

Inmate Council Program

ROUND 3 INNOVATIVE GRANT PROGRAM FINAL REPORT



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EXECUTIVE SUMMARY

In 2017, Center for Council received funding to expand the Inmate Council Program (ICP) to eight California state prisons as part of the round three Innovative Grant Program. As part of the ICP, inmates are trained in the council practice, which aims to increase communication and problem-solving skills and to enhance empathy and tolerance. Additionally, the participants are trained to facilitate Council sessions for their peers, making this a self-sustaining program for prisons that continue to provide support for this program.

The findings from this evaluation suggest that implementing the ICP in prisons may create an opportunity for positive change in participants' socio-cognitive functioning and revealed significantly positive outcomes in the following areas:

- ❖ Reductions in physical aggression
- ❖ Reductions in verbal aggression
- ❖ Reductions in anger
- ❖ Reductions in hostility
- ❖ Reductions in PTSD symptomatology
- ❖ Increases in social connectedness
- ❖ Increases in several aspects of mindfulness
- ❖ Increases in perspective-taking
- ❖ Increases in resilience

While there were several limitations to the study that limit the generalizability of the findings, the preliminary findings from this evaluation suggest that this program is having a positive impact on participants who complete it, with many indicating a high level of satisfaction with the program. Qualitative findings provide further support to the positive impact the program has had on the participants, with regard to taking into account the perspectives of others and social connectedness. Participants also noted that the ICP has helped them to improve their communication skills, especially with regards to learning how to be better listeners when communicating with others.

Findings from the process evaluation revealed several challenges that made it difficult to retain participants in the program, such as unexpected prison transfers, competing obligations, and lockdowns. The lack of a consistent meeting time at some of the prison sites made it difficult for ICP participants to build on what they learned from their initial training and limited their ability to go deeper into their council practice. The groups that did meet on a more consistent and regular basis appeared to have more cohesion, with group members connecting and practicing council on a deeper level than the groups that experienced constant interruptions.

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Evaluation Overview

During round three of the Innovative Grant Program, Center for Council implemented the Inmate Council Program (ICP) in eight prisons across California. The evaluation team conducted a process and outcome evaluation of the ICP using standard qualitative and quantitative data analytic methods to determine whether the program was successful in reaching its goals. Specifically, the evaluation addressed the following questions:

- (1) Was the ICP implemented as intended at the eight prison sites?
- (2) What were the characteristics of the program participants?
- (3) What was the participants' level of satisfaction and perceptions of the program?
- (4) Were there any improvements in mindfulness, empathy, resilience, social connectedness, communication and anger among the program participants?

The evaluation team conducted interviews with ICP staff and conducted a secondary analysis of ICP staff reports as well as anonymous ICP participant data that included basic background demographic questions (e.g. age, ethnicity, marital status, education, criminal justice history) participant feedback, and items drawn from the following scales:

Interpersonal Reactivity Index (IRI)

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

Brief Resilience Scale (BRCS)

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

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

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

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

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

Social Connectedness Scale-Revised (SCS-R)

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

Mental Health Inventory-5 (MHI-5)

The MHI-5 was used to provide an indicator of mental health before and after the program. The MHI-5 is a 5-item self-report measure drawn from the 36-Item Short Form Health Survey (Jenkinson, 1998) that includes questions reflecting both positive (happiness) and negative aspects (depression and anxiety) of mental health. Responses are based on a Likert-type scale. Relevant items were reversed, and the raw item scores were summed to form a scale score that is linearly converted to a 0 to 100 scale, with higher scores indicating better mental health. This scale has been

used with a variety of groups and has shown acceptable internal consistency with a Cronbach alpha of 0.83 (Cuijpers, Smits, Donker, ten Have, & de Graaf, 2009).

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

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

The Active-Empathic Listening Scale (AELS)

The AELS is a 11-item scale that measures Active-Empathic listening, which consists of sensing, processing, and responding. During the sensing stage, the person demonstrates how actively involved he/she is in listening to the other speaker and paying attention to what is and is not being said during the conversation. The processing stage demonstrates the extent to which the listener is synthesizing and remembering the information that is being provided by the speaker. The responding stage includes asking questions when clarification is needed and showing that he/she is paying attention by using verbal and nonverbal cues (e.g. head nods). Responses, are based on a Likert-type scale, ranging from 1 (Never true) to 7 (Always true), and summed into an overall score. This scale has shown acceptable internal consistency with a Cronbach alpha of .94 for the total scale (Bodie, 2011). The sensing and responding subscales were used in this evaluation.

