

————— **Research Report** —————

**The Women Offender Substance Abuse
Programming: Interim Research Report**

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**The Women Offender Substance
Abuse Programming: Interim Research Report**

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This report is a product of many efforts including those of the women offenders whose voices helped shape the Women Offender Substance Abuse Programming (WOSAP) and whose participation has turned their vision into a reality. To the dedicated facilitators who delivered the program, appreciation is extended for the experience they brought to the program, for their administration of assessment material and for their feedback, all of which served to strengthen and solidify the various stages of the demonstration period. The Implementation and Advisory Committees provided guidance and invaluable assistance regarding all aspects of implementation. Many regional and national headquarters staff dedicated their time and expertise in getting WOSAP off the ground. We thank Derek Lefebvre for his generous assistance with the development of data sets and analyses and Dan Kunic for generating the databases used for this study. Ellen Jones provided direction regarding implementation and quality assurance issues, sharing her experience in both programs and operations. Finally, to the staff of the Addiction Research Centre, for their support and assistance we extend our appreciation and thanks.

EXECUTIVE SUMMARY

Substance abuse continues to be a significant concern for correctional agencies in Canada and around the world with estimates of substance abuse problems reaching as high as 80% for men and women offenders (Grant, Kunic, MacPherson, McKeown & Hansen, 2003). Research indicates that this problem can be addressed in part by well-designed, evidence-based substance abuse treatment programs that result in reductions in recidivism (Dowden & Blanchette, 1998; Grant, et al., 2003; T3 Associates, 1999).

In 1999, Correctional Service Canada (CSC) asked a panel of international experts to review existing substance abuse programming for federally sentenced women. The panel's recommendations were integrated with current theoretical addictions models, culminating in the Women Offender Substance Abuse Programming (WOSAP). WOSAP offers a continuum of interventions including Engagement and Education (E & E), Intensive Therapeutic Treatment (ITT), Relapse Prevention and Maintenance, and Community Building and Peer Support. Consistent with current program development best practices, WOSAP was designed specifically for women offenders to provide a continuum of care from admission to the end of a woman's sentence.

WOSAP was implemented as a demonstration program at six institutions for women offenders.¹ During the first six months of the program, 193 women offenders participated in Engagement and Education (E& E) and 45 women progressed to the Intensive Therapeutic Treatment (ITT) module. This study is an interim evaluation of these first two modules of the program.

Completion rates of 93% for E & E and 82% for ITT participants indicate that the modules were well accepted by the women and problems of attrition may not be a

¹ Burnaby Correctional Centre for Women, Edmonton Institution for Women, Fraser Valley Institution, Grand Valley Institution for Women, Joliette Institution, Nova Institution for Women, and Okimaw Ohci Healing Lodge (Engagement and Education only).

concern for the program. In addition, the women were very satisfied with the content and structure of the program, further contributing to the potential success.

As in the women offender population, the majority of women in the program, (two-thirds), were Caucasian and Aboriginal women accounted for between 23% (E & E) and 31% (ITT) of program participants. Almost half of the women in both modules (E & E: 43% and ITT: 44%) were either married or had common law status.

Severity of substance abuse measures indicated that women in the ITT group were the most in need of treatment with 95% assessed as having a moderate to severe substance abuse problem, consistent with the intent of the program design. Overall, more women were assessed as having a drug problem (80%) than an alcohol problem (50%). Results also demonstrate that most women, not just those in the program, require treatment for their substance abuse problem, with 75% of the E & E group (E & E is offered to all offenders) and 71% of the comparison group (all non-participating women) assessed as having a moderate to severe substance abuse problem.

Women reported that substance abuse affects many areas of their lives, including family and other personal relationships. There was a trend to higher levels of static and dynamic risk factors for women in the ITT group, and the women had long histories of substance use starting at an early age (less than 15 years). In addition, there was a strong relationship between drug and alcohol use at the time of their most recent offence, and they reported that drugs and alcohol contributed to the commission of the offences.

Pre- and post-test assessment measures indicate a positive impact on the women offenders in several domains. E & E participants demonstrated an increase in knowledge of the impacts of substance abuse in several life areas and an increase in motivation to change. These results were replicated for ITT participants with additional increases in knowledge of the coping skills needed to prevent relapse and increases in

self-efficacy and self-esteem, indicating that the program helped to build confidence in the women for their ability to address substance abuse challenges.

The interim evaluation of the first two modules of the program provides evidence that E & E and ITT are providing women with the requisite tools needed for addressing their substance abuse problems and effectively reducing their chances of recidivism upon release. At the completion of the program's demonstration period in June 2005, a final outcome evaluation will look at whether these tools translate into decreased drug usage within the institution and a reduced recidivism rate in the community.

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INTRODUCTION

In 1994, Correctional Service Canada (CSC) established substance abuse programming as a priority in its *Correctional Program Strategy for Federally Sentenced Women* (Correctional Service Canada, 1994). This priority was based on research demonstrating that substance abuse is a significant problem for offenders. Estimates indicate that 80% or more of men and women offenders have substance abuse identified as a factor contributing to their criminal behaviour (Grant, Kunic, MacPherson, McKeown, & Hansen, 2003). For women, the implications of these statistics were described in Dowden and Blanchette's (1999) report, detailing that women who abused substances had significantly more problems with associates, attitudes, employment and their marital/family situations. They were also twice as likely to have unstable accommodation in the community and to have few skills to manage stress, and they were more likely to have been hospitalised for mental health reasons.

In an earlier report, Dowden and Blanchette (1998) reported that participation in a substance abuse treatment program was associated with reduced recidivism while on discretionary release for federally sentenced women. This research further supported the need for the design and implementation of an effective substance abuse treatment program that addressed the unique needs of women offenders.

Creating Choices, the 1990 report of the Task Force on Federally Sentenced Women, laid the groundwork for the treatment of women offenders with its description of the key programming principles of empowerment, meaningful and responsible choices, respect and dignity, supportive environment and shared responsibility (Correctional Service Canada, 1990). In response to *Creating Choices*, CSC identified a need for core programming to reflect these principles and to address the many common and interrelated issues women offenders share. Substance abuse programming was one of four programs developed and offered in the five regional facilities for women. The first Women's Substance

Abuse Program (Abbott & Kerr, 1995) was introduced in 1995 with a community component added in 1997 (Correctional Service Canada, 1997).

In 1999, CSC asked a panel of internationally recognized experts to review existing substance abuse programming for women. The panel agreed that, while earlier program efforts represented an important beginning, a more comprehensive approach was warranted. They proposed a design to ensure that programming would be:

- in accord with correctional philosophy with a clear understanding of the role of abstinence within a harm reduction framework;
- firmly rooted in holistic and gender responsive principles, including relational theory; and
- balanced, incorporating both cognitive learning and therapeutic needs.

Additionally, the proposed program implementation would need to:

- identify the linkages between substance abuse and pathways to crime, which differ significantly for women;
- create linkages to other areas of need and related programming. This is seen as key to fostering an integrated environment where "connection" and "community" are actively promoted;
- train and maintain qualified staff, noting that training and upgrading are integral to effective treatment and program fidelity; and
- evaluate effectiveness using a combination of behavioural and personal/emotional variables.

The recommendations of the expert panel were summarized and integrated with current theoretical influences in a discussion document (Hume & Grant, 2001), culminating in a proposed structure for substance abuse programming for women. This document emphasized that effective treatment should be multi-

dimensional, addressing both the intervention (cognition, affect and behaviour) and the environment (safety, connection and empowerment). Overall, the panel members were emphatic that, in order to maximize treatment efficacy, a substance abuse program must create an environment that permits women an opportunity to integrate information within their own life experiences.

Using the recommendations noted, management, program staff and women offenders were consulted nationally using a semi-structured interview. Management and staff were asked about their experiences with existing programming and their reactions to the recommendations made. Women offenders were interviewed and specifically asked about the impact of existing programming and what they would like to see included in a new model. The women consulted included those in the early stages of treatment, those who had successfully completed treatment, and those who had been released and had been returned to custody following a lapse or relapse (revocation or new offences). A thematic analysis was completed with the interview responses and emerging themes clearly demonstrated that many women did benefit from existing programming. Equally clear, however, were the gaps not addressed by current treatment. The feedback from the women interviewed echoed issues noted by staff and the expert panel. Together, their recommendations offered support for a program model capable of responding to a wide range of complex needs.

Program Description

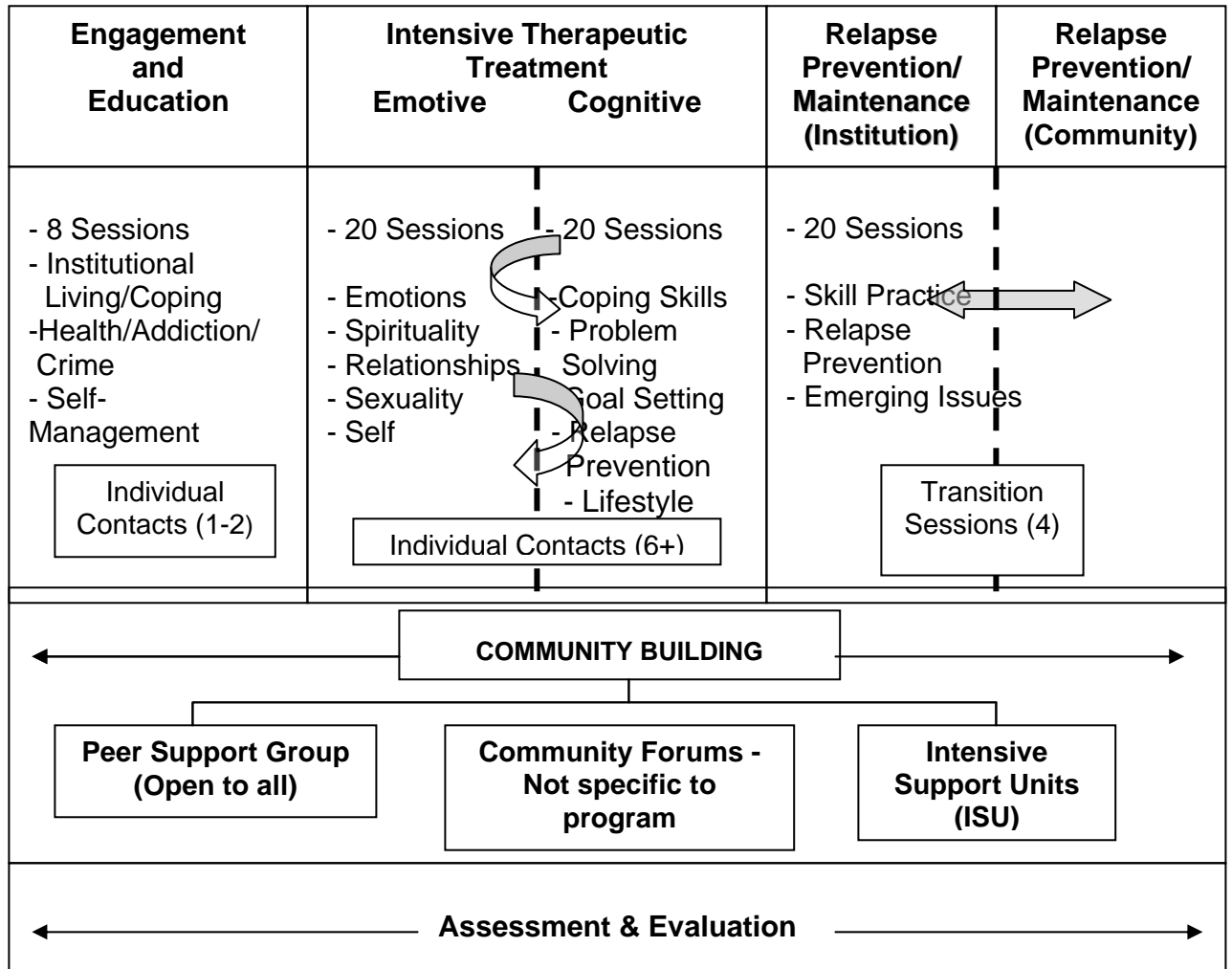
The Women Offender Substance Abuse Programming (WOSAP) (Hume & Grant, 2001), developed by the Addictions Research Centre and with support from the Women Offender sector, offers a continuum of interventions and services, matched to women's specific needs, as well as peer support and activities designed to foster a positive culture (Hume & Furlong, in progress; Hume & Grant, 2001). The program is gender responsive, which, in this context, refers to

an environment (program content, staffing and culture) that reflects a comprehensive understanding of the realities of women's lives. The overall goal of WOSAP is to empower women to make healthy lifestyle choices.

In addition to the structured programming, WOSAP includes a second level of intervention which includes activities to promote and foster connection, community and empowerment and which add an experiential dimension to treatment where program goals are practised and incorporated into daily living. Peer Support and Community Meetings complement program content and foster healthy lifestyles.

WOSAP is comprised of four Modules (summarized in Figure 1), each designed to address separate but related goals. This report will focus on the evaluation of the first two modules. A brief description of each module follows and more complete details may be found in Hume and Furlong (in progress).

Figure 1: WOSAP Program Model



Module 1 - Engagement and Education

Engagement and Education (E & E) is offered to all women in the institution, regardless of use or abuse of substances. WOSAP facilitators meet briefly with each woman within two to three days of her admission to the institution. The contact is intended to introduce the woman to the institutional community and to enhance her motivation to participate in the E & E module. It is anticipated that most women offenders, if not having a substance abuse problem of their own, have lived with or know someone who does. The education component works to increase the participant's understanding of the impact of addiction on women. It

consists of eight one-hour sessions, delivered one session per day for eight consecutive days. The sessions were developed for continuous intake and are a mix of psycho-education and coping skills practice.

Module 2 - Intensive Therapeutic Treatment

Intensive Therapeutic Treatment (ITT) is offered to women offenders who have a moderate to high substance abuse need as assessed when admitted. The module is intended to provide a safe environment where women can engage in self-exploration of the underlying issues related to substance abuse, such as trauma and lack of self-awareness, as well as to provide women with concrete, practical skills to help them stop abusing substances. As such, the treatment is an integration of an emotive, experiential approach and a cognitive-behavioural model including relapse prevention theory for substance abuse. It is divided into two parts: Emotive (20 sessions), and Cognitive (20 sessions). One two-hour session is delivered each day with Emotive and Cognitive sessions delivered on alternating days.

The emotive sessions have been divided into five areas: Emotions, Spirituality, Relationships, Sexuality, and Self. The cognitive sessions focus on coping skills, problem solving, goal setting, relapse prevention and lifestyle, and were designed to provide the education and skills necessary to effect change in the area of substance use and crime. The sessions have been structured to allow for skill acquisition and practice, and to encourage greater self-awareness of issues and patterns relating to substance abuse.

Module 3 - Relapse Prevention/Maintenance

In the institution, Relapse Prevention and Maintenance is designed to be taken by all women offenders who have received any type of correctional programming, to address their respective problematic behaviours. This module gives women an opportunity to develop and implement an individualized relapse prevention

plan that corresponds to their problematic behaviour. The module can be initiated in the institution and completed in the community. Future research will evaluate the outcome of this module.

Module 4 - Peer Support and Community Meetings

Peer Support and Community Meetings ensure continuous support in an environment where women with substance abuse problems can explore and access resources and information relevant to their recovery. There are two components in this module:

- The WOSAP Peer Support Program focuses on supporting women offenders with substance use concerns. This peer-led group includes speakers, open discussions and structured discussions, all with a concentration on substance use.
- Community building activities are meant to promote a feeling of community and connection in the institution among offenders and staff. The goal of the community activities is to effect larger change beyond the immediate goal of treating substance abuse, including the development of pro-social values and behaviours, social support, strength and empowerment.

Evaluation Overview

The results from this interim evaluation of WOSAP focus specifically on offender characteristics such as demographic variables, criminogenic assessments and program assessments. The program assessment data provide intermediate measures of change resulting from program participation. Future research will use follow-up measures to assess program impact. More detailed information on program implementation is described in Hume and Furlong (in progress).

Research Questions

The following four research questions guided the interim evaluation:

1. What are the characteristics of offenders participating in Engagement and Education (E & E) and Intensive Therapeutic Treatment (ITT)?

To determine the characteristics of offenders in E & E and ITT, the following variables were examined: age, marital status, race, sentence length, offence type, risk level based on static and dynamic factors and severity of substance abuse problem. These variables were also considered for a comparison group of women offenders who had not participated in WOSAP.

2. Are the appropriate women offenders participating in WOSAP?

E & E was designed for all women offenders, therefore women participants in this module should not differ from those in the general offender population. ITT was designed for participants with a moderate to severe problem with substances. Therefore all participants in this module should have an assessment indicating this level of severity and should be different in terms of substance abuse need from other women offenders not participating in the program.

3. Did the program change intermediate outcome indicators through changes in knowledge and skills and attitudes and beliefs about substance abuse?

It is expected that participation in E & E and ITT will have a positive impact on outcome indicators as measured by pre- and post-program assessment data.

4. Are WOSAP participants satisfied with the program?

Results from WOSAP participants' feedback collected immediately following the modules will comment on program effectiveness and will provide information on both program strengths and areas in need of improvement.

METHOD

Study Groups

E & E Sample

A total of 193 women offenders from four regional facilities, Burnaby Correctional Centre for Women, and Okimaw Ohci Healing Lodge participated in the Engagement and Education (E & E) module from June 1, 2003, to January 1, 2004. Of these, 180 offenders (93%) completed the module. For the purposes of analysis, the E & E sample consists of those women who participated in E & E only (n = 148). This group was also divided into completers and non-completers to determine if there were significant differences.

ITT Sample

During the same time period, and drawing from four regional sites and Burnaby Correctional Centre for Women, 45 offenders who had previously completed the E & E module participated in the Intensive Therapeutic Treatment (ITT) module. Of these, 37 offenders (82%) completed the module. This group was also divided into completers and non-completers to determine if there were significant differences.

Comparison Group

A comparison group consisting of 269 women offenders who were incarcerated in federal institutions on May 1, 2003, but who did not participate in WOSAP was created to represent the general population. The E & E and ITT samples were compared to this group to determine if there were appreciable demographic and criminogenic differences from the general population.

The three study groups were also divided into four regions to determine if demographic and outcome data varied by region. Additional descriptive information regarding the samples is presented in the Results section.

Data Sources

Offender information, including age, race, marital status, sentence length, offence type, static and dynamic factors, and severity of substance abuse problems, was obtained from the Offender Management System (OMS). OMS is an automated administrative system used to manage information about offenders under federal jurisdiction. It is used daily by CSC and National Parole Board staff as an electronic filing system to manage offenders. Data from this administrative system are also available for research purposes. The information used in the study is derived from the Offender Intake Assessment (OIA) process completed when offenders are admitted to a federal prison in Canada and subsequently recorded in OMS.

Static and Dynamic Factor Ratings

The static factor rating provides a measure of an offender's risk to re-offend and is based on historical factors such as type of offence, offence characteristics, victim information and offence history, which have been shown to be associated with recidivism through previous research (Andrews & Bonta, 1998). For the OIA, the static factor rating is assessed using 134 indicators (questions requiring a yes/no response to indicate if an item applies to an offender) relating to an offender's criminal activities. Parole officers in the institutions assess each indicator after a systematic review and analysis of official documentation and interviews conducted as part of the OIA process. Offenders are then classified as either high, medium or low on the static factor.

The dynamic factor provides an assessment of criminogenic factors that can change through treatment. For the dynamic factor, 197 indicators (questions requiring a yes/no response to indicate if an item applies to an offender) are used to assess an offender's needs in seven domains: employment and education, marital/family, associates/social interactions, substance abuse, community functioning, personal/emotional orientation, and attitude. Each of these domains

has been shown to be related to recidivism (Boland, Henderson & Baker, 1998; Gates, Dowden, & Brown, 1998; Gendreau, Goggin, & Gray, 2000; Goggin, Gendreau & Gray, 1998; Law, 1998; Paolucci, Violato, & Schofield, 1998; Robinson, Porporino, & Beal, 1998). For the seven domains, ratings are on a 3- or 4-point scale: 1) factor seen as an asset to community functioning, 2) no immediate need for improvement, 3) some need for improvement and 4) considerable need for improvement. Substance Abuse and Personal/Emotional Orientation domains are rated on a 3-point scale with the asset rating not being applicable to these domains. Guidelines ensure that criteria are applied consistently during the rating process (Correctional Service Canada, 2003a). For the purposes of this study, an offender is identified as having a need in a domain if she receives a rating of some need or a high need.

