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**FINAL REPORT ON THE PROGRAM EVALUATION  
OF THE PINE LODGE PRE-RELEASE  
RESIDENTIAL THERAPEUTIC COMMUNITY  
FOR WOMEN OFFENDERS IN WASHINGTON STATE\***

RESEARCH REPORT 01-33  
PIN0 #0328 November 2001

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**FINAL REPORT**

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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 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 evaluation focuses on: (1) factors that affect successful completion of the program; and (2) outcomes, i.e., recidivism, for Pine Lodge participants as compared with a matched control group.

Our approach was to supplement primary, qualitative data derived from extensive on-site observations with secondary, quantitative data culled from periodic reports from the facility and the Washington State Department of Corrections. In that regard, this 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.

The operative word in our evaluation study is “change.” Despite impressions from the extant literature that prison treatment programs in general, and therapeutic communities in particular, are static entities, our research indicates that they are highly dynamic and ever-changing. In ways both substantive and semantic, the Pine Lodge Pre-Release substance abuse treatment

program was not the same entity from the beginning of our study in 1997 to its conclusion in the Summer of 2001. While the therapeutic community experienced “growing pains” in its first few years of operation that led to comparatively low completion rates, recent changes to the program are having a positive impact on completion. Further, women who participated in the Pine Lodge program, when compared with a matched control group, are less likely to be convicted of a new offense upon release. Most important, women who successfully completed the treatment program are the least likely to be convicted of a new offense after release. Overall, “New Horizons” is a prison-based residential substance abuse treatment program that is:

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

Specific highlights of our findings, inferences, and recommendations regarding the Pine Lodge “New Horizons” program are itemized below. They are organized according to the same subheadings as those found in the “Detailed Findings” section of this report.

### **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.
  
- Although we observed improvement over the course of our study—and at least partially as a result of these multiple layers of oversight—there often were “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 with the treatment supervisor to establish consensus on definitions and indicators, with emphasis given to consistency and clarity in program data reporting.
  
  - ▶ 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 .

### **Program Approach and Content**

- The Pine Lodge Pre-Release “New Horizons” 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 “New Horizons.”
- 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.

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

### **Program Participation**

- “New Horizons” participants primarily 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 “New Horizons” until they have successfully completed Phase 1 of the program.
- As of July of 2001, approximately 43 female inmates were considered to be residents of the therapeutic community.

- Summary statistics on program participation and participants are calculated and presented in different ways from one report to another.
  - ▶ Concerted efforts should be made to quell the spread of misinformation about “New Horizons.” 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.

### **Program Completion**

- Since the implementation of “New Horizons” in November of 1996 to the close of our data collection in July of 2001, over 44 percent of TC residents have progressed successfully through all phases of treatment.
- White female inmates were significantly more likely than non-White residents to successfully complete the treatment program.
- Older women were significantly more likely than younger ones to successfully complete “New Horizons.”
- Women offenders admitted to the program in the later stages of its development were significantly more likely to successfully complete “New Horizons” than those admitted in the early periods.
- Inmates convicted of violent offenses were less likely to complete the program than those convicted of property or drug crimes.

### Post-Release Convictions

- Only 13 percent of the women who successfully completed “New Horizons,” and just over 22 percent of those who spent some time in the Pine Lodge therapeutic community, incurred a post-release conviction. Nearly 30 percent of the control group did so.
- Therapeutic community members, especially those who completed the treatment program, were significantly less likely than control group women to be convicted after release.
- Older women—and those with fewer previous convictions—were significantly less likely to incur a conviction after release.
- When months-at-risk was controlled for, women who completed the Pine Lodge program still were less likely to incur a post-release conviction than those in the control group—with the differences statistically significant two years after conviction.
  - ▶ “New Horizons” has enduring, positive effects on its participants, especially on women who successfully complete the treatment program.
  - ▶ To counter an apparent erosion of those positive effects, a strong aftercare component should be added to the Pine Lodge treatment program.

## 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 drug-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, 8, 30, 32]. The Office of National Drug Control Policy reported that in 1998 drug offenders accounted for 21 percent of state prison populations and 59 percent of the Federal prison population [56]. The Bureau of Justice Statistics and the National Center on Addiction and Substance Abuse estimate that between 60 and 83 percent of the correctional population in the United States have used illicit drugs at some point in their lives, representing twice the rate of drug use in the general population [56]. In addition, at least 50 percent of adult male arrestees interviewed in one of 34 sites around the country by the National Institute of Justice's Arrestee Drug Abuse Monitoring (ADAM) program tested positive for at least one drug in 1999 [53]. Not only do substance abusers constitute a significant percentage of

recent arrestees, they also are represented disproportionately among recidivists who are responsible for a disturbing amount of criminal activity [19].

Specifically with regard to women, in 1996, drug offenses constituted 8.4 percent of all arrests for women and approximately 12 percent of the crimes for which they were incarcerated [70]. Sixty-two percent of women in state prisons report using drugs in the month before their arrest, and women in state prisons (40 percent) also were more likely than male inmates (32 percent) to have committed their offense while under the influence of drugs [56]. But even these data do not adequately capture the extent of drug involvement by women offenders. For example, ADAM data indicate that approximately 67 percent of the women who come into contact with the criminal justice system in ADAM sites test positive for drugs [53]. 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 [74]. (As of March 31, 2001, there were 1,083 female inmates in Washington State correctional institutions, but recent data on their patterns of substance use were not available.)

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, 10, 13, 25, 29, 33, 34, 38, 40, 41, 46, 67, 69, 80, 81, 82], 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 [23, 24, 28, 71]. State corrections officials estimate that between 70 and 85 percent of inmates need some form of substance abuse treatment [56]. Yet, in approximately 7,600 correctional facilities surveyed, 172,851 inmates were in drug treatment programs in 1997, representing less than 11 percent of the inmate population. A recent report estimated that States spend an average of 5 percent of their annual prison budgets on drug and alcohol treatment [52]. In 1997, the Federal government spent \$25 million, or 0.9 percent, of the Federal prison budget on drug treatment programs [52]. 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 [9, 47, 64, 69, 75, 80]. 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 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 [44]. Women substance abusers also are more likely to be diagnosed with psychiatric problems [36]. Unfortunately, in many cases, treatment programs for women offenders simply have been "cloned" from those implemented for male offenders [39, 75], 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.

## **“New Horizons” Long-Term Residential Treatment Program**

### **Target Population and Capacity**

Washington’s Department of Corrections sought to re-dress past omissions by implementing “New Horizons” (referred to as “First Chance” from its inception in late 1996 to early 2000), a residential therapeutic treatment community for women offenders housed within the Pine Lodge Pre-Release minimum security and co-ed facility at Medical Lake in the northeastern region of the State. The target population for this program is women who have been screened and identified as having a serious substance abuse problem and who have at least 7, but no more than 12, months 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.

### **Treatment Approach and Program Phases**

Following similar therapeutic community models that have proven successful in the treatment of substance abusers [14, 31, 62, 76, 80, 81], 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. Criteria for entering the program specify that residents must: (1) have at least seven months left to serve of their sentence, to allow them time to complete the program; (2) have a supervision requirement upon release from all

confinement; (3) be assessed as chemically dependent; and (4) be medically stabilized as well as physically and emotionally capable of participating in all activities.

Originally designed to consist of five phases [51, Exhibit 2], "New Horizon" 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 (51, Exhibit 4) and to the 16 "steps" to freedom identified in Moral Reconciliation Therapy, MRT© (51, Exhibit 5).

Although the original design of the program called for five phases, in 1998—and apparently in response to experiences with many women who were not fully committed to being in drug treatment—a "blackout" phase was added. During "blackout," which lasts a minimum of 10 days, residents are limited to 10 minutes in the yard, do not attend encounter groups, cannot speak

at community meetings, and are not allowed visits or phone calls. The numbered phases of the program are summarized below. As is the case in other therapeutic communities, residents are given access to an increased number of privileges as they progress through each of these phases.

***Phase 1: Assessment and Orientation (14-21 days).*** Once residents have passed through the “blackout” phase, they enter Phase 1. This stage of the program involves residents “shadowing” their mentor, engaging in education with respect to chemical dependency and denial reduction, attending AA/NA meetings, and being assigned chores.

***Phase 2: Core Treatment Issues (3-4 months).*** The second stage of “New Horizons” includes MRT training, involvement in an intensive chemical dependency program, and participation in vocational skills groups, recreational activities, mental health groups, criminal thinking errors education, process groups, and psycho-educational groups. In order to advance to Phase 3 of the program, residents must have completed 34 chemical dependency lectures, passed Step 3 in MRT, and completed a list of treatment goals to accomplish in Phase 3.

***Phase 3: Core Treatment Issues (2-3 months).*** In Phase 3, residents are expected to provide leadership for group activities and develop realistic employment as well as short- and long-term life goals. To progress to Phase 4 of the program, residents must actively participate in treatment groups and activities—including serving as an effective mentor to another resident—consistently follow the rules and practices of the therapeutic community, and be infraction-free for at least 90 days.

***Phase 4: Core Treatment Issues (minimum of 2 months).*** In this phase, residents engage in more concentrated relapse prevention and aftercare planning, and they are expected to visit a work-release facility. To progress to Phase 5, residents must have completed Step 12 in MRT, been infraction-free for at least 120 days, and given a personal testimony in a community meeting of treatment progress, insights, and life changes as a result of treatment programming.

***Phase 5: Continuum of Care.*** In the fifth phase, residents are expected to work with staff to establish aftercare programming for release to the community or work release. They also are expected to continue to participate in programming as directed by TC program staff.

#### **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 "New Horizons" include a treatment supervisor, chemical dependency specialists, and mental health professionals.

### **Purpose of Outcomes Evaluation**

Our process evaluation, based largely on qualitative data, indicated that the Pine Lodge therapeutic community for substance-abusing women offenders held promise for short- as well as long-term benefits for participants [51]. Thus, the primary purpose of the outcomes evaluation was to determine whether and/or to what extent quantitative data support as well as document that inference.

## SCOPE AND METHODOLOGY

### Evaluation Plan and Objectives

Exhibit 1 outlines the evaluation goals, research objectives, and data sources for this outcomes evaluation of the Pine Lodge residential therapeutic community for female offenders. Subsequent paragraphs describe in detail the data collection activities engaged in and methods of data analysis utilized to produce this report.

#### **Exhibit 1. EVALUATION GOALS, RESEARCH OBJECTIVES, DATA SOURCES**

EVALUATION GOALS	RESEARCH OBJECTIVES	DATA SOURCES
Integrate findings from ongoing process evaluation, especially with regard to "neglected" factors in program completion	data on admissions	administrative records: program reports DOC forms, database
	data on participants	semi-structured interviews
		on-site observations: community meetings classroom settings petition hearings
	data on program	informal communications
Identify effects of program participation and completion	post-release data on: program participants matched control group	DOC database (Excel); analysis format: SPSS for numerical WordPerfect for text

### **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) ensures that proposed research meets if not exceeds Federal guidelines for human subjects protection. The Human Subjects Protocol Form with supporting documents was submitted on June 2, 1999. Conditional approval for this evaluation was granted on July 9, 1999. Upon our providing a more elaborate consent form for program participant interviews, the WSU-IRB issued full approval for this evaluation on October 4, 1999.

The Research Proposal Form with supporting documents was submitted to the Department of Corrections-Human Research Review Committee (DOC-HRRC) on March 27, 2000. The DOC-HRRC gave us permission to conduct this evaluation on May 26, 2000.

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**

Achieving our primary evaluation goal is a two-fold endeavor. To that end, we present in this report both qualitative and quantitative data.

First, we use data from our ongoing process evaluation to examine the important, but often neglected, factors that influence successful completion of residential substance abuse programs. Among these factors are changes in program oversight, components, structure and philosophy, and turnover in personnel—all of which undoubtedly affect outcomes for residents who enter and exit the program at different stages of its development. For a new program, such as Pine Lodge was when we began this project, all intervention components may not be in place when the program opens its doors, while those that are in place may take time to mature and stabilize. Such dynamic systems [50] call for non-static approaches to program evaluation, including establishing a chronology of “key events” in the program’s history [58] and relying on qualitative data [63], to make sense of quantitative data on successes and failures.

We collected extensive qualitative data on the “New Horizons” therapeutic community throughout the period from the Fall of 1997 to the Spring of 2001. These data consisted of: (a) personal interviews as well as telephone and electronic mail exchanges with the treatment supervisor, facility superintendent(s), and treatment and correctional staff; (b) semi-structured interviews and meetings with program participants; and (c) 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 the phase of the program they were in, age, and race/ethnicity. It is important to note that individuals we interviewed 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 while attending sessions and meetings, we assumed the role of pure observer rather than presuming that of participant-observer.

We also had formal and informal conversations with various representatives from state oversight bodies, including individuals from the Department of Corrections, Community and Economic Development, and Division of Alcohol and Substance Abuse. These data were supplemented with the quarterly reports issued by the treatment supervisor.

Our interactions with all parties—from DOC personnel located in the State capitol to 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.

