> ◆ Selected psychological scales ◆ Interview with Facilitators ◆ Interviews with participants ◆ Facilitators survey ◆ Participant survey ◆ Focus group with participants ◆ Review of participant assessments by Facilitators
Are there any changes in the physical and psychosocial aspects of the inmate's life?	<ul style="list-style-type: none"> ◆ Perceptions of staff on inmates based on personal observation and direct experience ◆ Perceptions of inmates on if these aspects of their lives have changed 	<ul style="list-style-type: none"> ◆ Interviews with participants ◆ Interview with Facilitators ◆ Focus group with participants ◆ Facilitators survey ◆ Participant survey
<p>Issue #5 Unintended Effects: Does the program create any positive or negative unintended effects?</p>		
Does training for the ITP reinforce effects of other programs that the participants are taking part in and help determine their interests?	<ul style="list-style-type: none"> ◆ Responses of Facilitators and participants regarding the effects of ITP and if it has any effect(s) on other programs 	<ul style="list-style-type: none"> ◆ Interview with Facilitators ◆ Interviews with participants ◆ Facilitators survey ◆ Participant survey
Does the program create any positive unintended effects?	<ul style="list-style-type: none"> ◆ Participant and Facilitator responses on if any positive effects (which were not intended) occurred as a result of ITP and identification of them 	<ul style="list-style-type: none"> ◆ Interviews with participants ◆ Interview with Facilitators ◆ Participant survey ◆ Facilitators survey ◆ Focus group of participants

Description of Methods

Interviews

Interviews represent a data-gathering technique in which two-way open interaction results in a greater understanding of the interviewee on a variety of subjects. Interviews have been conducted with the Facilitators of the ITP (**See Appendix 1**) and the warden of BCCW (**see Appendix 2**). Interviews will also be conducted with the participants in the program who are willing to talk about their thoughts and experiences with the researcher (not yet completed, but see **Appendix 3** for a guide).

Surveys

Surveys represent a data-gathering technique that is administered to groups and do not require much time for answering questions. All surveys will be ten-point, from 0 to 10, and will be administered to all participants and staff involved in the program. They will also be administered to women who have dropped out of the program, should there be any. Ten-point surveys allow the participants' and staff members' assessment of the program to be illustrated in a brief and efficient manner.

Surveys for participants will emphasize the negative and positive effects of the program, and how participating in the program has effected them. Surveys for Facilitators should attempt to delve into more detail concerning their opinions on the negative and positive effects of the program, any problems associated with its implementation, and how successful they believe it is in attaining its goals. The Warden will be asked to complete a survey in regards to the above mentioned effects of the program, and their knowledge of the program's objectives and goals.

Focus groups

Focus groups represent facilitated discussion groups on a specific topic with a selected group. A focus group may be conducted with participants, only if the researcher believes that the individual interviews do not provide sufficient information regarding the functioning of the program and the interaction among the group. If the focus group is deemed necessary, conducting a focus group will allow the researcher to observe the dynamics of the group and gain insight into the groups' opinions as opposed to the opinions of individual members of the group. If the amount of information gathered through interviews and surveys is sufficient, the focus groups will likely be omitted.

Standardized Measures

Standardized measures will be used to determine how the program has impacted the participants involved. There are several scales which are used specifically by the ITP therapists as pre- and post-assessment measures in order to evaluate how the program has impacted the participants. Several inventories and scales measure anger management skills (Buss-Durkee Scale), interpersonal judgement (Nowicki-Strickland Locus of Control), and interpersonal emotional reactions and attitude. Pre- and posttest scores for individuals that have completed the first three cycles of the program are available in **Appendix 4**. These measures will be examined to illustrate any differences in judgement, attitude, level of understanding and insight, and problem-solving skills that may have occurred that can be accounted for by participating in the program.

Appendix 1

INTERVIEW WITH PROGRAM FACILITATORS

Facilitators: Tolly Seuss, Anne Abbey
Interview date: November 27th, 2000

1. What do you understand the goals and objectives of the program to be?

- Broad goal is to give the women skills and insights they need in order to live in a community with relative success.
- To teach skills through psychotherapy which will give them more confidence and knowledge, and to put these skills to practical use.
- "Assist them to live a life worth living."
- Reduce self-harming behaviour, both physically and mentally
- Reduce criminality is the ultimate goal, but must be relative to the person (perhaps a decrease in violent crime could be considered a "reduction of criminality" for some women who have deeply entrenched criminal values/lifestyle, whereas no further criminal behaviour is considered the same for others whose criminal values are less predominant).

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

- Different expectations for different women, and different focuses for different women, depending on their past behaviour and attitude.
- Hope they can be more productive and have "life-fulfilling" lives
- Most important factor is to not give up on them. Perhaps some women will take the program and be effected, while others may have to take it a couple of times in order for it to make a difference for them
- Realize that treatment is a life-long process, and that not much can be "changed" in a period of five months. However, it is hoped that the program will present new alternatives for the women, and give them a taste of what is to come should they choose to conquer the problems that brought them to BCCW in the first place.

3. To what extent do you believe that the program is meeting its goals and objectives?

- It is too early to say, after having just finished only the third program.
- We must look at each woman individually to see what the program did for them. Some women received parole after taking the program due to

the significant gains they had made, while others were not granted parole. However, who is to say that the woman who was denied parole didn't get anything out of the program? The success of the program is purely in terms of the uniqueness of the individual taking it.

- Treatment is a long-term process. Perhaps the program does not meet its goals the first time for some women, yet maybe after one or two more times they will make gains that are consistent with the program goals.
- Everyone took away something, and in that sense the program succeeds.
- Two important elements in achieving the goals of the program are, firstly, tailoring the content to meet the needs of the participants involved. There is no use in spending time talking about a topic that no one in the program can relate to or learn anything from. Secondly, group cohesiveness is vital. There must be a strong bond and commitment to the program that all participants must bring to the table. If there is no bond between participant, scapegoating can occur, which sometimes means that participants will easily "relapse" into old behaviour patterns and attitudes.
- Success of program goals also depends on why the participant is in the program. For example, some are in for criminality or criminal thinking patterns, some for addictions, and others for mental health reasons.
- Participants don't usually achieve all of the program's goals in a five month period (it sometimes takes a couple of times for them to "get something" from it).
- To sum it up, program success lies in if the group can be cohesive.

