SURVIVING IN PRISON WORK:

PRISON STAFF WELLNESS PROGRAMMES

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Winston Churchill Memorial Trust
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I dedicate this report to my son Aodhán who was born on the 13th February 2017.
Glossary

ACT - Acceptance and Commitment Therapy
ATF - Federal Bureau of Alcohol, Tobacco, Firearms and Explosives
AZDOC - Arizona Department of Corrections
BPDPSU - Boston Police Department Peer Support Unit
CF2F - Corrections Fatigue to Fulfilment
CIRT - Critical Incident Response Team
CISM - Critical Incident Stress Management
CPR - Crisis Preparation and Recovery Inc.
DSM - Diagnostic and Statistical Manual of Mental Disorders
DWCO - Desert Waters Correctional Outreach
EAP - Employee Assistance Programs
EASU - Employee Assistance Services Unit
ESS - Emergency Staff Services
FBoP - Federal Bureau of Prisons
ICISF - International Critical Incident Stress Foundation
MADOC - Massachusetts Department of Corrections
MCAPD - Maricopa County Adult Probation Department
NACO - National Association of Counties
NIC - National Institute of Corrections
NIJ - National Institute of Justice
ODOC - Oregon Department of Corrections
SAMHSA - Substance Abuse and Mental Health Services Administration
USP - Uniformed Services Program
Executive Summary

Prison staff are tasked with containing and caring for the most dangerous and vulnerable individuals in our society. They operate within a closed environment of high walls, barbed fences, fluorescent lighting and locked doors. They face long shifts and constant scrutiny against a backdrop of violence, of substance abuse, of self-harm and suicide. UK prisons face excessive levels of staff absenteeism through work-related injuries and stress, and a high rate of burnout, staff turnover and early retirements. These realities place additional burdens on prisons’ resources but also limit their capacity to contain securely, care for humanely, rehabilitate effectively and reintegrate offenders back to the community. The aim of this Fellowship is to improve the professional and personal lives of prison staff in the UK by enhancing staff wellness supports and interventions. I travelled to the United States to visit a range of criminal justice, government and wellness organisations and explore innovative knowledge and practices in supporting prison staff in their work. I sought to answer the following questions:

- What is known about the effects of prison work on staff?
- What supports or interventions are being used to assist in mitigating the stresses and strains of the job? Are they effective in doing so?
- How is prison staff wellness discussed, prioritised and promoted within and outside prisons?
- How can we make changes in our approach to prison staff wellness in the UK?

I collated a wealth of knowledge through uncovering pockets of innovative staff wellness practices across the United States. These findings are classified into four interlinked areas: 1) understanding wellness; 2) wellness interventions; 3) promoting wellness; and 4) implementing wellness programmes.

There has been significant investment in the United States in understanding the occupational realities of prison work and how it impacts staff, their families and the working environment. There needs to be further research in the UK in the following areas:

**Trauma:** U.S. studies report multiple incidences of traumatic exposure in prison work, such as assaults, riots and deaths in custody. Research suggests that such experiences “change them” over time - including becoming less trusting, exhibiting anger, abusing alcohol, work absenteeism and the development of mental health issues.

**Corrections Fatigue:** Desert Waters Correctional Outreach (DWCO), a prison staff wellness agency in Colorado, developed the “corrections fatigue” concept to
conceptualise the cumulative effects of prison work. Over time, the realities of prison work can result in negative personality changes, dysfunctional core beliefs and behaviours and declining health and functioning for individuals without sufficient coping mechanisms and support resources. This can also permeate workplace cultures and negatively impact the performance of the organisation.

**Suicide:** Staff suicide within criminal justice agencies is a significant issue in the United States – scores of staff have taken their own lives in certain states over short periods of time. Such incidents have prompted the development of staff wellness interventions. The Federal Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF) identify suicide prevention as their number one priority and are tackling this through awareness, training and support. On Guard Initiative, a grass roots non-profit organisation, promotes awareness on suicide and prison staff mental health.

I was exposed to a range of innovative methods, services and interventions in improving and maintaining prison staff wellness in the United States:-

**Peer Support Teams:** Peer support involves guidance and counselling by colleagues, offering signposting, advocacy and referrals for treatment for a range of work-related and personal issues. It offers staff an accessible, confidential and non-threatening support option.

**Physical Health:** Prison staff operate within a physically demanding work environment. Oregon Department of Corrections (ODOC) initiated schemes and services to encourage physical fitness and overall health including fitness facilities, nutrition programmes, group events and annual health assessments.

**Employee Assistance Programs:** EAP offers staff continual availability to professional counsellors who can assist with a broad range of personal and work-related issues at no cost to the individual.

**Staff Training & Development:** Wellness trainers offered innovative, thought-provoking trainings on trauma, stress management and mindfulness. I was trained to deliver DWC0’s Corrections Fatigue to Fulfilment, a one-day programme designed to promote resilience in prison staff.

**Family Support:** Families form an integral part of prison staff wellness, often being their primary support system. They may also require support. Prisons in Oregon and Massachusetts offer a range of wellness supports to families and empower them to act as first responders.

**Critical Incident Response Teams:** U.S. prisons have a strategic, co-ordinated response to support staff following critical incidents - assaults, prisoner suicides, riots, staff deaths. CIRT involves appropriately assisting staff according to the Critical Incident Stress Management (CISM) model.
Therapeutic Interventions: Brattleboro Retreat deliver a *Uniformed Services Program* (USP), a trauma and addiction treatment programme for criminal justice and emergency services personnel: police, fire and ambulance service, military and prison staff. The facility allows staff to remove themselves from their work environment temporarily to heal wounds through professional treatment. Patients felt safe amongst peers to be open and honest and work together through their treatment.

I witnessed a range of innovative approaches in promoting wellness to prison staff and to the wider community:

**Printed Material:** Prisons and staff wellness organisations self-publish and retain a plethora of printed material on wellness-related topics and services for prison staff to access - posters, pamphlets and books.

**E-Newsletters:** Prisons distribute newsletters to staff to promote upcoming events, support service contacts and wellness articles. DWCO produce *Correctional Oasis*, a versatile platform for publishing research, to debate wellness topics, to advertise services and commemorate fallen staff.

**Broadcasts:** The National Institute of Corrections (NIC) produced a series of online broadcasts, inviting prison staff, leaders and wellness professionals to talk about prison staff health and well-being.

**Films/documentaries:** Titles such as *They Call Me Fragile, Bloodsport* and *Tomorrow Will Come* are produced by prisons and wellness organisations to educate on the stresses and traumas associated with prison work, highlight services dedicated to supporting them and promote prison staff wellness to a wide audience.

**Community Events:** On Guard Initiative organise a number of community fund-raising events to raise awareness about suicide and mental health amongst prison staff and their families. They organise an annual 5K fun-run in Worcester, Massachusetts, attended by prison staff and the wider community. They also organise an annual conference, inviting prison staff, leaders and wellness professionals to take part in presentations and panel discussions on staff wellness.

**Online & Social Media:** U.S. prisons and staff wellness agencies maintain websites to promote wellness issues and resources to users. Social media is being used to create online communities to share news stories, highlight research and promote events.

The experiences in the United States identified a number of crucial components in establishing or amending staff wellness programmes in UK prisons:

**Leader support:** ODOC have developed a pioneering approach toward staff wellness as a consequence of leader endorsement. You must identify the necessity for
change to leaders, outline a plan to meet staff needs and roll with any change resistance by aligning plans with organisational objectives.

**Establishing Wellness Baselines:** You need to know the baseline health of your staff. ODOC partnered with local universities to measure staff health, utilising the findings to inspire change. DWCO offer a range of quantitative assessment tools to assess staff experiences and impact of prison work.

**Setting Wellness Targets:** You need to set realistic, time-bound and (where possible) quantifiable targets to improve staff wellness. ODOC took a performance-based approach in setting targets such as reducing alcohol intake and the incidence of depressive symptoms among staff.

**Choosing Wellness Supports/Interventions:** You need to be strategic in improving staff well-being within fiscal constraints. You need to consider the co-ordination of wellness interventions, your immediate priorities, the utility of existing supports and potential opportunities to collaborate with other criminal justice agencies.

**Measuring Impact of Wellness Interventions:** You should evaluate the impact of investments in staff wellness interventions through re-testing quantitative measures of staff health (with caution), measuring the level of support service use, giving prison staff the opportunity to voice their experiences and also evaluate the positive effects of working in prison.
I propose a number of recommendations to improve the professional and personal lives of prison staff in Northern Ireland and in prisons across the UK:

1. Research on the traumatic effects of prison work
2. Research on prison staff suicide
3. A dedicated “research hub” for prison staff wellness
4. Dedicated peer support teams
5. Development of a “healthy living” staff culture
6. Better use of Employee Assistance Programs
7. Wellness training for new, current and retiring prison staff
8. *Corrections Fatigue to Fulfilment* training to be delivered to all prison staff
9. Inclusion of families in staff wellness programmes
10. Dedicated Critical Incident Response Teams
11. A customised group therapeutic intervention for prison staff
12. Greater wellness promotion to prison staff
13. Prison staff wellness committees
14. Public awareness campaign on prison staff wellness
15. Leadership support in implementing prison staff wellness programmes
16. Prison staff wellness co-ordinators
17. Staff wellness policy for UK prisons
Prior to this project, I had worked within the prison service in Northern Ireland for eight years. In my brief career, I have been witness to violence, self-harm and suicide attempts. I have also spent much time discussing with prisoners their often traumatic life stories in identifying their needs and assisting in their rehabilitation. I saw colleagues who were changing physically, emotionally and behaviourally - gaining weight, becoming more cynical, jaded and pessimistic, abusing alcohol and having domestic issues. I had colleagues that were suicidal and contemplating quitting the service but felt they had no-one to turn to. The department was facing high levels of staff sickness and medical retirements, low staff retention and poor morale. I noticed that these realities were not atypical but continued across prisons in the UK, placing additional financial burdens on public and private prisons. Yet, there was little public discourse on these issues in the UK beyond describing them as part of “prison staff culture”. I felt that there was little discourse about how to tackle these issues in any meaningful way.

I sought out more information that could explain these trends, branching overseas to the United States. I found Desert Waters Correctional Outreach (DWCO), a non-profit organisation dedicated to assessing prison staff health and delivering support interventions. I began conversing with Dr. Caterina Spinaris, DWCO Director. Caterina invited me to an online conference that was facilitated by the National Institute of Corrections (NIC), a government agency that provides services for U.S. prison systems. I made contact with Maureen Buell, program specialist, who directed me to their archives on prison staff wellness¹. This introduced a host of wellness experts from across the country who were researching different aspects of prison staff health and well-being. It highlighted that there were many examples of good practice in regards to prison staff wellness programmes in the United States.

I decided to apply for a Fellowship through the Winston Churchill Memorial Trust following advice from colleagues who had been successful in completing their own Fellowships. The aim of the Fellowship was to improve the working and personal lives of prison staff in the UK. I was notified that I was successful in early 2016 and I began planning my journey. The following questions drove my decisions about who to make contact with and where to travel to:

- What is known about the effects of prison work on staff?
- What supports or interventions are being used to assist in mitigating the stresses and strains of the job? Are they effective in doing so?

¹ I define “wellness” according to the U.S. National Wellness Institute’s interpretation, an active process through which people become aware of, and make choices toward, a more successful existence, encompassing six interlinked dimensions - occupational, emotional, physical, spiritual, intellectual and social www.nationalwellness.org/. The term “prison staff wellness” is used throughout this report but also used interchangeably with terms such as “health” and “well-being”.

Surviving in Prison Work: Prison Staff Wellness Programmes
How is prison staff health and well-being discussed, prioritised and promoted within and outside prisons?

How can we make changes in our approach to prison staff wellness in the UK?