Statistical Analysis

Paired-sample *t*-tests were conducted to assess changes in mindfulness, resilience, empathy, social connectedness, anger/aggression, mental health, PTSD symptomatology, and active-empathic listening across time. Paired-sample *t*-tests allow us look at change over time per individual but report the findings for the group. Thus, we do not need to control for other variables (e.g., age or race, etc.) because each person is their own control case and demographic variables will not vary over time.

Statistical significance is represented by the “p-value.” This value represents the probability that the observed results would have occurred if the program indeed did not have an impact on the participants. The commonly accepted minimal p-value that represents statistical significance is $p < .05$. Thus, a p-value of $< .05$ means that there is only a .05 percent probability that the observed difference between the pre- and post-test means for an item would have occurred if the program did not have an impact on the participants.

Qualitative Analysis

Analyses of the ICP staff interviews, reports, and participant feedback was guided by the constant comparative method (Boeije, 2002; Corbin & Strauss, 2014). The lead evaluator read all of the qualitative data several times and conducted open coding to identify general themes across each type of qualitative data. Each code was constantly compared with all other codes to identify similarities, differences, and general patterns. In the second stage of the analysis, the qualitative data were recorded based on the newly refined coding themes and compared major themes that emerged from the coding categories across prisons.

Program Implementation

During round three of the Innovative Grant Program, the ICP was implemented at California City Correctional Facility (CAC), California Health Care Facility (CHCF), California Men's Colony (CMC), California State Prison-Corcoran (CSP-COR), Deuel Vocational Institute (DVI), High Desert State Prison (HDSP), Mule Creek State Prison (MCSP) and Valley State Prison (VSP). At each prison, CDCR staff identified the eligible inmate participants for the Inmate Council Program.

A review of the ICP staff interviews and reports revealed several challenges that made it difficult to sustain the program and retain participants in each cohort. A major issue during the first year was that the time slot dedicated to ICP at some of the prisons meant that participants had to choose between other competing programs and/or their employment obligations. ICP staff have made attempts to address this issue for subsequent cohorts by identifying potential participants who do have any SOMS conflicts that would prevent them from participating in the program.

Lockdowns also made it difficult for the participants to meet on a regular basis during the first year of the grant program, especially for participants at CSP-COR and HDSP. During the second year of the program, a lockdown for the Hispanic population at CSP-COR made it difficult to create diverse cohorts at this prison. In fact, one of the trainers noted that 90% of the inmates who attended the June 2019 training was African American. As many ICP staff members and participants have noted through the years, the ICP does a great job at helping individuals from diverse backgrounds who would never speak to each other on the yard to connect and form strong bonds. Thus, ensuring the diversity of the ICP groups may over time help to reduce tensions among different racial groups in the prisons.

While ICP staff often observe some tension among participants in the beginning, they find that participants eventually loosen up and start to fully engage with each other and the program after the first day of training:

- *The inmates were resistant at first but came to really appreciate and get excited about participating in the program despite a feeling of segregation and defensiveness, inmates stated to loosen and open to each other and seemed enthusiastic to explore the program*
- *On day two of the training the energy level of the group noticeable increased and was very different. The guys were much more animated laughing and joking with each other in and outside of the Council circle.*

Overall, the groups that were able to meet on a regular and consistent basis tended to have the most cohesion and engagement with the practice of council. However, in a prison setting, it is often difficult to retain participants for the full six-month program, largely due to unexpected transfers. This unexpected loss of council members in groups that are very cohesive and close can sometimes undermine the

functioning of the group, especially if it results in the numbers getting too low and/or the incorporation of new members who are not fully committed to the program.