4. Is there a high demand for the program at BCCW?

- There are a lot of women who would benefit from this program, yet not a lot who meet the eligibility criteria (ie. have a sentence that is long enough to complete the program in).
- We have had many more applicants in each program than we can take, so many women are obviously eager to take it and feel they would benefit from it.
- We are looking more for group cohesiveness than large numbers of participants in the group, and unfortunately a group tends to be more cohesive when it is smaller and more intimate.

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

- Usually drug dependent offenders, abused (physically, emotionally and/or sexually), most have mental health issues and are medicated (ie. ADHD, depression, bi-polar), and suicidal behaviour is common.
- Slightly higher educational level because they have to read and write in order to be in the program.
- Many possess personality disorders such as borderline, antisocial or narcissistic.

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

- Yes, they compare almost identically. However because the participants have to be serving long sentences in order to complete the program, the women in the program tend to have longer sentences than the women who are not in the program.
- Five months is a very short time to do therapy. We mostly just begin to see the problems surfacing in that time.
- We don't see the women who are constantly in and out on short sentences. These are usually the provincial women. We've had two in the program, both were the "most criminal" women so far in the program.

7. What other institutional staff are involved in the implementation of the program (ie. psychologists, social workers, therapists, health workers, primary workers and/or correctional officers, case management, parole officers, etc.)?

- Aftercare component is done by the psychologists here for the women who are not being paroled or released. For the women released, there is a year-long aftercare program set up in Burnaby to act as a follow-up to the program.

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

- Within a prison, you can't achieve a level of intimacy that is needed for "good therapy". Women exercise their defenses, both physical and emotional, when in general population.
- Some women never feel comfortable disclosing information that is private and personal.
- There is big potential for confidentiality leaks to the general population (has happened before), which is also a concern for women.
- There are risks to disclosing information, such as being shunned by the group, scapegoated or "not being understood" in terms of their feelings and experiences.
- There are also risks to not disclosing information, such as feeling shame while others are able to openly discuss their experiences. These women who don't disclose may also be not respected by the group, or scapegoated because they do not share as other do.
- Women will feel a sense of betrayal, no matter if they disclose or not. Women who disclose may feel betrayed because they might think that the other women don't understand, or will hate them for what they think or

what they've done. Women who don't disclose may feel betrayed because they are sectioned out of the group by other women.

- Staff are usually curious as to what is going on in the group, what women are saying, but confidentiality must be exercised.

9. How do you feel about women in the program assessing each other's progress?

- We had hoped that, in peer assessment, the women would give honest and critical feedback, but this is not happening.
- The women seem mostly incapable of giving honest feedback. They will either scream at each other and "attack" other peers, or be too nice and not helpful in their assessments.
- At the beginning of the program, as women are "feeling each other out" and getting to know each other, women are fearful of disclosing and untrusting of others, so more "attacks" occur on each other at assessment time. Later in the program, most women give more honest feedback, perhaps because they have begun to know each other more.
- A more structured feedback process is necessary for peer assessment to work effectively.
- Now, it seems that women assess "who other women are" and "what they have done" as opposed to what they should be assessing, "what progress have the women made".

10. How important do you feel the program is considered by the following staff at BCCW?

Mental health professionals:

- The only mental health professionals at BCCW are three psychologists.
- One is not supportive of the program (would rate around a 3 out of 10), the second is somewhat supportive (would rate around a 6 out of 10), and the third is very supportive (would rate around a 10 out of 10).
- Those who are not supportive are deterred from the program by the coercive element of it, and the confidentiality issue.

Case Managers and Sentence Managers:

- There is mixed support for the program from these staff members.
- Sentence Managers tend to be more supportive. This makes sense, as these are the staff who need to refer them to the program, so they tend to be more educated and aware of the program's content and how it helps women. They would probably rate around a 9 out of 10.
- Case Managers are slightly less supportive of the program. They would probably rate around a 7 out of 10.

- We try to keep them informed of the group's objectives and themes, because some staff are not aware enough about it.
- The Case and Sentence Managers are invited to attend the graduation ceremonies, and some do attend.
- There needs to be more staff training on programming, so that they are fully aware and understand what the program is all about.

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

- When the program first started up, there was quite a lot of resistance from inmates, especially in terms of confidentiality and if it would make a difference in being granted parole.
- Staff were concerned about the material that would be uncovered in the program, and how assertive the inmates may have to be to share such information. They were worried that the program's boundaries may not be tight enough.
- Some staff criticized that the program is a privilege for women, that it is not "strict" enough for them.
- We need to continually educate staff and inmates about the program. Every Thursday or Friday, we have a memo to staff stating what the themes/material covered that week in the program, and what will be covered next week. The hope is that this will keep staff aware of what is going on, will know what women on their caseload have talked about that week, to be prepared should an inmate want to talk to a staff member about what happened.

12. Does the program affect the atmosphere at BCCW in any way? How does the program affect the BCCW atmosphere positively? Negatively?

- There has been no affect on the atmosphere yet. This is a goal of the program, but we have only finished three programs so far. BCCW experiences a revolving door of inmates, most of whom are serving short sentences. The women who take the program have longer sentences, and generally are released just after the program is completed, thus there has not been an opportunity for these women to affect the atmosphere or other inmates.

13. Have you noticed any negative changes in the women involved in the program?

- Some women are permanently scapegoated by the group, usually due to the group resenting that person. For example, if the inmate failed to follow advice the group gave, if she had quite a lot of attention from the program staff, or if she disclosed a lot or no information, the group may

resent her. In turn, sometimes this scapegoating can lead that woman to revert back into her antisocial ways.

- Women tend to show their vulnerability and insecurities, only up to their maximum level of comfort, then revert back to their antisocial behaviour and attitude.

