

————— **Research Report** —————

The Dynamic Factors Identification and Analysis
(DFIA) Component of the Offender Intake
Assessment (OIA) Process: A Meta-Analytic,
Psychometric and Consultative Review

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**The Dynamic Factors Identification and Analysis (DFIA)
Component of the Offender Intake Assessment (OIA) Process:
A Meta-Analytic, Psychometric and Consultative Review**

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EXECUTIVE SUMMARY

Offender reintegration has been defined as all correctional and programming activity conducted to prepare an offender to return safely to the community as a law-abiding citizen. Programming must be directly linked to meeting offender needs, and particularly those needs which, if addressed, will result in reducing the likelihood of re-offending. Consequently, the Correctional Service of Canada (CSC) must be able to efficiently and effectively identify needs and match levels of programming to these needs.

Shortly after admission to federal custody, all offenders undergo an intake assessment to determine their level of risk and their programming needs. Known as the Offender Intake Assessment (OIA) process, a comprehensive evaluation of each individual is based on input from a variety of sources including community offices, courts, police reports and victims, as well as psychological, educational, vocational and substance abuse testing. For more than a decade, the results of the OIA process have been used by parole officers as the basis on which to develop correctional plans for each offender. Crafted in consultation with program delivery staff and the offender, individualized correctional plans are designed to address the factors which have been identified as contributing to an offender's criminal behaviour.

Programming needs must be prioritized so that interventions can be logical, sequenced and effective. Progress towards addressing identified needs and in reducing the risk of re-offending is the main correctional objective, and its ongoing assessment is central to the management of the offender throughout the sentence. Consequently, it has been recommended by various internal task forces and working groups as well as outside stakeholders that the Service's primary offender needs assessment process, the Dynamic Factor and Identification Analysis (DFIA) component of OIA, be thoroughly reviewed to ensure it continues to identify and prioritize those offender needs requiring correctional intervention. In response, the Research Branch in active collaboration with the Offender Programs and Reintegration Branch launched a major research initiative designed to enhance and better align the needs assessment component of OIA with the case planning process and program delivery.

The research strategy for the DFIA review involved an integrated series of initiatives which encompassed three major activities: 1) meta-analytic evaluations of the literature by external experts, 2) psychometric testing of the reliability and validity of the DFIA and 3) consultation with correctional practitioners. The consultation process engaged numerous field staff from across the country as well as various internal partners from national headquarters (NHQ). Women-specific consultations were also conducted with staff. Lastly, further consultations were also conducted with external agencies including the Canadian Human Rights Commission.

The purpose of the DFIA review is seen to be threefold. First, present the results of the meta-analyses, then the findings of psychometric testing and gather the perspectives from the various consultative exercises. Second, synthesize the results of all three aforementioned initiatives and then ultimately present a new DFIA-Revised (DFIA-R).

Third, discuss directions for future research as well as the operational implications of the recommended changes.

Briefly, the existing DFIA component of OIA is comprised of seven dynamic factors: employment, marital/family, associates/social interaction, substance abuse, community functioning, personal/emotional orientation, and attitudes. Each factor is subsequently divided into principal components that are further broken down into sub-components. Moreover, a series of yes/no self-reference indicators and, in some cases, 'help messages' accompany the indicators to enhance rating clarity. In total, the DFIA consists of seven need domains, 35 principal components, 94 sub-components, and 197 indicators.

The methodological approach and result summary for each step of the DFIA review follows:

Step 1 involved a review of the DFIA conducted by various correctional experts, the majority of whom were external to the CSC. Each expert was instructed to complete three tasks: First, to review the literature pertaining to the predictive validity of one of the seven factors comprising the DFIA; second, to provide proposals for enhancing the domain; and third, to highlight research findings pertaining to women and Aboriginal offenders and other visible minorities.

Results: The meta-analytic reviews confirmed the content validity of the DFIA. Specifically, the reviews confirmed that DFIA contains factors that have been identified in the research literature as strong predictors of criminal re-offending. Similarly, with few exceptions (e.g., denial and minimization of crime), the reviews confirmed that the DFIA represents all factors considered moderate predictors of criminal re-offending. The review also revealed, however, that the DFIA contains several indicators deemed to be weak predictors of criminal behaviour. Furthermore, the DFIA review identified few empirical studies devoted exclusively to women, Aboriginal or minority group offenders.

The review experts provided various content-oriented proposals designed to enhance the efficiency of the DFIA. Some of the more significant proposals included: 1) retention of indicators with strong or moderate research support and deletion of indicators with weak or no research support, 2) simplification of the overall structure of the DFIA (e.g., grouping conceptually similar indicators), 3) reliability enhancement (e.g., increase level of detail associated with existing help messages), and 4) improve the distinction between contributing ('criminogenic') and non-contributing (non-criminogenic) factors.

Step 2 involved a psychometric review of the DFIA. The reliability and predictive validity of the DFIA was examined separately for three release cohorts: men ($N = 15,479$), women ($N = 765$) and Aboriginal ($N = 2,593$) offenders. Study participants included all federal offenders who had been assessed using the DFIA protocol and who had subsequently been released as of September 2000. The predictive validity of the DFIA was assessed by examining how well it predicted readmission to federal custody during a three-year, fixed follow-up period. Internal consistency (i.e., the extent to which

individual indicators comprising the DFIA are related to one another) was used to measure reliability.

Results: Overall, the statistical reliability (as measured via internal consistency) of each domain ranged from acceptable to superior within all three release cohorts: men, women and Aboriginal offenders. The reliability estimates for the community functioning domain, however, were relatively low compared to the other domains, particularly for women and Aboriginal offenders. Additionally, supplementary analyses revealed that the subgroup of indicators that assess marital quality possessed low reliability across all three release cohorts.

In general, predictive validity for all DFIA domains (e.g., employment, marital/family, associates, community functioning, substance abuse, personal/emotional, attitudes) ranged from moderate to strong across all three release cohorts, meaning that individuals who were rated as having more serious problems across the seven domains were significantly more likely to be readmitted to federal custody during the three-year, fixed follow-up period.

Women-specific highlights. All seven of the dynamic factor domain ratings as well as a significant number of the individual indicators within the domains predicted readmission for women offenders. While indicators pertaining to educational achievement, parenting skills, drug abuse, leisure activities, coping abilities, and manipulation predicted readmission for both men and women, the strength of the relationship was particularly stronger for women relative to men on these indicators. The trend was particularly predominant in regards to parenting-related indicators. Among the attitudes and associates indicators that significantly predicted readmission, the magnitude of the results were equivalent across gender.

Aboriginal-specific highlights. All seven of the dynamic factor domain ratings as well as a significant number of the individual indicators within the seven domains predicted readmission for Aboriginal offenders. The number of indicators that evidenced moderate to strong predictive validity was smaller within the Aboriginal release cohort relative to offenders in general. This finding was particularly evident in regards to the marital/family and personal/emotional domains. Notably indicators pertaining to chronic unemployment, criminal friends, criminal attitudes, impulsivity, time management, accommodation instability, and drug abuse predicted readmission for Aboriginal offenders to the same degree found within the general offender population.

Step 3 was qualitative in nature and involved extensive consultations with CSC staff and outside agencies. Internally, CSC staff members from the field as well as national headquarters were included. Two separate field consultations were conducted. The first set of consultation sessions included staff from across the country that provide direct services to all offender groups including men, women, Aboriginal and other ethno-cultural groups. While this consultation process addressed issues pertaining to women, Aboriginal offenders and ethno-cultural diversity, the results were largely male-specific. Consequently, a second set of consultations targeted staff members who work exclusively with women offenders.

During the CSC focus groups, participating staff members were specifically asked how to improve the efficiency of the DFIA. Specifically, staff provided general recommendations as well as more detailed suggestions in terms of whether or not each item comprising the DFIA (currently, there are 197 indicators) should be kept, dropped, or modified. Additionally, staff members were asked whether or not they agreed with the various suggestions proposed by the external experts. The individual meetings conducted with NHQ staff focused largely on the operational impacts of the revisions in a number of areas such as program referrals and cultural diversity.

Results: Overall, the staff reported being satisfied with the content of the DFIA. Some recommended adding new domains that addressed the following areas: survivors of trauma, responsivity factors (e.g., English as a second language; cultural diversity) and, more specifically, current motivation level and commitment to treatment. As well, it was recommended that a new component be added specifically devoted to past treatment performance. It was also proposed that positive and/or protective factors be underscored in addition to offender weaknesses.

A consistent and strongly voiced message was that, above all else, the clarity and meaning of the individual indicators and help messages must be enhanced to promote consistency across time, regions and people. Specifically, the field emphasized a need for objective and clear scoring guidelines that would accompany each and every indicator. Both women-specific and Aboriginal-specific recommendations were made and are detailed in the body of this report.

Dynamic Factors Identification and Analysis-Revised (DFIA-R)

In sum, the following changes are being proposed for the DFIA-R:

- It is proposed that the existing DFIA structure be changed. Recall that the existing DFIA is comprised of seven dynamic factor domains, 35 principal components, 94 sub-components, and 197 indicators. For DFIA-R, it is proposed that there be eight assessment domains (the existing seven dynamic factors plus a new responsivity domain), 27 principal components and 107 indicators. Noteworthy here is the deletion of the individual sub-components and the nearly 50% reduction in the number of indicators from 197 to 107.
- A responsivity domain is to be added to enhance reintegration efforts. The new domain will be comprised of 14 indicators that address person-specific factors such as language barriers, spirituality, and self-esteem.
- Some new indicators will be added that reflect cultural diversity (e.g., strong cultural identity, language barrier), women-specific issues (e.g., low self-esteem) or recent advancements in the research literature (e.g., interprets neutral situations as hostile).
- 'Domain-specific' motivation ratings and past treatment performance ratings will also be added. In total, 24 rating scales will be incorporated (12 pertaining to past treatment performance and 12 pertaining to current motivation level). For example, within the personal/emotional domain there are three possible past treatment performance ratings: cognitive skills-related programming, general violence programming and sex offender programming and three corresponding motivational ratings: cognitive skills, violence programming, sex offender programming.
- Currently, each dynamic domain is accompanied by an overall three- or four-point rating (asset, no need, some need, or considerable need). One level has been added to the rating scale. Specifically, a 'moderate' level has been inserted between 'some need' and 'considerable need'. This change was put in place to accommodate the Service's trend towards the development of programs that vary along three intensity levels.
- Help messages have either been enhanced or added to each indicator along with suggested interview guidelines. When relevant, specialized help messages and interview prompts will be incorporated for women, Aboriginal, and young offenders.
- Lastly, the language used to describe each individual indicator is worded to be more positive in nature.

In conclusion, this report recommends that the DFIA component of OIA be revised and field tested. The proposed changes should increase the efficiency of DFIA, address issues pertaining to gender and cultural diversity, and lastly, align the protocol with recent advancements in correctional treatment. Finally, this initiative clearly underscores the need for more research in a variety of areas including women, cultural diversity, and the role of protective factors in criminal desistance.

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INTRODUCTION

During the early 1990s, the number of federal offenders being granted discretionary conditional release had steadily declined (Correctional Service of Canada, 1997). As a result, the Correctional Service of Canada (CSC) assembled a Task Force on Offender Reintegration with the explicit mandate to isolate the causes of the decline as well as to provide suggestions for enhancing the reintegration process. After a thorough review, the Task Force provided a series of recommendations designed to meet these objectives. Task Force recommendations were numerous and varied, ranging from assessment related issues to policy matters (CSC, 1997). Further, the Task Force recommended that the design and application of the Correctional Service's primary mechanism for assessing offender needs be reviewed. Specifically, the Task Force recommended that the Dynamic Factor Identification and Analysis (DFIA) component of the Offender Intake Assessment (OIA) process, formerly known as Case Needs Identification and Analysis (CNIA) be "*reviewed to ensure it identifies and prioritizes only offender needs related to criminal behaviour*" (CSC, 1997, p.30). In addition, a recent 2003 CSC working group also generated recommendations for increasing the efficiency of the OIA process. Once again, one of the recommendations focused on the offender needs or DFIA component of the OIA process. More specifically, it was recommended that the existing DFIA be reviewed to ensure it reflects up-to-date research and technological advancements.

Consequently, the Research Branch, in collaboration with the Offender Programs and Reintegration Branch launched a three-step research initiative in 1998 designed to address this recommendation. The strategy involved a series of external reviews of the DFIA, an internal statistical review of the reliability and validity of the DFIA, and an exhaustive consultation process. The consultation process included numerous field staff from across the country as well as various partners from national headquarters.

Offender Intake Assessment (OIA)

Development

A series of public inquiries and internal task forces conducted throughout the 1980s underscored the need for improved offender assessment and information-sharing within and between components of the criminal justice system. Not surprisingly, much attention concentrated on the decision-making policies and risk assessment procedures utilized by the Service and the National Parole Board. In August 1991, CSC launched an ambitious Correctional Strategy Initiative. This initiative set about putting into place a framework for establishing program priorities, implementing programs, and allocating resources to meet the needs of offenders (CSC, 1991). As renewed emphasis had been placed on the safe reintegration of offenders, the Service recognized the need for a comprehensive and integrated process to assess offenders upon admission to federal custody. Consequently, the Service assembled a National Offender Intake Assessment Working Group equipped with the mandate “to design and develop a systematic approach to offender assessment upon admission to federal corrections” (Motiuk, 1993). After numerous consultation sessions, the Working Group’s efforts culminated in a national assessment model, the Offender Intake Assessment (OIA) process, intended to standardize and integrate offender risk and needs assessment throughout the CSC.

At the time of the Correctional Strategy Initiative, the tool that was being used to conduct assessments upon admission, the Force-field Analysis of Needs, was deemed to be inadequate for profiling the risk and needs of federal offenders. As a result, the National OIA Working Group constructed a new scheme to improve the assessment of criminal risk and identify offender needs at time of admission. The development of a new intake assessment protocol purposefully followed, and expanded upon, existing assessment tools, namely the Case Management Assessment Interview, the Force-field Analysis of Needs and the Community Risk/Needs Management Scale. Combined with a new Criminal Risk Assessment protocol (e.g., criminal history, offence severity, sex offence history, etc.), a new Case Needs Identification and Analysis (CNIA) protocol was developed that collapsed the 12 need areas of the Community Risk/Needs Management Scale into seven need dimensions or target domains. These included: employment, marital/family, associates/social interaction, substance abuse, community

functioning, personal/emotional orientation, and attitude. Rating guidelines were developed for each of the seven domains and self-reference statements or indicators were crafted within each of the needs areas. The CNIA was first piloted as one component of the OIA process in 1992 and then implemented across the Service in November 1994 (Motiuk, 1997). Subsequent operational reviews of the OIA process during the mid-90s led to a name change from CNIA to Dynamic Factors Identification and Analysis (DFIA) for two reasons: first, to put focus on those offender needs assessed to be contributing factors to crime; and, second, to emphasize that these factors are capable of reflecting change, thereby dynamic in nature and promising targets for correctional intervention.

How OIA Works

The OIA and correctional planning processes begin immediately after the offender is sentenced. Parole officers are responsible for co-ordinating the collection of all relevant information pertaining to the offender's case such as criminal records, police reports, court transcripts, crown briefs, judges' comments, pre-sentence reports, community assessments and victim impact statements. During the information gathering phase, the parole officer screens the offender for immediate physical health concerns, security issues (personal and others' safety), mental health and suicide concerns. Next, the offender proceeds to the two core components of the assessment process: Assessment of Static Factors and Assessment of Dynamic Factors. The static assessment component emphasizes historical factors such as criminal history, offence severity, sex offence history and the probability of future re-offending as measured by the Statistical Information on Recidivism Scale – Revised 1 (SIR-R1) [Nuffield, 1982; Standard Operating Practice 700-04, ANNEX 700-04B; Correctional Service of Canada, 2003]. In contrast, the dynamic factors assessment component considers factors that can change in response to programming such as employment skills, substance abuse and attitude. Although the parole officer is responsible for completing the static and dynamic assessments, additional information including psychological reports, behavioural observations by unit staff and supplementary assessments pertaining to education, vocation and substance abuse is also incorporated. Thus, the process is multi-method in that the parole officer relies upon a variety of information sources

(e.g., official police reports, offender self-report, collateral reports from community) as well as varied assessment strategies (e.g., interviews, self-report questionnaires, standardized assessments protocols, behavioural observation). Additionally, the process utilizes a multi-disciplinary team comprised of institutional and community parole officers, psychologists, vocational experts and front-line unit staff. In the end, an automated report is generated that includes information pertaining to criminal and social history, static intervention level, dynamic intervention level, treatment priorities, motivation level, reintegration potential, potential for detention referral, a security classification, an institutional placement decision, and, lastly, a sentence-wide correctional plan (Motiuk, 1997; CSC, 2003).

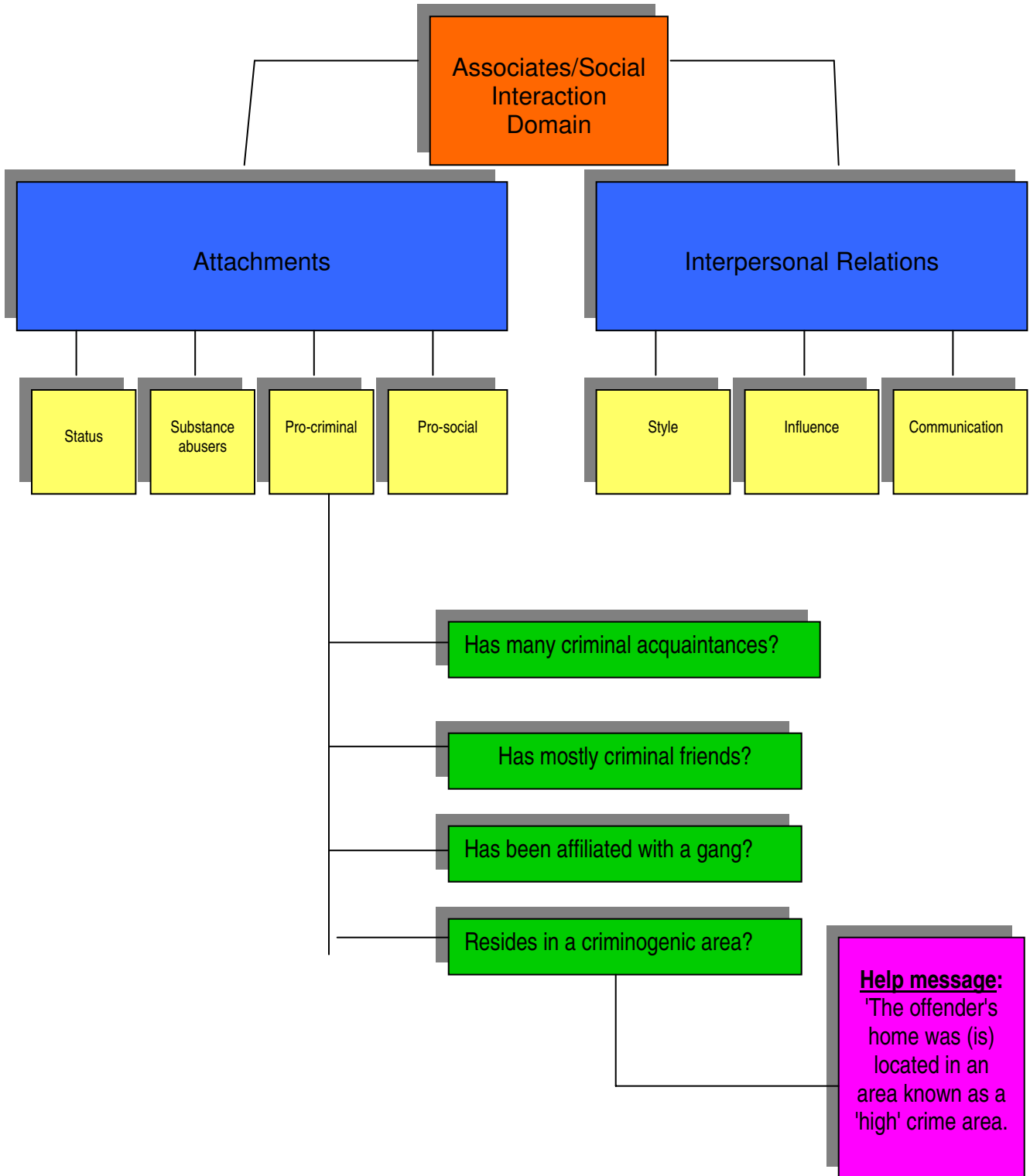
Dynamic Factors Assessment

The protocol used to conduct the dynamic factors assessment is called 'Dynamic Factors Identification and Analysis (DFIA)'. It is comprised of seven dynamic factors: employment, marital/family, associates and social interaction, substance abuse, community functioning, personal and emotional orientation, and attitude. Each factor is subsequently divided into principal components that are further broken down into sub-components. Moreover, a series of yes/no indicators and, in some cases, 'help messages' accompany the indicators to enhance rating clarity. In total, the instrument consists of seven dynamic factor domains, 35 principal components, 94 sub-components, and 197 indicators. The primary objective of the DFIA is to provide a straightforward yet systematic means for identifying dynamic factors that inform the correctional plan. Specifically, the DFIA identifies and prioritizes factors that are directly linked to an offender's criminal behaviour. The DFIA also serves two additional functions, however. First, certain indicators assist in the program referral process. For example, indicators within the personal and emotional domain such as 'unable to recognize problem areas' and 'unable to generate choices' are used as flags for identifying individuals in need of one of the Service's correctional programs, namely Reasoning and Rehabilitation, formerly, Cognitive Skills. Second, certain indicator combinations are used to classify offenders according to Case Management Strategies (CMS) (Lerner, Arling & Baird, 1986). The CMS categorizes offenders into one of five

groups. Each group is defined by a unique needs profile, interaction style, and criminal offence pattern. For example, individuals classified as 'Selective Intervention' are generally first-time offenders who have pro-social values. They value structure and lifestyle stability. In contrast, individuals classified as 'Limit Setters' have extensive and varied criminal histories, are characterized by highly internalized criminal attitudes, and are often motivated to commit crime for money, power, and excitement. The supervision strategy then varies as a function of the assigned classification.

Parole officers use pre-established guidelines outlined in the Service's Standard Operating Practices (SOP 700-04, CSC, 2003) to complete the DFIA. The guidelines specify that two of the domains (substance abuse and personal/emotional) be rated on a three-point scale ranging from 'no need for improvement' to 'considerable need for improvement'. The remaining five domains are rated on a four-point scale ranging from 'factor seen as an asset to community adjustment' to 'considerable need for improvement'. An overall dynamic intervention rating of either low, medium, or high is determined by integrating information regarding the severity and number of identified dynamic factors, the post-sentence community assessment and the initial assessment of immediate medical, health, and suicide concerns. The rating guidelines state that offenders with either no or relatively few identified dynamic factors are to be assigned an overall 'low' dynamic intervention rating. Offenders who have few identified dynamic factors but are rated 'considerable need for improvement' in those areas receive a high dynamic intervention rating. Similarly, offenders identified as multi-need, regardless of severity are also rated high. Lastly, parole officers are instructed to assign an overall high dynamic intervention rating to any offender exhibiting serious medical concerns, mental health problems or suicide risk potential (CSC, 2003). The organization of the "associates and social interaction" domain is provided in Figure 1 as an illustrative example. The entire DFIA protocol is presented in Appendix A.

Figure 1: Associates and Social Interaction Domain



Previous Research on DFIA

During the early '90s the DFIA, then known as Case Needs Identification and Analysis (CNIA), was adapted from the Community Risk/Needs Management Scale and Force-field Analysis of Needs and Case Management Strategies Interview and piloted in the Ontario region for community corrections. Motiuk and Brown (1993) examined the ability of the CNIA to predict post-release suspension outcome in a sample of 604 federally sentenced adult offenders (573 males; 31 females). The results demonstrated that each of the seven dynamic factors was significantly related to the likelihood of having a suspension warrant issued during the first six months of release. Furthermore, the following indicators demonstrated strong predictive validity: unstable job history, criminal friends and acquaintances, associates with drinkers/drug abusers, relations with others are exploitative, poor financial management, unable to set goals, low empathy, impulsive, difficulty controlling temper, copes poorly with stress/frustration, and unable to work towards life goals.

In 1998, Motiuk examined the predictive validity of each DFIA domain in a sample of 3,380 male offenders who had been at risk in the community, for on average 250 days. Chi-square and correlational analyses revealed that each domain rating was significantly related to return to federal custody. Pearson *r*'s correlation coefficients ranged from .09 for the attitudinal domain to .17 for the associates and employment domains. The correlation coefficients for the remaining domains (personal/emotional domain, community functioning, substance abuse, marital/family) ranged from .11 to .15.

In 1997, Motiuk presented additional evidence for the validity of the DFIA and demonstrated that the number of positively endorsed indicators within a given domain (i.e., the number of indicators scored 'yes') was strongly associated with the domain rating. For example, the number of positively endorsed indicators in the substance abuse domain was correlated .78 with the substance abuse domain rating. In sum, all correlations ranged from a low of .54 for community functioning to .78 for substance abuse. Thus, this analysis demonstrated that the DFIA was being used in the manner in which it was originally intended; that the individual indicator endorsements would guide the parole officer's domain rating.

Motiuk and Blanchette (2000) examined the gender differences between women (n = 469) and men (n = 12,265) offenders who underwent OIA and found that, at time of admission, women offenders were more likely to have had difficulties in the area of associates/significant others. Men offenders were more likely to have been experiencing problems in substance abuse and attitude. Interestingly, there appeared to be no statistically meaningful differences between women and men with respect to employment, community functioning, or personal/emotional orientation. In other words, women and men were equally as likely to be experiencing difficulties in these areas.

At the indicator level of the DFIA, Motiuk and Blanchette (2000) reported gender-specific issues that emerged for women offenders relative to their male counterparts. As a group, women offenders were more likely than men to be underemployed or unemployed and to have experienced relational (marital, maternal, sibling, and other relative) difficulties. Also, women offenders tended to have more family members involved in crime, have been victims of spousal abuse, be single, have parenting responsibilities, and be easily influenced by others. Motiuk and Blanchette (2000) also found that women offenders' drug use was more likely to interfere with their health, and there was a greater likelihood of dietary problems among them. Financially, women offenders were more likely than men to have relied on social assistance and lack credit. Also, relative to their male counterparts, women offenders were more likely to be unaware of consequences, take more risks, worry unreasonably, and have problems asserting themselves. Further, women offenders were more likely than men to have been diagnosed as mentally disordered, to have been prescribed medication for mental health issues, and to have been hospitalized for mental health problems in the past.

Post-implementation of the OIA, perhaps the most compelling research on the DFIA has been to produce meaningful and accurate profiles of specific types of offenders and offender characteristics: offender employment patterns (Motiuk, 1996), sex offenders (Motiuk & Belcourt, 1996), violent offenders (Motiuk & Belcourt, 1997), offenders on conditional release (Motiuk, 1998; Trevethan & Rastin, 2003), older offenders (Uzoaba, 1998), women offenders (Motiuk & Nafekh, 1999; Bell, 2004; Law, 2004; Taylor & Flight, 2004), young adult offenders (Motiuk & Latimer, 1999), Aboriginal offenders (Motiuk & Nafekh, 2000; Trevethan, Moore & Rastin, 2002; Moore & Trevethan, 2002; Moore, 2003; Trevethan, Moore, Naqitarvik, Watson & Saunders,

2004), long-term offenders (Motiuk & Nafekh, 2000), substance-abusing offenders (Motiuk & Nafekh, 2001), dangerous and long-term supervision order offenders (Trevethan, Crutcher & Moore, 2002), women offenders who engage in self-harm (Wichman, Serin & Abracen, 2002), gang affiliation (Nafekh, 2002; MacKenzie & Johnson, 2003; Nafekh & Stys, 2004), offender physical health (Motiuk, 2002) and mental health (Boe & Vuong, 2002). Presently, comprehensive DFIA profiles are available Service-wide via a Climate Indicators and Profiling System (CIPS) in two scenarios – “on any given day” (a snapshot of who is in custody) and “in any given year” (a flow of new admissions). Presently, these DFIA profiles are available by region, institution or area office; for men, women and Aboriginal men (and more recently Aboriginal women); and for both the institution and community supervision populations (Boe, 2003).

Purpose of DFIA Review

The purpose of this review is threefold: first, to present the results of each step of the DFIA project, namely the results of the meta-analytic and narrative reviews, the psychometric review, and, lastly, the results of the consultative exercises; secondly, to integrate the results of all three initiatives and propose how the dynamic factors assessment component should be revised in accordance with the findings; and third, to discuss directions for future research and to review the operational implications of the proposed changes. The methodology and results associated with each study are presented separately followed by a brief discussion of how best to enhance the program referral process.

STEP 1: A META-ANALYTIC REVIEW

Methodology

The first step in the DFIA review involved a meta-analytic review of the DFIA domains and indicators. The process was external in that CSC-derived studies were excluded from the review. Moreover, correctional experts, the majority of whom were external to the Service, conducted the reviews. Each expert was instructed to complete three tasks: first, to review the literature pertaining to the predictive validity of a given domain and its corresponding components and indicators in adult offender populations; second, to provide recommendations for enhancing the domain; and third, to highlight research findings pertaining to women and Aboriginal offenders as well as other visible minorities.

Each review involved a quantitative meta-analysis, a qualitative narrative review, or a combination of the two. Briefly, a meta-analysis is a statistical technique that allows researchers to objectively aggregate the size of a relationship between two variables (e.g., criminal associates and recidivism) across numerous studies in the form of an effect size or correlation coefficient. In contrast, a narrative review involves a qualitative examination of a given area whereby a researcher reviews all relevant literature and renders a summary statement based on his/her subjective interpretation. Arguably, both strategies are required for theory building, identification of new research directions, and ascertaining the current state of the literature (McGuire & Priestley, 1995).

Step 1 presents the meta-analytic review results. Although general proposed changes provided by the external experts are discussed in Step 1, domain-specific proposals are reserved for Step 3. This strategy was adopted to reduce duplication. More specifically, Step 3 presents the field consultation results including the field's response to specific external proposals. Consequently, given that it was necessary to discuss how the field responded to the expert domain-specific proposals, it was decided to reserve discussion of the specific expert proposals for Step 3. Lastly, summaries of the various meta-analytic reports can be found in Volume 10, Number 3 *Forum on Corrections Research* as well as in various research reports published by the Research Branch (see www.csc-scc.qc.ca).

Meta-Analytic Results

Overview of Findings

Meta-analytic findings were available for each domain with the exception of personal/emotional orientation; the external reviewers conducted a narrative rather than meta-analytic review for this domain. Table 1 summarizes the general findings from the meta-analyses and can be interpreted as follows. Reading from the left of row 1, the employment meta-analysis was based on 69 studies involving 128,018 offenders that generated 214 separate effect sizes. Overall, the average unweighted effect size or correlation between the employment domain and general recidivism was .13. The strength of this relationship did not change when the effect size was weighted for sample size variations. Analyses revealed that each weighted and unweighted effect size was statistically significant. Further, not only was the magnitude of the various relationships consistent with past research (Gendreau, Little and Goggin, 1996) but it was also consistent with the Step 2 results. In sum, the results confirm the overall criminogenic relationship between each domain and recidivism.

Table 1: Summary of Meta-Analytic Results

Dynamic Domain	Number of studies	Number of offenders	Number of effect sizes	Average unweighted effect size	Average weighted effect size
Employment	69	128,018	214	.13	.13
Marital/Family^a	N/A	88,652	132	.14	N/A
Associates/Social Interaction	35	39,676	75	.18	.17
Substance Abuse	45	84,578	116	.12	.10
Community Functioning	20	33,614	80	.15	.10
Personal/Emotional^b	N/A				
Attitudes	32	47,335	112	.16	.11

^a The marital/family results are based on the combined findings of two separate meta-analyses (Brown & Dowden, 1999, and Gendreau et al., 1996) that used overlapping studies. Consequently a weighted effect size could not be calculated.

^b The review of the personal/emotional domain was narrative in nature, and consequently effect sizes were not available.

Each reviewer undertook a more in-depth analysis to determine which factors within a given domain were most strongly related to recidivism. Originally, attempts were made to organize each review around the principal components, sub-components and indicators of the DFIA. In most cases, however, the predictor categories examined in the existing literature did not permit this type of classification. Consequently, most reviewers used naturally occurring predictor categories deemed close approximations to DFIA principal components and sub-components. Moreover, predictive studies for certain components of the DFIA were unavailable. Analysis at the indicator level was often unavailable or deemed unreliable.

Considering all reviews simultaneously, most predictor categories produced moderate correlations with recidivism (weighted effect sizes between .10 and .19). As Table 2 demonstrates, few predictor categories demonstrated strong (weighted effect sizes equal to or greater than .20) or weak (weighted effect sizes less than .10) relationships with recidivism. Lastly, the aforementioned results are consistent with previous research and prominent theories of criminal conduct (Gendreau et al., 1996; Andrews & Bonta, 2003).

Table 2: Dynamic Factor Principal Component Summary

Dynamic Domain	Weak/no support (weighted r's < .10)	Moderate Support (weighted r's: .10 - .19)	Strong Support (weighted r's > .19)
Employment		Employment history Employment needs at discharge Employment status at intake Education and/or employment problem School achievement School maladjustment	
Marital/Family	Family Structure (single parent, foster care)	Negative family background Marital status Marital quality	

(Table continues)

Table 2 (cont'd)

Associates		Criminal family Crime neighbourhood	Criminal companions
Substance Abuse		Alcohol abuse problem Drug abuse problem	Alcohol and/or drug problem
Community Functioning	Physical health Personal hygiene	Accommodation Financial difficulties Use of social assistance	Use of leisure time
Personal/ Emotional^a	Physical prowess Neuroticism Assertion deficits Mental ability Mental disorder	Impulsivity General problem-solving Interpersonal skills Empathy Aggression/Anger/Hostility Risk-taking Coping Sexual behaviour ^b	
Attitude	Attitudes towards societal convention	Attitudes towards justice Attitudes towards violence Denial and/or minimization of crime	Non-conforming attitudes

^a The personal/emotional review was not a meta-analysis, so the size of the empirical relationship was estimated conservatively based on the narrative review.

^b This result is based on samples of known sex offenders.

In sum, the meta-analytic review process revealed that the DFIA contains all predictor categories identified by external experts as strong predictors of criminal recidivism. Further, with the exception of denial and minimization of crime, the external reviews confirmed that the DFIA adequately represents all predictor categories identified as having moderate empirical support. Thus, the meta-analytic reviews provide support for the content validity of the DFIA; specifically, the DFIA includes the best predictors of criminal behaviour as identified in the literature. It is important to emphasize that the meta-analytic review process also revealed that the DFIA contains several factors deemed weak predictors of criminal recidivism. Additionally, the meta-analytic review process identified few studies devoted exclusively to women, Aboriginal offenders or minority groups.

Employment Domain

Gendreau, Goggin and Gray (1998; 2000) conducted a meta-analytic review of employment factors and recidivism among adult offender populations. The DFIA statistical results were not included in the review. Overall, the authors identified 67 studies that generated 200 individual effect sizes with recidivism. The major findings are presented in Table 3. The results confirm that employment history and employment needs at discharge were predictive of criminal recidivism. Although education was predictive of recidivism, the strength of the relationship was considerably less than that for employment.

Gendreau et al. (1998; 2000) identified few studies devoted exclusively to women or Aboriginal offenders. Further, inconsistent results were often observed for women. Moreover, the strength of the relationship between employment-related factors and recidivism was typically stronger among non-Aboriginal than Aboriginal offenders. The authors conclude that additional research is required involving unique samples of women and Aboriginal offenders before firm conclusions can be reached.

Table 3: Employment Domain: Meta-Analytic Review

Predictor (<i>k</i>)	<i>N</i>	<i>Mr</i> (<i>SD</i>)	<i>CI</i>	<i>Mz</i> ⁺	<i>CI</i>
Employment history (34)	23,415	.14 (.10)	.11 to .17	.18*	.17 to .19
Employment needs at discharge (16)	4,961	.15 (.12)	.09 to .21	.19*	.16 to .22
Employment status at intake (28)	12,990	.11 (.13)	.06 to .16	.10*	.08 to .12
Financial (27)	14,457	.13 (.10)	.09 to .17	.10*	.08 to .12
Education/employment (20)	9,142	.26 (.18)	.18 to .34	.10*	.08 to .12
School achievement (60)	37,245	.10 (.10)	.07 to .12	.10*	.09 to .11
School maladjustment (15)	11,822	.14 (.08)	.10 to .19	.11*	.09 to .13
Total (200)	114,032	.13 (.12)	.12 to .15	.12*	.11 to .13

Note: *k* = effect sizes per predictor domain. *N* = subjects per predictor domain. *Mr* = mean Pearson *r* (average unweighted effect size); *SD* = Standard Deviation; $Mz^+ = [(z_r) \times (N - 3)] \div (N - 3)^{1/2}$ where *N* = number of subjects per effect size (average weighted effect size); *CI* = confidence interval about the mean Pearson *r* and mean *z*⁺; **p* < .05.

Marital/Family Domain

Results from three separate reviews (Brown & Dowden, 1999; Gendreau et al., 1996; Oddone-Paolucci, Violato & Schofield, 1998; 2000) were consulted to obtain an external position regarding the relationship between the marital/family domain of the DFIA and recidivism. While Oddone-Paolucci et al. (1998; 2000) conducted a narrative review, Brown and Dowden (1999) and Gendreau et al. (1996) conducted meta-analytic reviews, the results of which are presented in Table 4. While there was a paucity of external studies at the indicator level, the meta-analytic results demonstrated that family background characteristics, marital quality, marital status, and parenting skills were moderately related to recidivism. It should be noted that only three studies examined parenting ability in relationship to recidivism. Additionally, no Aboriginal-specific studies regarding the role of marital/family factors and criminal re-offending were located.

In regards to women offenders, Dowden and Andrews' (1999) meta-analytic review of treatment effects on criminal recidivism demonstrated that programs addressing family process issues ($n=9$ studies) yielded the strongest reductions in reoffending among women offender samples. Loucks and Zamble (2000), however, demonstrated that family cohesiveness was not predictive of recidivism in a sample of federally sentenced women offenders. In regards to parenthood, Bonta, Pang, and Wallace-Capretta (1995) demonstrated that single-parents recidivate at higher rates than those with partners. Lastly, Rettinger (1998) showed that parenthood in and of itself was not predictive of recidivism in a sample of women offenders.

Table 4: Marital/Family Domain: Meta-Analytic Review

Predictor (k)	N	Mr	Mz+
Negative family background (31)	15, 223	.15	.14
Family criminality (35)	32, 546	.12	.07
Disintacted family of origin (41)	24, 231	.10	.09
Marital quality (4)	2, 322	.10	.10
Marital status (18)	13, 122	.14	.13
Parenting skills (3)	1, 208	.08	.08
Total	88, 652	.14	N/A

Note: Results pertaining to the first three predictor variables are taken from Gendreau et al., 1996. Results from the last three predictor variables are derived from Brown & Dowden, 1999. *k* = effect sizes per predictor domain. *N* = subjects per predictor domain. *Mr* = mean Pearson *r* (average weighted effect size); $Mz^+ = [(z_r) \times (N - 3)] \div (N - 3)^{1/2}$ where *N* = number of subjects per effect size (average weighted effect size).

Associates Domain

Goggin, Gendreau and Gray (1998a; 1998b) conducted a meta-analytic review of the relationship between criminal associates and recidivism among adult offender samples. Overall, 35 predictive studies generated 75 effect sizes with recidivism. As Table 5 demonstrates, criminal companions, criminal family, and crime neighbourhood were all moderate to strong predictors of criminal recidivism. Notable was the weighted mean effect size of .21 for criminal companions.

The external reviews located two independent studies involving Aboriginal offenders (Bonta, 1989; Bonta, LaPrairie & Wallace-Capretta, 1997). Both studies demonstrated that criminal associates was equally predictive of criminal recidivism among Aboriginal and non-Aboriginal offender groups. The authors did not identify any studies that exclusively examined the role of criminal associates and criminal recidivism among women offender samples, although more recent meta-analytic research by Dowden and Andrews (1999) reported that ‘associates-based’ correctional programming was strongly related to reduced re-offending in studies involving predominantly or exclusively women offender samples.

Table 5: Associates Domain: Meta-Analytic Review

Predictor (<i>k</i>)	<i>N</i>	<i>Mr</i> (<i>SD</i>)	<i>CI</i>	<i>Mz</i> ⁺	<i>CI</i>
Companions (38)	16, 118	.19 (.10)	.16 - .20	.21*	.19 - .22
Crime neighbourhood (6)	7, 226	.12 (.08)	.03 - .21	.15*	.12 - .17
Criminal family (31)	16, 322	.17 (.10)	.13 - .21	.12*	.11 - .14
Total (75)	39, 676	.18 (.10)	.16 - .20	.17*	.16 - .18

k = number of effect sizes per predictor domain; *N* = number subjects per predictor domain. *Mr* (*SD*) = mean Pearson *r*; *SD* = standard deviation (average unweighted effect size); *CI* = confidence interval about the mean Pearson *r* and mean *z*⁺; $Mz^+ = [(z_r) \times (N - 3)] \div (N - 3)^{1/2}$ where *N* = number of subjects per effect size (average weighted effect size); **p* < .05.

Substance Abuse Domain

Two independent substance abuse reviews were conducted. First, Boland, Henderson and Baker (1998) conducted a narrative review that examined existing substance abuse assessment approaches as well as the appropriateness of the content and assessment guidelines associated with the substance abuse domain. Additionally, Boland et al. (1998) provided a series of process-, as well as content-orientated suggestions for enhancing the substance abuse domain. Dowden and Brown (1998; 2002) conducted the second review. This review focused specifically on establishing the magnitude of the relationship between the indicators comprising the substance abuse domain and criminal recidivism. A meta-analytic approach was used to meet this objective. Originally, the authors attempted to organize the meta-analytic predictor categories around the principal components and sub-components comprising the substance abuse domain. However, this proved difficult due the nature of the existing literature. Consequently, the existing research literature was grouped into conceptually similar predictor categories that approximated the principal components and sub-components of the substance abuse domain as much as possible.

To determine whether or not substance abuse was differentially predictive across gender, the mean effect size for each predictor category was re-calculated separately for both men and women. Overall, substance abuse was slightly more predictive for women ($Mz^+ = .14$) than men ($Mz^+ = .10$) (see Table 6). Overlapping confidence intervals rendered the effect negligible, however. Interestingly, the only predictor category to yield a significant between-group difference was parental substance abuser. More specifically, the weighted mean effect size for males ($Mz^+ = .09$) was significantly smaller than the weighted mean effect size for women ($Mz^+ = .20$). This difference was further confirmed by the presence of non-overlapping confidence intervals (see Table 40).

Table 6: Substance Abuse Domain: Meta-Analytic Review

<i>Predictor (k)</i>	<i>N</i>	<i>Mr</i>	<i>Mz+</i>	<i>CI</i>
Women: Alcohol abuse problem (6)	589	.05	.07	-.01 - .15
Men: Alcohol abuse problem (30)	23,333	.12	.12**	.11 - .13
Women: Drug abuse problem (7)	758	.19	.19*	.12 - .27
Men: Drug abuse problem (31)	24,651	.17	.19**	.18 - .20
Women: Alcohol/Drug problem (0)				
Men: Alcohol/Drug problem (11)	3,214	.22	.22*	.19 - .26
Women: Substance abuse charge (4)	265	-.10	-.13*	-.25 - -.01
Men: Substance abuse charge (15)	28,335	-.01	-.02*	-.03 - -.01
Women: Parental substance abuser (6)	1, 171	.13	.20*	.14 - .26
Men: Parental substance abuser (6)	2, 262	.13	.09**	.05 - .13
Women total (23)	2, 783	.09	.14*	.10 - .18
Men total (93)	81, 795	.13	.10**	.09 - .11

Note: k = number of effect sizes per predictor domain; N = number subjects per predictor domain. Mr = mean Pearson r (average unweighted effect size); $Mz^+ = [(\sum r) \times (N - 3)] \div (N - 3)^{1/2}$ where N = number of subjects per effect size (average weighted effect size); CI = confidence interval about the mean z^+ . * $p < .05$, ** $p < .01$

In sum, Boland et al. concluded that “although the DFIA requires some modification in terms of scoring and item restructuring, it addresses the major content areas deemed necessary to screen accurately for substance abuse and to assess the severity of the problem” (p. 34, Boland et al., 1998). Also noteworthy are two additional observations made by Boland and colleagues in regards to the validity of self-report data and the multi-purpose nature of assessment. First, Boland et al. conclude that, in most cases, self-reported information tends to be relatively accurate and consequently should be considered a valid source of information, though it is advisable to incorporate collateral sources of information when over- or under-reporting is suspected. Second, Boland et al. remind us that assessment measures in general, and more specifically, substance abuse measures in particular, exist along a five-dimensional continuum: 1) those that screen for the presence or absence of a problem; 2) those that elaborate on the nature and severity of the problem; 3) those that help establish treatment and relapse prevention targets but also assess changes associated with treatment; 4) comprehensive batteries that serve multi-functions including screening, problem severity assessment, multiple need identification, treatment planning and research database construction; and 5) laboratory assessments. It should be noted that Boland’s assessment framework guided the DFIA revisions. Specifically, all proposed changes were performed under the assumption that the DFIA is a level 1 and level 2 assessment process. Thus, not only should it identify whether or not a problem is present or absent, but it also identifies the nature and severity of that problem.

Community Functioning Domain

Gates, Dowden and Brown (1998) conducted a meta-analytic review that examined the predictive relationship between community functioning variables and adult recidivism (e.g., readmission, new charges/convictions, revocation). Seventeen studies were identified yielding 80 effect sizes. It should be noted that the meta-analysis identified studies that focused on community functioning variables extraneous to the DFIA. As a result, two additional categories were included in the analyses: living companions (living alone versus living with others) and childhood community functioning (accommodation stability during childhood).

In sum, the community functioning variables generated an overall weighted mean effect size of .10 with recidivism. The leisure component produced the strongest effect size followed by accommodation and finance (see Table 7). Further analyses revealed the results were consistent across gender and ethnic origin. This finding was also confirmed when the data were disaggregated by gender (12 women-specific studies) in that the overall weighted mean effect size for women remained unchanged ($Mz^+ = .09$; C. Dowden, August 15, 2000, personal communication cited in Blanchette, 2001).

Table 7: Community Functioning Domain: Meta-Analytic Review

Predictor Category (k)	N	<i>Mr</i>	<i>Mz</i> ⁺	CI
Accommodation (23)	7,824	.19	.11**	.09 to .13
Department (1)	573	.08	.08	... ^a
Health (7)	3,717	.05	.04*	-.01 to .07
Finance (18)	5,735	.19	.13**	.10 to .16
Communication (1)	119	.20	.20*	... ^a
Leisure (9)	2,743	.20	.24**	.21 to .28
Support (7)	2,679	.12	.11*	.07 to .15
Living Companions (6)	3,913	.05	.03	-.00 to .06
Childhood Community Functioning (8)	6,311	.08	.09**	.06 to .11
Total (80)	33,614	.15	.10***	.09 to .11

^a given that only one effect size comprised this predictor category confidence intervals were not calculated.

Note: k = number of effect sizes per predictor domain; N = number subjects per predictor domain. *Mr* = mean Pearson *r* (average unweighted effect size); $Mz^+ = [(\sum r) \times (N - 3)] \div (N - 3)^{1/2}$ where N = number of subjects per effect size (average weighted effect size); CI = confidence interval about the mean z^+ . * $p < .05$, ** $p < .01$.

Personal/Emotional Domain

Robinson, Porporino, and Beal (1998; 1999) conducted a detailed narrative review of the personal/emotional domain. In sum, the review supports the continued use of the cognitive and behavioural principal components and the elimination of the self-concept, mental ability, mental health and intervention principal components. A detailed summary of the results are presented in Table 8. The authors' recommendations for either retaining or eliminating a given indicator or component are empirically as well as theoretically based. Aboriginal- and women-specific results were not discussed in detail.

Blanchette (2001) concludes that the majority of conclusions reached by Robinson et al. (1998) apply equally to women offenders. Additionally, she notes that three additional variables (i.e., self-esteem, personal victimization, and self-harm/parasuicide) have received considerable attention in the literature in regards to women offenders. For example, Larivière (1999) conducted a meta-analytic review of the relationship between self-esteem and criminality. He identified six studies comprised exclusively of women offender samples. Overall, the results indicated a strong negative correlation between self-esteem and antisocial behaviour among women offenders ($r = -.38$). Interestingly, this correlation was substantially lower for men ($r = -.17$). It is important to note, however, that the meta-analysis included both predictive and post-dictive studies. For example, only one of the six women offender studies was predictive in nature. Additionally, the women offender studies were largely over-represented by individuals who had engaged in child abuse.

Table 8: Personal/Emotional Domain: Narrative Literature Review

Principal Component	Sub-Component	Indicator	Recommendation	Evidence	Comment
Self-concept	Personal	Feels especially self-important (reassigned to empathy)	R	T	Specific studies were not reviewed. Evidence from empathy construct may be relevant, however.
		Physical prowess problematic	D	T	Specific studies were not reviewed, however some evidence self-esteem literature is available.
		Self-esteem	D	E	New Item with empirical support against conclusion.
Cognition	Cognition	Impulsivity	R	E	Strong empirical support for inclusion.
		<ul style="list-style-type: none"> Manages time poorly (reassigned from Behavioural-coping) 	R	T	Specific studies were not reviewed, but impulsivity literature may be relevant.
		<ul style="list-style-type: none"> Non-reflective (reassigned from Behavioural-self-monitoring) 	R	T	Specific studies were not reviewed, but impulsivity literature may be relevant.
		<ul style="list-style-type: none"> Conscientiousness (reassigned from Behavioural-Conscientiousness) 	R	T	Specific studies were not reviewed, but impulsivity literature may be relevant.
		General problem solving	R	E, T	New item, some empirical evidence and strong theoretical basis for inclusion.
		<ul style="list-style-type: none"> Unable to recognize problem areas 	R	T	Specific studies were not reviewed, but problem-solving literature is relevant.
		<ul style="list-style-type: none"> Goal setting is unrealistic 	R	T	Specific studies were not reviewed, but problem-solving literature is relevant.
		<ul style="list-style-type: none"> Unable to generate choices 	R	T	Specific studies were not reviewed, but problem-solving literature is relevant.
		<ul style="list-style-type: none"> Unaware of consequences 	R	T	Specific studies were not reviewed, but problem-solving literature is relevant.
		<ul style="list-style-type: none"> Narrow and rigid thinking 	R	T	Specific studies were not reviewed, but problem-solving literature is relevant.