In addition to the assessment of individual domains, an overall dynamic factor rating of low, medium or high is provided. The rating is based on an assessment of the domains identified, the rating for each domain and the individual indicators. The overall rating has been shown to be positively correlated with recidivism (Grant & Gillis, 1999; Grant, Motiuk, Brunet, Couturier, & Lefebvre, 1996).

Severity of Substance Abuse Problem

A standardized measure of severity of substance abuse problems was obtained using the Alcohol Dependence Scale (ADS) (Skinner & Horn, 1984), the Drug Abuse Screening Test (DAST) (Skinner, 1982) and the Problems Related to Drinking Scale (PRD). Based on these assessment results, offenders are identified as requiring treatment at one of the following levels: 1) none, 2) low, 3) moderate or 4) high.

Alcohol Dependence Scale (ADS)

The ADS measures severity of alcohol problems, with an emphasis on the identification of physiological symptoms associated with alcohol use. The scale uses 25 items scored on a 2-point, 3-point, or 4-point scale and results are divided into five levels of severity: no substantive alcohol problem (score of 0), low level problem (1-13), intermediate problem (13-21), substantial problem (22-30), and severe alcohol problem (31-47). Examples of items include: *“When you drank, did you stumble about, stagger, and weave?”* and *“Did you panic because you feared you might not have a drink when you needed it?”* The reported internal reliability Cronbach alpha for the scale is high at .92 using a sample of 225 respondents, 20% of whom were women (Skinner & Horn, 1984).

Drug Abuse Screening Test (DAST)

The DAST measures severity of drug problems using 20 items answered in a yes/no format. Results are used to categorize severity of drug abuse into five levels: no substantive drug problem (score of 0), low level problem (1-5), intermediate problem (6-10), substantial problem (11-15), and severe drug problem (16-20). Example items include: *“Do you abuse more than one drug at a time?”* and *“Has drug abuse ever created problems between you and your spouse?”* The DAST was originally evaluated using a sample of 223 respondents (28% women) and yielded a high internal reliability Cronbach alpha of .92.

Problems Related to Drinking Scale (PRD)

The PRD was condensed from the Michigan Alcoholism Screening Test (Seltzer, 1971) from 25 to 15 items. The scale measures the number of problems related to alcohol use using 15 items answered in a yes/no format. The PRD scores are divided into four levels: no substantive alcohol problems (score of 0), some problems (1-3), quite a few problems (4-6), and a lot of alcohol problems (7-15).

Example items include: “Were there major arguments in your family because of your drinking?” and “Did your drinking result in your getting hurt in an accident?”

WOSAP Assessment Model

Both the E & E and ITT modules are designed to create change in several target areas. To measure change, a number of scales are used that are specific to each target area. Figure 2 summarises the WOSAP assessment model for the E & E and ITT modules.

Figure 2: WOSAP Assessment Model

Engagement and Education		Intensive Therapeutic Treatment	
Pre-Tests	Post-Tests	Pre-Tests	Post-Tests
<ul style="list-style-type: none"> • How Much Do They Matter • Substance Abuse Education • Readiness to Change (Generic) 	<ul style="list-style-type: none"> • How Much Do They Matter • Substance Abuse Education • Readiness to Change (Generic) • Participant Feedback Questionnaire 	<ul style="list-style-type: none"> • Semi-Structured Interview • Coping Behaviours Inventory • Relapse Attitudes and Knowledge • Rosenberg’s Self-Esteem Scale • Alcohol and Drug Abstinence Self-Efficacy Scale • Readiness to Change 	<ul style="list-style-type: none"> • Coping Behaviours Inventory • Relapse Attitudes and Knowledge • Rosenberg’s Self-Esteem Scale • Alcohol and Drug Abstinence Self-Efficacy Scale • Readiness to Change • Participant Feedback Questionnaire

Engagement and Education Assessment

Substance Abuse Knowledge

In this module, substance abuse knowledge is measured using the Substance Abuse Education Questionnaire (SAE) and the How Much Do They Matter Scale (HMM) (Gunn, Orenstein, Iverson, & Mullen, 1983).

Substance Abuse Education (SAE)

The SAE was designed specifically to measure participant changes (pre/post) for this module and assesses knowledge regarding the effects of substance use. Respondents indicate their agreement for each of the 15 statements using a 5-point Likert Scale (1 indicating strong disagreement, 5 indicating strong agreement). Sample items include: "*Women who have been abused are more likely to use alcohol and/or drugs*" and "*Substance abuse and criminal behaviour often go hand in hand.*" This scale is scored by adding the point value of each of the responses to form a raw score. The pre- and post-test Cronbach alphas in the present study are good at .79 and .85 respectively. The complete scale can be found in Appendix A.

How Much Do They Matter Scale (HMM)

The HMM, a 14-item scale modified by Millson, Weekes, and Lightfoot (1995) from a 20-item scale developed by Gunn, Orenstein, Iverson, and Mullen (1983), assesses personal attitudes about the effects of drug and alcohol use. Sample items include: "*People under the influence of large amounts of drugs or alcohol endanger other people*" and "*People can use large amounts of drugs or alcohol without it affecting their families*". The respondents are asked to indicate, using a 5-point Likert scale, the extent to which they agree or disagree with each statement. An increase in score from the pre- to post-test indicates an increase in the participant's understanding regarding the negative effects of alcohol and drug use. The Offender Substance Abuse Pre-Release Program (delivered to men exclusively) yielded a pre-test Cronbach alpha of .83 (post-test alpha: .84) (T3 Associates, 1999). For the present study, the pre- and post-test alphas were

good at .84 and .83 respectively which indicates results are consistent with those found in earlier studies.

Readiness for Change

Readiness to Change Questionnaire

The RCQ is a 30-item questionnaire, based on Prochaska and DiClemente's (1992) Stages of Change model, which was adapted from the Readiness to Change Questionnaire -Treatment Version (RCQ-TV) (Heather, Luce, Peck, and Dunbar, 1996). In the original RCQ-TV, respondents are asked questions related to their readiness to change in regards to their problematic alcohol consumption. For the E & E module, because participants do not necessarily have a substance abuse problem, respondents are asked to identify a behaviour that is problematic for them and to refer to that behaviour when answering the scale's questions. Each of the scale's questions was subsequently adapted to refer to "my behaviour" rather than to alcohol consumption.

The results from the scale place the respondents into one of five stages of change: Precontemplation, Contemplation, Preparation, Action, or Maintenance. Subscales are scored with the highest score representing the stage in which the respondents are prepared to address their problematic behaviour. In the case of a tie, the stage farthest along the continuum of change (i.e., from Precontemplation to Maintenance) is indicated. Table 1 presents the Cronbach alphas measured for both the E&E and ITT modules. Overall, these coefficients indicate that all subscales have strong internal consistency except for the contemplation subscale.

Table 1: Cronbach Alphas for the RCQ Subscales

Education and Engagement Module	Pre-test Alphas	Post-test Alphas
Precontemplation	.70	.82
Contemplation	.36	.53
Preparation	.85	.89
Action	.89	.91
Maintenance	.90	.92
Intensive Therapeutic Treatment	Pre-test Alphas	Post-test Alphas
Precontemplation	.82	.66
Contemplation	.45	.68
Preparation	.86	.68
Action	.86	.77
Maintenance	.82	.78

Intensive Therapeutic Treatment Assessment

Semi-Structured Interview

Information regarding the women’s past experiences with substance abuse and life areas affected by substance abuse was obtained from the Semi-Structured Interview (SSI). The SSI provides an opportunity to gather both case information for assessment and to engage the women offenders who will participate in the ITT module. It includes both quantitative and qualitative data and is administered the week prior to the offender entering ITT by one of the two program facilitators delivering the module. Refer to Appendix B for the complete SSI.

Prior to the interview, intake information is summarized in the interview booklet (results from the Drug Abuse Screening Test, Problems Related to Drinking Scale, Alcohol Dependence Scale and Readiness to Change Questionnaire), and questions are then posed and matching responses are checked.

The interview covers current perceptions regarding substance abuse, history of substance abuse, previous programming, substance use and life areas, emotional issues, crime and substance use, substance abuse programming and trauma histories. There are 18 drug categories available in the SSI to capture frequency of specific types of drug use. For example, heroin is provided a separate category outside of opiates (which include primarily prescription medications). Likewise, crack, a derivative of cocaine, is provided its own category.

Knowledge – Substance Abuse and Self

Intensive Therapeutic Treatment (ITT) Questionnaire

The ITT Questionnaire was designed specifically to measure participant changes in knowledge (pre/post) relevant to the content of the program. It targets the specific areas covered in the 20 Emotive sessions of the Intensive Therapeutic Treatment module assessing knowledge in five areas:

- a. Emotions – 14 items (e.g., *Only positive emotions are useful*).
- b. Spirituality – 11 items (e.g., *I have a vision for my life*).
- c. Relationships – 9 items (e.g., *I have positive relationships in the institution*).
- d. Sexuality – 10 items (e.g., *I feel in control of my sexuality*).
- e. Self – 9 items (e.g., *I value the person I am*).

Participants respond to 53 questions using a 5-point Likert scale. The complete scale can be found in Appendix C. Cronbach alphas for each subscale are presented in Table 2 and indicate a moderate level of reliability for the subscales.

Table 2: Cronbach Alphas for the ITT Subscales

Intensive Therapeutic Treatment Questionnaire Subscales	Pre-test Alphas	Post-test Alphas
Emotions	.69	.57
Spirituality	.75	.79
Relationships	.59	.64
Sexuality	.60	.63
Self	.82	.85

Relapse Attitudes and Knowledge Questionnaire (RAK)

The RAK, a 20-item scale adapted by Millson, Weekes, and Lightfoot (1995) from a 47-item scale developed by Lightfoot and Barker (1989), measures an offender's perceptions toward drinking and drug use, coping without alcohol/drugs in various situations, activities promoting healthy lifestyles, and general relapse knowledge. Respondents indicate their level of agreement using five point Likert scale for each of the 20 items. Examples of items that were rated by the offender are: "*When there is a celebration at work, everyone is expected to drink in order to have a good time*" and "*If someone relapses, other people will think they are a worthless person*". An increase in score from the pre- to post-test indicates a higher level of understanding and knowledge of potential relapse situations. The Offender Substance Abuse Pre-Release Program (delivered to men exclusively) yielded pre- and post-test Cronbach alphas of .86 and .88 respectively (T3 Associates, 1999). For the present study, the pre- and post-test alphas were .90 and .88 indicating strong internal consistency among the scale's items.

Coping Skills

The Coping Behaviours Inventory (CBI) was modified from the scale developed by Litman, Stapleton, Oppenheim, Peleg, and Jackson (1983), which was designed specifically to assess the behaviours and thoughts used to prevent, avoid or control the resumption of heavy drinking in response to external circumstances or internal mood states. In the revised version of the scale, those items that made reference to alcohol were adapted to refer to both drug use and alcohol consumption. The inventory consists of a list of 14 cognitive and 22 behavioural options. The respondent indicates how often he/she uses each coping behaviour to avoid relapse. Frequency of use is rated on a 4-point scale from 0 ("I have usually tried this") to 3 ("I have never tried this"). Sample items include: *"Remind myself of the good life I can have without drinking/drugs"* and *"Cheer myself up by buying something special instead"*. The CBI is scored by summing the responses for a total raw score. A decrease in scores from pre- to post-test indicates more frequent use of the coping behaviours described. The pre- and post-test Cronbach alphas for the present study are high at .96 and .94 respectively.

Self-Esteem and Self-Efficacy

Offender self-perceptions were measured using Rosenberg's Self-Esteem Scale (Rosenberg, 1965) and the Alcohol and Drug Abstinence Self-Efficacy Scale (DiClemente, Carbonari, Montgomery & Hughes, 1994).

Rosenberg's Self-Esteem Scale (RSES)

The RSES is used to measure the self-esteem of participants. It is a 10-item questionnaire for which respondents are asked to rate, on a 4-point Likert scale, the extent to which they agree or disagree with each statement. Sample items include: *"On the whole I am satisfied with myself"* and *"I certainly feel useless at times"*. The scale is scored by adding the point value of every response. The

author reports a Cronbach alpha of .78 for this scale. In the present study, the pre- and post-test Cronbach alphas are high at .91 and .94 respectively.

Alcohol and Drug Abstinence Self-Efficacy Scale (ADASES)

Bandura's (1981) social cognitive model theorized that an increase in an individual's coping self-efficacy will decrease the probability of relapse. This theory was subsequently supported by research in the area of addictions (DiClemente, Carbonari, Montgomery, & Hughes, 1994), resulting in the Alcohol Abstinence Self-Efficacy scale (DiClemente et al., 1994). The scale was adapted to allow researchers to examine self-efficacy as it relates to drug use in addition to alcohol consumption by making reference to both drug and alcohol use in the individual items. The ADASES assesses the construct of self-efficacy and evaluates an individual's efficacy (i.e., confidence) to abstain from drinking/drug use in 20 situations that represent typical cues for using. The 20 situations form four subscales, examining cues related to negative affect, social/positive, physical and other concerns, and withdrawal and urges. In addition, these same items, using a different response format, evaluate an individual's temptation to drink/use drugs and provide a measure of cue strength to relate to the efficacy evaluation.

Both efficacy and temptation are rated on 5-point Likert scales ranging from "not at all" to "extremely". A decrease in the temptation subscale score from the pre- to post-test indicates less temptation to use substances in the 20 situations described. An increase in the confidence subscale score from the pre- to post-test indicates a higher level of confidence in resisting the use of substances. Table 3 presents the DeClemente et al.'s Cronbach alphas and those measured in the present study.

Table 3: Cronbach Alphas for the ADASES Subscales

Confidence subscales	Alpha^a	Pre-test Alpha	Post-test Alpha
Negative Affect	.88	.92	.96
Social/Positive	.82	.89	.95
Physical and other concerns	.83	.88	.93
Withdrawal and urges	.81	.90	.96
Temptation subscales	Alpha^a	Pre-test Alpha	Post-test Alpha
Negative Affect	.99	.92	.94
Social/Positive	.86	.94	.95
Physical	.60	.91	.90
Withdrawal and urges	.70	.89	.92

^a As reported in DiClemente, Carbonari, Montgomery & Hughes, 1994.

Readiness to Change

Readiness to Change Questionnaire (RCQ)

The RCQ was adapted for ITT so that each of the scale's questions refer to problematic drug use and/or alcohol consumption (as opposed to just alcohol consumption). For further information regarding this scale, refer to the Engagement and Education subsection of this report.

Program Satisfaction

Participant Feedback Questionnaire (PFQ)

The PFQ was expanded from the Correctional Programs Participant Satisfaction Questionnaire (Correctional Service Canada, 2003b) to include 11 questions regarding the Peer Support Group. See Appendix D for the complete questionnaire. The PFQ measures program participants' feedback, upon

completion of the module, regarding their overall impression of the module, its content and methods, module length, group experience, and the peer support component. It is administered at the end of both the E & E and the ITT modules. Participants are asked to respond to 30 items using both Likert Scale responses and checklists. Example items include: *“How has the module helped you to deal more effectively with the problems that led to your crime(s)?”* and *“How did you become aware of the Substance Abuse Peer Support group”*. The items are scored on a four-point scale (1-4) with the exception of program length, which is scored on a five-point scale. For the 4-point questions, a ‘4’ response indicates the highest degree of satisfaction with that topic area and a ‘1’ response indicates the least degree of satisfaction. For the program length item, a ‘1’ indicates that the program was perceived as too short and a ‘5’ response indicates that the program was too long – a ‘3’ response indicates that the program’s length was appropriate.

Procedure

Referral

Education and Engagement (E & E) is intended for all women offenders in federal correctional institutions. Upon admission, every woman offender receives an Engagement contact with a WOSAP facilitator and is invited to attend the Education component. The module is a prerequisite for those women who have been identified as having a substance abuse problem, as assessed using the Alcohol Dependence Scale (ADS), the Drug Abuse Screening Test (DAST), the Problems Related to Drinking Scale (PRD), and related information gathered during the admission process (see “Severity of Substance Abuse Problem” section for details) and who will participate in ITT. Additionally, all admissions are actively encouraged to participate.

Before women offenders begin E & E, they are asked to sign the Research Consent Form (see Appendix E) which asks their consent to use the data from

the pre- and post-test assessment batteries for the evaluation of the program. If a woman refuses to sign the consent form, the assessment battery will still be administered to provide clinical information to the facilitators but the results will not be used for research purposes. The signed consent form serves for all subsequent WOSAP modules in which the offender participates.

The Intensive Therapeutic Treatment (ITT) module requires that the E & E module be completed first. Referrals to ITT are made based on consideration of each woman's needs and risk as they relate to their substance use. Offenders referred to ITT should be assessed as having a moderate to substantial or substantial to high programming need (see "Severity of Substance Abuse Problem" section for details).

Data Collection

The pre- and post-test assessment batteries are administered by the WOSAP facilitator at each site. Prior to starting the E & E module, offenders complete a pre-test assessment battery (as summarized in Figure 2). This battery is completed individually or in groups, and the facilitator is always available to answer questions. At the conclusion of the E & E module, a post-test battery is completed which includes all tests used in the pre-test battery in addition to the Participant Feedback Questionnaire.

After completion of the E & E module, offenders requiring the ITT module complete an additional pre-test assessment battery (as summarized in Figure 2). At the conclusion of ITT, a post-test battery is completed including all scales used in the pre-test battery in addition to the Participant Feedback Questionnaire.

Data Coding

Codes for all assessment materials are added directly to the paper copies to reduce data entry errors, and all results are entered into the SAS Version 8.01

(SAS, 1999) database. After each assessment submission is entered, the data is reviewed to check for entry errors for quality control purposes. Data extracted from OMS is also entered into the SAS database.

Data Analyses

Analyses were conducted using the SAS software to identify anomalies and inconsistencies in the data. The principal statistical analyses used were frequency distributions and tests of statistical significance using Chi-square and analyses of variance.

RESULTS

The results are presented in five sections. The first section reports on the program characteristics, including completion rates and reasons for non-completion of Engagement and Education (E & E) and Intensive Therapeutic Treatment (ITT). The next section reports on offender profiles, including age, marital status and race, static and dynamic factors, severity of substance abuse problem, current offence information and self-report of substance abuse. The third section presents the results from assessments measuring substance abuse knowledge and readiness to change for E & E participants. The fourth section reports on the results from assessments measuring knowledge of substance abuse and self, coping skills, self-esteem and self-efficacy and readiness to change for ITT participants. The final section presents results regarding program satisfaction.

Program Characteristics

Completion Rates

For E & E, 194 women started the module and 180 completed for a completion rate of 93%. Completion rates across institutions were 90% or better with a number of institutions reporting better than 95% completion rates. Joliette institution had the lowest completion rate at 77%.

For ITT, 45 women started treatment and 37 completed for a completion rate of 82%. Completion rates across institutions ranged from 78% to 100%. While overall completion rates were lower for the ITT module as compared to the E & E module, it should be noted that ITT is an intensive program, typically delivered over a period of three months, as compared to E & E which is delivered over a two-week period. Completion rates for both E & E and ITT modules by institution are presented in Table 4.

Table 4: Completion Rates Across Institutions and Modules

Institution	E & E % (n)	ITT % (n)
Burnaby Correctional Centre for Women	89.5 (17)	100.0 (6)
Edmonton Institution for Women	97.0 (32)	77.8 (7)
Joliette Institution	77.1 (27)	66.7 (6)
Grand Valley Institution for Women	97.0 (65)	88.9 (8)
Nova Institution for Women	100.0 (31)	83.3 (10)
Okimaw Ohci Healing Lodge	100.0 (8)	N/A
Overall	93.3 (180)	82.2 (37)
Chi Square (df, N) = χ^2	(5, 193) = 20.0**	(4, 45) = 3.2

** $p < .01$.

Reasons for Non-Completion

Reasons for non-completion of the program were distinguished to elucidate whether a lack of completion was based on 1) the participant's choice or behaviour or 2) institutional operations independent of the program, such as release to the community or a transfer. For the E & E module, only 4% (n = 8) of participants chose to stop attending or were suspended due to inappropriate behaviour, and 3% ended their participation because of institutional operations. For the ITT module, 9% (n = 4) of the participants chose to stop attending or were suspended due to inappropriate behaviour, and 9% did not complete as a result of institutional operations. These results indicate that the majority of participants chose to complete the program. They also show that the majority of offenders participating in the program are able to demonstrate appropriate behaviour to allow them to complete each module. Results are presented in Table 5.