14. How do participants deal with personal issues, incarceration, stress, etc.? Do participants deal with these items differently after having taken this program?

- Out of the first two groups, the women had fewer incidents after the program was completed (this is of the women who remained at BCCW after the program, of which there were only six).
- Out of these six women:
 - Three stuck with a positive plan, were released, and attend the aftercare program.
 - One was released and had not yet shown up for the aftercare as was planned.
 - One relapsed and was placed into a halfway house.
 - The last one was not released from BCCW, as she is a long-term offender who displays much mistrust, fear, anger, and is extremely volatile.

15. Do you see this program as producing any positive or negative results above and beyond that of required programming? Does the program impact other programs in any way?

- This program impacts on other programs, as it facilitates the Cognitive Skills program. We want women to take that program, if possible, before this program.
- Because this program takes five months, women cannot do other programs unless they have the time (which is very limited) to do them.

16. Do participants who have completed the program sometimes feel "lost" after it's 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?

- Especially right after the group is over, women say that they have "nowhere to vent". Sometimes the women will get together and continue to share information, although this has negative implications because they are no longer sharing in an environment that is strictly confidential.
- Psychologists are sometimes sought out after the group, however they don't provide the same environment for the women as the group did.

17. Is there any animosity between participants and women in general

**population? Have any problems ever occurred because of this?
How is this addressed?**

- Yes, this happened especially in the second group. Participating in such an open group as this is seen as going against the "inmate code", in which inmates do not speak honestly and openly to staff or other inmates in a manner which could place them in a vulnerable situation.
- Women in BCCW who are "more institutionalized" tend to create "power blocks" (their own "clique" of friends in the facility), and do not accept others outside of themselves, especially those who look to staff for help.
- Women in the group sometimes feel like outcasts in general population, as alliances and friendships in the facility are sometimes based on who is involved in treatment.

18. What would you find helpful for running the program? Anything you need more or less of? Staff support? Funding? New assessments?

Program Content:

- The program may be too packed for a five month program.
- We are continually juggling what topics deserve more time or weight.
- Are we trying to address too many items? Should be shorten it down?
- We are thinking about having a Part 1 and Part 2 component of the program, but this would eliminate even more women from the program because of the sentence length they would have to have.
- Because many of the women in the program have substance abuse issues, or their offences were a product of an addiction, a section of the program should be spent on addressing addictions.
- We would like the women to use each other more as resources, such as working on homework together, but the structure of the different units does not make this possible.

Staff Awareness:

- Staff need to be educated on what we are doing in the program, as it effects them (they are in direct contact with women in the program, and it would benefit them to know how the women on their caseloads are doing).
- There should be a full staff training session on the program. A three-day intensive workshop may make staff more aware of the program, as well as address any concerns or criticisms they may have in regards to the program. The end result may be that staff are generally more supportive of the program and what it entails.

Ethical Considerations:

- Need more refined ethical considerations. These include the manner in which information is shared, confidentiality, security aspects, and more accessible ways to go through these issues having more linkages to other departments and staff.

19. 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?

- Each participant who drops out is interviewed when she leaves. To date, there have been four drop-outs. The reasons for dropping out are not wanting to disclose personal information (and anxiety about having to do so), not wanting to participate in the offence presentation (in which the offender has to present the events leading up to, during, and after her current offence, including the circumstances around it, emotions felt, etc.), and self-destructive behaviour such as slashing.
- All four women who have dropped out, have done so with tremendous anxiety surrounding the offence presentation. We thought about cutting this portion out, but think that it's a compulsory part of the program that cannot be taken out. This help to "weed out" the women who take full responsibility for their offences, and who want to share this experience with others, from those who are maybe not as serious about the program and fulfilling its goals.

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

- Pre-group: After having some women drop out, we wanted to have a better screening process for program participants. The result of this is having a pre-group, which will run for three weeks, starting in February 2001, and will choose participants for the fourth program, starting in March 2001.
- Develop a program manual (still do not have one).
- Introduce drug and alcohol relapse prevention into the program, should it be applicable to the women in each program. This includes staff training on addictions, knowing how to identify women if they are under the influence, etc.
- More thoroughly address sexual abuse issues, as this program brings up childhood sexual abuse frequently.
- Information-sharing: More sharing of information and more open communication with non-program staff. This way we would have some idea if women in the group are acting in general population as they seem to in group. We only really know how they act when in group, so this would give us a better understanding of their behaviour, and on what areas we should address more or less.

Appendix 2

INTERVIEW WITH WARDEN

Warden: Sandra Guardiano

Interview date: November 28th, 2000

1. What do you understand the goals and objectives of the program to be?

- The program provides women with skills and an understanding in terms of how they came to BCCW, and how they first became involved in crime. It gives them an opportunity to develop better life choices for them, and to develop coping strategies to help them deal with situations in a pro-social manner.

2. What do you hope or anticipate the end result will be for these women?

- Ultimately, the goal is that they will develop strategies which will help them better deal with difficult situations, which will, in turn, result in them not coming back here or to any correctional facility.

3. To what extent do you believe that the program is meeting its goals and objectives?

- Overall, the program is meeting its goals and objectives to a large extent.
- Depends on the individual if the program is meeting its goals for everyone. Women who are in the program must want to gain something from it, and must be prepared and committed to work at that. For women who do not work, they will gain nothing and the program will not meet its goals.
- The majority of women who have participated in the program have received some form of conditional release, and most of these women are still out on this release and have not re-offended.

4. Do you believe that there is a definite demand for this program at BCCW?

- Yes I do. We have done a number of programs over the years with the same purpose as this one. But this program is more "treatment" as opposed to "programming".

5. What are your thoughts on women sharing their feelings and

experiences together in a group setting?

- I think that it is natural. Women have always socialized in groups, and a group is a powerful environment for change. The group has to be safe for women, which is the biggest challenge to treatment in a prison. Women need to feel "safe" as, for many, this is the first time that they have talked about their offences, and it is difficult but also a big release when women are able to feel comfortable enough and share it.