My initial research for my Fellowship application had highlighted a number of key individuals and organisations in which to learn from. I scheduled appointments with them through emails and phone-calls prior to leaving for the United States. Key individuals in the United States such as Maureen Buell, Caterina Spinaris and Kirsten Lewis aided in highlighting important wellness stakeholders and facilitating meetings prior to and during my travels. I built flexibility into the itinerary so that I could also take advantage of learning opportunities as they arose. I spent six weeks in the United States between September and October 2016. I travelled to Washington D.C., Colorado, Arizona, Nebraska, Oregon, Massachusetts, Vermont and Rhode Island (see full itinerary and list of contacts in appendices). I gathered findings in a number of ways:

- Interviewing prison administrators and leaders
- Interviewing and shadowing wellness professionals within criminal justice departments and associated organisations
- Visiting prisons and speaking with prison staff on their experiences and opinions
- Observing, learning about and taking part in wellness interventions
- Gathering research publications and wellness-specific materials before, during and after my travels
- Attending academic talks and workshops
- Completing a daily blog to chronicle the journey and gather my immediate impressions and ideas (see https://domkellycorrections.wordpress.com/)

This report outlines my main findings, separated into four interlinked areas: (i) understanding prison staff wellness; (ii) prison staff wellness interventions; (iii) promoting prison staff wellness; and (iv) implementing prison staff wellness interventions. The first section describes the accumulating research on the effects of prison work. The second section looks at the various support mechanisms that are being used to counter these deleterious effects. The third section focuses on the ways in which prison staff wellness is highlighted and promoted within prisons and across the country. The fourth section looks at the key elements required to successfully implement and assess staff wellness interventions. These sections are followed with my conclusions and recommendations.
Findings

(i) Understanding Prison Staff Wellness

The first section focuses on prison staff wellness research in the United States. I wanted to better understand the experiences of prison staff, occupational challenges they have to encounter and the effects of prison work on their health and well-being. Wellness professionals in the United States offer innovative findings in regards to stress, trauma, “corrections fatigue” and suicide.

Trauma

Jaime Brower, a psychologist based in Colorado, authored a literature review on prison staff wellness. She identifies four types of stressors that prison staff face (see table below);

(a) occupational - unique environmental realities associated with their roles;
(b) organisational/administrative - working with colleagues and managers;
(c) psycho-social - individual and societal dualisms associated with prison work;
(d) inmate-related - realities in working with offenders

There has been an emerging research paradigm looking at the stresses of prison work from a “trauma informed” perspective in the United States. Katrina Masterson, ATF Wellness Coordinator, explained that this perspective has been as a result of developments in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The definition of trauma has been expanded to include not only direct exposure to death, threatened death, actual or threatened serious injury or sexual violence, but also cases of indirect exposure that are repetitive or extreme, and occur as part of one’s occupational role (American Psychiatric Association, 2013). This expansion of the definition of traumatic exposure suggests that the events prison staff are routinely exposed to, particularly those “inmate-related stressors” classified by Brower (2013), constitute potentially traumatic events.

Kirsten Lewis, a probation officer based in Arizona², distinguishes between two forms of traumatic stressors encountered by prison staff (Lewis, Lewis and Garby, 2013; Lewis, 2016a);

² I spent a week with Kirsten shadowing her during training workshops and conference seminars, including her plenary speech at a National Probation conference in Omaha, Nebraska.
<table>
<thead>
<tr>
<th>Occupational</th>
<th>Organisational/ Administrative</th>
<th>Psycho-Social</th>
<th>Inmate-related/ Traumatic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Closed work environment (high walls; barbed wire; surveillance)</td>
<td>Poor leadership</td>
<td>Mismatched to occupation (not assertive versus over-aggressive)</td>
<td>Prisoner-on-staff assaults</td>
</tr>
<tr>
<td>Physicality of the job</td>
<td>Lack of leadership support or trust</td>
<td>Work-life conflict</td>
<td>Prisoner-on-prisoner assaults</td>
</tr>
<tr>
<td>Hypervigilance</td>
<td>Mismanagement/ unfair policies and procedures</td>
<td>Negative public perceptions of profession</td>
<td>Threats/Intimidation</td>
</tr>
<tr>
<td>Machismo culture (refusing help)</td>
<td>No input in decision-making</td>
<td>External scrutiny (media/politics)</td>
<td>Riots</td>
</tr>
<tr>
<td>Role conflict/ambiguity (rehabilitation versus punishment; control versus care)</td>
<td>Poor performance evaluation and disciplinary processes</td>
<td></td>
<td>Being taken hostage</td>
</tr>
<tr>
<td></td>
<td>Poor selection of and training of new recruits</td>
<td></td>
<td>Witnessing a colleague being taken hostage</td>
</tr>
<tr>
<td></td>
<td>Inadequate pay/benefits</td>
<td></td>
<td>Witnessing a colleague being assaulted</td>
</tr>
<tr>
<td></td>
<td>Shift-work/ mandatory overtime</td>
<td></td>
<td>Addressing suicide - “cutting down”</td>
</tr>
<tr>
<td></td>
<td>Under-staffing</td>
<td></td>
<td>First response to self-harm</td>
</tr>
<tr>
<td></td>
<td>Inadequate resources/equipment</td>
<td></td>
<td>Overseeing executions</td>
</tr>
<tr>
<td></td>
<td>Conflict with colleagues</td>
<td></td>
<td>Medical emergencies</td>
</tr>
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<td></td>
<td>Few confidential services</td>
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<td>Gang activity</td>
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<td></td>
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<td></td>
<td>Overcrowding</td>
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<td></td>
<td></td>
<td></td>
<td>Disciplinary investigations</td>
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<td></td>
<td></td>
<td></td>
<td>Substance abuse</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>Hearing about an inmate’s offending history</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Death of a colleague in the line of duty</td>
</tr>
</tbody>
</table>

*Stressors in Prison Work,* reproduced from Brower (2013)

*Primary traumas* refer to incidents where one personally experienced or observed an event that poses a risk to self or others. Examples within the prison environment include first-hand experience of:

- assaults on staff or prisoners;
- self-harm, attempted or completed suicides;
- medical emergencies;
- riots;
- threat to personal security;
- hostage incidents;
- sexual assault/rape;
- blood/body fluid exposure;
- assault outside work;
Secondary trauma refers to symptoms resulting from indirect exposure to violence, injury and death. In the prison context, staff may suffer secondary trauma through briefings or conversations with inmates, colleagues or supervisors on;

- violent assaults, death or suicide of inmates;
- hearing about the nature of inmate’s offending, recidivism or pro-criminal beliefs (violence, sexual deviance, domestic violence, child victims)
- hearing about an assault on prison staff;
- notification of the death of a colleague in the line of duty

I conducted interviews and informal conversations with a number of prison staff as well as other professionals during my travels. Their testimonies echo this “trauma-informed” perspective and provide a glimpse into the traumatic realities of prison work in the United States:

During those first few years, I broke up a lot of fights, I saw an inmate get killed. He was alive when we rescued him but he died later from stab wounds. His cell was covered in blood – just the sight of his little room – he had been stabbed many times…that was probably the first really traumatic thing that I saw which I can close my eyes and still see to this day.

I did see a guy hanging himself but we were able to save him, we rushed in and got him cut down and he lived. So even though that was traumatic, it had a good outcome.

A lot of the time fist fights would break out, no weapons involved but still guys pummelling each other and you see that and you think, man, this is a really nasty place to work.

I’ve had people go home and burn their uniform because it’s so covered in blood that they don’t want to wash it.

Wellness researchers suggested that these personal experiences are not unique incidents. Dr. Caterina Spinaris and her team at Desert Waters Correctional Outreach (DWCO) conducted research on the level of exposure to trauma related events amongst a sample of prison staff from 49 different US states. They found that all of their 3,599 participants had been exposed to multiple incidences of violence, injury or death (VID), facing on average 28 VID events and two assaults during their career (Spinaris, Denhof and Kellaway, 2012). Kirsten Lewis has compiled data from thousands of participants from across the criminal justice agencies - prisons, courts, police, probation and others. She reports,

- 84 per cent of polled criminal justice staff had experienced primary traumatic events, with 29 per cent experiencing 4 or more events (N=2,513);
- 92 per cent had experienced one or more incidences of secondary trauma with 48 per cent reporting 4 or more incidences (N=2,766);
51 per cent reported that they were frequently or always exposed to traumatic material in their duties (N=2,373; Lewis, 2016a).

These figures suggest that traumatic exposure is an occupational reality for prison staff and criminal justice professionals in the United States. Such experiences have an inevitable “spill-over effect” on staff;

How could you be doing this work and not be affected? You’d have to be a robot or totally heartless (Caterina Spinaris, DWCO).

Kirsten Lewis highlighted a range of identifiable signs of excessive trauma exposure in prison staff in her research and in conversations with her. She classifies them according to physical, cognitive, emotional, behavioural and spiritual;

<table>
<thead>
<tr>
<th>Physical</th>
<th>Cognitive</th>
<th>Behavioural</th>
</tr>
</thead>
<tbody>
<tr>
<td>Headaches</td>
<td>Shock and disbelief</td>
<td>Hypervigilance</td>
</tr>
<tr>
<td>Muscle soreness/tension</td>
<td>Intrusive imagery of trauma</td>
<td>Sleep disturbances</td>
</tr>
<tr>
<td>Increased heart rate</td>
<td>Rumination</td>
<td>Familial discord/ relationship issues</td>
</tr>
<tr>
<td>High blood pressure</td>
<td>Suspicion of others</td>
<td>Social withdrawal</td>
</tr>
<tr>
<td>Chronic fatigue/ exhaustion</td>
<td>Cynicism</td>
<td>Alcohol/drug use</td>
</tr>
</tbody>
</table>

**Spiritual**

Anger at higher power

Questioning one’s beliefs/ world-views

Withdrawal from faith-based communities/practices

**Emotional**

Anger

Anxiety

Irritability

Depression

Sadness

Guilt

**Physical Symptoms of Prison Work**, adapted from Lewis (2016a; 2016b)

Such trauma symptoms were reflected in conversations and interviews I had with prison staff and other professionals in the United States;

*In the first five years I noticed that it was changing me. I was becoming cynical to the world and it was hard on my family. Really the way I was looking at the world was getting more negative. When I was in security it was so negative all the time, you’re trying to catch them doing the wrong things. The stress really builds up and a lot of the time when you’re dealing with them its negative, and they’re cussing and you see the worst of human nature.*
I’ve seen guys get so jaded that they throw up all these walls and they just hate the world. They think the whole world is criminal.

They’re good at their job because security-wise they are so focused all of the time, they get good at that. But they get so cynical to the world that it costs them their families, their kids, their spouse, I’ve seen lots and lots of divorces and they become bitter people.

These traumatic incidents may happen only once in a while but they leave that branding, that imprint, and they rewire your brain literally…we have people who have been exposed to so many, dozens and dozens and dozens of incidents, that they’re really warped in their perception...way worse than the military or the cops have to deal with (Caterina Spinaris, DWCO)

Such testimonies are again reflective of the research. Lewis (2016a) found that her respondents state that the job has “changed” them, with nearly two-thirds stating that working with justice-involved individuals has made them less trusting of others (63%), disturbances in their sleep (55%), increases in emotions like anger, disgust and distress (54%), poorer concentration (50%) amongst other changes. Two studies on prison staff reported that over a quarter of participants showed signs of Post Traumatic Stress Disorder (PTSD) (Stadynk, 2003; Spinaris et al., 2012). Staff displaying PTSD symptoms experienced problems in multiple domains;

- Abuse of alcohol
- Absenteeism from work
- Negative emotion/feeling states such as shame, guilt, horror and numbness
- Mental health concerns - depression, anxiety and stress

**Corrections Fatigue**

Desert Waters Correctional Outreach (DWCO) is based in the small town of Florence, Colorado about two hours south of Denver. It was founded in 2003 by Caterina Spinaris, a licensed professional counsellor with over 28 years of clinical experience. DWCO aims to,

promote the occupational, personal and family well-being of the public safety workforce through the provision of support, resources and customized data-driven solution” (see [http://desertwaters.com/](http://desertwaters.com/))

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3 I spent two weeks with DWCO to explore their theories, research and trainings.
DWCO developed a framework in which to interpret the cumulative effects of working in prison. Caterina coined “Corrections Fatigue” to characterise the behaviour she was witnessing amongst her clientele, many of whom were serving and retired prison staff from the surrounding prison complexes. She noticed common symptoms in regards to stress, depression, PTSD and associated consequences for them and their families including alcohol and substance abuse and domestic violence. DWCO defines Corrections Fatigue as;

The cumulative negative change over time of corrections professionals’ personality, health and functioning, and of the corrections workforce culture, as a result of insufficient and/or unhealthy individual and/or organisational coping strategies and/or wellness resources necessary for healthy adaptation to the demands of corrections work (Spinaris, 2016; p1).

