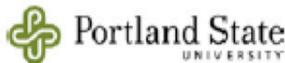


# 2014 National Symposium on Corrections Worker Health

SUMMARY REPORT  
JULY 15, 2014



# Table of Contents

<b>Planning Committee</b>	<b>3</b>
<b>Acknowledgment and Funding</b>	<b>4</b>
<b>Symposium Overview and Objectives</b>	<b>5</b>
<b>Symposium Program</b>	<b>6</b>
<b>Executive Summary</b>	<b>7</b>
<b>Symposium Presentations Summary</b>	<b>8</b>
<b>Presentation 1:</b> Welcome and Introduction: Deputy Director Mitch Morrow, Oregon Department of Corrections	<b>8</b>
<b>Presentation 2:</b> Overview of Corrections Worker Health: Dr. Martin Cherniack	<b>8</b>
<b>Presentation 3:</b> Keynote-National Institute for Occupational Safety and Health: Dr. Margaret Kitt	<b>10</b>
<b>Presentation 4:</b> Keynote-National Institute of Justice: Dr. Marie Garcia	<b>10</b>
<b>Presentation 5:</b> Suicide and Stress in Correctional Workforce: Dr. John M. Violanti	<b>11</b>
<b>Presentation 6:</b> An Integrated Safety and Health Program for Correctional Workers: Dr. Oliver Wirth and Dr. B. Jean Meade	<b>12</b>
<b>Presentation 7:</b> PHLAME: An example of a complete TWH intervention program from conception to ROI: Dr. Kerry Kuehl and Dr. Diane Elliot	<b>12</b>
<b>Round Tables Summary-Overview</b>	<b>12</b>
<b>Round Tables Summary</b>	<b>13</b>
<b>Closing Remarks: What's next?:</b> Dr. Martin Cherniack	<b>20</b>

# Planning Committee

**Margaret Braun**, Research analyst, Oregon Department of Corrections (DOC)

**Cheryl Cepelak**, Deputy Commissioner of Administration, Connecticut DOC

**Martin Cherniack**, MD, MPH, Professor of Medicine, Division of Occupational and Environmental Medicine, co-director of the Center for the Promotion of Health in the New England Workplace, University of Connecticut Health Center

**Donald Cohen**, Executive Director, In the public Interest

**Carol DeFrancesco**, MALS, RDN, LD, Senior Research Coordinator, Registered Dietitian Nutritionist, Division of Health Promotion & Sports Medicine, Oregon Health & Science University

**Jeff Dussetschleger**, DDS, MPH, Project Manager, Center for the Promotion of Health in the New England Workplace, Division of Occupational and Environmental Medicine, University of Connecticut Health Center

**Mazen El Ghaziri**, PhD, MPH, RN, Post-Doctoral Fellow, Center for the Promotion of Health in the New England Workplace, Division of Occupational and Environmental Medicine, University of Connecticut Health Center

**Diane Elliot**, M.D., F.A.C.S.M, Professor of Medicine, Division of Health Promotion & Sports Medicine, Oregon Health & Science University

**Charlotte Fritz**, Ph.D., Assistant Professor, Industrial-Organizational Psychology, Portland State University

**Marie Garcia**, Ph.D., Social Science Analyst, National Institute of Justice

**Paula L. Grubb**, Ph.D., Research Psychologist, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Work Organization and Stress Research Team

**Frankie Guros**, M.S., Doctoral Student, Industrial-Organizational Psychology, Portland State University

**Leslie B. Hammer**, Ph.D., Professor of Psychology, Department of Psychology, Associate Director Oregon Healthy Workforce Center (OHWC), Portland State University,

**Kay L Heinrich**, PhD (c), Evidenced Based Program Manager, Washington DOC

**Kerry Kuehl**, M.D., Dr.P.H., , Professor of Medicine, Division of Health Promotion & Sports Medicine, Oregon Health & Science University

**Melissa Morabito**, Ph.D. Assistant Professor, School of Criminology and Justice Studies, University Massachusetts Lowell

**Mitch Morrow**, Deputy Director, Oregon Department of Corrections

**Susan T. Reisine**, Ph.D., Professor and Chair of the Division of Behavioral Sciences and Community Health, Associate Dean for Research, University of Connecticut School of Dental Medicine

**Rashaun Roberts**, Ph.D., Research Psychologist, Centers for Disease Control and Prevention, National Institute for Occupational Safety and Health, Division of Applied Research and Technology

**Adriana Sleigh**, B.S., Exercise Physiologist/Research Coordinator, Division of Health Promotion & Sports Medicine, Oregon Health & Science University

**Mary K. Stohr**, Ph.D., Professor, Department of Criminal Justice and Criminology, Washington State University

**Michelle Altomare**, Connecticut DOC

**Bryan Vila**, Ph.D., Professor, Department of Criminal Justice and Criminology, Washington State University

**John M. Violanti**, Ph.D., Full Research Professor, Department of Social and Preventive Medicine, School of Public Health and Health Professions, University at Buffalo

**Nicholas Warren**, Sc.D., M.A.T., Associate Professor of Medicine, Ergonomics Coordinator at the Ergonomic Technology Center of Connecticut, University of Connecticut Health Center

## Acknowledgment and Funding

Funding provided by the Oregon Institute of Occupational Health Sciences at Oregon Health & Science University, and the Center for the Promotion of Health in the New England Workplace (Grant Sponsor: NIOSH; Grant number: R01OH008929)

## Disclaimer

The contents of this summary report are solely the responsibility of the authors and do not necessarily represent the official views of NIOSH, NIJ, or any other agency or department.