Participant Characteristics at Baseline

ICP trainers typically collect participant data during the initial 2-day council training session and follow-up data at the conclusion of the program. All participant data collected by ICP trainers as part of the program is anonymous. In round three, a total of 399 inmates were assessed by ICP staff during the program with the following breakdown across the participating prisons: CAC (n=93), CHCF (n=58), CMC (n=45), CSP-COR (n=33), DVI (n=52), HDSP (n=35), MCSP (n=45) and VSP (n=38). However, these numbers do not reflect the total number of inmates who participated in the program during round three, just those who completed at least one assessment. Figures 1-4 provides general background characteristics of the participants who provided responses to the demographic questions at baseline, which represents approximately 76% of the total sample.

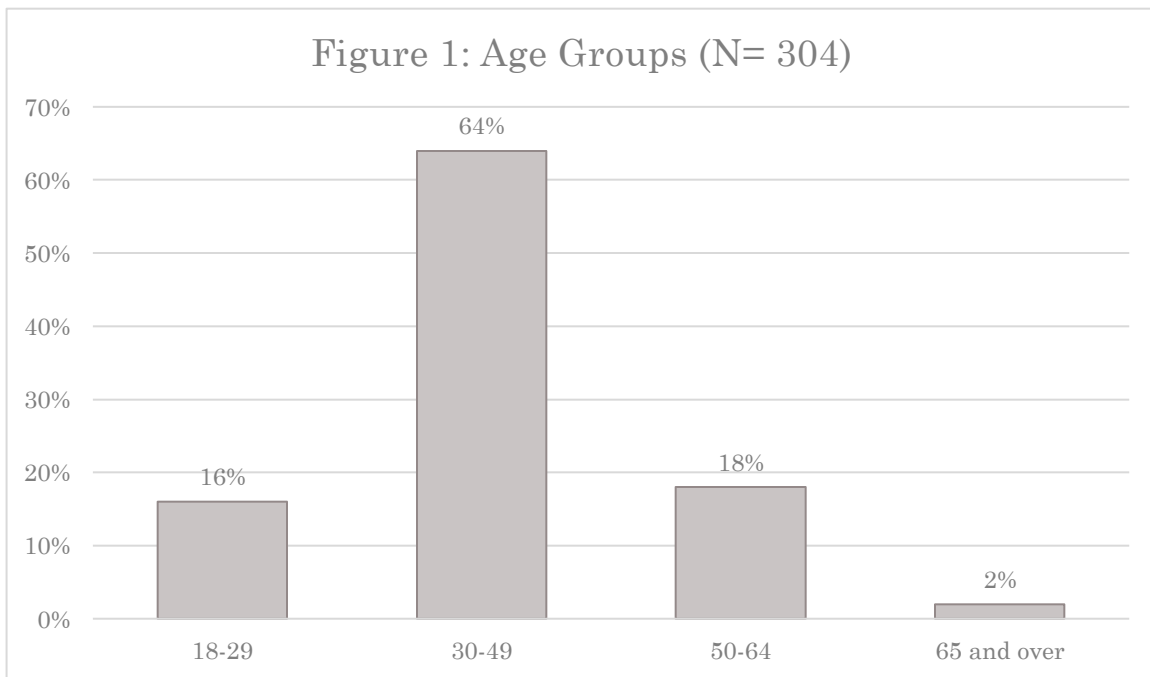


Figure 2: Race/Ethnicity (N= 304)

