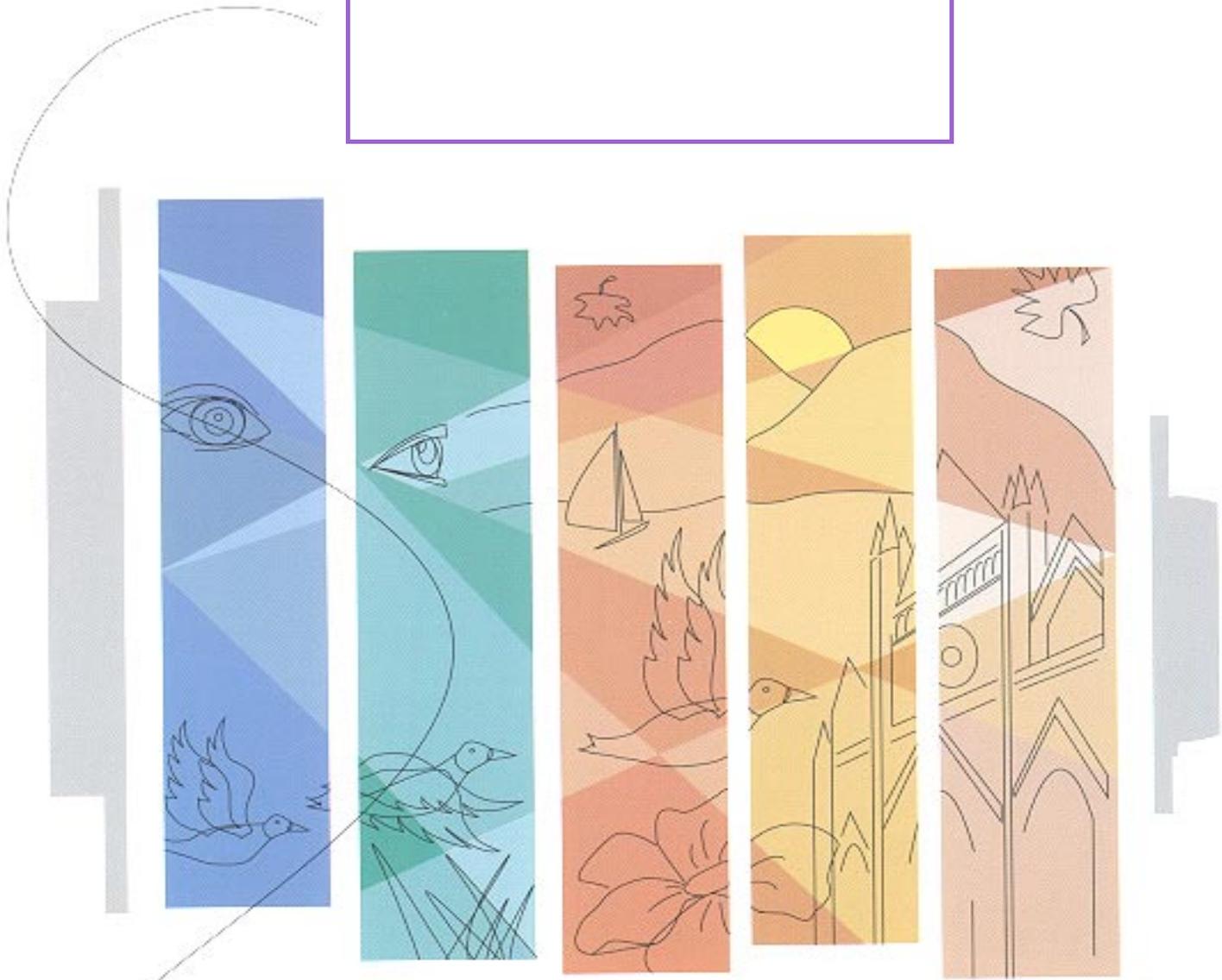




Research Branch
Direction de la recherche

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Results of a Pilot Study of the Peer Support Programs for Women Offenders



**Results of a Pilot Study of the Peer Support Program
for Women Offenders**

by

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August, 1998

ACKNOWLEDGMENTS

We would like to express our sincere appreciation to Dr. Karen Eamon, psychologist at Edmonton Institution for Women (EIFW), for her support and cooperation with this study. Her commitment to improving the lives of women serving federal sentences became apparent in the early stages of this investigation. The efforts of Michelle Tsutsumi and Keri Thompson, psychology assistants, are also recognized. Their help with coordinating this project was indispensable. Colleen Dell, our colleague at Correctional Service of Canada's research branch, provided essential aid in the data collection phase of this project. Her experience with women offenders proved vital in conducting interviews with study participants at Edmonton Institution for Women. We also acknowledge the work of Craig Dowden, who assisted with data management and statistical analyses. Finally, we thank the staff & offenders at Edmonton Institution for Women. Their willingness to share their views and experiences was paramount in seeing this study to fruition.

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INTRODUCTION

In an early report on self-injurious behaviour at the Kingston Prison for Women (P4W), Jan Heney (1990) noted that offenders spontaneously created a network of support for each other during times of crisis and need for comfort. To maintain and enhance the benefits of these peer-support interactions, she recommended that the existing support network among the women be recognized and legitimized. Accordingly, a protocol was designed and selected offenders were trained to be support counselors under the auspices of Psychology/ Health Services. Thus, in 1990 the Peer Support Team (PST) program was established at P4W.

Following recommendations put forth in *Creating Choices* (Task Force on Federally Sentenced Women, 1990), services at P4W were amended and decentralized. In keeping with Task Force initiatives, four new regional women's facilities¹ and a healing lodge have been created and currently house most federally sentenced women. A novel program paradigm has been designed for federal female offenders, emphasizing treatment that is "holistic, woman-centred, culturally sensitive and support[s] the development of ...autonomy and self-esteem" (Correctional Service of Canada, 1992).

As offenders adjust to the new environment and operational procedures at the regional facilities, programs are developed and implemented in accordance

¹ Regional Facilities include: Nova Institution (Atlantic), Établissement Joliette (Québec), Grand Valley Institution (Ontario), and Edmonton Institution (Prairies) for Women. Burnaby Correctional Centre (Pacific Region) also houses a proportion of federally sentenced women through the Federal-Provincial Exchange of Services Agreement.

with the new philosophy of women's corrections. As such, proper evaluation of contemporary programs for female offenders has become paramount.

In August 1997, an evaluation framework was developed for the Peer Support Team program for women offenders (Eljdupovic-Guzina & Blanchette). The framework evolved through a review of the relevant literature, consultation with advisors from the Women Offender Sector and the Research Branch (National Headquarters, Correctional Service of Canada), and phone interviews with staff or former staff from P4W and the regional women's facilities. In brief, the framework includes a program logic model, an evaluation matrix, methodological issues, and protocols for various proposed assessment instruments.

In the fall of 1997, the Peer Support Team program was fully operational at only one regional facility: Edmonton Institution for Women (EIFW)². However, training for offenders to become PST members had begun in the Ontario and Québec regions (Grand Valley and Joliette Institutions), in anticipation of full program implementation in early 1998. The operation of the PST program at EIFW thus provided an optimal opportunity for an early analysis of the evaluation framework and a pilot investigation of the effectiveness of the Peer Support Team program for women offenders.

This report provides a summary of findings from the pilot study of the PST program at Edmonton Institution for Women. While the results of the investigation

² The Atlantic region (Nova Institution) was running a modified version of the PST program, called 'peer assistance' or 'peer mentoring'. For more information, see Eljdupovic-Guzina & Blanchette (1997).

suggest some minor modifications to the evaluation framework itself, these will not be addressed in detail. Rather, this report will provide an overview and preliminary evaluation of the PST program at Edmonton Institution for Women.

The remainder of this paper is organized into three major parts: method, results, and conclusions. The method section provides an overview of the instruments and procedures used, as well as a description of the sample achieved for the evaluation pilot study. The results section describes findings obtained through both quantitative and qualitative data analyses. Finally, the conclusions outline some of the study limitations and offer recommendations for potential improvement of the PST program at EIFW and integration at other facilities.

METHOD

Evaluation Framework

The methodology for the pilot study followed closely that outlined in '*An Evaluation Framework for the Peer Support Team Program Models for Women Offenders*' (Eljdupovic-Guzina & Blanchette, 1997). More specifically, while the framework provided three evaluation options (basic, moderate, and comprehensive), the latter alternative was selected for this investigation. The comprehensive option includes an in-depth and detailed evaluation of each particular aspect of the program, from various perspectives. It provides an opportunity for all parties involved (PST members, other offenders, and staff) to have input into the evaluation and to express their views and feelings about the program. Finally, the most inclusive evaluation option capitalizes on various instruments and techniques of data collection: documentation review, surveys, face-to-face interviews, focus groups, measures of self-esteem, group dynamic, and offenders' perception of their correctional environment.

At the inception of the pilot study, the PST program was already running at EIFW. As such, some modifications to the comprehensive framework were necessary. In particular, prior implementation of the PST precluded the collection of pre-test measures. Thus, measures designed to be administered both pre- and post- program implementation were collected at post-test only. Time and scheduling constraints also prevented aggregation of focus group data.

Therefore, an amended version of the original comprehensive PST evaluation framework was used. A description of its administration for the current investigation is provided in the *procedure* section below.

Instruments

Rosenberg's Self-esteem Scale

This measure (Appendix A) assesses “personal judgment of one’s own worth” (Beck, Steer, Epstein & Brown, 1990, p.191). The scale is a global measure of self-esteem, and its scores may predict behaviour across a wide range of situations (O’Brien, 1985). In the original evaluation design, it was to be administered pre-and post-program implementation to the PST trainees/ team members. This data would aid in an assessment of potential changes in self-esteem associated with becoming a member of the Peer Support Team. As mentioned, it was not possible to collect pre-program measures at EIFW. However, because the instrument is so easily administered and scored, a decision was made to include it in a battery of measures for offender participants. Moreover, rather than collecting this information for PST members only, all offenders at EIFW were invited to respond. This enabled a general overview of respondents’ self-esteem at EIFW and, in the future, will provide for a comparison with women offenders at other regional facilities.

Sociometric Tests

Sociometric Tests (Northway & Weld, 1957) provide a representation of personal and group dynamic among individuals. For the pilot study, the test consisted of asking each offender to name and rank three individuals in response to the question “who do you go to for moral support?” The simple sociometric test used in this investigation is included in Appendix B. First- and second-choice responses were noted and represented graphically in a sociogram (see results section). This process allows for an understanding of the group structure, popularity of particular individuals (e.g. PST members), presence of ‘cliques’ within the offender population, and/or specific interactions among PST members. Moreover, it provides information about the ‘sociometric status’ of individual offenders at EIFW.

The comprehensive framework suggests administration of the sociometric test both pre- and post-program implementation to monitor changes in group structure associated with the PST. At EIFW, the sociometric test was necessarily administered at post-test only.

The Correctional Environment Status Inventory

The Correctional Environment Status Inventory (CESI; Wolfus & Stasiak, 1996; see Appendix C) measures “...offender perceptions of the quality of environments in correctional facilities” (p.2). It consists of six scales, identified through factor analysis: Staff Cohesion, Staff Involvement, Staff Treatment

Focus, Clarity and Organization, Offender Relationships, and Offender Treatment Orientation. Four of the six scales are composed of subscales. The Staff Involvement scale includes Responsiveness, Caring, and Interest in Offenders subscales. Staff Treatment Focus includes Encouragement and Open Communication subscales. The Offender Relationships scale subsumes three subscales: Mutual Caring, Peer Support, and Absence of Hostility.

Finally, Offender Treatment Orientation includes Problem Solving and Change Orientation subscales.

Pre- and post- program application of this measure would provide a potential index of change in the correctional environment associated with the implementation of Peer Support. At EIFW, the CESI was administered post-program implementation. Since the measure provides information that is directly relevant to the goals or anticipated effects of the PST program, it was administered to all offenders consenting to respond. The constructs subsumed in the subscales (relationships between offenders and staff, relationships among offenders, peer support, treatment orientation) were expected to provide relevant information pertaining to the climate at EIFW, as perceived by the offenders. Moreover, this data will be used in prospective research for comparison with other regional women's facilities.

Staff / Offender Surveys

The surveys (Appendix D) were designed primarily to assess staff and offenders' awareness and perceptions of the role and functioning of the PST.

Staff / Offender Interviews

Interviews for a variety of staff and offenders (Appendix E) were considered a paramount source of data collection for the current study. Specifically, all of the interviewees were women, the program is based on the feminist perspective, and the framework was designed to assess a new program, with some variation across facilities. Semistructured interviews provided an opportunity for stakeholders to express their own views, feelings, and ideas about PST without imposing particular form to their responses.

Procedure

All data collection for this evaluation was achieved through collaboration with the facility's psychologist; the coordinator of the PST program at EIFW. As mentioned, at the time of implementation of the pilot study, the Peer Support program was already operating at this facility. Two groups of PST trainees had graduated from training, and a third group was in the process of receiving training for possible graduation in December 1997. As a result, some amendments to the comprehensive evaluation framework (Eljdupovic-Guzina & Blanchette, 1997) were necessary.

In early October 1997, several copies ($n = 25$ each) of the Sociometric test, Rosenberg's self-esteem scale, and staff / offender surveys³ were forwarded to

³ The Correctional Environment Status Inventory was appended to Offender Surveys.