6. How important do you feel the program is considered by the following staff at BCCW?

Mental health professionals:

- There was a lot of reluctance on the part of psychologists, and hesitancy at the beginning when the program first started. Some have gained more respect for it, while others remain slightly reluctant.
- This would rate around a 6 out of 10.

Case and Sentence Managers:

- Case Managers and Sentence Managers have shown more commitment to the program, probably because they are in more direct contact with the women on a day-to-day basis than the psychologists.
- This would rate around an 8 out of 10.

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

- There is some resistance to the program, some by inmates and some by staff.
- Women find it scary that they must reveal so much of themselves privately in the program, as this requires that they somewhat trust the other inmates and staff, and that they show their vulnerabilities.
- There is some resistance by contractors at BCCW, as opposed to permanent staff. Contractors tend to share the opinion that "women don't do group". They are concerned about the women writing in journals because staff read them, and that a man (Larry Saidman) is teaching a program to women.

8. Do you feel that the women in the program are supported by institutional staff? Not at all? Somewhat? Entirely?

- I think that the women are entirely supported by staff.
- The program facilitators put out weekly updates to make staff aware of what is going on in the program, and they suggest to staff how they can

reiterate the concepts that the program teaches through day-to-day activities.

- Some staff members get very involved on behalf of the women on their caseload who want to participate in the program. For example, Case Managers and Sentence Managers will argue for certain women to get in, as they know the behaviour of these women and are quite knowledgeable as to the benefits that these women may receive from it.

9. How do you perceive the program's effect on the relationships among inmates, and among inmates and staff?

- It is hard to say because the program has not been running for very long. As for the relationships between women, I notice that after about one month of being in the program, some women in the group will come together and help each other with homework, etc.

10. Does this program affect the atmosphere at BCCW in any way? How does the program affect BCCW's atmosphere positively? Negatively?

- No, the atmosphere is not affected because the majority of the women graduating from the program are released shortly after graduation.

11. Have you had direct contact with the women involved in the program? If yes, have noticed any changes in their behaviour or attitude? What kind of changes? Positive changes? Negative changes?

- Yes, I have direct contact with these women. I have noticed that they now think through their problems much more than before. They tend to "step back" and be more objective in looking at their behaviour and decision-making.

12. Has the program fulfilled your expectations of it?

- Yes, but it is still a work in progress. It is too soon to tell with any degree of certainty.
- It is a very unique program, and with each group it becomes more unique as it is tweaked and tailored to the specific needs of the group. It is a step in the right direction.
- Many women have said that they have benefited tremendously from it. The last two groups said it should be longer.

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

- There are three main hindrances of having this program at BCCW:

1. It always interferes with other programs because it is so long. This means that women do not have time to do other programs that they may also need. For example, if a woman has emotional problems surrounding sexual abuse but also has a substance abuse problem, she must determine which area to treat as she will probably not have time to take both a substance abuse program as well as this program. This means that women must prioritize their needs.
2. There is only a small number of women (around 10) that can take the program at one time. The women involved also have to be serving rather long sentences. This screens a lot of women out automatically, despite if they need the program more than others.
3. We are always short of office space. The workshop room that the program is conducted in is not permanently for that program. Sometimes the program must move if the room is needed for other programs.

14. Have you seen any animosity between participants and women in general population? If yes, have any problems occurred because of this?

- There have been some problems that I am aware of. One woman in the program was a sex offender, and after talking about her offence she was scapegoated from the other women in the program as well as by people in general population who knew some information about her.
- Information was leaked about one woman's offence to the general population, which also caused scapegoating.
- Women who are placed in protective custody who take the program with the other women are sometimes also looked down upon.

15. Is there anything that you would find more helpful for running the program? More staff support? More assessments?

- There are three items that would be more helpful:
 1. The participants should have a workbook for the program. This would help to guide their self-study, and would encourage structured interaction with other women in the program.
 2. The rigid routine of a prison is detrimental to the program. The routine of a prison cannot be changed for the benefit of only 10 or less women in the program, however some of the routine should be less structured as to allow the program to be in clear focus (ie. health care appointments should be more flexible).
 3. More formal debriefing for the staff members, which will give them further awareness and recognition of the program. This may clear up any resistance that staff may have toward the program, as they can ask questions in regards to ethics, program content, goals, etc. They would also gather a better understanding of the women they are dealing with on

a daily basis, especially in terms of mental health backgrounds and specific need areas.

Appendix 3:

Guides for Interviews with Participants (not yet completed)

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?

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)?

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?

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

Implementation

Do you feel that the ITP is meeting 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?

Effectiveness

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

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?

Unintended Effects

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?

- 7) We omitted data from the Personal Reaction Inventory. We think it should be analyzed separately because an increased or decreased score can be positive behaviourally if the individual's score has moved upward from an extremely low position or down from an extremely high position. For the same reason, we omitted data from the Nowicki-Strickland test on locus of control.
- 8) STRESS, perceived stress, is a unique variable. Decreased score signals improvement.
- 9) JUDGEMENT, Interpersonal Judgement, was the sum of scores on Tolerance, Perspective Taking, Empathic Concern, Fantasy and Personal Distress. Increase signals improvement.
- 10) EMOTIONAL VULNERABILITY, Interpersonal Emotional Reactions, is the sum of Depression Proneness, Fear of Negative Evaluation and Social Avoidance and Distress. Lowered score signals improvement.
- 11) SOCIAL SKILLS, Social Skills Survey results. Increased score signals improvement.

I enclose an SPSS-PC file of the data on diskette in case you want to make further analyses.

Please do not hesitate to call me at 665-0099 if you need further assistance.