Second, we report on outcomes for Pine Lodge residents, then compare these outcomes with those for a matched control group provided by the Washington State Department of Corrections. The quantitative data on program completion rates and determinants of those rates are derived from data sets obtained from the Pine Lodge site and the Washington State

Department of Corrections (DOC). Unfortunately, although officials at Pine Lodge Pre-Release (PLPR) and DOC were cooperative in providing us access, the data we obtained from both sources were far from adequate—indicating a serious problem with both the on-site and the DOC data management systems.

The data on offenders obtained from PLPR contained missing information on a number of variables, apparently incorrect identification numbers, and incorrect as well as incompatible codes. For example, PLPR codes for race of offender and for type of offense committed were not consistent with the codes used by DOC. Problems with the data are perhaps best illustrated in an electronic mail correspondence with our data contact person at Pine Lodge in June of 2001:

The database that [they] have been using to enter all the offenders that come to PLPR is only about 1 ½ years old, therefore not all the TC offenders have been put into the database. Someone did have the foresight to start another database that lists all the offenders. I had to pull separate queries on them because when I linked them it would not pull all the ladies. So I have put into the mail both queries and sorted them by their DOC ID #'s so they will be easier to match up. The unfortunate thing is that you will not have all the information you are seeking and I am sorry for that.

Through a case-by-case examination of the data sets forwarded to us from Pine Lodge and the State Department of Corrections, we were able to create a file that contained

program completion/non-completion data—along with a number of “demographic” variables—for a total of 322 Pine Lodge participants, 43 of whom were still enrolled in the program as of July, 2001. Although this number of participants is not consistent with information provided by the program itself nor with DOC information, we limit our analyses to these cases because we are confident that the data are reliable and valid.

## **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 "New Horizons" therapeutic community. The original RSAT grant is administered by the Washington State Department of Community, Trade and Economic Development (CTED; the name of this department has since changed to Office of Trade and Economic Development). 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 Washington State Division of Alcohol and Substance Abuse (DASA) exercises certification authority for treatment staff and establishes data-reporting

standards/conventions. Until July of 2001, Pierce County Alliance, a private firm, contracted with DOC for delivery of chemical dependency treatment services.

During the course of our study, representatives and officials from each of these agencies made several "evaluation" visits to the institution, sometimes in tandem, other times individually. The pressures placed on the TC staff as a result of such frequent visits, regardless of their purpose and intentions, should not be under-emphasized.

In short, the treatment supervisor and program staff are required to report and be accountable not only to the Superintendent of Pine Lodge Pre-Release, but also to a host of other individuals and agencies. It also is important to note that the individuals occupying the various oversight positions have changed over the course of our evaluation; for example, there have been three different superintendents at PLPR since 1997. It is not our contention that any of these agencies or officials have deliberately created difficulties for the program. Rather, our observations indicate considerable confusion surrounding lines of authority and what actually occurred in the program. More to the point, 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 day-to-day operations of the therapeutic community.

**Exhibit 2. "New Horizons" Sources of Program Accountability**

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**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**

"NEW HORIZONS"  
(Long-Term Residential Substance Abuse Treatment Program)

[Federal Bureau of Prisons]

[National Institute of Justice (NIJ)]

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

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 Washington State Department of Corrections, expressed concerns that "vacant treatment slots [are] not filled" [74]. Similarly, officials in the Department of Community, Trade, and Economic Development (CTED) who, given their constituency, were driven at least partially by cost issues, expressed concern over the number of slots being filled as well as the apparently high attrition rates from the program. This concern also was expressed in a report submitted to DOC by Harry Wexler in Fall of 2000.

However, 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" [4]. It is clear that the treatment supervisor and her staff were concerned primarily with maintaining the integrity of the treatment community—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 were dismissed from the program because of rule violations—i.e., they had be "infracted out"—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 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 [4]. 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 staff at Pine Lodge. Later, at a community meeting held specifically to deal with these behaviors, it was decided that the offending parties 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 the Washington State Correctional Center for Women (WCCS).

In her report dated March of 1999, the treatment supervisor noted that most of the suggestions for improving the program—provided by women who had completed it, via an anonymous questionnaire—proposed that “[we] only allow people in the program that want to be there” [4]. At least partially in reaction to those suggestions, changes were implemented in the Fall

of 1999 such that if, after 90 days in the program, the resident wanted to remove herself from it, she would be allowed to do so without any threat of an infraction or loss of good time. The treatment supervisor's Fall 1999 report noted "These changes appear to be having a positive effect thus far, inasmuch as staff and residents report decreased resistance from new residents" [4].

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 additional comment here on the issue of filling treatment slots. 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 of these various levels of oversight that we witnessed in the middle stages of our initial process evaluation of the program is connected with differences in treatment philosophies between individuals employed by the oversight agencies, particularly the state Department of Corrections, and staff at Pine Lodge. From its inception, treatment staff at PLRP emphasized a mental health component to chemical dependency treatment—a philosophy apparently not as strongly adhered to by certain officials in the state DOC. For example, an implementation review report [74] 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 reflective of the tension between

the two philosophies of treatment, 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. As of July 2001, however, it is apparent that this tension between treatment philosophies has dissipated somewhat and seems to be not as much of a concern.

Overall, 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 representatives from the various agencies access to the TC wing of the facility and to program participants.

### **Program Approach and Content**

Exhibit 3 outlines program features of "New Horizons" as they correspond roughly with a chronology of "key events" in the program's evolution [58]. Because of their likely influence on program outcomes, the time periods associated with those key events and resultant program features are used for analytic purposes in a subsequent section of this report.

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 serve to undermine the benefits from the TC treatment.

**Exhibit 3. KEY EVENTS IN A CHRONOLOGY OF "NEW HORIZONS"**

TIME PERIOD	KEY EVENTS	PROGRAM FEATURES
1: 1996-1997	"First Chance" inception —a residential substance abuse therapeutic community  first participants admitted	4 progressive phases
2: 1998-1999	multiple "evaluation" visits —by oversight agencies —by research team	"black-out" pre-admit phase  5 progressive phases —formal admission contingent on completion of Phase 1  mentors added
3: 2000-2001	re-named "New Horizons" —a long-term residential treatment program  Harry Wexler visit	"graduate" no longer used to describe program completers  use of formal TC terminology  Resident Handbook required to be carried at all times  "pull-ups" and "push-ups" used

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.

Some of the changes to the program were largely semantic, but nonetheless symbolic of the program’s development. For example, in the Fall of 1999, use of the noun “graduate” to describe those who had successfully completed the program was discontinued. As the treatment supervisor’s report noted:

It gives residents the erroneous impression that anyone who has completed the five phases [of the program] no longer needs ongoing therapy and/or support. It is imperative that participants understand phases 1 through 5 are components of a primary treatment experience and that continuing care is critical for their overall recovery [4; original emphasis].

As a result of a visit by Harry Wexler, a noted expert on therapeutic communities, to Pine Lodge in the Summer of 2000, a number of changes to the program were implemented.

Many of these were largely cosmetic and/or semantic, such as changing the title from "First Chance" to "New Horizons" and using formal TC terminology to label existing program components. This latter change also was a particularly curious one, given that the term "therapeutic community" to describe the program had been replaced by "long-term residential treatment program" in order to "curb concerns regarding the highly confrontational and harsh tactics employed by 'TC's' in the 1970s" [4].

Some changes, however, were more substantial. The revised Resident Handbook, which program participants are now required to carry with them at all times, informed TC members that "point-to-point" smoking was prohibited and that there was to be no communication with general population inmates. To deal with the problem of "fencing" (a practice in which women in the program conversed with, primarily male, general population inmates), the TC yard was to be closed when male inmates were in the general yard.

Wexler's recommendations also resulted in the addition of morning and evening community meetings, the use of a hierarchy structure, and the implementation of "pull-ups" ("extinguishers") and "push-ups" ("reinforcers"). Two types of pull-ups are used to address negative encounters between inmates: (1) a "verbal awareness" pull-up, designed to raise awareness of negative behaviors or attitudes that are contrary to the community right-living code, consists of a verbal reprimand by peers, elders or staff members; and (2) a "written awareness" pull-up, designed to raise the awareness of a community member's negative behavior or attitude, consists of a written slip of paper submitted to a treatment staff member that is read at morning or

evening meetings. Written pull-ups are followed by an encounter between the inmates involved, which is monitored by a staff member. Push-ups—which may be informal, verbal, or written—serve to reward a person for doing something right.

Given the concerns expressed in Wexler's report to DOC that there was too much informality between inmates and staff, the rules were changed such that residents could no longer address nor refer to staff by their first names. In our final visit to Pine Lodge before preparation of this report, we certainly noticed this change, and it appeared as though staff members themselves were not entirely comfortable with it.

Also in the spring of 2001, Pierce County Alliance, the (then) treatment provider, hired a Therapeutic Community training specialist whose responsibility is to assure that appropriate staff development occurs, that programs are evaluated and improved upon on an ongoing basis, and that programs are operationally consistent with the TC model and national standards. This position was funded with resources that were not RSAT related.

### **The Therapeutic Community**

Although there appears to be no consensus in the professional literature on how to define a 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 [12]. 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 [34, 42], the physical structure of the Pine Lodge Pre-Release facility rendered such complete separation impossible. However, similar to the "Stay 'n Out" programs in New York State [80], 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 seemed 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 was by no means complete separation of the Pine Lodge Therapeutic Community from the general prison population—and problems arose particularly as a result of “fencing” with male inmates—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 community meetings, which are held in the mornings, prior to the lunch hour, and in the early evenings each weekday. These meetings were attended by all community members (treatment staff and inmates alike), and had 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 eventually 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 4 residents expressed concern that a Phase 2 resident had a negative attitude towards treatment that was affecting other members of the community. Visibly upset, the Phase 4 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 2 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 said to the custody staff member conducting the search of her person "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 3 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.

Another example of the sense of community evident at Pine Lodge was revealed at a different meeting. This 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 had not 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.

Perhaps the best evidence of the existence of community in this setting is revealed in an incident involving the community's "adoption" of a cat—outlined in the treatment supervisor's second quarter report in 1999, which we quote at length:

Approximately one month into the quarter, the PLPR maintenance staff captured several kittens that were unauthorized to reside at PLPR. For nearly 18 months, the TC staff has remarked that what the TC really needed is a pet to adopt and care for. Most of us had envisioned a puppy, not a kitten. In any event, after several weeks of creative energy and the passage of some governing policies and procedures, the TC residents finalized their adoption of "Yoda." . . . It's amazing to see the positive impacts this little kitten is having on residents and staff. The

kitten seems to be doing well adjusting to us, and does not appear to mind being segregated from the "other" cats that insist on loitering on PLPR's campus. It looks as though Yoda is here to stay [4].

In the following quarterly report, the treatment supervisor reported that Yoda was no longer "in the program." "We are sad to report that Yoda has been evicted. It appears the cat tried to take a snack out of a custody officer's cheek and that the consensus was that it was best to find a new home for the cat."

### **Treatment and Custody Staff**

Fittingly, in her June 1999 quarterly report, the treatment supervisor noted that "while the research is clear that TC's are more physically and psychologically demanding than any other modality of treatment for the residents, it's highly probable that the same could be said for impacts of this modality on treatment staff" [4]. In fact, it was not until the early summer of 1999 that the Therapeutic Community and Correctional staff from Pine Lodge attended a formal training session on the operational aspects of a TC. "There were several attendees from PLPR that remarked that the training was most helpful and in many ways validated that, as a program, PLPR is definitely on the right track" [4].

There also is some evidence of tension between treatment and custody staff, as has been found in other treatment programs. In reporting on activities over the Christmas holiday period in 1999, the treatment supervisor noted that staff members had allocated two days for the

Therapeutic Community residents to make Christmas cookies and sing carols, but that these activities were “met with some resistance from the custody officers working the day shifts” [4].

## **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" [4].

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” [34] 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” [4]. We received independent confirmation of this misinformation through our discussions with “New Horizons” residents, who told us that it consisted of such statements as “You can’t smoke there,” “You get infraacted for minor offenses,” and—perhaps most telling, not to mention, most damaging within a prison—“It’s a snitch school.”

Further independent confirmation of this misinformation was collected by the first author of this report in a separate project involving interviews with women at WCCW in the spring of 2000. Some women who admitted having substance abuse problems expressed reluctance to be transferred to Pine Lodge, for many of the reasons mentioned above. However, perhaps as a result of the treatment supervisor’s efforts to provide women at WCCW with accurate information on the TC, one inmate recognized that the misinformation was being spread largely by women who had been infraacted out of the program—i.e., by women who had violated rules of the TC..

### **Admission and Retention**

The original design of the “New Horizons” program 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 first solution to this problem took the form of not formally admitting women to the program until they had completed Phase 1 of the program. This redefinition 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 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.

### Program Completion

Our data on factors affecting treatment completion are limited. We did not have access to measures of prior history of chemical dependency, motivation to be in treatment, marital status, number of children (if any), custody status of children, prior drug treatment history of the Pine Lodge TC residents, and other factors that might be seen to influence completion. However, the analyses presented below, which focus on demographic factors, are revealing.