(Table continues)

Table taken from Robinson, Porporino & Beal (1998). *A Review of the Literature on Personal/Emotional Need Factors*. Research Report (R-76), Correctional Service of Canada. R = Retain as indicator; D = Delete as indicator; E = Empirical support available; T = Theoretical support.

Table 8 (cont'd)

Principal Component	Sub-Component	Indicator	Recommendation	Evidence	Comment	
Cognition (Continued)	Cognitive	Interpersonal problem-solving	R	E, T	Some empirical evidence and strong theoretical basis for inclusion.	
		<ul style="list-style-type: none"> Poor conflict resolution (reassigned from Coping) 	R	T	Specific studies were not reviewed, but inter-personal problem-solving literature is relevant.	
		Empathy	R	E	Strong empirical support for inclusion.	
		<ul style="list-style-type: none"> Self-importance (reassigned from Self-Concept) 	R	T	Specific studies were not reviewed, but empathy literature is relevant.	
		<ul style="list-style-type: none"> Disregard for others 	R	T	Specific studies were not reviewed, but empathy literature is relevant.	
		<ul style="list-style-type: none"> Socially unaware 	R	T	Specific studies were not reviewed, but empathy literature is relevant.	
		<ul style="list-style-type: none"> Incapable of understanding feelings of others 	R	T	Specific studies were not reviewed, but empathy literature is relevant.	
Behavioural	Assertion	Assertiveness Skills	R	E, T	Some empirical evidence and strong theoretical basis for inclusion.	
		Neuroticism		D	E	Empirical support against inclusion.
			<ul style="list-style-type: none"> Worries 	D	E	Empirical support against inclusion.
			<ul style="list-style-type: none"> Anxiety 	D	E	New indicator, empirical support against inclusion.
		Aggression		R	E	Empirical support for inclusion.
			<ul style="list-style-type: none"> Anger (new indicator) 	R	E	Empirical support for inclusion.
			<ul style="list-style-type: none"> Hostility 	R	E	Empirical support from anger literature.
<ul style="list-style-type: none"> Frustration tolerance (reassigned from Frustration) 	R		T	Specific studies were not reviewed, but anger literature is relevant.		

(Table continues)

Table 8 (cont'd)

Principal Component	Sub-Component	Indicator	Recommendation	Evidence	Comment
Behavioural (Continued)	Risk-Taking		R	E	Empirical evidence for inclusion.
		<ul style="list-style-type: none"> Sensation-seeking (Thrill-seeking) Gambling (reassigned from Gambling) 	R R	E T	Empirical evidence for inclusion. Few empirical studies, but theoretical support for inclusion.
	Coping	<ul style="list-style-type: none"> Copes with stress poorly 	D D	T T	Coping is more efficiently covered as indicators within other sub-components. Indicator is too general for inclusion.
		<ul style="list-style-type: none"> Poor conflict resolution (reassigned to Interpersonal Skills) 	R	T	See interpersonal skills above.
		<ul style="list-style-type: none"> Manages time poorly (reassigned to Impulsivity) 	R	T	See impulsivity above.
	Sexual Behaviour	<ul style="list-style-type: none"> Dysfunction Identity 			Sufficient body of literature not available for review. Sufficient body of literature not available for review.
		<ul style="list-style-type: none"> Preference (e.g., inappropriate) 	R	E	Empirical evidence supporting inclusion; more targeted assessment for sex offenders only is recommended.
		<ul style="list-style-type: none"> Attitudes 	R	E	Empirical evidence supporting inclusion; more targeted assessment for sex offenders only is recommended.
		<ul style="list-style-type: none"> Mentally deficient 	D	E	Some empirical support for exclusion.
	Mental Health	Disordered	<ul style="list-style-type: none"> Disordered (past) 	D	E	Empirical support against inclusion.
<ul style="list-style-type: none"> Disordered (current) 			D	T	Sufficient body of literature not available for review, theoretical support for exclusion.

(Table continues)

Table 8 (cont'd)

Principal Component	Sub-Component	Indicator	Recommendation	Evidence	Comment
Interventions	Assessments	<ul style="list-style-type: none"> Personal/Emotional 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.
	Medication	<ul style="list-style-type: none"> Prescribed in past Prescribed currently 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.
	Psychological/ Psychiatric	<ul style="list-style-type: none"> Past hospitalization 	D	E, T	Some empirical support and theoretical grounds for exclusion
		<ul style="list-style-type: none"> Current hospitalization 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.
		<ul style="list-style-type: none"> Received outpatient services in past 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.
	Programs	<ul style="list-style-type: none"> Receiving outpatient services prior to admission 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.
		<ul style="list-style-type: none"> Past programs participation 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.
		<ul style="list-style-type: none"> Current program participation 	D	T	Sufficient body of literature not available for review, theoretical support for exclusion.

In regards to victimization, Blanchette (2001, p. 74) concludes:

Collectively, the research to date suggests that victimization, although very common amongst female offenders, is not a criminogenic need. Collectively, study results suggest that, while victimization experiences appear to play a role in the onset of criminal offending, they are not associated with recidivism. Despite this, the astonishingly high prevalence of survivors in the correctional system signals a requirement for service providers to address this issue. Although some authors argue that past victimization represents an important treatment target for female offenders, this does not necessarily infer that 'victimization' represents a need that is criminogenic (Gray et al., 1995; Koons et al., 1997). Rather, it has been suggested that it is the psychological sequelae to victimization experiences that contributes to behaviours such as substance abuse, criminal offending, adjustment while incarcerated, and recidivism (McLean, 1998). Many women suffer from post-traumatic symptoms that can potentially impede progress in addressing other (criminogenic) need areas. It is therefore suggested that female offenders' victimization histories are an important part of a holistic approach to case-based classification for effective correctional intervention.

Lastly, Blanchette's review identified three studies (i.e., Bonta et al., 1995; Blanchette & Motiuk, 1995; Rettinger, 1998) that examined the relationship between self-injury and/or attempted suicide among women offenders and criminal recidivism. Each study demonstrated that self-injury and/or attempted suicide was predictive of future criminal offending including violent re-offending, thereby supporting the argument that self-injurious behaviour is indeed criminogenic.

Attitude Domain

Law (1998) conducted a meta-analytic review examining the ability of the criminal attitude domain and its various components to predict criminal recidivism. The meta-analysis included 32 studies yielding 112 correlations with recidivism. Overall, the meta-analysis indicated that the justice, violence and lifestyle components of the DFIA were moderately related to recidivism. In contrast, the society component was only weakly related to recidivism. The predictive power of the property component could not be assessed given that no studies examined its relationship to future criminal behaviour. The strongest indicator was 'non-conforming attitudes'. In contrast, the weakest indicators included attitudes toward employment, marital/family, and personal/emotional

stability. One construct currently not included in the DFIA but identified in the external literature as being criminogenic was denial and minimization (techniques used by offenders to minimize the severity and nature of their offending). See Table 9 for an overview of the results. Women- and Aboriginal-specific results were not reported.

Dowden and Andrews (1999) conducted a meta-analytic review of effective treatment targets in adult offender populations. A composite treatment target, labelled 'antisocial cognition', comprised of variables such as antisocial attitudes, values, and rationalizations proved to be an important treatment target for both men and women offenders. The results pertaining to women, however, were derived from a small number of effect sizes ($k = 5$).

Table 9: Attitude Domain: Meta-Analytic Review

<i>Predictor (k)</i>	<i>N</i>	<i>Mr</i>	<i>CI</i>	<i>Mz+</i>	<i>CI</i>
Justice (35)	4,873	.18	.12 - .22	.12*	.09 - .15
Laws – Negative towards law (17)	3,472	.18	.16 - .25	.12*	.09 - .15
Enforcement – Negative towards police (4)	706	.18	... ^a	.17	...
Judicial System – Negative towards courts (2)	464	.14	...	.11	...
Corrections (12)	2,099	.16	.05 - .22	.10*	.06 - .14
Negative towards corrections (10)	2,210	.14	.05 - .22	.10*	.06 - .14
Negative towards community supervision (0)	0	--	--	--	--
Negative towards rehabilitation (3)	524	.27	...	.13	...
Society (32)	11,780	.15	.09 - .20	.06*	.04 - .08
Convention (30)	11,123	.15	.09 - .21	.06*	.04 - .08
Employment/education has no value (3)	1,793	.07	...	.02	...
Marital/family relations have no value (4)	1,579	.25	...	.06	...
Interpersonal relations have no value (16)	10,706	.13	.06 - .20	.05*	.03 - .07
Values substance abuse (0)	0	--	--	--	--
Basic life skills have no value (2)	418	.24	...	.11	...
Personal/emotional stability has no value (3)	360	.03	...	.04	...
Elderly – Elderly have no value (0)	0	--	--	--	--
Women/men roles are unequal (2)	685	.19	...	.17	...
Minorities (ethnic/religion/disabled) (1)	573	.12	...	.12	...
Property (0)	0	--	--	--	--
Personal – Disrespects personal belongings (0)	0	--	--	--	--
Communal – Disrespects public property (0)	0	--	--	--	--
Commercial–Disrespect commercial property (0)	0	--	--	--	--
Violence (6)	1,025	.15	.04 - .26	.17*	.11 - .23
Domestic – Supportive of domestic violence (0)	0	--	--	--	--
Instrumental–Supports instrumental violence (6)	1,025	.15	.04 - .26	.17*	.11 - .23
Lifestyle (39)	7,394	.16	.13 - .19	.16*	.14 - .18
Goal Directed – Lacks direction (7)	3,585	.12	.05 - .20	.10*	.07 - .13
Conforming – Non-conforming (27)	5,001	.20	.15 - .25	.21*	.18 - .23
Neutralizations (5)	1,012	.14	...	.10	...

^a other to the small number of effect sizes confidence intervals were not calculated.

k = number of effect sizes per predictor domain; N = number subjects per predictor domain.

Mr = mean Pearson r (average unweighted effect size); $Mz^+ = [(\sum r) \times (N - 3)] \div (N - 3)^{1/2}$ where

N = number of subjects per effect size (average weighted effect size); CI = confidence interval about the mean z^+ ; * $p < .05$, ** $p < .01$.

External Expert Proposals

In addition to the empirical review, each reviewer provided a variety of proposals for enhancing the DFIA. In sum, ten themes emerged. Each theme is discussed in turn.

1. Keep the Strong, Keep the Moderate, but Drop the Weak

Most reviewers suggested that indicators demonstrating strong empirical support, strong theoretical support or moderate empirical support be retained, while indicators demonstrating either weak or no support be deleted.

2. Less is More

Currently, the DFIA is comprised of 7 domains, 35 principal components, 94 sub-components and 197 indicators. The most common theme presented by the external reviewers was the need to simplify the DFIA's structure. The proposed strategies to do this included the deletion of indicators and/or sub-components that were redundant, showed little or no correlation with recidivism or were represented in more than one domain. Additional suggestions included using highly specific indicators as operational definitions for more global constructs as well as creating a new domain called 'non-criminogenic factors' (e.g., non-contributing).

3. Increase Objectivity, Reduce Subjectivity

Fifty years of research overwhelmingly confirms the superiority of objective, statistically based prediction strategies over purely subjective, clinically based methods (Grove & Meehl, 1996; Grove, Zald, Lebow, Switz & Nelson, 2000; Hall, 1988; Mossman, 1994; Wormith & Goldstone, 1984). This conclusion was firmly echoed in several of the external proposals that recommended improved scoring guidelines as well as the development of concrete behavioural indicators.

4. Revitalize with New Additions

It was evident throughout the reviews that the DFIA could be enhanced by incorporating a few additional constructs, including intrinsic job motivation and denial and/or minimization of crime.

5. View the Supplementary Assessment as Friend Rather than Foe

There is some concern that specialized or supplementary assessments may result in over-programming for low-risk and/or low-need offenders. Two independent reviewers recommended their continued use for the substance abuse and employment domains, however.

6. Distinguish Non-criminogenic from Criminogenic Need

The DFIA must clearly distinguish which indicators are criminogenic (contributing factors - dynamic or changeable treatment targets that are directly related to criminal behaviour) versus those that are non-criminogenic (non-contributing factors – treatment targets that are not related to criminal behaviour but require intervention nonetheless).

7. Maximize the Dynamic Nature of the Assessment Strategy

Although the DFIA serves multiple functions, its ultimate purpose is to identify factors that can, in theory, be altered. Thus, unless it can be shown that a given static factor serves a specific operational function, every effort should be made to ensure that each component of the DFIA reflects current and/or recent circumstances, rather than events or circumstances from the past. Thus, while poor family functioning during childhood is important, what may be more crucial for effective correctional programming is current family functioning or, similarly, family functioning when offences are originally committed.

8. Assess the Need as well as Severity

The substance abuse assessment review introduced the notion of a stepped approach to assessment. The first step involves screening for the presence or absence of a problem; the second step elaborates on the nature and severity of the problem; and the third step establishes specific treatment and relapse prevention targets and assesses changes associated with treatment. Perhaps a similar framework could be applied to the DFIA. Steps 1 and 2 would be considered a mandatory component of the DFIA, and Step 3 could be incorporated during program delivery. This strategy might reduce both unnecessary programming and redundancy in assessment.

9. Beware of Specialized Risk Factors for Specialized Offender Groups

Deviant sexual preference and deviant sexual attitudes predict sexual recidivism among known sex offenders, but they do not predict general recidivism in the general male offender population. In fact, there is a slight negative correlation between these variables and general recidivism among male offenders (Robinson et al., 1998; 1999). Thus, it might be prudent to remove indicators related to sex offences from the DFIA and use them exclusively during assessments of sex offenders.

10. More Research, Better Research

Another common theme was the need for new and improved research, specifically in regards to women, Aboriginal offenders and the identification of unique predictors of violent recidivism. Additionally, the application of advanced statistical procedures coupled with the development of assessment strategies that incorporate concrete behavioural indicators was also suggested.

STEP 2: A PSYCHOMETRIC REVIEW

Methodology

All federal offenders who were assessed via the OIA and correctional planning process between November 1st, 1994, and September 1st, 2000, were identified as potential candidates for the review. Potential candidates were included in the analysis if they had been subsequently released as of September 1st, 2000. This method generated 16,645 offenders, the majority of whom (approximately 99%) had been initially assessed when they were admitted on a Warrant of Committal. A small number of revocation cases ($n = 25$) were included given that a new OIA had been conducted as a result of the revocation. Two hundred and twenty cases were excluded given that the variable concerning gender identity or ethnicity was missing. A further 181 cases were excluded given that more than 20% of the data was missing at the indicator level. Therefore all analyses are based on a total release cohort of 16,244 offenders that included 765 women offenders and 2,593 Aboriginal offenders.

The release cohort ranged in age from 17.7 to 81.6 years with a mean of 34.6 ($SD = 10.6$). Women offenders ($M = 33.4$, $SD = 8.9$) were found to be significantly younger than their male counterparts ($M = 34.6$, $SD = 10.7$), $t(877) = 3.4$, $p < .001$. Aboriginal offenders ($M = 32.1$, $SD = 9.3$) were also found to be significantly younger than their non-Aboriginal counterparts ($M = 35.0$, $SD = 10.8$), $t(4,032) = 14.3$, $p < .001$.

As Table 10 illustrates, the majority of the release cohort is male (95.3%). In terms of ethnicity, the predominant group is Caucasian (69.4%) followed by Aboriginal (16.0%). The mean aggregate determinate sentence length was 3.7 years ($SD = 2.3$), with a range from 6 months to 25 years. The mean aggregate determinate sentence length was significantly shorter for women ($M = 3.4$ years, $SD = 1.9$) in comparison to men ($M = 3.7$ years, $SD = 2.3$), $t(882) = 4.7$, $p < .001$. In addition, the mean aggregate sentence length was significantly shorter for Aboriginal offenders ($M = 3.5$ years, $SD = 1.9$) than non-Aboriginal offenders ($M = 3.7$ years, $SD = 2.4$) $t(4362) = 6.3$, $p < .001$.

Although OIA was not implemented until 1994, the domain level ratings had been retrospectively completed for all of those who were already incarcerated as of 1994. Consequently, the release cohort included a small number of lifers or dangerous offenders ($n = 30$) who had been released as of September 1st, 2000.

Table 10: Release Cohort Characteristics: Gender and Ethnic Origin

Variable	% (n/16,244)	
Gender		
Men	95.3	(15,479)
Women	4.7	(765)
Ethnicity		
Asian	4.3	(707)
Black	7.6	(1,227)
Aboriginal	16.0	(2,593)
White	69.4	(11,280)
Other	2.7	(440)
Not reported	0.02	(3)

More than two-thirds of the release cohort had either been convicted in the past or were currently serving time for a violence-related offence. Aboriginal offenders were significantly more likely to have been convicted (past or present) for a violent offence (87.2%) in comparison to their non-Aboriginal counterparts (64.3%), $\chi^2 (1, N = 15,629) = 501.2, p < .001$. In contrast, women offenders (43.1%) were significantly less likely to have been convicted of a violent offence (past or present) compared to male offenders (69.2%), $\chi^2 (1, N = 15,629) = 221.4, p < .001$. More information regarding the nature of the offence history is provided in Table 11.

Table 11: Offence History

Past or Present Offence ^a	Men (N = 15,479)		Women (N = 765)		Aboriginal (N = 2,593)	
	%	(n)	%	(n)	%	(n)
Homicide	2.7	(416)	7.8	(60)	6.8	(173)
Attempted murder	0.8	(125)	1.3	(10)	0.8	(20)
Assault/robbery	55.9	(8,658)	36.2	(277)	73.7	(1,911)
Sexual offences	18.3	(2,837)	1.9	(15)	26.8	(694)
Weapons use	6.4	(994)	3.1	(24)	9.3	(242)
Forcible confinement or kidnapping	4.8	(748)	2.9	(22)	3.9	(103)
Arson/fire setting	2.1	(325)	2.9	(22)	2.7	(71)
Drug related	28.4	(4,390)	48.6	(372)	14.5	(377)
Conspiracy to commit any of above	7.9	(1,215)	5.4	(41)	2.0	(53)
B&E with commission of any of above	8.5	(1,308)	2.2	(17)	8.6	(222)

Note: ^a offence categories are not mutually exclusive.

As Table 12 illustrates, the majority of the release cohort was released on some form of discretionary conditional release. The percentage of offenders released in each region is also presented in Table 12.

Table 12: Release Type and Releasing Region

Variable	Men (N = 15,479)		Women (N = 765)		Aboriginal (N = 2,593)	
	%	(n)	%	(n)	%	(n)
Release Type						
Day parole	52.3	(8,125)	72.4	(554)	44.0	(1,142)
Full parole	12.1	(1,871)	11.2	(86)	8.1	(211)
Statutory release	33.1	(5,124)	15.3	(117)	42.8	(1,110)
Warrant expiry date	2.3	(359)	1.1	(8)	5.0	(130)
Release Region						
Pacific	9.7	(1,506)	0.5	(4)	12.3	(318)
Prairie	28.3	(4,381)	32.7	(250)	68.3	(1,771)
Ontario	23.9	(3,708)	41.3	(316)	10.6	(275)
Quebec	27.1	(4,195)	14.9	(114)	5.9	(152)
Atlantic	10.9	(1,689)	10.6	(81)	2.9	(77)

Follow-up Period and Outcome Definition

Outcome information was extracted from the Offender Management System (OMS) on September 1st, 2003. Given that offenders were only included in the study if they had been released as of September 1st, 2000, this allowed for a minimum three-year follow-up period. Additionally, although some offenders were at risk for more than three years, the follow-up period was fixed at three years to ensure that each offender included in the study was afforded the same amount of time to recidivate. Recidivism was defined as a readmission to federal custody either pre or post warrant expiry. Thus, offenders who were readmitted for breaching their conditional release due to the commission of a new offence(s) or for technical violations (e.g., association with criminal others, substance abuse) were counted as failures. Additionally, offenders convicted of new offence(s) (sentence > two years) post warrant expiry were also considered failures. It should be noted that supplementary analyses using a more narrow definition of recidivism [i.e., returned to federal custody with new offence(s)] were also conducted. However, given that both sets of analyses produced similar trends only those pertaining to the broader definition of recidivism [i.e., readmitted with or without an offence(s)] will be presented.

Statistical Analysis

The reliability of the DFIA was assessed in terms of internal consistency. More specifically, Cronbach's alpha was calculated for each domain of the DFIA. The predictive validity of the DFIA domains and the individual indicators was assessed at the univariate and the multivariate level. The univariate analyses involved a series of correlational and chi square analyses. Additionally, the Bonferoni correction procedure was applied to control for Type 1 errors. It should be noted, however, that the magnitude of the effect sizes as well as their statistical significance guided the interpretation of the results due to the large sample size. It is important to consider the magnitude of the effect as well as the significance level given that large sample sizes often generate Type I errors (e.g., the probability of erroneously finding significant differences) (see Kraemer et al., 1997, and Gendreau, Goggin, & Smith, 2001, for a discussion of the importance of considering magnitude as well as statistical significance). Consequently, significant univariate correlation coefficients that exceeded

.20 were considered strong predictors of readmission, while significant coefficients between .10 and .19 were considered moderate. Lastly, correlation coefficients that ranged between .05 and .09 were considered weak predictors while those that were .04 or less were considered to have no predictive relationship with readmission.

Next, a series of stepwise regressions were conducted for each domain. For example, all of the substance abuse indicators were entered into a stepwise regression to determine which of the substance abuse indicators were most strongly related to readmission. This allowed for a relative comparison among all of the indicators comprising a given domain in terms of their ability to predict readmission. Due to the reasons discussed above, however, both 'proportion of variance accounted for in outcome' and statistical significance (Bonferoni adjusted) were used to establish the entry and exit criteria.

All analyses were conducted separately for all three groups: men, women, and Aboriginal offenders. Lastly, missing data at the indicator level were replaced with the mode. Although the percentage of missing data ranged from 0% to 17.4% across all 197 indicators, it should be noted that the vast majority of the indicators (94% within the male release cohort, 96% within the Aboriginal offender cohort, and 98% within the women offender cohort) had no more than 3% of their data missing.

Psychometric Results

Reliability

As Table 13 indicates each domain demonstrated acceptable levels of internal consistency with alphas ranging from .62 to .96. Only one domain, criminal associates, resulted in alphas less than .70 for all three groups. This result is most likely attributable to the relatively small number of indicators (11) that comprise the associates domain. Also noteworthy was that the results were consistent for men, women and Aboriginal offenders, although, the community functioning alphas were under .70 for women (.62) and Aboriginal offenders (.65) but not so for men (alpha = .70).

Three domains (employment, marital/family, substance abuse) contain subsets of indicators that are automatically rated 'no' or 'yes' *if* they are not applicable to the offender in question. For example, in the marital/family domain offenders who do not have children are automatically rated 'no' for each indicator that specifically rates parenting abilities. Similarly, offenders who are rated as having 'no employment history' automatically receive default ratings of 'no' for those indicators that pertain directly to work performance (e.g., often shows up late, no initiative). Consequently, supplementary reliability analyses were conducted on each subset of indicators affected by the default scoring system.

In regards to the subset of employment indicators affected by the default system (16 indicators), the re-computed alphas were as follows: 1) male release cohort: alpha = .81, 2) women offender release cohort: alpha = .71, and 3) Aboriginal offender release cohort: alpha = .77. In regards to the marital domain two separate subsets of indicators, one pertaining to parenting abilities (9 indicators) and the other pertaining to marital relationship quality (6 indicators) are affected by the default system. The re-computed alphas for the relationship quality indicators were as follows: male release cohort: alpha = .61, women offender release cohort: alpha = .59, and Aboriginal offender release cohort: alpha = .55. Similarly, for the parenting abilities subset, the alphas were as follows: male release cohort: alpha = .81, women offender release cohort: alpha = .80, and Aboriginal offender release cohort: alpha = .79. The subset of alcohol abuse indicators affected by the default scoring system generated the following alphas: male release cohort: alpha = .83, women offender release cohort: alpha = .84, and Aboriginal offender release cohort: alpha = .85. Lastly, the drug abuse subset of indicators affected

by the default scoring system also produced comparable alphas: male release cohort: alpha = .85, women offender release cohort: alpha = .80, and Aboriginal release cohort: alpha = .69. Thus, with the exception marital quality indicators, all of the indicator sub domains affected by the default system produced comparable results to those presented for the overall domains.

Table 13: Internal Consistency for Each Dynamic Factor Domain

Domain	Men (N = 15,479) Alpha	Women (N = 765) Alpha	Aboriginal (N = 2,593) Alpha
Employment	.83	.75	.78
Marital/Family	.77	.79	.73
Associates	.65	.64	.64
Substance Abuse	.95	.96	.91
Community	.70	.62	.65
Functioning			
Personal/ Emotional	.87	.88	.85
Attitudes	.85	.85	.85

Readmission Rates by Level of Dynamic Intervention

Overall, the readmission rate for the entire release cohort was 43.2%. While the base rate was lower for women (32.4%), more than half of the Aboriginal cohort (56.1%) was readmitted during the follow-up period. Readmission rates by the overall level of dynamic intervention are presented in Table 14. As expected, offenders identified with a higher level of dynamic intervention were significantly more likely to be readmitted than those with a lower dynamic intervention rating. This trend was observed for men [$\chi^2 (2, N = 15, 479) = 1061.3, p < .001$], women [$\chi^2 (2, N = 765) = 81.1, p < .001$], and Aboriginal offenders [$\chi^2 (2, N = 2,593) = 41.1, p < .001$].

Table 14: Readmission Rates by Level of Dynamic Intervention Rating

Dynamic Intervention Rating	Readmission Rates		
	Men (N = 15,479) %	Women (N = 765) %	Aboriginal (N = 2,593) %
Low	16.9	10.2	27.8
Medium	42.9	37.1	53.3
High	54.2	50.0	59.3

Note: The relationship between the dynamic intervention rating and readmission was statistically significant for all three groups. The corresponding test statistic results are presented in the text.

Readmission Rates for Each Dynamic Domain Factor Rating

Readmission rates for each dynamic factor domain rating are presented in Table 15. As expected, offenders who received higher dynamic factor ratings were significantly more likely to be readmitted than those who received lower dynamic factor ratings. This general finding was consistent for men, women and Aboriginal offenders. It should be noted, however, that a perfect linear relationship in the expected direction (i.e., higher dynamic factor rating associated with a greater probability of readmission) was not always observed among the women and Aboriginal offender release cohorts. For example, among the women offender release cohort a linear relationship was not observed between readmission rates and the employment, marital/family, and community functioning domains. For example, while 37.2% of women offenders rated ‘no difficulty’ on the marital/family domain were readmitted, a lower percentage (26.4%) of the women rated ‘some difficulty’ were readmitted. This result is counterintuitive in that individuals rated ‘some difficulty’ should evidence a greater likelihood of failure than individuals rated ‘no difficulty’. Similarly, the marital/family and personal/emotional domain ratings for Aboriginal offenders also did not evidence a clear linear relationship with readmission.

Table 15: Readmission Rates for Each Dynamic Domain Rating

Dynamic Factor Domain Rating	Readmission Rates					
	Men (N = 15,479) %	χ^2	Women (N = 765) %	χ^2	Aboriginal (N = 2,635) %	χ^2
<u>Employment</u>						
An asset	18.5		26.7		27.8	
No difficulty	36.7	693.4***	34.6	19.8***	47.5	73.5***
Some difficulty	45.6		27.1		57.3	
Considerable	56.6		46.4		65.1	
<u>Marital/Family</u>						
An asset	26.7		8.1		45.1	
No difficulty	43.8	237.7***	37.2	41.5***	59.2	9.7***
Some difficulty	46.3		26.4		56.2	
Considerable	47.6		47.1		53.7	
<u>Associates</u>						
An asset	17.1		12.3		25.3	
No difficulty	38.6	626.7***	30.8	36.9***	47.3	113.7* **
Some difficulty	44.1		29.7		56.9	
Considerable	55.8		53.8		70.3	
<u>Substance Abuse</u>						
No difficulty	26.2		13.9		40.5	
Some difficulty	42.0	1065.4** *	24.4	120.5***	49.4	36.2***
Considerable	56.1		53.7		59.2	
<u>Community Functioning</u>						
An asset	23.8		17.0		33.9	
No difficulty	40.5	384.0***	34.6	13.6**	53.0	43.8***
Some difficulty	47.9		30.7		60.5	
Considerable	55.9		54.3		65.9	

(Table continues)

Table 15 (cont'd)

<u>Personal/Emotional</u>						
No difficulty	31.9		19.5		63.5	
Some difficulty	41.3	201.4***	31.2	18.1***	59.9	12.9***
Considerable	47.8		40.8		53.7	
<u>Attitudes</u>						
An asset	26.5		27.5		39.6	
No difficulty	42.4	258.6***	29.4	16.8***	54.8	26.6***
Some difficulty	44.3		44.4		55.8	
Considerable	50.1		48.9		62.4	

Note: *** $p < .001$.

Employment Domain: Indicator Endorsement Rates

Table 16 displays the percentage of positively endorsed indicators (indicators rated 'yes') for each release cohort (men, women, Aboriginal). It is important to note that the results have been disaggregated by gender and Aboriginal status for descriptive purposes only. More specifically, the purpose of this phase of the analysis was not to conduct a comparative examination of the differences between groups. Rather, the purpose was to flag indicators with exceedingly low or high endorsement rates. Exceedingly uneven distributions within a dichotomous variable (e.g., 90%/10%) can artificially deflate the strength of the relationship between such an indicator and the criterion of interest. Consequently, further comparative analyses were not conducted.

Interestingly, the endorsement rates for the indicators 'has physical problems which interfere with learning' and 'has difficulty with co-workers' were exceedingly low (less than 6%) for all three groups. Also noteworthy was that three additional indicators (i.e., 'often shows up late for work', 'has poor attendance record', and 'has difficulty meeting workload requirements') generated low endorsement rates within the women offender release cohort.

Table 16: Endorsement Rates for Employment Indicators

Employment Indicators	Men (N = 15, 479)	Women (N = 765)	Aboriginal (N = 2,593)
	% endorsed	% endorsed	% endorsed
1. Has less than grade 8?	22.4	16.3	27.0
2. Has less than grade 10?	52.6	42.4	63.6
3. Has no high school diploma?	78.0	69.9	87.5
4. Finds learning difficult?	29.0	16.6	31.9
5. Has learning disabilities?	17.7	7.7	12.3
6. Has physical problems which interfere with learning?	5.6	2.8	4.5
7. Has memory problems?	19.8	15.8	20.1
8. Has concentration problems?	28.0	21.3	30.3
9. Has problems with reading?	27.8	9.4	27.7
10. Has problems with writing?	34.2	9.3	30.0
11. Has problems with numeracy?	40.0	18.2	43.3
12. Has difficulty comprehending instructions?	11.3	8.5	13.0
13. Lacks a skill area/trade/profession?	55.0	59.0	66.0
14. Dissatisfied with skill area/trade/profession?	39.9	48.8	47.6
15. Has physical problems that interfere with work?	14.6	14.1	10.6
16. Has no employment history?	8.8	17.9	16.7
17. Unemployed at time of arrest?	59.6	69.6	65.2
18. Unemployed 90% of the time or more?	21.0	32.5	33.0
19. Unemployed 50% of the time or more?	51.6	58.4	68.2
20. Has an unstable job history?	62.3	54.5	74.2
21. Often shows up late for work?	8.8	3.3	11.2
22. Has poor attendance record?	10.7	5.3	13.3

(Table continues)

Table 16 (cont'd)

23. Has difficulty meeting workload requirements?	10.9	4.1	8.2
24. Lacks initiative?	26.7	7.0	37.8
25. Has quit a job without another?	46.0	45.1	49.0
26. Has been laid off from work?	64.7	32.6	67.4
27. Has been fired from a job?	28.4	20.9	28.1
28. Salary has been insufficient?	43.0	47.3	48.4
29. Lacks employment benefits?	62.2	63.5	71.9
30. Job lacks security?	63.4	60.7	73.2
31. Has difficulty with co-workers?	4.5	3.5	4.9
32. Has difficulty with superiors?	11.1	7.0	9.4
33. Prior vocational assessments?	9.5	13.3	10.6
34. Has participated in employment programs?	24.1	27.3	24.2
35. Has completed occupational development?	11.8	18.2	12.2

Note: The endorsement rates for indicators 17-32 were rendered non-applicable for those cases identified as having no employment history (indicator 16). Consequently, the reported endorsement rates for these indicators were derived exclusively from cases identified as having an employment history (men: $N = 14,124$; women: $N = 628$; Aboriginal offenders: $N = 2,159$).

Employment Domain: Relationship between Indicators and Rating

The relationship between each employment indicator and the overall employment dynamic factor rating was examined using a series of Pearson r correlations (see Table 17). The purpose of this analysis was to determine which indicators appeared to be driving the employment domain factor rating. As Table 17 illustrates, the majority of the indicators were significantly correlated with the employment rating for all three release cohorts.

The unemployment related indicators (e.g., 'unemployed 50% or more', 'unstable job history') along with 'lacks a skill, area, trade or profession' were most strongly associated with the employment rating (i.e., r 's $> .30$). Interestingly, this trend was observed for men, women and Aboriginal offenders, although, only one indicator for the women offender release cohort exceeded $.30$ in comparison to nine and six indicators for the men and Aboriginal release cohorts, respectively.

Table 17: Correlations between Employment Indicators and Rating

Employment Indicators	Men (N = 15, 479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Has less than grade 8?	.13*	.18*	.12*
2. Has less than grade 10?	.22*	.27*	.22*
3. Has no high school diploma?	.23*	.27*	.20*
4. Finds learning difficult?	.22*	.14*	.22*
5. Has learning disabilities?	.15*	.09*	.10*
6. Has physical problems which interfere with learning?	.04*	.03	.04
7. Has memory problems?	.14*	.11	.14*
8. Has concentration problems?	.23*	.14*	.23*
9. Has problems with reading?	.15*	.10	.14*
10. Has problems with writing?	.18*	.10	.14*
11. Has problems with numeracy?	.20*	.13*	.15*
12. Has difficulty comprehending instructions?	.14*	.19*	.15*
13. Lacks a skill area/trade/profession?	.39*	.30*	.37*
14. Dissatisfied with skill area/trade/profession?	.29*	.22*	.28*
15. Has physical problems that interfere with work?	.02	-.01	.04
16. Has no employment history?	.18*	.20*	.22*
17. Unemployed at the time of arrest?	.37*	.21*	.34*
18. Unemployed 90% of the time or more?	.30*	.23*	.36*
19. Unemployed 50% of the time or more?	.46*	.29*	.45*
20. Has an unstable job history?	.48*	.29*	.43*
21. Often shows up late for work	.15*	.07	.11*
22. Has poor attendance record?	.16*	.04	.14*

(Table continues)

Table 17 (cont'd)

23. Has difficulty meeting workload requirements?	.19*	-.03	.14*
24. Lacks initiative?	.33*	.12	.29*
25. Has quit a job without another?	.25*	.12	.18*
26. Has been laid off from work?	.20*	-.01	.02
27. Has been fired from a job?	.14*	.05	.06
28. Salary has been insufficient?	.33*	.22*	.22
29. Lacks employment benefits?	.37*	.24*	.28
30. Job lacks security?	.41*	.23*	.30
31. Has difficulty with co-workers?	.08*	.07	.06
32. Has difficulty with superiors?	.14*	.06	.12*
33. Prior vocational assessment(s)?	.05*	.01	.04
34. Has participated in employment programs?	.02	-.13*	-.03
35. Has completed an occupational development program?	-.08*	-.13*	-.07*

* $p < .001$; family wise error rate ($p = .05/35 = .001$).

Correlation coefficients for indicators 17-32 were rendered non-applicable for those cases identified as having no employment history (indicator 16). Consequently, the correlations for these indicators were derived exclusively from cases identified as having an employment history (men: $N = 14,124$; women: $N = 628$; Aboriginal: $N = 2,159$).

Employment Domain: Correlational Analyses

The Pearson r correlations between each indicator and readmission are presented in Table 18 for men, women and Aboriginal offenders separately. Although most indicators were significantly correlated with readmission, the magnitude of r was quite small (i.e. less than .05) in some cases. In sum, unstable job history was a strong predictor of readmission for both women and men (r 's $> .20$) and a moderate predictor for Aboriginal offenders ($r = .17$). Moreover, all of the remaining unemployment related indicators (16-19) were moderately predictive of readmission (r 's between .10 and .19)

for men, women and Aboriginal offenders. Interestingly, the indicators 'lacks a skill area/trade/profession' and 'dissatisfied with skill area /trade/profession' were also moderately predictive of readmission for all three release cohorts. Lastly, 'concentration problems' and 'learning difficulties' were moderately predictive of readmission among the women offender release cohort.

Table 18: Correlations between Employment Indicators and Readmission

Employment Indicators	Men (N = 15,479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Has less than grade 8?	.02	.13*	-.04
2. Has less than grade 10?	.09*	.19*	.01
3. Has no high school diploma?	.12*	.11	.04
4. Finds learning difficult?	.06*	.13*	-.01
5. Has learning disabilities?	.08*	.07	.04
6. Has physical problems which interfere with learning?	-.00	-.01	-.01
7. Has memory problems?	.05	.10	.01
8. Has concentration problems?	.11*	.16*	.05
9. Has problems with reading?	.00	.07	-.04
10. Has problems with writing?	.01	.10	-.04
11. Has problems with numeracy?	.07*	.10	.04
12. Has difficulty comprehending instructions?	.02	.06	-.02
13. Lacks a skill area/trade/profession?	.17*	.15*	.16*
14. Dissatisfied with skill area/trade/profession?	.13*	.13*	.14*
15. Has physical problems that interfere with work?	-.05*	.06	-.06*
16. Has no employment history?	.13*	.19*	.13*
17. Unemployed at the time of arrest?	.20*	.18*	.13*

(Table continues)

Table 18 (cont'd)

18. Unemployed 90% of the time or more?	.18*	.18*	.15*
19. Unemployed 50% of the time or more?	.25*	.18*	.18*
20. Has an unstable job history?	.25*	.25*	.17*
21. Often shows up late for work	.08*	.06	.03
22. Has poor attendance record?	.11*	.12	.02
23. Has difficulty meeting workload requirements?	.09*	.07	.04
24. Lacks initiative?	.17*	.13	.12*
25. Has quit a job without another?	.15*	.14	.03
26. Has been laid off from work?	.08*	.01	.03
27. Has been fired from a job?	.09*	-.01	.02
28. Salary has been insufficient?	.12*	.08	.04
29. Lacks employment benefits?	.15*	.03	.10*
30. Job lacks security?	.17*	.00	.10*
31. Has difficulty with co-workers?	.03*	.05	.01
32. Has difficulty with superiors?	.07*	.02	.06
33. Prior vocational assessment(s)?	.03	.02	-.02
34. Has participated in employment programs?	.03	-.04	-.02
35. Has completed an occupational development program?	-.02	-.05	-.04

* $p < .001$; familywise error rate ($p = .05/35 = .001$). Correlation coefficients for indicators 17-32 were rendered non-applicable for those cases identified as having no employment history (indicator 16). Consequently, the correlations for these indicators were derived exclusively from cases identified as having an employment history (men: $N = 14,124$; women: $N = 628$; Aboriginal: $N = 2,159$).

Employment Domain: Regression Analyses

A series of stepwise regression analyses were conducted to allow the employment indicators to compete simultaneously for unique variance in outcome. First, three separate stepwise regression analyses were conducted for each release cohort. The model entry and exit criteria were set at $p < .001$ ($.05/35 = .001$) and, 1% of the variance accounted for'. Thus, only those indicators that were statistically significant

and accounted for at least 1% of the explained variance in outcome were included in the final model.

As Table 19 indicates, a pattern of unemployment or unstable job history accounted for the majority of the variance for all three groups. Interestingly, 'lacks grade 10' only entered the final equation for the women offender release cohort.

Supplementary regression analyses were also conducted on the sub-set of 16 indicators affected by the default system. These analyses once again revealed that unemployment-related indicators (e.g., 'unemployed 50% or more', 'unstable job history') accounted for the majority of explained variance in outcome across all three groups.

Table 19: Employment Domain: Regression Analyses

<i>Male Offender Release Cohort (N = 15, 479)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Unemployed 50% of time or more	.26	.01	.069
Step 2			
Unemployed 50% of time or more	.17	.01	
Unstable job history	.16	.01	.015
<i>Women Offender Release Cohort (N = 765)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Unstable job history	.27	.03	.075
Step 2			
Unstable job history	.24	.03	.014
Under grade 10	.12	.03	

(Table continues)

Table 19 (cont'd)

Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r^2
Step 1			
Unemployed 50% of time or more	.22	.02	.036

B = Beta weight; SE B = Standard Error of Beta; Model R^2 at Step 2 = .08 for the male offender release cohort; Model R^2 at Step 2 = .09 for the women offender release cohort; Model R^2 at Step 3 = .04 for the Aboriginal release cohort. No other indicators met the $p < .001$ and '1% of variance accounted for' criteria for entry into the model.

Marital/Family Domain: Indicator Endorsement Rates

Only six indicators produced endorsement rates that were exceedingly low across all three release cohorts. Further, all the indicators with low endorsement rates were concentrated in the parenting skills and intervention sub-components. For a complete overview see Table 20.

Table 20: Marital/Family Domain: Indicator Endorsement Rates

Marital/Family Indicators	Men (N = 15,479) % endorsed	Women (N = 765) % endorsed	Aboriginal (N = 2,593) % endorsed
1. Childhood lacked family ties?	23.2	25.5	37.6
2. Mother absent during childhood?	16.9	22.6	30.6
3. Maternal relations negative as a child?	19.6	30.6	33.1
4. Father absent during childhood?	34.6	43.9	48.8
5. Paternal relations negative as a child?	37.3	36.2	48.4
6. Parents relationship dysfunctional during childhood?	43.3	50.1	62.2
7. Spousal abuse during childhood?	26.5	32.9	44.0
8. Sibling relations negative during childhood?	10.0	16.6	14.2

(Table continues)

Table 20 (cont'd)

9. Other relative(s) relations negative during childhood?	9.2	17.9	18.5
10. Family members involved in crime?	33.8	41.3	56.3
11. Currently single?	57.9	57.3	60.6
12. Has been married/common-law in the past?	76.5	81.1	80.4
13. Dissatisfied with current relationship?	14.8	15.0	18.7
14. Money problems affect relationship(s) past/present?	35.7	41.1	40.9
15. Sexual problems affect relationship(s) past/present?	12.2	17.1	16.5
16. Communication problems affect the relationship(s)?	46.2	49.7	63.0
17. Has been a victim of spousal abuse?	14.6	63.1	29.2
18. Has been a perpetrator of spousal abuse?	29.5	17.9	50.5
19. Has no parenting responsibilities?	46.1	37.3	41.9
20. Unable to handle parenting responsibilities?	23.4	28.9	31.8
21. Unable to control the child's behaviour?	11.2	10.7	14.8
22. Perceives self as unable to control the child's behaviour?	6.5	6.9	6.8
23. Supervises the child improperly?	14.9	13.7	19.0
24. Does not participate in activities with the child?	16.7	8.8	20.2
25. Lacks an understanding of child development?	19.5	13.1	29.8
26. Family is unable to get along as a unit?	43.3	25.2	48.2
27. Has been arrested for child abuse?	5.1	2.9	6.6
28. Has been arrested for incest?	7.2	0.8	7.0
29. Prior marital/family assessment(s)?	4.9	12.4	6.6
30. Has participated in marital/family therapy?	6.3	11.5	7.8
31. Has completed a marital/family intervention program?	2.0	4.1	3.2

Note: The endorsement rates for indicators 13-18 were rendered non-applicable for those cases identified as having no relationship history (indicator 12). Consequently, the reported endorsement rates for these indicators were derived exclusively from cases identified as having a relationship history (men: $N = 11,843$; women: $N = 620$; Aboriginal offenders: $N = 2,085$). Similarly, indicators 20-28 were rendered non-applicable for those cases with no dependents. Consequently, the reported endorsement rates for these indicators were derived exclusively from cases with dependents (men: $N = 8,342$; women: $N = 480$; Aboriginal offenders: $N = 1,507$).

Marital/Family Domain: Relationship between Indicators and Rating

The relationship between each marital/family indicator and the overall marital/family dynamic rating was examined using a series of Pearson *r* correlations (see Table 21). The purpose of this analysis was to determine which indicators appeared to be driving the marital/family rating. Interestingly, for the men offenders, only three indicators (i.e., ‘paternal relations negative as a child’, ‘communication problem affect relationship’, ‘perpetrator of spousal abuse’) were strongly associated with the marital/family rating (*r*'s > .30). In contrast, no indicators exceeded .30 among the Aboriginal release cohort while five indicators did so among the women offender release cohort.

Table 21: Correlations between Marital/Family Indicators and Rating

Marital/Family Indicators	Men (N = 15,479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Childhood lacked family ties?	.26*	.35*	.15*
2. Mother absent during childhood?	.17*	.25*	.12*
3. Maternal relations negative as a child?	.26*	.33*	.19*
4. Father absent during childhood?	.18*	.18*	.11*
5. Paternal relations negative as a child?	.30*	.27*	.20*
6. Parents' relationship dysfunctional during childhood?	.29*	.36*	.18*
7. Spousal abuse during childhood?	.26*	.32*	.18*
8. Sibling relations negative during childhood?	.19*	.20*	.15*
9. Other relative(s) relations negative during childhood?	.18*	.22*	.14*
10. Family members involved in crime?	.15*	.20*	.07*
11. Currently single?	.09*	.02	.02
12. Has been married/common-law in the past?	.15*	.20*	.16*
13. Dissatisfied with current relationship?	.25*	.20*	.23*

(Table continues)

Table 21 (cont'd)

14. Money problems affect relationship(s) past/present?	.18*	.13*	.12*
15. Sexual problems affect relationship(s) past/present?	.25*	.23*	.20*
16. Communication problems affect the relationship(s)?	.34*	.25*	.27*
17. Has been a victim of spousal abuse?	.23*	.28*	.19*
18. Has been a perpetrator of spousal abuse?	.38*	.25*	.28*
19. Has no parenting responsibilities?	-.07*	-.04	-.09*
20. Unable to handle parenting responsibilities?	.31*	.35*	.28*
21. Unable to control the child's behaviour?	.23*	.24*	.19*
22. Perceives self as unable to control child's behaviour?	.15*	.20*	.12*
23. Supervises the child improperly?	.27*	.24*	.25*
24. Does not participate in activities with the child?	.17*	.15*	.10*
25. Lacks an understanding of child development?	.30*	.27*	.24*
26. Family is unable to get along as a unit?	.36*	.23*	.29*
27. Has been arrested for child abuse?	.20*	.15*	.16*
28. Has been arrested for incest?	.22*	.09	.14*
29. Prior marital/family assessment(s)?	.15*	.15*	.11*
30. Has participated in marital/family therapy?	.14*	.12*	.11*
31. Has completed a marital/family intervention program?	.07*	.07	.05

* $p < .002$. (family wise error rate = $p = .05/31 = .002$).

Correlation coefficients for indicators 13-18 were rendered non-applicable for those cases identified as having no relationship history (indicator 12). Consequently, correlations for these indicators were derived exclusively from cases identified as having a relationship history (men: $N = 11,843$; women: $N = 620$; Aboriginal offenders: $N = 2,085$). Similarly, indicators 20-28 were rendered non-applicable for those cases with no dependents. Consequently, correlations for these indicators were derived exclusively from cases with dependents (men: $N = 8,342$; women: $N = 480$; Aboriginal offenders: $N = 1,507$).

Marital/Family Domain: Correlational Analyses

The Pearson r correlations between each indicator and readmission are presented in Table 22. In sum, several indicators (e.g., childhood lacked family ties) were moderately related to readmission (r 's between .10 and .20) across all three groups. Interestingly, only one indicator, 'unable to handle parenting responsibilities'

generated a strong predictive relationship with outcome ($r = .27$), and, this strong association was only observed for the women offender release cohort.

Table 22: Correlations between Marital/Family Indicators and Readmission

Marital/Family Indicators	Men (<i>N</i> = 15, 479) <i>r</i>	Women (<i>N</i> = 765) <i>r</i>	Aboriginal (<i>N</i> = 2,593) <i>r</i>
1. Childhood lacked family ties?	.13*	.12*	.11*
2. Mother absent during childhood?	.10*	.06	.09*
3. Maternal relations negative as a child?	.12*	.15*	.08*
4. Father absent during childhood?	.14*	.02	.11*
5. Paternal relations negative as a child?	.13*	.08	.07*
6. Parents' relationship dysfunctional during childhood?	.16*	.11*	.06*
7. Spousal abuse during childhood?	.11*	.11*	.01
8. Sibling relations negative during childhood?	.04*	-.01	.01
9. Other relative(s) relations negative during childhood?	.05*	.12*	.01
10. Family members involved in crime?	.14*	.16*	.09*
11. Currently single?	.13*	-.04	.08*
12. Has been married/common-law in the past?	-.07*	.09	-.08*
13. Dissatisfied with current relationship?	.05*	-.05	.03
14. Money problems affect relationship(s) past/present?	.05*	.03	.02
15. Sexual problems affect relationship(s) past/present?	-.09*	.09	-.11*
16. Communication problems affect the relationship(s)?	.06*	-.00	-.03*
17. Has been a victim of spousal abuse?	.06*	.11	-.03
18. Has been a perpetrator of spousal abuse?	.07*	.13*	-.06
19. Has no parenting responsibilities?	.11*	.06	.10*
20. Unable to handle parenting responsibilities?	.08*	.27*	.01

(Table continues)

Table 22 (cont'd)

21. Unable to control the child's behaviour?	.02	.07	-.05
22. Perceives self as unable to control the child's behaviour?	.03	.05	-.03
23. Supervises the child improperly?	-.02	.09	-.10*
24. Does not participate in activities with the child?	.11*	.15*	.07
25. Lacks an understanding of child development?	.05*	.17*	.00
26. Family is unable to get along as a unit?	.09*	.18*	.01
27. Has been arrested for child abuse?	-.07*	-.09	-.14*
28. Has been arrested for incest?	-.13*	-.06	-.16*
29. Prior marital/family assessment(s)?	.02	.08	-.01
30. Has participated in marital/family therapy?	-.00	.00	-.04
31. Has completed a marital/family intervention program?	.02	.03	.02

* $p < .002$ (family wise error rate = $p = .05/31 = .002$).