Regards

Roche

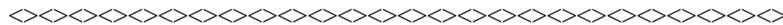
Roche Kooldonnay
 Manager, Data Processing

oz@MIS.bwcc.bc.ca

attached:

Scores on psychometric/social tests for participants in the Intensive Treatment Program

- (asterisk) a lowered score indicates improvement
- ** (two asterisks) an increased score indicates improvement



C a s e	G r o u p	Anger *			Guilt *			Stress *			Judgement **			Emotional Vulnerability *			Social Skills **		
		p r e	p o s t	c h n g e	p r e	p o s t	c h n g e	p r e	p o s t	c h n g e	p r e	p o s t	c h n g e	p r e	p o s t	c h n g e	p r e	p o s t	c h n g e
1	1	48			1			25			81			106			121		
2	1	11	8	-3	4	4	0	30	26	-4	80	88	8	82	89	7	100	117	17
3	1	37	24	-13	3	7	4	22	19	-3	79	101	22	52	60	8	117	130	13
5	1	34			7			32			93			139			156		
6	1	30			5			24			81			135			112		
7	1	50	43	-7	7	7	0	31	21	-10	102	90	-12	135	144	9	108	128	20
8	1	29	24	-5	4	3	-1	25	22	-3	83	98	15	55	54	-1	145	169	24
9	2	47			6			28			74			126					
10	2	20	18	-2	6	5	-1	30	16	-14	75	83	8	85	66	-19	136	148	12
11	2	42			7			37			79			112			86		
12	2	29			5			23			67			92			93		
13	2	41	23	-18	3	5	2	21	23	2	97	105	8	129	87	-42	117	122	5
14	2	35	37	2	6	7	1	34	28	-6	74	80	6	116	134	18	114	116	2
15	2	7	13	6	1	3	2	16	18	2	92	94	2	18	27	9	143	149	6
16	2	17	15	-2	1	0	-1	18	19	1	76	79	3	71	70	-1	144	144	0
17	2	28	23	-5	5	5	0	33	29	-4	84	96	12	107	90	-17	153	138	-15
18	2	31	17	-14	4	1	-3	28	22	-6	74	89	15	68	64	-4	127	155	28
19	3	45			8			28			68			142			88		
22	3	51	31	-20	6	5	-1	40	20	-20	67			143	79	-64	116	110	-6
23	3	39	31	-8	5	7	2	22	15	-7	89	100	11	100	95	-5	137	126	-11
25	3	16	57	41	7	6	-1	19	27	8	79			53	85	32	130	100	-30
27	3	20	15	-5	5	2	-3	22	16	-6	95			97	21	-76	132	157	25
Tot		707	379	-53	106	67	0	588	321	-70	1789	1103	98	2163	1165	-146	2575	2009	90
#		22	15	15	22	15	15	22	15	15	22	12	12	22	15	15	21	15	15
Ave		32	25	-4	5	4	0	27	21	-5	81	92	8.2	98	78	-10	123	134	6
		Anger *			Guilt *			Stress *			Judgement **			Emotional Vulnerability *			Social Skills **		

* a lowered score indicates improvement ** an increased score indicates improvement

Appendix 5

Partial Case File of a Program Participant

[Please note that names, places and dates which might identify the inmate have been changed in (or removed from) this electronically scanned copy of the file on her participation in the program]

INTENSIVE TREATMENT PROGRAM FOR FEMALE OFFENDERS (ITPFO)

PARTICIPANT'S NAME: **Ms X**

PARTICIPANT'S BIRTHDATE: **dd mm 19yy (23 years old)**

FPS#: **123456**

SENTENCE MANAGEMENT COORDINATOR: **XYZ**

The BCCW Intensive Treatment Program for Female Offenders (ITPFO) offers twenty (20) weeks of treatment for program participants with a history of aggressive or self-destructive acts in an institutional or community setting. Each week consists of approximately twelve hours of cognitive/didactic group therapy, six hours of interpersonal psychodynamic group therapy, and eight to ten hours of structured homework exercises (including daily journals). There are also periodic individual interviews to assess progress.

The following 5-point rating scale is used throughout this report:

1. Does not meet requirements
2. Partially meets requirements
4. Meets requirements
5. Exceeds requirements
5. Far exceeds requirements

INTRODUCTION

Ms X participated in the Intensive Treatment Program for Female Offenders for six weeks. She was terminated from the program as a result of her escaping from the institution (she had been residing in the Open Living Unit) the evening of (date removed). She apparently turned herself in four days later. Owing to the number of sessions missed, both prior to and during her absence it was decided that she would not be allowed to come back into the program. Ms X requested an interview with the facilitators, and this was conducted three weeks after her return to the institution.

Referral Information: During her initial interview, Ms X expressed enthusiasm for the program, and appeared open about her criminal history and other aspects of her life. She advised that she was a provincial inmate with a one year sentence, which commenced five weeks before she entered the program, for Robbery of a hotel clerk. She stated that her reading skills were good, but she could have some difficulty because of her dyslexia. File information also indicated that she suffers from Attention Deficit Hyperactive Disorder (ADHD).

Ms X stated that her motivators for taking the program were to stay off drugs, and to eventually get back her daughter, age five, who currently lives with Ms X's grandmother. She claimed that she has abused substances since the age of thirteen.

Initial Goals: During her initial interview, she stated that one of her goals was to get back to the sweetness and innocence that she was. During the first week of the program, she also stated her goals as being to learn to set boundaries and limits on herself, to deal with the way she tests authority, to take away her masks, and "to be a good Mom and to live straight". She also stated that she wants to learn to be patient and listen to others. She admitted to a history of not completing programs, stating that she had gone to detoxification centres nine times since she was thirteen, and always got herself kicked out, or left early. However, she stated, her one month of being substance free is the longest time she has even been "clean" (except for a four month period when she was pregnant with her daughter) and she is "sick and tired of being a drug addict".

Attendance and Participation: Ms X's attendance was sporadic, missing nine of fifty-six sessions (prior to her escape); many of these absences she claimed were for health reasons. However, she also admitted that for some of these, although she was able to get cleared through health care, her real reason for not showing up was that she didn't feel like it. Her participation was variable, sometimes bouncy and excited, and other times almost totally non-communicative. Particularly during the afternoon modules, she was prone to

putting her head down on the table and refusing to share when asked. However, when she did share, she appeared honest and straightforward.

