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RESEARCH REPORT

Qualitative Examination of Specific Responsivity Factors of Correctional Program Participants with Mental Health Symptoms, Cognitive Impairment, or Learning Disabilities

2023 Nº R-441

ISBN: 978-0-660-42041-7

Cat. No.: PS83-5/R441E-PDF

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Qualitative Examination of Specific Responsivity Factors of Correctional Program Participants with Mental Health Symptoms, Cognitive Impairment, or Learning Disabilities

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2023

Acknowledgements

Many individuals contributed to the completion of this report. The authors extend their thanks to Ginette Clarke, Michael Martin, Gurmeet Dhaliwal, and Claude Girouard from CSC's Health Services Sector for their advice on methodology as well as access to, and extraction of, the data necessary for this project, and feedback on the report. We would also like to thank Carmen Long, Emmanuel Rutsimbo, Mark Christie, Marie-Lynn Beriau, Mylene Duchemin, Anthony Coker, Reyhan Yezer and Fanny Therrien from the Correctional Operations and Programs Sector; Marty Maltby, Stephanie Chalifoux-Taylor, and Kimberly McClinton from the Indigenous Initiatives Directorate; Andrea Moser, Karen Sorensen, Jennine Hamilton, and Jessica Skaff from the Women Offender Sector; and Sylvie Gaudreault and Nick Chadwick from the Evaluation Branch for their consultation on methodology and their feedback on this report. A special thank you to Geoff Wilton, for his thoughtful insight and support through the process of conducting this research and review of the final report.

Executive Summary

Key words: *specific responsivity factors, correctional programs, accommodations, engagement*

Evidence suggests that correctional interventions that abide by the Risk-Need-Responsivity (RNR) principles can significantly reduce offenders' risk of reoffending. The specific responsivity principle suggests that correctional interventions should match an offender's learning style, abilities, and motivation to improve treatment engagement. However, questions remain of whether offenders' responsivity concerns are being adequately met when participating in correctional programs. A recent evaluation report by the Correctional Service of Canada (CSC, 2020) explored this issue, noting that offenders with mental health, intellectual or learning disability, anxiety/hesitance (men only), or a brain injury were least likely to receive accommodations to help them engage in correctional programs.

In response to a recommendation included in this evaluation report (CSC, 2020), the current study aims to identify how Correctional Program Officers and Indigenous Correctional Program Officers (CPOs and ICPOs) accommodate the responsivity factors of offenders at men's and women's institutions. Specifically, this study examined how CPOs and ICPOs address the specific responsivity factors of offenders with identified mental health concerns, learning disability, or cognitive deficit challenges who participated in a moderate intensity adapted program or non-adapted program. This study involved a review of casefiles from the Offender Management System (OMS), an administrative database containing offender records. The study sample consisted of 77 offenders admitted to federal custody between July 1st, 2017 and March 31st, 2020 who participated in adapted or non-adapted moderate intensity programs, and met one or more of the following criteria: (1) an active learning disability need; (2) an active cognitive impairment need; or (3) rated as 'considerable need' or higher on the Mental Health Needs Scale.

Overall, the findings show that participants in both the adapted and non-adapted programs had multiple responsivity factors, and in many cases, CPOs and ICPOs documented these factors as interfering with the offenders' ability to participate in the program. Yet, CPOs and ICPOs were more likely to record responsivity factors as interfering with participation in the adapted program streams. Results also show that, in the majority of cases, CPOs and ICPOs provided accommodations, tools, or support to address responsivity factors, with more evidence of program adaptations in the adapted, compared to non-adapted programs. Similar strategies were used by CPOs and ICPOs to address responsivity factors across these program streams (e.g., simplifying concepts or material), though the frequency of use varied. In the majority of cases, program adaptations were deemed effective in addressing responsivity factors.

The results of this study provide evidence that CPOs and ICPOs are aware of participants' responsivity factors and make concerted efforts to address these concerns using a variety of accommodations, tools, and support. Yet, it is clear that responsivity factors were not consistently recorded in non-adapted program files, and that more support may be required to ensure that these needs are adequately identified, addressed, and reported.

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Introduction

Over the past thirty years, empirical evidence has conclusively established that correctional interventions that abide by the Risk-Need-Responsivity (RNR) principles are effective in reducing offenders' risk of reoffending (Andrews & Bonta, 2010; Bonta & Andrews, 2007; Dowden, 1998; Dowden & Andrews, 1999a; 1999b; 2000; Gobeil et al., 2016; Hanson et al., 2009). According to the risk and need principles, correctional interventions should be more intensive for higher risk offenders in terms of frequency and duration (risk principle) and correctional interventions should target needs that have been empirically linked to criminal behaviour (e.g., attitudes and behaviours; need principle). The responsivity principle includes two components: the general responsivity principle and the specific responsivity principle. The general responsivity principle states that correctional interventions should be delivered using cognitive-behavioural and social learning approaches, as these approaches are most appropriate for the learning styles of the general offender population; while the specific responsivity principle states that correctional interventions should be tailored to the individual needs or characteristics of offenders in order to match their learning style, abilities, and motivation level (Andrews & Bonta, 2010).

While a plethora of research examining the general responsivity principle has found that correctional interventions that utilize cognitive-behavioural approaches reduce the likelihood of recidivism (Bourgon & Gutierrez, 2012; Landenberger & Lipsey, 2005; Prendergast et al., 2013), the area of specific responsivity is relatively understudied. Nevertheless, Andrews and Bonta (2010) reinforce the importance of cognitive-behavioural interventions that are administered while simultaneously considering *specific responsivity factors*. The Correctional Service of Canada (CSC) defines responsivity as 'the presence of a characteristic(s) that influences the offender's capacity to benefit from the targeted intervention(s)' (2019a). Specific responsivity concerns can include factors such as mental disorders (Jung & Dowker, 2016), cognitive deficits (Brown et al., 2018b; Jung & Dowker, 2016), learning disabilities (Brown et al., 2018b), gender (Blanchette & Brown, 2006; Rettinger & Andrews, 2010), motivation level (Harkins & Beech, 2007; Higley et al., 2019; Jung & Dowker, 2016), and culture (CSC, 2019a; Wormith & Olver, 2002); as well as language barriers, issues with concentration, introversion or shyness, antisociality, low self-esteem, grief and loss, suicide attempts or self-injury history, or other

personal, emotional, psychological, or physical issues that may interfere with participation in programs (Andrews & Bonta, 2010; CSC, 2019a). Researchers also suggest that offence-specific factors, such as substance use, may also present as responsivity concerns if symptoms interfere with program participation (e.g., cravings; Taxman, 2014)

Specific responsivity concerns may present additional barriers to treatment when offenders participate in correctional programs. For example, offenders with cognitive deficits may struggle to understand concepts presented in correctional programs or to apply the skills learned in programs in daily situations (Chambers et al., 2008; Silver et al., 2020). Indeed, research has found that offenders with cognitive deficits are less likely to engage in correctional programs, have more difficulty understanding and using program content and material, and are less likely to complete treatment programs successfully (Chamber et al., 2008; Silver et al., 2020; Stewart et al., 2014).

Offenders with learning disabilities may also be disadvantaged when participating in correctional programs. The Learning Disabilities Association of Canada defines learning disabilities as a range of disorders that affect how individuals retain, understand, acquire, and organize verbal and nonverbal information (Learning Disabilities Association of Canada, 2015). As such, learning disabilities may influence an offender's thinking and reasoning, and limit their ability to process and remember information. Research has found that offenders with learning disabilities are more likely to demonstrate some reticence towards treatment and present difficulties with engagement and motivation during institutional programs (Taylor, 2013). Many offenders with learning disabilities are also likely to experience difficulties while participating in a program, including challenges with planning and decision making, language processing, memory, attention (Brown et al., 2003), and difficulty with completing written work (Taylor, 2013).

The presence of mental disorders may also create additional barriers for offenders when participating in correctional interventions. For example, offenders with mental disorders may appear unmotivated, have issues with attention or concentration, have difficulty forming rational thought, or have trouble applying learned skills while in program (Hodge & Renwick, 2002; Holton, 2003). Medications to treat mental disorders may also increase barriers to program participation, by causing lethargy or concentration difficulties (Centre for Addition and Mental Health, 2009a; 2009b). In fact, previous research has found that Canadian federal men offenders

with a current mental disorder were less likely to complete at least one correctional program when compared to men offenders without a mental disorder (Stewart et al., 2012).

Research examining the characteristics of Canadian federal offenders suggest that a large portion of offenders have specific responsivity concerns that may make them less amendable to treatment. For example, research has shown that approximately 25% of Canadian federal offenders have some level of cognitive impairment (Stewart et al., 2016), while it is estimated that 7% to 15% of Canadian federal offenders have a learning disability (Brown et al., 2003). Further, research suggests that the majority of individuals newly admitted to federal custody have a current mental disorder, including alcohol and substance use, antisocial personality disorder, and anxiety, among others (Beaudette et al., 2015; Brown et al., 2018a). Ensuring that program facilitators, as key agents of change in the offenders' case management team, address specific responsivity factors ensures that offenders are able to participate in their correctional programs in a meaningful way; thus increasing the effectiveness of treatment and reducing the likelihood of recidivism.

The federal Canadian Nationally Recognized Correctional Program model, termed the Integrated Correctional Program Model (ICPM) for men and the Women Offender Correctional Program (WOCP) for women, follows the RNR principles for effective correctional interventions (see CSC, 2020 for detailed overview of all correctional programs). For example, offenders are referred to correctional programs based on their level of risk (CSC, 2018a), such that higher risk offenders are referred to higher intensity programs, while lower risk offenders are referred to lower intensity programs or no program (risk principle). Further, CSC utilizes an integrated multi-target program model designed to target multiple criminogenic need domains relevant to the specific offender (need principle). These multi-target programs are based on cognitive behavioural techniques, which utilize group discussions, homework assignments, role plays, opportunities to practice, and exercises to allow offenders with different learning styles to participate and benefit from the program (general responsivity principle; CSC, 2021a).

The correctional programs offered by CSC are also responsive to specific responsivity factors. For example, all women's program streams take a gender-responsive and holistic approach to treating women's criminogenic factors. These programs focus on helping women understand the impact of their behaviour in different situations and relationships. Women's social realities and the context of their lived experiences are recognized with the goal of helping

women prepare and build a balanced lifestyle upon release (CSC, 2019b). Further, both ICPM and WOCP program continuums have Indigenous program streams (for women, these programs are also gender-responsive) that consider Indigenous social history, as well as present culturally relevant program content in an appropriate manner. The Indigenous program streams are administered by trained Indigenous Correctional Program Officers (ICPOs) or culturally competent Correctional Program Officers (CPOs) who provide offenders with the tools and skills to learn how to manage their risk factors through reconnection with their culture and traditional values. This includes participation in ceremonial sessions, the inclusion of culturally relevant materials, and the participation of Elders in the programs. In addition, the Integrated Inuit Correctional Program (IICP) stream addresses the criminogenic needs of Inuit men in a culturally relevant manner.

Another method of addressing specific responsivity factors is the availability of adapted program streams for offenders in men's institutions who meet the criteria for referral. Adapted versions of the ICPM Multi-Target Moderate Intensity Program and the ICPM Sex Offender Moderate Intensity Programs are available in some men's institutions[1] across Canada to provide additional support to offenders in men's institutions assessed as having a moderate risk of reoffending and who present with unique responsivity factors that may affect their ability to participate in main program streams, such as mental health issues, learning disabilities, intellectual disabilities, Fetal Alcohol Spectrum Disorder, Acquired Brain Injury, or other mental disorders or issues. Although these programs also teach offenders skills that help reduce risk and criminogenic factors, the complex components are broken down and introduced at a slower pace. The adapted programs are delivered in shorter time slots (1.5 to 2 hours per session) with up to five sessions per week, with overall smaller groups to accommodate the pace of the programs (CSC, 2018c). This allows program facilitators to provide additional individual support and tailor the exercises and handouts to participants' needs, thereby giving them more opportunities to practice and understand the material (CSC, 2014).

In addition, offenders in men's institutions, regardless of program, may be referred to motivational module support sessions if they present with responsivity factors that require extra time or support to successfully complete the program. This provides a maximum of four sessions

[1] Adapted programs are not offered in all men's institutions. The presence of a responsivity factor does not guarantee a referral to an adapted program.

and allows for additional time and help to those who have certain learning impediments, such as literacy or cognitive functioning (CSC, 2018b). Participants may be re-referred to the motivational modules based on continued need (CSC, 2018b).

CPOs and ICPOs are also provided with training and resources to assist them in accommodating offenders' specific responsivity needs. The Responsivity Resource Kits provide correctional staff with centralized access to resources for a wide range of specific responsivity concerns, including mental health, intellectual disabilities, and learning disabilities. For example, the mental health special needs resource kit instructs program delivery staff on common mental disorder diagnoses, how certain mental disorders may present themselves as responsivity factors within programs, and recommended strategies to assist offender learning (e.g., assisting with learning/comprehension, attention/concentration, modifying assignments, etc.) (CSC, 2021b).

Overall, it is clear that many offenders have specific responsivity concerns that may pose as a barrier to their participation in, and successful completion of, correctional programs. Although CSC offers correctional programs that consider responsivity factors (e.g., gender-focused, culturally focused, adapted programs, motivational module support streams) and provide CPOs and ICPOs with training, tools, and support to address offenders' specific responsivity factors, questions remain as to whether offenders' responsivity factors are being addressed. The recent evaluation of CSC's correctional reintegration programs found that, although those with reading and writing barriers often reported their needs being addressed within correctional programs, this was not always the case for other responsivity concerns. Specifically, fewer than half of offenders with mental health, intellectual or learning disability, anxiety or hesitance (for men only), or a brain injury agreed that they received accommodations, tools, or support to help them participate in correctional programs, despite these needs (CSC, 2020).

It is important to ensure that each offender is given the opportunity to meaningfully participate in correctional programs such that they are able to understand, learn, and apply new skills and strategies to prepare for reintegration. Therefore, it is vital to determine whether CPOs and ICPOs are able to utilize the training, tools, and support provided to adequately address offenders' specific responsivity concerns.

The Current Study

This study addresses a recent Evaluation report recommendation to "identify how

correctional program officers (CPOs) address the various responsivity needs of men and women offenders that may interfere with their ability to participate in programs" (CSC, 2020, recommendation 9). As the evaluation found that offenders with certain responsivity concerns were more likely to report insufficient accommodations, tools, or support, the current research focused specifically on offenders with identified mental health, learning disability, and cognitive deficit challenges. Program performance reports and casework records were reviewed to explore how responsivity concerns affect program participation and how program facilitators are accommodating these needs.

The research questions are as follows:

1. Do CPOs and ICPOs record specific responsivity factors in the 'Attendance and Participation' section of the program performance reports?
2. What types of responsivity factors are observed by CPOs and ICPOs?
3. Do CPOs and ICPOs observe responsivity factors, or behaviours related to responsivity factors, as interfering with offenders' abilities to participate in correctional programs?
4. Do CPOs and ICPOs adapt their delivery of programs to fit responsivity factors? If so:
    a. How do CPOs and ICPOs adapt their delivery of programs?
    b. How do CPOs and ICPOs perceive the efficacy of the program modifications?
    c. How does program adaptation impact offender participation in the program?

Method

Sample

To determine the sample for this study, the population of offenders admitted to federal custody between July 1st, 2017 and March 31st, 2020 who participated in ICPM or WOCP adapted or non-adapted moderate intensity programs were first identified. Given that offenders with identified mental health, learning disability, and cognitive deficit challenges were more likely to report insufficient accommodations, tools, or support when participating in correctional programs (CSC, 2020), to be included in this sample, offenders had to meet one or more of the following criteria:

1) the offender had an active learning disability need flagged in the Offender Management System (OMS) prior to the start date of their correctional program;
2) the offender had an active cognitive impairment need flagged in OMS prior to the start date of their correctional program; or
3) the offender was rated as 'considerable need' or higher on the Mental Health Needs Scale.[2]

From this, a stratified random sampling of offender casefiles was used to ensure equal representation across the moderate intensity program streams of interest.[3] Specifically, the following moderate intensity program streams were included: ICPM Multi-Target Program (ICPM-MT), Indigenous ICPM Multi-Target Program (IICPM-MT), ICPM Sex Offender Program (ICPM-SO), ICPM Multi-Target (ICPM-MT) Adapted Program, ICPM Sex Offender (ICPM-SO) Adapted Program, Women Offender Correctional Program (WOCP), and Indigenous Women Offender Correctional Program (IWOCP). In total, 11 offenders per program stream were randomly selected to be included for casefile review.

Casefiles were then reviewed to determine the presence of specific responsivity factors. Participants were maintained in the sample if the researchers assessed that there was evidence of

[2] The Mental Health Need Scale (MHNS) is one assessment tool that is used by CSC to assess the level of mental health needs of offenders and their associated eligibility for mental health services and treatment). The MHNS overall need ratings range from 'No Need' to 'Acute/Severe Need'. Those rated as 'considerable need' or higher are eligible for services ranging from primary/intermediate care to referrals to psychiatric hospitals, as well as discharge planning and community mental health/psychology (CSC, 2018e).

[3] This study examined adapted and non-adapted moderate intensity programs only. However, the following moderate intensity correctional programs were excluded from analyses due to insufficient resources or sample sizes: Indigenous Integrated Correctional Program Model – Sex Offender, Inuit Integrated Correctional Program, and Women Sex Offender Program.

a specific responsivity factor recorded in the program reports, casework records, or motivational module support stream program reports. In situations in which the program facilitator recorded that there was no responsivity issue, the cases were included in the sample if the researchers assessed that there was evidence of an accommodation made by the program facilitator. Sixteen of the randomly identified cases were excluded from the final sample. Reasons for exclusion included: no evidence of a responsivity concern and accommodations in casefile review, inability to access casefiles in OMS, or the offender was removed from the program before responsivity concerns could be assessed by the program facilitator. In these instances, a replacement case was randomly selected to maintain a sample of 11 offenders per program. This resulted in a final sample of 77 program enrollments, all of which represented unique offenders. Approximately half (55.8%) of the offenders included in the final sample were identified as having a MHNS rating of 'considerable need' or higher,[4] 41.6% of the sample had an active learning disability need flagged in OMS, and few offenders (6.5%) had an active cognitive impairment need flagged in OMS. Although these specific criteria were selected to identify the final sample, it was expected that additional responsivity concerns beyond the selection criteria would be found within these cases.

As can be seen in Table 1, the majority of offenders completed the correctional program across both adapted and non-adapted programs, and a small percentage of offenders were enrolled in motivational module support streams during program participation. See Table A1 in Appendix A for additional demographic and institutional characteristics for the final sample.

[4] Due to the need to maintain health data privacy, the Mental Health Branch identified a subset of offenders who had a MHNS rating of 'considerable need' or higher. As they did not provide the MHNS ratings for all program participants, it is possible that others in the sample may have a mental health need.

Table 1

Program status and participation in motivational module support streams across non-adapted and adapted programs (N=77)

	Non-Adapted Programs[a] *(n=55)*	Adapted Programs[b] *(n=22)*
	%	%
Completed Program[c]	96.4	77.3
Incomplete Program[d]	†	22.7
Motivational Module Support		
Yes	10.9	†
No	89.1	81.8

[a] Non-adapted programs include: ICPM-MT, IICPM-MT, ICPM-SO, WOCP, IWOCP. [b] Adapted programs include: adapted programs for the ICPM-SO and the ICPM-MT streams. [c] Includes: Successful Completion and Attended All Sessions. [d] Includes: Suspended and Incomplete. † = Information supressed due to frequency fewer than 5.

Materials and Procedure

This study involved a review of casefile information from OMS, an administrative database that contains offender records. Multiple administrative data sources were collected from OMS to gather information regarding the specific responsivity factors of offenders participating in moderate intensity adapted or non-adapted correctional programs, and the influence of these responsivity factors on program participation. Documents analyzed in the casefile review included program performance reports and casework records. When applicable, program reports for referrals to motivational module support streams were also reviewed.

Program performance reports are documents that are prepared by CPOs or ICPOs following program completion (or termination). These reports describe the offenders' participation in the program and outline the progress offenders made towards their treatment goals that were established at the beginning of the program. In addition to describing the offenders' treatment gains, program performance reports also identify various responsivity factors that may influence the quality of program delivery and the offenders' ability to benefit from the program (e.g., cognitive deficits, learning disabilities, mental health concerns, etc.). Specifically, CPOs and ICPOs are instructed to specify whether a responsivity factor affected the offenders' ability to learn program material within the 'Attendance and Participation' section of

program reports (CSC, 2018d). These reports also provide additional information on other factors that may have affected program participation (e.g., missed sessions). As such, these reports were analyzed to determine the presence of specific responsivity concerns of offenders participating in moderate intensity programs, and the influence of these concerns on program participation.