Table 5: Reasons for Program Non-completion for E & E and ITT Participants

Reason for Non-Completion	E & E % (n)	ITT % (n)	Combined (n)
Stopped attending by choice or suspended due to behaviour	4.1 (8)	8.9 (4)	12
Related to institutional operations	2.6 (5)	8.9 (4)	9
Total cases of non-completion	6.7 (13)	17.8 (8)	21

Offender Information

Participant profiles include all offenders who started WOSAP regardless of completion. Due to technical difficulties, information on 19 E & E participants could not be extracted from the Offender Management System. For the analysis, three groups are compared: 1) women who participated in E & E only, 2) women who participated in E & E and ITT and 3) the comparison group (federal women offenders who did not participate in WOSAP). The profile information is divided into six sections: 1) age, marital status and race; 2) static and dynamic factors; 3) sentence length; 4) offence type; 5) severity of substance abuse; and 6) self-report of substance abuse.

Age, Marital Status, and Race

Offenders in the E & E, ITT and comparison groups were similar in age (35, 36 and 37 years respectively) with the comparison group being slightly older. In terms of marital status, the groups were also similar, with the comparison group having the lowest percentage of attachment (32% common-law or married) while the percentage for the E & E group was 43% and 44% for the ITT group.

The majority of women in the program, two-thirds, were Caucasian, consistent with the general women offender population, as represented by the comparison group in this study. Aboriginal women accounted for 31% of the ITT group and

23% of the E & E group. The percentage of Aboriginal women in the ITT group was similar to that observed in the comparison group (29%), but the percentage of Aboriginal women was lower in the E & E group. Aboriginal women were represented appropriately in the more intensive ITT group, but women of other races were not (see Table 6).

Table 6: Race for E & E and ITT Participants and the Comparison Group

Race	E & E %	ITT %	Comparison Group %
Caucasian	65.6	69.2	59.8
Aboriginal	22.7	30.8	29.0
Black	8.6	0.0	7.9
Other	3.1	0.0	3.3
Total number of cases	128	39	266

Static and Dynamic Factors

Overall, no statistically reliable differences in static [$\chi^2 (4, N = 423) = 4.1, p = 0.39$] and dynamic [$\chi^2 (4, N = 423) = 5.5, p = 0.24$] risk factors were identified across the three groups. However, the trends in the results suggest that the ITT group was more likely to be rated as having a high static risk based on static factors: 39% of the ITT group versus 26% of the E & E group were rated as high risk. In addition, analyses of the dynamic factor ratings indicate that two thirds (67%) of the ITT group are rated as having high needs as compared to 47% of the E & E group and 55% of the comparison group. These results are consistent with the expectation that women requiring the ITT module require more intensive programming to meet their needs. Table 7 presents these results.

Table 7: Static and Dynamic Factor Ratings for E & E, ITT and Comparison Groups

Risk and Need	E & E %	ITT %	Comparison %
Static factors (criminogenic risk)*			
High	25.6	38.5	34.1
Moderate	49.6	38.5	46.1
Low	24.8	23.1	19.8
Dynamic factors (criminogenic need)**			
High	47.0	66.7	54.7
Moderate	38.5	28.2	33.0
Low	14.5	5.1	12.4
Number of cases	117	39	267

* $p=0.39$. ** $p=0.24$.

Recall that most need domains are rated on a four-point scale as follows: 1) factor seen as an asset to community functioning, 2) no immediate need, 3) some need and 4) considerable need. Results in Table 8 combine some and considerable need and therefore report the percentage of women who have the need areas identified as a problem. A substantially higher percentage of ITT participants (92%) were identified as having a substance abuse problem as compared to E & E participants (75%) and the comparison group (67%), confirming that the program is being used primarily by women with a substance abuse need. (Appendix F presents the results for individual items within the Substance Abuse domain for all three groups).

Most other dynamic need areas showed no differences across the three groups. The most commonly identified dynamic need for the women was

Personal/Emotional. Attitudes were most commonly identified as a challenge for women in the comparison group who were serving longer sentences (on average) than the women in the treatment groups.

Table 8: Need Ratings for Dynamic Factor Domains E & E and ITT Participants and the Comparison Group

Dynamic Factor Domains	E & E %	ITT %	Compare %	χ^2 (2, N=419)
Substance abuse	75.2	92.1	66.7	11.7**
Employment/education	59.8	47.4	56.1	1.8
Marital/family	54.7	55.3	63.6	3.2
Associates/social interaction	64.1	52.6	55.7	2.8
Community functioning	36.8	42.1	34.1	1.0
Personal/emotional	82.9	86.8	89.4	3.1
Attitude	29.1	36.8	43.2	6.9*
Number of cases	117	38	264	

* $p < .05$. ** $p < .01$.

Results presented in Table 9 indicate the percentage of women for whom each of the need areas are identified as an asset. Note that substance abuse cannot be rated as an asset and is not included in the table. Women in the ITT group were much less likely to have domains identified as assets. While women in the ITT were not more likely to have needs identified in these areas, they were less likely to have strengths identified in these areas. In fact, in three need areas, none of the women in the ITT group were rated as having a strength.

Table 9: Asset Ratings for Dynamic Factor Domains E & E and ITT Participants and the Comparison Group

Dynamic Factor Domains	E & E %	ITT %	Compare %	χ^2 (2, N=419)
Employment/education	6.8	0.0	6.4	6.4
Marital/family	3.4	2.6	5.7	9.5
Associates/social interaction	3.4	2.6	6.4	5.1
Community functioning	3.4	0.0	5.7	13.9*
Personal/emotional	17.1	13.2	10.6	12.7*
Attitude	12.0	0.00	7.6	12.3*
Number of cases	117	38	264	

* $p < .05$.

Sentence Length

Two-thirds of E & E and ITT participants were serving relatively short sentences of 2 to 4 years (see Table 10). The balance of program participants was serving sentences of more than 4 years with life sentences being served by 6% to 8% of the treatment groups (E & E and ITT respectively). For the comparison group, sentences were generally longer, with 22% serving life sentences. The observed difference between the treatment groups and comparison group is the result of the fact that women with longer sentences accumulate in institutions and therefore are over-represented in the general offender population.

Table 10: Current Sentence Length for E & E and ITT Participants and the Comparison Group

Current sentence length	E & E^a %	ITT^a %	Comparison^a %
2 to 4 years	68.4	66.7	46.8
More than 4 years to 10 years	25.6	23.1	24.2
More than 10 years	0.0	2.6	7.4
Life sentence	6.0	7.7	21.6
Total number of cases	117	39	269

^a $\chi^2(6, N = 425) = 32.0, p < .0001$

Offence Type

A slightly larger percentage (58%) of women in the ITT group was serving a sentence for a violent offence as compared to E & E participants and women in the comparison group (42% and 53% respectively) but the difference was not statistically reliable ($p=0.870$). Women in the comparison group were much more likely to be serving a sentence for homicide, a crime which typically results in longer sentences. This result is consistent with this group's longer average sentence length. Table 11 summarizes the frequency of type of offence for the three groups.

A much smaller percentage of ITT participants (5%) were serving sentences related to a drug offence as compared to E & E participants and women in the comparison group (25% and 21% respectively). This result suggests that those offenders with a moderate to substantial substance abuse need are not necessarily more likely to be serving a drug-related offence.

Table 11: Type of Offence for E & E and ITT Participants and the Comparison Group

Type of offence	E & E % (n)	ITT % (n)	Comparison % (n)	χ^2 (2, N=462)
Non-violent offence	32.8 (38)	36.8 (14)	25.8 (68)	3.3
Violent offence	42.2 (49)	57.9 (22)	53.4 (141)	4.9
Drug related	25.0 (29)	5.3 (2)	20.8 (55)	6.9*
Total number of cases	116	38	264	
Violent offences				
Homicide	12.9 (15)	15.8 (6)	23.9 (63)	6.5*
Sex offence	0.0 (0)	0.0 (0)	1.1 (3)	1.8
Robbery	12.9 (15)	23.7 (9)	10.2 (27)	5.7
Assault	6.0 (7)	7.9 (3)	8.3 (22)	0.6
Attempt/conspire to murder	0.9 (1)	0.0 (0)	3.0 (8)	0.8
Other violent offence	9.5 (11)	10.5 (4)	6.8 (18)	1.2
Total number of cases	49	22	141	

* $p < .05$.

Severity of Substance Abuse Problem

Overall, 95% of ITT participants were identified as having a moderate, substantial or severe substance abuse problem based on results from the ADS and/or DAST, indicating that offenders in the ITT group were the most in need of treatment (see Table 12). The E & E and comparison groups were less likely to have a moderate to severe substance abuse problem (75% and 71% respectively), but this rate is still very high, demonstrating the need for substance abuse treatment for women offenders generally. Overall, significantly more women in all three groups were assessed as having a drug problem than an

alcohol problem. For example, while about half of the ITT group had alcohol identified as requiring treatment, over 80% were identified as requiring treatment for drug abuse. A larger percentage of women in the ITT group (65%) were assessed on the Problems Related to Drinking Scale (PRD) as having ‘quite a few’ to ‘a lot’ of problems related to alcohol compared to the E & E group (32%) and the comparison group (39%).

Table 12: Percentage of Offenders that Scored Moderate, Substantial or Severe on the ADS, DAST and a Combination of Either the ADS or DAST

Scale	E & E %	ITT %	Comparison %	χ^2 (df, N)
ADS	29.1	46.5	30.3	4.4 (4, 230)
DAST*	69.1	83.7	60.6	9.8* (4, 230)
ADS or DAST*	74.6	95.4	71.2	11.7* (4, 230)
PRD	31.5	65.1	39.4	12.2** (2, 229)
Number of cases	55	43	132	

Note: The results of ADS and DAST scores were available for only 49% of offenders in the comparison group and 37% of the offenders in E & E as compared to 96% of ITT participants.
* p < .05. ** p < .01.

Results from Engagement and Education (E & E)

The E & E module is intended to enhance motivation and to provide knowledge regarding the ways in which substance use affects life areas. As such, offenders’ readiness to change and substance abuse knowledge were measured to evaluate the effectiveness of the module.

Readiness to Change

E & E is not restricted to women with a substance abuse problem. Therefore, respondents were asked to identify a personal problematic behaviour for which the Readiness to Change Questionnaire would measure their level of motivation. Drug use was most frequently reported as a problematic behaviour (42%, n = 56) followed by smoking (17%, N = 23) and alcohol (14%, N = 19); details are presented in Table 13. No reliable differences were found in the type of reported problematic behaviour between E & E participants who went on to take the ITT module and E & E participants who did not.

Table 13: Problematic Behaviours Reported in the Readiness to Change Questionnaire for E & E

Problematic Behaviour	Yes % (N)
Drugs	41.8% (56)
Smoking	17.2% (23)
Alcohol	14.2% (19)
Eating	5.2% (7)
Aggression/Violence	3.7% (5)
Drugs and Alcohol	3.0% (4)
Impulsivity	3.0% (4)
Other	11.9% (16)
Total number of assessment sets	134

Participants in E & E demonstrated a positive shift along the stage of change continuum with 67% at the Maintenance stage after completion of the module, up

from 56% at pre-testing (see Table 14). These results suggest that the module has a positive impact on participant motivation.

Table 14: E & E Participants' Stage of Change

Stage	Pre-test % (n)	Post-test % (n)
Precontemplation	2.0 (3)	2.1 (3)
Contemplation	2.6 (4)	1.0 (1)
Preparation	25.0 (39)	11.3 (16)
Action	14.7 (23)	19.0 (27)
Maintenance	55.8 (87)	66.9 (95)
Total number of cases	156	142

Substance Abuse Knowledge

There was a statistically reliable increase in scores for the Substance Abuse Education Questionnaire [(63 to 67), $F(1, 364) = 26.6, p < .0001$], indicating that offenders' knowledge regarding the effects of substances increased following participation in the education component.

Pre- and post-test scores for the How Much Do They Matter Scale showed no difference. It may be the case that this assessment had a ceiling effect in that most women offenders scored relatively high during pre-testing, leaving little room for measured change during post-testing. There was no interaction effect found between pre/post scores and institution and no difference in pre-test scores between completers and non-completers.

Results from Intensive Therapeutic Treatment (ITT)

Semi-Structured Interview

Responses to the Semi-Structured Interview, administered to offenders prior to beginning the ITT module, provide self-report information. Offenders' responses focus on current perceptions of their substance use, their history of substance use, substance use and life areas, crime and substance use, and substance abuse programming.

Current Perception

Almost all participants (93%) responded that they believed they have a substance abuse problem. Of these, 40% reported a problem with drugs, 22% reported a problem with alcohol and 38% reported a problem with both drugs and alcohol. Overall, these self-reports are in agreement with the assessments of substance abuse severity in which 95% of women in the ITT group were assessed as having a moderate to severe problem with drugs and/or alcohol (see Table 12). The results suggest that the offenders' self-perceptions regarding their substance use problems are accurate.

Types of substances used and those that are problematic are presented in Table 15. Two-thirds (68%) of women offenders identified cocaine as a substance with which they have a problem, followed by opiates (39%), crack (36%), heroin and barbiturates (each 26%), and benzodiazepines/minor tranquilizers (23%). Almost all women reported having tried marijuana or hashish (93%), followed by cocaine (88%) and LSD (74%). A problem index comparing the ratio of problematic use to reported use over lifetime indicates a relatively low value of .17 for marijuana in contrast to .77 for cocaine and .69 for both opiates and barbiturates (see Table 15).

For reported lifetime use, there were no differences between regional sites for all substances except for PCP, suggesting that, overall, types of substances used

may not vary regionally. A significantly higher number of women from Joliette Institution (88%) reported using PCP than women in other sites ($\chi^2 (4, N=43) = 11.6, p < .05$). No differences were found between ITT completers and non-completers.

Table 15: Types of Substances Used Over Lifetime, Self-identified Problematic Substances and Problem Index for Participants in ITT

Type of drug	Lifetime Use %	Problematic Use ^a %	Problem Index ^b
Marijuana or hashish	93.0	16.1	.17
Cocaine	88.3	67.7	.77
LSD	74.4	0.0	0
Benzodiazepines/Minor tranquilizers	55.8	22.6	.40
Opiates	55.8	38.7	.69
Mushrooms	53.5	0.0	0
Crack	51.2	35.5	.69
Heroin	46.5	25.8	.55
Amphetamines	44.2	16.1	.36
Barbiturates	37.2	25.8	.69
PCP	37.2	0.0	0
Other (e.g.: organic drugs, not specified)	30.2	0.0	0
MDA	20.9	3.2	.15
Inhalants	16.3	3.2	.20
Methadone	16.3	3.2	.20
Quaaludes	11.6	0.0	0
Steroids/Performance Enhancing Drugs	9.30	0.0	0
Total number of cases	43	31	

^a For offenders who indicated they believed they had a problem with drugs

^b Problem index = Problem use / Lifetime use

History of Substance Abuse

On average, ITT participants reported having tried drugs at a slighter older age (13.6 years) than alcohol (12.4 years). Additionally, less time elapsed for drug use to reportedly become regular (2.8 years) as compared to the time to regular drinking (4.6 years). No regional differences were found, nor were completers and non-completers significantly different.

Most women reported having tried to quit or cut down their use of drugs (91%) and alcohol (83%). In general women reported being able to quit or cut down on drug use for twice as long as for alcohol (24 months for drugs ranging from 3 days to 5 years, as compared to 12 months for alcohol ranging from 2 days to 15 years). No differences were found across regions or between completers and non-completers.

Substance Use and Life Areas

The majority of women offenders who participated in ITT reported that drugs and alcohol affected all designated life areas (see Table 16) with rates over 80% in many areas. A significantly larger percentage of women identified drugs as affecting family relationships, relationships with friends, work/school, finances, physical health and emotional health as compared to alcohol. No differences were found across regions or between completers and non-completers.

Table 16: Life Areas Affected by Drugs and Alcohol

Life Areas	Drugs %	Alcohol %
Past or present relationships with partner	80.0	64.7
Relationships with children ^a	80.8	76.2
Family relationships [*]	91.2	77.4
Relationships with friends [*]	57.1	41.9
Work/School [*]	62.9	45.2
Finances ^{**}	88.6	66.7
Physical health [*]	80.0	67.7
Emotional health [*]	74.3	75
Total number of cases	43	43

^a 76% (N = 32) of respondents reported having children

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

Fifty-one percent of ITT participants reported being in a relationship at the time of the interview. Of these women, 24% reported that their partner was currently using drugs and/or alcohol. A further 69% reported that they believed at least one family member has a problem with drugs and/or alcohol. These results suggest that women's personal relationships upon release from the institution may be a high risk factor. No differences were found across institutions or between completers and non-completers.

The trauma section in the semi-structured interview is completed prior to the first session of the Relationships block in the ITT module. Sixty-seven percent of women who were interviewed (n=29) responded to the trauma section (19% refused to respond as the content was too emotionally triggering and, for 14% of the cases, the interview was not conducted). Of those women who responded, all reported having experienced trauma in their past. (Trauma was defined as "an

overwhelming experience or a witnessing of an event that provokes feelings of intense fear, helplessness or horror, as well as events such as abuse or violence.") Ninety-two percent (n=24) of those women who experienced trauma reported using drugs and/or alcohol to cope with their experiences. Overall, trauma and the use of alcohol and drugs to deal with the trauma appear to be a problem for most women in the ITT group.

Mental health issues were of significant concern for most women in the ITT group. An equal and high percentage of women reported experiencing feelings of depression and/or anxiety at some point in their life (91%). Of these women, 91% reported using substances to cope with depression, and 70% reported using substances to cope with anxiety. While only 9% of women offenders reported that their current relationship was abusive, 80% reported having been in an abusive relationship in the past.

Crime and Substance Use

Almost all women offenders in the ITT module (91%) indicated that they were under the influence of drugs and/or alcohol for their most recent offence(s). A significantly lower percentage of women from Joliet Institution (62%) reported being under the influence for their most recent offence [$\chi^2(4, N=43) = 9.9, p < .05$], a finding which will be further explored in the final evaluation. Of those women who reported being under the influence, 41% reported being under the influence of drugs only, 26% reported being under the influence of alcohol only and 33% indicated they were under the influence of both drugs and alcohol. In some cases, offenders indicated that they were under the influence of more than one drug at the time of their current offence.

In terms of the specific type of drug used (see Table 17), 28% reported having used opiates prior to their offence(s), 26% reported having used cocaine and 26% reported having used crack. A reliably higher percentage (80%) of women

offenders from Joliette Institution reported using cocaine at the time of their offence [$\chi^2 (4, N=43) = 10.3, p<.05$]. Only 8% of women reported having used marijuana at the time of their offence, a result that is consistent with the low percentage of women (16%) who report problematic use of marijuana in relation to other drug categories.

Table 17: Type of Drug(s) used During Current Offence

Type of drug	Yes %
Opiates	28.2
Cocaine	25.6
Crack	25.6
Benzodiazepines/Minor tranquilizers	10.3
Marijuana or hashish	7.7
Amphetamines	7.7
Heroin	7.7
Other	7.7
LSD	2.6
Total number of women reporting drug use at time of offence	39

Substance Abuse Programming

More than three-quarters of women offenders in the ITT module (77%) reported having received help for their substance abuse problem or participating in a previous substance abuse program. Of these women, 82% indicated that they believed the most recent treatment program in which they participated was helpful. Most women offenders (95%) reported that they still felt they needed a

treatment program to address their substance abuse problem. No differences were found across institutions or between completers and non-completers.

Four areas were assessed for the ITT module: 1) knowledge – substance abuse and self, 2) coping skills, 3) self-esteem and self-efficacy and 4) readiness to change. The results for these areas follow.

Knowledge – Substance Abuse and Self

Intensive Therapeutic Treatment Questionnaire

The Intensive Therapeutic Treatment Questionnaire measures change in knowledge for content covered in each of the five session blocks in the ITT module (Emotions, Spirituality, Relationships, Sexuality and Self). There were statistically reliable increases in mean scores with an average increase of 3 points from pre- to post-test for all subscales except the Emotions subscale which had a 2-point increase, as presented in Table 18. There was no interaction effect found between pre/post scores and institution and no difference in pre-test scores between completers and non-completers.

Relapse Attitudes and Knowledge Questionnaire

A significant increase (from a score of 80 to 87) in knowledge regarding relapse attitudes and knowledge was measured from pre- to post-test following completion of the Intensive Therapeutic Treatment, as presented in Table 18. There was no interaction effect found between pre/post scores and institution and no difference in pre-test scores between completers and non-completers.