EIFW's Peer Support program coordinator. Instructions for administration asked that all instruments be completed by anyone at EIFW willing to participate. The Sociometric test and Rosenberg's self-esteem scale were administered together, and the protocol required that the surveys be delivered a day (or more) later.

In retrospect, co-administration of the sociometric test and Rosenberg's self-esteem scale may have decreased the response rate for the latter⁴. Administration of these measures deviated from the initial design. Specifically, to encourage offender compliance, a note was appended to the measures, explaining the purpose of the study. The authors suggest that this procedure may have had a priming effect on the self-esteem and sociometric tests. Clearer administration guidelines have been developed for use in the national PST evaluation.

The last section of the survey asked respondents if they would consent to have an interview to talk about their experiences with the PST. Survey respondents who expressed willingness to participate in a face-to-face interview were asked to print their name in a space provided on the survey (see Appendix D).

Offenders and staff completed the aforementioned measures within a two-week period, and EIFW psychology assistants established a tentative interview schedule before the last week of October, 1997. It is noteworthy that many members of our sample who initially did not respond the pencil-and-paper measures or declined an interview, were later recruited for interview participation

⁴ The Sociometric test necessarily requires that the respondent self-identify, while there is no such requirement for Rosenberg's self-esteem scale.

by the institutional psychologist. Moreover, there was also deviation from the initial framework, with interviews conducted with offenders who were not PST members, and who had never used the peer support services. This action was taken to provide an opportunity for non-recipient offenders to express their views about the PST, and to offer potential explanation for *not* using the service.

The semi-structured interviews were conducted in private areas at EIFW, and signed informed consent was obtained prior to all offender interviews.

Sample

The number of participants varied by measure. For instance, some survey respondents (staff and offenders) declined interviews, other offenders replied to the survey, but refused self-esteem and sociometric testing, and still others participated in the interview only. Similarly, a number of staff members contributed to both survey and interview data, while others chose to provide information for only one measure.

At the time of data collection, there were approximately 50 women incarcerated at EIFW, including four PST members and two (recently) retired PST members. All offenders at EIFW are serving federal sentences (2 years or more) and are classified as either 'minimum' or 'medium' security.

Twenty-five women responded to the offender survey and Correctional Environment Status Inventory. Offenders also completed twenty self-esteem scales and 14 sociometric tests. The staff surveys rendered a sample size of 27,

from various professions (primary workers, team leaders, psychologist, nurse, social worker, teachers, and other) within EIFW.

Thirteen of the 25 offender survey respondents consented to interviews by writing their names at the end of the survey. However, as mentioned, the institutional psychologist (or PST chairperson) recruited several offenders for interviews upon the investigators' arrival at EIFW. Notably, all offenders were informed that participation was absolutely voluntary. Informed consent with guaranteed anonymity was maintained for all offender respondents.

This process rendered a total of 24 offender interviews. Offender participants for interviews included: 4 PST members, 2 former⁵ PST members, 6 PST trainees, 10 peer support recipients, and 2 other offenders (non-members, non-recipients). A great deal of flexibility was used in applying in the interview protocols. This was necessary given that there was no formal design for interviewing offenders who: 1) were not PST members and who had never used the service, and 2) were engaged in PST training, but had not yet graduated or begun support work. In addition, some PST members and trainees had used peer support in the past. Those offenders were questioned regarding both their experiences as PST members *and* as recipients.

Twelve staff members were interviewed, including: deputy warden, psychologist (PST coordinator), psychologist's assistant, social worker, health professional, team leader, team leader's assistant, and 5 primary workers. This

⁵ 'Former' members include one woman who was on a (temporary) leave of absence at the time of the interviews.

diversity of staff provided an examination of the PST from a broad range of employee perspectives.

Although cross-gender staffing is mandated at the new women's facilities, an exclusion order is in effect at EIFW. As such, all front-line (Primary) workers at EIFW are women, and all interviewees for the current study were women.

RESULTS

Rosenberg's Self-esteem Scale

Twenty offenders completed the self-esteem measure. Of the 20 respondents, 5 were either PST members or former PST members. To calculate total scores, each item was marked with a range of possible scores from 1 (strongly agree) to 4 (strongly disagree). Half of the items (2,5,6,8, and 9) were reverse scored such that “strongly agree” was given a score of 4, and “strongly disagree” was given a score of 1. In this manner, a lower item or total score would suggest higher self-esteem.

A series of t-tests were performed to evaluate possible differences in item scores between PST members and Non-members. Results are shown in Table 1 below.

Table 1: Rosenberg's Self-esteem Scale: Group Means for Items Scores

Items:	PST Members	Non-Members	p
1. On the whole, I am satisfied with myself	1.4	2.1	ns
2. At times I think I am no good at all	1.0	1.7	ns
3. I feel that I have a number of good qualities	1.0	1.7	.01
4. I am able to do things as well as most other people	1.0	1.8	.006
5. I feel that I do not have much to be proud of	1.8	2.0	ns
6. I certainly feel useless at times	1.4	2.1	ns
7. I feel that I'm a person of worth, at least on equal grounds with others	1.2	1.9	.02
8. I wish that I could have more respect for myself	2.8	2.5	ns
9. All in all, I am inclined to feel that I am a failure	1.2	1.9	ns
10. I take a positive attitude toward myself	1.2	1.9	ns

As shown in Table 1, significant between-group differences emerged in three of the ten items composing Rosenberg's self-esteem scale. Moreover, in each case, the PST members evidenced lower scores, which is suggestive of higher self-esteem. In combination, significant between-group differences imply that the PST members are more likely to see themselves as having a number of good qualities, and as comparing favorably to other people.

With a possible range of total scores from 10 to 40, the average total score for the participants in this sample was 18.3 (SD = 5.5). A comparison of the total self-esteem scores of the five PST members to the 15 Non-members rendered statistically reliable between group differences ($p < .05$). Specifically, the average total score for the PST members (or former members) was 14.0 (SD = 2.5), and the average total score for the Non-members was 19.7 (SD = 5.5). Thus, PST membership appears to be associated with higher self-esteem, as measured by Rosenberg's scale. National implementation of the evaluation framework will allow for a comparison of self-esteem scores across institutions. Moreover, pre-post testing will provide a clearer representation of whether higher self-esteem scores precede or follow PST membership.

Sociometric Test

As mentioned, fourteen offenders, including two PST members and two former members, responded to the sociometric test. Results are depicted in the sociogram (Figure 1) on the following page. The pictorial representation necessarily includes more than 14 women, as some respondents identified non-

respondents as their “moral supporters”. Moreover, the investigators considered it important to include all PST members and former members in the chart.

While it is important to consider that only about 30% of the offenders responded to the sociometric test, some interesting findings are noted in Figure 1. The first and most apparent is that former PST members are depended upon for moral support to a much greater extent than current PST members. Indeed, one former PST member was identified as a source of moral support to over half (7 of 13) of her co-offenders. Moreover, five co-offenders identified the second former PST member as supportive.

Sociogram: Edmonton Institution for Women

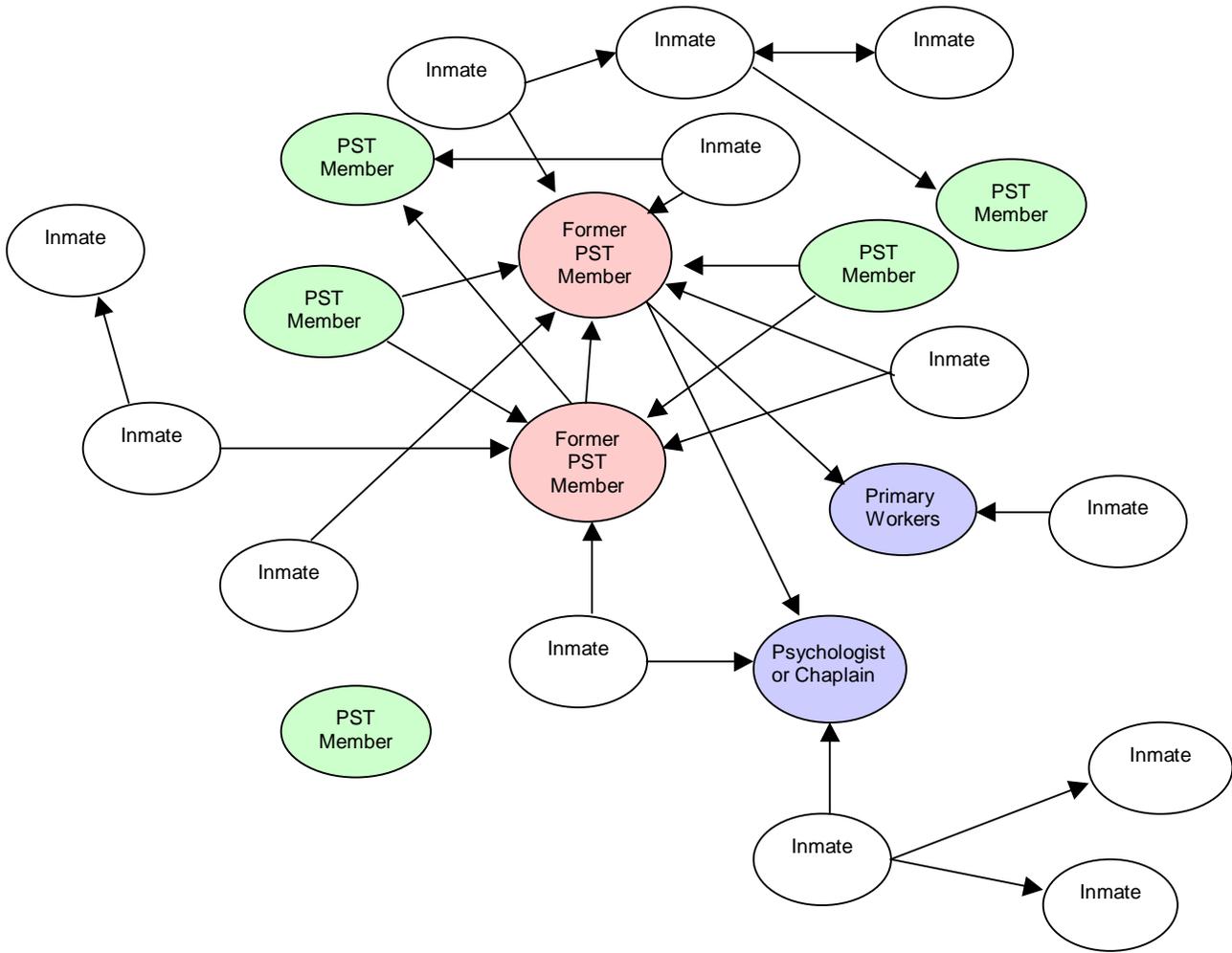


Figure 1

Recall that the method of administration for the sociometric tests may have created a 'priming' effect for respondents. Specifically, the notice to recruit participants, which explained the nature of the study, may have caused respondents to think specifically about PST members in formulating their responses. In addition, a social desirability confound might have influenced results. This occurs whenever study participants respond in a manner that, in their view, will please the researchers.

Despite these potential confounds, only two of the four PST members were chosen by co-offenders as a first or second means of personal moral support. It's also interesting to note that both PST members who were *not* chosen rely on former members for moral support.

Although the intent of the sociogram was to investigate relationships among offenders, a number of women indicated that they turn to staff when in need of support. Staff members identified included: the psychologist, the chaplain, and three primary workers (one offender listed 2 primary workers as top two choices). This is promising in consideration that the regional facilities were designed to reflect a 'community living' model, with primary workers offering a supportive (rather than punitive) role to offenders.

Finally, sociometric test results indicated only one reciprocal relationship between offenders (see Figure 1, top). Results from the national study will aid in the determination of whether this is reflective of the prison environment at all new women's facilities, or whether it is anomalous to the sample at EIFW.

Correctional Environment Status Inventory

Twenty-five offenders completed the Correctional Environment Status Inventory. As it was appended to the offender survey, some additional information was obtained. Specifically, the researchers were able to determine that 11 of the respondents had used PST services in the past (14 had never used the service), and that 6 of the respondents were PST members (or former members) at the time of the survey.

A number of items (1,3,8,19,25,48,56,60,61, and 64) were reverse-scored before subscale totals were calculated. As such, higher scores on all items and scales reflect more positive perceptions of the correctional environment. Inter-correlation of the six subscales⁶ (staff cohesion, staff involvement, staff treatment focus, clarity and organization, offender relationships, and offender treatment orientation) revealed statistically significant relationships between some constructs measured by the CESI. Results of these analyses are shown in Table 2.

Table 2: Correlations among CESI Subscales

	Staff Cohesion (1)	Staff Involvement (2)	Staff Treatment Focus (3)	Clarity and Organization (4)	Offender Relationships (5)	Offender Treatment Orientation (6)
1	-					
2	.50 *	-				
3	.42 *	.74 ***	-			
4	.61 **	.79 ***	.62 ***	-		
5	.42	.41 *	.59 **	.51 **	-	
6	.34	.11	.35	.27	.33	-

Note: *p<.05; **p<.01; ***p<.001

The significant association between staff involvement and staff treatment focus suggests that those women who perceive staff as responsive, caring, and interested are more likely to view staff in a rehabilitative (rather than punitive) role. Also, a positive perception of correctional staff as measured by the staff involvement scale is associated with a more optimistic view of the facility's environment in terms of clarity and organization. Finally, more positive ratings of correctional staff are associated with more positive ratings of co-offenders in terms of mutual caring, peer support, and absence of hostility.