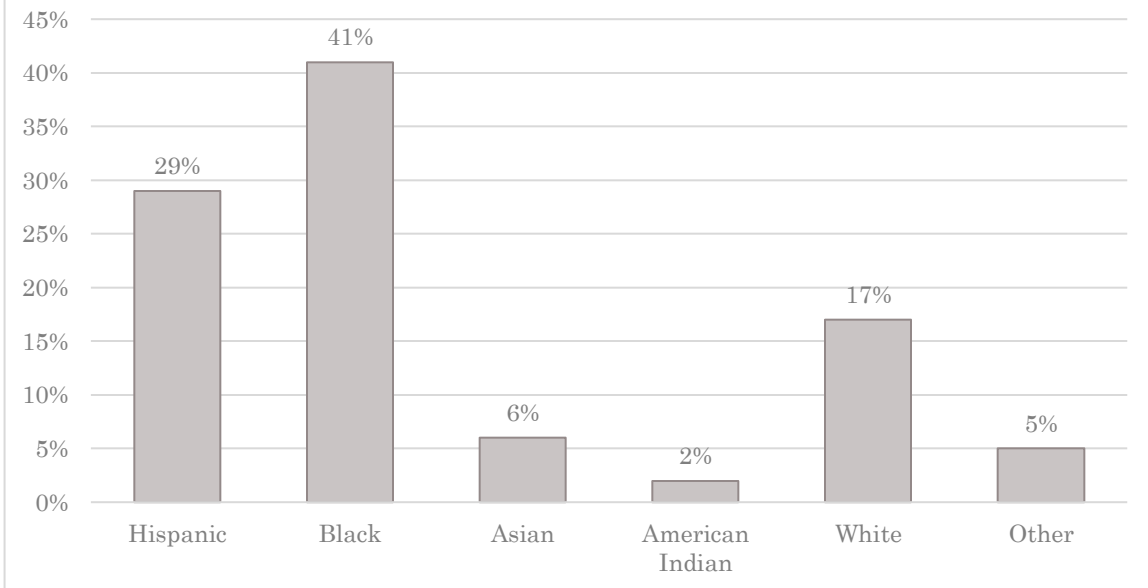


Figure 3: Marital Status (N= 302)

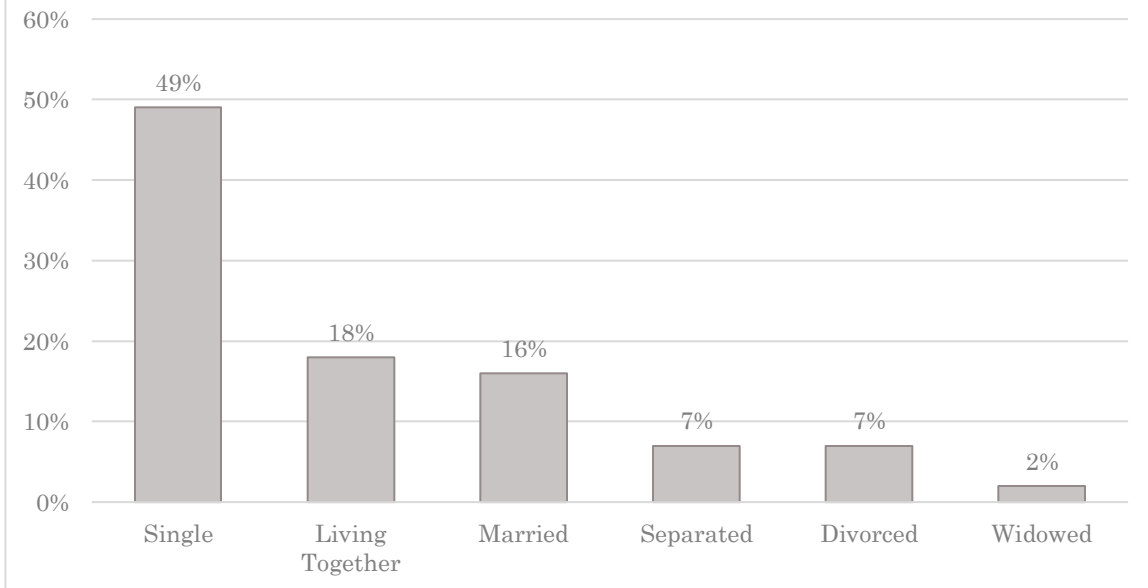
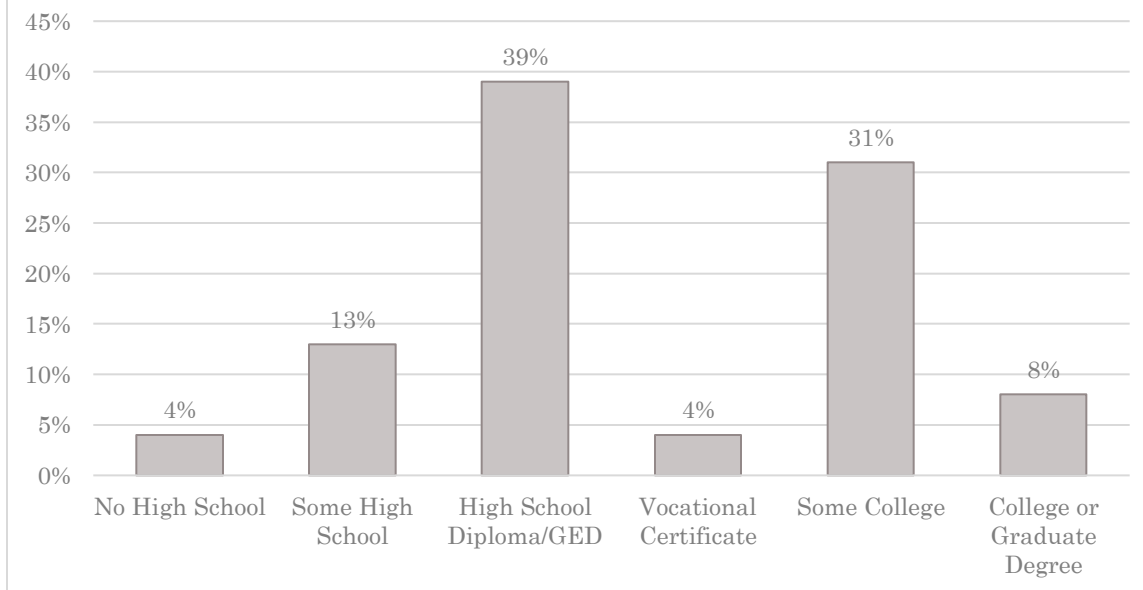