Exhibit 4 presents summary data on the characteristics of women in the Pine Lodge TC for whom we were able to match on-site with Department of Corrections data. Over two-thirds of the women were White, and the majority had been convicted of drug offenses. The modal age group, with 38 percent of TC participants, was 30 to 39 years old; nearly equal proportions were 18 to 29 (28 percent) and 40 to 49 (29 percent) years old. Not shown on Exhibit 4 is that the mean number of previous convictions for TC residents was about four.

Since the inception of "New Horizons," over 44 percent of TC residents who are not currently in the program have successfully progressed through all phases of treatment. (At the termination of our data collection in July of 2001, 43 of the 322 women for whom we had a DOC match were still in the program.) The most common reason for non-completion of the program, accounting for over 34 percent of TC terminations, was a non-chemical rule violation. There were no terminations from the program for a chemical rule violation. This is notable because not only were TC residents routinely as well as randomly subjected to drug testing, but also there is

evidence to suggest that drugs were available in the minimum security institution in which the Therapeutic Community was housed.

**Exhibit 4. CHARACTERISTICS OF WOMEN IN PINE LODGE TC**

Characteristic	Number	Percent
<b>Race/Ethnicity</b>		
White	220	68.3
African-American	80	24.8
Native-American	11	3.4
Hispanic	9	2.8
Asian	2	0.6
<b>Most Recent Crime Charge</b>		
Drug	192	59.6
Property	75	23.3
Violent	55	17.1
<b>Age</b>		
18-29 years	90	28.0
30-39 years	123	38.2
40-49 years	93	28.9
50 years and older	16	5.0
<b>Outcome</b>		
Completed Program	124	44.4
Inappropriate Admission	20	7.2
Withdrew	16	5.7
No Contact (abort)	6	2.2
Transferred	17	6.1
Rule Violation (non-chemical)	96	34.4
Rule Violation (chemical)	0	0.0
<b>Total Terminations</b>	<b>279</b>	<b>100.0</b>
Still in Program	43	13.4
<b>Total Match TC to DOC</b>	<b>322</b>	<b>100.00</b>

Exhibit 5 presents summary data on program completion according to the demographic characteristics of TC participants shown in Exhibit 4. Only fewer than 28 percent of non-White residents, compared with about 52 percent of Whites, successfully completed the program. This finding is disturbing. Although our data do not allow us to determine the reason for the difference in completion rates by race/ethnicity, it is possible that minority women in the program were more likely to be gang-affiliated and/or more resistant to treatment (see treatment supervisor's comments noted in previous section).

This table shows an almost linear relationship between age and program completion. While not quite 38 percent of women in the 18-29 age group and 39 percent of those in the 30-39 age group successfully completed the program, nearly 54 percent of women 40-49 years old and almost 67 percent of those in the 50 and over age group successfully completed the program. Our observations of program components confirmed the importance of age in affecting treatment motivation and commitment. Older women in the program were more likely to express sentiments reflecting the importance of abandoning their drug use and criminal habits and committing themselves to treatment.

This table also demonstrates that women convicted of violent offenses were less likely to complete the program than those charged with property or drug crimes. This finding is important in light of the fact that the original design of the Pine Lodge Therapeutic Community called for an exclusion of offenders who had been convicted of violent crimes.

**Exhibit 5. PROGRAM COMPLETION BY SELECTED VARIABLES**

Variable	Completed Program		Number
	Yes	No	
<b>Race/Ethnicity</b>			
White	100 (52.1%)	92 (47.9%)	192
Non-White	24 (27.6%)	63 (72.4%)	87
Total	124	155	279
<b>Most Recent Crime Charge</b>			
Drug	73 (46.5%)	84 (54.2%)	157
Property	34 (47.2%)	38 (52.8%)	72
Violent	17 (34.0%)	33 (66.0%)	50
Total	124	155	279
<b>Age</b>			
18-29 years	29 (37.7%)	48 (62.3%)	77
30-39 years	41 (39.0%)	64 (61.0%)	105
40-49 years	44 (53.7%)	38 (46.3%)	82
50 years and older	10 (66.7%)	5 (33.3%)	15
Total	124	155	279
<b>Period Admitted to Program</b>			
Period 1	28 (41.2%)	40 (58.8%)	68
Period 2	68 (47.6%)	75 (52.4%)	143
Period 3	28 (57.1%)	21 (42.9%)	49
Total*	124	136	260*
*admission date missing for 19 residents			

As noted in our discussion in a previous section, the Pine Lodge Therapeutic Community underwent a number of changes and refinements over the course of our study. Many of these changes were designed to improve retention and completion rates. Although we cannot fully capture the essence of these changes with quantitative data, Exhibit 5 also presents program completion data broken down by the period in which women were admitted to the program. "Period 1" includes women who were admitted in 1996 and 1997, when the therapeutic community was in its start-up phase. "Period 2" includes women who were admitted in 1998 through 1999, when changes were made such that women were not formally admitted to the program until they had completed Phase 1 of treatment, and mentors were added to the program. "Period 3" coincides with changes introduced to the program as a result of Harry Wexler's visit and recommendations. This table reveals an impressive improvement in completion rates over time. While only about 41 percent of those admitted in the first period successfully completed the program, by the third period, the completion rate was approximately 57 percent. These data indicate that substantive changes in program components over time were effective in increasing retention and completion rates, and that the therapeutic community was stabilizing towards the end of our study period. However, it is important to note that, as we concluded our data collection in July of 2001, a new treatment provider was hired by the Washington State Department of Corrections to administer the Therapeutic Community program at Pine Lodge. It remains to be seen if these improvements in treatment completion rates can be sustained.

Exhibit 6 presents the results of a logistic regression analysis on program completion, using these predictor variables: race/ethnicity (coded as White=1, non-White=0); age (treated as a continuous variable); dummy variables indicating most recent crime charge (drug and violent, with property crime treated as the reference category); period admitted to the program; and number of previous convictions. This table largely confirms findings from the bivariate analyses. White women, those who are older, and those who were admitted to the program in later years were significantly more likely to successfully complete the Pine Lodge treatment program.

**Exhibit 6. LOGISTIC REGRESSION ON PROGRAM COMPLETION**

<u>Variable</u>	<u>B</u>	<u>Odds</u>
White	1.07**	2.93
Age	0.04**	1.04
Drug Crime	0.18	1.20
Violent Crime	-0.40	0.67
Period Admitted	0.34*	1.41
Number of Previous Convictions	-0.04	0.96
Chi-Square	26.1	*p < 0.10
2 Log Likelihood	332.2	**p < 0.05
Nagelkerke r2	0.128	

### **Post-Release Convictions**

Our analyses of outcomes focus on re-conviction as the dependent variable.

(While re-arrest might be a more desirable measure of recidivism, DOC was unable to provide us with such information.) Using data provided by the Washington State Department of Corrections, we constructed a control group of women offenders identified as having substance abuse problems, who were matched with Pine Lodge TC women with respect to race/ethnicity, age, offense type and prior criminal history. Given that our data on Pine Lodge TC participants spans a period of over four years, we also matched on the date of most recent admission to a Washington State correctional institution—allowing us to compare recidivism rates while taking into account the fact that “months at risk” of re-offending is an important variable.

Exhibit 7 presents data comparing the Pine Lodge TC women and our control group, which demonstrates that there are few substantial differences between the two groups. While the Pine Lodge group contains more women in the 18-to-29 age group and a slightly higher mean number of previous offenses, the two groups are reasonably similar with respect to the key variables of race/ethnicity and offense type. The control group women have a slightly higher average number of months at risk; however, this difference will be controlled for in the multivariate analyses presented below.

**Exhibit 7. COMPARISON OF PINE LODGE AND CONTROL GROUPS**

Characteristic	Pine Lodge	Control Group
<b>Race/Ethnicity</b>		
White	192 (68.8%)	201 (72.0%)
Non-White	87 (31.2%)	78 (28.0%)
<b>Most Recent Crime Charge</b>		
Drug	158 (56.6%)	180 (64.5%)
Property	71 (25.4%)	45 (16.1%)
Violent	49 (17.6%)	54 (19.4%)
<b>Age</b>		
18-29 years	77 (27.6%)	55 (19.7%)
30-39 years	105 (37.6%)	132 (47.3%)
40-49 years	82 (29.4%)	79 (28.3%)
50 years and older	15 (5.4%)	13 (4.7%)
<b>Mean Number of Previous Convictions</b>		
	4.03	3.58
<b>Mean Number of Months at Risk</b>		
	15.85	18.97

Exhibit 8 presents data on re-conviction and average number of months from release to re-conviction for a number of variables. The table indicates that minority women, younger women, and those who were originally convicted of property crimes were more likely to be convicted after release. Most important for purposes of our discussion, close to 30 percent of the control group women—compared to just over 22 percent of women who spent at least some time in the Pine Lodge therapeutic community and 13 percent of women who successfully completed the treatment program—were convicted of an offense in the follow-up period. These data, thus, indicate that mere exposure to the treatment program leads to lower levels of recidivism, while completion of the program has an even greater impact on reducing recidivism.

With respect to the number of months from release to conviction, minority women, older women, and those convicted of violent crimes have the longest average time between release and re-conviction. The control group women experienced a shorter average time between release and conviction compared to the Pine Lodge group and Pine Lodge completers, further confirming the effectiveness of the program.

**Exhibit 8. POST-RELEASE CONVICTION BY SELECTED VARIABLES**

<b>Variable</b>	<b>Percent Convicted</b>	<b>Mean Number of Months (release to conviction)</b>
White	22.1	10.2
Non-White	35.3	13.5
Age 18-29	32.0	8.5
Age 30-39	28.8	10.6
Age 40-49	20.4	16.5
Age 50 and older	7.4	17.5
Drug Crime	24.0	11.4
Violent Crime	23.5	15.6
Property Crime	34.2	9.6
Control Group	29.7	10.6
Pine Lodge Group	22.3	12.8
Pine Lodge Completers	12.9	12.1

Exhibit 9 presents logistic regression analyses of re-conviction. Consistent with the findings from the bivariate data, age is a significant predictor of post-release conviction. Older women are less likely to experience another conviction than younger women. At the same time, and perhaps counter-intuitive to the age factor, those who have a greater number of previous convictions are more likely to be convicted after release. Women who spent any time in the Pine Lodge Therapeutic Community are less likely to incur a conviction after release. Successful completion of the program is an even stronger predictor. When the key independent variable in the equation is a dummy variable indicating whether the offender successfully completed the Pine Lodge treatment program, Exhibit 9 indicates that TC “graduates” are significantly less likely to experience a post-release conviction.

To control for possible differences in “months at risk” between the Pine Lodge and control groups, we conducted logistic regressions on re-conviction by splitting the sample into those who were at risk from 1 to 12 months, from 13 to 24 months, and those at risk for longer than 24 months. Exhibit 10 shows that, even when months at risk is controlled for, women who have completed the Pine Lodge program were less likely to incur a post-release conviction than those in the control group. However, in the group of women who have been at risk for greater than 24 months, the effect for Pine Lodge completion is non-significant—suggesting that the effects of treatment may “wear off.” This has substantial implications for recommendations we make with respect to the importance of adding a strong aftercare component to the Pine Lodge program.

**Exhibit 9. LOGISTIC REGRESSION ON POST-RELEASE CONVICTION**

<u>Variable</u>	<u>B</u>	<u>Odds</u>
White	-0.30	0.74
Age	-0.07**	0.93
Drug Crime	0.03	1.03
Violent Crime	0.17	1.19
Number of Previous Convictions	0.37**	1.45
In Pine Lodge Program	-0.72**	0.49
Chi-Square	104.2	Number of Cases = 557
2 Log Likelihood	534.6	*p < 0.10
Nagelkerke r2	0.250	**p < 0.05
<u>Variable</u>	<u>B</u>	<u>Odds</u>
White	-0.18	0.83
Age	-0.07**	0.94
Drug Crime	0.05	1.05
Violent Crime	0.15	1.16
Number of Previous Convictions	0.37**	1.44
Completed Pine Lodge Program	-0.99**	0.37
Chi-Square	103.9	Number of Cases = 557
2 Log Likelihood	535.0	*p < 0.10
Nagelkerke r2	0.249	**p < 0.05

**Exhibit 10. POST-RELEASE CONVICTION BY MONTHS AT RISK**

Variable	B	Odds
<b>AT RISK 1-12 MONTHS</b>		
White	0.09	1.09
Age	-0.06	0.94
Drug Crime	-0.27	0.76
Violent Crime	-0.44	0.67
Number of Previous Convictions	0.36**	1.43
Completed Pine Lodge Program	-1.51**	0.22
Chi-Square = 60.9	2 Log Likelihood = 262.5	Nagelkerke r2 = 0.302
Number of Cases = 242	*p < 0.10	*p < 0.05
<b>AT RISK 13-24 MONTHS</b>		
White	-0.32	0.73
Age	-0.04	0.96
Drug Crime	0.74	2.10
Violent Crime	1.29*	3.63
Number of Previous Convictions	0.31**	1.37
Completed Pine Lodge Program	-1.56*	0.21
Chi-Square = 23.9	2 Log Likelihood = 145.1	Nagelkerke r2 = 0.212
Number of Cases = 162	*p < 0.10	*p < 0.05
<b>AT RISK LONGER THAN 24 MONTHS</b>		
White	-1.00	0.37
Age	0.02	1.02
Drug Crime	0.18	1.20
Violent Crime	1.06	2.90
Number of Previous Convictions	0.35**	1.41
Completed Pine Lodge Program	0.45	1.57
Chi-Square = 21.2	2 Log Likelihood = 81.3	Nagelkerke r2 = 0.265
Number of Cases = 153	*p < 0.10	**p < 0.05

Exhibit 11 presents an ordinary least squares regression with number of months from release to re-conviction as the dependent variable. The analysis is restricted to women who incurred a post-release conviction. Minority women experience a significantly greater number of months between release and re-conviction, as do older women and those convicted of violent crimes. While the coefficient for participation in the Pine Lodge program is not statistically significant, it does indicate that women in the Pine Lodge program who incurred a post-release conviction had a greater number of months between release and re-conviction.

