Inmate Council Program Evaluation Report

ROUND 3

YEAR 1 FINDINGS

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EXECUTIVE SUMMARY

During the first year of round 3, the Inmate Council Program (ICP) was successfully implemented in 7 prisons throughout California. As part of the ICP, inmates are trained in the council practice, which aims to increase communication and problem-solving skills and to enhance empathy and tolerance. Additionally, the participants are trained to facilitate Council sessions for their peers making this a self-sustaining program for prisons that continue to provide support for this program. This report presents findings from survey data collected from inmates who participated in the ICP between July 2017 and June 2018. Overall, the findings from this evaluation revealed significantly positive outcomes for the ICP participants who completed both surveys in the following areas:

- Improvements in mindfulness
- Increases in empathy
- Increases in resilience
- Reductions in physical aggression
- Reductions in verbal aggression
- Reductions in anger
- Reductions in hostility
- Increases in sense of connectedness with others
- Reductions in PTSD symptoms
- Improvements in mental health
- Improvements in sensing or active listening

The findings from the qualitative portion of the evaluation provide further support for some of the survey findings. Specifically, the ICP participants have noted improvements in their listening skills, coping skills, and ability to connect with others. Additionally, many of these participants believe that participation in the program has expanded their worldview and increased their empathy for others. While there are several limitations to the study that limit the generalizability of the findings, the preliminary findings from this evaluation suggest that this program is having a positive impact on participants who complete it. However, a study that includes a comparison group is needed to determine if these findings will still hold when using a more rigorous design.

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Project Activities

The main objective of this program evaluation is to document pre-post attitudinal and behavioral changes among Inmate Council Program (ICP) participants in order to assess the impact that participation in the program has on the participants. Specifically, the main research questions that were addressed by this evaluation were:

(1) Do ICP participants show improvements in mindfulness, empathy, resilience, social connectedness, mental health, and communication after completing the program?

(2) Do ICP participants show reductions in anger/aggression after completing the program?

The following is a summary of the activities related to the *Inmate Council Program (ICP) Evaluation* activities (7/1/2017-06/30/2018):

Project Start Up

The first phase of the evaluation was devoted to finalizing the data collection tools, which included incorporating new scales to measure mindfulness, resilience, mental health, and PTSD. Regulatory issues such as obtaining IRB and CDCR approvals were also conducted during this timeframe. All ICP trainers and evaluation team members completed a web-based human research protections course that was offered through the Collaborative Institutional Training Initiative prior to starting the data collection phase of the project. The evaluation team also provided additional training to the ICP staff on the data collection tools, data processing and quality assurance procedures.

Survey Administration

During the first year of Round 3, the Inmate Council Program was successfully implemented at California City Correctional Facility, California Health Care Facility, Mule Creek State Prison, High Desert State Prison, Deuel Vocational Institute, Valley State Prison, and California Men's Colony. While the Inmate Council Program was also implemented at Corcoran, the prison was not able to sustain it for the complete duration of the program during this first year. Thus, this report does not include evaluation findings from Corcoran. At each prison, CDCR staff identified the eligible inmate participants for the Inmate Council Program. The administration of the baseline surveys took place during the initial 2-day council training session where ICP trainers administered these surveys to ICP participants prior to the start of the training session. At the conclusion of the program, ICP staff administered follow-up surveys to the inmates who completed the program. ICP staff were not able to administer surveys to the participants who had transferred to other prisons. A total of 130 inmates completed baseline surveys across the 7 prison sites and 50 inmates completed follow-up surveys. However, the

evaluation team was only able to match surveys for 41 participants. Table 1 provides a breakdown on the total number of baseline and follow-up surveys completed at each prison.