To standardize CESI measures, average scores (from 1 to 5) were computed for all scales and subscales. This was achieved by dividing each respondent's total scale (or subscale) score by the number of items comprised in that respective scale. Statistical analyses were performed to compare PST recipients ($n = 11$) to non-recipients ($n = 14$), and PST members ($n = 6$) to non-members ($n = 19$) across all scales and subscales. Mean group scores were virtually identical on every dimension. This suggests that groups are approximately equal in their perceptions of the environment at EIFW in terms of: staff involvement, treatment focus and cohesion, and offender treatment orientation and relationships. However, it is important to consider that group sizes were very small, which mitigates the power of the statistical test.

Mean scores for all scales and subscales, for all groups, are shown in Table 3. To reflect the fact that higher scores indicate a more positive perception of the

⁶ Individual items composing each subscale are shown in Appendix E.

correctional environment, subscales ‘hostility’ and ‘disinterest’ (see Appendix E) were renamed ‘absence of hostility’ and ‘interest’, respectfully.

The maximal sample sizes are noted in Table 3, though a few participants were missing data for some subscales. As such, sample sizes vary slightly.

Table 3: Mean CESI Scale and Subscale Scores: Distribution by Group

Scale / Subscale	PST Recipients (n = 11)	Non- Recipients (n = 14)	Team Members (n = 6)	Non- Members (n = 19)
Staff Involvement	3.2	3.3	3.2	3.4
<i>Responsive</i>	3.8	3.7	3.1	2.9
<i>Caring</i>	3.5	3.4	2.9	3.6
<i>Interest</i>	3.5	3.9	3.8	3.8
Staff Treatment Focus	3.6	3.3	3.6	3.2
<i>Encouragement</i>	3.9	3.6	3.8	3.6
<i>Open Communication</i>	3.2	2.9	3.3	2.8
Staff Cohesion	3.8	3.7	3.6	3.6
Clarity & Organization	3.5	3.7	3.5	3.6
Offender Treatment Orientation	4.2	4.0	3.7	3.6
<i>Problem Solving</i>	4.8	4.3	4.5	4.4
<i>Change Orientation</i>	3.7	3.6	3.6	3.6
Offender Relationships	3.0	3.1	3.2	3.1
<i>Mutual Caring</i>	3.3	3.4	3.1	3.3
<i>Peer Support</i>	2.7	2.8	3.1	2.4
<i>Absence of Hostility</i>	2.7	2.9	2.9	2.8
<i>Change Orientation</i>	3.7	3.6	3.6	3.6

Data from the national sample may show statistically significant between-group differences, where presently they are negligible. Moreover, researchers are currently collecting pre-program CESI data, which will enable later analysis of potential pre-to-post differences in offenders’ perceptions of their correctional environment.

Offender Surveys

As mentioned, 25 offenders responded to the surveys. These included a ratio of 6:19 for PST members and non-members, and a ratio of 11:14 for PST service recipients to non-recipients, respectively. The average age of respondents was 34.5 years (SD=9.1; range=21 to 58). Sentence lengths ranged from 2 years to life, with an average (excluding lifers) of 5.1 years. Respondents had served an average of 2.2 years incarcerated, with a range of 3 weeks to 17 years. However, as EIFW is still a relatively new facility, the mean time served at that particular facility was only 9 months.

Surprisingly, over 10% (3/25) of the respondents claimed that they were not previously aware of the PST program and the possibility to receive support counseling from their peers. Moreover, there was no obvious reason for the lack of awareness of the PST resource. Specifically, the researchers hypothesized that the women who were not aware of PST services may have been more recently admitted to EIFW. However, no significant differences emerged in the average time served, time served at EIFW, age, or sentence length.

Notwithstanding that, a large portion of the offender survey presumes prior awareness about the PST program. As such, the three participants who claimed no prior awareness were omitted from a number of analyses.

The women ($n=22$) at EIFW became aware of PST services through a variety of modalities, including posted notices ($n=8$), co-offenders ($n=8$), PST members ($n=6$), and other means ($n=7$). Notably, respondents often cited more than one mechanism of discovery. The 'other' means mentioned included the

institutional psychologist and/or health care professional, PST explained at intake, offender approached to train as team member, and prior experience at Prison for Women. Only one respondent was aware of PST services but not cognizant of the names of the team members. Two of the 22 women claimed no knowledge about how to request counseling.

Of the (22) women with awareness about the PST program, 50% reported using the service at least once. Recipients of the service reported using peer support from once ($n=2$), twice to five times ($n=7$), to more than five times ($n=2$). Most (7 of 11) women had received counseling exclusively through formal request for PST services, though a few ($n=4$) reported using peer support both formally *and* informally. Interestingly, three PST recipients reported that, on at least one occasion, they had requested peer support and staff had denied them the service. However, data derived from staff and offender interviews (discussed later) indicates that incidents such as this occurred only prior to the implementation of the Standing Order for peer support services at EIFW. Specifically, the Standing Order provides a precise protocol to guide the staff in the policies and processes regarding the peer support program.

As mentioned, three women were not aware of PST services and therefore had never been recipients of peer support. An additional 11 respondents reported awareness of PST, though had never used the service for a variety of reasons. The most common (7 of 11) explanation was that the offenders had never felt the need for peer support. A few women ($n=4$) reported that they were not convinced that the information shared with the PST member would remain confidential. Only

one respondent reported that she was not comfortable with anyone on the team. Finally, three respondents cited that they had never used PST services because they are on the team. This suggests that PST members need reinforcement that it is both normal and healthy to request occasional support from their peers, and that caregivers can also be recipients of care.

The PST service users cited many reasons for using peer support services, most commonly to mitigate feelings of loneliness ($n=5$), depression ($n=5$), and anger ($n=5$). Two women reported using peer support when they felt self-injurious, and one respondent used peer support when she was feeling suicidal⁷. Also notable was that a couple of women reported using the PST in lieu of professional psychological services when this latter was not available. Although the survey provided the option for women to indicate if they had used PST services to cope with either arguments with staff or other offenders, none of the respondents reported using PST for those purposes.

The offender survey also provided an option for an open-ended, short answer response to the question “why did you ask for peer counseling”. Some interesting insights emerged. One PST member reported using the service (another member) “to debrief from a rough PST session”. It is noteworthy that this PST member recognizes the importance of her roles as both care provider *and* recipient of support from her peers. This promotes a collaborative, mutually supportive environment amongst offenders.

⁷ Peer support members are instructed to obtain professional (psychological) services for offenders who express suicidal intent.

Other responses to the open-ended query included: “because she’s been where I’ve been”, “I just wanted to talk”, and “to see what it’s like in here [EIFW]”. Clearly, PST recipients view the service as an opportunity to share problems and/or anxieties with their peers. Some women used the service as a type of informal orientation to the institution. Finally, three women reported using peer support services to help deal with issues surrounding children, social services, legal guardianship, and the media. While these issues are usually more appropriately allocated to professional staff, many offenders reported a lack of trust for staff and/or authority figures.

The 11 recipients who had received PST services reported that they found it to be extremely helpful. On a scale from 1 (not helpful at all) to 10 (extremely helpful), scores ranged from 7 to 10, with an average score of 9. Accordingly, in response to the question “did peer counseling fulfill your expectations?” possible scores ranged from 1 (not at all) to 10 (entirely). Scores ranged from 5 to 10, with a mean score of 8.7.

Participants were provided an opportunity to explain how the PST did or did not meet their expectations. All responses were positive, such that offenders’ expectations about the PST experience were met. Respondents offered numerous reasons for this, both personal and practical. Open-ended responses citing personal issues included: “[PST member] gave me a lot of advice”, “It was nice to be able to talk to another offender who was and is knowledgeable in regards to staff and/or attitudes here at EIFW”, “[PST member] let me do all the talking”, “[PST member] understood where I was because she herself had been

there”, “[PST member] was supportive and helpful”, “I felt better”, “I got my problems off my chest”, and “[PST member] helped me to overcome my loneliness”.

Respondents also relayed that the PST had met their expectations for practical reasons. These include: “because they told me what to expect once out of enhanced⁸”, “[PST member] was supportive and helpful in getting me in to see the psychologist”, and “[PST member] helped me to calm down and get phone numbers and calls made”.

In terms of the promptness of the counseling offered by the PST, respondents reported being very satisfied. Ratings on a 10-point scale (1=not at all satisfied; 10=entirely satisfied) rendered a mean of 9 (range = 5 to 10). Accordingly, all respondents reported that staff promptly got in touch with the chosen PST member, and that it took very little time for the PST member to respond to the request for counseling.

The majority of PST recipients ($n=7$) reported that they had been excused from other duties in order to receive support counseling. Four women reported that they had *not* been excused from other responsibilities for PST service. It remains unclear, however, as to whether it (i.e., pardon from other activities) was necessary. This survey question will be clarified for national implementation of the framework.

⁸ Upon admission, offenders are placed in a separate, “enhanced” unit for observation and assessment prior to integration with the offender population. Time in the enhanced unit averages about 2 to 3 weeks.

Of the 22 respondents who were aware of the PST services, 50% reported that the atmosphere at EIFW has changed since implementation of the program. Notably, of the 11 women who reported a change in the atmosphere, 5 were recipients of the service, and 6 were non-recipients. In response to the open-ended query regarding the nature of the change in the atmosphere, three women reported negative changes, and eight women reported positive changes. Both positive and negative responses pertained predominantly to staff-offender relationships.

Reports of negative atmosphere change included staff resistance to the program that caused tension in the staff-offender relationship, and blatant favoritism towards offenders who are on the peer support team. Positive perceptions of atmosphere change associated with the PST include: “staff treat us like human beings, not animals”, “when needed, staff are supportive”, and “there is now respect on both sides”. Moreover, some respondents reported a favorable effect on offender relationships, citing decreased needs and increased functioning, more positive attitudes between offenders, and the opportunity (as a PST member) to act as a role model for co-offenders.

The majority (19 of 22) of respondents reported that the PST was never used for alternative purposes. Those who did claim irregular use of the service reported that the PST had been used to visit or spend quiet time with friends. However, two of those three respondents also qualified their answer by noting that this has been a rare occurrence, and that PST members do not condone inappropriate use of the program.

In response to the question “do you feel that you gained a better understanding of women’s issues through the PST program”, five offenders claimed that they had. However, their explanations regarding knowledge gained did not pertain to women’s issues and suggest that this question should be clarified or removed from further research on the PST program.

In summary, offender survey data suggests that, with few exceptions, the women incarcerated at EIFW strongly support the PST program. In particular, respondents use peer support for a variety of personal and practical reasons, past experiences with the program are rated positively, and the program is generally viewed as an asset to the facility’s atmosphere in its promotion of more positive staff-to-offender and offender-to-offender relationships.

Staff Survey

Twenty-seven individuals responded to the staff survey, including primary workers (10), team leaders/ team leader’s assistants (4), psychologist (1), warden (1), nurse (1), social worker (1), teachers (1), and other/ unknown (8). Their average length of service in their current position at EIFW was about 1.5 years. However, the average length of experience with women offenders was 3 years, with a range of 4 months to 16 years.

All staff respondents were aware of the PST program at EIFW, and reported obtaining this information through a variety of methods including institutional correspondence (memos, staff assembly), posted notices, the psychologist/PST coordinator, and personal experience in the development of the

program. Surprisingly, many staff also reported learning about the PST program through offenders. The vast majority (25 of 27) of staff reported knowledge of who the PST members are and of how to proceed if a request for peer support is forwarded.

The staff survey asked respondents to rate the PST, on a scale of 1 (not helpful at all) to 10 (very helpful) in its effectiveness for crisis intervention with: a) individual offenders, and b) institutional crises. On both accounts, the PST was rated quite favorably, with a mean score of 7.2 for individual crisis intervention and 6.6 for institutional crisis intervention. Scores ranged from 3 to 10, and from 2 to 10, respectively.

Half of the respondents claimed that the atmosphere of EIFW was changed as a result of PST implementation. Notably, this response appeared to be dependent on profession, where primary workers and team leaders were least likely to see the institutional atmosphere as changed. With only one exception, all respondents citing changes in the facility's atmosphere viewed the perceived changes as positive. Again, the majority of responses pertained to more supportive and constructive staff-to-offender and offender-to-offender relationships. Some claimed that since implementation of the peer support program, the offenders appear better able to deal with their personal issues which results in fewer crises. Accordingly, one respondent claimed less stress ("a load off") on staff. Finally, only one staff member cited a (potentially) negative climatic change at EIFW since implementation of the PST program. She

indicated that the “offenders used to talk to staff more before the incorporation of the program”.

The survey asked staff to indicate the level of trust that they have for PST members, with a possible range of scores from 1 (no trust) to 10 (complete trust). Results showed that staff’s trust in PST members is moderately high, with a mean of 6.0 (range = 2 to 10). Moreover, all but one respondent agreed that their level of trust varied for different team members.

The majority (75%) of the staff survey respondents reported positive changes in the PST members since their admission to the program. The most commonly cited change was team members’ willingness to be accountable and responsible for their actions. Other perceived positive impacts included increased maturity, better coping skills, and higher self-esteem and confidence. Only one staff reported a negative change resulting from PST membership- this respondent felt that PST members had developed a feeling of superiority over other offenders.

In their assessment of whether the PST program reinforces the effects of other institutional interventions, staff responded quite favorably. Specifically, on a scale of 1 (not at all) to 10 (a great deal), PST membership was rated an average 7.2 (range = 3 to 10). For non-members (i.e., recipients or potential recipients), the average staff rating was slightly lower at 6.4 (range = 3 to 10).