**Exhibit 11. OLS REGRESSION, MONTHS FROM RELEASE TO CONVICTION**

<u>Variable</u>	<u>B</u>	<u>Beta</u>
White	-3.49	-0.19**
Age	0.40	0.32**
Drug Crime	0.24	0.01
Violent Crime	4.95	0.20**
Number of Previous Convictions	-0.22	-0.06
In Pine Lodge Program	2.07	0.11
F = 4.83	Number of Cases = 145	*p < 0.10
r <sup>2</sup> = 0.137		**p < 0.05

## 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 "New Horizons" therapeutic community include the integrity of the treatment program; its use of "senior" treatment program residents 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.

Weaknesses of "New Horizons" 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.

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” [15]. Further, “because therapeutic communities are physically and psychologically demanding, the dropout rate is high, especially in the first three months. 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” [57]. 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 [72], 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 [80], 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. [34] assert that "new prison-based therapeutic communities should start small and add clientele only after the program is well-established." Wellisch et al.[75], 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.

The literature on program completion for drug treatment programs is rather sparse. Martin et al. [45], in their analysis of three-year outcomes for CREST program participants in Delaware, note that "a number of clients who enter CREST do not stay more than one month." However, these researchers do not provide specific information regarding the actual number of clients who do not stay in the program more than one month, nor do they provide information on the characteristics of non-completers. They do report, however, that CREST completion rates are approximately 65 percent.

Hiller et al. [26] present one of the few studies that focus on treatment completion in their analysis of 339 felony probationers who were mandated to a six-month modified therapeutic community in lieu of imprisonment. They found that early dropout was related to cocaine dependence, a history of psychiatric treatment, unemployment before being assigned to treatment, and higher levels of depression, anxiety, and hostility. Dropout rates also were higher for probationers with deviant peer networks and lower ratings of self-efficacy.

Our findings indicate that, overall, more than 44 percent of Pine Lodge therapeutic community members successfully complete all phases of the treatment program. Younger women, non-White residents, and those convicted of violent offenses were less likely to complete the program. Women offenders who were admitted into "New Horizons" in its early period also were less likely to complete the program than those admitted in its later period—indicating that changes to the program over the years have been successful in improving retention rates..

While the literature on program completion is sparse, a great deal of research has focused on outcomes for drug treatment participants. Two recently published studies are of particular note here. Wexler et al. [83] reported on outcomes for a California therapeutic community, focusing on 478 participants who were at risk for at least 36 months. These 478 subjects consisted of 189 control and 289 "intent to treatment" subjects. The "intent to treatment" group consisted of three subgroups, each with different lengths of time in treatment: (1) 73 inmates who dropped out of the prison TC; (2) 154 who completed the in-prison TC, but either decided not to participate in aftercare or volunteered for aftercare and then withdrew within the first 90 days; and (3) 62 individuals who completed the aftercare component of the program. Wexler et al.'s [83] analyses showed that only slightly more than a quarter of the aftercare completers were returned to custody, compared with over three-quarters of the subjects in other treatment groups. In addition, increased amounts of treatment resulted in a greater number of days to reincarceration. Age was the only other independent variable related to three-year recidivism (in a negative

direction), with older subjects being less likely to recidivate. These findings are consistent with our analyses of outcomes for the Pine Lodge TC participants.

Knight et al.'s [37] study examined reincarceration records for 394 nonviolent offenders in an in-prison therapeutic community in Texas during the three years after release from prison. They found that those who completed both the in-prison therapeutic community program and aftercare were the least likely to be reincarcerated (25%) compared to the aftercare dropouts (64%) and those in comparison groups who did not receive treatment (42%). Similar to our outcomes data, Knight et al.'s [37] dependent variable of reincarceration did not include those who were convicted of a jail felony or of a misdemeanor offense.

Using a post-release conviction as an indicator of recidivism, our findings indicate positive outcomes for Pine Lodge treatment program participants. Compared to 30 percent of the control group women, just over 22 percent of women who spent at least some time in the Pine Lodge therapeutic community—and only 13 percent of women who completed the treatment program—were convicted of an offense after release. In other words, mere exposure to the treatment program leads to lower levels of recidivism, and completion of the program has an even greater impact on reducing recidivism. These positive effects of treatment program participation abate somewhat as the months past release increase—emphasizing the importance of appending a strong, and long-term, aftercare component to the “New Horizons” treatment program.

As this 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 rule-violating 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 approximately four years of intensive observation of components of the Pine Lodge therapeutic community and extensive review of program documents and records, several adjustments have been made to the program. We can safely say that, based on our observations to date, such “fine-tuning” has improved the treatment environment as well as likelihood of success for women offenders in the Pine Lodge therapeutic community.

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82. Wexler, H., G. Falkin, D. Lipton, and A. Rosenblau. 1992. "Outcome Evaluation of a Prison Therapeutic Community for Substance Abuse Treatment." Pp. 156-174 in C.G. Leukefeld and F.M. Tims (eds.), *Drug Abuse Treatment in Prisons and Jails*. NIDA Research Monograph 118. U.S. Department of Health and Human Services.
83. Wexler, H.K., G. Melnick, L. Lowe, and J. Peters. 1999. "Three Year Reincarceration Outcomes for Amity In-Prison Therapeutic Community and Aftercare in California." *The Prison Journal* 79:321-336.

**APPENDIX**

**HUMAN SUBJECTS RESEARCH APPROVAL**

Washington State University - Institutional Review Board ..... 1-15

Department of Corrections - Human Research Review Committee ..... 16-54



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 = Dretha  
Social & Economic Sciences Research Center, WSU Pullman (4014)

DATE: 28 August 2000

FROM: Misty Cato (for) Nancy Shrope, Administrative Manager

SUBJECT: Annual Review of Projects Involving the Care and Protection of Human Subjects

Your human subjects protocol titled "A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders" (IRB No. 3776), was last approved on: 5 October 1999. The approval is set to expire on 3 October 2000. Please provide a status report on this project by checking the appropriate box and following the instructions for that option.

- The project was never initiated, and I:  DO  DO NOT wish to renew the approval.  
[If checked, return this signed form to OGRD.]
- Data collection for the project was completed according to original protocol approved by the IRB.  
[If checked, return this signed form to OGRD.]
- Data collection for the project is still active and is being conducted according to the original protocol.  
[If checked, please provide a short summary of the work yet to be performed with this signed form and a copy of your current consent form(s) to OGRD.]  
Please indicate here when you expect this project to be completed: March 31, 2001
- The protocol is still active, and has been revised since last approved by the IRB.  
[If checked, please provide a complete account of the changes that have been made, a short summary of the work yet to be performed, a copy of your current consent form(s), and this signed form to OGRD.]

Upon receipt of the above information, the IRB will review requests for continuing approval and notify you by memorandum of the action taken. Protocols for projects that are completed or not renewed will be destroyed three years after the expiration date.

Dretha Phillips 08/31/00  
Investigator's Signature date IRB Approval Signature date

\*Return signed form and attachments to OGRD, Zip 3140. If you have any questions, please call Misty Cato at the Office of Grant and Research Development at 335-9661.

Review Category: FB OGRD No.: 90271 Funding Agency: NA

\*In keeping with the protocol and timeline approved by WSU and funded by NITJ, we continue to collect secondary (administrative) data on the program and its participants, and we are working on establishing



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  
Social & Economic Sciences Research Center, WSU Pullman (4014)

**FROM:** Misty Cato (for) Michael Hendryx, Chair, WSU Institutional Review Board (3140)<sup>MC</sup>

**DATE:** 18 September 2000

**SUBJECT:** Approved Annual Review of Human Subjects

The information provided for the annual review of your protocol titled "A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders," IRB Number 3776-b was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the IRB has given approval to continue your human subjects protocol for another year starting 5 October 2000.

The IRB approval indicates that the study protocol as presented in the Human Subjects Form by the investigator, is 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 human subjects participating in the study.

This approval expires on 4 October 2001. If any significant changes are anticipated to the study protocol you must notify the IRB and received approval before implementation.

In accordance with federal regulations, this approval letter and a copy of the approved protocol must be kept with any copies of signed consent forms by the researcher for **THREE years after** completion of the research.

This institution has a Human Subjects Assurance Number M1344 which is on file with the Office of Protection from Research Risks, National Institutes of Health. WSU's Assurance of Compliance with the Department of Health and Human Services Regulations Regarding the Use of Human Subjects can be reviewed on OGRD's homepage (<http://www.ogrd.wsu.edu/ogrd1/>) under "Electronic Forms," OGRD Memorandum #6.

If you have questions, please contact Misty Cato 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](mailto:ogrd@mail.wsu.edu). If materials are sent by email attachment, please make sure they are in a standard file type, (i.e., ASCII text [.txt], or Rich Text Format [.rtf]).

Review Type: REN  
Review Category: XMT  
Date Received: 3 September 2000

OGRD No.: 90271  
Agency: NA

*Final Report on the Program Evaluation of the Pine Lodge  
Pre-Release Residential Therapeutic Community for  
Women Offenders in Washington State*

Clayton MOSHER and Dretha PHILLIPS  
SESRC Research Report 01-33  
APPENDIX: Page 3



Washington State University

Office of Grant and Research Development

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

15 October 1999

Michelle-Marie Mendez  
Acting Human Subjects Protection Officer  
National Institute of Justice  
810 7th Street, NW  
Washington, DC 20531

Dear Sir or Madam:

RE: Proposal 99-7233-WA-IJ  
Grant 1999-RT-VX-K001

Proposal Titled: *A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders*

Prepared by: Clayton Mosher & Deretha Phillips

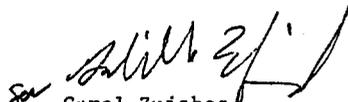
WSU-OGRD Number: 90271

WSU-IRB Number: 3776

The research involving humans proposed in the above referenced application submitted was approved by the Washington State University Institutional Review Board on 5 October 1999. This approval expires on 4 October 2000.

This institution has a Human Subjects Assurance on file with the Office for Protection from Research Risks, National Institutes of Health. The Assurance Number is M1344.

If you require additional information regarding the institutional endorsement of this research project, please contact the Office of Grant and Research Development, (509) 335-9661:

  
Carol Zuiches  
Director

**PARTICIPANT CONSENT FORM: CORRECTIONAL STAFF**  
**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-Vancouver  
Vancouver, WA 98686-9600  
360-546-9439

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 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 the Human Subjects Research Committee of the Department of Corrections 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.

\_\_\_\_\_  
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 \_\_\_\_\_

**PARTICIPANT CONSENT FORM: RESIDENT**  
**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-Vancouver  
Vancouver, WA 98686-9600  
360-546-9439

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 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 the Human Subjects Research Committee of the Department of Corrections 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. We also may contact you in the future, after your release from Pine Lodge, and ask if you are willing to talk with us again as part of a follow-up interview.

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: \_\_\_\_\_

WSU-IRB  
modification, per

*Dretha*



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 & Deretha Phillips  
Social & Economic Sciences Research Center, WSU Pullman (4014)

FROM: (for) Dennis Garcia, Chair, WSU Institutional Review Board (3140) *Dennis Garcia*

DATE: 5 October 1999

SUBJECT: Human Subjects Review

Your Human Subjects Protocol Form and the additional information provided for the proposal entitled "A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders," IRB File Number 3776-a was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the WSU-IRB approved your human subjects protocol on 5 October 1999.

IRB approval indicates that the study protocol as presented in the Human Subjects Form by the investigator, is 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 4 October 2000. If any significant changes are made to the study protocol you must notify the IRB before implementation.

In accordance with federal regulations, this approval letter and a copy of the approved protocol must be kept with any copies of signed consent forms by the researcher for **THREE** years after completion of the research.

