



NATIONAL INSTITUTE OF JUSTICE

Data Resources Program

Process Evaluation of the Gender Appropriateness of the Residential Substance Abuse Treatment (RSAT) Program at Baylor Women's Correctional Institute, 1999–2001

Arthur H. Garrison

ICPSR 3474

User Guide and Codebook



Inter university Consortium for Political and Social Research

Process Evaluation of the Gender Appropriateness
of the Residential Substance Abuse Treatment (RSAT)
Program at Baylor Women's Correctional Institute,
1999-2001

(ICPSR 3474)

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BIBLIOGRAPHIC CITATION

Publications based on ICPSR data collections should acknowledge those sources by means of bibliographic citations. To ensure that such source attributions are captured for social science bibliographic utilities, citations must appear in footnotes or in the reference section of publications. The bibliographic citation for this data collection is:

Garrison, Arthur H. PROCESS EVALUATION OF THE GENDER APPROPRIATENESS OF THE RESIDENTIAL SUBSTANCE ABUSE TREATMENT (RSAT) PROGRAM AT BAYLOR WOMEN'S CORRECTIONAL INSTITUTE, 1999-2001 [Computer file]. ICPSR version. Wilmington, DE: Delaware Criminal Justice Council [producer], 2001. Ann Arbor, MI: Inter-university Consortium for Political and Social Research [distributor], 2003.

REQUEST FOR INFORMATION ON USE OF ICPSR RESOURCES

To provide funding agencies with essential information about use of archival resources and to facilitate the exchange of information about ICPSR participants' research activities, users of ICPSR data are requested to send to ICPSR bibliographic citations for each completed manuscript or thesis abstract. Please indicate in a cover letter which data were used.

DATA DISCLAIMER

The original collector of the data, ICPSR, and the relevant funding agency bear no responsibility for uses of this collection or for interpretations or inferences based upon such uses.

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SUMMARY

The overall goals of the process evaluation were to assess the participants' views on the Residential Substance Abuse Treatment (RSAT), a Therapeutic Community program at Baylor Women's Correctional Institute, and to determine whether the women thought the program met their needs specifically based on gender. The specific goals of the study were: (1) to determine drop-out points along the continuum of the treatment model and to review the case files to discover any patterns in client participation and review demographic data in the program, and (2) to assess what current participants thought about the program and treatment model. For Part 1, Recent Graduate Data, data were secured from case files of women who had been discharged from the Therapeutic Community (Key Village) program in Baylor Women's Correctional Institute in 1999. This analysis was used to prepare the survey instrument used for the interviews given to the women currently participating in the program. For Part 2, Client Assessment Satisfaction Data, the current residents of the program were interviewed. During fall of 2000 and spring of 2001, a survey was developed to assess how the current participants viewed the Key Program. The questions were intended to gather information to assess the gender appropriateness of the program. A database was constructed to search for any consistencies or variables that would address the issue of gender appropriateness or lack of such in the operation of the program from the participants' point of view. During the interview period there were a total of 88 women in the Key Program. Of the 88 women, 76 agreed to participate in the study. For Part 1, the variables cover demographic data, criminal history information, medical information, prior drug treatment histories, and program success or failure. Part 2 variables cover demographic information, and questions dealing with prior drug use, the first four weeks of the program, the confrontation aspects of the program, sanctions and program rules, staff/participant interaction, program activities and responsibilities as opposed to the general population, readiness for change, support systems, children's visits and children as motivation, physical aspects of the program, mental health, the need for additional vocational and educational services, significant aspects and experiences from the program, and desired changes to the program.

GENERAL STUDY OVERVIEW

STUDY IDENTIFICATION

Process Evaluation of the Gender Appropriateness of the Residential Substance Abuse Treatment (RSAT) Program at Baylor Women's Correctional Institute, 1999-2001

Arthur H. Garrison

Delaware Criminal Justice Council

Award No. 1999-RT-VX-K016

PURPOSE OF THE STUDY

The overall goals of the process evaluation were to assess the participants' views on the Residential Substance Abuse Treatment (RSAT) program at Baylor Women's Correctional Institute and to determine whether the women thought the program met their needs specifically based on gender. The specific goals of the study were: (1) to determine drop-out points along the continuum of the treatment model and to review the case files to discover any patterns in client participation and review demographic data in the program, and (2) to assess what current participants thought about the program and treatment model.

METHODS

STUDY DESIGN

For Part 1, Recent Graduate Data, the study, data were secured from case files of women who had been discharged from the Therapeutic Community (Key Village) program in Baylor Women's Correctional Institute in 1999. This analysis was used to prepare the survey instrument used for the interviews given to the women currently participating in the program. For Part 2, Client Assessment Satisfaction Data, the current residents of the program were interviewed. During fall of 2000 and spring of 2001, a survey was developed to assess how the current participants viewed the Key Program. The questions were intended to gather information to assess the gender appropriateness of the program. A database was constructed to search for any consistencies or variables that would address the

issue of gender appropriateness or lack of such in the operation of the program from the participants' point of view. During the interview period there were a total of 88 women in the Key Program. Of the 88 women, 76 agreed to participate in the study.

SOURCES OF INFORMATION

Data were collected from case files from the Therapeutic Community (Key Village) program in Baylor Women's Correctional Institute and through personal interviews.

SAMPLE

Part 1: Data were secured from case files of women who had been discharged from the Therapeutic Community (Key Village) program in Baylor Women's Correctional Institute in 1999. Part 2: Data were gathered from interviews with current residents of the Baylor Key Program who chose to participate in the interview process.

RESPONSE RATES

During the interview period for Part 2, there were a total of 88 women in the Key Program. Of the 88 women, 76 agreed to participate in the survey.

DATE(S) OF DATA COLLECTION

2000-2001

SUMMARY OF CONTENTS

DESCRIPTION OF VARIABLES

For Part 1, the variables cover demographic data, criminal history information, medical information, prior drug treatment histories, and program success or failure. Part 2 variables cover demographic information, and questions dealing with prior drug use, the first four weeks of the program, the confrontation aspects of the program, sanctions and program rules, staff/participant interaction, program activities and responsibilities as opposed to the general

population, readiness for change, support systems, children's visits and children as motivation, physical aspects of the program, mental health, the need for additional vocational and educational services, significant aspects and experiences from the program, and desired changes to the program.

PRESENCE OF COMMON SCALES

Not applicable.

UNIT OF OBSERVATION

Individuals.

EXTENT OF PROCESSING

ICPSR reformatted the data, produced a codebook, and generated SAS and SPSS data definition statements.

EXTENT OF COLLECTION

This data collection consists of two data files, a PDF user guide and codebook, and SAS and SPSS data definition statements.

DATA COLLECTION NOTES

The user guide and codebook are provided by ICPSR as Portable Document Format (PDF) file. The PDF file format was developed by Adobe Systems Incorporated and can be accessed using PDF reader software, such as the Adobe Acrobat Reader. Information on how to obtain a copy of the Acrobat Reader is provided on the ICPSR Web site.

FILE SPECIFICATIONS

PART NUMBER: 1
PART NAME: 1999 Recent Graduate Data
FILE STRUCTURE: rectangular
CASE COUNT: 105
VARIABLE COUNT: 67
RECORD LENGTH: 851
RECORDS PER CASE: 1

PART NUMBER: 2
PART NAME: Client Assessment Satisfaction Data
FILE STRUCTURE: rectangular
CASE COUNT: 88
VARIABLE COUNT: 118
RECORD LENGTH: 360
RECORDS PER CASE: 1

RESTRICTIONS

The data are restricted from general dissemination. Users interested in obtaining these data must complete a Data Transfer Agreement Form and specify the reasons why she/he needs the data. A copy of the Data Transfer Agreement Form can be requested by calling 800-999-0960. The Data Transfer Agreement Form is also available as a Portable Document Format (PDF) file from the NACJD Web site at <http://www.icpsr.umich.edu/NACJD/Private/private.pdf>. Completed forms should be returned to: Director, National Archive of Criminal Justice Data, Inter-university Consortium for Political and Social Research, Institute for Social Research, P.O. Box 1248, University of Michigan, Ann Arbor, MI 48106-1248, or by fax: 734-647-8200.

RELATED PUBLICATION

Garrison, Arthur H. "Process Evaluation Assessing the Gender Appropriateness of the Key/CREST Program" (Final Report). NCJ 195788. Washington, DC: United States Department of Justice. National Institute of Justice, 2002.

FINAL REPORTS AND OTHER PUBLICATIONS

The National Criminal Justice Reference Service (NCJRS) was established in 1972 by the National Institute of Justice (NIJ), of the U.S. Department of Justice, to provide research findings to criminal justice professionals and researchers. NCJRS operates specialized clearinghouses that are staffed by information specialists who supply a range of reference, referral, and distribution services. Final reports and other publications describing research conducted on a variety of criminal justice topics are available. Publications can be obtained from NCJRS at NIJ/NCJRS, Box 6000, Rockville, MD, 20849-6000, 800-851-3420 or 301-519-5500. TTY Service for the Hearing Impaired is 877-712-9279 (toll-free) or 301-947-8374 (local). The URL for the NCJRS homepage is:

<http://www.ncjrs.org>

DATA RESOURCES PROGRAM ON THE INTERNET

The National Institute of Justice Data Resources Program (DRP) makes datasets from NIJ-funded research and evaluation projects available to the research community and sponsors research and training activities devoted to secondary data analysis. Datasets are archived by the National Archive of Criminal Justice Data (NACJD) at the Inter-university Consortium for Political and Social Research (ICPSR) at the University of Michigan.