AUTOBIOGRAPHY Score-4.0

Each participant is required to write, and then present verbally, a summary of her life experiences, describing her psychosocial development (birth to present), covering the following areas: family dynamics, relationships with others, educational history, sexual and reproductive history, trauma and abuse history, use of alcohol and drugs, history of self-destructive behaviour, criminal history, and previous treatment involvement. The focus is on how the participant responded to these life experiences, cognitively, emotionally, and behaviourally. The purpose is to increase self-awareness, and to gain insights and an understanding of the impact of significant events on behaviour. Participants will demonstrate the recognition of the relationship between their past and present functioning. Through learning about other program participant's life histories, the participant will have diminished self-perceptions of uniqueness and isolation.

Ms X presented an oral autobiography to the group and submitted an additional written one that detailed significant events on a yearly basis from grade two to until age twenty.

EARLY CHILDHOOD

Ms X was born addicted to "crack" and alcohol, and was adopted by her birth mother's sister at the age of two. Her earliest memory is growing up in (name removed). Her father was a truck driver and her mother a homemaker, careers which they both enjoyed, their religious affiliation was Christian and her ethnic background is Ukranian and Cree Indian.

One of her earliest memories, during grade six, is of going to her birth mothers for summer vacation. She did not have a good time and felt gross and dirty. Ms X felt like an outsider most of the time with her father, brother and sister. Her mother was the special person in her life because she cared for her the most and made her feel welcome. Ms X has two siblings, a brother (age 24) and a sister (age 23). She remembers her position as an adopted child and not really being part of the family. She recalls being a good worker and very helpful with every thing. Ms X recalls her father treating her as if she were special but her mother treated them all the same. Her father disciplined the children by taking them out to the woodshed, because he loved them and didn't want them to do it again. She remembers being angry about the way she was disciplined.

The only health problem in the family was her sister's severe asthma. As children they attended Sunday school and her parents regularly attended services at the Evangelical Free Church. She stated that religion did not play a significant role in their family.

Ms X recalls her mother as a loving person, who showed love towards anyone as well as her family. She rarely showed anger, and fear only when her dad was late coming home from a trip. She always showed lots of strength. Her father appeared uptight and not happy lots of the time, at other times he would be very happy, "like a roller coaster". Her parents separated seven times due to his cheating with other women. Her parents got along most of the time and with the exception of the occasional fight, they were "lovey dovey" They fought most about how long her dad was on the road. Eventually they broke up which had a "big" effect on Ms X. She started using drugs after her parent's breakup she also began to run away and started to build walls around herself and did not deal with any of her problems.

SCHOOL ACTIVITIES

Starting school was very exciting for Ms X because it meant making new friends. The only bad thing was getting teased in grade three, which caused her to feel different and as a consequence she began to be the class clown. At the end of grade two, her teacher asked if she wanted to stay back. The teacher informed her mom that Ms X was not like the other children and needed more help. Her mother was very helpful with her school work and she went to all the programs that had to do with dyslexia. In grade three, she remembers always being pulled out of class to be tested which caused her embarrassment and provoked teasing by the other students. She focused her attention on other things such as babysitting, which she loved, and she helped around the house more. That summer they moved and she became quite a "tomboy" playing outside.

That summer, for the first time, she went to her birth mother's home in (name removed) where there was a lot of drinking and partying. She enjoyed being with her brother and protected him from being hurt. One night she awoke to one of her birth mother's male friends touching her. She ran first to her mother's room and when she was not there she ran to her brother's where she crawled in bed with him. The next morning she went to her auntie's across the street and did not want to return to her birth mother's. She did not tell anyone about the incident. In grade five she began to rebel; she didn't like school and at home she was not getting along with her family. She lost interest in babysitting and her friends. Each afternoon she went to a different school to learn ways to cope with her disability. That year she had "a lead role in the school musical "Cats"; she was the star and everyone was proud of her. Her mother still has the videotape of the performance.

She became proficient at looking after the farm animals which included chopping off chickens heads and plucking them. On one occasion her mother came to the school to take her back to the farm to kill a chicken then returned her to class. Ms X began to smoke and stole cigarettes from her father and aunt a couple of times. After being reprimanded by her mother for not thinking before she spoke, she became very conscious about what she was saying. In grade six, the family bought a nice big house with gardens and a greenhouse on the outskirts of town. There was a large garage on the property where her dad spent most of his time when he wasn't on the road with his new "semi". Slowly she began to drop her "tomboy" ways and began to date a boy who thought she was fun to be with. She returned home early from her summer vacation at her birth mothers due to sexual abuse. She began to smoke "weed", hung out with a rough crowd, got into trouble in class and began to drink in school. In grade seven, her teacher did not like her because of her behaviour the previous year and her lack of attention in class. Her menstrual cycle began.

That year her parents split up and she pretended to be "cool" about it. During the summer prior to grade eight, Ms X and her siblings went back and forth between their father's and mother's, which she hated. In school her teachers made positive remarks about her effort. She excelled in track and field events and was popular and she lost her virginity. In grade 9 she dropped out of school events, skipped classes and was stoned on acid, pot, pills and alcohol. She didn't go home too often and when she did she was stoned. At this point her mother was living with an abusive man who had control over every situation. In grade nine, at age fifteen, she began to sneak out of the house to go party with the guys. Her mother was working at three jobs and her father was never around. She started to hitch hike and not return home for days. Her mother became very angry with her. Ms. X quit school at this point and went to live with grandmother for a brief time prior to going to (place name removed).