If you have questions, please contact Nancy Shrope or Gabrielle Enfield 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](mailto:ogrd@mail.wsu.edu). If materials are sent by email attachment, please make sure they are in a standard file type, (i.e., ASCII text [.txt], or Rich Text Format [.rtf]).

Review Type: NEW  
Review Category: FB  
Date Received: 3 June 1999

OGRD No.: 90271  
Agency: NA

**PARTICIPANT CONSENT FORM: TREATMENT STAFF**  
**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-Vancouver  
Vancouver, WA 98686-9600  
360-546-9439

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 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 the Human Subjects Research Committee of the Department of Corrections 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.

\_\_\_\_\_  
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

Date \_\_\_\_\_

Participant's Printed Name: \_\_\_\_\_

FUG 23 1999 10:13AM WSU OGRD

P.2/2



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 & Deretha Phillips  
Social & Economic Sciences Research Center, WSU Pullman (4014)

FROM: (for) Dennis Garcia, Chair, WSU Institutional Review Board (3140)

DATE: 9 July 1999

SUBJECT: Human Subjects Review

Your Human Subjects Protocol Form and the additional information provided for the proposal entitled "A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders," IRB File Number 3776-a was reviewed on for the protection of the subjects participating in the study. Based on the information received from you, the WSU-IRB has conditionally approved your human subjects protocol. This indicates that albeit for some minor issues, the overall protocol meets the requirements for a project involving human participants.

Please respond in writing to the following concerns:

Modify consent form to inform subjects of the ongoing contact involved with the study.

This letter is not notification of approval. Approval is contingent upon satisfying the above. You will be notified of Final Approval after your response has been reviewed.

If you have questions, please contact Nancy Shrope or Gabrielle Enfield 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](mailto:ogrd@mail.wsu.edu). If materials are sent by email attachment, please make sure they are in a standard file type, (i.e., ASCII text [.txt], or Rich Text Format [.rtf]).

Review Type: NEW  
Review Category: FB  
Date Received: 3 June 1999

OGRD No.: 90271  
Agency: NA

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 material 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).
2. Documentation of Consent Procedures (one or more of the following):
  - a. Consent Form,
  - b. Verbal Consent Script,
  - c. Cover letter.
3. Any survey instruments or questionnaires to be used.
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.
6. Original must be single-sided and not stapled. Copies may be stapled and double-sided.

REVIEW TIMETABLE

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 OGI

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/](http://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](mailto: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: 4014

Status: Faculty  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-WSU; P.O. Box 644014; Pullman, WA 99164-4014

Project Title: A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders [OGRD #90271; SESRC #0328 PINO]

TYPE OF REVIEW: EXEMPT \_\_\_\_\_ EXPEDITED \_\_\_\_\_ FULL BOARD

Estimated data collection completion date: March 31, 2001

Is there, or will there be extramural funding that directly supports this research? YES  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 goal of this research is to provide a multi-dimensional outcomes evaluation of a prison-based residential therapeutic community that holds promise for ameliorating substance abuse among female offenders. Objectives to be met in support of that goal are (a) integration of the findings from the process evaluation [OGRD #80086], (b) definition of a meaningful comparison group, and (c) collection, construction, and analysis of traditional as well as innovative outcomes measures. This outcomes evaluation will obtain and analyze the same types of data (e.g., administrative records, interviews with program supervisors and program participants, observations of the community) as for the process evaluation [OGRD #80086]. From administrative records and secondary data, a comparison group of incarcerated women with a history of substance abuse who are not in the Pine Lodge program will be established to allow meaningful assessment of the relative efficacy of this residential therapeutic community. Primary data will be obtained by interviewing and observing treatment program residents and staff who have given written informed consent to participate in this research. Multivariate analyses will control for relevant variables, such as time period of residency as well as release, participant's motivation to change, and subsequent contact with the criminal justice system as well as with social services. Event history analysis will model the impact of sociodemographic variables, pattern of drug use, type of program termination, and length of program stay on the timing, duration, and sequence of drug use, arrest, and employment/unemployment episode the 24-month project period.

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  
 Interview: one-on-one focus group oral history other  
If you are using a survey or doing interviews, submit a copy of the survey items/ interview questions  
 Observation of Public Behavior: in classroom at public meetings other  
 Examination of Archived Data or Records: academic medical legal 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 \_\_\_\_\_

- B. Data: Anonymous \_\_\_ Confidential X 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 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 database before storage. (Also, 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.) The Privacy Certificate submitted with the proposal to NIJ makes clear that absolute confidentiality will be observed with regard to any and all data from this study. The study investigators are protected from having to reveal study data—even under subpoena—by U.S. Department of Justice Federal Rules 28 CFR Ch. 1, Part 22, Section 22.28 as well as by other federal and state legal codes statutes.

- C. Will video tapes \_\_\_ audio tapes \_\_\_ photographs \_\_\_ be taken? YES \_\_\_ NO X \_\_\_  
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: 100 Age Range: 18 yrs. and older  
2. How will subjects be selected or recruited?

Subjects will be all adult women offenders who currently resident or previously resided in the Pine Lodge therapeutic community. (The ma control group will be established through 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 permission to review their administrative records and to contact them after release.

3. Will subjects be compensated (include extra credit)? YES \_\_\_ NO X \_\_\_  
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                   | <u>X</u> | (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 X \_\_\_  
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 X \_\_\_ NO \_\_\_  
If yes, please justify the exclusion.

Male offenders will be excluded from the study pool because this is an outcomes evaluation of a residential therapeutic community specific designed for female offenders.

7. Is this study likely to involve any subjects who are not fluent in English? YES \_\_\_ NO X \_\_\_  
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 X \_\_\_  
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 a face-to-face interview and concerns that information gathered during the interview could be made available to and used by others.

To minimize these risks, only the Principal Investigators have been and will be on-site conducting interviews and observations. To prevent sensitive information from being used by others, any data collected will be stored in a secure office off-site. 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 a subject objects to any question, she may skip it and go on to the next one. Further, the subject may terminate the interview at any time 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 Investigators will either re-schedule for a better time or terminate the interview.

C. Will this study interfere with any subjects' normal routine? YES\_\_\_ NO\_X\_\_

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

To the extent that evaluation results indicate what program elements and participant characteristics increase the likelihood of successful treatment, the next generation of women offenders in residence at the Pine Lodge Pre-Release Therapeutic Community will enjoy drug-free (and, thereby, probably crime-free) post-release living. Pine Lodge treatment as well as correctional staff also will benefit from knowing "what works, what doesn't," and for whom. Even though therapeutic communities—especially ones in correctional settings—tend to be customized their target populations, it is expected that the results of this outcomes evaluation will have documentable value to practitioners and research around the country.

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\_X\_\_

B. Will any other drugs be used? YES\_\_\_ NO\_X\_\_

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\_X\_\_

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 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 \_\_\_\_\_ Print Name Clayton Mosher Date 06/02/99

Signature \_\_\_\_\_ Print Name Dretha Phillips Date 06/02/99

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 \_\_\_\_\_ Print Name John Tarnai Date 06/02/99

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 requires minimal review from the IRI. 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_X_ |
| 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_X_ |
| 3. Are any subjects confined in a correctional or detention facility?   | YES_X NO__  |
| 4. Are subjects used who may not be legally competent?  | YES__ NO_X_ |
| 5. Are personal records (medical, academic, etc.) used with identifiers <u>and</u> without written consent?   | YES__ NO_X_ |
| 6. Will alcohol or drugs be administered?   | YES__ NO_X_ |
| 7. Will blood/body fluids be drawn?   | YES__ NO_X_ |
| 8. Will specimens obtained from an autopsy be used?   | YES__ NO_X_ |
| 9. Will you be using pregnant women <u>by design</u> ?  | YES__ NO_X_ |
| 10. Are live fetuses subjects in this research?   | YES__ NO_X_ |

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 specimen 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\_X\_

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.

*Final Report on the Program Evaluation of the Pine Lodge  
Pre-Release Residential Therapeutic Community for  
Women Offenders in Washington State*

Clayton MOSHER and Dretha PHILLIPS  
SESRC Research Report 01-33  
APPENDIX: Page 16



STATE OF WASHINGTON  
**DEPARTMENT OF CORRECTIONS**  
OFFICE OF THE SECRETARY  
COMMUNITY PROTECTION UNIT  
P.O. Box 41127 • Olympia, Washington 98504-1127 • (360) 753-3606  
FAX (360) 586-9055

May 31, 2000

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

Dear Clayton and Dretha:

I am pleased to inform you that your proposal 'A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment for Women Offenders', was reviewed by the Department's Research Review Committee and approved by Secretary Joseph Lehman on May 26, 2000.

It is our understanding that you will adhere to the protocols outlined in your proposal. Any additional changes must be approved by Victoria Roberts in advance of the implementation of the change. In addition, you will need to send five copies of your paper and/or any publications derived from your research, and you will need to submit a three and a six month report on the progress and developments 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,

A handwritten signature in cursive script, appearing to read "Susan Kinsinger".

Susan Kinsinger  
Research Review Committee  
For  
Victoria Roberts, Chair  
Research Review Committee

cc: Maggie Miller-Stout

*"Working Together for SAFE Communities"*





Social and Economic Sciences Research Center

Wilson Hall 133  
PO Box 644014  
Pullman, WA 99164-4014  
509-335-1511  
FAX 509-335-0116

March 27, 2000

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, Multi-Dimensional Outcomes 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 next meeting. Please do not hesitate to contact me if I may provide additional information.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Dretha M. Phillips".

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  
Peggy Smith (w/o Encl)

**STATEMENT OF  
WASHINGTON DEPARTMENT OF CORRECTIONS  
OLYMPIA, WASHINGTON**

**APPLICATION INSTRUCTIONS**

Applicants are urged to consult with the Coordinator for Research Review [phone (360) 753-1678] on review requirements before completing and submitting their proposals. This is particularly important with respect to the number of proposal copies required for review.

**PROPOSAL FORMAT AND CONTENT REQUIREMENTS**

1. Proposals not involving subsequent submission to a federal, public, or private funding source must be submitted on the application forms provided in this Application Kit. Applications must be typed.
2. Proposals that are defined as Level 1 will be required to submit Forms A, B, D, and E. Proposals that are defined as Level 2 will be required to complete the entire package. The forms will be provided by the Department.

FORM A

STATE OF WASHINGTON  
DEPARTMENT OF CORRECTIONS  
OLYMPIA, WASHINGTON 98504

PROJECT APPLICATION

FACE SHEET

SUMMARY OF PROPOSED PROJECT

Project Title: A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders

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Project Director or  
Principal Investigator: Clayton Mosher, Ph.D. and Dretha Phillips, Ph.D.

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Sponsoring Agency  
or Organization: Washington State University  
Social and Economic Sciences Research Center (SESRC)  
funded by National Institute of Justice award number 1999-RT-VX-K001

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**Objectives:** The primary goal of the proposed project is to provide a multi-dimensional outcomes evaluation of the Pine Lodge program, which (based on the Co-Principal Investigators' process evaluation) holds promise for ameliorating substance abuse among female offenders. Key to achieving that goal will be meeting the supporting objectives of: (a) integration of the findings from the process evaluation, (b) definition of a meaningful comparison group, and (c) collection, construction, and analysis of traditional as well as innovative outcomes measures.

**Methods and Procedures:** The proposed outcomes evaluation will obtain and analyze the same types of data as for the process evaluation (i.e., administrative records, interviews with program supervisors and program participants, structured observations of the community). If and when available, data will be incorporated from the Washington sites of the national ADAM (Arrestee Drug Abuse Monitoring) project and from the Department of Social and Health Services. A comparison group of incarcerated women with a history of substance abuse who are not in the Pine Lodge program will be established to assess the relative efficacy of this program. Multivariate analyses will control for relevant variables, such as time of residency as well as release, participant's motivation to change, subsequent contact with the criminal justice system as well as with social services, etc. Event history analysis will model the impact of sociodemographic variables, pattern of drug use, type of program termination, length of program stay, etc., on the timing, duration, and sequence of drug use, arrest, and employment episodes.

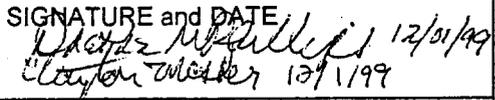
**Significance of this Project:** This project is one of only twenty sites in the country selected to be part of the national effort to evaluate prison-based residential therapeutic communities for substance abusers. It is one of only a dozen of those sites to be awarded a subsequent grant to conduct an outcomes evaluation. It is the only one whose subjects are women offenders.

FORM B

ADMINISTRATIVE INFORMATION SHEET

Title of Proposal: A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge  
 Pre-Release Residential Therapeutic Treatment Community for Women Offenders

To be completed by project director or principal investigator.

