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**A COLLABORATIVE, INTERMEDIATE EVALUATION  
OF THE PINE LODGE PRE-RELEASE  
THERAPEUTIC TREATMENT COMMUNITY  
FOR WOMEN OFFENDERS IN WASHINGTON STATE**

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**A COLLABORATIVE, INTERMEDIATE EVALUATION  
OF THE PINE LODGE PRE-RELEASE  
THERAPEUTIC TREATMENT COMMUNITY  
FOR WOMEN OFFENDERS IN WASHINGTON STATE**

Clayton Mosher and Dretha Phillips, Co-Principal Investigators

**EXECUTIVE SUMMARY**

This research report describes the purpose, methods, results, and implications of an intermediate evaluation of the Pine Lodge Pre-Release Therapeutic Community for Women Offenders in Washington State. Funded by the National Institute of Justice as part of its research initiative for local evaluations of prison-based residential substance abuse treatment programs, this implementation and process evaluation had two goals: (1) to identify strengths and weaknesses in the program, so that recommendations could be made early on for improvement; and (2) to establish data sources and collaborative relationships for a subsequent outcomes and impact evaluation of the program. Conclusions drawn from our pursuit of the first goal are summarized below. As for the second goal, collaborations with program principals have been and continue to be fostered, but quantitative data on the program (which originate from both the state Department of Corrections and the Pine Lodge Pre-Release facility) have yet to be standardized to the degree required for rigorous analysis.

Our approach was to supplement primary, qualitative data derived from extensive on-site observations with secondary, quantitative data culled from periodic reports. In that regard, this intermediate evaluation not only represents a departure from, but also is unique among, evaluations of therapeutic communities reported in the professional literature. We are

able to describe (what we believe to be) important insights into the external pressures on the Pine Lodge therapeutic community, the internal dynamics and daily rhythms of the program, and the specific challenges faced by both inmates and staff in the program—insights that are not forthcoming from a reading of secondary program data alone.

Specific highlights of our inferences and recommendations regarding the implementation of the Pine Lodge “First Chance” program are itemized below. They are organized according to the same subheadings as those found in the “Detailed Findings” section of this report. In each case, our interpretation of the quantitative as well as qualitative data is well-situated within the body of professional knowledge on therapeutic communities in general and prison-based substance abuse treatment programs in particular.

In terms of **External Accountability and Constraints**, the Pine Lodge Pre-Release therapeutic community answers to a myriad of public and private agencies, each with a particular area of oversight and vested interest. Representatives of these agencies exhibit varying degrees of knowledge about therapeutic communities in general and, more important, the Pine Lodge “First Chance” program in particular. This results in “mixed messages” to, and conflicting performance expectations of, the program staff and treatment supervisor, yielding inconsistent and unclear reporting on program participation as well as program participants.

Therefore, we make the following four recommendations. One, oversight agencies should work—quickly and soon—with the treatment supervisor to establish consensus on definitions and indicators, with emphasis given to consistency and clarity in program data reporting. Two, agency representatives should familiarize themselves with the philosophy and

practices of therapeutic communities. Three, agency representatives should understand what actually transpires in the “First Chance” program, perhaps by attending—with the cooperation of the treatment supervisor and staff—community meetings or other group sessions. Four, visitors to the facility—whether official or otherwise—need to remain cognizant of the fact that their presence is potentially disruptive to the therapeutic community and should provide facility and program personnel with prior notice of the date and agenda for their visit.

In terms of **Program Approach and Content**, the Pine Lodge Pre-Release “First Chance” chemical dependency treatment program approaches addiction as a biopsychosocial disease and attempts to develop pro-social cognitive, behavioral, and affective skills of addicted women offenders. It utilizes peer encounter groups; behavioral modification and therapy; social and problem solving skills training; rational emotive, cognitive, and assertiveness training; anger and aggression management; and educational training. Participants must demonstrate compliance with certain criteria in order to petition to progress through the five phases of “First Chance.” Key indicators of readiness to move to the next phase are linked to the 12 steps to recovery in Alcoholics/Narcotics Anonymous programs and to the 16 steps to freedom in Moral Reconciliation Therapy© programs. Residents who have completed the treatment program, but still have time remaining on their sentences, remain in the therapeutic community and serve as mentors to new members as well as those struggling with the community. “First Chance” exhibits all the features characteristic of a therapeutic community, with the most obvious being the directed use of the community to exact evidence of positive change in its individual members.

In terms of **Admissions and Completions**, without exception, "First Chance" participants come to the program from the Washington Correctional Center for Women (WCCW), located across the state from the Pine Lodge Pre-Release (PLPR) facility. Such referrals often are involuntary, and some are returned to WCCW before or shortly after formal admission to the program. Those returned to WCCW propagate misinformation about "First Chance," which further agitates an already-reluctant group of potential referrals. To ensure the integrity of the treatment program, as well as to not jeopardize the safety of participants, referrals are not formally admitted to "First Chance" until they have successfully completed Phase I--Orientation.

Summary statistics on program participation are calculated and presented in different ways from one report to another. However, it appears that: (a) approximately 221 women offenders have been referred to this therapeutic community, arriving at PLPR with an average of about 500 days to serve; (b) about 72 percent (approximately 158/221) of the referrals have been admitted to, i.e., had progressed from Phase I to Phase II of, the program; and (c) about 46 percent of admissions (72/158) or about 43 percent of discharges (72/157) have successfully completed all five phases of the treatment program, having spent an average of about 247 days in the program. As of March 31, 1999, approximately 63 inmates--counting those in Phase I--were considered to be residents of the therapeutic community.

We make the following four recommendations. One, concerted efforts should be made to quell the spread of misinformation about "First Chance." Measures that could be taken include distributing an informational brochure and, contingent on funding, holding promotional

sessions at WCCW facilitated by program staff, mentors, and graduates. Two, therapeutic community staff should not be pressured to retain problematic individuals, who threaten the stability of the community and jeopardize the treatment progress of other members, just to “make the numbers look good.” Three, program principals should not be encouraged, much less pressured, to increase the number of therapeutic community residents. Four, recording and reporting program participation data must be standardized.

In terms of **Treatment, Corrections, Facility Staff**, “First Chance” is staffed by one full-time treatment supervisor, two full-time chemical dependency therapists, two full-time mental health specialists, one vocational rehabilitation counselor, and one full-time community corrections officer. Program staff not only are well-trained in their professions, but also possess detailed knowledge of each individual in the therapeutic community. In addition to corrections officers who volunteer or are assigned to the therapeutic community, other facility staff provide support in the form of educational, recreational, and medical services. Misunderstandings and tension often characterize interactions between therapeutic community and corrections staff.

We, therefore, make the following two recommendations. One, concerted efforts should be made to improve relations between treatment and corrections. Measures that could be taken include cross-training sessions and inclusion of corrections personnel both at staff and community meetings. Two, pressure should not be exerted to weaken the staff-participant ratio, either by reducing the number of full-time staff or increasing the number of residents.

Overall, we conclude that “**First Chance**” is a prison-based residential substance abuse treatment program: (a) admitting, reaching, and servicing its targeted population; (b) conforming to widely-accepted principles of chemical dependency therapy; (c) being delivered by well-trained, dedicated professionals; (d) operating at appropriate capacity with an effective client-staff ratio; (e) exhibiting essential characteristics of a therapeutic community; (f) graduating reasonable numbers of participants; and (g) showing promise of exerting a long-term, positive influence.