When asked if the PST program had ever created a crisis or problem greater than the original one, three staff members agreed that it had. Two respondents cited situations where personal information shared in the peer

support session was 'leaked' to the facility's offender population, thus breaching the recipient's confidentiality. One staff reported that the PST "sometimes represents an avenue for drugs-- 'pat downs' are not allowed for peer support". Notably, investigators received conflicting accounts regarding 'pat downs' (searches) of PST members. While some staff and offenders relayed that PST members are *not* searched pre- and post- support, administrators of the PST program posit the following: 1) team members are 'patted down' prior to, and upon completion of, providing support to offenders in the Enhanced Unit, and 2) when team members provide support in the main administration building, they are 'patted down' only upon completion of the PST session.

Although staff reported only two (potential) PST-related problems or crises, they both hold serious ramifications for the offenders involved and for the staff charged with their care. Evaluation of the PST at other women's facilities will determine whether more staff report similar serious concerns.

All staff survey respondents reported that the PST program had been used, on occasion, for alternative purposes. The vast majority (18 of 22) suggested that peer support had been used "just to visit" when no real crisis existed. Similarly, a couple of respondents reported that women who are released and return to custody at EIFW use the PST while they are in the enhanced unit to "catch up on gossip" or to "chat with their friends". Finally, one staff member suggested that the PST service had been used by offenders to leave or avoid work.

Notwithstanding that, staff respondents conceded that rare alternative use of the program did not have any serious detrimental effects. An overview of the

results of this survey suggests that EIFW staff from various professions view the PST program favorably. However, like any other offender treatment paradigm, there are some minor obstructions to the absolute smooth operation of the program.

Staff / Offender Interviews

The staff and offender interviews played an extremely important role in the evaluation of peer support services at EIFW. Specifically, interviews provided the primary source of data to respond to the evaluation questions and issues outlined in the framework (Eljdupovic-Guzina & Blanchette, 1997, p.47-50). In addition, the interviews provide a context for interpretation and understanding of results obtained through other measures (sociogram, CESI, surveys, self-esteem scale). Considering this, results of the staff and offender interviews will be discussed here in the context of the evaluation questions and issues for which they were designed. More specifically, main themes that emerged from interviews with staff and offenders will be presented in relation to specific evaluation issues. Each major evaluation issue is followed by three evaluation questions that researchers considered important and relevant to the current investigation.

Evaluation Issues and Questions:

1. Program Rationale: Is there a need for the program?

1.1. Are the program's activities and outputs linked to achieving its effects in a valid and logical way?

There is a paucity of published literature pertaining to the issue of peer support for women offenders. However, based on a review of the available documentation and consultation with pertinent staff (Eljdupovic-Guzina & Blanchette, 1997), the present researchers concede that PST-related activities appear both valid and logical to the achievement of the program's goals.

In linking the program's activities to its intended effects, an intermediate step is requisite: products or outputs. In brief, the program's activities should produce tangible outputs, which can then be clearly linked to both immediate and long term impacts. Reference to the program logic model (Eljdupovic-Guzina & Blanchette, 1997, p.23) indicates a number of products associated with the activities of the PST program. The immediate impact resulting from formal and informal counseling sessions is crisis intervention in terms of support and crisis intervention for recipients of the service. Expected long-term effects include more efficient management of the facility and empowerment for the women engaged in the program.

1.2. Does the program have its own place and function at the facility?

The literature review and telephone interviews conducted in preparation for the present investigation suggest a clear justification for the implementation of

the PST program at EIFW. As indicated in the Mental Health Strategy for Women Offenders, the PST has its place on the Women's Mental Health Continuum of Care (Laishes, 1997). Key principles in this strategy that are particularly relevant to the PST are: access, women-centredness, and client participation. Both staff and offender interviews reflected recognition of the uniqueness of the program since it is based in the application of offenders' shared experiences in the provision of support for each other.

Staff and offender survey and interview data suggest that both offenders and employees at EIFW are aware of the program and the services it offers. Moreover, the vast majority confirm its utility. Interviews with staff and the (former) PST offender coordinator suggested initial confusion and failure to recognize the PST as a legitimate program with its own place at EIFW. However, all indicators further advise that the initial problems have been mitigated through implementation of the Mission Statement and Standing Order for the PST program.

1.3. Does the PST program serve the targeted population?

Staff and team members estimated that PST services are used between 4 and 10 times per month. As mentioned, the offender survey data suggested that close to half of non-members have used the peer support at least once, and recipients generally rated the service favorably. Interview data confirmed these responses, with offenders citing a variety of reasons for using peer support. Results of interviews suggest the utility of peer support is entrenched in an

inevitable distrust between offenders and staff. An astute offender interviewee suggest the following: “Although this facility [i.e. the ‘community living’ model at EIFW] is attempting to change the dynamics between offenders and staff, there’s always going to be a lack of trust due to the power differential. Often offenders feel that they can’t ‘vent’ their problems to staff for fear that the conversation will be documented or come out as a negative report on file”.

Combined results of PST recipients’ surveys and interviews indicate that offenders generally report feeling better, less anxious and depressed after receiving PST services. Moreover, the most common reason for *not* using the service was the feeling that it was not necessary.

All recipients interviewed attested to the utility of peer support, and a recurring statement was that the PST is especially helpful to those in segregation or the Enhanced Unit. While some expressed concern that usage of peer support in these units is abusing the service (i.e., using it to visit), others noted that peer support in the Enhanced Unit helped to quell anxieties related to recent federal incarceration and/or to allay feelings of loneliness. A couple of staff members also suggested that PST in the Enhanced Unit or segregation may also help with the gradual integration (or reintegration) of the recipient into the general population of offenders.

Finally, data from all available sources also suggest that the PST trainees and graduates also gain from the PST program. This is absolutely paramount, in that it was a recurring theme throughout staff and offender interviews and surveys. Specifically, a number of very positive impacts were noted for those

women emerged in the program, either as trainees or PST members. Frequently cited effects included: education pertinent to a variety of topics, increased empathy for others, conflict mediation skills, enhanced self-confidence and self-esteem, and general personal growth. Thus, it is important to consider that the 'targeted population' should not be limited to the recipients of peer support. Those who engage in, and graduate from, the training are possibly the greatest beneficiaries of the PST program.

2. Are there adequate resources and support for establishing the PST program?

2.1. Does the Coordinator have sufficient time, acknowledgment and support for activities regarding the program?

The interview with the Coordinator revealed that she (Coordinator) believes that staff and offenders recognize the time and energy that she has put into the PST program. EIFW's management is especially supportive. This was confirmed in the interview with the Deputy Warden, and the Warden's survey responses. The program Coordinator stressed the importance of the Standing Order (SO) for peer support. The SO represents formal management support for the program, which, in turn, increases the likelihood that other staff will perceive it as important and valuable.

The program requires very little funding, and the Warden allotted \$5,000 to the initial PST program at EIFW. The program dollars funded a graduation ceremony, the training manuals (Correctional Service of Canada, 1996a; 1996b), and books suggested in the manual. At the time of data collection for the current

pilot study (fall, 1997), a third group of women ($n=8$) were in the process of training to become PST members. Moreover, for a population of approximately 50 women, there were five available PST members (i.e., graduates from previous training). This implies adequate human resources for the continued operation of PST services at EIFW.

2.2. Is the training of the Team members sufficient?

Briefly, the PST training consists of 17 three-hour sessions, with each chapter in the volunteer manual (CSC, 1996b) covering one session. Volunteers are recruited from the community to be session speakers within their respective areas of expertise. Music therapy is also a component of the training, and once per week (Fridays) the trainees meet with a community volunteer for “dialoguing”. The PST graduates and trainees described this as an opportunity to discuss a topic of their choice.

Interviewers asked the PST members and trainees to rate the quality of their training on a scale of 1 (not at all helpful) to 10 (very helpful). Almost without exception, the training was rated at 9 or 10. In one case, the training was rated an “8”, though the respondent was quick to qualify that she was on the first graduating team, and a couple of important issues (e.g., HIV and AIDS) have since been added to the training. In interviews with PST members and trainees, the general consensus was that the training is excellent on two fronts: 1) it is an academic experience, providing a knowledge base on a variety of topics to aid in the support of other women, and 2) it is helpful experientially, promoting healing.

Finally, a number of respondents also noted that knowledge acquired from the PST training is also applicable to improving relationships with their children, partners, and others in the community.

In their overall ratings of the PST training including the topics covered, time devoted to each topic, the PST volunteer manual, music therapy, and dialoguing, all interviewees were very positive. Respondents included PST members, former members, and potential PST members in the process of training. In addition, interviews were also conducted with women who had received a portion or all of the PST training and had been asked to leave, or had been denied graduation. Interestingly, even those women were very positive about the PST training, and relayed that “it was worth it”, despite the fact that they were not granted official membership status.

Results of interviews indicate that the training covered many topics that are of particular importance and relevance in the lives of women offenders. Current trainees particularly stressed that discussions during their sessions provided them an opportunity to talk about themselves and their own issues. Moreover, some reported that they came to realize that others shared similar experiences. One offender relayed that she valued the opportunity to learn from the other women in the training. As such, the PST training provided a means to gain a better understanding of personal issues. For instance, one woman reported that she has learned to accept things (i.e., sexual abuse) in her past, and now realizes that it was not her fault. This was noteworthy in consideration that this offender has been incarcerated for a number of years, and has, most likely, been

involved with other intervention programs and individual counseling.

Notwithstanding, she attributes these positive changes to her attendance at PST training.

In regards to the topics covered in the training, all respondents were satisfied, and many named specific topics that they found particularly interesting and/or informative. These included: HIV and AIDS, (other) sexually transmitted disease, hepatitis, suicide, and sexual abuse. Many respondents posited appreciation for the skill and expertise of the various volunteer session speakers. The fact that facilitators are acknowledged experts in their respective areas, and that they are not paid⁹ to participate in training sessions appears to have had a positive impact on the women's self-esteem. More specifically, a few PST trainees and graduates posited that facilitator-volunteers made them feel important. The women showed recognition that many audiences pay to hear these speakers, whereas they are *not* paid for facilitating PST sessions. The fact that speakers volunteer for the PST training implies that they value the trainees- "It shows that we are worth it", one woman reported¹⁰.

The training was described as "widespread" (i.e., variety of topics), and a respondent's statement that "nothing was not covered that should have been" captures the essence of all staff and offender interviews. Relative to most institutional programs for women, PST training was described as "intensive and long". The duration and intensity of the PST training was deemed appropriate by

⁹ Session speakers were paid for their participation in the initial training. Protocol has since changed, and all session facilitators are unpaid community volunteers.

most respondents, as one primary worker recognized: “the women need to go through things for a long time. It makes them look at things and really work through their issues”.

Some interviewees noted that a couple of the topics (e.g. suicide, sexual abuse) were especially emotionally draining for some women. Accordingly, one respondent suggested that an extra day be allotted to these topics so that “women would not have to rush through their feelings”.

PST members and trainees rated the PST volunteer manual (CSC, 1996b) very positively. It was described as easy to read and follow; yet comprehensive in terms of issues covered. A couple of respondents were particularly impressed with the fact that each chapter in the manual ends with a section related to self-care. Some PST members reported using the manual as a reference book, and one woman was so impressed that she relayed: “I will treasure this book for the rest of my life”.

In summary, every aspect of the PST training was rated favorably by all interviewees, including EIFW staff from various professions, PST members and former members, offenders who had received partial training or were refused graduation, and current trainees. In fact, the training was viewed so positively that some respondents (both staff and offenders) suggested that the women who complete the training are the *primary* beneficiaries of the program (i.e., rather than the PST ‘recipients’).

¹⁰ Notably, a couple of other (Non-PST) offenders expressed disappointment at *not* having the opportunity to hear session speakers.

Higher self-esteem, increased self-confidence, and overall personal empowerment were frequently cited results of the PST training. One respondent (primary worker) suggested that the feeling of empowerment might come from the PST members' new position "on the other end of the help continuum". More specifically, this respondent noted that the majority of the offenders, a marginalized group in society, have traditionally received assistance from others (mother's allowance, women's shelters). Post-training membership on the PST allows them the opportunity to help others. Another primary worker provided a case-specific example of the benefits of PST training: she cited the case of a woman who had completed the training, and despite not having graduated, "results were excellent". The primary worker noted positive changes in this offender, both physical and behavioral. Moreover, the offender evidenced more self-confidence, higher self-esteem, and "took better care of herself".

As a result, the interviewee suggested that "maybe it should be made more explicit that it [the training] is for the 'self' rather than to be a counselor". Accordingly, other staff reaffirmed this, recommending that the women be encouraged to consider participation in training for its intrinsic value, rather than graduation and 'official' PST membership. However, one element that may prevent more women from engaging in the training is the fairly stringent screening criteria for entry into the program (see Appendix F). Perusal of the screening criteria indicates that it is specifically geared towards determining an individual's suitability *as a PST member* (i.e., supporting others), rather than readiness or aptitude to benefit from the training.

2.3. Is Team members' participation in establishing the program acknowledged and balanced with other duties?

Interview data indicated very strong support for attending PST training, and fitting in peer support activities with other duties. Respondents were asked to rate, on a scale from 1 (not at all) to 10 (entirely), whether staff and other offenders supported their attendance at PST training. All PST graduates and trainees indicated a '9' or '10', which suggests very strong support for attending PST training.