Correlation coefficients for indicators 13-18 were rendered non-applicable for those cases identified as having no relationship history (indicator 12). Consequently, correlations for these indicators were derived exclusively from cases identified as having a relationship history (men: $N = 11,843$; women: $N = 620$; Aboriginal offenders: $N = 2,085$). Similarly, indicators 20-28 were rendered non-applicable for those cases with no dependents. Consequently, correlations for these indicators were derived exclusively from cases with dependents (men: $N = 8,342$; women: $N = 480$; Aboriginal offenders: $N = 1,507$).

Marital/Family Domain: Regression Analyses

A series of stepwise regression analyses were conducted to allow the marital/family indicators to compete simultaneously for unique variance in outcome. Three separate stepwise regression analyses were conducted for each release cohort. To be included in the final model two outcomes were required: 1) the indicator had to be significant at $p < .002$ (Bonferoni correction applied $.05/31 = .002$) and the indicator had to account for at least 1% of the variance in outcome.

As Table 23 indicates, the top three predictor variables for men were: 'parents relationship dysfunctional during childhood', 'family members involved in crime' and 'currently single'. For women, three indicators also entered the final equation: 'unable to handle parenting responsibilities', 'has no parenting responsibilities' and 'family members involved in crime'. Noteworthy was the particularly strong contribution made

by 'unable to handle parenting responsibilities' (partial $r^2 = .03$), a finding echoed previously in the univariate correlational analysis. In contrast, this indicator was completely unrelated to readmission for Aboriginal offenders and was only mildly related to outcome for men.

Only two indicators, 'arrested for incest' and 'childhood lacked family ties', contributed unique variance in explained outcome among the Aboriginal release cohort. It is important to note, however, that 'arrested for incest' was *negatively* related to outcome as indicated by the negative *Beta* value. Thus, Aboriginal offenders in general who have been arrested for incest are *significantly less likely* to be readmitted to a federal institution, although it should be noted that a history of sexual offending is predictive of sexual recidivism among known samples of sex offenders (Hanson & Morton-Bourgon, 2004).

Supplementary regression analyses were also conducted on the sub-set of indicators affected by the default system. Interestingly, none of the six marital quality indicators entered the final model for men. 'Perpetrator of spousal abuse' was significantly related to outcome for women offenders (partial $r^2 = .016$, $p < .002$) while 'sexual problems affect relationship' was significantly related to outcome for Aboriginal offenders (partial $r^2 = .012$, $p < .002$). In regards to the seven parenting skills default indicators, 'arrested for incest' was significantly and negatively related to readmission for men (partial $r^2 = .016$, $p < .002$) while 'does not participate in activities with the child' was significantly and positively related to readmission for men (partial $r^2 = .013$, $p < .002$). Once again, 'unable to handle parenting responsibilities' emerged as a significant predictor for women (partial $r^2 = .07$, $p < .002$). Lastly, 'arrested for incest' emerged as a significant and negative predictor of readmission for Aboriginal offenders.

Table 23: Marital/Family Domain: Regression Analyses

Male Offender Release Cohort (N = 15,479)			
Variable	B	SE B	Partial r²
Step 1			
Parents' relationship dysfunctional during childhood?	.16	.01	.024
Step 2			
Parents' relationship dysfunctional during childhood?	.15	.01	
Currently single?	.12	.01	.014
Step 3			
Parents' relationship dysfunctional during childhood?	.13	.01	
Currently single?	.12	.01	
Family members involved in crime?	.12	.01	.012
Women Offender Release Cohort (N = 765)			
Variable	B	SE B	Partial r²
Step 1			
Unable to handle parenting problems?	.21	.04	.030
Step 2			
Unable to handle parenting problems?	.21	.04	
Family members involved in crime?	.15	.03	.025
Step 3			
Unable to handle parenting problems?	.26	.05	
Family members involved in crime?	.15	.03	
Has no parenting responsibilities?	.12	.04	.014
Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r²
Step 1			
Has been arrested for incest	-.33	.05	.018
Step 2			
Has been arrested for incest	-.33	.05	
Childhood lacked family ties	.10	.02	.010

B = Beta weight; *SE B* = Standard Error of Beta; Model *R*² at Step 3 = .05 for the male offender release cohort; Model *R*² at Step 3 = .07 for the women offender release cohort; Model *R*² at Step 2 for the Aboriginal release cohort = .03. No other indicators met the *p* < .002 & '1% of variance accounted for' criteria for entry into the model.

Associates Domain: Indicator Endorsement Rates

The endorsement rates for the associate indicators are presented in Table 24. Interestingly, only two indicators exhibited endorsement rates lower than 10%. For example, only 6.9% of the women offender cohort was identified as being affiliated with a gang while only 8.8% of women were identified as having predatory relationships. Interestingly, almost 90% of the Aboriginal release cohort associated with substance abusers in comparison to 65.9% and 58.4% of the men and women offender cohorts, respectively.

Table 24: Endorsement Rates for Associates Indicators

Associates/Social Interaction	Men (N = 15, 479) % endorsed	Women (N = 765) % endorsed	Aboriginal (N = 2,593) % endorsed
1. Socially isolated?	18.7	24.6	18.1
2. Associates with substance abusers?	65.9	58.4	87.1
3. Has many criminal acquaintances?	60.5	51.8	67.9
4. Has mostly criminal friends?	35.1	25.5	41.7
5. Has been affiliated with a gang?	9.8	6.9	11.0
6. Resides in a criminogenic area?	22.9	29.5	41.0
7. Unattached to any community groups?	58.2	50.9	63.0
8. Relations are described as predatory?	14.7	8.8	18.3
9. Often victimized in social relations?	15.4	30.6	18.3
10. Easily influenced by others?	44.6	46.8	48.1
11. Has difficulty communicating with others?	20.9	22.1	25.8

Associates Domain: Relationship between Indicators and Domain Rating

The following three indicators were strongly related to the overall associate domain rating: 'associates with substance abusers', 'has many criminal acquaintances', and 'has mostly criminal friends'. 'Gang involvement', 'criminogenic neighbourhood',

‘unattached to community groups’, and ‘easily influenced by others’ also made substantial contributions to the domain rating. The results were consistent across all three release cohorts.

Table 25: Correlations between Associates Indicators and Rating

Associates/Social Interaction	Men (N = 15, 479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Socially isolated?	.00	.04	.05*
2. Associates with substance abusers?	.43*	.43*	.35*
3. Has many criminal acquaintances?	.59*	.53*	.47*
4. Has mostly criminal friends?	.52*	.48*	.47*
5. Has been affiliated with a gang?	.22*	.20*	.19*
6. Resides in a criminogenic area?	.25*	.27*	.19*
7. Unattached to any community groups?	.24*	.20*	.22*
8. Relations are described as predatory?	.09*	.05	.10*
9. Often victimized in social relations?	.15*	.18*	.14*
10. Easily influenced by others?	.33*	.23*	.29*
11. Has difficulty communicating with others?	.05*	.07	.03

* $p < .005$ (family wise error rate ($p = .05/11 = .005$)).

Associates Domain: Correlational Analyses

Interestingly, the same pattern of results emerged in regards to which indicators were most predictive of readmission. Once again, ‘associates with substance abusers’, ‘has many criminal acquaintances’, and ‘has mostly criminal friends’ were strongly related to readmission for all three groups while ‘unattached to community groups’ and ‘resides in a criminogenic neighbourhood’ demonstrated a moderate relationship with readmission. Once again, the trends were consistent for men, women and Aboriginal offenders. See Table 26 for a complete overview.

Table 26: Correlations between Associates Indicators and Readmission

Associates/Social Interaction	Men (N = 15, 479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Socially isolated?	.04*	.00	.00
2. Associates with substance abusers?	.23*	.29*	.15*
3. Has many criminal acquaintances?	.23*	.23*	.23*
4. Has mostly criminal friends?	.22*	.28*	.26*
5. Has been affiliated with a gang?	.01	.03	.10*
6. Resides in a criminogenic area?	.14*	.19*	.09*
7. Unattached to any community groups?	.14*	.17*	.15*
8. Relations are described as predatory?	.04*	.08	-.03
9. Often victimized in social relations?	.04*	.04	-.00
10. Easily influenced by others?	.11*	.04	.13*
11. Has difficulty communicating with others?	.05*	.06	-.01

* $p < .005$ (family wise error rate ($p = .05/11 = .005$)).

Associates Domain: Regression Analyses

Three separate stepwise regression analyses were conducted for each release cohort. The model entry and exit criteria were set at $p < .005$ (Bonferoni correction = $.05/11$) and '1% of the variance accounted for'. Thus, only those indicators that accounted for at least 1% of the explained variance in outcome and were significant at $.005$ were included in the final model.

As Table 27 indicates, 'associates with substance abusers' and 'has mostly criminal friends' were uniquely and significantly related to readmission for both men and women. Interestingly, while 'associates with substance abusers' did not emerge as a significant predictor among the Aboriginal release cohort, 'has mostly criminal friends' and 'has many criminal acquaintances' did. It is possible that 'associates with substance abusers' did not emerge as a significant predictor due to restricted variance (i.e., almost 90% of the Aboriginal release cohort associate with substance abusers). Nonetheless,

the stepwise regression results confirm the univariate results that associating with criminal associates, criminal friends and known substance abusers increases the likelihood of readmission regardless of gender or Aboriginal status.

Table 27: Associates Domain: Regression Analyses

<i>Male Offender Release Cohort (N = 15,479)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Associates with substance abusers?	.24	.01	.054
Step 2			
Associates with substance abusers?	.19	.01	
Has mostly criminal friends?	.17	.01	.025
<i>Women Offender Release Cohort (N = 765)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Associates with substance abusers?	.27	.03	.083
Step 2			
Associates with substance abusers?	.20	.04	
Has mostly criminal friends?	.21	.04	.031

(Table continues)

Table 27 (cont'd)

Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r²
Step 1			
Has mostly criminal friends?	.26	.02	.065
Step 2			
Has mostly criminal friends?	.19	.02	
Has many criminal acquaintances?	.14	.04	.012

B = Beta weight; *SE B* = Standard Error of Beta; Model R^2 at Step 2 = .08 for the male offender release cohort; Model R^2 at Step 2 = .11 for the women offender release cohort; Model R^2 at Step 2 = .08 for the Aboriginal release cohort. No other indicators met the $p < .005$ and '1% of variance accounted for' criteria for entry into the model.

Substance Abuse Domain: Indicator Endorsement Rates

Overall, the endorsement rates were high, ranging between 27.0% and 90.5%. This finding was consistent across all three release cohorts, although there was a tendency for the Aboriginal offender release cohort to evidence higher endorsement rates in comparison to the women and the men (see Table 28).

Table 28: Endorsement Rates for Substance Abuse Indicators

Substance Abuse Indicators	Men (N = 15, 479) % endorsed	Women (N = 765) % endorsed	Aboriginal (N = 2,593) % endorsed
1. Abuses alcohol?	55.7	37.8	86.8
2. Began drinking at an early age?	75.8	76.1	84.8
3. Drinks on a regular basis?	68.2	57.8	76.5

(Table continues)

Table 28 (cont'd)

4. Has history of drinking binges?	72.8	76.5	85.0
5. Has combined the use of alcohol and drugs?	71.7	77.5	74.9
6. Drinks to excess during leisure time?	71.7	70.2	81.2
7. Drinks to excess in social situations?	75.9	75.4	87.8
8. Drinks to relieve stress?	62.5	73.7	68.8
9. Drinking interferes with employment?	39.4	35.3	50.0
10. Drinking interferes marital/family relations?	58.5	68.9	72.8
11. Drinking interferes with social relations?	45.9	50.5	60.4
12. Drinking has resulted in law violations?	79.3	75.8	90.5
13. Drinking interferes with health?	27.0	41.2	29.8
14. Abuses drugs (solvents, prescription drugs)?	61.5	54.0	75.2
15. Began using drugs at an early age?	67.2	65.1	77.3
16. Uses drugs on a regular basis?	68.5	75.3	68.3
17. Has gone on drug-taking sprees?	60.3	74.8	60.7
18. Has combined the use of different drugs?	53.4	58.8	56.5
19. Uses drugs to excess during leisure time?	83.6	83.5	86.2
20. Uses drugs to excess in social situations?	82.1	80.2	88.4
21. Uses drugs to relieve stress?	64.1	80.4	65.1
22. Drug use interferes with employment?	39.2	51.6	38.9
23. Drug use interferes with marital/family relations?	51.8	72.9	54.5
24. Drug use interferes with social relations?	43.3	60.3	44.4
25. Drug use has resulted in law violations?	72.2	84.0	67.1
26. Drug use interferes with health?	30.7	57.9	29.0
27. Prior substance abuse assessment(s)?	35.6	32.6	52.7

(Table continues)

Table 28 (cont'd)

28. Has participated in substance abuse treatment?	38.9	38.3	60.1
29. Has completed substance abuse treatment?	28.8	27.3	43.4

Note: The endorsement rates for indicators 2-13 were rendered non-applicable for those cases scored 'no' for 'abuses alcohol' (indicator 1). Consequently, the reported endorsement rates for these indicators were derived exclusively from cases identified as alcohol abusers (men: $N = 8,617$; women: $N = 289$; Aboriginal offenders: $N = 2,250$). In addition, the reported endorsement rates for indicators 15-26 were rendered non-applicable for those cases scored 'no' for 'abuses drugs' (indicator 14). Consequently, the reported endorsement rates for these indicators were derived from cases identified as drug abusers (men: $N = 9,525$; women: $N = 413$; Aboriginal offenders: $N = 1,949$).

Substance Abuse Domain: Relationship between Indicators and Domain Rating

As Table 29 illustrates, the majority of the substance abuse indicators were strongly correlated with the overall substance abuse rating (most r 's $> .30$). Once again, this finding remained true for all release cohorts. Only 13 indicators for the Aboriginal release cohort evidenced correlations below $.30$, although all but six still exceeded $.20$. It is likely the slightly deflated magnitude is attributable to high endorsement rates among the Aboriginal release cohort.

Table 29: Correlations between Substance Abuse Indicators and Rating

Substance Abuse Indicators	Men	Women	Aboriginal
	($N = 15,479$) r	($N = 765$) r	($N = 2,593$) r
1. Abuses alcohol?	.53*	.52*	.41*
2. Began drinking at an early age?	.24*	.19*	.14*
3. Drinks on a regular basis?	.32*	.27*	.27*
4. Has history of drinking binges?	.32*	.26*	.26*
5. Has combined the use of alcohol and drugs?	.29*	.28*	.20*
6. Drinks to excess during leisure time?	.37*	.15	.29*
7. Drinks to excess in social situations?	.34*	.11	.24*
8. Drinks to relieve stress?	.28*	.22*	.22*

(Table continues)

Table 29 (cont'd)

9. Drinking interferes with employment?	.33*	.25*	.23*
10. Drinking interferes with marital/family relations?	.36*	.24*	.26*
11. Drinking interferes with social relations?	.34*	.25*	.21*
12. Drinking has resulted in law violations?	.31*	.17	.20*
13. Drinking interferes with health?	.21*	.20*	.12*
14. Abuses drugs (solvents, prescription drugs, etc.)?	.49*	.61*	.29*
15. Began using drugs at an early age?	.23*	.26*	.12*
16. Uses drugs on a regular basis?	.35*	.46*	.19*
17. Has gone on drug-taking sprees?	.39*	.44*	.22*
18. Has combined the use of different drugs?	.32*	.32*	.18*
19. Uses drugs to excess during leisure time?	.28*	.31*	.17*
20. Uses drugs to excess in social situations?	.32*	.29*	.20*
21. Uses drugs to relieve stress?	.30*	.43*	.21*
22. Drug use interferes with employment?	.35*	.42*	.23*
23. Drug use interferes with marital/family relations?	.40*	.52*	.24*
24. Drug use interferes with social relations?	.37*	.41*	.22*
25. Drug use has resulted in law violations?	.35*	.48*	.18*
26. Drug use interferes with health?	.28*	.41*	.16*
27. Prior substance abuse assessment(s)?	.42*	.58*	.24*
28. Has participated in substance abuse treatment?	.46*	.67*	.29*
29. Has completed substance abuse treatment?	.35*	.54*	.20*

* $p < .002$ (family wise error rate ($p = .05/29 = .002$)).

Substance Abuse Domain: Correlational Analyses

As Table 30 illustrates, several indicators were either strongly or moderately correlated with readmission for all three release cohorts. For example, three indicators were strongly related to readmission among the male release cohort and six indicators were strongly related to readmission among the women offender cohort. Interestingly,

no indicators exceeded .20 within the Aboriginal release cohort. Lastly, 12 indicators were moderately related to readmission for both men and women, while only six indicators were moderately related to readmission for the Aboriginal release cohort. The fact that fewer indicators within the Aboriginal release cohort were significantly related to readmission is most likely attributable to restricted variance (i.e., Aboriginal offenders typically evidence significantly higher endorsement rates on the majority of substance abuse indicators thus deflating the magnitude of the correlational results).

Table 30: Correlations between Substance Abuse Indicators and Readmission

Substance Abuse Indicators	Men (<i>N</i> = 15,479) <i>r</i>	Women (<i>N</i> = 765) <i>r</i>	Aboriginal (<i>N</i> = 2,593) <i>r</i>
1. Abuses alcohol?	.15*	.21*	.01
2. Began drinking at an early age?	.12*	.07	.11*
3. Drinks on a regular basis?	.04*	.10	.04
4. Has history of drinking binges?	.06*	.05	.00
5. Has combined the use of alcohol and drugs?	.18*	.12	.15*
6. Drinks to excess during leisure time?	.06*	-.03	.01
7. Drinks to excess in social situations?	.05*	-.06	-.01
8. Drinks to relieve stress?	.03*	-.02	-.01
9. Drinking interferes with employment?	.09*	.16	.05
10. Drinking interferes with marital/family relations?	.04*	.07	-.02
11. Drinking interferes with social relations?	.05*	.07	-.04
12. Drinking has resulted in law violations?	.04*	.04	.01
13. Drinking interferes with health?	.03	.01	-.02
14. Abuses drugs (solvents, prescription drugs, etc.)?	.27*	.34*	.19*

(Table continues)

Table 30 (cont'd)

15. Began using drugs at an early age?	.16*	.13	.11*
16. Uses drugs on a regular basis?	.12*	.18*	.10*
17. Has gone on drug-taking sprees?	.15*	.21*	.08*
18. Has combined the use of different drugs?	.14*	.17*	.10*
19. Uses drugs to excess during leisure time?	.08*	.08	.07*
20. Uses drugs to excess in social situations?	.08*	.12	.06
21. Uses drugs to relieve stress?	.08*	.12	.04
22. Drug use interferes with employment?	.13*	.18*	.11*
23. Drug use interferes with marital/family relations?	.14*	.15*	.08*
24. Drug use interferes with social relations?	.13*	.16*	.07*
25. Drug use has resulted in law violations?	.11*	.12	.09*
26. Drug use interferes with health?	.09*	.18*	.06
27. Prior substance abuse assessment(s)?	.22*	.26*	.09*
28. Has participated in substance abuse treatment?	.21*	.31*	.08*
29. Has completed substance abuse treatment?	.17*	.21*	.05

* $p < .002$ (family wise error rate ($p = .05/29 = .002$)).

The correlation coefficients for indicators 2-13 were rendered non-applicable for those cases rated 'no' for 'abuses alcohol' (indicator 1). Consequently, the reported correlations for these indicators were derived exclusively from cases identified as alcohol abusers (men: $N = 8,617$; women: $N = 289$; Aboriginal offenders: $N = 2,250$). In addition, the reported correlation coefficients for indicators 15-26 were rendered non-applicable for those cases rated 'no' for 'abuses drugs' (indicator 14). Consequently, the reported correlation for these indicators were derived from cases identified as drug abusers (men: $N = 9,525$; women: $N = 413$; Aboriginal offenders: $N = 1,949$).

Substance Abuse Domain: Regression Analyses

Once again three separate stepwise regression analyses were conducted for each release cohort. The model entry and exit criteria were set at $p < .002$ (Bonferoni correction $.05/29$) and '1% of the variance accounted for'. Thus, only those indicators that met both criteria were included in the final model.

As Table 31 indicates, drug use, specifically 'early drug use' and 'drug sprees', were the strongest unique predictors of readmissions for all three release cohorts. Interestingly, previous substance abuse assessment and treatment were also uniquely

related to readmission for both men and women but not so for the Aboriginal release cohort.

Supplementary regression analyses were also conducted on the subset of alcohol and drug default indicators. These analyses once again revealed that early drug use and drug-sprees were the strongest unique predictors of readmission for men, women and Aboriginal offenders. When the analysis was restricted to the alcohol default indicators, 'combined alcohol and drug use' was the only indicator that emerged as a significant unique predictor across all three groups. The only additional indicator that emerged as a significant predictor during the supplementary regression analyses was 'alcohol use interferes with employment', but this finding was restricted to the women offender cohort. Thus, it would appear that drug abuse is a relatively stronger predictor of readmission than alcohol abuse.

Table 31: Substance Abuse: Regression Analyses

<i>Male Offender Release Cohort (N = 15,479)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Began using drugs at an early age?	.27	.01	.074
Step 2			
Began using drugs at an early age?	.23	.01	
Prior substance abuse assessment(s)?	.15	.01	.020
Step 3			
Began using drugs at an early age?	.17	.01	
Prior substance abuse assessment(s)?	.13	.01	
Has gone on drug-taking sprees?	.12	.01	.011
<i>Women Offender Release Cohort (N = 765)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Has gone on drug-taking sprees?	.35	.03	.132
Step 2			
Has gone on drug-taking sprees?	.26	.04	
Has participated in substance abuse treatment?	.16	.04	.019

Table 31 (continued)

Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r^2
Step 1			
Began using drugs at an early age?	.20	.02	.040

B = Beta weight; SE B = Standard Error of Beta; Model R^2 at Step 3 = .11 for the male offender release cohort; Model R^2 at Step 2 = .15 for the women offender release cohort; Model R^2 at Step 1 = .04 for the Aboriginal release cohort. No other indicators met the $p < .002$ & '1% of variance accounted for' criteria for entry into the model.

Community Functioning Domain: Indicator Endorsement Rates

Interestingly, nine of the 21 community functioning indicators demonstrated exceedingly low endorsement rates (i.e., below 10%). Moreover, this trend was consistent across each release cohort. See Table 32 for a detailed account.

Table 32: Endorsement Rates for Community Functioning Indicators

Community Functioning Indicators	Men (N = 15,479) % endorsed	Women (N = 765) % endorsed	Aboriginal (N = 2,593) % endorsed
1. Has unstable accommodation?	33.3	34.1	42.3
2. Residence is poorly maintained?	5.7	6.3	8.4
3. Has poor self-presentation?	6.9	2.6	9.1
4. Has poor hygiene?	3.1	1.7	3.7
5. Has physical problems?	24.9	24.2	21.2
6. Has dental problems?	14.5	15.6	20.5
7. Has dietary problems?	6.5	9.8	7.1
8. Difficulty meeting bills?	44.7	42.6	42.1
9. Has outstanding debts?	40.0	40.5	33.7

(Table continues)

Table 32 (continued)

10. Has no bank accounts?	42.1	43.8	58.2
11. Has no credit?	60.9	66.4	74.0
12. Has no collateral?	60.6	65.2	72.3
13. Has problems writing?	21.0	7.7	24.5
14. Unable to express verbally?	6.6	6.8	9.6
15. Has no hobbies?	25.6	16.1	25.8
16. Does not participate in organized activities?	51.4	34.1	52.3
17. Unaware of social services?	3.3	5.6	2.7
18. Has used social assistance?	69.3	79.7	87.4
19. Prior assessment for community functioning?	5.8	6.3	8.5
20. Has participated in a community skills program?	6.7	9.7	12.9
21. Has completed a community skills program?	5.6	7.1	10.5

Community Functioning Domain: Relationship between Indicators and Rating

As Table 33 illustrates only five indicators within the male offender release cohort, all pertaining to financial and accommodation instability, were strongly related to the community functioning domain rating (r 's > .30). No indicators within the women offender release cohort exceeded .30 whereas only one indicator, 'unstable accommodation', exceeded .30 within the Aboriginal cohort. Numerous indicators were moderately related, however, to the community functioning domain rating (r 's between .20 and .30).

Table 33: Community Functioning Domain: Correlations between Indicators and Rating

Community Functioning Indicators	Men (N = 15,479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Has unstable accommodation?	.35*	.23*	.34*
2. Residence is poorly maintained?	.18*	.16*	.19*
3. Has poor self-presentation?	.20*	.17*	.24*
4. Has poor hygiene?	.14*	.13*	.15*
5. Has physical problems?	.07*	.05	.07*
6. Has dental problems?	.10*	.02	.11*
7. Has dietary problems?	.10*	.08	.13*
8. Difficulty meeting bills?	.32*	.28*	.24*
9. Has outstanding debts?	.08*	-.01	.02
10. Has no bank accounts?	.31*	.22*	.24*
11. Has no credit?	.33*	.26*	.21*
12. Has no collateral?	.30*	.13*	.25*
13. Has problems writing?	.17*	.09	.18*
14. Unable to express verbally?	.12*	.13*	.12*
15. Has no hobbies?	.23*	.08	.15*
16. Does not participate in organized activities?	.24*	.05	.19*
17. Unaware of social services?	.01	.05	.01
18. Has used social assistance?	.25*	.15*	.12*
19. Prior assessment for community functioning?	.12*	.06	.11*
20. Has participated in a community skills program?	.10*	.04	.11*
21. Has completed a community skills program?	.09*	.05	.11*

* $p < .002$ family wise error rate ($p = .05/21 = .002$).

Community Functioning Domain: Correlational Analyses

Only one of the 21 indicators emerged as a strong predictor of readmission: ‘has unstable accommodation’ (men: $r = .21$). Although, the correlations did not exceed .20 for the women and Aboriginal release cohorts, the r values were nonetheless high (women: $r = .19$, Aboriginal: $r = .17$). The majority of the financial instability indicators coupled with ‘no hobbies’ and ‘does not participate in organized activities’ also proved to be moderate predictors of readmission across all three release cohorts (see Table 34).

Table 34: Correlations between Community Indicators and Readmission

Community Functioning Indicators	Men (<i>N</i> = 15,479) <i>r</i>	Women (<i>N</i> = 765) <i>r</i>	Aboriginal (<i>N</i> = 2,593) <i>r</i>
1. Has unstable accommodation?	.21*	.19*	.17*
2. Residence is poorly maintained?	.07*	.10	-.01
3. Has poor self-presentation?	.06*	.06	.01
4. Has poor hygiene?	.02	.06	-.03
5. Has physical problems?	-.03*	.10	-.05
6. Has dental problems?	.03*	.15*	-.01
7. Has dietary problems?	.00	.03	-.03
8. Difficulty meeting bills?	.10*	-.02	.04
9. Has outstanding debts?	-.02	-.03	-.01
10. Has no bank accounts?	.19*	.17*	.13*
11. Has no credit?	.18*	.12*	.13*
12. Has no collateral?	.16*	.08	.17*
13. Has problems writing?	.01	.07	-.05
14. Unable to express verbally?	-.01	.09	-.03
15. Has no hobbies?	.10*	.15*	.08*

(Table continues)

Table 34 (cont'd)

16. Does not participate in organized activities?	.10*	.17*	.09*
17. Unaware of social services?	.03*	-.02	.01
18. Has used social assistance?	.15*	.15*	-.01
19. Prior assessment for community functioning?	.07*	-.03	-.02
20. Has participated in a community skills program?	.08*	.02	.02
21. Has completed a community skills program?	.06*	.03	.01

* $p < .002$ family wise error rate ($p = .05/21 = .002$).

Community Functioning Domain: Regression Analyses

Once again, three separate stepwise regression analyses were conducted for each release cohort. The model entry and exit criteria were set at $p < .002$ (Bonferoni correction = $.05/21$) and '1% of the variance accounted for'. As Table 35 illustrates, 'unstable accommodation' was consistently related to readmission for all three groups. Furthermore, at least one finance-related indicator entered the final equation for each release cohort. Interestingly, two additional indicators emerged as unique predictors of readmission but only within the women offender release cohort: 'does not participate in organized activities' and 'dental problems'.

Table 35: Community Functioning Domain: Regression Analyses

Male Offender Release Cohort (N = 15,479)			
Variable	B	SE B	Partial r^2
Step 1			
Has unstable accommodation?	.22	.01	.045
Step 2			
Has unstable accommodation?	.18	.01	
Has no bank account?	.14	.01	.019

(Table continues)

Table 35 (cont'd)

Women Offender Release Cohort (N = 765)			
Variable	B	SE B	Partial r^2
Step 1			
Has unstable accommodation?	.19	.04	.036
Step 2			
Has unstable accommodation?	.17	.04	
Does not participate in organized activities?	.15	.04	.021
Step 3			
Has unstable accommodation?	.16	.04	
Does not participate in organized activities?	.14	.03	
Has dental problems?	.16	.05	.016
Step 4			
Has unstable accommodation?	.14	.04	
Does not participate in organized activities?	.14	.04	
Has dental problems?	.15	.05	
Has used social assistance?	.13	.04	.012
Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r^2
Step 1			
Has unstable accommodation?	.22	.02	.036
Step 2			
Has unstable accommodation?	.15	.02	
Has no collateral?	.12	.03	.009

B = Beta weight; *SE B* = Standard Error of Beta; Model R^2 at Step 2 = .07 for the male offender release cohort; Model R^2 at Step 4 = .09 for the women offender release cohort; Model R^2 at Step 2 = .05 for the Aboriginal release cohort. No other indicators met the $p < .002$ and '1% of variance accounted for' criteria for entry into the model.

Personal/Emotional Domain: Indicator Endorsement Rates

The majority of the personal/emotional indicators demonstrated endorsement rates that exceeded 5%. There were nevertheless exceptions. For example, the endorsement rates for 'religion is problematic', 'sexual identity problem', 'mentally

deficient' and 'current hospitalization' were all under 5% in each of the three release cohorts. Among the women offender cohort, the endorsement rates were less than 5% for the following indicators: 'gang member', 'gambling is problematic', 'physical prowess problematic', and 'inappropriate sexual preferences'. Lastly, among the Aboriginal cohort, only one indicator exhibited an endorsement rate less than 5%: 'receiving outpatient services prior to admission'. A complete overview is presented in Table 36.

Table 36: Endorsement Rates for Personal/Emotional Indicators

Personal/Emotional Indicators	Men (N = 15, 479)	Women (N = 765)	Aboriginal (N = 2,593)
	% endorsed	% endorsed	% endorsed
1. Feels especially self-important?	14.7	7.8	15.2
2. Physical prowess problematic?	8.3	2.5	9.2
3. Family ties are problematic?	40.3	40.7	50.0
4. Ethnicity is problematic?	3.9	3.8	8.3
5. Religion is problematic?	1.3	1.1	2.6
6. Gang member?	5.9	3.0	6.5
7. Unable to recognize problem areas?	45.9	32.0	51.6
8. Has difficulty solving interpersonal problems?	66.3	43.7	75.0
9. Unable to generate choices?	57.5	47.3	65.0
10. Unaware of consequences?	47.6	44.7	44.4
11. Goal setting is unrealistic?	25.1	12.0	28.0
12. Has disregard for others?	52.4	12.7	62.7
13. Socially unaware?	24.5	10.2	26.9
14. Impulsive?	63.3	55.8	75.3
15. Incapable of understanding the feelings of others?	30.0	7.7	37.4

(Table continues)

Table 36 (cont'd)

16. Narrow and rigid thinking?	34.6	13.5	42.3
17. Aggressive?	35.2	21.8	53.8
18. Assertion problem?	36.8	43.7	39.1
19. Copes with stress poorly?	62.1	54.3	76.9
20. Poor conflict resolution?	63.3	48.4	74.6
21. Manages time poorly?	40.0	18.4	50.1
22. Gambling is problematic?	5.6	3.3	4.6
23. Has low frustration tolerance?	37.7	29.9	47.9
24. Hostile?	18.7	12.2	27.7
25. Worries unreasonably?	18.4	27.7	22.6
26. Takes risks inappropriately?	57.4	64.3	59.7
27. Thrill seeking?	27.2	23.0	30.9
28. Non-reflective?	48.3	22.4	49.5
29. Is not conscientious?	34.4	9.2	38.1
30. Manipulative?	38.0	25.6	35.4
31. Has difficulty performing sexually?	4.8	6.9	3.8
32. Sexual identity problem?	3.2	1.2	3.1
33. Inappropriate sexual preferences?	12.1	1.8	15.6
34. Sexual attitudes are problematic?	16.9	5.9	25.7
35. Mentally deficient?	2.6	2.6	3.9
36. Diagnosed as disordered in the past?	7.2	13.3	6.9
37. Diagnosed as disordered currently?	4.3	9.9	4.9
38. Prior personal/emotional assessment(s)?	23.8	27.7	26.2
39. Prescribed medication in the past?	18.8	36.7	20.8
40. Prescribed medication currently?	8.1	25.5	8.4

(Table continues)

Table 36 (cont'd)

41. Past hospitalization?	13.4	23.1	15.8
42. Current hospitalization?	1.3	1.4	1.1
43. Received outpatient services in the past?	13.9	23.0	12.2
44. Receiving outpatient services prior to admission?	4.0	9.4	2.9
45. Past program participation?	18.1	19.7	25.0
46. Current program participation?	5.5	16.0	7.9

Personal/Emotional Domain: Relationship between Indicators and Rating

The individual correlations between each personal/emotional indicator and the personal/emotional domain rating are presented in Table 37. In sum, the vast majority of the correlations exceeded .10 within each release cohort.

Table 37: Correlations between Personal/Emotional Indicators and Rating

Personal/Emotional Indicators	Men	Women	Aboriginal
	(N = 15,479) <i>r</i>	(N = 765) <i>r</i>	(N = 2,593) <i>r</i>
1. Feels especially self-important?	.13*	.06	.09*
2. Physical prowess problematic?	.15*	.12*	.11*
3. Family ties are problematic?	.30*	.29*	.20*
4. Ethnicity is problematic?	.08*	.11	.11*
5. Religion is problematic?	.05*	.07	.05
6. Gang member?	-.03*	.07	.00
7. Unable to recognize problem areas?	.30*	.22*	.21*
8. Has difficulty solving interpersonal problems?	.42*	.41*	.27*
9. Unable to generate choices?	.31*	.23*	.22*

(Table continues)

Table 37 (cont'd)

10. Unaware of consequences?	.18*	.14*	.16*
11. Goal setting is unrealistic?	.20*	.21*	.14*
12. Has disregard for others?	.32*	.29*	.24*
13. Socially unaware?	.24*	.23*	.17*
14. Impulsive?	.33*	.30*	.19*
15. Incapable of understanding the feelings of others?	.34*	.21*	.24*
16. Narrow and rigid thinking?	.29*	.26*	.21*
17. Aggressive?	.34*	.36*	.28*
18. Assertion problem?	.26*	.26*	.15*
19. Copes with stress poorly?	.37*	.43*	.23*
20. Poor conflict resolution?	.40*	.34*	.27*
21. Manages time poorly?	.20*	.31*	.11*
22. Gambling is problematic?	.05*	.06	.05
23. Has low frustration tolerance?	.36*	.36*	.29*
24. Hostile?	.27*	.28*	.21*
25. Worries unreasonably?	.19*	.33*	.14*
26. Takes risks inappropriately?	.06*	.12*	.06
27. Thrill seeking?	.11*	.16*	.03
28. Non-reflective?	.25*	.22*	.19*
29. Is not conscientious?	.22*	.24*	.17*
30. Manipulative?	.22*	.25*	.16*
31. Has difficulty performing sexually?	.15*	.20*	.10*
32. Sexual identity problem?	.13*	.10	.10*
33. Inappropriate sexual preferences?	.25*	.09	.23*
34. Sexual attitudes are problematic?	.30*	.14*	.26*
35. Mentally deficient?	.11*	.12	.09*

(Table continues)

Table 37 (cont'd)

36. Diagnosed as disordered in the past?	.16*	.22*	.11*
37. Diagnosed as disordered currently?	.14*	.21*	.10*
38. Prior personal/emotional assessment(s)?	.25*	.27*	.19*
39. Prescribed medication in the past?	.18*	.25*	.09*
40. Prescribed medication currently?	.11*	.23*	.08*
41. Past hospitalization?	.16*	.25*	.10*
42. Current hospitalization?	.07*	.11	.05
43. Received outpatient services in the past?	.17*	.22*	.11*
44. Receiving outpatient services prior to admission?	.11*	.18	.07*
45. Past program participation?	.16*	.24*	.08*
46. Current program participation?	.08*	.14*	.04*

* $p < .001$ (family wise error rate ($p = .05/46 = .001$)).

Personal/Emotional Domain: Correlational Analyses

As illustrated in Table 38 most indicators were significantly correlated with readmission, albeit the magnitude of r was quite small (i.e., $< .05$) in some cases. Interestingly, 'risk-taking', 'thrill-seeking', 'impulsivity', and 'poor time management' were either moderately or strongly related to readmission (r 's $> .10$) across all three groups. Only two additional indicators exceeded the .10 threshold among the Aboriginal release cohort: 'inappropriate sexual preferences' ($r = -.20$) and 'sexual attitudes are problematic' ($r = -.18$). Among the women offender cohort the following indicators were also significant and exceeded .10: 'family ties are problematic' ($r = .15$), 'has difficulty solving interpersonal problems' ($r = .13$), 'has disregard for others' ($r = .15$), 'aggressive' ($r = .16$), 'copes with stress poorly' ($r = .22$), 'has a low frustration tolerance' ($r = .24$), and 'manipulative' ($r = .21$). Lastly, a large number of additional cognitive and behavioural-type indicators were significant and exceeded the .10 threshold among the male offender cohort. See Table 38 for a complete overview.

Table 38: Correlations between Personal/Emotional Indicators and Readmission

Personal/Emotional Indicators	Men	Women	Aboriginal
	(<i>N</i> = 15,479) <i>r</i>	(<i>N</i> = 765) <i>r</i>	(<i>N</i> = 2,593) <i>r</i>
1. Feels especially self-important?	.01	.02	-.04
2. Physical prowess problematic?	.03*	.02	-.02
3. Family ties are problematic?	.12*	.15*	.04
4. Ethnicity is problematic?	.00	-.04	-.02
5. Religion is problematic?	-.00	-.02	-.01
6. Gang member?	-.00	.06	.09*
7. Unable to recognize problem areas?	.05*	-.06	-.03
8. Has difficulty solving interpersonal problems?	.14*	.13*	.03
9. Unable to generate choices?	.16*	.01	.08*
10. Unaware of consequences?	.03*	-.10	.01
11. Goal setting is unrealistic?	.12*	.04	.05
12. Has disregard for others?	.12*	.15*	.05
13. Socially unaware?	.08*	.09	.02
14. Impulsive?	.22*	.18*	.16*
15. Incapable of understanding the feelings of others?	.06*	.10	-.03
16. Narrow and rigid thinking?	.08*	.11	.02
17. Aggressive?	.12*	.16*	.04
18. Assertion problem?	.07*	-.02	.00
19. Copes with stress poorly?	.14*	.22*	.02
20. Poor conflict resolution?	.15*	.11	.04
21. Manages time poorly?	.20*	.21*	.15*
22. Gambling is problematic?	-.00	.03	.00

(Table continues)

Table 38 (cont'd)

23. Has low frustration tolerance?	.14*	.24*	.06
24. Hostile?	.10*	.08	.04
25. Worries unreasonably?	.05*	.06	-.01
26. Takes risks inappropriately?	.10*	.13*	.11*
27. Thrill seeking?	.15*	.19*	.14*
28. Non-reflective?	.13*	.05	.06
29. Is not conscientious?	.16*	.11	.08*
30. Manipulative?	.06*	.21*	.01
31. Has difficulty performing sexually?	-.07*	.10	-.05
32. Sexual identity problem?	-.04*	.01	-.08
33. Inappropriate sexual preferences?	-.15*	.00	-.20*
34. Sexual attitudes are problematic?	-.13*	.10	-.18*
35. Mentally deficient?	.01	.06	-.03
36. Diagnosed as disordered in the past?	.06*	.07	-.00
37. Diagnosed as disordered currently?	.02	.01	-.04
38. Prior personal/emotional assessment(s)?	.08*	.06	.01
39. Prescribed medication in the past?	.07*	.11	.01
40. Prescribed medication currently?	.02	.05	-.06
41. Past hospitalization?	.04*	.04	-.02
42. Current hospitalization?	-.00	.03	-.02
43. Received outpatient services in the past?	.04*	.09	-.00
44. Receiving outpatient services prior to admission?	-.02	.04	-.04
45. Past program participation?	.09*	.11	.02
46. Current program participation?	.01	.11	-.01

* $p < .001$ (family wise error rate ($p = .05/46 = .001$)).

Personal/Emotional Domain: Regression Analyses

Three separate stepwise regression analyses were conducted for each release cohort. The model entry and exit criteria were set at $p < .001$ (Bonferoni correction = $.05/46$) and '1% of the variance accounted for'. The results are presented in Table 39. Interestingly, only three variables contributed to unique variance in outcome within the male release cohort: 'impulsive', 'poor time management', and 'inappropriate sexual preferences'. Once again, 'inappropriate sexual preferences' was negatively predictive of readmission. Interestingly, the exact same three variables comprised the final equation for Aboriginal offenders, although the order was slightly different with 'inappropriate sexual preferences' entering the equation first followed by 'impulsive' and 'poor time management'. Once again, 'inappropriate sexual preferences' was negatively related to readmission. Lastly, while 'poor time management' was related to readmission for women, four different variables also made significant contributions to readmission: 'poor frustration tolerance', 'manipulative', 'unaware of consequences', and 'takes risks inappropriately'.

Table 39: Personal/Emotional Domain: Regression Analyses

<i>Male Offender Release Cohort (N = 15,479)</i>			
<i>Variable</i>	<i>B</i>	<i>SE B</i>	<i>Partial r²</i>
Step 1			
Impulsive?	.23	.01	.048
Step 2			
Impulsive?	.18	.01	
Manages time poorly?	.15	.01	.015
Step 3			
Impulsive?	.18	.01	
Manages time poorly?	.15	.01	
Inappropriate sexual preferences?	-.20	.01	.017

(Table continues)

Table 39 (cont'd)

Women Offender Release Cohort (N = 765)			
Variable	B	SE B	Partial r^2
Step 1			
Has low frustration tolerance?	.25	.04	.059
Step 2			
Has low frustration tolerance?	.21	.04	
Manages time poorly?	.19	.04	.024
Step 3			
Has low frustration tolerance?	.17	.04	
Manages time poorly?	.17	.04	
Manipulative?	.13	.04	.013
Step 4			
Has low frustration tolerance?	.18	.04	
Manages time poorly?	.16	.04	
Manipulative?	.14	.04	
Unaware of consequences?	.18	.04	.014
Step 5			
Has low frustration tolerance?	.18	.04	
Manages time poorly?	.15	.04	
Manipulative?	.12	.04	
Unaware of consequences?	-.13	.03	
Takes risks inappropriately?	.12	.04	.013
Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r^2
Step 1			
Has inappropriate sexual preferences?	-.27	.03	.039
Step 2			
Has inappropriate sexual preferences?	-.26	.03	
Impulsive?	.17	.03	.021
Step 3			
Has inappropriate sexual preferences?	-.25	.03	
Impulsive?	.14	.02	
Manages time poorly?	.12	.02	.013

Model F^2 at Step 3 = .09 for the male offender release cohort; Model F^2 at Step 5 = .12 for the women offender release cohort; Model F^2 at Step 3 for the Aboriginal release cohort = .07. No other indicators met the $p < .001$ and '1% of the variance accounted for' criteria for entry into the model.

Attitude Domain: Indicator Endorsement Rates

The endorsement rate for each attitude indicator is presented in Table 40. Overall, the endorsement rates were neither exceedingly low nor high with a few exceptions. For example, 'ethnically intolerant', 'intolerant of other religions', 'intolerant of disabled persons', and 'elderly have no value' evidenced low endorsement rates (i.e., < 5%) across all groups. A considerable number of additional indicators also evidenced low endorsement rates but only within the women offender cohort (e.g., 'basic life skills have no value', 'personal/emotional stability has no value').

Table 40: Endorsement Rates for Attitude Indicators

Attitude Indicators	Men (N = 15,479) % endorsed	Women (N = 765) % endorsed	Aboriginal (N = 2,593) % endorsed
1. Negative towards the law?	40.5	16.3	44.5
2. Negative towards police?	30.3	17.1	35.5
3. Negative towards courts?	27.5	16.2	32.7
4. Negative towards corrections?	16.3	10.1	18.2
5. Negative towards community supervision?	22.1	7.7	29.9
6. Negative towards rehabilitation?	13.5	4.7	15.3
7. Employment has no value?	16.0	6.5	18.1
8. Marital/Family relations have no value?	8.7	3.0	9.6
9. Interpersonal relations have no value?	9.1	4.3	9.3
10. Values substance abuse?	42.0	14.4	52.9
11. Basic life skills have no value?	11.2	3.3	9.3
12. Personal/Emotional stability has no value?	9.9	4.1	8.6
13. Elderly have no value?	1.3	1.4	1.6
14. Women/Men roles are unequal?	13.9	14.0	21.5

(Table continues)

Table 40 (cont'd)

15. Ethnically intolerant?	3.2	1.8	3.9
16. Intolerant of other religions?	0.6	0.7	0.9
17. Intolerant of disabled persons?	0.4	0.4	0.6
18. Disrespectful of personal belongings?	34.8	6.9	38.5
19. Disrespectful of public property?	23.5	7.6	29.1
20. Disrespectful of commercial property?	32.7	9.9	33.4
21. Supportive of domestic violence?	13.2	2.5	25.1
22. Supportive of instrumental violence?	29.3	8.5	37.3
23. Lacks direction?	56.7	40.0	69.4
24. Non-conforming?	48.6	22.4	53.6

Attitude Domain: Relationship between Indicators and Rating

The individual correlations between each attitude indicator and the overall attitudinal domain rating are presented in Table 41. As Table 41 illustrates, the majority of the indicators were strongly related to the attitudinal domain rating.

Table 41: Correlations between Attitude Indicators and Attitude Rating

Attitude Indicators	Men (N = 15,479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Negative towards the law?	.46*	.39*	.43*
2. Negative towards police?	.38*	.36*	.35*
3. Negative towards courts?	.36*	.32*	.33*
4. Negative towards corrections?	.36*	.34*	.37*
5. Negative towards community supervision?	.34*	.34*	.38*
6. Negative towards rehabilitation?	.34*	.33*	.35*

(Table continues)

Table 41 (cont'd)

7. Employment has no value?	.30*	.27*	.26*
8. Marital/Family relations have no value?	.20*	.19*	.21*
9. Interpersonal relations have no value?	.24*	.21*	.21*
10. Values substance abuse?	.26*	.27*	.27*
11. Basic life skills have no value?	.27*	.26*	.22*
12. Personal/Emotional stability has no value?	.23*	.22*	.18*
13. Elderly have no value?	.08*	.13*	.09*
14. Women/Men roles are unequal?	.18*	.05	.19*
15. Ethnically intolerant?	.12*	.15*	.13*
16. Intolerant of other religions?	.05*	.10	.09*
17. Intolerant of disabled persons?	.03*	.05	.05
18. Disrespectful of personal belongings?	.27*	.27*	.30*
19. Disrespectful of public property?	.25*	.32*	.33*
20. Disrespectful of commercial property?	.24*	.25*	.29*
21. Supportive of domestic violence?	.15*	.20*	.19*
22. Supportive of instrumental violence?	.28*	.34*	.28*
23. Lacks direction?	.26*	.23*	.29*
24. Non-conforming?	.39*	.37*	.41*

* $p < .002$ family wise error rate ($p = .05/24 = .002$).

Attitude Domain: Correlational Analyses

As illustrated in Table 42 most indicators were significantly correlated with readmission, albeit the magnitude of r was quite (less than .05) in some cases. Noteworthy were the moderate to strong correlations observed across all three groups: 'negative towards the law', 'negative towards police', 'negative towards community supervision', 'employment has no value', 'disrespectful of personal property', 'disrespectful of private property', 'disrespectful of commercial property', 'lacks direction', and 'non-conforming'.

Table 42: Correlations between Attitude Indicators and Readmission

Attitude Indicators	Men (N = 15,479) <i>r</i>	Women (N = 765) <i>r</i>	Aboriginal (N = 2,593) <i>r</i>
1. Negative towards the law?	.14*	.18*	.11*
2. Negative towards police?	.14*	.12*	.10*
3. Negative towards courts?	.08*	.07	.03
4. Negative towards corrections?	.14*	.11*	.08*
5. Negative towards community supervision?	.18*	.15*	.12*
6. Negative towards rehabilitation?	.09*	.08	.04
7. Employment has no value?	.15*	.13*	.13*
8. Marital/Family relations have no value?	.07*	.04	.02
9. Interpersonal relations have no value?	.05*	.05	-.03
10. Values substance abuse?	.16*	.21*	.08*
11. Basic life skills have no value?	.11*	.09	.06
12. Personal/Emotional stability has no value?	.07*	.08	.00
13. Elderly have no value?	.02	.08	.01
14. Women/Men roles are unequal?	-.01	.04	-.06
15. Ethnically intolerant?	.03*	.07	-.01
16. Intolerant of other religions?	.02	.01	.02
17. Intolerant of disabled persons?	-.01	.00	-.02
18. Disrespectful of personal belongings?	.27*	.15*	.21*
19. Disrespectful of public property?	.22*	.19*	.18*
20. Disrespectful of commercial property?	.25*	.18*	.19*
21. Supportive of domestic violence?	.03*	.09	-.06
22. Supportive of instrumental violence?	.09*	.15*	.03
23. Lacks direction?	.24*	.27*	.15*
24. Non-conforming?	.18*	.12*	.17*

* $p < .002$ family wise error rate ($p = .05/24 = .002$).

Attitude Domain: Regression Analyses

Three separate stepwise regression analyses were conducted for each release cohort. The model entry and exit criteria were set at $p < .002$ and '1% of the variance accounted for'. The stepwise regression results essentially confirm the univariate results; 'disrespectful of personal and/or commercial property' along with 'lacks direction' and 'non-conforming' are the strongest, unique predictors of readmission for men, women and Aboriginal offenders (see Table 43).

