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181406

**A COLLABORATIVE, INTERMEDIATE EVALUATION
OF THE PINE LODGE PRE-RELEASE
THERAPEUTIC TREATMENT COMMUNITY
FOR WOMEN OFFENDERS IN WASHINGTON STATE***

RESEARCH REPORT 99-12
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SESRC PROJECT PROFILE

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EXECUTIVE SUMMARY

This research report describes the purpose, methods, results, and implications of an intermediate evaluation of the Pine Lodge Pre-Release Therapeutic Community for Women Offenders in Washington State. Funded by the National Institute of Justice as part of its research initiative for local evaluations of prison-based residential substance abuse treatment programs, this implementation and process evaluation had two goals: (1) to identify strengths and weaknesses in the program, so that recommendations could be made early on for improvement; and (2) to establish data sources and collaborative relationships for a subsequent outcomes and impact evaluation of the program. Conclusions drawn from our pursuit of the first goal are summarized below. As for the second goal, collaborations with program principals have been and continue to be fostered, but quantitative data on the program have yet to be standardized to the degree required for rigorous analysis.

Our approach was to supplement primary, qualitative data derived from extensive on-site observations with secondary, quantitative data culled from periodic reports. In that regard, this intermediate evaluation not only represents a departure from, but also is unique among, evaluations of therapeutic communities reported in the professional literature. We are able to describe (what we believe to be) important insights into the external pressures on the Pine Lodge therapeutic community, the internal dynamics and daily rhythms of the program, and the specific challenges faced by both inmates and

staff in the program—insights that are not forthcoming from a reading of secondary program data alone.

Overall, “First Chance” is a prison-based residential substance abuse treatment program:

- ✓ admitting, reaching, and servicing its targeted population;
- ✓ conforming to widely-accepted principles of chemical dependency therapy;
- ✓ being delivered by well-trained, dedicated professionals;
- ✓ operating at appropriate capacity with an effective client-staff ratio;
- ✓ exhibiting essential characteristics of a therapeutic community;
- ✓ graduating reasonable numbers of participants; and
- ✓ showing promise of exerting a long-term, positive influence.

Specific highlights of our inferences and recommendations regarding the implementation of the Pine Lodge “First Chance” program are itemized below. They are organized according to the same subheadings as those found in the “Detailed Findings” section of this report. In each case, our interpretation of the quantitative as well as qualitative data is well-situated within the body of professional knowledge on therapeutic communities in general and prison-based substance abuse treatment programs in particular.

External Accountability and Constraints

- The Pine Lodge Pre-Release therapeutic community answers to a myriad of public and private agencies, each with a particular area of oversight and vested interest.
- Representatives of these agencies exhibit varying degrees of knowledge about therapeutic communities in general and, more important, the Pine Lodge “First Chance” program in particular.
- This results in “mixed messages” to, and conflicting performance expectations of, the program staff and treatment supervisor, yielding inconsistent and unclear reporting on program participation as well as program participants.
 - ▶ Oversight agencies should work—quickly and soon—with the treatment supervisor to establish consensus on definitions and indicators, with emphasis given to consistency and clarity in program data reporting.
 - ▶ Agency representatives should familiarize themselves with the philosophy and practices of therapeutic communities.

- ▶ Agency representatives should understand what actually transpires in the “First Chance” program, perhaps by attending—with the cooperation of the treatment supervisor and staff—community meetings or other group sessions.

- ▶ Visitors to the facility—whether official or otherwise—need to remain cognizant of the fact that their presence is potentially disruptive to the therapeutic community and should provide facility and program personnel with prior notice of the date and agenda for their visit.

Program Approach and Content

- The Pine Lodge Pre-Release “First Chance” chemical dependency treatment program approaches addiction as a biopsychosocial disease and attempts to develop pro-social cognitive, behavioral, and affective skills of addicted women offenders.

- It utilizes peer encounter groups; behavioral modification and therapy; social and problem solving skills training; rational emotive, cognitive, and assertiveness training; anger and aggression management; and educational training.

- Participants must demonstrate compliance with certain criteria in order to petition to progress through the five phases of “First Chance.”

- Key indicators of readiness to move to the next phase are linked to the 12 steps to recovery in Alcoholics/Narcotics Anonymous programs and to the 16 steps to freedom in Moral Reconciliation Therapy© programs.

- Residents who have completed the treatment program, but still have time remaining on their sentences, remain in the therapeutic community and serve as mentors to new members as well as those struggling with the community.

- “First Chance” exhibits all the features characteristic of a therapeutic community, with the most obvious being the directed use of the community to exact evidence of positive change in its individual members.

Admissions and Completions

- Without exception, “First Chance” participants come to the program from the Washington Correctional Center for Women (WCCW), located across the state from the Pine Lodge Pre-Release (PLPR) facility.

- Such referrals often are involuntary, and some are returned to WCCW before or shortly after formal admission to the program.

- Those returned to WCCW propagate misinformation about “First Chance,” which further agitates an already-reluctant group of potential referrals.

- To ensure the integrity of the treatment program, as well as to not jeopardize the safety of participants, referrals are not formally admitted to “First Chance” until they have successfully completed Phase I–Orientation.

- Summary statistics on program participation are calculated and presented in different ways from one report to another. However, it appears that:
 - ✓ Approximately 221 women offenders have been referred to this therapeutic community, arriving at PLPR with an average of about 500 days to serve.
 - ✓ About 72 percent (approximately 158/221) of the referrals have been admitted to, i.e., had progressed from Phase I to Phase II of, the program.
 - ✓ About 46 percent of admissions (72/158) or about 43 percent of discharges (72/157) have successfully completed all five phases of the treatment program, having spent an average of about 247 days in the program.

- As of March 31, 1999, approximately 63 inmates--counting those in Phase I--were considered to be residents of the therapeutic community.

- ▶ Concerted efforts should be made to quell the spread of misinformation about “First Chance.” Measures that could be taken include distributing an informational brochure and, contingent on funding, holding promotional sessions at WCCW facilitated by program staff, mentors, and graduates.
- ▶ Therapeutic community staff should not be pressured to retain problematic individuals, who threaten the stability of the community and jeopardize the treatment progress of other members, just to “make the numbers look good.”
- ▶ Program principals should not be encouraged, much less pressured, to increase the number of therapeutic community residents.
- ▶ Recording and reporting program participation data must be standardized.

Treatment, Corrections, Facility Staff

- “First Chance” is staffed by one full-time treatment supervisor, two full-time chemical dependency therapists, two full-time mental health specialists, one vocational rehabilitation counselor, and one full-time community corrections officer.

- Program staff not only are well-trained in their professions, but also possess detailed knowledge of each individual in the therapeutic community.

- In addition to corrections officers who volunteer or are assigned to the therapeutic community, other facility staff provide support in the form of educational, recreational, and medical services.

- Misunderstandings and tension often characterize interactions between therapeutic community and corrections staff.
 - ▶ Concerted efforts should be made to improve relations between treatment and corrections. Measures that could be taken include cross-training sessions and inclusion of corrections personnel both at staff and community meetings.

 - ▶ Pressure should not be exerted to weaken the staff-participant ratio, either by reducing the number of full-time staff or increasing the number of residents.

PROJECT DESCRIPTION

Criminal Justice Context

In November of 1996, the Washington State Department of Corrections received funding through the Residential Substance Abuse Treatment (RSAT) for State Prisoners Formula Grant Program for the implementation of a holistic residential therapeutic treatment community for addicted female offenders. The overall need for such a program has been well-documented and is only summarized here.

Generally, research has demonstrated a strong relationship between substance abuse and various forms of criminal activity [3, 7, 27, 29]. The Bureau of Justice Statistics reported in 1995 that 62 percent of all offenders under State correctional supervision and 42 percent of all persons admitted to Federal prisons experienced poly-substance abuse problems prior to their incarceration [6]. Data collected by the National Institute of Justice's Drug Use Forecasting (DUF) Program indicated that a median 68 percent of arrestees across the 23 DUF sites tested positive for at least one drug at arrest in 1996 [47]. Not only do substance abusers constitute a significant percentage of first-time arrestees, they also are represented disproportionately among recidivists who are responsible for a disturbing amount of criminal activity [17].

Specifically with regard to women, in 1996, drug offenses constituted only 8.4 percent of all arrests for women and approximately 12 percent of the crimes for which

they were incarcerated [60]. But, these data do not adequately capture the extent of drug involvement by women offenders. For example, DUF data indicate that more than half of the women who come into contact with the criminal justice system in DUF cities test positive for drugs [47]. Data from Washington state, where the RSAT program that is the subject of this evaluation is located, indicate that substance abuse likewise is a significant problem among female offenders. Of the 865 women incarcerated in the State in 1996, fully 70 percent were assessed as having a chemical dependency problem [64].

While research generally has demonstrated that drug treatment is effective in reducing or eliminating drug use as well as in reducing the user's criminal activity following release from incarceration [1, 2, 9, 12, 23, 26, 30, 31, 34,36, 37, 41, 57, 59, 70, 71, 72], there is a large discrepancy between the number of individuals in the criminal justice system who need treatment and the number of available treatment slots [21, 22, 25, 61]. A recent report estimated that States spend an average of 5 percent of their annual prison budgets on drug and alcohol treatment [46]. In 1997, the Federal government spent \$25 million, or 0.9 percent, of the Federal prison budget on drug treatment programs [46]. And, as inmate populations and the number of inmates in need of treatment has risen, the proportion receiving drug treatment has declined.

Indications are that women offenders are even more under-serviced with respect to treatment than are male offenders [8, 42, 54, 59, 65, 70]. Further, there exists significant and consistent evidence that female substance abusers differ in many respects from male substance abusers. Particularly apparent is that they are more likely to

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experience lower self-esteem and a poorer self-concept, are more prone to relationship difficulties, and have limited social support systems compared to male substance abusers [40]. Women substance abusers also are more likely to be diagnosed with psychiatric problems [33]. Unfortunately, in many cases, treatment programs for women offenders simply have been "cloned" from those implemented for male offenders [35, 65], without consideration of whether they address the multiple and specific needs of female offenders for services related to physical and sexual abuse, physical and mental health problems, limited educational and vocational skills, and parenting and child care issues.

"First Chance" Women's Therapeutic Community

Target Population and Capacity

Washington's Department of Corrections sought to re-dress past omissions by implementing "First Chance," the Residential Therapeutic Treatment Community for Women Offenders housed within the Pine Lodge Pre-Release minimum security and co-ed facility at Medical Lake (just northwest of Spokane) in the eastern region of the State. The target population is women who have been screened and identified as having a serious substance abuse problem and who have 12 months or less to serve on their sentences. Maximum capacity for the program was established at 72 treatment slots, or beds, with members of the therapeutic community (TC) residing together, and separate from the rest of the general population, on a wing designated specially for them.

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Treatment Approach and Program Phases

Following similar therapeutic community models that have proven successful in the treatment of substance abusers [13, 28, 52, 66, 70, 71], the Pine Lodge program approaches addiction as a biopsychosocial disease and strives to restructure and develop pro-social cognitive, behavioral, and affective skills of addicted women offenders. Designed to consist of five phases, as described below (and further detailed in Exhibit 2), "First Chance" utilizes peer encounter groups; behavioral modification and therapy; social and problem solving skills training; rational emotive, cognitive, and assertiveness training; anger and aggression management; and educational training. TC staff at Pine Lodge "chronoscreen" data on each participant in the program, recording individual histories, progress through the program, rule infractions, and the results of urinalysis. (Urine tests are conducted for cause and randomly--for marijuana, cocaine, opiates, benzodiazepines, propoxyphene, barbiturates, amphetamines, and alcohol--on 10 percent of all inmates each week, which comprises 40 to 50 percent of all inmates each month. As a matter of policy, urine tests are conducted on 100 percent of inmates who are in a chemical dependency treatment program each month.)

Participants must demonstrate compliance with certain criteria in order to petition to progress through the phases. Pivotal indicators of readiness to move to the next phase in the TC are linked to the 12 "steps" to recovery identified in AA/NA programs (specified in Exhibit 4) and to the 16 "steps" to freedom identified in Moral Reconciliation Therapy, MRT© (delineated in Exhibit 5).

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Phase I: Assessment and Orientation (average 35 days). The first stage of the program involves chemical dependency assessment and initial treatment; educational and employability assessments; 30 hours of treatment orientation programming with an emphasis on criminal thinking errors and group skills; and participation in recreational programming. To progress to Phase II of the program, participants must complete all orientation classes and assigned homework, attend daily AA/NA meetings, be infraction-free for 14 days prior to their petition, and demonstrate consistency in their attitudes and behaviors.

Phase II: Intensive Treatment (3-4 months). The second stage of "First Chance" involves relapse planning and prevention; primary chemical dependency interventions; cognitive restructuring training; and a focus on women-specific treatment issues, including co-dependency, victimization, intimacy, and family of origin problems. To progress to Phase III of the program, participants must have completed 48 chemical dependency classes, have begun Step 4 in AA/NA programs, have no major infractions for 30 days, and demonstrate the formulation of long-term goals for discharge.

Phase III: Core Treatment Issues (2-3 months). This phase continues the focus on cognitive restructuring and relapse planning and also involves a focus on basic education, family/children issues, domestic violence, victim awareness, vocational preparation and career planning, and relapse and release planning. In order to progress to Phase IV, participants must demonstrate increasing leadership skills, participate in "welcome" sessions for new TC members, and have passed Step 6 in Moral Reconciliation Therapy (MRT) as well as Step 5 in AA/NA.

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Phase IV: Preparing for Release from Total Confinement (2-3 months).

Consistent with the philosophy that discharge planning essentially begins at intake, aftercare issues and the preparation for a transition to the community are an integral component of "First Chance." The fourth phase involves a continued focus on relapse prevention and planning, health and wellness education, a visit to a work-release facility, and continued family therapy. To progress to Phase V, participants must demonstrate the ability to apply their acquired skills, determine realistic goals for re-entering the community, and demonstrate an ability to function under stress.

Phase V: Continuum of Care. This phase involves placement at a work-release facility; continued participation in AA/NA or other self-help programs; 24 weeks of structured chemical dependency continuing care; job-finding assistance and supported implementation of the developed career plan; and a structured parenting program. The aftercare program at Pine Lodge is coordinated through the Eleanor Chase House and Helen B. Ratcliff, Work-Training Release Programs, allowing the women who transfer from the TC to participate not only in the case management program specifically designed for them, but also in the various groups and individual in-house programs on self-esteem, family and victimization issues, and structured leisure and recreation classes available from Chase and Ratcliff.

Facility and Contract Staff

Daily operations of the Pine Lodge program are under the supervision of the facility in order to ensure compliance with the rules and regulations of a total confinement institution. Facility staff assigned to the TC include correctional officers, chemical dependency specialists, and mental health professionals; facility staff who provide services for the TC include educators, vocational trainers, recreation programmers, and medical personnel. As is the case with all prison-based programs, the TC's chemical dependency treatment protocol was designed by and is overseen directly by Department of Corrections professionals. Responsibility for delivering and reporting on the treatment protocol lies with non-facility professionals who have been hired expressly for that position with the TC. Contract staff on "First Chance" include a treatment supervisor, chemical dependency specialists, and mental health professionals.

Purpose of Intermediate Evaluation

At the time this intermediate evaluation began, the Pine Lodge Pre-Release Residential Therapeutic Community had been in existence for less than a year and no participants had yet completed the program. There were no full program outcomes to be assessed nor could the impact of the program on various constituencies be evaluated. The intermediate evaluation assumed a two-fold purpose. At this early stage, an implementation and process evaluation should facilitate appropriate changes in program features before ineffective ones become routinized. Further, an intermediate evaluation should lay the groundwork for a rigorous, subsequent outcomes and impact evaluation.

SCOPE AND METHODOLOGY

Evaluation Plan and Objectives

This project attempted to combine two kinds of evaluative efforts. The first, implementation evaluation, was oriented toward identifying problems and accomplishments (or weaknesses and strengths) during early phases of “First Chance” program development for feedback to clinical and administrative staff. It was to provide accountability as well as the basis for program revision [69]. The second, process evaluation, was oriented toward assessing the effects of “First Chance” on participants while they are in the program. It was to allow an intermediate evaluation of the degree to which program objectives are being realized [69].

Exhibit 1 outlines the proposed evaluation goals, research objectives, and data sources for an intermediate evaluation of the Pine Lodge Pre-Release RSAT for women offenders. Some of the research objectives could not be met, or their achievement was compromised, during the award period because their data sources had not yet been made available to us. The former are crossed-out, and the latter are in shadow, in Exhibit 1. The following paragraphs describe the actual data collection activities engaged in and methods of data analysis utilized to produce this evaluation.

Exhibit 1. EVALUATION GOALS, RESEARCH OBJECTIVES, DATA SOURCES

EVALUATION GOALS	RESEARCH OBJECTIVES	DATA SOURCES
Identify strengths, weaknesses, initial effects of Pine Lodge program	data on admissions: eligibility criteria when/where screened how/when transported	administrative records: program reports DOC forms
	data on participants: admittee characteristics admittee numbers graduate characteristics	structured interviews: participants treatment staff facility staff
	data on program: content of phases petition process/result staff characteristics time in phases/program after-care coordination	on-site observations: community meetings classroom settings petition hearings between site staff among off-site staff
		informal communications
Prepare for impact evaluation of Pine Lodge RSAT program	develop appropriate data bases for analysis	sources same as above format: SPSS for numerical WordPerfect for text
	establish and maintain collaborative relationships with constituent staff	evidence: letters of support communications

Human Subjects Research Approval

Especially because this evaluation involves an incarcerated, i.e., vulnerable, population, special assurances that subjects' rights would not be violated were required by two different entities. The Washington State University-Institutional Review Board (WSU-IRB), which ensures that proposed research meets if not exceeds Federal guidelines for human subjects protection, granted limited approval for this evaluation on December 11, 1997. Upon our providing a more elaborate consent form for individual interviews, the WSU-IRB issued full approval for this evaluation on April 27, 1998.

The Department of Corrections-Human Research Review Committee (DOC-HRRC) gave us permission to conduct this evaluation on March 10, 1998. Copies of the documents submitted to as well as received from the WSU-IRB and the DOC-HRRB may be found in the Appendix to this report.

Data Types, Sources, Collection

In this report, we present both quantitative and qualitative data. The source of most of the quantitative data is quarterly reports submitted by the treatment supervisor at Pine Lodge Pre-Release (PLPR) to the DOC. The reports themselves provide summary information on: (a) program participation in terms of referrals, assessments, admissions, petitions to progress, infractions (if any, and whether of a chemical or non-chemical nature), transfers out, and completions; and (b) community membership in terms of general demographic characteristics, crimes for which incarcerated, and mental health status. Much of the individual-level data that are summarized in these quarterly reports became available to us at the end of the evaluation period, so only limited use could be made of them here.