# Symposium Overview and Objectives

## 2014 National Symposium on Corrections Worker Health

July 15, 2014, Portland, Oregon

Researchers and practitioners from the Center for the Promotion of Health in the New England Workplace (UMass Lowell, University of Connecticut, UConn Health Center), Oregon Healthy Workforce Center (Oregon Health & Science University, Portland State University), Washington State University, University at Buffalo, Connecticut DOC, Oregon DOC, Washington State DOC, and other stakeholders convened a National Symposium on Corrections Worker Health on July 15, 2014 in Portland, Oregon. The live meeting was accompanied with a webcast for national outreach. The symposium was attended by more than 60 participants, researchers and practitioners from different parts of the US, including representation and participation from the Centers for Disease Control and Prevention (CDC), National Institute for Occupational Safety and Health (NIOSH) and the National Institute of Justice (NIJ). The symposium involved presentations and themed round tables discussions on issues related to correctional workforce health and wellness. The principal themes and invited attendees were the culmination of a year-long process of discussion and planning that involved academic researchers, practitioners and administrators, federal agency representatives, and line officers. A common disposition, confirmed by these proceeding was recognition of the serious risks to corrections workers' health and safety, and the appreciation of a resolving national consensus on the timeliness of research and practice for interventions.

This symposium utilized the NIOSH conceptual framework of Total Worker Health™ to cover the following topics and issues:

- Health promotion and health protection of the correctional workforce
- Challenges/barriers for health and safety interventions in corrections
- Engagement and participatory action research in corrections
- Challenge to change from organizational culture
- Mental health and suicide among COs: an inventory of programs and effectiveness
- Promising current practices for health promotion/health protection in law enforcement and corrections
- Impact of shift work on stress, sleep, injury, health and disease
- Funding and collaboration for correctional workforce research

The outcomes/objectives of the national symposium included:

- The identification of research priorities for corrections worker health
- The formation of a national constituency (consortium) that would include workforce and management representatives from corrections, and pertinent representatives from universities and government
- Preparation of a conference summary for all attendees
- Submitting a manuscript to a high impact distributive publication
- Development of a research proposal for existing NIJ or NIOSH RFA

# Symposium Program

2014 First National Symposium on Corrections Worker Health

July 15, 2014

Portland State University, Smith Memorial Student Union (Room 327-328)

## Agenda

**8:00-8:30**

### ***Breakfast and Check-in***

**8:30-8:45**

Welcome and Introduction: Oregon Department of Corrections:  
Deputy Director Mitch Morrow

**8:45-9:15**

Overview of Corrections Worker Health: Martin Cherniack

**9:15-10:15**

### ***Keynote Speakers***

**9:15-9:45**

National Institute for Occupational Safety and Health: Margaret Kitt

**9:45-10:15**

National Institute of Justice: Marie Garcia

**10:15-10:30**

Break

**10:30-1:00**

### ***Presentations & Lunch***

**10:30-11:15**

Suicide and Stress in Correctional Workforce: John Violanti

**11:15-12:00**

An Integrated Safety and Health Program for Correctional Workers:  
Oliver Wirth and B. Jean Meade

**12:00-12:30**

Lunch

**12:30-1:15**

PHLAME: An example of a complete TWH intervention program from conception to ROI:  
Kerry Kuehl and Diane Elliot

**1:15-1:30**

Break

**1:30-3:30**

### ***Round table presentation and discussions (30 minute sessions at each table; choose 3)***

Table 1: Fatigue Management: Bryan Vila

Table 2: Work Family Balance: Charlotte Fritz

Table 3: Juvenile Corrections: Clint McClellan

Table 4: Ergonomic Solutions: Jeff Dussetschleger

Table 5: Lessons from Organizational Culture Research: Mary Stohr and Xiaohan Mei

Table 6: Methods: Intervention Effectiveness: Martin Cherniack

Table 7: Suicide, Stress, PTSD: John Violanti

Table 8: Improving CO Safety and Fitness: Roy McGrath

**3:30-3:45**

Break

**3:45-5:00**

Summary and closing remarks

**3:45-4:30**

Five minute summaries from each discussion table

**4:30-5:00**

Closing remarks: What's next?: Martin Cherniack

# Executive Summary

Correctional officers (COs) are at high risk for suicide, depression, obesity, hypertension and early death due to chronic disease. Yet national research attention on correctional officers (COs) has lagged behind other public safety professional groups such as police officers and fire fighters. CPH-NEW and the Oregon Healthy Workforce Center are both NIOSH-funded TWH™ Centers of Excellence that have been engaged in interventions to improve corrections worker health. Their efforts and those of engaged colleagues led to the first 2014 Symposium for Correctional Worker Health in July 2014. The aim was to focus the national research spotlight on correctional workers. The purpose of the symposium was to develop a national research and outreach agenda and to sample the level of enthusiasm and commitment of lead investigators. By these measures, the collaboration among researchers, union leaders, correctional officers and federal officials was exceptional both in the planning process and in the execution of the symposium. There were featured speakers from the National Institute for Occupational Safety and Health (NIOSH) and the National Institute of Justice (NIJ), as well as presenters from both academic research programs and direct service professions. The round table discussions were weighted towards practitioners. Researchers presented data on Total Worker Health™ – an integrated program approach to prevent worker injury and illness and to advance health and well-being in relation to correction officers. At the conference, participants shared the results of research projects and learned from other researchers and practitioners on developing and evaluating solutions. As a result of the conference, research and intervention research strategies will be developed, laying the groundwork to apply for future grants, and advance the policies that will protect and promote health in this high-risk workforce.