Table 18: Means, Standard Deviations and F Scores for the ITT Knowledge Measures

Knowledge Measures	Maximum Score	Pre Mean (SD) ^a	Post Mean (SD) ^a	Change _b	F
ITT Questionnaire					
Emotions subscale	70	49.5 (6.4)	51.7 (5.6)	2.2	2.5
Spirituality subscale	55	41.6 (5.8)	45.2 (4.5)	3.6	9.2**
Relationships subscale	45	35.9 (4.5)	38.4 (3.9)	2.5	6.7*
Sexuality subscale	50	37.2 (4.8)	40.1 (4.2)	2.9	8.1**
Self subscale	9	36.1 (5.6)	39.8 (4.4)	3.7	10.3**
Relapse Attitudes and Knowledge Questionnaire	100	80.3 (11.5)	86.8 (6.9)	6.5	8.6**
Total number of cases		45	35		

^a Standard deviation

^b Desired change in all pre-post test scores: Increase

* $p < .05$. ** $p < .01$.

Coping Skills

Results indicate that the Coping Behaviour Inventory (CBI) scores decreased significantly from the pre-test ($M = 64$, $SD = 22$) to the post-test ($M = 34$, $SD = 16$), $F(1, 80) = 47.4$, $p < .0001$. This indicates a more frequent use of effective coping strategies to avoid or control the resumption of substance use. No differences in average scores were found between regions or between completers and non-completers of the module.

Self-Esteem and Self-Efficacy

Women offenders who participated in the ITT module demonstrated a substantial increase in self-esteem (refer to Table 19), as measured by Rosenberg's Self-Esteem Questionnaire with average scores moving from 28.4 to 31.5. These results suggest that the ITT module is associated with an overall increase in participants' self-esteem. This finding is important as research suggests that self-esteem is a necessary component of recovery from addictions (Bry, 1983; Gray, 2001).

The Alcohol/Drug Abstinence Self-Efficacy Scale (ADASES) measures two domains (temptation and confidence) across the same situations. The desired outcome is an overall increase in confidence with a subsequent decrease in temptation. This result, as presented in Table 19, was obtained for women offenders participating in the ITT module. On average, scores for the four temptation domains decreased by 8 points while average scores for the four confidence domains increased by 7 points. The results suggest that participation in the ITT module is associated with an increase in overall self-efficacy. No reliable differences were found across regions or between completers' and non-completers' pre-test scores.

Table 19: Means, Standard Deviations and F Scores for Self-esteem and Self-efficacy Measures

Assessment	Pre Mean (SD)^a	Post Mean (SD)^a	Change	F
Rosenberg's Self-Esteem Scale^b	28.4 (6.0)	31.5 (6.1)	3.1	5.20*
Alcohol/Drug Abstinence Self-Efficacy Scale^c				
Temptation domain ^d				
Negative Affect subscale	19.6 (4.9)	10.4 (5.5)	-9.2	63.0**
Social/Positive subscale	18.4 (5.6)	9.5 (5.4)	-8.9	52.1**
Physical and Other Concerns subscale	15.6 (6.0)	8.4 (4.2)	-7.2	36.1**
Craving and Urges subscale	17.0 (5.8)	10.0 (5.1)	-7.0	31.7**
Confidence domain ^b				
Negative Affect subscale	11.0 (5.4)	18.3 (5.6)	7.3	33.5**
Social/Positive subscale	11.4 (4.9)	19.2 (5.3)	7.8	45.7**
Physical and Other Concerns subscale	12.3 (5.5)	19.6 (5.5)	7.3	34.5**
Craving and Urges subscale	11.4 (5.2)	18.8 (5.6)	7.4	36.6**
Total number of cases	45	35		

^a Standard deviation

^b Desired change in pre-post test scores: Increase (Maximum score: 40).

^c Maximum score for all subscales: 25.

^d Desired change in pre-post test scores: Decrease.

* $p < .05$. ** $p < .0001$.

Readiness to Change

Participants in ITT demonstrated a positive shift along the stage of change continuum with 74% ranking in the Maintenance stage upon completion of the program, up from 45% as measured during pre-testing (see Table 20). Of those women who completed the program, 41% shifted at least one stage along the continuum. These results suggest that the module has a positive impact on participant motivation.

Table 20: ITT Participants' Stage of Change

Stage	Pre-test % (n)	Post-test % (n)
Precontemplation	2.3 (1)	0 (0)
Contemplation	2.3 (1)	0 (0)
Preparation	29.6 (13)	11.4 (4)
Action	20.4 (9)	14.3 (5)
Maintenance	45.4 (20)	74.3 (26)
Total number of cases	44	35

Program Satisfaction

The Participant Feedback Questionnaire (PFQ) was used to gather women offenders' feedback and assess their satisfaction with the pilot program. The first 19 questions of the PFQ correspond to four subsections: 1) overall impression, 2) program content and methods, 3) program length, and 4) group experience. Responses were averaged to produce a mean score for each subsection.

Table 21 presents the means and standard deviations of subsection scores for the E & E and ITT modules. For the sections on overall impression, program contents and method and group experiences, average scores for both E & E and

ITT respondents were high (3.4 or better out of 4), indicating an overall high degree of satisfaction with both modules. A summary of mean scores for each question from the PFQ is presented in Appendix G.

The program length subsection consists of one question. On average, E & E participants reported a score of 3 indicating that they feel the program length is “just right.” ITT respondents scored higher (3.3); however, in terms of practical implications, this score still falls within the “just right” category.

Table 21: Means and Standard Deviations for the Participant Feedback Questionnaire (PFQ)

Subsections	E & E Mean (SD)^a	ITT Mean (SD)^a
Overall impression ^b	3.4 (0.5)	3.7 (0.4)
Program content and methods ^b	3.5 (0.4)	3.7 (0.4)
Program length ^c	2.9 (1.1)	3.3 (1.0)
Group experience ^b	3.6 (0.4)	3.7 (0.3)
Total number of cases	180	40

^a Standard deviation

^b Scores increase in degree of satisfaction from 1 to 4.

^c Scores range from 1 (program perceived to be too short) to 5 (program perceived to be too long).

DISCUSSION

Preliminary results from the WOSAP pilot implementation provide promising support that the program has a positive impact on participants. Specifically, high completion rates indicate that the program is successful in retaining participants, and program participants report a high degree of satisfaction with both the Engagement and Education (E & E) and Intensive Therapeutic Treatment (ITT) modules. Overall results from the assessment batteries indicate that women offenders are increasing their knowledge of substance use effects, are gaining the skills to prevent relapse, and are demonstrating increases in self-efficacy and self-esteem. Additionally, the content in both modules appears to increase participants' preparation for, and receptivity to, change.

A discussion of the results follows within the context of the research questions presented in the introduction. Other significant findings are presented, including the effect of substances on the study participants' relationships, the association between trauma and substance use and, finally, the association between substance use and crime.

Research Questions

1. What are the characteristics of offenders participating in Engagement and Education (E & E) and the Intensive Therapeutic Treatment (ITT) modules?

The women participating in the treatment modules were similar to each other and to the comparison group (representing the general women offender population) in terms of age, race and marital status. It is encouraging to note that Aboriginal women participated in the program at a rate similar to their representation in the women offender population. Women in the program were serving shorter

sentences compared to the general population, mainly as a result of a lower percentage serving life sentences.

While statistical analyses indicated that the two treatment groups and the comparison group were similar in terms of their overall ratings on static (criminal history) and dynamic (criminogenic need) factors, there were indications in the data that women in the ITT module were more likely to be rated as high on static and dynamic factors suggesting that these women are in need of the more intensive treatment offered by the ITT module. It may be that the small number of cases reduced the probability of finding a statistically reliable difference in these ratings, but this will be addressed again in the final report on the program evaluation.

Analyses of individual dynamic factors indicated that 92% of the women in the ITT module had substance abuse identified as a criminogenic need, a rate substantially higher than women in E & E and the comparison group (75% and 67%, respectively). Women in the treatment groups were also less likely than those in the comparison group to have attitude identified as a need. Finally, while six of the seven need domains may be identified as an asset for offenders, women in the ITT group were less likely to have needs identified as assets.

2. Are the appropriate women offenders participating in WOSAP?

The two WOSAP modules were targeted toward different groups of women. The E & E module is targeted toward all women entering the institution. Women in the E & E module were more similar to the comparison group than to the ITT group in terms of the severity of their substance abuse problem. While 95% of the ITT group were identified with a moderate to severe problem, only 75% of the E & E group had a problem this severe, indicating that 25% of participants in the E & E group did not have a serious substance abuse problem.

As noted above, 95% of the ITT participants had a moderate to severe substance abuse problem. In addition, they were identified as having higher levels of static and dynamic criminogenic factors and fewer assets in these areas than other offenders. All of the women had experienced serious trauma in their lives, and the use of drugs or alcohol was likely to have had negative impacts on a variety of life areas. Finally, the ITT group was less advanced along the continuum of readiness to change than offenders in the E & E group.

High completion rates for E & E (93%) indicate that most women were able to complete the module, providing them with an opportunity to learn about the impact of drug and alcohol use on their lives. The more seriously addicted women then proceeded to the ITT module suggesting both that the program is attracting the women for which it was intended and that it demonstrates a strong ability to retain these women with an 82% completion rate.

3. Did the program improve intermediate outcome measures through changes in knowledge and skills and attitudes and beliefs about substance abuse?

Pre- and post-test results for both modules indicated that women offenders increased their knowledge about the effects of substance use. Additionally, women in the ITT group increased their knowledge of relapse, attitudes, and knowledge, in the areas of spirituality, relationships, sexuality, emotions and self.

Results also indicated that there were meaningful increases in coping behaviours, self-efficacy and self-esteem. Increasing the repertoire of coping skills should increase the chances that an individual will not relapse when exposed to a high-risk situation. Likewise, the more an individual believes that she or he is capable of avoiding high-risk situations or using coping skills to get through a high-risk situation without lapse or relapse (self-efficacy), the more likely she or he is in actuality experiencing success (Prochaska & DiClemente, 1992). Finally, if women respect and accept themselves (self-esteem), they are

more likely to take action to achieve health and safety by avoiding substance use and the situations and circumstances that precipitate substance use. Some authors have argued that improving self-esteem is a necessary component of recovery from addictions (Bry, 1983; Gray, 2001).

Prochaska and DiClemente (1992) have argued that people move along a continuum of change from pre-contemplation to maintenance. Treatment programs that are successful will move people along this continuum, as was demonstrated in this study with more women in the maintenance stage upon completion of the program. One challenging issue with the stages of change in this study is in regards to the fact that most women were already at the action or maintenance stage when they began the program. This suggests that the scale, or its use in this study, was perhaps not sensitive enough to the changes in the women's readiness to change.

In all of the areas evaluated in this study, changes in the positive direction were detected. These changes must be evaluated further to ensure that they result in behaviour changes that will contribute to successful reintegration. The final report on this program evaluation will provide some answers in this area.

4. Are WOSAP participants satisfied with the program?

WOSAP participants in both the E & E and ITT modules reported an overall high degree of satisfaction with all aspects measured by the Participant Feedback Questionnaire (overall impression, program contents and methods, program length and group experience). The high degree of satisfaction supports the use of the program. An equally important measure of program satisfaction is the program retention rate which was relatively high at 93% for E & E and 82% for ITT. Research suggests that satisfaction is linked to the effectiveness of the intervention offered in general mental health programs (Druss, 1999; Lora, Rivolta, & Lanzara, 2003).

Other Findings

A positive finding in the study was the agreement between self-reported (during the interview) and assessed severity of substance abuse. For participants in the ITT group the level of agreement was almost 100%, suggesting that these women recognize the existence of a problem with drugs and alcohol.

A wide variety of drugs were reported as having been used. A high percentage reported having used and having problems with the most addictive drugs: cocaine, opiates, crack or heroin. Although most women reported using marijuana or hashish over their lifetimes, only 16% indicated that their use of this substance resulted in addiction problems.

Substance use started at an early age for many of the women and was initiated by the use of alcohol. More than three quarters of women in the ITT group reported prior attempts at treatment, but the average longest time away from drugs or alcohol was only 24 months.

Relationships

The majority of women reported that their own substance use has negatively impacted relationships with their family, friends, partners and children. Furthermore, many women seemed to have relationships with others who abuse substances, with a quarter of the women reporting that their partner was currently using substances and a further 69% having at least one family member with a substance abuse problem.

These findings are consistent with current feminist, relational theory which explains substance abuse within the context of a woman's relationships. Relational theory posits that women develop a sense of identity and achieve psychological health through mutually supportive relationships and through a sense of connection with others (Jordan, 1992; Miller, 1987; Miller and Stiver, 1998). A lack of such relationships may translate into increased vulnerability to

substance use. Covington & Surrey (2000) suggest that women may use substances that initially “seem to be in the service of making or maintaining connections” (p. 2) but which ultimately serve to further isolate her and inhibit her ability to maintain connection. Women may also use substances as a means of connecting to substance-abusing partners (Covington & Surrey, 2000). The results from this interim study provide empirical evidence for this theory and support the need to focus on developing and sustaining healthy relationships within a substance abuse treatment program. The ITT curriculum is therefore appropriate and necessary in addressing a significant risk factor for substance abusing women.

Trauma

There is longstanding consensus in the literature on the association between the experience of past trauma and substance abuse for women (and women offenders) (Bloom & Covington, 1998; Correctional Service Canada, 1990; Mullings, Hartley, & Marquart, 2004; Stewart, Ouimette, & Brown, 2002). All women who responded to the trauma interview reported having experienced trauma in their past. This fact is compounded by the finding that the majority of women who participated in the ITT module admitted to using substances to cope with their traumatic experiences. It is not surprising that reports of depression and anxiety, and using drugs and alcohol to cope with these emotional states, were also common.

In addition, women may be under-reporting current abusive relationships with only 9% admitting to being in one while 80% admitted to having been in one in the past. This notable difference was also found in a previous study of women offenders with a substance abuse problem incarcerated at Grand Valley Institution for Women (Langevin & Langevin, 2001) in which 86% of the women had been involved in past abusive relationships while only 1.5% reported their current relationship as abusive. It is not clear from this study the reason for these reported discrepancies, but it does seem to support the notion that substance

abuse affects a woman's ability to maintain healthy, mutually supportive relationships.

Crime

Almost all women offenders (91%) indicated that they were under the influence of drugs and/or alcohol at the time of their most recent offence. More women reported being under the influence of drugs than alcohol or a combination of both. The drugs most commonly associated with offending were opiates, cocaine and crack. This percentage is somewhat higher than those reported by Pernanen, Cousineau, Brochu, and Sun (2002) who estimated that more than half of male offenders entering federal and provincial custody were found to be under the influence of a psychoactive substance during the committal of their most serious crime on their current sentence. For women offenders under provincial jurisdiction, as reported in the same study, slightly less than half were under the influence of a substance at the time of their most serious crime, with the use of drugs more common than alcohol.

Of the women reporting having been under the influence of drugs, 72% indicated that they felt their involvement with drugs contributed to the commission of the crime. This percentage dropped to 46% for women who were under the influence of alcohol. Pernanen et al. (2002) estimate that the proportion of relatively serious crimes that are in a significant way determined by the use of any psychoactive substance in Canada is between 40% and 50%. They also suggest that the causal role of psychoactive substances may be greater among less serious crimes. They do caution, however, that other factors in addition to the use of substances should be considered in the majority of criminal acts.

Limitations

Three important limitations can be identified for the study: 1) no outcome data (recidivism, substance use, etc.) were available, 2) assignment to groups was not random, and 3) the comparison group was not a matched group. Outcome data were not available as the program had only been implemented for seven months

when the study was initiated. Before having outcome information, one must await the release of the women from prison and then follow them for an appropriate period of time in the community. Outcome data will be available in the final report on the program evaluation.

Random assignment to groups is not possible in a correctional setting where all offenders have equal access to available programs. As this was a newly developed program, and unique in its specific design for women offenders, it had to be made available to all women who met the program requirements.

The comparison group for the study consisted of all women not in treatment. While use of this group therefore has some limitations, it was only used to determine how the study group differed in regards to demographic characteristics and substance abuse severity from the general population. The identification of an appropriate comparison group will be a key element in the design of the final study.

Implications

The preliminary results from the WOSAP pilot indicate that there is a substantial need to effectively address the substance abuse problems of women offenders with over 90% of the ITT group having a moderate to severe problem and approximately three quarters of the comparison group (representative of the general population) having a moderate to severe addiction. In addition, there is an apparent need to continue to offer help to women offenders dealing with trauma. Given that most women report using drugs and alcohol to deal with their trauma, increased collaboration with trauma services is appropriate as well as increased training and support for program facilitators in this area.

Before women can implement positive change in regards to their substance abuse, they need the support, knowledge, skills and motivation that will provide them with the foundation upon which to build change. The preliminary results

from the WOSAP pilot indicate that women are making gains in these areas as a result of participating in the E & E and ITT modules. The interim evaluation provides strong evidence to support the continued implementation of WOSAP. The next stage of evaluation will determine whether this foundation translates into sustained change in regards to a decrease in detected drug usage within the institution and reduced recidivism in the community.

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APPENDIX A – SUBSTANCE ABUSE EDUCATION QUESTIONNAIRE

Please indicate the extent to which you agree with the following statements right now.

SD = Strongly Disagree
D = Disagree
U = Undecided
A = Agree
SA = Strongly Agree

- | | | | | | |
|--------------------------------------------------------------------------------------|-----------|----------|----------|----------|-----------|
| 1. The institution is a community. | SD | D | U | A | SA |
| 2. I can make a positive contribution to the community I live in. | SD | D | U | A | SA |
| 3. I have a safe place to go in order to cope with negative feelings. | SD | D | U | A | SA |
| 4. Women often use alcohol and/or drugs to cope with negative feelings. | SD | D | U | A | SA |
| 5. If I feel anxious or nervous I have strategies to cope with these feelings. | SD | D | U | A | SA |
| 6. I know what to do when I feel unsafe. | SD | D | U | A | SA |
| 7. Drinking small amounts of alcohol while pregnant may cause damage to a fetus. | SD | D | U | A | SA |
| 8. Substance abuse is a way for women to avoid dealing with physical/emotional pain. | SD | D | U | A | SA |
| 9. Substance abuse affects everyone in your life. | SD | D | U | A | SA |
| 10. Substance abuse affects only the person using. | SD | D | U | A | SA |

SD = Strongly Disagree
D = Disagree
U = Undecided
A = Agree
SA = Strongly Agree

- | | | | | | |
|--------------------------------------------------------------------------------------------------------------|-----------|----------|----------|----------|-----------|
| 11. Substance abuse and criminal behaviour often go hand in hand. | SD | D | U | A | SA |
| 12. Women who are under the influence of substances are more likely to engage in unhealthy sexual practices. | SD | D | U | A | SA |
| 13. Women who are intoxicated are more likely to say yes to sex. | SD | D | U | A | SA |
| 14. Substance abuse (my own or someone else's in my life) has had an impact on my life. | SD | D | U | A | SA |
| 15. Women who have been abused are more likely to use alcohol and/or drugs. | SD | D | U | A | SA |

APPENDIX B – SEMI-STRUCTURED INTERVIEW

Name: _____

FPS: _____

Date (YY-MM-DD): _____

Institution: _____

**PRE-PROGRAM SEMI-STRUCTURED INTERVIEW
AND
PARTICIPANT SUMMARY BOOKLET**

WOMEN OFFENDER SUBSTANCE ABUSE PROGRAMMING

CORRECTIONAL SERVICE OF CANADA

Please Forward Completed Booklets to:

Addiction Research Centre
23 Brook St., P.O. Box 1360
Montague, P.E.I.
C0A 1R0

Note to Facilitators:

The Semi-Structured Pre-program Interview provides an opportunity to both gather case information for assessment and to engage the women offenders who will be entering Module II – Intensive Therapeutic Treatment Program. Engagement is especially important in fostering connection and motivation at the initial stages of treatment. Although we have provided potential responses the women may give, the interview is still meant to be an open-ended, qualitative discussion.

You, as the interviewer, are to ask the women the initial question. As the women provide you with their response you check off any responses that match with the ones provided. If the women provide responses that are not included in the list, please add their responses in the space labelled '**Other**'.

You are **not meant** to read out each of the possible responses and get the women to say yes or no. We still want the women to give the responses that come instinctively to them.