Casework records include entries that are made by the offender's case management team. Casework record entries detail interactions with the offender or provide information regarding the offender's current situation and progress on their correctional plan. The level of detail provided by CPOs or ICPOs in casework record files varied considerably, as CPOs and ICPOs are not required to complete casework records for work completed within the context of correctional programs. In some cases, entries were made frequently by program officers. These entries may specifically reference interactions with the offender, or situations that arose during program, make-up sessions, or motivational module sessions. When entries were made by CPOs or ICPOs, they discussed the nature of the interaction, any concerns they noted, and in some cases, references to the offender's participation, including noted responsivity issues. In other cases, CPOs or ICPOs provided minimal information in casework records, resulting in the majority of information being identified in program performance reports, as required.

Motivational module support streams for offenders in men's institutions are utilized to help offenders engage in and successfully complete their correctional program. Motivational modules support streams are used with offenders who are having difficulty participating, learning, and ultimately benefitting from the program due to responsivity issues (e.g., literacy problems, mental health, cognitive ability, etc.). Final reports are completed by program officers at the end of the motivational module intervention. These final reports include details regarding the offender's responsivity issues or reason for referral to the motivational module support stream; details regarding the offender's progress, including effective and non-effective techniques utilized with the offender; and recommendations for next steps (e.g., referral to another motivational module stream; no further intervention needed).

A coding manual was developed to review the identified final program reports, casework records, and motivational module program reports. The manual was developed based on this study's research questions and consisted of six code themes: recorded responsivity factors; impacts of responsivity factors on participation; adaptations to address responsivity factors;

impacts of adaptations on treatment gains; impacts of adaptations on engagement; and impacts of adaptations on working alliance (see Appendix B for complete coding manual). To limit the subjectivity and inconsistencies common in coding casefiles, as well as to test the reliability of the coding manual, six casefiles were selected as practice cases.[5] The practice cases were coded independently by each coder, followed by a group discussion on the applicability of the coding manual, the results and inconsistencies between coders, resolutions to inconsistencies, identifying when themes emerge in the data, and how to interpret each theme of the manual and its documentation. Once reliability was established, the offenders identified in the final sample (N = 77) were divided between coders, and regular meetings took place throughout coding to discuss any issues or decisions, and to maintain reliability and consistency.

Analytic Approach

The OMS casefile review provided both quantitative and qualitative information. Descriptive statistics such as percentages were calculated to assess, for instance, the percentage of participants in adapted or non-adapted programs with recorded responsivity concerns, the trends in the types of responsivity factors that emerged from both program streams, and the percentage of casefiles with clear program adaptations. Qualitative data (i.e., open-ended questions of the coding manual) were analyzed using both deductive and inductive thematic analysis.

Thematic analysis is "a method of identifying, analyzing, organizing, describing, and reporting themes found within a data set" (Nowell et al., 2017, p. 2). Namely, it is a method of identifying themes or patterns within (and across) the data that are significant to the research questions. In the first step of the analysis, data was coded deductively based on the coding manual (Nowell et al., 2017). Data was also coded inductively to allow additional themes to emerge that were not predetermined by the coding manual, such as instances of offenders employing clear adaptations to address their own needs.[6] In the second step of the analysis, the codes were then refined and sorted (or further coded) into subthemes under broader themes associated with the research questions (Nowell et al., 2017). These themes included recorded responsivity factors; types of responsivity factors; impacts of responsivity factors on

[5] Practice cases were not casefiles from the final sample and were not included in the final analysis.
[6] Once a pattern had been identified in the data, inductive themes were subsequently included in the coding manual to ensure coding consistency between coders.

participation; recorded accommodations; types of accommodations; efficacy of accommodations; and impacts of accommodations on participation. The refined codes under each theme became the focal point of analysis to determine the similarities and differences between the adapted and non-adapted programs.

During thematic coding, differences between the adapted and non-adapted programs were considered in order to help identify whether adapted program streams are better equipped to address the responsivity concerns of program participants. However, true comparisons were not possible, as adapted programs are not available at all men's institutions. Further, adapted programs are not offered for Indigenous program streams or Women's program streams.

Although considering differences across men's versus women's programs and Indigenous versus non-Indigenous[7] stream programs were beyond the main focus of the current study, when possible, these differences were examined as supplementary analyses (see Appendix C for detailed results). It should be acknowledged that the sampling procedure used did not intend for these comparisons. There are many possible factors that could contribute to any differences found, including, but not limited to, random chance when using stratified random sampling procedures, underlying sex and race differences in the presence and effect of specific responsivity factors, and variations in how different programs were developed and are delivered. Caution should be applied when accepting these supplementary results.

Finally, additional data was extracted from OMS in order to provide a profile of the participants, beyond the casefile review. Specifically, descriptive statistics were used to provide information on the descriptive and institutional characteristics of the sample, including gender, Indigenous identity, major offence on sentence, static risk at admission, dynamic need at admission, and presence of a responsivity flag (see Table A1 in Appendix A).

[7] It is important to note that offender preference for Indigenous or non-Indigenous correctional programs is considered in the prioritization of programs referrals. Indigenous offenders may choose to participate in non-Indigenous stream programs. Further, while Indigenous offenders are the priority candidates for participation in Indigenous correctional programs, non-Indigenous offenders who wish to participate in Indigenous correctional programs may do so, provided that they do not take the opportunity to participate away from an Indigenous offender (CSC, 2018b). Therefore, supplementary results comparing Indigenous and non-Indigenous stream program results should not be considered a comparison by offender Indigenous self-identification.

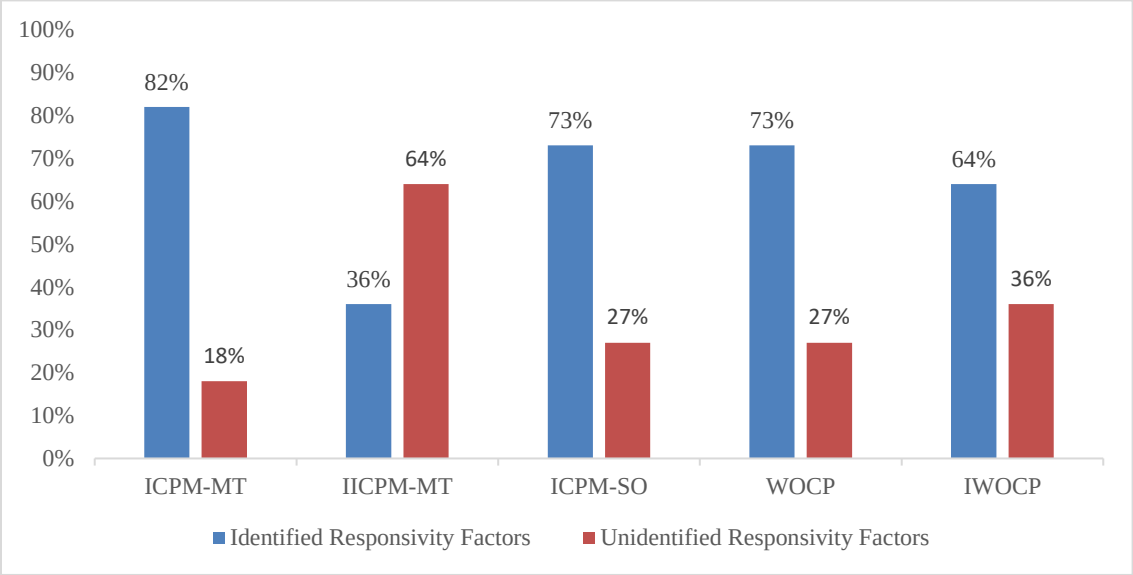
Results

The results are presented in accordance with the current study's research questions. For each research question, data were analyzed separately for those program participants who were enrolled in adapted and non-adapted programs.

Research Question 1: Do CPOs and ICPOs record responsivity factors in the 'Attendance and Participation' sections of program performance reports?

The first set of analyses focused on identifying whether CPOs and ICPOs record specific responsivity concerns in the 'Attendance and Participation' section of program performance reports, as they are directed to report on specific responsivity factors in this section of the report during training. Overall, the majority of CPOs and ICPOs did identify specific responsivity factors in offenders' program performance reports under the 'Attendance and Participation' section. However, CPOs and ICPOs were more likely to record responsivity concerns in this section for participants in the adapted programs compared to the non-adapted programs. Specifically, when examining the adapted programs, responsivity factors were reported by the program facilitator in the 'Attendance and Participation' sections of the final program reports for 100% (n = 22) of offenders. When examining non-adapted programs, CPOs and ICPOs reported responsivity concerns in the 'Attendance and Participation' section for the majority (65.5%, n = 36) of offenders, but did not report responsivity factors in this section for approximately one third (34.5%, n = 19) of offenders (see Figure 1 for the percentage of program participants with and without an identified responsivity concern under the 'Attendance and Participation' section of the final program reports across the different non-adapted programs).

Figure 1. *Percentage of identified and unidentified responsivity factors in the 'Attendance and Participation' section of program reports across non-adapted moderate intensity programs*



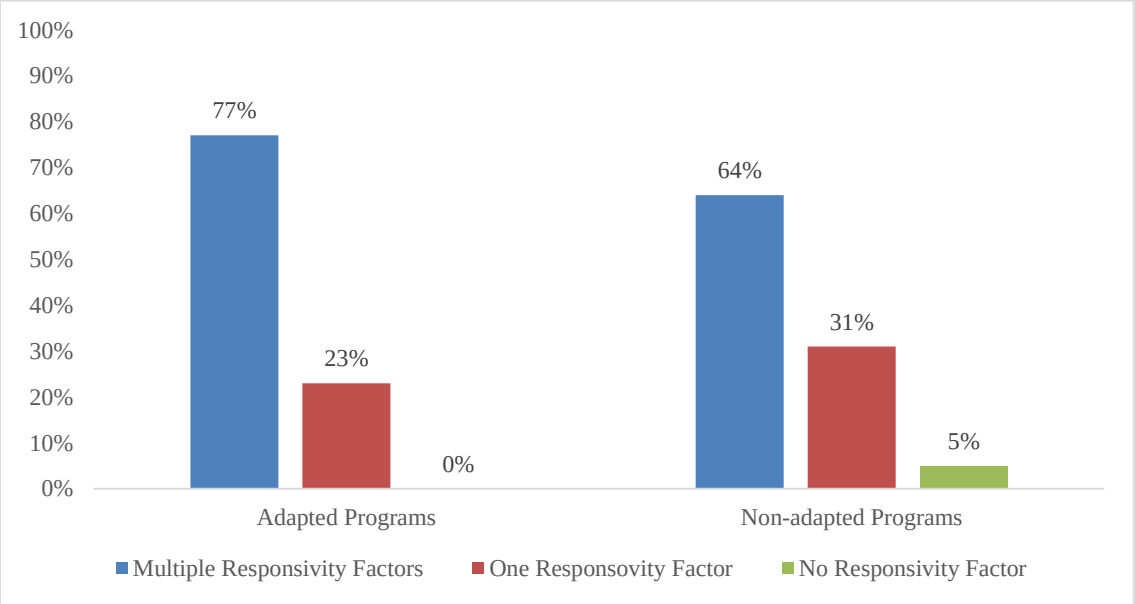
Presence of Responsivity Factors Recorded in Program Performance Reports, Casework Records, or Motivational Module Support Stream Reports

In cases where specific responsivity factors were not included in the 'Attendance and Participation' section of the report, the CPO or ICPO discussed at least one instance where a responsivity factor had an impact on the offender's participation in other sections of the program performance report, in casework records, or motivational module program reports. In 5% (n = 3) of cases in the non-adpated programs (see Figure 2), CPOs or ICPOs recorded that no responsivity factors were present, however, there was evidence of minor responsivity issues that resulted in accommodations made by the CPO or ICPO. For example, for two participants in the non-adapted programs, CPOs or ICPOs did not record a responsivity concern within the program reports, however, the offenders were referred to a motivational module support-stream in order to assist them in completing worksheets and reviewing program concepts. As such, the decision was made to include these participants in subsequent analyses. Therefore, all subsequent analyses throughout the report include participants who either had a responsivity factor recorded by the CPO or ICPO in the offenders' casefiles (i.e., the program performance reports, casework records, or motivational module program reports), or, in cases where no responsivity concerns were recorded, there was evidence that an accommodation was made to address a concern

somewhere in the offender's casefiles.

When examining the program performance report, casework records, and motivational module support-stream program report for records of specific responsivity factors, the majority of participants in both adapted and non-adapted programs had multiple responsivity factors recorded by CPOs and ICPOs (particularly those from the adapted programs; see Figure 2).

Figure 2. *Percentage of participants with responsivity factors identified by program facilitators across adapted and non-adapted program streams*



When possible, supplementary analyses were conducted to separately examine themes across men's and women's program streams, as well as Indigenous and non-Indigenous program streams. First, it was examined whether program facilitators recorded specific responsivity concerns in the 'Attendance and Participation' section of the final program reports. It was found that program facilitators were slightly more likely to record specific responsivity concerns in the 'Attendance and Participation' section of the final program reports in men's program streams compared to women's program streams (78% versus 73%, respectively). Further, program officers were more likely to record responsivity concerns in the 'Attendance and Participation' section in the non-Indigenous program streams compared to the Indigenous program streams (87% versus 50%, respectively; see Appendix C for full supplementary analyses).

When examining the final program report, casework records, and motivational module program report for records of specific responsivity factors, participants in the women's programs were more likely to have multiple responsivity needs recorded by the CPO or ICPO (73%) compared to participants in the men's programs (65%). Moreover, participants in the non-Indigenous programs were more likely to have multiple responsivity needs recorded in the casefiles (71%) compared to participants in the Indigenous programs (59%; see Appendix C for full supplementary analyses). As mentioned previously, the sampling procedure employed was not intended for these comparisons and there may be a variety of reasons why these differences were found. Results should be accepted with caution.

Research Question 2: What types of responsivity factors are observed by CPOs andICPOs?

Casefiles were coded to determine the types of responsivity factors that were recorded by program facilitators in any of the casefile documents, in order to determine which types of responsivity concerns draw their attention and attempts to provide accommodations. Program facilitators varied in how they recorded responsivity factors. In some cases, CPOs and ICPOs recorded specific diagnostic labels when referring to responsivity factors (e.g., ADHD, depression). In other cases, CPOs and ICPOs recorded behaviours or symptoms displayed by the participant that impacted participation in the program (e.g., the participant had issues concentrating). Finally, in some cases, CPOs and ICPOs recorded diagnoses or behaviours as impacting program participation that can also be considered as risk factors, and are targeted in correctional programs (e.g., impulsivity, substance use, antisocial personality disorder, emotion regulation issues). The terminology used by CPOs and ICPOs was maintained by the coders for the purpose of the analyses.

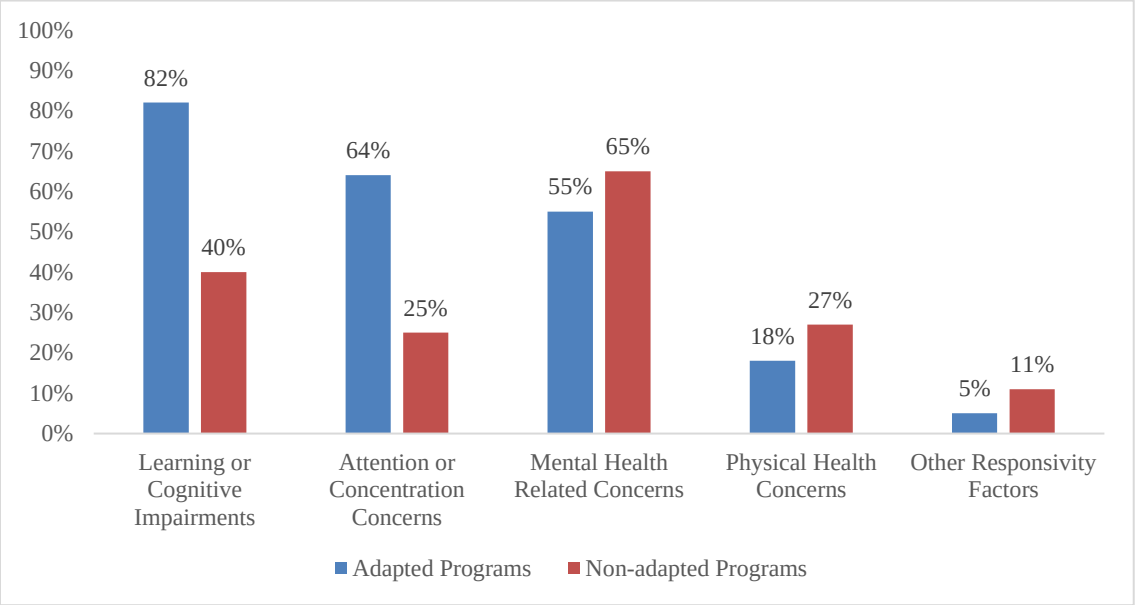
Overall, five broad categories of responsivity factors were identified across both adapted and non-adapted programs that affected – to some degree – participants' participation in program. These categories are learning or cognitive impairments, attention or concentration concerns, mental health related concerns, physical concerns, and 'others' for responsivity factors that were infrequently mentioned.[8] Although these five categories of responsivity factors

[8] Although our categories could be further broken down (for instance, separating learning disabilities and cognitive deficiencies as their own categories rather than grouped together), the symptoms or impairments recorded by program facilitators were sometimes difficult to discern the appropriate diagnosis or disability, and thus, difficult to accurately categorize.

emerged in both the adapted and the non-adapted programs, different trends between the two streams were identified.

Figure 3 depicts the percentage of offenders in both the adapted and non-adapted programs who had at least one recorded specific responsivity factor in each of the five broad categories identified in the analysis. Overall, a greater proportion of offenders in the adapted programs had at least one learning or cognitive impairment, or at least one attention or concentration concern when compared to offenders in non-adapted programs (82% versus 40%, and 64% versus 25%, respectively). A slightly larger proportion of offenders in the non-adapted programs had at least one mental health related concern (65%) and physical health concern (27%) compared to offenders in the adapted programs (55% and 18%, respectively).

Figure 3. *Percentage of offenders with an identified responsivity factor across the five categories of responsivity factors*



Note. Offenders may have had multiple responsivity issues reflected across more than one category

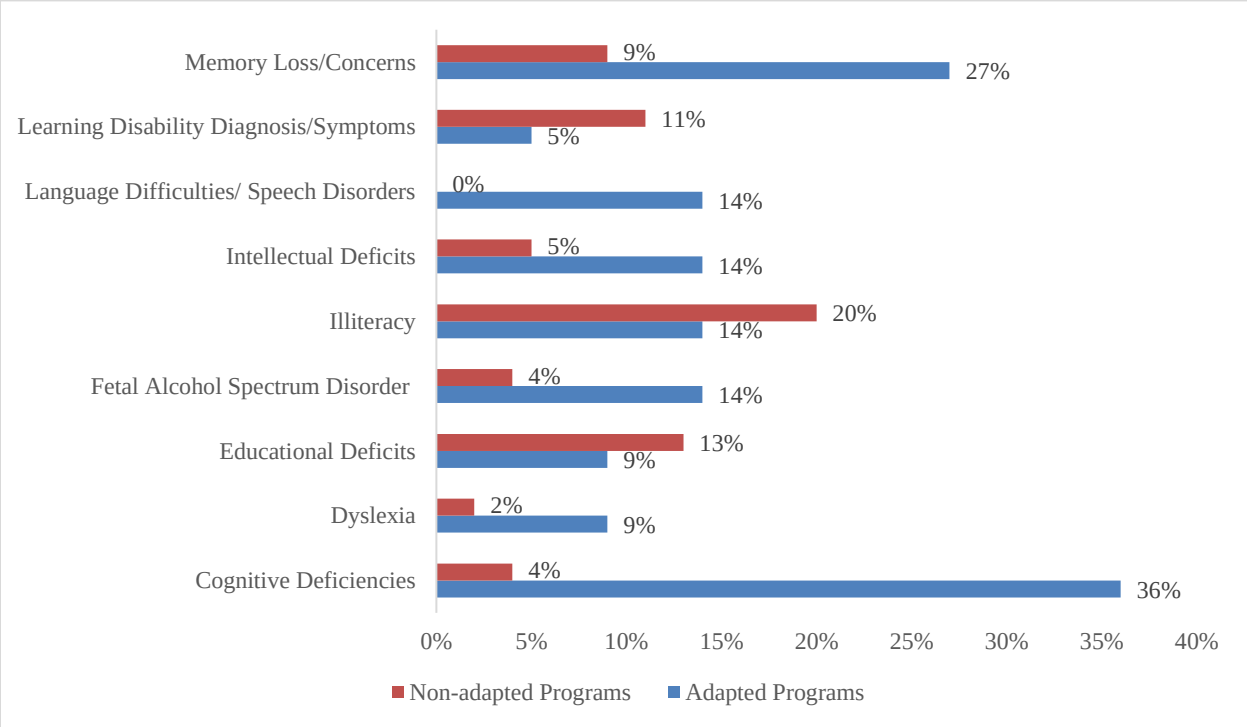
The following sections present a more in-depth breakdown of the five broad categories of responsivity factors. Each section provides an overview of the specific responsivity factors identified under each broad category, compared across adapted and non-adapted programs.