For more information about the symposium, symposium presentations, and videos please check the links below:

***<http://www.uml.edu/Research/Centers/CPH-NEW/news-events/CorrectionsSymposium.aspx>***

***[http://doem.uchc.edu/academics\\_research/cph\\_new/resources.html](http://doem.uchc.edu/academics_research/cph_new/resources.html)***

***<http://www.ohsu.edu/xd/research/centers-institutes/oregon-institute-occupational-health-sciences/oregon-healthy-workforce-center/education-outreach/upload/Conference-materials-FINALsm.pdf>***

# Symposium Presentations Summary

## **PRESENTATION 1:** Welcome and Introduction: Deputy Director Mitch Morrow, Oregon Department of Corrections

Deputy Director Mitch Morrow, Oregon DOC, reflected on his thirty-one years of experience in corrections. He emphasized the importance of the results from this symposium for COs and the broader practitioner population, for the community, and importantly for the families of COs. Deputy Director Morrow highlighted the natural history of employment with hypervigilance starting at day one as a CO, and continuing through the entire career as well as affecting personal life. He was particularly attuned to the difficulty in balancing work and personal life and maintaining a personal sense of groundedness and coherence. COs in Oregon have the highest workers compensation claims rate of all State workers. The average annual sick leave (unscheduled leave) for a CO was 8 days a year in 1998, but had doubled to 17 days a year by 2013. Other issues and risks for COs, discussed by Deputy Director Morrow, included alcoholism, divorce, corruption, staff suicide (4 in the last 18 months). He was particularly vexed by the absence of coverage or attention from the media to staff suicides.

Deputy Director Morrow stressed the need to be cautious about what is being suggested, what is being offered, and how it is being offered. COs lack access to professional help to address their concerns and needs, with major barriers related to protection of confidentiality. He noted the coupling of privacy concerns to a culture that does not tolerate signs of weakness or requests for help. Obligatory reporting of incidents and problematic behavior further reduces the option of counselling or requests for assistance. The solutions are pragmatic: the development of better processes and mechanisms to assist COs, with the outcomes being better health, and, ultimately, saving lives.

Deputy Director Morrow concluded his welcoming remarks with an anecdotal recounting of “a successful day in corrections”: preparation for sheer terror by adhering to the rule of 3 (homicide, suicide, assault); then preparing for the next three events; and, finally, going home safely and calmly. However, there is no evidence that observance of the rule of 3 is grounded in empirical evidence in terms of sources of stress and relief. This is why there is a need to identify and evaluate interventions to address health risks and challenges. Deputy Director Morrow commended the commitment and passion inherent in the work being done in Oregon with PSU, OHSU, and other researchers across the nation.

## PRESENTATION 2: Overview of Corrections Worker Health: Dr. Martin Cherniack

Dr. Martin Cherniack, Professor of Medicine, University of Connecticut Health Center, co-director of the Center for the Promotion of Health in the New England Workplace (CPH-NEW), presented an overview of corrections workers health. He presented national and Connecticut-based data showing that COs are at high risk for suicide, depression, obesity, hypertension and early death due to chronic disease. According to Dr. Cherniack, these serious health issues develop soon after being hired to work in corrections, rather than being gradually expressed. Dr. Cherniack and other researchers, as part of the CPH-NEW Health Improvement Through Employee Control (HITEC) study, found that within the first three years on the job, correctional officer health declines to a level similar to that of an officer who has been on the workforce for 15 years or more. This study, currently in its seventh year, tests the effectiveness of interventions such as a mentoring program that pairs a senior officer with a new officer and a web-based health education program. The research team has compared two types of health promotion efforts—a top-down, “best practices” approach, and a participatory approach in which correctional officers designed the interventions. Dr. Cherniack highlighted the HITEC experience as an encouraging effort to alleviate health risks and adverse outcomes.

Dr. Cherniack noted the contradiction between the obviousness of integrating workplace and personal interventions, (diet, exercise, smoking cessation, personal safety, footwear and equipment) is oddly clear in corrections, and the challenges posed by corrections culture. He described a lengthy process of building operative structures between the workforce and management to promote a process of cultural and individual change.

Dr. Cherniack then turned to national initiatives. For almost a decade, the NIOSH Total Worker Health™ (TWH) program has advocated for an integrated programmatic approach to combining workplace protection and prevention with health promotion. CPH-NEW and the Oregon Healthy Workforce Center have directed major efforts to corrections. NIOSH has also supported research and interventions in other public safety and hazardous work environments to prevent worker injury and illness and to advance health and well-being. Notably, this has included firefighting and police work, the latter being best represented by Dr. Violanti’s BCOPS studies. Yet national research attention on COs has lagged behind these other public safety professions.