Figure 4: Education Level (N= 303)



Participant Satisfaction and Feedback

ICP participants who completed the program were asked to provide anonymous feedback about the program and to indicate their level of satisfaction with the program. Specifically, participants were asked to rate the ICP on a scale from 1 (Very poor) to 10 (Excellent). On average, the 100 participants who provided a satisfaction rating gave the program a rating of 9, with the scores ranging from 2 to 10. This mean rating suggests a high level of satisfaction with the ICP program among the ICP participants who remained in the program. The majority of these participants reported that they would like to continue meeting with their group members as well as help to facilitate new groups. These participants also noted that they have already started to incorporate the tools they learned in the program into their everyday life and sharing what they have learned with their families and others. Overall, the participants thought this was a well-structured program that has helped the participants to grow and flourish. However, some of the participants would like to receive more visits from the trainers to help address some issues that occurred in their groups.

The following section provides more insight into their experience in the program. In response to open-ended questions, the participants described their motivation for participating in the program (Table 1) and how the program has impacted them (Table 2). The findings from this indicates that the majority of the participants who completed the program were motivated to participate in this program because they wanted to improve certain aspects of themselves and their life. Other participants decided to participate out of curiosity of what this program will do. Regardless of the

reason, all these participants felt they benefited greatly from participating in the program.

Table 1: Motivation for participating in the Inmate Council Program

General Themes	Specific Themes	Examples
Self-improvement	<ul style="list-style-type: none"> • Ready to change life • Desire to improve communication skills • Desire to explore/experience multiple perspectives • Gain leadership skills • Gain empathy 	<ul style="list-style-type: none"> • I am just participating in pro-social groups, learning what I can and trying to be a better man. • I have been very active in rehabilitating myself so I sign up for many different groups. • Because I was having issues with listening to others speak without cutting in on them. • Opportunity to learn communication skills. • Pursuit of true change. • I found that this would another useful program that will assist me in coping skills and interaction with other individuals. • Because I believe that this program can just add to what I've learned in my other programs. • To experience a different outlook to how to run a group plus learn more about myself. • To gain understanding about what it means to be a facilitator. • To seek some change in myself and learn to have open mind with any and all situations I'm faced with. • Immersing myself in a new network of people with different backgrounds. • To get a better insight on things. Hear other people's stories and learn to open up more.

