

2019 National Symposium on Corrections Worker Health

Program and Speaker Biographies

National Corrections Collaborative

Center for the Promotion of Health in the New England Workplace

University of Massachusetts Lowell

Suffolk University

Boston, MA

August 1, 2019













2019 National Symposium on Corrections Worker Health

8:00AM	Breakfast and Check-in		
8:30AM	Welcome from the Symposium Planning Team Mazen El Ghaziri, Ph.D, MPH, RN, Assistant Professor, UMass Lowell Lisa Jaegers, Ph.D, OTR/L, Assistant Professor, Saint Louis University Carlos Monteiro, Ph.D Assistant Professor, Suffolk University		
8:40AM	Welcome & Opening Remarks Sheriff Peter J. Koutoujian, Middlesex Sheriff's Office		
8:50AM	Background on National Corrections Collaborative Martin Cherniack, MD, MPH, Professor of Medicine, UCONN Health		
9:00AM	Updates from the National Institute for Occupational Safety and Health Paula L. Grubb, Ph.D. Work Organization & Stress Team, NIOSH		
9:10AM	Updates from the National Institute of Justice Angela Moore, Ph.D, Senior Science Advisor, NIJ, U.S. Dept of Justice		
9:20AM	Panels on Intervention Models for Improving CO Health and Well-Being		
9:20AM	Panel 1- Corrections Officers: Health Challenges of Life as a CO Facilitator - Mazen El Ghaziri, Ph.D, MPH, RN, Assistant Professor, UMass Lowell		
	Aaron Lichwalla - Connecticut Department of Correction Lieutenant Mike Kelley - Middlesex Sheriff's Office Peer Support Program Deb Sahd - Special Assistant to the Secretary, Pennsylvania Department of Correction's Wellness Initiatives Brian Dawe - Founder, American Correctional Officer Intelligence Network Andy Potter - Executive Director & One Voice Founder, Michigan Corrections Organization		
10:10AM	Break		
10:25AM	Panel 2 - Intersectionality of Restorative Justice and Workplace Health Facilitator - Lisa Jaegers, Ph.D OTR/L, Assistant Professor, Saint Louis University		
	Alex Frank - Vera Institute of Justice (Restoring Promise) Scott Erfe - District Administrator, Connecticut Department of Correction Lisa Jaegers - Saint Louis University Transformative Justice Initiative: Bridging reentry/transition services with workplace health		
11:15AM	Presentation 1 - Correctional Officer Suicide in Massachusetts Natasha A. Frost, Ph.D., Associate Dean and Professor, Northeastern University Carlos Monteiro, Ph.D Assistant Professor, Suffolk University		
11:35AM	Presentation 2 – Perspectives on Correctional Officer Health Caterina Spinaris, Ph.D, LPC, Director, Desert Waters Correctional Outreach		
11:50AM	Overview and Logistics for Afternoon Round Tables Mazen El Ghaziri, Ph.D, MPH, RN, Assistant Professor, UMass Lowell		

Break for Lunch

2019 National Symposium on Corrections Worker Health

12:00PM

1:00PM Round table presentations and discussions 20-minute sessions at each table: choose 3 Table 1 Labor-management joint approaches to health, safety, & wellness Martin Cherniack, MD, MPH, Professor of Medicine, UCONN Health Table 2 Substance use and workforce-led interventions Carlos Monteiro, Ph.D. Assistant Professor, Suffolk University Table 3 Interventions to support CO family life and work-life balance including shift work and extended hours Mazen El Ghaziri, Ph.D. MPH, RN, Assistant Professor, UMass Lowell Table 4 Identifying CO critical incidents and addressing mental health including post-traumatic stress Lisa Jaegers, Ph.D OTR/L, Assistant Professor, Saint Louis University Table 5 Issues around using services such as Employee Assistance Programs (EAP) for CO stress-related and other problems Matthew Brennan, M.P.H, Project Coordinator, UCONN Health Table 6 Health Improvement Through Employee Control - HITEC Peer Mentoring Toolkit Sara Namazi, Ph.D. Post-doctoral Fellow, UCONN Health 2:15PM Roundtable Reports - Five-minute summaries from each round table discussion 3:00PM **Break** Panel 3 - Leading change: Perspectives from Correctional Administrators 3:15PM Facilitator - Martin Cherniack, MD, MPH, Professor of Medicine, UCONN Health Cheryl Cepelak - Deputy Commissioner, Connecticut Department of Correction Scott Lennon - Assistant Superintendent / Human Resources Director, Middlesex Sheriff's Office Lisa Peterson - Clinical Director, North Dakota Department of Corrections and Rehabilitation Anne Precythe - Director of Missouri Department of Corrections 4:00PM **Closing Remarks- What's next?** Cheryl Cepelak - Deputy Commissioner, Connecticut Department of Correction 4:15PM Symposium Evaluation / Feedback

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Matthew Brennan, M.P.H is a Research Associate in the Division of Occupational and Environmental Medicine at UConn Health. He has served in a variety of research position at UConn Health for the past fifteen years and has experience implementing, coordinating and overseeing community-based behavioral health studies with focuses ranging from addiction disorders to medication adherence and exercise reinforcement.

In January 2018, he assumed the position of Project Manager for the Health Improvements Through Employee Control (HITEC) project that focuses on addressing workplace factors that impact correctional employees' health and wellbeing. In addition, he is the UConn Health Coordinator for the Center of Promotion of Health in the New England Workplace (CPH-NEW), a Total Worker Health Center for Excellence funded by the National Institute for Occupational Safety and Health (NIOSH).



Deputy Comissioner Cheryl Cepelak's career with the State of Connecticut has seen her expertise utilized in a number of important assignments with several different agencies in the beginning of 1988. She has served with the Department of Administrative Services, the University of Connecticut Health Center in Organization and Staff Development (OSD) and currently is the Deputy Commissioner of Administration at the Department of Correction, overseeing Human Resources; Training; IT; Affirmative Action; Best Practices; Fiscal; Facilities Maintenance; Food Services; Health Services; and Correctional Enterprises.

Cheryl has extensive experience in the areas of performance management, coaching, facilitation, strategic planning and change management. She has taught numerous classes in these areas, notably instructing for IPMA-HR's, IPMA-HR

Managing Employee Performance as a Human Resources Business Partner; CT's Aspiring Leaders program, Strategic Planning and MBTI classes; along with consulting and facilitating leadership and strategic planning sessions for IPMA; Susan G. Komen CT Affiliate; and various state agencies.

Deputy Commissioner Cepelak earned a Bachelor of Science degree from the University of Connecticut in 1986 and a Master of Science in Organizational Leadership from Quinnipiac University in 2012. She has also completed the Quality Management Certificate and Project Management Programs at the Rensselaer Institute at Hartford. She has experience using the Malcolm Baldrige Criteria for Performance Excellence and is certified by Career Systems International to facilitate career development, coaching skills and retention strategy workshops. She has also achieved the qualifications necessary to administer the Myers-Briggs Type Indicator.

Deputy Commissioner Cepelak has been a member of the International Public Management Association for Human Resource professionals (IPMA-HR) since 1999 and in 2007, received the IPMA-HR designation, Certified Specialist, Organizational & Employee Development.



Dr. Martin Cherniack is an occupational medicine physician and Professor of Medicine at the University of Connecticut Health Center (UCHC). He has worked as an academic physician and investigator for the past 32 years, beginning his career at NIOSH and subsequently serving as a faculty member in the Department of Medicine at Yale Medical School from 1986-1995.

Since coming to UCHC as Director of the Ergonomics Technology Center, he has had his primary appointments in the Department of Medicine and secondary appointments in public health and the School of Engineering. He has worked principally on worki related musculo-skeletal diseases and concentrated clinically on management of chronic disease in the working population. In more recent years, he has been engaged

in translational research, combining biomedical and social sciences with the goal of developing preventive health interventions for general implementation.

Since 2006, he has been the co-director of the Center for the Promotion of Health in the New England Workplace (CPH-NEW), a NIOSH-funded Center of Excellence for Total Worker Health® research. He has been the director of domestic and international studies on hand-arm vibration, the physiology of aging of the workforce, integrated interventions in manufacturing and public sector work forces, ergonomic tool development, and radiation related health effects at Chernobyl.



Brian Dawe started his career as a state Correctional Officer at MCI Norfolk in 1982. He earned his Bachelor of Science degree in Criminal Justice from the University of Massachusetts and in 1991 was recipient of the Book Award as the top student in his field. In 2000 he was inducted into the Eastern United States International Martial Arts Association Hall of Fame for a "Lifetime Achievement in Law Enforcement". In 2010 he was inducted into the American Correctional Officer Hall of Fame.

He is the founder of ACOIN, the American Correctional Officer Intelligence Network dedicated to sharing best practices in corrections. He is also the Treasurer for the non-profit public charity National Medal of Honor Foundation honoring our nations corrections professionals.

In 2005 he testified as an expert witness before Attorney General Janet Reno's National Commission on Safety and Abuse in America's prisons. He has testified at Yale University, the Minnesota School of Law, the Parliament of Ontario Canada and in numerous legal and legislative venues as a corrections expert.

In 1989 he co-founded the Massachusetts Correctional Officers Federated Union. As an Officer and Executive Board member he saw firsthand the trauma's staff face. In 2009 he started researching PTSD and its impacts on Correctional Officers. In 2011 he assisted Dr. Caterina Spinaris and Desert Waters Outreach in the first scientific study of PTSD among Correctional staff. He is currently working with organizations in six states to enact Presumptive PTSD Workers Compensation coverage for 1st Responders.



Dr. Mazen El Ghaziri currently an Assistant Professor at the Susan and Alan Solomont School of Nursing, Zuckerberg College of Health Sciences at the University of Massachusetts Lowell. He is an Investigator at the Center for the Promotion of Health in the New England Workplace (CPH-NEW), Faculty Affiliate at the Center for Correctional Health Networks (CCHNet), and coordinator of the National Corrections Collaborative (NCC). His area of interest is workplace violence across different sectors in the workforce, focused on opportunities for primary and secondary prevention through attention to the organization of work and the work environment. Mazen has also recently begun comparing gender differences in exposure to and effects of this workplace hazard.

Mazen's interests in correctional officers' health and wellness, the nursing workforce, and the aging workforce have all meshed with the cross-disciplinary approaches that were introduced at UConn. Mazen's research training to date includes rigorous research courses within the PhD curriculum in statistics, research design, executive healthcare leadership, ergonomics, and organizational psychology.

Mazen was previously the Magnet Coordinator for the 1st Magnet-designated facility in the Middle East (Lebanon) and a cabinet member of the Order of Nurses in Lebanon. Mazen served as one of the University of Maryland, Baltimore President's Fellows for the year 2012-2013, tackling the issue of civility as a core instructional value, and also served as the President of the Nursing Doctoral Student Organization. Mazen is a member of the American Nurses Association, Sigma Theta Tau International Pi Chapter, the American Public Health Association, and he was instrumental in establishing the Maryland Chapter of the American Assembly of Men in Nursing. Mazen was the recipient of the University of Maryland Alumni Association Award for Outstanding PhD Graduate, and was nominated by the University of Maryland School of Nursing for the American Associations of Colleges of Nursing Excellence in Advancing Nursing Science Award.



Scott Erfe, District 2 Administrator, has served as a public servant for over 30 years with the Connecticut Department of Correction beginning his career as a Correctional Officer at the age of 19 at the former Montville Correctional Center located in Uncasville, Connecticut.

During his first year as an Officer, Scott became a member of the (CERT) Connecticut Emergency Response Team and the Riot Control Response Team. Interested in various aspects the agency had to offer, Scott became a Firearms Instructor for new and existing Officers providing training in Behavior Management and PR – 24 Baton Training to name a few.

Scott was promoted to the rank of Lieutenant at the Brooklyn Correctional Institution, and took a lateral position at the Corrigan Correctional Institution. While in the rank of Lieutenant, Scott was actively involved in extra facility functions to include Armory Supervisor, Segregation Supervisor and Intel Supervisor. During this time Scott was chosen to be a member of the newly formed Special Operations Group, the correctional version of SWAT, where he would rise to the rank of Alpha Stack Leader.

Scott was promoted to the rank of Captain at the York Correctional Institution in 1998, the only facility that detains incarcerated females, both pre-trail and sentenced. His roles as a Captain included Shift Commander, Administrative Captain, as well as Unit Manager.

In 2003 Scott was promoted to the rank of Major of the Operations Division at the Hartford Correctional Center, a male pre-trial intake facility. In this role he supervised all Custody staff and had complete oversight all security measures at the institution. He would become the Deputy Warden and then Warden of the Hartford Correctional Center.

Because of his leadership ability, he was selected to become the Warden of the Corrigan Radgowski Correctional Center, overseeing three facilities that had been merged into one. Once again, because of his leadership and vision, Commissioner Semple moved him to the Cheshire Correctional Institution where he remained until Commissioner Cook promoted him to the rank of District 2 Administrator in 2019.

In his current position as the District 2 Administrator, he oversees 7 seven Correctional Facilities including management of the four (4) Jail systems, Carl Robinson CI, Northern CI and York CI.



Alex Frank is the Project Director of the Restoring Promise Initiative in Vera's Center on Youth Justice. Restoring Promise works to disrupt the American prison system by centering accountability, healing, hope, and racial equity in prison reform. Alex has a track record of bringing innovation into the field of justice reform. She has spearheaded strategies to engage both young adults and system leaders within the intersection of addressing mass incarceration, institutional violence, and restorative justice, through a racial justice lens. Alex works to strategically and collaboratively scale multi-layered projects that include fund raising, policy and practice change, research, and capacity building. In addition, Alex works with formerly and currently incarcerated people to ensure that all efforts and solutions center the resilience, cultural identity and human dignity they deserve.