The NACJD maintains a World Wide Web site with instructions for transferring files and sending messages. Criminal justice data funded by the Department of Justice are available via the Internet at this site at no charge to the user. NACJD may be contacted at NACJD/ICPSR, P.O. Box 1248, Ann Arbor, MI, 48106-1248, 800-999-0960 or 734-647-5000. The URL for the NACJD homepage is:

<http://www.icpsr.umich.edu/NACJD>

DATA COMPLETENESS REPORT

This report corresponds to the data file: DA3474.P1

Table 1: Distribution of Variables by Percentage of Missing Values*

Variable Name and Label (Total cases=105)	Percent of Cases with Missing Values

29.9% (20 of 67 variables) have 0% Missing Values	
13.4% (9 of 67 variables) have > 0% - 1% Missing Values	
6.0% (4 of 67 variables) have > 1% - 3% Missing Values	
4.5% (3 of 67 variables) have > 3% - 5% Missing Values	
1.5% (1 of 67 variables) have > 5% - 10% Missing Values	
OUTCME2 outcome of arrest 2	8.6%
6.0% (4 of 67 variables) have > 10% - 20% Missing Values	
ALCSTART age started alcohol use	14.3%
ALRTADMI route of administration of alcohol use	14.3%
CRIME3 crime 3	18.1%
TYPEALC type of alcohol	19.0%
37.3% (25 of 67 variables) have > 20% - 40% Missing Values	
DRTADMIN route of administration of drug use	21.9%
TYPEPROG type of program	22.9%
OUTCOALD Outcome in alcohol or drug TX program	23.8%
OUTCME3 outcome of arrest 3	23.8%
DEPRESS experience depression	24.8%
EXP.ABSE experience abuse	25.7%
TYPE.ABS type of abuse	25.7%
SUICIDE experience suicidal thoughts	25.7%
ATTEM.SU attempted suicide	25.7%
CHILDREN number of children	26.7%
NUM.PSY # of times treated for psychological pr	26.7%
NERVOUS experience serious anxiety/tension/nerv	26.7%
PARANOID experience hallucinations/paranoid	26.7%
=====	

Table 1 (continued)

Variable Name and Label	Percent of Cases with Missing Values
VIOL.BEH experience trouble controlling violent	26.7%
TROB.CON experience trouble with comprehending,	26.7%
LENGTHST length of stay in program	26.7%
REL.DRNK relatives with drinking problems	27.6%
REL.DRG relatives with drug problems	27.6%
REL.PSYC relatives with psychological problems	27.6%
CLOSEST closest relationship with	27.6%
CRIME4 crime 4	31.4%
ARRANGE living arrangements prior to TX	33.3%
FREE.TME spenc most of free-time with	34.3%
LIVE.ALC live w/ someone who has alcohol problem	35.2%
LIVE.DRG live w/ someone who has a drug problem	35.2%

1.5% (1 of 67 variables) have > 40% - 100% Missing Values

OUTCME4 outcome of arrest 4	41.0%
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*Variables individually listed only if greater than 5% missing values.
Data do not contain skip patterns or skip patterns are not reflected in the data as coded.

DATA COMPLETENESS REPORT

This report corresponds to the data file: DA3474.P2

Table 2: Distribution of Variables by Percentage of Missing Values*

Variable Name and Label (Total cases=88)	Percent of Cases with Missing Values

3.4% (4 of 118 variables) have 0% Missing Values	
0.0% (0 of 118 variables) have > 0% - 1% Missing Values	
0.0% (0 of 118 variables) have > 1% - 3% Missing Values	
0.0% (0 of 118 variables) have > 3% - 5% Missing Values	
0.0% (0 of 118 variables) have > 5% - 10% Missing Values	
85.6% (101 of 118 variables) have > 10% - 20% Missing Values	
Q3_5 Did the program get harder or easier as	12.5%
Q3_5_A How did the program get harder or easie	12.5%
Q4_1 How do you feel about the confrontation	12.5%
Q4_1_A Thoughts on the confrontation aspect -	12.5%
Q4_1_A_S Thoughts on the confrontation aspect -	12.5%
Q4_2 Do you feel this (confrontational aspec	12.5%
Q4_2_A Confrontation appropriate foe females -	12.5%
AGE Age	13.6%
RACE race	13.6%
TIMEPROG Time in program (Months)	13.6%
OFFENSE offense committed prior to current plac	13.6%
Q2_1 Have you been in drug / alcohol treatme	13.6%
Q2_1_A If so, how many times have you particip	13.6%
Q2_2 How long were you in treatment programs	13.6%
Q2_3 Did you ever participate in Village pro	13.6%
Q2_3_A If so, how many times did you participa	13.6%
Q2_3_B If so, how long did you participate in	13.6%
Q3_1 Did you find the orientation phase a di	13.6%
Q3_2 Orientation phase difficult - yes / no	13.6%
Q3_3 Do you think the orientation phase shou	13.6%
Q3_3_B If no, why not	13.6%
Q3_4 what changes would you make to orientat	13.6%
=====	

Table 2 (continued)

Variable Name and Label	Percent of Cases with Missing Values	
Q4_3	Has the confrontational aspect of the p	13.6%
Q4_3_A	Has the confrontational aspect of the p	13.6%
Q4_4	How are you able to address issues with	13.6%
Q4_5	How useful was the hierarchical system	13.6%
Q4_6	Is it appropriate for family members to	13.6%
Q4_6_A	Family members with power in hierarchic	13.6%
Q4_7	Have family members abused their author	13.6%
Q4_7_A	If family members have abused authority	13.6%
Q4_8	Has your postion in hierarchy improved	13.6%
Q4_8_A	How has position helped - or not helped	13.6%
Q5_1	Do you feel that the program rules are	13.6%
Q5_1_A	Program rules are appropriate why - why	13.6%
Q5_2	Do you think the rules help the treatme	13.6%
Q5_2_A	Rules help treatment - why - why not	13.6%
Q5_3	Do you feel that the program sanctions	13.6%
Q5_3_A	Sanctions appropriate - why - why not	13.6%
Q5_4	Do you think the program sanctions help	13.6%
Q5_4_A	Do sanctions help with treatment proces	13.6%
Q5_5	Do you think it is appropriate for anot	13.6%
Q5_5_A	Appropriate for family members to apply	13.6%
Q6_1	Do you feel there needs to be an increa	13.6%
Q6_1_A	Number of sessions would like per month	13.6%
Q6_1_B	Increase / decrease individual sessions	13.6%
Q6_2	Did you find these individual sessions	13.6%
Q6_2_A	Individual sessions helpful - why - why	13.6%
Q6_3	Do you feel there needs to be an increa	13.6%
Q6_3_A	Increase / decrease group sessions - wh	13.6%
Q6_4	Did you find these group sessions helpf	13.6%
Q6_4_A	Group sessions were helpful / not helpf	13.6%
Q6_5	Do you feel the peer group sessions nee	13.6%
Q6_5_A	Increase / decrease peer sessions - why	13.6%
Q6_6	Did you find these peer group sessions	13.6%
Q6_6_A	Peer group sessions helpful - why - why	13.6%
Q7_1	Before entering key, how many months di	13.6%
Q7_2	Over your lifetime, how many times have	13.6%
Q7_3	Which daily schedule was harder - gen p	13.6%
Q7_3_A	Gen pop / key villaige daily schedule h	13.6%
Q7_4	How did your responsibilities change wh	13.6%
Q8_1	What did you expect to get out of the p	13.6%
Q8_2	How did you feel about coming into th	13.6%
Q8_3	How have your expectations changed, if	13.6%
Q8_4	Why did you stay with the program	13.6%

Table 2 (continued)

Variable Name and Label	Percent of Cases with Missing Values	
Q9_1	Who, outside of program, have been supp	13.6%
Q9_2	Are you aware of support services avail	13.6%
Q9_3	What are some of the support services t	13.6%
Q9_4	Who, within the program, has been most	13.6%
Q10_1	Do you have children	13.6%
Q10_1_A	Number of children	13.6%
Q10_1_B	Age of children	13.6%
Q10_2	Did having your children visit help mot	13.6%
Q10_3	How do you feel about having children v	13.6%
Q10_4	How does having children affect you whi	13.6%
Q10_5	How worried are you about your children	13.6%
Q11_1	What do you think of the physical facil	13.6%
Q11_2	What do you think about having a 24 mem	13.6%
Q11_3	Do you feel you have enough privacy in	13.6%
Q11_4	Do you feel you have more privacy than	13.6%
Q11_5	What changes would you make to the phys	13.6%
Q12_1	Do you find that you feel depressed a l	13.6%
Q12_1_A	If so, what types of things make you fe	13.6%
Q12_2	Has being in the program helped you dea	13.6%
Q12_2_A	Has program helped with feelings of dep	13.6%
Q12_3	Do you feel anxious a lot of the time	13.6%
Q12_3_A	If so, what types of things make you fe	13.6%
Q12_4	Has the program helped you deal with fe	13.6%
Q12_4_A	Program helped with feelings of anxiety	13.6%
Q12_5	Do you feel angry a lot of the time	13.6%
Q12_5_A	What kind of things make you feel angry	13.6%
Q12_6	Has being in the program helped you dea	13.6%
Q12_6_A	How does the program help deal with ang	13.6%
Q12_7	Have you ever had mental health diagnos	13.6%
Q12_7_A	If so, what was that diagnosis	13.6%
Q13_1	Is there a need for additional vocation	13.6%
Q13_1_A	If so, what kinds of services	13.6%
QUES_14	Question 14: What do feel is the single	13.6%
QUES_15	Question 15: What is the most significa	13.6%
QUES_16	Question 16: What is the most valuable	13.6%
QUES_17	Question 17: Do you think the tools of	13.6%
QUES_18	Question 18: How would you amend, chang	13.6%

0.0% (0 of 118 variables) have > 20% - 40% Missing Values

11.0% (13 of 118 variables) have > 40% - 100% Missing Values

=====

Table 2 (continued)

Variable Name and Label	Percent of Cases with Missing Values
QUES_2 Question 2: questions dealing with prior	100.0%
QUES_3 Question 3: questions dealing with the f	100.0%
Q3_3_A If so, how much longer	100.0%
QUES_4 Question 4: questions dealing with confr	100.0%
QUES_5 Question 5: questions dealing with sanct	100.0%
QUES_6 Question 6: questions dealing with staff	100.0%
QUES_7 Question 7: questions dealing with progr	100.0%
QUES_8 Question 8: questions dealing with being	100.0%
QUES_9 Question 9: questions dealing with suppo	100.0%
QUES_10 Question 10: questions about children vi	100.0%
QUES_11 Question 11: questions dealing with phys	100.0%
QUES_12 Question 12: questions dealing with ment	100.0%
QUES_13 Question 13: need for additional vocatio	100.0%

*Variables individually listed only if greater than 5% missing values.
Data do not contain skip patterns or skip patterns are not reflected
in the data as coded.

Codebook Notes

1. In accordance with the National Institute of Justice Data Resources Program, data collections funded with money from the Residential Substance Abuse Treatment for State Prisoners Formula Grant Program were minimally processed by ICPSR. This means that ICPSR did not check for undocumented codes, standardize missing values, or alter variable or value labels.

CODEBOOK FOR ICPSR 3474

PROCESS EVALUATION OF THE GENDER APPROPRIATENESS OF THE RESIDENTIAL
 SUBSTANCE ABUSE TREATMENT (RSAT) PROGRAM AT BAYLOR WOMEN'S
 CORRECTIONAL INSTITUTE, 1999-2001

PART 1: 1999 RECENT GRADUATE DATA

PLEASE NOTE: The "M" between the code and the code label indicates
 the code has been designated as a missing value.