Reduce idle time	<ul style="list-style-type: none"> • Wanting to do something with his/her time 	<ul style="list-style-type: none"> • Something to do, to just get out of the cell. But soon it turned into something more.
Curiosity	<ul style="list-style-type: none"> • Wanting to try something new 	<ul style="list-style-type: none"> • It was something new - I wanted to see what was offered. • Initially I simply saw the sign-up sheet and felt adventurous. After the first presentation of council, I saw the power of ceremony - opening & closing - and of people being validated by the "witnessing rounds". I've been hooked ever since. • Curiosity. I wanted to try something new and to see if this group would be able to help me in my rehabilitation. • At first to see what it was about, having learned that, I continued to participate. • To see what C4C was about and if it could help me. • To experience the unknown and hope to learn something new
Safe Space	<ul style="list-style-type: none"> • Wanted a place to help process things going on in life and share with others 	<ul style="list-style-type: none"> • I needed a place where I can be open and share my feelings. • Because I was given the chance to express my total self.
Referral	<ul style="list-style-type: none"> • Recommendation from others who have participated in it before 	<ul style="list-style-type: none"> • A close associate told me about this group before it became available at this institution.

Table 5: The impact of the Inmate Council Program

General Themes	Specific Themes	Examples
Improved Communication Skills	<ul style="list-style-type: none"> • Better listener and speaker • Learned a new way of self-expression 	<ul style="list-style-type: none"> • It has caused me to listen more attentively. • It has definitely aided me in my communication skills verbally and listening. I also have acquired

- Allowing others to be heard

some facilitation and motivational ability.

- It has impacted me in the way I talk to others including my family and friends.
- It has taught me how to facilitate, while listening and speaking from the heart.
- Like I said above it impacted me in such a way that now I know the importance of listening to myself and others and not just by conversation but by physical, mental, and emotional communication.
- It has enhanced my ability to speak lengthily about a topic and to listen so that others may feel heard and safe.
- I can now talk to others and listen to others and my trust for others is good.
- Participation in this program gives me the opportunity to open up. I was never good at public speaking however, this program gives me confidence to speak in front of others.

Connection

- Improved connection with others
- New relationships

- A sensation of belonging.
- I've been able to meet and interact with like-minded individuals.
- I've come to know and befriend some, if not most, of my fellow council members on more than a superficial level.
- I have created relationships within this group which helps get to know other people.
- I feel I have grown more sympathetic to the human experience and condition by

learning to relate to others by getting to know myself.

Empathy

- Concern for others
- Taking into account other perspectives

- It allowed me to further gain insight into other feelings
- It helped me to be open-minded. It helped me to be mindful of others and understand what others may be going through.
- It has confirmed and broadened my point of view
- It gave me true peace of mind, a better sense of community with my fellow men, empathy for people and cultures like never known before.
- Yes indeed, it has allowed me to be vulnerable, have empathy for what I'm hearing others say, as well as being interested in what others are saying.

Coping skills

- Tools to help deal with stressors

- It has changed me by giving me patience, understanding and a better tool to help deal with any and all things occurring to me or around me.
- It has really helped me to work through difficult problems that I've had recently.

Paired Sample T-Test Results

The evaluation team was only able to obtain pre- and post-data for 68 participants due to the large number of individuals who were transferred before completing the program and difficulty matching the pre- and post-data. A sensitivity analysis comparing those who have complete pre- and post-outcome data to those who only have pre-test data revealed several significant differences that should be taken into account when interpreting the findings. Specifically, the participants with complete data tended to be significantly older (44 years vs. 40 years) and significantly more likely to have spent more time in prison for their current sentence (16 years vs. 11 years) than those with only pre-test data. Table 1 presents the average changes in pre- and post-outcome measures for the 68 participants with complete data. While the findings do show positive change in almost all of the outcomes, these changes were not always significant. The small sample size may have limited our ability to detect significant effects for some of these outcomes. Specific information for each of the outcomes is provided below.

- Mean scores for the nonreactivity (17.2 vs. 18.1), describing (18.8 vs. 20.0), and nonjudgmental (13.8 vs. 15.1) subscales of the mindfulness assessment significantly increased over time. While the mean score for the observing subscale also increased (15.8 vs. 16.5), this change was not significant. Also, there was no change in the mean score for the awareness subscale.
- Mean scores for the perspective-taking (20.0 vs. 21.4) and empathic concern (22.4 vs. 23.2) subscales also increased. However, this increase was only significant for the perspective-taking subscale.
- The mean score for resilience significantly increased from the pre- to post-assessment (16.0 vs. 17.5)
- Mean scores for the physical aggression (6.4 vs. 5.4), verbal aggression (7.1 vs. 6.0), anger (4.9 vs. 4.1), and hostility (7.2 vs. 6.0) all significantly decreased from the pre- and post-assessment.
- The mean score for social connectedness (89.8 vs. 96.2) significantly increased over time.
- There was a significant decrease in the mean score for the PTSD scale (22.0 vs. 17.1) from the pre- to post-assessment
- There was a nonsignificant increase in the mean mental health score (75.8 vs. 78.6) over time.
- There was a slight nonsignificant increase in the mean sensing score (19.5 vs. 19.9) and no change in the processing score (15.8 vs. 15.8) from the pre- to post-assessment.