Prior to joining Vera, Alex was part of the Juvenile Justice Strategy Group at the Annie E. Casey Foundation where she worked to close youth prisons, and to develop the foundation's national strategy for partnering with incarcerated and formerly incarcerated people and their families in reform—the people most impacted by the justice system. Alex's work at the New York City Department of Probation, at the Suffolk County Jail in Boston, as well as her personal experience with the justice system shaped her interests in justice reform. Alex holds a Master's in social work from New York University, and a Bachelor's in holistic psychology from Lesley University.



Dr. Natasha Frost, PhD, is a professor in the School of Criminology and Criminal Justice at Northeastern University in Boston, Massachusetts, where she also currently serves as associate dean of graduate studies in the College of Social Sciences and Humanities. Professor Frost earned a bachelor's degree in psychology from Northeastern University (1997) and a PhD in criminal justice from the City University of New York's Graduate School and University Center (2004). Professor Frost's research focus on the causes and effects of mass incarceration. She has served as a consultant for the Massachusetts State Parole Board and has conducted correctional program assessment and recidivism studies for the Middlesex and Norfolk County Sheriff's Offices. Professor Frost is currently working collaboratively with the Massachusetts Department of Correction on research

related to officer wellbeing. In 2016, Professor Frost was awarded federal funding from the National Institute of Justice to study the many impacts of correctional officer suicide, with a specific focus on its impacts on the officer's families, friends, co-workers and supervisors and on the well-being of those who continue to work in correctional settings.



Dr. Paula L. Grubb Dr. Paula Grubb is a Research Psychologist at the National Institute for Occupational Safety and Health (NIOSH) in the Division of Science Integration. She is a member of the NIOSH Public Safety Sector Council which guides Institute research on first responders including fire service, EMS/paramedics, law enforcement, corrections, and wildland fire fighting, and she is the team lead for the Corrections sub-sector. Dr. Grubb has over 25 years of experience with occupational safety and health research and her areas of expertise include workplace violence, bullying and harassment, job stress, psychosocial and work organization factors, health equity, and intervention strategies for underserved populations and high-risk occupations. She is the principal investigator on a large project assessing employer practices and barriers to Total Worker Health (TWH).

Her most recent work involves identifying risks and developing promising practices and educational materials for first responders and opioid overdose and exposure situations. Dr. Grubb is a member of the NIOSH Opioid Working Groups on Workplace Integration and Research Gaps.



Dr. Lisa Jaegers is Assistant Professor at Saint Louis University (SLU) in the Department of Occupational Science & Occupational Therapy, Doisy College of Health Sciences. She holds a secondary appointment in SLU's School of Social Work, College for Public Health and Social Justice. Her work has focused on employee health since 2001 with applications of the evidence-based strategy Total Worker Health® in correctional workplaces since 2014. Jaegers is co-director of the SLU Health Criminology Research Consortium, an interdisciplinary effort to improve effectiveness of prevention, clinical intervention and policy in the criminal justice system.

Within the SLU Transformative Justice Initiative, Jaegers seeks system change to improve correctional worker health and community reentry efforts. Previously funded by the Healthier Workforce Center of the Midwest with the National Institute for Occupational Safety and Health, Jaegers' workplace studies include participatory needs assessment, health promotion interventions, and health etiology. In partnership with the Missouri Department of Corrections, Jaegers has studied worker health needs and co-studied vocational interests among women to inform reentry programming. In collaboration with the City of St. Louis Division of Corrections, Jaegers oversees SLU's Occupational Therapy Transition and Integration Services (OTTIS) and works with Fuse Corps on pre-trial reform. She serves as a strategic partner with a variety of community initiatives including St. Louis Alliance for Reentry (STAR), Re-Entry Community Linkages (RE-LINK), and Mission: St. Louis' Employment and Community Health as One (EACH1).

Jaegers is chairperson of the Work and Industry Special Interest Section for the American Occupational Therapy Association and member of the National Corrections Collaborative. She holds undergraduate degrees in Occupational Therapy and Psychology from Maryville University and completed her doctoral studies in Public Health with an emphasis in Behavioral Science and Health Education at SLU's College for Public Health and Social Justice.



Lt. Michael Kelley, of Middlesex Sheriff's Office, started his career with the Middlesex Sheriff's Office in 1995 as a corrections officer working a variety of shifts. He served on the Middlesex Sheriff's Office SWAT, and Tactical Response team and was assigned to the Warrant Apprehension Unit. Lt Kelley also served on the both the Framingham Police Street Crimes Unit and Drug Task Force. In 2009 Lt Kelley returned to the Middlesex Sheriff's Office where he was placed into the K-9 academy. Lt Kelley is certified in patrol, narcotics and explosives detection. Lt Kelley is on on the NEMLEC School Treat Assessment and Response team which responds to critical incidents at schools. He is the current Peer Team Coordinator for the Middlesex Sheriff's Office and is certified In Critical Incident Stress Management and is trained in Peer Support.



Sheriff Peter Koutoujian has overseen the transformation of the Middlesex Sheriff's Office – one of the nation's oldest – into one of the country's premier public safety agencies, known for its innovation and professional excellence during the past eight years in office.

During his tenure, Sheriff Koutoujian has initiated several landmark programs. These include a medication assisted treatment program recognized as a Center of Excellence by the National Institute of Corrections (NIC); the Housing Unit for Military Veterans (HUMV) that has been the focus of stories by the Washington Examiner and Vice News Tonight; and a unique unit for young adult offenders that has been called "one of the most important criminal justice reform experiments in the country" by the Boston Globe.

Sheriff Koutoujian and his office have also been national leaders in addressing the issue of correctional officer wellness, bringing together 300 correctional professionals in Lowell, Massachusetts in 2012 for one of the first national summits on the issue. Their work also led to the publication of the Office of Justice Programs (OJP) Diagnostic Center's Correctional Officer Wellness and Safety Literature Review in 2013.

In addition to his leadership at the Middlesex Sheriff's Office, Sheriff Koutoujian is a founding member of Law Enforcement Leaders to Reduce Crime & Incarceration, and serves as President of the Massachusetts Sheriffs' Association (MSA) and Vice President of the Major County Sheriffs of America (MCSA).



Scott Lennon has been with the Middlesex Sheriff's Office for over eight years and has been an invaluable member of senior management for the duration of his time in the office, first as Internal Auditor then Assistant Budget Director. In both roles, Scott provided guidance and leadership that has resulted in increased efficiencies and cost saving measures for the MSO. In December, 2017, Scott assumed the role of Director of Human Resources for the agency. One of the first initiatives Scott spearheaded as Director was to lead the transition to a new Employee Assistance Program (EAP) provider, working with Lieutenant Michael Kelley and the Peer Support team at the Sheriff's Office. In addition to his work at the Middlesex Sheriff's Office, Scott spent 14 years in various audit management capacities in the MA State Auditor's Office. Scott also has extensive public sector senior leadership

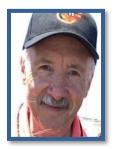
experience. Scott served as the President of the Newton City Council from 2010 to 2017 and acted as the chief liaison from Newton City government to the Newton City Council on all matters.



Aaron Lichwalla has been a Correction Officer for 17 years with the Connecticut Department of Correction (DOC). He currently works at the Manson Youth Institution in Cheshire.

Aaron is a member of AFSCME Local 387, which represents Cheshire Correctional Complex Employees. He has served on Local 387's Executive Board for 9 years, representing the union in numerous capacities. Aaron is currently assigned to the agency's newly developed Employee Assistance Unit (EAU). This unit is comprised of mostly correctional officers and supervisors who assist staff primarily with substance abuse and/or mental health issues. The EAU is a model peer-based support unit that has been credited with drastically. improving, and in some cases, saving the lives of front-line correction staff.

Additionally, Aaron works closely with staff from the University of Connecticut Health Center on a promising project known as HITEC II (Health Improvement Through Employee Control), a union-led initiative that has received funding from the National Institution for Occupational Safety and Health (NIOSH). The ultimate goal of the HITEC II program is to help staff better cope with post-incident stress that they are exposed to in the line of duty. Aaron assisted in creating a design team at the Manson Youth Institution where the HITEC II team is currently implementing an intervention as part of its broader mission to improve occupational safety and health within Connecticut's prison system.



Bob Marra has worked in health care for 45 years as a: senior administrator at Boston City Hospital and the Boston Health Plan, statewide organizer and educator for Health Care for All and community health manager for Cambridge Health Alliance.

His close connection to corrections began in the beautiful Hudson River town of Coxsackie, NY when several of his close relatives were hired in 1938 at the opening of the New York State Vocational Institution at Coxsackie, intended to be the model youth prison for America.

While a third year medical student at Michigan State, Bob helped the psychiatry department plan a new training program for the corrections officers at the State Prison of Southern Michigan at Jackson.

He is presently retired from health care and working part-time as a reentry case manager at the Middlesex County House of Corrections for Cambridge Health Alliance and the Somerville Police. He regularly visits two friends in MA prisons with life sentences, one a former rugby teammate.

This past June he distributed the Michigan Corrections Organization's (SEIU, Local 526M)"One Voice: Uniting Corrections" paper on involving corrections officers in criminal justice reform to 18 police departments and 45 civilians on his 1600-mile bicycle ride from Boston to Laurel, Nebraska. He will continue his distribution on Part 2 of his ride next June, from Oregon to Nebraska.

Bob received an M.B.A. from Boston College and attended Michigan State and Harvard medical schools.



Dr. Carlos Monteiro is an assistant professor in the Sociology Department at Suffolk University. Before joining Suffolk, he was a senior research associate at the Institute on Race and Justice at Northeastern University's School of Criminology and Criminal Justice. Carlos's research focuses largely on corrections and reentry. Currently he is also the co-principal investigator and project director on two National Institute of Justice funded studies on Correctional Officer Wellbeing, with specific emphases on stress and suicide. Dr. Monteiro earned his bachelor's degree in criminal justice from Westfield State University. He also earned a master of education degree from the University of Connecticut before completing his Ph.D. in criminology and justice policy at Northeastern University. With combined expertise in education and criminal justice policy, Carlos's research have long centered on the factors affecting access to, and quality of, education for young adults of color.

Today, his scholarly interests are still tied to race, ethnicity, and educational access, but particularly as those interact to produce disparate outcomes across the criminal justice system and within corrections specifically.



Dr. Angela Moore serves as a Senior Science Advisor at the National Institute of Justice (NIJ), U.S. Department of Justice. Prior to her current appointment, Dr. Moore served as Division Director for Justice Systems Research, overseeing NIJ's social and behavioral science research on policing, courts, corrections, reentry, drugs and crime, tribal crime and justice, and violence against women.

She co-founded NIJ's Violence Against Women Research and Evaluation Program in 1998. Dr. Moore's research interests include interpersonal violence, violence against women, police response to intimate partner violence, and wrongful conviction. She received her.Ph.D. in Criminology from the University of Maryland, College Park, and her B.S. and M.P.A. degrees from the Pennsylvania State University.



Dr. Sara Namazi recently received her PhD in public health and works as a graduate assistant at UConn Health in the Division of Occupational and Environmental Medicine. She also has a graduate certificate in occupational health psychology. Her primary research interests include occupational health psychology and using community-based participatory research techniques to address occupational health disparities. Additionally, she is interested in the adverse effects of work-family conflict, extended and irregular work hours, and trauma exposure at work on workers mental and physical health. Sara's previous work focused on the development, implementation, and evaluation of an indoor air quality intervention for correctional employees, as well as a healthy sleep intervention for correctional supervisors in Connecticut Department of Correction. She also serves as a co advisor of a Design Team consisting of members from the Correctional Supervisors

Council, whose goal is to improve the health and working conditions of the correctional supervisor population in Connecticut through community-based participatory action research techniques. Moreover, she is the advisor for a Design Team of correctional officer union representatives working to reduce the mental health stressors of correctional employees in Connecticut. Sara also serves as the Data Manager on the Retaining Employment and Talent After Injury/Illness Network (RETAIN -CT) project and assists in data management, collection and program evaluation.



Dr. Lisa Peterson is a licensed psychologist who received her Ph.D. in clinical psychology from the University of North Dakota in 2011. Dr. Peterson currently serves as Clinical Director for the North Dakota Department of Corrections and Rehabilitation, where she oversees behavioral health services. Dr. Peterson specializes in motivational enhancement, cognitive-behavioral therapy, and correctional program management. In her current position, she has worked extensively in implementing evidence-based correctional practices and programming. Her passion lies in smart, effective criminal justice reform that creates safer and healthier communities (in and outside the walls) and includes access to vital behavioral healthcare resources. Dr. Peterson received the 2017. Governor's Award for Excellence in Public Service-Frontier Award for Continuous Learning and Innovation.



Andy Potter is a 30-year veteran of the Michigan Department of Corrections (MDOC) and the Executive Director of the Michigan Corrections Organization (MCO), a public-sector union located throughout the State of Michigan.

Andy joined the corrections department in 1989 and worked at the Oaks Correctional Facility and the Handlon Michigan Training Unit, where he held several elected chapter positions. He was elected to the MCO State Executive Board in 2004 and became State Vice President in 2005. Over his career, he has held gubernatorial appointments on several task forces including an appointment to the Michigan Corrections Officers Training Council from 2004 – 2013.

Since 2015, he has served as MCO's Executive Director and led the restructuring of MCO's staff and operations. During his time as Executive Director, he has spearheaded several new initiatives to revolutionize member engagement within the union.

In June of 2019, he was appointed as an SEIU International Vice President. He also holds the title of President of the SEIU Michigan State Council.

In addition, he is the founder of One Voice, a national campaign that brings corrections officers together with criminal justice reform leaders and other stakeholders to experiment with ways of building bridges and unearthing common ground issues in order to better inform the policies, approach, and narrative of criminal justice reform.



Director Anne L. Precythe is the director of the Missouri Department of Corrections. Missouri Governor Eric R. Greitens nominated Anne L. Precythe to the Director of the Department of Corrections on December 23, 2016. The nomination was confirmed on February 9, 2017. Precythe became the seventh director to lead the department since Corrections became its own cabinet-level state agency in 1981.