Interestingly, however, two offender interview respondents (Non-PST members) maintained that there was little support (by offenders) for the PST program. One of those respondents estimated that only about half of the offender population at EIFW is supportive. The two primary reasons for lack of offender support were: 1) past breaches of confidentiality by PST members, and 2) the PST has created (or reinforced) an institutional hierarchy, where some (team members) offenders are more highly regarded than others (non-members). Notwithstanding these important considerations, the majority of offenders interviewed (i.e., PST recipients) expressed positive support for the PST at EIFW.

In regards to staff, despite some initial resistance, there is now common acknowledgment of peer support as a legitimate and worthwhile program. As mentioned earlier, the implementation of the Standing Order confirms management support for the program, and has eliminated non-compliance to offenders' requests for peer support. Some primary workers also incorporate PST training and/or membership into individual correctional plans. A couple of women

relayed that a secondary motivation for their involvement in peer support was increased opportunity for discretionary release. Again, this implies that offenders perceive the program as legitimate and recognized by institutional staff and other corrections officials (e.g., National Parole Board).

Consensus among peer support team members was that they have no problems fitting in peer support with other duties. Only one respondent indicated that, at one point in time, she felt “burnt out” due to combining peer support with other duties. Interviewees were asked to respond, on a 10-point scale (1=very hard; 10=very easy), to the question: “How easy do you find it to fit counseling with your other duties and work”. All interviewees responded “10”, indicating complete comfort in managing the balance between peer support and other work. Respondents also noted that they are able to say “NO” when they feel unable or ill equipped to offer support. Indeed, one focus of the PST training is learning personal limits and the ability to decline the provision of support when necessary. Another notable detail mentioned by interviewees is that peer support is not to exceed one hour. The logic behind this is that if the recipient’s distress cannot be alleviated within about an hour of peer support, a mental health professional’s (psychologist) services may be required. As such, offering peer support to any one offender should not create an exceptional drain on the PST member.

Interviewers asked PST members to rate their satisfaction with the assistance they receive (or do not receive) for fitting in counseling with other duties they are expected to perform. Satisfaction, on a scale of 1 (not at all satisfied) to 10 (very satisfied) averaged a “10”. Members further noted that if

they provided peer support during working hours, they were paid for their time. Also, following implementation of the Standing Order, staff consistently coordinate and facilitate peer support activities.

Only one respondent reported that she had been requested to provide peer support during the night. Subsequent to those counseling sessions, she reported that institutional staff had allowed her to go home (i.e., her unit), shower, and rest. The PST member was late for work, and this was accepted and she was paid for a regular full working day.

Taken together, data suggest that the PST is clearly acknowledged and supported by staff and offenders in terms of both training and actual support services. When necessary, institutional staff facilitate the peer support process, and participation by PST members is paid, consistent with their regular working wages. While peer support services during night hours are rare, members appear to be supported then as well. Specifically, staff allot extra time for those who have counseled at night to shower and rest.

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

3.1. Is the prison community familiar with the program and its activities?

Staff and offender surveys, the results of which were described earlier, indicate a general familiarity with the PST program and its activities. Only three of the offender respondents reported no previous awareness of the PST program. However, interview data suggest that it is institutional protocol for the staff to

inform all new admissions about the PST program and the possibility to receive support from co-offenders. It is unclear why this small proportion of women would report no familiarity with the program.

While all staff respondents were cognizant of the PST, survey data suggested varying degrees of knowledge pertaining to the particulars of peer support at EIFW. All except one staff member reported knowledge of the names of the PST members, and most reported that they knew how to proceed if an offender were to request peer support. Not surprisingly, data indicate that knowledge varies by profession. Specifically, those who work most closely with the women (primary workers, team leaders, health professionals) reported more knowledge regarding the particulars (e.g., how often it is used, past and/or current problems, issues with training and graduation) of PST.

3.2. Is peer counseling meeting the needs of its recipients?

Briefly, a review of the survey data presented in a previous section of this report suggests that the PST is appropriately meeting the needs of its recipients. Recall that about half of the women reported using the service, and that the most common reason for not using peer support was personal lack of need for it. A minority of women reported not using PST due to concerns with confidentiality, and only one woman reported not feeling comfortable with anyone on the team.

Finally, some of the PST members and trainees reported that they had never used peer support because they are team members (or potential members in training). Interviews with these individuals clearly revealed that they view

themselves in one role, that of the ‘helper’. One woman explicitly stated “I do not need support. I am the supporter”. Thus, there may be tendency for some PST members and trainees to feel that they are not entitled or in need of peer support by virtue of their involvement in the training. As such, these potential ‘recipients’ may be denying themselves an important service, the formal support of their peers.

Those who had used peer support reported using it to overcome feelings of anxiety, loneliness, depression, and self-injury. All recipients reported satisfaction with the service, and relayed that team members had provided practical and personal advice, empathy, and an avenue to “vent”. Interviews with those who had used the peer support service confirmed these findings. Many interviewees expressed an appreciation for the variety of personalities on the PST, which enables women a range of selection regarding which member they are most comfortable with. Accordingly, many women reported that they had chosen a particular PST member because “she’s been where I’ve been”, or “she’s walked in my shoes”. Indeed, some interviewees (both staff and offenders) suggested that true empathy and understanding could only come from one who has experienced a similar situation.

A number of offenders relayed that they had no trust for staff, and the PST provides an opportunity to discuss issues or personal concerns in a mutually trusting context. Other women reported that their choice of contact (staff vs. PST member) is dependent on the issue they wish to discuss. Specifically, they

viewed some topics as more appropriately dealt with by staff and others more appropriate for discussion with their peers.

In summary, survey and interview data suggest that the PST *is* meeting the needs of its recipients. A number of women reported using the service, and being satisfied with its results. The only apparent significant issue that may be impeding the PST's ability to meet the needs of all potential recipients is perceived lack of confidentiality by some offenders. However, interview data revealed that those women who were concerned about confidentiality issues with the PST used other mechanisms of support. Two women mentioned the peer mentoring service. Essentially, this service matches women offenders with a community 'mentor' for support and assistance with personal matters. One offender reported that, due to lack of trust for PST members, she speaks to staff (primary workers) or the institutional psychologist when she is in need of support. Relative to peer mentoring and psychological services, peer support is unique in its 24-hour availability for women in need.

Finally, it merits re-iteration that, though there is a tendency to conceptualize the 'recipients' of PST program as those who have used the service, a second important group of 'recipients' are those women who engage in the PST training. As mentioned earlier, there appear to be great personal benefits to participation in PST training.

3.3. Are the coordinator, other staff involved and Team members' consultations providing sufficient support and exchange of information?

At EIFW, the peer support team includes an offender chairperson. The offender chairperson's role in the PST at EIFW deviates from that outlined in the coordinator's manual (CSC, 1996a). Specifically, while the manual suggests inclusion of an offender chairperson for the PST steering committee, the coordinator at EIFW appointed a chairperson for the entire operation of the PST. The PST coordinator maintains that this was effected as a democratic decision, whereby the team members and coordinator have equal input into matters affecting the program. The chairperson and coordinator meet formally once per week to discuss and make decisions regarding the PST program. Essentially, one component of the chairperson's role is to act as liaison between the coordinator and members of the peer support team.

The PST coordinator meets primarily with the offender chairperson. Importantly, though, she is also available to other team members on an "as needed" basis. Interviews with the PST chairperson, former chairperson, and psychologist's (coordinator's) assistant suggested easy access to the PST coordinator for matters concerning the operation of the program. Interviews generally suggested a good, symbiotic relationship between the PST coordinator and others (staff, offenders) involved in the operation of the PST. Most available sources suggest that the inclusion of an offender chairperson facilitates consultation and support between other PST members and the coordinator.

However, a couple of respondents perceived staff favoritism towards certain PST members, particularly in regards to the offender chairperson.

According to the coordinator's manual (CSC, 1996a) PST members are responsible for keeping records of peer counseling which, collectively, would provide information on the popularity and utility of the service. Since support sessions are necessarily confidential, the record requires only general information such as the name of the PST member, time of counseling, problems discussed, and recommendations offered. Unfortunately, records of peer counseling are not provided to the coordinator on a regular basis, thus limiting the exchange of information between *all* PST members and the coordinator. As such, the coordinator is unable to provide ongoing, appropriate feedback to members regarding the support that they have furnished. Accordingly, some PST members expressed an interest in talking to the coordinator about the support work they have provided.

Participation in weekly PST meetings is requisite for women who wish to remain peer support team members. Team members described these as "helpful and informative", and some reported continued learning and personal growth from the 'dialoguing' sessions. Interviews asked team members (and former members) to rate the quality of relationships and established trust between themselves and other PST members. With only one exception, respondents viewed this as two separate questions and maintained that the 'quality of a relationship' was a separate issue from 'trust'. Moreover, in every case, respondents rated the quality of their relationships with each other as higher than

established trust. In addition, every respondent agreed that the ratings varied by team member.

A very unique quality regarding this program is that the offenders are actively involved in relevant operational / procedural decisions. Interestingly, however, interview respondents showed no consensus in answer to the question: “Do you feel that you are in charge of the program, or rather, that you are being directed to a great extent by the coordinator and/or other staff?” Specifically, about half of the respondents (PST members and trainees) relayed that the program is offender-run, while the other half posited that the coordinator is completely “in charge”.

The interviewees’ explanations for their choice of response help to clarify this issue. Clearly, the coordinator is open and accepting of offenders’ suggestions regarding relevant issues such as topics to include in PST training. In addition, the chairperson is provided an opportunity to discuss her point of view in regards to important issues such as which trainees may graduate to become full members, and possible suspension or removal from the team (e.g., breaches of confidentiality, testing positive for drugs). Moreover, the former offender chairperson was also involved with writing the Standing Order to clarify policies and procedures for peer support. The steering committee for the development of the program also included two offenders, and the current PST chairperson and secretary are involved in ongoing steering committee meetings.

Importantly, several staff and offenders stressed in their interviews that the PST “policies” itself. For instance, if there appears to be abuse of the service by a

particular offender (e.g., to hear gossip while in segregation), the peer support member is instructed to end the session. In addition, if a PST member appears to be participating in abusing her position (e.g., to visit her friends after hours), other members, particularly the PST chairperson, will confront her in a reasonable, rational matter. Interview data suggest that most of the women involved with the PST want it to be viewed as a respected program, and will move to preserve its integrity and prevent abuse by co-members. Finally, one interviewee noted that the PST program has *never* been formally prescribed on a woman's correctional plan without her having first expressed an interest in participating in the program. It is for all of those reasons that many respondents identified the PST members and trainees as "in charge" of their own program.

Other respondents, however, suggested that the coordinator is entirely responsible for the administration of the program. The primary reasons for this include: 1) the coordinator, in conjunction with her assistants, administer the screening interview and PST training, and 2) ultimately, it is the coordinator who decides what is presented during training, and who graduates to become a PST member.

Thus, a somewhat complex dilemma evolves around the question pertaining to who runs the program. Major goals of the PST include fostering offender empowerment through increased ownership and offenders being "in charge". However, many respondents (both staff and offenders) stressed the need for the program to be very closely monitored (e.g. zero tolerance for breaches of confidentiality or drug use by PST members, 'pat downs' both before

and after sessions). Specifically, survey and interview results suggest that some offenders and staff would be more comfortable with the program if it was “stricter”, more controlled.

The researchers recognize that more austere government over the PST is not entirely commensurate with the initial vision of PST as a “woman-centred”, feminist program. It is perhaps most appropriate to envision the PST program at EIFW as “owned” and operated by offenders, through the direction and facilitation of the institutional psychologist/ PST coordinator. Interview data clearly suggest that the women offenders have a respected contribution to make in the operation of the PST program. While the voices of those offenders involved are strongly considered in relevant decisions, the coordinator is ultimately responsible for the maintenance and administration of peer support at EIFW.

4. Is the program effective?

4.1. To what extent does the program help in crisis intervention?

The interview with the PST coordinator revealed that she (coordinator) does not see a role for the PST in crisis intervention. Rather, the PST was described as a vehicle for “day to day support”, whereas crisis intervention should be left to professional staff. Moreover, the deputy warden reported that “the PST may have been instrumental in calming the after-effects of institutional crises”. These data suggest that the PST is effective in dealing with problems *before* they escalate into crises, and in mitigating *consequences* of crises. From the points of view of the coordinator and institutional management, there is a role for the PST in crisis

prevention and resolution, but no role for the PST in the intervention stage of personal/ institutional crises.

However, as mentioned, staff survey data indicate that peer support was perceived quite positively in its ability to mitigate individual and institutional crises (mean ratings 7.2 and 6.6, respectively). While all interviewed PST recipients relayed that peer support had helped them either practically, emotionally, or both, this would lend credibility to the usage of peer support for crisis prevention, rather than intervention.

Many staff respondents provided examples of how the PST had been used to prevent personal crises. Two specific examples include: 1) two offenders got into a physical altercation, and both were ordered to the Enhanced Unit. Although one woman complied, the second refused to proceed to the Enhanced Unit, and “was almost out of control”. A PST member was called, met with the woman, and persuaded her to go—no use of restraints or physical force was required, 2) an offender received news that she is HIV+, she was understandably extremely upset. Peer support was provided and “there was a long meeting”, and a potential individual crisis was allayed. After the meeting, the staff was less concerned that the offender would self-injure, and she (the offender) agreed to call for more peer support if needed.

In summary, while offenders and staff attest to the ability of the PST to effectively provide crisis intervention, their specific examples suggest that peer support more effectively aids in crisis prevention and post-crisis resolution.