TWH for COs has obvious program content: health promotion and health protection for the correctional workforce; challenges, barriers, and opportunities for health and safety interventions in corrections, budgets and staffing being fundamental constraints; the insensitivity of employment in corrections to life cycle and age adjusted work; the emphasis, sometimes promoted by collective bargaining, on maintaining benefits rather than preventive health; the fundamental sensibility that security trumps quality of work life; good prospects for engagement and participatory action research because of high levels of unionization and common experience through the ranks; and experience from some Departments of Corrections with committee work.

Dr. Cherniack also addressed fundamental issues of assessment. For one thing, the traditional division between work life and quality of home life is an artificial distinction that may do more harm than good. The division of work conditions from personal life is neither sensible nor useful. Business models that express work life interventions in terms of return on investment (ROI) and productivity are not useful measures of effectiveness.

There was also an introduction to the concluding concept of a longer-term consortium, with potential goals involving conceptual foundations, outputs, and outcomes. The following were mentioned as a framework for the ensuing discussions:

### **Conceptual:**

- Refine and disseminate a shared understanding of symposium content
- Incorporate TWH™ (integrated work and health) approach to corrections worker health

### **Output:**

- Produce conference summary paper
- Write a white paper/manuscript
- Establish a national research to practice consortium involving researchers, practitioners, and funding agencies
- Establish research priorities to improve corrections worker health

### **Outcome**

- Develop a multicenter research proposal on corrections worker health
- Encourage the drafting of RFAs and Program Announcements to support corrections worker health

### **In summary the underlying key concepts involve:**

- The physical and mental health of workers in corrections fall below national norms
- “Sedentary vigilance,” shiftwork, extended hours, and short episodic reaction affect stress, sleep, chronic musculoskeletal injury, and social and family relations in idiosyncratic ways
- Organizational culture is a challenge to change
- The environment contradicts a “culture of health” (prisons are the non-Google)
- Investigator driven research should incorporate interventions
- Corrections culture is particularly amenable to Participatory Action Research (PAR)
- Mental health problems and suicides haunt corrections and have generated some effective prevention programs
- Corrections lags police and fire on the national research agenda
- Values of labor and management overlap in workforce health
- There is already some very good work involving officers, administrators and academic investigators (we are well beyond square one)

### **PRESENTATION 3:** Keynote-National Institute for Occupational Safety and Health: Dr. Margaret Kitt

Dr. Margaret Kitt, Deputy Director of NIOSH, shares with the NIOSH Director the responsibility for research and program operations, and serves as Acting Director in the Director's absence. Dr. Kitt provided an overview of NIOSH priorities in research for the public safety sector, highlighting NIOSH's role in corrections. She detailed NIOSH research locations, partnership with industry and basic and applied research. Dr. Kitt noted the various public safety sectors and their respective worker populations.

### **PRESENTATION 4:** Keynote-National Institute of Justice: Dr. Marie Garcia

Dr. Marie Garcia, Social Science Analyst at the National Institute of Justice (NIJ), provided an overview of NIJ and its role as the research, development, and evaluation agency of the U. S. Department of Justice. Dr. Garcia presented a historical overview of corrections research at NIJ and strategies for future research.

### **PRESENTATION 5:** Suicide and Stress in Correctional Workforce: Dr. John M. Violanti

Dr. John M. Violanti, a Full Research Professor in the Department of Epidemiology and Environmental Health, School of Public Health and Health Professions, University at Buffalo and a member of the University at Buffalo graduate faculty, presented on suicide and stress in the correctional workforce. He noted the inevitability of corrections officers spending their working hours with a population that is by definition hostile to their environment. Officers must keep vigilant over inmates and anticipate often unpredictable behaviors such as acts of violence against officers and other inmates, recognizing hand-made weapons, and preparing for attempts at escape and inmate suicide attempts. There is also the danger of disease transmission from inmates, such as HIV and tuberculosis.

Dr. Violanti noted that chronic stress in law enforcement has been associated with depression, which is itself a major risk factor for suicide. Corrections related stress has also been associated with gaps in training and high turnover rates which limit long-term peer group cohesiveness. On national surveys, COs are among the most dissatisfied workers in the labor force. Other stress factors include high work demands coupled with low control, administrative stress, shift work, increased contact hours with inmates, job dissatisfaction, physical danger associated with inmate contact, fear of legal liability, and low administrative support. These factors, whether perceived or validated, may precipitate stress, depression and subsequent suicidal thinking.

In addition to elevated chronic work stress, COs may be at increased risk for post-traumatic stress disorder (PTSD). An overall prevalence rate of 27 percent for PTSD symptoms among COs has been reported in studies. Officers who have reported high PTSD symptoms also reported significantly more exposure to workplace violence, injury and death, higher levels of depression, anxiety, and stress, more absenteeism, and less life satisfaction. PTSD and stress contribute independently to suicidal behavior.

Alcohol abuse has long been characterized as a problem among law enforcement occupations including COs. Alcoholism has been found to be the second most common diagnosis among all suicides in corrections personnel.