As Director of Corrections, Precythe is responsible for the 21 adult correctional facilities, six community supervision centers, a community release center, and more than 40 probation and parole offices across the State of Missouri. This includes more than 11,000 staff, 59,000 probationers and parolees, and more than 30,000 inmates.

Precythe brings over 30 years of service as a corrections professional into her role as director. Before becoming to the Missouri Department of Corrections, Precythe served as the Director of Community Corrections in the North Carolina Department of Public Safety.

Anne L. Precythe began her career with the Division of Community Corrections in North Carolina as a Probation/Parole Officer in Duplin County in 1988. During her career in North Carolina she served in many capacities and was appointed the first female Director of Community Corrections in 2013.

Anne has served on various councils and commissions throughout her career. She was a long standing member of the North Carolina Probation/Parole Association and continues to support the Correctional Peace Officer Foundation. In 2015, Anne was appointed by United States Attorney, Eric Holder to the National Institute of Corrections Advisory Board, representing all of Community Corrections across the country. In 2018, Director Precythe was elected to serve on the Executive Committee of the Association of State Correctional Administrators. In 2019, Director Precythe was invited to serve on the Council of State Governments Advisory Board

Anne is married with two married daughters and three grandsons.



Deb Sahd's 31-year correctional career began with the opening of a new prototypical facility in 1988. She was promoted to Central Office in 1996 in an administrative capacity with the Deputy Secretaries, Executive Deputy Secretaries and Secretaries. She is currently the Special Assistant to Secretary of Corrections John Wetzel.

Beyond multiple project management, she also leads the wellness effort for the agency working to coordinate and address wellness needs for over 18,000 staff comprised of Corrections, Bureau of Community Corrections and Probation and Parole Board. Working with BetaGov, the committee suggests randomized controlled trials for the benefit of staff and the agency. Serves as chair of the wellness committee of the Association of Women

Executives in Corrections (AWEC) of which she is also a member and is honored to be the liaison for the First and Second Ladies of Pennsylvania to support their interest in the Criminal Justice System and reform.

She oversees the Grievance Office that manages the grievances for the Corrections population and is the Agency VC Coordinator working with the courts and Immigration to ensure innovative best practices and policies are in place.

She was key in the development of a pilot program to provide efficient attorney client phone access to ensure confidentiality and improve efficiencies of staff resources which has been implemented successfully statewide as well as virtual visitation for inmate family funeral and end of life visits. She also suggested a virtual reality pilot project through BetaGov for seriously mentally ill inmates which has had great success to date with marked inmate behavioral improvements and positive impact on staff resources.

Honored to have traveled with the PA DOC team to Scandinavia in 2019 for a three-country prison tour of their best practices for implementation in PA with a focus on staff wellness.

A Pennsylvania College of Art and Design graduate and the proprietor of a pastry company.



Dr. Caterina Spinaris, Ph.D., LPC, is the founding director of Desert Waters Correctional Outreach, a Colorado-based 501(c)(3) corporation established in 2003 with the mission to promote the occupational, personal and family well-being of the corrections workforce through the provision of evidence-informed resources, solutions, and support. She is a licensed professional counselor in the State of Colorado with 34 years of clinical experience. She holds M.Sc. and Ph.D. degrees in Psychology from the University of Calgary, Canada, and an M.A. in Counseling Psychology from Lesley University. For the past 19 years, Caterina's passion has been designing evidence-informed educational wellness materials for corrections agencies. Her corrections research interests include resilience-promoting behaviors, post-traumatic stress, and Corrections Fatigue—a term she coined in 2000 to denote the cumulative negative effects of operational.

organizational, and traumatic stressors associated with corrections work. Caterina authored the books, "Staying Well: Strategies for Corrections Staff," and "More on Staying Well: More Strategies for Corrections Staff." She co-authored the e book, "Processing Corrections Work: A Workbook to Combat Corrections Fatigue and Increase Corrections Fulfillment." She is also the editor of the book series, "Passing It Along: Wisdom from Corrections Staff," and of Desert Waters' monthly e-zine, the Correctional Oasis. In 2014, Caterina received the Harry Tinsley Award from the Colorado Criminal Justice Association for outstanding achievement in the field of criminal justice, and in 2016, the course "From Corrections Fatigue to Fulfillment™," which Caterina authored, received the Commercial Product award of excellence by the International Association of Correctional Training Personnel.





Background on National Corrections Collaborative

Martin Cherniack, MD, MPH

Co-Director, CPH-NEW UConn Health

Farmington, CT

CPH-NEW is a NIOSH Center for Excellence in Total Worker Health®



NCC Symposia: Themes and Objectives





The Center for the Promotion of Health in the New England Workplace (CPH-NEW) in collaboration with Saint Louis University invites you to join correctional leaders, correctional officers (Cop), and university researchers to advance research, programs, and policies for correctional officer health and wellness.

SAVE THE DATE: August 1, 2019

3rd National Symposium on Corrections Worker Health

Suffolk University | Boston, Massachusetts

- Solicitation of interest
- Academic representation
- Introduce research areas to NIJ and NIOSH
- Establish baseline statistics and priorities
- Professionally oriented attendance
- Review of new and cutting edge programs
- Practitioners and best practices

- Review new CO health programs
- Reform initiatives
- Research and practice collaboraitons





2014 Topic Areas

- Fatigue Management
- Work Family Balance
- Juvenile Corrections
- Ergonomic Solutions
- Org Culture Research
- Intervention Effectiveness
- Suicide, Stress, PTSD
- Improving Safety and Fitness
- Roles of NIOSH and NIJ
- Integrated TWH programs

2017 Topic Areas

- The Total Worker Health approach in corrections
- Interstate comparisons of CO health
- Interventions directed to critical incidents, PTSD, and mental health
- Support CO family life and CO work-life balance
- Peer-to-Peer CO support programs
- EAPs and other services for CO stress
- Labor-management joint problem solving
- Workforce-led efforts to deal with substance misuse

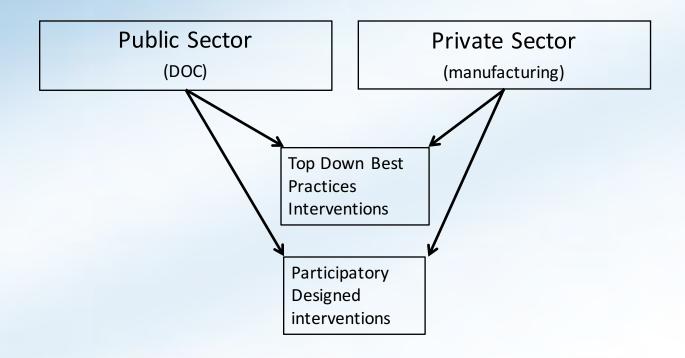
2019 Topic Areas

- Applying the Total Worker Health® approach in corrections
- Organizational culture & barriers to wellness
- Mental health, stress & suicide
- Critical Incidents including trauma and assaults in corrections
- Economic impact of worksite wellness
- Labor-management joint approaches to health, safety, & wellness
- National networking & collaboration





Health Improvement through Employee Control (HITEC)







HITEC at DOC in Connecticut

HITEC 1	2016-2011	Comparison to top-down best practices with participatory action
HITEC 2	2012-2016	Comparison of CO-led Design Team (DT) with labor-management Kaizen Team
HITEC 3	2016-	Union DT-led Interventions (mental health)





Participatory Action Research (PAR)

PAR seeks to understand and improve the world by changing it.

PAR differs from conventional research in 3 ways.

- 1. It focuses on research to enable action
- 2. Power relationships are deliberately shared between the researcher and the **stakeholders**
- 3. Actively involves **the stakeholders** in the full scope of the research process.





IDEAS Tool

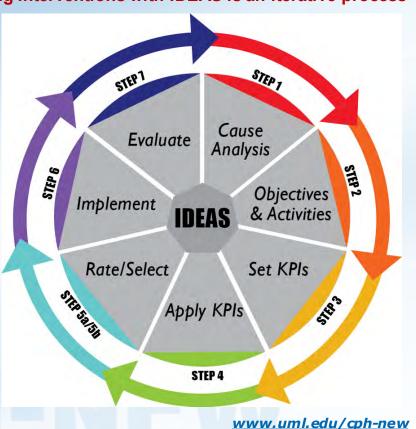
- HITEC uses the Intervention Design and Analysis
 Scorecard (IDEAS), a Research-to-Practice (R2P) tool developed by the Center for the Promotion of Health in the New England Workplace (CPH-NEW)
- A 7-step planning process to design interventions
- Examine root causes of safety & health problems
- Develop a "business case" for proposed interventions,
 which are presented to a Site Steering Committee



Intervention, Design, and Analysis Scorecard:

a participatory intervention planning method

Designing interventions with IDEAS is an iterative process



Step 1

Understanding the problem

Step 2

Creating full set of possible solutions

Steps 3,4

Analyzing costs, benefits, barriers Formulate alternatives

Step 5

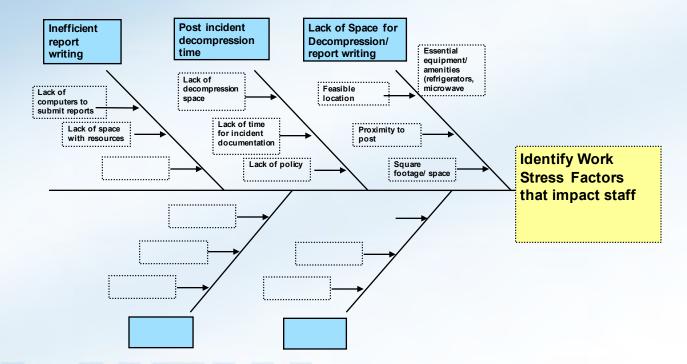
Rating, selecting best option







Step 1: Fishbone Diagram: Identify Health & Safety Problem/Issue and Contributing Factors







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Healthy Workplace Participatory Program Website:

www.uml.edu/cphnewtoolkit

University of Connecticut

UConn Health, Farmington, CT UConn Storrs, Mansfield, CT

University of Connecticut CPH-NEW website:

http://h.uconn.edu/cph-new

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NIOSH Public Safety Sector Corrections Goals and the Total Worker HealthTM Approach

Paula L. Grubb, Ph.D. Research Psychologist

National Institute for Occupational Safety and Health
Division of Science Integration







National Institute for Occupational Safety and Health (NIOSH)

Occupational Safety and Health Act of 1970

 Conduct research and make recommendations to improve worker safety and health







NIOSH Mission

To provide leadership in research to prevent work-related illness, injury, disability, and death.







What We Do

- Basic and Applied Research
- Interdisciplinary/Multi-Disciplinary Research
- Epidemiology
- Field Studies
- Laboratory Studies
- Engineering Controls
- Personal Protective Equipment (PPE)
- Exposure Assessment







National Occupational Research Agenda (NORA) Sector Programs

- Agriculture, Forestry, Fishing
- Construction
- Healthcare and Social Assistance
- Manufacturing
- Mining
- Oil and Gas Extraction
- Services
- Public Safety
- Wholesale-Retail Trade
- Transportation, Warehousing, and Utilities







Public Safety Sector Program

 Identify the research, information, and actions most urgently needed to prevent occupational illnesses, injuries and fatalities among public safety and emergency response workers.







Public Safety Sector Program

- Firefighters
- Emergency Medical Services (EMS)
- Law Enforcement
- Corrections
- Wildland Fire Services







Public Safety Sector Objectives

- Reduce Cardiovascular Disease, Cancer, and Other Chronic Diseases
- Reduce Infection Disease Transmission
- Reduce Musculoskeletal Disorders
- Reduce Motor Vehicle Injuries
- Reduce Workplace Violence
- Promote Healthy Work Design and Well-Being
- Improve Surveillance
- Improve Resiliance/Preparedness







Correctional Officers

- Increased Job Demands
 - Increasing Inmate Population
 - Staffing shortages
 - High turnover
- Highest number of injuries that resulted in days away from work
 - Assaults
 - Restraining inmates
- 4 times higher rates of days away from work for non-fatal injuries







Correctional Officers Stressors

- Public Perception
- Considered Low-Level Occupation
- Violence Backdrop
- Hours of Work/Mandatory Overtime
- Inmate Contact and Behavior
- Overcrowding/Understaffing
- Exposure to Disease, Biological Agents







Priority Research Areas for Correctional Workers

- Mental Health
 - Depression
 - Suicide
 - Substance Use/Misuse
- Exposure to Traumatic Events
- Workplace Violence
- Work-Family Balance
- Cardiovascular Disease







Total Worker Health (TWH)

Policies, programs, & practices that integrate protection from work-related safety & health hazards with promotion of injury & illness prevention efforts to advance worker well-being







Total Worker Health (TWH)