Table 43: Attitude Domain: Regression Analyses

Male Offender Release Cohort (N = 15,479)			
Variable	B	SE B	Partial r^2
Step 1			
Disrespectful of personal belongings?	.28	.01	.075
Step 2			
Disrespectful of personal belongings?	.24	.01	
Lacks direction?	.17	.01	.028
Step 3			
Disrespectful of personal belongings?	.17	.01	
Lacks direction?	.16	.01	
Disrespectful of commercial property?	.13	.01	.011
Women Offender Release Cohort (N = 765)			
Variable	B	SE B	Partial r^2
Step 1			
Lacks direction?	.26	.03	.074
Step 2			
Lacks direction?	.24	.03	
Disrespectful of commercial property?	.26	.06	.021
Step 3			
Lacks direction?	.21	.04	
Disrespectful of commercial property?	.22	.06	
Values substance abuse?	.15	.02	.011

(Table continues)

Table 43 (cont'd)

Aboriginal Offender Release Cohort (N = 2,593)			
Variable	B	SE B	Partial r^2
Step 1			
Disrespectful of personal property?	.21	.01	.044
Step 2			
Disrespectful of personal property?	.17	.02	
Non-conforming?	.12	.02	.011

B = Beta; *SE B* = Standard Error of Beta; Model R^2 at Step 3 = .11 for the male offender release cohort; Model R^2 at Step 3 = .11 for the women offender release cohort; Model R^2 at Step 2 = .06 for the Aboriginal release cohort. No other indicators met the $p < .002$ and '1% of variance accounted for' criteria for entry into the model.

STEP 3: A CONSULTATIVE REVIEW

Methodology

A two-tiered consultation process comprised the final phase of the project. First, consultations with staff at CSC's National Headquarters were conducted. This segment of the consultation process included two components: 1) a one-day research symposium and 2) a series of meetings with key partners. The purpose of the symposium was to disseminate the project's research findings with staff from the following CSC Branches: Offender Programs and Reintegration, Aboriginal Initiatives, Strategic and Operational Planning, Research, and Health Services. Additionally, individuals from CORCAN and the Women Offender Sector were also represented. During the symposium, preliminary findings regarding the predictive validity of the DFIA were presented. Additionally, each expert presented his or her research results and recommendations for enhancing the DFIA.

In addition to the symposium, a series of meetings were held with national program managers, the Aboriginal Initiatives Branch, CORCAN and the Women Offender Sector. These meetings addressed general streamlining issues, program referral matters and issues regarding the applicability of the process to women and Aboriginal offenders.

The second tier of the consultation process involved an extensive field consultation. Ten consultation sessions were conducted across the country. More specifically, one session was held in the Pacific region, three in the Prairies, and two in each of the remaining regions: Ontario, Quebec and Atlantic. Representation was varied, including staff from intake assessment units, the community, the women offender facilities and Aboriginal healing lodges. The objective of each consultation session was twofold. First, to disseminate the research findings that emerged from the external reviews and the internal statistical review. Second, to give field staff the opportunity to provide input regarding how best to enhance the DFIA for men, women and Aboriginals.

Each consultation session commenced with a plenary session. During the plenary session, a research presentation was given that described the reliability and predictive validity results of the DFIA. A summary of the key findings derived from the external reports was also reviewed. Next, staff from the Research Branch and Offender Programs and Reintegration Branch moderated a series of focus groups. Each focus group was comprised of five to ten people who were responsible for providing concrete feedback regarding two specific DFIA domains. The personal/emotional domain was reviewed separately due to its length (i.e., 45 indicators).

The format of each focus group was as follows. First, the moderator reviewed the research pertaining to a given indicator. Specifically, the moderator told the group whether or not a given indicator had either none, weak, moderate or strong research support. The degree of research support ratings were based on the criteria outlined in Table 44. For example, in order for an indicator to be assigned a 'strong research support rating' the indicator had to have met two criteria: first, the Pearson r correlation coefficient with recidivism was required to exceed .20; and second, it was necessary that the indicator was statistically significant after applying the Bonferoni correction procedure. Due to the large sample size, the magnitude of the correlation as well as its statistical significance was used to assign 'degree of research support ratings' (see Kraemer et al., 1997, and Gendreau et al., 2001, for the importance of considering magnitude as well as statistical significance). Additionally, the external results were also influenced by the degree of research support rating if enough external research was available at the indicator level.

Next, the group discussed whether or not the indicator should be retained, dropped, modified or perhaps moved to another domain. Suggestions for enhancing the help messages were also offered at this stage. After the indicator review process, staff discussed each of the proposals associated with their assigned domains. The group indicated whether or not they believed the proposals were operationally feasible and desirable and consequently whether or not they should be implemented or, alternatively, rejected. Overall, the consultation process generated 10 separate proposals for each and every indicator.

Table 44: Degree of Research Support Rating Criteria

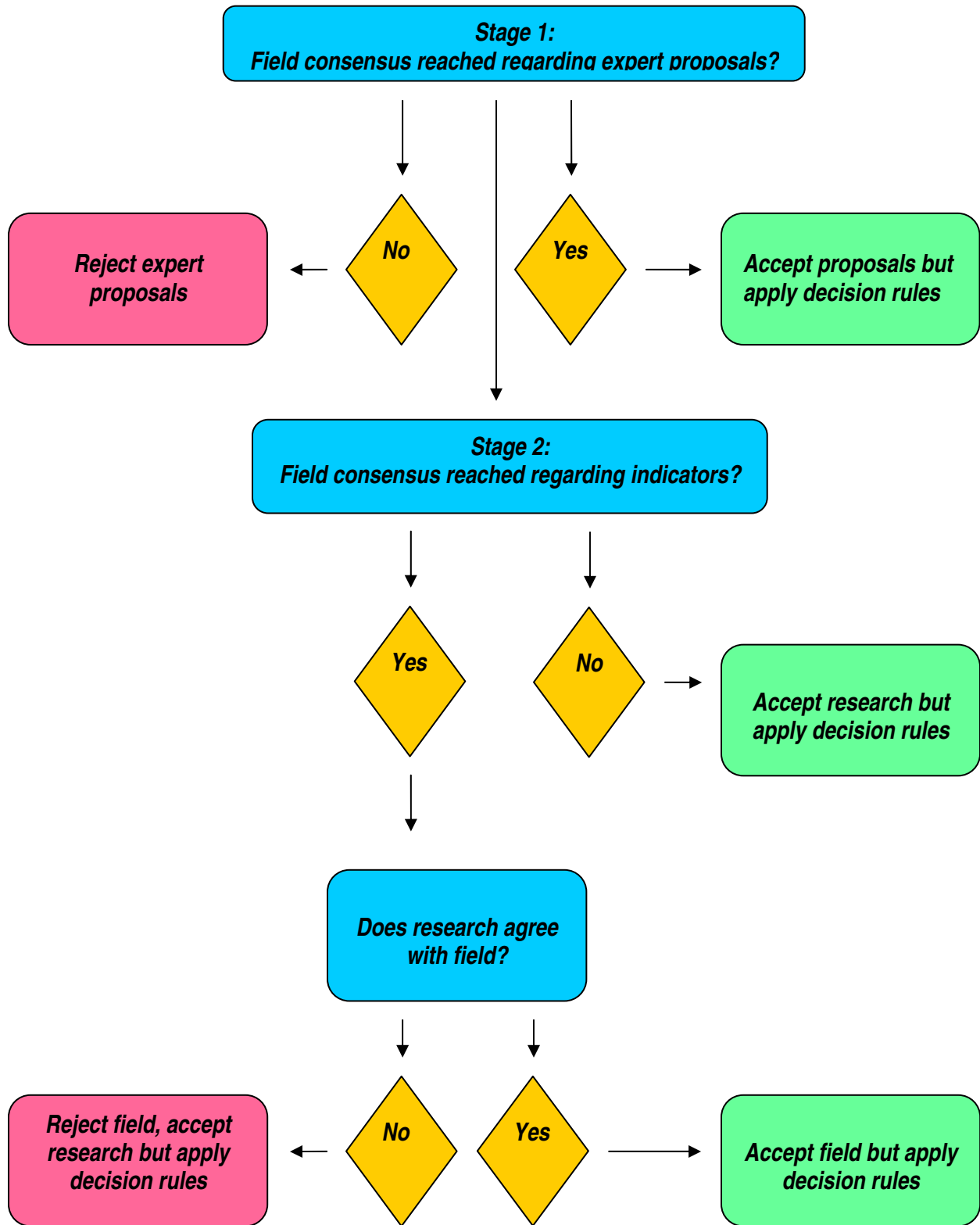
Degree of Research Support	Statistical Criteria
None	$r \leq .04$
Weak	r range: .05 - .09 and the indicator was statistically significant
Moderate	r range: .10 - .19 and the indicator was statistically significant
Strong	$r \geq .20$ and the indicator was statistically significant

During the field consultation process it became evident that a separate yet parallel process would be required for women offenders. The Women Offender Sector and the Women Offender Research Division also concurred. Consequently, two additional consultation meetings were conducted that exclusively targeted staff who work with women offenders. The first consultation session included staff who worked primarily with women during the intake assessment process. While this session generated global suggestions for enhancing the assessment process for women, it was recommended that additional time be made for more detailed consultations. Consequently, an additional one-day intensive consultation meeting was held.

Representatives for the second consultation session included staff from each of the regional facilities for women (i.e., Nova Institution; Joliette Institution; Grand Valley, Edmonton Institution; Burnaby Correctional Centre for Women) as well as the Okimaw Ohci Healing Lodge. Additionally, staff who worked with women being housed at male facilities were also included. At the time of the consultation some women offenders were still being held at Saskatchewan Penitentiary, Springhill Institution, Saskatoon's Regional Reception Unit or the Regional Psychiatric Center in Saskatoon. Consequently, staff members from these facilities were also included.

The methodology used during this session mirrored that previously used for the men. For example, a research presentation was given followed by a series of focus groups that reviewed the DFIA at the indicator level. All research that was presented and later discussed, however, was derived from samples composed entirely of women offenders. Staff also had the opportunity to discuss each of the external reviewers' proposals for enhancing the DFIA.

Figure 2: Streamlining Decision Model



Revision Logic Model

This project produced an extensive volume of information from a variety of sources that was, at times, conflicting. Consequently, a revision decision model was created to guarantee that all information guiding the revisions to the DFIA would be applied in a systematic and replicable manner. Although the decision model incorporated all information generated for this project, recommendations put forth by the field remained the driving force behind the revisions.

The revision decision model (see Figure 2) operates as follows. First, it was determined whether or not field consensus was reached regarding the recommendations provided by the external reviewers. For men, consensus was considered to have been reached if at least six of the 10 focus groups agreed that a given recommendation should be implemented. For women, agreement was required from two of the three groups. If consensus was reached, then a decision was made to incorporate the recommendation into the revisions while simultaneously applying a series of operational decision rules (see Table 45). The operational decision rules encompassed a variety of issues including recommendations put forth during the first tier of the consultation that dealt with partners from National Headquarters. If field consensus was not reached the recommendation was rejected.

The second component of the revision model addressed modifications at the indicator level. First, it was determined whether consensus was reached regarding a given indicator. For example, did the groups agree that a given indicator should be dropped, kept, modified or relocated. If consensus was reached we then considered whether or not research (internal and external) supported the field's position. If research supported the field, the field's position was adopted and the appropriate changes were made, while being mindful of the operational decision rules. If field consensus was not obtained, however, then decisions regarding an indicator's fate were based exclusively on the research and operational decision rules. Lastly, if field consensus was achieved but the research did not support the field, the field's position was rejected in favour of research. The field and research were rarely discordant, however.

Table 45: Streamlining Decision Rules

The revisions will:

1. Respect the project mandate, 'to revise the DFIA such that it identifies and prioritizes only those offender needs related to criminal behaviour'.
 2. Meet the primary objective of DFIA: to identify and prioritize needs.
 3. Enhance reliability and reduce ambiguity.
 4. Respect conceptual distinctness and avoid overlap between components.
 5. Respect the 'less is more' principal.
 6. Complement existing information gathering practices within the CSC.
 7. Reflect current programs offered by the Service.
 8. Enhance the program referral process.
 9. Respect copyright laws.
 10. Be gender and culturally responsive.
 11. Address offender strengths as well as weaknesses.
 12. Consider established theory in the absence of empirical evidence.
 13. Emphasize dynamic indicators unless static indicators facilitate program referrals.
 14. Retain indicators frequently used in strategic and operational planning.
 15. Retain the psychometric integrity of the revised protocol.
 16. Ensure the face validity and practical utility of the revised protocol without jeopardizing any of the above decision rules.
-

Consultation Results

The following eight themes emerged during the consultation process: 1) field opinion regarding the role of research; 2) DFIA content; 3) reliability of the DFIA; 4) scoring issues and the DFIA; 5) Case Management Strategy groupings; 6) program referrals; 7) applicability of the DFIA to specific offender groups; and 8) matters pertaining to training and staffing.

Response to Research Findings

In general, the field was receptive to the idea that research should inform revisions to the assessment process. Specifically, the field supported a revision strategy that would involve retaining indicators with either strong or moderate research support while dropping indicators with weak or no support. Although this strategy was accepted in principal the field still tended to recommend retaining indicators that demonstrated weak support. Nonetheless, the field was clear that the DFIA requires increased efficiency rather than expansion. Additionally, staff strongly indicated that the revised DFIA should reduce existing redundancies. More importantly, CSC staff members were adamant that the indicators be retained if and only if they are operationally required. It was strongly felt that indicators should not be retained solely for research purposes.

Content Issues

Overall, the field was satisfied with the content of the DFIA. Some sessions did recommend, however, adding new domains and/or indicators that addressed matters pertaining to survivors of trauma, responsivity (e.g., English as a second language; cultural diversity) and, more specifically, current motivation level and commitment to treatment. As well, it was recommended that a new component be added that specifically focused on past treatment performance. It was also proposed that positive and/or protective factors be addressed instead of always focusing on the negative. Specifically, positive factors should be underscored in the correctional plan. Additionally, some sessions were concerned that non-intake staff may not be aware of the narrative analysis given that it is currently not part of the correctional plan. This view was particularly strong in both the Pacific and Quebec regions.

The field was mixed in terms of how best to enhance the 'Intervention History' sections of each domain. Although some sessions argued it was necessary to capture the information, others indicated that the information should not be included if it was not predictive of criminal behaviour. Additionally, others indicated that the information was not useful for program referral purposes and that it did not play a significant role in the development of the correctional plan. In terms of sex offenders, the field indicated that it was essential to assess sex offenders at admission but that the DFIA was not necessarily the best place for this process.

Many individuals voiced concern that improved definitions were required specifically in regards to differentiating between a contributing and a non-contributing factor. Nevertheless staff wanted to ensure that non-contributing factors would still be assessed, if not in the DFIA then somewhere during the intake process.

Considerable discussion focused on past behaviour. For example, much debate ensued in terms of whether or not an offender convicted 15 years ago for a family violence-related offence or for a sexual offence should be rated 'yes' for past violence. This particular issue was more relevant for certain indicators, particularly those pertaining to employment history, gang affiliation, and parenting responsibilities.

Reliability

The most consistent and vocal message delivered by staff was that above all else, the clarity and meaning of the individual indicators and help messages must be enhanced to promote consistency across time, regions and raters. Specifically, the field identified a need for objective and clear scoring guidelines that would accompany each and every indicator. Additionally, the field recommended reducing ambiguity by avoiding double negatives, substituting help messages for actual indicators if possible, and, lastly, using clear, simple language that offenders and staff alike would understand.

Scoring and Rating

Overall, the field is satisfied with the manner in which the DFIA is currently rated. Professional discretion is preferred to a more structured approach. However, the most consistent and resounding theme throughout the consultation was the need for greater clarification regarding the exact meaning of the indicators. However, interestingly, some

sessions supported the development of an actuarial system provided that professional override always remained an option while others thought a simply tally of all of positively endorsed items could be used to guide the dynamic factor rating. Alternatively, some individuals recommended having the system 'flag' indicators with particularly strong predictive power.

Case Management Strategy (CMS) Groupings

In sum, the majority of the field revealed that the Case Management Strategies (CMS) is good in theory but not in practice. Generally, it was felt that the CMS is under utilized in that it plays little role in the development of correctional plans, pre-release decision making or in guiding community supervision practices. However, others were concerned that the CMS was erroneously being used to screen certain offenders (e.g., Limit Setters) out of correctional programs. Staff also raised concerns regarding possible labeling effects, the static nature of the CMS, and its reliability. In regard to reliability some individuals questioned its reliability given that the manner in which CMS groupings are currently generated is different from the manner in which was originally intended. Some recommended that the CSC should demonstrate a corporate commitment to revitalizing the CMS and consequently invest in extensive training. Alternatively, a corporate decision should be made to drop the process entirely. Those in the later group felt that the CMS, developed in the late 70's was outdated and should be replaced with motivation as a means of differentiating offenders. Nonetheless, there was support for retaining the CMS if and only if it is revised to reflect advancements in the literature over the last 30 years and a comprehensive training initiative is launched.

Lastly, there were a number of micro-level concerns that should be considered if the Service retains the CMS: First, changes to the OMS menu must occur to allow for two types of selective intervention subgroups (e.g., treatment or situational). Additionally, it was recommended that CMS scoring be revised to ensure the mutual exclusiveness of categories. Lastly, some individuals recommended fine tuning the CMS to ensure that drug dealers and sex offenders are not mistakenly being identified as members of the selective-intervention group.

Program Referrals

Overall, the field indicated that the DFIA should be revised such that its role in the program referral process is given greater emphasis. Successful program referral requires more than a summation of indicators. Some individuals thought that it might be useful to consider creating a new tool specifically for program referral purposes. In regards to the CMS there were mixed views regarding its role in the program referral process. For example, while some individuals argued that the CMS, specifically the limited-setters subgroup, should not be screened out of correctional programs others felt that this was an appropriate practice. Nonetheless, it was clear that the staff strongly endorsed the notion of revised indicators that clearly map onto existing programs.

There was also confusion over how best to integrate recommendations made by the intake staff regarding programming needs with those of the program board. A related issue that was raised concerned the role of parole officers and program officers. Some argued for a more integrated approach whereby program staff would play a greater role during the assessment process.

Generalizability

Staff indicated that it was important to develop a method that would identify Aboriginal offenders who wish to pursue a traditional lifestyle. It was also felt that issues pertaining to spirituality must be addressed at some point during the assessment process. Additionally, some staff suggested that any unique needs (e.g., FAS/FAE) could be addressed through the use of 'pop-down' menus and classification decision trees. For example, if question 1 is answered 'yes' then complete 1a - 1z otherwise proceed to question 2. These supplementary questions could then be completed in the context of a supplementary assessment by a recognized expert (e.g., Elder). The majority suggested adding an indicator that specifically would ask whether or not an individual had been placed in a residential school during childhood/adolescence and consequently may have a fear/disrespect of authority. Lastly, at the indicator level concern was raised that certain indicators within the personal/emotional domain may be culturally inappropriate for Aboriginals such as 'manages time poorly', 'socially unaware', and 'assertion problem'.

Global issues pertaining to the assessment of women offenders focused primarily on whether or not the Service should adopt a Holistic Approach versus the present domain by domain or compartmentalization approach. However, consensus was not reached among the group in terms of which strategy should be adopted. For example, many participants felt that it was first necessary to assess the parts in order to best obtain a complete holistic approach. Regardless of which strategy is adopted, the group strongly endorsed the development of more objective rating guidelines at the indicator level. Staff also liked the notion of adding a responsivity domain that would encompass factors such as FAS, learning barriers, and ESL. Staff also felt it was important to assess the role of eating disorders; if not in the personal/emotional domain or community functioning domain then in the immediate health concerns section. The role of self-esteem in criminal offending among women was discussed extensively. However, no clear guidelines regarding its assessment and integration into the process were provided. Some individuals also felt it might be necessary to start from the ground up rather than attempting to modify an existing assessment process. Overall, many of the global as well as the specific suggestions provided during the women offender specific consultation sessions mirrored those offered during the male offender consultation sessions. For example, the women-focused sessions suggested that clarity could be readily enhanced by eliminating double negatives, simplifying indicator structure and reducing duplication between domains.

Some staff were concerned that certain offenders belonging to visible minority groups may be under-classified and may be erroneously generating low risk/low need ratings due to their compliant and cooperative nature. This issue was raised with specific reference to Inuit offenders and Asian gang members. Lastly, there was concern that some items may be irrelevant for certain individuals living in rural areas (e.g., socially isolated).

Training/Staffing Issues

It was recommended that specialized training including the development of a detailed training manual as well as 'hands on' training be provided for intake staff. The need to ensure that the process is adaptable for both new and experienced staff alike was also underscored. Thus, while streamlining is important, staff recommended that

the rating guidelines be such that new staff would benefit from them. In terms of staffing, it was recommended that a balance between experienced and new staff be maintained at intake sites. Lastly, if the offender intake assessment process is to become more program-oriented, it was recommended that intake staff receive specialized training regarding program targets and objectives.

Employment Domain

General Comments

In sum, the field was concerned that employment is over-identified as a contributing factor. Specifically, they believe that while many offenders have employment-related problems, a close analysis of the offence cycle indicates that employment is generally not causally linked to criminal behaviour. Similarly, the field indicated that low educational attainment does not necessarily increase the likelihood of criminal behaviour. The field also strongly supported the inclusion of a principal component addressing attitudes towards work. It is generally believed that attitudes and work ethic are just as important as skill level and employment history. Although there was some support for assessing education and employment in different domains there was equal, if not stronger support for assessing education and employment in the same domain. Issues regarding the applicability of employment-based items for young offenders were also raised. In addition, staff indicated that a new 'job-seeking' indicator should be added. Finally, some participants indicated that the rating of certain historical indicators such as unstable employment history should not be restricted to the last year.

General Comments: Women-specific

Some individuals expressed concern regarding the applicability of employment for women who were full time primary caregivers at the time the offence occurred. Specifically, some individuals felt that the employment domain was potentially biased against full time caregivers. However, in contrast, others felt it was important to identify all women with employment deficits, regardless of their caregiver status. Similarly, the field was mixed in terms of whether or not prostitution, escort work and more generally, the adult entertainment business should be counted as a marketable skill set. Lastly,

some individuals felt it was important to add indicators to the employment domain that address attitudes towards parenting for full time caregivers.

Response to Expert Proposals: General and Women-specific

Gendreau et al. (1998) first proposed that indicators with demonstrated empirical support be retained, albeit with some judicious pairing of highly similar indicators. The field (including the women-focused sessions) unanimously agreed with this proposal in principal. Similarly, the field (including women-specific) also agreed unanimously with Gendreau et al. (1998) that a reduced set of indicators would be sufficient to accurately assess employment needs at intake. However, some exceptions were noted and are discussed at the indicator level. This proposal was given considerable weight throughout the revision process given that one of the logic model decision rules was to 'respect the less is more principal'.

The second proposal involved the addition of an item or two for school maladjustment factors such as expulsion or disciplinary problems. Once again there was overwhelming support from both the general (80% agreement) as well as the women specific consultation sessions (2/3 sessions agreed). Although the external empirical evidence and the field both supported the inclusion of school maladjustment items it was decided not to include these items given that their inclusion runs counter to the following operational decision rules: 1) respect the 'less is more' principal'; 2) emphasize dynamic indicators unless static indicators facilitate program referrals.

The third proposal recommended that more emphasis be placed on the assessment of offender values, beliefs, and satisfaction level with employment and related skill acquisition. Gendreau et al. (1998) further note that the few existing studies that have examined the predictive merit of such variables have yielded relatively strong correlations in the .20 range. Once again, both the general consultation sessions and the women-specific sessions provided overwhelming support for this proposal (100% agreement obtained during from both sessions). However, one of the women-specific sessions suggested that 'work-related attitudes' should be addressed in the attitude domain. Consequently, we recommend incorporating indicators that reflect these constructs.

Lastly, Gendreau et al. (1998) proposed that the Canadian Adult Achievement Test (CAAT; Psychological Corporation, 1993) and the Canadian General Aptitude Test Battery (GATB; Nelson Canada, 1987) be incorporated into the intake assessment process. The field generally supported the current use of the CAAT. However, both the general and the women-specific sessions expressed concern regarding potential cultural and language biases associated with the existing CAAT. Further, while 70% of the general sessions and two-thirds of the women-specific sessions thought the GATB was a strong addition they felt that the benefits did not outweigh the costs (i.e., need at least two people per institution to administer the GATB). Thus, it is recommended that the Service continue to use the CAAT, however it is not recommended that the GATB be implemented nationally at this time. However, further research examining its potential merit is warranted.

Changes to the Employment Indicators

Education (Indicators 1-3)

The vast majority of the general consultation sessions (90%) recommended removing the first indicator, 'Has less than grade 8'. Similarly, two of the three women-centered focus groups also generated the same recommendation. Empirically, Step 2 revealed that this indicator was unrelated to readmission for men and Aboriginal offenders. Although it was moderately predictive for women at the univariate level ($r = .13, p < .001$), the stepwise regression analysis revealed that it did not contribute significant variance to outcome over and above 'less than grade 10'. This is not surprising given that 'less than grade 10' was a substantially stronger univariate predictor of readmission for women ($r = .19, p < .001$) than 'less than grade 8' ($r = .13, p < .001$). In Step 1, Gendreau et al. (1998) reported that school achievement was a moderate predictor of recidivism. However, no unique studies were identified that specifically examined the predictive merit of having obtained grade 8. Operationally, there is no strong rationale for retaining this indicator particularly given that grade 10 is the current education standard for federal offenders. Consequently, in the interest of streamlining this indicator has been removed.

The majority of the general consultation sessions (60%) recommended removing the second education indicator, 'Has less than grade 10'. The remaining 40% either

recommended keeping the indicator or could not reach consensus as to whether or not it should be retained or dropped. Similarly, two of the three women-centered sessions also suggested removing this indicator while the remaining session wanted the indicator retained. Among those who recommended retaining the indicator a clear need to address regional differences in education standards was noted. Empirically, Step 2 demonstrated that this indicator was moderately predictive of readmission for women ($r = .19, p < .001$) at the univariate level. Also, the indicator contributed unique variance in the women-specific stepwise regression. However, it was only weakly predictive for men ($r = .09, p < .001$) and did not predict readmission for Aboriginal offenders ($r = .01$). As stated previously, the external review identified 'school achievement' (i.e., less than grade 12, few years of education) as a moderate predictor of recidivism. Despite the mixed empirical evidence for this indicator it has been retained for all three groups given that it is necessary for the Service to identify offenders who require educational upgrading to meet the Service's current grade 10 education requirement. The help message has also been revised in accordance with several suggestions provided during the field consultations (see Appendix B and C).

There was overwhelming support (90% of general sessions; 100% of women-specific sessions) for retaining the third employment indicator - 'Has no high school diploma'. However, the field noted that regional differences must be accounted for, particularly in the Quebec region. There was also some concern that the General Equivalency Diploma (GED) may not always be equivalent to a high school diploma achieved through traditional means. Step 2 revealed that this indicator was moderately predictive of readmission at the univariate level for women and men however it was not related to readmission among the Aboriginal offender release cohort. This latter finding may be attributable to restricted variance (e.g., almost 90% of Aboriginal offenders did not have a high school diploma). The external review supports the inclusion of 'school achievement', particularly less than grade 12. Consequently, this indicator has been retained with some re-wording to enhance clarity. Additionally the help message now addresses regional differences concerning educational attainment (see Appendix B and C).

Impediments to Learning and Employment (Indicators 4-12, 15)

Indicators 4 to 12 and indicator 15 assess factors pertaining to learning disabilities, physical problems, and specific academic skills or learning deficits (e.g., problems with reading, writing, concentrating or numeracy). An overwhelming majority of the general sessions (90%) recommended dropping indicator 15 - 'has physical problems that interfere with work'. In contrast, only one of the women-specific sessions recommended removing this indicator. The remaining women-specific sessions felt it was important to consider physical barriers to employment such as back pain, HIV, or Hepatitis C. Additionally, some of the women-specific sessions indicated that it was important to consider the impact of mental health, Fetal Alcohol Syndrome, and Attention Deficit Disorder on learning and employment opportunities.

In sum, the majority of the general sessions (60% - 100%) recommended retaining indicators 4 to 12, albeit numerous strategies for streamlining the indicators were presented. In contrast, consensus was not reached among the women-focused sessions. While one session recommended collapsing indicators 4 to 12 into one indicator indicative of learning problems, another session recommended dropping the majority of these indicators entirely given that they are measured by the CAAT. Lastly, one session could not reach consensus regarding the importance of these indicators with some individuals advocating their complete removal and others supporting their retention, albeit with some judicious pairing. Nonetheless, it was clear from both consultation sessions that some realignment of these indicators was required.

Specific suggestions put forth during both the general and the women-specific sessions included creating one all encompassing indicator 'has distinct learning barriers'. Additionally, some sessions recommended merging the existing 9 indicators into three distinct indicators: 'finds learning difficult/has learning disabilities', 'has physical problems which interfere with learning or work', and lastly, a composite indicator representative of indicators 7 to 12. In addition, some sessions also recommended moving these indicators to a responsiveness domain. Lastly, most sessions felt it was important to add an indicator reflective of language barriers.

Empirically, Step 2 demonstrated that none of these indicators were strongly related to readmission for any of the release cohorts. However, 'has concentration problems' was moderately predictive of readmission for both men ($r = .11$, $p < .001$) and

women ($r = .16, p < .001$). Additionally, 'finds learning difficult' was found to be weakly predictive for men ($r = .06, p < .001$) and moderately predictive for women ($r = .13, p < .001$). Although, specific academic skill-set indicators were not predictive of readmission for men or Aboriginal offenders there was some evidence that these indicators were mildly important for women (e.g., r 's range between .07 and .10), the correlations were not statistically significant. Unfortunately, Gendreau et al. (1998) did not identify any external studies that examined the relationship between learning difficulties/ disabilities or education-specific skills with recidivism. In light of the empirical evidence, feedback from the field and the operational decision rules, the existing 9 indicators have been collapsed into five distinct indicators pertaining to reading and writing, concentration deficits, learning disability, physical barriers to employment, and language barriers (a new indicator) and will now be assessed in a newly created responsivity domain (see Appendix B and C). The following three indicators have been dropped: 'has memory problems', 'has difficulty comprehending instructions', and 'has problems with numeracy'.

Skill Area/Trade/Profession (Indicators 13-14)

All of the consultation sessions (both general and women-specific) recommended retaining indicator 13 - 'lacks a skill area, trade, or profession'. However, several sessions recommended rewording the indicator to reflect strengths and assets as opposed to weaknesses. Moreover, the majority of both consultation sessions indicated that it was important to differentiate between marketable skills obtained through experience versus those obtained through formal training. Additional suggestions for enhancing the help message were also provided. Although no external studies were identified that specifically examined the predictive merit of this indicator, Step 2, the psychometric review, revealed that this indicator was moderately related to readmission for all three groups at the univariate level.

In light of the research and the fields' suggestions (including consultations with Corcan) this indicator has been replaced with the following two indicators: 'lacks marketable job skills obtained through experience' and 'lacks marketable job skills obtained through formal training'. Detailed help messages have been provided for each indicator (see Appendix B and C). It should be noted that an attempt was made to structure this indicator positively (e.g., 'has a marketable skill set' as opposed to 'lacks

marketable skill set'). However, in accordance with the operational decision rule: 'enhance reliability and reduce ambiguity' this approach required that all DFIA-R indicators be reworded accordingly; a process that generated more confusion than clarity. Consequently, it was decided to retain the current practice where positively endorsed indicators consistently reflect problem areas as opposed to strengths.

Overall, 60% of the general sessions and two of the three women-focused sessions recommended retaining indicator 14, 'dissatisfied with skill area/trade/profession'. However, both sessions requested further clarification and positive restructuring of the item. The remaining 40% of the general sessions recommended either dropping the indicator entirely or re-wording it such that it reflects attitudes towards work and/or school. Similarly, all of the women-specific sessions also felt it was important to address attitudes and motivation towards work. Additionally, the women specific sessions recommended that positive self-esteem be used as an indicator of positive job satisfaction (a recommendation that has been incorporated into the revised help message).

Empirically, Step 2 illustrated that this indicator was moderately related to readmission for men, women and Aboriginal offenders at the univariate level. Unfortunately, external research regarding the relationship between job satisfaction and recidivism was not available. Based on the available evidence coupled with the field's position, this indicator has been retained, albeit the wording of the indicator has been simplified. Additionally, the help message has been expanded (see Appendix B and C).

Employment History (Indicators 16-20)

Indicators 16,17,18,19 and 20 reflect the extent to which an offender has been unemployed or has demonstrated an unstable employment history. Overall, most of the general consultation sessions (50% - 90%) recommended retaining all of these indicators with the exception of 'unemployed 90% or more'. Interestingly, only one session recommended retaining this indicator in its current form. The remaining sessions could not decide whether or not to keep, drop, or modify it. The consultations also generated specific guidelines for improving the clarity of the help messages.

Interestingly, all of the women-specific sessions agreed that it was important to assess unemployment history. However, participants felt that this objective could be

achieved using fewer indicators. For example, each session recommended either merging indicators 18, 'unemployed 90% or more' and 19, 'unemployed 50% or more' or dropping one or the other. Similarly, all of the women-specific sessions agreed that indicator 16, 'Has no employment history' should be dropped or merged with other unemployment indicators to reduce redundancy. Moreover, all of the women-specific sessions agreed that indicator 20 –'has an unstable job history' and indicator 17- 'unemployed at time of arrest' should be retained. However, it was noted that allowances are required for full time caregivers.

Empirically, each indicator rendered either moderate or strong support. This finding was observed for men, women and Aboriginal offenders. Interestingly, 'unstable job history' and 'unemployed 50% or more' rendered the strongest support in all three groups. Additionally, Gendreau et al. (1998) reported that 'employment history' was one of the strongest predictors of re-offending.

In light of the research, the consultation results and the operational decision rules (e.g., 'less is more'; 'respect conceptual distinctness') the indicators: 'unemployed 90% of the time', 'unemployed 50% of the time' and 'has unstable employment history' have been collapsed into one composite indicator, 'has unstable employment history'. The help message has been modified in accordance with recommendations proposed by staff (e.g., tailor to address needs of young offenders; women offenders). Similarly, the following indicators have been retained: 'unemployed at time of arrest' and 'has no employment history' (see Appendix B and C). It should also be noted that 'has no employment history' has been reworded to enhance clarity.¹

Job Performance (Indicators 21-24)

Each general consultation session expressed concern regarding the continued use of indicator 21, 'often shows up late for work' and indicator 22, 'has poor attendance record'. For example, some sessions suggested dropping both indicators (40%), collapsing them into one (10%), or rewording them to reflect negative attitudes towards work (40%). The remaining session recommended keeping both indicators. However, it

¹Staff suggested that the best way to reduce ambiguity was to avoid using double negatives. For example, staff indicated that confusion sometimes results when forced to rate indicators 'yes' or 'no' that use the word 'no' within the actual indicator. Consequently, all indicators have been reworded such that 'no' is no longer part of the indicator.

was acknowledged that both indicators are difficult to rate reliably. Similarly, all three of the women-specific sessions recommended dropping indicators 21 and 22, or at the very least, merging them into a composite indicator.

Empirically, no external studies were identified that could demonstrate whether or not job performance-related variables predict recidivism. The psychometric review illustrated that, 'often shows up late for work' was only weakly related to readmission ($r = .08, p < .001$) for men but was unrelated to readmission for women and Aboriginal offenders. 'Has poor attendance record' was moderately related to recidivism ($r = .11, p < .001$) for men and women ($r = .12$), albeit the correlation was not significant for women. Neither indicator made a unique contribution in the stepwise regression analyses.

Eighty percent of the general consultation sessions indicated that indicator 23, 'has difficulty meeting workload requirements' is difficult to assess. Consequently, the majority of the consultations recommended dropping this indicator. Similarly, the women-specific sessions felt the indicator was redundant or unimportant. Consequently they recommended either dropping the indicator entirely or merging it with indicators 21 and 22. Empirically, no external studies were identified that reviewed this indicator. Additionally, the psychometric review demonstrated that the indicator was only weakly related to readmission ($r = .09, p < .001$) for men. Furthermore, the correlations were non-significant for both women and Aboriginal offenders.

Most of the general consultation sessions (70%) recommended retaining indicator 24, 'lacks initiative'. However, the field suggested rewording the indicator to reflect attitude and/or motivation towards work. Similarly, two of the three women-focused sessions recommended retaining the indicator, albeit with some modifications. Specifically, it was felt that it was important to have this indicator reflect choice (e.g., laziness versus inability to show initiative due to mental health or low IQ).

Empirically, 'lacks initiative' was moderately related to readmission for all three release cohorts at the univariate level however it did not contribute significant variance in any of the stepwise regressions. Gendreau et al. (1998) reported that motivation-based indicators were highly predictive of recidivism ($r > .20$'s). However, no external research was identified that specifically examined the importance of 'lacks initiative'.

In light of the consultation results, the external recommendations, prominent employment research regarding intrinsic work motivation and job involvement (e.g., Warr, Cooke, & Wall, 1979; Kanungo, 1982) and the streamlining decision rules (e.g., 'promote conceptual clarity', 'less is more') a new component for the employment domain, entitled, 'Work Attitudes' has been created. It includes two indicators: 'devalues quality work performance' and 'has a poor work ethic'. As well, concrete behavioural help messages including existing performance-based indicators (e.g., 'lacks initiative', 'ever been fired', frequently late) and dismissal/departure indicators have been added to enhance the reliable rating of this indicator. The rationale for incorporating the dismissal/departure indicators into the revised help messages is discussed in the next section.

Dismissal/Departure (Indicators 25-27)

Most of the general sessions (70%) recommended retaining indicator 25 - 'Has quit a job without another' in some form or another. For example, 3 sessions recommended retaining the indicator in its current form, while 4 sessions recommended merging this indicator with conceptually similar indicators such as 'has been laid off from work' and 'has been fired from a job'. Interestingly, the 3 sessions that recommended dropping this indicator felt that it should be added to the existing help message for unstable job history. In contrast, all of the women offender sessions recommended either dropping this indicator entirely or merging it with other like indicators.

Sixty percent of the general sessions suggested dropping indicator 26, 'has been laid off from work' while the remaining sessions suggesting either merging all dismissal/departure indicators into a composite or alternatively, merging all of the dismissal based indicators with some of the job-performance indicators with an enhanced help message. Similarly, all of the women-specific sessions recommended dropping this indicator entirely.

While 40% of the general sessions recommended dropping 'has been fired from a job' because it was judged too difficult to rate reliably, the remaining sessions recommended retaining the indicator either in its current form (20%) or as a composite merged in with other indicators contained within the dismissal/departure sub-component

and/or the performance sub-component (40%). Similar revision strategies were proposed during the women-specific consultation sessions.

Empirically, all of the dismissal/departure indicators generated weak to moderate support within the male release cohort at the univariate level. Further, none of the indicators predicted re-admission among the Aboriginal release cohort. Similarly, only one of the indicators ('has quit a job without another') played a substantial role ($r = .14$, ns) in the prediction of re-admission among the women offender release cohort. However, none of the indicators entered the final stepwise regression model for any of the release cohorts. Additionally, the external review did not identify any research that specifically examined these indicators. Consequently, in the interest of streamlining, indicators 25, 26 and 27 have been removed. However, indicator 26, 'Has been laid off from work', and indicator 27 'Has been fired from a job', have both been incorporated into the help messages for the following newly created indicators: 'poor work ethic' and 'devalues quality work performance' while indicator 25, 'has quit a job without another' has been incorporated into the help message for the 'impulsive' indicator, currently located in the personal/emotional domain.

Rewards (Indicators 28-30)

Interestingly, 90% of the general specific sessions recommended dropping 'salary has been insufficient' and 'lacks employment benefits'. Similarly, all of the women-specific sessions either recommended dropping these indicators entirely or recommended merging them into a composite indicator.

The results were not as clear regarding 'job lacks security'. While 50% of the general sessions recommended retaining this indicator, 40% recommended it be removed. Further, the one remaining session suggested that it be captured under a new composite indicator created by collapsing across existing indicators contained within the work history, the dismissal/departure, and the economic gain sub-components. Similarly, consensus was not reached among the women-specific sessions with some groups recommending it be retained and others recommending it be dropped.

Empirically, no external studies were identified that shed light on the predictive merit of these indicators. The psychometric review demonstrated that these indicators were moderately related to readmission for men and to some extent for Aboriginal

offenders at the univariate level. However, they were completely unrelated to readmission for women. Additionally, none of the indicators made a unique contribution in any of the stepwise regression analyses. Thus, in the spirit of streamlining, these indicators have been dropped. However, they have been incorporated into the help message that corresponds to the indicator, 'dissatisfied with job skills'.

Relations (Indicators 31-32)

Among the general consultation sessions there was considerable disagreement in terms of whether indicators 31: 'has difficulty with co-workers' and 32: 'has difficulty with superiors' should be retained, dropped, modified, or moved to another domain. While three sessions recommended merging the indicators into one, two sessions felt they should be retained as is. However, one session felt that both indicators should be relocated to the personal/emotional domain. Additionally, 30% of the sessions thought they should be dropped entirely due to reliability concerns. The remaining session could not reach consensus regarding the best course of action.

Similarly, the women-specific sessions could not reach consensus. While one session recommended dropping indicator 31 while retaining indicator 32, another session recommended retaining 31 but dropping 32. Further, the third session recommended merging indicators 31 and 32 into a composite indicator.

The lack of field consensus coupled with weak empirical support originally resulted in the deletion of these indicators. However, based on further consultations with CORCAN it was decided to retain one composite indicator reflective of one's inability to work well with others: 'works poorly with others'.

Interventions (Indicators 33-35)

Interestingly, all of the general consultation sessions agreed unanimously that the intervention indicators: 'prior vocational assessments', 'has participated in employment programs' and 'has completed an occupational development program' should be dropped. Alternative suggestions included re-wording the indicators to reflect poor motivation as well as having the information captured elsewhere. Similarly, the majority of the women-specific sessions recommended dropping indicators 33 to 35. However, one session did recommend that indicators 34 and 35 be retained.

Empirically, there was no evidence in support of retaining these indicators in their current form. Thus, we concur with the field's recommendation that the indicators be dropped and replaced with two motivation-based indicators that are education and employment specific (see Appendix B and C).

Summary of Changes to the Employment Domain

In sum, the employment domain has been reduced from six principal components, 10 subcomponents and 35 indicators to 4 components: Academic History; Work History; Work Skill Set and Work Attitudes, and 11 indicators. Moreover, the help messages have been expanded in accordance with recommendations provided by external experts and CSC staff. When applicable, differences pertaining to women, Aboriginal and young offenders have been incorporated into the individual help messages. Suggested interview questions have also been added to each indicator to promote consistent application of the assessment protocol across the country.

In addition to the above noted changes four additional modifications have also been introduced. The first two changes are relatively significant and pertain to the intervention principal component and the overall employment need rating. In contrast, the third and four modifications are relatively minor and pertain to the domain analysis and level of intervention based on dynamic factors. It should be noted that the changes about to be described affect not only the employment domain but each of the remaining six domains (e.g., marital/family, substance abuse, community functioning, etc.)

Currently, each domain (excluding attitudes and associates) contains an 'interventions' principal component comprised of three to six indicators that reflect treatment history for the domain in question. As a result of the field consultations, external experts and recent advancements in the motivation literature (see Miller & Rollnick, 1999; Prochaska, DiClemente, & Norcross, 1992; Serin & Kennedy, 1997; Serin, 2001; Tellier, 1999) each intervention component has been dropped and replaced with two new responsivity components: treatment history and current motivation level. Further, each new component is comprised of either one or two rating scales that reflect past treatment performance as well as current motivation level pertaining to the domain in question. The number of rating scales vary as a function of the number of potential programs associated with a given domain. For example, the

employment domain essentially covers two potential areas for intervention: employment and education. Consequently, the treatment history component includes two rating scales, one that pertains to past performance in employment-related interventions (i.e., very poor, poor, average, above average) and the other that pertains to past performance in education-related interventions (i.e., very poor, poor, average, above average). Similarly, the current motivation level component is comprised of two ratings, one pertaining to current motivation level for employment (i.e., low, medium, high) and the other pertaining to current motivation level for education (i.e., low, medium, high). These changes have been applied to each and every domain. Detailed rating guidelines have also been included to promote consistency in ratings across time and raters. See Appendix B and C for a complete overview.

The second major change relates to the overall employment need rating. Currently, the employment need rating is comprised of four levels: ‘factor seen as an asset to community adjustment’, ‘no immediate need for improvement’, ‘some need for improvement’, and ‘considerable need for improvement’. The revised employment need rating is now comprised of five levels: ‘factor seen as an asset to community adjustment’, ‘no immediate need for improvement’, ‘some need for improvement’, *‘moderate need for improvement’* and ‘considerable need for improvement’. The only difference is that a new category, ‘moderate need for improvement’ has been added. The rationale for doing so was to align the assessment process such that it reflects CSC’s current menu of program options which now typically involve three levels of intensity: low, moderate, high. This change is consistent with the streamlining decision rule, ‘enhance the program referral process’. Once again it should be noted that this change affects all of the domains and not just employment. Consequently, the scoring guidelines for the individual ratings will require some minor modification, specifically the addition of new guidelines for rating the ‘moderate’ category.

The third modification involves providing staff with ‘domain specific’ guidelines for completing the domain analysis rather than one global guideline that applies equally to all domains. The guidelines vary from domain to domain but generally underscore the need to highlight assets and strengths (if applicable) as well as any factors pertaining to gender and cultural diversity that may be relevant. Additionally, a number of

recommendations raised during the field consultations have been addressed by means of revising the domain analysis guidelines.

Marital/Family Domain

General Comments

Overall, the consultation sessions revealed that this domain is extremely important to staff. However, some sessions, specifically those in the Pacific region suggested that the marital/family domain be streamlined by deleting existing indicators that overlap with items from the Spousal Assault Risk Assessment Guide (SARA; Kropp, Hart, Webster, & Eaves, 1999). Some individuals even suggested replacing the marital/family domain entirely with the SARA.

Consultation participants also raised concern regarding the existing default system. For example, offenders with no current parental responsibilities are automatically rated 'no' for all eight parenting indicators. Some participants indicated that this default feature is problematic because it does not allow scoring offenders who may have had previous parental responsibilities.

The consultation sessions also suggested that the following indicators be incorporated into the revised domain: 'has been investigated by child welfare', 'attended a residential school', 'has been a victim of sexual abuse by family members', 'has a pro-social family support system', and 'has been a victim of child abuse'. It was also noted that 'family' should include extended family members. Lastly, staff felt it was important to incorporate unofficial evidence of family violence (e.g., absence of official conviction but indications of spousal abuse evident in police reports) into the domain ratings.

General Comments: Women-specific

In sum, the comments raised during the women offender consultations paralleled those of the general consultations. For example, participants indicated that the exact nature of childhood abuse required expansion (e.g., type of abuse, relationship between victim and perpetrator). However, considerable discussion ensued concerning the appropriateness of having intake staff ask direct questions about childhood abuse. Although some individuals recommended that referrals be made immediately to psychology, consensus was not reached in terms of the best course of action.

The participants also indicated that the parenting responsibility domain requires modification. Specifically, staff indicated that it was important to reflect whether or not the Children's Aid Society had ever intervened ('e.g., ' Has been investigated by child welfare agencies for suspicion of child abuse and/or neglect'). As well, staff indicated that it was important to document custody arrangements (for women with children) including pending court decisions during the intake process. Lastly, participants indicated that the extent to which the criminal partners of the women are involved in crime (e.g., gang member, charged, convicted, incarcerated) requires documentation at intake.

Response to Expert Proposals: General and Women-specific

The external experts who conducted the marital/family domain review did not provide proposals for enhancing the domain.

Proposed Changes to the Marital/family Indicators

Family Background (Indicators 1-10)

Sixty to one hundred percent of the general sessions recommended retaining 8 of the 10 existing indicators comprising the family background principal component. However, the following strategies for improving clarity and reducing redundancy were provided: 1) replacing indicators with help messages where applicable, 2) defining 'negative relations' more specifically to include various forms of abuse, 3) defining spousal abuse more clearly, and 4) collapsing across conceptually similar indicators. Moreover, 70% and 80% of the sessions recommended dropping 'sibling relations negative during childhood' and 'other relative(s) relations negative during childhood', respectively.

Interestingly, the results of the women-focused sessions mirrored the general consultations. For example, each women-focused session recommended retaining most of the family background indicators. However, like the general sessions, the majority of the women-focused groups (two out of three) recommended dropping indicators eight and nine ('sibling relations negative during childhood' and 'other relative(s) relations negative during childhood'). Additionally, specific suggestions regarding streamlining and clarity enhancement were highly similar to those provided during the general

sessions. For example, the sessions indicated that it was important to define the terms, 'family', 'mother' and 'father' quite broadly (e.g., substitute mother figure for mother) in order to reflect the role of extended families. The importance of extended families was underscored for Aboriginal offenders. Additionally, it was recommended that better definitions be provided in terms what is meant by 'negative', 'dysfunctional' and 'spousal abuse'. In regards to childhood abuse there appeared to be mixed opinion in terms of whether or not it should be included. While some felt it was important for accurate identification, others felt it would potentially have the unintended impact of re-victimizing women if non-qualified staff conducted the initial interviews. Lastly, some of the staff indicated that this particular section was very useful in building a therapeutic relationship between the offender and staff.

In general, the empirical results support the consultation results. For example, a number of the indicators were moderately correlated with readmission (r 's $>.10$), although, this trend was more evident for men than women or Aboriginal offenders. Interestingly, at least one family background indicator entered the stepwise regression equation for each release cohort: men, women, Aboriginal. The external meta-analytic reviews also confirmed the importance of negative family background characteristics, disintacted family of origin and family criminality in the prediction of recidivism. In light of the consultation and the empirical results the existing 10 family background indicators have been streamlining into five (see Appendix B and C). Additionally, we incorporated suggestions provided by the field in regards to enhanced clarity².

Marital Status (Indicators 11-12)

Sixty percent of the general consultation sessions recommended dropping 'currently single' given that it is already captured by tombstone data and is generally not perceived as being useful for program referrals. The remaining sessions either recommended retaining the indicator as is (20%) or rewording the indicator as follows, 'currently involved in an intimate relationship'. Moreover, 80% of the sessions

² An alternative strategy would be to move the 5 background indicators into a new 'social history' domain given that they are clearly static and arguably, have no direct link to program referral. If a new social history domain was adopted additional components addressing evidence of childhood aggression and criminality could also be assessed.

recommended dropping, 'has been married/common-law in the past', or alternatively, rewording the indicator to reflect relationship instability.

Once again the women-focused sessions paralleled those of the men. All three sessions recommended dropping both indicators 11 and 12 for similar reasons raised during the general sessions (e.g., captured in tombstone data). However, one session indicated that it was important to reflect marital instability.