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
ID	CLIENT ID #	1	5	A5
AGE	AGE	6	7	F2
	1 18-20 years			
	2 21-25 years			
	3 26-30 years			
	4 31-35 years			
	5 36-40 years			
	6 41-45 years			
	7 46-50 years			
RELIGION	RELIGION	8	9	F2
	1 protestant			
	2 catholic			
	3 jewish			
	4 islamic			
	5 other			
	6 none			
MARITAL	MARITAL STATUS	10	13	F4
	1 single			
	2 married			
	3 divorced			
	4 widowed			
	5 separated			
	6 remarried			
RACE	RACE/ ETHNICITY	14	18	F5
	1 white			
	2 black			
	3 american indian			
	4 alaskan native			
	5 asian/pacific islander			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
RACE (cont.)				
	6 hispanic			
	7 other			
	8 none			
EMPLOY	EMPLOYMENT STATUS	19	22	F4
	1 employed			
	2 unemployed			
	3 other			
PREV_OCC	PREVIOUS OCCUPATION	23	30	F8.2
	1.00 Medical Assistant			
	2.00 Professional			
	3.00 Clerical			
	4.00 Food Service			
	5.00 Factory/Warehouse Worker			
	6.00 Maintenance/Laborer			
	7.00 Retail/Cashier			
	8.00 Disability/Unemployed			
	9.00 Custodial			
	10.00 Other			
	11.00 Domestic			
LONG_JOB	LENGTH LONGEST JOB	31	38	F8.2
	1.00 1-12 months			
	2.00 13-36 months			
	3.00 37-60 months			
	4.00 61-84 months			
	5.00 85-108 months			
	6.00 109 or more months			
HIGH_GRD	HIGHEST GRADE COMPLETED	39	46	F8.2
	1.00 Less than 9th grade			
	2.00 9th grade			
	3.00 10th grade			
	4.00 11th grade			
	5.00 12th grade			
	6.00 12th + technical training			
	7.00 12th + some college			
	8.00 Bachelor's degree			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
MEDICAL	MEDICAL PROBLEMS	47	54	A8
	1 yes			
	2 no			
	3 other			
PSYCH	PSYCHIATRIC HISTORY	55	56	F2
	1 yes			
	2 no			
	3 other			
OFFENSE	OFFENSE INCARCERATED FOR	57	64	F8.2
	1.00 Shoplifting/Theft			
	2.00 Parole/Probation Violation			
	3.00 Drug Charge			
	4.00 Forgery			
	5.00 Weapons Offense			
	6.00 Burglary, Larceny, B & E			
	7.00 Robbery			
	8.00 Assault			
	9.00 Arson			
	10.00 Homicide/Manslaughter			
	11.00 D.U.I.			
NO_TMS	NUMBER OF TIMES ARRESTED IN LIFETIME/CHARGED	65	72	F8
	1 First charge			
	2 2-10 charges			
	3 11-20 charges			
	4 21 or more charges			
CRIME1	CRIMINAL HISTORY--CRIME 1	73	112	A40
OUTCME1	OUTCOME OF ARREST (IE.CHARGES)	113	212	A100
CRIME2	CRIMINAL HISTORY--CRIME 2	213	252	A40
OUTCME2	OUTCOME OF ARREST 2	253	302	A50
CRIME3	CRIME 3	303	332	A30
OUTCME3	OUTCOME OF ARREST 3	333	392	A60
CRIME4	CRIME 4	393	432	A40

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
OUTCME4	OUTCOME OF ARREST 4	433	472	A40
REL_DRNK	RELATIVES WITH DRINKING PROBLEMS	473	480	F8
	1 yes			
	2 no			
REL_DRG	RELATIVES WITH DRUG PROBLEMS	481	488	F8
	1 yes			
	2 no			
REL_PSYC	RELATIVES WITH PSYCHOLOGICAL PROBLEMS	489	496	F8
	1 yes			
	2 no			
CHILDREN	NUMBER OF CHILDREN	497	504	F8
HCHILD	HAVE CHILDREN	505	512	F8
	1 yes			
	2 no			
	3 no data			
ARRANGE	LIVING ARRANGEMENTS PRIOR TO TX	513	520	F8
	1 sexual partner and children			
	2 sexual partner alone			
	3 children alone			
	4 parents			
	5 with family			
	6 with friends			
	7 alone			
	8 controlled environment			
	9 no stable arrangements			
	10 sexual partner and family			
LIVE_ALC	LIVE W/ SOMEONE WHO HAS ALCOHOL PROBLEM	521	528	F8
	1 yes			
	2 no			
LIVE_DRG	LIVE W/ SOMEONE WHO HAS A DRUG PROBLEM	529	536	F8
	1 yes			

-----			BEG	END	
NAME	VARIABLE LABEL		COL	COL	FMT

LIVE_DRG	(cont.)				
	2 no				
FREE_TME	SPENC MOST OF FREE-TIME WITH		537	544	F8
	1 family				
	2 friends				
	3 alone				
	4 none				
CLOSEST	CLOSEST RELATIONSHIP WITH		545	552	F8
	1 family				
	2 sexual partner/spouse				
	3 friends				
	4 none				
	5 all				
	6 children				
	7 family, sexual partner				
	8 family, friends				
EXP_ABSE	EXPERIENCE ABUSE		553	560	F8
	1 yes				
	2 no				
TYPE_ABS	TYPE OF ABUSE		561	568	F8
	1 physical				
	2 sexual				
	3 emotional				
	4 emotionally/sexually				
	5 emotionally/physically/sexually				
	6 emotionally/physically				
	7 physically/sexually				
	8 none				
NUM_PSY	# OF TIMES TREATED FOR PSYCHOLOGICAL PROBLEMS		569	576	F8
DEPRESS	EXPERIENCE DEPRESSION		577	584	F8
	1 yes				
	2 no				

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
NERVOUS	EXPERIENCE SERIOUS ANXIETY/TENSION/NERVOUSNESS	585	592	F8
	1 yes			
	2 no			
PARANOID	EXPERIENCE HALLUCINATIONS/PARANOID	593	600	F8
	1 yes			
	2 no			
VIOL_BEH	EXPERIENCE TROUBLE CONTROLLING VIOLENT BEHAVIOR/HOSTILE	601	608	F8
	1 yes			
	2 no			
TROB_CON	EXPERIENCE TROUBLE WITH COMPREHENDING, CONCENTRATING OR REMEMBERING	609	616	F8
	1 yes			
	2 no			
SUICIDE	EXPERIENCE SUICIDUAL THOUGHTS	617	624	F8
	1 yes			
	2 no			
ATTEM_SU	ATTEMPTED SUICIDE	625	632	F8
	1 yes			
	2 no			
ALCO_USE	ALCOHOL USE	633	640	F8
	1 yes			
	2 no			
ALCSTART	AGE STARTED ALCOHOL USE	641	648	F8
TYPEALC	TYPE OF ALCOHOL	649	656	F8
	1 beer			
	2 wine			
	3 liquor			
	4 other			
	5 none			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

TYPEALC (cont.)				
	6 beer & liquor			
	7 beer & wine			
	8 all			
ALRTADMI	ROUTE OF ADMINISTRATION OF ALCOHOL USE	657	664	F8
	1 oral			
	2 nasal			
	3 smoking			
	4 non-IV injection			
	5 IV injection			
	6 other			
	7 none			
DRUGUSE	DRUG USE	665	672	F8
	1 yes			
	2 no			
DRUSTART	AGE STARTED DRUG USE	673	680	F8
DRSTGRP	AGE STARTED DRUG USE GROUPING	681	688	F8
	1 12 and under			
	2 13 to 15 years old			
	3 16 to 20 years old			
	4 21 to 29 years old			
	5 30 to 39 years old			
	6 40 years old and older			
	7 no data			
TYPEDRU	TYPE OF DRUG	689	696	F8
	1 heroin			
	2 methadone			
	3 other opiates			
	4 barbiturates			
	5 other sed/hyp/tranq			
	6 cocaine/crack			
	7 amphetamines			
	8 cannabis			
	9 hallucinogens			
	10 inhalants			
	11 other			
	12 none			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

TYPEDRU	(cont.)			
	13 cocaine/heroin			
	14 multiple drugs			
	15 cannabis/cocaine			
	16 heroin/cocaine/cannabis			
	17 opiate/cocaine/cannabis			
	18 heroin and hallucinogens			
	19 methadone/cocaine			
	20 methadone/heroin			
DRTADMIN	ROUTE OF ADMINISTRATION OF DRUG USE	697	704	F8
	1 oral			
	2 nasal			
	3 smoking			
	4 non-IV injection			
	5 IV injection			
	6 other			
	7 none			
	8 nasal & smoking			
	9 oral, nasal & smoking			
	10 oral, nasal, smoking, IV injection			
	11 oral, smoke, IV injection			
	12 nasal, smoking, non-IV injection			
	13 nasal, smoking, IV injection			
	14 oral, smoking			
	15 oral, nasal			
PRIORTX	PRIOR TREATMENT	705	712	F8
	1 yes			
	2 no			
TYPEPROG	TYPE OF PROGRAM	713	720	F8
	1 alcohol program			
	2 drug program			
	3 alcohol/drug program			
	4 psychiatric TX			
	5 jail			
	6 medical TX			
	7 other			
	8 none			
LENGTHST	LENGTH OF STAY IN PROGRAM	721	740	A20

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
OUTCOALD	OUTCOME IN ALCOHOL OR DRUG TX PROGRAM	741	748	F8
	1 successful			
	2 unsuccessful			
	3 other			
	4 none			
SUPPADD	MEANS OF SUPPORTING ADDICTION	749	756	F8.2
	1.00 Shoplifting			
	2.00 Theft/Robbery			
	3.00 Family/Friends			
	4.00 Work			
	5.00 Prostitution			
	6.00 Sell drugs			
	7.00 Welfare checks, Credit cards, Disability			
	8.00 Forgery/Fraud			
	9.00 Theft/Robbery, Shoplifting			
	10.00 Shoplifting, Prostitution			
	11.00 Shoplifting, Forgery/Fraud			
	12.00 Work, Theft/Robbery			
	13.00 Theft/Robbery, Prostitution			
	14.00 Work, Family/Friends			
	15.00 Work, Sell drugs			
	16.00 Work, Welfare checks/Credit cards/Disability			
	17.00 Work, Shoplifting, Prostitution			
	18.00 Work, Theft/Robbery, Family/Friends			
	19.00 Theft/Robbery, Prostitution, Family/Friends			
	20.00 Theft/Robbery, Prostitution, Sell drugs			
	21.00 Work, Prostitution, Sell drugs			
NO_TREAT	# OF TIMES TREATED FOR ALCOHOL ABUSE OR DRUG ABUSE	757	766	A10
ENTRANCE	ENTRANCE DATE	767	776	A10
TYPEADM	TYPE OF ADMISSION INTO TC PROGRAM	777	784	F8
	1 voluntary			
	2 court ordered			
	3 DOC assignment/probation/parole			
	4 other referring agency			
	5 none			
	6 Referred from Key Village			
	7 Referred from Crest North Work Release			
	8 Referred from Crest South Work Release			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
TXCOURSE	TREATMENT COURSE	785	792	A8
	1 orientation			
	2 primaryTX			
	3 work release			
	4 aftercare			
	5 other			
	6 none			
PROGNAME	PROGRAM NAME	793	800	A8
	1 Key Village			
	2 Crest North Work Release			
	3 Crest South Work Release			
	4 Crest North Aftercare			
	5 Crest South Aftercare			
PROGRESS	PROGRESS IN TX PROGRAM	801	808	A8
	1 good			
	2 fair			
	3 poor			
	4 other			
	5 none			
	6 Still Active			
EXIT	EXIT DATE (DISCHARGE/DROP-OUT DATE)	809	818	A10
DISCHARG	DISCHARGE STATUS	819	826	F8
	1 successful			
	2 unsuccessful			
	3 other			
	4 none			
READROP	REASON FOR DISCHARGE (REASON FOR DROP-OUT)	827	834	F8.2
	1.00 Non-compliance/behavior			
	2.00 Voluntary			
	3.00 Sentence ended			
	4.00 Released on bail			
	5.00 Released to L2			
	6.00 Released to L3			
	7.00 Released to L4			
	8.00 Transferred to boot camp			
	9.00 Released for medical reasons			
	10.00 Completed Treatment			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
WEEKDROP	WEEK OF DROP-OUT FROMTX	835	842	F8.2
DISADDRE	DISCHARGE ADDRESS	843	850	F8
	1 community			
	2 DOC facility			
	3 other			
	4 none			
FILTER	(DISCHARG = 1 OR DISCHARG = 2) (FILTER)	851	851	F1
	0 Not Selected			
	1 Selected			