A pervasive problem that inhibits suicide prevention in corrections is the influence of an occupational culture that considers asking for help as a weakness. The corrections culture demands that one stay strong, even in the face of extreme situations of death and physical injury. In addition, there is a culturally based fear of stigmatization if an officer seeks help. The apprehension is that the acknowledgement of problems will affect working assignments, promotions, and status among peers.

Prevention efforts not only involve changes within the correction culture, but also changes in the organization. Training in suicide awareness for line officers, middle managers and executive leaders is an essential asset. Another asset is the use of peer support programs for basic level counseling and of intermediators trained to work with corrections personnel, particularly to serve as a liaison to mental health professionals. Maintaining confidentiality is a major factor in getting officers to seek help. Dr. Violanti concluded by noting that resilience can be increased in the corrections environment by establishing a trusting relationship between supervision and management.

## **PRESENTATION 6:** An Integrated Safety and Health Program for Correctional Workers: Dr. Oliver Wirth and Dr. B. Jean Meade

Drs. Jean Meade, Medical Officer in the Office of the Director of the National Institute for Occupational Safety and Health (NIOSH) at the Centers for Disease Control and Prevention

(CDC) and Dr. Oliver Wirth, Research Psychologist in the Health Effects Laboratory Division of NIOSH at the CDC, presented their work in the area of stress research and the role of service animal programs for inmates as an integrated health protection and health promotion program. They described their collaboration with researchers at West Virginia University to establish a service dog training program in a unique veterans' only housing unit at FCI Morgantown, a federal minimum-security prison. The facility provided a rich environment for studying the benefits of human-animal interactions on workers, veterans and the entire correctional facility. They discussed the impetus for the project, the study aims, design, and methods, and other related research goals and opportunities.

## PRESENTATION 7:

### PHLAME: An example of a complete TWH intervention program from conception to ROI: Dr. Kerry Kuehl and Dr. Diane Elliot

Drs. Kerry Kuehl, Professor of Medicine and Co-Director of the Human Performance Laboratory in the Division of Health Promotion and Sports Medicine at Oregon Health & Science University (OHSU) and Dr. Diane Elliot, Professor of Medicine and practicing physician in the Division of Health Promotion & Sports Medicine at OHSU, described the PHLAME (Promoting Healthy Lifestyles: Assessing More Effects) research project and resulting team-based program. The PHLAME program produced significantly better eating and exercise habits and lower body weights than the control group. During PHLAME, the average annual cost of injuries and work related health problems decreased approximately \$1000/fire fighter. Fire fighters were healthier, felt better, and experienced fewer injuries and illnesses. They pointed out the specificities of fire fighter team residential culture, which encouraged common cooking and food purchasing. They noted important contingencies that might limit translation to COs.

# Round tables Summary-Overview

In addition to the presentations, the symposium included eight themed round table discussions: 1) fatigue management; 2) work family balance; 3) juvenile corrections; 4) ergonomic solutions; 5) lessons from organizational culture research; 6) intervention methods and effectiveness; 7) suicide, stress, and PTSD; and 8) improving CO safety and fitness. The table below summarizes the discussions and key points of these eight themed round tables.

# Round tables Summary

## Table Theme, Facilitator, and Overview

### Table 1: Fatigue Management

**Dr. Bryan Vila**

**Overview:** Fatigue management, possible interventions, and best practices to address these risks in correctional workforces. Reviewed the systematic links between officers' workplace demands, understaffing and scheduling, resilience, health and wellness, and workforce capacity. Fatigue and corrections officers' health: 1) workplace demands as compared with police; 2) primary sources of on-duty injuries; 3) primary work-related health problems; 4) how workplace problems affect domestic life; and 5) how fatigue affects each of these problems.

## Setting the Context and Identifying the Problem(s)

- Understaffing, poor, and suboptimal scheduling of work, long working hours, mandatory overtime, lack of break between shifts, and high demands at work can lead to overwork and stress hence leading to fatigue affecting the correctional officer resilience and ability to cope. Disturbed sleep schedules (less than 6 hour per night).
- Fatigue affects accidents, injuries, immune functioning, and self-control, among others.
- Not getting enough sleep and rest affect the health, wellness, as well as the safety of the COs, with long term physical and mental health effects.
- The need for cultural change, especially in relation to the stigma associated with mental health. There is a lot of undiagnosed sleep disorders among correction officers.
- Lack of resources and tools for educating and training correctional officers.
- Work-family balance and what the COs do when off-duty to manage rest and fatigue.
- Limitations within the job itself.

## Suggested Solutions, Interventions, and Best Practices

- Before making any decisions or planning any program or intervention, there is a need to visit a facility, shadow the correction officers. To ensure program or intervention success, there is a need to assess and evaluate what is happening on site.
- There is a need for overtime regulation and to manage shift work better. Possible ways is through CO involvement in scheduling. Power naps/in-house nap program, as an intervention, depending on the feasibility and the culture. Having pets on site is another option that was discussed.
- Management has a stake in the problem (risk management) and labor: common ground of health and safety.
- Provide the COs as much control as possible.
- Need to conduct economical evaluation (overtime, sick leave, more time between shift), a cost/benefits analysis to showcase the impact of safety, health, and wellness, along with job satisfaction, productivity, and resiliency.
- It is about time to have cultural change in law enforcement. There is the need to reduce stigma.
- Confidentiality is a concern, and the need to ensure privacy and the possibility of seeking help and assistance, through having the EAP independent from the organization.
- Screen COs for sleep disorders.
- Train and educate staff on fatigue management, caffeine, shift work, family involvement (Spouse academy, family education program) and the need to get the required amount of sleep (6 hours).