We collected qualitative data on the “First Chance” TC through personal interviews as well as telephone conversations with the treatment supervisor, facility superintendent(s), and treatment and correctional staff; interviews and meetings with program participants; and observations of community meetings and individual program components. Interviews with program participants and principals occurred in both group and individual settings. We attempted to obtain a reasonable cross-section of TC members with respect to phase of program, age, and race/ethnicity. However, it is important to note that individuals were not pre-screened prior to conversing with us; we enjoyed full access to all participants and staff in the program. At the same time, we were conscious of (as well as conscientious about maintaining) our role as “outsider,” as an element external to the

community. Although we introduced ourselves and briefly described the purposes of our study when attending sessions and meetings, we assumed the role of pure observer rather than presuming that of participant-observer. Over the 15-month evaluation period, we spent a total of approximately 120 hours on-site at the PLPR facility, with additional uncounted hours communicating via telephone, FAX machine, and e-mail with TC principals.

Our interactions with all parties—from DOC personnel located in the State capitol to the PLPR superintendent(s) and other facility staff to the treatment supervisor and other TC staff to the program participants—could be fairly characterized as always cordial, cooperative and, in many instances, collaborative.

DETAILED FINDINGS

External Accountability and Constraints

One of our more profound discoveries--perhaps all the more so for its absence in the professional literature--is the extent to which a prison-based TC must answer to as well as accommodate multiple, often competing, levels of oversight. These levels range from the correctional facility in which the TC is housed, to state agencies with mandated responsibility for corrections and/or substance abuse treatment programs, to private entities that contract to deliver treatment services, to state organizations that administer the Federal grant by which the TC is funded, to (less directly) Federal agencies.

Exhibit 2 illustrates the sources of external accountability and constraint for PLPR's "First Chance" therapeutic community. The original RSAT grant is administered by the Washington State Department of Community, Trade and Economic Development (CTED), whose representatives have made numerous "evaluation" visits to the institution. The Washington State Department of Corrections (DOC) designs and then monitors program content through its Chemical Dependency (CD) Program Administrator, Correctional Unit Supervisor and, less directly, Research Unit. (The pressures placed on staff as a result of such frequent visits, regardless of their purpose, should not be under-emphasized.) Program participants are transported from the Washington Correctional Center for Women (WCCW). The Washington State Division of Alcohol and Substance

Abuse (DASA) exercises certification authority for treatment staff and establishes data-reporting standards/conventions. Pierce County Alliance, a private firm, contracts with DOC for delivery of chemical dependency treatment services.

In short, the treatment supervisor and program staff are required to report and be accountable to not only the Superintendent of Pine Lodge Pre-Release, but also a host of other individuals and agencies. It is not our contention that any of these agencies or their officials have deliberately created difficulties for the program. Rather, our observations indicate considerable confusion surrounding lines of authority and what is actually occurring in the program. More to the point for this intermediate evaluation, and as described in the following paragraphs, misunderstandings manifested by these multiple layers of oversight have had direct as well as indirect effects on the therapeutic community.

Perhaps the most direct effects resulting from external pressures can be seen in concerns over the utilization of treatment slots and attrition rates from the program. Starting from the 72 treatment slots that were provided by contract at Pine Lodge, an early implementation review of the "Pine Lodge Pre-Release Chemical Dependency Treatment Program," conducted by the state Department of Corrections, expressed concerns that "vacant treatment slots [are] not filled" [64]. Similarly, officials in the Department of Community, Trade, and Economic Development (CTED) who, given their constituency, were driven by cost issues, expressed concern over the number of slots being filled as well as the apparently high attrition rates from the program.

Exhibit 2. "First Chance" Sources of Program Accountability

WA State DOC

- Chemical Dependency Program Administrator
- Correctional Unit Supervisor for CD
- Research Unit
- WCCW

WA State DASA

- CD counselor certification
- Research-Data Collection

WA State CTED

Pierce County Alliance

Pine Lodge Pre-Release (PLPR) Minimum Security Co-Ed Institution

"FIRST CHANCE" PROGRAM
(Residential Substance Abuse Therapeutic Community)

[Federal Bureau of Prisons]

[National Institute of Justice (NIJ)]

- NDRI (national RSAT evaluation)
 - WSU (local RSAT evaluation)
-

Yet, TC staff had no control over who (or how many) would be sent to the program or when they would enter treatment. As the treatment supervisor's fourth quarter report for 1998 noted, "the appropriateness of referrals . . . must continue to be addressed, as this most certainly impacts overall retention and completion rates." It is clear that the treatment supervisor and her staff were concerned primarily with maintaining the integrity of the treatment community, which is a goal that may well be at odds with externally-imposed pressures to ensure that a certain number of treatment slots remain filled and that retention rates remain "high." As a result of the staff's commitment to the therapeutic *community*, some disruptive women had to be infracted out of the program, with an accompanying decrease in treatment slots filled and an increase in attrition, i.e., non-completion rates.

Being held accountable for the numbers without having control over the referrals has had additional ramifications for the TC. In her 1999 first quarter report, the treatment supervisor noted that many of the offenders received by the TC were "adamant about not wanting to be in treatment," while others were violent, gang-affiliated offenders. Such women can have deleterious effects on the larger therapeutic community. For example, in March of 1999, correctional staff at Pine Lodge discovered that some TC women were leaving notes for, and collecting notes from, male offenders during their segregated time in the cafeteria and library. The initial effect of this discovery was an increase in the tension between corrections and treatment at Pine Lodge. Then, at a community meeting held specifically to deal with these behaviors, it was decided that the

offenders would be refused access to the yard (and other areas of the institution), where the passing of notes and other inappropriate interactions with non-TC inmates, i.e., “fencing,” is more likely to occur. Because these women could not be in the yard, they could not smoke; the situation escalated to the point where some residents pulled a fire alarm and others tampered with smoke detectors in the residential unit. Treatment staff decided to make examples out of the two main offenders, so these women were returned to WCCS.

While these women thus became “dropout statistics” and hence of greater concern to oversight officials whose main goal was retention, their removal restored balance to the therapeutic community. One more comment here on this issue. The professional literature is virtually silent with respect to the ideal size of a therapeutic community, but our observations indicate that--based on the treatment components and physical facilities at Pine Lodge--approximately 50 residents in treatment at any one time is close to ideal.

An indirect effect at this stage--though it may become a direct one--of external constraints and pressures is connected with differences in treatment philosophies between the oversight agencies, particularly the state Department of Corrections, and staff at Pine Lodge. From its inception, staff in the TC at Pine Lodge Pre-Release have emphasized a mental health component to chemical dependency treatment, which is a philosophy apparently not as strongly adhered to by certain officials in the state DOC. For example, an implementation review report [64] noted that “while the role of the Mental Health Programs Manager was necessary to begin an inpatient treatment [*sic*] at Pine Lodge Pre-Release, it is the collective finding of the review team that the continuation of this

position is counter productive to the evolving DOC CD treatment programs.” Perhaps even more telling of the tension between the two, in that same report chemical dependency staff were criticized for being “overly invested in a ‘helper/nurturer’ role.”

It is apparent from the profile of inmates admitted to the Pine Lodge TC that a significant proportion would benefit from the mental health component of the program. And, our observations of program activities indicate that such benefits did occur. However, over the course of our process evaluation of this program, the treatment supervisor at Pine Lodge frequently had to defend retaining the mental health emphasis to DOC staff.

Overall, and again based on our observations, these multiple layers of oversight have created challenges for the treatment supervisor and TC staff at Pine Lodge. Yet, the treatment supervisor and her staff have been quite accommodating in allowing agency representatives access to the TC wing and to program participants.

Program Approach and Content

Progressive Phases, AA/NA, MRT

Exhibits 3, 4, and 5 outline the treatment approach and program features of “First Chance.” It is clear from both the treatment supervisor’s quarterly reports and our observations that significant changes have occurred in the progressive phases of the program since its inauguration in November of 1996. For example, in a 1997 report, the treatment supervisor notes that, as a result of differences in the rates at which individual women

progressed through treatment, a fifth phase was added to the program in the summer of 1997. Some women in the program who otherwise would have been appropriate for discharge due to the completion of their treatment could not exit treatment and go to work release, as had been planned initially. The treatment supervisor thus added this fifth phase in order to avoid transferring such women to the general population at Pine Lodge, given her belief that six months in that population may have served to undermine the benefits from the TC treatment.

Another alteration not only serves the same purpose, i.e., to minimize “contamination” of treatment benefits prior to release from prison, but also provides support to the program. Offenders who have completed the TC program, but still have time remaining to serve at PLPR, act as mentors to new residents as well as members who are struggling with the community. In an interview with one of these mentors, we were struck by her positive yet realistic comments on the program, particularly given that she also acknowledged that she was one of the women who had come to the TC “kicking and screaming.” We also observed this individual’s participation in an MRT session, in which she challenged lower-phase inmates to be more honest in their recounting of life events.

Exhibit 3. "FIRST CHANCE" PROGRAMMING AND PROGRESSING

PHASE	PROGRAM FEATURES	PROGRESS CRITERIA
<p>I: Assessment and Orientation</p>	<p>assessments: -chemical dependency -mental health -vocational</p> <p>orientation sessions required: -"Accepting Your Mistakes" -Medical Aspects of Chemicals -Physiological Actions of Chemicals -HIV/AIDS/TB/Hepatitis -FAS/FAE -Disease Concept & Progression -Defense Mechanisms -Nutrition and Recovery -Nicotine & Smoking -Introduction to Vocational Services & Self-Assessment -Personal Power Grid -other topics as assigned</p>	<p>completed all orientation completed all assigned homework verified attendance in daily AA/NA meetings (2/wk min.) verbalized understanding of Step 1 demonstrated consistency in attitude and behavior (e.g., in and out of group, with staff, with residents) infraction-free for 14 days prior to movement petition in Phase I at least 21 days</p>
<p>II: Intensive Treatment</p>	<p>relapse planning and prevention primary chemical dependency interventions cognitive restructuring training women-specific treatment issues: -codependency -victimization -intimacy -family of origin problems</p>	<p>completed 34 CD lectures completed all treatment assignments verified attendance in at least 2 AA/NA meetings per week passed Step 3 in MRT (includes essays and revisits) presented and passed 1st Step in group and verbalized understanding consistently positive attitude toward recovery process consistent with community rules and expectations completed and presented autobiography in group no major infractions for 60 days completed list of 5 treatment goals, with action plan for each, to achieve in Phase III in Phase II at least 3 months</p>

PHASE	PROGRAM FEATURES	PROGRESS CRITERIA
III: Core Treatment Issues	cognitive restructuring training basic education family/children issues domestic violence victim awareness vocational preparation and career planning relapse and release planning	completed all 48 required CD/MH lectures completed treatment homework completed and presented AA/NA through Step 3 and verbalized understanding passed Step 6 in MRT (includes essays and revisit) used two AA/NA steps, MRT steps or autobiography, and presented personal applications to Phase I residents on two different occasions met all AA/NA chairing responsibilities completed all "Staying Off" books actively participating in treatment groups and activities demonstrated increasing leadership and knowledge of treatment process by mentoring or co-facilitating minimum of 5 treatment activities (MRT excluded) served as effective mentor to another TC offender established minimum of 5 written goals for remainder of stay in the TC consistently follow rules and policies free of any major infractions for at least 90 days in Phase III at least 3 months

PHASE	PROGRAM FEATURES	PROGRESS CRITERIA
IV: Preparing for Release	relapse prevention and planning health and wellness education family therapy visit to work-release facility	completed all treatment homework can verify attendance and chairing responsibilities of required AA/NA meetings completed AA/NA through Step 5 and verbalized understanding completed Step 12 in MRT mentored in at least 7 MRT groups after Step 12 used one AA/NA or MRT step (different from step used in Phase III) and presented its personal applications to Phase I residents actively participating in all groups and classes given personal testimony in a community meeting of treatment progress, insights, and life changes as result of all treatment programming provided written testimony of above to staff infraction-free for at least 90 days in Phase IV at least 2 months
V: Continuum of Care	placement at work-release facility participation in AA/NA or other self-help program 24 weeks of structured chemical dependency continuing care job-finding assistance supported implementation of the developed career plan structured parenting program	

Exhibit 4. THE 12 STEPS* TO RECOVERY PER AA/NA

1. Admit you were powerless over alcohol, that your life was unmanageable.
 2. Believe that a Power greater than yourself can restore you to sanity.
 3. Decide to turn your will and your life over to the care of God *as you understand Him*.
 4. Make a searching and fearless inventory of yourself.
 5. Admit to God, to yourself and to another human being the exact nature of your wrongs.
 6. Be ready to have God remove all these defects of character.
 7. Ask Him humbly to remove your shortcomings.
 8. Make a list of all persons you have harmed, and be willing to make amends to them all.
 9. Make direct amends to such people whenever possible, except when to do so would injure them or others.
 10. Continue to take personal inventory and, when we are wrong, promptly admit it.
 11. Seek through prayer and meditation to improve your conscious contact with God, *as you understand Him*, praying only for knowledge of His will for you and the power to carry that out.
 12. Having had a spiritual awakening as the result of these steps, you try to carry this message to alcoholics and to practice these principles in all your affairs.
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*adapted from "The Twelve Steps of Alcoholics Anonymous," 1953, Alcoholics Anonymous World Services, Inc.

Exhibit 5. THE FREEDOM LADDER © PER MRT

MRT STEPS	PERSONALITY STAGES
<p>Step 1 - Honesty Step 2 - Trust</p>	<p>DISLOYALTY - The stage of disloyalty is the lowest moral and behavioral stage in which a person can function. Lying, cheating, stealing, betraying, blaming others, victimizing, and pretense (pretending) are the behaviors characterizing it. Negative emotions including anger, jealousy, resentment, hatred and depression dominate. Relationships are exploitative. People in disloyalty view the world as a place that cannot be trusted and believe that everyone else lies, cheats, steals, and feels negative emotions. Moral judgments are made on the basis of pleasure and pain and reciprocity.</p>
<p>Step 3 - Acceptance</p>	<p>OPPOSITION - People in opposition are quite similar to those in disloyalty. However, those in opposition are somewhat more honest about it; they pretend less. Those in opposition tend to blame society, the rules, or the unfairness of others for their problems and state in life. They are in open opposition to established order. They tend to be rigid and unadaptable and are more confrontational, hostile, and openly manipulative. Constant conflict is often seen. Moral judgments come from pleasure/pain and reciprocity.</p>
<p>Step 4 - Awareness</p>	<p>UNCERTAINTY - A person in this stage may lie, cheat, and steal but they are uncertain if they should. They typically have no long-term goals and usually don't know if there is a direction that is right for them. They show rapidly changing beliefs and a basic uncertainty about other people. They say "I don't know" a lot and sometimes are uncertain whether they should or can change. Their moral judgments are based on pleasing others as well as pleasure/pain and reciprocity.</p>
<p>Step 5 - Healing damaged relationships Step 6 - Helping others</p>	<p>INJURY - A person in this stage knows when they have hurt others or oneself and feel responsible for it. Low self-esteem, guilt, and feelings of inadequacy often predominate. While they seem to "let down" others and self frequently, they recognize that they are the sources of the problem. This is the first stage that positive relationships can occur. Moral judgments are based on pleasing others, pleasure/pain, and reciprocity.</p>
<p>Step 7 - Long-term goals and identity Step 8 - Short-term goals and consistency</p>	<p>NON-EXISTENCE - Those in non-existence do not have a firm sense of identity and do not feel connected to the world. They often feel little purpose in their life but feel responsible. While they feel somewhat alienated, they can have satisfying relationships. They have not usually committed to any long-term goals. Moral judgments can be made from "law and order," pleasing others, reciprocity, or pleasure/pain.</p>

MRT STEPS	PERSONALITY STAGES
<p>Step 9 - Commitment to change</p> <p>Step 10 - Maintain positive change</p>	<p>DANGER - The major distinction between danger and non-existence is that those in danger have committed to long-term goals. They feel the risk of danger and have communicated their desires to others. They feel a definite direction in life and see relationships as necessary, important, and satisfying. They usually gain their identity from their long-term goals and recognize the requirements of situations quickly. Most of these people make their moral judgments from the societal contract level and law and order. Many of them "slip" to lower stages of reasoning and feel a sense of personal let-down when this occurs.</p>
<p>Step 11 - Keeping moral commitments</p>	<p>EMERGENCY - A sense of urgency in completing goals dominates this stage because the individual is totally committed to fulfilling their goals. The goals of a person in this stage are more broad and include the welfare of others rather than goals being narrow and self-serving. They feel in control of their lives but often feel that they have over committed and are in risk of failure if they slow down. Most of their decisions are based on what is best for society and their organization, but they show much higher, idealized ethical principles as well. In addition, they sometimes "slip" to lower levels of reasoning and attempt to rectify this as soon as they realize it.</p>
<p>Step 12 - Choosing moral goals</p>	<p>NORMAL - People who experience this stage have incorporated their identity into how they live their lives. Thus, they have their needs fulfilled without a great deal of effort. However, their identity nearly always involves the welfare of others, whether it is the welfare of their employees or family. They often become involved in social causes and have genuine concern for others. They given great consideration to their own conduct and are not quick to judge others. They attempt to keep all their relationships on honest, trustworthy levels where they are held accountable. It is clear that people in this stage have chosen the right identity (set of goals). Moral judgments are based about half and half on societal and ethical principles.</p>
<p>Step 13 - Reassess behavior, attitudes, beliefs</p> <p>Step 14 - Become involved in others' welfare</p> <p>Step 15 - Help others in need</p> <p>Step 16 - Evaluate relationship between inner self and personality</p>	<p>GRACE - Few persons reach this state where a person sees others as an extension of self. Reaching grace means one must give oneself to a major cause. In this stage, a person's identity fuses with others as well as a social cause. Doing the right things, in the right ways, for the right reasons is a primary concern. Value is placed on human life, justice, dignity, and freedom. Gandhi, King, and Mother Theresa are a few examples.</p>

The Therapeutic Community

The basic components of a “generic therapeutic community program model” have been identified as community separateness, fostering of a community environment, participation of members in community activities, peers and staff as community members, a structured day, a phase format, work as therapy and education, and, most distinguishing, purposive use of the peer community to facilitate social and psychological change in individuals [11]. Based on our observations, the Pine Lodge Therapeutic Community manifests most of these components, to varying degrees. The least obvious is the first component--community separateness--and the most obvious is the last one--purposive use of the TC to promote change.

Although much of the literature indicates that prison-based therapeutic communities should be physically and socially separate from the rest of the prison population [31, 38], the physical structure of the Pine Lodge Pre-Release facility renders such complete separation impossible. However, similar to the “Stay ‘n Out” programs in New York State [70], Pine Lodge TC women are housed in a separate dormitory; treatment areas are isolated from the rest of the institution; TC women take their GED and computer classes only with other TC women; and TC residents have only occasional contact with other inmates at meals.