They suggest that work-related stressors fuel Corrections Fatigue, classified into traumatic, organisational and operational stressors\(^4\). These realities of prison work can impact upon staff in three interlinked areas:

- **Negative personality changes**: one’s identity (thinking that society does not care about staff); one’s world view (“everyone is a criminal”); one’s spirituality (dehumanising prisoners); and one’s emotions (for example, anger, anxiety or emotional numbness)
- **Dysfunctional core beliefs and behaviours**: becoming more aggressive and hostile toward prisoners, more isolated from colleagues, more controlling with family members or addictions to alcohol or other substances
- **Declined health and functioning**: poor performance at work, poor physical health (weight gain, blood pressure, diabetes), reduced life satisfaction and even suicidal/self-harm tendencies

The model is useful in that it takes account of individual differences. Greg Morton, DWCO training manager, stated that “there’s corrections fatigue in every chair in the room” - all prison staff are exposed to workplace stressors to lesser or greater extents but cope with them with varying degrees of success. The severity of corrections fatigue within an individual can manifest with non-existent or mild changes, to moderate changes such as anxiety, and to the extreme end of the continuum where they may present signs of disorders such as clinical depression or PTSD.

\(^4\) These stressor categories align with Lewis’ and Brower’s research. One difference is that Brower (2013) labels “operational” stressors as “occupational”.
The model also aims to explain group or cultural behaviour amongst prison staff. Caterina suggests that entire workplaces can become “contaminated” as a result of sufficient numbers of individuals experiencing corrections fatigue and a lack of coping resources or support mechanisms. This can affect group values, group core beliefs and group working behaviours and can have a profound impact upon operating practices within a prison - decreased job performance, high turnover and increased sickness absences whilst for prisoners it can result in dehumanisation and increased aggressiveness and hostility from staff, abuses of power and other forms of misconduct (Denhof, Morton and Spinaris, 2014).

Prison Staff Suicide

We do such much to make sure that inmates stay alive…why can’t we do more for our staff? (Tracy Joseph, Federal Bureau of Prisons).

Suicide is a global concern. The factors behind this individual act are complex and multi-faceted. Self-harm and suicide in prison is a daily reality - staff have to respond to, resuscitate and monitor some of the most vulnerable members of society who at times are determined to mutilate themselves or take their own lives. Prison staff suicide has been identified as a significant concern for wellness professionals in the United States;

We’ve had 14 suicides in our department in since 2010, active staff, that’s completed suicides, that does not include contract workers or retirees (Nissa Thornton, Massachusetts Department of Corrections).

I’m getting calls from corrections administrators: “we’ve had a dozen suicides amongst our staff in the past 3 years – we don’t know where to start” (Maureen Buell, NIC).

I’ve been personally affected by suicide, one of my co-workers, a good friend of mine, ended his life which was related to substance abuse stuff and a lot of other things (prison staff, Oregon State Penitentiary).

The few US studies on prison staff suicide suggest that this group is at increased risk. Stack and Tsoudis (1997) calculated that prison staff suicide risk was 39 per cent higher than the general population. Professor John Violanti found that prison staff were 41 per cent more likely to die through suicide than the general population with female prison staff having a 200 per cent elevated risk. He argued that such figures
reflect a number of occupational paradoxes for prison staff: high responsibility with low control, high effort with low reward, and high danger with low appreciation (Violanti, 2017). One obstacle in exploring suicidality in this population is demystifying the stigma around suicide and penetrating the machismo culture in regards to mental health. Prison staff may feel that it is a sign of weakness to expose one’s emotions, to admit that they are struggling and require help. They may also fear that seeking assistance may hinder one’s progression in the job or lead to a reputation of being weak or not competent.

An investment in prison staff wellness across the United States has often been in response to recent or historically high levels of suicide, or increased warning signs of suicide ideation, self-harm and risky behaviour amongst staff. Katrina Masterson, ATF noted that staff suicide had been a serious concern for their organisation. They now consider suicide prevention to be the highest priority of their staff wellness program platform, with the goal to bring the number of staff suicides within the ATF to zero through awareness, training and support.

Personal experiences of prison staff suicide have also been powerful motivators to bring awareness to the issue. I met Bryanna Mellen, who co-founded On Guard Initiative following the suicide of her father Michael after 22 years of service in Massachusetts Department of Corrections (MADOC). On Guard Initiative organises an annual conference on prison staff wellness, an annual fun-run, an emergency relief fund for staff and offers referral services. Bryanna aims to raise awareness of mental health and suicide amongst prison staff and highlight the work of prison staff to foster support and appreciation from the community (https://onguardinitiative.org/).
(ii) Prison Staff Wellness Interventions

The previous section looked at the emerging research around the effects and potential costs of prison work. This section looks at the various support mechanisms that are utilised in the United States to mitigate and counter these effects in improving prison staff wellness. I witnessed innovative examples in peer support; physical health; Employee Assistance Programs (EAP); staff training and development; family support; Critical Incident Response Teams (CIRT); and therapeutic interventions.

Peer Support

Peer support is a process whereby contemporaries, in a formalised or informal sense, provide knowledge, experience, emotional, social or practical assistance to each other. It can include listening, mentoring, signposting and providing advocacy to other wellness services for colleagues. Peer support is a widely-adopted staff wellness practice in prisons and other criminal justice departments across the United States. I visited innovative peer support units in Oregon and Massachusetts;

The *Boston Police Department Peer Support Unit (BPDPSU)* operates out of a two-storey house situated in Mattapan on the outskirts of Boston. Current Director Sergeant Mark Friere is a serving police officer for over 30 years. The unit originally began as an alcoholics anonymous support service but has grown to serve as the central headquarters, treatment site and training base for their peer support and Critical Incident Stress Management (CISM) teams. The unit is peer driven working autonomously from the department but clinically supported in that there is a professional counsellor on contract six days a week. Serving police officers can contact during office hours to book an appointment to speak with the peer supporters and/or counsellors with an on-call service also provided for assistance out of hours. They currently have five peer supporters and three psychology staff that are responsible for 1500 sworn police officers.

The *Employee Assistance Services Unit (EASU)* has been operating in MADOC for over 30 years. EASU was originally a “stress unit”, but has exponentially extended its scope to identify serving prison staff in crises and offer them and their families assistance, advocacy and education. Nine EASU peer counsellors are spread across three regions - Northern, Central and Southern - to serve over 4,000 sworn prison
staff across 17 prison complexes and their families. A duty EASU officer is available 24 hours a day, 365 days a year. Consultations take place in the relevant region office or in a location that is appropriate and convenient to the client. Individuals can self-refer for services or can be referred by the Department, family member, peer, outside agency or union. The peer counsellors work in tandem with professional therapists to deliver services.

Oregon Department of Corrections operate peer support through their Emergency Staff Services (ESS) Team, a structured network of over fifty trained prison staff embedded across Oregon’s 14 correctional facilities. ESS staff offer 24/7 peer support to over 4,400 Oregon Department of Corrections staff and their families as well as performing their full-time duties. ESS members represent staff from all working areas such as residential, security, administrative and others.

Peer support is well-resourced and endorsed within these agencies. They offer guidance and counselling, signpost to other supports, advocate for and make referrals for treatment, schedule post treatment reviews and conduct wellness training across a wide spectrum of topics including:

- **Work**: stress; staff assaults; harassment; violence in the workplace; sexual misconduct; fitness for duty; pending disciplinary charges/under investigation; security threats; death of colleagues
- **Family**: separation/divorce; domestic violence; child custody; elder care; grief/loss of family members
- **Financial**: gambling; debt; life insurance; survivor benefits
- **Substance/alcohol abuse**
- **Mental health**: anger management; PTSD; anxiety and depression; suicide threats/attempts
- **Medical**: communicable diseases/exposure concerns; industrial injuries; health insurance
- **Elder care**: retirement assistance; military veteran support; transportation

These peer support teams recruit staff with expertise and experiences that fit the unique and evolving needs of their workforce. Nissa Thornton, EASU, explained that domestic violence and familial issues have become an increasing concern amongst MADOC employees. The department also hire a lot of staff with current or previous military affiliation. Consequently, EASU now employs a domestic violence coordinator and a military peer support liaison within their peer counsellor team to better meet these realities.

Peer support operates in these organisations mostly at an informal level. Staff may not require formal interventions in most instances - they need a listening ear, some

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5 ESS, EASU and BPDPSCU dually operate as Critical Incident Stress Management (CISM) teams in their departments for incidents such as serious assaults, hostage incidents or riots (see section below).
information or advice from someone who can empathise with them, someone that they trust and someone who they have an ease of access to;

...its like a security blanket, that they know there’s someone they can go to just to get information. Some of them may just need to talk and get it off their chest and not need to go anywhere else. Maybe they just need to hear that someone else has went through it (Eric Abt, Arizona Department of Corrections (AZDOC)).

The ESS team in Oregon work alongside their peers in normal duties. Dennis Carswell, ESS Program Director, suggests that the visible presence of and easy access to peer supporters encourages staff to come forward and seek assistance. Prison staff on the wings stated that they often had a “go-to”, an experienced peer supporter who is a subject matter expert and a has a credible record of discretion. Thus, it is important to have a diverse peer support team so that all staff have someone they can relate to and feel comfortable with.

Trust is a vital component to peer support, none more so than with prison staff:

People who work in corrections are sceptical and guarded anyway so you need an ESS team who are above reproach and you know you can trust (Sergeant, Coffee Creek Correctional Facility, ODOC).

ESS, EASU and BPDPSU recognise confidentiality as critical to the success of peer support and adhere to strict guidelines around disclosure and information sharing. In Massachusetts, confidentiality is protected by case law, affording full-time peer counsellors the same privileges as psychiatrists or other care-orientated professions. No information will be shared without staff’s permission except as required by law and the department will not know who is using peer support services\(^6\). Such measures encourage buy-in, openness and honesty from staff seeking assistance.

Peer support also aids in developing a supportive work culture. Peer support services are well endorsed and utilised within Oregon and Massachusetts’ prisons. Such successes were achieved over time by identifying needs and building a positive reputation amongst the workforce. Nissa and Mark gave many instances whereby staff who gained assistance from peer support gave positive feedback to their colleagues struggling with similar issues. Such actions aided in penetrating the machismo “asking help is a weakness” culture and developed an environment where all staff were invested in and practised peer support:

After coming back from the brink they now use their experiences to help others. It sounds clichéd but giving back (Mark Friere, BPDPSU).

Peer support services should form the bedrock of wellness provisions for any and all prison workforces. Peer support offers a “ground-level” access point for staff who require assistance on work-related or personal matters that may have an adverse impact on their work performance, health and well-being. Peer support offers staff an engaged listener, an advocate, a mentor whom they feel they can trust and who

\(^6\) Mandated reporting circumstances include: (a) clients deemed harmful to themselves or others; (b) suspicion of the abuse of a child or vulnerable adult; (c) disclosure of criminal activity.
intimately understands their occupational world. Over time, peer support can permeate the entire organisation, benefiting staff, managers and prisoners.

Physical Health

The demands of prison work - a closed work environment, working in shifts and long hours, managing violent individuals - has been found to have significant implications for staff's physical well-being. These include work-related injuries; weight gain and loss; increase in alcohol use; a smoking culture; sleep deprivation; and chronic conditions such as heart disease and diabetes. Thus, it is important to offer advice, facilities and services to mitigate and promote physical wellness.

ODOC partnered with two local universities in 2014, Oregon Health and Science University and the Portland State University, to measure staff physical and emotional health. They found a high incidence of obesity, high blood pressure, poor eating habits and lifestyle choices and sleep deprivation (Denson, 2014). Superintendent Brandon Kelly, who has a strong personal interest in physical well-being, was tasked with improving the physical health of ODOC staff via their “wellness breakthrough team”. ODOC now have an extensive range of schemes and services to encourage physical fitness and promote overall health:

- **Fitness Centres:** Many facilities have a bespoke area that allows staff to train outside working hours. Local wellness committees also host fitness classes such as aerobics and yoga at no cost. They also have on-site blood pressure monitors in many of the facilities.

- **Healthy Team Healthy You:** Fitness activities such as walking or running at lunch, breaks, and before or after work are encouraged. For example, staff had organised a 5K fun-run within the walls of one of their facilities a few months prior to my visit. Some facilities have exercise equipment in staff only areas, such as security assembly areas, that can be used during shifts. One facility have a “pull-up and dip bar challenge” that encourages staff to engage and then post their results on a noticeboard to compare with colleagues. A staff member stated that these challenges had been an effective way to improve camaraderie and morale as well as promote health.

- **Weight Watchers:** Staff are given discounted entry to weight loss programs. Staff wellness team also promote healthy eating recipes through their internal emails.

