Conducting Research in Corrections: Challenges and Solutions

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Research in correctional settings has progressed from the exploitation of a vulnerable population in the years prior to 1978 to its current overly protective and restrictive state. With the considerable growth in the numbers of inmates with medical and mental health care needs, developing effective interventions to serve this population is paramount. There now appear to be signs of interest in and support for research with inmates by correctional agencies, academia, and health care organizations. Innes (2003) has articulated the following strategies for implementing research in prison: (1) gather stakeholders; (2) include one or more experienced research collaborators; (3) consider obtaining technical assistance from a university or the National Institute of Corrections (NIC); (4) define potential opportunities/interests that support the institution’s mission; (5) develop a relationship with an IRB; (6) pilot a small proposal that is of interest and potential value to the organization. The authors illustrate the implementation of a study in a correctional system that uses these strategies. Copyright © 2009 John Wiley & Sons, Ltd.

The correctional population has grown to a record seven million people who are incarcerated, on probation, or on parole (U.S. Department of Justice, 2005). Data on health status and illness prevalence in adult correctional settings (Fazel & Danesh, 2002) suggest that incarcerated adults are at higher risk than the general...
population for a number of medical and mental illnesses, including hepatitis C (Hunt & Saab, 2009), tuberculosis (Bick, 2007), HIV/AIDS (Copenhaver, Chowdhury, & Altice, 2009), oral health (Walsh, Tickle, Milsom, Buchanan & Zoitopoulos, 2008), substance abuse problems (Fazel, Bains, & Doll, 2006) and mental disorders (Baillargeon, Binswanger, Penn, Williams, & Murray, 2009). Health care providers in correctional facilities are faced with an increased need to care for this growing population. In order to provide effective, evidence-based care for inmates, it is essential to conduct research with this population to reflect their particular circumstances, health histories, and environmental exposures. However, there is a considerable deficiency in research and research capacity in corrections due to cumbersome organizational processes and lengthy investigational review processes. The purpose of this article is to provide background information on the challenges of conducting research in correctional environments, factors that facilitate the research process and examples of effective research practices in corrections.

**CHALLENGES OF CONDUCTING RESEARCH IN PRISONS**

**History of Inmates as Research Subjects**

The present dearth of research with inmates is due in large part to the necessary regulatory responses to the exploitation of this vulnerable population primarily during the second half of the 20th century. In the 1950s and 1960s state and federal prisons allowed researchers, particularly those from the pharmaceutical industry, to conduct studies including the introduction of infectious hepatitis, syphilis, or cancer to otherwise healthy individuals (Hornblum, 1997) with little or no oversight or meaningful informed consent process. In the early 1970s, the vast majority of drug toxicity trials and investigational new drug trials were conducted using inmates as research subjects (Hoffman, 2000; Kalmbach & Lyons, 2003). The Nuremberg Code, the Tuskegee Study, the Belmont Report and the establishment of the National Commission for the Protection of Human Subjects of Biomedical and Behavioral Research contributed to the federal government essentially banning research with prisoners in 1978. The much needed restrictions placed on prisoner research may have led prisoners to become an over-protected group (Moser et al., 2004).

**Institutional Review Boards**

In response to the exploitation of human subjects, institutional review boards (IRBs) were established to ensure that the rights and welfare of all who participate in research are protected. IRBs have proven to be a necessary but challenging obstacle for researchers working in corrections. For example, special IRB panels have been designated to review research that involves inmates as participants and must include a prisoner representative as a member. Recruiting, training, and retaining someone for this role can be very time consuming. IRB panels with prisoner representatives do
not necessarily meet monthly and full board reviews are standard for studies with vulnerable populations such as prisoners, thus slowing the review process. In addition, when collaborating with colleagues at other universities or agencies, the IRB (or equivalent) at each institution must review and approve the study. Additionally, the Connecticut Department of Correction (CDOC), in this instance, has established a research advisory committee (RAC) to review all research being conducted in its facilities. The RAC review seeks to explore additional issues related to burden upon the system including costs to their agency. Consequently, once an institution’s IRB has approved a study, there is an additional authorization process via the RAC that reviews the study to ensure that it meets CDOC’s requirements. At this point, IRB authorization agreements are executed to ensure that oversight is maintained and all human subject protection requirements of the Federal Wide Assurance are met. Gaining approval from the multiple IRB panels from all institutions involved can delay the initiation of a project for several months, as any change at any institution necessitates a subsequent change and review at the other institutions.

In addition to standard IRB requirements, Federal Regulation Code 46.306(a) Subpart C mandates supplementary safeguards for prisoners who participate in research. For example, placebos and control groups with limited benefit are not allowed. In addition, coercion must be minimized. Therefore, little or no financial compensation can be offered to inmates who participate in research studies. Certificates of participation or completion are allowed but often include a disclaimer such as “Can not be used in parole review” predominantly printed across it (Trestman, 2005), making recruitment for research studies particularly challenging.