The TC participants seem to agree that this separation is important. At a community meeting we attended, it was revealed that an inmate who had experienced a loss of a family member asked to be transferred temporarily into the general population. Given

her mental anguish over this loss, she did not feel she could commit herself fully to the rigors of the treatment program. At the community meeting held two days after she had been returned to the TC, she expressed concern that other residents had been “gossiping” about her. In response, another woman indicated that residents of the community had been concerned that, by going into the general population, the inmate would suffer a setback in her treatment progress because “we all know what they’re like in GP [general population].”

It appears that, although there is not complete separation of the Pine Lodge Therapeutic Community members from the general prison population, program participants and principals have found ways to maximize the sense of community separateness.

The purposive use of the peer community to promote change was evident in our observations of the Pine Lodge TC and was manifest particularly in the community meetings. These meetings are held daily (Monday-Friday), usually beginning at 11:30 a.m., are attended by all community members (treatment staff and inmates alike), and have as their overriding goal beginning and ending on a positive note. In our initial visits to the site, these meetings were presided over by program staff; however, this was changed to allow residents to conduct the meetings and take “minutes” of them. The meetings we attended (and we have no reason to believe our presence in any way altered the process) began with two or three inmates reading passages from books or other materials that had affected them, proceeded to a discussion of “inappropriate behaviors,” then to announcements, and concluded with “compliments” to individual members on their progress and/or thanks to other residents and staff who had helped them in particular ways.

Although the tenor of these meetings was generally positive and revealed mutual respect and support among community members, they also served as a useful vehicle for dealing with issues facing the community and for residents to express their frustrations. At one meeting, in the discussion of "inappropriate behaviors," one of the Phase IV residents expressed concern that a Phase II resident had a negative attitude towards treatment that was affecting other members of the community. Visibly upset, the Phase IV resident noted that "this is all I have going for me, and we don't need people like you just going through the motions." Two other inmates related similar concerns, and the community agreed that the Phase II resident should attempt to change her attitudes or, at least, not express them so freely with other participants who were committed to change.

Again during the discussion of "inappropriate behaviors" at another meeting, a senior resident confessed that she had acted improperly towards a member of the custody staff. Upon returning from a horticulture work-crew assignment outside the institution, she had told the custody staff member conducting the search of her person to "rub harder, I need a massage." She now believed that this behavior was inappropriate. When challenged by a treatment staff member regarding *why* she felt her behavior was inappropriate, she replied that she did not know the custody staff member in question and was not showing proper respect. The community chose not to impose a sanction on this resident.

In another example, a Phase III inmate was caught smoking in an "out-of-bounds" area. Such behavior has ramifications, apparently well-recognized by the TC,

beyond its being a rule violation; it can lead to or exacerbate tensions between community members and custody staff. The inmate was required to perform a skit on the subject.

We offer just one more illustration of the sense of community evident in the Pine Lodge program. One meeting began with rather strident lobbying on the part of some residents for special medical attention for another resident who, though in attendance at that meeting, clearly was not well and hadn't been for some time. Their requests were granted, and the ill inmate excused herself to see the prison health professionals. The next meeting we observed began in similar fashion, with those same residents making pointed remarks about that same other resident, but with a twist. The inmate who had engendered such support on the previous occasion was now being chastised for expecting other inmates to follow the same sleep regimen that she did. Community members defused the situation by invoking the common expectation of exhibiting mutual respect at all times.

Program Participation

Referral Process

One of the greatest challenges faced by the staff in any prison-based treatment program is the lack of control over the clients they receive. The PLPR therapeutic community is no exception to this general rule; in fact, it has some unique features that render this aspect of recruitment and retention even more problematic. As the treatment

supervisor noted in a 1997 report, “to intimate that our participants are less than enthusiastic about being in treatment upon their arrival would be an understatement.”

When a prison-based therapeutic community for female offenders in Washington State was originally proposed, the intention was to house the program on the west side of the state, close to the larger cities of Tacoma and Seattle, where the majority of female offenders in the state call home. Due to capacity constraints, however, the decision was made to place the therapeutic community in the Pine Lodge Pre-Release facility in Medical Lake, Washington, some 280 miles northeast of Seattle. Most referrals to the program were (and continue to be) from the Washington Correctional Center for Women (WCCW). Some women who were referred, i.e., transported, to Pine Lodge were not aware that they would be entering an intensive drug treatment program. Not surprisingly, the TC staff encountered many uncooperative inmates. Some of these inmates committed various infractions and, in an attempt to maintain the integrity of the program and viability of the therapeutic community, some were returned to WCCW.

To further complicate matters, some of the women who were returned to WCCW have fostered a “body of folklore” [31] about the TC, creating resistance on the part of those who were later transferred from WCCW to PLPR. As the treatment supervisor noted in her March, 1998, report, “there are several women who, as a result of serious infractions while in the TC, are now back at the main Corrections Center for Women and are actively promoting misinformation about the program.” We received independent confirmation of this misinformation through our discussions with “First Chance” residents,

who told us that it consisted of such statements as “You can’t smoke there,” “You get infractioned for minor offenses,” and--perhaps most telling, not to mention, most damaging within a prison--”It’s a snitch school.”

Admission and Retention

The original design of “First Chance” called for approximately 12 women offenders to be admitted into the program bi-monthly and proceed through treatment as a group. External constraints, including but not limited to the recruitment issues mentioned above, rendered such a process unworkable. Further, treatment staff became concerned that some of the women referred to the program had not been assessed appropriately.

The solution has taken the form of not formally admitting women to the program until they have completed Phase I--Orientation. This redefinition has resulted in a lower percentage of “treatment starts” from the “recruitment pool” but a higher percentage of graduates from the formally admitted participants. This approach to reporting admission and retention numbers also has caused considerable controversy and confusion at the level of the oversight agencies, which we describe in some detail both in the first subsection of “Detailed Findings” and in the “Analysis and Discussion” section of this report.

Exhibit 6 shows the numbers of women offenders referred to and entering the “First Chance” treatment program, by quarter, from its inauguration in November 1996 through March 1999. These data must be interpreted cautiously, keeping two caveats in mind. One, the numbers were compiled in the main, not from individual-level data, but

from monthly, quarterly and annual summary reports. The information presented in these reports varied in both content and format from one accounting period to the next. Two, the numbers reflect, not the progress of program participants, but the aggregate activity level of the therapeutic community for a given time period.

As of March 31, 1999, a total of 221 women offenders had been referred to PLPR's therapeutic community. The average length of time remaining on their sentences was about 500 days, ranging from 12 to 790 days. Given that "First Chance" participants were to have at least 365 days before early release, with completing the treatment program expected to take between 245 and 335 days, it is clear that some of the referrals were inappropriate.

Again according to official reports, a total of 158 women offenders had been admitted to the treatment program. In other words, approximately 72 percent of inmates referred to "First Chance" had successfully completed Phase I and progressed to Phase II of the program.

Termination and Graduation

Exhibit 6 also shows the numbers of women being discharged from and completing the treatment program. Most discharges have resulted from rule violations, but it is important to note that not one of them has been chemical-related. (Everyone is tested at least once a month, but no one in the TC has produced a positive—i.e., "dirty"—urinalysis.)

Exhibit 6. Program Admissions and Completions

DESCRIPTION	4Q96	2Q97	4Q97	2Q98	4Q98	1Q99
Referrals: current period*-**	24	58	38	30	53	18
avg. # days to serve**	462	471	547	461	553	510
range of days to serve**	123-728	12-762	244-728	116-748	321-790	167-712
Referrals: to date*-**	24	82	120	150	203	221
Admissions: current period*-**	12	29	37	23	54	13
Admissions: to date*-**	12		71		145	158
Discharges: current period*-**	4	27	24	15	28	10
[Inappropriate Admissions]	[2]	[7]	[1]	[3]	[1]	[0]
[Rule Violations]	[2]	[14]	[16]	[8]	[22]	[7]
[Transfers]	[0]	[6]	[7]	[4]	[5]	[3]
Discharges: to date*-**	4				88	95
Completions: current period**	n/a	4	15	15	21	8
avg. # days in TC**		142	265	302	285	241
range of days TC**		84-205	160-347	161-349	167-367	221-295
Completions: to date**	n/a				62	72
In TC: current period**		48	53	44	60	63

NOTE: For any specific time frame, the number of admissions plus discharges plus completions will not equal the number of referrals. Inmates may be admitted to the TC well after their referral; inmates may be discharged at any time after their referral; and inmates necessarily complete the program after admission.

*includes 2nd, 3rd appearance by same individual

**calculated from individual-level data where available

***compiled from monthly, quarterly and annual summary reports

Whether considered as percentage of admissions (46%) or of discharges (43%), "First Chance" has yielded a comparatively high completion rate to date. Those 72 graduates averaged about 247 days in the program, ranging from 84 to 367 days.

Participant Characteristics

Exhibit 7 summarizes the demographic characteristics of "First Chance" participants, by quarter, from November 1996 through March 1999. Again, these data are compiled from monthly, quarterly and annual reports, which were not consistent in the kinds of information presented. Further, for some time periods, the data seemed to include all referrals to the program; for other periods, the data seemed to include only those residents formally admitted to the program; for still other reports, they may have included Phase I through Phase V participants.

As of March 31, 1999, not quite 40 percent of therapeutic community residents were married and over 75 percent were white, with the average age of the 63 residents about 37 years old. Not quite 70 percent had been incarcerated for a drug-related crime, and just under 60 percent were serving time on their third (or more) criminal conviction. Violent offenders constituted 19 percent of the community.

Exhibit 7. Participant Characteristics

DESCRIPTION	4Q96	2Q97	4Q97	2Q98	4Q98	1Q99
Marital Status: Single		26.0	62.0	43.9	42.8	23.7
Married		31.0	15.0	25.2	24.7	39.0
Divorced		33.0	19.0	22.3	21.7	15.3
Separated		10.0	0	3.2	3.0	8.5
Widowed		w/above	4.0	3.2	3.0	1.7
Refused/Unknown		0	0	1.9	4.8	11.8
Ethnicity: Caucasian/White		66.0	42.0	65.8	66.3	78.0
African American		22.0	31.0	23.9	23.5	18.6
Native American/Indian		10.0	15.0	5.8	6.0	3.4
Hispanic origin		2.0	12.0	3.9	3.6	1.7
Asian/Pacific Islander		0	0	1.7	0.6	1.7
Average Age		33.3 yr	31.7 yr	38.3 yr	43.4 yr	36.7 yr
Average Number of Children		1.9	1.6	2.2	1.9	2.3
Violent Offenders						19.0(12)
1 st conviction						27.0(17)
2 nd conviction						11.0(7)
3 rd (or more) conviction						62.0(39)
Drug-related crime						68.3(43)
Property-related crime						11.1(7)
Person-related crime						9.5(6)
Other crime type						11.1(7)

NOTE: This information is compiled from monthly, quarterly and annual reports, which varied in format.

Treatment, Custody, Facility Staff

“First Chance” is staffed by one full-time treatment supervisor, two full-time chemical dependency therapists, two full-time mental health specialists, one full-time vocational rehabilitation counselor, and one full-time community corrections officer. In addition to corrections officers who are assigned or volunteer full-time to the therapeutic community, other facility staff provide support in the form of education, recreational, and medical services.

In our observations of and discussions with treatment staff, we were impressed by their dedication to accepted principles of treatment, their knowledge of the women they were dealing with, and their commitment to helping these individuals. For example, prior to an inmate’s petition to move from Phase III to Phase IV of the program, we observed a staff meeting held to address this inmate’s progress. Each of the four staff members present, along with the treatment supervisor, possessed first-hand knowledge of this offender’s progress through the program and, importantly, each staff member brought something slightly different to the discussion. This also speaks to the importance of maintaining an effective staff-client ratio that facilitates such knowledge.

The treatment supervisor periodically rotates chemical dependency staff between the TC and a separate inpatient chemical dependency program at PLPR. While this may present challenges with respect to continuity in each program, such rotation also has advantages. As the treatment supervisor pointed out in her March 31, 1998, report, it can

alter community dynamics in such an ultimately positive way that reduces the opportunity for residents to manipulate staff and reduces individual inmates' dependence on individual staff, thus facilitating the inmates' transition out of the program. Even with this rotation, we observed very little turnover in treatment staff over the evaluation period.

On the other hand, our observations and interviews revealed a certain amount of tension between treatment and custody staff. Some custody staff reported being concerned that TC residents, compared to other inmates at PLPR, were "coddled." Some also felt that treatment staff did not understand the importance of custody issues and discipline. Some treatment staff likewise expressed dismay over custody staff's ability (and suspected all-too-willingness) to infract TC members out of treatment.

ANALYSIS AND DISCUSSION

Primary qualitative data are presented here to supplement and make better sense of the secondary quantitative data. From our review of the drug treatment literature in general, and the therapeutic community literature in particular, it is apparent that most researchers rely almost exclusively on secondary program data in their process and outcome evaluations, without devoting time to the collection of on-site observational data. As a result, most of the extant commentaries on therapeutic communities have been virtually silent with respect to the internal dynamics and day-to-day operations of these programs. Our observations and interviews allowed for important insights into the external pressures on the Pine Lodge Therapeutic Community, the internal dynamics and daily rhythms of the program, and the unique challenges faced by both inmates and staff in the program.

Notable strengths of the "First Chance" therapeutic community include the integrity of the treatment program; its use of treatment program graduates as mentors to new and struggling members; the consensual influence of the community in promoting and expecting positive change in its individual members; and an apparent completion rate that exceeds those reported in the professional literature.

The use of mentors in the program merits further description. Recognizing that some women who had completed the formal phase of treatment still had time to serve on their sentences, which placed them in jeopardy of compromising their treatment progress by transfer to the general population, the treatment supervisor and her staff designated these

“graduates” (on a voluntary basis) as TC mentors. As noted in the treatment supervisor’s report for the first quarter of 1999, the mentors “help acclimate the new residents to the community’s norms and expectations, while helping to alleviate some of the anxiety that many experience upon entering the program.” In addition, with TC staff supervision and support, these mentors have facilitated Phase I programming. In our observations of group sessions, we saw the advantages of using mentors in the Pine Lodge therapeutic community.

In terms of initial benefits to participants, several independent sources of information suggest that--at least, for some women offenders--participation in the Pine Lodge TC has had positive results. For example, women from the TC who participate in educational programs at Pine Lodge do so only with other TC residents. Instructors in these programs have reported that the women work well as a group, are positive in the classes, and generally are more respectful towards the instructors than are other offenders in the facility. Similarly, the treatment supervisor’s first quarter report for 1999 noted that vocational-based program, i.e., aftercare, staff in the state of Washington reported that TC women were actively seeking assistance upon arrival in their service areas.

Weaknesses of “First Chance” have less to do with implementing or delivering treatment and more to do with documenting or accounting for the program. Common and consistent definitions of terms, clear lines of responsibility for recording and reporting, shared appreciation for and commitment to accurate information--none could be said to regularly characterize the data, though generously and graciously, made available to us. The treatment supervisor’s (feigned, we suspect) inability to “comprehend statistics”

plays no small part in this morass. But, from our observations, the role of oversight agencies is writ large.

In this context, two specific issues are worth discussing again in some detail. In the fall of 1998, some state officials apparently became concerned about the retention rates in the program. It is important to note initially that there appears to be a consensus in the literature that length of treatment is the most consistent predictor of successful outcomes. Yet, “[m]ost admissions to (residential) therapeutic communities leave before treatment benefits are evident. Indeed, dropout is **the rule** for all drug-abuse treatment modalities” [14]. Further, “because therapeutic communities are physically and psychologically demanding, the dropout rate is high, especially in the first three month. Only one in four voluntary clients remains longer than three months, while fewer than one in six complete the one to two year course of treatment” [49]. While we are aware of the fact that participants in the Pine Lodge Therapeutic Community are not voluntary participants, and some studies suggest that “legal coercion” may increase retention rates [62], the confusion on the part of state officials regarding what constitutes “appropriate” retention rates induced unnecessary pressures on the program.

A second concern that manifested itself in the fall of 1998 was that of cost and capacity issues. Although the Pine Lodge TC was designed with a capacity of 72 beds, it was not until recently that the community reached a total of 60 residents. Obtaining information on staff-client ratios and the ideal capacity for prison-based therapeutic

communities is difficult at best. However, Wexler and Williams [70], in their report on New York's "Stay 'n Out" program, report that there were 35 beds in each of two units, each of these being staffed by a total of seven individuals. Inciardi et al. [31] assert that "new prison-based therapeutic communities should start small and add clientele only after the program is well-established." Wellisch et al. [65], in their survey of 53 prison-based drug treatment programs for women, report 58 as the average number of clients per program. The Pine Lodge TC, servicing between 50 and 60 women offenders with a full-time staff of 5 professionals, seems to operate at maximal efficiency.

It is worth noting that few of the approximately 20 RSAT programs currently undergoing evaluation funded by the National Institute of Justice are at capacity. For example, the "KEY" program, in the state of Delaware, with a capacity of 240 beds, had an average daily population of 160 in 1997, representing 67 percent of capacity. The "KEY SOUTH" program in the same state, which had a capacity of 300 beds, had an average daily population of 182, representing 61 percent of capacity. A dual diagnosis treatment program for females at the Jefferson Correctional Institution in Florida, which began with a capacity of 40 beds and was expanded to 60 beds in March of 1998, had an average daily population of 32 inmates (53 percent of capacity). A prison-based therapeutic community in Iowa, with a capacity of 80 beds, had an average daily population of 56 inmates (70 percent) in 1997. Again, and to the extent that other programs are appropriate yardsticks, the Pine Lodge TC measures up well at between 69 and 83 percent of capacity.

As this process evaluation of the Pine Lodge Pre-Release Residential Substance Abuse Treatment Program emphasizes, therapeutic communities are dynamic. New residents--with a host of different sociodemographic characteristics, chemical dependency and mental health problems, and criminal histories--enter the program continually. Others leave, either because of their infractable behaviors or because they have completed the requisite components of treatment and, therefore, graduate. Changes are constantly occurring--in treatment staff, specific program components, and individuals involved in oversight as well as their philosophy regarding program methods and goals. Over the course of our fifteen months of intensive observation of components of the Pine Lodge therapeutic community and extensive review of program documents and records, several adjustments have been made. Whether or not these were effective remains to be seen, and making that assessment will be a primary focus of our subsequent outcomes evaluation. We can safely say now, though, based on our observations to date, that program adjustments have been made with conscious aforethought and with the express goal of improving the treatment environment as well as likelihood of success for women offenders in the Pine Lodge therapeutic community.

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APPENDIX

HUMAN SUBJECTS RESEARCH APPROVAL

Washington State University - Institutional Review Board	1-31
Department of Corrections - Human Research Review Committee	32-61



Washington State University

Office of Grant and Research Development

PO Box 643140
Pullman, WA 99164-3140
509-335-9661
FAX 509-335-1676**MEMORANDUM****TO:** Clayton Mosher & Dretha Phillips, Sociology, WSU Pullman (4020)**FROM:** (for) Jay Teachman, Chair, WSU Institutional Review Board**DATE:** 1 May 1998**SUBJECT:** Review of Protocol Modification -

Your proposal to modify the protocol entitled "A Collaborative, Intermediate Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders in Washington State," IRB File Number 1894-3 was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the IRB has approved your modification request on 27 April 1998.