**Table Theme,  
Facilitator, and  
Overview**

## **Table 2: Work Family Balance**

***Dr. Charlotte Fritz***

**Overview:** Issues related to work family balance, possible interventions, and best practices to address these risks in correctional workforce.

**Setting the  
Context and  
Identifying the  
Problem(s)**

- Time and organizational structure perspective: shift scheduling and transition from work to non-work; scheduling in terms of sick leave; not getting enough time off; vacation time (bidding); shift by seniority; lack of flexibility (such as calling home to check in); understaffing.
- Differences between the states and the departments.
- Budget issues and availability of financial resources.
- Supervisors: Family supportive supervisor behaviors and the need for training supervisors.
- Family support: Competing family/work demands rendering it hard for the COs to hold back stress from work once they get home or sharing with the spouse; strong need to share stress stories (described as “pressure cooker”); the family keeps COs grounded; sometimes family lacks a clear understanding of the nature and the type of work the COs perform as well as the stressors and the risk associated with the job.
- Difficulty of mental detachment from work at home.
- Missing family obligations (call in sick for family things) due to restrictions within the job (mandatory overtime, schedules and shifts, understaffing).

**Suggested  
Solutions,  
Interventions,  
and Best  
Practices**

- Goal should be to build protective mechanisms, rather than stepping in later, with more focus on prevention through focusing on the following strategies:
- Give COs more options, flexibility, and control such as rotating schedules/shifts; alternative scheduling options.
- Allow flexibility with standards to use sick time.
- Promote team work (such swapping days to get more days off).
- Supervisors can play a supportive role. There is a current project on training supervisors in Family Supportive Supervisor Behaviors (Fritz & Hammer) and measuring COs outcome (well-being, work-family conflict, health behaviors).
- Family training: build a support system that is understanding and private, and can keep the COs grounded.
- Create transition periods between work and non-work. The need to “let go” when going home and how to do it (e.g., commuting, parking lot conversations/informal conversations after shift, changing shoes/outfit, etc.).

<p><b>Table Theme, Facilitator, and Overview</b></p>	<p><b>Table 3: Juvenile Corrections</b></p> <p><b>Mr. Clint McClellan</b></p> <p><b>Overview:</b> Oregon Juvenile Justice (OJJ) moving from a correctional mindset to a Positive Human Development (PHD) mindset.</p>
<p><b>Setting the Context and Identifying the Problem(s)</b></p>	<ul style="list-style-type: none"> <li>• A great theoretical model is in place, but implementing this model takes time and can be a difficult process because OJJ works within a dangerous reality that sometimes includes staff assaults.</li> <li>• With the pendulum swinging toward a PHD environment instead of a correctional/institutionalization environment, Oregon Youth Authority is receiving mostly only high risk, violent, gang-involved, assaultive youth.</li> <li>• Reduction in beds so the young people who are sent are those who have been through multiple referrals, programs, arrests, and have not been successful.</li> <li>• Can no longer house the youth who is on the fence without getting a lot of questions.</li> <li>• Staff have to work in this environment while also recognizing that these young people's brains are still developing, their behavior is highly driven by emotion, and they have the capacity to turn things around and "do better."</li> </ul>
<p><b>Suggested Solutions, Interventions, and Best Practices</b></p>	<ul style="list-style-type: none"> <li>• How to maintain staff morale, commitment, mental health, and overall well-being during this important transition? Also, what is the agency doing to help staff who experience trauma at work?</li> <li>• Psychological and emotional safety within the PHD model/pyramid: <ul style="list-style-type: none"> <li>• Safety and Security, including emotional and psychological safety and security, are the foundation of the PHD pyramid- meaning that without safety and security, no other levels can be achieved:</li> <li>• Physical and emotional safety is promoted at all times.</li> <li>• Staff feel supported at all times when it comes to ensuring their safety, including after a violent incident.</li> <li>• Staff feel valued and protected by their community of peers and managers.</li> <li>• The model was changed from Positive Youth Development (PYD) to Positive Human Development (PHD) to make sure that the agency culture includes both the youth we serve AND the staff who serve them.</li> </ul> </li> <li>• We cannot have higher expectations for our youth than what we hold for ourselves (i.e., in terms of how we treat each other).</li> </ul>

**Table Theme,  
Facilitator, and  
Overview**

## **Table 4: Ergonomic Solutions**

***Dr. Jeff Dussetschleger***

**Overview:** Issues related to ergonomics, possible interventions, and best practices to address these risks in correctional workforce.

**Setting the  
Context and  
Identifying the  
Problem(s)**

- Disconnect between upper management and COs.
- Budgetary restrictions.
- Job transfers, lack of continuity overtime, sick time, understaffing, low retention/recruitment.
- Adequacy of the furniture, and lack of knowledge about furniture adjustment.
- Facility structure and age of the facilities (old).
- Nature of some job tasks: Trays of food to deliver, pat downs, etc.
- Retirement age for COs.
- Poor record keeping of incidents.
- Prolonged sitting or standing, hard concrete surfaces, lack of chairs.
- Dispersing the weight of objects carried by COs on utility belts.
- Slips, trips, and falls (snow and ice); weather related conditions; flooring.
- Temperature control: AC problems/indoor air quality issues.
- Ear buds and radios (sound proofing).
- Lighting issues.
- Limited choices of shoes (depends on contracts).