SEXUAL DEVELOPMENT AND REPRODUCTION

Ms X's mother taught her about sexuality, safety matters and advised her to have sex with someone she loved. She also answered specific questions such as what is a blow job. She began to masturbate at age 11 and enjoyed the activity. At the age of six, she and her cousin were playing "doctor" and exploring each other's genitals. When her grandmother walked in on them, she felt gross and was not sure what was happening. She attributes this event as her reason for not telling about the sexual abuse at her birth mother's. As a teenager, she recalled feeling "gross" about changes in her body and unsure about what was happening to her. She began menstruating at age 11, and acknowledged having sexual thoughts several times a day. She began to date at age 12 but had previously experimented with kissing and cuddling. At age 13, she lost her virginity when she was drunk at a party. The boy was very

popular and good looking and the encounter lasted approximately three hours and when he was done he got off and left. Her belief at the time was that men only wanted her for sex. She has been very sexually active, every day if possible, in order to make someone else happy. She did not care to make herself happy. At the age of 16 Ms X learned she was pregnant. She had been living with her birth mother for eight months. Her mother took her to bars with her and let her party in the house. She also let her boyfriend live with her in the basement. While at the bar one night they smoked some "dope" with some fellows who drove them home but her mother did not let them into the house. Ms X later woke up to find one of the men having intercourse with her and she is convinced her daughter is the result of rape, although she does admit to having sex with someone earlier in the week. Ms X expressed thoughts of this incident being her fault and as a consequence has in the past reported it as worse than it actually was so people wouldn't blame her. Ms X returned to [place name] and placed herself in a foster home. She decided to carry the baby to term since she did not believe in abortion and loved everything about being pregnant. She quit using drugs in her sixth month of pregnancy. She had 44 hours of labour prior to a cesarean. After the birth of her daughter, Ms X made plans to change her life style but soon she found herself smoking marijuana when she put the baby down for a nap. She started to go down hill when she began to use "coke" and eventually got in trouble with the law. She made the decision to place her daughter with her grandparents. She slashed her wrists and did not like herself. Her drug use increased after she was raped by her best friend, who she took to court. Ms X does not remember much about her 19th year other than going to [place] where she used "crack". She hated her life. She discovered she was pregnant again and this time had an abortion which she found very hard to deal with. Following this she went to [place] and became involved with prostitution and started to inject heroin.

ADULTHOOD

Ms X has not been involved in any schooling or training since she finished her grade 11 while she was pregnant. She worked at McDonalds for two months but was fired. Her primary source of income from age 16 to 20 has been welfare. Ms X stated that she could not count the numbers of sexual partners she has had but only two were serious. The first relationship in which her partner was very controlling, lasted two, almost three years. She initially enjoyed his company because he was cute, wealthy, older, stable and the sex was good. She left him the first time he hit her. The second relationship began when she was 20 and she maintains she is still in love with him and they are engaged. She has not spoken to him in six months since he is serving a jail sentence for assaulting her when he was doing heroin.

SELF-DESTRUCTIVE BEHAVIOUR

After she was raped by her best friend she used her settlement money to buy drugs to help her get through the court case. She stated that during that time she let her life go to shit and as a consequence lost everything. One day after throwing out everyone including a close girlfriend who was worried about her state of mind, she slit her wrists and hid in the basement. A trail of blood led the police, who had been called by her friend, to her. She does not have a history of self-mutilation. Ms X considers putting a needle into her arm as her most self destructive behaviour. At one point she could not pick up her baby because her arms hurt from using so many needles.

Ms X admits to the use of many drugs: "coke" for five years, heroin for one year, acid for two years, "pot" for nine years, mushrooms for two years, opium for three months and the use of all kinds of pills for five months. Her drug of choice since age 13 is "pot".

TREATMENT

At age 13 Ms X was referred to a counselor to help her deal with the breakup of her parents' marriage. She only attended two sessions since she did not believe it affected her. At 16 she saw a drug and alcohol counselor for a brief period of time and then again for 2 weeks when she was 18. At 19 she was admitted to a 28 day treatment program at [place]. She was asked to leave after 15 days into the program for fraternizing. Over the last nine years she has been taken into detox ten times and left early each time. During her stay at [place] she connected her sexual abuse as a child with her drug taking.

GROUP THERAPY Score-2.5

This is a free-floating group where the therapist is seen to steer rather than direct the group. There is no fixed agenda, and the group deals with issues, both in the present and the past, the main emphasis being on the "here and now". Participants are encouraged to explore their feelings within this setting through the group process.

The psychotherapy groups address interpersonal and emotional functioning and complement the didactic and cognitive behavioural emphasis in the treatment modules. The **goal** is to achieve greater inner cohesion and more modulated emotional and behavioural functioning under times of interpersonal stress. A greater awareness of the emotional triggers to violent and self-destructive behaviours often emerges in the course of these groups.

Evaluation of a participant's performance is based on their level of participation, the degree of facilitative rather than disruptive behaviour, willingness to give and accept feedback, and the extent to which they addressed their goals and other issues brought up during the program.

Level of Participation: Ms X participated satisfactorily in the morning psychotherapy groups, except for her erratic attendance and difficulty sitting still. She would react to anxiety provoking topics by various means of acting out, including sulking or other forms of withdrawing, or talking incessantly and not hearing feedback given to her by others. On some occasions she would threaten to quit, and in one instance actually tried to walk out but was unable to leave as it was the middle of the institutional "count". However, on her good days, she was an excellent participant, proving sensitive to the concerns of others while willingly revealing her own issues. She demonstrated an intuitive understanding of the group process, and her interventions were appropriate, effective, and, in most instances, sensitive. Her openness was apparent, despite her expressed fears that things she said in this group might be used against her. However, the "desperation" she feels to make personal changes appeared to override this fear.

Facilitative versus Disruptive Behaviour: The reactions described above often proved disruptive to the group process only because she was frequently unavailable to deal with their effect on the group. Her mood swings and unpredictability also resulted in many group members being reluctant to effectively confront her. It is believed, however, that had she completed the program, many of these concerns could have been processed in a manner that would have been constructive to her and other group members. However, Ms X also proved herself to be an excellent role model in terms of the openness to which she revealed her thoughts, feelings, and behaviour.

Willingness to Give Feedback: Despite her stated difficulty in asserting herself and her vulnerability to taking other people's comments personally, she displayed some impressive examples of effectively confronting other group members. For example, when two women in the group were being somewhat disruptive by talking between themselves, she didn't ignore it or get angry, but rather, invited them into the group discussion. On some occasions, when statements were made that did not seem fair to her, she was willing to express her opinion directly, yet briefly. She also was active in giving supportive and empathic comments to group members who revealed themselves in an honest and emotional manner, while at the same time, making connections between other people's feelings and her own. However, there were other group sessions when Ms X would ramble on without demonstrating any interest in other people's thoughts and feelings. During

some sessions, it appeared as if she were afraid to hear what other group members were thinking.