- **Health Engagement Model:** Health professionals screen staff physical well-being - body mass index, body fat index, weight, blood pressure, cholesterol - and provide an overview on strengths and risk areas against national averages. They also survey staff on topics such as alcohol use, smoking, nutrition and exercise. The scheme comes with additional incentive as participating staff receive an annual payment or time off in-lieu.
Employee Assistance Programs (EAP)

EAP is an independent contracted service that offers free and confidential assessments, short-term counselling, referral services to other support services and follow ups for employees who are struggling with work-based or personal issues. For example, Oregon Department of Corrections (ODOC) contract “cascade EAP services” for their staff (www.cascadecenters.com/).

Tracy Joseph, National Employee Assistance Program Coordinator for the Federal Bureau of Prisons (FBoP) identifies EAP as an immense wellness resource for staff in regards to access, cost, flexibility and professionalism:

Every staff member in the Bureau of Prisons has access to EAP services. That's free consultation and referral, free mental health services... whatever the issue is, there is no issue that's off limits. If it turns out that it's a complex issue, the EAP counsellor helps refer and connect that individual with specialised services...we have a contract with federal occupational health which is a consortium of mental health counsellors across the country (Tracy Joseph, FBoP).

EAP is an invaluable service – it offers continual availability to professional counsellors who can assist with a broad range of personal and work-based issues at no cost to staff. EAP are offered to prison staff in the UK. They divide opinions with some staff finding them to be useful whilst others had concerns around confidentiality, the level of disclosure to employers and a perceived language barrier between prison staff and counsellors. However, I spoke with a number of staff who had found the service to be useful in a time of need. For these staff, they commented that EAP works best in partnership with other wellness services such as peer support and wellness training rather than as a sole source of support.

Staff Training & Development

Prison staff need to be equipped with up-to-date knowledge, skills and attitudes to perform their duties within a demanding and continually evolving work environment. The phrase “steering that ark” was used by Tracy Joseph (FBoP) to encapsulate the mammoth task in sourcing, developing and delivering the most appropriate wellness-specific training for the needs of prison staff. I was able to take part in, observe and discuss wellness-specific trainings being delivered to prison staff and other criminal justice agencies in the United States on stress, trauma, resilience, mindfulness and corrections fatigue.

Kirsten Lewis delivered a stress management workshop as part of a national probation conference in Omaha, Nebraska entitled “Transforming Stress in Probation”. Kirsten delivered a humorous and thought-provoking workshop aimed at challenging our established beliefs about stress. She suggests that it is our mindset of stressful situations or events that determines its impact on our state. A “stress is harmful” mindset creates a “threat response” which whilst useful short-term (fight-or-flight) can have detrimental long-term consequences for our physiological health. She advocates for developing a “challenge response” to stressful situations or
events, creating the mindset that you have the resources to deal with the situation. Kirsten then offers personal strategies to convert a threat response to a stressful situation to a challenge response (Lewis, 2016c).

I also attended as Kirsten Lewis delivered a training programme on trauma to court staff. Kirsten customises the training depending on her audience, whether prison, community probation, court or associated staff. Each form of trauma and the symptoms of trauma were explained using relevant examples from the audience’s work environment. Participants are encouraged to offer their experiences of trauma in work. Kirsten adopts an innovate approach in collecting live data from participants during her training seminars. She distributes responder “clickers” at the beginning of each session and polls her audience in real-time about their occupational experiences in relation to stress and trauma. These figures are tabulated and presented to the audience as indications of their level of trauma exposure and its effects on them. Resilience was highlighted as the central skill that should be acknowledged and promoted amongst staff that are exposed to trauma. Kirsten promotes the adoption of resilience-protective factors including the use of peer and trauma support teams, self-care practices, seeing the meaning, value and purpose in our work and understanding trauma reactions as adaptive to our work rather than a sign of weakness or incompetence.

Mindfulness means maintaining a non-judgemental moment-by-moment awareness of our thoughts, feelings, bodily sensations and surrounding environment. ODOC offer their staff mindfulness training. A ten-week program is delivered by the “Center for Mindfulness in Corrections”, a non-profit agency based in Rhode Island: http://mindfulcorrections.org/mbwr/. The program discusses the theory and research findings behind the use of mindfulness and engages in exercises such as body scan, breath counting and mindful movement training, such as yoga and Tai Chi.

DWCO developed a commercial training package for prison and community supervision staff. Corrections Fatigue to Fulfilment (CF2F) is a one-day workshop. The goal is to offer a pathway for prison staff to transition away from Corrections Fatigue toward “Corrections Fulfilment”, defined as, “the cumulative result of corrections’ professionals effective coping strategies and work engagement, and the positive quality of the corrections workforce culture” (Spinaris, 2016; p2). The course was given the Commercial Program Award of Excellence by the International Association of Corrections Training Personnel in 2016. It was also lauded by prison professionals that I had met in the United States. Eric Abt, Wellness Coordinator for the Arizona Department of Corrections (AZDOC), identified a major strength being

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7 These figures are also compiled into a large data set for research purposes - see section (i).
that the personal lived experiences and stories of the participants’ work in prisons were placed as the foundation to which strategies, resources and learning tools were grown.

DWCO offer a four-day CF2F instructor training allowing individuals to facilitate CF2F in their own organisation. I took part in this instructor training during my fortnight in Colorado. Fellow trainees included prison staff, probation officers, police officers and prison volunteers from a number of U.S. states and South Africa. During the four days, we were introduced to the workshop material, delivered sections to fellow trainees who gave feedback and discussed the nuances of delivery to prison staff. I completed my certification upon my return from the United States via one-on-one coaching sessions with Greg Morton, DWCO Training Manager. Trainees are given a 3 year licence to deliver the one-day workshop to prison staff within your own agency along with all of the necessary material - facilitator guide, participant manual, course handouts and power-point slides. The course is interactive, personal and emotional. You are invited to share with the group the ways in which working in prison has impacted on your thought patterns and beliefs, your emotions, your behaviour within and outside work as well as your health and functioning in an affirming environment. There was a high degree of prison experience amongst the participant group and we identified much common ground across criminal justice agencies from three continents. Caterina developed a customised version of the CF2F workshop for a UK audience.8

Wellness-specific training is a vital component of supporting prison staff. It bolster staff with a tool-kit of resources against the stresses and strains of work, it can offer them a wider perspective to wellness and it can enable individuals and the organisation to be proactive rather than reactive to potential issues.

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8 This involved the replacement of U.S. justice terms and colloquialisms with UK terms such as officer, staff, professional. This is to maximise buy-in from a UK audience who may otherwise dismiss the material as being not relevant to them because it is sourced from the United States. The next step will be to deliver a pilot workshop to prison staff and managers in Northern Ireland.
Family Support

The family\(^9\) are an integral part of staff wellness as they are in fact the closest people to staff outside of the job – they are their primary support system. They are often the first to notice small changes in attitudes, mood or behaviour, whether that may be increased alcohol intake, weight gain or loss, or a persistent hyper-vigilance at home. Concurrently, families can be contaminated by the nature of prison work: they see the effect of prison work on their loved ones, they too witness via the media lens and disclosures from their loved ones about trauma and violence in prisons and thus may also require support.

The vital role of family in prison staff wellness was highlighted in conversations with individuals and groups across the United States:

> A party of one is not wellness. Whether you’re single or not, you come from a community. Can we co-opt them? Can we at least get them the information? Can we share with them what their spouse is going to experience in their first year – these are changes to look out for in your loved one who has just embarked on this career in corrections… (Tracy Joseph, FBoP).

**Coffee Creek Correctional Facility**, Oregon schedule family orientation evenings for new recruits. The families are given an overview of staff training and specific details about prison work: working in shifts, mandatory overtime, holidays, pay and insurance. They are given a presentation on “wellness for families” with associated pamphlets and contact details for their various wellness services. I was impressed with how inclusive the facility was with staff’s families. Lieutenant Pohlschneider, family liaison, stated that their goal was to create a culture of camaraderie, support and open communication.

Support for families must be considered within prison staff wellness provisions. We need to offer assistance to those closest to our prison staff who may also become impacted by domestic violence, relationship breakdowns, financial difficulties, and traumatic stress. Nissa Thornton, EASU, commented that relationship issues are prevalent amongst prison staff in their state and almost always have associated financial difficulties. EASU have responded with a dedicated domestic violence peer counsellor.

**Critical Incident Response Teams (CIRT)**

There are occupational realities prison staff expect to face on a daily basis - working in shifts, internal scrutiny and challenges from prisoners. However, there are rarer occasions where significant, traumatic events can occur: prison riots and fires; hostage situations; inmate suicides or deaths in custody; serious staff assaults; staff

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\(^9\) The word “family” in this instance most often referred to immediate relations: partner/spouse, father/mother, brother/sister, sons/daughters and so on. However, it also extends beyond this to cousins, friends, neighbours, even ex-colleagues. I use the word “family” here as short-hand to refer to anyone with a close bond to the individual.
death in the line of duty; escapes or attempted escapes. These are examples of “critical incidents”, events that are out of the range of ordinary experience and overwhelm the coping skills of individuals or groups (Mitchell and Everly, 1993). Such incidents can affect prison staff from all areas of the organisation in profound ways and thus require a comprehensive intervention to identify and support those involved. This intervention is referred to as Critical Incident Stress Management (CISM). Critical Incident Response Teams (CIRT) are established in all of the prisons I visited. I also interviewed Tom McSherry, President of Crisis Preparation and Recovery (CPR), a private organisation that offers crisis intervention services to individuals, businesses, schools, hospitals and governments. Tom has over 30 years of experience in emergency and disaster services and has been involved in incidents such as the Columbine high school shootings and September 11th attacks.

The research, principles and procedures of CISM was introduced by researchers George Everly and Jeffrey Mitchell and is enacted through the International Critical Incident Stress Foundation (ICISF: https://www.icisf.org/). They developed the CISM model, a multi-tier intervention services approach which spans the temporal spectrum of a critical incident from pre-incident through to the incident itself and post-incident;

- Pre-incident preparation – education about various services (peer support, EAP) and training in stress management/resilience for all individuals
- On-scene support for prolonged incidents (usually the role of peer supporters)
- Demobilization or de-escalation – brief intervention to help staff transition from the incident back to routine duties (i.e. “hot debrief”)
- Defusing – a structured small group discussion conducted within twelve hours after the event for the purposes of triaging, mitigating the effects of the stressors and promoting recovery (i.e. “cold debrief”)
- Critical Incident Stress Debriefing (CISD) or the “Mitchell Model” – a seven phase group intervention between one and ten days following the incident to discuss the facts, their thoughts, reactions and symptoms followed by training in coping techniques and triaging for follow-ups
- One-on-one crisis intervention counselling – involvement of counsellors/mental health professionals
- Family/significant others/organisational or community debriefings
- Follow-up and referral mechanisms for assessment and treatments

Eric Abt, AZDOC Employee Assistance Co-ordinator and CIRT Program Co-ordinator explained that this CISM model is the foundation for CIRT in Arizona’s prisons. A department order sets out a clear step-by-step procedure for mandated interventions including hostage situations, inmate executions and staff deaths in the line of duty. CIRT members are volunteers who dually hold peer support roles within their own areas. Eric co-ordinates the distribution of CIRT members across the

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10 Other mandated interventions include correctional staff involved shooting; incapacitating staff injury in the line of duty; any situation where staff are involved in saving life (staff, inmate or others); serious suicide attempt or serious self-inflicted injury and inmate suicide.
state in order to make best use of their resources and to ensure all areas are covered:

I have two region team leaders, one for the Northern region and one for the Southern region. They are responsible for five complexes each; we have ten prison complexes throughout our state. Each complex has a CIRT leader and each unit has CIRT members. Our goal is to have team members at each unit and then one team lead for that complex. We have CIRT members on all three shifts…(Eric Abt, AZDOC).

AZDOC’s approach to critical incidents is centred on determining the most appropriate action to support staff, whether that is peer support, group debriefings, post-trauma counselling, referral to other services or indeed nothing at all. Tom McSherry (CPR) cautioned against “doing more harm than good” by over-responding to incidents:

the assessment is crucial and making sure that the response is proportionate to the reactions to the event…avoiding creating a crisis where one does not exist. If they’re not showing signs of distress – can’t eat, can’t sleep and their behaviours have changed at work and emotionally they’re up and down – why mess with them?! (Tom McSherry, CPR).