**Suggested  
Solutions,  
Interventions,  
and Best  
Practices**

- Budget.
- Need to build a business case to support ergonomic interventions.
- Retrofitting old structures to improve ergonomic situation, and the use of appropriate furniture (rubber mattresses, chairs, etc.).
- Provide ergonomic assessment to the COs.
- Offer ergonomic training for the COs at the academy, refresher courses, online modules.
- The option for modified work and duties for COs with injury.
- Negotiated insurance and coverage (insoles, orthotics, etc.).

<p><b>Table Theme, Facilitator, and Overview</b></p>	<p><b>Table 5: Lessons from Organizational Culture Research</b>  <i>Dr. Mary Stohr and Mr. Xiaohan Mei</i></p> <p><b>Overview:</b> Issues related to lessons from organizational culture research in correctional workforce, mainly in relation to instrument development, assessment, and usefulness.</p>
<p><b>Setting the Context and Identifying the Problem(s)</b></p>	<ul style="list-style-type: none"> <li>• Compensation, pay, and benefits are an issue, if correction officers do not make professional level pay. Pay may be not much above minimum wage.</li> <li>• Minimal training for COs and minimal opportunities for professional development.</li> <li>• Limitations in educational background and educational level of COs.</li> <li>• Limit in the breadth and types of jobs within corrections.</li> <li>• Negative image of corrections as a profession: difference between self-perception and public perception of COs.</li> <li>• Organizational culture.</li> <li>• Safety climate versus safety culture; perception of safety; organizational culture and organizational health.</li> </ul>
<p><b>Suggested Solutions, Interventions, and Best Practices</b></p>	<ul style="list-style-type: none"> <li>• Revisit pay structure pending budgetary limitations.</li> <li>• Revisit training programs and opportunities for professional development.</li> <li>• Engagement and involvement of COs (participatory approach) in the decision making.</li> <li>• Leadership support and respect.</li> <li>• Address the issues of the CO image.</li> <li>• Management commitment for safety along with CO involvement.</li> <li>• Need to assess readiness to change, and the openness for being innovative and taking risks.</li> </ul>

Table Theme, Facilitator, and Overview

## Table 6: Methods: Intervention Effectiveness

**Dr. Martin Cherniack**

**Overview:** issues related to assessing interventions, types of measurement instruments and reviewing methods for assessing long-term changes in health culture, and the impediments to funding intervention research.

Setting the Context and Identifying the Problem(s)

Measurement concerns:

- How to successfully measure a stress related intervention: biological measures, organizational measures, survey measures (psychosocial).
- How to have measures of what might be positive to retain people such as the Measures of Family Life (not the best instrument necessarily).
- Administrative measures: absenteeism and sick time, which might be used because of sick family member, not necessarily a good measure of mental health, more nuanced approach to issues in mental health.
- Organizational question: organized labor and resistance from labor organization, suspicious about motives of intervention; fear from peer criticism and retribution.
- There is a need for an instrument to assess organization function, as well as labor organization evaluation.
- Determining what is the best team approach in corrections.

Suggested Solutions, Interventions, and Best Practices

- Multifactorial approach is needed.
- Wide variety of safety committees, hence the need to assure quality and accountability; evaluation tools for such committee, metrics, scorecards, etc.
- Good labor-management relationship and direction.
- The need for a better way for training safety committees, training in aspects that we can measure at the end of the process. One suggestion is evaluation at multiple levels (management, workforce, etc).
- Notion of participation in team building and change, and how to promote and assess effective team building, this would of course differ depending on type facility and institution.

<p><b>Table Theme, Facilitator, and Overview</b></p>	<p><b>Table 7: Suicide, Stress, and PTSD</b></p> <p><b><i>Dr. John Violanti</i></b></p> <p><b>Overview:</b> Issues related to suicide, stress, and PTSD in correctional workforce, possible interventions, and best practices to address these risks in correctional workforce.</p>
<p><b>Setting the Context and Identifying the Problem(s)</b></p>	<ul style="list-style-type: none"> <li>• Culture: Difficulty in changing the corrections culture to accept the fact that they are human with emotions and feelings.</li> <li>• Potential for improving the debriefing process after incidents; the process is more advanced in policing.</li> <li>• Resistance to seeking treatment and help due to: lack of trust in leadership, suspicion of EAP and mental health professionals. Confidentiality issues, loss of status among peers and supervisors, harm to career, judged as weak, etc.</li> <li>• Factors in suicide: Warning signs, myths of suicide, keys to prevention such as training officers, families, resources, etc. At present, training recognition of suicide ideation- none for officers- only for offenders.</li> <li>• Substance abuse: Corrections only rehab- will not attend AA groups or rehab where possible offenders or civilians may be present as well.</li> </ul>
<p><b>Suggested Solutions, Interventions, and Best Practices</b></p>	<ul style="list-style-type: none"> <li>• There is organizational responsibility to address suicide, stress, and PTSD on the job.</li> <li>• Reduction of mental illness stigma through education, training, and the use of social media, videos (what is your job about)—success stories, etc.</li> <li>• Start to introduce what to expect on the job and the associated risks during the academy training.</li> <li>• Revisit the debriefing process and the follow-up.</li> <li>• Cultural change and protective behaviors</li> <li>• Increasing resiliency through organizational empowerment, participation in decision-making, establishing trust. Training or team training can be negotiated with unions.</li> <li>• Leadership support and trust—not the same thing as “management”—leadership training in mental health recognition—leaders have a moral and ethical obligation for a duty of care.</li> <li>• Peer support: Need for off worksite peer support establishment—other corrections officers who can be trusted to help in a confidential manner—establishing trust among peer supporters.</li> <li>• Confidentiality—The need for confidential services, off work site; separate helps and support services from the organization. Having hotlines exclusive to COs.</li> <li>• Family is the best group of support, peers are second, and both groups need to be trained and educated. Family training (building a support system) spouse academy, detachment, humor, etc.</li> </ul>