Learning or Cognitive Impairments

CPOs and ICPOs recorded responsivity factors related to learning or cognitive impairments most frequently for offenders enrolled in an adapted program (see Figure 4). This largely included cases of participants with cognitive deficits including concerns with memory as reported by the program facilitator. For example, this included having issues with short-term memory, in one instance, due to a brain injury, difficulties retaining and recalling information, general mentions of cognitive impairments and deficiencies, and difficulties with abstract concepts. Other responsivity factors related to learning or cognitive impairments among participants in the adapted programs were Fetal Alcohol Spectrum Disorders (FASD), illiteracy (or difficulties with reading or writing), intellectual deficits, and language knowledge difficulties or speech disorders. Less frequently observed responsivity factors included dyslexia, low educational attainment, and a learning disabilities.

CPOs and ICPOs also recorded offenders as having a responsivity factors related to learning or cognitive impairments in the non-adapted programs, although they were less common than among adapted program participants (see Figure 4). This largely included cases of participants with illiteracy, educational deficits, and a learning disability diagnosis as reported by the program facilitator (and, at times, by other staff members such as parole officers). For example, this included difficulties with reading or writing, low educational attainment, and general mentions of learning difficulties or a learning disability. Participants with memory concerns, intellectual deficits, cognitive deficits, FASD, and dyslexia also emerged among cases in the non-adapted programs, though less frequently. However, there were no cases of offenders with language difficulties or speech disorders in the non-adapted programs. Based on these findings, it appears that in the adapted programs, the responsivity factors of participants that frequently emerged related to cognitive impairments, whereas the responsivity factors of participants in the non-adapted programs related to learning impairments.

Figure 4. *Percentage of participants with reported learning or cognitive deficits across adapted and non-adapted programs*



Note: Participants may have had more than one type of learning or cognitive impairment.

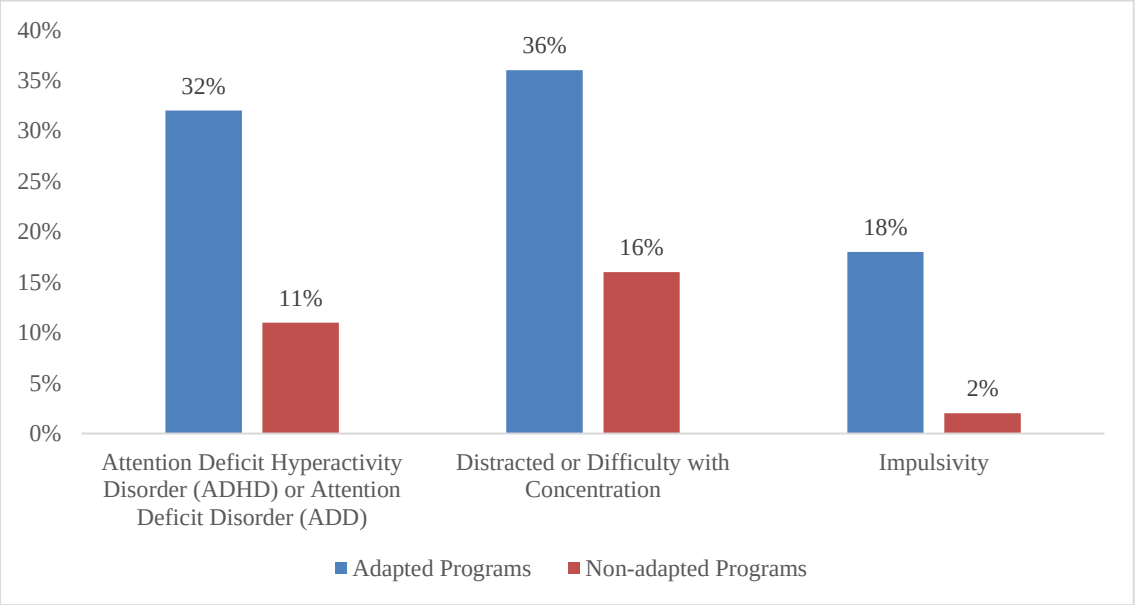
Comparisons across men's versus women's programs and Indigenous versus non-Indigenous program streams were not the main goal of this study. Although the following results should be interpreted with caution, some supplementary analyses were conducted to examine potential differences among these groups. Results indicated responsivity factors related to learning or cognitive deficits were more commonly reported by CPOs and ICPOs in men's program streams compared to women's program streams, with the exception of learning disability diagnoses, which were comparable across men and women's programs. Further, responsivity factors related to learning or cognitive deficits were more common in non-Indigenous compared to Indigenous program streams. As mentioned previously, the sampling procedure employed was not intended for these comparisons and these differences may be due to chance. See Appendix C for full supplementary analyses.

Attention or Concentration Concerns

CPOs frequently observed responsivity factors related to attention or concentration issues

among participants enrolled in an adapted program (see Figure 5). These comprised offenders with difficulties concentrating including general mentions of offenders who are easily distracted and have difficulties with attention. In some records CPOs specified that the offenders were coping with attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD). Impulsivity was also commonly observed, including difficulties with impulse control, acting on emotions, and spontaneous loss of interest. Cases of attention or concentration issues were also identified among participants in the non-adapted programs, though to a lesser extent (see Figure 5). These cases also primarily included offenders with difficulties concentrating and ADHD (or ADD), with only one case of an offender with impulsivity issues recorded by the program facilitator (e.g. tends to be easily upset, impulsive, and respond emotionally in program).

Figure 5. *Percentage of participants with reported attention or concentration concerns across adapted and non-adapted programs*



Note: Participants may have had more than one type of attention or concentration issue.

Supplementary analyses were conducted to examine types of responsivity factors across men's versus women's programs and Indigenous versus non-Indigenous program streams. These results should be interpreted with caution, since the apparent differences may be due to chance. Responsivity factors related to attention or concentration concerns were more prevalent in men's

program streams compared to women's program streams, as well as non-Indigenous compared to Indigenous program streams. See Appendix C for full supplementary analyses.

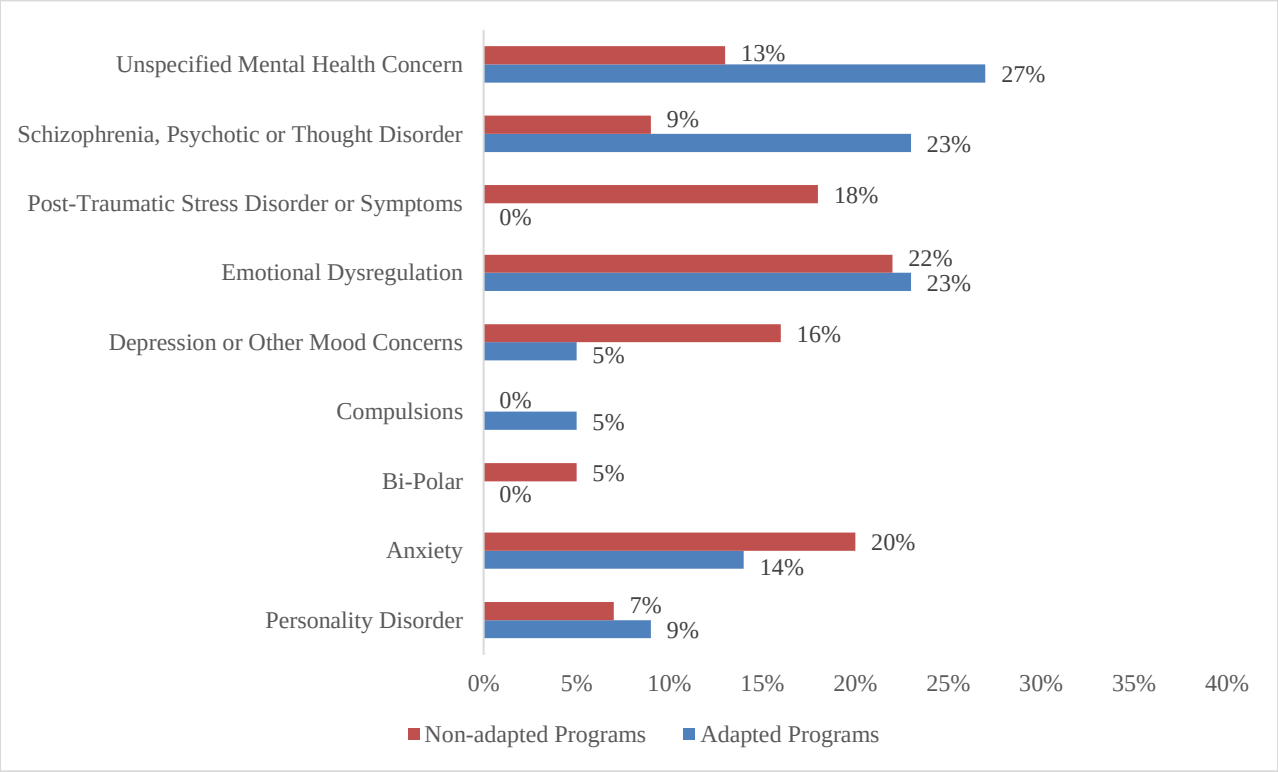
Mental Health Related Concerns

In the sample, there were a number of cases in which CPOs and ICPOs reported observations of mental health related concerns among their program participants. However, this was less common among participants in the adapted programs than among participants in the non-adapted programs (See Figure 6). Examples of responsivity factors related to mental health among participants in the adapted programs included general mentions of a mental health concern by the program facilitator, reports of schizophrenia or symptoms such as hearing voices, emotional dysregulation (such as difficulties managing one's emotions), and anxiety. There were also several cases of participants with an antisocial personality disorder, compulsions, or mood concerns.

CPOs and ICPOs reports of mental health concerns were more prevalent among participants in the non-adapted programs. The most commonly occurring responsivity factors were emotional dysregulation, anxiety (e.g. reports of offenders experiencing panic attacks, withdrawal from the group), post-traumatic stress disorder (PTSD), depression, and general mentions of a mental health concern by the program facilitator. Examples found included struggling with emotions management, the inability to self-govern, experiences of panic attacks and withdrawing from group, experiences of triggers stemming from traumatic experiences, and feelings of depression, grief, and loneliness. Other less frequently reported responsivity factors related to mental health concerns among participants in the non-adapted programs were schizophrenia and other psychotic or thought disorders, borderline personality disorder, and bi-polar disorder. There were no reports of participants with PTSD, borderline personality disorder, and bi-polar disorder among the participants in the adapted programs while there were no reports of participants with antisocial personality disorder or compulsions from the non-adapted programs.

When comparing CPO and ICPO reports from the adapted and non-adapted programs, the responsivity factors that frequently emerged in the adapted programs related to psychotic disorders, emotional dysregulation, anxiety, and personality disorders, whereas the responsivity factors that frequently emerged in the non-adapted programs related to emotional dysregulation, anxiety, traumatic and mood disorders.

Figure 6. *Percentage of participants with reported mental health related concerns across adapted and non-adapted programs*



Note: Participants may have had more than one type of mental health related concern

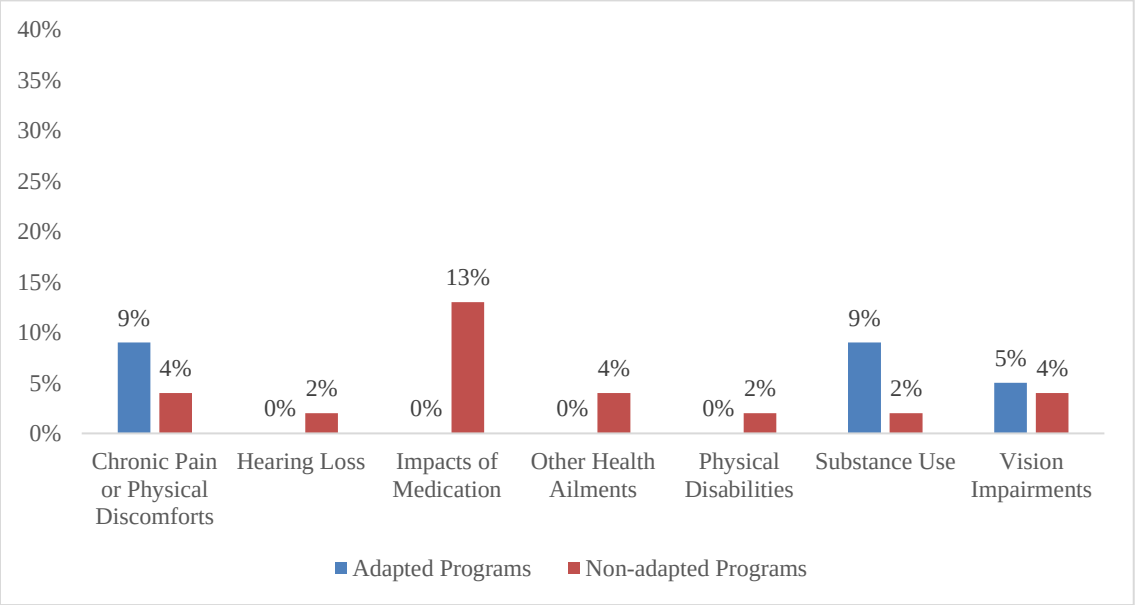
The following supplementary analyses comparing the types of responsivity factors reported across men's versus women's programs and Indigenous versus non-Indigenous program streams should be interpreted with caution due to the small sample. CPOs and ICPOs reported responsivity factors related to mental health concerns more frequently in women's compared to men's programs, with the exception of schizophrenia and other psychotic or thought disorders, and unspecified mental health concerns, which were more common in men's program streams. Responsivity factors related to mental health concerns were also more commonly reported in Indigenous, compared to non-Indigenous programs. This is perhaps unsurprising, given that Indigenous men and women have been found to have higher rates of mental disorder than their non-Indigenous counterparts (Beaudette et al., 2015; Brown et al., 2018a). However, those in non-Indigenous program streams were more likely to have unspecified mental health concerns. See Appendix C for full supplementary analyses.

Physical Health Concerns

Responsivity factors related to physical health concerns among participants enrolled in both the adapted programs and the non-adapted programs were reported less frequently than other responsivity factors presented above (see Figure 7). In both streams, responsivity factors included chronic pain or feelings of physical discomforts, vision impairments affecting program participation, and current indicators of substance use. It is important to note that substance use is a moderate risk factor that can be addressed within the program as a criminogenic need. Substance use was only coded as a responsivity concern in the current study if there was active substance use that impacted program participation. For example, CPOs or ICPOs reported participants appearing to be under the influence of drugs or alcohol during the program and were unable to fully participate.

Among participants from the non-adapted programs, additional responsivity factors were identified by CPOs and ICPOs, including hearing loss, physical disabilities, health ailments such as diabetes, unspecified health concerns, and the effects of medication. Offenders with, for instance, psychosis are often prescribed medication outside of programs by health services to address symptoms, mental health concerns, or problematic behaviours (Farrell-MacDonald, Keown, Boudreau, Gobeil, & Wardrop, 2015; McLachlan, 2017; Skeem et al., 2015). Nevertheless, in a few casefiles from the non-adapted programs, it was found that medication contributed to problematic symptoms such as struggling to remain focused and feeling drowsy. Some participants also experienced physiological impacts when changing their medication.

Figure 7. *Percentage of participants with reported physical concerns recorded by program facilitators across adapted and non-adapted programs*

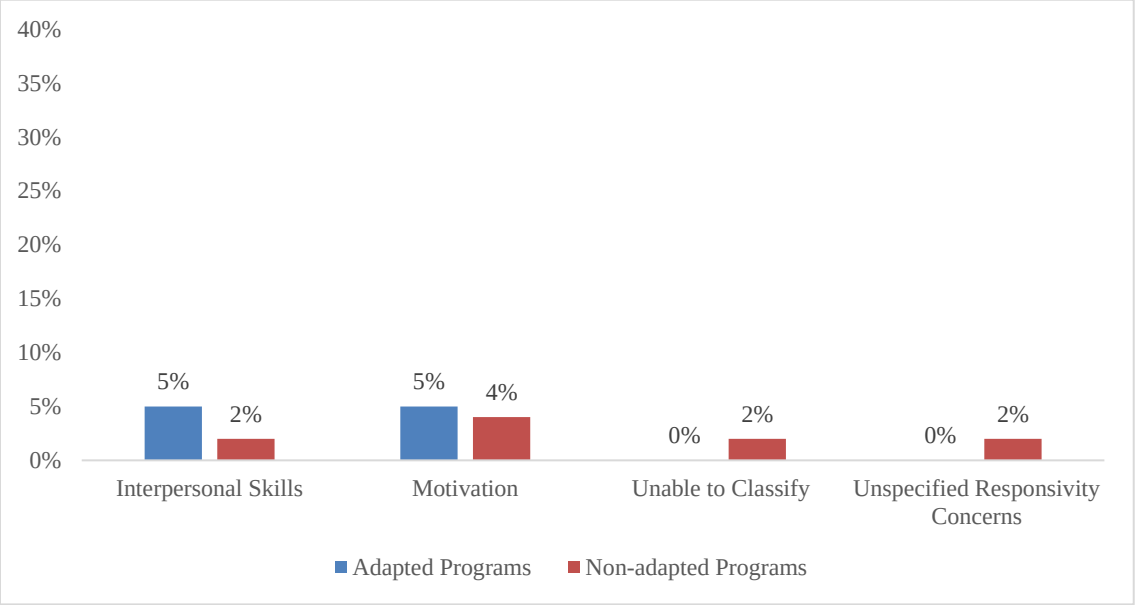


Supplementary analyses showed that CPOs and ICPOs more commonly reported physical health concerns affecting program prarticipation among women's compared to men's programs. Hearing loss and vision impairments were exceptions, and were only reported within men's program reports. Responsivity factors related to physical health concerns were also more commonly reported by CPOs and ICPOs of Indigenous, compared to non-Indigenous programs, with the exception of chronic pain and hearing loss. Due to the qualitative approach of this research necessitating a smaller sample than quantitative approaches, these results should be considered preliminary results to be confirmed by more comprehensive research. As mentioned previously, the sampling procedure employed was not intended for these comparisons and the apparent differences may be due to chance. However, previous research provides some degree of confidence that these results reflect responsivity factors affecting participants' participation in correctional programs. Gender and race differences in the physical health status of incoming offenders have been found (Nolan & Stewart, 2014; Stewart et al., 2014). Extent research has also found that women are more likely than men to be prescribed psychotropic medications (Farrell-MacDonald et al., 2015) and women, particularly Indigenous women, have high rates of substance abuse need (Brown et al., 2018a; Stewart et al., 2017). See Appendix C for full supplementary analyses.

Other Responsivity Factors

Lastly, CPOs and ICPOs reported instances of responsivity factors that could not be easily categorized (see Figure 8). In both adapted and non-adapted program streams, these included the lack of motivation and interpersonal skills. Among participants from the non-adapted programs, additional responsivity factors included unspecified responsivity concerns by the program facilitator; that is, program facilitators merely noted that the participants had significant responsivity concerns that impacted their participation in program, but they did not specify what these concerns entailed.

Figure 8. *Percentage of participants with reported 'Other' responsivity factors across adapted and non-adapted programs*



Supplementary analyses found that instances of 'other' responsivity factors were more prevalent for participants in women's compared to men's program streams, with the exception of motivation issues. Further, instances of 'other' responsivity factors were more prevalent among participants in Indigenous, compared to non-Indigenous program streams, with the exception of issues with interpersonal skills. As mentioned previously, these results should be considered preliminary since the sample was likely too small for reliable comparisons between men and women and Indigenous and non-Indigenous offenders. Observed differences may have occurred due to chance or a variety of other reasons. See Appendix C for full supplementary analyses.

Research Question 3: Do CPOs and ICPOs observe responsivity factors, or behaviours related to responsivity factors, as interfering with offenders' ability to participate in correctional programs?

Program officers observed responsivity factors, or behaviours related to responsivity factors, as interfering with the offender's ability to participate in correctional programs in the majority of cases. The influence of responsivity factors on program participation was most evident in the adapted program streams. In the adapted streams, responsivity factors were recorded by CPOs as interfereing with program participation for all participants, with the exception of one. In this case, the CPO specifically recorded that the responsivity factor did not interfere with program participation.

When examining adapted programs, CPOs most frequently recorded that responsivity factors, and behaviours related to responsivity factors, interfered with offender participation by affecting their ability to understand, learn, or apply program content. For instance, a CPO delivering the ICPM-SO adapted moderate intensity program documented, "… [the offender's] cognition hinders his ability to internalize group skills to any depth." (*CPO, final program report notes, ICPM-SO adapted moderate intensity program*). Impairments to learning or understanding was followed by observations of difficulty remembering or retaining program content and skills, as well as difficulty managing behaviours, impulses and emotions. A CPO delivering the ICPM adapted moderate intensity program wrote of a participant, "He was very prone to fidgeting, getting up to rearrange his sitting space, flipping through his book looking for things, leaving to go to the bathroom…" (*CPO, final program report notes, ICPM adapted moderate intensity program*). Other observed interferences to program participation included difficulty with coherence and articulation (e.g., keeping thoughts organized and coherent, disorganized speech, evidence of delusional thinking) due to responsivity factors. Although less frequently recorded, difficulties with completing assigned work; attendance issues (e.g., missing class, inability to remain in class or program); and diminished motivation, interest, or ability to stay awake in class, influenced participation in adapted program streams. Rarely recorded, difficulties with organization, monopolizing group discussions, difficulty following conversations, or withdrawing from the group (e.g., disengaging from discussions, difficulty opening up to facilitator) were factors that interfered with offender participation in adapted program streams. See Table 2 for adapted program themes and associated examples.