NAME and TITLE Clayton Mosher, Ph.D. Dretha Phillips, Ph.D.	SIGNATURE and DATE 
POSITION Assistant Professor, Sociology Senior Research Associate, SESRC	PERFORMANCE SITE Pine Lodge Pre-Release Facility Medical Lake, WA
MAILING ADDRESS Washington State University Social & Economic Sciences Res. Ctr. P.O. Box 644014--Wilson Hall 133 Pullman, WA 99164-4014	DATES OF PROPOSED PROJECT FROM:04/01/1999 THROUGH:03/31/2000 FUNDING SOURCE: National Institute of Justice 1999-RT-VX-K001
TELEPHONE HOME:  TELEPHONE OFFICE: 360-546-9439 509-335-1528	AMOUNT OF FUNDING REQUESTED:  \$99,566

FORM B (Continued)

<b>TO BE COMPLETED BY SPONSORING AGENCY OR ORGANIZATION</b> (University, Professional Organization, Public Agency, Commercial Research Firm, etc.)	
<b>NAME AND ADDRESS OF AGENCY OR ORGANIZATION</b> WASHINGTON STATE UNIVERSITY--Social & Economic Sciences Research Center For institutions or organizations with an accredited Human Subject Review Board(s) <sup>1</sup> :	
Name and Title of Human Subjects Review Director Approving this Application:	WSU has a Human Subjects Assurance (#M1344) on file with the Office for Protection from Research Risks, National Institutes of Health. The WSU Institutional Review Board operates under the Director, Office of Grant and Research Development (OGRD)
	Name & Title Carol Zuiches, Director, OGRD
	Signature & Date see pages iv-1 and iv-2
For institutions or organizations without an accredited Human Subjects Review Board:	
Name and Title of Official Authorized to Approve Research Applications	Signature & Date
<b>NOTE:</b> 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. <sup>2</sup>	
Name and Title of Department Chairperson Approving this Application	Type Name & Title
	Signature & Date

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

<sup>2</sup> Department chairpersons are urged to screen student proposals carefully with respect to conceptual methodological soundness and general feasibility.

*Dretha*



Office of Grant and Research Development

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

MEMORANDUM

TO: Clayton Mosher & Deretha Phillips  
Social & Economic Sciences Research Center, WSU Pullman (4014)

FROM: (for) Dennis Garcia, Chair, WSU Institutional Review Board (3140) *Dennis Garcia*

DATE: 5 October 1999

SUBJECT: Human Subjects Review

Your Human Subjects Protocol Form and the additional information provided for the proposal entitled "A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders," IRB File Number 3776-a was reviewed for the protection of the subjects participating in the study. Based on the information received from you, the WSU-IRB approved your human subjects protocol on 5 October 1999.

IRB approval indicates that the study protocol as presented in the Human Subjects Form by the investigator, is 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 4 October 2000. If any significant changes are made to the study protocol you must notify the IRB before implementation.

In accordance with federal regulations, this approval letter and a copy of the approved protocol must be kept with any copies of signed consent forms by the researcher for THREE years after completion of the research.

If you have questions, please contact Nancy Shrope or Gabrielle Enfield 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](mailto:ogrd@mail.wsu.edu). If materials are sent by email attachment, please make sure they are in a standard file type, (i.e., ASCII text [.txt], or Rich Text Format [.rtf]).

Review Type: NEW  
Review Category: FB  
Date Received: 3 June 1999

OGRD No.: 90271  
Agency: NA



Washington State University

Office of Grant and Research Development

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

15 October 1999

Michelle-Marie Mendez  
Acting Human Subjects Protection Officer  
National Institute of Justice  
810 7th Street, NW  
Washington, DC 20531

Dear Sir or Madam:

RE: Proposal 99-7233-WA-IJ  
Grant 1999-RT-VX-K001

Proposal Titled: *A Collaborative, Multi-Dimensional Outcomes Evaluation of the Pine Lodge Pre-Release Residential Therapeutic Treatment Community for Women Offenders*

Prepared by: Clayton Mosher & Deretha Phillips

WSU-OGRD Number: 90271

WSU-IRB Number: 3776

The research involving humans proposed in the above referenced application submitted was approved by the Washington State University Institutional Review Board on 5 October 1999. This approval expires on 4 October 2000.

This institution has a Human Subjects Assurance on file with the Office for Protection from Research Risks, National Institutes of Health. The Assurance Number is M1344.

If you require additional information regarding the institutional endorsement of this research project, please contact the Office of Grant and Research Development, (509) 335-9661.

  
Carol Zuiches  
Director

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

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A.	Personnel .....	\$53,198
	Co-Principal Investigators @ 20% x 24 mos. = \$45,674	
	Data Manager/Analyst @ \$18/hr x 418 hrs. = \$7,524	
B.	Fringe Benefits .....	\$13,831
	\$53,198 @ 26%	
C.	Travel .....	\$7,250
	Field interviews & On-Site observations x 8 trips = \$1,040	
	Obtain state-level data/consults x 4 trips to Olympia = \$3,624	
	Present preliminary results, professional meetings = \$2,586	
E.	Supplies .....	\$1,800
	Office supplies @ \$50/mo. x 24 mos. = \$1,200	
	Postage @ \$12.50/mo. x 24 mos. = \$300	
	Long-distance telephone @ \$12.50/mo. x 24 mos. = \$300	
G.	Consultants/Contracts .....	\$2,942
	w/Dr. Kabel, WA DSHS & ADAM @ \$60/hr x 40 hrs. = \$2,400	
	site visit by Dr. Kabel to Medical Lake from Olympia x 1 trip = \$542	
	Total Direct Costs .....	\$79,021
I.	Indirect Costs @ 26% .....	\$20,545
	negotiated off-campus rate because primary data collection occurs away from WSU-Pullman campus (on-campus = 45%)	
	TOTAL PROJECT COSTS .....	\$99,566

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.

*Margie Miller-Hunt* 12/15/99  
Signature of DOC Service Unit Administrator

FORM E

PROJECT DESCRIPTIONS  
INSTRUCTIONS

The expected detail, precision, and organization of project descriptions depend upon the nature and purpose of the proposed project activity. Activities designed to provide generalized knowledge through systematic investigation place the heaviest demands on description. Such project proposals must be detailed, precise, and must conform to established and accepted principles underlying the attainment of generalized knowledge.

1. Conceptual Introduction of Research Problem

An adequate exposition of the problem should state the questions asked and the reasons for asking them. Project purpose(s), objectives, and hypotheses should be clearly stated.

2. Project Design

- a. Sampling and subject selection. The proposal should speak clearly to the sampling rationale and sampling procedures of the project (including sample size). It should state what offenders or employees are required for participation. It should specify subject selection criteria and explain how subjects will be contacted for participation.
- b. Specification and discussion of proposed methods and procedures in relationship to project purposes, objectives, or hypotheses. This includes specification and description of research instruments such as questionnaires, surveys, structured interviews, observation methods, etc. Well established and accepted instruments of known validity and reliability need not be detailed beyond a general description and an assurance that they will be used in standard form. Instruments that are either not generally accepted or that are still in the developmental phase must be discussed and a copy must be appended to the proposal. If the instrument is to be developed during the project, the instrument must be submitted for independent human research review and approval after it has been developed and before it is administered to subjects.
- c. Specification of dependent, independent, and extraneous variables and data parameters. The proposal should discuss how variables will be controlled and what controls, if any, are not feasible for practical or other reasons; it should estimate realistically the likely effects of uncontrolled variables on project results; it should state clearly what data [are] to be obtained.

- d. Data analysis. Should specify planned statistical tests or comparisons and the relationship between the expected outcome of such tests and the project's purposes and/or hypotheses. Should specify alternate methods of analysis if project results violate assumptions of proposed methods.

3. Project Logistics

A description of the research plan and design in terms of a definite, closed time frame and in terms of specific working arrangements. Description should specify responsibilities and contributions of the applicant (and sponsoring agency, if any), those of staff at the departmental agency where the project is to be conducted, and those of any persons to be employed as part of the project team. Conditions of facility use, equipment use, and record access, if any, should be specified.

4. Significance of Proposed Project

- a. Professional proposals. Should contain a realistic estimate of areas likely to be affected by expected project results, both in terms of applied and basic knowledge. Of particular interest are program areas of the Department of Corrections.
- b. Student proposals. Graduate student research projects are considered professional learning experiences and are reviewed as such. Students and their academic advisors are strongly urged to tailor their proposals carefully to what the student may realistically hope to accomplish in light of likely time limitations and limitations in funds and experience.

FORM E (Continued)

PROJECT DESCRIPTION

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

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See following pages x-1 through x-16.

x

## 1. Conceptual Introduction of Research Problem

**Context of Proposed Evaluation.** In November of 1996, the Washington State Department of Corrections received funding<sup>1</sup> for the implementation of a holistic residential therapeutic treatment community for addicted female offenders. The overall need for substance abuse treatment 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 (see, e.g., Anglin and Speckart, 1988; Chaiken and Chaiken, 1990; Hunt, 1990; Inciardi, 1986). 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 prior to their incarceration. Data collected by the National Institute of Justice's Drug Use Forecasting (DUF)<sup>2</sup> Program indicate that a large proportion of arrested offenders test positive for drug use; for example, 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 in 1996. In addition to constituting a significant percentage of first-time arrestees, substance abusers also are represented disproportionately among recidivists who are responsible for a disturbing amount of criminal activity (see, e.g., Early, 1996).

Although drug offenses constitute only 7 percent of the charges for which women are arrested and approximately 12 percent of the crimes for which they are incarcerated, these data do not adequately capture the extent of drug involvement by women offenders. For example, DUF data (1997) indicate that more than half of the women who come into contact with the criminal justice system in DUF sites test positive for drugs. Data from Washington state, the location of the proposed project, indicate that substance abuse also is a significant problem among female offenders. Of the 865 women incarcerated in the state prison system in 1996, fully 70 percent were assessed as having a chemical dependency problem.

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 (Anglin and Hser, 1990; Anglin and McGlothlin, 1988; De Leon, 1985; Field, 1989; Harwood, Hubbard, Collins and Rachal, 1988; Hubbard, Marsden, Rachal, Harwood, Cavanaugh and Ginzburg, 1989; Inciardi, Martin, Lockwood, Hooper and Wald, 1992; Inciardi, Martin, Butzin, Hooper and Harrison, 1997; Knight, Simpson, Chatham and Camacho, 1997; Lipton, 1995, 1998; Mathias, 1998; Simpson and Friend, 1988; Tunis, Austin, Morris, Hardyman and Bolyard, 1996; Wexler and Williams, 1986; Wexler, Falkin and Lipton, 1990; Wexler, Falkin, Lipton and Rosenblum, 1992), there is a large discrepancy between the number of individuals in the criminal justice system who need treatment and the number of available

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<sup>1</sup>This funding was provided through the Residential Substance Abuse Treatment for State Prisoners (RSAT) Formula Grant Program, administered by the Office of Justice Programs' Corrections Program Office, United States Department of Justice.

<sup>2</sup>The decade-old DUF program has been re-designed, re-named to the ADAM (Arrestee Drug Abuse Monitoring) program, and expanded to a total of 35 sites in 1998. The proposed outcomes evaluation will utilize ADAM data from the two Washington sites (Seattle and Spokane) as innovative measures of program results.

treatment slots (Gerstein and Harwood, 1990; Harlow, 1991; Hser, Longshore and Anglin, 1994; U.S. General Accounting Office, 1991). The Center for Addiction and Substance Abuse at Columbia University estimates that states spend an average of 5 percent of their annual prison budgets on drug and alcohol treatment. In 1997, the federal government spent \$25 million, or 0.9 percent, of the federal prison budget on drug treatment programs (National Center on Addiction and Substance Abuse, 1998). And, as inmate populations and the number of inmates in need of treatment has risen, the proportion receiving drug treatment has declined.

This lack of programming for substance abusing offenders is perhaps even more problematic when considering female inmate populations (Miller, 1984; Tunis et al., 1996; Wellisch, Prendergrast and Anglin, 1994; Wexler and Williams, 1986). Although there certainly are more treatment programs available for women than existed in the 1970s, the most recent national survey (1992-1993) of drug abuse treatment programs for women offenders note that many women who need these services do not receive treatment (Wellisch et al., 1994; see also Clement, 1997).

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 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 (see, esp., Marsh and Miller, 1985). Women substance abusers also are more likely to be diagnosed with psychiatric problems (Jainchill, De Leon and Pinkham, 1986). Unfortunately, in many cases, treatment programs for women have been "cloned" from programs implemented for male offenders and then provided to women offenders without consideration of whether they are appropriate for women (Koons, Burrow, Morash and Bynum, 1997). Many existing programs likewise do not address the multiple problems of drug-abusing women (Wellisch et al., 1994).