Table 1: Total Number of Baseline and Follow-up Surveys Completed

Prisons	Baseline Surveys	Follow-up Surveys
Round 3 Prisons – Year 1		
California City Correctional Facility	21	7
California Health Care Facility	16	4
California Men's Colony	22	11
Deuel Vocational Institute	21	9
High Desert State Prison	18	9
Mule Creek State Prison	13	6
Valley State Prison	19	4

Evaluation Methodology

Data Collection Measurements

The evaluation team created a survey that includes basic background demographic questions (e.g. age, ethnicity, marital status, education, criminal justice history) and items drawn from the following scales:

Interpersonal Reactivity Index (IRI)

The IRI is designed to measure both cognitive and affective empathy (Davis, 1983). The Perspective-Taking (PT) subscale and the Empathic Concern (EC) subscale were used for this evaluation. The PT subscale assesses the tendency to spontaneously adopt the psychological point of view of others. The EC scale assesses 'other oriented' feelings of sympathy and concern for unfortunate others. Responses, are based on a Likert-type scale, ranging from 0 (Does not describe me very well) to 4 (Describes me very well), and summed into an overall subscale score ranging from 0 to 28 with higher scores representing greater levels of empathy. Findings from a meta-analysis conducted by Jolliffe and Farrington (2004) indicate that this scale has widely been used with offender populations and the PT and EC subscales in particular highly correlate with the other empathy scales (e.g. Hogan Empathy Scale and Questionnaire Measure of Emotional Empathy) that have been used in criminal justice populations.

Brief Resilience Scale (BRCS)

The BRS is a 4-item scale assessing the ability to bounce back and recover quickly from stress. Responses, are based on a Likert-type scale, ranging from 1(Does not describe me very well) to 5 (Describes me very well), and summed into an overall score with higher scores indicating greater resilience. This scale has shown acceptable internal consistency with a Cronbach alpha of .75 (Sinclair & Wallston, 2004).

Five Facet Mindfulness Questionnaire-Short Form (FFMQ-SF)

The FFMQ-SF is a 24-item scale derived from the full version of the FFMQ (Baer, Smith, Hopkins, Krietemeyer, & Toney, 2006). The FFMQ measures five facets of mindfulness: observing, describing, acting with awareness, nonjudging of inner experience, and nonreactivity to inner experience. Responses are based on a Likert-type scale, ranging from 1(Never true) to 5 (Always true). Each facet included five items that were summed to include a total score that ranging from 5 to 25 with higher scores representing greater levels of mindfulness. Each facet has shown acceptable internal consistency with Cronbach alphas ranging from 0.73 to 0.91 (Bohlmeijer, ten Klooster, Fledderus, Veehof, & Baer, 2011).

Short-Form Buss-Perry Aggression Questionnaire (BPAQ-SF)

The BPAQ-SF is a 12-item scale derived from the 29-item BPAQ (Buss & Perry, 1992). Diamond and Magaletta (2006) validated their modified version of the BPAQ with a federal offender population. The BPAQ-SF provides a total score on four subscales: physical aggression, verbal aggression, anger, and hostility. Responses, are based on a Likert-type scale, ranging from 1 (Very unlike me) to 5 (Very like me), and summed into an overall score with higher scores reflecting greater levels of anger. This scale is widely used with correctional populations (Daoust, Loper, Magaletta, & Diamond, 2006; Diamond & Magaletta, 2006; Wolff, Morgan, Shi, Huening, & Fisher, 2011) and has shown acceptable internal consistency with a Cronbach alpha of .89 (Wolff et al., 2011)

Social Connectedness Scale-Revised (SCS-R)

The SCS-R is a 20-item scale that assesses experiences of closeness in interpersonal contexts, as well as difficulties establishing and maintaining a sense of closeness. Responses, are based on a Likert-type scale, ranging from 1 (Strongly disagree) to 6 (Strongly agree), and summed into an overall score with higher scores indicating greater sense of connectedness. This scale has been used with a variety of groups including incarcerated females (Taylor, Convery, & Barton, 2013) and has shown acceptable internal consistency with a Cronbach alpha of .78 (Lee, Draper, & Lee, 2001).