Both the Step 1 and Step 2 findings demonstrate that marital status is a moderate predictor of recidivism for men. However, Step 2 did not find that 'currently single' was predictive for women or Aboriginal offenders. Similarly, Step 2 did not demonstrate that the indicator, 'Has been married/common-law in the past' is predictive of readmission. This finding was consistent for all three release cohorts. Lastly, no external studies were located that could either confirm or deny the importance of past marital relations in the criminal recidivism process.

In light of the field suggestions coupled with the research evidence we recommend that both indicators be dropped and replaced with one composite indicator reflective of marital instability, 'inability to maintain an enduring intimate relationship'. Although the indicator, 'currently single' does predict criminal recidivism it should be noted that the Statistical Information on Recidivism Scale (Nuffield, 1982) already contains the indicator. See Appendix B and C for the revised help message and suggested interview prompts that now accompanies this indicator.

Marital Quality (Indicators 13-16)

Interestingly, 50% of the general sessions recommended dropping 'dissatisfied with current relationship', 'money problems affect relationship(s) past/present', 'sexual problems affect relationship(s)', and 'communication problems affect the relationships'. While only one session recommended retaining these indicators in their current form, the remaining sessions could not reach consensus in terms of whether or not to retain, drop, or modify the existing indicators or they recommended collapsing the indicators into one composite indicator representing dysfunctional relationships.

All of the women-focused sessions recommended dropping indicator 13: 'dissatisfied with current relationship' and replacing it with an indicator that captures relationships best characterized as unhealthy or dysfunctional in the sense that both

individuals are either co-dependent or more specifically, the women's partner is involved in crime. Moreover, two of the three sessions recommended dropping all the indicators (14 to 16, inclusive) that pertain to money, sexual and communication problems.

Step 2 demonstrated that all of these indicators were either unrelated or slightly negatively related with readmission. However, the external meta-analytic review did identify four external studies illustrating that 'poor marital quality' was mildly related to recidivism ($MZ^+ = .10$).

Based upon the collective evidence above we recommend the creation of a composite indicator, 'Intimate relationships have been problematic'. The help message now incorporates specific suggestions put forth during the women-specific sessions in terms of what constitutes a problematic or unhealthy intimate relationship. As well, the 'spirit' of the existing four indicators that pertain to relationship quality have also been incorporated into the help message. Lastly, a new indicator reflecting whether or not the offender is currently or has recently been involved with a criminal partner has been added to the associates' domain.

Spousal Abuse (Indicators 17-18)

Ninety percent of the general sessions recommended retaining, 'has been a perpetrator of spousal abuse'. However, several suggestions for enhancing the clarity and meaning of the indicator were provided. Further, 50% recommended either dropping 'has been a victim of spousal abuse' entirely or at the very least reserving discussion of the indicator for the domain analysis. The remaining 50% either could not reach consensus in terms of the whether or not the indicator should be retained or dropped (20%), the remaining 30% clearly wanted the indicator retained, albeit with some slight modifications (i.e., include same-sex relationships, change 'spousal' to 'partner').

As with the general sessions, 100% of the women-focused sessions recommended retaining indicator 17, 'Perpetrated spousal abuse'. In contrast, all the women-focused sessions strongly recommended retaining 'has been a victim of spousal abuse'. Staff also indicated that the translation of these indicators in particular requires closer scrutiny.

Empirically, Step 1 revealed that neither indicator was related to readmission for men or Aboriginal offenders. However, interestingly there was some evidence that women who perpetrate spousal abuse are more likely to be readmitted than those who do not ($r = .13^*$, $p < .002$). Additionally, there appears to be a body of literature suggesting that victimization contributes to women's involvement in crime. Consequently, in light of all the available evidence, we recommend retaining both indicators however the help messages have been revised in accordance with specific suggestions provided during both the general as well as the women-specific consultations sessions.

Dependents (Indicator 19)

Overall, 80% of the general consultation sessions recommended retaining 'has no parenting responsibility' albeit several caveats for improvement were noted. For example, one session recommended that the system should include previous as well as present parenting responsibilities. Further, two additional sessions indicated that individuals with no children should be distinguished from individuals who have children but do not assume any parental responsibilities. Lastly, one session recommended enhancing the help message such that dependents include biological as well as step children.

Similarly, the majority of the women-focused sessions also recommended retaining this indicator. However, one session recommended removing the default option that results in automatic 'no' default ratings for indicators 20 to 28, inclusive if the offender currently does not have dependents. It was felt that the indicator should reflect current as well as past parenting responsibilities.

Step 2 revealed that this indicator was moderately related to readmission for men ($r = .11^*$) and Aboriginal offenders ($r = .10^*$). However, there was no relationship between this indicator and readmission for women. Externally, the meta-analytic review did not include a parenting responsibility indicator however the available research suggests that the presence of children plays a role in the desistance process (e.g., Farrington & West, 1995). Additionally, the need to acknowledge the importance of children, particularly in the lives of women offenders who are more often than not the primary care givers. Once again, in light of all the available evidence we recommend

that this indicator be retained. However, it has been re-worded slightly to enhance clarity. Additionally, the help message has been revised in accordance with the specific suggestions raised during both the general and women-specific consultation sessions.

Parenting Skills (Indicators 20-26)

The general sessions were undecided in terms of whether or not indicator 20, 'unable to handle parenting responsibilities' should be dropped entirely (40%), retained as is (10%), retained with some minor modification (20%), or merged with other indicators within the parenting skills sub-component (20%). Lastly, one session could not decide whether to retain, drop, or modify this indicator.

Interestingly, there was strong field support for streamlining the remaining parenting skills indicators. Seventy percent of the field sessions recommended dropping indicators 21 to 26 entirely. Additionally, while one session was undecided in terms of whether to drop or retain these indicators, the remaining two sessions suggested retaining indicator 26 while creating one composite indicator that would collectively represent indicators 20 to 25.

Two out of the three women-focused sessions recommended keeping indicator 20, 'unable to handle parenting responsibilities' in its current form. In regards to the remaining parenting indicators (21-26), consensus could not be reached in terms of how they should be streamlined. For example, one session recommended dropping them completely while another session was undecided. Lastly, the final session recommended they be retained, provided that the following changes were implemented: 1) increase the specificity of indicator 21, 'unable to control the child's behaviour appropriately' such that it reflects the content of the help message 'uses inappropriate means of discipline (excessive force & intimidation)'; and 2) enhance the meaning of indicator 26: 'family is unable to get along as a unit'.

Empirically, Step 2 revealed that none of the indicators were particularly potent predictors of readmission for men or Aboriginal offenders. However, 'has no parenting responsibilities' was mildly predictive of readmission for men and Aboriginal offenders ($r = .11^*$ and $.10^*$, respectively). Interestingly, the most prominent gender difference that emerged during Step 2 pertains to parenting. Specifically, while 'unable to handle parenting responsibilities' was virtually unrelated to readmission for men or Aboriginal

offenders it was strongly predictive of readmission for women. For example, not only did it demonstrate a strong univariate correlation with readmission ($r = .27^*$, $p < .002$) but it also entered the final stepwise regression equation for women only (accounting for the highest proportion of variance in explained outcome). Additionally, although only one other parenting indicator entered the stepwise equation for women (i.e., 'has no parenting responsibilities) the following parenting indicators evidenced moderate correlations with readmission for women: 'does not participate in activities with the child', 'lacks an understanding of child development', and 'family is unable to get along as a unit' while they were entirely unrelated to readmission for men and Aboriginal offenders.

Consequently, in light of all the available evidence and in keeping with the 'less is more' principal the parenting component has been reduced from 8 to 5 indicators. Some of the indicators have been re-worded to enhance clarity. Additionally, the help messages and interview prompts have been revised in accordance with recommendations put forth by the field (See Appendix B and C).

Child Abuse (Indicators 27-28)

The general consultation sessions could not decide whether the indicators 'has been arrested for child abuse' and 'has been arrested for incest' should be dropped, kept, or modified. While 30% proposed dropping both indicators, another 30% wanted them merged into a composite indicator reflective of past child welfare involvement. The remaining 40% were either undecided (20%) or wanted both items retained with some minor modifications.

Two of the women-focused sessions indicated that both indicators should be dropped entirely given that they are already reflected in the assessment of static factors section of the intake assessment process. The third session indicated that these indicators should be retained provided that the help message was modified. Specifically, it was argued that the concept of 'arrest' should be broadened to include any use of documented abusive physical force regardless of whether or not an official arrest was made. However, at the same time staff also recognized that it was important to ensure that the indicator does not produce an unacceptable number false positives.

Empirically, neither indicator was positively related to readmission. Conversely, Step 2 revealed that for offenders in general, previous arrests for incest as well as child abuse were negatively related to readmission. Despite the empirical results a composite indicator, 'formally investigated for suspicion of child abuse and/or neglect' will be retained given the importance of this factor for both family violence and parenting skills programming.

Interventions (Indicators 29-31)

The majority of the general sessions recommended dropping 'prior marital/family assessment(s)' (70%), 'has participated in marital/family therapy (60%), and 'has completed a marital/family intervention program' (60%). The remaining sessions either recommended no changes or the creation of one composite indicator reflective of prior treatment failure or prior intervention for child abuse and/or neglect.

While two of the women-focused sessions recommended dropping indicator 29 another session felt it was important to retain this indicator provided that the help message was revised to include previous intervention by any child protection agency. In regards to indicators 30 and 31 two sessions felt they should be retained while a third session indicated that they be removed. Regardless, the women-focused sessions agreed that if these indicators remain enhanced help messages are required.

Empirically, there was no evidence to support the inclusion of these indicators. Consequently, they will be dropped and replaced with two current motivation ratings pertaining to: 1) family violence and 2) parenting skills as well as two past treatment performance rating scales pertaining to: 1) family violence and 2) parenting skills. See Appendix B and C for more information.

Summary of Proposed Changes to the Marital/Family Domain

In sum, the marital/family domain has been reduced from 4 principal components, 13 subcomponents and 31 indicators to 3 components and 15 indicators. Moreover, not only have the indicators and help messages been revised in accordance with the research findings and field recommendations but indicators pertaining to family violence have been revised such that they could be used as a means of identifying individuals who require a supplementary family violence assessment (i.e., the Spousal Assault Risk Assessment (SARA)). As previously stated four new ratings pertaining to

current motivation level (family violence and parenting skills) and past treatment performance (family violence and parenting skills) have also been incorporated. Any unique differences pertaining to women, Aboriginal or young offenders have been addressed in the help messages and interview prompts. For example, the help message corresponding to the indicator, 'no ties to one specific family unit during childhood' now instructs staff to consider whether or not an offender was placed in a residential school during childhood. Please see Appendix B and C for a complete overview of the changes.

Associates/Social Interaction Domain

General Comments

In general, the field unanimously supports the continued inclusion of this domain. Moreover, all of the issues raised during both the general and women offender specific consultations have been addressed below either at the indicator level or in response to the expert proposals.

Response to Expert Proposals: General and Women-specific

Both the general and women-offender specific consultations unanimously agreed with Goggin et al.'s first proposal to reduce the number of items comprising the attachment principal component. The second proposal recommended that the associates domain incorporate the frequency of criminal association as well as the perceived satisfaction and perceived availability of both criminal and pro-social support networks in an offender's environment. While both the general and women-specific sessions supported the second proposal in principal, some sessions indicated that such an approach was far too detailed for intake. Moreover, some sessions suggested that the role of social support networks be incorporated into the community functioning domain. Consequently, consensus was not reached by either group in terms of whether or not Goggin et al.'s (1998) second proposal should be implemented and if so, how.

Goggin et al.'s (1998) third proposal suggested incorporating information pertaining to how an offender's socialization patterns change over time while in the community. It was also recommended that prison socialization patterns be incorporated into pre-release decision making. The general consultation sessions unanimously

agreed that while this proposal was interesting it was not appropriate for intake. Further, consensus was not reached during the women specific sessions in terms of whether or not to accept or reject this proposal.

The fourth proposal focused on whether or not criminal family members should be assessed within the marital/family domain or the associates domain. While Goggin et al. (1998) did not indicate a preference they simply stated that the location of this item should be explored and that the item should emphasize current rather than past involvement. Additionally, they also recommended considering the extent of the criminal behaviour. The general consultation process did not generate consensus regarding where this indicator should be located. However, 40% of the general sessions recommended addressing past criminal family in the marital/family domain while focusing on present activity in the associates domain. However, consensus was reached in that the majority of the sessions indicated that the frequency and nature of the familial illegal involvement should be considered in the assessment. Interestingly, all of the women offender sessions recommended keeping the assessment of criminal family members in the marital/family domain. However, they felt it was more important to emphasize current rather than past criminal activity.

The fifth proposal recommended that the indicator, 'Resides in a criminogenic area' be scored based on the offender's perception of the problem. Overall, the vast majority of the general sessions (80%) stated that this proposal was irrelevant given that they wanted the item dropped altogether. In contrast, the women specific sessions could not reach consensus regarding this proposal.

The final expert proposal suggested dropping all four indicators comprising the interpersonal relations principal component. However, the external reviewers also suggested moving these indicators to another domain such as personal/emotional or creating an entirely new domain specifically for these indicators. Consensus was not reached during the general or the women-specific sessions in regards to this proposal.

Proposed Changes to the Associates Indicators

Socially Isolated (Indicator 1)

The general sessions could not reach consensus in terms of whether or not to retain, drop or modify this indicator. While 50% of the sessions advocated retention,

30% recommended deletion due to its perceived overlap with indicator 7, 'unattached to any community groups'. The remaining two sessions could not reach consensus within their respective groups. Those sessions that supported retaining the indicator provided additional caveats for improved clarification. Specifically, the field indicated that it was important to distinguish between chosen versus forced social isolation. For example, while some individuals prefer social isolation (e.g., loners) others do not (e.g., child molesters, Aboriginals who have been banished, individuals diagnosed with HIV). All of the women-focused sessions agreed that it was important to assess the notion of being socially isolated, particularly for victims of abuse. However, it was recommended that the indicator be moved to the community functioning domain. Furthermore, it was also felt that the indicator is too narrow in scope and consequently should be broadened to incorporate pro-social support systems more generally.

The external review did not identify any predictive studies that exclusively examined the relationship between social isolation and recidivism. Moreover, Step 2 clearly demonstrated that there was absolutely no relationship between this indicator and readmission regardless of gender or ethnicity. In light of the evidence this indicator has been dropped. However, it has been incorporated into the help message for indicator 7, 'unattached to any community groups' which in turn has been reworded and moved to the community functioning domain. Additionally, staff are now instructed to include the reason(s) for being unattached to the community (if applicable) in the narrative comment section of the community functioning domain.

Associates with Substance Abusers (Indicator 2)

The general consultation sessions unanimously agreed that it was important to retain indicator 2, 'associates with substance abusers'. However, some individuals suggested narrowing the definition to include only drug abusers or only abusers involved with the criminal justice system. Further, a small minority of individuals suggested moving this indicator to the substance abuse domain. Similarly, the women-focused consultations also unanimously recommended that this indicator be retained with no modification.

Although the external review did not review this indicator specifically, Step 2 clearly demonstrated the importance of retaining this indicator for all three release cohorts. Consequently, we recommend retaining the indicator in its current form.

Criminal Acquaintances and Mostly Criminal Friends (Indicators 3-4)

The general consultation sessions unanimously supported retaining 'has many criminal associates' and 'has mostly criminal friends'. However, 80% of the field recommended collapsing the indicators into a single composite. Additionally, several individuals indicated that the distinction between 'many' and 'mostly' was negligible and at times promoted some confusion.

Similarly, all of the women-focused sessions recommended retaining these indicators. However, two sessions did recommend creating a single composite. Although, one session felt strongly that it was important to retain both indicators. Interestingly, the women-focused sessions also indicated that the distinction between 'mostly' versus 'many' was negligible and should be rectified accordingly.

The research strongly supports the inclusion of both indicators. In fact, the research indicates that criminal association is perhaps one of the single, strongest predictors of criminal behaviour. In addition, the criminal associates domain was the only domain that produced reliability indices that were somewhat low ($\alpha < .70$), a situation most likely attributable to the small number of indicators currently comprising the domain. Consequently, despite field recommendations for the creation of a composite indicator we recommend retaining the existing two indicators with a minor change in language (i.e., 'has mostly criminal friends' has been changed to 'has many criminal friends'). Additionally, as previously noted two additional criminal association indicators have been added to this domain (i.e., 'has a criminal partner' and 'has contact with criminal family members) in response to issues raised in regards to the marital/family domain.

Gang Affiliation (Indicator 5)

The general sessions unanimously recommended retaining this indicator, albeit with some modification. For example, it was recommended that the scoring of the indicator be revised in accordance with the existing Commissioner's Directive pertaining to gangs and organized crime. Further, some sessions indicated that it was important to

document gang variability at intake specifically in terms of degree of involvement, regional variation and whether or not the offender was part of a street gang or organized crime. Regardless, it was recognized that while it is crucial to assess gang involvement at intake the process can be unreliable due to limited information.

Interestingly, the comments and recommendations brought forth during the women-focused sessions paralleled those raised during the general sessions. Specifically, all of the sessions agreed that it was important to retain this indicator however more detailed scoring guidelines were required. For example, the scoring guidelines need to clearly account for organized crime, street gangs, and most importantly, the extent of association.

Externally, no studies were identified that specifically examined the predictive merit of adult gang involvement. However, evidence from the juvenile offender literature indicates that gang membership contributes unique variance to the prediction of recidivism over and above criminal associates (Thornberry, Krohn, Lizotte, & Chard-Wierscheim, 1993). Step 2 as well as a recent study conducted by Nafekh and Stys (2004) revealed that there was no relationship between gang affiliation and readmission. However, interestingly, Nafekh and Stys (2004) demonstrated that gang affiliation was related to the nature of criminal re-offending. For example, while gang members are not more likely than their non-gang member counterparts to be readmitted to a federal institution, they are more likely to re-admitted for weapons and drug-related offences. In light of the all the available evidence, we recommend retaining the indicator however it has been reworded slightly in accordance with recommendations put forth by the field. As well, the help message has been re-worded to reflect additional concerns raised by the field.

Criminogenic Area (Indicator 6)

Sixty percent of the general sessions recommended dropping this indicator- 'resides in a criminogenic area' given that it is subjective, redundant with criminal association, and reflective of socio-economic bias. The remaining sessions either recommended retaining the indicator (30%) pending minor modifications or could not reach consensus (10%).

In contrast, all of the women-focused sessions agreed that this indicator should be retained. However, some sessions indicated that this indicator was particularly difficult to rate. Consequently, it was strongly recommended that enhanced rating guidelines be created. Additionally, it was felt that the wording of the indicator should be changed to, 'resides in a known high crime area'.

Empirically, both Step 1 and Step 2 demonstrated that this indicator was moderately related to criminal recidivism. Moreover, the indicator was relevant for all three release cohorts, particularly for women ($r = .19, p < .05$). Consequently, this indicator has been retained however some minor modifications have been made to the help message to help promote consistent application in accordance with concerns raised during both the general and women-focused sessions.

Attachment to Community Groups (Indicator 7)

The general sessions unanimously agreed that, 'unattached to any community groups' should be retained, albeit with the following modifications. First, the field expressed concern that the indicator may not also reflect positive influences (e.g., sex offenders involved in Boy Scout activities). Second, some sessions noted that the indicator is redundant with the community functioning indicator, 'does not participate in organized activities'. Hence, some sessions recommended moving the indicator to the community functioning domain. Third, some sessions suggested merging 'social isolate' with 'unattached to any community groups' into a composite indicator (e.g., 'lacks appropriate social networks'). Lastly, the field recommended giving offenders credit for participation in less structured activities (e.g., gym, working on a car, hobbies).

Two of the three women-focused sessions recommended retaining this indicator while the remaining session recommended it be removed. The two sessions that recommended retention suggested that the specificity of the indicator be increased to reflect pro-social community groups. Additionally, one session also suggested merging this indicator with 'socially isolated'.

Empirically, Step 2 demonstrated that the indicator was moderately correlated with readmission for all three release cohorts. Thus, based on the empirical evidence coupled with the field's support we recommend retaining this indicator with some modifications. First, the indicator has been reworded as follows, 'Community attachment

is limited'. Additionally, the indicator has been moved to the community functioning domain. Lastly, the help message has been revised in accordance with the majority of the field suggestions (see Appendix B and C).

Predatory Relations (Indicator 8)

The general consultation sessions did not reach consensus in terms of whether to drop, retain, modify, or move the indicator, 'relationships described as predatory'. While 30% recommended deletion, 30% recommended relocation to the personal/emotional or community functioning domain. Additionally, 20% suggested merging this indicator with 'easily influenced by others' and 'has difficulty communicating with others'. The remaining 20% could not reach consensus within their respective groups. Additional suggestions included 1) broadening the scope of the indicator to include parasitic forms of criminal behaviour (e.g., fraud and pimping) and 2) rephrasing the indicator to capture whether or not the offender perceives him or herself as a leader or a follower.

Two of the three women-focused sessions recommended deleting this indicator based on the observation that women are more likely to be the victim rather than the perpetrator of a predatory relationship. However, it was also suggested that the indicator could be rephrased as follows, 'displays predatory behaviour in social relations'.

Empirically, Step 2 demonstrated that this indicator was related to readmission. Further, no studies were located externally that examined the merit of this indicator in predicting criminal recidivism. Consequently, this indicator has been dropped.

Victimized in Social Relations (Indicator 9)

Once again the general sessions were undecided regarding indicator 9, 'often victimized in social relations'. While 40% clearly recommended dropping the indicator, 20% suggested merging 'often victimized in social relations', 'relations are described as predatory' and 'has difficulty communicating with others' into a single composite. The remaining four sessions were either undecided or suggested merging indicators 9 and 10, or moving the indicator to the personal/emotional domain. Staff also indicated that the indicator should be reworded to enhance clarity (i.e., 'easily led and taken advantage of').

The women-focused sessions did not reach consensus. While one session recommended dropping the indicator, another session indicated that it should be retained but modified somewhat. The last session recommended merging this indicator with indicator 10, 'easily influenced by others'.

Empirically, Step 2 revealed that this indicator was unrelated to readmission for all three groups. Further, no external research was identified that examined the role of this indicator in the criminal recidivism process. In light of the consultation and research findings this indicator has been dropped.

Easily Influenced by Others (Indicator 10)

Eighty percent of the general sessions recommended retaining, 'easily influenced by others', albeit several caveats for enhancement were noted. The remaining 20% could not reach consensus within their respective groups. The sessions recommending retention provided the following options: merging this indicator with indicator 9, 'often victimized in social relations', moving the indicator to the personal/emotional or community functioning domain or changing the focus of the indicator to whether or not the offender perceives him or herself as a leader or a follower.

Similarly, all three women-focused sessions recommended retaining this indicator. However, as previously noted one session recommended merging this indicator with indicator 11, 'relationships described as predatory'.

Empirically, Step 2 revealed that the indicator was somewhat predictive of readmission for men and Aboriginal offenders ($r = .11$ and $.13$, $p < .005$, respectively) but not so for women. However, the relationship was not strong enough to merit inclusion in the final stepwise equation. Additionally, no studies were identified externally that examined the role of the indicator in the criminal recidivism process. In the absence of strong empirical evidence this indicator has been dropped in the interests of streamlining. However, in light of the mild empirical support coupled with the field's position we have modified the rating guidelines such that individuals who are easily led by others be identified in the narrative comment section of the associates' domain.

Difficulty Communicating with Others (Indicator 11)

Sixty percent of the general sessions recommended dropping 'has difficulty communicating with others'. However, two of these sessions also stated that the item could be moved to the personal/emotional or community functioning domain. Two sessions recommended retaining the indicator but moving it to employment, personal/emotional, or community functioning. Lastly, as previously noted two sessions recommended creating a composite indicator by collapsing across indicators 8, 9 and 11.

All of the women-focused groups recommended deleting this indicator. However, one session suggested moving it to the personal/emotional domain.

Empirically, there was no evidence to support the continued inclusion of this indicator. Consequently, in light of the above information we recommend the indicator be dropped.

Summary of Proposed Changes to the Associates Domain

In sum, the associates/social interaction domain has been reduced from 2 principal components, 17 subcomponents and 11 indicators to 2 components and 10 indicators. Moreover, the help messages have been expanded in accordance with recommendations from the field. Specific differences pertaining to women and Aboriginal offenders have been addressed where applicable in the help messages and interview prompts. Lastly, as with the previous domain two new ratings have been added that reflect past treatment performance as well as current motivation level. See Appendix B and C for a complete overview.

Substance Abuse Domain

General Comments

In sum, staff unanimously agreed that substance abuse plays an important role in the offence cycle. Additionally, five general themes were raised during the consultation process pertaining specifically to substance abuse. First, most participants indicated that it was important to assess past as well as current substance abuse problems regardless of whether or not substance abuse played a role in the index offence.

Second, some participants indicated that the current default system was problematic³. Specifically, it was felt that the default system should be removed or at the very least modified such that a negative rating for 'abuses alcohol' or 'abuses drugs' does not automatically trigger the default system whereby all remaining indicators are automatically rated 'no'. Third, a number of participants suggested streamlining the substance abuse domain by collapsing the alcohol and drug principal components given that substance abuse programming does not vary as a function of whether or not the offender abuses alcohol or drugs or both. Fourth, the field expressed mixed opinion regarding the utility of the Computerized Lifestyle Assessment Inventory (CLAI)⁴. While some found it particularly useful others expressed concern regarding the validity of self-report data based on the assumption that offenders often minimize and/or deny the extent of their substance abuse problems. Lastly, there were some specific comments about the need to add indicators reflective of Fetal Alcohol Spectrum Disorder (FASD) as well as the need to add indicators pertaining to solvent abuse.

General Comments: Women-specific

In sum, the women-focused sessions believe that substance abuse plays an important role in the offence cycle. However, one session indicated that it was important to establish whether or not substance abuse is truly linked to the offence cycle before it is identified as a contributing factor. As with the general consultation sessions, the field expressed mixed opinion regarding the utility of the Computerized Lifestyle Assessment Inventory (CLAI). While some found it particularly useful others expressed concern that its application was redundant in light of the substance abuse domain. Additionally, there was mixed opinion in terms of whether or not this domain should focus on present (the last 12 months) or past substance abusing behaviour. Some participants also suggested that this domain assess the following: mode of consumption, drug of choice and solitary drinking.

³ Currently if the first indicator, 'abuses alcohol' is rated 'no' all of the remaining alcohol-related indicators are automatically rated 'no'. Similarly, if the indicator, 'abuses drugs' is related 'no' all of the remaining drug indicators are also rated 'no'.

⁴ A revised version of the CLAI, the CASA (Computerized Assessment of Substance Abuse) has recently been approved for national implementation).

Response to Expert Proposals: General and Women-specific

Boland et al. (1998a) first proposed enhancing the meaning and clarity of the indicators, particularly those contained within the patterns sub-component. An overwhelming majority of the general sessions (90%) as well as the women-specific sessions (2 out of 3 sessions) agreed with this proposal. However, both the general and women-specific consultations yielded considerable variability in terms of how best to accomplish this objective. Interestingly, however, several similar proposals were generated independently during both the general and the women-specific sessions. In the end, the majority of the fields' suggestions were addressed by changing the wording of indicators, enhancing help messages and adding interview prompts (see Appendix B and C).

Boland et al. (1998a) also recommended changing the current default system. Recall that currently, if the first indicator, 'abuses alcohol' is rated 'no' then all the subsequent alcohol-related indicators are also automatically rated 'no'. A similar process is then followed within the drug abuse principal component. The expert proposal involved a reversed approach whereby the 'abuses alcohol' and 'abuses drugs' indicators would be placed at the end of their respective principal components to permit the completion of all alcohol and drug related indicators before considering whether or not the offender actually abuses alcohol and/or drugs. In essence, the proposal was to use the individual indicators as a means of determining whether or the offender does in fact abuse alcohol or drugs. Interestingly, the vast majority of both the general (70%) and women-specific (2 out 3 sessions) agreed with this proposal. As a result, we have removed the default system. While the location of both affected indicators: 'abuses alcohol' and 'abuses drugs' has not changed the wording of both indicators has been enhanced to improve clarity and specificity in accordance with recommendations brought forth during both the general and women-specific sessions. Additionally, all of the substance abuse indicators will still be rated independently of each other to ensure that the substance abuse domain is scored in a similar manner as the remaining domains (see Appendix B and C).

Boland et al. (1998a) also recommended deleting both the alcohol and the drug situations sub-components given that the indicators comprising these components (e.g., 'drinks to excess during leisure time', 'uses drugs in social situations') are usually assessed more thoroughly during the treatment process. In sum, only 30% of the general sessions and none of the women-specific sessions supported the proposal. However, both consultation processes acknowledged that the situational sub-components could be reduced. Despite the field's reluctance to delete these sub-components they have been dropped in light of the empirical evidence. Additional rationale for the deletion of these indicators (3 alcohol-related & 3 drug-related) is provided below at the indicator level.

Boland et al. (1998a) further recommended adding the following two indicators to the interference subcomponents: 'interferes with mental health' and 'interferes with finances'. In sum, consensus was not reached during the general consultation process or during the women-specific sessions. For example, while some of the general sessions completely disagreed with the proposal, others only supported adding an indicator pertaining to financial disruption. Interestingly, some sessions recommended merging all of existing interference indicators into a single composite indicator reflective of all aspects of life interference (i.e., employment, physical health, mental health, relationships, and finances). Similarly, the women-specific sessions proposed various strategies for streamlining the interference component including the creation of a single composite indicator. The interference component has been retained however it has been streamlined in accordance with both recommendations put forth by the field as well as those put forth by the external experts (see Appendix B and C).

The final proposal recommended retaining the interventions principal component given that in theory, prior assessment and treatment of substance abuse problems should be a good indicator of an existing problem. Both the general and women-specific consultation sessions supported this proposal in principal however divergent strategies were offered for enhancing this principal component ranging from merging all three indicators into a single composite to relocating this principal component into an entirely new domain that would reflect past treatment performance and current motivation level more generally. In accordance with changes made to the previous domains this principal component has been deleted in favour of two rating scales that address past

substance abuse treatment performance and current motivation level for substance abuse treatment (if applicable) (see Appendix B and C).

Boland et al. (1998a) also provided several minor proposals directed at specific indicators. For example, it was suggested that 'early age drinking' be deleted given that in some cultures (e.g., Jewish community) alcohol is introduced at a very early age. Similarly, Boland et al. (1998a) note that early age drinking is often more evident in men than women, consequently it should be dropped. Interestingly, 70% of the general sessions and 100% of the women-specific sessions disagreed with this proposal. However, staff provided specific instructions for enhancing the indicator that included considering the extent and duration of the problem. As will be demonstrated shortly this indicator has not been deleted. However, the help message has been modified in accordance with some of the expert's suggestions as well as those provided by the field (see below).

Boland et al. (1998a) also suggested replacing the indicator, 'drinks on a regular basis' with its corresponding help message, 'drinking is part of the offender's lifestyle'. Consensus was not reached during the general or the women-specific consultation sessions regarding this proposal. In the spirit of enhancing the clarity and meaning of the indicators Boland's et al.'s (1998a) proposal has been implemented however the wording of the indicator has been modified slightly based on additional feedback provided by the field. Moreover, the specificity of the help message has been enhanced in accordance with comments from the field (see below: '*Drinks on a Regular Basis*' (Indicator 3) and Appendix B and C).

Boland et al. (1998a) also suggested enhancing the meaning of 'binge drinking' and 'drug sprees' by incorporating definitions used by the CLAI into the help message. The majority of the general sessions (70%) and 100% of the women-specific sessions agreed with this suggestion in principal. However, some sessions from both consultations recommended using definitions provided by the Addictions Research Foundation rather than the CLAI. In response, the help messages have been enhanced in accordance with guidelines adapted from the CASA-Computerized Assessment of Substance Abuse, formerly the CLAI (see below: '*Has history of drinking binges*'- Indicator 4 and '*Has gone on drug-taking sprees*'- Indicator 17 and Appendix B and C).

The external experts also suggested modifying the indicator ‘has combined the use of alcohol and drugs’ by incorporating frequency of usage (e.g., rarely, occasionally, and regularly). Interestingly, the general consultation sessions did not reach consensus regarding this proposal. For example, four sessions recommended that the indicator be deleted entirely while another four sessions simply disagreed with the proposal. The remaining two sessions indicated that recency rather than frequency was more pertinent. In contrast, all three women-specific sessions supported the proposal. It should be noted that this proposal has been adopted (see help messages in Appendix C for affected substance indicators).

Lastly, Boland et al. (1998a) also suggested adding two indicators to the alcohol patterns sub-component that address drinking in the morning and solitary drinking. Interestingly, neither the general nor the women-specific sessions reached consensus regarding this proposal. Given the absence of strong field support coupled with the operational decision rule, ‘less is more’ these additional indicators were not incorporated. However, solitary drinking as well as drinking in the morning have been incorporated into the help message for the following indicator, ‘excessive alcohol use is part of the offender’s lifestyle’ as concrete examples of problematic alcohol consumption.

Proposed Changes to the Substance Abuse Indicators

Abuses Alcohol (Indicator 1)

Ninety percent of the general consultation sessions recommended retaining the indicator, ‘abuses alcohol’ with improved clarification. For example, some sessions recommended considering whether or not alcohol has interfered with any of the areas specified in the interference sub-component as evidence for a positive hit on this indicator. Also noteworthy was the continued disagreement over whether or not this indicator should be scored strictly on the basis of behaviours occurring 12 months pre-arrest or whether or not behaviours that pre-date the 12 month period should also be included.

Similarly, all of the women-focused sessions agreed that it was necessary to retain this indicator but the majority agreed with the external expert's recommendation that whether or not someone is rated 'yes' for this indicator should be based on the answers comprising the interference component.

Empirically, Step 2 revealed that this indicator was moderately related to readmission for men ($r = .15^*$, $p < .002$) but strongly related to readmission for women ($r = .21^*$, $p < .002$). Interestingly, there was no relationship between this indicator and readmission among the Aboriginal release cohort ($r = .01$). However, it is likely that restricted variance accounted for this finding (i.e., almost 90% of the Aboriginal release cohort scored 'yes' for this indicator). The external meta-analytic review also demonstrated that alcohol abuse is predictive of recidivism, however more so for men than women.

In light of all the available evidence this indicator has been retained however the following changes have been made. First, the indicator has been re-worded as follows 'excessive alcohol use is part of the offender's lifestyle' in accordance with Boland et al.'s (1998a) suggestion to promote indicator clarity by substituting help messages for indicators. Second, in accordance with Boland et al.'s (1998a) recommendation and the field's acceptance of this recommendation, the indicator has been moved to the end of the alcohol component. Thus, it is no longer being used as a default indicator but rather whether or not an offender receives a 'yes' rating for this indicator depends largely on how the five previous indicators have been scored (see Appendix B and C).

Began Drinking at an Early Age (Indicator 2)

The majority of general sessions (80%) recommended retaining this indicator, albeit with enhanced clarification. For example, most sessions felt that the indicator should focus on early age drinking that is regular and excessive (e.g., resulting in intoxication). Moreover, there was considerable disagreement among staff in terms of what constitutes 'early'.

The results of the women-focused sessions essentially mirrored those of the general sessions. For example, the majority (two of three sessions) recommended retaining the indicator provided that the help message is modified to reflect regularity and severity of use at an early age.

Empirically, Step 2 revealed that early age drinking was predictive of readmission for men ($r = .12^*$, $p < .002$) and Aboriginal offenders ($r = .11$, $p < .002$). However, the strength of the relationship was weak for women ($r = .07$, ns). In light of the collective evidence this indicator has been retained however the help message has been modified in accordance with suggestions put forth during by the external experts as well as the field.

Drinks on a Regular Basis (Indicator 3)

The general consultation sessions did not reach consensus in terms of whether or not to retain or drop this indicator. While 50% of sessions recommended retaining the indicator with improved help messages the other 50% recommended dropping the indicator entirely based on its perceived subjectivity and redundancy with 'abuses alcohol'.

Similarly, the women-focused groups also did not reach consensus. While one session recommended retaining the indicator in its current form, another session recommended dropping it entirely. Lastly, the final session recommended the indicator be retained but reworded as follows, 'drinks too much on a regular basis'.

Empirically, Step 2 revealed this indicator was only weakly related to readmission within all three release cohorts (r 's $< .10$). Additionally, the meta-analytic review did not identify any study that specifically examined the predictive merit of this indicator; however the more global construct of 'abuses alcohol' was predictive of criminal recidivism.

The collective evidence coupled with the streamlining mandate resulted in the deletion of this indicator in its current form. However, in reality it has actually been merged with indicator 1, 'Abuses alcohol'⁵. Recall that indicator 1 was retained but reworded as follows, 'excessive alcohol use is part of the offender's lifestyle'. Further, the help message for the indicator 3, 'drinks on a regular basis' is 'drinking is part of the offender's lifestyle'. Thus, in a manner of speaking, the spirit of this indicator has been retained within the revised protocol (see Appendix B and C).

⁵ Indicators: 'abuses alcohol' and 'drinks on a regular basis' were highly correlated with each other across all three release cohorts (r 's ranged from .55 to .70), thus, providing empirical support for the merger.

Has History of Drinking Binges (Indicator 4)

Seventy percent of the general consultation sessions recommended retaining this indicator provided that further clarification is provided regarding the definition of a binge (e.g., incorporate definitions used by the CLAI or the Addictions Research Foundation). Similarly, all of the women-focused sessions agreed that this indicator should be retained. However, all the sessions also indicated that it was necessary to define the meaning of 'binge'. Although empirically, Step 2 revealed that this indicator was either only weakly or not all predictive of readmission among the release cohorts it will be retained based on the support for its retention demonstrated during both field consultations as well as by the external expert. However, the help message has been refined to promote clarity (see Appendix B and C).

Combined Use of Drugs/Alcohol (Indicator 5)

Consensus was not reached regarding this indicator. For example, five of the general sessions recommended retaining this indicator. While another two sessions recommended dropping it or merging it with 'has combined the use of different drugs'. Lastly, three of the general sessions recommended dropping the indicator entirely. Interestingly, all of the women-focused sessions recommended retaining this indicator in its current form.

Empirically, the indicator was moderately to strongly predictive of readmission for all three groups (r 's ranged between .12 and .18). Interestingly, it was the only indicator that entered the final stepwise regression solution in *all* three release cohorts when all of the alcohol indicators entered the regression equation for those individuals identified as alcohol abusers (i.e., indicator 1 scored yes). Moreover, the external meta-analytic review demonstrated the combined use of alcohol and drugs was strongly predictive of criminal recidivism in men (no studies were located pertaining specifically to women or Aboriginal offender samples). In light of all available evidence, particularly the empirical evidence, this indicator has been retained in its current form.

Alcohol: Situations Sub-component (Indicators 6-8)

Considerable disagreement was evidenced during the general consultation sessions in terms of whether or not to drop, keep, or modify the three indicators comprising the situations sub-component. For example, while two sessions

recommended incorporating 'drinks to excess during leisure time' and 'drinks to excess in social situations' into the help message for the revised 'excessive alcohol use is part of the offender's lifestyle', three sessions recommended merging 'drinks to excess during leisure time' with 'drinks to excess in social situations'. Additionally, one session recommended replacing 'drinks to excess during leisure time' with 'drinks alone' and 'drinks to excess in social situations' with 'drinks to excess with others'. The remaining sessions either recommended dropping both indicators entirely or merging all of the situations and interference indicators into a composite indicator (e.g., 'alcohol use interferes with life').

All of the women-specific sessions recommended retaining, 'drinks to excess in social situations' in its current form. Further, while two sessions also recommended retaining 'drinks to excess in leisure time' in its current form, one session suggested changing the indicator to 'drinks to excess alone'.

Once again considerable disagreement was voiced with regards to the final situations indicator, 'drinks to relieve stress.' While some sessions recommended merging this indicator with the previous 'situations' indicators, other sessions recommended dropping the indicator entirely, retaining it as is, or lastly, broadening the scope to encompass other factors such as 'drinks when angry, lonely, or depressed'.

Similarly, all of the women-specific sessions agreed that it was important to measure the situations sub-component. However, various strategies were proposed for streamlining and enhancing clarity. For example, all of the sessions felt it was important to ensure that 'drinks to relieve stress' adequately reflects drinking as a coping mechanism for women.

Empirically, Step 2 revealed that all of the situations indicators were unrelated to readmission in each of the release cohorts. Additionally, the external experts recommended dropping these indicators given that they are typically addressed at a later point in time during the actual treatment process itself. Despite the field's general support for retention, these indicators have been removed in order to promote the efficiency of the assessment process.

Alcohol: Interference Sub-component (Indicators 9-13)

While most of the general sessions agreed that the interference sub-component could be condensed there was considerable disagreement in terms of how best to accomplish this objective. In sum, two sessions suggested merging all of the interference indicators (e.g., drinking interferes with employment, with marital/family, with social situations, with health, and drinking has resulted in law violations) into a composite. Interestingly, one session recommended merging all of the interference and situations sub-component indicators into a single indicator. Furthermore, two sessions recommended dropping the employment, marital/family, and social situations indicators given that they should be considered as part of the revised help message for the revised 'abuses alcohol' indicator. Remaining suggestions ranged from keeping the individual indicators, provided that better clarification is provided to dropping them entirely. Interestingly, there appeared to be some consensus regarding the 'drinking interferes with physical health' indicator as 50% of the sessions recommended its deletion. Further, 40% of the sessions indicated that it was important to retain 'drinking has resulted in law violations' as an independent indicator, albeit with an enhanced help message. Lastly, two sessions recommended incorporating the impact of drinking on finances.

In sum, all the women-focused sessions proposed merging all of the interference indicators (e.g., drinking interferes with employment, with marital/family, with social situations, with health, and drinking has resulted in law violations) into a single composite indicator. However, one session recommended dropping the 'interferes with health' indicator.

Empirically, Step 2 revealed that none of the interference indicators were strongly predictive of readmission in any of the three release cohorts, albeit a modest relationship was evidenced between the indicators and readmission within the male offender release cohort (r 's ranging between .04 and .09, $p < .002$). Additionally, 'drinking interferes with employment' evidenced a comparably stronger relationship with readmission for women offenders ($r = .16$, ns) than for men ($r = .09$, $p < .002$) or Aboriginal offenders ($r = .05$, ns). Moreover, the stepwise regression analyses involving the subset of alcohol indicators revealed that the only alcohol-related indicator that

entered the final equation above and beyond the 'combined alcohol/drug indicator' was 'alcohol use interferes with employment'. Further, this finding was unique to the women offender release cohort. Thus, both the univariate and multivariate analysis confirm that the indicator, 'alcohol use interferes with employment' is particularly salient for women offenders.

In sum, both the general and women-specific consultation findings recommended retaining a more parsimonious version of the interference component. Interestingly, Boland et al. actually recommended adding two additional interference indicators: interference with mental health and interference with finances. With few exceptions the empirical evidence was not overwhelmingly supportive of this component. In light of all the available evidence we have reduced the number of interference indicators from five to three. Additionally, one of the indicators, 'drinking has resulted in law violations' has been merged with 'drug use resulted in law violations' and moved to a new component entitled, 'substance abuse link to crime'. Moreover, indicators 10 and 11 have been merged into a composite indicator (i.e., 'alcohol use interferes with interpersonal relationships'). Additionally, the following indicator, 'drinking interferes with health' has been reworded as follows, 'drinking interferes with physical and/or emotional well-being'. Lastly, the help messages have been enhanced (e.g., certain CASA self-report questionnaires have been incorporated into the help messages as 'suggested interview prompts') to promote reliable ratings across time and regions (see Appendix B and C).

Abuses Drugs (Indicator 14)

Seventy percent of the general sessions recommended retaining the indicator, 'abuses drugs' provided that the help message is enhanced. Specifically, the majority of the sessions recommended using the results of the interference sub-component as evidence for drug abuse. Interestingly, two sessions recommended merging 'abuses drugs' with 'abuses alcohol' while one session recommended dropping this indicator entirely or placing it at the end of the remaining alcohol abuse indicators due to its perceived redundancy.

Similarly, all of the women-focused sessions recommended retaining this indicator with enhanced rating guidelines emphasizing current rather than past abuse.

Additionally, two sessions indicated that evidence for drug abuse should be based on the responses to the drug-related indicators that follow this indicator.

Empirically, both Step 1 and Step 2 demonstrated that this indicator was one of the strongest predictors of readmission for all three release cohorts, particularly women offenders ($r = .34, p < .002$). In fact, the empirical evidence suggests that drug abuse was a relatively stronger predictor of criminal recidivism than alcohol abuse. In light of the collective evidence this indicator has been retained, however it has been reworded and relocated based on the same rationale and methodology used previously in regards to the 'abuses alcohol' indicator (see Appendix B and C).

Began Using Drugs at an Early Age (Indicator 15)

Sixty percent of the general sessions recommended retaining this indicator, albeit with enhanced clarification. As with alcohol abuse, the field generally agreed that it was crucial to identify individuals who used drugs at an early age; however it was strongly felt that it was *regularity* of early age drug use rather than just early usage that should be flagged. Further, consensus was not reached in terms of how 'early' should be defined with suggested ages ranging between 12 and 16. Interestingly, two sessions recommended merging this indicator with its counterpart in the alcohol principal component while the remaining 2 sessions recommended dropping the indicator entirely due to perceived overlap with the CLAI and the belief that the indicator is too difficult to rate reliably. Similarly, all three of the women-focused sessions agreed that the indicator should be retained however divergent strategies for enhancing clarity were proposed.

Empirically, Step 2 demonstrated that early age drug use is predictive of readmission across all three release cohorts (r 's $> .10$). Based on the collective evidence this indicator has been retained however the help message has been modified in accordance with suggestions by the field (see Appendix B and C).

Uses Drugs on a Regular Basis (Indicator 16)

Interestingly, there was little consensus regarding this indicator. While four sessions recommended retaining 'uses drugs on a regular basis', albeit with further clarification (e.g., uses drugs on a daily or near daily basis), 2 sessions thought the indicator should be merged in with the corresponding alcohol indicator. Further, four sessions thought the indicator could be dropped entirely.

Like the general sessions, the women-focused groups could not reach consensus regarding this indicator, while one session wanted the indicator dropped another session recommending retaining the indicator as is. Lastly, the final session did not express an opinion either way.

Empirically, Step 2 revealed this indicator was moderately related to readmission within all three release cohorts (r 's < .10). Interestingly, the relationship was strongest within the women offender release cohort ($r = .18, p < .002$). Additionally, the meta-analytic review did not identify any study that specifically examined the predictive merit of this indicator, however the more global construct of 'abuses drugs' was predictive of criminal recidivism.

The collective evidence coupled with the streamlining mandate resulted in the deletion of this indicator in its current form. However, in reality it has actually been merged with indicator 14, 'Abuses drugs'⁶. Recall that indicator 14 was retained but reworded as follows, 'excessive drug use is part of the offender's lifestyle'. Further, the help message for the indicator 16, 'uses drugs on a regular basis' is 'using drugs is part of the offender's lifestyle'. Thus, in a manner of speaking, the spirit of this indicator has been retained within the revised protocol (see Appendix B and C).

History of Drug-taking Sprees (Indicator 17)

Sixty percent of the general sessions recommended retaining this indicator provided that a definition of 'spree' is provided in the help message. The remaining sessions either recommended merging the indicator with its alcohol counterpart or alternatively, dropping it altogether.

One of the women-focused sessions recommended dropping this indicator while another session recommended merging it with indicator 4, 'has a history of drinking binges'. The third session could not reach consensus in terms of how this indicator should be enhanced.

⁶ Indicators: 'abuses drugs' and 'uses drugs on a regular basis' were highly correlated with each other across all three release cohorts (r 's ranged from .59 to .76), thus, providing empirical support for the merger.

Empirically, Step 2 demonstrated that this indicator was predictive of readmission across all three release cohorts, particularly women ($r = .21, p < .002$). Additionally, it was one of the few substance abuse indicators that entered the final stepwise regression solution for both men and women offenders. In light of the collective evidence, this indicator has been retained however the help message has been modified in accordance with the field's recommendation for increased definitional clarity regarding the meaning of 'spree' (see Appendix B and C).

Has Combined the Use of Different Types of Drugs (Indicator 18)

Once again the general sessions did not reach consensus regarding this indicator. While 30% of the sessions recommended retaining the indicator, the remaining sessions either recommended merging the indicator with 'has combined alcohol and drugs' (30%) or dropping it entirely (30%). One session remained undecided.

Two of the women focused sessions did not provide specific comments in regards to this indicator. However, the remaining session did recommend retaining this indicator in its current form provided that is it relocated to a newly created 'history sub-component' contained within the substance abuse domain.

Empirically, Step 2 demonstrated that this indicator was moderately predictive of readmission for all three release cohorts (r 's $> .10$ and statistically significant). Consequently, in light of all the available evidence this indicator has been retained however the help message has been modified to promote reliable ratings across time and regions (see Appendix B and C).

Drugs: Situations Sub-component (Indicators 19-21)

Eighty percent of the general sessions agreed that the situations interference sub-component should be retained albeit reduced. Interestingly, almost every session proposed a slightly different strategy for streamlining this sub-component. For example, a few sessions recommended dropping all of the situations indicators entirely, while others suggested the creation of an all-encompassing indicator. Further, some sessions recommended merging all of the situations and interference indicators into a single indicator. Lastly, some sessions were either undecided or thought it would be appropriate to use the situation indicators as part of the help message for the 'abuses

drugs' indicator. Interestingly, three sessions did recommend retaining the following indicator, 'uses drugs to relieve stress' provided that it is expanded to incorporate general coping behaviours.

In principal, all of the women-focused sessions wanted this component retained. In regards to the specific indicators the following comments were offered. One of the women-focused sessions recommended that the indicator, 'uses drugs during leisure time' be changed to 'uses drugs alone' while another session recommended re-focusing the indicator towards solitary drug use. The remaining session did not express an opinion either way. Interestingly, all of the women-specific sessions suggested retaining 'uses drugs in social situations'. Lastly, all of the women-specific sessions indicated it was important to retain 'uses drugs to relieve stress' however the emphasis should be placed on drug use as a coping mechanism.

Empirically, Step 2 revealed that all of the situations indicators were either unrelated or only weakly related to readmission in each of the three release cohorts. Additionally, the external expert recommended dropping these indicators given that they are typically addressed at a later point in time during the actual treatment process itself. In light of all the available evidence coupled with the project streamlining mandate these indicators have been dropped. However, instructions have been incorporated into the narrative domain that instructs assessors to consider the role of substance abuse as a mean of coping (if applicable).