IRB approval indicates that the modifications described to the previously approved study protocol are designed to adequately protect the subjects participating in the study. This approval does not relieve the investigator from the responsibility of providing continuing attention to ethical considerations involved in the utilization of subjects participating in the study. This approval expires on 27 April 1999. If any more changes are made to the study protocol you must notify the IRB and receive approval before implementation.

Review Type: MOD
Review Category: EXP
Date Received: 1 April 1998OGRD No.: NF
Agency: NA

pc: Dretha Phillips (4014)

RECD 12/24/97



Washington State University

Institutional Review Board—Grant and Research Development

P O Box 643140
Pullman, WA 99164-3140
509-335-9661
FAX 509-335-1676MEMORANDUM

TO: Clayton Mosher and Dretha Phillips, Sociology, WSU-Pullman (4020)

FROM: Jay Teachman, Chair, Institutional Review Board *Jay Teachman*

DATE: 15 December 1997

SUBJECT: Review of Human Subject Protocol

The Human Subject Form you have supplied pertaining to your protocol for the proposal "A Collaborative, Intermediate Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders in Washington State", IRB# 1894, was reviewed for the protection of the study's participants and investigators. On 11 December 1997, the IRB granted **limited approval** for this protocol. Approval is limited to the initial stages of research instrument development, and does not include any implementation of such instruments. Further approval is contingent upon receipt of developed instruments and specific data reporting procedures for review by the Board. These submissions should be made as formal modifications to the original protocol.

If you have questions regarding the IRB's concerns, please contact Nancy Shrope or Jim Kresl at OGRD (509) 335-9661. Any revised materials can be mailed to OGRD (Campus Zip 3140), faxed to (509) 335-1676, or in some cases by electronic mail, to ogrd@mail.wsu.edu. If materials are sent by email attachment, please be sure they are in a standard file type for Mac, ASCII or DOS text (.txt), or Rich Text Format (.RTF).

cc: Dretha Phillips (4014)

SOCIAL AND ECONOMIC SCIENCES RESEARCH CENTER
Washington State University
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Pullman, WA 99164-4014

509-335-1511
FAX 509-335-0116
direct line 509-335-1528
e-mail: dretha@wsu.edu

TO: Jay Teachman, Chair, Institutional Review Board
FROM: Clayton Mosher and Dretha Phillips
DATE: December 2, 1997
SUBJECT: Response to 11/20/97 Deferment of Protocol Submitted 09/08/97--IRB #1894

In an attempt to address the concerns expressed by the Board regarding "the protection of the study's participants and investigators," the following documents are attached and are to be considered an addendum to our research protocol submitted for the Board's consideration on September 8, 1997.

Confidentiality Concerns

No personally identifiable data will be revealed to any of the study participants at any time. Further, no personally identifiable data will be reported to the funding agency nor to any other body with an interest in the results of this **implementation and process evaluation**.

Consent Forms: A separate form is submitted for each of the types of study participants, i.e., women offenders, correctional/administrative staff, and treatment staff. (These consent forms were adapted from consent forms approved by the DSHS Human Subjects Board, and subsequently by the WSU-IRB, for a previously funded research project on a special population.)

Privacy Certificate: This form was submitted with the proposal to NIJ. It makes clear that absolute confidentiality will be observed with regard to any and all data from this study.

E-Mail from NIJ regarding Protection from Subpoena: The Privacy Certificate provides assurances that the privacy of study subjects will be protected. This e-mail message provides the legal basis on which the study investigators are protected from revealing study data.

Data Collection Concerns

The proposed research is part of a national effort to evaluate residential therapeutic communities for offenders. As such, the specific data collection instruments are to be developed early in the project, in close consultation with program staff **and** with NIJ local as well as national evaluators. The primary objective is to obtain data--which can be used by administrators and staff to make desired changes in the program--on the strengths, weaknesses, and initial effects on participants of the particular (in this case, Pine Lodge) program. A secondary objective is to prepare for a subsequent impact/outcomes evaluation. Anticipated data collections methods and likely observations and/or questions to be asked are listed below.

Administrative Records: Attached is a letter in support of the research from the Superintendent of Pine Lodge, indicating that the investigators will be provided "with access to the requisite data on the participants in the program and program staff." As indicated in the Privacy Certificate, all personal identifiers will be stripped from the database prior to releasing any results.

The control group will be specified solely from information available in administrative records. The investigators will not contact them in any fashion at any time for this process evaluation.

The attached "Intensive Inpatient Pre-Treatment Questionnaire" is an example of the kinds of information to be collected from administrative records on study participants.

Structured Observations: Because part of this implementation and process evaluation is documenting the nature of interactions among offenders, correctional staff and treatment staff, we anticipate observing all components of the program such as regularly scheduled staff meetings, conferences between offenders and staff members, and specific treatment modules.

The specific instruments for structuring these observations will be developed in close consultation with program staff and with NJ local as well as national evaluators. We anticipate that our focus will be on the quality as well as quantity of interactions between (a) correctional and treatment staff, (b) correctional staff and offenders, (c) treatment staff and offenders, and (d) offenders.

Personal Interviews: Interviews with study participants will be private, scheduled at the convenience of the participant, and follow a semi-structured protocol. Again, the specific instruments will be developed in the early stages of the project. We anticipate asking each study participant about level of satisfaction with and perceptions of problem in the Pine Lodge program.

The attached "Observation Forms" is an example of the kinds of information that will be requested from the women offenders in the program. We expect that this form may be readily adapted for use with correctional and treatment staff as well.

Funding Concerns

We confess to being frustrated by the implication that we have somehow tried to circumvent the WSU-IRB approval process, in light of this project recently having been funded by NJ. This protocol was submitted to the WSU-IRB on September 8, 1997, well in advance of our having any indication as to whether or not it would be funded by NJ. In addition, attached are the e-mail communications to and from OGRD, dated September 12th, indicating that there was "No Need" to further specify the interview questions for the Board's review.

This project is not scheduled to begin until January 2, 1998. And, in the proposal itself as well as the attached Privacy Certificate, we made it clear that we would not begin the project until it was approved by the WSU-IRB.

Because the project is not scheduled to begin until January 2nd, the only expenditures authorized by NJ prior to that date was for our required attendance at the "Cluster Conference" for all grantees on November 13-14 in Washington, D.C.

We look forward to attending the Board's meeting on December 11, 1997, at 3:30 p.m.

**PARTICIPANT CONSENT FORM: RESIDENT
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders**

Clayton Mosher, Ph.D., Co-Principal Investigator
Department of Sociology
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Pullman, WA 99164-4020
509-335-2643

Dretha Phillips, Ph.D., Co-Principal Investigator
Social and Economic Sciences Research Center
Washington State University
Pullman, WA 99164-4014
509-335-1528 or toll-free 800-833-0867

You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will review your official records, observe meetings between you and Pine Lodge staff, and interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your program. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

_____ Date _____
Clayton Mosher, Co-Principal Investigator

_____ Date _____
Dretha Phillips, Co-Principal Investigator

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

_____ Date _____
Participant's Signature
Participant's Printed Name: _____

**PARTICIPANT CONSENT FORM: CORRECTIONAL STAFF
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders**

Clayton Mosher, Ph.D., Co-Principal Investigator
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Social and Economic Sciences Research Center
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509-335-1528 or toll-free 800-833-0867

You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants as well as correctional staff, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will observe meetings between you and other Pine Lodge staff and will interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your position. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

_____ Date _____
Clayton Mosher, Co-Principal Investigator

_____ Date _____
Dretha Phillips, Co-Principal Investigator

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

_____ Date _____
Participant's Signature
Participant's Printed Name: _____

PARTICIPANT CONSENT FORM: TREATMENT STAFF
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders

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Pullman, WA 99164-4014
509-335-1528 or toll-free: 800-833-0867

You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants as well as treatment staff, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will observe meetings between you and other Pine Lodge staff and will interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your position. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

Clayton Mosher, Co-Principal Investigator

Date _____

Dretha Phillips, Co-Principal Investigator

Date _____

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

Participant's Signature
Participant's Printed Name: _____

Date _____

Principal Investigators: Mosher and Phillips; Page _____

PRIVACY CERTIFICATE

The Grantees, **CLAYTON MOSHER** and **DRETHA PHILLIPS**, agree to provide administrative and physical security of identifiable data and to preserve the anonymity of individuals and of agencies or departments of Federal, State, or local governments participating in this research. To comply with this regulation, the following elements are incorporated into the grant application.

Brief description of project: The proposed project is an evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for adult women offenders, located in eastern Washington state. Sources of data for the evaluation include administrative records, interviews with staff and participants, and on-site observations.

Procedures developed to preserve anonymity: Because some of the data will be collected from personal interviews, anonymity will not be possible. However, strict confidentiality will be maintained, and subjects will be advised that participation is voluntary. In addition, an *information transfer agreement*, specifying that the information is confidential and to be used only for research or statistical purposes, will be negotiated before gaining access to administrative records.

Procedures for storing data: All data collected or generated by the proposed intermediate evaluation will be stored in locked file cabinets at the Social and Economic Sciences Research Center.

Access to data is limited to the following individuals:

Principal Investigators: Clayton Mosher and Dretha Phillips

Project Staff: Data processors to be named from SESRC staff

(All SESRC staff members have signed confidentiality agreements on file)

Subcontractors: not applicable

Disposition of data will occur in the following manner: Project findings and report prepared for dissemination will not contain information that can be associated with any individual. At the close of the project, all potentially identifying information will be stripped from the data base, and all project materials will be shredded as soon as authorized by law or funding agency.

To further ensure that the rights and welfare of the adult women offenders, i.e., **HUMAN SUBJECTS**, are protected, the proposed intermediate evaluation will not begin until it has been approved by the Washington State University Institutional Review Board. This Board provides oversight of human subjects research that conforms to all elements of Federal guidelines.

Project personnel have been advised of these procedures and have agreed in writing to comply with all procedures to safeguard privacy and confidentiality.

Signatures: _____

Date: July 14, 1997

Laura Winterfield, 03:34 PM 11/25/9, protection from subpoena

1

X-Authentication-Warning: pegasus.it.wsu.edu: mailui1 set sender to WINTERFI@ojp.usdoj.gov using -f

Date: Tue, 25 Nov 1997 15:34:23 -0500

X-PH: V4.2@pegasus

From: Laura Winterfield <WINTERFI@ojp.usdoj.gov>

To: britton930@aol.com, craig_love@brown.edu, johnsnmb@coop.cm.org, krvanste@facstaff.wisc.edu, amcneece@garnet.acns.fsu.edu, jbyers@garnet.acns.fsu.edu, c-mejta@govst.edu, t-tymkow@govst.edu, jmmiller@gwm.sc.edu, kirkvs@jetson.uh.edu, wkelly@mail.la.utexas.edu, mukisa@ocjs.state.oh.us, jagordon@saturn.vcu.edu, ruede@sc.edu, bsmith.djj@state.va.us, bkubu@tx.wb.hidta.org, flaxman@tx.wb.hidta.org, bergesonb@tyc.state.tx.us, ehall@ucla.edu, mlp@ucla.edu, martin@udel.edu, jcarbonari@uh.edu, anita-patterson@uiowa.edu, cowles.ernest@uis.edu, gransky.laura@uis.edu, birdz@umich.edu, malachi@unm.edu, dyoung@vera.org, cmosher@wsu.edu, dretha@wsu.edu

Cc: pam@ojp.usdoj.gov, trudeauj@ojp.usdoj.gov

Subject: protection from subpoena

Content-Disposition: inline

X-UIDL: 4e569576ba4e26674c345622e7c4f578

After having talked to several people here, it seems quite clear that, because you are collecting human subjects data through NIJ (which is within the Department of Justice), these data are protected by law/statute/and regulation. There is no specific form necessary to provide for that protection. We need from you the privacy certification, which tells us that you will protect those data accordingly.

I have found the section of the United States Code, or USCA (statute), and the associated federal regulation which provides for "immunity from process; prohibition against admission as evidence or use in any proceedings." The statute can be found in Title 42 (The Public Health and Welfare), Chapter 46 (Justice System Improvement) Subchapter VIII (Administrative Provisions), part (a), which reads (a WestLaw search will provide it):

"Except as provided by Federal law other than this chapter, no officer or employee of the Federal Government, and no recipient of assistance under the provisions of this chapter shall use or reveal any research or statistical information furnished under this chapter by any person and identifiable to any specific private person for any purpose other than the purpose for which it was obtained in accordance with this chapter. Such information and copies thereof shall be immune from legal process, and shall not, without the consent of the person furnishing such information, be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceedings.

The associated regulations can be found in Department of Justice Federal Rules 28 CFR Ch. 1, Part 22 - Confidentiality and identifiable

Printed for dretha@wsu.edu

1

Laura Winterfield, 03:34 PM 11/25/9, protection from subpoena

2

research and statistical information, section 22.28, which says "research or statistical information identifiable to a private person shall be immune from legal process and shall only be admitted as evidence or used for any purpose in any action, suit, or other judicial, legislative, or administrative proceeding with the written consent of the individual to whom the data pertains."

The reason that the other funding agencies, such as NIH, provided such assurances seems to be that they are not within the DOJ purview. I think that this should satisfy the IRBs; let me know if there is more needed.

Happy Thanksgiving, Laura

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2

SESRC Research Report 99-12

Appendix Page 11

*Apologies for the condition of this page. This is the best copy available from the author.
P. Coxia, NEJRS Librarian*



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
PINE LODGE PRE-RELEASE
P.O. Box 3000 • Medical Center, Wallingford, WA 98602

July 11, 1997

U.S. Department of Justice
National Institute of Corrections

To Whom It May Concern:

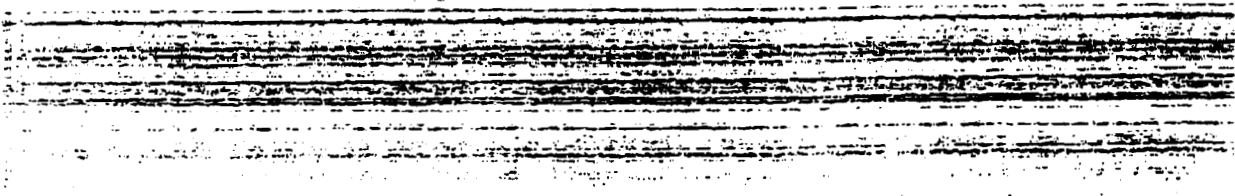
I am writing in support of the grant proposal submitted by Professor Clayton Mosher, Washington State University, to evaluate the Residential Substance Abuse Treatment Program for female offenders at the Pine Lodge Pre-Release Facility. We will provide Dr. Mosher and his research associates with access to the requisite data on the participants in the program and program staff, consistent with Washington State Department of Corrections research review policies. In addition to assisting us in further developing and refining our Therapeutic Community program, results of this evaluation will contribute important insight into the treatment of female offenders in a prison setting.

Sincerely,

Ernest W. Packebush
Superintendent
Pine Lodge Pre-Release

EWP:km

cc: John Biddulph, CUS Unit I





STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS

INTENSIVE INPATIENT PRE-TREATMENT QUESTIONNAIRE

OFFENDER NAME LAST	FIRST	DOC NUMBER
FORM COMPLETED BY LAST	FIRST	DATE (MM/DD/YY)

1. Substance(s) abused
 - A. Alcohol
 - B. Drugs - specify (circle all that apply)
 - a. Amphetamines
 - b. Barbiturates
 - c. Cocaine
 - d. Hallucinogens
 - e. Heroin
 - f. Inhalants
 - g. Marijuana
 - h. Methadone
 - i. Over the counter
 - j. Phencyclidine
 - k. Tranquilizers
 - l. Other
 - m. Unknown
 - C. Both

2. Use of alcohol in year prior to arrest for current conviction
 - A. Daily
 - B. 3 to 6 times per week
 - C. 1 to 2 times per week
 - D. 1 to 3 times per month
 - E. Less than once a month
 - F. No use

Last used: MM / YY

3. Use of drugs in year prior to arrest for current conviction
 - A. Daily
 - B. 3 to 6 times per week
 - C. 1 to 2 times per week
 - D. 1 to 3 times per month
 - E. Less than once a month
 - F. No use

Last used: MM / YY

4. Was offender under the influence of drugs or alcohol when committing the offense(s) for current conviction? (See CMC interview question #7)
 - A. Never
 - B. 50% or less
 - C. Over 50%

5. Was some for current conviction committed to gain funds for obtaining drugs or alcohol?
 - A. Yes
 - B. No
 - C. Unknown

6. Was arrest for current conviction related to delivery or attempted delivery of illegal drugs or alcohol?
 - A. Yes
 - B. No
 - C. Unknown

7. Ever participated in inpatient treatment for substance abuse?
 - A. Regularly, at times
 - B. Occasionally
 - C. No
 - D. Unknown

Date of last treatment: MM / YY

3. Ever participated in outpatient treatment for substance abuse (not AA or NA)?
- A. Regularly, at times
 - B. Occasionally
 - C. No
 - D. Unknown
- Date of last treatment: / /
9. Ever participated in AA or NA?
- A. Active
 - B. Inactive
 - C. Never
 - D. Unknown
10. Was father addicted to drugs or alcohol?
- A. Yes
 - B. No
 - C. Unknown
11. Was mother addicted to drugs or alcohol?
- A. Yes
 - B. No
 - C. Unknown
12. Does offender have a family unit to whom counseling will be offered?
- A. Yes
 - B. No
 - C. Unknown
13. Prior to current incarceration, what was the offender's primary daily activity?
- A. Employed full-time
 - B. Employed part-time
 - C. Employed temporarily/on call
 - D. Student
 - E. Homemaker
 - F. Military
 - G. Unemployed seeking work
 - H. Retired
 - I. Not working due to disability
 - J. Unemployed not seeking work
14. Dates employed at last job From: / / To: / /
15. Reason for leaving that job: (See CMC interview question #14)
- A. Incarceration
 - B. Laid off
 - C. Lack of capacity or basic skills
 - D. Attitude or other personal problems
 - E. Other
16. Average monthly (legal) income prior to arrest for current conviction.
- A. Less than \$500
 - B. \$500 to \$1000
 - C. \$1000 to \$1500
 - D. \$1500 to \$2000
 - E. Over \$2000
17. Percent of offender's working life spent employed full-time. (See CMC interview question #13)
- A. Over 90%
 - B. 50% to 90%
 - C. Less than 50%
18. Living situation prior to current incarceration. (See CMC interview question #15)
- A. Essentially stable living arrangements
 - B. Some unstable periods
 - C. Essentially unstable living arrangements

- 19.* Was offender had trouble supporting him/herself, i.e., received public assistance? (See CMC interview question #19)
- A. Usually self-supporting
 - B. Several periods where not self-supporting
 - C. Essentially not self-supporting
20. Was offender on welfare at the time of arrest for current conviction?
- A. Yes - specify (circle all that apply)
 - a. AFDC-E
 - b. AFDC-P
 - c. Disability
 - d. Food stamps
 - e. Retirement benefits
 - f. Service benefits
 - g. Other
 - B. No
21. Number of dependent children (under age 18) residing with offender at the time of arrest for current conviction.
22. Date of birth and current residence of each dependent child:
- | | DCB | | | Current Residence | DCB | | | Current Residence |
|-------------------|-----|--|--|-------------------|-----|--|--|-------------------|
| A. Adopted out | | | | | | | | |
| B. Father | | | | | | | | |
| C. Foster/State | | | | | | | | |
| D. Friend | | | | | | | | |
| E. Grandparent | | | | | | | | |
| F. Other relative | | | | | | | | |
| G. Other | | | | | | | | |
| H. Unknown | | | | | | | | |
- 23.* What does offender do most often when feeling depressed (or to avoid depression)? (See CMC interview question #36)
- A. Seeks someone to talk to or tries to figure things out
 - B. Seeks an activity to distract self
 - C. Drinks or uses drugs
 - D. Isolates self
 - E. Other
- 24.* Aside from legal problems, what is offender's biggest problem right now? (See CMC interview question #41)
- A. Addiction
 - B. Other personal problems
 - C. Relationships
 - D. Vocational-educational/job
 - E. Financial
 - F. No big problems presently
- 25.* What is offender's attitude towards solving this problem? (See interview question #42)
- A. Optimistic - expect to succeed
 - B. Unclear or mixed
 - C. Pessimistic - expected to fail
- 26.* Highest grade completed: (See CMC interview question #51)
- A. 9th or below
 - B. 10th - 12th (did not graduate)
 - C. High school graduated (exclude GED)
 - D. GED
 - E. Some post high-school training leading toward a degree
 - F. College degree
- 27.* Is there a condition in the Judgment and Sentence that offender must continue treatment in the community?
- A. Yes
 - B. No

* Questions are similar to those asked in the Case Management Classification (CMC) interview.