While it is generally the case that "research on the effectiveness of treatment alternatives for criminal justice clients has lagged behind the implementation of new programs" (Inciardi et al., 1997),<sup>3</sup> the situation is even more dire in the case of women offenders. For example, a 1985 review of the impact of substance abuse treatment on women offenders discovered only four studies that analyzed treatment outcomes specifically for women, only two of which were evaluations of women-only programs (Marsh and Miller, 1985). A comprehensive search by the Applicants of the extant treatment outcomes literature revealed that the nearly decade-and-a-half since that review still has yielded no more recent published data on the effects of such programs on female offenders.<sup>4</sup> Further, whether they are directed toward males or, far less often, toward females, "assessments of program effectiveness have been more process than outcome oriented

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<sup>3</sup>In an exception that proves the rule, Knight et al. (1997) provide one of the more detailed evaluations of therapeutic communities published to date. They note that graduates from a TC in Texas show substantial decreases in drug use and are far less likely than matched controls to engage in drug offenses and illegal activities

<sup>4</sup>Although not reporting detailed data on the limited number of female graduates in the "Stay 'N Out" program in New York, Wexler et al. (1992) note that there were no significant differences between male and female graduates--thus suggesting that the generally positive outcomes for males would apply to females as well.

and have not incorporated multiple outcome criteria" (Inciardi et al., 1997).<sup>5</sup> The proposed outcomes evaluation is designed to address both deficiencies, by providing a multi-dimensional outcomes evaluation of the Pine Lodge therapeutic community for women offenders.

**Description of Program to be Evaluated.** The Pine Lodge program consists of five phases, as described below. The total amount of time for inmates to complete the program is approximately 9 to 12 months, which the treatment literature indicates is the optimal duration for treatment (Anglin and Hser, 1990; De Leon, 1984; Inciardi et al., 1992; Lipton, 1998).<sup>6</sup> Participants must demonstrate compliance with certain criteria in order to petition to progress through these phases. The staff at Pine Lodge "chronoscreen" data on each participant in the program, which records individual histories, progress through the program, rule infractions, and results of urinalysis.<sup>7</sup> Similar to other therapeutic communities, the program relies on 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.

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 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

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<sup>5</sup>An example here is that female clients who graduated from the therapeutic community evaluated by Cuskey and Wathey (1982) complained that the treatment approach was too rigid, pressured, and dehumanizing.

<sup>6</sup>Note, however, that Wexler et al. (1992) report a decline in positive outcomes for clients who remained in the "Stay 'N Out" program for more than 12 months, a finding they attribute to the fact that such inmates may have been denied parole, leading to frustration and disappointment. The proposed outcomes evaluation will assess this issue by including length of time in the program and correctional status as control variables.

<sup>7</sup>Ten percent of inmates are urine-tested (for cause and randomly) each month for marijuana, cocaine, opiates, benzodiazepines, propoxyphene, barbiturates, amphetamines, and alcohol.

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.

**Pine Lodge Program Participants and Staff, 11/96-05/98.** The profile that follows is based on preliminary findings from the Applicants' current process evaluation, which in its final form will be the foundation for as well as be integrated with the proposed outcomes evaluation.

The Pine Lodge Therapeutic Community, with a capacity of 72 inmates, began accepting women in November of 1996. As of May of 1998, a total of 135 women had undergone orientation to the program, 97 had begun treatment, and 19 had completed the program.<sup>8</sup> Although this represents only about 20 percent of those who began treatment, the graduation rate has increased impressively since the first year of the program--as would be expected given the length of the treatment program (see Appendix for D.O.C. Monthly Summary Report). The treatment supervisor reports that after the first year of the program, collaboration between facility and contract (read: correctional and treatment) staff has improved, and general programming needs have been identified and addressed. In addition, the program has benefited from the more senior residents' influence on the more recent entrants to the program. Our preliminary

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<sup>8</sup>The treatment supervisor notes in her September 1997 report that, while many women may be referred to the program, they are not formally admitted to the program until they complete Phase One and enter Phase Two.

observations of program components (as part of the current process evaluation) have confirmed the treatment supervisor's comments on the positive role of the "mentors."

Consistent with the literature on women substance abusers referred to earlier, over half of the women in the Pine Lodge program have significant psychiatric problems that can impede substance abuse treatment. Multi-cultural issues may alter treatment outcomes as well, in that factors contributing to addiction and its prevention differ across ethnic groups (see, e.g., Freeman, 1992; Tucker, 1985) and minority group status has been found to significantly affect treatment retention (Brown and Thompson, 1985). About 69 percent of the women admitted in the first five quarters of the Pine Lodge program were Caucasian, 18 percent were African-American, and 13 percent were of Hispanic origin.

In most cases, the women offenders are committed to Pine Lodge involuntarily. Given the suggestion that offenders who are coerced into treatment tend to remain longer than those who voluntarily commit to it (see Inciardi et al., 1992), this feature of the program becomes an important dimension in assessing the impact of length of time in the program on outcomes. It also has come to our attention that there exists a "body of folklore" (Inciardi et al., 1992) about the Pine Lodge therapeutic community that may render treatment more difficult. Determining the content, modes of transmission, and effects of that folklore is an innovative aspect of the proposed study.

Although much of the evaluation literature suggests that prison-based therapeutic communities should be physically and socially separated from the rest of the penitentiary population (see, e.g., Inciardi et al., 1992; Lipton et al., 1992), the structure of the Pine Lodge facility makes this impossible. However, similar to the "Stay 'N Out" programs in New York state (see Wexler and Williams, 1986), inmates are housed in a separate dormitory, treatment areas are isolated from the rest of the institution, and therapeutic community members have only occasional contact with other inmates at meals.<sup>9</sup>

While this program is not yet operating to its capacity of 72 inmates, some evaluation studies suggest that new therapeutic communities should start small and add clientele only after the program is well-established (see, e.g., Inciardi et al., 1992). In a recent visit to the facility, the benefits of the relatively small size of this program were manifest. We observed four petitions by inmates to progress to higher phases of the program and were impressed by the information each of the three staff members participating could provide regarding each inmate. It is possible that if the program were at its full capacity, such intimate knowledge of each inmate would be compromised, with arguably negative effects on treatment.

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<sup>9</sup>Therapeutic community residents who have any communication with offenders in the general population at Pine Lodge are "infracted" by custody staff.

It has been argued that in corrections-based therapeutic communities,<sup>10</sup> a combination of recovering addicts and professional staff will be most successful (see, e.g., Inciardi et al., 1992; Wexler and Williams, 1986).<sup>11</sup> Unlike several other therapeutic community programs in the United States, the Pine Lodge program does not employ ex-inmates as staff because of employment restrictions imposed by the Washington State Department of Corrections. The Pine Lodge program thus departs from what the literature suggests is the ideal structure. Yet, it is possible that the absence of ex-addicts and prisoners in treatment roles may reduce resistance to the program by custody officers, which is an under-researched factor in the success of such programs.

The treatment supervisor has shown an impressive ability to deal with the demands of having to be accountable to three state agencies (the Department of Community, Trade, and Economic Development, the Division of Alcohol and Substance Abuse, and the Department of Corrections) and to modify the program to meet client needs. For example, she notes in her report of September 1997 that, although the original grant proposal specified four phases of on-site treatment, an additional phase was added to address problems associated with the rates at which offenders progress through treatment. Some women were completing the program before their release date, which meant they would serve their remaining sentence (up to 6 months) in the general population, thereby undermining the benefits associated with pre-release treatment. The treatment supervisor's knowledge, enthusiasm, and dedication is mirrored in the rest of the treatment staff at Pine Lodge; the entire treatment team clearly is committed to the progress of inmates through the program.

It also is evident that the women in the program are appreciative of the staff's efforts. During a recently observed community meeting, the inmates presented a "homemade," creative card--signed by the majority of them--to a staff member who was leaving Pine Lodge (for another correctional facility in the state) to wish him the best in his new position. At the close of the community meeting, many of the women approached the staff member to thank him personally. Inmate appreciation also was manifested in observed petition meetings. For example, one woman who was petitioning to move from Phase III to Phase IV thanked the staff profusely (and, in our judgment, sincerely) for helping her to progress through the program. Following staff discussion of her progress and the decision to allow her to enter Phase IV, she returned to the meeting room and was presented with an orange badge signifying her admission to this phase. She accepted it with gratitude and the comment that "more people need to experience this kind of program."

There also is independent evidence of the successes of the Pine Lodge therapeutic community in

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<sup>10</sup>Some important features of therapeutic communities cannot be implemented in a correctional facility. For example, traditional, non-prison-based therapeutic communities rely on elaborate reward and punishment systems to acknowledge positive progress through the program or to punish relapses and other violations (Wexler and Williams, 1986). Prison-based therapeutic communities, including the Pine Lodge program, cannot provide these. However, it is notable that graduation "ceremonies" are conducted at Pine Lodge.

<sup>11</sup>This argument appears most often in the debate over "democratic" versus "programmatically" therapeutic community models.

changing inmates' attitudes and behaviors. For example, instructors in the educational programs at Pine Lodge report that therapeutic community residents are more positive in classes, more task-oriented, and more respectful toward the instructors than most other offenders in the facility. Additional evidence regarding the promise of this program can be found in a 1997 consultant's report on the facility:

There are several supports in place at the facility that interface well with the therapeutic community. The most obvious is that the entire unit is dedicated to treatment. . . . There seems to be no question of whether treatment should be done, but rather what is the best way to accomplish goals . . . . The facility itself is conducive to a community environment (Report of Onsite Technical Assistance, 1997).

**Goal and Objectives of Proposed Evaluation.** In short, the preliminary findings from the Applicants' process evaluation indicate that the Pine Lodge therapeutic community for substance-abusing women offenders is a promising program. However, whether the promise embodied in the process will be fulfilled in the outcomes of the program remains to be seen. Thus, the **primary goal** of the proposed project is to provide a multi-dimensional outcomes evaluation of the Pine Lodge program. Key to achieving that goal will be meeting the **supporting objectives** of: (a) integration of the findings from the process evaluation, (b) definition of a meaningful comparison group, and (c) collection, construction, and analysis of traditional as well as innovative outcomes measures.

## **2. Project Design**

The proposed project is designed to achieve the primary goal as stated above, with data collection driven by the supporting objectives. Thus, this multi-dimensional outcomes evaluation of the Pine Lodge therapeutic community for female offenders will be based on information from the process evaluation, a comparison group of inmates, and indicators of program effectiveness.

**Process Evaluation Data.** Wexler and Williams (1986) have identified three key impediments to successful treatment--institutional resistance, the severity of inmate problems, and various inadequacies in the program itself--indicators of which are included in the Applicants' process evaluation. Further, Posavac and Carey (1992:49) note that some evaluators have avoided personal exposure to the programs they are evaluating in a "misguided search for objectivity." Exclusive reliance on quantitative data derived from surveys and administrative records can lead to serious error. Again, a key dimension of the Applicants' process evaluation has been on-site interviews with program staff and participants as well as observations of their interactions at program events. Finally, Moos (1988) has highlighted the fact that treatment program environments are dynamic systems comprised of four domains: the physical features of the facility; organizational policies and services; suprapersonal factors, related to the aggregate characteristics of individuals in the program; and the larger social climate of the program. Such

dynamic systems call for non-static approaches to program evaluation,<sup>12</sup> so in addition to integrating findings from the process evaluation, then, the proposed outcomes evaluation will include ongoing process data collection. Among the elements to be monitored are how staff changes in both the treatment and custody personnel, new inmates entering the program, and macro-level environmental changes connected to larger political issues affect the structure of the program and, ultimately, the outcomes for program participants. Data on these elements will be collected through on-site interviews and observations, program admits, discharges and infractions, and the treatment supervisor's reports.

**Comparison Group Data.** An appropriate comparison group of women offenders will be established from two sources: (1) administrative records on women who were eligible for the Pine Lodge program, but were not transferred into it; and (2) facility records and reports on women who were dismissed from or dropped out<sup>13</sup> of the Pine Lodge program. The question to be answered here, of course, is whether drug-involved women offenders who complete the Pine Lodge program evidence more positive outcomes post-release than those who do not complete it.

**Program Effectiveness Data.** The proposed outcomes evaluation will utilize traditional and innovative measures of program effectiveness as well as of the factors that might affect it. For example, the **location** of the Pine Lodge facility is a potentially important aspect of success. The therapeutic community for women offenders in Washington State originally was to be placed on the west side of the state, near the major urban centers of Seattle and Tacoma, where the majority of offenders commit their crimes. However, due primarily to a lack of available in correctional facilities on the west side, the program was placed on the east side of the state in Medical Lake, at the Pine Lodge Pre-Release Facility. One aspect of the proposed outcomes evaluation, then, is to examine whether removing offenders from their environments impedes or improves their treatment progress and how or whether being in Spokane affects aftercare issues. Although some research indicates that the environmental changes associated with relocation of incarcerated offenders may lead to depression, anxiety and anger (Bowman, 1997), it is an empirical question as to whether relocation may be therapeutic in the long run inasmuch as it may serve to remove offenders from their criminogenic networks.

The lengthy **residential phases** of the Pine Lodge therapeutic community certainly is a positive aspect of the program, according to much of the literature cited here. However, while it seems true that longer residential phases are advantageous in terms of separating the individual from a drug-using environment, they also can serve to insulate the offender from a variety of stressors and triggers, thereby fostering a false sense of security (Zweben, 1986). Likewise, a focus on **aftercare** is consistent with the literature, NIJ philosophies, emerging effective programs such

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<sup>12</sup>As a recent review of substance abuse treatment programs noted, far more work is needed to identify the effects of institutional or system factors on treatment outcomes (Tunis et al., 1996).