Organizational Structure of Prisons

Correctional facilities traditionally have relied on a bureaucratic, paramilitary organizational configuration that is, by definition, hierarchical, routinized, risk averse, and security focused. Historically, this control-oriented model has worked effectively for prisons; however, it has also greatly limited the inclusion of potentially beneficial functions such as conducting research. Highly structured organizations, such as prisons, are by design risk averse and often resistant to change associated with research. For a department of correction (DOC), safety and security is paramount and potential risks to prisoner subjects, researchers, custody and medical staff must be kept to a minimum even at the expense of losing beneficial research findings.

Logistics

The hurdles that a researcher must address while preparing and implementing a research project in a correctional setting are numerous and unpredictable but not insurmountable. It is helpful to keep in mind that the hurdles are in place for a reason: to promote safety and security. For example, just entering the front gates requires permission from the commissioner and warden, DOC training, a background check, a search of items being brought into the facility, clearing a metal detector, and two sources of official identification.
Risks are presented each time prisoners are moved. Researchers need to plan their research consenting procedures, recruitment processes, and actual data collection in ways that minimize the burden to corrections staff and minimize prisoner movement. Because no two facilities are alike even within our system, the early part of a study is spent in establishing best practices for recruitment, consent, and data collection processes. Consideration needs to be given as to whether data collection is in a jail where prisoners are in detoxification, or in a prison facility.

The timeline for completing a research project in a correctional environment will be months, if not years, longer than a comparable one conducted in a community setting (Trestman, 2005). The delays are due in large part to facility related constraints such as lock-downs, turnover of contact people, shift changes, lack of a private interview area, and escort status of visitors. Retaining research participants is always a concern for researchers, but inmates have exceptionally high attrition rates due to a variety of factors (e.g., transfers, releases, court dates, administrative segregation, count, meal time, commissary hours, work, school, therapeutic groups), which are often unexpected and unannounced.

The researcher must consider the burden to the correctional system. Researchers put additional, although unintended, demands on correctional officers for escorting researchers, transporting inmates, and providing security. In addition, the importance of having a contact person who can act as a liaison on behalf of the researcher cannot be over-emphasized. Assistance with activities such as scheduling rooms, obtaining inmate lists, and facilitating entry into the facility expedite the research process and give legitimacy to the project. It is wise to prepare for the fact that the challenges encountered in the system are on-going and a realistic part of conducting a research project.

Diverse Missions

The missions of research and corrections are strikingly diverse, which poses considerable limitations for the convergence of collaborative efforts. Prisons are designed to incarcerate inmates, to control behavior, and to provide adequate basic care. As Trestman (2005) has stated, “…from the perspective of the correctional institution safety always comes first, treatment is second, and research a distant third (if even considered)” (p. 12). Magaletta, Morgan, Reitzel, and Innes (2007) point out that DOC places very little emphasis on research. In fact, DOC is the only industry (a $50-billion-a-year industry) that spends “almost none of its resources on research and development” (Magaletta et al., 2007, p. 935). In contrast, academic research is more of an entrepreneurial process that stresses the importance of generating new knowledge. A typical research university has a research budget of close to $200 million to advance this endeavor (UConn, 2009). Researchers also have the luxury of writing up results as “objective findings” without concern about how unfavorable outcomes may be used against the facility in litigation. Universities (and their affiliates) have their own set of priorities to which researchers must adhere, such as publish or perish, training students, and grant timelines.

The challenges described above began primarily to provide safety and security for inmates, custody, and researchers. They now have evolved into barriers that limit the investigation and implementation of evidence-based practices that are potentially
beneficial to inmates, correctional facilities, and correctional systems. An effective way to mitigate these challenges is to develop a partnership between researcher, custody, and clinicians and encourage each group to contribute their expertise to the research process.

STRATEGIES FOR CONDUCTING RESEARCH IN CORRECTIONS

The challenges of conducting research in corrections have been well documented (Brewer-Smyth, 2008; Kalmbach & Lyons, 2003; Quina et al., 2007) and the need for developing a research infrastructure has been duly noted (Magaletta et al., 2007; Trestman, 2005). Simply documenting the concerns, however, does not bring us any closer to conducting applied research and implementing evidence-based practices to provide effective treatment to inmates. Innes (2003) has articulated the following strategies for implementing research in prison: (1) gather stakeholders; (2) include one or more experienced research collaborators; (3) consider obtaining technical assistance from a university or the NIC; (4) define potential opportunities/interests that support the institution’s mission; (5) develop a relationship with an IRB; (6) pilot a small proposal that is of interest and potential value to the organization. The authors are currently conducting a study in a correctional system that illustrates the use of these strategies.