4.2. Did the atmosphere and management of the facility improve after implementation of the PST program?

Results of the offender survey, presented earlier, suggest a non-consensus regarding whether or not the atmosphere at EIFW has changed since the implementation of the PST program. Of those who did claim that the atmosphere had changed, reported evidence was both positive and negative. Most perceived environmental change related to staff/ offender relationships.

As mentioned, the staff survey data indicate that about half of the respondents perceived that atmosphere as changed since the implementation of the PST program. Again, those staff (primary workers, team leaders) who work most closely with the offenders were less likely to see the environment as changed. Notwithstanding, of those who did claim environmental change, all but one cited positive changes. Most common perceptions of change related to staff-to-offender and offender-to-offender relationships.

Interview data from both staff and offenders supported the survey results. Again, about half of the respondents reported changes in the atmosphere, and half reported no change. Interestingly, while those who reported no change acknowledged their view of the PST as a “good program”, a number of them posited that no one program can significantly alter a ‘prison climate’ over the long term. It is also important to keep in mind that EIFW is still a relatively new facility, and all staff and offenders must undergo a period of adjustment. One respondent aptly pointed out that “this facility has been changing constantly since its

opening”. Thus, it is difficult to determine which, if any, changes are associated with the implementation of the PST.

Notably, where respondents reported environmental change, perceptibly resulting from the PST, all cited changes were positive. Many staff and offender respondents suggested that the “open atmosphere” (community living model) at EIFW both facilitates, and is facilitated by the operation of peer support. Some respondents relayed that the PST members have matured, are more appropriately assertive, and are more accountable for their actions since their involvement in the peer support. Others suggested that the PST mitigates some tension at the facility because the women “have one more resource, one more choice” at times of personal distress.

Finally, a number of respondents, both staff and offenders, reported that staff-offender relationships have improved since the implementation of the PST. In turn, this ameliorates the atmosphere at the facility. Improved staff-to-offender relationships were essentially related to two distinct factors. First, staff members are needed to facilitate provisions for peer support when a request is forwarded. Since the implementation of the Standing Order, there are no impediments to this process. This involves a coordinated effort between staff and offenders, and may later be reflected in their relationships (e.g., how they treat each other). The second way in which staff-offender relationships may be improved in association with peer support involves the enhancement (or introduction) of mutual respect. A number of PST members and former members suggested that they were accorded increased respect from staff as a result of their involvement in peer

support. Some noted that the staff members speak to them more respectfully, and ask their opinions in particular matters. There were also offenders who suggested that they treat the staff with more respect since their (offender's) involvement with the PST. Many accorded this to the fact that PST membership requires "role modeling" for other offenders. One respondent noted that, with her new role as PST member, she "dropped a bit of the 'us' versus 'them' attitude".

Overall, the data suggest that there has been no significant atmospheric change at EIFW that can be associated with implementation of the PST. Importantly, the environment at EIFW has been in a constant state of flux, as staff and offenders adjust to the new facility. It is important to note, as well, that many contend that *no* single program should be expected to significantly alter a prison environment. Rather, there is some perceived change, mostly positive, associated with the PST: This change is restricted to the quality of relationships and established trust between staff and *particular* offenders (PST members, trainees).

4.3. Are the offenders involved in the program empowered by it?

This question is directly relevant to a number of previously discussed evaluation issues. As mentioned, all sources of data suggest that the women who engage in, and complete the PST training generally find it a process of empowerment. Many women revealed that their training was a time of personal growth, development, and self-discovery. Staff and offender interviews intimated that the PST training teaches women to cope and to help others cope. Moreover,

knowledge gained from the training experience is transferable to all relationships in the lives of these women. Finally, the inclusion of *volunteer* professionals to facilitate training sessions was perceived by some as especially empowering. As mentioned, the fact that the speakers are not paid (which is known by the trainees) promotes a sense of self-worth in some women. Accordingly, feelings of self-worth and importance are empowering to the trainees.

For graduates of the training, team membership appears to promote a sense of empowerment. These women, traditionally in the role of 'recipient of aid' have learned that they have valuable skills to offer in support of others. Also, PST members, especially the offender chairperson, have active involvement in all decisions related to the program. Many respondents expressed the belief that the PST is offender-run, with members having "ownership" of the program. Accordingly, interviewers noted a clear sense of pride associated with PST membership.

The 'recipients' of PST services might also feel empowered by the program. This was not explicitly stated by interviewees. However, an examination of the tenets and operation of peer support suggests potential empowerment for 'recipients' *as well as* PST members. This notion was derived from the fact that PST recipients direct their own care. More specifically, they request peer support as it is needed, and when it is needed. Moreover, those who request peer support also specify which particular PST member they would like to access. Finally, the recipients are entitled to define the terms of the support session. They can begin and end the session at will, and they can choose which particular

issues to discuss in the course of the session. As such, the PST may be viewed as empowering to the recipients, as well as the providers of the service.

For a small minority of women, the operation of the PST at EIFW may have the opposite effect: disempowerment. This group includes: a) women who do not get screened in for training, and b) women who complete the training, and are denied graduation. A few staff and offender interviewees noted demoralizing effects on women in these circumstances. The particular offenders involved expressed surprise and lack of understanding for the reasons they were denied entry into the program or graduation from training. While this issue is noted in the research efforts to present all views, it is also necessary to highlight the following: Screening protocols and denial of graduation are unfortunate, but necessary realities of offender programming.

Survey and interview data suggests that the PST may be introducing a power imbalance amongst offenders at EIFW. Select offenders reported that staff sometimes treat PST members more favorably than non-members. Also, some (staff & offenders) reported that certain PST members 'think they are superior' to non-member offenders. However, it should also be noted that some interview respondents suggested that offenders who are not involved with the PST sometimes exhibit jealousy towards PST members. Thus, there is a possibility that those who view members as "thinking that they are superior" are simply projecting envious feelings onto PST members. Most likely, the phenomenon is bi-directional, with select PST members projecting arrogance, and other non-PST members projecting jealousy. In any case, endorsement of such attitudes is

clearly contraindicated in any feminist framework, and not concordant with the vision of the PST.

5. Does the program create any unintended positive or negative effects?

5.1. Does training for the PST program reinforce effects of other programs that the Team members are participating in? Does it help to define their interests?

Most respondents claimed that the PST reinforces the positive effects of other programs. Specifically, the PST training and program were generally seen to have a reinforcing effect for PST trainees and members, but less effect for other offenders. A couple of staff respondents noted that there is significant overlap in the materials presented in PST training and those presented in other programs (e.g. Cognitive Skills). As such, offenders have the opportunity to capitalize on overlapping course content.

Evidence also suggests that participation in the PST program helps to define members' interests and long-term goals in a prosocial, constructive manner. Four of the PST members noted that their post-release plans (chosen career paths) have changed or been confirmed as a result of the PST experience. Each of those respondents relayed that peer support helped them to realize their strengths and abilities in working with people in need. As a result, one woman is completing her bachelor's degree on a full time basis, and is hoping to major in psychology. Another has definite plans for prospective employment in the field of social work: "I have a lot to offer in the future". A third member reflected that the PST has helped her to have more patience with other

people. Upon release, she is considering working with women in need, and specifically mentioned incarcerated or homeless women, or women with addiction problems. Finally, one PST member (with no imminent community release), relayed that she is looking into the possibility of establishing or participating in similar institutional programming involving “people helping people”. Thus, there appears to be clear qualitative evidence for the role of PST in defining offenders’ interests.

5.2. Do Team members experience pressure and burnout due to peer counseling?

A few women, both trainees and members, relayed that they were approached to participate in the PST program. Some expressed that, although it was presented as a choice, they felt pressure to participate. However, while some were initially resistant and were participating in training because they felt pressured to do so, they acknowledged at the time of the interview that they had “made the right choice”.

Most of the PST members interviewed relayed that since their graduation from training, their role in the offender group had changed. The women’s explanations included the following: “[staff] tell you that you are an example”, “people [i.e., staff/ offenders] watch you all the time”, “You are a leader [as a PST member]”, “I am a role model now”, “others look up to me”, and “I am not asked [by co-offenders] to participate in things that would get me into trouble”. Collectively, offenders’ interpretations regarding their changed offender role

pertained to others' (staff & offenders) expectations that they behave appropriately at all times.

Many team members reported that institutional staff consistently remind them, verbally, that they are supposed to act as role models for other offenders. Most women perceived this as a positive experience, affording them the opportunity to behave appropriately and for that behaviour to be duly noted by others. One woman, however, noted that "staff use it against us- I do not appreciate the extra pressure [to act as a role model]. If we make a mistake it is twice as wrong or two times as large".

While there are expectations for PST members to behave appropriately and to role model for other offenders, these were experienced as both positive and negative by team members. While many viewed it as an opportunity to 'prove themselves' and receive recognition for good behaviour, others perceived it as undue pressure and inequitable treatment by staff.

PST members reported little or no 'burnout' as a result of performing peer support duties. Mechanisms, both formal and informal, are in place to prevent the occurrence of burnout in PST members. First, as mentioned, the support sessions are not to exceed one hour, and crisis situations are to be referred to the facility's mental health professionals. Requests for peer support at night are few or none. The peer support member who reported that she had worked during night hours relayed that she had been appropriately compensated in time off the next day. Members have the right to refuse PST requests if they feel ill-equipped (e.g., tired, stressed) to deal with the situation. Finally, team members are

afforded the opportunity to take leave from PST duties without having to offer an explanation for the requested leave.

5.3. Do any negative side effects result from the PST program?

There are two primary issues that are perceived by some to be negative 'side effects' of the PST program. The first is that some concede that the PST bolsters a hierarchy amongst the facility's offender population. This notion is reinforced by particular members exhibiting airs of superiority, and by some staff treating PST members preferentially, through the provision of extra privileges. While all respondents did not express these concerns, it is notable that they were expressed by a few (staff *and* offenders).

This is a significant concern, and the PST program providers have attempted to address it to some extent. For instance, the first group of women to graduate from the PST training at EIFW was provided a big graduation party, with the whole facility population invited to attend. For the celebration, food was provided and the graduates were handed gifts (PST T-shirts, mugs) in the presence of their co-offenders, staff, and session facilitators. The members that we interviewed confirm that it was a source of great pride for them. Notwithstanding that, both subsequent graduation ceremonies were pared down to a great extent. The program providers explained that, after the initial graduation, the protocol was changed so as not to project the image that the PST is more important than other programs at EIFW. Moreover, unlike the first group of trainees, some of the offenders were denied graduation and subsequent PST

membership. The provision of a large graduation ceremony for those who *did* graduate would potentially reinforce feelings of inferiority for non-graduates.

A related issue is that the PST program may be engendering feelings of jealousy among offenders. Specifically, some peer support and staff members contend that other offenders (non-PST) are jealous of those involved with the program, and have sought to destroy it by spreading negative rumours (e.g., PST members using or passing drugs, breaching confidentiality). This is a significant issue, in that it can potentially polarize co-offenders. As mentioned, this is contraindicated in any feminist framework, and opposes the very tenets of peer support. Again, although these concerns were only expressed by two or three interviewees, they are worth monitoring to ensure the continued maintenance of program integrity.

CONCLUSIONS

Summary of Findings

Overall, the PST was rated very positively by staff and offenders in terms of both process and outcome. The program's activities are linked to its goals in a valid and logical way, and it appears to have its own place and function at EIFW. Importantly, the program meets key principles in the women's mental health continuum of care, particularly: access, woman-centredness, and client participation.

Evaluation results suggest that the program generally serves the targeted clientele. However, three (of 25) respondents indicated that they were not formerly aware of the PST and the service it offers. In addition, a couple of offenders reported that they would not use peer support services for fear that confidentiality would be broken. Notwithstanding those concerns, peer support services are used, by a number of offenders, an estimated 4 to 10 times per month at EIFW. Recipients of peer support cited a variety of reasons for using the service, and generally reported satisfaction with the support received.

Some interviewees stressed that the PST does not help with crisis intervention, nor is it intended for that purpose. However, there is good evidence that peer support may help in crisis mitigation and in crisis resolution. While some maintain that the PST has facilitated positive atmosphere change at EIFW, the observed changes appear to be restricted to particular inter-individual relationships.

In considering whether the PST is meeting the needs of its recipients, it is important to include PST trainees and members as 'recipients' of the service. Indeed, results revealed that those who complete the training might be the largest beneficiaries of the program. The training was described, from a variety of viewpoints, as exceptional- both academically and experientially. The PST training and membership was generally perceived as a process of empowerment, with elements that reinforce the effects of other institutional programs. Finally, for a number of PST members, their involvement with the program helped to define their interests in a constructive, prosocial manner.

While the benefits of program participation are clear and conclusive, one potential unintended negative effect also merits mention. Membership on the PST may be impeding some women from receiving support from their peers. More specifically, some PST members expressed that their role of "helper" is incompatible with the role of "recipient". In effect, they viewed themselves as providing support to others without acknowledging that they, too, might occasionally need support.

A related problem is that the PST may be introducing a power imbalance among offenders. The "supporter-supported" dichotomy engenders a hierarchy, where the 'strong' offenders take care of the 'needy' ones. Moreover, data indicate that particular staff may be reinforcing this through differential treatment and the provision of special privileges for PST members. While there is some evidence that the staff involved with the program have attempted to control for such unintended effects, continued monitoring is paramount.