You may use some of the responses to prompt information from the women if you feel as though they are misunderstanding a question or may have more information to provide for that question.

If the women provide you with additional information with a particular question or you would like to make a note about something, please provide that information in the space labelled '**Comments**'.

When you are filling out the questionnaire please take note of questions that require only one response to be given (i.e. only one of the boxes to be checked off).

Each question is divided so responses are indicated for drug and alcohol abuse separately. In the case where a woman only abuses drugs and does not drink you would only ask questions in reference to drug abuse.

Please complete the entire interview and provide an explanation if any questions are not completed.

Thank you.

1. Women's Substance Abuse Program:

Intake Information Summary

Institution: _____

Offender's Name: _____

FPS #: _____

Assessment Instruments Summary (Pre-program):

1. Drug Abuse Screening Test (DAST) Score

(Raw Score: _____)

None Low Moderate Substantial Severe

2. Problems Related to Drinking Scale (PRD):

(Raw Score: _____)

None Some Quite A Few A Lot

3. Alcohol Dependence Scale (ADS):

(Raw Score: _____)

None Low Moderate Substantial Severe

4. Stage of Change - Readiness to Change Questionnaire (RCQ) *(please use most recent scores available):*

a. Precontemplation (Raw Score: _____) b. Contemplation (Raw Score: _____) c. Preparation (Raw Score: _____)

d. Action (Raw Score: _____) e. Maintenance (Raw Score: _____)

2. Pre-Program Interview

Interviewer's Name: _____

Date of Interview: ___/___/___
YY MM DD

Facilitator Note: For each question, unless otherwise indicated, please check off as many boxes as are appropriate.

~ Current Perception ~

1. a) Do you believe that you have a substance abuse problem?

No → Go to 1 e

Yes → Go to 1 b

b) Do you see yourself as having a drug problem, an alcohol problem, both a drug and alcohol problem, or no problem?

Drug → Go to 1 c

Alcohol → Go to 1 c

Both → Go to 1 c

No problem → Go to 1 e

c) Specifically, what substance(s) do you feel you have a problem with?

Drugs:	Alcohol:
<input type="checkbox"/> Marijuana or hashish <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin (H, horse, junk, smack) <input type="checkbox"/> Benzodiazepines/Minor tranquilizers (Librium, Valium, V's) <input type="checkbox"/> Opiates (tylenol-3, codeine, percodan, percocet, dilaudid, demerol, morphine) <input type="checkbox"/> Mushrooms <input type="checkbox"/> MDA (ecstasy) <input type="checkbox"/> LSD <input type="checkbox"/> Amphetamines (uppers) <input type="checkbox"/> Barbiturates (downers) <input type="checkbox"/> Methadone (dollies) <input type="checkbox"/> PCP (angel dust) <input type="checkbox"/> Quaaludes <input type="checkbox"/> Inhalants (glue, gas, aerosols, airplane glue, sniff, poppers) <input type="checkbox"/> Crack <input type="checkbox"/> Steroids/Performance Enhancing Drugs <input type="checkbox"/> Organic drugs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Liquor <input type="checkbox"/> Other (Brew, rubbing alcohol, cough syrup) <input type="checkbox"/> Other: _____

d) Why do you think you have a substance abuse problem?

<p>Drugs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Using for a long time <input type="checkbox"/> Led to law violations and prison <input type="checkbox"/> Problems in my life (relationships, work, etc.) <input type="checkbox"/> Affected my relationship with my children <input type="checkbox"/> Need it to function <input type="checkbox"/> No control over my drug use <input type="checkbox"/> Health problems <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Alcohol:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drinking for a long time <input type="checkbox"/> Led to law violations and prison <input type="checkbox"/> Problems in my life (relationships, work, etc.) <input type="checkbox"/> Affected my relationship with my children <input type="checkbox"/> Need it to function <input type="checkbox"/> No control over my alcohol use <input type="checkbox"/> Health problems <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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*** Go to number 2***

e) What makes you think that you DO NOT have a serious substance abuse problem?

<p>Drugs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Overcome my drug problem <input type="checkbox"/> Not used for a long time <input type="checkbox"/> Don't use often <input type="checkbox"/> Currently on methadone and I feel better since starting the program <input type="checkbox"/> Better understanding of myself <input type="checkbox"/> Able to care for my children <input type="checkbox"/> Not resulted in law violations <input type="checkbox"/> Not caused me financial problems <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Alcohol:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Overcome my alcohol problem <input type="checkbox"/> Not drank for a long time <input type="checkbox"/> Don't drink often <input type="checkbox"/> Anytime I am offered a drink I think about treatment I have received <input type="checkbox"/> Better understanding of myself <input type="checkbox"/> Able to care for my children <input type="checkbox"/> Not resulted in law violations <input type="checkbox"/> Not caused me financial problems <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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~ History of Substance Abuse ~

2. Over your LIFETIME, what kinds of drugs and alcohol have you USED or TRIED? (check off all that apply)

Drugs:	Alcohol:
<input type="checkbox"/> Marijuana or hashish <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin (H, horse, junk, smack) <input type="checkbox"/> Benzodiazepines/Minor tranquilizers (Librium, Valium, V's) <input type="checkbox"/> Opiates (tylenol-3, codeine, percodan, percocet, dilaudid, demerol, morphine) <input type="checkbox"/> Mushrooms <input type="checkbox"/> MDA (ecstasy) <input type="checkbox"/> LSD <input type="checkbox"/> Amphetamines (uppers) <input type="checkbox"/> Barbiturates (downers) <input type="checkbox"/> Methadone (dollies) <input type="checkbox"/> PCP (angel dust) <input type="checkbox"/> Quaaludes <input type="checkbox"/> Inhalants (glue, gas, aerosols, airplane glue, sniff, poppers) <input type="checkbox"/> Crack <input type="checkbox"/> Steroids/Performance Enhancing Drugs <input type="checkbox"/> Organic drugs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Liquor <input type="checkbox"/> Other (Brew, rubbing alcohol, cough syrup) <input type="checkbox"/> Other: _____

3. a) Have you used Marijuana or hashish more frequently than other drugs?

Yes
 No

b) Which drugs have you used most frequently?

Drugs (identify only one):

 Marijuana or hashish
 Cocaine
 Heroin (H, horse, junk, smack)
 Benzodiazepines/Minor tranquilizers (Librium, Valium, V's)
 Opiates (tylenol-3, codeine, percodan, percocet, dilaudid, demerol, morphine)
 Mushrooms
 MDA (ecstasy)
 LSD
 Amphetamines (uppers)
 Barbiturates (downers)
 Methadone (dollies)
 PCP (angel dust)
 Quaaludes
 Inhalants (glue, gas, aerosols, airplane glue, sniff, poppers)
 Crack
 Steroids/Performance Enhancing Drugs
 Organic drugs
 Other: _____

c) Did you try alcohol or drugs first?

<input type="checkbox"/> Alcohol <input type="checkbox"/> Drugs

d) Please respond for both drugs and alcohol. What type of drug and/or alcohol did you TRY FIRST? (Pick only one type of drug and/or one type of alcohol)

Drugs:	Alcohol:
<input type="checkbox"/> Marijuana or hashish <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin (H, horse, junk, smack) <input type="checkbox"/> Benzodiazepines/Minor tranquilizers (Librium, Valium, V's) <input type="checkbox"/> Opiates (tylenol-3, codeine, percodan, percocet, dilaudid, demerol, morphine) <input type="checkbox"/> Mushrooms <input type="checkbox"/> MDA (ecstasy) <input type="checkbox"/> LSD <input type="checkbox"/> Amphetamines (uppers) <input type="checkbox"/> Barbiturates (downers) <input type="checkbox"/> Methadone (dollies) <input type="checkbox"/> PCP (angel dust) <input type="checkbox"/> Quaaludes <input type="checkbox"/> Inhalants (glue, gas, aerosols, airplane glue, sniff, poppers) <input type="checkbox"/> Crack <input type="checkbox"/> Steroids/Performance Enhancing drugs <input type="checkbox"/> Organic drugs <input type="checkbox"/> Other: _____	<input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Liquor <input type="checkbox"/> Other (Brew, rubbing alcohol, cough syrup) <input type="checkbox"/> Other: _____

4. a) How OLD were you when you FIRST TRIED drugs and/or alcohol?

Drugs: _____ **Alcohol:** _____

5. a) How old were you when you FIRST started using drugs and/or alcohol REGULARLY (that is, a pattern of use)?

Drugs: _____ **Alcohol:** _____

Never used regularly _____ **Never drank regularly** _____

b) How OFTEN were you using drugs/drinking at that time? (Pick only one)

Drugs:	Alcohol:
<input type="checkbox"/> Yearly (couple of times a year) <input type="checkbox"/> Monthly (couple of times a month) <input type="checkbox"/> Weekly (couple of times a week) <input type="checkbox"/> Daily (couple of times a day) <input type="checkbox"/> Once	<input type="checkbox"/> Yearly (couple of times a year) <input type="checkbox"/> Monthly (couple of times a month) <input type="checkbox"/> Weekly (couple of times a week) <input type="checkbox"/> Daily (couple of times a day) <input type="checkbox"/> Once

Now, I'd like you to give your best estimate for the MOST RECENT TIME WHEN you were using drugs and/or alcohol REGULARLY (that is, a pattern of use).

6. From what PERIOD of TIME were you LAST using drugs and/or alcohol on a REGULAR basis?

*Note: It is important to establish this time frame. Please note the time period the offender is referring to here:

Drugs: From: / To: /
YY MM YY MM

Alcohol: From: / To: /
YY MM YY MM

Comments:

* For #7 and 8 refer to period of time indicated in #6 *

7. Specifically, WHAT was your DRUG and/or ALCOHOL of choice and HOW OFTEN were you using? (Pick only one)

<p style="text-align: center;">Drugs</p> <ul style="list-style-type: none"> <input type="checkbox"/> Marijuana or hashish <input type="checkbox"/> Cocaine <input type="checkbox"/> Heroin (H, horse, junk, smack) <input type="checkbox"/> Benzodiazepines/Minor tranquilizers (Librium, Valium, V's) <input type="checkbox"/> Opiates (tylenol-3, codeine, percodan, percocet, dilaudid, demerol, morphine) <input type="checkbox"/> Mushrooms <input type="checkbox"/> MDA (ecstasy) <input type="checkbox"/> LSD <input type="checkbox"/> Amphetamines (uppers) <input type="checkbox"/> Barbiturates (downers) <input type="checkbox"/> Methadone (dollies) <input type="checkbox"/> PCP (angel dust) <input type="checkbox"/> Quaaludes <input type="checkbox"/> Inhalants (glue, gas, aerosols, airplane glue, sniff, poppers) <input type="checkbox"/> Crack <input type="checkbox"/> Steroids/Performance Enhancing Drugs <input type="checkbox"/> Organic drugs <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">How often:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Once or a few times a year <input type="checkbox"/> About once a month <input type="checkbox"/> About once a week <input type="checkbox"/> A few times a week <input type="checkbox"/> Almost everyday <input type="checkbox"/> Everyday
<p style="text-align: center;">Alcohol</p> <ul style="list-style-type: none"> <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Liquor <input type="checkbox"/> Other (Brew, rubbing alcohol, cough syrup) <input type="checkbox"/> Other: _____ 	<p style="text-align: center;">How often:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Once or a few times a year <input type="checkbox"/> About once a month <input type="checkbox"/> About once a week <input type="checkbox"/> A few times a week <input type="checkbox"/> Almost everyday <input type="checkbox"/> Everyday

8. a) WITH WHOM did you TYPICALLY use drugs and/or alcohol? (Pick only one)

<p>Drugs:</p> <p><input type="checkbox"/> Alone</p> <p><input type="checkbox"/> With close friends or family</p> <p><input type="checkbox"/> With my partner/boyfriend/girlfriend</p> <p><input type="checkbox"/> With acquaintances</p> <p><input type="checkbox"/> With strangers</p> <p><input type="checkbox"/> With anyone</p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> Alone</p> <p><input type="checkbox"/> With close friends or family</p> <p><input type="checkbox"/> With my partner/boyfriend/girlfriend</p> <p><input type="checkbox"/> With acquaintances</p> <p><input type="checkbox"/> With strangers</p> <p><input type="checkbox"/> With anyone</p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>
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b) WHERE did you TYPICALLY use drugs and/or alcohol? (Pick only one)

<p>Drugs:</p> <p><input type="checkbox"/> At my home</p> <p><input type="checkbox"/> At friends' or relatives' homes</p> <p><input type="checkbox"/> At bars or hotels</p> <p><input type="checkbox"/> On the street or other outdoor areas</p> <p><input type="checkbox"/> At parties (large groups/strangers)</p> <p><input type="checkbox"/> At a drug/crack house</p> <p><input type="checkbox"/> Anywhere</p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> At my home</p> <p><input type="checkbox"/> At friends' or relatives' homes</p> <p><input type="checkbox"/> At bars or hotels</p> <p><input type="checkbox"/> On the street or other outdoor areas</p> <p><input type="checkbox"/> At parties (large groups/strangers)</p> <p><input type="checkbox"/> Anywhere</p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>
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~ Attempts To Change ~

9. a) Have you ever tried to QUIT or CUT DOWN using drugs and/or alcohol?

<p>Drugs:</p> <p><input type="checkbox"/> No -> Go to question 10</p> <p><input type="checkbox"/> Yes -> Go to 9b</p>	<p>Alcohol:</p> <p><input type="checkbox"/> No -> Go to question 10</p> <p><input type="checkbox"/> Yes -> Go to 9b</p>
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b) How many times have you TRIED to quit/cut down using drugs and/or alcohol?

<p>DRUGS:</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> 2-3 times</p> <p><input type="checkbox"/> 4 or more times</p> <p><input type="checkbox"/> Other: _____</p>	<p>ALCOHOL:</p> <p><input type="checkbox"/> Once</p> <p><input type="checkbox"/> 2-3 times</p> <p><input type="checkbox"/> 4 or more times</p> <p><input type="checkbox"/> Other: _____</p>
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c) Think about the longest time period you were able to quit or seriously reduce your use. For HOW LONG were you successful? (Pick only one for drugs and/or alcohol)

<p>Drugs:</p> <p><input type="checkbox"/> For ___ year(s)</p> <p><input type="checkbox"/> For ___ month(s)</p> <p><input type="checkbox"/> For ___ week(s)</p> <p><input type="checkbox"/> For ___ day(s)</p> <p><input type="checkbox"/> I quit completely</p> <p>Comments: _____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> For ___ year(s)</p> <p><input type="checkbox"/> For ___ month(s)</p> <p><input type="checkbox"/> For ___ week(s)</p> <p><input type="checkbox"/> For ___ day(s)</p> <p><input type="checkbox"/> I quit completely</p> <p>Comments: _____</p> <p>_____</p>
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d) What did you do to avoid using drugs and/or alcohol?

<p>Drugs:</p> <p><input type="checkbox"/> I kept busy</p> <p><input type="checkbox"/> I did not socialise often</p> <p><input type="checkbox"/> I changed my lifestyle</p> <p><input type="checkbox"/> I didn't use because of health reasons</p> <p><input type="checkbox"/> I thought about my children</p> <p><input type="checkbox"/> I focused on a positive relationship</p> <p><input type="checkbox"/> I did not want to use</p> <p><input type="checkbox"/> I thought about the consequences</p> <p><input type="checkbox"/> I participated in a program(s)</p> <p><input type="checkbox"/> I used different substances</p> <p><input type="checkbox"/> I was in jail</p> <p><input type="checkbox"/> I just said no</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> I kept busy</p> <p><input type="checkbox"/> I did not socialise often</p> <p><input type="checkbox"/> I changed my lifestyle</p> <p><input type="checkbox"/> I didn't use because of health reasons</p> <p><input type="checkbox"/> I thought about my children</p> <p><input type="checkbox"/> I focused on a positive relationship</p> <p><input type="checkbox"/> I did not want to use</p> <p><input type="checkbox"/> I thought about the consequences</p> <p><input type="checkbox"/> I participated in a program(s)</p> <p><input type="checkbox"/> I used different substances</p> <p><input type="checkbox"/> I was in jail</p> <p><input type="checkbox"/> I just said no</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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e) Did you START using drugs and/or alcohol again after quitting?

<p>Drugs:</p> <p><input type="checkbox"/> No -> Go to question 10</p> <p><input type="checkbox"/> Yes ->Go to 9 f</p>	<p>Alcohol:</p> <p><input type="checkbox"/> No -> Go to question 10</p> <p><input type="checkbox"/> Yes ->Go to 9f</p>
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f) Why did you start using drugs and/or alcohol again?

<p>Drugs:</p> <p><input type="checkbox"/> Relationship problems</p> <p><input type="checkbox"/> I was stressed/depressed/frustrated over my life situation</p> <p><input type="checkbox"/> I was bored</p> <p><input type="checkbox"/> I convinced myself I could handle using once in awhile</p> <p><input type="checkbox"/> Death of a loved one</p> <p><input type="checkbox"/> I wanted to</p> <p><input type="checkbox"/> I used to avoid withdrawal</p> <p><input type="checkbox"/> Because my friends were using</p> <p><input type="checkbox"/> Because my partner was using</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> Relationship problems</p> <p><input type="checkbox"/> I was stressed/depressed/frustrated over my life situation</p> <p><input type="checkbox"/> I was bored</p> <p><input type="checkbox"/> I convinced myself I could handle drinking once in awhile</p> <p><input type="checkbox"/> Death of a loved one</p> <p><input type="checkbox"/> I wanted to</p> <p><input type="checkbox"/> I drank to avoid withdrawal</p> <p><input type="checkbox"/> Because my friends were using</p> <p><input type="checkbox"/> Because my partner was using</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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~ Previous Programming ~

9. a) Have you EVER received HELP for your substance abuse problem? (or participated in any previous substance abuse programming?).

*Note: This includes any substance abuse programming, structured or self-help, in the community or institution.

- No → Go to question 11
Yes → Go to 10 b

b) What types of treatment programs have you participated in? (Check all that apply)

<input type="checkbox"/> Correctional substance abuse program _____ <input type="checkbox"/> AA/NA/CA <input type="checkbox"/> Residential treatment centre <input type="checkbox"/> Community treatment centre <input type="checkbox"/> Detoxification <input type="checkbox"/> Relapse Prevention/Maintenance Program <input type="checkbox"/> Group counselling <input type="checkbox"/> Individual counselling <input type="checkbox"/> Methadone Maintenance <input type="checkbox"/> Other: _____

c) How MANY TIMES have you been in a treatment program?

<input type="checkbox"/> 1-2 times <input type="checkbox"/> 3-4 times <input type="checkbox"/> 5 or more times <input type="checkbox"/> Other: _____

d) When was the LAST TIME you were in a treatment program? (Excluding Module 1)

____/____
YY MM

e) What was the MOST RECENT treatment program? (Excluding Module 1)

(Pick one; if services were combined pick all that apply)

<input type="checkbox"/> Correctional substance abuse program _____ <input type="checkbox"/> Self-help group <input type="checkbox"/> Residential treatment centre <input type="checkbox"/> Community treatment centre <input type="checkbox"/> Detoxification <input type="checkbox"/> Other: _____

f) What services were available in the most recent treatment program you have participated in? (Excluding Module 1)

<input type="checkbox"/> Group counselling <input type="checkbox"/> Individual counselling <input type="checkbox"/> Methadone Maintenance <input type="checkbox"/> Other: _____

g) Was the treatment program HELPFUL for you?

- No → Go to 10 i
Yes → Go to 10 h only

h) In what ways did you find the program HELPFUL?

<ul style="list-style-type: none"><input type="checkbox"/> It was a support system<input type="checkbox"/> Learned about self-awareness<input type="checkbox"/> Provided education/knowledge about substance abuse and its effects<input type="checkbox"/> I was able to talk about feelings/values/experiences<input type="checkbox"/> Made me feel good to be sober/clean<input type="checkbox"/> Helped me to plan and set goals<input type="checkbox"/> Learned skills to help me stay on track<input type="checkbox"/> Learned about my relationships<input type="checkbox"/> Learned about spirituality<input type="checkbox"/> Learned about sexuality <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>

i) Why was the treatment program NOT helpful?