THE IMPLEMENTATION OF A RESEARCH PROJECT IN CORRECTIONS

A study funded by the National Institutes of Health Partners in Research Program (R03) (RFA-OD-07-001) is currently being implemented in Connecticut and focuses on identifying ways to formalize a collaborative partnership between the University of Connecticut Health Center (UCHC)/Correctional Health Managed Care (CMHC) researchers and the Connecticut Department of Correction (CDOC). The purpose of the study is to assess the utility of a newly modified assessment tool, the Corrections Modified Global Assessment of Functioning (CM-GAF) (initially modified with funding from Mental Health Research Infrastructure in Corrections Grant 5R24-MH067030-04), designed to evaluate the psychological, social, and occupational functioning of inmates. This tool was selected because the management of mentally ill and behaviorally disturbed offenders is a major public safety issue involving not just correctional facilities, but the community at large (Ditton, 1999). Without appropriate screening, inmates may not receive needed services and treatment, leading to behavioral dyscontrol, safety concerns, management crisis, and a failure to integrate successfully into the community on release.

This study builds upon a statewide strategic planning process initiated in 2007 that recognizes the benefits of research, and the uniqueness of conducting research in correctional settings—that adaptations and accommodations are required for evidence-based practices to be applied in correctional settings. To this end, a joint team of UCHC/CMHC and CDOC partners have collaborated to design the study to investigate procedures that contribute to effective research planning,
implementation, and evaluation activities with the mutual goal of addressing the health and safety of inmates and employees. The aim of the study is to continue work in refining and validating the CM-GAF as a vehicle to formalize the partnership between UCHC/CMHC and CDOC that will lead to the institutionalization of ongoing research processes that can facilitate application of research findings that are potentially beneficial to inmates, correctional facilities, and correctional systems and will lead to recommendations for system research policies and procedures. The study will be used as a framework to illustrate the practical application of Innes’ (2003) research strategies for conducting research in corrections.

Gather Stakeholders

A critical element of this research project is the identification and gathering of stakeholders, which the investigators defined as individuals who have a stake in the inmate population, the capacity to affect and facilitate change at a systems level, and the ability to make a commitment to the process. The investigators divided the stakeholders into three groups based on their function within the research project. First, the Commissioner, the Deputy Commissioner, the Director of Health and Addiction Services, the Executive Director of CMHC, and the principal investigators comprise the leadership group, which was formed to make policy decisions, review reports, monitor progress of research project, and function as an external validity check. The stakeholder group consists of wardens, inmate advocate, IRB representative, Director of Quality Improvement, Director of Offender Programs and Victim Services, Statewide Director of Psychiatric Services, Statewide Director of Mental Health, and Manager, Center for Research, Program Analysis, and Quality Improvement. The stakeholder group meets on a quarterly basis to provide feedback on the research activities and help to recruit personnel (clinicians, MSW, CTOs, and wardens) for focus groups, which are a central data collection method for the study. The working group consists of the co-principal investigators, the evaluator, and selected persons from the CDCO and UCHC/CMHC research offices. The working group meets every two months to manage the grant, conduct the research, provide logistical support for the leadership group, build relationships to deal with implementation issues at the departmental level, and address recommendations made by the stakeholder policy group. The working group sponsored a “kick-off” meeting and invited members of the stakeholder group and leadership group for an afternoon to introduce the project and garner support. Twelve representatives attended, provided valuable feedback on the research design and implementation, and offered support.

Include One or More Experienced Research Collaborators

The research collaboration for this study began with conversations between the principal investigator (PI) and co-principal investigator (co-PI) about ways to further develop the research infrastructure in CDOC. The conversations led to a grant proposal and subsequent study that has brought together professionals who have worked in corrections or conducted research in corrections and are committed to
formalizing a research partnership. The work group for the grant includes the PI, who holds a joint appointment at the School of Nursing and Department of Medicine and is the Director for Research and Evaluation for Correctional Managed Health Care; the co-PI is the Director of Organizational Development for CDOC; the evaluator holds an academic appointment in the Center for Correctional Health Services Research; and the CDOC representative is a counselor supervisor. Their combined professional experience provides a rich resource for research collaboration.

It is within this group that the majority of the work has taken place. Many co-teaching and policy drafts have been developed to assist the CDOC to articulate and streamline its research processes. Outcomes have led to a monthly statewide research meeting that reaches across multiple public–academic CDOC partnerships and sets the foundation for developing a research network and reduction of burden upon CDOC.