<p><b>Table Theme, Facilitator, and Overview</b></p>	<p><b>Table 8: Improving CO Safety and Fitness</b></p> <p><b>Mr. Roy McGrath</b></p> <p><b>Overview:</b> Issues related to CO safety and fitness, possible interventions, and best practices to address these risks in correctional workforce.</p>
<p><b>Setting the Context and Identifying the Problem(s)</b></p>	<ul style="list-style-type: none"> <li>• Culture: Changing the culture for health and fitness and personal safety in corrections.</li> <li>• Having health, wellness and safety component in the training.</li> <li>• Being safe while using force effectively.</li> <li>• Minimal training is being provided to COs.</li> <li>• The threat to safety for COs is not only on the job (safety is not only for 8 hours), safety is also a concern upon leaving.</li> </ul>
<p><b>Suggested Solutions, Interventions, and Best Practices</b></p>	<ul style="list-style-type: none"> <li>• Change the culture: Need to change the philosophy and the attitude towards health and fitness and personal safety in corrections.</li> <li>• Evaluate and document the return on investment and productivity aspects for such a change.</li> <li>• Having health, wellness, and safety component integrated in the training programs.</li> <li>• Incentive pay, team approach, positive attitude, family education (why the CO needs to spend time away to exercise, etc.).</li> </ul>

## Closing remarks: What's next?: Dr. Martin Cherniack

Dr. Cherniack was enthused and struck by commonality and overarching interest, regional and national, despite different systems and dissimilarities. Dr. Cherniack was quite respectful of what was said during the symposium, as it makes us aware of the things we do well and the things that we don't do well, in addition to the gaps and absences, which is the value of such interaction. It was an interesting discussion, despite dealing with an environment of harshness and anti-humanity that runs across every theme, yet trying to make a difference in the life of professional staff (COs) in a very humane approach.

The participants in this symposium provided their professional point of view, reflecting a deep understanding of their work, and what needs to be done. More importantly, they showed readiness and a willingness to cross the institutional barriers (public sector, correction work, university, etc.). Evidently, there is clear respect and interest in the problem solving aspect, which came across very clear through this meeting, making us optimistic about the future, where much investment is needed to improve the health of the workforce.

The team work and participatory work, whether through CPH-NEW or other groups in this meeting, has been very apparent. There is some very good work going on, and a high level of cooperation. The overall volume of activity might seem thin, but that is misleading, because sector and topic specific research has been characterized by a small number of highly qualified research teams. It really reflects that as small groups of the institutes, professionals in the workforce, practitioners, academics, we can meet and work together. We have to do the work that we do really very well, in order to make the arguments in the broader arena, and at the same time we need to learn from things that we don't do well. For emerging fields, the importance of high quality work exceeds the value of broad visibility or practice.

Throughout the symposium everyone recognized the fiscal limitations and other concrete barriers, yet the participants were not fixated on these barriers, and kept trying to push the ideas forward and shared a common interest for problem solving. The emphasis was on making the case, developing the evidence, and then entering that evidence into the scientific and public domains.

There was a recognition of the importance of starting interventions early at the training academy, where such programs start at the point of induction, while involving experienced officers. There was a recognition of the importance of not separating the training process from the later assignment, despite the real division between the two milieus.

Dr. Cherniack echoed Dr. John Violanti's comment about the difference between leadership and management. Leadership cares, managers manage, and say they care. In the corrections environment, it is very clear that leadership is what people really value.

Dr. Cherniack noted that the attendees either came from an occupational health background and moved into the integrated TWH approach or that they came from an environment that stressed workforce protection and safety. He noted with great relief that in this group there was an intuitive understanding of the implicit link between the workplace environment and personal health, and that there was no diversion to an isolated discussion about health promotion which divorced individual health behavior from the work and social climate. He commented on the innate understanding that it is essential to take as one the individual level, the work content level, and the organizational level. An integrated view is not, however, simple from academic point of view, as there is a need to sort out and study risk factors and effects. In this meeting, there was an implicit understanding of this, and the importance of a respect for complexity is crucial for improving the health and safety, and health promotion for correctional staff.

# **2014** National Symposium **on Corrections Worker Health**

SUMMARY REPORT JULY 15, 2014