A co-ordinated, proportionate response to supporting prison staff following critical incidents is a must for the well-being of the individuals and for the organisation. A CIRT should exist in some form in every prison in the UK, based upon the CISM model. The ICISF offers step-by-step guidance on the formation of a CIRT for one’s own organisation (adapted from web resources):

- Step 1: identify the need for a Critical Incident Response Team
- Step 2: clearly state the goals and constituency served by the response team
- Step 3: delineate guideline for team membership and roles to be carried out – administrative structure; dispatching functions; clinical mental health oversight; team member selection criteria
- Step 4: determine how the team will be legally constituted
- Step 5: determine how the team will be funded
- Step 6: obtain legal advice on definition of terms such as standards of care, confidentiality and so on
- Step 7: determine what criteria and mechanisms will be used to activate the team and what backup resources are in place for wider crises
- Step 8: determine what specific crisis intervention techniques will be at the team’s disposal such as critical incident stress debriefing, one-on-one crisis counselling and so on
Step 9: determine what criteria and mechanisms will be used to deactivate the team

Step 10: establish guidelines and procedures for follow-up for team members after incident response

Step 11: make arrangements for ongoing in-service training

Step 12: create a clear, practical operating manual which contains policies and procedures and which addresses all aforementioned issues

Therapeutic Interventions: Uniformed Services Program (USP)

Peer support and EAP can only go so far to aid prison staff in distress. Complex, prolonged conditions such as substance addiction, PTSD and depression require more comprehensive treatment. I spent time in an innovative facility that offered treatment for prison staff suffering such conditions. Brattleboro Retreat, is a non-profit mental health and addictions treatment centre in Vermont. It provides a range of specialized diagnoses and treatments for children, adolescents and adults (https://www.brattlebororetreat.org/). Their Uniformed Services Program (USP) is a trauma and addiction treatment program for criminal justice and emergency services personnel: police, fire and ambulance service, military and prison staff. I was invited by Susan Balaban, USP Clinical Manager to spend a day with her team and clients.

The USP is a group-based therapy program centred in Acceptance and Commitment Therapy (ACT), an evolved form of Cognitive Behavioural Therapy, lauded as an evidence-based behavioural treatment for trauma, anxiety, addiction, depression sleep disorders and chronic pain:

We specialise in the treatment of trauma, depression, addiction, other anxiety disorders, coping with current life pressures. We’ve also had to develop specialised treatment in sleep disorders and chronic pain. ACT is seen as a transdiagnostic model for those with various issues – anxiety, depression, drug use, gambling… they have similar patterns which is why people can work with us with all of these different symptoms (Susan Balaban, USP).

Participants are referred via EAP counsellors, peer supporters, supervisors, family members or self-refer to join the program. Prison staff comprise approximately 10-15 per cent of the intake. Patients are admitted with a variety of disorders but typically have one or a combination of PTSD, SUD (Substance Use Disorder) and depression with almost one-quarter suffering with all of these. The course typically runs for between 2 and 4 weeks and is comprised of daily training groups, one-on-one consultations with individual clinicians and family support group meetings. ACT therapy is accompanied with sessions on mindfulness based stress reduction, relapse prevention, mindful exercise such as tai chi and yoga, sleep therapy, peer support groups and wellness-focused recreational activities (including fly-fishing, snow-shoeing and hiking).
I was invited to participate in the morning peer council and ACT sessions with the current USP patients. There were police officers, fire-fighters, military veterans and one prison staff member in the group. I bore witness to bravery – they discussed openly their current mental frailties, their fears and their obstacles but also the progress they had made and future goals. The outstanding positive of the program that shone through was the strong peer identity and camaraderie amongst the patients. They felt safe amongst peers who had an intuitive understanding of the stresses and strains of their occupation, allowing for honesty and openness in the sessions and a pool of knowledge and experience each could share;

…they are all together in their treatment – the peer support aspect is tremendous – there is a very strong resonance with all who come here that what you do is similar to what I do because we both put ourselves in harm’s way (Susan Balaban, USP).

The USP is an invaluable option available to prison staff in the North-Eastern region of the United States. It offers an avenue for peer supporters, EAP counsellors, managers or family members to refer prison staff who require critical and immediate assistance for issues such as PTSD, depression, anxiety, substance abuse and chronic pain. The facility allows staff to remove themselves from the work environment temporarily to heal wounds through professional treatment.
(iii) Promoting Prison Staff Wellness

This section focuses on how prison staff wellness is promoted in the United States. I wanted to explore how prison agencies and wellness providers promote wellness-related topics and services to prison staff themselves. Equally, I wanted to evaluate how they promote prison staff wellness as an important issue that requires further consideration, debate, research and action to staff’s families, prison supervisors and administrators, researchers, policy-makers and the general public. I witnessed innovative examples in promoting prison staff wellness through printed material; e-newsletters; broadcasts; films/documentaries; community events; and through the use of online and social media.

Printed Material

Many of the prisons and staff wellness organisations self-publish and retain a plethora of printed material on wellness-related topics and services that are available to and used by prison staff and others in the United States. A widely used promotional tool was the use of information leaflets - posters, flyers, pamphlets, business cards - the picture illustrates some of the materials acquired in the United States. Such materials are versatile as they can promote any service (EAPs; peer support units; addiction clinics) or key information about any wellness-specific topic (stress, suicide prevention or resilience). They are “pocket-friendly” as they offer staff key information in an engaging, easy-to-understand format and can be distributed at relatively low cost to capture the attention of all prison staff and their families. Prisons in Oregon and Arizona had pamphlet displays in staff-only areas such as the entrances and exits of the facilities, personnel buildings and offices, staff changing areas and staff association facilities. They utilise staff training days, induction events for new recruits and family evenings to display and distribute written material on available wellness services. Peer supporters also provide a crucial role in promoting wellness to their peers through distribution of printed material. ESS members in Oregon issue “non-emergency packets” to colleagues containing pamphlets on workplace stress, traumatic incident management and their Employee Assistance Program providers.

DWCO design and publish texts promoting wellness-related topics specifically for prison staff11. Staying Well: Strategies for Corrections Staff (DWCO, 2008; 2016a) was published as an accompanying resource to DWCO’s Corrections Fatigue to

11 These books are available on DWCO’s website to purchase individually or in bulk for organisations: http://desertwaters.com/?page_id=5167#.
*Fulfilment* training course and reflect their accumulated research and experiences with prison staff in the past two decades. *Passing it Along: Wisdom from Corrections Staff* (DWCO 2016b, 2017) compiles first-hand experiences, stories and advice from individuals at the front-line of prison work initially submitted to DWCO’s *Correctional Oasis* e-newsletter. Contributors confront prison-specific themes such as fitting into subcultural norms, establishing boundaries with prisoners and confronting self-doubt in a brutally honest manner. DWCO’s works aim to promote dialogue and debate about maintaining wellness in their working environment:

> ...all that experience should not lay dormant or go to waste...we must find ways to pass it along to other staff, as words of instruction, words of admonition, and words of encouragement...each one could and should teach many (Caterina Spinaris, *Passing It Along*, 2016, p9).

These texts serve as useful, straight-forward pocket-guides for prison staff to read and re-read, to discuss and debate with their colleagues and to share with their families.

Finally, influential U.S. publications on the area of staff wellness - research articles by Jaime Brower, Kirsten Lewis and many others - have been referenced in this report. I was also introduced to eminent books such as *Emotional Survival for Law Enforcement* (Gilmartin, 2002) and *I Love a Cop* (Kirschman, 2007) that were being used as learning material for wellness professionals and prison administrators. Such texts are instrumental as they dually develop our understanding of the effects of prison/criminal justice work and promote staff wellness as an noteworthy topic for the research community and the general public.

**E-Newsletters**

Peer supporters in ODOC produce and distribute a quarterly e-newsletter to prison staff. It contains upcoming wellness events (e.g., fitness classes), contacts for staff wellness services (peer support and EAPs) and articles written by wellness professionals to coincide with recent events or the time of year, such as taking care of yourself in the winter season. Similar examples exist in Massachusetts and Arizona and they were well subscribed and received by prison staff. One staff member based in Lewis complex, AZDOC commented that it showed that staff needs were being considered rather than ignored for the sake of prisoners’ needs.

DWCO produce *Correctional Oasis*, an e-publication focused on promoting prison staff wellness. *Correctional Oasis* adopts an engaging, versatile design and performs a range of functions. They publish research articles and commentaries from
wellness experts on wellness-related topics. DWCO welcome submissions to the newsletter, anonymously or not, thus serving as a forum to highlight and/or vent about experiences or opinions about working in prison. The newsletter also advertises upcoming events, training programs and conferences; provides access to wellness resources for prison staff; publishes feedback from readers; commemorates fallen staff; and offers motivational messages. The entire back catalogue is freely available to download: http://desertwaters.com/?page_id=747. Caterina Spinaris, DWCO, states that the newsletter provides regular promotion of prison staff wellness issues and services to prison staff and interested parties as a means to promote awareness and foster discussion, debate and disclosures.

Broadcasts

The National Institute of Corrections (NIC) in Washington D.C. co-ordinated a series of initiatives to promote prison staff wellness:

- **2014 - The Corrections Profession: Maintaining Safety and Sanity** webinars. The two-part series outlined DWCO’s research on the stressors associated with prison work, the characteristics and consequences of Corrections Fatigue and the steps toward Corrections Fulfilment https://nicic.gov/library/027907.

- **2015 - New Directions in Corrections: Staff Wellness** national virtual conference. The conference assembled prison leaders and wellness professionals from across the United States to speak on pertinent wellness-specific topics such as physical health, suicide and resilience via an online interactive platform https://nicic.gov/library/029910.

- **2016 - Corrections Stress: Peaks and Valleys** telecast. This broadcast focuses on workplace stress - the forms it takes and the effects on staff’s professional and working life. The broadcast utilises panel discussions with wellness experts and prison professionals and video interviews from serving and retired prison staff who offer their own personal experiences of workplace stress https://nicic.gov/library/032605.

These broadcasts are innovative examples in fostering awareness, dialogue and debate about prison staff wellness through the use of technologies. Individuals who subscribed to the events were able to join an online discussion to post comments and offer questions to the speakers. NIC also retains a library of resources that can be freely accessed: videos, transcripts, presentation slides and further contact information. This allows prison staff, leaders, academics and any interested parties worldwide to take part in a wellness-informed narrative and also develop networks.

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12 I took part in the *Corrections Profession: Maintaining Safety and Sanity* webinars from Northern Ireland in 2014 prior to travelling to the United States. They were instrumental in forming networks with wellness experts to collaborate with for the project.
Films/Documentaries

I was given access to films and documentaries that have been produced by prison departments or wellness agencies. These packages are used as accompaniments to inductions, trainings, workshops and conferences, and copies are made available to prison staff, their families and interested parties. Their purpose are to educate on the stresses and traumas associated with prison work, highlight services dedicated to supporting prison staff and promote prison staff wellness to a wide audience:

They Call Me Fragile - Colorado Department of Corrections. The documentary interviews a number of prison staff who discuss the nature of prison work, its dangers and stresses and how it has impacted upon their lives - physical and mental health, personality and relationships.

Bloodsport - California Corrections Peace Officers Association. The documentary discusses the implications of a court case in which a number of prison staff were accused of orchestrating “gladiator fights” in Corcoran State prison in the early 1990s. All accused were unanimously found not guilty but the film chronicles the impact this six-year trial has had on those prison staff. The documentary also debates the media depiction of prison staff and the perpetuation of journalistic sensationalism in regards to prisons.

Tomorrow Will Come - ATF. This video package, delivered to new recruits, highlights the issue of suicide amongst criminal justice, particularly within the ATF. There are interviews with family members and colleagues of ATF staff who have taken their own lives, discussing the circumstances around their loved one’s death and their lives now as suicide victims. The package concludes with a memorandum to ATF staff and associated family and friends who have died by suicide and offers advice and resources.

Stories of Hope and Recovery - Substance Abuse and Mental Health Services Administration (SAMHSA). This documentary promotes the stories of three suicide attempt survivors who recount their journey from an attempt to end their life to a life of recovery. The documentary offers advice and resources for steps to take if individuals are suffering and contemplating suicide.

These guides are powerful promoters of prison staff wellness issues, both to prison staff and others. For prison staff and their families, the emotional testimonies of colleagues set an example to those who may be thinking, feeling or experiencing similar experiences and currently suffering in silence - they may be encouraged to seek assistance for themselves, a colleague or family member. For prison leaders, researchers and the wider community such guides offer real insight into the realities and impact of prison work and the necessity for staff wellness provisions.