CODEBOOK FOR ICPSR 3474

PROCESS EVALUATION OF THE GENDER APPROPRIATENESS OF THE RESIDENTIAL
 SUBSTANCE ABUSE TREATMENT (RSAT) PROGRAM AT BAYLOR WOMEN'S
 CORRECTIONAL INSTITUTE, 1999-2001

PART 2: CLIENT ASSESSMENT SATISFACTION DATA

PLEASE NOTE: The "M" between the code and the code label indicates
 the code has been designated as a missing value.

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
NUMBER	NUMBER	1	2	F2
DECLINED	DECLINED INTERVIEW - YES OR NO	3	4	F2
	1 yes			
	2 no			
AGE	AGE	5	12	F8
AGERANGE	AGE RANGE	13	20	F8
	1 18 - 25			
	2 26 - 30			
	3 31 - 35			
	4 36 - 40			
	5 41 - 45			
	6 46 - 50			
	7 51 and older			
	8 declined			
RACE	RACE	21	22	F2
	1 African American			
	2 Caucasian			
	3 Hispanic			
	4 other			
TIMEPROG	TIME IN PROGRAM (MONTHS)	23	30	F8.2
OFFENSE	OFFENSE COMMITTED PRIOR TO CURRENT PLACEMENT IN BAYLOR	31	32	F2
	1 intent to deliver drugs			
	2 possession of drugs			
	3 Trafficking			
	4 theft			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
OFFENSE (cont.)				
	5 VOP			
	6 assault			
	7 child endangerment			
	8 escape after conviction			
	9 forgery			
	10 weapons charge			
	11 burglary			
	12 robbery			
	13 DUI			
QUES_2	QUESTION 2: QUESTIONS DEALING WITH PRIOR DRUG USE	33	40	F8.2
Q2_1	HAVE YOU BEEN IN DRUG / ALCOHOL TREATMENT BEFORE	41	42	F2
	1 yes			
	2 no			
Q2_1_A	IF SO, HOW MANY TIMES HAVE YOU PARTICIPATED IN TREATMENT?	43	44	F2
Q2_2	HOW LONG WERE YOU IN TREATMENT PROGRAMS - TOTAL MONTHS?	45	52	F8.2
Q2_3	DID YOU EVER PARTICIPATE IN VILLAGE PROGRAM BEFORE NOW?	53	54	F2
	1 yes			
	2 no			
Q2_3_A	IF SO, HOW MANY TIMES DID YOU PARTICIPATE IN VILLAGE BEFORE NOW?	55	56	F2
Q2_3_B	IF SO, HOW LONG DID YOU PARTICIPATE IN VILLAGE BEFORE NOW? (MONTHS)	57	61	F5.2
QUES_3	QUESTION 3: QUESTIONS DEALING WITH THE FOUR WEEKS	62	69	F8.2
Q3_1	DID YOU FIND THE ORIENTATION PHASE A DIFFICULT ADJUSTMENT?	70	71	F2
	1 yes			
	2 no			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q3_2	ORIENTATION PHASE DIFFICULT - YES / NO - WHY OR WHY NOT RESPONSES	72	73	F2
	1 could not read			
	2 a lot of information to take in			
	3 had prior tx, knew what to expect			
	4 drugs messed with brain, memory, and focusing			
	5 a good starting process to change her life			
	6 had support b/c knew a lot of the family from the streets			
	7 not used to being screamed at			
	8 once learn rules and expectations, it is fine			
	9 no phone calls			
	10 hard having other inmates tell her what to do			
	11 first time in prison and tx, is LD, very difficult			
	12 very strange: accountabilities -"hit a brick", stern concern			
	13 meds. she was taking affected memory-hard to study			
	14 orientators weren't thorough enough			
	15 no independence			
	16 afraid to change			
	17 like being in day care			
	18 orientators were great-went very smoothly			
	19 very unorganized b/c just moved the Village			
	20 didn't understand the rules			
	21 no problem if you follow directions			
	22 just here to do her time and get out			
	23 first time in any type of TX			
	24 got picked on b/c was pregnant			
	25 tests were difficult			
	26 learning to trust was hard			
	27 never had structure or rules			
Q3_3	DO YOU THINK THE ORIENTATION PHASE SHOULD BE LONGER?	74	75	F2
	1 yes			
	2 no			
	3 no answer			
	4 does not understand program			
	5 it depends			
Q3_3_A	IF SO, HOW MUCH LONGER	76	77	F2
	1 one month			
	2 more than one month			
	3 no answer			
	4 does not understand program			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q3_3_B	IF NO, WHY NOT	78	79	F2
	1 30 days is appropriate			
	2 shorter- have to wait on other babies to progress			
	3 should be shorter if you have had prior treatment			
	4 should be 45-60 days to become comfortable w/ tx			
	5 need more time for people who can't read			
	6 did not understand the question			
	7 hard to study straight from the street-prob. w/ memory			
	8 should be individualized-some move faster than others			
	9 be better prepared to enter the family			
Q3_4	WHAT CHANGES WOULD YOU MAKE TO ORIENTATION	80	81	F2
	1 no changes needed			
	2 phone use to talk to loved ones			
	3 have more qualified orientators for the babies			
	4 be able to talk to family outside of orien. chain			
	5 more nurturing b/c babies are scared coming in			
	6 no hollering "help"			
	7 give prizes for doing well (money to buy out of acct)			
	8 make it shorter			
	9 devote more time during day to orientation			
	10 should be more intense			
	11 teach job reqs. so know them when leave orientation			
	12 make it individualized			
	13 no response			
	14 no hostility			
	15 provide more help with studying			
	16 let orientees talk to counselors			
	17 be more specific about rules and how to buy accountabilities			
	18 don't rush them through and help them more			
	19 no petty rules or accountabilities			
	20 bring "babies" out of Orien. early if they are ready			
	21 doesn't agree w/ the TC concept at all			
	22 much of the info is meaningless-cut that out			
	23 don't take away independence			
	24 keep orientees in their own pod-family couldn't intrude			
	25 tests should be easier for uneducated women			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q3_5	DID THE PROGRAM GET HARDIER OR EASIER AS YOU WENT THROUGH IT	82	83	F2
	1 easier			
	2 harder			
	3 no change in difficulty			
	4 both			
	5 no response			
Q3_5_A	HOW DID THE PROGRAM GET HARDER OR EASIER	84	85	F2
	1 cant read - thus program difficult			
	2 information more understandable as the program goes on			
	3 peers have authority over you			
	4 had a bad attitude and made it harder for herself			
	5 been in TX, thought she knew it all, found out differently			
	6 became open to information and criticism- hard to do			
	7 more material to know as orient goes on			
	8 orientators let her get away with alot			
	9 been in TX, is used to the process			
	10 held accountable for actions after awhile			
	11 more is expected from you as time goes on			
	12 wasn't harder or easier			
	13 had to teach herself the material b/c orientators were poor			
	14 can't read, so didn't understand the entire time			
	15 no response			
	16 needed more time in orientation			
	17 bad to be treated differently than rest of the house			
	18 stayed easy the entire time			
	19 harder on older people b/c minds aren't as good			
	20 no response			
	21 had new orientators			
	22 had to deal with her disease			
	23 like being at the babysitter			
QUES_4	QUESTION 4: QUESTIONS DEALING WITH CONFRONTATION ASPECTS OF THE PROGRAM	86	93	F8.2

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q4_1	HOW DO YOU FEEL ABOUT THE CONFRONTATIONAL ASPECTS OF THE PROGRAM?	94	95	F2
	1 approve			
	2 disapprove			
	3 both			
	4 no opinion			
Q4_1_A	THOUGHTS ON THE CONFRONTATION ASPECT - ADDITIONAL ANSWERS TO QUESTION 4.1	96	97	F2
	1 hard to deal with, but understands if conf is valid			
	2 brings up awareness in your problem areas			
	3 good if used properly-not vindictive			
	4 therapeutic value behind accountabilities			
	5 she shuts down when screamed at- abuse issues			
	6 hardcore addicts need hardcore TX			
	7 able to handle arguing and confrontation better			
	8 can't handle yelling if she's in a "bad" place			
	9 able to handle constructive criticism			
	10 a lot of "do as I say, not as I do"			
	11 program should not be run by inmates			
	12 felt threatened			
	13 didn't like it			
	14 takes the screaming personally			
	15 O.K. b/c took away the hostility and yelling			
	16 on meds. for nerves and depression- very hard			
	17 doesn't see value behind confrontation			
	18 hostility makes problems worse			
	19 need to be aware of person's mental state			
	20 she is respectful-felt disrespected by younger women			
	21 don't keep medical and mental probs. in prog.- take up beds			
	22 can't handle screaming- tunes it out			
	23 took away hostility so can't release frustration			
	24 can handle being yelled at-but doesn't like yelling			
Q4_1_A_S	THOUGHTS ON THE CONFRONTATION ASPECT - ADDITIONAL ANSWERS TO QUESTION 4.1.A (SUMMARY)	98	105	F8
	1 has therapeutic value			
	2 approved if not vindictive			
	3 negative reaction to hostility			
	4 other			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q4_2	DO YOU FEEL THIS (CONFRONTATIONAL ASPECT) IS APPROPRIATE FOR FEMALES?	106	107	F2
	1 yes			
	2 no			
	3 it depends			
Q4_2_A	CONFRONTATION APPROPRIATE FOE FEMALES - WHY - WHY NOT?	108	109	F2
	1 can't handle screaming due to abuse			
	2 need tough love to get the message			
	3 no response			
	4 brings up awareness			
	5 see things in women you don't want to see in yourself-helps			
	6 teaches abused women how to confront people properly			
	7 b/c it's part of the program			
	8 it is challenging but not bad			
	9 some women use confrontation in a vindictive manner			
	10 females need to be confronted about neg. behavior also			
	11 teaches respect			
	12 but, not good if not used to it			
	13 very bad b/c teaches aggression and violence			
	14 need to check the person's mental state before confront them			
	15 not professional w/ inmates confronting you			
	16 builds up animosity-doesn't help w/ treatment			
	17 had enough confrontation in past relationships			
	18 learn to be a lady-but, confront w/o yelling			
	19 doesn't approve			
	20 feel younger inmates are disrespectful when they yell at her			
	21 need to learn not to yell and scream when there's a prob			
	22 can't hurt you, but does get out of hand			
	23 should be able to give info w/o yelling			
	24 good to let off steam			
	25 she made it through so anyone can do it			
	26 not like old days- women are more confrontational now			
	27 doesn't see value behind confrontation			
	28 wasn't raised in that type of environment			