Table 2

Recorded responsivity factors or behaviours related to responsivity factors interfering with program participation in adapted programs

Theme	Examples
Impairment in understanding, learning, or applying program content	Difficulty or inability to grasp, understand, or learn program contents or material; difficulty with problem solving or abstract concepts
Difficulty with remembering or retaining program content and skills	Difficulty or inability to retain information or skills; difficulty in recalling program material or skills
Difficulty managing behaviours, impulses, and emotions	Difficulty with emotional regulation; difficulty managing behaviour or disinhibited behaviour, such as fidgeting, moving around, making distracting noises; impulsivity
Difficulty with attention, focus, or concentration in program	Participant was distracted, had difficulty paying attention, focusing, or concentrating while in program
Difficulty with coherence and articulation or evidence of delusion	Difficulty keeping thoughts organized or coherent; disorganized speech; difficulty contributing to discussions; issues with delusional thinking
Difficulty completing assigned work	Difficulty completing assigned work outside of program sessions; difficulty with or inability to read and write; difficulty completing written work; inability to complete work without assistance
Attendance Issues	Missed program sessions; difficulty or inability to remain in class sessions or program
Diminished motivation and interest, inability to remain awake in class	Lack of motivation, engagement, or interest in program; falling asleep or difficulty staying awake in class
Difficulty with organization	Difficulty organizing or keeping track of program materials or worksheets
Monopolizing group discussion	Controlling or overtaking group discussions, stopping other participants from being involved in group discussions
Difficulty following conversations	"Spacing out" during conversations; inability to understand a word being used in discussion
Withdrawing from group	Isolating or withdrawing during program

Note: Themes are listed from most to least common.

CPOs and ICPOs were more likely to record that responsivity factors did not interfere with program participation in the non-adapted programs compared to the adapted programs. Specifically, in these cases the CPO or ICPO specifically recorded in casefiles that the responsivity factor did not interfere with the participant's ability to learn or understand material, to complete writte work, to make progress on the program, etc., or the CPO or ICPO recorded that there was no responsivity factor that impacted participation. That being said, responsivity factors (or behaviours related to responsivity factors) were frequently documented by CPOs and ICPOs as interfering with non-adapted program participation.

Similar to the adapted program stream, the most common theme identified in the non-adapted program reports was that responsivity factors and behaviours related to responsivity factors, interfered with offender participation by affecting the participants' ability to understand, learn, or apply program content. For instance, a program facilitator recorded of a participant, "As a result of current cognitive deficits, the offender experiences significant difficulty following complex conversations, and negotiating abstract thinking." (*ICPO, final program report notes, IWOCP moderate intensity program*). The frequency of reports of impairments to learning or understanding was followed by difficulty managing behaviours or emotions, as exemplified in the following excerpt: "… the offender can be easily distracted and reactive to the emotions and influence of others; therefore significantly impacting her ability to engage in group settings." (*ICPO, final program report notes, IWOCP moderate intensity program*). Other recorded interferences to program participation included difficulty completing assigned work, attendance issues, withdrawing from group, and diminished motivation, interest, or inability to stay awake in program sessions.

Although less commonly recorded, difficulty with remembering or retaining program content and skills also interfered with offenders' participation in non-adapted correctional programs. Rarely, CPOs and ICPOs noted that responsivity factors interfered with program participation without specifying how participation was affected by the responsivity factor or its related behaviour. Infrequently, CPOs and ICPOs observed that offenders had difficulty with coherence and articulation (e.g., lacked communication skills) due to responsivity concerns. It is important to note that although CPOs and ICPOs recorded difficulty with coherence or articulation for a small number of participants, there was no evidence of difficulty with coherence or articulation caused by delusional thinking, as was found for some participants in

the adapted program streams. Finally, in rare cases, responsivity factors were noted as interfering with program participation as evidenced by offenders' difficulty with organization, and difficulty following conversations. See Table 3 for all identified themes and associated examples.

Table 3

Recorded responsivity factors or behaviours related to responsivity factors interfering with offender participation in non-adapted programs

Theme	Example(s)
Impairment in understanding, learning, or applying program content	Difficulty or inability to grasp, understand, or learn program contents or material; difficulty applying program concepts; difficulty understanding instructions
Difficulty managing behaviours or emotions	Issues with emotion regulation; easily frustrated; behavioural issues
Difficulty completing assigned work	Required assistance or clarification to complete assigned work; difficulty with written work
Attendance issues	Missed program sessions; inability to remain in class sessions or program
Difficulty with attention, focus, or concentration	Difficulty with concentrating or focusing in class; short attention span; easily distracted
Withdrawing from group	Withdrawing from other group members; lack of participation in discussion; difficulty opening up to program facilitator and group members
Diminished motivation or interest; inability to stay awake in class	Lack of motivation, engagement, or interest in program; falling asleep or difficulty staying awake in class
Difficulty with remembering or retaining program content and skills	Difficulty retaining information; difficulty in recalling program material or skills
Difficulty with coherence and articulation	Difficulty with communication skills; difficulty expressing self
Struggling with pace of the program	Struggling to keep up with the pace of the program; falling behind in program content
Other or unspecified issues	Responsivity concerns were noted to affect program participation however type was not specified
Difficulty with organization	Difficulty organizing program binder; difficulty finding appropriate worksheets
Difficulty following conversations	Difficulty following conversations if they were complex

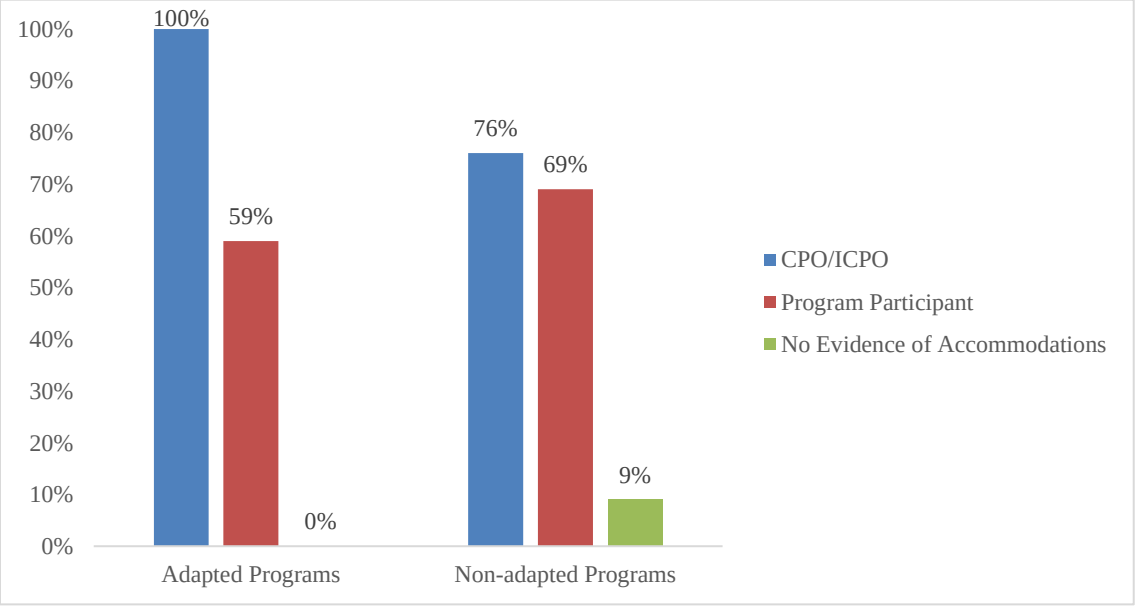
Note: Themes are listed from most to least common

Research Question 4: Do CPOs and ICPOs adapt their delivery of programs to fit responsivity factors?

Program officers were likely to make adaptations to correctional programs to fit the responsivity concerns of program participants (see Figure 9), regardless of whether the CPO or ICPO identified and recorded a responsivity concern in casefiles (see Research Question 3). Evidence of program adaptations by CPOs were observed for all participants (100%) in the adapted program streams, whereas evidence of program adaptations occurred for just over three-quarters (76.4%) of participants in the non-adapted programs.

Throughout the casefile review, it became clear that in many cases, program participants also made efforts to improve their participation in both adapted and non-adapted programs. Specifically, evidence of effort on behalf of the participant was recorded for 59% of participants in the adapted program streams, and 69% of participants in the non-adapted programs. See Figure 9 for the percentage of participants with a recorded program adaptation by the CPO or ICPO or program participant across program streams. Nine percent (n = 5) of casefiles from the non-adapted programs lacked evidence of an accommodation made by either the CPO or ICPO, or the offender.

Figure 9. *Percentage of cases with a recorded program adaptation by the CPO or ICPO, or program participant*



Note. Some participants had a recorded program adaptation by CPO or ICPO and program participant.

Research Question 4A: How do CPOs and ICPOs adapt their delivery of programs?

Program facilitators utilized a wide variety of program adaptations to address the responsivity factors of program participants. In some cases, CPOs and ICPOs were required to make multiple adaptations to address responsivity factors. The results relevant to the adapted programs are presented first, followed by the non-adapted programs.

Adapted Programs

Casefile reviews indicated that program facilitators often had to make multiple adaptations to address the responsivity factors of offenders enrolled in the adapted program, beyond the adaptations already incorporated into the adapted program structure and curriculum. The most common type of adaptation made by CPOs was to assist the program participant by helping them learn program material, helping them complete work or assignments, reviewing handouts or worksheets, or providing clarification to the participant when needed.

Program facilitators frequently recorded that they addressed responsivity factors by simplifying concepts or material for program participants. This included breaking down concepts to be simpler, explaining program content in a number of different ways, providing straightforward examples, using a slower pace, or rephrasing questions. Prompting the participant to do or say something, such as reminding participants to attend program sessions, using prompts to aid in recall or completion of work, or prompting participants to use learned program skills were other strategies CPOs used to address responsivity factors. Utilizing one-on-one sessions, as well as providing extra time to participants (either to complete worksheets or assignments, or review program material) were other common accommodations that CPOs relied upon to address responsivity factors for participants in adapted program streams.

Less commonly occurring adaptations included verbalizing material or using visual aids, providing additional resources such as schedules to assist participants, and referrals to external resources (e.g., mental health services), among others. See Table 4 for all themes identified and corresponding examples.

Table 4

Types of program adaptations utilized by CPOs to address responsivity concerns in adapted programs

Theme	Example(s)
Assistance provided by CPO	CPOs helped the program participant learn program material, assisted in completing assigned work, reviewed handouts, skill sheets, or assignments, and provided clarification.
Simplifying concepts or material	Breaking down concepts to be more simple or explaining program content/material in a number of different ways; utilizing simple or straightforward examples; using a slower pace; rephrasing questions
Prompting	Reminding or encouraging participants to attend program sessions; using prompts to aid in recall or the completion of work; reminding or encouraging participants to use learned program skills; prompting participant to say or do something
One-on-One sessions[a]	Working individually with the participant to review material or complete work they were struggling with, or to review missed material
Repetition	Repeating or rephrasing questions, instructions, program material, and content
Providing Extra Time	Giving the participant extra time to complete work or assignments; spending extra time to review concepts or material
Verbalizing Material or Use of Visual Aids	Providing program content verbally as opposed to written formats; use of visual aids to present program material
Providing Extra Resources	Providing additional resources to assist participants, such as program schedules and calendars; providing quick 'reference sheets' to assist in memory and recall
Referrals to External Resources[b]	Referring participant to mental health services such as counselling
Practical Practice of Material	Role play activities to assist in the recollection and comprehension of program skills

Table 4 Continued

Theme	Example(s)
Classroom Adaptations and Modifications to Program Timing	Altering the seating arrangement in the classroom; scheduling program sessions at a different time of day
Establishing a plan or routine to address needs	Discussing or planning strategies for the participant to use when issues arose; developing a routine for the participant to follow
Providing materials, objects, and movement to retain focus	Allowing participant to draw during program session; allowing participant to stand during program sessions
Providing Additional Breaks	Allowing participant to take additional breaks throughout program session
Providing Rewards for Positive Behaviour	Providing small rewards (e.g., stickers) to indicate productive behaviour
Re-directing Participant to Stay on Topic	Re-directing participant to stay on topic during group discussions

Note: Themes are listed from most to least common. In some cases, it was difficult to determine whether the adaptation was a specific strategy used to address a responsivity factor, or if a component of the program assisted the participant (e.g., role plays).

[a] One-on-one sessions are built into the adapted programs. Existing information obtained from the OMS file review made it difficult to assess whether these one-on-one sessions used to assist the program participant in completing program material or to review program material were part of the program or were additional accommodations made by the CPO.

[b]Referrals to external resources are not a true program adaptation as it occurs outside of the correctional program. However, this was a strategy used by some CPOs to help address the mental health concerns of participants and as such, was included in thematic coding.

Non-Adapted Programs

CPOs and ICPOs also frequently made adaptations to non-adpated programs to address the responsivity factors of program participants, despite some facilitators noting that responsivity concerns did not impact program participation. (See Research Question 3.) As a result, a discrepancy was noted as CPOs and ICPOs reported that responsivity factors did not affect programming, however, they recorded evidence of providing an adaptation or accommodation.

Similar to the adapted program streams, the most common adaptation in the non-adapted programs was to provide additional assistance to the participant. Typically, the program facilitator directly assisted the participant; however, in some cases other program participants may have also provided help. For example, the CPO, ICPO, or other program participants may

have helped the participant learn program material, assisted them in completing their worksheets or assignments, reviewed handouts or worksheets with the participant, or provided clarification when necessary.

Program facilitators also frequently utilized make-up sessions, or provided extra time to accommodate the responsivity concerns of program participants. For example, make-up sessions were used to review missed program content if the participant missed a program session due to their responsivity concerns. This is in contrast to the adapted program streams, where make-up sessions were not as frequently utilized. In many cases in the non-adapted programs, the CPO or ICPO provided extra time, either to allow for the participant to complete assignments, to read program material, or to provide extra time for participants to stay after class to review concepts or complete unfinished work. In a similar vein, CPOs and ICPOs often provided one-on-one sessions to accommodate offenders with responsivity concerns. One-on-one sessions were used to provide extra help if the participant was struggling, to allow the participant to 'catch up' in the program, and to increase participant motivation. In rare cases, CPOs and ICPOs reported adapting the program from the traditional group setting to individual one-on-one sessions in order to help the participant complete the program.

Other strategies that program facilitators regularly reported implementing included prompting the participant to say or do something (e.g., reminding the participant to attend class, complete assignments, or to use program skills), as well as providing referrals to external resources, such as mental health services. Often, program facilitators recorded the need to adapt the program by allowing participants to provide verbal, as opposed to written, responses, or to read program materials aloud to the participant. These adaptations are similar to what was found in the adapted program streams. Checking in with the participant to see how they are doing, and providing emotional support were also frequently reported by program facilitators in non-adapted programs to address responsivity concerns.

Other themes identified during casefile review included adapting the program curriculum to be more manageable for the participant, establishing a plan or routine to help the participant address their responsivity concerns, repetition of program material, and simplifying program concepts and material, among others. See Table 5 for all identified themes and corresponding examples.

Table 5

Types of program adaptations reported by CPOs and ICPOs to address responsivity factors in non-adapted programs

Theme	Example(s)
Assistance provided by CPOs, ICPOs, or Others	CPO, ICPO, or other group members helped the program participant learn program material; assisted in completing assigned work; reviewed handouts, skill sheets, or assignments; provided clarification.
Make-up Sessions[a] or Extra Time	Providing make up sessions when participants missed a program session, in some cases by referrals to the motivational module support stream; giving the participants extra time to complete work or assignments; allowing participants to stay after class to complete work or to review material or concepts
One-on-One sessions	Working individually with the participant to review material or complete work they were struggling with; helping participants catch-up in the program; increasing participant motivation.
Prompting	Reminding participants to complete assignments or attend program sessions; using prompts to aid in recall or the completion of work; reminding or encouraging participants to use learned program skills
Referrals to External Resources[b]	Referring the participant to psychology, mental health, or other clinical services; setting up Case Management Team meetings to address participants' needs or behaviours
Verbalizing Program Material	Allowing participants to answer questions or complete work verbally as opposed to using written format; providing instructions verbally; reading handouts, forms, worksheets out loud to participant
Checking in with participant	Checking in with participant to see how they are doing; acknowledging participants feelings and concerns; providing emotional support
Unspecified Accommodations	CPO or ICPO noted that adaptations or accommodations were utilized, however no specific details were provided

Table 5 Continued

Theme	Example(s)
Providing classroom or curriculum adaptations	Modifications made to the timing of the program, such as starting program sessions at a different time or reducing program session length; completing program session in advance; reducing group size; utilizing classroom resources, such as whiteboards instead of notebooks
Establishing a plan or routine with participant	Discussing or planning strategies for the participant to use when issues arose; developing a plan with participant
Repetition	Repeating or rephrasing questions, instructions, program material, or content
Simplifying Concepts or Materials	Breaking down program skills or concepts to be more simple; simplifying questions; using a slower pace
Assistance Provided by Elders or Participation in Indigenous cultural and ceremonial activities[c]	Discussions with Elder; participation in smudge, song, or prayer to calm down
Practical Practice of Material	Roleplaying to help grasp program concepts and facilitate learning
Providing material to retain focus	Allowing participant to draw during sessions to maintain focus
Providing additional breaks	Allowing participant to take additional breaks throughout program session

Note: Themes are listed from most to least common. In some cases, it was difficult to determine whether the adaptation was a specific strategy used to address a responsivity factor, or if a component of the program assisted the participant (e.g., roleplaying, 'checking in' with the offender).
[a]Makeup sessions are used for all correctional program participants when sessions are missed and are not exclusive to those with responsivity concerns.
[b] Referrals to external resources are not a true program adaptation as it occurs outside of the correctional program. However, this was a strategy used by some CPOs and ICPOs to help address the responsivity concerns of participants and as such, was included in thematic coding.
[c] Involvement of Indigenous Elders is an integral aspect of Indigenous-specific correctional programs. The purpose of this, in part, is to enhance the relevance of the program and promote motivation of Indigenous offenders. Thematic coding revealed that Elders and involvement in cultural and ceremonial activities also played a role in addressing responsivity factors. This was observed only for those enrolled in Indigenous programs (i.e., Indigenous Multi-Target Moderate program; Indigenous Women Offender Correctional Program).

Efforts by the Offender to Address Responsivity Factors

In many cases, CPOs and ICPOs recognized program participants' efforts to improve their participation in programs. When examining the adapted programs, participants were most

likely to address their responsivity concerns by using general or specific strategies and routines, or showing motivation to address their responsivity factors while in program. For example, participants may have made an effort to organize their binder, use calming self-talk, or set goals to manage their behaviour. Participants in the adapted programs were also likely to seek help from the facilitator, such as asking for clarification or repetition of material, seeking assistance with program content or completing assignments, or asking for reminders to complete tasks. Program participants in the adapted program also commonly addressed their responsivity factors by ensuring that they were medication compliant (if applicable), by writing things out to retain information or remain focused, and by informing others of their struggles or reaching out for general help or support (e.g., reaching out for emotional support). In rare cases, program participants in the adapted streams sought help from other sources (e.g., other members of the case management team), or took a time-out (e.g., went for a walk during breaks) to help address their responsivity factors.

When examining the non-adapted programs, CPOs and ICPOs reported more variations in the measures or strategies participants used to address their responsivity factors. Similar to participants in the adapted programs, the most common measures participants used to address their responsivity concerns were the use of specific strategies or routines, or showing motivation to address responsivity factors. Examples of this include using relaxation or breathing techniques, or using calming-self talk. Participants also commonly asked the program facilitator for assistance to address their responsivity factors, such as asking the program facilitator for clarification or repetition of material, seeking assistance with program content, or assistance to stay focused.

Further, participants in non-adapted programs frequently attempted to address their responsivity factors by informing others of their struggles or reaching out for general help or support (e.g., reaching out for emotional support). Participants were also likely to take time-outs (e.g., going for a walk), and seek help from other sources besides the program facilitator (e.g., asking other group members, teachers, and other members of their case management teams for help or support). Although less common, participants often suggested accommodations to the CPO or ICPO (e.g., requested to sit at the front of the class or asked to provide answers to homework in verbal rather than written format). In the cases of Indigenous program streams, ICPOs observed participants seeking help from an Elder (e.g., to talk about feelings in session),

and participating in Indigenous ceremonies or culture.[9] In rare cases, CPOs and ICPOs recorded that program participants made sure they were medication compliant, or they documented efforts without specifying the accommodations made by the offender.

Research Question 4B: How do CPOs and ICPOs perceive the efficacy of program modifications?