<sup>13</sup>Data collected up to this point indicate that the majority of inmate dropouts from the Pine Lodge program occurs during the first 30 days of treatment, which is consistent with much of the therapeutic community evaluation literature (see, e.g., Zweben, 1986).

as CREST in Delaware (Mathias, 1998; Nielsen and Scarpitti, 1997), and with research that finds that offenders who have the longest period of parole<sup>14</sup> supervision are most likely to complete the programs (Pearl, 1998). However, much of the literature indicates that aftercare is one of the most problematic aspects of implementation (see, e.g., Inciardi et al., 1992): "Attempts at bridging [the gap between prison programs and postrelease continuity of care procedures] are typically hampered by the limited scope of programs that lack the resources and/or the motivation to scale the prison walls" (Wexler and Williams, 1986:224). The proposed outcomes evaluation will utilize data on length of residency in the program as well as availability and type of aftercare services, especially as they might interact with the location of the program, as factors influencing treatment outcomes.

In many studies, successful client **outcomes** in drug abuse treatment have been defined narrowly in terms of **abstinence, avoidance of arrest** and, in some cases, **employment**. Yet, tendencies toward criminality may be functionally autonomous from substance abuse, perhaps persisting after addiction is controlled. As Marsh and Miller (1985:1006) have suggested, "problems with classic outcome measures in drug abuse treatment, particularly when applied to women, are problematic more for what they do not measure than for what they do." Additional outcomes, specifically relevant to the experience of women--such as **legal status, relationships with children, and job skill development**--will be included in the proposed evaluation.

Data on treatment program outcomes will be collected from three sources. One source will be **follow-up interviews**, conducted on a quarterly basis throughout the 24-month project period, with graduates of the Pine Lodge program. Informed consent from program participants to contact them post-release will be obtained during visits to the facility as part of the process evaluation and prior to their graduation. The other two sources of outcomes data are available through the unique collaboration enjoyed by the proposed evaluation. All individuals who come into contact with the Washington State criminal justice system are given an identification number that stays with their files throughout the state. It is possible, then, to track women offenders through their **contacts** not only with the **criminal justice** system, but also with any state **social services** agency. Again, we expect to obtain informed consent from Pine Lodge participants to utilize their state identification number in assessing the effects of the program. Finally, the NIJ-funded **ADAM** (Arrestee Drug Abuse Monitoring) project, recently implemented in Seattle and Spokane, provides an innovative indicator of program effectiveness. By asking only one extra question of female arrestees who say that they have been in treatment for substance abuse, i.e., "where did you receive that treatment," an independent, statistically sound estimate of **re-arrest rates** as well as **substance use relapse** among Pine Lodge graduates may be calculated.

In establishing criteria for successful outcomes, the proposed evaluation will be sensitive to the following caveats. First, regardless of how it is defined, "complete" success from substance abuse treatment programs in prisons is an unrealistic expectation. As the National Task Force on Correctional Abuse Strategies (1991:7) has noted: "Because of other problems, a high failure rate with difficult offenders may occur even when the substance abuse program is working well.

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<sup>14</sup>Washington State no longer has parole.

Similarly, a low failure rate may simply mean the program has screened out the most difficult offenders." And, the latent effects of in-prison substance abuse programs--such as reductions in a variety of behavioral problems among offenders in treatment housing units (Tunis et al., 1996)--may be viewed as equally positive outcomes. Second, if a treatment intervention postpones recidivism, this can be seen as a success. From a public policy perspective, criminal justice costs are avoided; for the offender, delayed recidivism may represent an extended period of comparative health. Third, occasional and minor relapses into substance use likely are the norm rather than the exception (see, e.g., Inciardi et al., 1997),<sup>15</sup> and not all relapses necessarily lead to continued drug use (Wells et al., 1988b). Abstinence is by no means a static quality; indeed, recovery may be better conceptualized as a process, not an outcome or event (see Tunis et al., 1996).

#### **Dependent and Independent Variables and Data Sources.**

##### Dependent Variables

- ▶ drug relapse
- ▶ criminal recidivism

##### Independent (Program-Related) Variables

- ▶ characteristics of phases under which inmate entered and graduated
- ▶ voluntariness of admission to therapeutic community
- ▶ length of time in each phase
- ▶ placement/support upon graduation

##### Independent and Control Variables

- ▶ age
- ▶ ethnicity/race
- ▶ education
- ▶ dependents
- ▶ region of former residence
- ▶ social services dependency/contacts
- ▶ employment status
- ▶ treatment history
- ▶ criminal record

##### Data Sources

- ▶ administrative records
  - from Pine Lodge (both treatment and custody)
  - Dept. of Social & Health Services (DSHS)
  - DSHS-Division on Alcohol and Substance Abuse (TARGET data)
  - D.O.C. offender tracking data
- ▶ on-site observations
- ▶ interviews with current residents and treatment as well as corrections staff
- ▶ interviews with released/graduated women offenders

**Data Analysis and Dissemination of Results.** Multivariate analyses will be performed on the data collected and compiled in the proposed outcomes evaluation. Among the relevant variables to be controlled for are time period of residency as well as release, participant's motivation level, prior patterns of drug involvement, changes in as well as program resistance among program staff, and location of the facility. Event history analysis will be employed to model the effect of sociodemographic characteristics, pattern of drug use, type of program termination, and length of

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<sup>15</sup>Similarly, Hunt, Barnett and Branch (1971) as well as Hunt and Bespalec (1974) indicate that approximately two-thirds of individuals completing treatment for alcohol, heroin, or tobacco dependence relapse within 90 days of discharge from treatment.

program stay--among other independent variables--on the timing, duration, and sequence of drug-use relapse, re-arrest, and employment episodes in the 24-month project period.

In addition to quarterly progress reports, the Investigators will deliver a **final report** to NIJ. The **final report** will include an executive summary; correlation tables and other documentation for all statistical analyses; a textual summary (20-30 pages) of the findings; and recommendations for future analyses as well as policies. The Investigators also plan to present pertinent findings at the annual meetings of an appropriate professional association.

#### **4. Project Logistics**

The proposed evaluation is to commence April 1, 1999, and to terminate March 31, 2001.

Apr. 1-June 30, 1999:	Strategy session w/Collaborators at Pine Lodge Obtain human subjects research approval for project Conduct 1 <sup>st</sup> -quarter interviews with graduates Collect pertinent ADAM data
July 1-Dec. 31, 1999:	Conduct 2 <sup>nd</sup> - and 3 <sup>rd</sup> - quarter interviews with graduates Collect pertinent ADAM data Compile data on comparison group(s)
Jan. 1-Mar. 31, 2000:	Prepare and submit interim report to NIJ Submit paper proposal to professional society Conduct 4 <sup>th</sup> -quarter interviews with graduates Collect pertinent ADAM data Compile data on comparison group(s)
Apr. 1-Dec. 31, 2000:	Conduct 5 <sup>th</sup> -, 6 <sup>th</sup> - and 7 <sup>th</sup> -quarter interviews with grads Collect pertinent ADAM data Compile data on comparison group(s) Prepare and present paper on preliminary findings
Jan. 1-Mar. 31, 2001:	Collect 8 <sup>th</sup> and final-quarter of all data Conduct data analyses Prepare and submit final report for NIJ

## **5. Significance of Proposed Project**

In keeping with the primary goal, the principal benefits of the proposed outcomes evaluation are expected to accrue most immediately to the next generation of women offenders in residence at the Pine Lodge Pre-Release Therapeutic Community. To the extent that evaluation results indicate what program elements and participant characteristics increase the likelihood of successful treatment, these women will enjoy drug-free (and, thereby, probably crime-free) post-release living. Pine Lodge treatment as well as correctional staff also will benefit from knowing "what works, what doesn't," and for whom. Even though therapeutic communities--especially ones in correctional settings--tend to be customized to their target populations, it is expected that the results of the proposed outcomes evaluation will have documentable value to practitioners and researchers around the country.

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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 Clayton Mosher, Ph.D. (Co-Principal Investigator)	Title Assistant Professor	Birthdate September 11, 1961
Name and Address of Employing Agency or Organization Department of Sociology Washington State University - Vancouver 14204 NE Salmon Creek Avenue Vancouver, WA 98686		
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 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. <u>Discrimination and Denial: Systemic Racism in Ontario's Legal and Criminal Justice System.</u> Toronto: U. of Toronto Press. 1996. "Minorities and Misdemeanors: The Treatment of Black Public Order Offenders in Ontario's Criminal Justice System." <u>Canadian Journal of Criminology</u> 38:413-438. 1994. "Constituting Class and Crime in Upper Canada: The Sentencing of Narcotics Offenders, Circa 1908-1953." <u>Social Forces</u> 72:613-641. (w/John Hagan) 1987. "Case Law and Drug Convictions: Testing the Rhetoric of Equality Rights." <u>Criminal Law Quarterly</u> 29:487-511.		

FORM F

BIOGRAPHICAL INFORMATION

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

Name Dretha Phillips, Ph.D. (Co-Principal Investigator).	Title Senior Research Associate	Birthdate October 26, 1951
Name and Address of Employing Agency or Organization Social and Economic Sciences Research Center Washington State University Wilson Hall 133 - P.O. Box 644014 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 SESRC in 1996, after having served 13 years as a faculty member and department chair at Roanoke College in Virginia. In addition to teaching and administration, 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' 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 and Pacific Sociological Associations, and Washington Council on Crime & Delinquency. She serves on the Research Subcommittee of Washington State's Division on 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. 1997. Impact Evaluation of Washington State's 1996 Summer Youth Program. SESRC Technical Report 97-53. 1997. Attitudes Toward Washington State's Community Notification Act. 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> . NY: Greenwood Press. 1985. "Defensive Attribution of Responsibility in Juridic Decisions." <i>J. of Applied Social Psychology</i> 15:483-501. 1982. "Gender Ascription and the Stereotyping of Criminal Deviants." <i>Criminology</i> 20:431-448. (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.

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Possible risks from the proposed evaluation to the rights and welfare of the women offenders in the Pine Lodge therapeutic community include embarrassment and fear that the information will be used against them in some fashion. Provisions to minimize these risks include not recording nor even speaking aloud the inmate's name, making sure that interviews conducted in "non-group" settings are out of ear-shot of anyone other than the Investigators, storing all data in locked and/or password-secured cabinets and computer files, and reporting evaluation data in aggregate form only so that no individual can be identified.

Methods to obtain informed consent from the women offenders in the Pine Lodge therapeutic community include introducing the Investigators then describing the evaluation study in a group setting, taking special care to emphasize the voluntariness and confidentiality of the inmates' participation, and inviting questions in that group setting. Following an opportunity to ask their questions in individual sessions, Pine Lodge residents, treatment personnel and facility staff who agree to participate are given a copy of the signed Informed Consent form. The Informed Consent form (see pages xv-1, xv-2, xv-3) provides a written description of the study as well as information on how to contact the Investigators should they have further questions.

This study has been designed to minimize potential risks to the women offenders, and, by approving it, Washington State University's Institutional Review Board has certified that it meets if not exceeds Federal guidelines for the protection of human subjects. Benefits from the study are expected to accrue most immediately to the next generation of women offenders in residence at the Pine Lodge Pre-Release Therapeutic Community. To the extent that evaluation results indicate what program elements and participant characteristics increase the likelihood of successful treatment, these women will enjoy drug-free (and, thereby, probably crime-free) post-release living. Pine Lodge treatment as well as correctional staff also will benefit from knowing "what works, what doesn't," and for whom.

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 [in] 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[s]? 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.

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See pages xv-1, xv-2, and xv-3 for "Participant Consent Form" for the proposed project.

**PARTICIPANT CONSENT FORM: RESIDENT**  
**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-Vancouver  
Vancouver, WA 98686-9600  
360-546-9439

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 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 the Human Subjects Research Committee of the Department of Corrections 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. We also may contact you in the future, after your release from Pine Lodge, and ask if you are willing to talk with us again as part of a follow-up interview.

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: \_\_\_\_\_

WSU-IRB  
modification, per

**PARTICIPANT CONSENT FORM: CORRECTIONAL STAFF**  
**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-Vancouver  
Vancouver, WA 98686-9600  
360-546-9439

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 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 the Human Subjects Research Committee of the Department of Corrections 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.

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\_\_\_\_\_ 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: \_\_\_\_\_

*Final Report on the Program Evaluation of the Pine Lodge  
Pre-Release Residential Therapeutic Community for  
Women Offenders in Washington State*

Clayton MOSHER and Dretha PHILLIPS  
SESRC Research Report 01-33  
APPENDIX: Page 54

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

Clayton Mosher, Ph.D., Co-Principal Investigator  
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Washington State University-Vancouver  
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Dretha Phillips, Ph.D., Co-Principal Investigator  
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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 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 the Human Subjects Research Committee of the Department of Corrections and is funded by the National Institute of Justice.

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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: \_\_\_\_\_