Observation Forms

Date: _____ Observer: _____
 Activity Observed: 1) Group 2) Indv Number in Group: _____
 3) Pull-up 4) Between Therapy
 4) Case Management
 5) Intake 6) Orientation
 7) Other
 Time: _____ Type of Therapist: 1) Professional 3) Inmate
 2) Volunteer

Describe the purpose of the Session:

In the following indicate the degree to which the following issues were discussed or described as part of the clinical event⁷:

	Low				High	
	1	2	3	4	5	na
View of Substance Abuse						
Disease						
self-inflicted						
Controllable						
Learned						
View of Recovery						
Change Negative Behavior						
Change Negative Thinking						
Developmental Process						
Self Help						
Motivation to change						
View of Residential Community						
Use of Participants						
Use of Membership Feedback						
Use of Confrontation						
Use of Members as Role Models						
Use of Collective Formats to Guide Indv Changes						
Use of Shared Norms/Values						
Use of Structured Systems						
Use of Open Communication						
Use of Relationships/Friendships						
Use of Community Separation						
Use of Community Environment						
Use of Community Activities						
Use of Peers as Role Models						

⁷ Adapted from DeLeon (1994) and Prochaska, DiClemente, and Norcross (1992).

Orientation
 Contemplation of Change
 Motivation Readiness
 Motivation
 Action Planning
 Maintenance
 Relapse Prevention
 Redefining Action
 Other, Comments:

1	2	3	4	5	na

Describe the clinical intervention:

Give examples of the different clinical tools that were used: (e.g. diaries, stress management, leisure time activities, confrontations, etc.)

mdonnelly@wsu.edu, 08:35 AM 9/12/97, NIJ--Pine Lodge Evaluation

1

To: mdonnelly@wsu.edu
 From: dretha@wsu.edu
 Subject: NIJ--Pine Lodge Evaluation
 Cc: cmosher@wsu.edu, tarnai@wsu.edu, koontz@wsu.edu
 Bcc:
 X-Attachments:

Good morning, Mike:

Thanks for calling with your questions about the IRB application on the Pine Lodge Program Evaluation (NIJ proposal).

Re: the list of interview questions for the women offenders as well as for the staff and administrators of the Program. The kinds of areas that we anticipate asking about are identified in the attachment describing the "Approach" to the research. (Designing the interview itself is proposed to occur in consultation with Program staff and administrators during the first three months of the project.) I certainly can extract those general areas and list them separately if that would help the Board review this application.

Re: a consent form for interviewing staff and administrators. Because these folks are not a special, i.e., incarcerated, population, I assumed that the standard protocol of obtaining verbal consent--after indicating the voluntariness and confidentiality of the interview--would suffice. Again, if the Board needs something more specific, I'll be happy to oblige.

Thanks again for all your help on this. Mike.

Dretha

Handwritten notes:
 <mdonnelly@wsu.edu>
 Mike Donnelly
 - RE: NIJ
 - list of interview questions
 - forms for staff
 admin
 5-14-98
 mdonnelly@wsu.edu

Mike Donnelly, 01:21 PM 9/12/97, Re: NIJ--Pine Lodge Evaluation

1

X-Sender: donnelly@mail.wsu.edu
Date: Fri, 12 Sep 1997 13:21:36 -0800
X-PH: V4.4@cheerah
To: dretha@wsu.edu
From: donnelly@wsunix.wsu.edu (Mike Donnelly)
Subject: Re: NIJ--Pine Lodge Evaluation
X-UTDL: fed9126a010f890f9accee44cf5b5af4

>Re: the list of interview questions for the women offenders as well as for
>the staff and administrators of the Program. The kinds of areas that we
>anticipate asking about are identified in the attachment describing the
>"Approach" to the research. (Designing the interview itself is proposed to
>occur in consultation with Program staff and administrators during the first
>three months of the project.) I certainly can extract those general areas
>and list them separately if that would help the Board review this application.
No Need.

>
>Re: a consent form for interviewing staff and administrators. Because
>these folks are not a special, i.e., incarcerated, population, I assumed
>that the standard protocol of obtaining verbal consent--after indicating the
>voluntariness and confidentiality of the interview--would suffice. Again,
>if the Board needs something more specific, I'll be happy to oblige.
You should probably go to a written consent form, given that these will be
fairly lengthy face-to-face interviews. -Mike D

Printed for dretha@wsu.edu

1



Washington State University

Institutional Review Board—Grant and Research Development

P O Box 643140
 Pullman, WA 99164-3140
 509-335-9661
 FAX 509-335-1676

MEMORANDUM

TO: Clayton Mosher and Dretha Phillips, Sociology, WSU-Pullman (4020)

FROM: Jay Teachman, Chair, Institutional Review Board *JT*

DATE: 21 November 1997

SUBJECT: Review of Human Subject Protocol

The Human Subject Form you have supplied pertaining to your protocol for the proposal "A Collaborative, Intermediate Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders in Washington State", IRB# 1894, was reviewed for the protection of the study's participants and investigators. On 20 November 1997, the IRB deferred a decision for this protocol until the next Full Board meeting. Approval is contingent upon receipt of written responses to the following concerns.

Reviewer's Comments:**Rand O'Donnell:**

- Main concern is whether a staff member will be present during the interview segment. Strongly feels this has the potential for the highest risk to all involved, and should be avoided.

Charles Peck:

- Outline the strategy for survey instrument development with possible lines of inquiry. Address access to, and availability of, results for all involved. Consider possible consequences and plans to manage these risks.
- Consent form needs revision to clarify potential risks, and modification to be appropriate for each party involved, i.e. participants, staff, and control group. (Archival use of control group records does not preclude the need for consent, unless the records are freely and wholly available to the public. 45 CFR 46.101(b.5)). Since the survey instruments are not yet developed, describe how results will be compared to the control group. What data correlates?
- Need to have potential survey instruments with possible questions and topics. It is understood that development will take place in conjunction with corrections personnel, however, at least a template or outline should be submitted.

Board Member Comments:**Kathie Records:**

- If investigator is unable to absolutely guarantee that the staff will not be present during the interview, this should be made clear in the consent form. Regardless, the issue of confidentiality should be better explained and included in all consent forms.
- Need to have three versions of the consent form appropriate to each group.
- Need to submit at least a rough version of potential survey instruments.

Michael Rice:

- Must have preliminary examples of the survey instruments.

Barry Hicks:

- Emphasizes need to have consent form prepared for the control group in order to gain "access to their administrative records" (taken from answer submitted by P.I. to Human Subjects Form Part II.2). Also, address method for contacting the control group in order to gain consent.

Subjects' Advocate Comments:**Faith Lutze:**

- Address measures taken to insure mutual protection of staff and participants from the risk of having interview results revealed.
- Gain a firmer answer as to whether interviews will be conducted with staff present. Feels having staff present compromises study, and excluding them from the interview should be a required condition.
- Need to see samples of potential interview questions.
- All involved should be given the opportunity to get a copy of the results.

IRB Chair Comments:**Jay Teachman:**

- Need to submit revised consent forms, and samples that give the board a better idea of what types of questions and observations will be employed.

If you have questions regarding the IRB's concerns, please contact Nancy Shrope or Jim Kresl at OGRD (509) 335-9661. Any revised materials can be mailed to OGRD (Campus Zip 3140), faxed to (509) 335-1676, or in some cases by electronic mail, to ogrd@mail.wsu.edu. If materials are sent by email attachment, please be sure they are in a standard file type for Mac, ASCII or DOS text (.txt), or Rich Text Format (.RTF).

Funding Considerations

The IRB has been informed that the NIJ has already approved and released funding for this project. This is an unusual situation in that Federal Regulations and Agency Guidelines require that the Agency be officially notified of IRB approval before it can approve a proposal. The best course of action for the investigators is to respond to the IRB's concerns in a timely fashion. In addition, it must be kept in mind that the investigators are not allowed to approach the subjects or begin any part of the interview stage prior to notification of approval by the IRB. To stay entirely in compliance, the investigators should also not draw on any funding associated with this project until after they have received IRB approval.

cc: Dretha Phillips (4014)

WASHINGTON STATE UNIVERSITY HUMAN SUBJECTS FORM

To receive approval from the WSU Institutional Review Board (IRB) for the use of human subjects, submit the following packet of materials to your department for initial review and signatures. Your department will forward the packet to the IRB for final review and approval. When your packet has been received by the IRB it will be checked for completeness. If not complete, it will be returned with a request for additional materials necessary for the review.

To determine the level of review needed for your protocol turn to Section 2, Page 6.

PACKET CHECKLIST

EVERY PACKET MUST INCLUDE THE FOLLOWING MATERIALS.

- 1. Completed and Signed WSU Human Subjects Forms (Sections 1, 2 and 3, Pages 1-7). _XXX_
- 2. Documentation of Consent Procedures (one or more of the following).
 - a. Consent Form. _XXX_
 - b. Verbal Consent Script. _
 - c. Cover letter. _
- 3. Any survey instruments or questionnaires to be used. _XXX_
- 4. A list of interview questions or topics, in as much detail as possible. _
- 5. Exempt protocols: (Section 2, Page 6) Signed original and two copies of items 1-4. _
 Expedited Protocols: (Section 3, Page 7) Signed original and two copies of items 1-4. _
 Full Board Protocols: (Section 4, Page 7) Signed original and 14 copies of items 1-4. _XXX_
- 6. Original must be single-sided and not stapled. Copies may be stapled and double-sided.

REVIEW TEMETABLE

Exempt reviews are reviewed as the packets are received and will take no more than 10 working days for approval once they have arrived at OGRD.
Expedited reviews are reviewed as the packets are received and will take about 10 working days for approval once they have arrived at OGRD.
Full Board reviews will be reviewed at the next monthly meeting of the IRB, if and only if the packets are received at OGRD at least 10 working days prior to the meeting date.

ELECTRONIC VERSIONS OF THIS FORM

FLOPPY DISC VERSIONS AVAILABLE AT OGRD

Microsoft Word Versions 5.1 and 6.0 for Macintosh
 Microsoft Word Version 2.0 for Windows
 WordPerfect and other word processing programs can use the Rich Text Format (RTF) version

ELECTRONIC FORMATTING Entire document is designed to be single spaced, left justified, typeface is Palatino 10pt. Margins are 0.5 inch on all sides, with tabs at 0.25" and 0.5" from the left margin, and every 0.5" after that.

WORLD WIDE WEB SITE at virtual.ogrd.wsu.edu/ogrd1/ under **FORMS**, Human Subjects/Animals/Biosafety.

HOW TO CONTACT THE IRB

Phone: (509) 335-9661, Office of Grant & Research Development (OGRD)
 Campus Mail: campus zip 3140
 Fax: (509) 335-1676
 Email: ogrd@mail.wsu.edu
 Mail: WSU IRB c/o OGRD, PO Box 643140, Pullman, WA, 99164-3140

SECTION 1

TYPE OR WRITE NEATLY. If you use an electronic version of this form, use a different font for your responses. **DO NOT** leave a question blank. If a question does not apply to your protocol write "n/a."

Principal Investigator(s) (PI): CLAYTON MOSHER, PH.D. and DRETHA PHILLIPS, PH.D.

Department: SOCIOLOGY and SESRC Campus: PULLMAN Campus Zip: 49114

Status: Faculty XXX Adjunct Faculty _____ Staff _____ Graduate Student _____ Undergraduate _____

Contact Phone Number: 335-1511 or 335-1528 Contact Email Address: dretha@wsu.edu

Mail Correspondence To: Dretha Phillips; SESRC-P.O. Box 644014; WSU; Pullman, WA 99164-4014

Project Title: A COLLABORATIVE, INTERMEDIATE EVALUATION OF THE PINE LODGE PRE-RELEASE RESIDENTIAL THERAPEUTIC TREATMENT COMMUNITY FOR WOMEN OFFENDERS IN WASHINGTON STATE (OGRD #80086 Response to Federal Domestic Assistance No. 16.50 "Evaluation of RSAT Program")

TYPE OF REVIEW: EXEMPT _____ EXPEDITED _____ FULL BOARD XXX (some subjects incarcerated)

Estimated data collection completion date: December, 1998

Is there, or will there be extramural funding that directly supports this research? YES XXX NO _____
 If yes, funding agency (s): NATIONAL INSTITUTE OF JUSTICE PI on grant: MOSHER and PHILLIPS

ABSTRACT: Describe the purpose, research design and procedures. Clearly specify what the subjects will do. The primary objective of the proposed intermediate evaluation is to obtain data--which can be used by administrators and staff to make desired changes in the program--on the strengths, weaknesses, and initial effects on participants of the Pine Lodge program. A secondary objective of the proposed intermediate evaluation is to prepare for a subsequent impact evaluation, both by developing appropriate data bases for such analyses and by establishing collaborative research relationships with Washington State Department of Corrections staff. The proposed intermediate evaluation combines two kinds of evaluative efforts. The first, implementation evaluation, is oriented toward identifying problems and accomplishments (or weaknesses and strengths) during the early phases of program development for feedback to clinical and administrative staff. It provides accountability as well as the basis for program revision. Data for the implementation component will come from three sources: (1) existing administrative data, (2) structured, on-site observation of the Pine Lodge Pre-Release Therapeutic Treatment Community; and (3) interviews with program administrators, staff, and participants, with a focus on each constituency's degree of satisfaction with and perceptions of problems in the Program. The second, process evaluation, is oriented toward assessing the effects of the program on participants while they are in the program. It allows an intermediate evaluation of the degree to which program objectives are being realized. Data for the process component will come from one source, i.e., administrative records that specifically include information on psychological and achievement tests scores, amount and types of services provided, and characteristics of women offenders who are screened, admitted, and complete the various phases of the Program. However, to speak more directly to the early relative effects of this Program, administrative data on women offenders who are in the Pine Lodge program will be compared to data on a matched group of women offenders who are not in the Program.

I. DATA COLLECTION

- A. Check the method(s) to be used (underline all items in the columns on the right that apply):
- | | | | | | |
|-------------------------------------------------------------------------------------------------------|---------------------|---------------------------|------------------|-------|-----------|
| _____ Survey: Administered by: | investigator | subject | mail | phone | in person |
| <u>XXX</u> Interview: | <u>one-on-one</u> | focus group | oral history | other | |
| If you are using a survey or doing interviews, submit a copy of the survey items/ interview questions | | | | | |
| <u>XXX</u> Observation of Public Behavior: | <u>in classroom</u> | <u>at public meetings</u> | other | | |
| <u>XXX</u> Examination of Archived Data or Records: | academic | <u>medical</u> | <u>legal</u> | other | |
| _____ Taste/Sensory Evaluation: | food tasting | olfactory | | | |
| _____ Examination of Pathological or Diagnostic Tissue Specimens | | | | | |
| _____ Therapeutic: | biomedical | psychological | physical therapy | | |
| _____ Experimental: | biomedical | psychological | other | | |
| _____ Other: Briefly Describe _____ | | | | | |

This document is a research report submitted to the U.S. Department of Justice. This report has not been published by the Department. Opinions or points of view expressed are those of the author(s) and do not necessarily reflect the official position or policies of the U.S. Department of Justice.

B. Data: Anonymous ___ Confidential _XXX_ Intentionally identified___ (See Definitions, Section 5, Page 8).

If subjects will be identified, describe how permission to use data in connection with subjects' identities are obtained. If anonymous or confidential, describe how anonymity or confidentiality will be maintained (e.g., coded to a master list and separated from data, locked cabinet, office, restricted computer, etc.). Who will have access to the data?

Identifying information will be stored in a secure location separately from the study data. Results from the study will be presented in a way that no individual subject can be identified. At the end of the project, all subject lists will be destroyed and all confidential materials shredded. Potentially identifying data (e.g., name, social security number) will be stripped from the databases before storage. All SESRC staff members handling data are required to sign a statement of confidentiality indicating that they agree to protect subjects' rights and not divulge any confidential information.

C. Will video tapes ___ audio tapes ___ photographs ___ be taken? YES ___ NO _XXX_ ___
 If yes, where will tapes or photographs be stored? When will this material be destroyed?
 How will confidentiality be maintained?

II. DESCRIPTION OF THE POPULATION (See Definitions, Section 5, Page 8)

1. Approximate number: ___75___ Age Range: ___18 yrs. and older___

2. How will subjects be selected or recruited?

Subjects will be all adult women offenders who currently are in residence or previously were in residence at the Pine Lodge Pre-Release Residential Therapeutic Treatment Community in Washington State. (A matched control group of women offenders who were not admitted to Pine Lodge will be established through a review of administrative records, but this group will not be contacted by the Principal Investigators.) These subjects will be asked to sign a written form giving their consent to being interviewed and observed as well as granting the researchers access to their administrative records.

3. Will subjects be compensated (include extra credit)? YES ___ NO _XXX_ ___
 If yes, how much, when and how? Must they complete the project to be paid?