Community Events

On Guard Initiative organise a number of community fund-raising events to raise awareness about suicide and mental health amongst prison staff and their families. They have an annual 5K fun-run takes place in Worcester, Massachusetts,
attended by prison staff and the wider community. Bryanna Mellen, co-founder, states that the event fosters community support for those involved in prison work, promotes awareness about the challenges associated with the occupation and commemorates those who have been lost to suicide. The event also raises funds for “On Guard Scholarships”, financial assistance to serving or retired prison staff who want to participate in further education.

Dr. Caterina Spinaris, DWCO, stated that conferences/workshops bring attention to and debate around prison staff wellness. On Guard Initiative organise an annual conference dedicated to prison staff wellness, inviting prison staff, leaders and wellness professionals to take part in presentations and panel discussions. I attended Kirsten Lewis’ workshops and keynote presentations at the 2016 National Probation Conference in Nebraska on stress, trauma and resilience in criminal justice staff. Dr. Spinaris has spoke at and facilitated workshops at numerous academic conferences, most recently at the 2017 National Symposium on Corrections Worker Health in Missouri. Such events foster greater public, professional and academic cognisance of prison staff wellness.

Online & Social Media

Many of the prison agencies maintain internal websites to promote wellness issues to their staff. ODOC have a web-page containing resources on an extensive range of topics such as physical fitness and nutrition; mental health and stress reduction; financial security; and family health. EASU provides online resources to their staff - links to regional, military peer support and domestic violence offices, access to their newsletter and resources on a range of issues including addiction, financial and mental health. AZDOC have a dedicated web-page for their Employee Assistance Office. FBoP have a web-page that outlines the benefits and wellness services that staff have access to and the philanthropic work that they can take part in.

Staff wellness agencies, whether public/government, private or non-profit, have online platforms to promote prison staff wellness issues and to promote their role in supporting prison staff:

- The National Institute of Corrections (NIC): https://nicic.gov/
- Desert Waters Correctional Outreach (DWCO): https://desertwaters.com/
- KSL Research, Training and Consultation LLC: www.kslresearch.org/
- On Guard Initiative: https://onguardinitiative.org/

They offer an extensive range of wellness resources available to users - upcoming events; research and statistics; information and advice; self-assessments; and links 13 ODOC website: http://www.oregon.gov/DOC/HR/pages/staff_wellness.aspx.
16 FBoP website: https://www.bop.gov/jobs/life_at_the_bop.jsp.
to additional supports. They also promote support services that they offer individuals or groups - training, assessment, counselling, consultation and research.

Social media is an ever-expanding arena to promote and discuss prison staff wellness issues. Many of the prisons and virtually all of the staff wellness organisations visited in the United States have a social media presence. Social media is used in this context to share news stories involving prisons and/or prison staff (normally prison incidents such as assaults, riots or deaths); highlight statistics or research findings; offer wellness tips; and promote upcoming events (training programs or conferences). Staff wellness organisations also utilise social media to create online communities for prison staff where they can share stories and discuss prison work and wellness topics with colleagues nationwide and worldwide. Such platforms are a place for prison staff to vent their frustrations and to highlight staff wellness concerns and support services to colleagues and beyond.
(iv) Implementing Prison Staff Wellness Programmes

The fourth and final findings section focuses on the process of improving prison staff wellness within an organisation. I met individuals who had pioneered staff wellness programmes in prisons and other criminal justice agencies. I spent time in organisations that were currently implementing new staff wellness practices. I also challenged prison staff, administrators and wellness professionals across the United States to consider the ingredients to improve prison staff wellness in the UK. Consequently, I found a number of key components or steps in introducing new or amending existing prison staff wellness programmes:

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<th>Gaining support from leaders</th>
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<td>Setting wellness targets</td>
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Leader Support

A key first step in implementing and/or developing successful staff wellness programmes is to get support from organisational leaders:

The critical part for a successful programme is to get the buy-in from the powers that be because then you have some strength behind you. One of the reasons that our programme became successful was because we had the support of top management – they endorsed it and really gave us the impetus to move ahead and to really lay the ground-work (Peter Killeen, ATF).

Our leaders are very, very supportive of our staff wellness programmes - if we didn’t have their support it would be very difficult to push forward (Eric Abt, AZDOC).

The benefits of leadership buy-in are clear in Oregon. Colette Peters, ODOC Director, is an outspoken advocate for prison staff wellness. She promotes prison staff wellness as a vital component in protecting the public and keeping prisoners in safe and secure confinement. Through her leadership, staff wellness has become ODOC’s top strategic priority, allocating resources for wellness services and placing staff needs within their shared vision of the future of the department. This top-down support has translated into their pioneering approach toward prison staff wellness. ODOC prison staff praise the efforts of Ms Peters in highlighting staff wellness;

Our Director is really motivated and interested in the health and wellness of our staff and heads a nationwide committee for it (Prison staff, Coffee Creek Correctional Facility).
The endorsement now afforded to staff wellness programmes in the ATF, ODOC, AZDOC and others in the United States was earned over time through dialogue and debate with leaders. Wellness professionals within these organisations pointed toward key steps to achieve buy-in from leaders:

(i) identifying the necessity for change in current staff wellness provisions
(ii) outlining an initial plan to meet identified staff wellness needs
(iii) rolling with resistance to change by aligning plans with organisational objectives

High levels of staff sickness and turnover, medical retirements and particularly staff suicides were catalysts for change in the organisations that I visited. Pioneers such as Colette Peters and Katrina Masterson utilised these moments of reflection to highlight current shortcomings, whether it was poor physical and mental health figures in ODOC or a decentralised approach to wellness services in the ATF, and offer plans:

We started to see the crises that our staff were in around wellness. The fact that they’re dying prematurely, their health statistics were extremely low, rashes of staff suicides - it really arose that issue to the top (Zach Erdman, ODOC).

| I made a business case… right on the heels of a suicide. Unfortunately that’s what gets administrators’ attention (Katrina Masterson, ATF). |

Such plans need to be concise, timely and should clearly set out the key next steps to meet the identified needs. Katrina Masterson and her colleagues identified that wellness services within the department worked in isolation from each other, resulting in gaps in providing preventative wellness needs such as suicide prevention. It required a strategic, unified response to staff wellness provisions. They published a one-page brief that set out the plan to create a “one-stop-shop focal point” for staff wellness within the department. The document includes contextual information, mission aims, a list of next steps and contact information for those taking responsibility for delivering these steps. The brief serves as a great example of a clear plan to maximise buy-in from organisational leaders.

ODOC also developed a robust plan to make wellness improvements following research that highlighted poor physical and mental health amongst their staff. The department established a “wellness breakthrough team” composed of a diversity of staff from all working areas within the department (security, medical, administrative and support functions) and led by an experienced superintendent from one of Oregon’s prison institutions. In 2014, the team developed a “wellness breakthrough plan”. This brief document set out objectives to improve staff wellness across Oregon’s prisons. I observed a team meeting where they collated information that had been gathered from staff focus groups from all of Oregon’s prisons and establishing dominant themes. I saw a meticulous, systematic attention to detail in discussing and processing the data, focus in the room on the task at hand, and a clear direction for the next steps toward meeting performance targets. Zach Erdman,
project manager\textsuperscript{17}, explained that this approach reflected ODOC’s performance target-orientated that was founded upon a well-constructed plan.

An additional consideration highlighted by U.S. wellness professionals was that there may be scepticism from leaders that current wellness provisions are insufficient and/or resistance to the implementation of new staff wellness policies or practices. It is important to “roll with this resistance” by recognising the perspectives and concerns of leaders whilst offering valid counter-arguments that align with the strategic priorities of the organisation. Dr. Caterina Spinaris published on this subject: “Corrections Staff Well-Being Programs: To Implement or Not?” (Correctional Oasis, 2012). The piece debates the implementation of prison staff wellness programs by taking the perspective of prison leaders who were resistant to these changes and then offered valid counterpoints that were grounded in research findings. In brief, five themes were debated:

| 1) The addition of new programs will incur further costs to already stretched budgets |
| 2) Prisons are challenging environments. Prison work requires you to be tough - you knew this when you join the job. If you don’t like it, change jobs |
| 3) An increased education and openness to the health-related consequences of prison work will give staff an excuse to justify poor work performance, absenteeism or malingering |
| 4) It is an individual’s responsibility to take care of their health and well-being not the organisation’s |
| 5) There is not enough published evidence linking prison work with employee health to warrant interventions |

The absence of wellness programs will lead to additional financial costs - sickness absence, turnover, early retirements

Toughness is an adaptation to the environment that has short-term utility in countering traumatic situations but has a long-term systemic cost to individual well-being and workplace culture

The best way to deter staff from adopting maladaptive coping responses is to educate on optimal health maintenance strategies and fostering a supportive culture. Prison leaders must be willing to promote openness without guarantees of success. Inaction, however, will have negative financial and cultural costs to the organisation

Individual-level coping strategies can only do so much in the face of such traumatic work environments and thus need to be complimented with an organisational-level support system

You will be waiting indefinitely for crystal-clear conclusions when assessing dynamic social systems such as prisons. Prison leaders must also consider their own experiences and judgements, the voices of peers and employees (and their families), lessons from the organisation’s history as well as academic research when judging the level of intervention. However, defaulting to the status quo is too costly to prisons

\textsuperscript{17} Zach stated that his role was to “drive the process” and ensure planning and work was completed on task and on budget.
This approach maximises leader support for implementing staff wellness provisions as it promotes dialogue and debate on the subject, acknowledges the pressures and constraints they face and offers counter-arguments that “speaks their language”.

Establishing Wellness Baselines

The next component in implementing staff wellness programmes is to establish a baseline of staff’s health and well-being within the organisation. U.S. prison departments achieved this through partnering with researchers and data analysts. For example, ODOC partnered with two local universities in 2014, Oregon Health and Science University and the Portland State University, to measure blood pressure, body mass index, lifestyle choices, rates of PTSD and other health indices amongst their workforce. ODOC’s wellness breakthrough team built on this research by conducting focus groups on stress, healthy eating and exercise and access to wellness services. This approach created an abundance of quantitative and qualitative data that informed the wellness breakthrough team on the state of staff health. The accumulated data across the state’s prisons, depicting a workforce that was obese, emotionally exhausted and fearful on the job, identified that changes needed to be made:

…it really just drove home the point of [staff wellness] being something that we need to address (Zach Erdman, ODOC).

DWCO is a pioneering independent service for U.S. prison agencies who need to assess the health and functioning of their staff. Dr. Spinaris and her colleagues have developed a number of instruments which assess the experiences and impact of prison work:

- The **Corrections Fatigue Status Assessment (CFSA-v5)** is designed to assess the level and nature of Corrections Fatigue across nine areas: behavioural functioning; outlook/disposition; leader supportiveness; psychological safety; staff reliability; morale; moral injury; staff supportiveness; and meaning
- The **Depression Danger Scale (DDS)** assesses the extent to which factors associated with clinical depression and suicide risk are present
- The **Violence, Injury and Death Exposure Scale (VIDES)** assesses the level of exposure to traumatic or high-stress incidents, whether directly or indirectly, as part of one’s job role
- The **Corrections Staff Resilience Inventory (CSRI)** assesses the presence and extent of resilience-promoting behaviours: supportive staff relationship
maintenance efforts; self-care health maintenance efforts; confident/perseverant frame of mind; and controlled/logical problem solving

Prison staff within agencies that pay for the service are given passwords to access an online portal. Staff complete the wellness instruments at their own pace either at work or at home. DWCO then collate staff responses and provides summary reports to the customer agencies on baseline wellness scores, highlighting areas of significant concern and suggestions for improving staff wellness. Prison leaders are subsequently equipped with these facts to inform strategic decisions on where to focus supports and interventions.