<ul style="list-style-type: none"><input type="checkbox"/> Not want to share my feelings/experiences<input type="checkbox"/> Not like the program (ideals/basis of the program)<input type="checkbox"/> Not participate in the program long enough<input type="checkbox"/> Not ready for program/detox<input type="checkbox"/> Getting help was not my idea <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>Comments: _____</p> <p>_____</p>

~ Substance Use and Life Areas ~

Ok, now I'd like to ask you a few more specific questions about HOW drugs and/or alcohol have INFLUENCED YOUR LIFE (now and in the past).

11. a) Have drugs and/or alcohol had a POSITIVE influence on your life?

Drugs:
 No → Go to 11 c
 Yes → Go to 11 b

Alcohol:
 No → Go to 11 c
 Yes → Go to 11 b

b) In what ways have drugs and/or alcohol had a POSITIVE influence on your life?
 (Check all that apply)

<p>Drugs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Made me feel relaxed <input type="checkbox"/> Made me feel more confident socially (less shy) <input type="checkbox"/> Helped me forget about my problems <input type="checkbox"/> Helped take away physical pain <input type="checkbox"/> Helped take away emotional pain <input type="checkbox"/> Make me feel good about myself <input type="checkbox"/> The negative experiences I had while using helped me to quit <input type="checkbox"/> Helped me to cope with prostituting <input type="checkbox"/> Helped me financially (trafficking, etc.) <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____</p> <p>Comments: _____ _____</p>	<p>Alcohol:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Made me feel relaxed <input type="checkbox"/> Made me feel more confident socially (less shy) <input type="checkbox"/> Helped me forget about my problems <input type="checkbox"/> Helped take away physical pain <input type="checkbox"/> Helped take away emotional pain <input type="checkbox"/> Make me feel good about myself <input type="checkbox"/> The negative experiences I had while drinking helped me to quit <input type="checkbox"/> Helped me to cope with prostituting <input type="checkbox"/> Helped me financially (trafficking, etc.) <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____</p> <p>Comments: _____ _____</p>
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c) Have drugs and/or alcohol had a NEGATIVE influence on your life?

Drugs:
 No → Go to 12 a
 Yes → Go to 11 d

Alcohol:
 No → Go to 12 a
 Yes → Go to 11 d

d) In what ways have drugs and/or alcohol had a NEGATIVE influence on your life?
 (Check all that apply)

<p>Drugs:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I became involved in criminal activity <input type="checkbox"/> Had a negative affect on my relationships <input type="checkbox"/> Loss of my children <input type="checkbox"/> Impact on my children <input type="checkbox"/> Cause financial problems (lost job, problems at work, etc.) <input type="checkbox"/> I became depressed <input type="checkbox"/> Embarrassed about my behaviour while using <input type="checkbox"/> Caused me to have health problems <input type="checkbox"/> Had a negative impact on my appearance <input type="checkbox"/> I became involved in prostitution <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____</p> <p>Comments: _____ _____</p>	<p>Alcohol:</p> <ul style="list-style-type: none"> <input type="checkbox"/> I became involved in criminal activity <input type="checkbox"/> Had a negative affect on my relationships <input type="checkbox"/> Loss of my children <input type="checkbox"/> Impact on my children <input type="checkbox"/> Cause financial problems (lost job, problems at work, etc.) <input type="checkbox"/> I became depressed <input type="checkbox"/> Embarrassed about my behaviour while using <input type="checkbox"/> Caused me to have health problems <input type="checkbox"/> Had a negative impact on my appearance <input type="checkbox"/> I became involved in prostitution <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____</p> <p>Comments: _____ _____</p>
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12. a) Have drugs and/or alcohol affected your PAST or PRESENT RELATIONSHIPS with your husband/boyfriend/girlfriend/common-law partner?

<p>Drugs:</p> <p>No <input type="checkbox"/> → Go to 12 c</p> <p>Yes <input type="checkbox"/> → Go to 12 b</p> <p>Not applicable <input type="checkbox"/> → Go to 12 c</p>	<p>Alcohol:</p> <p>No <input type="checkbox"/> → Go to 12 c</p> <p>Yes <input type="checkbox"/> → Go to 12 b</p> <p>Not applicable <input type="checkbox"/> → Go to 12 c</p>
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b) How have drugs and/or alcohol affected your past or present relationships with your Husband/boyfriend/girlfriend/common-law partner?

<p>Drugs:</p> <p><input type="checkbox"/> Caused a divorce/separation/break-up</p> <p><input type="checkbox"/> It brought me closer to my partner</p> <p><input type="checkbox"/> Became argumentative</p> <p><input type="checkbox"/> Got into fights/arguments</p> <p><input type="checkbox"/> Didn't spend time with him/her</p> <p><input type="checkbox"/> Lied to my partner</p> <p><input type="checkbox"/> Became emotionally withdrawn</p> <p><input type="checkbox"/> Changed my behaviour</p> <p><input type="checkbox"/> Made me violent</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> Caused a divorce/separation/break-up</p> <p><input type="checkbox"/> It brought me closer to my partner</p> <p><input type="checkbox"/> Became argumentative</p> <p><input type="checkbox"/> Got into fights/arguments</p> <p><input type="checkbox"/> Didn't spend time with him/her</p> <p><input type="checkbox"/> Lied to my partner</p> <p><input type="checkbox"/> Became emotionally withdrawn</p> <p><input type="checkbox"/> Changed my behaviour</p> <p><input type="checkbox"/> Made me violent</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p>
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c) Do you have any children?

- No → Go to 12 f
- Yes → Go to 12 d

d) Have drugs and/or alcohol affected your RELATIONSHIP with your CHILDREN?

<p>Drugs:</p> <p>No <input type="checkbox"/> → Go to 12 f</p> <p>Yes <input type="checkbox"/> → Go to 12 e</p>	<p>Alcohol:</p> <p>No <input type="checkbox"/> → Go to 12 f</p> <p>Yes <input type="checkbox"/> → Go to 12 e</p>
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e) How have drugs and/or alcohol affected you relationship with your children?

<p>Drugs:</p> <p><input type="checkbox"/> Not spend enough time with them</p> <p><input type="checkbox"/> Taken away from me</p> <p><input type="checkbox"/> Not have a relationship with them</p> <p><input type="checkbox"/> Lost my temper easily</p> <p><input type="checkbox"/> Got into fights/arguments</p> <p><input type="checkbox"/> They abuse substances</p> <p><input type="checkbox"/> I abused them (emotionally, physically)</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> Not spend enough time with them</p> <p><input type="checkbox"/> Taken away from me</p> <p><input type="checkbox"/> Not have a relationship with them</p> <p><input type="checkbox"/> Lost my temper easily</p> <p><input type="checkbox"/> Got into fights/arguments</p> <p><input type="checkbox"/> They abuse substances</p> <p><input type="checkbox"/> I abused them (emotionally, physically)</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p>
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f) Have drugs and/or alcohol affected your FAMILY RELATIONSHIPS (e.g., parents, brothers, sisters, relatives, etc.)

<p>Drugs: No <input type="checkbox"/> → Go to 12 h Yes <input type="checkbox"/> → Go to 12 g</p>	<p>Alcohol: No <input type="checkbox"/> → Go to 12 h Yes <input type="checkbox"/> → Go to 12 g</p>
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g) How have drugs and/or alcohol affected your family relationships (e.g. parents, brothers, sisters, relatives, etc.)?

<p>Drugs: <input type="checkbox"/> It caused fights/arguments <input type="checkbox"/> It caused a rift between family members <input type="checkbox"/> Avoided them/didn't spend time with my family <input type="checkbox"/> They used/drank so it brought us closer together <input type="checkbox"/> It caused tension/resentment/disappointment</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____ _____</p> <p>Comments: _____ _____</p>	<p>Alcohol: <input type="checkbox"/> It caused fights/arguments <input type="checkbox"/> It caused a rift between family members <input type="checkbox"/> Avoided them/didn't spend time with my family <input type="checkbox"/> They drank/used so it brought us closer together <input type="checkbox"/> It caused tension/resentment/disappointment</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____ _____</p> <p>Comments: _____ _____</p>
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h) Have drugs and/or alcohol affected your relationships with your friends?

<p>Drugs: No <input type="checkbox"/> → Go to 12 j Yes <input type="checkbox"/> → Go to 12 i</p>	<p>Alcohol: No <input type="checkbox"/> → Go to 12 j Yes <input type="checkbox"/> → Go to 12 i</p>
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i) How have drugs and/or alcohol affected your relationships with your friends?

<p>Drugs: <input type="checkbox"/> Got into fights/arguments <input type="checkbox"/> Lost friends because I stopped using <input type="checkbox"/> Lost friends because I was using <input type="checkbox"/> Most of my friends were involved in criminal activities <input type="checkbox"/> Never had any real friends</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____ _____</p> <p>Comments: _____ _____</p>	<p>Alcohol: <input type="checkbox"/> Got into fights/arguments <input type="checkbox"/> Lost friends because I stopped drinking <input type="checkbox"/> Lost friends because of my drinking <input type="checkbox"/> Most of my friends were involved in criminal activities <input type="checkbox"/> Never had any real friends</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____ _____ _____</p> <p>Comments: _____ _____</p>
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j) Have drugs and/or alcohol affected your WORK or SCHOOL?

<p>Drugs: No <input type="checkbox"/> → Go to 12 l Yes <input type="checkbox"/> → Go to 12 k</p>	<p>Alcohol: No <input type="checkbox"/> → Go to 12 l Yes <input type="checkbox"/> → Go to 12 k</p>
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k) How have drugs and/or alcohol affected your work or school?

<p>Drugs:</p> <input type="checkbox"/> Poor performance <input type="checkbox"/> Under the influence at work <input type="checkbox"/> Called in sick/late/left early due to drug use <input type="checkbox"/> Quit school/work <input type="checkbox"/> Fired because of drugs <input type="checkbox"/> Kicked out of school because of drugs <input type="checkbox"/> Did not go to work/attend school because of drug use	<p>Alcohol:</p> <input type="checkbox"/> Poor performance <input type="checkbox"/> Under the influence at work <input type="checkbox"/> Called in sick/late/left early due to drinking <input type="checkbox"/> Quit school/work <input type="checkbox"/> Fired because of drinking <input type="checkbox"/> Kicked out of school because of drinking <input type="checkbox"/> Did not go to work/attend school because of drinking
<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____ _____	<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____ _____

l) Have drugs and/or alcohol affected your FINANCES?

<p>Drugs:</p> No <input type="checkbox"/> → Go to 12 n Yes <input type="checkbox"/> → Go to 12 m	<p>Alcohol:</p> No <input type="checkbox"/> → Go to 12 n Yes <input type="checkbox"/> → Go to 12 m
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m) How have drugs and/or alcohol affected your finance?

<p>Drugs:</p> <input type="checkbox"/> Spent all of my money on drugs <input type="checkbox"/> Spent most of my money on my drugs <input type="checkbox"/> Any extra money I had was used for drugs <input type="checkbox"/> Committed crimes to support my use <input type="checkbox"/> Prostituted/trafficked to support my drug use	<p>Alcohol:</p> <input type="checkbox"/> Spent all of my money on alcohol <input type="checkbox"/> Spent most of my money on alcohol <input type="checkbox"/> Any extra money I had was used for alcohol <input type="checkbox"/> Committed crimes to support my drinking <input type="checkbox"/> Prostituted/trafficked to support my drinking
<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____ _____	<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____ _____

n) Have drugs and/or alcohol affected your PHYSICAL health?

<p>Drugs:</p> No <input type="checkbox"/> → Go to 12 p Yes <input type="checkbox"/> → Go to 12 o	<p>Alcohol:</p> No <input type="checkbox"/> → Go to 12 p Yes <input type="checkbox"/> → Go to 12 o
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o) How have drugs and/or alcohol affected your physical health?

<p>Drugs:</p> <input type="checkbox"/> Weight gain <input type="checkbox"/> Weight loss <input type="checkbox"/> Poor nutrition <input type="checkbox"/> My energy level fluctuates <input type="checkbox"/> Scars and other injuries due to fights <input type="checkbox"/> Accidents <input type="checkbox"/> Car accidents <input type="checkbox"/> Serious physical injuries <input type="checkbox"/> Serious health problems <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hangovers <input type="checkbox"/> Blackouts <input type="checkbox"/> Withdrawal symptoms <input type="checkbox"/> DTs <input type="checkbox"/> Overdosed <input type="checkbox"/> Seizures <input type="checkbox"/> Short-term memory loss <input type="checkbox"/> Has affected my menstrual cycle <input type="checkbox"/> Infertility <input type="checkbox"/> Affected my pregnancy	<p>Alcohol:</p> <input type="checkbox"/> Weight gain <input type="checkbox"/> Weight loss <input type="checkbox"/> Poor nutrition <input type="checkbox"/> My energy level fluctuates <input type="checkbox"/> Scars and other injuries due to fights <input type="checkbox"/> Accidents <input type="checkbox"/> Car accidents <input type="checkbox"/> Serious physical injuries <input type="checkbox"/> Serious health problems <input type="checkbox"/> Hepatitis C <input type="checkbox"/> Hangovers <input type="checkbox"/> Blackouts <input type="checkbox"/> Withdrawal symptoms <input type="checkbox"/> DTs <input type="checkbox"/> Alcohol poisoning <input type="checkbox"/> Seizures <input type="checkbox"/> Short-term memory loss <input type="checkbox"/> Has affected my menstrual cycle <input type="checkbox"/> Infertility <input type="checkbox"/> Affected my pregnancy
<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____	<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____

p) Have drugs and/or alcohol affected your MENTAL health?

<p>Drugs:</p> No <input type="checkbox"/> → Go to 13 Yes <input type="checkbox"/> → Go to 12 q	<p>Alcohol:</p> No <input type="checkbox"/> → Go to 13 Yes <input type="checkbox"/> → Go to 12 q
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q) How have drugs and/or alcohol affected your mental health?

<p>Drugs:</p> <input type="checkbox"/> Felt depressed <input type="checkbox"/> Felt guilty <input type="checkbox"/> Felt lonely <input type="checkbox"/> Felt lost <input type="checkbox"/> Was angry <input type="checkbox"/> Was aggressive <input type="checkbox"/> Was paranoid <input type="checkbox"/> Had anxiety <input type="checkbox"/> Had a negative self-image/self-esteem <input type="checkbox"/> Was calm/uncaring when under the influence (withdrawn) <input type="checkbox"/> Was hyper <input type="checkbox"/> Was afraid <input type="checkbox"/> Was slow and forgetful <input type="checkbox"/> Was frustrated <input type="checkbox"/> Felt suicidal <input type="checkbox"/> Using helped me not feel depressed	<p>Alcohol:</p> <input type="checkbox"/> Felt depressed <input type="checkbox"/> Felt guilty <input type="checkbox"/> Felt lonely <input type="checkbox"/> Felt lost <input type="checkbox"/> Was angry <input type="checkbox"/> Was aggressive <input type="checkbox"/> Was paranoid <input type="checkbox"/> Had anxiety <input type="checkbox"/> Had a negative self-image/self-esteem <input type="checkbox"/> Was calm/uncaring when under the influence (withdrawn) <input type="checkbox"/> Was hyper <input type="checkbox"/> Was afraid <input type="checkbox"/> Was slow and forgetful <input type="checkbox"/> Was frustrated <input type="checkbox"/> Felt suicidal <input type="checkbox"/> Drinking helped me not feel depressed
<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ Comments: _____ _____	<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ Comments: _____ _____

~ Emotional Issues ~

Note to facilitator: The following questions are to gain **preliminary information** into the offender's emotional issues and are not meant to be probed further (these areas will be addressed at a later date).

13. a) Have you ever experienced feelings of depression?

No <input type="checkbox"/> → Go to question 14 Yes <input type="checkbox"/> → Go to 13 b

b) Have you ever used alcohol and/or drugs to cope with your depression?

Drugs: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes
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14. a) Have you ever experienced feelings of anxiety?

No <input type="checkbox"/> → Go to question 15 Yes <input type="checkbox"/> → Go to 14 b

b) Have you ever used alcohol and/or drugs to cope with your anxiety?

Drugs: <input type="checkbox"/> No <input type="checkbox"/> Yes	Alcohol: <input type="checkbox"/> No <input type="checkbox"/> Yes
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~ Current Situation ~

I would now like to find out more about your current situation.

15. a) Are you currently (Do you currently have a...):

<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried <input type="checkbox"/> Single	<input type="checkbox"/> Separated <input type="checkbox"/> Common Law <input type="checkbox"/> Boyfriend/Girlfriend
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b) How long have you been *single, married, common law, etc.*? _____

16. a) How supportive is your spouse or partner of your participation in a substance abuse treatment program?

<input type="checkbox"/> Supportive → Go to 16 b <input type="checkbox"/> Non-Supportive → Go to 16 b <input type="checkbox"/> N/A → Go to question 17

b) Please elaborate: (Check all that apply)

<p style="text-align: center;">Supportive:</p> <p><input type="checkbox"/> Wants me to quit using/drinking</p> <p><input type="checkbox"/> Feels I need treatment</p> <p><input type="checkbox"/> Wants me to get treatment so I can get out of prison</p> <p><input type="checkbox"/> Does not think I need treatment but is still supportive</p> <p><input type="checkbox"/> Encourages me</p> <p><input type="checkbox"/> He/she is trying to get clean so they want me to as well</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p>	<p style="text-align: center;">Non-Supportive:</p> <p><input type="checkbox"/> Does not think I need treatment</p> <p><input type="checkbox"/> Does not think treatment will help me</p> <p><input type="checkbox"/> Does not think I can change</p> <p><input type="checkbox"/> Thinks I can change on my own</p> <p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <p><input type="checkbox"/> Other: _____</p> <p>_____</p> <p>Comments: _____</p> <p>_____</p>
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17. Is your spouse or partner currently using drugs and/or alcohol?

No

Yes

Unknown

N/A

18. Do you feel your family (parents, brothers, sisters, relatives) is supportive of your participation in a substance abuse treatment program?

No

Yes

19. a) In your opinion, do any of your family members have problems with drugs and/or alcohol?

No → Go to question 20

Yes → Go to 19 b

b) Which family members?

<p>Drugs:</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Brother</p> <p><input type="checkbox"/> Sister</p> <p><input type="checkbox"/> Other relative</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>	<p>Alcohol:</p> <p><input type="checkbox"/> Mother</p> <p><input type="checkbox"/> Father</p> <p><input type="checkbox"/> Brother</p> <p><input type="checkbox"/> Sister</p> <p><input type="checkbox"/> Other relative</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p>
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20. a) Do you feel that you have close friends that you can talk to if you have a problem?

No → Go to question 21

Yes → Go to 20 b

b) Of these friends, how many do you think have a drinking and/or drug problem?

Drugs: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All	Alcohol: <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All
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21. Are any of your friends involved in illegal activities?

No
 Yes
 N/A
 Unknown/Unsure
Comments: _____

22. a) What kinds of activities have you done in your LEISURE time when not in prison?

I had no leisure activities except drug/alcohol use (go to question 23)
 Played Sports
 Outdoor activities
 Spent time with my family
 Watched t.v./movies
 Reading
 Hobbies
 Going to bars/clubs
 Spending time with my children

If none of the above responses apply please choose "other" and provide a brief description

Other: _____

Comments: _____

b) Have ANY of these activities involved the use of drugs and/or alcohol?

None → Go to question 23
 A Few → Go to 22 c
 Most → Go to 22 c
 All → Go to 22 c

c) Which activities involved the use of drugs and/or alcohol?

<p>Drugs:</p> <input type="checkbox"/> Sports <input type="checkbox"/> Outdoor activities <input type="checkbox"/> Time with my family <input type="checkbox"/> Watching t.v./movies <input type="checkbox"/> Reading <input type="checkbox"/> Hobbies <input type="checkbox"/> Going to bars/clubs <input type="checkbox"/> Spending time with my children	<p>Alcohol:</p> <input type="checkbox"/> Sports <input type="checkbox"/> Outdoor activities <input type="checkbox"/> Time with my family <input type="checkbox"/> Watched t.v./movies <input type="checkbox"/> Reading <input type="checkbox"/> Hobbies <input type="checkbox"/> Going to bars/clubs <input type="checkbox"/> Spending time with my children
<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____	<p><i>If none of the above responses apply please choose "other" and provide a brief description</i></p> <input type="checkbox"/> Other: _____ _____ Comments: _____ _____

~ Crime and Substance Use ~

In the next section of this interview, I'd like to ask you about your criminal history.

23. a) Were you UNDER THE INFLUENCE of alcohol and/or drugs for your most recent offence or offences ?

No <input type="checkbox"/> → Go to number 23d Yes <input type="checkbox"/> → Go to 23 b

b) For what OFFENCE(S) were you under the INFLUENCE of alcohol and/or drugs?