Keep Workers Safe



Establish Workplace Policies, Practices, and Programs that Improve Health



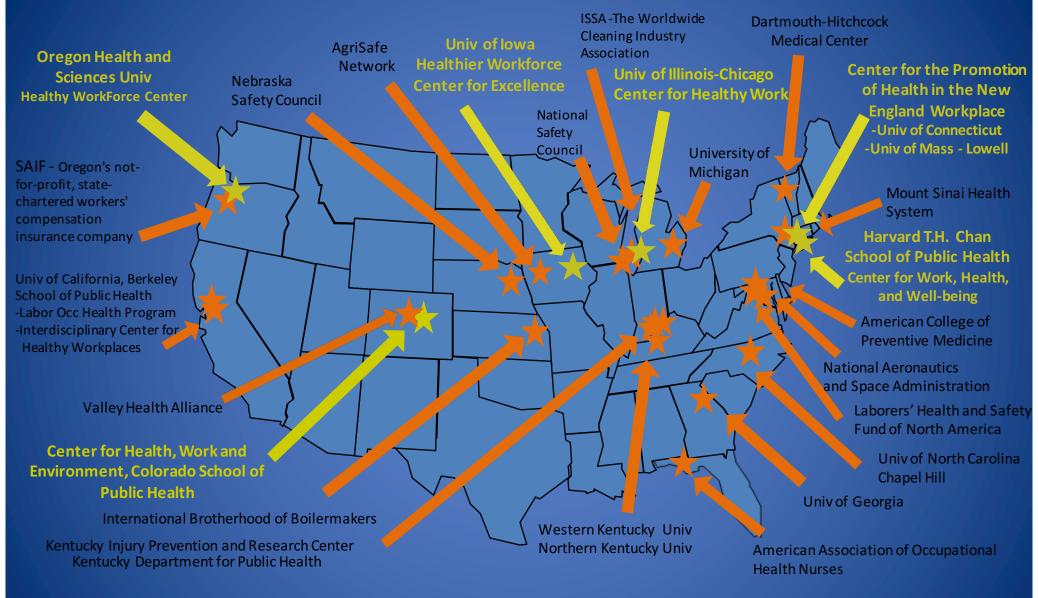
Create Worker Well-Being







Centers of Excellence and TWH Affiliates

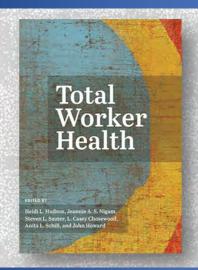


(Affiliates recently added: Industrial Minerals Association - North America; the University of Buffalo, Eskinazi Health System and the National Security Administration)









New Publication: Edited Volume on Total Worker Health

Edited by Heidi L. Hudson, Jeannie A. S. Nigam, Steven L. Sauter, L. Casey Chosewood, Anita L. Schill, and John Howard







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Corrections Research at the National Institute of Justice

3rd National Symposium on Corrections Worker Health August 1, 2019

> Angela Moore, Ph.D. Senior Science Advisor



Presentation Summary

- Agency Overview
 - Office of Justice Programs
 - National Institute of Justice
- Corrections Research
- Safety, Health, and Wellness
- Research and Development Process



OJP Bureaus and Offices



ВЈА

Bureau of Justice Assistance BJS

Bureau of Justice Statistics NIJ

National Institute of Justice OJJDP

Office of Juvenile Justice and Delinquency Prevention ovc

Office for Victims of Crime SMART

Office of Sex Offender Sentencing, Monitoring, Apprehending, Registering, and Tracking



NIJ Mission Statement

"The National Institute of Justice — the research, development and evaluation agency of the U.S. Department of Justice — **is dedicated to** *improving knowledge and understanding of crime and justice issues through science.* NIJ provides objective and independent knowledge and tools to inform the decision-making of criminal and juvenile justice communities to reduce crime and advance justice, particularly at the state and local levels."

We accomplish our mission through the "Listen, Learn, Inform" model — we "listen" to the needs of the field; "learn" ways to meet those needs by funding research, development, and evaluation projects; and then "inform" the field of what we learned.



Office of Investigative & Forensic Sciences (OIFS)

• Improves the quality and practice of forensic science through innovative solutions that support research and development, testing and evaluation, technology, and information exchange.

Office of Research, Evaluation and Technology (ORET)

• Develops, conducts, directs and supervises social and behavioral science research and evaluation activities across a wide variety of issues. Manages technology research and development, development of technical standards, testing, and technology assistance to state, local, and tribal law enforcement and corrections agencies.



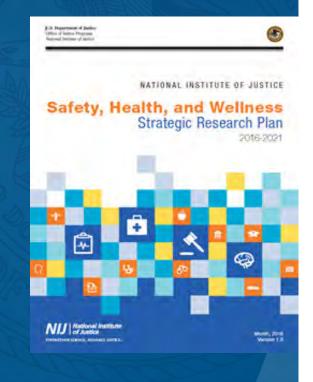
Corrections Research

- Institutional corrections (Prisons and Jails)
- Community corrections
 - Focus on reentry
- Correctional (and police) officer safety, health and wellness
 - Priority of the DOJ administration



Safety, Health, and Wellness Strategic Plan

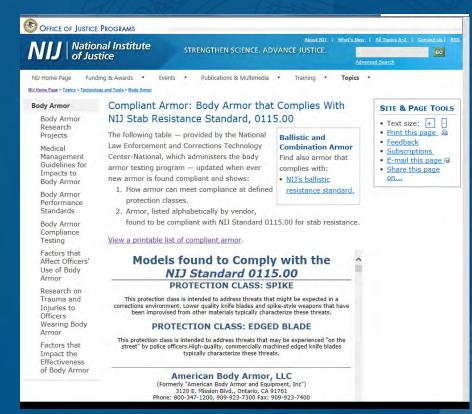
- Interdisciplinary effort focusing comprehensively on the safety, health, and wellness of all individuals in the criminal justice system
- Divided into two main priorities:
 - Research to promote safety
 - Research to promote health and wellness





Safety, Health, and Wellness Corrections Projects and Programs

- Effects of Mindfulness-Based Stress
 Reduction in Correctional Offices
- Defining the Impact of Stress and Traumatic Events on Correctional Officers
- Physiological and Psychological Responses to Critical Incidents among Correctional officers



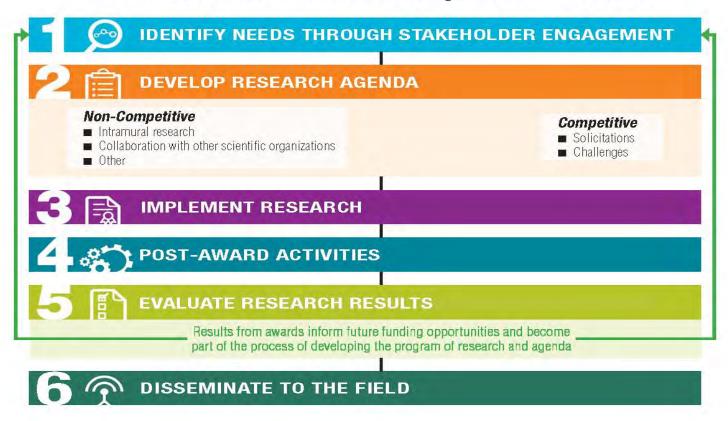


Safety, Health, and Wellness Corrections Projects and Programs (cont'd)

- The Impacts of Restrictive Housing on Inmate Behavior, Mental, Health and Recidivism, and Prison Systems and Personnel
- The Impact of Correctional Officer Suicide on the Institutional Environment and on the Well-being of Correctional Employees
- Altering Administrative Segregation for Inmates and Staff: A Mixed-Methods Analysis of the Effects of Living and Working in Restrictive Housing



NIJ's Research and Development Process





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www.NIJ.gov/funding
www.CrimeSolutions.gov



Connecticut Department of Correction



EMPLOYEE WELLNESS INITIATIVES

2019 National Symposium Corrections Worker Health – Panel 3 – Leading change: Perspectives from Correctional Administrators

August 1, 2019 - Boston, Massachusetts



Correctional suicides: Doing time takes its toll

We spend a lot of time focusing on the mental health of our inmates, but not enough time focusing on the mental health of the people who are caring for them 4/19/13



Newsweek

Prison Officers Need Help, but They Won't Ask for It

By Oscar Lopez On 5/27/14



Concerns rise over corrections officers' stress, depression

DOC working to enhance suicide prevention program

Updated: 11:48 PM EST Nov 19, 2015





Public Safety

Reduce Recidivism and Prevent Criminal Activity in our Community and be an active partner in the state's criminal justice public safety and emergency response/disaster relief systems.

Wellness

Reduce Trauma and its effects throughout the system.

Efficiency

imited resources, increase and enhance collaboration, productivity and efficiencies and achieve operational and procedural consistency between DOC facilities and between DOC and its partners.

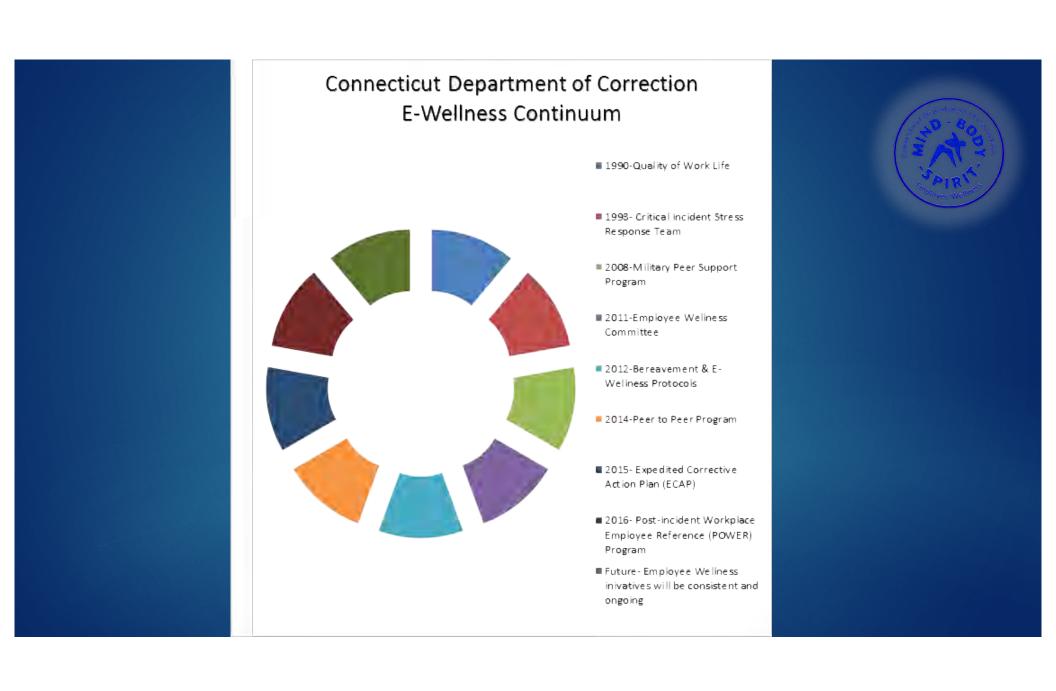


Wellness

Reduce Trauma and its effects throughout the system.

Time to break the barrier.....





What are we doing?

Employee Assistance Program
Critical Incident Response Team
On-site fitness gyms
Training
Wellness Committee
Employee Appreciation Activities
Mindfulness Sessions
Yoga
Peer to Peer Program
Mental Clarity & Wellness Techniques
Correctional Fatigue-to-Fulfillment Program
Post-Incident Debrief

Wellness Bulletin Boards



Facebook page
Military Peer Support
Health Screenings
Health Survey/Assessments
Health Coaching
Wellness/Fitness Challenges
Suicide Prevention Training
Break/Meditation Rooms
K9 First Responders
Family Day
Email blasts
Monthly Newsletter

Quality of Work Life Committees – QWL

- Since 1990 Each facility has had a QWL
- Consist of a variety of employee ranks/ job titles
- Gives employees a chance to unwind from a very stressful work environment

Critical Incident Stress Response Team

- Mission Provide support to staff adversely affected by traumatic event
- > Since the mid 1990's.
- Activated after serious assaults, deaths, and suicides (staff or inmate).
- On average activated 1-2 times per month.

Critical Military Peer Support Program

- Mission Provide support to DoC staff service members during all phases of deployment, including transition back to work.
- Created in 2008.
- Members communicate with deployed staff and their families.
- > Send care packages.
- > Annual picnic.

Employee Wellness Committee

- Created in 2011 following an increase in staff suicides.
- Comprised of a wide range of staff including: wardens, human resource staff and front line officers.
- Focus is on addressing issues facing correction officers, i.e. substance abuse, suicide, depression, domestic violence etc.

HITEC - Health Improvement Through Employee Control

- University of CT-based research program
- ▶ 2006 present
- Collaboration of academic professionals and DOC
- Labor-management approaches to risk reduction & health improvement

Peer to Peer Mentoring Program

- Created in 2014 to foster mentormentee relationships.
- Developed in conjuncture with grant funded UCONN Health Center study.
- Collected blood pressure and body fat data.
- Results those with mentors were "healthier."

Expedited Corrective Action Plan

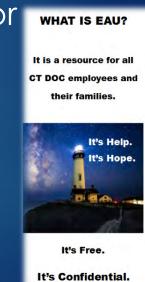
- Designed to expedite and streamline implementation of disciplinary actions for certain employee infractions.
- Launched in 2015 as the result of a LEAN project aimed at impacting both the Efficiency and Wellness components of the DoC's Strategic Plan.

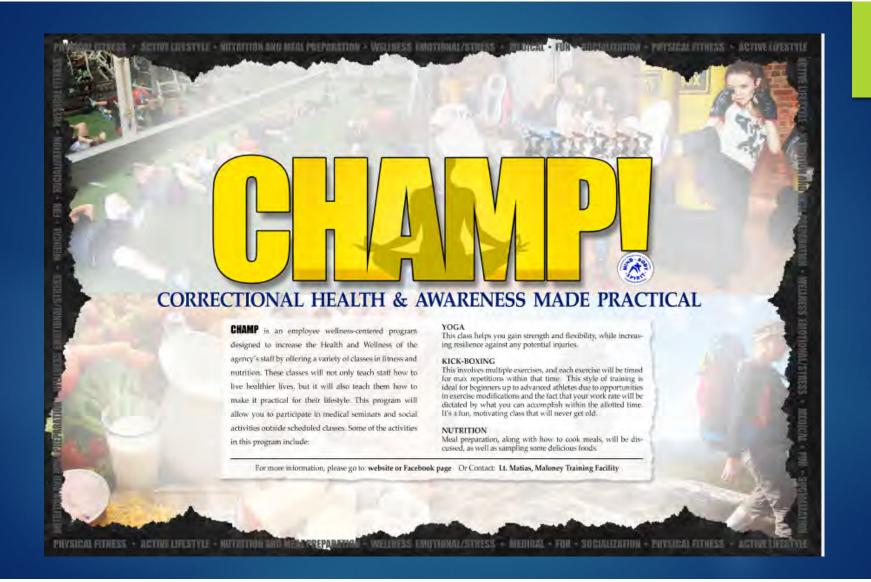
The POWER Program

- The POWER Card was created to provide valuable reference information to employee affected by significant trauma.
- Feedback from recuperating employees experiencing challenges finding the help they needed, was the impetus for this initiative.