**Setting Wellness Targets**

A successful completion of the previous step will elicit an in-depth understanding of the baseline health and well-being of prison staff within one’s organisation, particularly the areas in which intervention is most needed. The next step is to set wellness targets or objectives based upon the indices in which you used to assess the health and well-being of the staff. One question drives this task - *what would an improvement in prison staff wellness look like?*

ODOC wellness team took a structured, performance-based approach to setting targets. Their breakthrough plan outlined a number of strategies they needed to achieve in order to meet an overall objective of a workforce with healthy minds and bodies:

1) Accurate, current, and ongoing data regarding emotional, mental, and physical health of all employees
2) Wellness is defined, employees are aware of resources, and program and utilisation is increased
3) Impact of workplace stressors (unconventional schedules, inmate-related incidents, etc.) is reduced
4) The barriers to asking for help regarding physical, mental, and emotional health are reduced
5) Changes are fully adopted

Each of these strategies were allocated to a individual or subgroup within the wellness team and had a number of sub-targets. Each sub-target had a fixed completion date. Project manager Zach Erdman stated that set time limits were important to focus the team on the fixed two-year window to complete the project. Their plan also set out seven quantitative targets focused on specific aspects of staff health including:

- “reduce the number of employees who report more than 2 alcoholic drinks per day from 31.8% to 5%”
“self-reporting of “severe” depressive symptoms is reduced to less than 2% versus 7.8% of employees”

“reduce occurrences of reporting moderate/high post-traumatic stress symptoms from 23% to 5%”

Zach explained that it was crucial to set quantifiable targets so they could monitor whether the strategies have a real-world impact upon the identified shortcomings amongst the workforce such as blood pressure, cholesterol, alcohol use and sleep patterns.

ODOC’s performance-driven approach highlights important lessons in setting effective wellness targets - they must be realistic, time-bound, quantifiable (where possible) and meet the overall objective of improving staff wellness.

Choosing Wellness Supports/Interventions

In an ideal world, all of the support interventions discussed in section ii would be embedded into every prison in some form. However, with limited resources each agency must be strategic and take their own approach to manage and improve staff well-being, introducing and adapting support interventions to meet their evolving needs. There were common considerations underpinning decisions on the introduction and/or use of certain wellness interventions in the U.S. criminal justice agencies I visited:

- How should we co-ordinate wellness interventions?

Wellness professionals conceded that every agency should have a defined steering group in which to plan for, implement and monitor staff wellness provisions, as the absence of which results in a limited service for staff:

You’re always going to have to have some agency responsible for [wellness], that they point to and turn to and give the responsibility to. Without that, you’re going to really struggle to get anything put in place (Stephen Amos, NIC).

This point is further emphasised by the evolution in staff wellness provisions in the ATF. Katrina Masterson, ATF Wellness Coordinator explained that whilst the agency had previously provided a range of interventions for staff, gaps in delivery appeared due to a lack of co-ordination:

We had a lot of safety nets for employees, we really were very rich with these safety nets but we weren’t all talking together (Katrina Masterson, ATF).

In 2013, Katrina and her team coordinated a “strategic, unified response to employee wellness needs” through the establishment of the “ATF wellness board” under the Human Resources Operations Division (HROD) umbrella. Consequently, the ATF now has the reputation as being one of the most comprehensive staff wellness services across all criminal justice agencies in the United States.

- What are our immediate wellness priorities/concerns?
This question focuses on which interventions should be prioritised to meet staff needs. The answer will reflect any data-gathering exercises on staff’s current health and well-being of our staff. Katrina Masterson explained that a spate of staff suicides within short succession prompted introspection on ATF’s staff wellness provisions. Suicide prevention became the primary priority of ATF’s wellness board with an aim to, in Katrina’s words, “bring suicides within the ATF to zero”\(^{18}\). They,

- held a talk for all staff on suicide prevention inviting expert speakers
- produced a video package to demystify the stigma of suicide, highlight signs of suicidal behaviour in themselves and others and pay tribute to fallen colleagues
- created a brochure for staff offering guidance and resources;
- promoted the use of their EAP for staff struggling with the loss of colleagues and/or suicidal ideation

\(\Rightarrow\) **What wellness interventions currently operate within our organisation? Are they being utilised fully?**

U.S. wellness professionals suggest taking stock of existing support services in order to avoid “reinventing the wheel” or creating needless duplication. Katrina Masterson describes these existing supports as “low hanging fruit” in the sense that they already operate within the organisation in some form. The ATF had existing EAP and wellness training programs that they could build upon. This auditing process includes evaluating whether existing support services are serving staff needs and if not, how to improve their function. The most effective way to do this is to ask staff. ODOC’s wellness team surveyed Oregon prison staff on their use of wellness services. The team identified that EAP services were not being fully utilised as staff were not comfortable disclosing personal difficulties to an “ Outsider”. The wellness team subsequently brought EAP counsellors and prison staff together to share ideas in promoting use and dispelling fears.

\(\Rightarrow\) **What opportunities are available to collaborate or share resources with other criminal justice agencies?**

There is a collaborative culture between and across other criminal justice divisions in the United States in supporting staff wellness. DWCO’s *Corrections Fatigue to Fulfilment* training program brought together prison, police and probation staff from three continents to learn from each other and form a network of wellness trainers. Brattleboro Retreat’s USP brings together fire-fighters, military personnel, police officers and prison staff for trauma and addiction treatment to share stories, learn from each other and work together in their recovery. NIC’s online wellness conferences, webinars and broadcasts facilitated collaborative learning for criminal justice personnel nationwide. These relationships between departments have mutual benefits for all in terms of sharing ideas and practices as well as expenditure.

\(^{18}\) Due to the high rates of suicides across all criminal justice agencies, suicide prevention was highlighted as an immediate priority for all staff wellness providers in the United States.
Measuring Impact of Wellness Interventions

The final step involves appraising the impact of wellness interventions - EAPs, peer support teams and wellness-specific training - on staff health and well-being within one’s organisation.

Intuitively, this step involves regular re-testing of the indices or metrics that were used to measure the baseline health and well-being of the staff and documenting any significant changes against set wellness targets. I saw a few examples of this:

- ODOC’s Wellness Breakthrough Team designed an employee wellness self-report survey. The questions focus on employees’ overall health; their weight, blood pressure and cholesterol levels; use of alcohol; sleep; stress, depression; and experiences with staff wellness interventions. They re-issue the survey annually to measure staff wellness over time and evaluate the effectiveness of their wellness interventions.

- DWCO offer their services as a continuous partnership with prison agencies where instruments are regularly re-issued and analysed to highlight staff wellness changes over time. Dr. Spinaris suggests this is the preferred approach in evaluating and improving staff wellness as opposed to taking “a stab in the dark.”

However, the findings of such practices should be treated with caution. Wellness professionals emphasised agencies should resist making impulsive reactions about the “success” or “failure” of wellness interventions over a short period of time. There will be a degree of trial-and-error in delivering effective supports. Equally, staff wellness will not be “solved” or “fixed” indefinitely. Dr. Spinaris articulates this point effectively:

There won’t be a magic bullet, a magic fix. Prison agencies have to prepare themselves for the long haul where you gradually approach the goal, you don’t just hit it bullseye the first time...the goal gets redefined and refashioned as you move closer and you learn more about an issue and then have some better questions about it. It won’t be just one solution and bingo, its progressive improvements and there may be some steps back, some steps forward and you keep tweaking, keep adjusting and fine-tuning and fine-tuning based on feedback. It’s much more of a long-term project (Caterina Spinaris, DWCO).

One comment made was that the best intervention to assist prison staff is simply, “one that he or she will use”. Thus, attendance or use of services may be a further indication whether wellness programmes are having a positive impact on individuals and staff wellness culture. Nissa Thornton, EASU, explained that MADOC peer counsellors maintain a “weekly client report” that is submitted to the program co-ordinator. The report details the number of staff they have interacted with during the previous week (excluding identifying information), the nature of the issue, the steps taken to support them including any referrals made and any follow-up sessions. The collated figures illustrate the level of engagement from staff in wellness supports, the current issues affecting them (such as physical health, stress, financial or domestic issues) and the level of resources dedicated to supporting them. This practice allows
wellness programmes to “keep their finger on the pulse” on workforce trends and evolve their service to meet staff needs whilst also providing evidence to administrators that these supports continue to be required.

We must also remember when evaluating wellness programmes that these supports are for human beings. Each person has their own story about what they have seen and experienced, how they perceive working in prison has changed them, if they have sought wellness support and their experience of that and how they feel that staff could be better supported in their work. I took the opportunity in visiting prisons and other criminal justice agencies in the United States to ask individuals on their personal experiences in the job and how they perceived it had changed them (see section i). I was also interested in their experiences of using wellness supports. These two comments reflect personal stories in using or working within wellness supports:

We went to some training on stress management…To a lot of staff like myself who’ve always been a bit more on the “well-being side of things” it was very validating that we were doing the right thing all these years. But for the people that had been very tough and had been jaded to the world it was a really hard sell (staff, ODOC).

I know [wellness supports] works when I have that person who is suicidal, who is about to take their life, we have the intervention, we follow up with services and continuing care so we’re following this person for a long time and guess what, this person went from being suicidal, losing everything to a year later back working, they’re productive, they’re happy, there’s some kind of support network involved with them – that’s the justification, what’s the cost of a human life? (Nissa Thornton, EASU).

For prisons, personal stories can indicate that “we’re doing something right” or that there are areas to improve in support provisions. They can also serve as powerful motivators to other staff to seek out support, help a colleague or loved one or help to foster a staff culture that embraces wellness. Thus, it is important to bring together prison staff with peer supporters, wellness professionals and prison administrators to voice their opinions on the efficacy of wellness programmes. Prison facilities in Oregon hold regular wellness committee meetings with staff representatives, peer supporters, supervisors, administrators and trade union representatives to discuss wellness-specific issues, share ideas and promote new services or practices. This approach could allow us to develop a ground-level assessment of wellness provisions and foster a culture of dialogue and debate on staff wellness.

Finally, Kirsten Lewis cautioned against a sole focus on the level of dysfunction amongst prison staff - stress, trauma and corrections fatigue - in evaluating the impact of wellness programmes. Such analyses only tells part of the story. Kirsten’s research on prison staff also identifies a number of positive signs of working in prison, including having a sense of meaning in one’s work, improved resilience, better problem solving skills and being more empathic and personally aware (Lewis, 2016b). Wellness programmes should aim to enhance these acquired skills as well
as mitigate the negative effects of prison work. Therefore, both sides need to be assessed in determining the efficacy of wellness programmes. This can still be achieved through the methods described. DWCO designed the *Corrections Staff Resilience Inventory (CSRI)*, a quantitative instrument that assesses the presence and extent of various resilience-promoting behaviours (Denhof & Spinaris, 2014). This could be used to assess the level of such behaviours over time. Equally, prison staff could be encouraged to share personal stories and opinions in wellness forums on how their engagement with wellness supports (such as peer support or training sessions) have enhanced their resilience and their sense of meaning in their work.
Conclusions

My journey to the United States was a tremendous opportunity to meet colleagues and other professionals who share the same enthusiasm toward understanding, supporting, promoting and improving prison staff wellness. I witnessed and took part in innovative research and staff support interventions. I was privileged to meet committed individuals who inspired me to continue learning. I attended treatment programmes where traumatised staff spoke openly about their continuing turmoil - I want to especially thank them. I continue to be imbued with a sense of purpose to disseminate my findings and work toward improving prison staff wellness in the UK.

Prison staff in the United States share much with their UK counterparts. In fact, the core role of a prison officer is the same all over the world - keeping those committed by the courts in safe and secure confinement. My conversations with prison staff in Colorado, Arizona and Oregon during prison tours reminded me of many discussions I have had with colleagues in debating the realities of the job - long shifts, constant scrutiny and criticism, a lack of public support and managing violent, vulnerable and unpredictable prisoners.

However, it is in understanding the impact of these occupational realities and applying this knowledge to promote and support prison staff wellness where currently these two countries differ. This Fellowship afforded the opportunity to identify areas of best practices. I focused on visiting and learning from those “pockets of innovation” uncovered by my early research and through word of mouth. The recommendations below are a starting point to bring prison staff wellness programmes in the UK toward the high standards set in parts of the United States.

Since returning to Northern Ireland, I have continued to highlight prison staff wellness. I organised a staff wellness event in May 2017 for prison staff, inviting current wellness providers to engage with staff and offer resources. I continue to represent prison staff at our department’s staff engagement forum. I also attend the “blue light network”, a forum bringing together criminal justice and emergency services personnel to share ideas and resources in supporting staff wellness. The next steps are to disseminate this report to prison staff and leaders, to present findings at an upcoming psychology conference and continue to work toward completing a pilot corrections fatigue to fulfilment training programme.
Recommendations

The following recommendations, in pursuance of improving the professional and personal lives of prison staff in Northern Ireland and in prisons across the UK, are made with prison staff, prison leaders, researchers, wellness professionals, policymakers and community members in mind.