Drugs: Interference Sub-component (Indicators 22-26)

In sum, all of the general consultation sessions agreed that the interference sub-component should be retained provided that it is reduced in length. However, almost every session provided a different strategy for achieving this objective. For example, some sessions thought that each interference indicator should be retained as is, with the exception of 'drug use interferes with health' (50% of the sessions recommended dropping this indicator entirely). Additionally, some sessions recommended a one-to-one merging whereby each drug interference indicator would be combined with the corresponding alcohol interference indicator. As well, some sessions recommended collapsing the interference sub-component into one composite indicator either by itself or with the situations sub-component indicators. Lastly, some sessions recommended

using the interference indicators as part of the help message for the revised 'abuses drugs' indicator.

One of the women-focused sessions recommended that all of the drug interference indicators be merged with all of the alcohol interference indicators into a single composite indicator entitled, 'drug/alcohol use interferes with life'. Similarly, the two remaining sessions indicated that all of the drug interference indicators should be merged into a single composite, 'drug use interferes with life'.

Empirically, Step 2 revealed that the majority of the drug interference indicators were predictive of readmission in men and women and to a lesser extent, Aboriginal offenders. Interestingly, 'drug abuse interferes with health' was a particularly strong predictor of readmission for women ($r = .18, p < .002$).

In sum, both the general and women-specific consultation findings recommended retaining a more parsimonious version of the interference component. Interestingly, Boland et al actually recommended adding two additional interference indicators: interference with mental health and interference with finances. With few exceptions the empirical evidence supported retaining this component. In light of all the available evidence we have reduced the number of interference indicators from five to three. Additionally, one of the indicators, 'drug use resulted in law violations' has been merged with 'drinking has resulted in law violations' and moved to a new component entitled, 'substance abuse crime link'. Moreover, indicators 23 and 24 have been merged into a composite indicator (i.e., 'drug use interferes with interpersonal relationships'). Additionally, the following indicator, 'drug use interferes with health' has been reworded as follows, 'drug use interferes with physical and/or emotional well-being'. Lastly, the help messages have been enhanced (e.g., certain CASA self-report questionnaires have been incorporated into the help messages as 'suggested interview prompts') to promote reliable ratings across time and regions (see Appendix B and C).

Intervention (Indicators 27-29)

Consensus was not reached regarding the interventions component. While some sessions recommended dropping the interventions sub-component completely others recommended merging the interventions sub-component into either one or two composite indicators. Regardless, all sessions proposed various methods for enhancing

clarity such as emphasizing the reasons why an offender may not have successfully completed treatment (e.g., dropped out, was asked to leave).

All of the women-focused sessions agreed that this sub-component should remain with modification. However, consensus could not be reached in terms of how best to accomplish this objective. For example, one session recommended collapsing all of the indicators into the following composite, 'has participated in substance abuse treatment' while another session suggested creating the following composite, 'has completed substance abuse treatment. The final session could not reached consensus in terms of how to modify this component.

Empirically, all of the intervention indicators evidenced some of the strongest univariate correlations with readmission (e.g., r 's ranged between .17 - .31) to date. This finding however was restricted to the men and women release cohorts. In contrast, the correlations were considerably weaker among the Aboriginal release cohort (r 's were generally significant but $< .10$).

In light of all of the available evidence the spirit of this component has been retained as previously illustrated. For example, two new ratings have been added that reflect past treatment performance as well as current motivation level specific to substance abuse. See Appendix B and C for a complete overview.

Summary of Proposed Changes to the Substance Abuse Domain

In sum, the substance abuse domain has been reduced from three principal components, 7 sub-components and 29 indicators to 3 components (alcohol use, drug use and substance abuse crime link) and 17 indicators. The third component is new and is designed to assess the direct link between substance abuse and crime. The help messages have been expanded in accordance with recommendations from the field and the external experts. Specific differences pertaining to women and Aboriginal offenders have been addressed where applicable in the help messages and interview prompts. Lastly, as with the previous domain two new ratings have been added that reflect past treatment performance as well as current motivation level that are substance abuse specific. See Appendix B and C for a complete overview.

It should be noted that the notion of merging the alcohol and drug indicators was given careful consideration. However, after a thorough examination of the empirical

evidence this idea was disregarded given that while the empirical evidence shows that both alcohol and drug use are related to criminal conduct the magnitude of the relationship is particularly strong for drug abuse. Thus, the decision was made to retain individual drug abuse indicators.

Community Functioning Domain

General Comments

All issues raised during the general consultation process are discussed below at the indicator level.

General Comments: Women-specific

In sum, the majority of issues that were raised during the women-focused sessions are discussed below at the indicator level. However, there were some general comments that were not 'indicator-specific'. Consequently, they are reviewed here. First, the women-specific sessions indicated that it was important to assess whether or not the offender was dependent upon others for housing. Also, considerable discussion ensued regarding the need to identify offenders who *choose not* to use available community resources versus offenders who do not have access to community resources. It is also noteworthy that one session recommended deleting the domain entirely.

Response to Expert Proposals: General and Women-specific

The first expert proposal recommended retaining indicators with moderate or strong support. The general sessions unanimously accepted this proposal in principal. However, exceptions were noted and are reviewed below at the indicator level. Interestingly, results obtained during the women-offender specific sessions mirrored those of the general sessions. In general, this proposal was accepted for all indicators. However, exceptions are noted below at the indicator level.

The second proposal recommended streamlining the finance component into one composite indicator representative of poor financial management. All of the general sessions and the majority of women-specific sessions (2 out of 3 sessions) unanimously agreed with this proposal. The remaining women-focused session recommended retaining two as opposed to one finance indicator: 1) trouble managing a budget, and

2) lacks knowledge of the financial system. In sum, this proposal has been incorporated into the revised protocol (see indicator discussion below and Appendix B and C).

The final proposal suggested merging the community functioning and the associate domains. Overall, the 90% of the general consultation sessions agreed with this proposal. Interestingly, one session wanted the community functioning domain dropped entirely with the exception of the leisure component.

The women-focused results mirrored those of the general sessions. While one session recommended dropping the community functioning domain entirely, the remaining two sessions supported the proposal.

In the end, after further consultation with programs staff at National Headquarters coupled with the empirical results this domain has been retained but substantially reduced (21 to 6 indicators). A detailed discussion of the rationale that led to the modifications is provided below.

Proposed Changes to the Community Functioning Indicators

Accommodation Stability (Indicator 1)

The general consultation sessions did not reach consensus regarding whether or not this indicator should be retained, dropped or modified. Forty percent recommended retention, 30% recommended deletion, and 30% were undecided. However, the field indicated that if the item was retained the help message should be modified to promote consistency with the 'lifestyle instability item' that is currently part of the custody rating scale.

All the three women-focused groups recommended retaining this indicator however two sessions recommended moving it to another domain (e.g., marital/family).

Empirically, the evidence strongly supports retaining accommodation stability. Step 2 clearly demonstrated that unstable accommodation is a moderate to strong predictor of readmission for men, women and Aboriginal offenders. Not only did the correlations range exceed .17 for all three groups, but the indicator entered the final stepwise regression equation for each release cohort. The external meta-analytic review also demonstrated that accommodation instability was a moderate predictive of criminal recidivism. Consequently, the indicator has been retained however the help message has been enhanced (see Appendix B and C).

Accommodation Maintenance (Indicator 2)

The vast majority of the general consultation sessions (80%) recommended deleting, 'residence is poorly maintained' while the remaining 20% were undecided. Similarly, all of the women-focused groups strongly recommended dropping this indicator. Empirically, Step 2 revealed that this indicator was only weakly predictive of readmission for men and was completely unrelated to readmission for Aboriginal offenders. While the magnitude of the correlation was moderate for women ($r = .10$), the correlation was non-significant. No external studies were identified that examined the role of this indicator in the criminal recidivism process. In light of the available evidence the indicator has been deleted.

Department and Health (Indicators 3-7)

In the sum, the general consultation sessions unanimously agreed that the principal components of deportment (i.e., 'has poor self-presentation', 'has poor hygiene') and health (i.e., 'has physical problems', 'has dental problems', 'has dietary problems') require streamlining. However, various methods were proposed for achieving this objective. The majority of sessions (60%) recommended collapsing the existing five indicators into a single composite indicator that would reflect poor personal appearance. It was further suggested that this composite could be relocated to another domain or moved to the preliminary assessment component of the intake assessment process. The remaining sessions either recommended dropping the deportment and health-related indicators entirely (30%) or collapsing the existing five indicators into two indicators: 1) has physical problems and 2) poor self-presentation.

Interestingly, all of the women-specific sessions agreed that the deportment and health indicators are not contributing factors and consequently should not be included in the DFIA. However, two sessions stated that the indicators were important in facilitating the reintegration process in general.

Empirically, there was no evidence to support the inclusion of these indicators in any of the release cohorts with one exception. It appears that 'has dental problems' was predictive of readmission for women only. Not only was the indicator moderately predictive of readmission for women ($r = .15, p < .002$) but it also contributed unique variance to outcome during the stepwise regression analysis. This result was

unexpected and inconsistent with existing theory. While it is plausible that 'dental problems' may be truly criminogenic for women it is more likely that 'dental problems' is a mediator variable, mediating the relationship between substance abuse and crime (e.g., extensive substance abuse, particularly involving certain types of drugs leads to dental problems). Recall that the drug abuse indicators were particularly potent predictors of recidivism for women offenders. Regardless, additional research is required.

In sum, both the empirical evidence and the field support the deletion of the health and department indicators (with the possible exception of dental problems for women). However, it is important to note that the Service is legally mandated to 'care' for as well as 'reintegrate' offenders (Corrections and Correctional Release Act, 1992). Additionally, the proportion of offenders with physical health-related problems will continue to grow as the offender population continues to age (Uzoaba, 1998). Moreover, physical health may directly interfere with programming efforts and consequently should be conceptualized as a responsivity factor. As a result, we recommend the following changes. First, we recommend that the responsivity domain contain at least one indicator that reflects physical health problems. In fact, this has already been accomplished. As a result of changes made to the employment domain, the following indicator, 'physical barriers interfere with learning, work or intervention' has already been incorporated into the newly created responsivity domain (see Appendix B and C). We also recommend that the immediate needs component of the intake assessment process be revised such that the medical section be divided into two content areas: 1) 'immediate health concerns', and 2) 'non-immediate health concerns' (e.g., dental, dietary concerns).

Finance (Indicators 8-12)

In sum, the vast majority of the general consultation sessions (90%) recommended merging all five financial indicators (i.e., 'difficulty meeting bills', 'has outstanding debts', 'has no bank accounts', 'has no credit', and 'has no collateral') into a single composite. Interestingly, three sessions also suggested moving the revised financial management indicator to the employment domain.

Similarly, two of the women-focused sessions recommending merging all of the finance related indicators into a single composite whereas the remaining session indicated that financial management should be assessed using the following two indicators, 'trouble managing a budget' and 'lacks knowledge of the financial system'.

Empirically, Step 2 revealed that the following two financial management indicators: 'has no bank accounts' and 'has no credit' were moderately predictive of readmission for all three release cohorts. Moreover, 'outstanding debts' evidenced no relationship with readmission within any of the release cohorts while 'has no collateral' was moderately predictive for men and Aboriginal offenders but not for women offenders. Further, the external meta-analytic review demonstrated that a global measure of poor finances was moderately predictive of criminal recidivism.

In light of the collective evidence we have created one composite financial management indicator, 'financial instability'. Moreover, the help message focuses largely on the indicators that were predictive for all three groups of offenders (e.g., no bank accounts, no credit) (see Appendix B and C).

Communication (Indicators 13-14)

Seventy percent of the general sessions recommended dropping both communications indicators: 'has problems writing' and 'unable to express verbally'. The remaining three sessions proposed one of the following: 1) create a composite indicator reflective of language barriers; 2) retain both indicators in their existing format; or 3) retain 'unable to express verbally' and delete 'has problems writing'. Interestingly, all of the women-focused sessions recommended removing all three indicators.

Empirically, Step 2 revealed that neither communication indicator was related to readmission for any of the release cohorts. In light of the evidence both indicators have been deleted from the community functioning domain. However, it should be noted that the spirit of both indicators has already been incorporated into the responsivity domain with the inclusion of the following indicators: 'language barriers interfere with learning, work or intervention' and 'basic reading and/or writing skills are problematic' (see Appendix B and C).

Leisure (Indicators 15-16)

The general consultation sessions unanimously recommended merging 'has no hobbies' and 'does not participate in organized activities'. Additionally, some sessions also recommended moving the revised composite indicator to the associates' domain. Similarly, two of the three women-focused sessions recommended merging indicators 15 and 16 while the remaining session recommended deleting both indicators.

Empirically, Step 2 revealed that both leisure-related indicators were either moderately (women and men) or at least weakly (Aboriginal) predictive of readmission. Further, the external review rendered strong support for the role that unstructured leisure activities play in predicting criminal recidivism. Consequently, indicators 15 and 16 have been merged into a composite indicator (see Appendix B and C).

Unaware of Social Services (Indicator 17)

Consensus was not reached during the general consultation process regarding this indicator. For example, 50% recommended deletion, 30% were undecided while the remaining 20% recommended that the indicator be retained but modified. Specifically, the two sessions recommending modification suggested that the indicator distinguish between individuals who are aware of social services but choose not to use them versus those who are simply unaware of available sources. Lastly, some sessions thought the indicator should incorporate a broader range of community resources (e.g., food banks, community centres).

Similarly, consensus was not reached during the women-specific sessions. For example, one session recommended dropping the indicator entirely while another session recommended retaining the indicator in its current form. Lastly, the remaining session recommended merging the indicator with 'social isolate' from the associates' domain. Interestingly, the women-focuses sessions raised similar concerns regarding the need to differentiate between individuals who are aware of available services but choose not to use them versus individuals who are simply unaware or do not have access to available services.

Empirically, Step 2 yielded no support for the inclusion of this indicator in its current format. Further, the majority of studies included in the external meta-analytic review focused on reliance rather than awareness of social services. Although the field

did not reach consensus regarding this indicator and the empirical evidence does not support its continued inclusion we have retained a modified version of the indicator (now called, 'rarely uses community resources') based largely on suggestions put forth during both consultations. Furthermore, the inclusion of the indicator is necessary to facilitate the program referral process in regards to the Community Integration Program that is currently being revamped by the Service.

Social Assistance (Indicator 18)

The general sessions unanimously agreed that the indicator, 'has used social assistance' should be retained, at least in principal. However, the field indicated that it was important to identify Aboriginal offenders who are receiving social assistance while simultaneously working for the band. Further, some sessions suggested merging this indicator with the composite financial management indicator. Lastly, some sessions also indicated that it was important to distinguish between individuals who appear to rely systematically on social assistance as a way of life versus those who use the service truly out of necessity.

Similarly, all three women focused groups agreed that this indicator should be retained. However, two sessions recommended moving it to the employment domain.

Empirically, Step 2 illustrated that this indicator was moderately predictive of readmission for men and women equally ($r = .15$, $p < .002$). However, there was no relationship between the indicator and readmission within the Aboriginal offender release cohort ($r = -.01$). However, restricted variance may have accounted for the latter finding (e.g., almost 90% of the Aboriginal release cohort was rated yes on this indicator). The external meta-analytic review also demonstrated that the indicator was moderately predictive of criminal recidivism. Consequently, the indicator has been retained; however it has been moved to the finances component for conceptual and empirical reasons.⁷

⁷ The indicator, 'has used social assistance' was significantly correlated with the following finance-related indicators: 'has no bank account', 'has no credit' and 'has no collateral' across all three release cohorts (r 's ranged from .12 to .25).

Intervention (Indicators 19-21)

In sum, 70% of the general sessions recommended dropping 'prior assessment for community functioning', 'has participated in a community skills program', and 'has completed a community skills program'. While 20% of the sessions remained undecided the remaining 10% indicated that the information was valuable but that it should be captured elsewhere.

Two of the three women-focused sessions recommended dropping all of the interventions indicators. The remaining session recommended dropping indicator 19, 'prior assessment for community functioning' but retaining indicators 20 and 21.

Empirically, all of the intervention indicators were either weakly related to readmission (men) or evidenced no relationship with readmission (women and Aboriginal offenders). Additionally, the external review did not identify any studies that specifically examined the predictive merit of these indicators. As previously discussed in the context of the preceding domains, these indicators have been dropped in favour of two rating scales pertaining to past treatment history and current motivation level (see Appendix B and C).

Summary of Proposed Changes to the Community Functioning Domain

In sum, the community functioning domain has been reduced from eight principal components, 18 subcomponents and 21 indicators to four components (accommodation, finances, leisure time, and community) and 6 indicators. The help messages have been expanded in accordance with recommendations from the field and the external experts. Specific differences pertaining to women and Aboriginal offenders have been addressed where applicable in the help messages and interview prompts. Lastly, as with the previous domain two new ratings have been added that reflect past treatment performance as well as current motivation level that are specific to this domain. See Appendix B and C for a complete overview.

Personal/Emotional Domain

General Comments

Overall, the general sessions expressed support for the continued inclusion of the personal/emotional domain. However, a number of suggestions for improving the domain were provided and are reviewed below at the indicator. It should be noted that this domain was considered one of the most difficult to rate and consequently staff strongly recommended the inclusion of detailed help messages accompanied by training. As well, numerous sessions expressed concern over the applicability of certain indicators within this domain to the Aboriginal offender population.

General Comment: Women-specific

Overall, the women-specific sessions fully endorsed the continued inclusion of the personal/emotional domain. All recommended changes are discussed below at the indicator level with the following exception. Some individuals suggested that a new 'self-concept' component be created that would be comprised of the following indicators: 'poor body image', 'eating disorder', and 'low self-esteem'. Some individuals also indicated that it was important to record whether or not the offender has been diagnosed with post traumatic stress disorder and whether or not the offender has engaged in self-injurious behaviour including suicide attempts. It should be noted that the majority of these recommendations have been addressed in the newly created responsivity domain (see Appendix B and C).

Response to Expert Proposals: General and Women-specific

The external experts (Robinson, Porporino & Beal, 1998; 2000) proposed restructuring the personal/emotional domain into four components (cognitive, self-control, interpersonal, and aggression). They also proposed that each of these components be divided further into two subcomponents. For example, the cognitive component would be divided into: problem-solving and thinking styles while the self-control component would be comprised of impulsivity and life planning deficits. Similarly, the interpersonal component would be divided into interpersonal problem-solving and empathy while the aggression component would be divided into: aggression proneness and anger (see Table 46 for a visual representation).

Table 46: Proposed personal/emotional domain reorganization

Principal Component	Sub-component
Cognitive	<p><u>Problem-solving skills</u> - ability to generate choices.</p> <p><u>Thinking styles</u> - includes narrow/rigid thinking styles as well as concrete versus abstract thinking styles.</p>
Self-control	<p><u>Impulsivity</u> - failure to think before acting; concerns immediate behavioural outcomes.</p> <p><u>Life planning deficits</u> - tendency to avoid planning and goal setting in various aspects of life.</p>
Interpersonal	<p><u>Interpersonal problem-solving</u> - inability to resolve conflict and effectively negotiate with others regarding desired outcomes.</p> <p><u>Empathy</u> - lack of concern for the needs and desires of others.</p>
Aggression	<p><u>Aggression proneness</u> - tendency to exhibit aggressive responses in a variety of situations</p> <p><u>Anger</u> - frequent occurrence of anger resulting in ongoing hostility and anger reactions toward others.</p>

The proposed reorganization received overwhelming support during both the general (90%) and women-offender specific sessions (100%). It was considered to be more aligned with existing programs as well as current risk/need assessment practices. However, some sessions were concerned that two sub-components labelled 'problem-solving' may promote confusion and consequently requested that they be re-worded to prevent ambiguity. The following additional suggestions were also noted: differentiate between instrumental and expressive violence, simplify the language of the indicators, ensure component labels correspond to Reasoning and Rehabilitation modules, ensure aggression rating guidelines are clear and simply, and ensure that the self-control and aggression components are clearly defined.

In light of the field's overwhelming acceptance, the proposed re-organization has been incorporated into the revised protocol. However, some minor modifications have been made to ensure that the changes to the personal/emotional domain are consistent with the changes that have been made thus far in regards to the remaining domains. Specifically, given that there are no longer sub-components and only principal

components the revised personal/emotional domain will be comprised of the following six principal components: 1) general problem solving skills (includes problem-solving skills and thinking styles); 2) impulsivity (includes impulsive and thrill-seeking behaviour, and gambling); 3) life planning skills (includes life planning deficits including poor time management and poor goal setting); 4) interpersonal skills (includes interpersonal skills deficits, poor empathy, and manipulation); 5) aggression (includes aggression, anger, low frustration tolerance, and attributions of hostile intent); and 6) sexual aggression (includes deviant sexual preferences and deviant sexual attitudes). Thus, all of the sub-components originally proposed by the experts have been captured into the revised protocol. See discussion below as well as Appendix B and C for more information.

The experts also proposed creating detailed indicators; specifically behavioural cues as well as interview prompts to help assist parole officers score individual items. Both the general and women-specific sessions unanimously supported this proposal. Consequently, we have accepted this proposal (see Appendix C).

Robinson et al. (1998; 2000) also proposed removing the sexual behaviour principal component from the personal/emotional domain. Additionally, they recommended that the analysis of sexual behaviour be reserved exclusively for sex offenders. Both the general sessions and women-specific agreed unanimously with this proposal. Empirically, Step 2 supports this proposal as all of the sex-offender specific indicators were either unrelated or negatively related to general readmission within each of the three release cohorts. However, external reviews of sex offender recidivism (see Hanson & Morton-Bourgon, 2004) clearly demonstrate that deviant sexual preferences are predictive of sexual recidivism in samples of known sex offenders. At this time, we recommend that two sex-offender specific indicators be retained (inappropriate sexual preferences and inappropriate sexual attitudes) in the personal/emotional domain (see discussion below). Most importantly, however, is that these indicators will *only* be rated (yes or no) for individuals that CSC has identified as sex offenders. These indicators will be left blank (non-sex offenders will not be automatically rated 'no') for all non-sex offenders.

Robinson et al., proposed that the mental ability and mental health principal components be dropped. Interestingly, both the general (90%) and women-specific sessions (100%) strongly disagreed with this proposal. However, most sessions

indicated that mental health factors should not be assessed in the personal/emotional domain but either in an entirely new domain or in the immediate needs section of the assessment process. Empirically, there was no evidence that any of the mental health indicators were predictive of criminal recidivism. In light of the available evidence we have removed the mental health indicators from the personal/emotional domain and relocated them to the new responsivity domain. Additionally, the existing 10 mental health indicators have been collapsed into three indicators (has been diagnosed with a mental disorder, history of mental health intervention, intellectually challenged) (see Appendix B and C).

Robinson et al. (1998; 2000) also recommended deleting the intervention domain based on the theoretical argument that treatment participation may either be positively or negatively related to recidivism. Alternatively, they recommend the assessment of current motivation or receptiveness to change. Both the general and women-specific sessions strongly supported this recommendation. Consequently, four new ratings pertaining to current motivation level (cognitive skills and violence-specific programming) and past treatment performance (cognitive skills and violence-specific programming) have been incorporated (see Appendix B and C).

Proposed Changes to the Personal/Emotional Indicators

Personal (Indicators 1-2)

The general sessions did not reach consensus in regards to the personal sub-component which is comprised of the following two indicators: 'feels especially self-important' and 'physical prowess problematic'. While 50% of the sessions recommended dropping this sub-component the remaining 50% were either undecided or recommended retaining both indicators.

In contrast, all of the women-focused sessions agreed that 'physical prowess problematic' should be deleted. Similarly, the majority (2/3) of the women-focused sessions also agreed that 'feels especially self-important' should be dropped. Interestingly, the dissenting session recommended that if 'feels especially self-important' is deleted it should, at the very least be merged with 'has disregard for others'.

Empirically, Step 2 rendered absolutely no support for retaining either indicator. Moreover, this finding was consistent across each of the three release cohorts. While the external experts recommended deleting 'physical prowess is problematic' they recommended retaining 'feels especially self-important' based on the theoretical argument that the indicator may be relevant to the construct of empathy. The external experts did not identify specific studies that examined the predictive relationship between 'feels especially self-important' and criminal recidivism.

In the absence of empirical support both indicators have been deleted. Although the external experts recommended retaining 'feels especially self-important' for theoretical reasons (e.g., conceptually linked to poor empathy) and moving this indicator to a newly created 'empathy' sub-component (discussed below) we have decided to drop this indicator in the interests of streamlining. Moreover, it is important to note that two empathy-related indicators will still be retained in the revised protocol (see discussion below under *Cognition* section and Appendix B and C).

Family Ties (Indicator 3)

Seventy percent of the general sessions supported retaining the indicator, 'family ties are problematic' provided that it is accompanied by a detailed help message. Additionally, several sessions supported moving the indicator to the marital/family domain. Lastly, some sessions also recommended focusing on present rather than past family involvement.

Similarly, the majority (2 out of 3) of the women-focused sessions recommended retaining the indicator with an enhanced help message. The dissenting session recommended deletion due to perceived overlap with the marital/family domain.

Empirically, Step 2 demonstrated that the indicator was moderately related to readmission for men and women but not so for Aboriginal offenders. Interestingly, the external experts recommended dropping the indicator arguing that it is already adequately reflected in the marital/family domain.

Despite field and empirical support for retaining this indicator, in the interests of streamlining it has been deleted from the personal/emotional domain given that the indicator is already represented by a total of 10 different indicators (7 in the marital/family domain and 3 in the associates domain) (see Appendix B and C).

Ethnicity/religion (Indicators 4-5)

Eighty percent of the general sessions recommended dropping 'ethnicity is problematic' and 'religion is problematic'. Similarly, two of the three women-focused sessions recommended dropping these indicators entirely.

Empirically, Step 2 illustrated that both indicators were unrelated to readmission. This result was consistent for all three release cohorts. Additionally, the external experts recommended moving these indicators to the attitudinal domain.

The absence of empirical support coupled with the consultation findings have resulted in the deletion of these indicators.

Gang Member (Indicator 6)

The general sessions unanimously agreed that 'gang member' should be retained. However, 60% of the sessions indicated that the indicator did not belong in the personal/emotional domain. Moreover, four sessions recommended moving the indicator to the associates' domain. Similarly, all of the women-focused sessions as well as the external expert recommending dropping this indicator from the personal/emotional domain given that it is already included in the associates domain. We agree with the recommendations put forth by the external expert as well as the women-specific consultations. Consequently, the indicator has been dropped from the personal/emotional domain but retained in the associates domain. As previously discussed, the 'gang' help message has been expanded in the revised protocol (see Appendix C).

Cognition (Indicators 7-16)

Between 60 and 80% of the general consultation sessions recommended retaining all 10 indicators comprising the cognitive sub-component. However, each session provided various suggestions for improving the meaning and clarity of the indicators that included re-wording certain indicators as well creating detailed help messages (these suggestions have been incorporated when possible). Also, as stated previously 90% of the general consultation sessions supported the reorganization of this domain proposed by the external experts.

Similarly, all of the women-focused sessions agreed that nine of the ten indicators be retained. However, two sessions recommended deleting 'goal setting is unrealistic'. Additionally, some sessions suggested merging certain indicators in the interests of streamlining (e.g., merge 'impulsive' with 'unaware of consequences' and 'feels especially self-important' with 'has disregard for others'). Lastly, participants provided various suggestions for enhancing rating clarity.

Empirically, Step 2 revealed that 'impulsive' was the only indicator that consistently rendered strong or moderate support across all three release cohorts (r 's $> .10$). Additionally, it was the only cognitive indicator that entered the final stepwise regression solution for all three release cohorts. Moreover, five of the ten indicators (i.e., 'has difficulty solving interpersonal problems', 'unable to generate choices', 'goal setting is unrealistic', 'has disregard for others', 'impulsive') were either moderately or strongly predictive of readmission (r 's exceeded $.10$) for the male release cohort while the remaining five indicators demonstrated either no or weak support (r 's $< .10$). Among the women offender release cohort three indicators (i.e., 'impulsive', 'has difficulty solving interpersonal problems', 'has disregard for others') demonstrated moderate support (r 's ranged between $.10$ and $.20$) while the remaining seven indicators demonstrated either weak or no support. Lastly, only one indicator rendered moderate support within the Aboriginal release cohort (i.e., 'impulsive'). All of the remaining cognitive indicators generated either none or weak support.

Similar to the general and the women-specific consultation results, the external experts recommended retaining all of the cognitive indicators provided that they are realigned in accordance with the external expert's proposed reorganization (see above). However, the rationale provided for retaining the indicators was theoretical rather than empirical with the exception of two indicators (i.e., 'impulsive' and 'interpersonal problem-solving'). Empirically, the external review located research demonstrating that impulsivity and interpersonal problem-solving are related to criminal recidivism.

Although the Step 2 results support the deletion of at least half of the cognitive indicators all of the indicators have been retained (although three have been merged into a single composite-see below) for the following reasons: 1) staff strongly support their continued inclusion; 2) the external experts strongly recommend they be retained (in principal); and 3) the indicators play a crucial role in program referral process,

specifically in regards to one of CSC's core correctional programs, namely Reasoning and Rehabilitation. However, it should be noted that the three indicators currently representing the construct of empathy (i.e., 'socially unaware', 'has disregard for others', and 'incapable of understanding the feelings of others) have been merged into one indicator for empirical, theoretical and practical utility (increased efficiency) reasons. Empirically, all three indicators were highly correlated with one another across all three release cohorts (e.g., r 's ranged between .32 and .47). Moreover, Motiuk and Brown (1993) demonstrated in a previous study that a single indicator entitled, 'poor empathy' was strongly related to conditional release suspensions ($r = .20$) in a sample of 604 federal offenders released in the Ontario region. Moreover, the external experts cogently argue that these three indicators collectively represent the construct of empathy. Lastly, the merger of these indicators promotes parsimony without sacrificing reliability or validity of the revised protocol.

In sum, the following cognitive indicators have been reassigned as following: 'displays narrow and rigid thinking', 'problem recognition skills are limited', 'ability to generate choices is limited', and 'ability to link actions to consequences is limited' have been reassigned to the 'problem solving skills' component; 'has disregard for others', 'socially unaware', and 'incapable of understanding the feelings of others' have been merged into the composite indicator, 'empathy skills are limited' and relocated to the 'interpersonal skills' component along with 'has difficulty solving interpersonal problems'; 'impulsive' has been reassigned to the 'impulsivity' component; and lastly, 'goal setting is unrealistic has been reassigned to the 'life planning skills' component. Please see Appendix B and C for a complete overview.

Aggressive (Indicator 17)

The majority of the general consultation sessions (70%) agreed that this indicator should be retained with a revised help message that promotes clarity. Similarly, all three of the women-focused sessions agreed that this indicator be retained along with an enhanced help message.

Empirically, Step 2 revealed that the indicator was moderately predictive for both men ($r = .12$) and women ($r = .16$) however there was no predictive support for the

Aboriginal release cohort ($r = .04$). Moreover, the external experts also provided empirical evidence that supports the continued inclusion of aggression.

Interestingly, the external experts also reported conceptual and operational similarities between the constructs of aggression, anger, hostility and low frustration tolerance. Moreover, they also note that anger and hostility are often used interchangeably in the literature (with anger being more commonly used in recent years). In contrast, the concept of aggression appears to be qualitatively different from anger/hostility.

In light of the available evidence, 'aggression' has been retained however it has been re-worded along with the help message to promote rater clarity. The program manual for the Service's Violence Prevention Program helped facilitate this process (see Appendix B and C).

Assertion problem (Indicator 18)

All of the general and women-specific sessions agreed that this indicator should be retained. However, most sessions were concerned about the appropriateness of this indicator with Aboriginal offenders.

Empirically Step 2 rendered either weak (male release cohort) or no support (women and Aboriginal release cohort) for this indicator. Additionally, the external experts provided both theoretical and empirical support for retaining this indicator.

Consequently, this indicator has been retained and relocated in the interpersonal skills component. However the help message has been elaborated on extensively. As well, a cautionary note regarding cultural diversity has also been included.

Copes with stress poorly (Indicator 19)

Once again, the majority of the sessions (60%) agreed this indicator should be retained. However, some sessions indicated that the exact meaning of 'stress' requires clarification. All three of the women-focused sessions unanimously agreed that this indicator be retained in its current form.

Empirically, Step 2 rendered support for this indicator for men ($r = .14$) and women ($r = .22$). However, no relationship was found for Aboriginal offenders ($r = .02$).

The external experts (personal communication) recommended retaining this indicator for theoretical and empirical reasons.

As a result of the available, this indicator has been retained and relocated to the general problem solving component (see Appendix B and C).

Poor conflict resolution (Indicator 20)

The majority of the general sessions (70%) and all of the women-specific sessions recommended retaining this indicator. Some sessions noted however that the indicator is conceptually similar to 'copes with stress poorly' and 'has difficulties solving interpersonal problems'. Consequently, the field recommended enhanced help messages.

Empirically, Step 2 demonstrated moderate support for men and weak support for women. Once again, there was no relationship between the indicator and readmission among the Aboriginal release cohort ($r = .04$). The external experts recommended retaining this indicator based on theoretical grounds. Additionally, they recommended relocating this indicator from the existing coping sub-component to the new interpersonal skills component.

Initially, 'poor conflict resolution' and 'has difficulty solving interpersonal problems' were retained as individual indicators. However, it became readily apparent that the conceptual overlap between the two indicators was also evident operationally. Specifically, attempts to create help messages that would clearly differentiate between the two indicators (as per staff recommendations) failed. Additionally, the two indicators were highly correlated with one another ($r = .59$). Thus, in accordance with the 'less is more' principal the spirit of this indicator has been incorporated into 'has difficulty solving interpersonal problems' (see Appendix B and C).

Manages time poorly (Indicator 21)

Eighty percent of the general sessions recommended retaining this indicator. However, all sessions expressed concern in terms of whether or not this indicator applies equally to all cultures. Additionally, several sessions indicated that the help message requires modification.

All three of the women-focused sessions expressed concern regarding this indicator. For example, two sessions indicated that the meaning of the indicator was not clear while the third session recommended dropping the indicator entirely.

Interestingly, despite the field's expressed hesitation, Step 2 demonstrated that this was one of the few indicators within the personal/emotional domain that was consistently predictive of readmission across all three release cohorts (r 's ranged between .15 and .21). Moreover, the external experts recommended retaining the indicator based on theoretical grounds.

In light of the evidence, the indicator has been retained and positioned within the impulsivity component (see Appendix B and C).

Gambling is problematic (Indicator 22)

All of the general sessions recommended retaining this indicator however several sessions recommended relocating the item to the substance abuse domain. Additional suggestions for improving the help message were also offered.

Two of the women-focused sessions recommended retaining the indicator however one of these sessions recommended it be relocated to the substance abuse domain. The remaining session recommended the indicator be removed entirely.

Empirically, Step 2 rendered no support for including this indicator across any of the three release cohorts. Interestingly, the external experts recommended retaining this indicator but relocating it within the impulsivity component. In light of the overwhelming field support coupled with the expert recommendation this item has been retained.

Has low frustration tolerance (Indicator 23)

Seventy percent of the general and 100% of the women-specific sessions recommended retaining this indicator. Interestingly, very few caveats for enhancing the indicator were given. However, some specific guidelines for enhancing the help message were given during the women-specific sessions.

Empirically, both Step 1 and Step 2 support the continued inclusion of this indicator. Noteworthy was its particularly strong correlation with readmission within the women offender cohort ($r = .24$). Consequently, the indicator has been retained and

reassigned to the aggression subcomponent in accordance with the external expert's recommendation (see Appendix B and C).

Hostile (Indicator 24)

Most of the general sessions (90%) recommended retaining this indicator provided that the help message is greatly enhanced in such a way that the indicator is clearly differentiated from 'aggressive'. Moreover, two of the women-focused sessions recommended retaining this indicator (the third session recommended deletion) provided that enhanced clarification is provided.

Empirically, Step 2 revealed that this indicator was moderately predictive of readmission for men ($r = .10, p < .001$). However the indicator was not significantly related to readmission for women ($r = .08$) or Aboriginal offenders ($r = .04$). While the external review rendered support for this indicator it also underscored the conceptual and operational overlap between the constructs of anger, hostility and aggression. Moreover, the external review demonstrated the trend in the research literature to conceptualize anger and hostility as similar constructs that are qualitatively different from aggression. Lastly, the external review noted how in recent years the vocabulary of researchers has shifted away from 'hostility' in favour of 'anger'.

In light of the available evidence the spirit of this indicator will be retained but will now be reflected by two 'anger' indicators: 'frequently suppresses anger' and 'frequently feels intense anger'. These indicators were chosen to promote consistency between the intake assessment process and the Service's Violence Prevention Program.

Worries unreasonably (Indicator 25)

Five of the general sessions strongly recommended the deletion of this indicator, while the remaining five sessions simply expressed concern about the clarity of the indicator. Two of the women focused sessions recommended retaining this indicator provided that it is either linked or merged with 'copes with stress poorly'.

Empirically, Step 2 illustrated that this indicator was neither a moderate or strong predictor of readmission for any of three release cohorts. Moreover, the external review recommended that the indicator be removed. Consequently, the indicator has been deleted.

Takes risks inappropriately and Thrill-seeking (Indicator 26-27)

Consensus was not reached during the general sessions in regards to 'takes risks inappropriately'. For example, four sessions recommended deletion while 2 sessions recommended retention (along with a modified help message). Further, three sessions recommended merging 'takes risks inappropriately' with 'thrill-seeking' provided that 'thrill-seeking' remains the driving force behind the indicator. Lastly, one session suggested merging both these indicators with 'unaware of consequences'.

Interestingly, all of the general sessions agreed that 'thrill-seeking' should be retained in some form or another (e.g., retain as is, merge with 'takes risks inappropriately' and 'unaware of consequences'). However, the majority of sessions believed that the indicator should reflect behaviour that is directly linked to criminal behaviour or alternatively, other life-threatening behaviour.

Essentially, the results of the women-focused sessions mirrored those of the general sessions. For example, two sessions recommended merging both indicators while the third session recommended dropping 'takes risks inappropriately' while retaining 'thrill-seeking'.

Empirically, Step 2 revealed that both indicators were moderately predictive of readmission across all three release cohorts. However, the magnitude of the results was larger for 'thrill-seeking' relative to 'takes risk inappropriately'. The external experts also reported empirical evidence that supports the continued inclusion of 'thrill-seeking' related indicators.

In light of the evidence and in the interests of streamlining, 'thrill-seeking' has been retained while 'takes risks inappropriately' has been deleted. Additional changes to the help message are noted in Appendix C.

Non-reflective (Indicator 28)

Ninety percent of the general sessions recommended retaining this indicator. However, several sessions indicated that the help message requires clarification. In contrast, consensus was not reached among the women-focused sessions. While one session recommended merging the indicator with 'unaware of consequences' and 'impulsive' another session recommended dropping the indicator. The final session

recommended retaining the indicator but re-wording it as follows: 'does not think back on own behaviour'.

Empirically, Step 2 demonstrated that this indicator was moderately predictive of readmission for men ($r = .13$) but was not predictive of readmission for women or Aboriginal offenders. The external experts recommended retaining the indicator for theoretical rather than empirical reasons. In addition they also recommended relocating the indicator to the impulsivity component.

Initially, this indicator was retained. However, it became readily apparent that the conceptual similarity between 'non-reflective' and 'impulsive' was evident operationally. Specifically, attempts to create help messages that would adequately differentiate between the two indicators failed. Additionally, the two indicators were moderately correlated with one another ($r = .26$). Thus, in accordance with the 'less is more principal' this indicator has been incorporated into 'impulsive' (see Appendix B and C).

Is not conscientious (Indicator 29)

Once again, all of the general sessions recommended retaining this indicator. However, most sessions recommended replacing the indicator with the existing help message, 'offender does not persistent in goal-oriented behaviour' or 'gives up easily when challenged'. In contrast, all three of the women-focused sessions recommended dropping this indicator.

Empirically, Step 2 revealed that this indicator was a moderate predictor for men ($r = .16, p < .001$), a weak, albeit significant predictor for Aboriginal offenders ($r = .08, p < .001$) and a non-significant predictor for women ($r = .11, ns$) however the magnitude of the correlation was moderate. The external review recommended retaining this indicator on theoretical grounds. However, no empirical studies were located that examined its relationship to criminal behaviour.

In light of the available evidence coupled with the conceptual uniqueness of this indicator it has been retained and placed in the general problem solving component of the personal/emotional domain (see Appendix B and C).

Manipulative (Indicator 30)

All of the general and all of the women-specific sessions recommended retaining this indicator. Empirically, this indicator was weakly predictive of readmission for men ($r = .06, p < .06$), strongly predictive for women ($r = .21, p < .001$) but was unrelated to readmission for Aboriginal offenders ($r = .01$). The external review recommended retaining this indicator for theoretical reasons.

In light of the evidence this indicator has been retained and situated in the 'interpersonal skills component (see Appendix B and C).

Sexual Behaviour (Indicators 31-34)

Consensus was not reached among the general sessions in regards to 'has difficulty performing sexually'. While five sessions recommended deletion, four sessions remained undecided. However, one session did recommend retention.

In regards to 'sexual identity problem', six of the general sessions recommended dropping this indicator while the remaining four sessions remained undecided. Interestingly, all of the general sessions recommended retaining 'inappropriate sexual preferences' and 'sexual attitudes are problematic' provided that these indicators are moved to another domain or are only applied to known sex offenders (a recommendation that supports the external experts).

Interestingly, only one of the women-focused sessions recommended dropping all the of sexual behaviour indicators. In contrast, another session indicated that the indicators should only be applied to known sex offenders. The final session recommended that all of the sexual behaviour indicators be collapsed into a single composite reflecting problematic sexual behaviour.

Interestingly, all of the sexual behaviour indicators were either unrelated or negatively related to readmission in each of the three release cohorts. The external review did not provide any comments in regards to sexual dysfunction or sexual identity due to the absence of research in the area. However, they did report that there is empirical evidence that inappropriate sexual preferences and sexual attitudes are related to sexual offending in known samples of sex offenders. However, they recommend that these indicators only be assessed on known sex offenders.

In light of the available evidence, 'sexual identify problem' and 'sexual dysfunction' have been dropped while 'inappropriate sexual attitudes and 'inappropriate sexual preferences' have been retained. However, both indicators will only be rated against known sex offenders.

Mental Ability and Mental Health (Indicators 35-37)

Ninety percent of the general sessions indicated that the mental ability and mental health indicators are necessary for treatment planning, program referrals, facilitating community supervision and informing the Correctional Plan. However, most sessions indicated that these indicators should be assessed elsewhere either in an entirely new domain or perhaps assessed in the immediate needs segment of the intake process provided that they are re-assessed. The results of the women-focused sessions mirrored those of the men. However, one session did recommend that all the mental health and interventions indicators be combined into one or two indicators.

Empirically, Step 2 revealed that none of these indicators were moderately or strongly predictive of readmission in any of the release cohorts. Also, as stated previously Robinson et al. (1998; 2000), proposed that the mental ability and mental health principal components be dropped. In light of the available evidence we have removed these three indicators from the personal/emotional domain and relocated them to the new responsivity domain. Additionally, the existing 3 indicators reflective of mental ability and mental health have been collapsed into two indicators (has been diagnosed with a mental disorder, intellectually challenged) (see Appendix B and C).

Interventions (Indicators 38-46)

All of the general sessions agreed that the interventions component not only generates important information for case planning but that the indicators also serve as useful interview prompts. However, most sessions indicated that the information should be captured in another domain that focuses more broadly on treatment history in general. Regardless of where the information is retained several sessions indicated that the indicators and help messages required modification to enhance clarity.

In sum, the women-focused groups did not reach consensus regarding this component. For example, one session simply suggested that the indicators be reduced with enhanced scoring guidelines. Alternatively, another session specifically recommended dropping all of the indicators with the exception of 'past program participation'. Lastly, the final group recommended dropping indicators, 'prior personal/emotional assessment' and 'current hospitalization' while retaining all of the remaining intervention indicators.

Empirically, Step 2 revealed that none of the indicators comprising the interventions component were moderately or strongly predictive of readmission. However, a few correlations within the male offender release cohort did evidence weak support. Similarly, the external experts also concluded that all of the intervention indicators should be deleted from the personal/emotional domain based on theoretical or empirical grounds. As stated above, they recommend that the assessment of current motivation or receptiveness to change should be included. Both the general and women-specific sessions strongly supported this recommended. Consequently, four new ratings pertaining to current motivation level (cognitive skills and violence-specific programming) and past treatment performance (cognitive skills and violence-specific programming) have been incorporated (see discussion below and Appendix C). However, one indicator pertaining specifically to mental health interventions has been included in the responsivity domain. The indicator, 'history of mental health interventions' reflects a single composite of the following 6 indicators: prescribed medication in the past, prescribed medication currently, past hospitalization, current hospitalization, received outpatient services in the past, receiving outpatient services prior to admission (see Appendix B and C).

Summary of Proposed Changes to the Personal/Emotional Domain

The personal/emotional domain has been reduced from 7 principal components, 22 subcomponents, and 46 indicators to 6 components and 24 indicators. The help messages have been expanded in accordance with recommendations from the field, external experts and existing programs within CSC. Specific differences pertaining to women, Aboriginal offenders and other minority groups have been addressed where

applicable in the help messages and interview prompts. Lastly, as with the previous domains two new ratings have been added that reflect past treatment performance as well as current motivation level that are specific to this domain. See Appendix B and C for a complete overview.

Attitude Domain

General Comments

In sum, the general consultation sessions revealed that the field strongly supports the continued assessment of criminal attitudes. However, staff strongly underscored the need for improved training and enhanced help messages in regards to this domain. Also, considerable debate occurred regarding whether or not the domain should focus exclusively on criminal attitudes or whether or not the domain should also encompass attitudes towards employment, women, and domestic violence. Some individuals also suggested assessing victim awareness and treatment readiness in this domain. It was also suggested that the use of behavioural cues and/or anchors would greatly assist in generating reliable ratings.

General Comments: Women-specific

In sum, participants in the women-specific sessions strongly supported the continued inclusion of criminal attitudes in the assessment process. Most issues that were raised during the women-specific sessions are discussed at the indicator level with the following exception. Some individuals proposed adding indicators that would reflect attitudes towards social assistance (including child welfare), immigration and men in authority.

Response to Expert Proposals: General and Women-specific

Law's (1998) first proposed that only those indicators with moderate or strong empirical support be retained. Overall, 70% of the general sessions and 100% of the women-focused sessions agreed in principal, however, exceptions were noted and are discussed at the indicator level. We accepted this proposal in principal, however, any exceptions are duly noted below at the indicator level.

Both the general and women-specific sessions agreed unanimously with Law's second proposal to include an indicator or two reflective of neutralizations. Briefly, neutralizations refer to denial and minimization techniques employed by offenders to justify, rationalize or minimize the severity and nature of their criminal behaviour (Sykes & Matza, 1957). However, both consultation processes expressed concern that the new indicator might be endorsed at a particularly high rate and consequently recommended that the help message be worded carefully to prevent over-classification. Lastly, participants recommended that the new indicator be phrased using non-technical language. This proposal has been accepted and a new indicator reflective of 'neutralizations' has been added (see Appendix B and C).

All of the general consultation sessions supported Law's last proposal to include an indicator or two reflective of criminal self-efficacy. Briefly criminal self-efficacy refers to the extent to which an individual views him or herself as an experienced and knowledgeable criminal (Brown, Zamble, & Conroy, 1998; Brown, 2002). However, once again various suggestions were provided for simplifying the language of the proposed new indicator (e.g., 'takes pride in criminal accomplishments', 'highly committed to criminal activity', 'general acceptance of a criminal lifestyle'). Staff also recommended that the assessment strategy for this indicator address the seemingly transparent nature of the indicator. This proposal has been accepted and one new indicators reflective of this construct has been added (see Appendix B and C).

Unlike the general sessions, consensus was not reached among the women-focused sessions regarding the proposal addition of a new criminal self-efficacy indicator. While one session clearly supported the proposal another session felt the indicator was relevant for men but not for women. The final session remained undecided. This proposal has been accepted at the moment. However, if the indicators prove to be invalid for women after field testing it will be removed.

Lastly, 70% of the general sessions supported Law's final proposal to incorporate an indicator or two reflective of violent-specific beliefs. Specifically, staff supported the inclusion or refinement of existing indicators provided that they would measure the following: 1) the extent to which the offender perceives violence as an acceptable means of dealing with frustrating situations, 2) the extent to which the offender supports the use of violence in general, and 3) the extent to which the offender supports the use

of situational or impulsive violence. In sum, all of the women-specific sessions agreed with the proposal in principal however some hesitation was noted in the absence of concrete examples of what the new violent belief indicators would encompass.

Proposed Changes to the Attitude Indicators

Justice (Indicators 1-6)

Overall, the general sessions supported retaining the Justice principal component (indicators one-six) comprising the attitudinal domain. However, the majority of the general consultation sessions (60%) recommended collapsing indicators one to four (negative towards the law (indicator 1), the police (indicator 2), the courts (indicator 3) and, corrections (indicator 4) into one indicator entitled, 'negative attitudes towards the criminal justice system'. However, there were mixed views in terms of whether to drop, merge, or keep indicators five (negative towards community supervision') and six (negative towards rehabilitation).

Only two of three women focused sessions provided specific recommendations at the indicator level for the attitude domain. Consequently, only the results of these sessions are reviewed. The results of the women-specific sessions mirrored those of the general sessions. Both groups concurred that the justice component could be reduced. However, slightly different strategies were proposed. For example, one session recommended merging indicators one to three into a single composite while retaining indicators four, five and six in their original format. Alternatively, the second session indicated that indicators one to four should be merged while indicators five and six be retained in their current format. However, both groups provided some concrete suggestions for enhancing the meaning of the indicators.

Step 2 revealed that four of the six justice indicators were moderately predictive of readmission across all three release cohorts. The two indicators that generated weak or no support were 'negative towards the courts' and 'negative towards rehabilitation'. The external meta-analytic review also demonstrated that five of the six indicators were moderately related to criminal recidivism. However, no external studies were located that examined whether or not attitudes toward community supervision was predictive of recidivism.

In light of the collective evidence, the first three indicators of the justice component have been collapsed into a single composite indicator, 'displays negative attitudes towards the criminal justice system'. Similarly, the next two indicators (negative towards corrections and community supervision) have been merged into the following composite indicator: 'negative towards the correctional system'. In addition, help messages have been added to each indicator (see Appendix B and C). Although 'negative towards rehabilitation' has been deleted the spirit of the indicator has been captured in the newly created responsivity domain within the general motivation component (see Appendix B and C).