Connecticut Department of Correction Employee Assistance Unit (EAU)

- The Employee Assistance Unit is a resource for referrals for addiction and mental health issues
- It is available to all CT DOC employees and their families comprised of Union and Administrative Staff
- The program is confidential and the focus is on employee wellness and well being





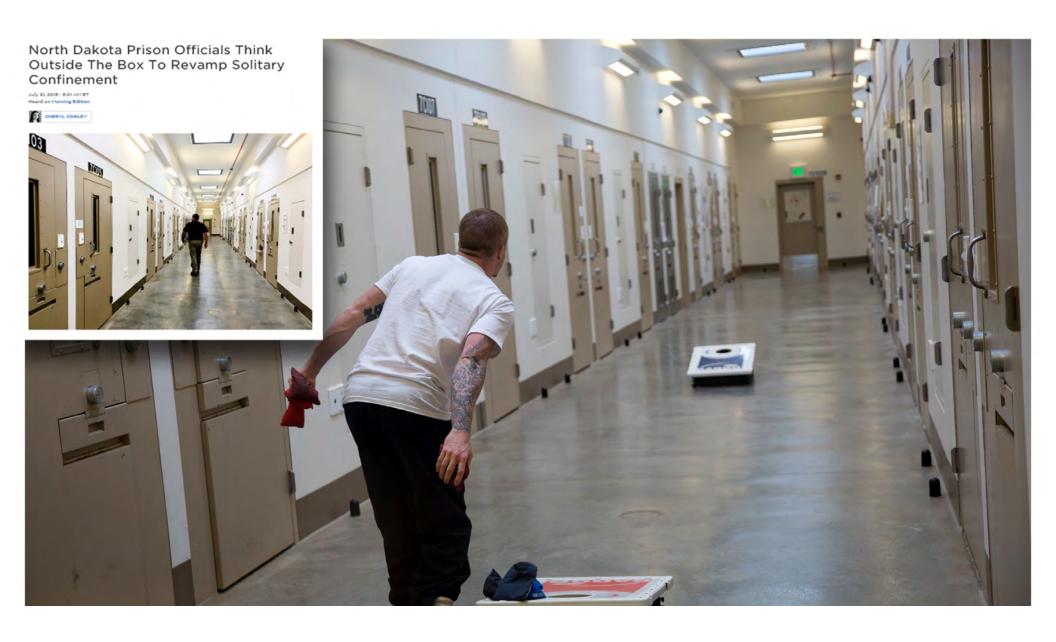
Future Employee Initiatives

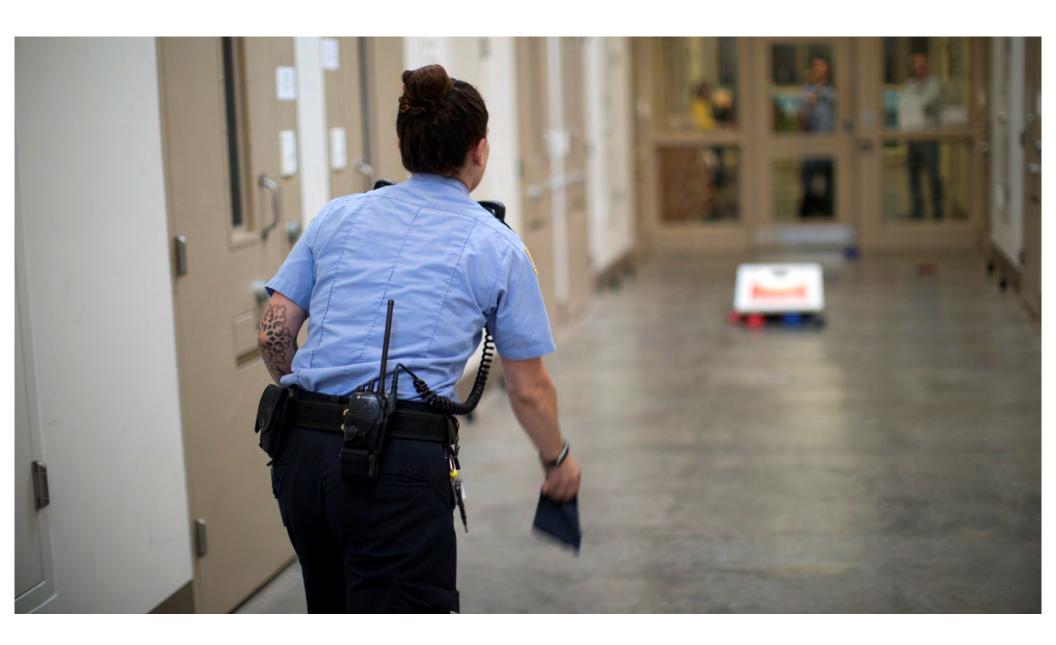


Discussion / Questions?

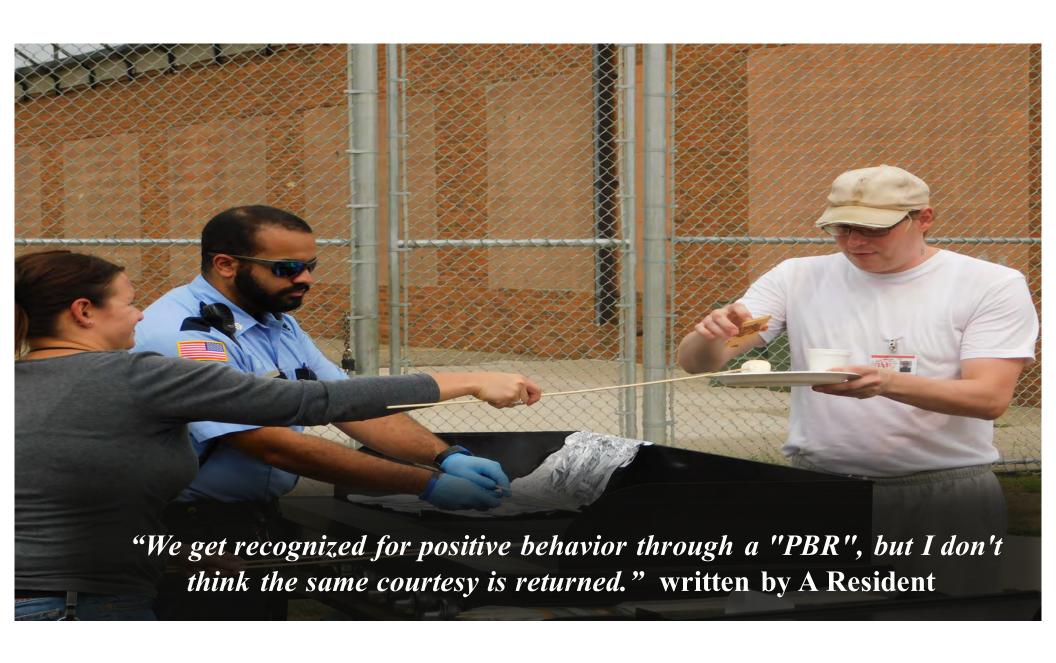














Stay the Course





PERSPECTIVES ON CORRECTIONAL OFFICER HEALTH



CATERINA SPINARIS, PHD, LPC
DESERT WATERS CORRECTIONAL OUTREACH

MANDATORY OVERTIME AND CHRONIC PARTIAL SLEEP DEPRIVATION A FORMIDABLE FOE HIDING IN PLAIN SIGHT



A NOT UNCOMMON SITUATION IN CORRECTIONS

6 hours ago • 🖪

Anyone else working ridiculously long hours. We are show short handed in our state, we are all working mandatory 16 hour days. 6 days. I love what I do but man, it takes a toll. I've been doing this for 3 years.



22 Comments





- "Employees who are working double shifts and/or shifts 7 days a week, particularly in a corrections environment which is a DANGEROUS environment, are in survival mode. They are not eager and ready to engage with their clientele to promote healing and reduce future criminal behaviors.
- I don't care who you are, how young you are, or how much education you have to do this work, your body and mind can't overcome the strain of this type of schedule to be engaged in this type of program."

Susan Jones, PhD, Warden (Retired)

SLEEP

- Non-negotiable BIOLOGICAL/PHYSIOLOGICAL NECESSITY
- Affects:
 - brain function
 - physical health
 - mental health

"Mandatory overtime makes me feel like I am running at half speed with no hope of getting caught up. It is even worse if I have had something planned or it occurs on a holiday. The more it happens, the worse it gets. I am not sure you ever mentally recover. It is always worse the next time it happens, no matter the time in between. It is one of the reasons I left custody even though I am less safe in my current assignment. It is also one of the reasons that officers resign."

Anonymous

INSUFFICIENT SLEEP OUTCOMES

- Cognitive impairments: attention, reaction time, executive function, working memory
- Mood disturbances: irritability, anxiety, depression
- Behavioral disturbances: interpersonal conflict, combativeness, excessive use of force
- Physical symptoms/disease: increased inflammation (associated with obesity, diabetes, heart disease, some cancers, elevated mortality risk); low energy; Alzheimer-like neuron changes

"You are not mentally prepared to work for 16 hours. It is hard to work 16 hours and then get up again the next morning prepared to deal with the inmate population. You have to be able to quickly diffuse situations. I also have not brought enough food to have two meals, so I begin feeling sluggish. Imagine the effects after 16 hours of dealing with various personalities. Tempers flare. Things that would not normally bother you are enhanced ten times and incidents get out of control quickly."

Anonymous

SLEEP DEPRIVATION = ALCOHOL INTOXICATION

HOURS AWAKE	EFFECTS ON DRIVING BAC EQUIVALENT
18	0.05%
24	0.10%

https://www.cdc.gov/sleep/about_sleep/drowsy_driving.html

BAC = Blood Alcohol Content

 "Due to mandatory overtime I don't get to see my family, as I often have to work 16 hours. My commute home is a challenge to stay awake. I have almost fallen asleep behind the wheel. When I get home I try to go to sleep right away because I get up 5-6 hours later, sometimes less, because I am too wired to sleep due to stress and due to drinking caffeinated beverages throughout the night to stay alert. When I am mandated I am not able to take my nighttime medication, so I fall behind in my schedule in taking my daytime meds. My health deteriorates. I am tired and irritable. At work, I am not as alert as I want to be, fighting off sleep and fatigue. I can be doing a back to back mandatory or maybe get one day in between. At times I have to call in sick to get some rest."

Anonymous

INSUFFICENT SLEEP & MENTAL HEALTH SYMPTOMS

- Insufficient sleep is strongly associated with mental health symptoms
- A dose-response relationship exists between insufficient sleep and reported mental health symptoms

N=110,496 college students, including 8462 varsity athletes

Ramsey, T., Athey, A., Ellis, J., Tubbs, A., Turner, R., Killgore, W. D. S., Warlick, C., Alfonso-Miller, P., and Grandner, M. A. (2019). Dose-response relationship between insufficient sleep and mental health symptoms in collegiate student athletes and non-athletes. SLEEP, 42 (Abstract Supplement): A362.

INSUFFICENT SLEEP & MENTAL HEALTH SYMPTOMS

REPORTED SYMPTOMS	SYMPTOM RISK INCREASE per each additional night of insufficient sleep
Depressed mood	21%
Hopelessness & anger	24%
Anxiety & desire to self-harm	25%
Functional problems	28%
Thoughts of suicide	28%

N=110,496 Ramsey et al., 2019

- "Correctional Officers are stressed out and stretched as thin as they can go. Officers are burned out and unhealthy and suffer because we are not allowed sufficient time to decompress. We feel like hostages. We feel like no one is listening, and that administration does not care, and that there is no end, no relief in sight.
- Some will quit. Some will make grave errors in judgment. And some will stay and keep fighting. But all of them, all of us, are wearing thin. If I feel like I am drowning, if I feel like I am in a situation that is never going to change, how can I get better? At some point you just have to let go and swallow the water."

Corporal William Young

- "It doesn't matter what type of resources you have in place for your staff if they can't go home when they want to. You can tell me to hydrate and meditate and suggest that I eat better and run more, but after working back to back 16 hour shifts all I want to do is sit on my porch and talk to my family for 15 minutes before I have to sleep for 4 hours and go do it all over again.
- You don't have to recognize me as a first responder, just figure out a way that I can go home at the end of my shift. Recognize that I am doing a very dangerous and thankless job on 3-4 hours of sleep. Understand that I have been on my feet for 16 hours and I have been awake for 30. Understand that we only care about one thing, and that one thing is going home."

Corporal William Young

CONCLUSIONS

- Across the nation, custody staff often suffer from chronic partial sleep deprivation due to being mandated to work overtime on a regular and long-term basis.
- This practice impairs staff's physical and mental health and functioning.
- To maintain the safety and security of institutions, and to promote the well-being of custody staff, corrections agencies MUST figure out ways to decrease the use of mandatory overtime.