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NAME          VARIABLE LABEL          BEG   END
                   COL   COL   FMT
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Q4_2_A (cont.)
    29      like getting yelled at when you were a kid-to
           understand
    30      OK b/c confrontation has been removed from the
           program
    31      otherwise everyone would be doing what they want
    32      confrontation should not be removed from the
           program
    33      teaches structure
    34      yelling causes people to shut down-don't listen
           to info
    35      most are mothers so need strict TX
    36      women are more sensitive then men-easier to break

Q4_3      HAS THE CONFRONTATIONAL ASPECT OF THE          110  111  F2
           PROGRAM HELPED YOU?
    1      yes
    2      no
    3      doesn't know

Q4_3_A    HAS THE CONFRONTATIONAL ASPECT OF THE          112  113  F2
           PROGRAM BEEN HELPFUL WHY - WHY NOT
    1      did not understand program
    2      learned listening skills
    3      opened her eyes to reality and her addiction
    4      brought up her awareness
    5      can now confront others about neg. or hurtful
           behavior
    6      now realizes there are consequences for her
           actions
    7      She is able to take information better
    8      helped her become a stronger person
    9      the information helped her, not the confrontation
   10      used to act out, now cautious of her behavior
   11      realized she has a life without drugs and alcohol
   12      avoids neg. situations b/c was put on an LE
   13      can't be confronted due to mental health issues
   14      realize need to be loud to be heard
   15      good having someone who's been through the
           program teach you
   16      won't take info from other inmates who steal from
           old ladies
   17      causes her to be more angry
   18      feels like she is being abused all over again

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-----		BEG	END	
NAME	VARIABLE LABEL	COL	COL	FMT

Q4_3_A (cont.)				
	19			allowed her to become a more open person
	20			stays out of trouble to avoid confrontation
	21			helps you get things off your chest
	22			realized she can still do things with her bad nerves
	23			it is psychologically damaging
	24			always been confrontational-can take it or give it
	25			has not been confronted yet
	26			yes, but it has been removed
	27			don't mentally break them if not qualified to build back up
	28			obviously not-this is 3rd time in Village
	29			she's not sure
	30			she shuts down-should talk things out and not yell
	31			not used to being yelled at
	32			abuse issue-helps her not to act out violently
Q4_4	HOW ARE YOU ABLE TO ADDRESS ISSUES WITH OTHER FAMILY MEMBERS?	114	115	F2
	1			on a one on one basis
	2			go through hierarchical channels
Q4_5	HOW USEFUL WAS THE HIERARCHICAL SYSTEM IN TREATMENT PROCESS	116	117	F2
	1			realizes there is this type of chain to follow on the outside
	2			no response
	3			chain teaches impulsive addicts about patience
	4			not useful-should go to person directly, info gets lost
	5			can make healthy decisions due to family's feedback
	6			chain creates chaos b/c pods are too small for chains
	7			allows family to handle situations w/o staff involvement
	8			teaches that there is always a process to go through
	9			need qualified people in positions (get SOE's)
	10			helps run the program, doesn't help tx
	11			keeps order in the house

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q4_5 (cont.)				
	12 not useful-she's a TC monster-can get around system			
	13 not good if breaking chain is not enforced			
	14 every position teaches you something about yourself			
	15 not useful-these jobs aren't on the outside			
Q4_6	IS IT APPROPRIATE FOR FAMILY MEMBERS TO BE IN THE HIERARCHICAL STRUCTURE OF THE HOUSE	118	119	F2
	1 yes			
	2 no			
	3 it depends			
Q4_6_A	FAMILY MEMBERS WITH POWER IN HIERARCHICAL STRUCTURE APPROPRIATE - WHY - WHY NOT	120	121	F2
	1 staff should run program			
	2 learn responsibility and to follow rules			
	3 having authority is an honor, means you earned it			
	4 learn from giving and gaining information			
	5 have to look at message not messenger			
	6 helps with jobs when get outside of prison			
	7 brings out areas of your personality that need work			
	8 need roles in the house or there would be chaos			
	9 some take it to extreme (vindictive)			
	10 teaches a nurturing attitude they can use at home			
	11 you should have to earn your position in the house			
	12 turned into a power-struggle			
	13 structure leads to sobriety			
	14 the program is based on participation by the family			
	15 jobs are too stressful			
	16 teaches life skills and how to deal w/ diff attitudes			
	17 need more staff supervision			
Q4_7	HAVE FAMILY MEMBERS ABUSED THEIR AUTHORITY IN THE HIERARCHICAL STRUCTURE	122	123	F2
	1 yes			
	2 no			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q4_7_A	IF FAMILY MEMBERS HAVE ABUSED AUTHORITY - HOW AND HOW OFTEN	124	125	F2
	1 N/A			
	2 happens sometimes- get SOE's			
	3 happens all the time- get SOE's			
	4 happens sometimes-top members vindictive/favortism			
	5 happens all the time- top members vindictive/favortism			
	6 break the chain of command			
	7 doesn't matter because they always get caught			
	8 prog. is good idea, but vindictive inmates hurt it			
Q4_8	HAS YOUR POSTION IN HIERARCHY IMPROVED YOUR TREATMENT IN PROGRAM	126	127	F2
	1 yes			
	2 no			
	3 no response			
Q4_8_A	HOW HAS POSITION HELPED - OR NOT HELPED - IN YOUR TREATMENT	128	129	F2
	1 responsibility			
	2 more confidence in herself			
	3 brings out neg. att. & beh. she didn't know she had			
	4 helps her TX b/c she can help others			
	5 learned to deal with diff. attitudes and behaviors			
	6 learned to set boundaries and hold others accountable			
	7 learned to be fair			
	8 she needs to focus on her tx not her job			
	9 job didn't make her, she made herself			
	10 more open to information now			
	11 will help her deal w/ her home and children when she is done			
	12 made her nervous problem much worse			
	13 learned to be a leader not a follower			
	14 can do her job w/o worrying about what others are saying			
	15 doesn't get confrontational jobs due to mental health status			
	16 hard to focus on tx with certain jobs			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q4_8_A	(cont.)			
	17 makes her the same person she was on the streets- hostile			
	18 she already performed these duties at home			
	19 jobs don't help tx-just run the program			
	20 helped a little, had a hard time grasping job duties			
	21 each job works on diff. areas of your personality			
	22 doesn't belong here- acts "as if"			
	23 no love or guidance- so there is no TX			
	24 helped her socially, but not with TX			
	25 learned to give respect if she wants it back			
	26 caused her to shut down			
	27 concerned about getting knocked to the bottom			
	28 already had self-esteem & resp.- job made her regress			
QUES_5	QUESTION 5: QUESTIONS DEALING WITH SANCTIONS AND PROGRAM RULES	130	137	F8.2
Q5_1	DO YOU FEEL THAT THE PROGRAM RULES ARE APPROPRIATE?	138	139	F2
	1 yes			
	2 no			
	3 it depends			
Q5_1_A	PROGRAM RULES ARE APPROPRIATE WHY - WHY NOT?	140	141	F2
	1 no answer given			
	2 learn responsibility			
	3 help change bad behaviors			
	4 might not make sense but they work			
	5 they are basic- w/o there would be chaos			
	6 rules should be more strict and enforced			
	7 if learn to follow rules, won't come back to prison			
	8 some are appropriate, but not all			
	9 teaches "pro-social values" -some behav. can't be displayed			
	10 cardinal rules are good, petty rules are not good			
	11 have to surrender to rules before can accept them			
	12 gives women structure who have never had it			
	13 learn to think before you speak or act			
	14 teaches not to be afraid of change			

-----		BEG	END	
NAME	VARIABLE LABEL	COL	COL	FMT

Q5_1_A (cont.)				
	15			have to follow rules in prison
	16			need to enforce little rules b/c house is so small
Q5_2	DO YOU THINK THE RULES HELP THE TREATMENT PROCESS	142	143	F2
	1			yes
	2			no
Q5_2_A	RULES HELP TREATMENT - WHY - WHY NOT	144	145	F2
	1			follows rules anyway
	2			realizes can't do whatever she wants whenever she wants to
	3			if follow rules on outside, stay out of trouble
	4			learn responsibility and structure
	5			brings up awareness
	6			big rules help, little rules are stupid
	7			learned to give respect if she expects it in return
	8			help her learn not to be violent and abusive
	9			rules make her mad
	10			helps them stay on top of themselves-grooming, etc.
	11			no response
	12			protected from GP-when get out aren't protected anymore
	13			she learned to act "as if" to get through
	14			learned to be alright with certain things
	15			helped her attitude problem
	16			the rules have nothing to do w/ TX
	17			rules are outrageous
	18			create a safer environment for TX
Q5_3	DO YOU FEEL THAT THE PROGRAM SANCTIONS ARE APPROPRIATE?	146	147	F2
	1			yes
	2			no
	3			it depends

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q5_3_A	SANCTIONS APPROPRIATE - WHY - WHY NOT	148	149	F2
	1 a learning experience			
	2 some are crazy, but they all help			
	3 have time to think about your neg.behavior while doing acct.			
	4 brings up awareness in your problem areas			
	5 they are fair			
	6 need to be more strict and more creative			
	7 some are too easy, some are too strict			
	8 realize you must pay for consequences of your behavior			
	9 help to change bad behaviors			
	10 some don't learn and display the same behaviors			
	11 they are too harsh			
	12 sanctions are not given consistently			
	13 punished for "being human"-for small mistakes			
	14 doesn't modify behavior-brings out bad behaviors			
	15 realize can't have everything you want when you want it			
	16 not as strict as other TC's			
	17 staff makes provisions for those w/ medical probs.			
	18 they change too much, can't keep up			
	19 teach responsibility			
	20 they can't do anything that will hurt you			
	21 doesn't understand accountabilities			
Q5_4	DO YOU THINK THE PROGRAM SANCTIONS HELP WITH THE TREATMENT PROCESS	150	151	F2
	1 yes			
	2 no			
	3 unsure			
Q5_4_A	DO SANCTIONS HELP WITH TREATMENT PROCESS - WHY - WHY NOT	152	153	F2
	1 does not understand the program design			
	2 brings up awareness in your problem areas			
	3 teach accountability/ responsibility			
	4 knows she was wrong- that isn't treating her addiction			
	5 helps if you really want help			
	6 realizes there are consequences for not following rules			