Table 3: Pre- to Post-Assessment Change in Outcomes

	Pre (n=68) M(SD)	Post (n=68) M(SD)	t (df)
Mindfulness			
<i>Nonreactivity*</i>	17.2 (3.9)	18.1 (3.5)	2.1 (67)
<i>Observe</i>	15.8 (3.4)	16.5 (3.0)	1.8 (67)
<i>Awareness</i>	20.1 (3.9)	20.1 (4.2)	0.1 (67)
<i>Describe**</i>	18.8 (3.8)	20.0 (3.2)	2.8 (67)
<i>Nonjudgmental**</i>	13.8 (4.6)	15.1 (4.1)	3.0 (67)
Empathy			
<i>Perspective-taking**</i>	20.0 (5.0)	21.4 (4.7)	2.7 (66)
<i>Empathic concern</i>	22.4 (4.1)	23.2 (4.0)	1.4 (66)
Resilience score**	16.0 (3.0)	17.5 (2.6)	2.7 (67)
Anger/Aggression Scores			
<i>Physical subscale**</i>	6.4 (3.6)	5.4 (2.9)	2.9 (67)
<i>Verbal subscale**</i>	7.1 (3.3)	6.0 (2.5)	3.3 (67)
<i>Anger subscale**</i>	4.9 (2.5)	4.1 (1.9)	3.3 (67)
<i>Hostility subscale**</i>	7.2 (2.8)	6.0 (2.6)	3.4 (67)
Social Connectedness***	89.8 (17.2)	96.2 (15.3)	3.8 (63)
PTSD Symptomology**	22.0 (17.0)	17.1 (14.2)	2.9 (66)
Mental Health	75.8 (19.3)	78.6 (17.5)	1.1 (66)
Active Listening			
<i>Sensing</i>	19.5 (4.1)	19.9 (4.3)	0.7 (66)
<i>Processing</i>	15.8 (3.8)	15.8 (3.7)	1.6 (62)

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

Conclusion and Recommendations

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

- ❖ Increases in several aspects of mindfulness
- ❖ Increases in perspective-taking
- ❖ Increases in resilience
- ❖ Reductions in physical aggression
- ❖ Reductions in verbal aggression
- ❖ Reductions in anger
- ❖ Reductions in hostility
- ❖ Increases in social connectedness
- ❖ Reductions in PTSD symptomatology

Additionally, the qualitative findings provide further support to the positive impact the program has had on the participants with regard to taking into account the perspectives of others and social connectedness. Participants also noted that the ICP has helped them to improve their communication skills, especially with regards to learning how to be better listeners when communicating with others. Furthermore, many participants felt that this program has helped them to interact with others from a more authentic place.

While the findings from this evaluation has been very positive, there are several limitations to this work that should be noted. Although the ICP had a diverse group of participants, the generalizability of the findings is limited by the small sample size, and attrition. There was also a “selection” effect in that the participants enrolled in the program were individuals who were selected by CDCR staff and volunteered to participate in the program. Additionally, this sample only included those who completed the program and completed anonymous assessments. A comparison of those who completed both surveys to those who completed only one survey revealed significant differences in age and incarceration length that should be taken into account when interpreting the study findings.

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

who complete it. Moving forward, it is important that the institution hosting the ICP provides a regular and consistent schedule for the program in order to ensure that the participants are able to fully engage and get the most out of the program.