Health Improvement Through Employee Control (HITEC) Project

Manson Youth Institution Design Team

Presenter: Aaron Lichwalla

August 1, 2019







Implementation of Design Team

- Identify Facility
- Recruit members for the Design Team
- Coordinate logistics: day, time, meeting area
- Training on IDEAS process



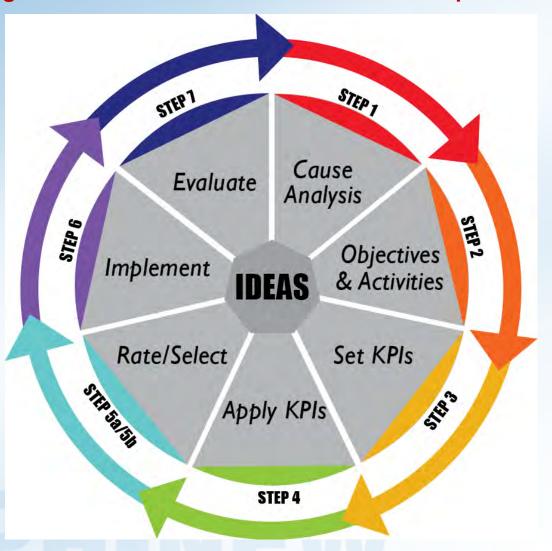


Manson Youth Institution Design Team

Meeting Location	Maloney Center for Training and Staff Development
Design Team Focus	Identify and Mitigate Work Stress Factors
Structures	The Design Team consists of 9 NP-4 Correctional staff members who participate in 2 hour meetings twice a month, co-facilitated by two of their members and advised by UConn Staff. The Facility Steering Committee consists of supervisors (Wardens, Deputy Wardens and Captains), Union Representatives and the DT Facilitators.
Consultation with Clinical Expert	Video Conference with Clinical Psychologist Dr. Monnica Williams (April 18 th 2018)
Timeline	Orientation: Dec 21, 2017 IDEAS Training: Jan 19, 2018 First Design Team meeting: Jan 24, 2018 Presentation to Facility Steering Committee: Nov 19, 2018

Intervention, Design, and Analysis Scorecard: a participatory intervention planning method

Designing interventions with IDEAS is an iterative process



Step 1

Understanding the problem

Step 2

Creating full set of possible solutions

Steps 3,4

Analyzing costs, benefits, barriers Formulate alternatives

Step 5

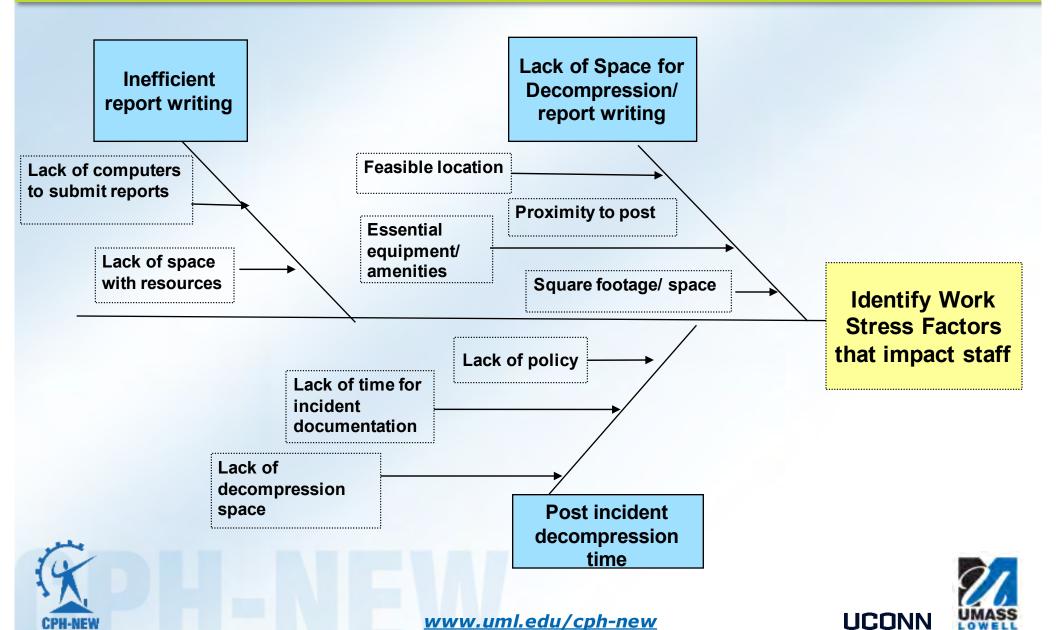
Rating, selecting best option





www.uml.edu/cph-new

Step 1: Fishbone Diagram: Identify Health & Safety Problem/Issue and Contributing Factors



IDEAS Steps 2-4

Step 2:

- Create a major health and safety objective: Mitigate Work Stress / Post-Incident Stress Exposure
- Develop solutions and specific activities

Step 3:

Identify criteria for selection and evaluation of activities

Step 4:

Evaluate the solution and activities (Step 2) with the selection criteria (Step 3)





Step 5A: Package and Rate Interventions

Intervention Package

1. Create a space for decompression:

Build or lease a new structure in a central location that includes:

- Computers with secure internet and printers
- Feasible location closer to post and response location
- Bathroom and Kitchenette
- Space for table/chairs and couch
- Efficient and relaxing set up with nice decorations
- TV to be connected to outside world

2. Improve post incident decompression and recovery time

- Strategies/tools for post incident stress
- Training and education about incidents
- Create policy to address decompression time

3. Create an efficient area for report writing

- Training for supervisors and staff for report writing
- Policy to relieve officers for report writing







IDEAS Steps 5B-7

Step 5B:

Facility Steering Committee rates the proposed interventions

Step 6:

Design Team works with Steering Committee to Implement the interventions (ongoing)

Step 7:

Develop and Evaluation Plan (ongoing)





Challenges and Successes

Challenges

- Changes in Design Team and Facility Steering Committee membership
 - Recruitment and retraining of new members
- Change focus half way through because of incidents

Successes

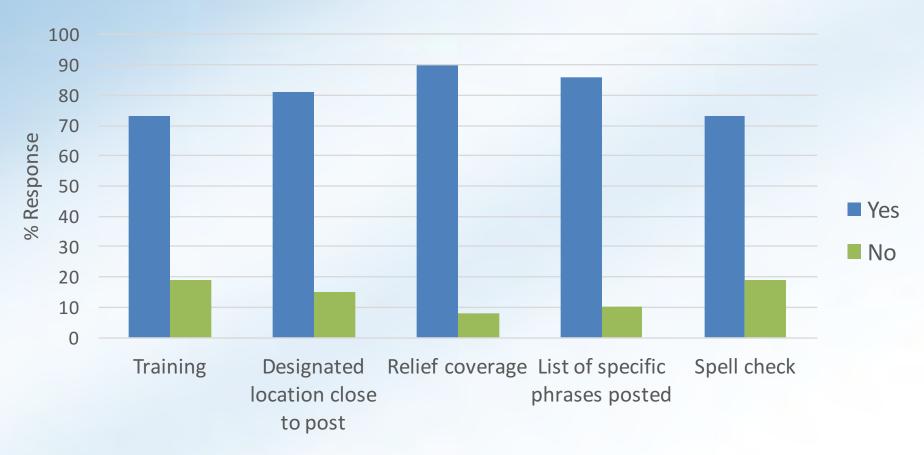
- Agency and Facility buy in
- Facility Mental Health Wellness Fair
- Development and implementation of a preintervention survey (N=166 of 283 staff members)





Design Team Survey Results

Which of the following resources could benefit report writing at your facility?





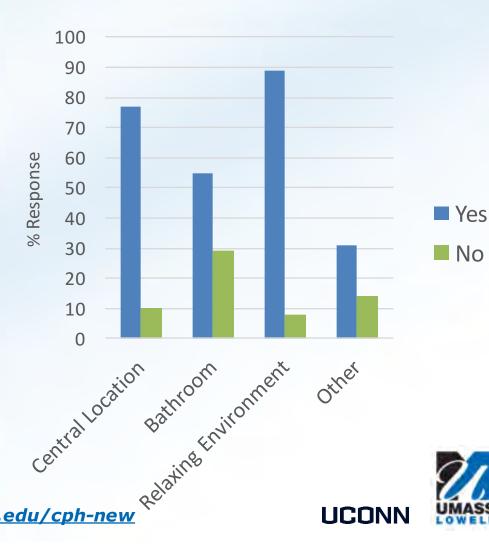


Design Team Survey Results

Decompression Time following Critical Incidents



Expectations for a Decompression Area





LCONN

Design Team Survey

- "There is no designated area to write the report...couple of places that have become common, but these don't always have a computer or other resources to write them."
- "More often than not, inmates seem to take precedence over staff..."
- "...the phone rings constantly after a code... you're not completely thorough with your incident report because of the pressure to finish"





Design Team Survey

- "We have to just continue on as if nothing transpired, strange human reaction to ignore."
- "...codes are called and/or cleared school continues and we at times have to work in an area contaminated after use of chemical agent"
- "...still movement within the facility which allows for more codes and stressors of having to respond in the right state of mind."





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www.uml.edu/cph-new

Healthy Workplace Participatory Program Website:

www.uml.edu/cphnewtoolkit

University of Connecticut

UConn Health, Farmington, CT UConn Storrs, Mansfield, CT

University of Connecticut CPH-NEW website:

http://h.uconn.edu/cph-new

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2019 National Symposium on Corrections Worker Health SUFFOLK UNIVERSITY



Enlightenment is when the wave realizes it is the OCEAN.

Thich Nhat Hanh

YOU MATTER



Maslow's Hierarchy of Needs

Selfactualization

Esteem

Love/belonging

Safety

Physiological



Staff Health Care Resources

- Get Healthy
- 2018 Staff Suicides
- 2018 SEAP Cases: 2829/18,000 employees: Anxiety, workplace, marital/primary relationships, legal, family issues, depression – all other data is confidential
- www.liveandworkwell.org
 - Customizing for corrections and parole staff: for staff and families
- Psychologist visits:
 - ▶ Virtually or in person for all staff—first three free, then \$15 each
 - COs: Commonwealth shall provide fully paid coverage for six psychotherapy visits per contract year for each employee in H1 (Corrections Officers) by the employee's choice.
- Trauma counselor/OVA trauma position through grant



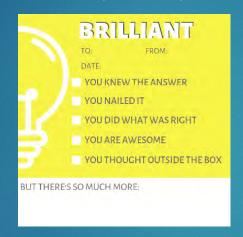
Psychology Reviews

- General Considerations: The Personality Assessment Inventory (PAI) and Minnesota Multiphasic Personality Inventory (MMPI) have been used extensively in employee screening, and these tests can provide employers with potentially valuable information regarding prospective staff members.
- ▶ The PA Civil Service Commission and Department agreed to use the PAI and MMPI-2 personnel screening system for hiring practices.
- We also incorporate other safeguards for correctional officer well-being, especially for those that work in Restrictive Housing Units, Special Management Units, Secure Residential Treatment Units, Behavioral Management Units, and other highly stressful and restrictive units. This includes annual evaluations conducted by Psychologists to ensure continued fitness for the assignment.



Morale Survey

Appreciation Counts at Supervisory Levels: Morale Survey



- Appreciation Neuropathways and Dr. Gabor Mate Concepts
- Childhood trauma and lack of attention/love
- Catch the stones that people throw at each other



Staff Support Efforts

- COVER/POWER: Code Blue/Training and grassroots support
- ▶ CISM for Corrections, Community Corrections and Parole
- BetaGov: www.betagov.org
 - Chill space, VR, binaural beats, therapy dogs, ODR COA, anti-fatigue mats, standing desk
 - ▶ Safer spaces: Violence reduction, green sheets
 - Lavender spritz, Vitamin D, goldfish
- Go Fund Me
- Pearson: Education effort
- Wellness Committee: Fitness, Balance, Environment



BETAGOV

The Marron Institute of Urban Management
New York University
60 Fifth Avenue, 2nd Fl.
New York, NY 10011
betagov.org

Mindfulness Training for Corrections Staff

Using mindfulness training to improve wellbeing in prison and parole staff

Agency:

Pennsylvania Department of Corrections (PADOC) Board of Probation and Parole (PBPP)

Trial Duration: 11/12/18–12/10/18

Pracademic*: Debra Sahd, PADOC

Context

Mindfulness training has shown promise for wellness in many occupations, however, no published literature exists on its use for corrections staff

Key Finding

The mindfulness group showed improvements compared to the control group in several post-intervention outcome measures.

*BetaGov trains agency personnel to become research-savvy "Pracademics" who lead trials.

Background

Supervising justice-involved people is stressful. whether in incarceration settings or in the community. The demands of the profession contribute to depression, poor physical health, family conflict, and decreased life/job satisfaction. There is increasing awareness of the benefits of staff-wellness programs that provide instruction on healthy lifestyle choices such as voga, exercise. nutrition, and meditation. Mindfulness meditation is increasingly being used as a strategy for promoting wellness in many populations. Mindfulness focuses on techniques for quieting the mind and becoming aware of things as they are. The program may help to regulate an individual's response to stress. PADOC tested the benefits of a mindfulness-training program for staff working both in prisons and in the community.

Trial Design

Staff volunteers were randomly assigned to the intervention group (mindfulness training, n=35) or to the control group (no mindfulness training, n=21). Mindfulness training was provided by staff from the Brain Performance Institute. The intervention group attended four weekly sessions at the PADOC training academy in November and December. 2018. The sessions included active group discussions, facilitated discussions, experiential exercises, video content, text materials, and visual aids. The control group was told that they may get the intervention in the future, but were asked to complete questionnaires. Standardized questionnaires were administered to both the intervention and control groups before the intervention began (Time 1) and after it ended (Time

2) and addressed global health, mind-wandering, mindfulness, sleep, emotional distress/anger, fatigue, perceived stress, positive and negative affect, alcohol use, organizational and operational stress, and job burnout. The intervention group completed Time 1 questionnaires at the first mindfulness session, whereas the control group completed either a hard-copy or an internet version during the same period. Similar administration methods were used for the Time 2 questionnaires and all responses were entered into a data spreadsheet for analyses.