Mental Health Inventory-5 (MHI-5)

The MHI-5 was used to provide an indicator of mental health before and after the program. The MHI-5 is a 5-item self-report measure drawn from the 36-Item Short Form Health Survey (Jenkinson, 1998) that includes questions reflecting both positive (happiness) and negative aspects (depression and anxiety) of mental health. Responses are based on a Likert-type scale, ranging from 1 (None of the time) to 6 (All of the time) and summed into an overall score with higher scores indicating better mental health. This scale has been used with a variety of groups and has shown acceptable internal consistency with a Cronbach alpha of 0.83 (Cuijpers, Smits, Donker, ten Have, & de Graaf, 2009).

The PTSD Checklist for *DSM-5 (PCL-5)*

The PCL-5 is a 20-item self-report measure is designed to assess the DSM–5 symptoms of PTSD (Weathers et al., 2013). Responses are based on a Likert-type scale where respondents rate the extent to which they find each symptom distressing on a scale ranging from 0 (not at all) to 4 (extremely). A total symptom severity score is obtained by summing the score for each of the 20 items with higher scores indicating greater levels of PTSD symptomology. This scale has been used with a variety of groups and has shown acceptable internal consistency with a Cronbach alpha of 0.97 (Roley et al., 2015).

The Active-Empathic Listening Scale (AELS)

The AELS is a 10-item scale that measures Active-Empathic listening, which consists of sensing, processing, and responding. During the sensing stage, the person demonstrates how actively involved he/she is in listening to the other speaker and paying attention to what is and is not being said during the conversation. The processing stage demonstrates the extent to which the listener is synthesizing and remembering the information that is being provided by the speaker. The responding stage includes asking questions when clarification is needed and showing that he/she is paying attention by using verbal and nonverbal cues (e.g. head nods). Responses, are based on a Likert-type scale, ranging from 1 (Never true) to 7 (Always true), and summed into an overall score with scores ranging from 10 to 70. Score for each subscale range from 4 to 28. This scale has shown acceptable internal consistency with a Cronbach alpha of .94 for the total scale (Bodie, 2011)

In addition, the post-survey included open-ended questions asking participants to describe their experience in the program and how it has impacted them. These open-ended questions were analyzed to identify key themes among the 50 participants who completed the post-survey.

Statistical Analysis

Paired-sample *t*-tests were conducted to assess changes in mindfulness, resilience, empathy, social connectedness, and anger/aggression across time. Cohen's *d* scores were calculated to estimate effect sizes for significant paired differences in scores from pre- to post-intervention. Paired-sample *t*-tests allow us look at change over time per individual, but report the findings for the group. Thus, we do not need to control for other variables (e.g., age or race, etc.) because each person is their own control case and demographic variables will not vary over time.

Statistical significance is represented by the "p-value." This value represents the probability that the observed results would have occurred if the program indeed did not have an impact on the participants. The commonly accepted minimal p-value that represents statistical significance is $p<.05$. Thus, a p-value of $<.05$ means that there is only a .05 percent probability that the observed difference between the pre- and post-test means for an item would have occurred if the program did not have an impact on the participants. The effect size (Cohen's d) represents the magnitude of the treatment effect. Cohen (1988) defined effect sizes as "small, $d = 0.20$," "medium, $d = 0.50$," and "large, $d = 0.80$".

Survey Results

Background Characteristics

Table 2 displays the background characteristics of the 112 ICP participants who completed the demographic survey at baseline as well as a comparison of participants who completed both surveys to participants who completed only one survey. Background characteristics include age at baseline, ethnicity, marital status, education level, life without parole status, the number of months at the current prison and the number months incarcerated for current conviction.