References

- Baer, R. A., Smith, G. T., Hopkins, J., Krietemeyer, J., & Toney, L. (2006). Using Self-Report Assessment Methods to Explore Facets of Mindfulness. *Assessment, 13*(1), 27–45. <https://doi.org/10.1177/1073191105283504>
- Bodie, G. D. (2011). The Active-Empathic Listening Scale (AELS): Conceptualization and Evidence of Validity Within the Interpersonal Domain. *Communication Quarterly, 59*(3), 277–295. <https://doi.org/10.1080/01463373.2011.583495>
- Boeije, H. (2002). A purposeful approach to the constant comparative method in the analysis of qualitative interviews. *Quality and Quantity,*
- Bohlmeijer, E., ten Klooster, P. M., Fledderus, M., Veehof, M., & Baer, R. (2011). Psychometric Properties of the Five Facet Mindfulness Questionnaire in Depressed Adults and Development of a Short Form. *Assessment, 18*(3), 308–320. <https://doi.org/10.1177/1073191111408231>
- Buss, A. H., & Perry, M. (1992). The Aggression Questionnaire. *Journal of Personality and Social Psychology, 63*(3), 452–459. <https://doi.org/10.1037/0022-3514.63.3.452>
- Corbin, J., & Strauss, A. (2014). *Basics of qualitative research: Techniques and procedures for developing grounded theory*. Thousand Oaks, CA: SAGE.
- Cuijpers, P., Smits, N., Donker, T., ten Have, M., & de Graaf, R. (2009). Screening for mood and anxiety disorders with the five-item, the three-item, and the two-item Mental Health Inventory. *Psychiatry Research, 168*(3), 250–255. <https://doi.org/10.1016/j.psychres.2008.05.012>

- Daoust, S. W., Loper, A. B., Magaletta, P. R., & Diamond, P. M. (2006). Neuropsychological dysfunction and aggression among female federal inmates. *Psychological Services, 3*(2), 88–96. <https://doi.org/10.1037/1541-1559.3.2.88>
- Davis, M. H. (1983). Measuring individual differences in empathy: Evidence for a multidimensional approach. *Journal of Personality and Social Psychology, 44*(1), 113–126. <https://doi.org/10.1037/0022-3514.44.1.113>
- Diamond, Pamela M., & Magaletta, P. R. (2006). The Short-Form Buss-Perry Aggression Questionnaire (BPAQ-SF): A validation study with federal offenders. *Assessment, 13*(3), 227–240. <https://doi.org/10.1177/1073191106287666>
- Jenkinson, C. (1998). The SF-36 Physical and Mental Health Summary Measures: An Example of How to Interpret Scores. *Journal of Health Services Research & Policy, 3*(2), 92–96. <https://doi.org/10.1177/135581969800300206>
- Jolliffe, D., & Farrington, D. P. (2004). Empathy and offending: A systematic review and meta-analysis. *Aggression and Violent Behavior, 9*(5), 441–476. <https://doi.org/10.1016/j.avb.2003.03.001>
- Lee, R. M., Draper, M., & Lee, S. (2001). Social connectedness, dysfunctional interpersonal behaviors, and psychological distress: Testing a mediator model. *Journal of Counseling Psychology, 48*(3), 310–318. <https://doi.org/10.1037/0022-0167.48.3.310>

Roley, M. E., Claycomb, M. A., Contractor, A. A., Dranger, P., Armour, C., & Elhai, J. D. (2015). The relationship between rumination, PTSD, and depression symptoms. *Journal of Affective Disorders, 180*, 116–121.

<https://doi.org/10.1016/j.jad.2015.04.006>

Sinclair, V. G., & Wallston, K. A. (2004). The development and psychometric evaluation of the Brief Resilient Coping Scale. *Assessment, 11*(1), 94–101.

<https://doi.org/10.1177/1073191103258144>

Weathers, F., Litz, B., Keane, T., Palmieri, P., Marx, B., & Schnurr, P. (2013). *The PTSD Checklist for DSM-5 (PCL-5)*. Scale available from the National Center for PTSD. 2010. at www.ptsd.va.gov.

Wolff, N., Morgan, R. D., Shi, J., Huening, J., & Fisher, W. H. (2011). Thinking styles and emotional states of male and female prison inmates by mental disorder status. *Psychiatric Services, 62*(12), 1485–1493.

<https://doi.org/10.1176/appi.ps.000432011>