Evaluation results otherwise indicate no significant negative effects of the PST program. There is no evidence of “burnout” among PST members. Offender requests for peer support are not so abundant as to cause fatigue or stress in members. Moreover, requests very rarely occur late at night, and there are a number of mechanisms in place to prevent the occurrence of “burnout” in PST members.

A few respondents noted that the PST program was used, on occasion, for offenders to visit one another. Some viewed this as an abuse of the service- a negative ‘side effect’ of the PST program. However, when interviewers probed further into this issue, sources suggested that ‘visiting’ was indeed a rare occurrence. In addition, it was sometimes difficult for interviewees to distinguish between ‘visiting’ and peer support. For instance, a couple of respondents confessed that they had used the PST just to visit with their friend (the PST member). When interviewers queried the reasons *why* the women did this, they often responded that they were lonely, or needed to vent about something, or (if in the enhanced unit) felt anxious about returning to the institutional population. As such, the ‘visiting’ might also be construed as genuine peer support.

Study Limitations

Before proceeding to recommendations for program improvement, it is necessary to highlight some limitations to the current evaluation. While the small sample size precluded our ability to detect (potential) between-group differences, this was expected. This investigation was intended as a pilot study, where

statistically significant findings and recommendations for program improvement are cursory. Importantly, however, they provide direction to prospective methods and analyses with the national sample.

As mentioned, the sociometric test and Rosenberg's self-esteem scale were administered conjointly. Additionally, a note was appended to the measures to explain the purpose of the study. These methods may have influenced the response rate and results of the study. The evaluation protocol did not require respondents to self-identify for the self-esteem scale, whereas self-identification was necessary for the sociometric test. For those women wanting complete anonymity (researchers included) co-administration of these measures may have decreased the response rate to the self-esteem scale.

Also, stating the purpose of the study may have had a priming effect, where respondents were more likely to choose a PST member in response to the question: "Who do you go to for moral support?" However, sociometric test data suggest that this was not the case. More specifically, the sociogram (page 15) demonstrates that offenders were more likely to elicit support from *former* PST members, or from non-members.

Envelopes were not consistently provided to participants for their completed pencil-and-paper measures. This oversight that may also have reduced compliance or biased results. The design for administration of all pencil-and-paper measures required that the respondents pass their completed inventory to the Duty Office—which is highly accessible to everyone. This may have decreased the response rate through fear of loss of anonymity.

A related problem involves having the institutional psychologist recruit volunteers for interviews. This is a common dilemma in research with volunteer participants. It is likely that those women who are more positively involved with the program are more apt to participate in the evaluation study. In addition, those with closer relationships to the psychologist are both more likely to be approached, *and* are more likely to respond to requests for participation. Again, a social desirability response bias may have affected results.

Finally, the evaluation design (Eljdupovic-Guzina & Blanchette, 1997) did not include interview protocols for PST trainees and offenders not involved with the program (i.e., non-recipients). As a result, the interview for PST members was amended for use with PST trainees, and some questions were not relevant to this latter group. Non-recipients were interviewed without a standardized protocol, and were generally queried regarding their views of peer support, why they have not used the service, if not, whether they *would* use peer support, and so on. Fixed interview protocols will be developed for these groups prior to implementation of the national PST evaluation.

Recommendations for potential program improvement

Results of the pilot investigation suggest that the PST training at EIFW is invaluable. Staff, PST trainees, PST graduates and non-graduates noted the benefits of training for everyone involved. Importantly, the data show that 'recipients' of the PST include three (not mutually exclusive) groups of women: 1) those who receive peer support services, 2) those who complete the training, and 3) those who graduate to become PST members. Thus, it is suggested that training for peer support be 'marketed' or 'sold' differently.

Currently, screening criteria (Appendix F) for admission into PST training is geared towards selecting those women who would be most appropriate to provide support to their peers. It is recognized that all programs require screening criteria to maximize treatment effects. However, amendment of the PST screening criteria would make the training more inclusive. In particular, there appear to be a number of women at EIFW who could participate in (and benefit from) PST training, though they would not necessarily be optimal candidates for PST membership.

This procedure would create a higher proportion of women who complete the training, but who do not become 'official' PST members. It is therefore proposed that a two-tier process be enacted, whereby the first phase entails the completion of training (and graduation), and the second phase is official PST membership. Perhaps more stringent screening criteria, similar to that in Appendix F, could be implemented for phase two of the PST process. This

strategy would mitigate feelings of inferiority for those women who complete the training but *do not* proceed to official PST membership.

Accordingly, it is suggested that the focus of PST training be shifted from counseling to **self-care**. Although interview data point to an existing emphasis on self-care, some PST members clearly identify themselves as ‘counselors’. Many respondents also viewed the PST in a role similar to the psychologist, and believed team members should (and do) perform crisis intervention work. This places a heavy burden on team members, and it is one for which they are clearly *not* trained.

As such, it is suggested that the role of the PST be clarified, especially for the members themselves. While some PST members recognize the parameters of their role on the team, others cited “I am a qualified counselor- It’s right there in black and white {referring to PST graduation certificate}”, or “I do not need support- I am the supporter”. It is particularly important to emphasize members’ primary duty as peer *support* and *not* peer counseling or crisis intervention. Accordingly, it is paramount to advise team members that it is acceptable and healthy for them, as PST members, to request support from their peers. This may mitigate feelings that a hierarchy exists, where the ‘strong’ women take care of the ‘needy’ ones.

Although seemingly contrary to feminist models, it is also recommended that more structure be imposed on the PST. Most respondents (both staff and offenders) agreed that continued team membership should be regarded as a privilege, and that there should be ‘zero tolerance’ for certain behaviors

(breaches of confidentiality, drug use). Moreover, there was also some confusion regarding whether or not PST members are frisk-searched pre- and post- support sessions. In particular, some women expressed concern that PST members are not subject to the same institutional regulations as non-members. Thus, while 'zero tolerance' policies and frisk-searches may currently be enacted for PST members, staff and offenders are not well informed regarding these procedures.

At the inception of the current evaluation, there was no process to provide PST trainees with feedback on a regular basis. As such, a couple of women who did not graduate from the training reported confusion regarding why they were denied graduation. Moreover, graduates were not aware of their personal strengths and weaknesses in particular areas. Recently, however, a self-rating/ feedback form was developed for regular performance appraisals during training (Appendix G).

Briefly, after each of the training sessions, self-evaluation and evaluation by the psychological intern and presenter (facilitator) is completed. All trainees are required to meet with the psychological intern to review these evaluations three times within the 17 sessions. A final performance evaluation is provided to each participant at the conclusion of training. This provides an excellent opportunity for trainees to evaluate their own performance, and to compare the self-evaluation with that provided by the training administrators.

Accordingly, it is suggested that PST members also be provided with an opportunity to discuss, and receive feedback regarding their support work. This could be accomplished through regularly scheduled performance appraisals with

the institutional psychologist (PST coordinator). Given the relatively infrequent requests for peer counseling, the appraisal meetings could occur just once per month, and only for members who have provided peer support within that time frame. This strategy would allow PST members to discuss the issues and problems they had encountered in supporting their peers, and enable the psychologist/ coordinator to monitor their work. The anonymity of the support recipient should be maintained through all feedback sessions, with the PST member outlining only basic details of the session and how it was handled, without providing the recipient's name.

To implement regular feedback, it is also suggested that PST members be more strongly encouraged and reminded to keep records of their support sessions. As mentioned earlier, the record requires only general information and can be completed within about 10 to 15 minutes. It requests the name of the PST member, date and time of session, type of problem encountered, and recommendations offered (if any). This procedure would also mitigate the perceived problem of using the PST just to visit or chat. PST members would be accountable for every support session they provide.

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APPENDIX A:

Rosenberg's self-esteem scale

Instructions:

Please indicate your degree of agreement with each of the following statements by circling the appropriate option for each statement.

S = Strongly Agree

A = Agree

D = Disagree

SD = Strongly Disagree

1. On the whole, I am satisfied with myself.

SA A D SD

2. At times I think I am no good at all.

SA A D SD

3. I feel that I have a number of good qualities.

SA A D SD

4. I am able to do things as well as most other people.

SA A D SD

5. I feel I do not have much to be proud of.

SA A D SD

6. I certainly feel useless at times.

SA A D SD

7. I feel that I'm a person of worth, at least on an equal plane with others.

SA A D SD

8. I wish I could have more respect for myself.

SA A D SD

9. All in all, I am inclined to feel that I am a failure.

SA A D SD

10. I take a positive attitude toward myself.

SA A D SD

APPENDIX B:

Sociometric Test

We would like a better understanding of the relationships between women at the facility. For that reason, it would be of great help if you would provide answers to the following question. **Your responses are entirely confidential!**

Name _____ Date _____

Who do you go to for moral support?
Please indicate first and last names, if possible.

First choice: _____

Second choice: _____

Third choice: _____

APPENDIX C:

Correctional Environment Status Inventory

Facility: _____

Date(dd/mm/yy): ____ / ____ / ____

This questionnaire is being sent to you as part of the routine evaluation of this facility. It contains statements about your unit, the correctional staff at this facility and about you. Please take the time to complete the questionnaire. There is no need to write your name on the questionnaire. This will ensure that the results are confidential.

Once you have finished, place the completed questionnaire in the envelope, which is enclosed, and seal the envelope. Then give it to staff to return. Please take no longer than 5 days to return the package.

(A) Are you: (circle 1 or 2)

- 1 male
- 2 female

(D) How long is your current jail sentence? (circle 1 or 2)

- 1 2 years to 4 years
- 2 four years or more

(B) How old are you? _____

(E) Have you been in jail before? (circle 1 or 2)

- 1 yes
- 1 no

1 ©Are you an Aboriginal person? (circle 1 or 2)

- 1 yes
- 1 no

On the next page, there are statements which describe the kinds of things that might go on in your facility and other statements which describe the way you may be feeling or thinking. Each statement is followed by the numbers 1 to 5. As you read each statement, circle a number from 1 to 5.

- Circle '1' if what the statement describes never happens
- Circle '2' if it happens once in a while
- Circle '3' if it happens often
- Circle '4' if it happens most of the time
- Circle '5' if it always happens

Do not circle a number if you are not sure about what the statement means or if it is not applicable to your facility. Do not circle more than one number for a statement. Please note also that “correctional staff” refers to mainly to Primary Workers, though may also include Team Leaders, Mental Health personnel, and Management.

1=NEVER 2=ONCE IN A WHILE 3=OFTEN 4=MOST OF THE TIME 5=ALWAYS

1.	Correctional staff ignore me.	1	2	3	4	5
2.	Correctional staff take into consideration residents' explanations for things that happen at the facility.	1	2	3	4	5
3.	Correctional staff keep residents waiting for appointments.	1	2	3	4	5
4.	Correctional staff act on residents' suggestions.	1	2	3	4	5
5.	Correctional staff apologize to residents when they have made a mistake.	1	2	3	4	5
6.	When correctional staff disagree with each other, they work it out.	1	2	3	4	5
7.	If I am being treated unfairly by a primary worker, I get a fair hearing.	1	2	3	4	5
8.	Correctional staff change their minds about what we should be doing.	1	2	3	4	5
9.	Correctional staff help residents to resolve arguments.	1	2	3	4	5
10.	When a resident's programme is changed, a primary worker explains why.	1	2	3	4	5
11.	Correctional staff encourage me to try new ways of doing things.	1	2	3	4	5
12.	Correctional staff and residents say how they feel about each other.	1	2	3	4	5
13.	Before correctional staff give out a ticket, they try to find out what happened.	1	2	3	4	5
14.	The more mature residents at the facility help take care of the less mature ones.	1	2	3	4	5
15.	Facility meetings start on time.	1	2	3	4	5
16.	Correctional staff let me know when they think I've done something really good.	1	2	3	4	5
17.	Correctional staff pay attention to residents.	1	2	3	4	5
18.	Correctional staff get along well with each other.	1	2	3	4	5
19.	Some residents are very insulting to others at this facility.	1	2	3	4	5
20.	I speak to correctional staff respectfully.	1	2	3	4	5
21.	On this facility it is OK to speak your mind.	1	2	3	4	5
22.	It is OK for residents to disagree openly with primary workers.	1	2	3	4	5
23.	Correctional staff agree on what kinds of behaviours are acceptable.	1	2	3	4	5
24.	I feel comfortable telling correctional staff how I feel.	1	2	3	4	5
25.	I hide my real feelings from other residents.	1	2	3	4	5
26.	Residents at the facility call each other names.	1	2	3	4	5
27.	I like having correctional staff participate in our activities.	1	2	3	4	5
28.	I feel safe in confronting other residents who are doing something they shouldn't be doing.	1	2	3	4	5
29.	I try to help other residents on my facility to work out their problems.	1	2	3	4	5
30.	When residents get into trouble, it's pretty clear why.	1	2	3	4	5
31.	Correctional staff work as a team.	1	2	3	4	5
32.	This is a very well organized facility.	1	2	3	4	5
33.	If a resident doesn't want to shower regularly, the other residents on the facility deal with it.	1	2	3	4	5
34.	Correctional staff help me to deal with my anger in a better way.	1	2	3	4	5
35.	Correctional staff encourage residents to think about their goals.	1	2	3	4	5
36.	This is a clean facility.	1	2	3	4	5

The next set of questions asks you to show how much you agree with each statement. Again, circle a number from 1 to 5. Once again, “correctional staff” refers to mainly to Primary Workers, though may also include Team Leaders, Mental Health personnel, and Management.