Convention (Indicators 7-12)

Ninety percent of the general consultation sessions (90%) recommended retaining the convention sub-component, in principal. However, participants displayed considerable disagreement over whether or not this component should be assessed in the attitudinal domain or whether or not these negative, albeit non-criminal attitudes (e.g., attitudes towards employment, substance abuse) should be relocated to other domains (e.g., move attitudes towards employment to employment domain). As well, staff strongly recommended reducing redundancy across as well as within domains. Lastly, not only did some sessions recommend re-wording certain indicators in a positive light (e.g., 'values employment') but most sessions recommended enhancing the meaning and clarity of the indicators by increasing the detail of the individual help messages.

The two women-focused sessions did not reach consensus in regards to the conventions sub-component. While one session recommended dropping the component entirely with the exception of 'employment has no value' the other session wanted the component retained. However, this session believed that the current indicators do not adequately represent ties to pro-social convention and consequently if retained, require considerable revision. Additionally, the first session that recommended retaining 'employment has no value' specified that the indicator be re-worded as follows, 'legal employment has no value'.

Empirically, Step 2 revealed that only 2 of the 6 indicators (i.e., 'employment has no value' and 'values a substance abusing lifestyle) in this component were predictive of

readmission. Moreover, while 'employment has no value' was moderately predictive across all three release cohorts (e.g., r 's ranged between .13 and .15, $p < .002$), 'values a substance abusing lifestyle' was actually a strong predictor among the women offender release cohort ($r = .21$, $p < .002$), a moderate predictor for men ($r = .16$, $p < .002$) and a weak albeit significant predictor for Aboriginal offenders ($r = .08$, $p < .002$). The external meta-analytic review revealed that 'attitudes towards social convention' was moderately related to criminal recidivism. However, the magnitude of the relationship dropped to 'weak' once the effect was weighted by sample size.

In light of all the evidence the conventions sub-component has been reduced from six to two indicators: 'values a substance abusing lifestyle' and 'displays non-conforming attitudes towards social convention'. The later is now a composite indicator reflecting the majority of the existing indicators comprising the convention domain. It was decided to retain 'values a substance abuse lifestyle' as a separate indicator due to the strong empirical support it received particularly in regards to women offenders. Additionally, as previously discussed employment-specific attitudes are now addressed within the employment domain while 'attitudes supportive of family violence' are addressed within the marital/family domain. Lastly, the help messages have been revised substantially. Especially noteworthy are the modifications made to the help message corresponding to 'displays non-conforming attitudes towards social convention' that now address cultural diversity (see Appendix B and C).

Elderly, Women, Men and Minorities (Indicators 13-17)

Sixty percent of the general consultation sessions recommended dropping the following indicators: 'elderly have no value', 'ethnically intolerant', 'intolerant of other religions', 'intolerant of disabled persons'. However, the remaining 4 sessions recommended merging these four indicators into a composite (i.e., 'intolerance towards specific groups'). Interestingly, 90% of the sessions recommending retaining, 'women/men roles are unequal' provided the help message is improved. Moreover, some sessions also suggested combining 'women/men roles are unequal' with 'supportive of domestic violence' and moving this combined indicator to the marital/family domain. Interestingly, both women-focused sessions agreed that the all of these indicators should be dropped with the exception of 'women/men roles are unequal'.

While no external studies were located that examined the predictive utility of the indicator-'elderly have no value', the external meta-analytic review (Law, 1998) revealed that 'negative attitudes towards women' and 'negative attitudes towards minority groups' were moderately related to recidivism. However, the results should be interpreted judiciously given that they were based on three studies (attitudes towards women: 2 studies; attitudes towards minority groups: 1 study).

Empirically, Step 2 revealed no support (r 's ranged from -.06 to .03 across all release cohorts) for retaining any of the above-noted indicators. Additionally, the few studies that were located externally did support the continued inclusion of indicators reflective of negative attitudes towards women and minority groups. Thus, the empirical evidence generated from Step 1 and Step 2 produced conflicting results.

In light of all the available evidence coupled with the streamlining decision rules all of the above-noted indicators have been deleted. However, the 'indicator 'women/men roles are unequal' has been included as an interview prompt in the 'attitudes support family violence' indicator currently in the marital/family domain. Additionally, the rating guidelines now instruct staff members to comment on any negative attitudes the offender may display towards the opposite gender in the narrative section of the marital/family domain. Lastly, the attitudinal rating guidelines now instruct staff members to comment on whether or not the offender displays negative attitudes toward minority groups if applicable (i.e., offender convicted of a hate crime).

Property (Indicators 18-20)

Fifty percent of the general sessions recommended retaining all three indicators comprising the property sub-component. The remaining fifty percent also recommended retaining the property sub-component provided that all three indicators are merged into a single composite or into two distinct indicators: 'disrespectful of personal property' and 'disrespectful of public or commercial property'.

One of the women focused sessions recommended dropping 'disrespectful of personal belongings' while the second session recommended it be retained provided that the meaning of the indicator is clarified. Interestingly, both groups agreed that while 'disrespectful of public property' should be retained 'disrespectful of commercial property' could be dropped or merged in with the later indicator.

Empirically, these three indicators demonstrated some of the strongest empirical support to date with all three indicators demonstrating moderate to strong predictive strength irrespective of release cohort (r 's ranged between .15 and .27 across all three release cohorts). No external studies were identified that specifically examined the predictive merit of these indicators.

In light the field and empirical support these indicators have been retained. However, in the interests of streamlining, the following 2 indicators ('disrespectful of public property' and 'disrespectful of commercial property') have been merged into a single composite: 'disrespectful of public or commercial property' while 'disrespectful of personal property has been retained as a separate indicator (see Appendix B and C).

Violence (Indicators 21-22)

The majority of the general sessions (90%) recommended retaining indicators 21-'supportive of domestic violence' and 22-'supportive of instrumental violence'. However, enhanced scoring guidelines that include behavioural references were recommended. As well, one session recommended relocating the domestic violence indicator to the marital/family domain.

Both women-focused sessions indicated that the indicator, 'supportive of domestic violence' does not apply to women given that women are usually victims rather than perpetrators of family violence. It was suggested that the indicator be re-worded as follows for women 'rationalizes or accepts spousal abuse'. Both women-focused sessions also agreed that 'supportive of instrumental violence' be retained provided that the help message is enhanced or the wording of the actual indicator is enhanced to improve clarity (e.g., 'supports goal-orientated violence').

Empirically, Step 2 did not reveal any support for retaining 'supports domestic violence' in any of the three release cohorts. Further, no external studies were located that examined the predictive merit of domestic violence attitudes and recidivism. However, Step 2 did reveal that 'supports instrumental violence' was predictive of readmission, particularly among women ($r = .15, p < .002$) and to some extent men ($r = .09, p < .002$) however, no support was rendered in regards to Aboriginal offenders ($r = .03$). The external meta-analysis also revealed that attitudes in support of instrumental violence were moderately predictive of criminal recidivism.

In light of all the available evidence including the third recommendation put forth by the external expert (i.e., 'include violence-belief specific' indicators) three attitudinal indicators pertaining specifically to violence have been included in the revised protocol (two existing indicators and one additional indicator). While 'supports instrumental violence' has been retained albeit re-worded to enhance clarity, 'supportive of domestic violence' has been re-worded and relocated to the marital/family domain. Lastly, an additional indicator, 'supports emotional/expressive violence' has been added in accordance with recommendations put forth by the external expert (see Appendix B and C).

Lifestyle (Indicators 23-24)

Both the general and women specific consultation sessions unanimously agreed that both of the following indicators 'lacks direction' and 'non-conforming' be retained. Empirically, Step 2 demonstrated that both indicators were either moderately or strongly predictive of readmission across all three release cohorts (r 's ranged from .12 - .27, $p < .002$). Similarly, the external meta-analytic review demonstrated that 'non-conforming' was a strong predictor of criminal recidivism while 'lacks direction' was moderately related to criminal recidivism.

Consequently, both indicators will be retained. However, indicator 23 - 'lacks direction' along with its corresponding help message 'the offender lacks direction in life/ does not set goals' has been moved to the newly created 'life planning deficit' component currently contained within the personal/emotional domain. The justification for relocating this indicator is both conceptual (the indicator is conceptually a better fit with the 'life planning deficits' component of the personal/emotional domain) and empirical (the indicator correlates highly with a number of indicators within the personal/emotional domain).

Summary of Proposed Changes to the Attitudes Domain

In sum, the attitude domain has been reduced from five principal components, 15 sub-components and 24 indicators to 3 components and 10 indicators. The help messages have been expanded in accordance with recommendations from the field and the external experts. Specific differences pertaining to women, Aboriginal offenders and

other minority groups have been addressed where applicable in the help messages and interview prompts. Lastly, as with the previous domain two new ratings have been added that reflect past treatment performance as well as current motivation level that are specific to this domain. See Appendix B and C for a complete overview.

Responsivity Domain

One of the more significant changes in the revised protocol is the creation of a responsivity domain. Briefly, responsivity is a basic principal of effective correctional programming that argues treatment is most effective when the mode of service delivery is matched to the offender's learning style, motivation, aptitude and abilities. The responsivity principal is comprised of two elements: general and specific responsivity. While general responsivity states that treatment programs that follow the principals of social learning theory (e.g., cognitive-behavioural modes of treatment delivery) yield the greatest reductions in criminal recidivism specific responsivity states that treatment will be most effective when treatment considers 'person-specific responsivity factors' such as personality, motivation, age, language, and culture (Andrews, 2001; Andrews & Bonta, 2003). It is important to highlight that while the revised protocol includes a new responsivity domain the majority of the indicators comprising this domain already exist in the DFIA. They are simply interspersed throughout the existing seven domains.

The responsivity domain in the revised protocol assesses 'specific responsivity factors'. It is comprised of one component that measures 14 person-specific factors. The person-specific indicators target a range of factors such as language, culture, and personality that may influence treatment effectiveness. It is important to emphasize that the majority of these factors neither increase nor decrease risk level. Lastly, it is important to note that two Aboriginal-specific indicators pertaining to communication style (see Brant, 1990, 1993 regarding passive communication styles and Aboriginal culture) and cultural identity have been added.

Program Referral Matrices

The final section of this report briefly discusses how the program referral process can be enhanced using the revised DFIA-R. At this time we are not recommending that these changes be implemented. Rather, we would like to consult with staff about the feasibility of the proposed changes.

In sum, we argue that the DFIA-R can be used to generate a recommended program intensity level in one of two ways. First, the overall dynamic factor rating that corresponds to given dynamic factor (e.g., substance abuse) can be plotted against the overall level of static intervention in a 2 X 2 matrix format. This process would generate a recommended treatment intensity level (see Table 47). Additionally, the process would generate one of three recommended treatment locations: institution, community or discretionary (staff use discretion to decide whether or not the program should be delivered in the institution or the community).

Table 47: Substance Abuse: Program Referral Matrix

Dynamic Rating	Level of Static Intervention		
	High	Medium	Low
None	Level C No program requirement	Level C No program requirement	Level C No program requirement
Some	Level B Choices Location: community	Level B Choices/OSAP Location: discretionary	Level A Choices Location: institution
Moderate	Level B OSAP Location: discretionary	Level A OSAP Location: Institution	Level A OSAP Location: institution
Considerable	Level B HISAP Location: Institution	Level A HISAP Location: Institution	Level A HISAP Location: institution

A similar strategy would be adopted for programs based on the number of positively endorsed indicators within a given domain(s) rather than the domain rating itself. For example, the DFIA-R contained 5 indicators that would be used to flag parenting skills deficits. Thus, individuals who receive between 3 and 5 positive hits and are rated high for level of static intervention would receive a recommendation to receive moderate intensity programming within the institution (see Table 48).

Table 48: Parenting Skills: Program Referral Matrix

Parenting Skills Indicators	Level of Static Intervention		
	Low	Medium	High
0 indicators	Level C No program requirement	Level C No program requirement	Level C No program requirement
1-2 hits	Level B Low intensity Location: community	Level B Low intensity Location: discretionary	Level A Low intensity Location: institution
3-5 hits	Level B Moderate intensity Location: discretionary	Level A Moderate intensity Location: Institution	Level A Moderate intensity Location: institution

Lastly, in some cases, supplementary assessments would guide the program referral process (i.e., see Table 49).

Table 49: Family Violence: Program Referral Matrix

SARA Rating	Level of Static Intervention		
	Low	Medium	High
Low	Level C No program requirement	Level C No program requirement	Level C No program requirement
Moderate	Level B Low intensity Location: community	Level B Low intensity Location: discretionary	Level A Low intensity Location: institution
High	Level A High intensity Location: institution	Level A High intensity Location: Institution	Level A High intensity Location: institution

DISCUSSION

The DFIA review has presented the results of meta-analyses, psychometric testing and the perspectives from the various consultative exercises. It has synthesized the results of the aforementioned initiatives and then offers a new DFIA-Revised (**DFIA-R**).

Briefly, the meta-analytic reviews confirmed the content validity of the DFIA. Specifically, the DFIA contains all of the dynamic factors identified in the research literature as strong predictors of criminal re-offending. Similarly, with few exceptions (e.g., denial and minimization of crime), the reviews confirmed that the DFIA represents all factors considered moderate predictors of criminal re-offending. However, the review also revealed that the DFIA contains several items deemed to be weak predictors of criminal behaviour. Furthermore, the DFIA review identified few empirical studies devoted exclusively to women offenders, Aboriginal offenders or minority groups.

Of particular note, the experts provided various process-oriented proposals designed to enhance the efficiency of the DFIA. Some of the more significant proposals included: 1) retention of indicators with strong or moderate research support and deletion of indicators with weak or no research support, 2) simplification of the overall structure of the DFIA (e.g., grouping conceptually similar indicators), 3) reliability enhancement (e.g., increase level of detail associated with existing help messages), and 4) improve the distinction between contributing ('criminogenic') and non-contributing (non-criminogenic) factors.

Overall, the statistical reliability (as measured via internal consistency) of each domain ranged from acceptable to superior within all three release cohorts: men, women and Aboriginal offenders. However, the reliability estimates for the community functioning domain were relatively low compared to the other domains, specifically for women and Aboriginal offenders. Additionally, supplementary analyses revealed that the subgroup of indicators that assess marital quality possessed low reliability across all three release cohorts.

The predictive validity for all DFIA domains (e.g., employment, marital/family, associates, community functioning, substance abuse, personal/emotional, attitudes) ranged from moderate to strong across all three release cohorts, meaning that

individuals who were rated as having more serious problems across the seven domains were significantly more likely to be readmitted to federal custody during the three year fixed follow-up period.

All seven of the dynamic factor domain ratings as well as a significant number of the individual indicators within the domains predicted readmission for women offenders. While indicators pertaining to educational achievement, parenting skills, drug abuse, leisure activities, coping abilities, and manipulation predicted readmission for both men and women, the strength of the relationship was particularly stronger for women relative to men. The trend was particularly predominant in regards to parenting-related indicators. Moreover, among the attitudes and associates indicators that significantly predicted readmission the magnitude of the results were equivalent across gender.

Similarly, all seven of the dynamic factor domain ratings as well as a significant number of the individual indicators within the seven domains predicted readmission for Aboriginal offenders. However, the number of indicators that evidenced moderate to strong predictive validity was smaller within the Aboriginal release cohort relative to offenders in general. This finding was particularly evident in regards to the marital/family and personal/emotional domains. Noteworthy, the results revealed that indicators pertaining to chronic unemployment, criminal friends, criminal attitudes, impulsivity, time management, accommodation instability, and drug abuse predicted readmission for Aboriginal offenders to the same degree found within the general offender population.

In general, field staff reported being satisfied with the content of the DFIA. However, some sessions recommended adding new domains that addressed the following areas: survivors of trauma, responsivity factors (e.g., English as a second language; cultural diversity) and more specifically, current motivation level and commitment to treatment. As well, it was recommended that a new component be added specifically devoted to past treatment performance. It was also proposed that positive and/or protective factors be underscored in addition to emphasizing offender weaknesses.

A consistent and strongly voiced message from the consultative reviews was that above all else, the clarity and meaning of the individual indicators and help messages must be enhanced to promote consistency across time, regions and people. Specifically, the field specified a need for objective and clear scoring guidelines that

would accompany each and every indicator. Both women-specific and Aboriginal-specific recommendations were made and are detailed in the body of the report.

In sum, the following changes are being proposed for the DFIA-R. It is proposed that the existing DFIA structure be changed. Recall that the existing DFIA is comprised of seven dynamic factor domains, 35 principal components, 94 sub-components, and 197 indicators. For DFIA-R, it is proposed that there be eight assessment domains (the existing 7 dynamic factors plus a new responsiveness domain) and 27 principal components and 107 indicators. Noteworthy here is the deletion of the individual sub-components and the reduction in the number of indicators from 197 to 107. In addition, a responsiveness domain is to be added to enhance reintegration efforts. The new domain will be comprised of 14 indicators that address person-specific factors such as language barriers, spirituality, and self-esteem. Some new indicators will be added that reflect cultural diversity (e.g., strong cultural identity, language barrier), women-specific issues (e.g., low self-esteem) or recent advancement in the research literature (e.g., interprets neutral situations as hostile). 'Domain-specific' motivation ratings and past treatment performance ratings will also be added. In total, 24 rating scales will be incorporated (12 pertaining to past treatment performance and 12 pertaining to current motivation level). For example, within the personal/emotional domain there are three possible past treatment performance ratings: cognitive skills related programming, general violence programming and sex offender programming and three corresponding motivational ratings: cognitive skills, violence programming, sex offender programming.

Currently, each dynamic domain is accompanied by an overall 3 or 4 point rating (asset, no need, some need, or considerable need). One level has been added to the rating scale. Specifically, a 'moderate' level has been inserted between 'some need' and 'considerable need'. This change was put in place to accommodate the Service's trend towards the development of programs that vary along three intensity levels. Help messages have either been enhanced or added to each indicator along with suggested interview guidelines. When deemed relevant, specialized help messages and interview prompts will be incorporated for women, Aboriginal, and young offenders.

Lastly, the language used to describe each individual indicator is worded to be more positive in nature.

In conclusion, this research report recommends that the Dynamic Factor Identification and Analysis (DFIA) component of OIA be revised and field tested. The proposed changes should increase the efficiency of DFIA, address issues pertaining to gender and cultural diversity, and lastly, align the protocol with recent advancements in correctional treatment. Finally, this initiative clearly underscores the need for more research in a variety of areas including women, cultural diversity, and the role of protective factors in the desistance process.

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BIBLIOGRAPHIC INVENTORY

for

THE DESIGN AND DEVELOPMENT OF THE DYNAMIC FACTORS IDENTIFICATION AND ANALYSIS– REVISED (DFIA-R) COMPONENT OF THE OFFENDER INTAKE ASSESSMENT (OIA) PROCESS

Domain Codes:

1. Employment
2. Marital/Family
3. Associates/Social Interaction
4. Substance Abuse
5. Community Functioning
6. Personal/Emotional Orientation
7. Attitude

G = General

R = Responsivity

W = Women-specific

A = Aboriginal-specific

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**APPENDIX A:
CURRENT DYNAMIC FACTOR IDENTIFICATION AND ANALYSIS COMPONENT**

EMPLOYMENT DOMAIN				
PRINCIPAL COMPONENT	SUB COMPONENT	INDICATOR	HELP MESSAGE	PROGRAM REFERRAL/ CMS^a
Ability	Education/Skills	Has less than grade 8?	Level achieved either through the regular school system, upgrading, night school, correspondence courses, or some other method of obtaining grade level standing. Current functioning as determined by the CAAT or other tests should be included in the comments section if applicable.	
		Has less than grade 10?	Level achieved either through the regular school system, upgrading, night school, correspondence courses, or some other method of obtaining grade level standing. Current functioning as determined by the CAAT or other tests should be included in the comments section if applicable.	
		Has no high school diploma?	Diploma obtained either through the regular school system, upgrading, night school, correspondence courses, or some other method of obtaining grade level standing. Current functioning as determined by the CAAT or other tests should be included in the comments section if applicable.	CMS
		Finds learning difficult?	Offender had difficult time in school grasping certain concepts.	CMS
		Has learning disabilities?	Learning disabilities (e.g., dyslexia) were confirmed through formal assessment.	CMS
		Has physical problems that interfere with learning?	Examples: deaf, blind	
		Has memory problems?		CMS
		Has concentration problems?		

(Table continued)

Employment Domain (cont'd)

		Has problems with reading?		
		Has problems with writing?	Offender cannot complete simple written exercises (e.g., writing cheques, request forms).	
		Has problems with numeracy?	The offender lacks basic math skills (e.g., addition, subtraction).	
		Has difficulty understanding instructions?		
		Lacks a skill area/trade/profession?	The offender lacks marketable job skills.	CMS
		Dissatisfied with skill area/trade/profession?		CMS
	Health	Has physical problems that interfere with work?	Examples: allergies, migraines, asthma, etc.	
Work Record	Work History	Has no employment history?	If the offender has never been employed, indicate "yes".	
		Unemployed at the time of arrest?		
		Unemployed 90% or more?	During the year prior to arrest, the offender was unemployed 90% of the time or more.	CMS
		Unemployed 50% or more?	During the year prior to arrest, the offender was unemployed 50% of the time or more.	CMS
		Has an unstable job history?	During the year prior to arrest, the offender changed employment 3 or more times.	CMS
		Often shows up late for work?		
		Has poor attendance record?	Poor attendance has led to problems at the work place.	
	Performance	Has difficulty meeting workload requirements?		
		Lacks initiative?		
	Dismissal/Departure	Has quit a job without another?		
		Has been laid off from work?		CMS
		Has been fired from a job?		CMS

(Table continued)

Rewards	Economic Gain	Salary has been insufficient?		
		Lacks employment benefits?	Examples: sick leave, health insurance, vacation leave, etc.	
	Security	Job lacks security?		
Co-worker Relations	Quality	Has difficulty with co-workers?		
Supervisory Relations	Quality	Has difficulties with superiors?		
Interventions	History	Prior vocational assessment(s)?		
		Has participated in employment programs?	Employment programs refer to structured workshops or other programs designed to assist individuals in learning skills required to search for and obtain suitable employment on their own.	
		Has completed an occupational development program?	The offender has completed a structured program related to acquiring a specific marketable job skill.	

MARITAL/FAMILY DOMAIN

PRINCIPAL COMPONENT	SUB COMPONENT	INDICATORS	HELP MESSAGES	CMS/ PROGRAM REFERRAL	
Family Background	Cohesion	Childhood lacked family ties?	The offender had no ties to a family during childhood. For example, several foster home placements during early childhood resulted in no particular ties or bonding to any one family situation.		
	Maternal Relations	Mother absent during childhood?	There was no mother figure during the offender's upbringing.	CMS	
			Maternal relations negative as a child?		CMS
	Paternal Relations	Father absent during childhood?	There was no father figure during offender's upbringing.	CMS	
			Paternal relations negative as a child?		CMS
	Parental Inter-Relations	Parent's relationship dysfunctional during childhood?			
			Spousal abuse during childhood?		
	Sibling Relations	Sibling relations negative during childhood?			CMS
	Other Relative(s) Relations	Other relative(s) relations negative during childhood?	The offender had negative relations with other family members (outside direct family) while growing up?		
		Criminality	Family members involved in crime?		CMS
	Marital Relation	Status	Currently single?	Not currently married or involved in C/L relationship.	CMS
			Has been married/common-law in the past?		CMS

(Table continued)

	Quality	Dissatisfied with current relationship?		CMS
		Money problems affect relationship(s) past/present?	Money problems have affected the current or previous relationships.	
		Sexual problem affect relationship(s) past/present?		
		Communication problems affect the relationship(s)?		
		Has been a victim of spousal abuse?		
		Has been a perpetrator of spousal abuse?		LWV
Parenting Responsibility	Dependents	Has no parenting responsibilities?	If the offender has no current parenting responsibilities, indicate "yes".	
	Parenting Skills	Unable to handle parenting responsibilities?	Does not or cannot provide for the basic physical and emotional needs of child.	PS
		Unable to control the child's behaviour appropriately?	Uses inappropriate means of discipline (excessive force, intimidation).	PS
		Perceives self as unable to control the child's behaviour?		PS
		Supervises child improperly?	Inadequate attention to the welfare of the child (i.e., health and safety concerns).	PS
		Does not participate in activities with the child?	If the offender does not participate in activities with the child, indicate "yes".	PS
		Lacks an understanding of child development?	Has unrealistic expectations of the child's abilities during different stages of development.	PS
		Family is unable to get along as a unit?		LWV/PS
	Child Abuse	Has been arrested for child abuse?		LWV/PS
		Has been arrested for incest?		PS
Interventions	History	Prior marital/family assessment(s)?		
		Has participated in marital/family therapy?		
		Has completed a marital/family intervention program?	Examples: effective parenting program.	

ASSOCIATES/SOCIAL INTERACTION DOMAIN					
PRINCIPAL COMPONENT	SUB COMPONENT	INDICATORS	HELP MESSAGES	CMS/ PROGRAM REFERRAL	
Attachments	Status	Socially isolated?	The offender is a "loner" and keeps to himself (i.e., does not have a social network).	CMS	
	Substance Abusers	Associates with substance abusers?			
		Pro-criminal	Has many criminal acquaintances?		CMS
			Has mostly criminal friends?		CMS
			Has been affiliated with a gang?		CMS
			Resides in a criminogenic area?	The offender's home was (is) located in an area known as a "high" crime area.	CMS
	Pro-social	Unattached to any community groups	If the offender is unattached to any community groups, indicate "yes". Examples: charitable, Big Brothers, athletic, etc.		
Interpersonal Relations	Style	Relations are described as predatory?	Offender preys on the weaknesses of others.	CMS/LWV	
			Often victimized in social relations?	CMS	
	Influence	Easily influenced by others?		CMS	
	Communication	Has difficulty communicating with others?		AM	

Note: ^a CMS = Community Management Strategies, CIP = Community Integration Program; LE = Leisure/Education; LWV = Living Without Violence, AM = Violence/Anger Management; PS = Parenting Skills; CS = Cognitive Skills

SUBSTANCE ABUSE DOMAIN

PRINCIPAL COMPONENT	SUBCOMPONENT	INDICATORS	HELP MESSAGES	CMS/ PROGRAM REFERRAL	
Alcohol Abuse	Pattern	Abuses alcohol?	Offender drinks to excess.		
		Began drinking at an early age?			
		Drinks on a regular basis?	Drinking is part of the offender's lifestyle.		
		Has history of drinking binges?			
	Situations	Has combined the use of alcohol and drugs?			
		Drinks to excess during leisure time?			
		Drinks to excess in social situations?			
		Drinks to relieve stress?			
		Interference	Drinking interferes with employment?		
			Drinking interferes with marital/ family relations?		
	Drug Abuse	Pattern	Drinking interferes with social relations?		
			Drinking has resulted in law violations?		
			Drinking interferes with health?		
		Abuses drugs (solvents, prescription drugs, etc.)?	Uses prescription drugs in excess of directions, or uses illegal drugs.		
Began using drugs at an early age?					
Uses drugs on a regular basis?		Using drugs is part of offender's lifestyle.			

(Table continued)

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Substance Abuse (cont'd)

		Has gone on drug-taking sprees?		
		Has combined the use of different drugs?		
	Situations	Uses drugs to excess during leisure time?		
		Uses drugs to excess in social situations?		
		Uses drugs to relieve stress?		
	Interference	Drug use interferes with employment?		
		Drug use interferes with marital/ family relations?		
		Drug use interferes with social relations?		
		Drug use has resulted in law violations?		
		Drug use interferes with health?		
Interventions	History	Prior substance abuse assessment(s)?		
		Has participated in substance abuse treatment?		
		Has completed substance abuse treatment?		

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COMMUNITY FUNCTIONING DOMAIN				
PRINCIPAL COMPONENT	SUBCOMPONENT	INDICATORS	HELP MESSAGES	CMS/ PROGRAM REFERRAL
Accommodation	Stability	Has unstable accommodation?	Moves frequently, i.e. usually changes residence more frequently than once per year	CMS/CIP
	Maintenance	Residence is poorly maintained?		CIP
Department	Self-presentation	Has poor self-presentation?		CIP
	Hygiene	Has poor hygiene?		CIP
	Physical	Has physical problems?		CMS/CIP
Health	Dental	Has dental problems?		CIP
	Nutritional	Has dietary problems?		CIP
	Budgeting	Difficulty meeting bills?		CIP
Finance		Has outstanding debts?		CIP
	Accounts	Has no bank accounts?	If the offender has no bank account, indicate "yes".	CIP
	Credit	Has no credit?	If the offender has no credit indicate "yes".	CIP
	Collateral	Has no collateral?	If the offender has no collateral, indicate "yes".	
Communication	Written	Has problems writing?		
	Verbal	Unable to express verbally?	If the offender is unable to express verbally, indicate, "yes".	
Leisure	Hobbies	Has no hobbies?	If the offender has no hobbies, indicate "yes".	CIP/LE
	Organized Activities	Does not participate in organized activities?	If the offender does not participate in organized activities, indicate "yes". Examples: sports teams, clubs, church groups.	CIP/LE

(Table continued)

Community Functioning (cont'd)

Support	Social Assistance	Unaware of social services?	If the offender is unaware of social services, indicate "yes". Examples: unemployment insurance, parental assistance, welfare etc.	CMS/CIP/LE
		Has used social assistance?		
Intervention	History	Prior assessment for community functioning?		
		Has participated in a community skills program?		
		Has completed a community skills program?		

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PERSONAL/EMOTIONAL DOMAIN				
PRINCIPAL COMPONENT	SUBCOMPONENT	INDICATORS	HELP MESSAGES	CMS/ PROGRAM REFERRAL
Self-concept	Personal	Feels especially self-important?	Offender makes himself appear more important than reality (self-aggrandizement).	CMS
		Physical prowess problematic?	The offender frequently uses demeanor and/or physical size to intimidate others.	CMS
	Social-cultural	Family ties are problematic?		LWV/PS
		Ethnicity is problematic?	If the offender perceives his/ her own ethnicity as problematic, indicate "yes".	
		Religion is problematic?	If the offender perceives his/ her own religious orientation as problematic, indicate "yes".	
		Gang member?		LE
Cognition	Cognition	Unable to recognize problem areas?	If the offender does not recognize the early signs or cues that may lead to interpersonal problems, indicate "yes".	CS
		Has difficulty solving interpersonal problems?	Example: uses instant solutions, uses drugs/ alcohol to deal with interpersonal problems.	CMS/LWV?
		Unable to generate choices?	If the offender does not think of alternatives to problems, indicate "yes".	CS
		Unaware of consequences?	If the offender is unable to project the consequences of his/ her behaviour on oneself and/or others, indicate "yes".	CS
		Goal setting is unrealistic?		CMS/CS
		Has disregard for others?	The offender does not consider the effects of his/ her actions on others.	CMS/CS

(Table continued)

Personal/Emotional (con'td)

		Socially unaware?		CS
		Impulsive?	Unable to resist temptation, unable to stop and think before acting, looks for immediate gratification.	AM/CS
		Incapable of understanding the feelings of others?	If the offender makes decisions without considering others, lacks awareness and sensitivity to other peoples' thoughts or feelings, indicate "yes".	AM/CS
		Narrow and rigid thinking?	Unable to accept new ideas, does not look beyond own view of the world.	CS
Behavioural	Aggression	Aggressive?	The offender is verbally and/ or physically abusive or threatening towards others.	AM
	Assertion	Assertion problem?	The offender has difficulty requesting or refusing things in interactions with others. Has difficulty stating his/ her point of view.	CMS/AM
	Coping	Copes with stress poorly?	In dealing with stressful situations, the offender becomes aggressive, turns to substance abuse, withdraws, etc.	CMS/AM
		Poor conflict resolution?	To deal with conflict, the offender becomes aggressive, turns to substance abuse, withdraws, etc.	AM
		Manages time poorly?	Unable to set priorities and manage time appropriately.	
	Gambling	Gambling is problematic?		LE
	Frustration	Has low frustration tolerance?	Has difficulty dealing appropriately with daily stresses.	AM
	Hostility	Hostile?	The offender's demeanor and attitude is belligerent.	AM
	Neuroticism	Worries unreasonably?	The offender worries too much over trivial things.	
	Risk Taking	Takes risks inappropriately?		LE

(Table continues)

	Sensation seeking	Thrill seeking?	Seeks situations that cause emotional excitement.	LE
	Self-monitoring	Non-reflective?	The offender does not reflect on the appropriateness of his/ her behaviour in different situations.	AM
	Conscientiousness	Is not conscientious?	If the offender is not persistent in goal-oriented behaviour, indicate "yes".	CMS
	Manipulation	Manipulative?	Influences others through deceptive or fraudulent means.	CMS/LWV
Sexual Behaviour	Dysfunction	Has difficulty performing sexually?		
	Identity	Sexual identity problem?	The offender is not comfortable with his/ her sexuality.	
	Preference	Inappropriate sexual preferences?	The offender's sexual preferences do not conform to the social norms.	
	Attitudes	Sexual attitudes are problematic?	The offender's sexual attitudes do not conform to the social norms.	LWV
Mental Ability	Functioning	Mentally deficient?	There are mental problems that affect the offender's day-to-day living.	CMS
Mental Health	Disordered	Diagnosed as disordered in the past?		
		Diagnosed as disordered currently?		
Interventions	Assessments	Prior personal/ emotional assessment(s)?	The offender has had psychological/ psychiatric assessments in the past.	
	Medication	Prescribed medication in the past?	The offender has been prescribed psychotropic medication in the past.	
		Prescribed medication currently?	The offender is currently taking psychotropic medication.	

(Table continued)

Personal/Emotional (con'td)

	Psychological/ Psychiatric	Past hospitalization?	The offender has been hospitalized for psychological reasons in the past.	CMS
		Current hospitalization?	The offender was hospitalized just prior to commission of crime/ arrest.	CMS
		Received outpatient services in the past?	The offender received psychological/ psychiatric outpatient services in the past.	
		Receiving outpatient services prior to admission?	The offender was receiving psychological/ psychiatric outpatient services just prior to commission of crime/ arrest.	
	Programs	Past program participation?	The offender has participated in personal/ emotional programming in the past.	
		Current program participation?	The offender is currently taking part in personal/ emotional programming.	

ATTITUDE DOMAIN

PRINCIPAL COMPONENT	SUBCOMPONENT	INDICATORS	HELP MESSAGES	CMS/ PROGRAM REFERRAL
Justice	Laws	Negative towards the law?		CMS
	Enforcement	Negative towards police?		
	Judicial System	Negative towards courts?		
	Corrections	Negative towards corrections?		CMS
			Negative towards community supervision?		CIP
Society	Convention	Employment has no value?	If the offender believes that employment has no value, indicate "yes".	
		Marital/ Family relations have no value?	If the offender believes that marital/ family relations have no value, indicate "yes".	LWV/PS
		Interpersonal relations have no value?	If the offender believes that interpersonal relations have no value, indicate "yes".	
		Values substance abuse?		
		Basic life skills have no value?	If the offender places no value in the basic skills necessary to function in the community (i.e., budgeting, nutrition, health care, shelter), indicate "yes".	CIP
		Personal/ Emotional stability has no value?	If the offender does not value his/her own personal emotional stability, indicate "yes".	
	Elderly	Elderly have no value?	If the offender feels that the elderly have no value to society, indicate "yes".	

(Table continued)

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Attitude (con'td)

	Women (Men)	Women/ Men roles are unequal?	The offender feels that one gender is superior to the other.	
	Minorities	Ethnically intolerant?	The offender is intolerant of ethnic groups other than his/ her own.	
		Intolerant of other religions?	The offender is intolerant of religions other than his/her own.	
		Intolerant of disables persons?	The offender feels that disables persons are "less" of a person and does not treat them as equals.	
Property	Personal	Disrespectful of personal belongings?	The offender shows no respect for the personal belongings of others.	
	Communal	Disrespectful of public property?	The offender shows no respect for communal property.	
	Commercial	Disrespectful of commercial property?	The offender shows no respect for commercial property.	
Violence	Domestic	Supportive of domestic violence?	Does not believe there is anything wrong with violence between husband/wife and/or children.	LVW/PS
	Instrumental	Supportive of instrumental violence?	The offender is supportive of violence to achieve some particular purpose (e.g. robbery, extortion, etc.)	LWV
Lifestyle	Goal Directed	Lacks direction?	The offender lacks direction in life. Does not set goals.	
	Conforming	Non conforming?	The offender can be described as non-conforming to society's conventional values.	

Note: ^aCMS = Case Management Strategy

APPENDIX B:
DYNAMIC FACTOR IDENTIFICATION AND ANALYSIS-REVISED

EMPLOYMENT DOMAIN-REVISED	
COMPONENTS	INDICATORS
Academic History	Has less than grade 10 or equivalent?
	Has less than high school diploma or equivalent?
Work History	Employment history is absent?
	Unemployed at the time of arrest?
	Job history has been unstable?
Work Skill Set	Marketable job skills obtained through experience are limited?
	Marketable job skills obtained through formal training are limited?
	Dissatisfied with job skills?
	Co-operative work skills are limited?
Work Attitudes	Devalues quality work performance?
	Work ethic can be described as poor?
Employment Need Rating	Factor seen as an asset to community adjustment No immediate need for improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance: Education	Very poor Poor Average Above Average Not applicable
Current Motivation Level: Education	Low Medium High Not applicable
Past Treatment Performance: Employment	Very poor Poor Average Above average Not applicable
Current Motivation Level: Employment	Low Medium High Not applicable
Domain Analysis	

MARITAL/FAMILY DOMAIN-REVISED	
COMPONENT	INDICATORS
Childhood	Limited attachment to family unit during childhood?
	Relations with parental figure were negative during childhood?
	Abused during childhood?
	Witnessed family violence during childhood?
	Family members criminally active during childhood?
Intimate Relations	Inability to maintain an enduring intimate relationship?
	Intimate relationship(s) have been problematic?
	Victimized by spousal abuse?
	Perpetrated spousal violence?
Parenting	Attitudes support spousal violence?
	Parental responsibilities?
	Has significant difficulties handling parenting responsibilities?
	Parental knowledge and/or skill is limited?
	Formally investigated for suspicion of child abuse and/or neglect?
Marital/Family Need Rating	Uses excessive force to discipline child?
	Factor seen as an asset to community adjustment No need for immediate improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance: Family Violence	Very poor Poor Average Above average Not applicable
Current Motivation Level: Family Violence	Low Medium High Not applicable
Past Treatment Performance: Parenting Skills	Very Poor Poor Average Above Average Not applicable
Current Motivation Level: Parenting Skills	Low Medium High Not applicable
Domain Analysis	

ASSOCIATES/SOCIAL INTERACTION DOMAIN-REVISED	
COMPONENT	INDICATORS
Criminal	Associates with substance abusers?
	Has many criminal acquaintances?
	Has many criminal friends?
	Has contact with criminal family members?
	Has a criminal partner?
	Affiliated with street gang/organized crime?
	Resides in a high crime area?
Prosocial	Prosocial support from an intimate partner is limited?
	Prosocial family support is limited?
	Prosocial friends are limited?
Associates Rating	Factor seen as an asset to community adjustment No immediate need for improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance: Associates	Very poor Poor Average Above Average Not applicable
Current Motivation Level: Associates	Low Medium High Not applicable
Domain Analysis	

SUBSTANCE ABUSE DOMAIN-REVISED	
COMPONENT	INDICATORS
Alcohol Use	Early age alcohol use?
	Frequently engages in binge drinking?
	Has combined the use of alcohol and drugs?
	Alcohol use interferes with employment?
	Alcohol use interferes with interpersonal relationships?
	Alcohol use interferes with physical or emotional well-being?
	Excessive alcohol use is part of the offender's lifestyle?
Drug Use	Early age drug use?
	Has gone on drug-taking bouts or binges?
	Has combined the use of different drugs?
	Drug use interferes with employment?
	Drug use interferes with interpersonal relationships?
	Drug use interferes with physical or emotional well-being?
	Regular drug use is part of the offender's lifestyle?
Alcohol/Drug Crime Link	Alcohol or drug use has resulted in law violations?
	Becomes violent when drinking or using drugs?
	Alcohol and/or drug use is part of the offence cycle?
Substance Abuse Rating	No immediate need for improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance Rating	Very poor Poor Average Above Average Not applicable
Current Motivational Level: Substance Abuse Programming	Low Medium High Not applicable
Domain Analysis	

COMMUNITY FUNCTIONING DOMAIN-REVISED

COMPONENT	INDICATORS
Accommodation	Unstable accommodation?
Finances	Financial instability? Has used social assistance?
Leisure	Constructive leisure activities are limited?
Community	Community attachment is limited? Use of community resources is limited?
Community Functioning Rating	Factor seen as an asset to community adjustment No immediate need for improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance: Community Integration	Not applicable Very poor Poor Average Above Average
Current Motivation Level: Community Integration	Low Medium High Not applicable
Past Treatment Performance: Leisure	Not applicable Very poor Poor Average Above Average
Current Motivation Level: Leisure	Low Medium High Not applicable
Domain Analysis	

PERSONAL/EMOTIONAL DOMAIN-REVISED	
COMPONENT	INDICATORS
Problem Solving Skills	Displays narrow and rigid thinking?
	Problem recognition skills are limited?
	Ability to generate choices is limited?
	Ability to link actions to consequences is limited?
	Has difficulty coping with stress?
	Gives up easily when challenged?
Self-Regulation	Impulsive?
	Engages in thrill seeking behaviour?
	Gambling has been problematic?
Life Planning Skills	Has difficulty setting long-term goals?
	Has difficulty setting realistic goals?
	Time management skills are problematic?
Interpersonal Skills	Assertiveness skills are limited?
	Listening skills are limited?
	Has difficulty solving interpersonal problems?
	Manipulates others to achieve goals?
	Empathy skills are limited?
General Aggression	Frequently feels intense anger?
	Frequently suppresses anger?
	Frequently acts in an aggressive manner?
	Has low frustration tolerance?
	Frequently interprets neutral situations as hostile?
Sexual Aggression	Has deviant sexual preferences?
	Displays deviant sexual attitudes?
Personal/Emotional Rating	No immediate need for improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance: Cognitive Skills	Very Poor Poor Average Above average Not applicable
Current Motivation Level: Cognitive Skills	Low Medium High Not applicable

Table continued

Past Treatment Performance: Violence-related programming	Very poor Poor Average Above Average Not applicable
Current Motivation Level: Violence-related programming	Low Medium High Not applicable
Past Treatment Performance: Sex Offender programming	Very poor Poor Average Above Average Not applicable
Current Motivation Level: Sex Offender programming	Low Medium High Not applicable
Domain Analysis	

CRIMINAL ATTITUDES DOMAIN-REVISED

COMPONENT	INDICATORS
General criminal attitudes	Displays negative attitudes towards the criminal justice system?
	Displays negative attitudes towards the correctional system?
	Takes pride in criminal exploits?
	Displays non-conforming attitudes toward society?
	Values a substance abusing lifestyle?
Property-specific attitudes	Disrespects personal belongings?
	Disrespects public or commercial property?
Violence-specific attitudes	Supports instrumental/goal-orientated violence?
	Supports emotional/expressive violence?
Rationalizations	Denies crime or uses excuses to justify or minimize crime?
Criminal Attitude Rating	Factor seen as an assert to community adjustment No immediate need for improvement Some need for improvement Moderate need for improvement Considerable need for improvement
Past Treatment Performance: Criminal Attitudes	Not applicable Very poor Poor Average Above average
Current Motivation Level: Criminal Attitudes	Low Medium High Not applicable
Domain Analysis	

NEW RESPONSIVITY DOMAIN	
COMPONENT	INDICATORS
Person-specific factors⁸	Physical barriers interfere with learning, work or intervention?
	Language barrier interfere with learning, work or intervention?
	Basic reading and/or writing skills are problematic?
	Concentration problems are evident?
	Introverted/shy?
	Displays chronic antisociality?
	May have a learning disability (LD)?
	Low self-esteem?
	Diagnosed with mental disorder?
	History of mental health intervention?
	Intellectually disabled?
	May have an eating disorder?
	Has unique cultural communication style?
	Strong cultural identity?
Domain Analysis	

⁸ The presence of 'person-specific' indicators neither increases nor decreases risk level. These indicators have simply been added to individualize treatment delivery.

**APPENDIX C:
REVISED HELP MESSAGES, INTERVIEW PROMPTS, AND PROGRAM
REFERRAL FLAGS**

REVISED EMPLOYMENT DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Has less than grade 10 or equivalent?	Level achieved either through the regular school system, upgrading, night school, correspondence courses, or some other method of obtaining grade 10 level standing. In order to be rated NO the offender must have completed all required grade 10 credits or, in Quebec, Secondaire-IV. Current functioning as determined by the CAAT (Canadian Adult Achievement Test) or other tests should be included in the narrative section if applicable. Interview Prompts: "How far did you go in school? What is the last grade you completed? Have you done any upgrading since then? If so, what?"	
Has less than high school diploma or equivalent?	Diploma obtained either through the regular school system, upgrading, night school, correspondence courses, or some other method of obtaining grade 12 level standing. In order to be rated NO, the offender must have completed all required grade 12 credits or, in Quebec, Secondaire-V. Current functioning as determined by the CAAT (Canadian Adult Achievement Test) or other tests should be included in the comments section if applicable. Interview Prompts: "How far did you go in school? What is the last grade you completed? Have you done any upgrading since then? If so, what?"	
No employment history?	Rate YES if the offender has never been employed for 6 or more consecutive months (full <u>or</u> part time). Young offenders who have not yet gained employment experience are automatically rated NO. In regards to women, if the offender has only worked full time in the home, particularly as the primary care giver, this should be considered employment; however, it is important to distinguish between offenders who actually performed these duties within the home versus those who were not actually looking after the home and/or children.	
Unemployed at the time of arrest?	Rate YES if the offender was not employed (full <u>or</u> part time) at the time	

	<p>of arrest. For young offenders, being in school is considered equivalent with being employed. If the young offender was suspended or expelled from school at the time of arrest and was not employed in the workforce, rate YES. Young offenders who were suspended or expelled but were nonetheless working merit a rating of NO. In regards to women, if the offender was working full time in the home, particularly as the primary care giver, this should be considered employment; however, it is important to distinguish between offenders who actually performed these duties within the home versus those who were not actually looking after the home and/or children. Interview Prompts: "Were you employed/in school at the time of your arrest? How long had you been working at that job? Describe a typical day at home? What types of activities did you do?"</p>	
<p>Job history has been unstable?</p>	<p>Rate YES if there is evidence of too frequent job changes (averages 3 or more jobs per year), significant unemployment (6 months or more in 2 years; or unemployed 50% of the time), or has walked off several jobs without having another job in sight. Once again, for young offenders, school is considered equivalent with employment. In regards to women, particularly primary care givers, consider to what extent the offender managed the household on a regular basis. Additionally, if there is evidence that the offender also worked outside the home, consider whether or not the work history was unstable and sporadic. Interview Prompts: "How many different jobs have you had? Have you ever quit a job without knowing where your next pay cheque was coming from? What's the shortest job you have ever had? What's the longest? What the longest time you have ever been without work?"</p>	
<p>Marketable job skills obtained through experience are limited?</p>	<p>Rate YES if the offender has not obtained any job-related skills during on-the-job training in any law-abiding area, trade or profession. Skill set must be considered useful in current context (e.g., for Aboriginal offenders, particularly Inuit offenders, take into consideration current address - on or off a reserve, isolated area where skills</p>	

	such as hunting/fishing would be considered marketable). Note: Managing a household, particularly raising children, does not count as a 'marketable job skill'. Interview Prompts: [if not already answered for the previous indicator] "What type of work have you done in the past? How many days/months/years did you spend working as a _____ (e.g., roofer, mechanic, sales clerk, administrative assistant, etc.)?"	
Marketable job skills obtained through formal training are limited?	Rate YES if the offender has never received formal training (e.g., does not have a ticket, official certificate, diploma, apprenticeship) in law-abiding area, trade or profession. Skill set must be judged useful given current market demands. Interview Prompts: "Have you ever received any kind of formal training, certificate or diploma? If so, what for and how long ago?"	
Dissatisfied with job skills?	Rate YES if the offender expresses any kind of personal dissatisfaction with current skill set or work history. Individuals rated YES for this indicator will typically talk negatively about the work they have done in the past. Additionally, the offender's self-esteem may be linked to job satisfaction. The offender may also comment that the salary was insufficient, the employment benefits were poor and the job lacked security. This item also applies to women who have never had an opportunity to work outside the home due to caregiver responsibilities. Interview Prompts: "Are you satisfied with the type of work you have done in the past? Do you wish that you could have done something different? How often do you think about changing the nature of work you have typically done in the past? Were the benefits acceptable? Was the salary sufficient? Were you happy with the degree of job security?"	
Co-operative work skills are limited?	Rate YES if there is evidence of conflict or friction with co-workers or supervisors. Individuals rated YES on this item generally view team work in a negative light and believe that it is unimportant to plan and make decisions with others. They also believe that it is unimportant to respect the opinions and feelings of others in the workplace. For	

	<p>individuals who have never worked outside the home or who have never worked, consider volunteer work, or <u>any</u> situation where the individual was required to accomplish some task with at least one other person. Interview Prompts: "How would you describe your past relationships with co-workers/supervisors? Did you ever have disagreements with co-workers and supervisors at work? When you did disagree with a supervisor/co-worker, what usually happened? Did your supervisor ever claim that you weren't a team player? If yes, why?"</p>	
Devalues quality work performance?	<p>Offenders rated YES on this indicator generally do not feel a sense of personal satisfaction or pride with a job well done. For these individuals, their sense of self-worth or self-esteem is in no way related to their performance at their job or in school. (This applies to work conducted both inside and outside of the home.) Collateral sources typically describe these individuals as lazy and lacking in initiative (e.g., must be prompted to start working, house is described as poorly maintained). Further, they are often late or hung over at work, school or home. Interview Prompts: "Have you ever been fired or let go from a job? Why/why not? If you were fired/let go, how did that make you feel? How would your former boss/teachers describe you in terms of your strengths and weaknesses? Were you ever evaluated either formally or informally at work or at school? If yes, what did your performance evaluations usually say regarding your strengths and weaknesses? How did that make you feel? [If mainly unemployed during the one-year period prior to arrest, rate whether or not the offender was actively seeking employment. Interview Prompts: "How many resumes did you send out? How often did you look in the newspaper for jobs? Did you ever seek help from an employment agency? How did it make you feel that you weren't working or in school?"]"</p>	
Work ethic can be described as poor?	<p>Offenders rated YES on this indicator generally do not believe that hard work is fulfilling in and of itself. They do not believe in the value of steady work or a</p>	

	<p>steady income. They do not see value in work, above and beyond the pay cheque (e.g., making a contribution to society). They may believe that it is OK to rely on the system for financial support regardless of whether or not someone is capable of working. In regards to household work, the offender does not believe it is important to maintain an organized and clean house.</p> <p>Interview Prompts: "Do you believe it is important to work hard regardless of who is watching? Do you believe that you should be the best at what you do no matter what? Can you think of reasons for working, above and beyond receiving a pay cheque? What do you think of people who are able to work but instead receive social assistance? [Ask school-related questions for young offenders who have not yet had an opportunity to work full time for at least 6 months consecutively].</p>	
EDUCATION: PAST PERFORMANCE	RATING GUIDELINES	
Not applicable	No prior attempt to obtain an education.	
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.	
Poor	Completed program and met objective, but there is no evidence that the individual remembers anything from the program. Poor attendance and motivation throughout the program may have been noted.	
Average	Completed course and met objective, and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.	
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and applies it to different situations in everyday life (e.g., interpersonal relations, employment-related difficulties).	
INTERVIEW PROMPTS	INTERVIEW PROMPTS	
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? Did the program help you in your day-to-day life? **Why/why not? How?</p>	

EDUCATION: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need in this area.
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes, they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists, but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention, they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., securing early release), they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
INTERVIEW PROMPTS	
	Are you interested in treatment/upgrading? **Why/why not? **How would it help you/not help you? **Who else benefits from the intervention?
EMPLOYMENT: PAST TREATMENT PERFORMANCE RATING	RATING GUIDELINES
Not applicable	No prior attempts to?
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.
Poor	Completed program and met objective, but there is no evidence that the individual remembers anything from the program. Poor attendance and motivation throughout the program may have been noted.
Average	Completed course and met objective, and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.
Above Average	Completed course and met objective, and there is evidence that the individual remembers the program content and applies it to

	different situations in everyday life (e.g., interpersonal relations, employment-related difficulties).
	INTERVIEW PROMPTS
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? Did the program help you in your day-to-day life? **Why/why not? How?</p>
EMPLOYMENT: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need in this area.
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	<p>Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?</p>

EMPLOYMENT: DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	Provide narrative summary. Indicate whether or not the individual is a primary care giver. Report strengths if applicable (e.g., volunteer work).