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NAME	VARIABLE LABEL	COL	COL	FMT

Q5_4_A (cont.)				
	7			doesn't understand tx value behind accountabilities
	8			gives you time to think about what you did wrong
	9			cleaning only benefits the prison- not tx
	10			can work on tx plan while doing accountabilities
	11			causes you to act "as if"
	12			help w/ behavioral problems, not with TX
	13			it depends what the accountability is
	14			should be resp. for actions-but this too stressful
Q5_5	DO YOU THINK IT IS APPROPRIATE FOR ANOTHER FAMILY MEMBER TO IMPOSE SANCTIONS	154	155	F2
	1			yes
	2			no
	3			it depends
Q5_5_A	APPROPRIATE FOR FAMILY MEMBERS TO APPLY SANCTIONS - WHY - WHY NOT	156	157	F2
	1			no reason given
	2			peers know you b/c they are addicts and live w/ you 24 hrs
	3			only appropriate if they aren't being vindictive
	4			staff should impose sanctions
	5			staff sets guidelines so family can't make up sanctions
	6			if do something wrong, should pay consequences
	7			b/c other inmates have the same bad behaviors
	8			peers run the family so they impose the sanctions-their job
	9			b/c they are to change bad beh. not to make her mad
	10			teaches responsibility
	11			should be able to hold yourself accountable
	12			teaches you to be O.K. with some things
	13			inmates are vindictive
	14			should have to earn that right
QUES_6	QUESTION 6: QUESTIONS DEALING WITH STAFF/PARTICIPANT INTERACTION	158	165	F8.2

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q6_1	DO YOU FEEL THERE NEEDS TO BE AN INCREASE OR A DECREASE IN THE INDIVIDUAL SESSIONS	166	167	F2
	1 increase			
	2 decrease			
	3 no change			
Q6_1_A	NUMBER OF SESSIONS WOULD LIKE PER MONTH	168	169	F2
	1 no answer			
	2 2 per month			
	3 no change needed			
	4 5 per month			
	5 3 per month			
	6 4 per month			
	7 should be able to talk w/her when you need to			
Q6_1_B	INCREASE / DECREASE INDIVIDUAL SESSIONS - WHY - WHY NOT	170	171	F2
	1 needs to hear how she is doing in prog.			
	2 OK how it is			
	3 feels info is valid only from staff-not from other addicts			
	4 better to talk more often so things don't build up			
	5 counselor doesn't make herself available			
	6 need more opportunities to talk one-on-one			
	7 need a bond with the counselor			
	8 problem worsens before have a chance to talk to counselor			
	9 she's a chronic relapser and needs more individ. tx			
	10 drug probs. related to mental health probs-no tx in Village			
	11 has a new counselor now, so she's not sure			
	12 the more you talk to couns. the longer you have to stay			
	13 counselor should be more accessible if big problems arise			
	14 don't feel comfortable talking about some issues w/ inmates			
	15 hasn't had an individ. session yet (6 mo.)-abandonment issues			
	16 need more counselors			
	17 hasn't had individual session yet			
	18 no response			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q6_1_B	(cont.)			
	19 staff turnover is too high-too many changes			
	20 counselor needs to check on them-it is their job			
Q6_2	DID YOU FIND THESE INDIVIDUAL SESSIONS HELPFUL IN YOUR TREATMENT?	172	173	F2
	1 yes			
	2 no			
	3 hasn't had any			
Q6_2_A	INDIVIDUAL SESSIONS HELPFUL - WHY - WHY NOT	174	175	F2
	1 likes to talk to staff not inmates about certain things			
	2 says what I need to do- not want to hear			
	3 more comfortable talking one on one, trust her not peers			
	4 no response			
	5 discuss TX plan and personal issues			
	6 counselor is no help, she helps herself			
	7 counselor is an ex-addict- helps her w/ relapse prevention			
	8 but, she talks more with peers than her counselor			
	9 not individualized to her issues			
	10 needs more time and attention from counselor			
	11 helps her to see things in a different light			
	12 helps her strive to keep going in the program			
	13 but, some couns. are more helpful than others			
	14 learns a lot about herself			
	15 she answers questions that no one else can			
	16 hasn't had any individual sessions			
	17 doesn't discuss anything important			
	18 counselor needs to know what is going on			
	19 a TC monster-knows more than the counselors			
	20 only give you paperwork to do			
	21 sessions aren't long enough			
Q6_3	DO YOU FEEL THERE NEEDS TO BE AN INCREASE OR DECREASE IN THE GROUP SESSIONS?	176	177	F2
	1 increase			
	2 decrease			
	3 no change needed			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q6_3_A	INCREASE / DECREASE GROUP SESSIONS - WHY - WHY NOT	178	179	F2
	1 no answer given			
	2 too many groups, need a break			
	3 no change needed			
	4 need more variety of groups dealing with women's issues			
	5 there are so many women, their issues dont get addressed			
	6 needs more time to work on her "individual self"			
	7 counselors need to be involved in groups			
	8 groups are too long and boring			
	9 need more staff counseling and fewer groups			
	10 shorten the time spent in groups			
	11 should be broken down according to choice of drug			
	12 can't focus on themselves b/c have to focus on everyone else			
	13 not comfortable talking to a crowd of people			
Q6_4	DID YOU FIND THESE GROUP SESSIONS HELPFUL IN YOUR TREATMENT?	180	181	F2
	1 yes			
	2 no			
	3 it depends			
	4 not sure			
Q6_4_A	GROUP SESSIONS WERE HELPFUL / NOT HELPFUL IN TREATMENT WHY - WHY NOT	182	183	F2
	1 family's similar experiences show she is not alone			
	2 addicts know the tricks of other addicts- are straight up			
	3 helps her be accountable			
	4 staff who are recovering addicts are very helpful			
	5 helps you cope with diff. issues in your life			
	6 you get out what you put in			
	7 learn to build trust in others			
	8 there need to be more groups			
	9 only dwell on neg. past, not goals and the future			
	10 get comfortable sharing in groups-help w/ outside NA/AA			
	11 talking about the same things everyday doesn't help			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q6_4_A (cont.)				
	12 she's not an addict & doesn't want to be one due to stories			
	13 able to open up more freely			
	14 no answer given			
	15 help her change her bad behaviors			
	16 some are good, some are too boring			
	17 learned a lot about her addiction			
	18 a lot of the material doesn't relate to her			
	19 some are too judgemental-make her uncomfortable			
	20 hearing different stories opens your eyes			
	21 not sure			
	22 has trust issues-can't talk in a group			
	23 family attacks you-different issues, can't relate to them			
Q6_5	DO YOU FEEL THE PEER GROUP SESSIONS NEED TO BE INCREASED OR DECREASED	184	185	F2
	1 increase			
	2 decrease			
	3 no change needed			
	4 no answer given			
	5 doesn't have peer groups			
Q6_5_A	INCREASE / DECREASE PEER SESSIONS - WHY - WHY NOT	186	187	F2
	1 helpful responses			
	2 OK how it is			
	3 not productive, just "leak" sessions			
	4 N/A			
	5 don't restrict to one caseload though			
	6 each peer should get a chance to talk			
	7 not individualized			
	8 they are important to help the program run			
	9 she is "peer grouped out"			
	10 doesn't like that they were used for sex			
	11 doesn't know what to talk about			
	12 small groups help to build trust			
	13 in groups all day, nothing left to talk about in peer groups			
	14 help let off steam			
	15 shouldn't be mandatory, don't talk about anything impt.			
	16 info is "safe" with caseload sisters			
	17 need two per week			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q6_6	DID YOU FIND THESE PEER GROUP SESSIONS HELPFUL IN YOUR TREATMENT?	188	189	F2
	1 yes			
	2 no			
	3 N/A			
Q6_6_A	PEER GROUP SESSIONS HELPFUL - WHY - WHY NOT	190	191	F2
	1 rather listen than talk			
	2 easier to share in intimate group rather than large group			
	3 peers are helpful because they have been there			
	4 just goes because she has to			
	5 N/A			
	6 peers tell you what you need to hear, not what you want to			
	7 can let off steam and get advice			
	8 she does not have peer groups			
	9 it is always the same caseload, need to talk talk to diff people			
	10 staff need to be involved			
	11 just a "leak" session			
	12 everyone is on same level-no authority over you			
	13 discuss treatment plan			
	14 find things out about yourself you didn't recognize before			
	15 inmates have bad attitudes and don't care			
	16 good b/c she can pick who is in the group			
	17 hasn't had them in a long time			
	18 good if discuss issues and don't gossip			
	19 should be longer			
QUES_7	QUESTION 7: QUESTIONS DEALING WITH PROGRAM ACTIVITIES (RESPONSIBILITIES) AS OPPOSED TO GENERAL POPULATION	192	199	F8.2
Q7_1	BEFORE ENTERING KEY, HOW MANY MONTHS DID YOU SPEND IN GEN POP	200	207	F8.2
Q7_2	OVER YOUR LIFETIME, HOW MANY TIMES HAVE YOU BEEN IN PRISON	208	209	F2

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q7_3	WHICH DAILY SCHEDULE WAS HARDER - GEN POP OR KEY VILLAGE	210	211	F2
	1 general population			
	2 Key Villiage			
	3 no answer given			
	4 neither schedule is hard			
	5 she doesn't remember			
Q7_3_A	GEN POP / KEY VILLAIGE DAILY SCHEDULE HARDER - WHY	212	213	F2
	1 no schedule in GP- do what you want/Village is strict			
	2 first time in hard TX			
	3 hard having nothing to do all day			
	4 Waking up early			
	5 village teaches responsibility but it's not hard			
	6 staying clean is a very hard job			
	7 more priviledges in the Village			
	8 doesn't remember			
	9 very busy in GP, so neither schedule was harder			
	10 GP was more boring, but neither were hard			
	11 no structure			
	12 pregnant and can't sleep during the day			
	13 GP was very unsafe			
	14 GP is like the streets-a lot of drugs			
Q7_4	HOW DID YOUR RESPONSIBILITIES CHANGE WHEN YOU LEFT GEN POP FOR KEY	214	215	F2
	1 must get up early, do jobs, do groups, eat			
	2 became responsible for herself, her actions and addiction			
	3 gets up clean/sober- higher self-esteem			
	4 less responsibility in Village-worked in GP			
	5 couldn't do what she wanted anymore			
	6 learned to be more responsible with her family at home			
	7 no change-she had responsibilities in G.P.			
	8 has to babysit grown women			
	9 no change-had responsibilities at home			
QUES_8	QUESTION 8: QUESTIONS DEALING WITH BEING READY FOR CHANGE	216	223	F8.2