4. What form of consent will be obtained? (See Section 6, Page 9 and Section 7, Pages 10-14)
 a. Implied ___ (Please attach cover letter or describe terms.)
 b. Verbal ___ (Please attach consent script.)
 c. Written _XXX_ (Please attach consent form.)
 d. Seeking Waiver of Consent ___ (Contact the IRB for further information.)
 e. Consent Not Applicable ___ (On a separate page explain why not.)

5. Are any subjects not legally competent to give consent? YES ___ NO _XXX_ ___
 If yes, how will consent be obtained? From whom? Are there procedures for gaining assent?
 (Please attach Assent form.)

6. Will any ethnic group or gender be excluded from the study pool? YES _XXX_ NO ___
 If yes, please justify the exclusion.

Male offenders will be excluded from the study pool because this is a proposed evaluation of a residential treatment community specifically designed for female offenders.

7. Is this study likely to involve any subjects who are not fluent in English? YES ___ NO _XXX_ ___
 If yes, please submit both the English and translated versions of consent forms and surveys, if applicable.

8. Does this study involve subjects located outside of the United States? YES ___ NO _XXX_ ___
 If yes, on an attached page please explain exactly "who the subjects are," and the identities (if possible) and responsibilities of any additional investigators.

III. DECEPTION (See Definitions, Section 5, Page 8)

If any deception is required for the validity of this activity, explain why this is necessary. Please include a description of when and how subjects will be debriefed regarding the deception.

No deception is required for the validity of any aspect of this research activity.

IV. RISKS AND BENEFITS (See Definitions, Section 5, Page 8)

A. Describe any potential risks to the subjects, and describe how you will minimize these risks. These include stress, discomfort, social risks (e.g., embarrassment), legal risks, invasion of privacy, and side effects.

Program evaluations of this nature are done routinely, with minimal or no risk to the subjects. Potential risks to this special population of incarcerated women include discomfort in responding to the face-to-face interview (especially if it is done in the presence of a Pine Lodge staff member) and concerns that information gathered during the interview will be used by others.

Interviewers will have been trained in how to approach the subject, how to ask questions properly, and how to safeguard the subject's rights to privacy and confidentiality. Interviewers will emphasize to the subject that all information given will be confidential and that the subject can refuse to answer any question or terminate the interview at any point. If, during an interview, a subject objects to answering a question, interviewers will code the response as a "refusal" and go on to the next question. If the subject wishes to terminate the interview after it has started, she is free to do so.

To prevent sensitive information from being used by others, any data collected will be stored in a secure office. Identifying information will be stored separately from the data and destroyed at the completion of the project.

B. In the event that any of these potential risks occur, how will it be handled (e.g., compensation, counseling, etc.)?

If the subject objects to any question, the interviewer will enter a "refusal" and go to the next question. The subject may terminate the interview at any time. If the subject objects to being part of the research project, she can refuse to be interviewed. If the subject exhibits discomfort during the interview, the interviewer will either re-schedule for a better time or terminate the interview.

C. Will this study interfere with any subjects' normal routine? YES ___ NO_XXX__

D. Describe the expected benefits to the individual subjects and those to society.

To the extent that evaluation results prompt mid-program adjustments that increase the likelihood of successful treatment, these subjects will enjoy the benefits of drug-free (and, thereby, probable crime-free), post-release living. The next generation of Pine Lodge women offenders likewise may be expected to benefit from the results of the proposed intermediate evaluation. Additional benefits are those associated with having a sound data base as well as good working relationships with key personnel from which to begin an impact evaluation.

E. If blood or other biological specimens will be taken please address the following. NOT APPLICABLE

Brief Description of Sampled Tissue(s): _____
Describe the personnel involved and procedure(s) for obtaining the specimen(s). Note that the IRB requires that only trained certified or licenced persons may draw blood. Contact the IRB for more details on this topic.

V. PROJECT CHECKLIST (Attach additional pages as necessary)

A. Will any investigational new drug (IND) be used? YES ___ NO_XXX__

B. Will any other drugs be used? YES ___ NO_XXX__

If yes to A or B, on a separate page, list for each drug:

1. the name and manufacturer of the drug.
2. the IND number.
3. the dosage.
4. any side effects or toxicity, and
5. how and by whom it will be administered.

C. Will alcohol be ingested by the subjects? YES ___ NO_XXX__

If yes, on a separate page, describe what type and how will it be administered. Refer to the guidelines for administration of ethyl alcohol in human experimentation (OGRD Memo No. 18 available at OGRD).

INVESTIGATOR'S ASSURANCES

This investigation involves the use of human subjects. I understand the university's policy concerning research involving human subjects and I agree...

1. ...to obtain voluntary and informed consent of persons who will participate in this study, as required by the IRB.
2. ...to report to the IRB any adverse effects on subjects which become apparent during the course of, or as a result of, the activities of the investigators.
3. ...to cooperate with members of the IRB charged with review of this project, and to give progress reports as required by the IRB.
4. ...to obtain prior approval from the IRB before amending or altering the project or before implementing changes in the approved consent form.
5. ...to maintain documentation of IRB approval, consent forms and/or procedures together with the data for at least three years after the project has been completed.
6. ...to treat subjects in the manner specified on this form.

Principal Investigator: The information provided in this form is accurate and the project will be conducted in accordance with the above assurances.

Signature *Clayton Mosher* Print Name CLAYTON MOSHER Date 09/08/97

Signature *Dretha Phillips* Print Name DRETHA PHILLIPS Date 09/08/97

Faculty Sponsor: (If P.I. is a student.) The information provided in this form is accurate and the project will be conducted in accordance with the above assurances.

Signature _____ Print Name _____ Date _____

Chair, Director or Dean: This project will be conducted in accordance with the above assurances.

Signature *Eugene Rosa* Print Name EUGENE ROSA Date 09/08/97

Signature *John Tarnai* Print Name JOHN TARNAI Date 09/08/97

When Section 1 is filled out and fully signed, review the Packet Checklist (Page 1) to complete the packet for review and submission.

Institutional Review Board: These assurances are acceptable and this project has adequate protections for subjects. This project has been properly reviewed and filed, and is in compliance with federal, state, and university regulations.

Signature _____ Print Name _____ Date _____

IRB ONLY This protocol has been given- Exempt ___ Expedited ___ Full Board ___ status.

SECTION 2

Is your project EXEMPT?

Exempt Reviews

Federal regulations specify that certain types of research pose very low risks to subjects, and therefore require minimal review from the IRB. To determine if your project is exempt, answer the following questions.

- | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| 1. Will subjects be asked to report their own or others' sexual experiences, alcohol or drug use, <u>and</u> will their identities be known to you? | YES ___ NO ___ |
| 2. Are the subjects' data directly or indirectly identifiable, <u>and</u> could these data place subjects at risk (criminal or civil liability), <u>or</u> might they be damaging to subjects' financial standing, employability or reputation? | YES ___ NO ___ |
| 3. Are any subjects confined in a correctional or detention facility? | YES ___ NO ___ |
| 4. Are subjects used who may not be legally competent? | YES ___ NO ___ |
| 5. Are personal records (medical, academic, etc.) used with identifiers <u>and</u> without written consent? | YES ___ NO ___ |
| 6. Will alcohol or drugs be administered? | YES ___ NO ___ |
| 7. Will blood/body fluids be drawn? | YES ___ NO ___ |
| 8. Will specimens obtained from an autopsy be used? | YES ___ NO ___ |
| 9. Will you be using pregnant women <u>by design</u> ? | YES ___ NO ___ |
| 10. Are live fetuses subjects in this research? | YES ___ NO ___ |

If you answered YES to any of the questions above, then your project is NOT exempt, but may still qualify for expedited review (see Section 3, Page 7).

If you answered NO to the questions, your research might be EXEMPT if it fits into one of the following categories.

(Circle or Underline all that apply)

1. **Educational Research:** Research conducted in established or commonly accepted educational settings, involving normal educational practices. This is for research that is concerned with improving educational practice.
2. **Surveys, Questionnaires, Interviews, or Observation of Public Behavior.** To meet this exemption, the subject matter must not involve "sensitive" topics, such as criminal or sexual behavior, alcohol or drug use on the part of the subjects, unless they are conducted in a manner that guarantees anonymity for the subjects.
3. **Surveys, Questionnaires, Interviews or Observation of Public Behavior.** Surveys that involve sensitive information and subjects' identities are known to the researcher may still be exempt if: (1) the subjects are elected to appointed public officials or candidates for public office; or (2) federal statute(s) specify without exception that confidentiality will be maintained throughout the research and thereafter.
4. **Archival Research.** Research involving the collection or study of existing data, documents, records, pathological or diagnostic specimens, if these sources are publicly available or if the information is recorded by the investigator in such a manner that subjects cannot be identified, directly or through identifiers linked to the subjects. These data/samples must be preexisting, which means they were collected prior to the current project.
5. **Research Examining Public Benefit or Public Service Programs.** To qualify for this exemption, the research must also be conducted by or subject to review by an authorized representative of the program in question. Studies in this category are still exempt if they use pregnant women by design and their purpose is to examine benefit programs specifically for pregnant women.
6. **Taste Evaluation Research.** Studies of taste and food quality evaluation. Studies of taste evaluation qualify for this exemption only if (1) wholesome foods without additives are consumed; or (2) if a food is consumed that contains a food ingredient at or below the level of and for a use found to be safe.

FINAL QUESTION: Are any subjects under 18 years of age? YES ___ NO ___

If your study uses subjects under 18 years of age, and you plan to use surveys, questionnaires or do interviews, then your project is NOT exempt. All other exemptions apply even if subjects are under the age of 18.

If you answered NO to the questions and your study fits into one of the six categories, then your project is EXEMPT. Turn to Page 2 and complete Section 1.

SECTION 3**Does your study qualify for EXPEDITED review?****Expedited Reviews**

Expedited reviews are for studies involving no more than minimal risk or for minor changes in previously approved protocols. To meet expedited review criteria your protocol must meet the following conditions: no more than minimal risk to the subjects, subjects must not be confined in a correctional or detention facility, and one or more of the following types of participation on the part of subjects.

(Circle any that apply to your project)

1. **Collection of excreta and external secretions:** sweat, saliva, placenta, and/or amniotic fluid. None of these may be collected by "invasive" procedures, such as those that use cannulae or hypodermic needles, such as in amniocentesis.
2. **Recording of data using noninvasive procedures routinely employed in clinical practice.** This includes but is not limited to the use of "contact" recording electrodes, weighing, tests of sensory acuity, electrocardiography and electroencephalography, and measures of naturally occurring radioactivity. Subjects must be at least 18 years of age for the research to qualify for expedited review.
This does NOT include procedures which, a) impart matter or significant amounts of energy to the subjects, b) invade the subjects' privacy, or c) expose subjects to significant electromagnetic radiation outside the visible range (e.g. Ultraviolet light from tanning beds)
3. **Collection of hair or nail clippings, teeth from patients whose care requires the extraction or collection of plaque and/or calculus using routine procedures for the cleaning of teeth.**
4. **Voice recordings** made for research purposes such as investigations of speech defects and speech pathology.
5. **Moderate exercise** by healthy volunteers.
6. **Experimental research** on individual or group behavior or on the characteristics of individuals, such as studies of perception, cognition, game theory or test development.
This does NOT include studies...
...that involve significant stress to the subjects.
...that are intended to produce a relatively lasting change in behavior.
7. **Studies of archived data, records or diagnostic specimens** that are not exempt.
8. **Studies involving the collection of blood samples** by venipuncture, in amounts not exceeding 450 ml (about a pint) in an eight week period and no more often two times per week, from subjects 18 years of age or older and who are in good health and not pregnant.

If your study fits into one or more of the eight types of expedited review categories and meets the other criteria, then your project can receive EXPEDITED REVIEW. Turn to Page 2 and complete Section 1.

SECTION 4

If your study does not meet exempt or expedited review criteria, then it qualifies for FULL BOARD review.

Full Board Reviews

Protocols that require full board review have the potential for high risks to subjects (physical, psychological or social) or those that have special population consent considerations (research on prisoners, children or persons who are not legally competent, ethnic considerations).

Turn to Page 2 and complete Section 1.

PARTICIPANT CONSENT FORM
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders

Clayton Mosher, Ph.D., Co-Principal Investigator
Department of Sociology
Washington State University
Pullman, WA 99164-4020
509-335-2643

Dretha Phillips, Ph.D., Co-Principal Investigator
Social and Economic Sciences Research Center
Washington State University
Pullman, WA 99164-4014
509-335-1528 or toll-free 800-833-0867

You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will review your official records, observe meetings between you and Pine Lodge staff, and interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your program. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

_____ Date _____
Clayton Mosher, Co-Principal Investigator

_____ Date _____
Dretha Phillips, Co-Principal Investigator

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

_____ Date _____
Participant's Signature
Participant's Printed Name: _____

APPROACH

Plan of Action

The proposed intermediate evaluation combines two kinds of evaluative efforts. The first, implementation evaluation, is oriented toward identifying problems and accomplishments (or weaknesses and strengths) during the early phases of program development for feedback to clinical and administrative staff. It provides accountability as well as the basis for program revision. Data for the implementation component will come from three sources: (1) existing administrative data; (2) structured, on-site observation of the Pine Lodge Pre-Release Therapeutic Treatment Community; and (3) interviews with program administrators, staff, and participants, with a focus on each constituency's degree of satisfaction with and perceptions of problems in the Pine Lodge program.

The second, process evaluation, is oriented toward assessing the effects of the program on participants while they are in the program. It allows an intermediate evaluation of the degree to which program objectives are being realized. Data for the process component will come from one source, i.e., administrative records that specifically include information on psychological and achievement tests scores, amount and types of services provided, and characteristics of women offenders who are screened, admitted, and complete the various phases of the program. However, to speak more directly to the early relative effects of this program, administrative data on women offenders in the Pine Lodge program will be compared to data on a matched group of women offenders who are not in the program.

Planned activities in support of the proposed intermediate evaluation include: (1) a two-day strategy session on-site with the full staff of the Pine Lodge program and this project's collaborator, i.e., the Department of Corrections Planning and Research Manager; (2) collecting and coding administrative data and reports; (2) monthly visits to Pine Lodge to conduct interviews and to observe staff as well as participants at various phases of the program; (3) a two-day pre-analysis meeting with the collaborator; (4) establishing a comparison group of women offenders not participating in the Pine Lodge program; (5) creating a data base and analyzing the data in keeping with the objectives of the proposed evaluation; and (6) producing a final report of the evaluation findings.

Projected Timeline and Milestones

Funding is requested for a period of 15 months, to commence January 1, 1998, and to terminate March 31, 1999. The following timeline is expected to be observed.

January 1-March 31, 1998:	Two-Day strategy session at Pine Lodge Collect administrative data and records Develop project-specific evaluation instruments (e.g., structured interviews and observations)
---------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

April 1-December 31, 1998: Monthly visits to Pine Lodge
 Establish comparison group
 Pre-analysis meeting with collaborator
 Preliminary analyses of evaluation data

January 1-March 31, 1999: Final analyses of evaluation data
 Produce intermediate evaluation report

Data to be Collected and Analyzed

The kinds of data to be collected and analyzed fall into the three categories of administrative information, structured interviews, and on-site observations. Administrative information will be quantitative as well as qualitative. Examples of documents and records to be analyzed are included in the Appendix to this proposal. The structured interviews and on-site observations will be developed in close consultation with the collaborator and program staff.

Among the data to be collected are:

- (1) criteria for admission to the program, including when and where participants are screened, how they are transported to the treatment site, how often transfers are made, etc.;
- (2) number and characteristics of women offenders referred to the program, compared to those who are not participating;
- (3) content and dimensions of the various phases of the program, including program expectations, number of women offenders in each phase, staff members in each phase, process and result of petitioning to next phase, etc., and
- (4) rates and characteristics of participants who complete each phase, compared to those who do not complete it.

Data analysis techniques will be appropriate to, i.e., will not tax the robustness of, the type of data collected. Analyses will result in a narrative as well as statistical description of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community and will inform the evaluative assessment of what is or is not working there. The data base for the analyses will be designed to not only accommodate, but also to facilitate, a subsequent outcomes and impact evaluation.

REC'D 03/16/98



STATE OF WASHINGTON

DEPARTMENT OF CORRECTIONS

DIVISION OF OFFENDER PROGRAMS

P.O. Box 41127 • Olympia, Washington 98504-1127

FAX Number: (360) 586-4577

March 11, 1998

Clayton Mosher, Ph.D
Dretha Phillips, Ph.D.
Social & Economic Sciences Res. Ctr.
Washington State University
P.O. Box 644014 - Wilson Hall 133
Pullman, WA 99164-4014

Dear Dr. Mosher:

I am pleased to inform you that your research proposal, "A Collaborative Intermediate Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders", was reviewed by the Department's Research Review Committee and approved by Secretary Joseph Lehman on March 10, 1998.

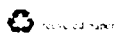
It is our understanding that you will adhere to the protocols outlined in your proposal. Any additional changes must be approved by me in advance of the implementation of the change. In addition, you will need to submit a three and a six month report on the progress and development of your research project. If I can be of any further assistance to you during your project, please don't hesitate to contact me.

Sincerely,

Victoria Roberts, Chair
Research Review Committee

VR:bm

cc: Ernest Packebush, Superintendent, Pine Lodge Pre-Release





Washington State University

Social and Economic Sciences Research Center

Pullman, WA 99164-4014

509-335-1511

FAX 509-335-0116

February 17, 1998

Victoria Roberts, Research Review Coordinator
State of Washington, Department of Corrections
Division of Offender Programs
P. O. Box 41127
Olympia, WA 98504-1127
360-753-1678 (FAX 360-586-4577)

Re: Clayton Mosher and Dretha Phillips, Co-PIs
"A Collaborative, Intermediate Evaluation of the
Pine Lodge Pre-Release Residential Therapeutic
Treatment Community for Women Offenders in
Washington State"

Dear Ms. Roberts:

Enclosed please find the original and five (5) copies of our application for Research Review approval to conduct the above-referenced project.

We appreciate your submitting this application to the Advisory Committee at its March 3rd meeting. Please do not hesitate to contact me if I may provide additional information.

Thank you for your consideration.

Sincerely,

Dretha M. Phillips, Ph.D.
Research Associate
direct telephone 509-335-1528
e-mail: dretha@wsu.edu
SESRC FAX 509-335-0116

Encl: Original application + 5 copies
c: Clay Mosher
Rita Koontz, SESRC Administrative Services Manager

FORM A

STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
OLYMPIA, WASHINGTON 98504

PROJECT APPLICATION

FACE SHEET

SUMMARY OF PROPOSED PROJECT

Project Title:

A Collaborative, Intermediate Evaluation of the Pine Lodge
Pre-Release Residential Therapeutic Treatment Community
For Women Offenders in Washington State

Project Director or
Principal Investigator:

Clayton Mosher, Ph.D. and Dretha Phillips, Ph.D.

Sponsoring Agency
or Organization:

Washington State University
Social and Economic Sciences Research Center (SESRC)

Objectives: The primary objective is to obtain data--which can be used by administrators and staff to make desired changes in the program--on the strengths, weaknesses, and initial effects on participants of the Pine Lodge program. A secondary objective is to prepare for a subsequent impact evaluation, both by developing appropriate data bases for such analyses and by establishing collaborative research relationships with Department of Corrections staff.