1=COMPLETELY DISAGREE 2=DISAGREE A BIT 3=AGREE A BIT 4=MOSTLY AGREE
5=COMPLETELY AGREE

37.	Residents are expected to share their personal problems with each other.	1	2	3	4	5
38.	Correctional staff here are trying to help me.	1	2	3	4	5
39.	I am trying to improve and get better.	1	2	3	4	5
40.	The other residents at this facility help me to understand myself.	1	2	3	4	5
41.	I know what my next steps will be when I am released.	1	2	3	4	5
42.	Correctional staff are interested in how I am doing.	1	2	3	4	5
43.	Getting into treatment programs is important to me.	1	2	3	4	5
44.	I respect the correctional staff.	1	2	3	4	5
45.	Correctional staff care about me.	1	2	3	4	5
46.	Residents know what jobs need to be done and when they need to get them done.	1	2	3	4	5
47.	Correctional staff help me to feel that I can stay out of jail in the future.	1	2	3	4	5
48.	Correctional staff prefer to stay in their offices rather than spend time with residents.	1	2	3	4	5
49.	Rules at this facility are clear.	1	2	3	4	5
50.	I am solving the problems that got me in here.	1	2	3	4	5
51.	I know what kinds of behaviour will get me into trouble.	1	2	3	4	5
52.	I want to change the way I am.	1	2	3	4	5
53.	Correctional staff would like to know how I'm doing once I have been released.	1	2	3	4	5
54.	I am learning better ways of solving my problems.	1	2	3	4	5
55.	Residents are encouraged to plan for the future.	1	2	3	4	5
56.	The other residents at the facility have nothing to offer me.	1	2	3	4	5
57.	I care about what happens to the other residents.	1	2	3	4	5
58.	I have a really good sense of what I should and shouldn't do around here.	1	2	3	4	5
59.	When I arrived, the other residents helped me to learn how things work around here.	1	2	3	4	5
60.	Correctional staff are more interested in their pay checks than in me.	1	2	3	4	5
61.	Correctional staff think that only residents are responsible for problems at the facility.	1	2	3	4	5
62.	My case manager is interested in how I am doing.	1	2	3	4	5
63.	I like most of the residents at this facility.	1	2	3	4	5
64.	At this facility, every resident is out for herself.	1	2	3	4	5
65.	I will have to solve my problems if I want to stay out of jail.	1	2	3	4	5
66.	Correctional staff help me to feel that I can manage my life better than I have in the past.	1	2	3	4	5

Please check your questionnaire to make sure that you have not overlooked any statements. On the reverse side of this page, feel free to make note of any important aspects of the prison environment that this questionnaire did not cover.

APPENDIX D:
Survey Formats

OFFENDER SURVEY

The Peer Support Team (PST) is a peer counseling service for all women in this facility. PST volunteers are trained in peer counseling and crisis intervention counseling. If you are feeling depressed, angry, suicidal, or upset the PST may be able to help. The counseling is entirely confidential.

In order to understand how this process is going and to find ways to make it even better, we would appreciate if you would fill out this questionnaire and tell us how you feel about Peer Support.

Your responses will be kept entirely confidential and your anonymity is guaranteed.

1. How old are you? _____
2. How long is your current sentence? _____
3. How long have you been incarcerated? _____
4. How long have you been at this facility? _____
5. Were you aware of PST Program and the possibility to receive support and counseling from your peers (PST member)?
_____ Yes _____ No
6. If yes, how did you find out about it?
_____ saw notices, postings
_____ another offender told you
_____ you were approached by the Team member who explained the program to you
_____ other (*specify*) _____
7. Do you know who the Team members are?
_____ Yes _____ No
8. Do you know how to submit a request for counseling?
_____ Yes _____ No

9. How many times have you asked to see a PST member?

- Never
- Once
- 2 -5 times
- More than 5 times

10. If you have **NOT** asked to see a PST member, is it because:

- You did not know about PST?
- You haven't needed to?
- You do not feel comfortable with anyone on the PST?
- You are worried about confidentiality?
- You are worried what other people might think?
- You are a PST member
- Other reason (*specify*)

11. Have you ever asked to see a PST member and been told that you could not see one?

- Yes No

12. Is there anything that would make you feel more comfortable to ask to see a PST member? (*If yes, please specify*)

13. If you **HAVE ASKED** for peer counseling, was your request (*check both if appropriate*):

- Formal (you approached PST member or staff and a meeting was organized)
- Informal (you and the PST member got together and talked during your free time without any specific arrangements being made)

14. Why did you ask for peer counseling? (*please check all that apply*)

- psychologist or other professional staff was not available
- argument with staff
- argument with another offender
- you felt like injuring yourself
- depressed
- you felt suicidal
- you were upset/angry
- you felt very lonely
- other (*specify*) _____

23. If Peer Support counseling **did not help**, could you please tell us why?

24. Have you noticed any changes in the general atmosphere on the facility, or the relationship between staff and offenders and amongst offenders due to the PST Program?

_____ No

_____ Yes What kind?

25. Do you believe that peer counseling (or the Peer Support Program) is ever used for other purposes (e.g., to chat, to avoid work, and so on)?

_____ No

_____ Yes

How? _____

26. Do you feel that you have gained a better understanding of women's issues through the PST Program? *(If yes, please explain)*

_____ No

_____ Yes- How? _____

If you **have received** peer counseling, would you be willing to talk more about it with the researcher? If yes, please write your name and we will contact you. We would like to assure you that our conversation will be entirely confidential.

Yes, I am willing to talk about my experiences with peer counseling.

Name _____ **Date** _____

SURVEY FOR STAFF

This questionnaire is designed to determine the effectiveness of the Peer Support Team program at your facility. As you know, this program represents a peer counseling service for all women offenders which is provided by trained offenders. PST volunteers are trained in peer counseling and crisis intervention counseling. If an offender is feeling depressed, angry, suicidal, or upset, she may require the help of the PST member, or the PST member may provide help by being there with the woman in distress, without her formally requesting counseling.

We would appreciate if you would respond to the following questions. Your perceptions and feelings about this program are of great importance for its evaluation. The questionnaire is anonymous, and your responses will be kept entirely confidential.

We would also like to talk to you about this program, since we believe that an interview can provide better understanding of your own personal opinions about this program. If you are willing to volunteer for an interview, please indicate so at the bottom of this questionnaire.

1. How did you find out about the PST Program?

_____ Psychologist told you

_____ Saw postings

_____ Other (*explain*) _____

_____ I was not aware of it

2. Do you know who Team members are?

_____ Yes _____ No

8. Do you think that PST Program reinforces the positive effects of other programs:

a) For Team members?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all a great deal

b) For all offenders?

1.....2.....3.....4.....5.....6.....7.....8.....9.....10
not at all a great deal

9. Did peer counseling ever create a crisis or a problem that was greater than the original one? *(If yes, please explain)*

_____ No

_____ Yes Why and when? _____

10. Do you feel that counseling sessions are sometimes used by women for other purposes? *(If yes, please explain)*

_____ No

_____ Yes How? _____

Please answer the following questions if you feel comfortable to do so, otherwise, please feel free to skip them.

What is your position at this facility? _____

How long have you been in this position? _____

How long have you been working with women offenders? _____

Would you be willing to have an interview with us regarding this program? The duration of the interview is 20-40 min.

Yes Name _____

THANK YOU VERY MUCH FOR YOUR COOPERATION!

APPENDIX E:

Items in CESI Scales and Subscales

Scale: Staff Involvement

Subscale: Responsive Staff

Correctional staff take into consideration resident's explanations for things that happen at the facility

Correctional staff act on resident's suggestions

Correctional staff apologize to residents when they have made a mistake

If I am being treated unfairly by a correctional officer, I get a fair hearing

When a resident's program is changed, a correctional officer explains why

Before correctional staff give out a ticket, they try to find out what happened

Subscale: Caring Staff

Correctional staff are interested in how I am doing

Correctional staff care about me

Correctional staff would like to know how I'm doing once I have been released

My case manager is interested in how I am doing

Subscale: Disinterested Staff

Correctional staff keep residents waiting for appointments

Correctional staff prefer to stay in their offices rather than spend time with residents

Correctional staff ignore me

Correctional staff are more interested in their pay checks than in me

Correctional staff think that only residents are responsible for problems on the facility

Scale: Staff Treatment Focus

Subscale: Encouragement

Correctional staff pay attention to residents

Correctional staff help me to deal with my anger in a better way

Correctional staff encourage residents to think about their goals

Correctional staff are trying to help me

Correctional staff help me feel that I can stay out of trouble

Residents are encouraged to plan for the future

Correctional staff help me to feel that I can manage my life better than I have in the past

Subscale: Open Communication

Correctional staff help residents to resolve arguments

Correctional staff encourage me to try new ways of doing things

Correctional staff and residents say how they feel about each other

Correctional staff let me know when they think I've done something good

It is OK for residents to disagree openly with correctional officers

I feel comfortable telling correctional staff how I feel

Scale: Staff Cohesion

When correctional staff disagree with each other, they work it out

Correctional staff get along well with each other

I speak to correctional staff respectfully

Correctional staff agree on what kinds of behaviours are acceptable

I like having correctional staff participate in our activities

Correctional staff work as a team

I respect the correctional staff

Scale: Clarity & Organization

Rules at this facility are clear

Facility meetings start on time

When residents get into trouble, it's pretty clear why

I have a really good sense of what I should and shouldn't do around here

Correctional staff change their minds about what we should be doing

This is a clean facility

Residents know what jobs need to be done and when they need to get them done

This is a very well organized facility

Scale: Offender Treatment Orientation

Subscale: Problem Solving

I am solving the problems that got me in here

I know what kinds of behaviours will get me into trouble

I am learning better ways of solving my problems

I will have to solve my problems if I want to stay out of jail

I want to change the way I am

Subscale: Change Orientation

On this facility it is OK to speak your mind

I am trying to improve and get better

I know what my next steps will be when I am released

Getting into treatment programs is important to me

Residents are expected to share their personal problems with each other

Scale: Offender Relationships

Subscale: Mutual Caring

Correctional staff get along well with each other

The other residents on this facility help me to understand myself

The other residents on the facility have nothing to offer me

I care about what happens to the other residents

When I arrived, the other residents helped me learn how things work around here

I like most of the residents on this facility

At this facility, every resident is out for herself

Subscale: Peer Support

The more mature residents on the facility help take care of the less mature ones

I feel safe in confronting other residents who are doing something they shouldn't be doing

I try to help other residents on my facility to work out their problems

If a resident doesn't want to shower regularly, the other residents on the facility deal with it

Subscale: Hostility

Some residents are very insulting to others on the facility

I hide my real feelings from other residents

Residents at this facility call each other names

APPENDIX F:

Screening Interview for Peer Support Training at EIFW

Name: _____

Date: _____

Interviewed by: _____

1. Why are you interested in being on the Peer Support Team?
2. What skills do you have that would make you a good member of the Peer Support Team?
3. We all have our own problems. If we are dealing with a big issue, it can get in the way of “being there” for someone else; or, we have to put our own work on hold. What personal issues are you working on at this time?
4. Describe your personal feeling and moral beliefs about abortion.
5. How do you feel about women involved in sexual relationships with other women?
6. How would you feel about working with a woman who has attempted suicide in the past or has suicidal thoughts?
7. In general, how do you FEEL when another person is really angry and is swearing and shouting?
8. What do you do or say?
9. How do you look after yourself when you are stressed?
10. Do you have trouble saying “No”?
11. Describe how it feels for you to say “No”.
12. PST members must be able to develop good working relationships with security staff. How would you attempt to develop such a relationship?
13. You could be required to work with particular groups of women (e.g. women labeled ‘PC’). How do you feel about this?

14. We know that there will be times when some PST members will use drugs or alcohol. If a member is using, she must ask for a temporary leave of absence from PST until she stops using. This could be for a weekend or for several weeks, depending on the amount of time she needs. She does not have to say why she wants a leave. If a PST member does any PST work while under the influence of alcohol or drugs, she will be forced to leave the team.

If you use alcohol or drugs while you are a team member, will you be able to temporarily remove yourself from the team?

15. Do you have any questions about the Peer Support Team or the training program?

APPENDIX G:

Self-rating/ Feedback Form for PST Sessions

Name
Session Topic

Date
Presenter Name

During this session, how would you rate yourself on the following subjects?
Do you feel your efforts for each topic were Satisfactory or Unsatisfactory?
Please circle the appropriate answer and explain why you have graded yourself this way.

Listening:

i.e. understood material, would be able to discuss the session after it is over.

Satisfactory Unsatisfactory

Participation:

i.e. opening & closing rounds, commented or asked questions, participated in facilitator's activities (if there were any).

Satisfactory Unsatisfactory

Appropriate Comments:

i.e. on-topic, helpful for others as well as yourself.

Satisfactory Unsatisfactory

Appropriate Behaviour:

i.e. not reading magazines or talking to others when presenter/group members are talking, not interrupting others, focused on presenter material and discussion, how you interacted with others.

Satisfactory Unsatisfactory

In terms of Effort, Productivity, and Attitude do you feel you were at High, Moderate, or Low levels on a scale from 1-5?

Please circle the number that best represents where you were at today.

Effort:

i.e. on time, present for entire session (not in and out).

1 2 3 4 5
Low Moderate High

Productivity:

i.e. have read, and worked through, the chapter; commented and asked questions during the session

1 2 3 4 5
Low Moderate High

Attitude:

i.e. not self-focused, comments aren't foul-mouthed, aggressive, or monopolizing time.

1 2 3 4 5
Low Moderate High

Comments on the session/facilitator today: _____