**Obtain Technical Assistance from a University or NIC**

Technical assistance (TA) has been described as the transmission of specific technical or content knowledge from an expert to an individual or group who has identified a need (Hunter et al., 2009). TA is a critical component of collaborative or community-based research since it helps to bridge the gap between evaluation and improvement by placing stakeholders in the central role of designing the study, interpreting the results, and improving a program or procedure. In order for the current study to effectively reach its goals, a collaborative organizational structure was designed, which resulted in a multi-directional TA process. For instance, the stakeholder groups have individuals who represent IRB, the National Alliance of Mental Illness (NAMI), clinicians, wardens, and researchers. Each of the stakeholders brings expertise, insight, and perspective that contribute to the group.

**Define Opportunities and Interests that Support the Institution’s Mission**

In the early stages of preparing the grant, the researchers met with representatives from CDOC and CMHC to identify correctional health care needs that would benefit the inmates and support the missions of these entities. A primary concern for mental health professionals and custody staff was assessing and monitoring mental illness in corrections. Without appropriate screening, indicators for a need of clinical care or behavioral management may be missed. A second concern, unique to the correction environment, is related to unit placement based upon the prisoner’s mental health risk score or rating score. A standard tool for monitoring behavior and functioning is The Global Assessment of Functioning (GAF), which is included as Axis V in the *Diagnostic and Statistical Manual*, Fourth Edition–Text Revision (DSM-IV-TR, American Psychiatric Association, 2000). Designed to assess an individual’s overall “psychological, social and occupational functioning on a hypothetical continuum of mental health–illness,” it is used extensively in research and clinical settings (Basco, Krebaum, & Rush, 1997).
Although certain inmate behaviors appear to be highly dysfunctional from a community perspective, they actually can serve a survival function in prison (Foster, 1982). The Corrections Modified Global Assessment of Functioning, which was developed under a previous grant (Mental Health Research Infrastructure in Corrections Grant 5R24-MH067030-04), needed to be validated with inmates. The assessment became the conduit for formalizing a research partnership since it supported the mission of conducting research that can be applied to benefit inmates, custody staff, and mental health professionals by improving mental health treatment, treatment planning, and security.

Develop relationship with IRB

The research team has had a ten-year productive relationship with the institution’s IRB. Working with an IRB that is accredited by the AAHRPP (Association for the Accreditation of Human Research Protection Programs) has provided the research team with an exceptional knowledge base of regulatory requirements. Educational sessions are offered to research groups when new studies are approved. In addition to maintaining the required Human Subjects and HIPAA certifications, research coordinators and staff attend training and workshops to enhance skills, keep abreast of current information, and ensure adherence to research guidelines. Shortly after the grant notification letter arrived for this project, the research team met with IRB representatives and the chair of the IRB prisoner panel to discuss the design of the project, issues of confidentiality during the focus groups, and data collection procedures. These informational sessions were extremely helpful in this initial phase of the project and aided in the further refinement of the protocol. The IRB representatives suggested re-structuring the study into two phases. Although this will require submitting an IRB modification to begin phase II, it has helped to clarify the dual purposes of the grant (e.g., building a research infrastructure and validating a modified assessment tool). To further foster this collaboration, the researchers extended an invitation to IRB representatives at the two campuses of the university to participate in the stakeholder meetings. One IRB representative from one campus agreed to be a member of the stakeholder group and has provided a valuable perspective during meetings.

Pilot a Small Proposal

The current project is a small pilot study. The stakeholders will be asked to participate in an iterative process that balances problem solving actions implemented in a collaborative context with data-driven collaborative analysis to understand perceptions of safety and security, quality of communication, leadership style, organizational structure, demands on time and other resources, and value of outcomes. In addition, four focus groups will be conducted, each consisting of approximately five to seven correctional officers, correctional treatment officers, captains, lieutenants, wardens, and medical and mental health clinicians. The topic of the focus groups will address clinician’s ability to accurately assess inmate functioning and this may ultimately help to make recommendations for appropriate
housing and to provide treatment services safely. Next, the CM-GAF and the GAF will be administered to 50 inmates (25 male and 25 female adults). Descriptive correlation analyses are planned to examine relationships among the two assessment ratings and CDOC risk scores.

CONCLUSION

Research in correctional settings has moved from the exploitation of a vulnerable population to become overly protective and restrictive. With considerable growth of the number of inmates with medical and mental health care needs, developing effective interventions to serve this population is paramount. There now appear to be signs of interest in and support for collaborative research with inmates as subjects by corrections, academia and health care. Correctional research is maturing into a discipline that emphasizes the importance of research findings that benefit prisoners rather than coercing a susceptible group simply for convenience and economy. Obstacles still exist, and well they should, to continually ensure the ethical treatment of prisoners and robust research practices.

REFERENCES


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