Methods and Procedures: Data will be collected from three sources: (1) existing administrative records that specifically include information on psychological and achievement tests scores, amount and types of services provided, and characteristics of women offenders who are screened, admitted, and complete various phases of the program; (2) on-site observation, using a yet-to-be-developed protocol; and (3) structured interviews--instrument to be developed, if an appropriate standard one does not exist--with program administrators, staff, and participants.

Significance of this Project:

This project is one of only twenty sites in the country selected to be part of the national effort to evaluate residential therapeutic communities for substance abusers. Specific to Pine Lodge, to the extent that evaluation results prompt mid-program adjustments that increase the likelihood of successful treatment, these women offenders will enjoy the benefits of drug-free (and, thereby, probable crime-free), post-release living.

FORM B

ADMINISTRATIVE INFORMATION SUMMARY

Title of Proposal: A Collaborative Intermediate Evaluation of the Pine Lodge
Pre-Release Residential Therapeutic Treatment Community for Women Offenders
in Washington State

To be completed by project director or principal investigator.

NAME and TITLE Clayton Mosher, Ph.D. Dretha Phillios, Ph.D.	SIGNATURE and DATE <i>Clayton Mosher 02/10/99</i> <i>Dretha Phillios 02/02/99</i>
POSITION Assistant Professor, Sociology Research Associate, SESRC	PERFORMANCE SITE Pine Lodge
MAILING ADDRESS Social & Economic Sciences Res. Ctr. WASHINGTON STATE UNIVERSITY P.O. Box 644014--Wilson Hall 133 Pullman, WA 99164-4014	DATES OF PROPOSED PROJECT FROM: 01/02/98 THROUGH: 03/31/99 FUNDING SOURCE: National Institute of Justice
TELEPHONE HOME: TELEPHONE OFFICE: 509-335-2543 509-335-1528	AMOUNT OF FUNDING REQUESTED: \$60,000

FORM B (Continued)

TO BE COMPLETED BY SPONSORING AGENCY OR ORGANIZATION (University, Professional Organization, Public Agency, Commercial Research Firm, etc.)	
NAME AND ADDRESS OF AGENCY OR ORGANIZATION WASHINGTON STATE UNIVERSITY--Social & Economic Sciences Research Center For institutions or organizations with an accredited Human Subject Review Board(s) ¹ :	
Name and Title of Human Subjects Review Director Approving this Application:	WSU has an Institutional Review Board, operating under the auspices of the Director of the Office of Grant and Research Development Name & Title Carol Zuches, Director, OGRD Signature & Date see pages iv-a and iv-b
For institutions or organizations without an accredited Human Subjects Review Board:	
Name and Title of Official Authorized to Approve Research Applications	Signature & Date
NOTE: All applications by student up to, and including, candidates for the Master's degree must also be approved by the chairperson of the student's academic department. ²	
Name and Title of Department Chairperson Approving this Application	Type Name & Title Signature & Date

¹ Review Boards accredited by the U.S. Department of Health and Human Services under a General or Special Assurance.

² Department chairpersons are urged to screen student proposals carefully with respect to conceptual, methodological soundness and general feasibility.

REC 2 / 10



Office of Grant and Research Development

PO Box 640140
Pullman WA 99164-0140
509-335-9861
FAX 509-335-1875

November 4, 1997

Control Desk
Office of the Comptroller
National Institute of Justice
810 Seventh Street, NW
Room 5303
Washington, DC 20531

REF: Award #97-RT-VX-K014; OGRD #80086

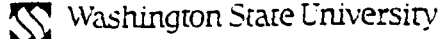
Dear Sir or Madam:

Enclosed please find an executed copy of the above referenced document.

Sincerely,

Carol Zuiches
Director

cc C. Mosher
D. Phillips



Office of Grant and Research Development

PO Box 343140
Pullman WA 99164-3140
509-335-9661
FAX 509-335-1675

In Reply Please Refer to: 30086

July 14, 1997

Jim Trudeau
National Institute of Justice
Solicitation for Evaluation of RSAT Program
633 Indiana Avenue, NW
Washington, DC 20531

Dear Mr. Trudeau:

We are transmitting a proposal prepared by Dr. Clay Mosher, Department of Sociology, and Dr. Dretha Phillips, Social and Economic Sciences Research Center.

This proposal has been reviewed and approved by the appropriate university personnel. Negotiations concerning fiscal aspects of this project or any other official correspondence should be addressed to the Office of Grant and Research Development, (509) 335-9661.

Sincerely,

Carol Zuches
Director

kah
pc. C. Mosher
D. Phillips
E. Rosa
J. Tarnai
J.C. Pierce

FORM C

PROJECT BUDGET

INSTRUCTIONS

Must be completed by all project applicants

1. Proposals supported by formal budgets (grants, contracts, state funds). State on the following page in summary form, not exceeding one page, your major budget provisions and categories. It is the purpose of this budget statement to permit the Review Section a realistic estimate of the adequacy of requested or available funds for accomplishing the proposed research and related activities.
2. Proposals not supported by formal budgets. Explain how you will pay for the proposed research and related activities.

FORM C (Continued)

PROJECT BUDGET

Budget Summary

A.	Personnel	\$24,545
B.	Fringe Benefits	\$6,243
C.	Travel	\$8,116
D.	Equipment	0
E.	Supplies	\$171
F.	Construction	0
G.	Consultants/Contracts	\$2,304
H.	Other	0
	Total Direct Costs	\$41,379
I.	Indirect Costs @ 45%	\$18,621
	TOTAL PROJECT COSTS	\$60,000

A. Personnel

Clayton Moshser, Ph.D. (Co-Principal Investigator) Assistant Prof., Sociology	\$55,656/yr @ 15% x 15 mons	\$10,436
Dretha Phillips, Ph.D. (Co-Principal Investigator) Research Associate, SESRC	\$55,656/yr @ 15% x 15 mons	\$10,436
Data Analyst (SESRC Professional Staff)	\$36,500/yr @ 25% x 3 mons	\$2,281
Timeslip Employee/Data Entry	\$8/hr x 174 hrs	\$1,392
TOTAL		\$24,545

B. Fringe Benefits

Clayton Moshser	\$10,436 @ 26%	\$2,713
Dretha Phillips	\$10,436 @ 26%	\$2,713
Data Analyst	\$2,281 @ 26%	\$594
Data Entry	\$1,392 @ 16%	\$223
TOTAL		\$6,243

TOTAL PERSONNEL AND FRINGE BENEFITS \$30,788

C. Travel

Planning	Medical Lake, WA	Co-PIs	2 people for 2 days	
	(\$54 RT mileage--170 miles; \$268 lodging; \$152 per diem)			\$474
Field Interviews & on-site observations	Medical Lake, WA	Co-PIs	(2 people for 2 days x 9 trips)	\$4,266
NIJ conference	Washington, DC	Co-PIs	2 people for 3 days	
	(\$1,500 airfare; \$684 lodging; \$228 per diem)			\$2,412
Collaboration	Olympia, WA	Co-PIs	2 people for 2 days	
	(\$588 RT airfare; \$256 lodging; \$120 per diem)			\$964
TOTAL TRAVEL				\$8,116

D. Equipment: Not applicable.

E. Supplies*

Office supplies	paper, computer diskettes, pens, etc.	\$121
Postage	deliver quarterly reports, final product	\$50
TOTAL SUPPLIES		\$171

*Because the pre-set budget is so low, ALL documents, records, and other materials necessary for data collection must be provided to the Investigators at no charge.

F. Construction: Not applicable.

G. Consultants/Contracts

Consultant Fees	(Robbin) Peggy Piery Smith Collaboration with D.O.C. (\$60/hr x 30 hrs)	\$1,800
Consultant Expenses	Planning Medical Lake, WA 1 person for 2 days (\$294 RT airfare; \$134 lodging; \$76 per diem)	\$504
TOTAL COLLABORATION		\$2,304

H. Other Costs: Not applicable.

I. Indirect Costs @ 45% (\$41,379 x 0.45) \$18,621

FROM: PLPR

FAX NO.: 589 299 2388

82-17-98 12:24 P.02

FORM D

COOPERATION PROJECT CONTRIBUTIONS REQUEST FROM THE DEPARTMENT OF CORRECTIONS

To be completed by the Administrator of the DOC service unit where the proposed research is to be conducted.

Instructions: In consultation with the applicant, and on the basis of the project plans specific in this application, list all requested contributions by your service unit to the project. If the categories listed below are not suitable, or if more space is needed, add appropriate categories and desired detail on continuation pages and number pages consecutively as Page a, b, etc.

PLEASE SIGN THIS LISTING

Agency Staff Professional Staff Hours	Approximate Total Cost: \$0
Agency Personnel Nonprofessional Staff Hours	Approximate Total Cost: \$0
Agency Facilities:	
Agency Equipment:	
Consumable Supplies:	
Central Computer Services:	

If applicant's project plans require data extraction from central data banks, statistical computations by computer, key punching, or any other computer services, a detailed listing and description of such required services should be appended to this form for central cost determination and review.

[Handwritten Signature] 2/17/98
Signature of DOC Service Unit Administrator

FORM E Continued

PROJECT DESCRIPTION

(Use as many continuation pages as needed and number pages consecutively)

1. Conceptual Introduction of Research Problem

In November of 1996, the Washington State Department of Corrections received funding¹ for the implementation of a holistic residential therapeutic treatment community for addicted female offenders. The need for such a program has been well-documented and is only summarized here. Generally, research has demonstrated a strong relationship between substance abuse and various forms of criminal activity.² The Bureau of Justice Statistics (1995) reported that 62 percent of all offenders under state correctional supervision and 42 percent of all persons admitted to federal prisons experienced poly-substance abuse problems prior to their incarceration. Data collected by the National Institute of Justice's Drug Use Forecasting (DUF) Program indicate that a large proportion of offenders test positive for drug use; in the most recent DUF report (1997), a median 68 percent of arrestees across the 23 DUF sites tested positive for at least one drug at arrest in 1996. Not only do substance abusers constitute a significant percentage of first-time arrestees, they also are represented disproportionately among recidivists who are responsible for a disturbing amount of criminal activity.³

Specifically with regard to women, DUF data (1997) indicate that more than half of the women who come into contact with the criminal justice system in DUF cities test positive for drugs. Data from Washington state, the location of the proposed project, indicate that substance abuse likewise is a significant problem among female offenders. Of the 865 women incarcerated in the State in 1996, 70 percent were assessed as having a chemical dependency problem.

Though research generally shows that drug treatment is effective in reducing or eliminating drug use and, thereby, reducing the user's criminal activity following release,⁴ there is a large discrepancy between the number of individuals in the criminal justice system who need treatment and the number of available treatment slots.⁵ Indications are that women offenders are even more

¹This funding was through the Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program, administered by the Office of Justice Program's Corrections Program Office, U.S. Department of Justice.

²See, e.g., Anglin and Speckart, 1988; Chaiken and Chaiken, 1990; Hunt, 1990; Inciardi, 1986.

³See, e.g., Early, 1996.

⁴Anglin and Hser, 1990; Anglin and McGlothlin, 1988; De Leon, 1985; Harwood et al., 1988; Hubbard et al., 1989; Simpson and Friend, 1988; Wexler, Faikin and Lipton, 1990.

⁵Gerstein and Harwood, 1990; Hariow, 1991; Hser, Longshore and Anglin, 1994; U.S. General Accounting Office, 1991.

under-served with respect to treatment than are male offenders.⁶ And, because they simply copied programs previously established for males, the few drug treatment programs created for female offenders often were ineffective by failing to address the specific needs of female offenders for services related to physical and sexual abuse, physical and mental health problems, limited educational and vocational skills, and child care issues.

Washington's Department of Corrections sought to re-dress past omissions by establishing the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders at Medical Lake (the Spokane area) in the eastern region of the State. The target population is women who have been screened and identified as having a serious substance abuse problem and who have 12 months or less to serve in total confinement; 72 treatment slots were available. Following similar therapeutic community models that have proven to be successful in the treatment of substance abusers,⁷ this program treats addiction as a biopsychosocial disease and strives to restructure and develop pro-social cognitive, behavioral, and affective skills of addicted women offenders.

a. Description of Program to be Evaluated.

The Pine Lodge program consists of the five phases, described below, and participants must demonstrate compliance with certain criteria in order to petition to progress through these phases. The staff at Pine Lodge collect "chronoscreen" data on each participant in the program, which records their individual histories, progress through the program, rule infractions, and the results of urinalysis testing. The proposed evaluation intends to use these data to document successes and failures at each phase of the program. Structured observations of various components of the program also will be conducted.

Phase I: Assessment and Orientation--approximately 35 days. This stage of the program involves chemical dependency assessment and initial treatment; educational and employability assessments; thirty hours of treatment orientation programming with an emphasis on criminal thinking errors and group skills; and participation in recreational programming. To progress to Phase II of the program, participants must complete all orientation classes and assigned homework, attend daily AA/NA meetings, be infraction-free for 14 days prior to their petition, and demonstrate consistency in their attitudes and behaviors.

Phase II: Intensive Treatment--approximately 3-4 months. The second stage of the program involves relapse planning and prevention; primary chemical dependency interventions; cognitive restructuring training; and a focus on women-specific treatment issues, including co-dependency, victimization, intimacy, and family of origin problems. To progress to Phase III of the program, participants must have completed 48 chemical dependency classes, have begun Step 4 in AA/NA

⁶Prendergrast et al., 1995; Wellisch et al., 1993.

⁷DeLeon, 1984; Inciardi, 1996; Peters, 1993; Wellisch et al., 1993; Wexler and Williams, 1986; Wexler, Falkin and Lipton, 1990.

programs, have no major infractions for 30 days, and demonstrate the formulation of long-term goals for discharge.

Phase III: Core Treatment Issues--approximately 2-3 months. This phase continues the focus on cognitive restructuring and relapse planning and also involves a focus on basic education, family/children issues, domestic violence, victim awareness, vocational preparation and career planning, and relapse and release planning. In order to progress to Phase IV, participants must demonstrate increasing leadership skills, participate in "welcome" sessions for new Therapeutic Community members, and have passed Step 6 in Moral Recognition Therapy (MRT) as well as Step 5 in AA/NA.

Phase IV: Preparing for Release from Total Confinement--approximately 2-3 months. Consistent with the philosophy that discharge planning essentially begins at intake, aftercare issues and the preparation for a transition to the community are an integral component of the residential treatment program. This phase involves a continued focus on relapse prevention and planning, health and wellness education, a visit to a work-release facility, and continued family therapy. To progress to Phase V, participants must demonstrate the ability to apply their acquired skills, determine realistic goals for re-entering the community, and demonstrate an ability to function under stress.

Phase V: Continuum of Care. This phase involves placement at a work-release facility, continued participation in AA/NA or other self-help programs, 24 weeks of structured chemical dependency continuing care, job finding assistance and supported implementation of the developed career plan, and a structured parenting program. The aftercare program at Pine Lodge is coordinated through the Eleanor Chase House and Helen B. Ratcliff, Work-Training Release Programs, allowing the women who transfer from the residential substance abuse program to participate in the various groups and individual in-house program on self-esteem, family and victimization issues, and structured leisure and recreation classes, in conjunction with the case management program specifically designed for them.

Staffing and Logistics. Daily operations of the Pine Lodge program are under the supervision of the institution in order to ensure compliance with the rules and regulations of a total confinement facility. Currently, the program is overseen by two correctional officers, two chemical dependency specialists, and one mental health professional. One component of the proposed evaluation is to assess the potential conflict between the custody and treatment roles of the staff. Structured interviews will be conducted with each staff member and staff meetings will be observed in order to determine the extent of difficulty or ease in balancing these roles.

b. Need for Intermediate Evaluation.

The Pine Lodge Pre-Release Therapeutic Community was implemented less than a year ago, so no participants have completed the program as yet. More to the point, there are no full program outcomes to be assessed nor can the impact of the program on various constituencies be evaluated. [The original NIJ proposal was submitted in July of 1997.]

x-b

The need for the proposed intermediate evaluation is two-fold. One, on a programmatic level, an implementation and process evaluation at this early stage facilities appropriate changes in program features before ineffective ones become routinized. Two, an intermediate evaluation lays the groundwork for a rigorous, subsequent outcomes and impact evaluation.

In addition, the Pine Lodge program is the only one of its kind in Washington state, and no other local evaluation of it is either on-going or planned. Letters in support of the proposed intermediate evaluation--from the Secretary of the Department of Corrections, the Superintendent of the Pine Lodge program, and the Director of the Division of Alcohol and Substance Abuse in the Department of Social and Health Services--further testify to the need for it [copies of these letters appended to original NIJ proposal].

c. Objectives of the Proposed Intermediate Evaluation.

The primary objective of the proposed intermediate evaluation is to obtain data--which can be used by administrators and staff to make desired changes in the program--on the strengths, weaknesses, and initial effects on participants of the Pine Lodge program. Pine Lodge and Department of Corrections staff have anecdotal evidence on how well the program is working so far, but the value of an objective evaluation conducted at this early stage independent of operations personnel cannot be overstated.

A secondary objective of the proposed intermediate evaluation is to prepare for a subsequent impact evaluation, both by developing appropriate data bases for such analyses and by establishing collaborative research relationships with Department of Corrections staff.

2. Project Design

The proposed intermediate evaluation combines two kinds of evaluative efforts. The first, implementation evaluation, is oriented toward identifying problems and accomplishments (or weaknesses and strengths) during the early phases of program development for feedback to clinical and administrative staff. It provides accountability as well as the basis for program revision.⁸ Data for the implementation component will come from three sources: (1) existing administrative data; (2) structured, on-site observation of the Pine Lodge Pre-Release Therapeutic Treatment Community; and (3) interviews with program administrators, staff, and participants, with a focus on each constituency's degree of satisfaction with and perceptions of problems in the Pine Lodge program.

The second, process evaluation, is oriented toward assessing the effects of the program on participants while they are in the program. It allows an intermediate evaluation of the degree to which program objectives are being realized. Data for the process component will come from one source, i.e., administrative records that specifically include information on psychological and

⁸Wexler, 1996.

achievement tests scores, amount and types of services provided, and characteristics of women offenders who are screened, admitted, and complete the various phases of the program. However, to speak more directly to the early relative effects of this program, administrative data on women offenders in the Pine Lodge program will be compared to data on a matched group of women offenders who are not in the program.

a. Sampling and Subject Selection.

The proposed intermediate evaluation is designed as a census, rather than a sample, of Pine Lodge program participants, staff (both treatment and corrections), and line administrators. In other words, contingent on their consent to do so, the Investigators propose to interview everyone with a vested interest in the Pine Lodge Pre-Release Therapeutic Treatment Community.

b. Methods and Procedures.