While not explicitly required to document in the final program report, program facilitators recorded a perceived efficacy or inefficacy of the accommodations, tools, and support that they or the participants employed for 91% of participants in the adapted programs and for 71% of participants from the non-adapated programs. Perceptions were quite similar across both program streams, although a few patterns of differences were identified.[10]

Perceived Efficacy of Accommodations

Facilitators perceived accommodations as effective in addressing responsivity factors for most participants in the adapted programs. Improvements were observed regarding participants' ability to complete assignments, program requirements, or the program itself. To illustrate, participants were able to complete their daily self-monitoring forms and worksheets, as well as sufficiently completing the program with the assistance from the program facilitator (e.g., reviewing questions, reviewing material at a slower pace) or once establishing a set routine to complete them. Program facilitators also recorded improvements in participants' motivation, response to treatment, and overall improved participation. For instance, in one particular case, the CPO noted that without their support and that of the case management team, a participant who wanted to leave the program due to their impulsivity would not have been able to complete the program. Other examples included participants being receptive of accommodations such as repetition, one-on-one sessions, over-learning concepts, roleplaying, and the use of visual aids, which resulted in greater motivation and treatment gains.

Furthermore, program facilitators recorded improvements in attention, focus and concentration during discussions and while completing program material such as homework. They also highlighted improvements in participants' ability to stay on topic after some

[9] It is possible that participants in other program streams also had access to an Elder or participated in ceremonial or cultural activities that were not captured in final program reports.

[10] Note: simply because program facilitators did not document the efficacy or inefficacy of all adaptations, this does not suggest that the accommodations, tools or support implemented were not effective in addressing needs.

prompting, redirection or jotting down notes, as illustrated by the following excerpt: "On days where he was more hyperactive, distractible or frustrated he benefitted from his challenges being acknowledged, and then being reminded of the skills he has to help him manage." (*CPO, final program report notes, ICPM adapted moderate intensity program*). In some casefiles from the adapted programs, facilitators perceived accommodations as improving participants' memory or retention of information, such as recalling relevant skills and key concepts by writing things out, reviewing the material, prompting, or reinforcing key concepts. For example, a CPO delivering the ICPM-SO adapted moderate intensity program noted:

> [The program participant] regularly commented that he had difficulty recalling information due to concerns with memory. Having him review key handouts and skill sheets for homework and regularly ending session[s] by asking him questions and re-establishing key concepts assisted in this regard. (*CPO, final program report notes, ICPM-SO adapted moderate intensity program*)

There were a few instances of improved understanding, skills, and participants' ability to apply program contents, which included improvements in learning concepts and social skills, relating one's experiences to the program content, and adopting healthy expectations of self. Other improvements that were recorded among casefiles from the adapted programs, albeit not as many, were the participants' ability to regulate their emotions, and to better articulate their thoughts, skills, and needs.

Meanwhile, in most cases from the non-adapted programs, facilitators perceived adaptations as improving participants' ability to regulate their emotions. For instance, participants were able to reduce emotional arousal, express their feelings without becoming aggressive towards others, and minimize their anxiety by using relaxation techniques, such as the case of a participant in the ICPM moderate intensity program who was recorded "… [using] a relaxation technique (breathing) to help him keep his emotions from getting out of control." (*CPO/ICPO, final program report notes, ICPM moderate intensity program*). Others also participated in Indigenous ceremonies (like smudging, sweat lodge) and seeking support from the program facilitator or Elder to reduce emotional arousal. For example, a program facilitator documented the following in relation to trauma-response resurfacing due to program content: "The Elder brushed [the program participant] off with the Eagle Wing and smudge and calmed her down." (CPO/*ICPO, final program report notes, IWOCP moderate intensity program*).

Program facilitators also recorded improvements in participants' ability to complete assignments and program requirements. Examples included offenders' ability to complete worksheets and assignments, as well as completing makeup sessions (for missed program sessions), with the assistance from the program facilitator (for instance, through verbal prompting, reviewing of concepts, discussing questions, and providing extra time to complete assignments) or from other participants in the program. For example, a program facilitator delivering the ICPM moderate intensity program noted in a final program report:

> At the conclusion of each module in this program, [the participant] was required to develop a self-management plan, but he was unable to do this without assistance from his fellow group member. [The participant] did not complete the final pocket plan, however through verbal prompting from the facilitator during the final program interview, [self management plans] were shared verbally with the facilitator.

Moreover, CPOs and ICPOs recorded improvements in participants' understanding, skills, and abilities to apply program contents that, similar to cases in the adapted programs, included improvements in learning concepts and social skills, and problem solving. For example, a program facilitator, while delivering the ICPM moderate intensity program, remarked in the final program report:

> When reviewing his 'FOCUS' problem solving worksheet, [the program participant] appeared to have struggled with the steps and what he was to look for. This writer worked through a new worksheet with [him]. Once completed, he appeared to have a better understanding of the problem he had identified and what was needed to work through…

CPOs and ICPOs also recorded improvements in participants' motivation and participation after holding conversations with the participant, offering support, and delivering the program in a more intimate group setting (having fewer participants to address feeling overwhelmed or intimidated). These adaptations have also resulted in participants' enhanced effort, involvement, and their ability to open up and express themselves during group discussions. Less documented improvements among cases from the mainstream programs were the ability of participants to articulate their thoughts and remain in class, as well as improved memory retention or recall, and attendance.

In general, while the perceived efficacy of adaptations by CPOs and ICPOs are similar across both adapted and non-adapted programs, they differ with respect to the types of

improvements that are most prevalent. These, intriguingly, also correlate to the most common responsivity concerns identified in each program stream. To illustrate, the perceived efficacy of adaptations in cases from the adapted programs were frequently related to a participant's ability to complete assignments and stay on topic. They also frequently related to their improved memory (or retention of information), motivation, response to treatment, participation, attention, focus and concentration. These relate to the most prevalent responsivity needs identified in casefiles from the adapted programs: cognitive impairments and attention or concentration concerns. Conversely, the perceived efficacy of adaptations in cases from the non-adapted programs were frequently related to a participant's ability to regulate their emotions, to complete assignments, and to apply program content. They also frequently related to their improved understanding, skills, motivation and participation. Likewise, these relate to the most prevalent responsivity factors identified in casefiles from the mainstream programs: mental health related concerns and learning impairments (this excludes the number of cases with a recorded "no responsivity factors or concerns").

Perceived Inefficacy of Accommodations

In a minority of cases across program streams (23% of all offenders), program facilitators noted a perceived inefficacy of accommodations, tools, and support that they employed to address responsivity factors.[11] These instances often related to the rejection of adaptations by the program participant in both adapted and non-adapted programs. For instance, participants declined help or thought it was unnecessary, and in a couple of cases, became confrontational with the facilitator when prompted to engage in discussion. Another perceived inefficacy identified in both program streams related to the lack of significant improvement in learning, skills and abilities, where adaptations (such as providing assistance, repetition) did not help participants to complete worksheets and assignments, to write with detail and insight, to understand concepts, or to identify problems related to their offence. For example, a CPO noted of a participant, "I administered the quiz individually and gave [the program participant] assistance but he clearly was not able to complete it." (*CPO, final program report notes, ICPM adapted moderate intensity program*).

In addition, in both adapted and non-adapted programs, there were a few instances where

[11] In some casefiles, program facilitators noted both the efficacies and inefficacies of accommodations. Therefore, some participants appear multiple times in the analysis.

adaptations were deemed insufficient or unnecessary by either the program facilitator or the participant. For example, a participant viewed the adapted program as inadequate for offenders with ADHD due to the length of sessions, while a program facilitator believed a participant was better suited for a non-adapted program because of the offender's extreme negative reactions to the adapted structure of the program. In other cases, enrollment in motivational module support streams was ineffective in addressing a participant's lack of motivation, structural accessibility was minimal for a participant with a physical disability, and some did not require any adaptations despite presenting with some responsivity issues. However, despite the similarities, there were some differences present concerning the inefficacy of adaptations across program streams. Specifically, additional perceived inefficacy of adaptations were identified in casefiles, but only in cases from the adapted programs. These related to participants' inability to retain information after accommodations and the inability to follow through with the adaptation strategies (such as the inability to put into practice strategies to regulate emotions). These instances may reflect the severity of the participants' responsivity concerns that would require individualized support for these offenders, additional tools or resources which were unavailable to program facilitators, or additional training and support for facilitators (CSC, 2020).

Research Question 4C: How does program adaptation affect offender participation in the program?

In addition to documenting the perceived efficacy or inefficacy of adaptations, tools and support in addressing responsivity factors, program facilitators recorded how adaptations improved participants' overall performance in the program[12] for 55% of participants in the adapted programs and 27% of offenders in the non-adapted programs. These improvements were in terms of treatment gains, participant engagement in the program, and working alliances. Therefore, there was evidence that the accommodations intended to address offenders' responsivity concerns improved aspects of their participation. Treatment gain is measured by the degree of change made by participating in programs (i.e., gaining knowledge and skills; Serin & Kennedy, 1997). In both adapted and non-adapted programs, facilitators noted that participants made greater treatment gains after the use of an accommodation, such as being able to implement

[12] Absence of documentation of the efficacy or inefficacy of all adaptations on overall program performance does not suggest that the accommodations, tools or support implemented were not effective on improving performance. These considerations may have been beyond the scope of the casefiles.

program coping strategies, to apply skills in solving social problems, to reduce aggressive tendencies, to understand one's risky behaviours, and to reduce support of violent beliefs, as exemplified in the following excerpt:

> We explored the concept that when a situation happens, we think about it, then depending on what we think, we feel something, which all influences what we do… Having [the participant] describe this concept took multiple examples and prompting questions however, he became able to complete 'Situation, Think, Feel, Do' examples with minimal assistance by the end of the program. (*CPO, final program report notes, ICPM-SO adapted moderate intensity program*)

This study specified engagement as any instances related to participants' attitudes, motivation, level of participation, and desire to improve and complete program requirements. In both program streams, program facilitators also noted general improvements to participants' engagement, such as contributing more to group discussions and exercises, being more willing to complete program assignments, being more punctual to class, and improving their attitudes towards the program. For instance, a program facilitator delivering IWOCP moderate intensity noted in the final program report:

> [The program participant] can be intimidated or overwhelmed in group settings. While facilitating group with [the participant] and one other participant during Covid-19 in a compressed format, the offender received more individual attention. [The participant] conveyed her preference to the more intimate setting; she was more willing to express herself, and more readily engaged to the best of her ability.

Lastly, CPOs and ICPOs noted general improvements to participants' working alliance with both the facilitator and other program participants after the use of an accommodation. Working alliance involves a rapport and connection between the CPO, ICPO, and other participants and the offender (Lustig et al., 2002). In this study, an improved working alliance entailed participants being more comfortable and less confrontational with others, more open about their struggles, and allowing others to contribute to group discussions. For instance, a CPO observed:

> [The program participant] would become very confrontational and it would take him several days to calm down enough to talk it through… After the first situation where this occurred, a plan was made so that the next time that he started to lose control over his

emotions he would take a time out from class with no repercussions. This worked very well and enabled him to manage himself more effectively. (*CPO, final program report notes, ICPM adapted moderate intensity program*)

Program facilitators rarely reported an adaptation as having no effect on participants' overall performance. These instances were solely identified in two casefiles from the non-adapted programs. Despite the accommodations, participants' responsivity concerns resulted in their lack of engagement (resisting to contribute to group discussions), lack of treatment gains (the inability to comprehend concepts), and unproductive working alliance with the facilitator (being disrespectful and aggressive).

Discussion

The purpose of the current study was to determine whether program officers are aware of the responsivity concerns of offenders who participate in correctional programs, and subsequently, whether they are responding to those concerns. The primary goal of the study was to identify how correctional program officers address the various responsivity factors of men and women offenders that may interfere with their ability to participate in correctional programs, expanding upon an earlier evaluation (CSC, 2020). Examining how correctional program officers may adapt program delivery to address responsivity factors can provide important information on different strategies that can be used to improve the benefits of participation in correctional programs. This study focused primarily on offenders who were identified through administrative data as having a mental health concern, learning disability, or cognitive deficit challenges, as these responsivity concerns were reportedly least likely to be adequately addressed in correctional programs (CSC, 2020). However, results of the study suggest that participants had various responsivity factors. The current study also considered participants in both adapted and non-adapted programs, as adapted program streams may be better equipped to address the responsivity concerns of offenders.

The current findings showed that program facilitators were aware of the responsivity concerns facing offenders enrolled in their correctional program and considered these over the course of program delivery. Reviews of program reports indicated that in the majority of cases, program facilitators recorded responsivity concerns in the 'Attendance and Participation' section of final program reports, the specific section in which they are directed to discuss responsivity factors in policy. However, they were more likely to record responsivity factors in this section of the report for participants enrolled in the adapted stream compared to non-adapted programs. Program facilitators may have been more likely to record responsivity concerns in the adapted programs because participants in these program streams have already been identified as having unique responsivity factors that may affect functioning (i.e., cognitive impairments, mental health issues, or learning disabilities) and their ability to participate successfully in non-adapted correctional programs (CSC, 2019c). The CPOs may have been primed to recognize responsivity factors and record their efforts and the efforts of the offenders to overcome them.

When looking specifically at the non-adapted programs, program facilitators did not

record a responsivity concern in the 'Attendance and Participation' section of final program reports in approximately one third of cases. However, in these cases, program facilitators or other correctional staff (e.g., parole officers) recorded evidence of responsivity factors interfering with program participation in at least one instance in other sections of the program reports, in casework records, or in motivational module program reports. This discrepancy in reporting suggests that there may be a lack of clarity regarding how and when program facilitators should be documenting responsivity factors. For example, it is possible that program facilitators do not record responsivity factors in the 'Attendance and Participation' section of the report if the responsivity factor was not perceived as significantly affecting program participation, or if it occurred infrequently (e.g., in one session). There are, however, benefits in CPOs and ICPOs consistently recording even minor responsivity factors in this section, as this information may assist future correctional program facilitators in identifying the presence of responsivity factors and possible ways to mitigate these concerns to improve overall participation. It is also possible that program facilitators use a narrow definition of specific responsivity factors when recording responsivity concerns in final program reports, compared to the broad definition of specific responsivity factors used by the researchers in the current study. For example, the researchers in the current study used a broad definition of specific responsivity factors that included any concern that influenced program participation, including factors that may be traditionally viewed as risk factors, such as impulsivity. It is possible that program facilitators may not recognize these issues as specific responsivity concerns, and as a result, do not record these issues as responsivity factors, despite the evidence that program participation was impacted, or an accommodation was made.

Participants in the current study were likely to have complex responsivity concerns that affected their participation in correctional programs in a variety of ways. For example, participants in both adapted and non-adapted programs were likely to have multiple types of responsivity factors that had to be addressed by program facilitators. Most frequently, responsivity concerns interfered with program participation by affecting the participants' ability to learn, understand, or apply program content. This is an important aspect of program participation, as these programs are used to help offenders take accountability for their criminal behaviour, help teach offenders skills to manage their specific risk factors, help change criminal attitudes, and ultimately to reduce the likelihood of recidivism upon release (CSC, 2019d).

Although program facilitators recorded adaptations to program delivery in the majority of cases, this was more common in the adapted programs. It is important to note that although adaptations by program facilitators appeared to be made less frequently in non-adapted programs, it is likely that this underestimates the true frequency of adaptations made by CPOs and ICPOs. For example, in some cases, program participants made efforts to address their responsivity concerns by asking the facilitator for assistance (e.g., in completing homework, providing clarification). Rather than classifying these requests for assistance as adaptations made by the program facilitator, these instances were classified as efforts made by the program participants to take initiative to address their needs. Further, it is possible that program facilitators may not have recorded adaptations made in the non-adapted program streams if the adaptations were considered to be minor or infrequent, if they did not fit a narrower definition of responsivity than used in this study, or if the responsivity concerns were not viewed as significant enough to impact program participation.

Program facilitators used a variety of accommodations, tools, and support to address responsivity factors across both adapted and non-adapted programs, frequently employing multiple adaptations to support participants. Often, adaptations were similar across program streams. Examples included providing support to program participants by helping them learn or review program material, assisting them in the completion of work, providing necessary clarification and extra time for participants to review or complete work, or simplifying material and concepts. In some cases, adaptations only appeared in certain program streams. For example, in the adapted programs, CPOs provided extra resources to address responsivity factors, such as providing a program schedule or calendar, or reference sheets to aid in memory recall. Unique to the non-adapted programs, CPOs and ICPOs would ‘check in’ with program participants to see how they were doing, to provide emotional support, or to acknowledge their feelings and concerns. It is unclear, however, if these adaptations are truly unique to specific programs or if this is a result of the limited number of cases reviewed in this study.

In addition to accommodations made by program facilitators, in some cases, participants also took initiative to improve their participation. For example, participants in both adapted and non-adapted program streams asked the program facilitators or others for help during the program, or utilized specific strategies to address responsivity concerns when they arose (e.g., using calming self-talk). Overall, it is clear that program facilitators and, in some cases,

participants, employed a number of different strategies to ensure that responsivity concerns were adequately addressed during the program. Although the current research results do not allow for direct conclusions to be made as to whether adapted program streams are better suited to address the responsivity concerns of offenders, it is clear that for some program participants, the built-in adaptations were useful.

The types of accommodations, tools, and support utilized by program officers are consistent with recommendations made in extant literature to increase participant engagement in treatment. For example, modifying program content is one effective strategy to address responsivity factors (McMurran & Ward, 2010; Taylor, 2013). Specifically, techniques such as modifying program content to match the literacy limitations and cognitive processing abilities of participants, as well as effective communication, are useful strategies to address responsivity issues (Taylor, 2013). Taylor (2013) noted that this can be accomplished by reducing the level of vocabulary and sentence structure used, limiting the amount of written words, talking through instructions, using repetition, and checking understanding. These strategies are reflected in current practice, as program facilitators frequently simplified program material, reviewed concepts, and provided extra time to complete or review work.

While not consistently documented in casefiles, program facilitators perceived adaptations to program delivery to be effective in the majority of cases where this information was discussed. For example, program adaptations were found to improve participants' ability to complete program requirements, such as completing homework, and increased their ability to apply program content. Adaptations also improved offender participation, motivation, memory, attention and concentration, and were also linked to an improved ability to regulate emotions. Clearly, addressing responsivity factors can improve participants' ability to meaningfully participate in correctional programs. The benefits of addressing responsivity factors in correctional programs is supported by the high completion rates in this study across both adapted and non-adapted program participants (77.3% and 96.4%, respectively), which suggests that offenders are successful in completing their correctional programs, despite having identified responsivity factors that can create barriers to treatment. Completion rates in the current study are comparable to the completion rates found in a recent evaluation of correctional reintegration programs, which found that 83% of program assignments were completed, across moderate and high intensity, adapted and non-adapted programs (CSC, 2020). Overall, it is likely that

addressing responsivity factors may both promote participants' abilities to complete the program and to make gains through their correctional programs, but can also help them develop adaptable life skills which may promote desistance from crime.

While the current findings show the extensive ways CPOs and ICPOs provide support, tools, and accommodations to offenders, there may be areas for improvement. In a recent evaluation of correctional reintegration programs, both staff and offenders provided a number of suggestions to make correctional programs more responsive to those with responsivity concerns (CSC, 2020). Some suggestions include changing the delivery style of correctional programs (e.g., adapting to different learning styles), the use of smaller group sizes and one-on-one sessions, providing access to additional resources and support both within and outside of the program (e.g., tutors, counselling), additional training for program facilitators, and increased access to adapted programs (CSC, 2020).

Limitations and Future Directions

As with any research study, there are limitations that restrict the generalizability of conclusions and point to areas of future research. While the sample size of 77 casefile reviews is more than adequate for a qualitative study, and all regions were represented in the data, results should be interpreted with caution. Results may not reflect the efforts of all CPOs and ICPOs, or generalize to all federal offenders, particularly those who have responsivity factors outside of mental disorder, cognitive deficits, and learning disabilities. In addition, this study compared adapted and non-adapted program streams in order to determine whether adapted program streams are better equipped to address the responsivity concerns of offenders. However, as adapted programs are only offered in some men's institutions, and are not available in Indigenous program streams or Women's program streams, generalizations regarding the effectiveness of adapted programs cannot be made to these groups.

Further, this study is limited by the sources of data used to collect information. Specifically, the analysis in this study was based on information written by CPOs and ICPOs or other correctional staff (e.g., parole officers) in records that were found within OMS. It is important to note that program facilitators completed these records for operational purposes, not for the purpose of research. As such, it is possible that the information in casefiles do not fully contextualize or capture the responsivity factors of offenders, the effect those factors had on

program participation, or the support, tools, and accommodations used by CPOs and ICPOs to address responsivity concerns, and the effectiveness of these efforts.

In addition, the analysis was focused exclusively on the perspectives of the CPOs and ICPOs and information provided by program facilitators had to be taken at face-value. For example, most of the information regarding participants' responsivity concerns came from the 'Attendance and Participation' section of final program reports. In these sections, some program facilitators identified a specific diagnostic label when reporting on responsivity issues (e.g., schizophrenia, ADHD). The source of this information was unclear. It may have originated from offender records, self-reports by the offenders, or program facilitators may have speculated based on observed behaviours or symptoms that influenced participation in programs. Due to the variability in reporting, it was challenging to classify the various responsivity concerns faced by offenders, and the researchers were limited to the terminology used by program facilitators (e.g., a diagnostic label). The use of diagnostic labels should be avoided when reporting responsivity concerns, as the presence of a diagnosis does not necessarily indicate that the offender will have a responsivity factor that needs to be addressed in programs. Instead, program facilitators should report on the behaviours or symptoms expressed by participants that may cause barriers to treatment (e.g., 'does the participant have issues with concentration?'). This practice protects the confidentiality of personal health information, restricting access to those with a need to know (see CSC, 2016) and may reduce the stigma that may be associated with diagnostic labels (Angermeyer & Matschinger, 2003). Additional training for CPOs and ICPOs may be required to ensure that the privacy of offenders' health information is maintained, that they do not apply diagnostic labels which they are unqualified to make, and that there is consistency in reporting responsivity concerns in program reports.