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q8_1	WHAT DID YOU EXPECT TO GET OUT OF THE PROGRAM BEFORE YOU ENTERED IT	224	225	F2
	1 nothing			
	2 better herself instead of just doing time			
	3 learn to live substance and crime free			
	4 shorter sentence			
	5 didn't know what to expect			
	6 to become a better role model for her kids			
	7 to determine what she missed in tx last time			
	8 learn about herself and her disease			
	9 structure			
	10 a miracle			
	11 expected program to be too hard			
	12 was very negative about the program being able to help			
	13 didn't expect to be placed in the Village			
	14 expected the worst b/c heard bad things about the program			
	15 a refresher course on using her "tools"			
	16 expected to learn same tools as the last TC she was in			
	17 something to help her enter back into society			
	18 a lot of hassels			
Q8_2	HOW DID YOU FEEL ABOUT COMINING INTO THE PROGRAM	226	227	F2
	1 scared			
	2 ready for the change			
	3 didn't want to go- was sentenced			
	4 was in denial, didn't feel she was an addict			
	5 angry			
	6 upset			
	7 felt special and very comfortable going			
	8 thought staff and program were crazy			
	9 happy b/c would get suspended sentence			
	10 didn't want to go-heard bad things			
	11 wanted to leave the second she arrived			
	12 she volunteered			
	13 no response			
	14 embarrassed about relapse			
	15 happy			
	16 needed it to get back to kids			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q8_3	HOW HAVE YOUR EXPECTATIONS CHANGED, IF AT ALL	228	229	F2
	1 not scared, wants to go home			
	2 they have not changed			
	3 wants to learn tools to survive on outside			
	4 has received more than she ever expected			
	5 sets goals, wants more for herself			
	6 expects a sentence reduction			
	7 surprised at how laid back the new Village is now			
	8 program helps if you really work hard			
	9 she is much more open now			
	10 never wants to see drugs/alcohol again			
	11 she is sorry she came			
	12 not as bad as she was told it would be			
	13 better tx in old Village-new Village is no help			
	14 trying to make the best of a bad situation			
	15 still not crazy about prog.-too much "dope fiending"			
	16 couldn't wait to get in Village after initial review			
	17 looks at world differently-breaking drug cycle w/ her kids			
	18 very glad she came			
	19 her expectations were met			
	20 program not equipped to deal w/ her mental health-damaging			
	21 tired of the program and all the same people			
	22 Village is more of a mess than GP			
	23 disappointed-not receiving tx-dealing w/ power struggles			
Q8_4	WHY DID YOU STAY WITH THE PROGRAM	230	231	F2
	1 sentence reduction if completes program			
	2 learns more about herself each day			
	3 surrendered to the process- can't get clean alone			
	4 needed to change her life/find better way to live			
	5 give back to family what she has learned			
	6 pregnant and would use again in population			
	7 she was court ordered			
	8 to be able to go home and stay home			
	9 to get educated about her illness			
	10 needs to change for her kids to be a better mother			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q8_4	(cont.)			
	11 learn responsibility and how to deal w/ diff. attitudes			
	12 she loves it!!!			
	13 this is what she is used to			
	14 loves the structure			
QUES_9	QUESTION 9: QUESTIONS DEALING WITH SUPPORT SYSTEMS	232	239	F8.2
Q9_1	WHO, OUTSIDE OF PROGRAM, HAVE BEEN SUPPORTIVE OF YOU WHILE IN PROGRAM	240	243	F4.1
	1.0 husband/ boyfriend			
	2.0 church			
	3.0 mother			
	4.0 father			
	5.0 friend			
	6.0 children			
	7.0 many family members			
	8.0 no one			
	9.0 siblings			
	10.0 Delaware Mentor Program			
	11.0 grandparents			
	12.0 aunt			
Q9_2	ARE YOU AWARE OF SUPPORT SERVICES AVAILABLE TO YOU AFTER RELEASE	244	245	F2
	1 yes			
	2 no			
	3 counselors don't tell her anything			
	4 no, not from this area			
Q9_3	WHAT ARE SOME OF THE SUPPORT SERVICES THAT YOU THINK YOU WILL NEED AFTER RELEASE	246	247	F2
	1 drug / alcohol anonymous groups (sponsor)			
	2 job placement, living placement			
	3 combo of AA/NA, job placement, church, etc.			
	4 aftercare			
	5 doesn't know			
	6 psychiatric services			
	7 transitional house			
	8 only needs her family not the meetings			
	9 church			
	10 not from this area, will get help when goes home			
	11 recovery friends			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q9_4	WHO, WITHIN THE PROGRAM, HAS BEEN MOST SUPPORTIVE TO YOU WHILE IN THE PROGRAM	248	249	F2
	1 peers			
	2 counselor			
	3 peers and counselor			
	4 no one- she was her only support			
QUES_10	QUESTION 10: QUESTIONS ABOUT CHILDREN VISITS/CHILDREN AS MOTIVATION	250	257	F8.2
Q10_1	DO YOU HAVE CHILDREN	258	259	F2
	1 yes			
	2 no			
Q10_1_A	NUMBER OF CHILDREN	260	267	F8
Q10_1_B	AGE OF CHILDREN	268	269	F2
	1 between 0 and 1			
	2 between 1 and 3			
	3 between 4 and 8			
	4 between 9 and 13			
	5 between 14 and 16			
	6 17 and older			
	7 multiple children - 14 under			
	8 multiple children - 15 and older			
	9 multiple children - 0 - 17			
	10 N/A			
Q10_2	DID HAVING YOUR CHILDREN VISIT HELP MOTIVATE YOU TO STAY IN PROGRAM	270	271	F2
	1 yes			
	2 no			
	3 did not receive visits			
	4 has no children			
Q10_3	HOW DO YOU FEEL ABOUT HAVING CHILDREN VISIT IN THE PROGRAM	272	273	F2
	1 uses experience as an EX of what not to do in life			
	2 helps keep relationship and bond with child			
	3 happy to see them but hard for them to see her in prison			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q10_3	(cont.)			
	4 good motivating factor			
	5 not good for children to be in prison setting			
	6 bad- other women look down at your kids			
	7 in old Village kids came in prog. and motivated whole family			
	8 OK b/c they are in visiting room, not in the prison			
	9 N/A			
	10 visits are too stressful-must focus on getting out			
	11 makes her feel good			
	12 they're old enough-won't let grandkids come			
	13 needs more time with them during the visits			
	14 she has filed for visitation			
	15 child is like an angel that carries her through the week			
	16 can't go into Village b/c they are too old			
	17 doesn't matter b/c talks to them everyday			
Q10_4	HOW DOES HAVING CHILDREN AFFECT YOU WHILE IN THE PROGRAM	274	275	F2
	1 motivates to complete program			
	2 feels guilt for neglecting child while making addiction #1			
	3 makes it harder to be in TX			
	4 children are adults with their own lives			
	5 very difficult being away from child(ren)			
	6 N/A			
	7 she thinks about them all the time			
	8 she is not affected-focuses on TX			
	9 very hard because she is powerless			
	10 has a better bond w/ child in Village, than had in GP			
	11 her kids could care less about her			
	12 hard to keep a bond w/ child(ren)			
	13 she worries about them			
	14 needs to get home-kids are acting out			
	15 parenting class in Village helped her keep her kids			
Q10_5	HOW WORRIED ARE YOU ABOUT YOUR CHILDREN	276	277	F2
	1 very			
	2 not worried, they are capable or in capable hands			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

Q10_5	(cont.)			
	3 not worried-she put it in "God's hands"			
	4 N/A			
	5 they aren't speaking			
QUES_11	QUESTION 11: QUESTIONS DEALING WITH PHYSICAL ASPECTS OF THE PROGRAM	278	285	F8.2
Q11_1	WHAT DO YOU THINK OF THE PHYSICAL FACILITY (SPACE) OF THE PROGRAM	286	287	F2
	1 a good lay-out			
	2 doesn't like pods- old Village more a family			
	3 this Village is better b/c is more laid back			
	4 good because a lot of women get treatment			
	5 knock down all the walls			
	6 pods are too small			
	7 normal to her-grew up in prisons			
	8 this Village better-more privacy			
	9 pods too small&can't get to know other pods			
	10 need more freedom like normal rehab.			
	11 needs to be smaller with less people			
	12 New Village better-smaller groups-more individualized			
	13 bad-"too many chiefs, not enough indians"			
	14 can't expect too much in prison-be nice if bigger			
Q11_2	WHAT DO YOU THINK ABOUT HAVING A 24 MEMBER POD AS COMPARED TO A 42 MEMBER POD	288	289	F2
	1 prefer 24 pod			
	2 prefer 42 pod- not a family, too segregated			
	3 no opinion			
	4 was not in old village - 42 pod			
Q11_3	DO YOU FEEL YOU HAVE ENOUGH PRIVACY IN THE FACILITY	290	291	F2
	1 yes			
	2 no			
Q11_4	DO YOU FEEL YOU HAVE MORE PRIVACY THAN IN GEN POP	292	293	F2
	1 more privacy in general population			
	2 more privacy in Village			
	3 no privacy in either location			
	4 not supposed to have privacy in prison			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q11_5	WHAT CHANGES WOULD YOU MAKE TO THE PHYSICAL ENVIRONMENT	294	295	F2
	1 more space, less people			
	2 no response			
	3 bigger common area for TV so won't disturb family			
	4 get rid of pods- make one big family again			
	5 go back to old village			
	6 more bathrooms			
	7 no correctional officers in the Village			
	8 leave Village to eat meals			
	9 staff need to spend more time in pods-2know what's going on			
	10 knock down all the walls			
	11 have more respect for counselors and visitors			
	12 beauty salon in Village b/c can't go to GP			
	13 gardens everywhere			
	14 O.K. how it is			
	15 separate people with HIV and AIDS			
	16 bigger bedrooms			
	17 no changes offered			
	18 microwave in each pod			
	19 fix plumbing			
QUES_12	QUESTION 12: QUESTIONS DEALING WITH MENTAL HEALTH	296	303	F8.2
Q12_1	DO YOU FIND THAT YOU FEEL DEPRESSED A LOT OF THE TIME	304	305	F2
	1 yes			
	2 no			
Q12_1_A	IF SO, WHAT TYPES OF THINGS MAKE YOU FEEL DEPRESSED	306	307	F2
	1 N/A			
	2 stopped taking her meds			
	3 away from home and family			
	4 thinks about her life and what she's done to get here			
	5 family member passed away			
	6 just has down days			
	7 being in the program			
	8 being around "these kinds of people"			
	9 waiting to get to the Village			
	10 always had problems with depression			

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NAME	VARIABLE LABEL	COL	COL	FMT