Results

Statistically significant Time 2 differences were documented between the intervention and control groups, reflecting better outcomes for the mindfulness group, all at p<0.05. Specifically, these measures are the Five Facet Mindfulness Questionnaire, Fatique Survey, Connor-Davidson Resilience Scale, and the positive subscale of the Positive and Negative Affect Schedule (PANAS), No. significant differences were found for the other measures: PROMIS (Patient-Reported Outcomes Measurement Information System) Global Health, PROMIS Sleep Disturbance, PROMIS Anger. PROMIS Alcohol Use. NIH Toolbox Perceived Stress Survey, Organizational Police Stress Questionnaire, Operational Police Stress Questionnaire, Oldenburg Burnout Inventory, and the negative subscale of the Positive and Negative Affect Score (PANAS). Not all measures of wellness used in this trial improved; it may be that mindfulness training addresses only some aspects of wellness. This small pilot suggests the potential of mindfulness training for improving several functional domains

Plato's Allegory of the Cave



Little Scandinavia: SCI-Chester

- Staff exchange with imbedding to replicate and customize their system for reduction in recidivism and staff wellness improved outcomes.
- "Rehabilitation aimed for reentry and reduction in recidivism" Tia Kennerly
- "I believe it gave us a sense of purpose not punishment" Superintendent Marirosa Lamas
- Support for this project provided by:
 - Arnold Ventures
 - ► SVT
- Research by Drexel University and the University of Oslo



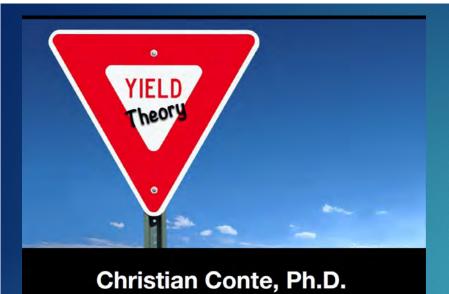
"The greatest violence reduction tool is communication."

Denmark Officer

Yield Theory



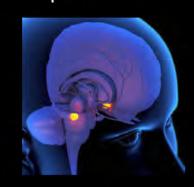




Yield Theory: Communicate to be heard

· Fight or flight response

Higher-level thinking





3 Core

Validate Explore options

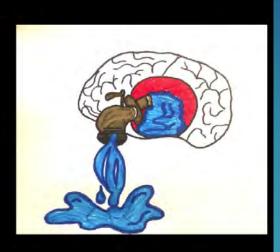






VALIDATE

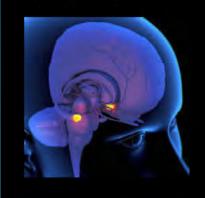
Validate until you "drain" the limbic system (i.e., until the other person feels heard)



EXPLORE OPTIONS when people are ready to hear them

Emotions & defensiveness

• Options, ideas, & solutions







Dr. Conte skillfully entered SCI Greene and addressed staff from a variety of classifications (both uniform and non-uniform).

Dr. Conte's unique approach with all staff enabled frank and meaningful discussions regarding communication, boundary setting and overall professional conduct that not only promotes diffusing potentially problematic situations but also emphasizing teachable moments throughout the course of a typical day.

The long lasting impact of his involvement will be a catalyst for ongoing growth and professionalism at all levels associated within the correctional environment.

Robert D. Gilmore, Superintendent



The Sandwich Approach to Implementation

- ► Correctional health and wellness is a multi-pronged approach addressing it from each side of the organization top and bottom (administration and practitioners) for the wellness of the agency and those who are bravely in her care.
- Ownership and buy-in by the practitioners in the agency is key to the success, longevity and critical adjustments for the implementation of any project or idea.



THE MAN IN THE ARENA

It is not the critic who counts; not the man who points out how the strong man stumbles, or where the doer of deeds could have done them better. The credit belongs to the man who is actually in the arena, whose face is marred by dust and sweat and blood; who strives valiantly; who errs, who comes short again and again, because there is no effort without error and shortcoming; but who does actually strive to do the deeds; who knows great enthusiasms, the great devotions; who spends himself in a worthy cause; who at the best knows in the end the triumph of high achievement, and who at the worst, if he fails, at least fails while daring greatly, so that his place shall never be with those cold and timid souls who neither know victory nor defeat.

Theodore Roosevelt

Enlightenment is when the wave realizes it is the OCEAN.

Thich Nhat Hanh

YOU MATTER



Correctional Officer Suicide and Officer Wellbeing

Natasha A. Frost, Ph.D. Northeastern University

Carlos Monteiro, Ph.D. Suffolk University

Officer Suicide and Wellbeing Research

Project Title: The Impact of Correctional Officer Suicide on the Institutional Environment and on the Wellbeing of Correctional Employees

Funding Agency:

U.S. Department of Justice, National Institute of Justice (NIJ)

NIJ Award #:

2016-MU-MU-0010

Research Partners:

Northeastern and Suffolk (Frost and Monteiro)

MA DOC

MCOFU

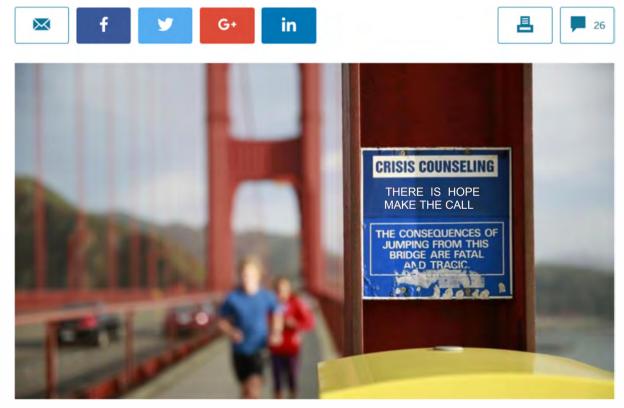
Riverside Community Care

Northeastern University

College of Social Sciences and Humanities

OnGuard Initiative

Sobering news on spiking suicide rates reveal a public health crisis that cannot be ignored



Source: https://www.bostonglobe.com/opinion/editorials/2018/06/08/sobering-news-spiking-suicide-rates-reveal-public-health-crisis-

A Need for Further Research

Occupationally, 'protective service' employees (police, fire, corrections) have high rates of suicide.

Between 2010 and 2015, at least 19 current or former correctional officers employed by the MA Department of Correction (MA DOC) died by suicide.

Suicide rate among MA DOC correctional officers 92.9 **per** 100,000 officers. Massachusetts has one of the nation's lowest rates at 10.4 **per** 100,000

TABLE 2. Rates of suicide per 100,000 population, by sex, and ranked overall by Standard Occupation Classification (SOC) group — 17 states, 2012* w/MA DOC rate 2010-2015

Occupational group	Overall	Male	Female
MA DOC (average 2010-2015)	92.9	-	-
Farming, fishing, and forestry	84.5	90.5	_t
Construction and extraction	53.3	52.5	-
Installation, maintenance, and repair	47.9	47.5	-
Production	34.5	39.5	10.8
Architecture and engineering	32.2	36.3	-
Protective service	30.5	34.1	14.1

Correctional Officer Suicide and Wellbeing Study Objectives

Develop a nuanced understanding of the context within which CO suicide occurs.

Better understand the many impacts of correctional officer suicide.

Assess the **effects** of fatalities on the institutional environment and on the wellbeing of the correctional staff working in correctional facilities.

Identify risk factors for anxiety depression, and suicidal ideation.

Understand how the structure; function, and composition of officers' **social networks** might be related to suicide ideation and indicators of wellbeing.

Correctional Officer Suicide and Wellbeing: Phase One

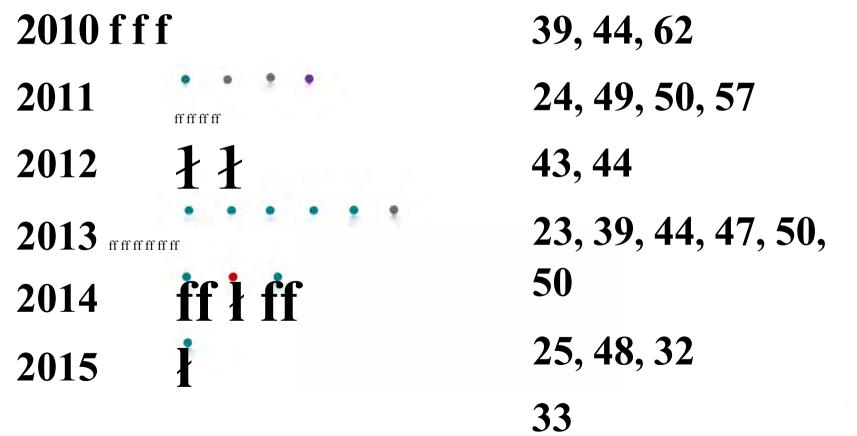
Goal

To develop a rich understanding of the personal, occupational, and institutional factors that can lead to officer suicide and to identify risk factors for suicidal ideation and to describe the many impacts of officer suicide.

Method

Rich qualitative case studies involving:

- * background research
- * personnel file reviews
- * administration focus groups
- * family and friend interviews
- * colleague interviews



Officer Suicides: 2010 - 2015

Suicides among MA DOC employees have occurred across all ranks, early in the career and post-retirement, and across varied correctional settings, but officer suicides have concentrated at three facilities (MCI-CJ, SBCC, and BSH)

- Average Age: 41 (range: 23 61); Average Years of Service: 15 (range <1 32)
- Rank (12 Officers; 3 Sergeants; 2 Captains; 2 Deputy Supt+)
- 14 had worked at a single facility (5 had worked at multiple facilities)
- 14 died from gunshot wounds, 2 died by hanging, 3 died of drug overdoses
- 1 Homlclde-Sulclde / 1 Attempted Homlclde-Sulclde

Phase One Case Studies

- Reviewed all 19 personnel files in their entirety
- Pulled work histories, including sick and leave time payroll reports
- Pulled all incident, disciplinary reports written, and grievances
- Requested police reports (15 received, 2 refusals, 2 still outstanding)
- Reviewed death certificates where available (14 available)
- Requested criminal history data from DCJIS
- Contact from family/friends of 15 of the 19 officers
 - Interviews w/ (often multiple) members of 12 officer families/close friends

Preliminary Analyses of Qualitative Case Study Data

- Interviewed 36 family members and close friends of 12 of the 19 officers...
 - Family/friend interviews were the most valuable source of information
- 8 of the 19 (42%) were veterans
- 14 of the 19 (74%) were not married at the time of their death
 - 8 of the 19 had never married
- 10 of the officers had children at the time of their death
 - custody issues emerged as particularly acute in several of the cases
- 13 of the 19 (2/3) had criminal justice system contact.
 - Some pre-employment, some since employed at the DOC
 - Very few convictions (typically arraignments for OUI)

Case Studies: Alcohol Use/Abuse

Many had histories of substance use/abuse...

And alcohol abuse in particular was raised repeatedly

- "Within a month after leaving military, he learned his best friend died and he began drinking again"
- "We were heavy drinkers, both would stay out until 2-3 AM every day possible."
- "I walked in the door and her was standing at the counter kind of fiddling with what looked like some sort of medication and I remember looking at his eyes and his pupil were just massive they were like black holes."

Emerging Themes: Mental Health

Just over half had experienced mental health issues... typically anxiety and/or depression.

- "He spent a long amount of hours on that couch, I remember, we started noticing a lot of him not changing out of his sweat pants, and staying on the couch, and eating boxes of cereal a day."
- "Suffered from clinical depression as a child. And he attempted suicide @ age 10."
- "Took anti depressants, not sure how often. At some point the meds weren't working as well and his depression started affecting his work."
- "He would barely say a few words to me in that last year, and we were like always buddy, buddy and like friends and everything."

Emerging Themes: Chronic Pain

Just over half had indicators of chronic pain...

Often, but not always, related to an injury at work.

- "from the beginning he was on very low pain meds. It was nothing really to be honest. I think probably the last 5 years of his career it got really really bad, to me. It was changing his personality, there was the sleep disturbances, very strange behavior."
- "he constantly said that his feet were always hurting at work, that was his big thing his feet were always hurting at work it didn't matter what he did, he was always trying to find comfort in his socks, inserts in his shoes."

Correctional Officer Suicide and Wellbeing: Phase Two

Goal

To **assess the impact** of the suicides on the correctional environment and to assess the wellbeing of correctional officers.

To understand how the structure, function, and composition of officers' social networks might be related to suicide ideation and indicators of wellbeing.

Method

Intensive individual interviews with (and assessments of) up to 300 randomly selected correctional personnel in Massachusetts across all MA DOC facilities.

** Additional interviews with volunteers and those who personally knew officers who have died by suicide

Acknowle dgme nt

With special ': 'to all ofthanks rection lofficers, families, friends, aπc/correctional staff who have contributed to this research

Intersectionality of Restorative Justice and Workplace Health

2019 National Symposium on Corrections Worker Health

PANEL

Alex Frank - Vera Institute of Justice, Restoring Promise

Scott Erfe - District Administrator, Connecticut Department of Correction

Lisa Jaegers - Saint Louis University
Transformative Justice Initiative









Bridging reentry / transition services with workplace health

2019 National Symposium on Corrections Worker Health

Lisa Jaegers, PhD, OTR/L, FAOTA

Saint Louis University

Department of Occupational Science & Therapy Doisy College of Health Sciences School of Social Work

College for Public Health & Social Justice

Transformative Justice Initiative

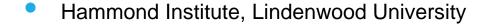
Occupational Therapy Transition & Integration Services (OTTIS) Health Criminology Research Consortium



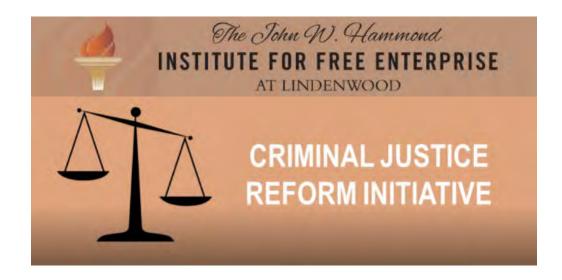


Research Support

Healthier Workforce Center of the Midwest (HWC) at the University of Iowa: By Cooperative Agreement No. U19OH008868 from the Centers for Disease Control and Prevention (CDC) / National Institute for Occupational Safety and Health (NIOSH). The contents are solely the responsibility of the author(s) and do not necessarily represent the official views of the CDC, NIOSH, or the HWC.