Planned activities in support of the proposed intermediate evaluation include: (1) a two-day strategy session on-site with the full staff of the Pine Lodge program and this project's collaborator, i.e., the Department of Corrections Planning and Research Manager; (2) collecting and coding administrative data and reports; (2) monthly visits to Pine Lodge to conduct interviews and to observe staff as well as participants at various phases of the program; (3) a two-day pre-analysis meeting with the collaborator; (4) establishing a comparison group of women offenders not participating in the Pine Lodge program; (5) creating a data base and analyzing the data in keeping with the objectives of the proposed evaluation; and (6) producing a final report of the evaluation findings.

It is expected that standardized data collection instruments will be used to the fullest extent possible to ensure comparability of data across the twenty sites included in the NIJ evaluation effort. If necessary, interview scripts will be developed in close consultation with Pine Lodge staff and administrators as well as with NIJ colleagues. All proposed data collection instruments will be submitted for human research review and approval--with both the Washington State University Institutional Review Board and the Department of Corrections Research Review Coordinator--prior to their being administered to any subjects in the proposed evaluation.

Protecting the rights and welfare of **HUMAN SUBJECTS** is a key dimension of any evaluation. It is of paramount concern when the human subjects are incarcerated, as is the case with the proposed intermediate evaluation. Special care will be taken at all times to protect the identity and privacy of the women offenders at Pine Lodge. The proposed intermediate evaluation will not begin until it has been approved by the Washington State University Institutional Review Board, which provides oversight of human subjects research that conforms to Federal guidelines.

c. Data to be Collected.

The kinds of data to be collected and analyzed fall into the three categories of administrative information, structured interviews, and on-site observations. Administrative information will be

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quantitative as well as qualitative. Examples of documents and records to be analyzed are "Offender Handbook: 'First Chance: A Therapeutic Environment,'" "Intensive Inpatient Pre-Treatment Questionnaire," and "Therapeutic Community."

Among the data to be collected are:

- (1) criteria for admission to the program, including when and where participants are screened, how they are transported to the treatment site, how often transfers are made, etc.;
- (2) number and characteristics of women offenders referred to the program, compared to those who are not participating;
- (3) content and dimensions of the various phases of the program, including program expectations, number of women offenders in each phase, staff members in each phase, process and result of petitioning to next phase, etc.; and
- (4) rates and characteristics of participants who complete each phase, compared to those who do not complete it.

d. Data Analysis.

Data analysis techniques will be appropriate to, i.e., will not tax the robustness of, the type of data collected. Data will be structured to allow multivariate analyses with statistical controls of pertinent variables. Analyses will result in a narrative as well as statistical description of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community and will inform the evaluative assessment of what is or is not working there. The data base for the analyses will be designed to not only accommodate, but also to facilitate, a subsequent outcomes and impact evaluation.

3. Project Logistics

Funding is requested for a period of 15 months, to commence January 1, 1998, and to terminate March 31, 1999. The following timeline is expected to be observed.

January 1-March 31, 1998:	Two-Day strategy session at Pine Lodge Collect administrative data and records Develop project-specific evaluation instruments (e.g., structured interviews and observations)
April 1-December 31, 1998:	Monthly visits to Pine Lodge Establish comparison group Pre-analysis meeting with collaborator Preliminary analyses of evaluation data

January 1-March 31, 1999:

Final analyses of evaluation data
Produce intermediate evaluation report

4. Significance of Proposed Project

In keeping with the primary objective, the principal benefits of the proposed intermediate evaluation are expected to accrue most immediately to the women offenders in residence at the Pine Lodge Pre-Release Therapeutic Treatment Community. To the extent that evaluation results prompt mid-program adjustments that increase the likelihood of successful treatment, these women will enjoy the benefits of drug-free (and, thereby, probable crime-free), post-release living. The next generation of Pine Lodge women offenders likewise may be expected to benefit from the results of the proposed intermediate evaluation.

In keeping with the secondary objective, additional benefits of the proposed intermediate evaluation are those associated with having a sound data base as well as good working relationships with key personnel from which to begin an impact evaluation.

Further, because the proposed intermediate evaluation is part of a national effort, Washington State's Department of Corrections will benefit more directly and immediately than otherwise would be the case from the evaluations being conducted at other sites. And, the results of the intermediate evaluation of Pine Lodge will be disseminated through NIJ's publications series.

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FORM F

BIOGRAPHICAL INFORMATION

Use one sheet for each of the personnel involved in the proposed project; number sheets consecutively.

Name	Title	Birthdate
Clayton Mosher, Ph.D. (Co-Principal Investigator)	Assistant Professor	Sept. 11, 1961
Name and Address of Employing Agency or Organization		
Department of Sociology Washington State University Pullman, WA 99164-4020		
Educational Background (degrees and institutions)		
Ph.D.	Sociology	1992 University of Toronto
M.A.	Criminology	1985 Simon Fraser University
B.A. (Honors)	Sociology/Criminology	1983 University of Toronto
Professional Background (positions and appointments held)		
Clayton Mosher joined the faculty in the Dept. of Sociology at Washington State U. as an Assistant Professor and Chair of Canadian Studies in 1995, having previously served as a Senior Research Associate in the Dept. of Anthropology and Sociology at the U. of British Columbia, and as a faculty member and Chair of the Dept. of Social and Environmental Studies at the University College of the Cariboo in Kamloops, British Columbia.		
Scientific Background (description of research activities and interests)		
Dr. Mosher's areas of research specialization include criminal sentencing policies, race, crime and criminal justice, drug legislation, and the relationship between substance abuse and crime. He is affiliated with the American and Canadian Sociological Associations, the American Society of Criminology, and the Pacific Sociological Association. He also serves on the Research Advisory Board to Washington State's Division of Alcohol and Substance Abuse.		
Bibliography		
List not more than five publications relevant to the proposed project showing you as author or co-author. Do not include theses below level of doctoral dissertation, papers read at conferences, abstracts, or publications in process.		
1998	<i>Discrimination and Denial: Systemic Racism in Ontario's Legal and Criminal Justice System.</i> Toronto: U. of Toronto Press.	
1996	"Minorities and Misdemeanors: The Treatment of Black Public Order Offenders in Ontario's Criminal Justice System." <i>Canadian Journal of Criminology</i> 38:413-438	
1994	"Constituting Class and Crime in Upper Canada: The Sentencing of Narcotics Offenders, Circa 1908-1953." <i>Social Forces</i> 72:613-641 (with John Hagan)	
1987	"Case Law and Drug Convictions: Testing the Rhetoric of Equality Rights." <i>Criminal Law Quarterly</i> 29:487-511.	

FORM F

BIOGRAPHICAL INFORMATION

Use one sheet for each of the personnel involved in the proposed project; number sheets consecutively.

Name	Title	Birthdate
Dretha Phillips, Ph.D. (Co-Principal Investigator)	Research Associate	Oct. 26, 1951
Name and Address of Employing Agency or Organization		
Social and Economic Sciences Research Center Washington State University Pullman, WA 99164-4014		
Educational Background (degrees and institutions)		
Ph.D.	Sociology	1982 Washington State University
M.A.	Sociology	1977 Washington State University
B.A.	Sociology/English	1973 College of Wooster, Ohio
Professional Background (positions and appointments held)		
Dretha Phillips joined the SESRC in 1996, after having served 13 years as a faculty member and department chair at Roanoke College in Virginia. In addition to her teaching and administrative duties, she provided the initial state-wide evaluation of the Community Diversion Incentive Program for non-violent felons, served as representative of circuit court judges on the Community Corrections Resources Board, and earned her license as a private investigator.		
Scientific Background (description of research activities and interests)		
Dr. Phillips's areas of research specialization include criminology, deviance, evaluation research, and social policy. She is affiliated with the American Association for Public Opinion Research, American Society of Criminology, American Sociological Association, Pacific Sociological Association, and Washington Council on Crime & Delinquency.		
Bibliography		
List not more than five publications relevant to the proposed project showing you as author or co-author. Do not include theses below level of doctoral dissertation, papers read at conferences, abstracts, or publications in process.		
1997	<i>Impact Evaluation of Washington State's 1996 Summer Youth Program.</i> SESRC Technical Report 97-53.	
1997	<i>Attitudes Toward Washington State's Community Notification Act.</i> SESRC Technical Report 97-54.	
1987	"Latin American Banditry and Criminological Theory." Pp. 181-190 in Richard W. Slatta, ed., <i>Bandidos: The Varieties of Latin American Banditry</i> . New York: Greenwood Press.	
1985	"Defensive Attribution of Responsibility in Juridic Decision." <i>J. of Applied Social Psychology</i> 15(5): 485-501.	
1982	"Gender Ascription and the Stereotyping of Criminal Deviants." <i>Criminology</i> 20(3-4):431-448. (w/L.DeFleur)	

FORM G

DESCRIPTION OF RISKS AND SAFEGUARDS
FOR THE SUBJECTS IN THIS PROJECT

INSTRUCTIONS

Detail and discuss on the following page(s):

1. All possible risks to the rights and welfare of the subjects who are to serve in the project, including the right of privacy and freedom from undue harassment, and a description of the provisions made to minimize these risks (including a description of the measures designed to ensure the confidentiality of identified project data and information).
2. The methods proposed to obtain informed consent, with special emphasis on their appropriateness to the individual project situation. The proposed text of the Informed Consent Statement should appear on FORM H of this application; the discussion required in the present section should focus on the moral-legal-psychological adequacy of the procedures to be used in contacting prospective subjects and explaining the proposed research.
3. The relative risks to subjects as compared to the expected benefits.

FORM G (continued)

DESCRIPTION OF RISKS AND SAFEGUARDS
FOR THE SUBJECTS IN THIS PROJECT

Use additional sheets if necessary; number consecutively.

1. Possible Risks to the Rights and Welfare of the Subjects

Confidentiality Concerns

No personally identifiable data will be revealed to any of the study participants at any time. Further, no personally identifiable data will be reported to the funding agency nor to any other body with an interest in the results of this **implementation and process evaluation**.

Consent Forms: A separate form is submitted for each of the types of study participants, i.e., women offenders, correctional/administrative staff, and treatment staff. (These consent forms were adapted from consent forms approved by the DSHS Human Subjects Board, and subsequently by the WSU-IRB, for a previously funded research project on a special population.)

Privacy Certificate: This form was submitted with the proposal to NIJ. It makes clear that absolute confidentiality will be observed with regard to any and all data from this study.

E-Mail from NIJ regarding Protection from Subpoena: The Privacy Certificate provides assurances that the privacy of study subjects will be protected. This e-mail message provides the legal basis on which the study investigators are protected from revealing study data.

Data Collection Concerns

The proposed research is part of a national effort to evaluate residential therapeutic communities for offenders. As such, the specific data collection instruments are to be developed early in the project, in close consultation with program staff and with NIJ local as well as national evaluators. The primary objective is to obtain data--which can be used by administrators and staff to make desired changes in the program--on the strengths, weaknesses, and initial effects on participants of the particular (in this case, Pine Lodge) program. A secondary objective is to prepare for a subsequent impact/outcomes evaluation. Anticipated data collections methods and likely observations and/or questions to be asked are listed below.

Administrative Records: Attached to the original NIJ proposal is a letter in support of the research from the Superintendent of Pine Lodge, indicating that the investigators will be provided "with access to the requisite data on the participants in the program and program staff." As indicated in the Privacy Certificate, all personal identifiers will be stripped from the database prior to releasing any results.

The **control group** will be specified solely from information available in administrative records. The investigators will not contact them in any fashion at any time for this **process evaluation**.

The "Intensive Inpatient Pre-Treatment Questionnaire" is an example of the kinds of information to be collected from administrative records on **study participants**.

Structured Observations: Because part of this implementation and process evaluation is documenting the nature of interactions among offenders, correctional staff and treatment staff, we anticipate observing all components of the program such as regularly scheduled staff meetings, conferences between offenders and staff members, and specific treatment modules.

The specific instruments for structuring these observations will be developed in close consultation with program staff and with NJ local as well as national evaluators. We anticipate that our focus will be on the quality as well as quantity of interactions between (a) correctional and treatment staff, (b) correctional staff and offenders, (c) treatment staff and offenders, and (d) offenders.

Personal Interviews: Interviews with study participants will be **private**, scheduled at the convenience of the participant, and follow a semi-structured protocol. Again, the specific instruments will be developed in the early stages of the project. We anticipate asking each study participant about level of satisfaction with and perceptions of problem in the Pine Lodge program.

There are "Observation Forms" in use by other evaluators that provide an example of the kinds of information that will be requested from the women offenders in the program. We expect that this form may be readily adapted for use with correctional and treatment staff as well.

2. Proposed Methods to Obtain Informed Consent

All potential subjects for this intermediate evaluation are in residence and/or are on-duty during specific hours at the Pine Lodge Pre-Release Residential Therapeutic Treatment Community. We anticipate meeting with each potential subject individually to describe (both verbally and in writing) the research project generally and the subject's role in it specifically and to ask for consent to interview as well as observe the subject.

It will be emphasized at all times that participation in the proposed evaluation is entirely **voluntary** and that all information on subjects will be kept strictly **confidential**. Special care will be taken to reassure potential subjects that choosing to participate or to not participate will have absolutely no bearing on either their current or their future rights and responsibilities.

3. Relative Risks Compared to Expected Benefits

The proposed intermediate evaluation poses only minimal risks to subjects, and every effort has been made to further reduce any possible discomfort. The benefits of this evaluation to subjects are expected to far outweigh the risks. To the extent that evaluation results prompt mid-program adjustments that increase the likelihood of successful treatment, the women offenders in residence will enjoy the benefits of drug-free (and, thereby, probable crime-free), post-release living.

FORM H

STATEMENT OF INFORMED CONSENT

INSTRUCTIONS

On the following page(s), present the consent statement in exactly the form in which it is to be given to, read to, or mailed to the subject and/or the subject's legal guardian.

Note that the adequacy of consent statements is a matter of major review concern; most review and approval delays are due to inadequate consent statements.

Following are some of the most often expressed concerns with respect to consent statements:

1. Does the consent statement make it clear who the investigator is (name, title, etc.) and who the sponsor is (university, professional school, state agency)?
2. Does the consent statement offer a fair explanation of study purposes and methods?
3. If the proposed research involves interviews and questionnaires, does the consent statement contain a number of representative sample questions that will give the prospective subject a fair idea of what kind of information will be asked of him/her?
4. Does the consent statement present a fair discussion of expected risk to terms of type, probability, magnitude, and duration? Does the statement explain how risks will be minimized?
5. Does the consent statement explain that research participation is voluntary and that it will not be held against the prospective subject in any way if he/she decides not to participate? (The word "voluntary" must be used.)
6. Does the statement invite the prospective subject to contact the investigator (in person, by letter, by telephone call) if the subject has any questions he/she wants answered before deciding whether or not to participate?

If the invited contact is a telephone call, the consent statement should give the number at which the investigator can be reached during business hours or where the subject can leave a message. Further, if the prospective subject lives outside the investigator's call area, the consent statement should provide for a collect call to the investigator.

7. Is the consent statement worded in language the prospective subject can understand? No technical terms? Explanations accompanying technical terms when such terms cannot be avoided? Short sentence? Clear organization?

8. Important formal elements:
 - a. Appropriate heading identifying the investigator's employing organization, sponsor, or agency of affiliation and address.
 - b. Signature of investigator plus date below the informational part of the consent statement.
 - c. Signature of consenting subject plus date below subject's consent statement.
 - d. If required, signature of consent witness plus date.
 - e. If required, signature of legal guardian plus date.

PROPOSED STATEMENT OF INFORMED CONSENT

Use additional sheets if necessary; number consecutively.

**PARTICIPANT CONSENT FORM: RESIDENT
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders**

Clayton Mosher, Ph.D., Co-Principal Investigator
Department of Sociology
Washington State University
Pullman, WA 99164-4020
509-335-2643

Dretha Phillips, Ph.D., Co-Principal Investigator
Social and Economic Sciences Research Center
Washington State University
Pullman, WA 99164-4014
509-335-1528 or toll-free 800-833-0867

You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will review your official records, observe meetings between you and Pine Lodge staff, and interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time. The interview will be conducted in private, with you alone.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your program. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

_____ Date _____
Clayton Mosher, Co-Principal Investigator

_____ Date _____
Dretha Phillips, Co-Principal Investigator

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

_____ Date _____
Participant's Signature
Participant's Printed Name: _____

**PARTICIPANT CONSENT FORM: CORRECTIONAL STAFF
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders**

Clayton Mosher, Ph.D., Co-Principal Investigator
Department of Sociology
Washington State University
Pullman, WA 99164-4020
509-335-2643

Dretha Phillips, Ph.D., Co-Principal Investigator
Social and Economic Sciences Research Center
Washington State University
Pullman, WA 99164-4014
509-335-1528 or toll-free 800-833-0867

You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants as well as correctional staff, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will observe meetings between you and other Pine Lodge staff and will interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time. The interview will be conducted in private, with you alone.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your position. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

_____ Date _____
Clayton Mosher, Co-Principal Investigator

_____ Date _____
Dretha Phillips, Co-Principal Investigator

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

_____ Date _____
Participant's Signature
Participant's Printed Name: _____

**PARTICIPANT CONSENT FORM: TREATMENT STAFF
Intermediate Evaluation of Pine Lodge Pre-Release Residential
Therapeutic Treatment Community for Women Offenders**

Clayton Mosher, Ph.D., Co-Principal Investigator Department of Sociology Washington State University Pullman, WA 99164-4020 509-335-2643	Dretha Phillips, Ph.D., Co-Principal Investigator Social and Economic Sciences Research Center Washington State University Pullman, WA 99164-4014 509-335-1528 or toll-free 800-833-0867
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You are being asked to take part in a study of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for women offenders. The purpose of the study is to find out the strengths, weaknesses and initial effects on participants as well as treatment staff, such as yourself, of the Pine Lodge program. This study has been approved by the Institutional Review Board of Washington State University and is funded by the National Institute of Justice.

With your consent, we will observe meetings between you and other Pine Lodge staff and will interview you personally. The interview will ask for your opinions about different features of the Pine Lodge program and will take about 30 minutes of your time. The interview will be conducted in private, with you alone.

Being in this study is entirely voluntary. You can decide not to be in the study, or you can decide to drop out of the study at any time, without any penalties or changes in your position. All study information will be kept strictly confidential, and your name will never be associated with any of the information you provide. We believe that the study is designed so that any possible risks to you have been minimized.

If you agree to take part in this study, please return a signed copy of this consent form and keep the other copy for your records. We would be happy to answer any of your questions about this study at any time. Just call toll-free at 1-800-833-0867. Thank you for your time.

_____ Date _____
Clayton Mosher, Co-Principal Investigator

_____ Date _____
Dretha Phillips, Co-Principal Investigator

The study described above has been explained to me, and I have had an opportunity to ask questions. I voluntarily consent to participate in this research activity. I understand that future questions I may have about this research or about my rights as a participant will be answered by one of the investigators above.

_____ Date _____
Participant's Signature
Participant's Printed Name: _____