Background Characteristics: All of the participants were male with a mean age of 42 years. Approximately 33% of these participants identified as Black, 27% as Hispanic, 21% as White, 13% as Other, 4% as Asian, and 2% as American Indian. With regard to marital status prior to their incarceration, 55% were never married, 18% were living together with their significant other, 12% were legally married, and 15% were either separated, divorce or widowed. For education levels, 9% completed some high school, 37% obtained a high school diploma or GED, 32% completed some college, 13% obtained an associate or bachelor's degree, and 2% obtained a graduate degree. Around 6% were serving a life sentence without the possibility of parole and on average the participants had been incarcerated for approximately 173 months for this current sentence with 34 months spent at the current prison. When comparing differences between those who completed both surveys and those who only

completed one survey, significant differences were found in the percentage who self-identified as White as well as total time incarcerated and months spent at the current prison. Specifically, a greater percentage of participants who completed just one survey self-identified as White when compared to the participants who completed both surveys (28% vs. 7%). Additionally, the participants who completed both surveys were incarcerated for longer period of time overall (201 months vs. 157 months) and at their current prison (42 months vs. 28 months) when compared to participants who only completed one survey. These differences should be taken into account when interpreting the findings from the paired sample t-tests.

Table 2: Background Characteristics of Inmate Council Program Participants at baseline (N=112)

	Both Surveys (n=41)		One Survey (n=71)		Total (n=112)	
	%	M(SD)	%	M(SD)	%	M(SD)
Age at baseline		43(10.0)		41 (11.5)		42 (11.0)
Ethnicity						
Hispanic	35		23		27	
Black	37		31		33	
Asian	5		3		4	
American Indian	2		1		2	
White **	7		28		21	
Other	15		12		13	
Marital Status						
Never married	61		52		55	
Living together	17		18		18	
Legally married	12		11		12	
Separated/Divorced/Widowed	10		18		15	
Education Level						
Some high school	5		11		9	
High school diploma/GED	39		35		37	
Some college	37		30		32	
AA or BA degree	17		10		13	
Graduate Degree	2		1		2	
LWOP	5		6		6	
Months at current prison*		42 (33.4)		28 (24.8)		34 (29.0)
Total Months incarcerated *		201(114.5)		157 (91.9)		173 (161.0)

* p < 0.05; ** p<0.01; *** p <0.001

Paired Sample T-Test Results

Table 3 presents the average changes in baseline and follow-up outcome measures for the 41 participants who completed both surveys during the first year of Round 3. Mean scores for the nonreactivity (16.3 vs. 17.9), observing (15.7 vs. 17.0), awareness (20.5 vs. 21.0), describing (18.3 vs. 20.4), and nonjudgmental (14.3 vs. 15.5) subscales of the mindfulness assessment increased from baseline to follow-up. However, these changes were only significant for the nonreactivity, observing, describing and nonjudgmental subscales. Small effect sizes were found for the nonreactivity, observing, awareness, and nonjudgmental subscales and a moderate effect size for the describing subscale.

Mean scores for the perspective-taking (9.9 vs. 14.2) and empathic concern (14.0 vs. 17.5) subscales significantly increased from baseline to follow-up with large effect sizes found for both subscales. Resilience (15.8 vs. 16.7) also significantly increased over time. However, the effect size for resilience was small.

Mean scores for the physical (7.0 vs. 5.8), verbal (7.1 vs. 5.9), anger (5.0 vs. 4.0), and hostility (7.1 vs. 5.6) all significantly decreased from baseline to follow-up. Small effect sizes were found for the physical, verbal, and anger subscales and a moderate effect size for the hostility subscale.

The mean score for social connectedness (92.0 vs. 98.0) increased over time. However, the effect size for social connectedness was small. There was a significant decrease in the mean score for PTSD (22.1 vs. 14.3) from baseline to follow-up and the effect size for this outcome was small. There was a significant increase in the mean mental health score (74.9 vs. 82.0). However, the effect size for the mental health outcome was small.

With regard to communication, there were increases in the mean scores for the sensing (19.3 vs. 21.0), processing (15.4 vs. 15.8), and responding (16.8 vs. 17.5) subscales of the communication measure. However, these changes were only significant for the sensing subscale. Small effect sizes were found for all of the communication outcomes.