<input type="checkbox"/> Theft (e.g., B & E's, shoplifting, auto theft, unlawfully in dwelling, possession stolen property) <input type="checkbox"/> Robbery (e.g., armed robbery, robbery with violence, extortion) <input type="checkbox"/> Fraud (e.g., forgery, false pretences, credit card fraud, impersonating) <input type="checkbox"/> Drug Offences (e.g., possession, trafficking, import narcotics, cultivation) <input type="checkbox"/> Assault (e.g., attempt murder, assault causing bodily harm, threatening, common assault, aggravated assault) <input type="checkbox"/> Sexual Assault (e.g., indecent assault, rape, incest, gross indecency) <input type="checkbox"/> Murder (e.g., manslaughter, first and second degree murder) <input type="checkbox"/> Possession of Weapon (e.g., possession of explosives, dangerous use of firearm, pointing a fire arm) <input type="checkbox"/> Escape (e.g., escape lawful custody, unlawfully at large, fail to appear, breach of recognizance, breach of bail, fail to comply, breach of probation) <input type="checkbox"/> Kidnapping (e.g., unlawful confinement, abduction) <input type="checkbox"/> Arson <input type="checkbox"/> Obstruction of Justice (e.g., assault police officer, obstruct peace officer, resist arrest, contempt of court) <input type="checkbox"/> Major Driving Offences (e.g., criminal negligence, drive while intoxicated, dangerous driving, driving while ability impaired, fail to remain at scene) <input type="checkbox"/> Prostitution <input type="checkbox"/> Other (e.g., vandalism, causing disturbance, mischief, willful damage) <input type="checkbox"/> Other: (specify): _____

c) What drugs and/or alcohol were you using?

<p>Drugs:</p> <input type="checkbox"/> Marijuana or hashish <input type="checkbox"/> Cocaine <input type="checkbox"/> Crack <input type="checkbox"/> Opiates (tylenol-3, codeine, percodan, percocet, dilaudid, demerol, morphine) <input type="checkbox"/> Heroin (H, horse, junk, smack) <input type="checkbox"/> Benzodiazepines/Minor tranquilizers (Librium, Valium, V's) <input type="checkbox"/> Mushrooms <input type="checkbox"/> MDA (ecstasy) <input type="checkbox"/> LSD <input type="checkbox"/> Amphetamines (uppers) <input type="checkbox"/> Barbiturates (downers) <input type="checkbox"/> Methadone (dollies) <input type="checkbox"/> PCP (angel dust) <input type="checkbox"/> Quaaludes <input type="checkbox"/> Inhalants (glue, gas, aerosols, airplane glue, sniff, poppers) <input type="checkbox"/> Steroids/Performance Enhancing Drugs <input type="checkbox"/> Other: _____	<p>Alcohol:</p> <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Liquor <input type="checkbox"/> Other (Brew, rubbing alcohol, cough syrup, etc.) <input type="checkbox"/> Other: _____
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

d) Do you think that your USE of (or INVOLVEMENT with) DRUGS and/or ALCOHOL CONTRIBUTED TO you committing this offence(s)?

<p>Drugs:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> N/A	<p>Alcohol:</p> <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Not sure <input type="checkbox"/> N/A
-------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------

24. a) Have you ever committed any other crimes in your LIFE, including those for which you were NEVER caught?

<input type="checkbox"/> No → Go to question 25 <input type="checkbox"/> Yes → Go to 24 b

b) HOW MANY of these crimes were committed while under the influence of drugs and/or alcohol?

<p>Drugs:</p> <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All	<p>Alcohol:</p> <input type="checkbox"/> None <input type="checkbox"/> Some <input type="checkbox"/> Most <input type="checkbox"/> All
------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------

~ Substance Abuse Programming ~

Before you answer the next question, I'd like you to think back over everything we have discussed today.

25. How would you rate the problems your substance use has caused in your life on a scale from 1 to 5? (To clarify, show the client the scale given below and explain the ratings.)

1	2	3	4	5
no problems	minor problems	some problems	significant problems	severe problems

26. a) Do you think you need TREATMENT?

<input type="checkbox"/> No → Go to 26 c <input type="checkbox"/> Yes → Go to 26 b

b) Why do you think you NEED treatment?

<input type="checkbox"/> To turn my life around <input type="checkbox"/> To help me get parole <input type="checkbox"/> I have a hard time saying no to drugs and/or alcohol <input type="checkbox"/> To learn more about substance abuse <input type="checkbox"/> To learn how to say no to drugs and/or alcohol <input type="checkbox"/> To maintain my abstinence <input type="checkbox"/> To keep my children <input type="checkbox"/> To get my children back <input type="checkbox"/> To keep my family together
<i>If none of the above responses apply please choose "other" and provide a brief description</i>
<input type="checkbox"/> Other: _____ _____
Comments: _____ _____

c) Why do you think you DO NOT need treatment?

<input type="checkbox"/> I do not have an addiction <input type="checkbox"/> I do not use regularly <input type="checkbox"/> I have not used drugs and/or alcohol for a long time <input type="checkbox"/> I'm handling it myself <input type="checkbox"/> I do not have any cravings <input type="checkbox"/> I have relapsed in the past (programs don't seem to work) <input type="checkbox"/> I need more support than treatment
<i>If none of the above responses apply please choose "other" and provide a brief description</i>
<input type="checkbox"/> Other: _____ _____
Comments: _____ _____

27. What other goals do you have for treatment?

- To learn more about self-awareness
- To learn the effects of my substance abuse (why it happens, triggers)
- To learn how to deal with my cravings
- To learn how to be stronger (mentally, ways of saying no)
- To learn how to stay sober/drug free
- To develop a relapse prevention plan
- To have a network of support
- To get my children back
- To get better for my children
- I'm only taking WOSAP for parole purposes
- I don't know
- I don't expect anything from the program

If none of the above responses apply please choose "other" and provide a brief description

Other: _____

Comments: _____

28. Additional Comments:

3. Pre-Program Interview Ratings

*** TO BE COMPLETED BY THE INTERVIEWER IMMEDIATELY FOLLOWING THE PRE-PROGRAM INTERVIEW**

1. RECOGNITION OF SUBSTANCE ABUSE PROBLEM

(Questions 1 a-e, 5 a-b, 6, 7, 11 a-d, 12 a-q, 23 a-d, 24 a-b, 25, 26 a-c, and 27)

1	2	3	4	5
---	---	---	---	---

Refuses to acknowledge that substance abuse is a major problem in her life

Willing to admit some problems, but is not convinced of the full extent of the problem.

Is very willing to admit to a problem.

2. DEGREE OF INSIGHT INTO PROBLEM

(Questions 1 d-e, 8 a-b, 9f, 11 a-d, 12 a-q, 25, 26 a-c, and 27)

1	2	3	4	5
---	---	---	---	---

No insight regarding the cause of substance abuse and has no insight on what she should do to avoid the problem.

Has some understanding of the problem and what to do about it, but requires more insight.

Knows why she has a problem and what has to be done to Avoid having the problem.

3. COPING SKILLS

(Questions 9 a-d, 13b, and 14b)

Note: This scale should be used to estimate the client's general level of coping skill as evidenced by her approach to past life challenges/problems. While this will include coping strategies used to deal with substance use, this should not be the exclusive focus of your rating.

1	2	3	4	5
---	---	---	---	---

Is unable to identify and describe coping strategies that she has used to deal effectively with past problems.

Is able to identify and describe some coping strategies, but knowledge and application of strategies appears limited.

Is able to identify coping strategies that she has used effectively to deal with several problem areas.

4. CURRENT RELATIONSHIPS

(Questions 15-21)

a) Relationship with partner or significant other **(If client does not have a partner, please check that this is not applicable.)**

Not Applicable ____ **(Go to 4b)**

1	2	3	4	5
---	---	---	---	---

Relationship with partner is a significant problem area. partner is not supportive of positive change and/or is abusive. **(Note: abusive elements will always result in a rating of 1 or 2)**

Some relationship problems, but partner is generally supportive.

Relationship with partner is positive and supportive. Appears to be an area of strength rather than an area of concern.

b) Relationship with family members (including children)

1	2	3	4	5
---	---	---	---	---

Relationship with family members is a significant problem area. Could include situations where most family members are non-supportive and/or abusive or where client is estranged from family and distressed by this.

Has some problematic family relationships or issues, but also has some positive and supportive family relationships.

Has positive and supportive relationship with family members. Appears to be an area of strength rather than an area of concern.

c) Relationship with friends

1	2	3	4	5
---	---	---	---	---

Relationship with friends is a significant problem area. Could include situations where most friends are non-supportive and/or abusive or where client is socially isolated and has no close friendships

Has some positive, supportive friendships but others are problematic.

Has several positive and supportive friendships. Appears to be an area of strength rather than an area of concern.

d) Degree of substance abuse in social environment

1	2	3	4	5
---	---	---	---	---

Majority of family, friends and partner (if applicable) are substance abusers

Several family and friends are substance users although closest family member/friend/partner is not.

Majority of family, friends and partner (if applicable) are not substance abusers.

5. ESTIMATE OF STAGE OF CHANGE / TREATMENT READINESS
(Questions 25, 26 a-c, and 27)

1	2	3	4	5
---	---	---	---	---

Precontemplation

Contemplation

Preparation

Action

Maintenance

RECOMMENDED FOR THE PROGRAM? YES [] NO [] If NO, why? _____

4. TRAUMA HISTORIES

**** PLEASE COMPLETE THESE QUESTIONS DURING YOUR ONE-ON-ONE SESSION PRIOR TO SESSION 9A (Relationships)****

Please indicate the reason this section is not completed if applicable.

Now that you have had time to become more familiar with the participant, we would like you to take this time to ask them some more questions about their personal histories. Inform the women that the next two blocks of sessions are focused on Relationships and Sexuality. Let them know that the reason we ask personal and difficult questions is so that you, the facilitator, will have the background information you need to be most sensitive to the needs of the woman.

1. a) Using "*Trauma is an overwhelming experience or a witnessing of an event that provokes feelings of intense fear, helplessness or horror...as well as interpersonal events such as abuse of violence*" as a definition of trauma, have you experienced events that fit this description?

b) How have you coped with traumatic events in the past?

c) Were these strategies effective?

d) If YES - Why do you think these strategies were effective?
If NO - Why not?

e) Have you ever used alcohol or drugs to cope with traumatic events?
If YES - Could you please describe.

f) Have you ever received professional help for any of your traumatic experiences? If YES, please describe the professional help you have received.

2. a) Have you ever experienced the feeling of depression? **(Emphasize that you are talking about more than just feeling blue for just a couple of days.)**

b) How have you coped with feelings of depression or sadness in the past?

c) Were these strategies effective?

d) If YES - Why do you think these strategies were effective?
If NO - Why not?

e) Have you ever used alcohol or drugs to cope with feelings of sadness or depression?
If YES - Could you please describe.

f) Have you ever received professional help for depression? If YES, please describe the professional help you have received.

3. a) Have you ever experienced strong feelings of anxiety?

b) How have you coped with feelings of anxiety in the past?

c) Where these strategies effective?

d) If YES - Why do you think these strategies were effective?
If NO - Why not?

e) Have you ever used alcohol or drugs to cope with feelings of anxiety? If YES – could you please describe.

f) Have you ever received professional help for anxiety? If YES, please describe the professional help you have received.

4. a) From your point of view, is your current relationship abusive in any way?

b) If YES, please describe what is abusive about the relationship.

c) In the past, have you ever been involved in what you consider to be an abusive relationship?

d) If YES, please describe what was abusive about the relationship.

5. PROGRAM INFORMATION

*** Please complete the following information upon the conclusion of the offender's participation with Module 2.**

Program facilitated by: _____

Dates of Offender's Involvement with the Program: ___/___/___ to ___/___/___

Did the Offender successfully complete all sessions of the program?

No

Yes

If the offender did not complete the entirety of the program, please indicate the extent of participation:

Total number of A sessions attended: _____

Total number of B sessions attended: _____

Why did the offender not complete the program? _____

Additional Notes: _____

APPENDIX C – INTENSIVE THERAPEUTIC TREATMENT QUESTIONNAIRE

Please indicate the extent to which you agree with the following statements
right now.

SD = Strongly Disagree

D = Disagree

U = Undecided

A = Agree

SA = Strongly Agree

- | | | | | | |
|------------------------------------------------------------------------------------|-----------|----------|----------|----------|-----------|
| 1. Only positive emotions are useful. | SD | D | U | A | SA |
| 2. By changing the way I think about a situation I can change my feelings as well. | SD | D | U | A | SA |
| 3. I know how to communicate my feelings to others. | SD | D | U | A | SA |
| 4. I recognise when I am beginning to get depressed. | SD | D | U | A | SA |
| 5. I know how to deal with depression. | SD | D | U | A | SA |
| 6. I know how to deal with anxiety. | SD | D | U | A | SA |
| 7. I can use my anger in a positive way. | SD | D | U | A | SA |
| 8. I know how to cope with painful emotions. | SD | D | U | A | SA |
| 9. Giving up my substance of choice is a loss. | SD | D | U | A | SA |
| 10. Grieving over losing someone important may lead to substance abuse. | SD | D | U | A | SA |
| 11. I am ready to say goodbye to my substance abuse. | SD | D | U | A | SA |
| 12. Depression can lead to substance abuse. | SD | D | U | A | SA |
| 13. Anxiety can lead to substance abuse. | SD | D | U | A | SA |

SD = Strongly Disagree
D = Disagree
U = Undecided
A = Agree
SA = Strongly Agree

- | | | | | | |
|----------------------------------------------------------------------------------------|-----------|----------|----------|----------|-----------|
| 14. Anger is a healthy emotion. | SD | D | U | A | SA |
| 15. Spirituality and religion are the same thing. | SD | D | U | A | SA |
| 16. I have a vision for my life. | SD | D | U | A | SA |
| 17. Spirituality is a positive influence in my life. | SD | D | U | A | SA |
| 18. I feel I am part of the institutional community. | SD | D | U | A | SA |
| 19. I gain strength from those around me. | SD | D | U | A | SA |
| 20. Spirituality helps me recover from my substance abuse. | SD | D | U | A | SA |
| 21. I practice mindfulness to help manage my life. | SD | D | U | A | SA |
| 22. Spirituality helps me feel connected to my inner self. | SD | D | U | A | SA |
| 23. I use meditation, faith and/or prayer to help me with my substance abuse recovery. | SD | D | U | A | SA |
| 24. Mindfulness is a religious practice. | SD | D | U | A | SA |
| 25. Mindfulness can be used to cope with cravings. | SD | D | U | A | SA |
| 26. As a woman, I should focus on the needs of others' before my own. | SD | D | U | A | SA |
| 27. I have positive relationships in the institution. | SD | D | U | A | SA |
| 28. A healthy relationship has no conflict. | SD | D | U | A | SA |
| 29. Substance use has created problems in my relationships. | SD | D | U | A | SA |
| 30. Substance use can be helpful in keeping relationships together. | SD | D | U | A | SA |

SD = Strongly Disagree
D = Disagree
U = Undecided
A = Agree
SA = Strongly Agree

- | | | | | | |
|---------------------------------------------------------------------------------------|-----------|----------|----------|----------|-----------|
| 31. I know what a healthy relationship is. | SD | D | U | A | SA |
| 32. It is important for me to stand up for myself in my relationships. | SD | D | U | A | SA |
| 33. In healthy relationships, both people are totally dependent on one another. | SD | D | U | A | SA |
| 34. Substance abuse is linked to abusive relationships. | SD | D | U | A | SA |
| 35. I feel in control of my sexuality. | SD | D | U | A | SA |
| 36. Women do not enjoy sex. | SD | D | U | A | SA |
| 37. The media affects how women see their bodies. | SD | D | U | A | SA |
| 38. I accept my body the way it is. | SD | D | U | A | SA |
| 39. My sexuality and substance use are connected. | SD | D | U | A | SA |
| 40. Maintaining my boundaries is important in sexual relationships. | SD | D | U | A | SA |
| 41. My body is an important part of who I am. | SD | D | U | A | SA |
| 42. Drugs and/or alcohol make me feel more comfortable with sex. | SD | D | U | A | SA |
| 43. I have the right to demand safe sex with my partner. | SD | D | U | A | SA |
| 44. I have the right to stop and say when I am not comfortable with a sexual partner. | SD | D | U | A | SA |
| 45. I value the person I am. | SD | D | U | A | SA |
| 46. I am living a life consistent with my values. | SD | D | U | A | SA |

SD = Strongly Disagree
D = Disagree
U = Undecided
A = Agree
SA = Strongly Agree

- | | | | | | |
|--------------------------------------------------------------------------------|-----------|----------|----------|----------|-----------|
| 47. I feel safe. | SD | D | U | A | SA |
| 48. I know how to create a safe place for myself. | SD | D | U | A | SA |
| 49. I have the right to have my personal boundaries respected. | SD | D | U | A | SA |
| 50. I feel good about myself. | SD | D | U | A | SA |
| 51. I respect others' personal space. | SD | D | U | A | SA |
| 52. Using drugs and/or alcohol makes it hard for me to maintain my boundaries. | SD | D | U | A | SA |
| 53. My partner has the right to ignore my my boundaries. | SD | D | U | A | SA |

APPENDIX D – PARTICIPANT FEEDBACK QUESTIONNAIRE

Module: _____
Facilitator: _____
Date: _____

The following questionnaire is important for the improvement of this program. All of your answers will remain confidential and will not be seen by the program facilitator. When you have completed the questionnaire the facilitator will give you an envelope to seal your questionnaire in.

Overall Impression

1. How would you rate the overall quality of the module you have just finished?

4	3	2	1
<hr/>			
Excellent	Good	Fair	Poor

2. To what extent has the module met your needs?

4	3	2	1
<hr/>			
Almost all of my needs have been met	Most of my needs have been met	Only a few of my needs have been met	None of my needs have been met

3. Has the module helped you to deal more effectively with the problems that led to your crime(s)?

4	3	2	1
<hr/>			
Yes, it has helped a great deal	Yes, it helped somewhat	No, it didn't really help	No, it made my problems worse

4. Was the information in the module presented in a way that was easy to understand?

4	3	2	1
<hr/>			
Yes, it was very easy to understand	Yes, most of it was easy to understand	No, most of it was hard to understand	No, all of it was hard to understand

5. Would you recommend this module to a friend with problems similar to yours?

4	3	2	1
<hr/>			
Yes, definitely	Yes, I think so	No, I don't think so	No, definitely not

6. In general, how satisfied are you with the module?

4	3	2	1
<hr/>			
Very satisfied	Mostly satisfied	Somewhat dissatisfied	Very dissatisfied

Program Content and Methods

7. The goals of the sessions were clear and made sense to me.

4	3	2	1
<hr/>			
Almost all of the goals were clear	Most of the goals were clear	Only a few of the goals were clear	None of the goals were clear

8. The information in the sessions was useful and important to me.

4	3	2	1
<hr/>			
Almost all were useful and important to me	Most were useful to me	Only a few were useful or important to me	None were useful or important to me

9. To what extent did the group activities help you to learn (e.g. group discussions, role-plays, practice, etc.)?

4	3	2	1
<hr/>			
Considerably	Somewhat	Minimally	Not at all

10. How useful were the practice sessions in helping you to understand your problems and to change your behaviour (e.g. homework, offence cycle, behavioural progression, relapse prevention plan, self-management plan, presentations to the group, etc.)?

4	3	2	1
<hr/>			
All of the assignments were helpful	Most of the assignments were helpful	Only a few of the assignments were helpful	None of the assignments were helpful

11. Overall, how organized was/were the facilitator(s) in running the program?

4	3	2	1
<hr/>			
Very well organized	Mostly well organized	Somewhat disorganized	Very disorganized

Program Length

12. The amount of time I spent in the program was adequate.

5	4	3	2	1
<hr/>				
The program was too long	The amount of time was just right		The program was too short	

Group Experience

13. How comfortable did you feel talking about your personal experiences in the group (e.g., past events, thoughts, feelings, etc.)?