In a similar vein, the use of administrative records in this study limited our ability to make direct links between specific responsivity concerns, the types of accommodations used to address those concerns, and their perceived efficacy. For example, the researchers were unable to determine the efficacy of accommodations, tools, or support unless the program facilitator stated this within the program reports. In many cases, this was not specifically stated in program reports, or few details were provided. Further, as indicated, the information provided was exclusively from the perspective of the program facilitator, thus, this study was unable to determine whether the participants viewed the accommodations, support, or tools to be effective

in addressing their responsivity concerns. The use of administrative data may partially explain the discrepancy between results of the current study and the findings of the correctional reintegration program evaluation report, which found that efforts to address the responsivity factors of some offenders were insufficient (CSC, 2020). That being said, there was substantial evidence from CPOs and ICPOs in the current study that they consistently attended to responsivity factors, and in most cases, that those accommodations were effective. Future research should prioritize open ended, semi-structured qualitative interviews with CPOs and ICPOs to allow for a more in-depth examination of the connections between specific types of responsivity concerns, the accommodations used to address those concerns, and the efficacy of the accommodations. Qualitative interviews would also allow program facilitators to provide information on the limitations they face when addressing responsivity concerns, and the types of support they may require. Further, future research could include open ended, semi-structured qualitative interviews with those offenders with responsivity concerns in order to better understand their experiences in correctional programs, such as whether they feel that their responsivity concerns are being met, their perception of the effectiveness of accommodations, and their suggestions to improve program adaptations to adequately address their concerns.

Conclusions

Evidence from program performance reports, casework records, and motivational module support-stream reports clearly show that CPOs and ICPOs are aware of the responsivity factors of program participants, and make a concerted effort to address these concerns. Responsivity factors are highly individualized and varied, even within the limited set of mental health issues, cognitive deficits, and learning disability flags used to identify the sample for this study. When present, offenders are likely to have multiple responsivity factors that need to be addressed within the correctional programs, often through the use of a wide variety of accommodations, tools, and support on behalf of the CPO and ICPO. That being said, it is clear that responsivity concerns are not consistently recorded by program facilitators in the 'Attendance and Participation' sections of program reports for non-adapted programs and that program facilitators vary in how responsivity factors are reported. Further, although program facilitators do adapt program delivery to fit the responsivity concerns of offenders, and that program completion rates are high for those with responsivity concerns, more research and support may be required to ensure that accommodations effectively meet offenders' needs.

References

Andrews, D.A., & Bonta, J. (2010). *The psychology of criminal conduct (5th ed.).* New Providence: Routledge.

Angermeyer, M. C., & Matschinger, H. (2003). The stigma of mental illness: Effects of labelling on public attitudes towards people with mental disorder. *Acta Psychiatrica Scandinavica, 108,* 304-309.

Beaudette, J.N., Power, J., & Stewart, L.A. (2015). *National prevalence of mental disorders among incoming federally sentenced men offenders*. (Research Report R-357). Ottawa, Ontario: Correctional Service Canada.

Blanchette, K., & Brown, S.L. (2006). Responsivity, Treatment and Women Offenders. In *The Assessment and Treatment of Adult Female Offenders: An Integrative Perspective* (pp.115-136). West Sussex: J. Wiley & Sons.

Bonta, J., & Andrews, D.A. (2007). *Risk-Need-Responsivity model for offender assessment and rehabilitation.* Ottawa, Ontario: Public Safety Canada.

Bourgon, G., & Gutierrez, L. (2012). The general responsivity principle in community supervision: The importance of probation officers using cognitive intervention techniques and its influence on recidivism. *Journal of Crime and Justice, 35,* 149-166. doi: 10.1080/0735648X.2012.674816

Brown, S.L., Fisher, B., Stys, Y., Wilson, C., & Crutcher, N. (2003). *Assisting Offenders with Learning Disabilities: An Evaluation of the Learning Strategies Classroom Pilot Program.* (Research Report R-141). Ottawa, Ontario: Correctional Service of Canada.

Brown, G.P., Barker, J., McMillan, K., Norman, R., Derkzen, D., Stewart, L.A., & Wardrop, K. (2018). *Prevalence of mental disorder among federally sentenced women offenders: In-custody and intake samples*. (Research Report R-420). Ottawa, Ontario: Correctional Service of Canada.

Brown, J., Haun, J., Quinby, E., & Eckberg, D. (2018b). Offenders with Learning Disabilities and Special Education Needs: Applying DEAR and BASE Models. In K.D. Dodson (Ed.), *Routledge Handbook on Offenders with Special Needs* (pp.409-432). New York: Routledge.

Centre for Addiction and Mental Health. (2009a). *Understanding psychiatric medications: Antidepressants*. Toronto, Ontario: Centre for Addiction and Mental Health.

Centre for Addiction and Mental Health. (2009b). *Understanding psychiatric medications: Benzodiazepines*. Toronto, Ontario: Centre for Addiction and Mental Health.

Chambers, J.C., Eccleston, L., Day, A., Ward, T., & Howells, K. (2008). Treatment readiness in

violent offenders: The influence of cognitive factors on engagement in violence programs. *Aggression and Violent Behavior*, *13*, 276-284.

Correctional Service of Canada. (2014). *Integrated Correctional Program Model.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2016). *Commissioner's Directive 701: Information Sharing.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2018a). *Guidelines 726-2: National correctional program referral guidelines.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2018b). *Guidelines 726-3: National correctional program management guidelines.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2018c). *ICPM – Adapted Program: Initial Training – Day 1*. Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada (2018d). *ICPM – Final Report Template.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada (2018e). *Mental Health Need Scale.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2019a). *Commissioner's Directive 705-6: Correctional Planning and Criminal Profile.* Ottawa, Ontario: Correctional Service of Canada

Correctional Service of Canada. (2019b). *Correctional Programs for Women.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2019c). *Correctional Programs.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2019d). *Reintegration Programs: Correctional and Education Program Descriptions.* Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada. (2020). *Evaluation report: Evaluation of Correctional Reintegration Programs*. Ottawa, Ontario: Correctional Service of Canada.

Correctional Service of Canada (2021a). Correctional programs for men. Retrieved from https://www.csc-scc.gc.ca/002/002-0002-en.shtml

Correctional Service of Canada. (2021b). *Special Needs Resource Kit – Mental Health*. Ottawa, Ontario: Correctional Service of Canada.

Dowden, C. (1998). *A meta-analytic examination of the risk, need and responsivity principles*

and their importance within the rehabilitation debate (Doctoral dissertation, Carleton University).

Dowden, C., & Andrews, D. A. (1999a). What works for female offenders: A meta-analytic review. *Crime & Delinquency, 45*(4), 438-452.

Dowden, C., & Andrews, D. A. (1999b). What works in young offender treatment: A meta-analysis. In *Forum on corrections research* (Vol. 11, pp. 21-24). Correctional Service of Canada.

Dowden, C., & Andrews, D.A., (2000). Effective correctional treatment and violent reoffending: A meta-analysis. *Canadian Journal of Criminology, 42*(4), 449-467.

Farrell-MacDonald, S., Keown, L.A., Boudreau, H., Gobeil, R., & Wardrop, K. (2015). *Prevalence of psychotropic medication prescription among federal offenders* (Research Report R-373). Ottawa, Ontario: Correctional Service of Canada

Gobeil, R., Blanchette, K., & Stewart, L. (2016). A meta-analytic review of correctional interventions for women offenders: Gender-neutral versus gender-informed approaches. *Criminal Justice and Behavior, 43*(3), 301-322.

Hanson, R.K., Bourgon, G., Helmus, L., & Hodgson, S. (2009). The principles of effective correctional treatment also apply to sexual offenders: A meta-analysis. *Criminal Justice and Behavior, 36*(9), 865-891.

Harkins, L., & Beech, A.R. (2007). A review of the factors that can influence the effectiveness of sexual offender treatment: Risk, need, responsivity, and process issues. *Aggression and Violent Behavior, 12*, 615-627.

Higley, C.A., Lloyd, C.D., & Serin, R.C. (2019). Age and motivation can be specific responsivity features that moderate the relationship between risk and rehabilitation outcome. *Law and Human Behavior, 43*(6), 558-567.

Hodge, J.E., & Renwick, S.J. (2002). Motivating mentally disordered offenders. In M. McMurran (Ed.), *Motivating offenders to change: A guide to enhancing engagement in therapy* (pp. 221-234). West Sussex, UK: John Wiley & Sons Ltd.

Holton, S.M.B. (2003). Managing and treating mentally disordered offenders in jails and prisons. In T.J. Fagan & R.K. Ax (Eds.), *Correctional mental health handbook* (pp. 101-122). Thousand Oaks, CA: Sage Publications Inc.

Jung, S., & Dowker, B.A. (2016). Responsivity factors among offenders. *Journal of Offender Rehabilitation, 55*(3), 148-167.

Landenberger, N. A., & Lipsey, M. W. (2005). The positive effects of cognitive-behavioral programs for offenders: A meta-analysis of factors associated with effective treatment.

Journal of Experimental Criminology, 451-476.

Learning Disabilities Association of Canada. (2015). Official definition of learning disabilities. Retrived from https://www.ldac-acta.ca/official-definition-of-learning-disabilities/

McMurran, M., & Ward, T. (2010). Treatment readiness, treatment engagement and behaviour change. *Criminal Behaviour and Mental Health, 20,* 75-85.

Nolan, A., & Stewart, L. (2014). *Self-reported physical health status of incoming federally-sentenced women offenders* (Research Report, R-332). Ottawa, ON: Correctional Service of Canada.

Nowell, L.S., Norris, J.M, White, D.E., & Moules, N.J. (2017). Thematic analysis: Striving to meet the trustworthiness criteria. *International Journal of Qualitative Methods*, *16*(1-3), 1-13.

Rettinger, L.J., & Andrews, D.A. (2010). General risk and need, gender specificity, and the recidivism of female offenders. *Criminal Justice and Behavior*, *37*(1), 29-46.

Silver, I.A., Nedelec, J.L., & Pompoco, A. (2020). Specific responsivity: An assessment of the effect of verbal and math cognitive abilities on the completion of prison programs. *Corrections: Policy, Practice and Research, 5*(2), 130-148.

Stewart, L.A., Wilton, G., & Cousineau, C. (2012). *Federally sentenced offenders with mental disorders: Correctional outcomes and correctional response.* (Research Report R-268). Ottawa, Ontario: Correctional Service of Canada.

Stewart, L., Sapers, J., Nolan, A., & Power, J. (2014). *Self-reported physical health status of newly admitted federally-sentenced men offenders* (Research Report R-314). Ottawa, ON: Correctional Service of Canada.

Stewart, L., Wardrop, K., Wilton, G., Thompson, J., Derkzen, D., & Motiuk, L. (2017). *Reliability and validity of the Dynamic Factors Identification and Analysis – Revised* (Research Report R-395). Ottawa, Ontario: Correctional Service of Canada.

Stewart, L.A., Wilton, G., & Sapers, J. (2016). Offenders with cognitive deficits in a Canadian prison population: Prevalence, profile, and outcomes. *International Journal of Law and Psychiatry,* 44, 7–14.

Taylor, J. (2013). The evolution of a therapeutic community for offenders with a learning disability and personality disorder: part two – increasing responsivity. *Therapeutic Communities: The International Journal of Therapeutic Communities,* 34(1), 29-40.

Wormith, J.S., & Olver, M.E. (2002). Offender treatment attrition and its relationship with risk, responsivity, and recidivism. *Criminal Justice and Behavior*, 29(4), 447-471.

Appendix A: Descriptive and Institutional Characteristics

Table A1.

Descriptive and Institutional Characteristics for Final Sample (N = 77)

	%
Gender	
Men	71.4
Women	28.6
Indigenous	49.4
Sentence type	
Determinate	96.1
Indeterminate	†
Major offence on sentence	
Schedule I or homicide related	64.5
Other	35.5
Static risk at admission	
Low	†
Medium	35.6
High	61.6
Dynamic need at admission	
Low	†
Medium	13.7
High	84.9
Responsivity flag	
Yes	51.4
No	48.7

Note. One participant was missing major offence on sentence and four participants were missing static risk and dynamic need at admission. † = Information supressed due to frequency fewer than 5.

Appendix B: Qualitative Examination of Responsivity Factors Coding Manual and Decision Log

Coder Name:	

Offender Information

FPS:	
Offender Gender:	[M, W, Other gender identity (please specify)]
Indigenous Status:	[Indigenous, Non-Indigenous]

Program Information

CPO/ICPO:	
Program:	
Program Status:	
Program start date:	
Program end date:	
Responsivity Flag in OMS:	[Y, N]

Responsivity Need Identified in Administrative Data

Responsivity Need (select all that apply)	____ Mental Health ____ Cognitive Deficit ____ Learning Disability

Motivational Module – Support Stream Participation

Offender participated in Motivation Module Support Stream during program participation	[Y, N]

Responsivity Information

Q1. Did the CPO/ICPO record, observe, or allude to any responsivity concern in the final

program report/casework record/motivational module –support final report (if applicable)? (please provide quote below)

Coding Notes:

- *This section should include references to responsivity concerns that are present within the context of the program and noted in the "Attendance and Participation" section of the Final Program Report (please make a note when you include the responsivity factors from this section)*
- *AND this can include any unique responsivity concerns that appear elsewhere in the context of the FPR or the CWR's or the motivational module-support program final report (if applicable)*
- *Focus on present issues that are going on (versus historical issues or diagnoses that were present or discussed during their risk factors).*
- *Note: any additional comments made about responsivity concerns that are unrelated to the program but come up in other area's of the offenders' life (e.g., education; instances of responsivity concerns noted in the CWR by someone other than the CPO/ICPO that do not appear in the FPR or in the context of the program can be noted in Q7.)*
- *Include any chronic physical health concern or any acute physical health concerns that are directly related to their program participation (e.g., their responsivity concern is causing a physical health concern (chronic or acute) that then impacts their program participation)*
- *Any additional chronic or acute physical health concerns that affect the program (e.g., missing sessions due to a cold or an acute situation) can be included in Q7*

Q2. Did the CPO/ICPO observe that the responsivity need(s) or behaviours related to the responsivity need (e.g., expression of frustration) interfered with the offender's ability to participate in the correctional program? (please provide quote regarding how responsivity need interfered with program participation)

Coding Notes:

- *This should include references to how the responsivity concern is impacting, effecting, influencing participation in the program*
- *This should also include references to anything that may be compounding/affecting the responsivity concern and therefore impacting the offenders' ability to participate in the program*
    - *E.g., "It was difficult for him to stay on task for any extended period of time. When he became angry, it appeared to compound his ability to remain focused"*

Q3. Did the CPO/ICP provide evidence that responsivity needs were addressed/accommodated within program delivery? (please record quote regarding how responsivity needs were addressed/accommodated)

Coding Notes:

- *How was this responsivity concerned addressed within the program timeframe (may or may not have been addressed by the CPO/ICPO)*
- *Make note if they are in an adapted program*

Q3a. Did the participant take any action to overcome his/her responsivity issue?

Coding Notes:

- *E.g., seeking extra help from the facilitator*
- *E.g., completing extra work/assignments*

Q3b. Did the CPO/ICPO provide evidence that the accommodation measures were or were not effective? (please provide quote)

Coding Notes:

- *This can be broad*
- *Does not need to show a specific deficit*
    - *E.g., "This allowed him to process the information better"*
    - *E.g., "He can make the connections himself, when the events are laid out for him in a different way"*
- *This can refer to the effectiveness of accommodations/actions made by the CPO/ICPO or the participant*

Engagement and Working Alliance Information

Q4. What evidence was provided by the CPO/ICPO to indicate that treatment gains were or were not made by the offender? (please provide quote)

Coding Notes:

- *When possible, global assessments regarding treatment gains made by the CPO/ICPO should be included here (avoid including specific references to changes in personal targets as this may be too detailed)*
- *Examples can be included to indicate whether treatment gains were/were not made*

Q4a. If there were changes to treatment gains that were observed due to accommodation measures, please provide quote below:

Coding Notes:

- *Needs to show a deficit, an accommodation, and then a change to personal targets*

Q5. What evidence was provided by the CPO/ICPO to indicate that the offender was or was not engaged in the program? (please provide quote)

Coding Notes:

- *Attendance*
- *Willingness to engage in program material, mention of offenders' attitude, quality of work; willingness to learn*
- *Participation in discussions, use of examples from their life; attention to the program; completion of program material/homework etc.*
- *Making links between program content and their life*

- *Ability to accept & integrate feedback*

Q5a. If changes in offender engagement was observed due to accommodation measures, please provide quote below:

Coding Notes:

- *Deficit, accommodation, change*

Q6. What evidence was provided by the CPO/ICPO to indicate that there was or was not a good working alliance and/or group dynamic? (please provide quote)

Coding Notes:

- *References to the quality of the interactions between offender and CPO/ICPO (e.g., respectful; negative) or between the offender and other participants*
- *References to attitudes offender has (e.g., positive)*
- *Willingness to communicate and share information (either with the CPO/ICPO or other participants)*
- *Social skills; references to the group dynamics (e.g., asking for help, receiving help from group members etc)*
- *Ability to accept feedback; willingness to listen to feedback*

Q6a. If changes in the working alliance was observed due to accommodation measures, please provide quote below:

Coding Notes:

- *Deficit, accommodation, change*

Other Comments:

Q7. Is there any other information in the OMS files that would be relevant to this study? Please provide quotes below:

Coding Notes:

- *Reasons for program status (i.e., if unrelated to program participant, responsivity need, or if further explanation is needed)*
- *Responsivity concerns that may have come up in other area's of the offenders life*
- *Support and services that the offender is receiving outside of the program participation (if we think there is some effect on their responsivity concern or ability to participate in the program; emergence of additional responsivity concerns)*
- *Examples of accommodations received outside of the program*

Guidelines for Determining when to Include/Exclude a Case:

- *Always get a second opinion before removing the case*
- *If you remove a case, include the reason for removal in the appropriate excel document*

- **Cases should be included IF**: they have a responsivity concern that impacts programming participation whether or not it was identified; if any accommodations were made whether or not a responsivity concern was identified
    - E.g., If the CPO/ICPO notes that there is no responsivity concern, but there is an indication of a responsivity concern/issue influencing participation in the program, the case should be included (e.g., they had an anxiety attack and had to leave class; offender would get distracted, etc.)
- **Cases should be excluded IF**: CPO/ICPO notes a responsivity concern in the A&P section but does not reference it again; there is no indication that a responsivity concern impacted ability to participate

Appendix C: Supplementary Analyses

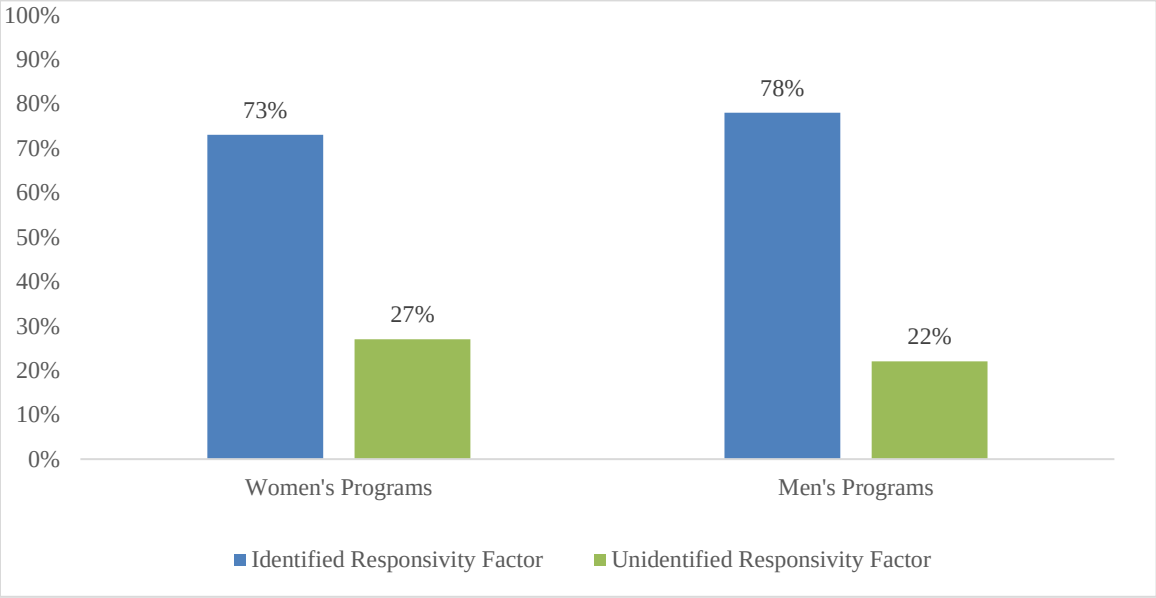
Caution should be applied when reviewing these supplementary results as considering differences across men's versus women's programs and Indigenous versus non-Indigenous program streams was not the primary focus of the current study. There may be numerous reasons for differences found, including random chance when using stratified random sampling, variations in how different program streams were developed or were implemented, and pre-existing gender and race differences in the presence and effect of specific responsivity concerns.