Table 3: Baseline to Follow-up Change on Outcome Measures for Round 3

	Baseline (n=41) M(SD)	Follow-up (n=41) M(SD)	t (df)	Cohen's *d*
Mindfulness				
*Nonreactivity***	16.3 (3.9)	17.9 (3.2)	3.1 (40)	0.41
*Observe **	15.7 (3.3)	17.0 (2.7)	3.0 (40)	0.39
Awareness	20.5 (3.8)	21.0 (3.4)	1.1 (40)	0.13
*Describe**	18.3 (4.1)	20.4 (2.8)	3.8 (40)	0.51
*Nonjudgmental**	14.3 (4.6)	15.5 (3.8)	2.2 (40)	0.29
Empathy				
*Perspective-taking****	9.9 (1.7)	14.2 (3.1)	10.7 (40)	1.72
*Empathic concern****	14.0 (1.3)	17.5 (2.2)	10.7 (40)	1.94
Resilience score*	15.8 (2.6)	16.7(2.6)	2.3 (40)	0.35
Anger/Aggression Scores				
*Physical subscale**	7.0 (3.9)	5.8 (3.2)	2.6 (40)	0.31
*Verbal subscale**	7.1 (3.1)	5.9 (2.3)	3.2 (40)	0.39
*Anger subscale**	5.0 (2.8)	4.0 (1.7)	3.2 (40)	0.36
*Hostility subscale**	7.1 (2.8)	5.6 (1.9)	3.8 (40)	0.54
Social Connectedness**	92.0 (16.2)	98.0 (13.0)	3.3 (38)	0.37
PTSD Symptomology**	22.1 (17.9)	14.3 (12.7)	3.7 (40)	0.44
Mental Health*	74.9 (20.1)	82.0 (14.4)	2.7 (40)	0.35
Communication				
*Sensing**	19.3 (4.1)	21.0 (4.1)	2.9 (40)	0.41
Processing	15.4 (3.5)	15.8 (2.9)	0.7 (40)	0.10
Responding	16.8 (3.1)	17.5 (2.7)	1.6 (40)	0.23

* $p < 0.05$; ** $p<0.01$; *** $p <0.001$

Qualitative Findings

Participants were asked to rate the ICP on a scale from 1 (Very poor) to 10 (Excellent). On average, the 50 participants who completed the post-survey gave the program a rating of 9 indicating that they believed this was very good program. The following section provides more insight into their experience in the program. In response to the open-ended questions, the participants described their motivation for participating in the program (Table 4) and how the program has impacted them (Table 5).

Table 4: Motivation for participating in the Inmate Council Program

General Themes	Specific Themes	Examples
Self-improvement	• Ready to change life • Desire to improve communication skills • Desire to explore/experience multiple perspectives • Gain leadership skills • Gain empathy	• Trying to learn new ways to communicate and learn about oneself. • To build my communication skills and try an alternative way for problem solving. • To seek some change in myself and learn to have an open mind with any and all situations I'm faced with in life. • To get a better insight on things, hear other people's stories and learn to open up more. • To be more understanding of how other people feel. • I wanted to know how to facilitate a group that involved a dialog between people. • I chose to participate in council because in prison the atmosphere is generally negative and I wanted to be a part of something that promotes and aides me in reforming my character.
Reduce idle time	• Wanting to do something with his/her time	• Something to do, to just get out of the cell. But soon it turned into something more.
Curiosity	• Wanting to try something new	• It was something new - I wanted to see what was offered.

		• Initially I simply saw the sign-up sheet and felt adventurous. After the first presentation of council, I saw the power of ceremony - opening & closing - and of people being validated by the "witnessing rounds". I've been hooked ever since. • Curiosity. I wanted to try something new and to see if this group would be able to help me in my rehabilitation. • I chose to participate in the Inmate Council Program because I wanted to see what it was about.
Safe Space	• Wanted a place to help process things going on in life and share with others	• I needed a place where I can be open and share my feelings. • Because I was given the chance to express my total self.
Referral	• Recommendation from others who have participated in it before	• A close associate told me about this group before it became available at this institution.