Q12_1_A (cont.)				
	11 no control over life and family			
	12 everything			
	13 history of abuse			
	14 when was first sentenced to the Village			
	15 not knowing when she will complete program			
	16 being pregnant in prison			
Q12_2	HAS BEING IN THE PROGRAM HELPED YOU DEAL WITH FEELINGS OF DEPRESSION	308	309	F2
	1 yes			
	2 no			
	3 N/A			
Q12_2_A	HAS PROGRAM HELPED WITH FEELINGS OF DEPRESSION - YES/NO - WHY OR WHY NOT	310	311	F2
	1 she uses her own skills help her depression			
	2 peers and counselor were encouraging			
	3 only medication helps			
	4 does not suffer from depression			
	5 makes her deal w/ probs. but doesn't take them away			
	6 doesn't get confronted b/c can't handle it			
	7 program makes it worse			
	8 doesn't trust staff or peers to discuss issues			
	9 doesn't have time to get depressed			
	10 to busy to work on it-supresses it more			
	11 no qualified staff to handle mental health problems			
	12 doesn't talk about it			
	13 she talks about what is bothering her			
	14 makes her realize what she did to her kids			
	15 preacher comes in and helps			
Q12_3	DO YOU FEEL ANXIOUS A LOT OF THE TIME	312	313	F2
	1 yes			
	2 no			
Q12_3_A	IF SO, WHAT TYPES OF THINGS MAKE YOU FEEL ANXIOUS	314	315	F2
	1 N/A			
	2 going home			

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NAME          VARIABLE LABEL          BEG   END
                   COL   COL   FMT
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Q12_3_A (cont.)
          3   very hyper personality
          4   not knowing when she will be done or where she
              will go next
          5   can't call home b/c of accountabilities
          6   worries about everything
          7   suffers from anxiety attacks
          8   chaos in the house
          9   anxious to get into the Village
         10   no control over life or family
         11   can't explain why she gets anxious
         12   not outside enough-feels chlaustrophobic

Q12_4     HAS THE PROGRAM HELPED YOU DEAL WITH          316  317  F2
          FEELINGS OF ANXIETY

          1   yes
          2   no
          3   N/A

Q12_4_A   PROGRAM HELPED WITH FEELINGS OF ANXIETY -    318  319  F2
          YES/NO - WHY WHY NOT

          1   N/A
          2   learned the rules and made less mistakes
          3   learned to take things one day at a time
          4   she discusses what is botherin her
          5   the program is too boring to help
          6   no response
          7   needs psych. tx- can't get it in Village
          8   confrontation makes it worse
          9   helps her to calm down
         10   anxiety stopped after got into the program
         11   she doesn't express it to anyone
         12   never told when she might be finished with the
              program
         13   she helps herself
         14   hasn't had a panic attack since she's been in
              Village
         15   they don't allow you to be anxious
         16   teaches her to control her compulsive behavior
         17   program makes her anxious
         18   you just deal with it

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NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q12_5	DO YOU FEEL ANGRY A LOT OF THE TIME	320	321	F2
	1 yes			
	2 no			
Q12_5_A	WHAT KIND OF THINGS MAKE YOU FEEL ANGRY	322	323	F2
	1 b/c can't can't control situations at home from the prison			
	2 N/A			
	3 hates prison and what she's done to her life			
	4 process changes too much and is too diff. from old Village			
	5 can't have what she wants when she wants it			
	6 doesn't like taking info from other inmates			
	7 family members constantly anger her			
	8 got angry at everything			
	9 staff allow family to be vindictive			
	10 belittled by staff and family			
	11 injustice			
	12 vindictive inmates			
	13 stresses of life			
	14 confrontation and accountabilities			
	15 angry at how disorganized the program is			
	16 very frustrated with herself trying to change her behaviors			
Q12_6	HAS BEING IN THE PROGRAM HELPED YOU DEAL WITH FEELINGS OF ANGER	324	325	F2
	1 yes			
	2 no			
	3 N/A			
Q12_6_A	HOW DOES THE PROGRAM HELP DEAL WITH ANGER	326	327	F2
	1 anger management groups			
	2 N/A			
	3 doesn't talk about it			
	4 accountabilities make it worse			
	5 has an Encounter Group			
	6 she "locomotes"			
	7 gives her time to think			
	8 it doesn't help			
	9 GP would be better			
	10 learned to take responsibility and not the easy way out			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
Q12_7	HAVE YOU EVER HAD MENTAL HEALTH DIAGNOSIS	328	335	F8.2
	1.00 yes			
	2.00 no			
Q12_7_A	IF SO, WHAT WAS THAT DIAGNOSIS	336	337	F2
	1 N/A			
	2 Bi-polar			
	3 depression			
	4 can't remember			
	5 depression & bi-polar			
	6 compulsive			
	7 ADHD			
	8 Borderline personality, depression, insomnia			
	9 PTSD & depression			
	10 anxiety			
	11 Bi-polar & PTSD			
	12 depression and anxiety			
	13 Borderline personality			
	14 Bi-polar and impulsive			
QUES_13	QUESTION 13: NEED FOR ADDITIONAL VOCATIONAL AND EDUCATIONAL SERVICES	338	345	F8.2
Q13_1	IS THERE A NEED FOR ADDITIONAL VOCATIONAL AND EDUCATIONAL SERVICES TO SUPPORT DRUG FREE LIFESTYLE AFTER RELEASE	346	347	F2
	1 yes			
	2 no			
Q13_1_A	IF SO, WHAT KINDS OF SERVICES	348	349	F2
	1 school (GED)- reading skills			
	2 computer skills			
	3 N/A			
	4 job skills/life skills			
	5 too overwhelming studying and treating your addiction			
	6 OK how it is			
	7 college courses			
	8 more addiction education & what it does to the body			
	9 have all the same classes gen. pop. has			
	10 parenting classes			
	11 no response			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT
QUES_14	QUESTION 14: WHAT DO FEEL IS THE SINGLE MOST IMPORTANT ASPECT OF YOUR TREATMENT	350	351	F2
	1 learned to be patient			
	2 wanting to change			
	3 honesty with herself			
	4 learning from others' experiences			
	5 getting over past issues that cause relapse			
	6 stay focused on your goals			
	7 staying substance and crime free			
	8 relapse prevention			
	9 working on care-taking issues			
	10 her treatment plan			
	11 told what she does right-not always what she does wrong			
	12 discipline			
	13 set healthy boundaries			
	14 became aware of her neg. beh. through accountabilities			
	15 learned to cope w/probs and not just react to them			
	16 love herself			
	17 therapy-but she doesn't receive that here			
	18 there was none			
	19 intense and emotional groups			
	20 her!!!			
	21 do what she needs to so she can go home			
	22 NA, AA and 12 step groups			
	23 knowledge about her addiction			
	24 getting through orientation			
	25 lots of support			
	26 changing her attitude for the better			
	27 pro-social values			
	28 mental health			
	29 whole process is important			
	30 making the transition on the outside-will she make it			
QUES_15	QUESTION 15: WHAT IS THE MOST SIGNIFICANT EXPERIENCE YOU HAD IN PROGRAM	352	353	F2
	1 counselors help with children			
	2 intense and emotional group session			
	3 drug addiction skits-realized how she really was put on Learning Experience			
	4 feeling stupid in Orien. b/c she couldn't grasp material			

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NAME          VARIABLE LABEL          BEG   END
                   COL   COL   FMT
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QUES_15 (cont.)

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6      constant counselor changes-trust issues
7      received GED
8      being sentenced to the Village
9      the day she got inside herself and quit running
10     passed test to get out of orientation
11     roommate kicked out of program b/c had too much
      time
12     no response
13     counselor turnover affects TX
14     family death while she was in prison
15     she found God- keeps her strong
16     when her peers united as a family
17     put on a house bust
18     being denied spiritual materials
19     began exercising
20     Christmas party when children were allowed to
      attend
21     forced to be in program while on meds
22     will be the day she goes home
23     day she was told the date she will complete the
      Village
24     adjusting to Village from gen. pop.
25     can't understand why only one person leaves per
      month
26     the day she met her counselor
27     there wasn't one
28     everything she has learned
29     being picked on by her pod
30     every visit with her child
31     altercation with roommate
32     stagnant in TX-feels like she's regressing
33     held back going to Phase III
34     counselor didn't believe her and treated her
      like a dog
35     day she opened up to parents and family
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QUES_16  QUESTION 16: WHAT IS THE MOST VALUABLE TOOL 354 355  F2
          YOU WILL BE ABLE TO TAKE WITH YOU UPON RELEASE
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1      communication skills
2      honesty with herself
3      being responsible
4      ask for help
5      change people, places and things
6      expose criminal thoughts
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NAME	VARIABLE LABEL	BEG COL	END COL	FMT

QUES_16	(cont.)			
	7 doesn't take life for granted			
	8 loves herself			
	9 learned to make healthy decisions			
	10 patience			
	11 setting boundaries			
	12 compassion			
	13 relapse prevention			
	14 following directions			
	15 needs all of the tools			
	16 saying "No!"			
	17 her higher power			
	18 getting feelings out instead of pushing them down			
	19 she learned nothing valuable			
	20 thinking before she acts			
	21 bringing up her awareness			
	22 learned to act "as if"			
QUES_17	QUESTION 17: DO YOU THINK THE TOOLS OF INTERACTING WITH OTHERS WILL BE HELPFUL UPON RELEASE	356	357	F2
	1 yes			
	2 no			
QUES_18	QUESTION 18: HOW WOULD YOU AMEND, CHANGE, ADD, REMOVE OR CHANGE THE PROGRAM	358	359	F2
	1 no changes offered			
	2 no pods- open up the family again- more space			
	3 weekends off - no TX or groups			
	4 place capable peers in jobs so get proper TX			
	5 more concerned, capable and considerate staff			
	6 have more contact with the staff			
	7 shorter program- get stagnant in TX			
	8 T.V.'s in every room			
	9 make it co-ed			
	10 provide tx for those with mental health issues			
	11 get rid of people who don't want to be there-hurts tx			
	12 hire counselors who will stay-build trust and they leave			
	13 have relapse prevention and groups like old Village			
	14 more HIV, parenting and addiction education			

NAME	VARIABLE LABEL	BEG COL	END COL	FMT

QUES_18	(cont.)			
	15	have a max and min Village-hardcore users go to max		
	16	smaller, staff run, more ed. and counselors		
	17	shorter, no hostility(abusive) , more compassion from staff		
	18	more films on what your addiction does to your body and life		
	19	don't put babies and L3 in same room-diff priviledges		
	20	more variety of groups and less people		
	21	more space and let pods eat together		
	22	no hostility or sternering		
	23	be able to sleep later		
	24	give definate release date-the unknown causes stress		
	25	don't take away visits or mother's time		
	26	have one day a week to themselves		
	27	no rules or accountabilities		
	28	build a church to use as often as they need		
	29	have aftercare here, so no wait in VOP Bldg		
	30	6 month program-special groups for chronic relapsers		
	31	get rid of it, it doesn't work!!		
	32	be able to go out and work after 90 days		
	33	more mother's time-let kids spend the night		
	34	make bigger and have more outside groups coming in for TX		
	35	make it bigger and have more staff		
	36	not into it-just doing time until she gets released		
	37	no pods, staff run, more groups from outside		
	38	shorter program-more staff supervision		
FILTER	FILTER_\$ (FILTER)	360	360	F1
	0	Not Selected		
	1	Selected		