Comparison of Women's versus Men's Program Streams

Research Question 1: Do CPOs and ICPOs of men's and women's programs record responsivity concerns in program performance reports?

The first set of analyses focused on identifying whether CPOs and ICPOs record specific responsivity concerns in the 'Attendance and Participation' section of program performance reports. As illustrated in Figure C1, CPOs and ICPOs were slightly more likely to record responsivity concerns in the 'Attendance and Participation' section of the final program reports in the men's program streams compared to the women's program streams. Specifically, when examining the men's program streams, 78% of offenders (n = 43) had at least one responsivity factor reported by the program facilitator in the final program report. When examining the women's program streams, 73% of offenders (n = 16) had at least one responsivity concern reported by the CPO or ICPO. In cases where specific responsivity factors were not included in the 'Attendance and Participation' section of the report, the CPO or ICPO discussed at least one instance where a responsivity factor had an impact on the offender's participation in the program in other sections of the program performance report, in casework records, or motivational module program reports.

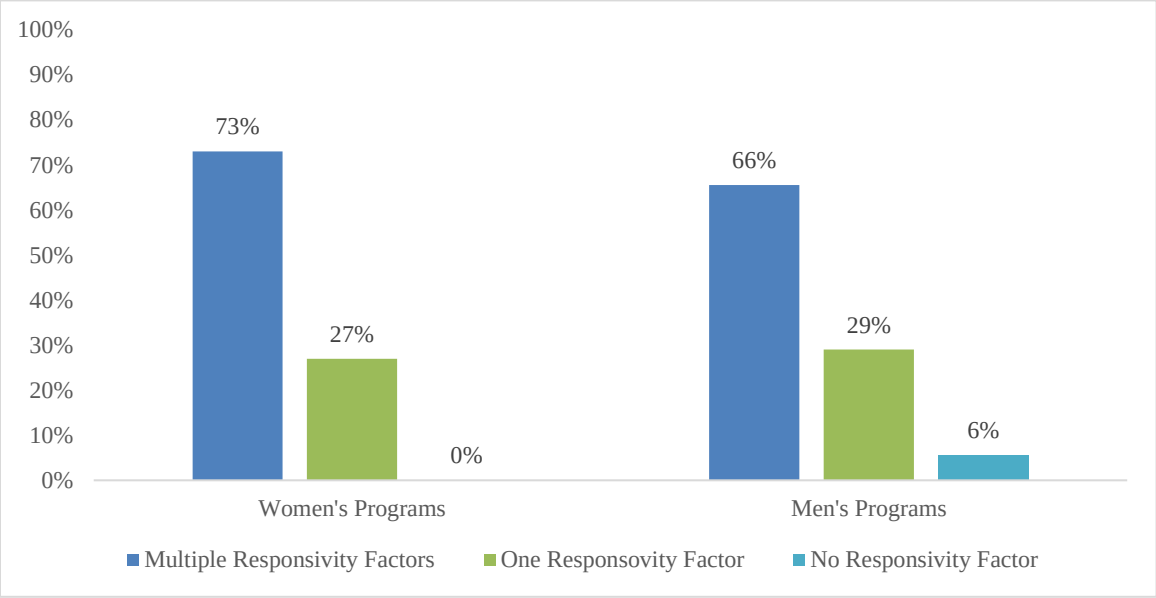
Figure C1: *Percentage of offenders with identified responsivity factors by their CPO or ICPO by gendered program streams*



Research Question 2: What types of responsivity factors are observed by CPOs and ICPOs of men's and women's programs?

When examining the final program report, casework records, and motivational module support stream program report for record of specific responsivity factors, Figure C2 illustrates that CPOs and ICPOs were more likely to report multiple responsivity factors among participants in the women's programs (73%) compared to participants in the men's programs (66%). In 6% of cases in the men's programs, CPOs and ICPOs recorded that no responsivity factors were present, however, there was evidence of minor responsivity issues that resulted in accommodations. As such, the decision was made to include these participants in analyses.

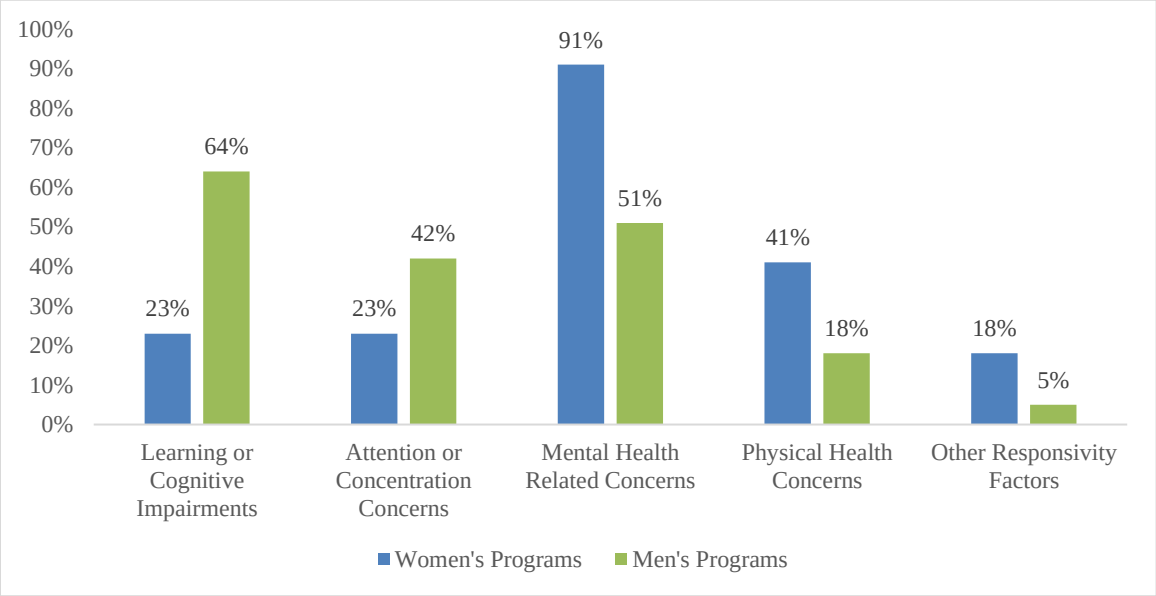
Figure C2. *Percentage of participants with responsivity factors identified by CPOs and ICPOs across women's and men's programs*



Note. While percentages sum to 100 across programs, this may not be exact in the men's program due to rounding.

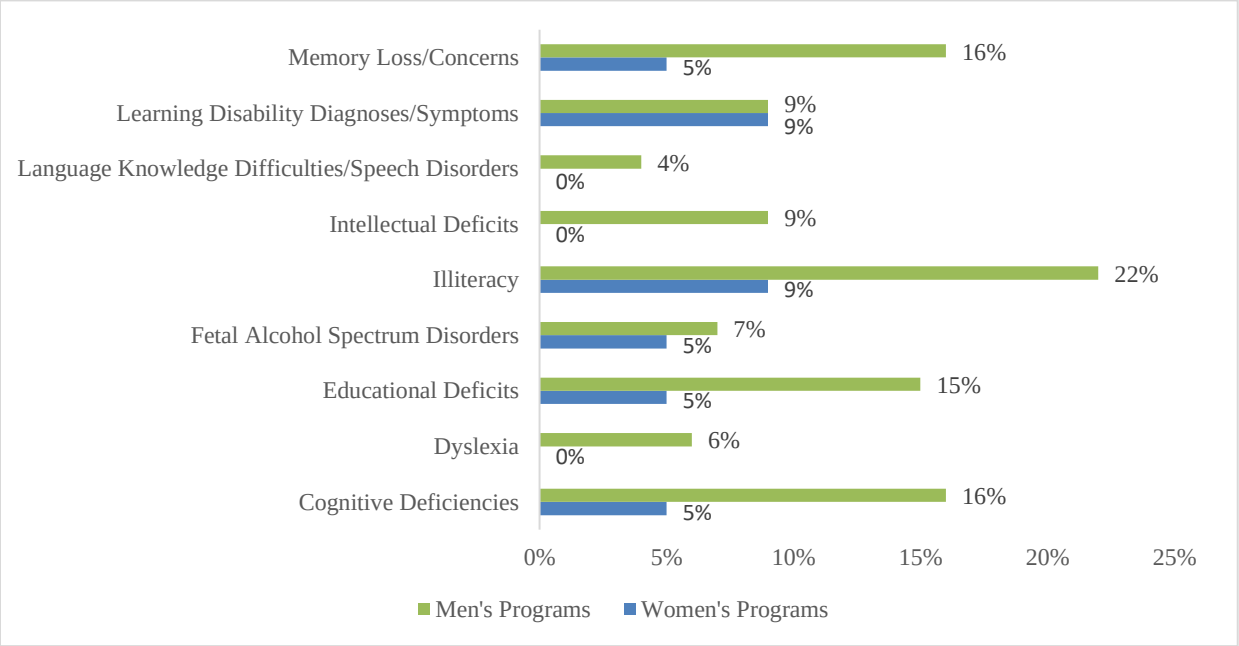
Figure C3 depicts the percentage of offenders in both the women's and men's programs who had at least one specific responsivity factor recorded by their CPO or ICPO in each of the five broad categories identified in the analysis. Overall, a greater proportion of offenders in the men's programs were observed to have at least one learning or cognitive impairment, or at least one attention or concentration concern when compared to offenders in the women's programs (64% versus 23%, and 42% versus 23%, respectively). A larger proportion of offenders in the women's programs were observed by their CPO or ICPO to have at least one mental health related concern (91%) or physical health concern (41%) compared to offenders in the men's programs (51% and 18%, respectively).

Figure C3. *Percentage of offenders with a responsivity factor identified by the CPO or ICPOs across the five categories of responsivity factors across women's and men's programs*



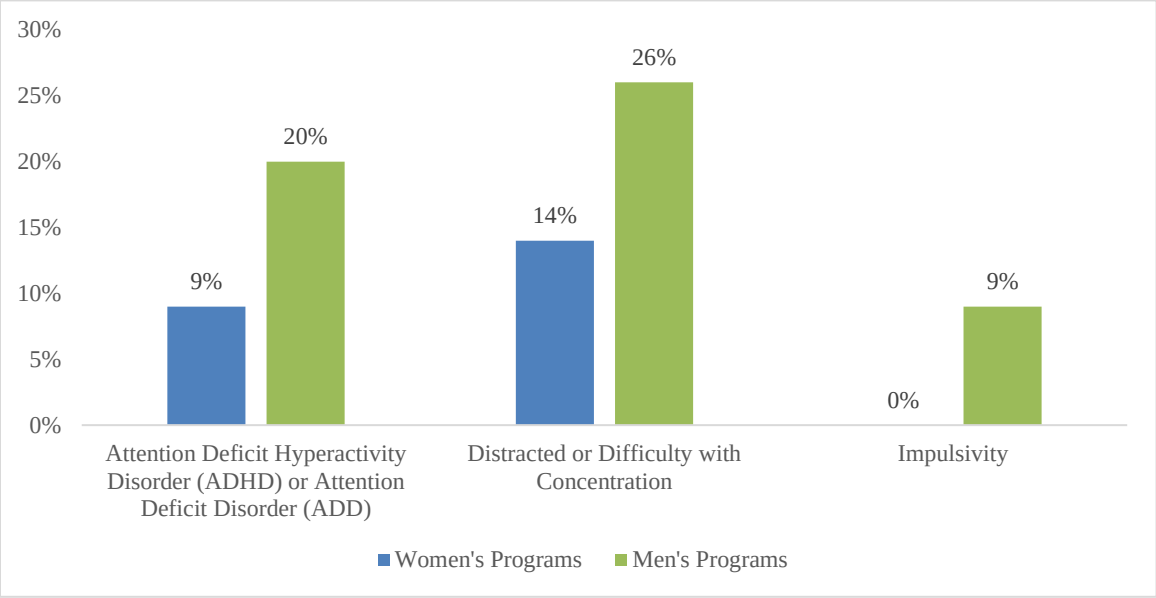
As illustrated in Figure C4, responsivity factors related to learning or cognitive impairments were most commonly reported by CPOs and ICPOs for offenders enrolled in the men's programs compared to women's programs, as identified in the casefiles, with the exception of learning disability diagnoses (9% each).

Figure C4. *Percentage of offenders with observed learning or cognitive impairments by CPOs nd ICPOs across women's and men's programs*



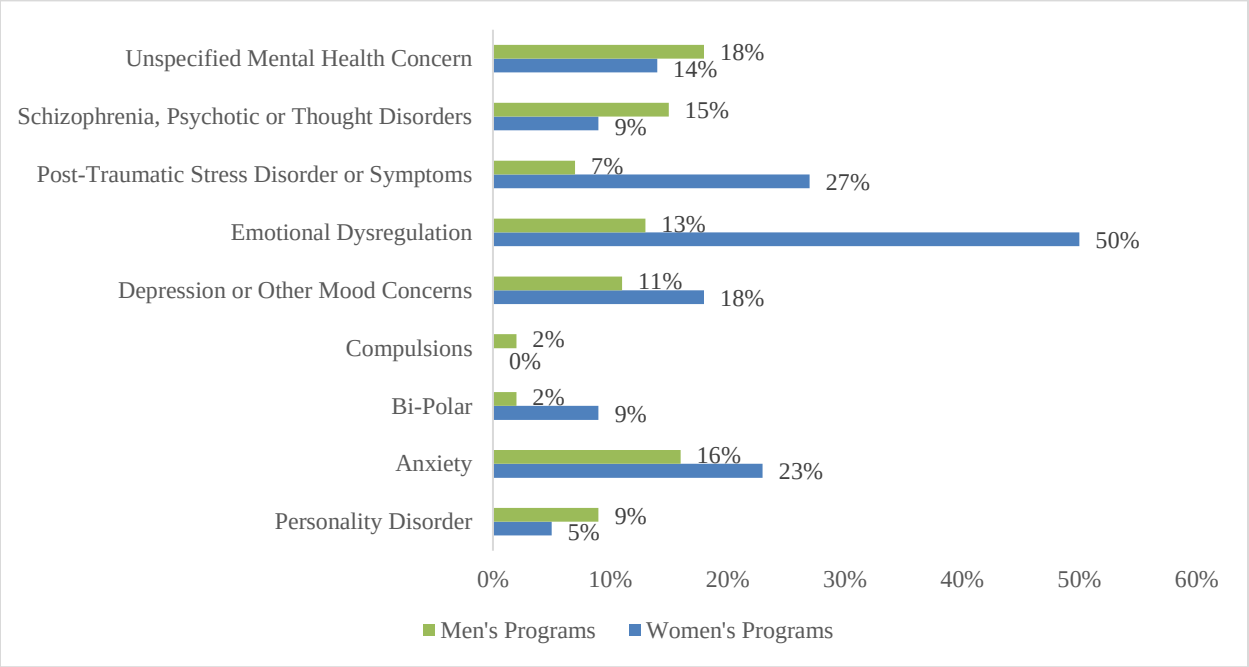
As illustrated in Figure C5, responsivity concerns related to attention or concentration issues were more likely to be reported by CPOs and ICPOs in casefiles of participants enrolled in the men's programs than in the women's programs.

Figure C5. *Percentage of cases with CPO or ICPO observations of attention or concentration concerns across women's and men's programs*



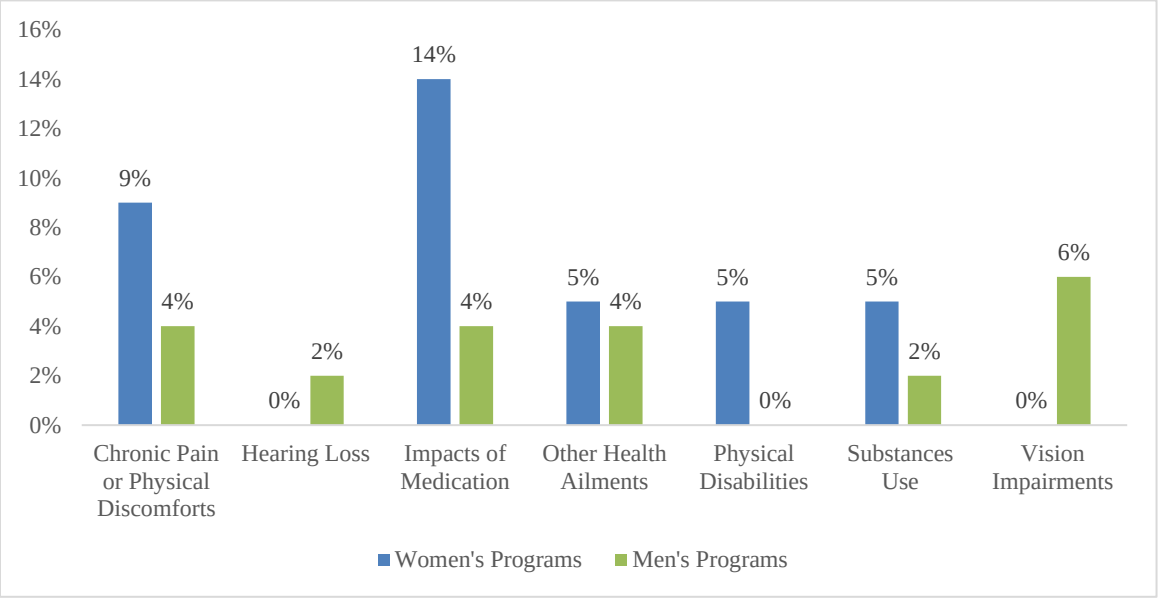
As illustrated in Figure C6, responsivity factors related to mental health concerns were more commonly reported by CPOs and ICPOs among participants in the women's programs than among participants in the men's programs, mainly in terms of anxiety, bi-polar, depression, emotional dysregulation, and PTSD. Unspecified mental health concerns were more commonly reported among participants in the men's programs.

Figure C6. *Percentage of cases with recorded mental health related concerns across women's and men's programs*



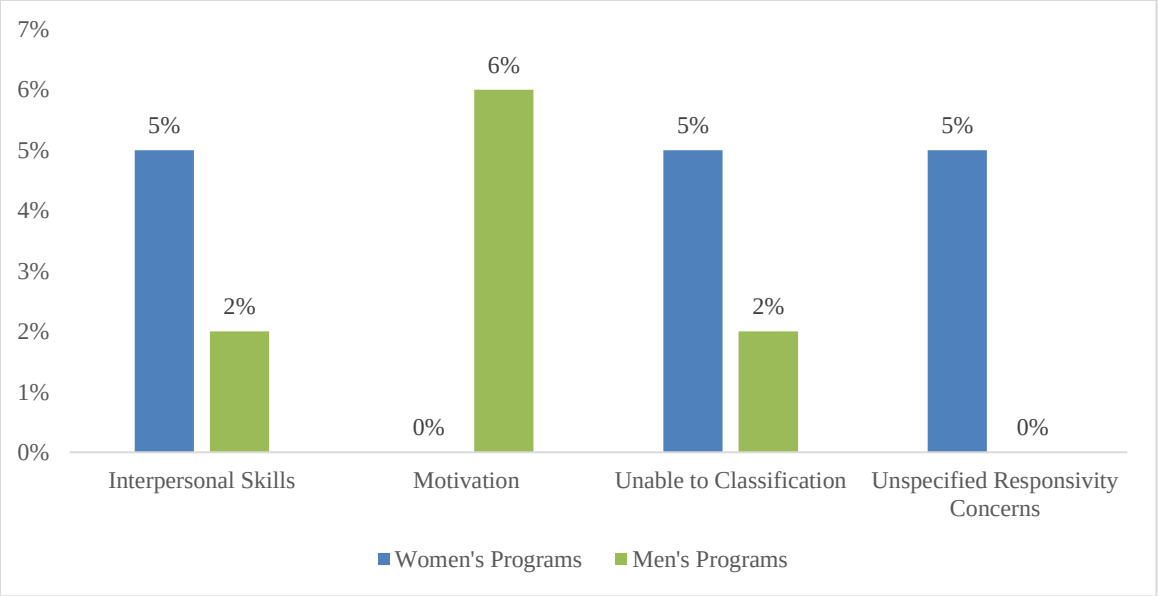
As illustrated in Figure C7, responsivity factors related to physical concerns were more commonly recorded by CPOs and ICPOs among participants enrolled in the women's programs than in the men's programs, with the exception of hearing loss and vision impairments.

Figure C7. *Percentage of cases with physical concerns and related issues recorded by CPOs and ICPOs across women's and men's programs*



Lastly, as illustrated in Figure C8, instances of 'other' responsivity factors were more commonly recorded by CPOs and ICPOs among participants enrolled in the women's programs than in the men's programs, with the exception of a lack of motivation.