Table 5: The impact of the Inmate Council Program

General Themes	Specific Themes	Examples
Improved Communication Skills	• Better listener and speaker • Learned a new way of self-expression • Allowing others to be heard	• Taught me how to listen and speak. • After one year that I've been a participant I feel free, I can now talk to others and listen to others. • It has helped me to listen and be open minded and speak openly. • It has allowed me to have a better way to express myself. • It has definitely aided my communication skills verbally and listening. I also have acquired some facilitation and motivational ability.

		• It has enhanced my ability to speak leanly about a topic and to listen so that others may feel heard and safe. • It has helped me become a better listener, being able to empathize with others by listening to others share their personal stories, pain, passions, and joys. • It has helped me to open up and not be shy in speaking to and around others. • It has impacted me in the way I talk to others including my family and friends. • It has taught me how to facilitate, while listening and speaking from the heart. • Participation in this program gives me the opportunity to open up. I was never good at public speaking, however, this program gives me confidence to speak in front of others.
Authenticity	• Helped them to remain true to oneself •	• It taught me how to be comfortable to be my true self.
Connection	• Improved connection with others • New relationships	• A sensation of belonging. • I have created relationships within this group which helps get to know other people. • I've developed a bond with my fellow council members. • It gave me true peace of mind, a better sense of community with my fellow men, empathy for people and cultures like never known before. • It has helped me relate to people that I wouldn't have been able to had I not had this experience.

		• I've come to know and befriend some, if not most, of my fellow council members on more than a superficial level.
Empathy	• Concern for others • Taking into account other perspectives	• I feel I have grown more sympathetic to the human experience and condition by learning to relate to others by getting to know myself. • I see other points of view better. • I'm more patient and empathetic with people. • It allowed me to further gain insight into other feelings. • It helped me to be open-minded. It helped me to be mindful of others and understand what others may be going through. • It has allowed me to be vulnerable, have empathy for what I'm hearing others say, as well as being interested in what others are saying.
Self-awareness	• Insight into how their actions might impact others	• It gives me better understanding on the impact my lifestyle has caused on society.
Coping skills	• Tools to help deal with stressors	• It has changed me by giving me patience, understanding and a better tool to help deal with any and all things occurring to me or around me. • It has really helped me to work through difficult problems that I've had recently.

Conclusion and Recommendations

The findings from this evaluation suggest that implementing the ICP in prisons may create an opportunity for positive change in socio-cognitive functioning among prison inmates. The preliminary findings from Round 3 show significant improvements in the following areas among the participants who completed the program and completed both surveys:

- Improvements in mindfulness
- Increases in empathy
- Increases in resilience
- Reductions in physical aggression
- Reductions in verbal aggression
- Reductions in anger
- Reductions in hostility
- Increases in sense of connectedness with others
- Reductions in PTSD symptoms
- Improvements in mental health
- Improvements in sensing or active listening

Limitations

There are several limitations to this work that should be noted. First, the data for this project came exclusively from surveys filled out by the ICP participants. Self-report data may not give an accurate picture of the changes that have taken place among the participants, especially if participants are providing responses to the scale items based on what they think would put them in the best light. Therefore, an additional measure taken by an observer or expert may provide additional information from what can be understood from self-report.

Although we had a diverse group of participants, the generalizability is limited by the small sample size, and attrition. There was also a "selection" effect in that the participants enrolled in the program were individuals who were selected by CDCR staff and volunteered to participate in the program. Additionally, this sample only included those who completed the program and both surveys. A comparison of those who completed both surveys to those who completed only one survey revealed significant differences in ethnicity and incarceration length that should be taken into account when interpreting the study findings.

Another factor that interferes with our ability to determine the effectiveness of the program is related to the use of a pre/post-test design. Findings from the follow-up survey revealed that participants were attending other programs in addition to the ICP that could have impacted the project outcomes. A more rigorous study that includes a comparison group and a larger sample size would allow for better detection of program effects. Nevertheless, the findings from this evaluation provide

preliminary evidence of the positive impact that this program is having on those who complete it.

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