4	3	2	1
<hr/>			
Very comfortable	Somewhat comfortable	Somewhat uncomfortable	Very uncomfortable

14. How well did the group work together to achieve program goals?

4	3	2	1
<hr/>			
The group worked very well together	Worked somewhat well together	Mostly did not work well together	Definitely did not work well together

15. How well did the facilitator(s) respond to your individual needs and goals?

4	3	2	1
<hr/>			
Very responsive to my needs	Somewhat responsive to my needs	Somewhat unresponsive to my needs	Totally unresponsive to my needs

16. How useful was the feedback you received from the facilitator(s) and the other group members?

4	3	2	1
<hr/>			
Very useful	Somewhat useful	A little useful	Not at all useful

17. To what extent did the facilitator(s) show genuine concern for you?

4	3	2	1
<hr/>			
Very concerned	Somewhat concerned	Somewhat indifferent	Very indifferent

18. How confident were you in the facilitator(s)'ability to help you meet your program goals?

4	3	2	1
Very confident	Somewhat confident	Not very confident	Definitely not confident

19. How successful was the program in helping you understand the changes you need to make?

4	3	2	1
Very successful	Somewhat Successful	A little successful	Not at all successful

Peer Support Participation

20. Are you aware of the Substance Abuse Peer Support group?

- Yes -> go to question 21
- No -> go to question 22

21. How did you become aware of the Substance Abuse Peer Support group?

- staff
- someone in my house
- another offender
- a bulletin/advertisement

22. Have you participated in the Substance Abuse Program Peer Support group?

- Yes --> go to question 23
- No --> go to question 30

23. How many times have you attended the Substance Abuse Peer Support group?

- 0-3
- 4-8
- 9-15
- 16+

24. Why did you choose to attend the Substance Abuse Peer Support group?

(Please check all responses that apply to you)

- I needed more support for my substance abuse problems
- I thought it could help me
- I wanted to find out what the group was all about
- I heard good things about the group/meetings
- I wanted to hear a specific speaker
- My friends were going
- There was nothing else for me to do
- Other: (please specify) _____

25. When you attended the Substance Abuse Peer Support group did the meetings stay on track (i.e. the meeting stayed focused on the goals of the meeting)?

- No
- Yes

26. When you attended the Substance Abuse Peer Support group was there a speaker?

1	2	3	4	5
Always	Usually	Not sure	Not usually	Never

27. If you had the opportunity to hear speakers in the Substance Abuse Peer Support group did you find them interesting/informative?

1	2	3	4	5
Very interesting	Somewhat interesting	Unsure	Somewhat uninteresting	Very uninteresting

28. Do you feel that the staff/peer facilitator did a good job in controlling the meetings?

- No
- Yes

29. Was the Substance Abuse Peer Support group helpful for you?

1	2	3	4	5
Very helpful	Somewhat helpful	Unsure	Somewhat unhelpful	Very Unhelpful

30. Why did you not attend any of the Women Offender Substance Abuse Peer Support groups/meetings?

- I did not know about the Peer Support Group
- I did not think it could help me
- I heard bad things about the group
- I did not have time to go to the groups (another program/meeting at the same time)
- I did not get along with someone else that attends the group
- I do not have a substance abuse problem so I do not need this Peer Support group
- Other: (please specify) _____

Thank you for completing this Feedback Questionnaire!

APPENDIX E – RESEARCH CONSENT FORM



Correctional Service Canada / Service correctionnel Canada

PROTECTED / PROTÉGÉ A B C **ONCE COMPLETED / UNE FOIS REMPLI**

PERSONAL INFORMATION BANK / FICHIER DE RENSEIGNEMENTS PERSONNELS

PUT AWAY ON FILE / CLASSER AU DOSSIER ➔ **See below – Voir ci-après**

FPS number / Numéro SED ➔ _____

Family name / Nom de famille ➔ _____

Given name(s) / Prénom(s) ➔ _____

Date of birth / Date de naissance ➔ _____

CONSENT TO PARTICIPATE IN A CORRECTIONAL PROGRAM
Reference: ➔ CD 726

CONSENTEMENT À PARTICIPER À UN PROGRAMME CORRECTIONNEL
Reference : ➔ DC 726

I, _____, understand that I am being given an opportunity to participate in the _____ Program.
Je, _____, comprends que l'on m'offre l'occasion de participer au Programme _____.

PROGRAM DESCRIPTION / DESCRIPTION DU PROGRAMME
I have had the opportunity to review the program description and discuss the benefits of participating in the program. / J'ai eu la possibilité d'examiner la description du programme et de discuter des avantages d'y participer.

EXPECTATIONS / ATTENTES
I understand that: / Je comprends :

- I am expected to attend all program sessions; / que je dois participer à toutes les séances du programme;
- should I miss any session for any reason, I must contact the program facilitator in advance to advise him/her; / que, si je devais manquer une séance pour une raison quelconque, je dois communiquer avec l'intervenant du programme à l'avance pour l'en informer;
- my active participation is necessary to gain from this program; / que ma participation active est nécessaire pour que je tire profit de ce programme;
- I am expected to contribute to discussions and exercises and to complete all homework assignments; / que l'on s'attend à ce que je participe aux discussions et aux exercices et à ce que je fasse tous les devoirs;
- my participation will be reviewed regularly by the program facilitator and if problems occur, they will be brought to my attention; / que l'intervenant du programme évaluera ma participation régulièrement et que, s'il y a des problèmes, il les portera à mon attention;
- repeated unauthorized absences or disruption of the group may result in suspension from the program; / que je peux être suspendu du programme si je m'absente de plusieurs séances sans autorisation ou si je perturbe le groupe;
- upon completion of the program: / qu'après avoir terminé le programme,
 - ➔ I may be asked to participate in a maintenance program according to my level of need. I understand that this is to assist me to maintain and/or enhance gains I made during the program.
 - ➔ I will:
 - ➔ Not applicable

ATTENTES :

- que je dois participer à toutes les séances du programme;
- que, si je devais manquer une séance pour une raison quelconque, je dois communiquer avec l'intervenant du programme à l'avance pour l'en informer;
- que ma participation active est nécessaire pour que je tire profit de ce programme;
- que l'on s'attend à ce que je participe aux discussions et aux exercices et à ce que je fasse tous les devoirs;
- que l'intervenant du programme évaluera ma participation régulièrement et que, s'il y a des problèmes, il les portera à mon attention;
- que je peux être suspendu du programme si je m'absente de plusieurs séances sans autorisation ou si je perturbe le groupe;
- qu'après avoir terminé le programme,
 - ➔ je peux être appelé à participer à un programme de suivi selon mes besoins. Je comprends que c'est pour m'aider à maintenir et à améliorer les progrès que j'ai réalisés pendant le programme.
 - ➔ je participerai :
 - ➔ sans objet

ASSESSMENT AND REPORTS / ÉVALUATION ET RAPPORTS
I understand that: / Je comprends :

- I may be required to take part in interviews with the program facilitator and to complete questionnaires before, during, and following my participation in the program. These questionnaires will look at my attitudes about, and understanding of, a variety of topics. The information gathered through interviews and questionnaires will be used to evaluate my progress and performance in the program; / que je peux avoir à participer à des entrevues avec l'intervenant du programme et à remplir des questionnaires avant, pendant et après ma participation au programme. Ces questionnaires porteront sur mon attitude à l'égard de divers sujets et sur ma compréhension de ces sujets. L'information ainsi recueillie au moyen d'entrevues et de questionnaires sera utilisée pour évaluer mes progrès et mon rendement dans le programme;
- my participation in the program and completion of assignments will be used for the same evaluation purposes and for the assessment of my level of risk and need; / que ma participation au programme et mes devoirs seront utilisés aux mêmes fins d'évaluation et serviront à l'évaluation de mes besoins et du risque que je présente;
- copies of assessments will be placed on my file and shared with me and other persons or agencies that require and are authorized to access this information; / que des copies de mes évaluations seront versées à mon dossier, qu'elles me seront communiquées et seront aussi communiquées à d'autres personnes ou organismes qui ont besoin de cette information et sont autorisés à en prendre connaissance;
- copies of questionnaires will be used for program evaluation and research. Research and evaluation reports will never include personal identifiers such as the names of the participants; / que des copies des questionnaires seront utilisées à des fins d'évaluation du programme et de recherche. Les rapports d'évaluation et de recherche ne comprendront jamais des renseignements personnels comme le nom des participants;
- at the beginning of the program, a written report outlining my program goals may be prepared and placed on my file in the Offender Management System (OMS), CSC's computerized database; / Au début du programme, un rapport écrit précisant mes objectifs dans le cadre du programme peut être rédigé et versé à mon dossier dans le Système de gestion des délinquants (SGD), la base de données informatisée du Service correctionnel du Canada (SCC);
- at the end of the program, a written evaluation of my performance will be completed and placed in OMS; / que, à la fin du programme, une évaluation écrite de mon rendement sera rédigée et versée dans le SGD;
- I will be given a printed copy and an opportunity to comment on the evaluation; / que je recevrai une copie imprimée de l'évaluation et que j'aurai la possibilité de formuler des commentaires sur cette dernière;
- The evaluation may be used by CSC and/or the National Parole Board (NPB) in making decisions about my case (transfer, release, etc.). / que le SCC et la Commission nationale des libérations conditionnelles (CNLC) peuvent utiliser cette évaluation pour prendre des décisions concernant mon cas (transfert, libération, etc.).

ASSESSMENT AND REPORTS (Cont'd)	ÉVALUATION ET RAPPORTS (suite)
<ul style="list-style-type: none"> I may be videotaped during some program exercises and that such videotaping is used strictly as an instructional aid; facilitator(s) may be videotaped, and/or a quality assurance coordinator or other person may attend one or more program sessions to ensure the quality of programs and that the videotapes will be erased: <p>⇒ <input type="checkbox"/> may be videotaped</p> <p>⇒ <input type="checkbox"/> may attend</p> <p>⇒ <input type="checkbox"/> both</p>	<ul style="list-style-type: none"> que je pourrais être filmé pendant certains exercices du programme et que ces enregistrements vidéo seront utilisés uniquement comme outil d'enseignement; que le ou les intervenants pourraient être filmés pendant le programme et que le coordonnateur de l'assurance de la qualité ou une autre personne pourrait assister à une ou à plusieurs séances pour veiller à la qualité des programmes et que les bandes vidéo seront effacées : <p>⇒ <input type="checkbox"/> peut être filmé</p> <p>⇒ <input type="checkbox"/> peut assister</p> <p>⇒ <input type="checkbox"/> les deux</p>

CONFIDENTIALITY	CONFIDENTIALITÉ
<p>I understand that information gathered during the program and interviews may be disclosed without my consent in the following circumstances:</p> <ul style="list-style-type: none"> There is reason to believe that I constitute a serious or immediate threat to my own safety or the safety of others in the institution or the community; The information is released for a use that is consistent with the use for which it was initially obtained; and Disclosure is mandated or permitted by relevant legislation (e.g., the <i>Corrections and Conditional Release Act</i>, the <i>Privacy Act</i>, provincial legislation regarding the reporting of offences against a child, etc.); The assessment of risk may be done based on file review, observation of my behaviour, and consideration of collateral information, without my consent; I must keep other participants' information and disclosures confidential. A breach of confidentiality may result in legal, administrative, and/or disciplinary measures. The limitations of confidentiality have been shared with me. 	<p>Je comprends que les renseignements recueillis dans le cadre du programme et des entrevues peuvent être communiqués sans mon consentement dans les circonstances suivantes :</p> <ul style="list-style-type: none"> S'il y a lieu de croire que je présente un risque grave ou imminent de me blesser moi-même ou de blesser d'autres personnes dans l'établissement ou dans la collectivité; Si les renseignements sont communiqués à des fins qui concordent avec les fins auxquelles ils ont été recueillis au départ; Si la divulgation des renseignements est prescrite ou permise par la loi (p. ex. la <i>Loi sur le système correctionnel et la mise en liberté sous condition</i>, la <i>Loi sur la protection des renseignements personnels</i>, les lois provinciales concernant le signalement des infractions commises contre un enfant); L'évaluation du risque que je présente peut être réalisée à partir de l'étude de mon dossier, de l'observation de mon comportement et de renseignements provenant de tiers sans mon consentement; Je dois maintenir la confidentialité des renseignements que divulguent les autres participants. Des mesures juridiques, administratives et disciplinaires peuvent être prises à mon endroit si je divulgue de tels renseignements confidentiels. On m'a mis au courant des limites de la confidentialité des renseignements communiqués.

⇒ FAMILY VIOLENCE PREVENTION PROGRAMS ONLY	⇒ PROGRAMMES DE PRÉVENTION DE LA VIOLENCE FAMILIALE SEULEMENT
<ul style="list-style-type: none"> I authorize CSC to obtain my partner contact information; My partner will be informed that I am attending the program and given the opportunity to talk to the facilitators. She will be offered information on safety planning and local counselling services. She will also be told that program participation is not a guarantee that men will not be abusive. At the end of the program she will be updated on my participation and progress. Subject to my consent granted above, information about me will be shared within the limits of legislation; At a later date, as part of a research evaluation, my partner may be asked to participate in an anonymous follow-up interview. 	<ul style="list-style-type: none"> J'autorise le SCC à obtenir les coordonnées de ma conjointe; Ma conjointe sera mise au courant de ma participation au programme. Elle aura aussi la possibilité de discuter avec les intervenants. Des renseignements relativement à la planification de la sécurité et aux services de counseling locaux lui seront transmis. On lui dira aussi que la participation au programme ne garantit pas en soit que le conjoint ne sera pas violent. À la fin du programme, elle sera renseignée au sujet de ma participation et de mes progrès. Sous réserve de mon consentement accordé précédemment, des renseignements à mon sujet seront communiqués compte tenu des limites imposées par la loi; À une date ultérieure et dans le cadre d'une évaluation de la recherche, on pourrait demander à ma conjointe de participer à une entrevue de suivi anonyme.

PARTICIPATION IN THE PROGRAM	PARTICIPATION AU PROGRAMME
<p>I understand that:</p> <ul style="list-style-type: none"> I can refuse to participate in the program, or can withdraw from the program at any time; should I refuse to participate or withdraw from the program, a report summarising my reason for refusal, my participation and/or my reasons for withdrawal will be written and placed on my file and in OMS; in institutions, refusals and suspensions from the program will be subject to the policies articulated in Commissioner's Directive 730 - <i>Inmate Program Assignment and Payments</i>; if I withdraw from the program or refuse to participate in the program assessment, I can request to be reconsidered for the program at a later time. <p>All of the above information has been explained to me.</p>	<p>Je comprends :</p> <ul style="list-style-type: none"> que je peux refuser de participer au programme ou que je peux abandonner à tout moment; que, si je refuse de participer au programme ou si j'abandonne en cours de route, un rapport résumant le motif de mon refus, ma participation et le motif de mon abandon du programme sera rédigé et versé à mon dossier et au SGD; que, dans les établissements, les refus de participer et les suspensions du programme seront assujettis aux dispositions de la Directive du commissaire n°730, <i>Affectation aux programmes et paiements aux détenus</i>; que si je refuse de participer au programme ou si j'abandonne en cours de route, je peux demander à y être admis de nouveau plus tard. <p>Tous les renseignements ci-dessus m'ont été expliqués.</p>

PARTICIPANT
<input type="checkbox"/> I agree / J'accepte <input type="checkbox"/> I refuse / Je refuse <p>⇒ to participate in the following Program: / de participer au programme suivant :</p>

SIGNATURES	
Signature of Participant – Signature du participant :	Date: (YYYY-MM-DD) - (AAAA-MM-JJ)
⇒	
Name of Witness – Nom du témoin :	Title – Titre :
Signature of Witness – Signature du témoin :	Date: (YYYY-MM-DD) - (AAAA-MM-JJ)
⇒	

**APPENDIX F – PERCENTAGES FOR INDIVIDUAL ITEMS WITHIN THE
SUBSTANCE ABUSE DOMAIN**

Substance Abuse Domain Item	E & E % (N)	ITT % (N)	Combined (N)
Early age of drinking*	29.3 (34)	50.0 (19)	39.4 (100)
Drinks frequently*	26.7 (31)	52.6 (20)	34.0 (87)
Has drinking binges	40.5 (47)	51.4 (19)	37.0 (94)
Combines drugs and alcohol	40.5 (47)	52.6 (20)	37.0 (94)
Abuses alcohol	48.3 (56)	60.5 (23)	49.0 (126)
Excessive drinking - leisure	39.7 (46)	55.3 (21)	37.9 (96)
Excessive drinking - social	37.9 (44)	54.1 (20)	38.3 (97)
Excessive drinking – stress*	36.2 (42)	58.3 (21)	37.8 (96)
Drinking interferes with employment	15.5 (18)	27.8 (10)	18.9 (48)
Drinking interferes with marriage/family	36.2 (42)	54.0 (20)	36.5 (93)
Drinking interferes with associates*	23.5 (27)	48.6 (18)	29.02 (74)
Law violations due to drinking	33.6 (39)	47.2 (17)	38.5 (99)
Drinking interferes with physical health	19.0 (22)	19.4 (7)	19.3 (49)
Early age of drug use**	45.7 (53)	73.7 (28)	44.3 (113)
Frequent drug use*	60.3 (70)	76.3 (29)	52.2 (133)
Drug use sprees***	59.5 (69)	78.4 (29)	45.7 (116)
Combines different drugs	45.7 (53)	63.2 (24)	42.2 (106)
Abuses drugs***	75.0 (87)	92.1 (35)	63.8 (164)
Drug use – leisure*	68.7 (79)	76.3 (29)	56.6 (145)
Drug use – social**	67.0 (77)	79.0 (30)	53.7 (137)
Drug use – stress*	60.9 (70)	75.0 (27)	53.5 (136)

Substance Abuse Domain Item	E & E % (N)	ITT % (N)	Combined (N)
Drugs interfere with employment*	47.0 (54)	47.2 (17)	34.5 (88)
Drugs interfere with marriage/family**	60.9 (70)	75.7 (28)	49.8 (127)
Drugs interfere with associates*	49.6 (57)	62.1 (23)	40.8 (104)
Law violations due to drugs	58.3 (67)	70.3 (26)	51.2 (131)
Drugs interfere with physical health	47.4 (55)	46.0 (17)	35.6 (90)
Previously assessed for substance abuse*	45.6 (52)	63.2 (24)	41.3 (105)
Participated in substance abuse treatment**	50.9 (59)	71.0 (27)	43.9 (112)
Completed substance abuse treatment	41.4 (48)	55.3 (21)	36.1 (91)
Total number of cases	116	38	254

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

**APPENDIX G – MEAN SCORES FOR EACH QUESTION FROM THE
PARTICIPANT FEEDBACK QUESTIONNAIRE**

Subsections	E & E Mean (SD)^a	ITT Mean (SD)^a
Overall Impression		
How would you rate the overall quality of the module you have just finished?	3.4 (0.7)	3.7 (0.6)
To what extent has the module met your needs?	3.1 (0.8)	3.5 (0.6)
Has the module helped to deal more effectively with the problems that led to your crime(s)?	3.2 (0.7)	3.7 (0.6)
Was the information in the module presented in a way that was easy to understand?	3.7 (0.5)	3.7 (0.5)
Would you recommend this module to a friend with problems similar to yours?	3.6 (0.6)	3.9 (0.4)
In general, how satisfied are you with the module?	3.4 (0.6)	3.7 (0.5)
Program Content and Methods		
The goals of the sessions were clear and made sense to me.	3.6 (0.5)	3.8 (0.5)
The information in the sessions was useful and important to me.	3.4 (0.7)	3.8 (0.5)
To what extent did the group activities help you to learn?	3.4 (0.7)	3.6 (0.6)
How useful were the practice sessions in helping you to understand your problems and to change your behaviour?	3.3 (0.7)	3.6 (0.7)
Overall, how organized was/were the facilitator(s) in running the program?	3.8 (0.4)	3.9 (0.4)
Program Length		
The amount of time I spent in the program was adequate.	2.9 (1.1)	3.3 (1.0)
Group Experience		

How comfortable did you feel talking about your personal experiences in the group?	3.2 (0.8)	3.1 (0.8)
How well did the group work together to achieve program goals?	3.5 (0.6)	3.7 (0.5)
How well did the facilitator(s) respond to your individual needs and goals?	3.7 (0.6)	3.9 (0.3)
How useful was the feedback you received from the facilitator(s) and the other group members?	3.6 (0.6)	3.8 (0.4)
To what extent did the facilitator(s) show genuine concern for you?	3.8 (0.5)	3.9 (0.3)
How confident were you in the facilitator(s)' ability to help you meet your program goals?	3.7 (0.5)	3.8 (0.4)
How successful was the program in helping you understand the changes you need to make?	3.6 (0.6)	3.9 (0.3)
Total number of cases	185	41

^a Standard deviation