Figure C8. *Percentage of cases recorded to have 'Other' responsivity concerns across women's and men's programs*

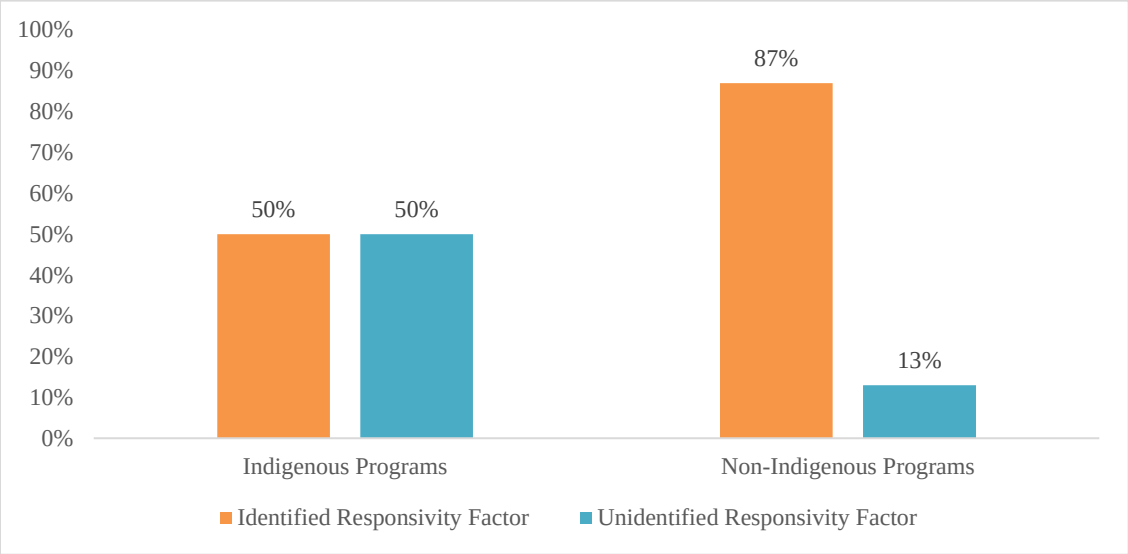


Comparison of Indigenous versus non-Indigenous Program Streams

Research Question 1: Do CPOs and ICPOs record responsivity concerns in program performance reports?

The first set of analyses focused on identifying whether CPOs and ICPOs record specific responsivity concerns in the 'Attendance and Participation' section of program performance reports. As illustrated in Figure C9, CPOs and ICPOs were more likely to record responsivity concerns in the 'Attendance and Participation' section of participants' final program reports in the non-Indigenous program streams compared to the Indigenous program streams. Specifically, when examining the non-Indigenous program streams, responsivity concerns were reported by the program facilitator in the 'Attendance and Participation' section for 87% (n = 48) of participants. When examining the Indigenous program streams, ICPOs reported responsivity concerns for 50% (n = 11) of participants. There were also fewer unidentified responsivity concerns in the non-Indigenous program streams, where CPOs did not report responsivity concerns for 13% (n = 7) of participants, compared to 50% (n = 11) of participants from the Indigenous program streams. In cases where specific responsivity factors were not included in the 'Attendance and Participation' section of the report, the CPO or ICPO discussed at least one instance where a responsivity factor had an impact on the offender's participation in the program in other sections of the program performance report, in casework records, or in motivational module program reports.

Figure C9: *Percentage of offenders with identified responsivity factors by their CPO or ICPO by Indigenous program streams*



Research Question 2: What types of responsivity factors are observed by CPOs and ICPOs?

When examining the final program reports, casework records, and motivational module support stream program reports for records of specific responsivity factors, Figure C10 illustrates that participants in the non-Indigenous programs were more likely to have multiple responsivity needs recorded in the casefiles by their CPOs (71%) compared to those recorded by ICPOs for participants in the Indigenous programs (59%). In 9% of cases in the Indigenous programs and 2% of cases in the non-Indigenous programs, CPOs and ICPOs recorded that no responsivity factors were present, however, there was evidence of minor responsivity issues that resulted in accommodations made. As such, the decision was made to include these participants in subsequent analyses.

Figure C10. *Percentage of participants with responsivity factors identified by CPOs and ICPOs across Indigenous and non-Indigenous programs*

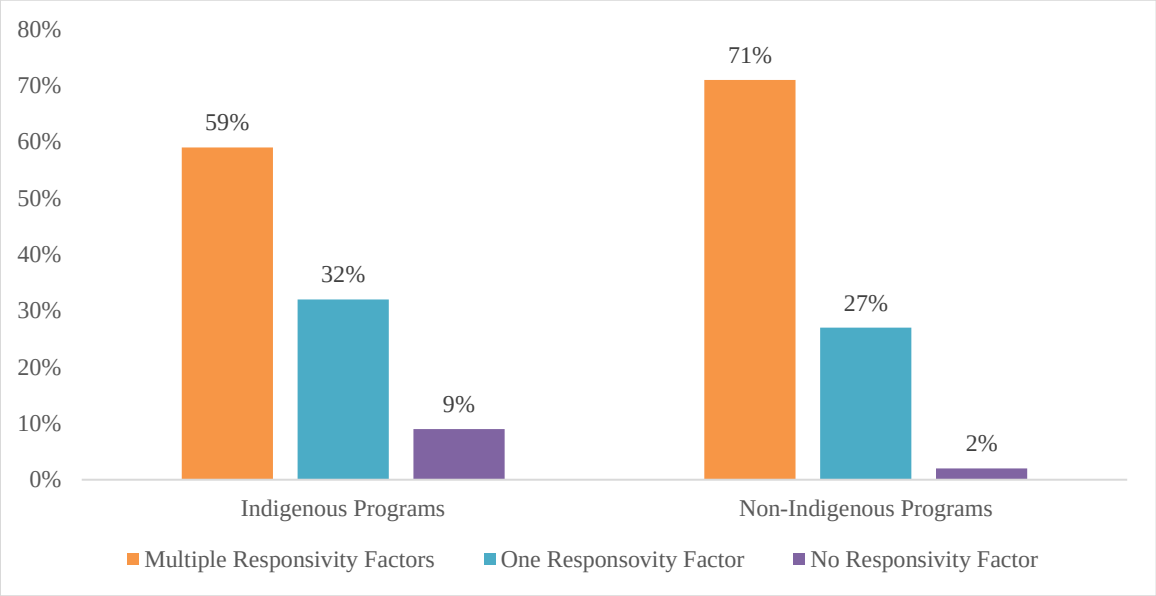
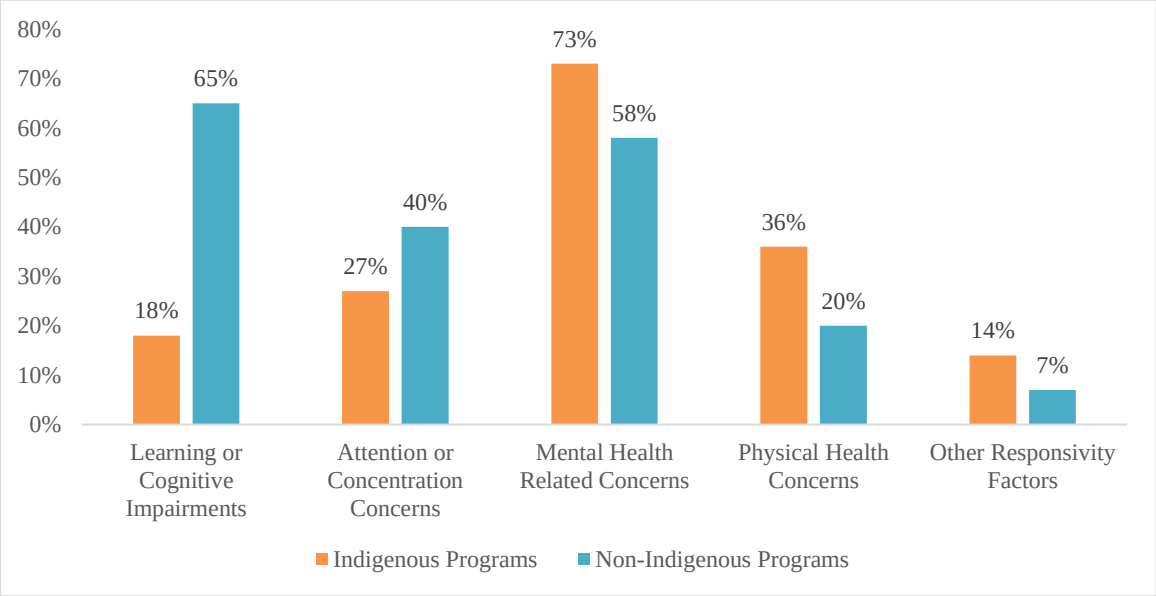


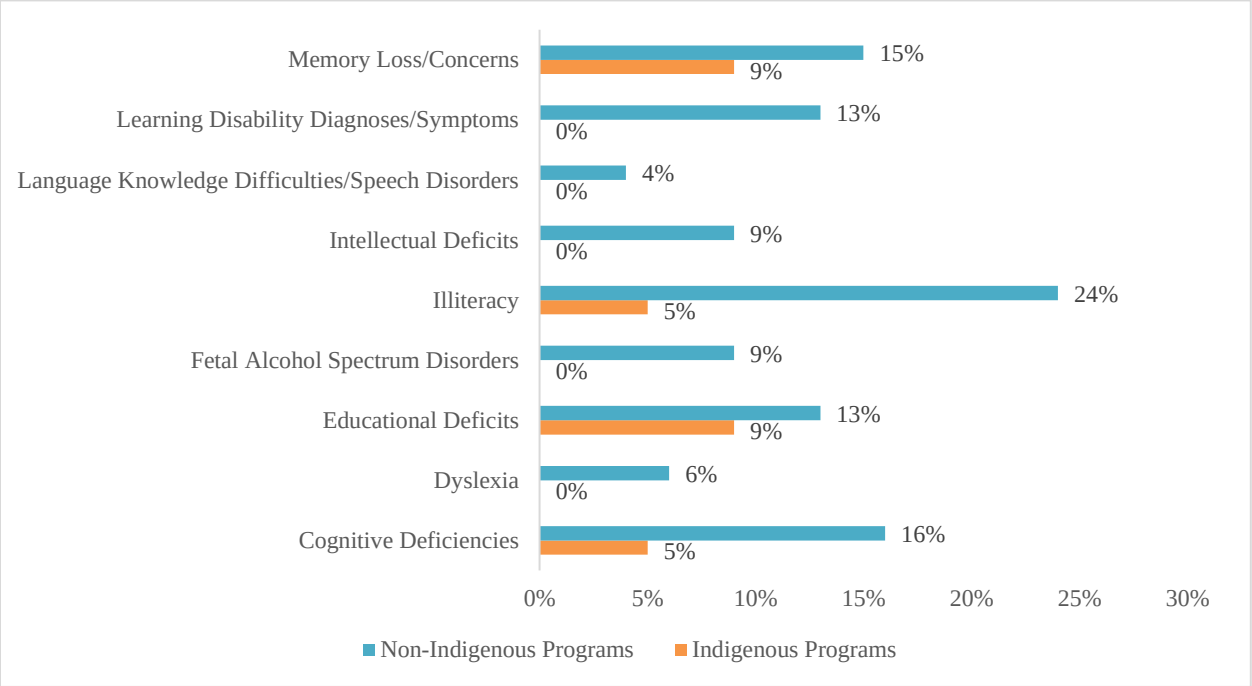
Figure C11 depicts the percentage of offenders in the Indigenous and non-Indigenous programs who had at least one specific responsivity factor recorded by their CPO or ICPO in each of the five broad categories identified in the analysis. Overall, a greater proportion of offenders in the non-Indigenous programs had at least one learning or cognitive impairment, or at least one attention or concentration concern when compared to offenders in the Indigenous programs (65% versus 18% and 40% versus 27%, respectively). A slightly larger proportion of offenders in the Indigenous programs had at least one mental health related concern (73%) and physical health concern (36%) compared to offenders in the non-Indigenous programs (58% and 20%, respectively).

Figure C11. *Percentage of offenders with a responsivity factor identified by the CPO or ICPO across the five categories by Indigenous and non-Indigenous programs*



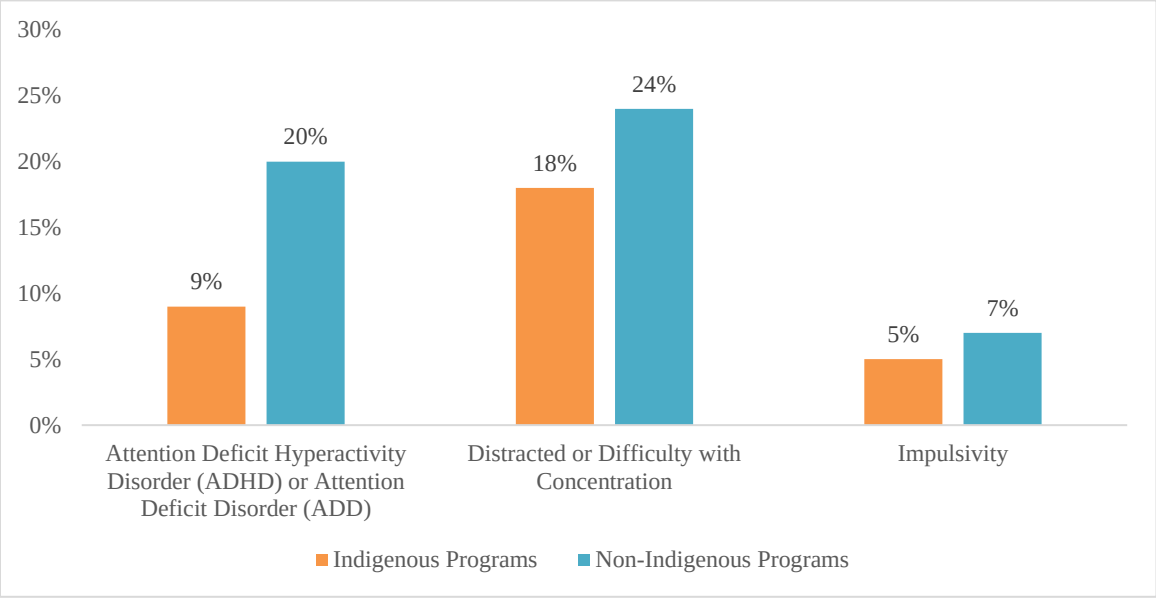
As illustrated in Figure C12, responsivity factors related to learning or cognitive impairments were most prevalent among offenders enrolled in the non-Indigenous programs than in the Indigenous programs.

Figure C12. *Percentage of cases with observed learning or cognitive impairments by CPOS and ICPOs across Indigenous and non-Indigenous programs*



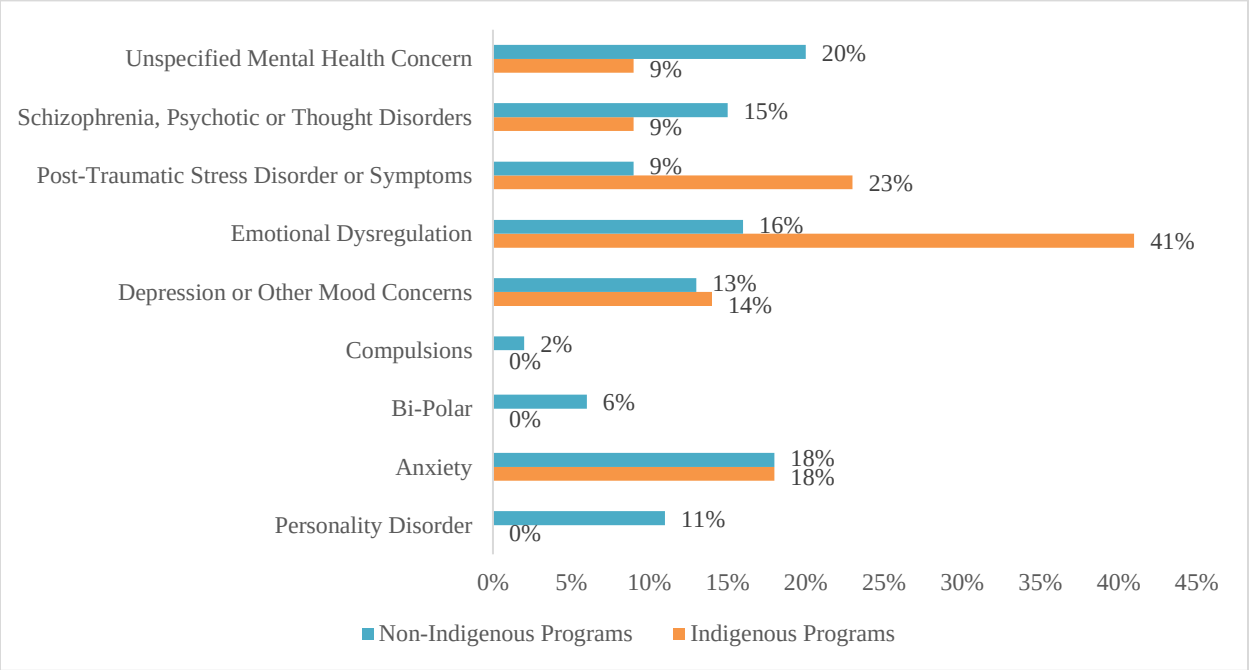
As illustrated in Figure C13, CPOs and ICPOs were more likely to record participants enrolled in the non-Indigenous programs as having at least one responsivity factor related to attention or concentration issues than those enrolled in the Indigenous programs.

Figure C13. *Percentage of cases with CPO or ICPO observations of attention or concentration concerns across Indigenous and non-Indigenous programs*



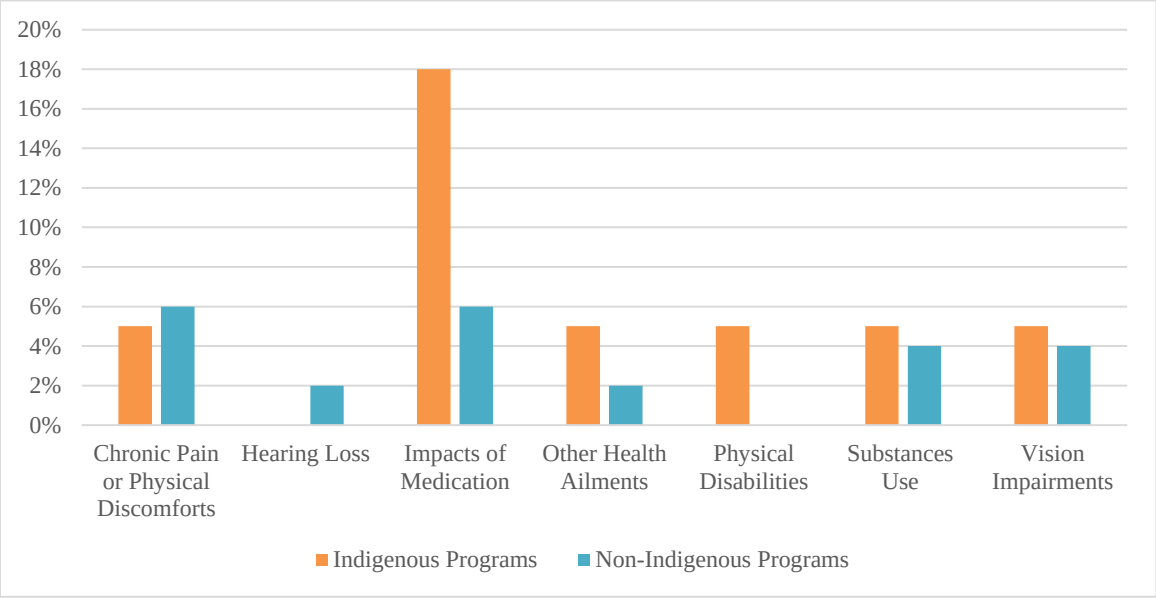
As illustrated in Figure C14, responsivity factors related to emotional dysregulation, anxiety, depression and PTSD were commonly recorded by ICPOs for participants in the Indigenous programs with at least one recorded responsivity factor. Unspecified mental health concerns were more commonly recorded by CPOs for participants in the non-Indigenous programs.

Figure C14. *Percentage of cases with mental health related concerns across Indigenous and non-Indigenous programs*



As illustrated in Figure C15, responsivity factors related to physical concerns were more commonly recorded by CPOs and ICPOs for participants enrolled in the Indigenous programs than the non-Indigenous programs, with the exception of chronic pain or physical discomforts and hearing loss.

Figure C15. *Percentage of cases with physical concerns and related issues recorded by CPOs and ICPOs across Indigenous and non-Indigenous programs*



Lastly, as illustrated in Figure C16, instances of 'other' responsivity factors were slightly more commonly recorded by CPOs and ICPOs for participants enrolled in the Indigenous programs than in the non-Indigenous programs, with the exception of lack of interpersonal skills.

Figure C16. *Percentage of cases recorded to have 'Other' responsivity needs across Indigenous and non-Indigenous programs*