Response to Feedback: During the first group therapy session, M~ stated that she was afraid that people would judge and criticize her and she wouldn't be able to take it, and while she was willing to accept feedback, she assertively asked other group members to "be careful". However, her manner of self-disclosure combined with her tendency to "act out" did provoke group members.

(Here several sections of the participant's file have been omitted: Goals and issues addressed, Other questions.)

OFFENCE PRESENTATION Score-3.5

Each participant presents a brief description of her criminal history, plus a more detailed presentation of one specific offence. Here, she is guided in describing links of thinking, feelings, and behaviour. The goal is for her to learn to take responsibility for her offending, and to recognize that her offence didn't "just happen". It is a preliminary step for each offender to eventually complete her Criminal Behaviour Cycle. Evaluation of performance in this module is based on her openness in addressing her offending behaviour, and her ability to recognize connections between various events and her responses (thoughts, feelings, and actions).

Ms X appeared to speak openly about her criminal offences during the initial interview with the facilitators and Sentence Management Officer, as well as during her Autobiography and Offence Presentation. She was one of the first participants to volunteer to present her account of her offence, and she gave a fairly clear picture of the thoughts and feelings that led her into and reinforced her criminal activity. She did not appear to minimize her offending, and acknowledged criminal behaviour other than the offences for which she was convicted.

She stated that her criminality started at age thirteen (which was also the age she began using drugs), stealing a cassette tape from a store. She stated her first conviction was as a juvenile, when she was fourteen or fifteen, for Break and Enter and Robbery. She received probation with community hours. She states there were other arrests, but charges were dropped. She mentioned breaking into her girlfriend's house (she had her key), stealing her liquor and getting drunk at her table. She then "got greedy" and stole her clothes and stereo. She put the items in plain sight at her grandmother's house, then later sold them. Another time, after running out of liquor at a party, she and some friends decided to rob a liquor store. She was arrested for this. She mentioned

a Robbery charge that got dropped, she stated, because they said "I was so honest". At age eighteen, she and a friend stole a car, and led the police on a high-speed chase. The car had been used in an armed robbery about an hour prior (in which Ms X was not involved). She stated that she hid the two guys and the masks they used at her house, and bragged "I beat all my beefs".

Two weeks prior to her current offence, she had been on the street "hooking". Her boyfriend had just gone to jail for "beating the crap out of me", and her ex-boyfriend was in jail for Attempted Murder. Her reason for being a prostitute at the time was to help her boyfriend to feed his drug habit, as well as to keep him away from another hooker. She had just got out of a healing center, and was "clean" at first. She went back to taking drugs again. She went to her mother's who wanted her to get cleaned up. She didn't believe she could do it, and decided that she "needed drugs so bad". She was worn out and was just thinking about the next fix.

The day of the armed robbery, she had been caught shoplifting. This came about after she and a friend did some heroine, then decided they needed nice clothes so they could go "hooking" to earn money to buy more drugs. She went into the store, feeling anxious wanting to get the theft over with, and was caught. She was scared, but her thought was "I can get out of this", talked her way out of it and received only a warning. Her thought was "peanuts; what a bunch of idiots", and "they even let me have my crack pipe back". She felt "glorious", and was laughing at them as she had another fix. However, she thought, "I don't have a goddamn skirt, and I need one". They began to do some hooking anyway, and waited about fifteen minutes for somebody to pick them up. She was feeling more anxious, thinking, "let's get out of here". They had another fix, and Ms X suggested they do an armed robbery. Her thoughts were that cops are stupid, as her friends didn't get caught when they had done one. She was feeling "reckless and pissed off". She and her friend began driving around, and Ms X was beginning to feel impatient, thinking, "lets just do it". They met up with someone who "fronted" them some dope, and she and her friend talked about the robbery, with plans to have a mask. They picked out a hotel where they had previously gone with their "tricks". She knew there was couple who ran the hotel, and she believed that the lady would be on shift. Her thought was that "its easy, the cash is in sight, and then I can get out of here and go to[place]. She jumped out of the truck, went in and heard the bells on the door, and realized that they had a camera and she was likely to get caught. Her thought was "I don't care, I'm a failure". She was feeling "hyper", and just stood there looking at the guy behind the desk. Her thought was "holy fuck, I'm really doing this", and was scared. She smiled and giggled, then held a knife close to him and said "open that cash register or I'll cut you". He refused, and she said "hurry up, hurry up". Her thought was "I can't believe this, he wants to get stabbed", and her feelings changed from eager to scared. She was "back

into reality". She pushed him, and he pushed her back and grabbed her knife by the blade. She dropped the knife and ran out, and he ran out after her. She jumped back in the truck, and thought "that fuckin' [racial slur]. I should have known" She also thought "It's happened before and it turned out OK". After she got away, she felt "invincible" and actually went back to work as a prostitute right across from the police station.

She wasn't caught for two weeks, and then, she states, "I kind of turned myself in". A car pulled up. At first she thought it was a "trick", then discovered it was an undercover cop. She was aware that her picture was around and they were looking for her because of the attempted robbery, and that she would be caught sooner or later. So, when the police officer called her by name, she just jumped into the police car and was "kind of glad". In Court, she pleaded guilty, and was given the choice of going to detox or jail. She stated that she couldn't go to the Detox at [place] because she was "dealing" drugs with some of them, so she agreed to go to Detox in [other place]. She did her term there to the second last day, and then left. If she had completed it, she would have gone back to her mother's and avoided jail.

When Ms X was questioned about her belief system, she admitted that she believed that she could get away with things. When asked why, she said, "because I'm cute", then said she was just joking. However, it was pointed out to her, and she agreed, that she has used her personality and her looks to talk her way out of many legal difficulties.

(Here several sections of the participant's file have been omitted : Journals, Behaviour chain analysis, Dialectical behaviour therapy modules, Victim empathy, Cycle of criminal behaviour, Summary and Conclusions)

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Date report completed: July 27, 1999