Understanding Prison Staff Wellness

1. Research on the traumatic effects of prison work

My observations and conversations with prison staff, administrators and wellness researchers confirmed that prison staff in the United States are routinely exposed to a multitude of traumatic and life-altering events in their work. We need to understand the degree of exposure to traumas in UK prisons and the effects such occupational realities are having on staff attitudes, emotions and behaviours. This is crucial to inform strategic decisions on providing staff support to cope with such realities, improve workplace health and reduce public expenditure in terms of work-related sickness absences, turnover and medical retirements. This requires building partnerships between wellness researchers and prison administrators in the UK. Oregon Department of Corrections have shown that informed by empirical research on staff health, aided by local universities and government agencies, they can create significant changes in support provisions for the benefit of staff, prisoners and the department.

2. Research on prison staff suicide

Prisons and other criminal justice agencies in the United States have suffered spates of staff suicides. U.S. research suggests that prison staff are at a higher risk of suicide, prompting investment in awareness training and wellness supports. I have lost colleagues, serving and retired staff, to suicide. But there is little understanding nor discussion of the level of prison staff suicides, risk factors and warning signs in the UK. Researchers need to bring attention to this issue. Prisons should also follow the example of U.S. counterparts in promoting awareness and offering assistance to staff struggling with their mental health.

3. A dedicated “research hub” for prison staff wellness

My experiences with Dr. Caterina Spinaris and her team at Desert Waters Correctional Outreach in Colorado highlighted the potential for a similar “one-stop-shop” for prison staff wellness in the UK. This non-profit wellness agency has grown to publish research, deliver trainings, workshops and webinars, and offer expert advice and analytical services to all corners of the country. A similar research hub in the UK could partner with all prisons to develop national measurements of prison
staff health and well-being, inform local decisions on wellness supports and deliver wellness interventions.

**Supporting Prison Staff Wellness**

4. Dedicated peer support teams

Peer support is one of the most accessible and most readily-used source of wellness support in U.S. prisons. Peer supporters who are backed by local management, who are co-ordinated, resourced and appropriately-trained, contribute greatly in delivering front-line support and advice, advocacy to staff in need of further interventions and in promoting a wellness-informed staff culture. Each UK prison needs to develop their own peer support team, with its profile reflecting the size and needs of the workforce in that area.

5. Development of a “healthy living” staff culture

Prison staff need to be physically as well as mentally fit to work in such a challenging environment. Many UK prisons do offer staff access to fitness facilities and healthy meal options. These efforts could be further enhanced through a more co-ordinated focus on assessing and improving physical health. ODOC show how significant health issues in a workforce, such as obesity, sleep deprivation and alcohol abuse, can be positively impacted through the introduction of fitness and nutrition programmes (yoga, pilates, spin classes, weight watchers), group events (fun-runs, competitions), health awareness workshops and annual health assessments. Staff who have access to such services and equipped with additional knowledge can make informed choices in maintaining a healthy lifestyle within and outside work.

6. Better use of Employee Assistance Programs

EAP are an invaluable addition to staff wellness resources, giving staff access to professional counsellors for a range of issues at no cost to the individual. However, they are under-utilised in U.S. and UK prisons. Prison administrators and EAP providers need to work together to address this in order to make better use of this service. EAP should be promoted to staff so that the range of services and the process of referral are made clear whilst concerns around confidentiality are allayed. Prisons should organise awareness forums for prison staff and EAP counsellors. Prison staff are given the opportunity to meet service providers, learn more about EAP services and express thoughts and concerns directly. Concurrently, EAP counsellors enhance their understanding of the realities of prison work, overcome any language and cultural barriers and develop networks with staff. EAPs are most effective when they do not constitute the sole avenue of support for staff but form part of a wider network of support provisions. Thus, EAP needs to form one element of a comprehensive prison staff wellness programme.
7. Wellness training for new, current and retiring prison staff

Prison staff need to be equipped to cope with the stresses and realities of prison work. I observed and took part in innovative wellness-specific trainings and workshops for criminal justice staff on trauma awareness, stress management, resilience-building and mindfulness. These trainings are designed to equip staff with greater knowledge and skills to better manage the demands of their job and create a more effective workforce. Training departments need to invest in wellness training that meet the diverse needs of their workforce. Serving prison staff in the UK need training on the topics described above as well as in managing workplace conflicts, on suicide awareness and in coping with the loss of colleagues as a starting point. Prisons need to introduce wellness training modules to new recruits. It will better prepare them for their role and establish a wellness-informed work culture. More consideration should also be paid to staff who are in the final years of service and are focusing on post-prison life. Retiring prison staff would benefit from training programmes focused on planning for retirement, maintaining good health and adjusting to life beyond prison work. Trainers need to look beyond their own organisation for innovative methods and collaborate with other criminal justice and wellness agencies. They also need to engage with prison staff in identifying wellness-specific training they feel they would most benefit from.

8. Corrections Fatigue to Fulfilment training to be delivered to all prison staff

“Corrections fatigue” is a useful concept to depict the potential negative consequences of working in prison without adequate support. DWCO’s one-day training course identifies strategies to promote resilience in all grades of prison staff - discipline staff, civilians and management. It gives prison staff a safe place to discuss how the job has impacted them. It offers catharsis to staff by explaining the processes behind progressive personality, attitudinal and behavioural changes that they have seen in themselves and in colleagues. It provides them with a tool-kit of coping strategies and resources to better anticipate and manage the stressful aspects of their work. DWCO run regular “training for trainers” programmes (empowering trainers to deliver in their own organisations) in the United States but could potentially travel to the UK. The course could form the foundation of a wellness training curriculum in UK prisons.

9. Inclusion of families in staff wellness programmes

Family and friends are best placed to identify when individuals are being negatively affected by their job. They too can be impacted by deleterious attitudinal, mood and behavioural changes in their loved ones. Prisons should strive to develop a wellness-informed organisational culture that also supports and empowers employees’ families. Prisons should organise information seminars for families, particularly those connected to new recruits. These seminars should inform them about the realities of prison work; highlight warning signs of stress, trauma or corrections fatigue to look out for in their loved ones; offer wellness advice, support and resources; promote
upcoming social events; and encourage networking between families. Equally, friends and families need to take a more active role in seeking out support services for prison staff and themselves and in voicing their opinions on better meeting their needs.

10. Dedicated Critical Incident Response Teams

Prisons need a strategic, co-ordinated response to appropriately support staff following critical incidents - assaults, prisoner suicides, riots, staff deaths. Each prison should develop a CIRT team whose roles and procedures are based upon the CISM model. Established peer support teams should be trained and coordinated to operate dually as critical incident responders.

11. A customised group therapeutic intervention for prison staff

Prison staff are at higher risk than the general population of being exposed to trauma and developing mental health conditions such as PTSD and depression. In such cases, staff can be referred to occupational health by EAP or private counsellors, peer supporters or via self-referral for individual treatment. Brattleboro Retreat’s *Uniformed Service Program* offers therapy for trauma, depression, anxiety and other conditions in a group format, bringing together individuals from similar criminal justice and emergency service backgrounds. I observed a congenial and propitious environment, where patients encouraged each other as brothers, and worked together through their treatment. Occupational Health Services should explore the viability of developing custom-made therapeutic interventions for prison staff in the UK on a regional or national level.

*Promoting Prison Staff Wellness*

12. Greater wellness promotion to prison staff

U.S. prisons have nurtured wellness-informed staff cultures by offering information to staff in a range of formats as well as forums to discuss and debate staff needs. UK prisons, in partnership with their wellness support providers, need to be more active in providing staff with accessible wellness information through posters, printed material, e-newsletters, trainings/workshops/health assessments and online resources. Prison staff should also use social media to highlight and debate staff wellness topics amongst colleagues within their own prisons, across the UK and internationally.

13. Prison staff wellness committees

It is vital to give staff a voice on the pressures they face and what supports they feel would most benefit them. Each UK prison should have a staff wellness committee,
attended by representatives from residential management, trade unions, EAP, peer supporters and prison staff. Committees should run regularly, monthly or bi-monthly, chaired by local staff wellness co-ordinators (see below). The aim of the committees should be to highlight wellness-specific issues; evaluate current wellness supports; discuss options to improve staff wellness; promote upcoming events/trainings; and set wellness objectives for the organisation. Prison staff should actively use this forum to highlight issues and share ideas on improving current provisions.

14. Public awareness campaign on prison staff wellness

Prisons are closed environments - the lives of prisoners and staff are generally screened from the public. The wider community are unaware of the effects of prison work on staff and the implications for the safe and effective operation of prisons. Wellness organisations such as NIC, DWCO and On Guard Initiative have brought the issue of prison staff wellness to the public consciousness in the United States through conferences, broadcasts, newsletters, films and documentaries and community events. Such practices must be echoed in the UK by prison staff, leaders, researchers and wellness professionals to prompt criminal justice policy-makers and politicians to develop policies and allocate resources toward supporting prison staff wellness programmes.

*Implementing Prison Staff Wellness Programmes*

15. Leadership support in implementing prison staff wellness programmes

Leaders play a vital role in promoting staff wellness and in determining the delivery and impact of policies and support services. ATF, ODOC and others operate effective staff wellness programmes as a direct consequence of endorsement by their leaders. UK prison leaders must be open to discussion with staff, researchers and wellness agencies, to consider and offer new ideas and to endorse changes in staff wellness practices or policy that are in the best interests of the organisation.

16. Prison staff wellness co-ordinators

AZDOC and ODOC have designated co-ordinators/ co-ordination teams that oversee the various elements of their staff wellness programmes - research, support services and promotion. UK prisons need designated staff wellness co-ordinators that will ensure effective delivery of staff wellness programmes. Generally, the wellness coordinator (or co-ordination team) would be responsible for;

- Driving the strategic vision of staff wellness policies and programmes
- Establishing and managing internal staff supports - peer support and critical incident response teams
- Partnering with support providers - EAP; staff trainers; occupational health; therapeutic interventions; wellness researchers
- Facilitating and chairing staff wellness committees
- Organising wellness events
- Staff and family liaison for wellness issues
- Promoting wellness information, resources and events
- Measuring the impact of wellness supports

17. Staff wellness policy for UK prisons

ODOC, AZDOC and MADOC staff attribute the successes of their wellness programmes to the establishment and enactment of wellness policies. These policies place staff wellness as a key performance indicator of their prisons and have aided in reinforcing and clarifying standards expected of employees, wellness supports and employers. Supporting prison staff in their roles is of critical importance to the safe, secure and effective operation of a prison. As such, each UK prison should have a policy on staff wellness that sets out:

- The purpose and goals of wellness programmes;
- The range of support services available to staff and processes on their use;
- The roles, responsibilities and authority of key wellness agents (such as wellness co-ordinators and peer support teams);
- Directives clarifying the procedures around interventions such as responding to critical incidents
REFERENCES


Appendix A: Travel Itinerary

This itinerary details the areas travelled to and the organisations that I interacted with during my journey across the United States\(^{19}\).

LEG 1: WASHINGTON DC (19\(^{th}\) - 24\(^{th}\) September 2016)

- National Institute of Corrections (NIC)
- Federal Bureau of Prisons (FBoP)
- National Institute of Justice (NIJ)
- Federal Bureau of Alcohol, Tobacco, Firearms and Explosives (ATF)
- National Association of Counties (NACO)

LEG 2: FLORENCE, COLORADO (24\(^{th}\) September - 7\(^{th}\) October 2016)

- Desert Waters Correctional Outreach (DWCO)
- Fremont County Jail, Canon City

LEG 3: PHOENIX, ARIZONA (8\(^{th}\) - 18\(^{th}\) October 2016)

- Maricopa County Adult Probation Department (MCAPD)
- Arizona Department of Corrections (AZDOC)
- Crisis Preparation & Recovery (CPR)

LEG 4: OMAHA, NEBRASKA (19\(^{th}\) - 20\(^{th}\) October 2016)

- Nebraska Probation Officers' Conference

LEG 5: SALEM, OREGON (20\(^{th}\) - 23\(^{rd}\) October 2016)

- Oregon Department of Corrections (ODOC)

LEG 6: BRATTLEBORO, VERMONT (24\(^{th}\) - 25\(^{th}\) October 2016)

- Brattleboro Retreat

LEG 7: PROVIDENCE, RHODE ISLAND (25\(^{th}\) October 2016)

- On Guard Initiative

LEG 8: BOSTON, MASSACHUSETTS (26\(^{th}\) - 27\(^{th}\) October 2016)

- Boston Police Department Peer Support Unit (BPDPSU)
- Massachusetts Department of Corrections (MADOC)

\(^{19}\) For a more detailed itinerary: [https://domkellycorrections.wordpress.com/]
## Appendix B: List of Contacts

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