TRANSFORMATIVE JUSTICE INITIATIVE

Corrections Workplace
Health





The groundwork started in 2008 by Dr. Karen F. Barney and has continued since with TJI, OTTIS, and collaborations across the area.

Occupational Therapy Transition & \(\sum_{\text{Integration Services}} \)



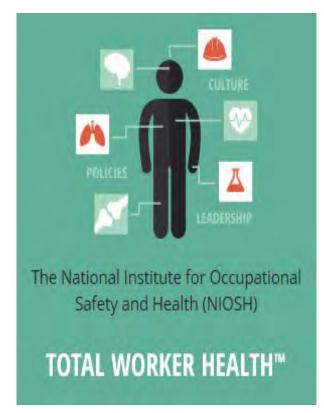
TJI: http://bit.ly/tji_slu





Total Worker Health®

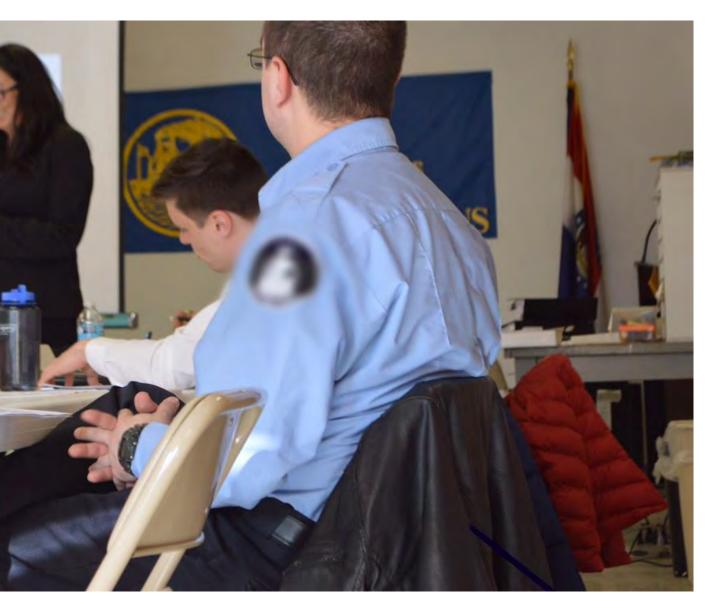
A strategy...policies, programs, and practices within the workplace that focus on advancing the safety, health and well-being of the workforce may be helpful for individuals, their families, communities, employers and the economy as a whole.











What's going on in corrections workplace health?



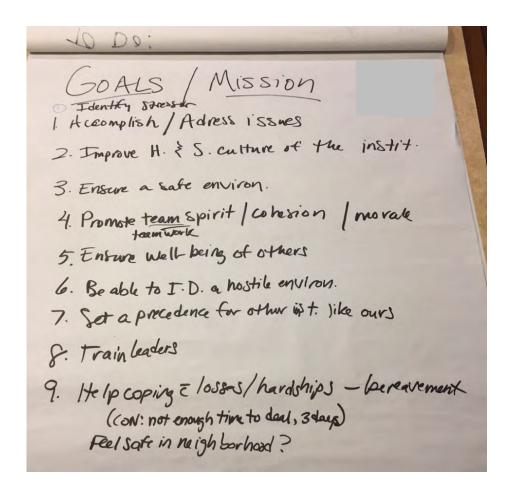
Participatory Research Process

Example agenda:

- Provide study background
- Discuss workplace health
 - Strengths, weaknesses
- Review survey
 - Prioritize domains of interest

3/4	DEPENDED.	Saint Louis Un	iversity @	Work Survey	1	
Please check your	answer and fill	in the blank whe	re appropria	ite.		
Choose your	primary worl	k location.				
CJC - City	Justice Cen	ter				
MSI - Med	lium Security	Institution				
Other, ple	ase describe					
What is your	current job c	lass at the Ja	il?			
Correction	nal Officer					
Lieutenan	t					
Captain						
Other, ple	ase describe					
How many y months.	ears have yo	u worked in th	e City of	St. Louis C	orrections? If I	ess th
		vears		months		

Example of team discussion notes



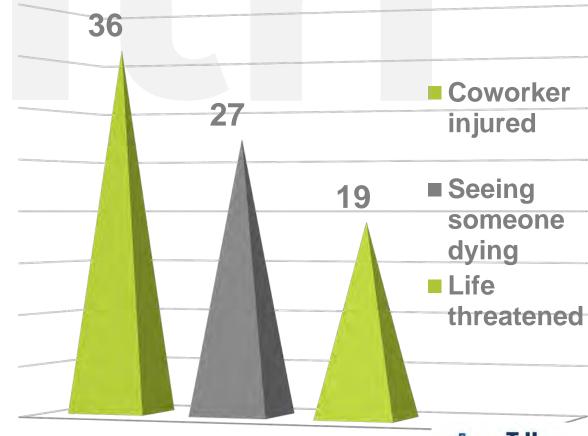


Experiencing critical incidents

Direct and indirect
(bystander) experiences
with trauma.

59% of workers reported experiencing a critical incident.

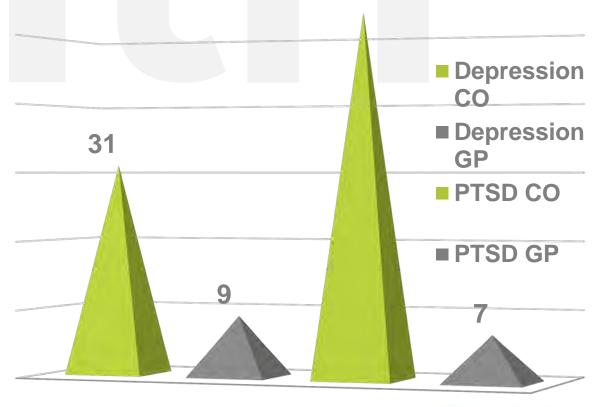
[Jaegers, El Ghaziri, Cherniack research]





We have a workplace health issue..

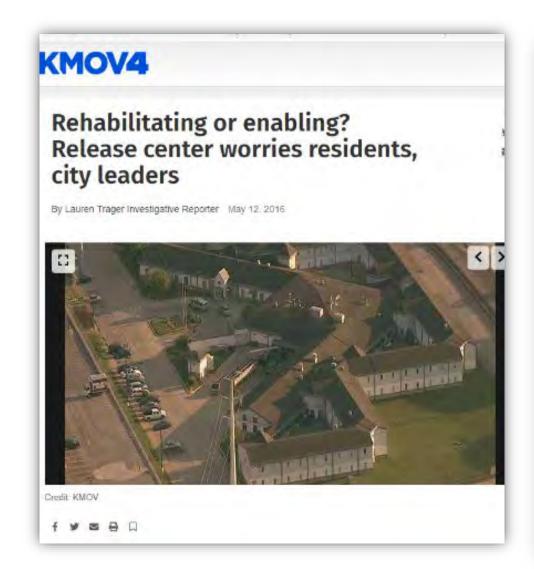
Rates of depression and posttraumatic stress disorder symptoms are far higher for correctional officers than the general population and other workers. 1,2





Transition Center of St. Louis, Missouri Dept. of Corrections

Context





Transition Center of St. Louis, Missouri Dept. of Corrections





Our Mission

To provide residents the skills and knowledge to successfully transition into the community to live a civil, sober and productive life.

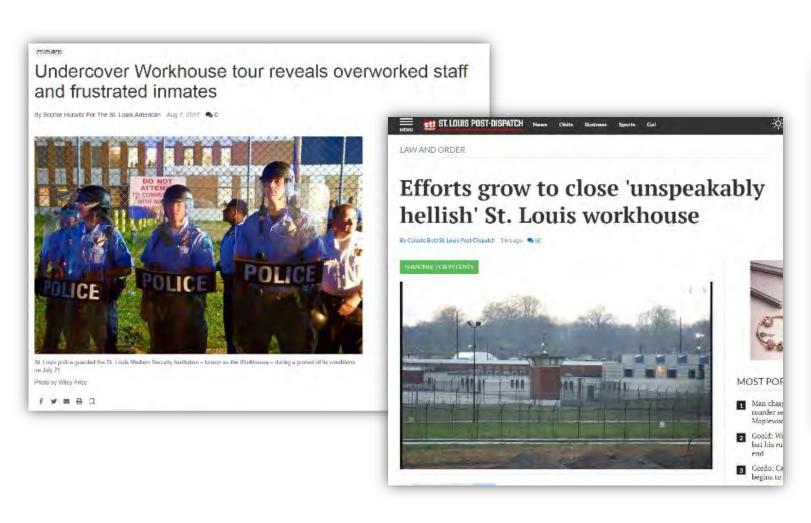


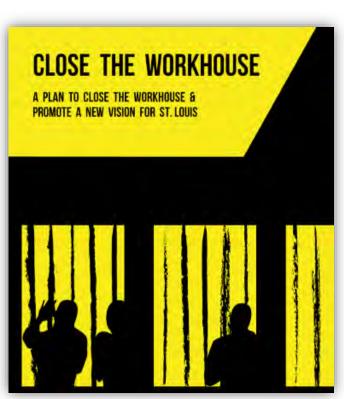


Concerns	Solutions
Unable to use personal cell phone or email	 Establish an emergency phone line number to share with staff family and friends.
Division between security and non-security staff	 Started "town hall" meetings with all staff. Showcase staff roles. Job shadowing procedures reviewed, increased communication, multiple employees participated. Team reports the divide is closing, getting better. Still need work on overall procedures.
New employees not aware of expectations, roles of security and non-security.	Added information to new employee orientation.
Hallway safety is a concern, many residents congregate in the halls awaiting appointments.	 Implemented a sign-up list for appointments. Utilize the duty officer's role to relay messages to probation and parole officers. Check case notes to verify resident requests. Trained new officers how to look up conduct violations. Medical is also offering open sick call time. Team reports hallway crowding has decreased. The solutions have not created extra work.

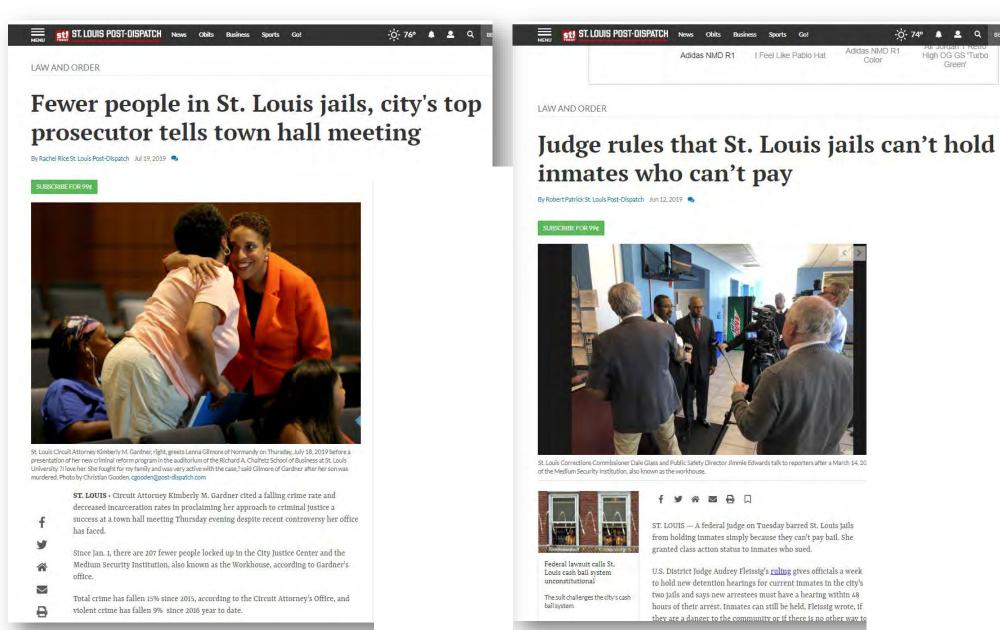
City of St. Louis, Division of Corrections

Context





City of St. Louis, Division of Corrections



Stltoday.com



SAINT LOUIS UNIVERSITY'S
3RD ANNUAL
HEALTH CRIMINOLOGY
RESEARCH SYMPOSIUM &
PRACTITIONER DAY

Friday, October 4, 2019

- Register: http://bit.ly/hcrc 2019register
- Light breakfast & lunch provided

Updates on Twitter @SLUHCRC



Intersections...

[Social Ecological Levels]

Policy (city / county / state)

Community / Society (general public / neighborhood / services)

Institutional (jail / prison)

Interpersonal (supervisor, workgroup, facility residents)

Intrapersonal (worker / resident)



Problem-solving together [TWH] shows promise for making a greater impact on workplace health and criminal justice issues.

Technical Notes

- 1. Jaegers LA, Matthieu M, Werth P, Ahmad SO, Barnidge E, Vaughn MG. (in press). **Stressed out:**Predictors of depression among jail officers and deputies. *The Prison Journal.*
- 2. Jaegers LA, Matthieu M, Vaughn MG, Werth P, Katz IM, Ahmad SO. (2019, publish ahead of print).
 Posttraumatic stress disorder and job burnout among jail officers. Journal of Occupational and Environmental Medicine. doi: 10.1097/JOM.000000000001600
- 3. Jaegers LA, Ahmad SO, Scheetz G, Bixler E, Nadimpalli S, Barnidge E, Werth P, Vaughn MG, Matthieu M. (in review). Total Worker Health® Needs Assessment to Identify Workplace Mental Health Interventions in Rural and Urban Jails. *American Journal of Occupational Therapy.*
- 4. Jaegers LA, Skinner E, Conners B, Hayes C, West-Bruce S, Vaughn MG, Barney KF. (in press. Implementation Evaluation of the Jail-based Occupational Therapy Transition and Integration Services (OTTIS) Program. *American Journal of Occupational Therapy.*

SAINT LOUIS UNIVERSITY...

Justice Initiative



TJI

Transformative Justice Initiative

OTTIS

Occupational Therapy Transition & Integration Services

MINT LOUIS UNIVERSITY...

Thank you

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