REVISED MARITAL / FAMILY DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Limited attachment to family unit during childhood?	Rate YES if several foster home placements or residential school placements occurred during early childhood that resulted in no particular ties or bonding to any one family unit (e.g., parents, aunts, uncles, grandparents) or if cared for by several different family members during early childhood. Interview Prompts: "Who raised you when you were growing up? How old were you when you left home? Did you move around a lot when you were young? Did you ever spend time in a foster home, group home, or residential school when you were growing up?"	
Relations with parental figure were negative during childhood?	Rate YES if there is evidence that the relationship between the offender and his/her primary caregiver(s) (mother and/or father figures such as parents, aunts, uncles, grandparents) was negative (abuse, neglect, prolonged absences). Describe the exact nature of the conflict in the narrative section. Interview Prompts: "How did you get along with your primary care giver(s)? Would you characterize the relationship as loving? Would you describe your relationship as positive or negative?"	
Abused during childhood?	Rate YES if admitted by offender or documented in another official source. Includes physical abuse (pushing, shoving, slapping, hitting, etc.), sexual abuse or emotional abuse (threatening, demeaning or insulting behaviour) from abuse from an immediate family member (e.g., father, mother, sibling) or an extended family member (e.g., uncle, aunt, grandparent). Interview Prompts: "Was your family ever investigated by a child welfare agency (e.g., Children's Aid Society) or the police? If yes, for what? What was the outcome? Did anyone in your family ever push, shove, slap, or hit you? If so, why? How often? Were you ever afraid of your parents/caregiver? If yes, describe? Were you ever sexually abused? If yes, would you like to talk about it?"	Spousal Assault Risk Assessment, Living without Violence

<p>Witnessed family violence during childhood?</p>	<p>Rate YES if admitted by offender or documented in another source (e.g., Community Assessment, pre-sentence report). Family violence includes physical abuse (pushing, shoving, slapping, hitting, etc.), sexual abuse or emotional abuse (threatening, stalking, demeaning, insulting, or financially controlling behaviour) against any family member (e.g., siblings, fathers, mothers, or any other extended family member). Interview Prompts: "Did you ever see your parents/primary caregivers push, shove, slap or hit one another? If so, how often? Did you ever hear them argue, yell or threaten to hurt one another? If yes, describe."</p>	<p>Spousal Assault Risk Assessment, Living without Violence</p>
<p>Family members criminally active during offender's childhood?</p>	<p>Rate YES if criminal activity occurred while the offender was under 18. Interview Prompts: "When you were young, were any of your family members (parents, siblings, extended family) arrested, charged or convicted of a criminal offence? If yes, describe."</p>	
<p>Inability to maintain an enduring intimate relationship?</p>	<p>Rate YES if the offender has had two or more divorces/separations, <u>OR</u> several long-term relationships (> 6 months), <u>OR</u> a series of brief relationships (< 6 months). Interview Prompts: "Have you ever been divorced or separated? If yes, how many times? [if never married, ask] "How many girlfriends/boyfriends would you say you have had?", [if never involved in a long-term relationship, ask] "How many short-term relationships have you had?" Consider offender's age when rating this indicator (e.g., young offender, versus 50+).</p>	
<p>Intimate relationship(s) have been problematic?</p>	<p>Rate YES if offender's relationship(s) is best characterized by excessive jealousy (e.g., continually suspicious and/or distrustful of partner under all circumstances) or constant arguing (e.g., about money, sex, infidelity, or children) resulting in serious consequences (e.g., temporary separation, counseling, family interference). Please note that the previous indicator (i.e., inability to maintain an enduring intimate relationship) pertains to instability <u>across</u> different relationship(s) while this indicator pertains to instability <u>within</u> a relationship(s). Interview prompts: "On average, how often do you and your partner argue? About what (e.g.,</p>	<p>Spousal Assault Risk Assessment, Living without Violence</p>

	money, suspected infidelity, children, sex)? How does the argument(s) usually get resolved? Have you ever thought about counseling? Have friends or family ever suggested it to you?"	
Victimized by spousal abuse?	Rate YES if self-reported or documented in another source (e.g., Community Assessment, police reports). Spousal violence includes physical abuse (pushing, shoving, slapping, hitting, etc.), sexual abuse or emotional abuse (threatening, stalking, demeaning, insulting, financially controlling behaviour). Includes same-sex partners. Interview Prompts: "How do you normally solve disagreements with your partner(s)?" "Have the police ever been called to your house? If yes, why? What was the outcome? Have you ever gone to the hospital because of an injury caused by your partner? If yes, describe. Have you ever felt afraid of your partner(s)? Why/Why not? How do you make decisions about money in your relationship/family?"	Spousal Assault Risk Assessment
Perpetrated spousal violence?	Rate YES if there is an official (past or present convictions) or unofficial record (past or present charges, admitted by offender, reported by another source such as Community Assessment or police reports). Spousal violence includes physical abuse (pushing, shoving, slapping, hitting, etc.), sexual abuse or emotional abuse (threatening, stalking, demeaning, insulting, or financially controlling behaviour) against an intimate partner (includes same-sex partners). Interview Prompts: "How do you normally solve disagreements with your partner(s)? Have the police ever been called to your house? If yes, why? What was the outcome? Has your partner ever gone to the hospital because of an injury caused by you? If yes, describe. Have you ever gotten the sense that your partner(s) was/is afraid of you? Why/Why not? How do you usually make decisions about money matters in your relationship/family?"	Spousal Assault Risk Assessment
Attitudes support family violence?	Rate YES if the offender demonstrates attitudes, values or beliefs supportive of physical abuse (pushing, shoving, slapping, hitting, etc.), sexual abuse or emotional abuse (threatening, stalking, demeaning, insulting, or financially controlling behaviour). Prior	Spousal Assault Risk Assessment, Living without violence

	convictions/charges do <u>NOT</u> merit an automatic YES rating. Interview Prompts: "Do you believe that both partners should have equal say in a relationship? Is it OK to hurt or scare your partner if they get out of line? Is it OK to hurt or scare your partner to get them to do what you want? Do you believe that a husband has a moral right to force his wife to have sex with him? Do you believe it's OK for the bread winner to make all household spending decisions?"	
Parental responsibilities?	Rate YES if the offender has biological or non-biological children currently considered dependents. Interview Prompts: "Do you have children? If so, how often do you see them? (e.g., lived together, regular visitations)? Who is currently looking after the children? What is the status of any court hearings in your case?"	Parenting Skills
Has significant difficulties handling parenting responsibilities?	Rate YES if there is evidence that the offender can not or does not provide for the physical or emotional needs of the child. Interview Prompts: For individuals with children, ask "How often do you typically see your children? What is a typical day like for you and your children?"	Parenting Skills
Parental knowledge and/or skill is limited?	Rate YES if any one of the following three situations applies: 1) The offender does not use positive reinforcement (e.g., hugs, kisses, praise, special privileges) on a regular basis to encourage good behaviour, 2) The offender does not participate in activities with child(ren) (e.g., sports, hobbies, games, crafts, reading, talking, playing). 3) The offender lacks information about basic childcare needs and childhood development (e.g., has unrealistic expectations about child's abilities during different stages of development, nutrition, sensory stimulation, and supervision requirements). Interview Prompts: "Tell me what a typical week is like for you and your child(ren). For example, how do you usually pass the time? What does your child(ren) typically eat/drink on any given day? [if under 12, ask] "Is there always someone with your child(ren)? [if over 12, ask] "Do you like to know where your child(ren) is at all times? Do they have a curfew? What do you usually do	Parenting Skills

	when your child(ren) does something that makes you happy?"	
Formally investigated for suspicion of child abuse and/or neglect?	Rate YES if the offender self-reports or file information indicates that the offender was investigated at least once by a child welfare agency for suspicion of child abuse or neglect. Interview Prompts: "Have you or anyone else in your family ever been seen by the Children's Aid Society? If yes, when? What for?What was the eventual outcome?"	Parenting Skills
Uses excessive force to discipline child?	Rate YES if the offender self-reports or file information indicates that the offender has used excessive force (e.g., pushing, shoving, slapping, or hitting) on more than two occasions. Interview Prompts: "What do you usually do when your child(ren) does something you don't like (e.g., temper tantrum, whines, poor school grades, fights with siblings/friends, etc.)? Have you ever disciplined your child(ren) by hitting, slapping, pushing or shoving them? If yes, how often? Under what circumstances?"	Parenting Skills
FAMILY VIOLENCE: PAST TREATMENT PERFORMANCE RATING		
RATING GUIDELINES		
Not applicable	No prior attempts at treatment for family violence?	
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.	
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.	
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.	
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-relate difficulties).	
INTERVIEW PROMPTS		
	What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not?	

	<p>How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?</p>
FAMILY VIOLENCE: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	<p>Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?</p>
PARENTING: PAST TREATMENT PERFORMANCE RATING	RATING GUIDELINES
Not applicable	No prior attempts.
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.
Average	Completed course and met objective and there is evidence that

	the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).
	INTERVIEW PROMPTS
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?</p>
PARENTING: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').

	INTERVIEW PROMPTS
	<p>Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?</p>
MARITAL/FAMILY: DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	<p>Provide narrative summary. For offenders with children, report current custody arrangement. This is especially important in the case of foreign nationals who have been caught importing drugs and have not been able to make arrangements for the care of their children. Report strengths if applicable.</p>

REVISED ASSOCIATES / SOCIAL INTERACTION DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Associates with substance abusers?	Rate YES if there is evidence that the offender socializes with friends, family or acquaintances who abuse drugs or alcohol. Interview Prompts: “Do any of your friends, acquaintances or family members drink excessively or use drugs?”	
Has many criminal acquaintances?	Rate YES if there is evidence that the offender socializes with criminal acquaintances. Interview Prompts: “How many of your acquaintances have criminal records or have been involved with the police- e.g., none, few, most?”	
Has many criminal friends?	Rate YES if there is evidence that the offender has several criminal friends. Interview Prompts: “How many of your friends have criminal records or have been involved with the police – e.g., none, few, most?”	
Has a criminal partner?	Rate YES if the offender is married, or was living common-law, or is involved in a long-term relationship (at least one year) with someone involved in crime (e.g., the person has been charged and/or convicted for a criminal offence in the past or is currently involved in crime). Includes same-sex partners Interview Prompts: “Has your partner ever been involved with the criminal justice system?”	
Has contact with criminal family members?	Rate YES if the offender has regular contact with family members who have been involved or are currently involved in crime. Interview Prompts: “How much contact have you had with your family during the last year? What about now? Do any of them have criminal records?”	
Affiliated with street gang/organized crime?	Rate YES if any the following apply: 1) the offender was arrested while participating in a criminal activity with known gang members or affiliates; 2) the offender self-reports membership/affiliation; 3) a judicial finding confirms membership/affiliation; 4) tangible evidence (e.g., written, photographic) confirms membership/association; or 5) unofficial	

	<p>information from a reliable source (e.g., informant, community assessment report) confirms association. Interview Prompts: "Do you know anyone who belongs to a gang? Have you ever socialized with a known gang member or associate? Have you ever belonged to a gang?"</p>	
<p>Resides in a high crime area?</p>	<p>Rate YES if the offender lives in a high crime area (e.g., prostitution, drug trafficking, highly visible police presence). Consider offender's perception as well as official information. Interview Prompts: "Did you live in a high crime area? Did you feel safe at night? Did you worry about your children? Did you notice criminal activity? Did the police come to your neighbourhood regularly?"</p>	
<p>Prosocial support from an intimate partner is limited?</p>	<p>Rate YES if the offender does not receive support (instrumental or emotional) from a prosocial partner (e.g., common-law partner, husband/wife, same-sex partner, long-term non-cohabitating partner). Instrumental support includes tangible help (e.g., housing, money) while emotional support includes non-tangible support (e.g., someone to talk to). If applicable, indicate whether or not the offender has been banished (Aboriginal offenders only) in the narrative domain. Interview Prompts: "How has your partner helped you during the last year and since your arrest? When was the last time you spoke to them? On the outside how frequently did you talk to them (daily, weekly, monthly) Does he/she have a criminal record?"</p>	
<p>Prosocial family support is limited?</p>	<p>Rate YES if the offender does not receive support (instrumental or emotional) from prosocial family member(s) (includes extended family members). Instrumental support includes tangible help (e.g., housing, money) while emotional support includes non-tangible support (e.g., someone to talk to). If applicable, indicate whether or not the offender has been banished (Aboriginal offenders only) in the narrative domain. Interview Prompts: "Are you close to your family? Have they ever helped you out when you needed it? When was the last time you spoke to them? On the outside, how frequently did you talk to them (daily,</p>	

	weekly, monthly)? Do they have criminal records?"	
Prosocial friends are limited?	Rate YES if the offender does not receive support (instrumental or emotional) from prosocial friends. Instrumental support includes tangible help (e.g., housing, money) while emotional support includes non-tangible support (e.g., someone to talk to). If applicable, indicate whether or not the offender has been banished (Aboriginal offenders only) in the narrative domain. Interview Prompts: "Have they ever helped you out when you needed it (money, talk to them about a problem)? When was the last time you spoke to any of your friends? On the outside, how frequently did you talk to them (daily, weekly, monthly)? Do they have criminal records?"	
ASSOCIATES: PAST TREATMENT PERFORMANCE RATING		
RATING GUIDELINES		
Not applicable	No prior attempts to seek treatment.	
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.	
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.	
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.	
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).	
INTERVIEW PROMPTS		
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?</p>	

ASSOCIATES: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?
ASSOCIATES: DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	Provide narrative summary. Report strengths if applicable (e.g., prosocial support systems).

REVISED SUBSTANCE ABUSE DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Early-age alcohol use?	Rate YES if there is evidence that early-age drinking (under age 16) interfered with any aspect of the offender's life (e.g., expelled/suspended from school, in trouble with parents, referred for an assessment). Also rate YES if the offender reports being intoxicated or hung over regularly (e.g., at least once per week) at an early age. Interview Prompts: "How old were you when you first consumed alcohol? Who were you with? How often did you drink? Was it daily, weekly, or monthly? How often were you hung over? Were you ever suspended or expelled from school as a result of drinking? If so, how many times? Tell me about it. Did your parents/caregivers ever talk to you about your drinking? Were you ever in counseling because of your drinking?"	
Frequently engages in binge drinking?	Rate YES if over the course of the last year: 1) there is evidence that the offender had at least 5 (for men) or 4 (for women) drinks in one sitting for at least two days in a row; and 2) this behaviour occurred <u>at least</u> twice per month. Interview Prompts: "During the last year, how often did you drink in bouts or binges? Did you ever do it for more than two days in a row? If so, how often: 'a few times a year', 'a few times a month' or 'every week'?"	
Has combined the use of alcohol and drugs?	Rate YES if there is evidence that the offender combined the use of alcohol and drugs at least a few times per month (consider all information sources including the CASA, community assessment reports, interview results). Interview Prompts: "Have you ever used alcohol and drugs at the same time? Describe the circumstances and frequency – a few times in the last year, a few times per month, every week?"	
Alcohol use interferes with employment?	Rate YES if there is evidence that the offender's alcohol use interfered with his/her job or education in any way (e.g., fired from job because of being drunk at work or hung over, evidence of poor job	

	<p>performance as a result of drinking). <u>Note:</u> Consider academic performance for young offenders (if applicable) and management of household responsibilities for individuals working within the home. <u>Interview Prompts:</u> “Ever miss work/school because you were too hung over? Were you ever drunk at work/school, or consume alcohol at work/school? Have you ever been fired/expelled from a job/school because of alcohol?” [For individuals who work within the home, ask]: “Did you feel like your drinking ever affected your household and/or children? Did any one ever comment that your drinking was interfering with your children or your home?”</p>	
<p>Alcohol use interferes with interpersonal relationships?</p>	<p>Rate YES if there is evidence that the offender’s alcohol use has negatively impacted interpersonal relationships with significant others including intimate partners, family members, or friends (e.g., lost friends over drinking, drinking resulted in divorce/separation, caused problems in general with intimate partner, children or other family members). <u>Interview Prompts:</u> “Has anyone ever expressed concern about your alcohol use? Did your family ever claim that you have a drinking problem? For example, did your partner ever seek help for your drinking or ask you to seek help? Has your drinking ever resulted in arguments or physical fights with other people? If yes, with whom and how often-rarely, occasionally, frequently?”</p>	
<p>Alcohol use interferes with physical or emotional well-being?</p>	<p>Rate YES if there is evidence that the offender’s alcohol use has caused problems with physical health (e.g., liver problems, alcohol poisoning) or emotional health (e.g., psychiatric intervention, evidence of guilt/sleeplessness or feeling stressed about drinking). <u>Interview Prompts:</u> “Have you ever been hospitalized as a result of drinking? If yes, how often and what for (e.g., alcohol poisoning, liver problems). Have you ever felt guilty about your drinking or lost sleep because of it? If yes, describe. Have you ever received psychiatric help or help from anyone else for an emotional problem related to your drinking (e.g., mental health clinic, social worker,</p>	

	clergy, Elder)? If yes, describe.”	
Excessive alcohol use is part of the offender's lifestyle?	Rate YES based on the responses to the above indicators. Also rate YES if there is additional evidence that the offender drinks to excess on a regular basis based on the answers to the following questions. Interview Prompts: “Have you ever stumbled, staggered or weaved about as a result of drinking? If yes, describe the circumstances and frequency -- e.g., daily, weekly, monthly. Have you ever felt physically sick (e.g., vomits, stomach cramps) as a result of drinking? If yes, describe the circumstances and frequency. Have you ever ‘blacked out’ as a result of drinking? If yes, describe the frequency and circumstances. Do you ever drink in the morning or alone? If yes, describe frequency and circumstances. Have you ever tried to quit drinking completely or cut down the amount you were drinking? If yes, describe. Did you ever attend Alcoholics Anonymous? If so, describe the circumstances and frequency.”	
Early-age drug use?	Rate YES if there is evidence of regular (at least twice per month) drug use (includes illegal drugs, solvents, and use of prescription drugs in excess of directions) that occurred before the age of 16. Interview Prompts: “How old were you when you first experimented with drugs? Who were you with? How often did you use drugs? Was it daily, weekly, or monthly? Were you ever suspended or expelled from school as a result of drug use? If so, how often? Tell me about it. Did your parents/caregivers ever talk to you about your drug use? Were you ever in counseling because of your drug use?”	
Has gone on drug-taking bouts or binges?	Rate YES if there is evidence that the offender has been ‘strung-out’ on drugs for two or more days in a row on at least two separate occasions in any given month. Interview Prompts: “During the last year, did you ever use drugs for more than two days in a row? If yes, how often, ‘a few times a year’, ‘a few times a month’ or ‘every week’?”	
Has combined the use of different drugs?	Rate YES if there is evidence that the offender combined the use of more than two drugs (excluding alcohol) on a relatively regular basis (e.g., at least twice in any given month during the last year). (Consider all information sources	

	including the CASA, community assessment reports, interview results) Interview Prompts: “Have you ever used more than two drugs (excluding alcohol) at the same time? Describe circumstances and frequency – a few times in the last year, a few times per month, every week?”	
Drug use interferes with employment?	Rate YES if there is evidence that the offender’s drug use interfered with his/her job or education in any way (e.g., fired from job because of being high/stoned at work, evidence of poor job performance as the result of drinking). Note: Consider academic performance for young offenders (if applicable) and management of household responsibilities for individuals working within the home. Interview Prompts: “Every miss work/school because you were too hung over? Were you ever high / stoned at work/school, or take drugs at work/school? Have you ever been fired/expelled from a job/school because of being high /stoned? If YES to any of the above questions, have the offender discuss in further detail.” [For individuals who work within the home, ask] “Did you feel like your being high/stoned ever affected your household and/or children? Did any one ever comment that your drug use was interfering with your children or your home? If yes, can you tell me more about it?”	
Drug use interferes with interpersonal relationships?	Rate YES if there is evidence that the offender’s drug use has negatively impacted interpersonal relationships with significant others including intimate partners, family members, or friends (e.g., lost friends over drug use, drug use resulted in divorce/separation, caused problems in general with intimate partner, children or other family members). Interview Prompts: “Has any one ever expressed concern about your drug use? Did your family ever claim that you have a drug problem? For example, did your spouse/partner ever seek help for your drinking or ask you to seek help? Has your drug use ever resulted in arguments or physical fights with other people? If yes, with whom and how often - rarely, occasionally, frequently?”	

<p>Drug use interferes with physical or emotional well-being?</p>	<p>Rate YES if there is evidence that the offender's drug use has caused problems with physical health (e.g., liver problems, alcohol poisoning) or emotional health (e.g., psychiatric intervention, evidence of guilt/sleeplessness or feeling stressed about drinking). Interview Prompts: "Have you ever been hospitalized as a result of taking drugs? If yes, how often and what for (e.g., alcohol poisoning, liver problems). Have you ever felt guilty about your drug use or lost sleep because of it? If yes, describe. Have you ever received psychiatric help or help from anyone else for an emotional problem related to your drug use (e.g., mental health clinic, social worker, clergy, Elder)? If yes, describe."</p>	
<p>Regular drug use is part of the offender's lifestyle?</p>	<p>Rate YES based on the responses to the above drug indicators. Also rate YES if there is additional evidence that the offender uses drugs on a regular basis based on the answers to the following questions. Interview Prompts: "In the past year, how often have you used illegal drugs or abused prescription drugs - never, yearly, monthly, weekly, daily? [If answer is anything but 'never,' ask the following questions:] Describe the circumstances. Who were you with? Have you ever tried to quit using drugs completely or cut down the amount you were using? If yes, describe. Did you ever attend Narcotics Anonymous? If so, describe the circumstances and frequency."</p>	
<p>Alcohol or drug use has resulted in law violations?</p>	<p>Rate YES if there is evidence that the offender has been arrested, charged or convicted for alcohol/drug-related offences. Interview Prompts: "Have you ever been arrested, charged or convicted for any offence that involved alcohol or drugs?"</p>	
<p>Becomes violent when drinking or using drugs?</p>	<p>Rate YES if there is evidence that the offender becomes violent (physical aggression) when using drugs and/or alcohol. Interview Prompts: "Has anyone ever accused you of becoming violent when you drink or use drugs? "</p>	
<p>Alcohol and/or drug use is part of the offence cycle?</p>	<p>Rate YES if there is evidence that the offender's alcohol and/or drug use is clearly part of the offence cycle (e.g., if offender is usually drunk/stoned while</p>	

	committing offence, if the period immediately preceding the offence (4 weeks) is characterized by excessive drinking and/or drug use). Interview Prompts: "Have you ever been under the influence of alcohol/drugs when you committed a crime?"	
RATING GUIDELINES		
SUBSTANCE ABUSE: PAST TREATMENT PERFORMANCE RATING		
Not applicable	No prior attempts at treatment for substance abuse.	
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.	
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.	
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.	
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).	
INTERVIEW PROMPTS		
	What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?	
RATING GUIDELINES		
SUBSTANCE ABUSE: CURRENT MOTIVATION RATING		
Not applicable	No need	
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.	
Moderate	These individuals are thinking about treatment but are still	

	<p>unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).</p>
High	<p>These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').</p>
	INTERVIEW PROMPTS
	<p>Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?</p>
DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	<p>Provide narrative summary. Report strengths if applicable (e.g., evidence of periods of sobriety in the past, evidence that treatment has been successful in the past). Interview Prompts: "Did you ever notice what or who helped you stop using drugs or alcohol? Who are the most important people that could help you be alcohol or drug free?"</p>

REVISED COMMUNITY FUNCTIONING DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Unstable accommodation?	Rate YES if there is evidence that the offender frequently changed residences (e.g., three or more times) during the last year in the absence of a strong rationale. (Consider all information sources including the street instability rating from the Custody Rating Scale). Interview Prompts: “How many different places have you lived in the last year? Who have you lived with? Why have you changed residences so often?”	Community Integration Program
Financial instability?	Rate YES if there is evidence of financial instability, e.g., no bank account, poor credit rating, no credit, no savings, defaulting on bills or loans, bankruptcy declaration, repossession by bank. Interview Prompts: “Do you have a bank account? Do you have any credit? Have you ever declared bankruptcy, had furniture or your car repossessed? Have you ever owned a house? If so, have you ever defaulted on your mortgage? How often do you pay bills on time – always, sometimes, rarely, never?”	Community Integration Program
Has used social assistance?	Rate YES if there is evidence that the offender used social assistance in the last year. For Aboriginal offenders, rate YES for those who may have been working for the band while receiving social assistance. Interview Prompts: “Have you ever been in receipt of social assistance?”	Community Integration Program
Constructive leisure activities are limited?	Rate YES if regular involvement in hobbies or organized activity, e.g., car repair, sports/exercise, family activities, gardening, home improvement projects, crafts, camping, drawing, volunteering, singing, cultural/spiritual activities. First Nations specific activities include: Circles, Medicine bundles, drumming, pow-wows/feasts, sweat lodges, smudges, food, dress, music, craft, pipe ceremonies, and vision quests. Métis specific activities include: Sask weaving, bead making, jigging, and fiddling. Inuit specific activities include: throat singing, country food feasts, drum dancing and	Community Integration Program

	<p>carving. Exclude all reported passive activities (e.g., parties, bars, hanging out with friends, sleeping, listening to music, watching T.V.). Interview Prompts: “When you are not working or looking after your children, how do you spend your spare time? Do you have a membership anywhere? How often do you participate in this activity – daily, weekly, monthly, yearly? Do you participate in cultural or spiritual activities? If yes, how often? “</p>	
<p>Community attachment is limited?</p>	<p>Rate YES if the offender is isolated or unattached to the community. Note that the reason for being unattached to the community should be discussed in the narrative domain. For example, some offenders may choose to isolate themselves from the community. In contrast, others may wish to be part of the community but can't (e.g., sex offenders, banished offenders, unaware of available options). Examples of community attachment include: Big Brothers/Sisters, sports leagues, spiritual community, and volunteer work. Be aware of membership that facilitates criminal activity (e.g., sex offenders and Boy Scouts). Interview Prompts: “What do you do in your spare time? Do you volunteer anywhere currently? Are you a member of any organization? Describe. Do you feel connected to the community? If yes, why? If no, why not?”</p>	<p>Community Integration Program</p>
<p>Use of community resources is limited?</p>	<p>Rate YES if the offender is unaware of, chooses not to, or does not have access to community resources. Describe reason in narrative section. Support includes instrumental support (e.g., housing, money, drives, food), informational support (e.g., how to get a SIN number, driver's license, employment insurance application), and emotional support (e.g., telephone help lines). If applicable, indicate in the narrative comment if the offender has been banished. Interview Prompts: “Have you ever relied on the community for support? Describe.”</p>	<p>Community Integration Program</p>

COMMUNITY FUNCTIONING: PAST TREATMENT PERFORMANCE RATING	RATING GUIDELINES
Not applicable	No prior attempts.
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).
	INTERVIEW PROMPTS
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?</p>
COMMUNITY FUNCTIONING: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention

	they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?
DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	Provide narrative summary. Include discussion of forced versus chosen isolation from community, which is particularly relevant for women in abusive relationships and Aboriginal offenders who have been banished. Record strengths if applicable.

PERSONAL / EMOTIONAL DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Displays narrow and rigid thinking?	Narrow and rigid thinkers are characterized by one-track thinking and close-mindedness. They maintain their beliefs despite contrary evidence. They find it difficult to see a situation from another viewpoint. In addition to collateral information (e.g., previous assessments, community assessments, pre-sentence reports, etc.), you may use the following method for determining whether or not someone should be rated YES for this indicator. Ask their opinion about a mainstream issue (e.g., working parents versus stay-at-home parents). Once the individual has responded, try presenting counter-arguments in favour of the opposing view. Individuals who appear to see at least some merit in both sides of the issue would not be considered narrow and rigid thinkers (e.g., "While I think that women should stay home and raise the children, it is pretty difficult nowadays given how expensive daycare can be."). Interview Prompts: "Who do you think should be primarily responsible for raising children? Why/why not?"	Reasoning and Rehabilitation
Problem recognition skills are limited?	Rate YES if there is no evidence that the offender believes he/she has any problem(s) that need to be addressed. The indicator is NOT meant to identify individuals who deny or minimize responsibility for their criminal actions. Interview Prompts: "Are there any aspects of your life you would like to improve? If so, what are they and why do you want to do something about them? If not, why not?" [continue to probe if necessary] "What about your family, your friends, your job, your finances, your emotions? Are you having any problems in any of these areas? Why/Why not?"	Reasoning and Rehabilitation
Ability to generate choices is limited?	Rate YES if there is evidence that the offender finds it difficult to generate a number of different solutions when confronted with a problem (e.g., they are unable to brainstorm). You may wish to consider how the offender responds to a hypothetical problem situation. Interview	Reasoning and Rehabilitation

	Prompts: "How would you or how have you dealt with the following situation (argument with your partner, recent job loss)."	
Ability to link actions to consequences is limited?	Rate YES if there is evidence that the offender has difficulty linking actions (e.g., walk off job) to consequences (e.g., won't be able to pay bills, buy food, will produce conflict with partner). Consider both short-term and long-term consequences. Interview Prompts: "How has your criminal offending affected your relationships, your employment opportunities, your children?"	Reasoning and Rehabilitation
Has difficulty coping with stress?	Rate YES if there is evidence that the offender becomes aggressive, turns to substance abuse or avoids problem situations entirely when <u>stressed</u> . Individuals who cope poorly with stress do not rely on others for support nor do they seek long-term solutions. Often their responses tend to worsen rather than improve the original problem (note: not all problems produce stress). Interview Prompts: "Describe a recent stressful event in your life? How did you respond? How did others feel you were coping with the problem?"	
Gives up easily when challenged?	Rate YES if there is evidence that the offender is not persistent in goal-oriented behaviour. Interview Prompts:	
Impulsive?	Rate YES if any of the following apply: the offender typically fails to stop and think before acting, looks for immediate gratification, engages in impulsive behaviours (spur of the moment crimes, many jobs, many relationships, admits to making decisions too quickly that they later regret, Interview Prompts: Were your (crimes) planned or spur of the moment?	
Engages in thrill seeking behaviour?	Rate YES if the offender seeks situations (criminal or prosocial) that cause emotional excitement. These individuals may describe themselves as sensation-seekers who become bored easily. They report getting a thrill or rush from crime. Interview Prompts: How do you feel when you are doing crime? Excited, nervous? Do you like to do risky things?	
Gambling has been problematic?	Rate YES if gambling has interfered with at least one aspect of life (work, finances, relationships, criminal justice system). Interview Prompts: Have you ever placed bets at racetracks, casinos, or sporting events? Has anyone ever told	

	you that you waste too much time or money gambling? Have you ever argued with anyone gambling? Have you ever gone into debt because of gambling?	
Has difficulty setting long-term goals?	Rate YES if the offender lives day-to-day (in the moment), does not think about the future or generally lacks direction in life. Interview Prompts: "Do you have any long-term goals? Where would you like to be five years from now?"	
Has difficulty setting realistic goals?	Rate YES if the offender's plans are inconsistent with current abilities or potential improvements. Consider whether or not the offender's lifestyle expectations appear to be consistent with his/her earning potential, educational background, employment background, and past experiences. Examples include unrealistic job expectations given educational level, employment history, and criminal history (e.g., a sex offender who wants to work with children). Interview Prompts: "What would you like to accomplish in the future?"	
Time management skills are problematic?	Rate YES if offender is unable to set priorities and manage time appropriately. Interview Prompts: "Do you like to plan your time, or are you more day-to-day? Do you ever feel pressured for time? Does being disorganized cause you to feel stressed?"	
Assertiveness skills are limited?	Rate YES if there is evidence that the offender has difficulty requesting or refusing things in interactions with others Has difficulty stating his/her point of view. Interview Prompts: "How are you feeling so far? Do you have any questions? Is there anything you would like me to look into for you?"	
Listening skills are limited?	Rate YES if the offender demonstrates poor listening during interview process.	
Has difficulty solving interpersonal problems?	Rate YES if the offender does not deal with interpersonal conflict (conflict with other people) effectively. For example, when presented with conflict involving another person (e.g., argument with partner, disagreement with boss regarding workload, disagreement about money with friend), the offender relies on short-term solutions, use drugs/alcohol, fails to address the problem entirely or responds in a manner that makes the problem worse (e.g., responds with aggression, antagonizes the other person). Interview Prompts: "Describe a recent situation in which you experienced some form of	

	conflict with another person? What happened? How was the situation resolved?"	
Manipulates others to achieve goals?	Rate YES if there is evidence that the offender influences others through deceptive or fraudulent means (e.g., fraud-related crimes, chronic lying). Interview Prompts: "Has anyone ever accused you of being untrustworthy or manipulative?"	
Empathy skills are limited?	Rate YES if there is evidence that the offender does not consider the effects of his/her actions on others or is incapable of understanding someone else's perspective or feelings (consider convictions as well as other aspects of the offender's life). Interview Prompts: "What effect has your crime(s) had on the victim(s)? Has your conviction(s) hurt anyone else? If yes, describe who and how so? Do you have any other regrets in life that aren't directly related to crime? If yes, describe."	
Frequently feels intense anger?	Rate YES if there is evidence that the offender frequently (once a week or more) feels enraged (self-reports 'seeing red' or blacking out from intense rage) across various situations (e.g., interpersonal conflict, minor mishaps). Also consider whether or not the offender reports feeling 'rage' for prolonged periods of time. Interview Prompts: "Have you ever 'seen red' or felt so angry about something that you almost blacked out? Has anyone ever told you that you have an anger control problem?"	
Frequently suppresses anger?	Rate YES if there is evidence that the offender frequently (once a week or more) suppresses feelings of anger. Interview Prompts: "When you feel angry what do you typically do? Do you talk to anyone about it? Do you act on it, or are you more likely to think about it a lot but never do anything about it?"	
Frequently acts in an aggressive manner?	Rate YES if there is evidence that the offender is verbally and/or physically abusive or threatening towards others across various situations (work, relationships). Note: This indicator is concerned with actions rather than feelings; some individuals may feel anger but they may not act out on that anger. Interview Prompts: "Has anyone ever described you as violent or aggressive?"	
Has low frustration tolerance?	Rate YES if there is evidence that the offender responds inappropriately (e.g., impatient, humming/rolling eyes, slamming	

	door) in response to daily life hassles (waiting too long for the elevator, missed bus, canceled appointments, etc.). Interview Prompts: "What things frustrate you on a daily basis? How do you respond? Would you describe yourself as patient and laid-back?"	
Frequently interprets neutral situations as hostile?	Rate YES if there is evidence that the offender interprets other people's actions as hostile, malicious or deliberately provocative regardless of the true motivation. Thus, in ambiguous situations (e.g., without more information it is impossible to know what the true motivation really is) the offender would attribute 'hostile intent'. When rating this indicator, consider how the offender has responded to you throughout the interview. Interview Prompts: "Do your friends ever accuse you of over-reacting or reading too much into a given situation?"	
Has deviant sexual preferences?	Rate YES if supplementary phallometric data demonstrate that the offender has deviant sexual preferences (e.g., towards children, non-censual sex between adults). Note that being a sex offender does not automatically result in a 'yes' rating. Interview Prompts: "Not applicable. Refer to supplementary assessment results; if unavailable, leave blank."	
Displays deviant sexual attitudes?	Rate YES if the offender displays attitudes that support illegal sexual activity (e.g., non-consensual sex between adults; sex between adults and children). Note that being a sex offender does not automatically result in a 'yes' rating. Interview Prompts: (for sex offenders only):	
COGNITIVE SKILLS: PAST TREATMENT PERFORMANCE RATING		RATING GUIDELINES
Not applicable	No prior attempts at seeking treatment.	
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.	
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.	
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may	

	have been noted.
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).
	INTERVIEW PROMPTS
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?</p>
COGNITIVE SKILLS: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a Poorer security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	<p>Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?</p>

VIOLENCE/ANGER MANAGEMENT: PAST TREATMENT PERFORMANCE RATING	RATING GUIDELINES
Not applicable	No prior attempts.
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).
	INTERVIEW PROMPTS
	<p>What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?</p>
VIOLENCE/ANGER MANAGEMENT: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early

	release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?
SEX OFFENDER PROGRAMMING: PAST TREATMENT PERFORMANCE RATING	RATING GUIDELINES
Not applicable	No prior attempts.
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).
	INTERVIEW PROMPTS
	What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?

SEX OFFENDER PROGRAMMING: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?
DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	Provide narrative summary. Record strengths if applicable.

CRIMINAL ATTITUDES		
ATTITUDE INDICATORS	HELP MESSAGES / INTERVIEW PROMPTS	PROGRAM REFERRAL
Displays negative attitudes towards the criminal justice system?	Rate YES if the offender demonstrates negative attitudes towards any one of the following: the law, the police, the correctional system (includes staff). Interview Prompts: "Do you think the law is fair? Did your lawyer do a good job defending you? Do you think the police are trustworthy?"	Counter Point
Displays negative attitudes towards the correctional system?	Rate YES if the offender displays negative attitudes towards any aspect of the correctional system including community supervision and treatment. Interview Prompts: "Overall, what do you think about the correctional system/prison? Do you think it works? Why/Why not? What do you think about the people who work in the system (e.g., program officers, correctional officers, psychologists, parole officers, probation officers)? Are they trustworthy, effective, fair? What about rehabilitation?"	Counter Point
Takes pride in criminal exploits?	Rate YES if the offender takes pride in criminal activities (e.g., boasts or brags about criminal involvement, has high self-esteem or a positive self-image because of criminal involvement, no evidence of shame or embarrassment associated with criminal conduct). Interview Prompts: "How do you feel about the crime(s) you have committed?"	Counter Point
Displays non-conforming attitudes towards society?	Rate YES if there is evidence that the offender does not conform to social convention or displays negative attitudes towards social convention. Social convention may include traditional values held by mainstream society (e.g., steady and satisfying employment, financial security, stable accommodation, meaningful relationships with friends/family, and an intimate partner,) OR it may include traditional values considered mainstream within specific cultures (e.g., Aboriginal, Asian, East Indian communities). Interview Prompts: "What do you think about things such as maintaining steady employment, marriage, owning a home? Are these things important to you?"	Counter Point

	Why/why not? Is there anything about your cultural heritage that would be considered mainstream or commonly accepted within your cultural but perhaps not so by mainstream society? If yes, describe it. What do you think about this practice?"	
Values a substance abusing lifestyle?	Rate YES if there is evidence that the offender either enjoys or takes pride in the lifestyle associated with substance abuse (e.g., sleeping in late, staying up all night, hanging out in bars, being high/stoned, hung over at work). Interview Prompts: "What do you think about people who use drugs/alcohol excessively? What's good about it? What's bad about it?"	Counter Point
Disrespects personal belongings?	Rate YES if there is evidence that the offender supports the destruction or theft of personal property (e.g., self-reported attitudes or behavioural examples such as property-related convictions/charges involving private dwellings). Interview Prompts: "What do you think about people who vandalize or steal from other people or other peoples' homes?"	Counter Point
Disrespects public or commercial property?	Rate YES if there is evidence that support the destruction or theft of public or commercial property (e.g., self-reported attitudes or behavioural examples such as property-related convictions/charges involving public or commercial property). Interview Prompts: "What do you think about people who vandalize or steal from a public area or business?"	Counter Point
Supports instrumental/goal-oriented violence?	Rate YES if there is attitudinal evidence (the offender verbally expresses attitudes supportive of instrumental violence) or behavioural evidence (crimes involve instrumental violence) that the offender believes it is OK to use violence as a method of achieving a goal. Interview Prompts: "To what extent do you agree with the following statements: 'sometimes a physical fight is necessary to settle an argument', 'sometimes the only way to get what you want is to physically fight for it'."	Counter Point
Supports expressive/emotional violence?	Rate YES if there is attitudinal evidence (the offender verbally expresses attitudes supportive of expressive/emotional violence) or behavioural evidence (crimes involve emotional violence, e.g., violent crimes motivated by emotions such as anger,	Counter Point

	jealousy, fear) that the offender believes it is OK to use expressive violence. Interview Prompts: "Under what circumstances is violence acceptable? Why/Why not? To what extent do you believe it's OK to hit someone if you just go crazy with anger? Is it OK to fight someone if they insult you?"	
Denies crime or uses excuses to justify or minimize crime?	Rate YES if the offender denies the crime completely <u>OR</u> if he/she minimizes the extent of the harm (e.g., 'there were no broken bones', 'insurance covers the cost', 'no one was home when I broke in', doesn't recognize emotional damage that was done) <u>OR</u> justifies his/her behaviour (e.g., he/she deserved it, I was drunk, it happens all the time). Interview Prompts: "What effect has your crime(s) had? Who was/were the victim(s)? How were they affected?"	Counter Point
CRIMINAL ATTITUDES: PAST TREATMENT PERFORMANCE RATING	RATING GUIDELINES	
Not applicable	No prior attempts.	
Very Poor	Enrolled but did not complete program. The individual dropped out, failed or was asked to leave.	
Poor	Completed program and met objective but there is no evidence that the individual remembers anything from the program. Attendance and poor motivation throughout the program may have been noted.	
Average	Completed course and met objective and there is evidence that the individual remembers at least some of the program content. Good attendance and high motivation throughout the program may have been noted.	
Above Average	Completed course and met objective and there is evidence that the individual remembers the program content and that the individual applies program content to different situations in every day life (e.g., interpersonal relations, employment-related difficulties).	
	INTERVIEW PROMPTS	
	What did you learn from the program? Did you attend most of the sessions? **Why/why not? Did you complete the program? **Why/why not? How did you get along with the coach/other participants? What did the final report say? **Strengths/areas for improvement? How did the program help you in your day-to-day life? **Why/why not?	

CRIMINAL ATTITUDE: CURRENT MOTIVATION RATING	RATING GUIDELINES
Not applicable	No need
Low	These individuals are not ready to start intervention. There is absolutely no recognition that they have a need. While some individuals may state that they 'will do what it takes' they clearly are only willing to pursue intervention because of external pressure (e.g., to secure early release, to be transferred to a lower security institution). There is no genuine commitment to change.
Moderate	These individuals are thinking about treatment but are still unsure. They believe that they may require intervention but are still ambivalent: 'they want to but they don't want to'. There may be some recognition that a deficit exists but they are still unsure what to do about it, if anything. Genuine commitment to change is still absent. While these individuals may commit to intervention they are only doing so for external reasons (e.g., to secure early release, to be transferred to a lower security institution).
High	These individuals are fully ready to start intervention. They fully recognize that they have a need that requires intervention. They have committed to change and may have already started actively engaging in behaviours related to change. While these individuals may still recognize external benefits for pursuing intervention (e.g., secure early release) they are primarily motivated for internal reasons (e.g., they are doing it for themselves, 'I'm tired of the lifestyle, I want a change').
	INTERVIEW PROMPTS
	Are you interested in treatment/upgrading? Why/why not? **How would it help you/not help you? Who else benefits from the intervention?
DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	Provide narrative summary. Record strengths if applicable. Note: If the offender has been convicted of a hate crime against a minority or someone with a disability, please indicate to what extent the person displays negative attitudes towards the minority group in question.

NEW RESPONSIVITY DOMAIN		
INDICATORS	HELP MESSAGES/ INTERVIEW PROMPTS	PROGRAM REFERRAL
Physical barriers interfere with learning, work or intervention?	Rate YES if chronic medical conditions (e.g., HIV, Hepatitis C, back pain) interfere with the offender's ability to work, learn or participate in correctional interventions. Interview Prompts: "Do you have any physical issues that have or will interfere with your performance at work, school, or in programs?"	
Language barrier interferes with learning, work or intervention?	Rate YES if English or French is the offender's second language and he/she has problems writing or speaking in English or French as indicated by the CAAT (Canadian Adult Achievement Test) or as evidenced during the interview. Interview Prompts: "Do you think language barriers will affect your performance in treatment/work, etc.?"	
Basic reading and/or writing skills are problematic?	Rate YES if current functioning as determined by the CAAT (Canadian Adult Achievement Test) or other tests is below grade 8 (Secondaire-II in Quebec). Results should be included in the narrative section if applicable. If the CAAT scores are unavailable, also consider whether or not the offender reports having difficulties applying basic reading and writing skills in the work place. Interview Prompts: "How much difficulty, if any, did you have reading safety information or written instructions at work? How often, if at all, did you find it difficult to leave written messages or instructions for your co-workers or supervisors?"	
Concentration problems are evident?	Rate YES if there is evidence that the offender has trouble focusing for long periods of time. Interview Prompts: "Has a teacher/employer ever told you that you have a short attention span? Do you think you have short attention span? If yes, why? If no, why not?"	
Introverted/shy?	Rate YES if there is evidence that the offender's anxiety, shyness or introversion would prevent him/her from benefiting from group programming. Interview Prompts: Not applicable – consider behaviour during interview as well as file information.	
Displays chronic	Rate YES if supplementary psychological	

antisociality?	assessment reports that the offender scored either at or above the Average-high range of the Hare Revised Psychopathy Checklist (not applicable to women). Interview Prompts: Not applicable.	
May have a learning disability?	Consider the following information when deciding whether or not to rate this indicator YES: underwent a psycho/educational assessment at school; received special assistance in school; evidenced poor school performance (offender failed a grade or a subject), or reports frequently missing school for no legitimate reason (e.g., cut classes regularly, note: exclude women who leave school on account of pregnancy); diagnosed or told he/she was learning disabled. Interview Prompts: "Did you ever have to repeat a grade? Did you ever fail a subject or class? Did you ever cut/skip class? Were you ever suspended for skipping school? Did you ever receive special testing at school that was not part of your regular class tests or exams? Were you ever in special education classes? Did you ever have a tutor? Did you use devices to help you learn (e.g., books on tape)? Did a teacher ever give you extra homework that the rest of the class did not get?"	
Low self-esteem?	Rate YES if there is evidence that the offender holds themselves in low regard (e.g., feels worthless, negative self-image). Interview Prompts: "Overall, how would you rate your self-esteem – below average, average, above average? Why?"	
Diagnosed with mental disorder?	Rate YES if there is evidence that the offender has ever been formally diagnosed by a psychiatrist with a mental disorder. Specify the nature of the disorder in the narrative comment. Interview Prompts: Not applicable.	
History of mental health interventions?	Rate YES if there is evidence that the offender has received mental health interventions (e.g., psychiatric, social work, psychological) in the past or present. Examples of mental health interventions include: prescribed medication (past/present) for mental health issues; hospitalized (past/present) for mental health issues; or received outpatient services (past/present). Note that assessment in the absence of	

	intervention does NOT justify a YES rating for this indicator; there must be evidence that the offender received some kind of intervention. Interview Prompts: “Have you ever seen a psychologist/social worker/psychiatrist or any other kind of counselor? If yes, describe. Have you ever been hospitalized or received medication for non-medical problems? Describe.”	
Intellectually disabled?	Rate YES if there is evidence that the offender is intellectually challenged. Consider supplementary assessment (standard IQ test) results if available. If there is reliable evidence regarding the cause of the impairment (e.g., Fetal Alcohol Spectrum Disorder) please discuss in the narrative domain. Interview Prompts: Not applicable.	
May have an eating disorder?	Rate YES if there is reliable evidence that the offender is anorexic or bulimic. Interview Prompts: “Have you ever been assessed or diagnosed with an eating disorder?”	
Has unique cultural communication style?	Rate YES if passive communication styles are considered appropriate in some cultures (e.g., Aboriginal community). Thus, a passive, non-forthcoming style should not be misinterpreted as dishonest or deliberately deceptive. Interview Prompts: Not applicable.	
Strong cultural identity?	Offender may speak native language, express a strong desire to remain connected to Aboriginal culture or participate in traditional dancing, storytelling, traditional healing, language training, hunting/fishing/trapping. First Nations specific activities include: Circles, Medicine bundles, drumming, pow-wows/feasts, sweat lodges, smudges, food, dress, music, craft, pipe ceremonies, and/or vision quests. Métis specific activities include: Sask weaving, bead making, jigging, fiddling. Inuit specific activities include: Throat singing, country food feasts, drum dancing and carving. Interview Prompts: “Do you participate in Aboriginal cultural or spiritual activities? If yes, could you tell me a little bit about them and what they mean to you? How often do you take part in these activities? When was the last time you did so?”	

DOMAIN ANALYSIS	RATING GUIDELINES / INTERVIEW PROMPTS
	Provide narrative summary. Record additional factors that may either impede or facilitate safe reintegration.