

Testing novel health-based interventions designed to improve correctional officer health and wellness: A mixed methodological design

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Data Disclaimer

The findings presented in this report should be interpreted as preliminary, as the underlying data were still undergoing refinement at the time of analysis. While the results offer valuable initial insights, further processing may yield more nuanced patterns. Readers are encouraged to view these outcomes as part of an evolving analytical process. Additional validation and review are anticipated in subsequent phases.

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EXECUTIVE SUMMARY

Correctional officers have long been regarded as the backbone of the penitentiary system given the important responsibilities they fulfill. Among many others, officers are charged with maintaining institutional order, searching cells for contraband and other illegal items, and perhaps most importantly, creating safe and humane custodial environmental for corrections populations. Absent these vital workforce members, it can be argued that the correctional system would cease to function. Despite their importance, correctional officers work under extremely dangerous conditions that can be psychologically and physically harmful. As examples, these frontline bureaucrats are required to work alongside potentially violent individuals such as gang members, and are routinely exposed to assaults, self-injurious behaviors, and suicides. Research finds that these workplace hazards can increase the probabilities that officers will experience severe health complications, including hypertension, depression, and anxiety. Though some correctional institutions across the United States have offered therapeutic treatment to officers in the form of Critical Incident Stress Management seminars, numerous studies have criticized these programs for their inability to adequately address the underlying health issues experienced by officers. With these considerations in mind, the aim of the current project was to empirically determine, using a multi-phased, mixed-methodological design, whether two novel health-based interventions provided to officers working in county-level jails in Tennessee would improve both their health and working conditions.

Phase I of this project initially involved the collection of focus group data from ($N = 21$) officers working in the Davidson, Montgomery and Shelby county jails. These focus groups were intended to gather nuanced insight into the personal and professional stressors experienced by officers. Using this information, the services of two life coaches and a servant leadership training

program were secured. Treatment providers were asked to customize their therapeutic services in accordance with the stressors reported by officers in phase I. The second phase of this project then involved a pre-test/post-test, cluster randomized controlled trial in which variations of these treatments were assigned to three jails in Tennessee. Shelby county received a life coaching regiment alone, Montgomery county received servant leadership alone, while Knox county received both. Sumner and Rutherford county jails served as the comparison groups that did not receive any treatment. Survey data were collected from officers at pre and post-intervention to evaluate the effects of the treatments on multiple outcomes that included officer turnover intentions, burnout, mental health, and perceptions of institutional culture. Sample sizes for all five jails at post-intervention ranged between ($N = 75$) and ($N = 102$). Data collection for the entire project took place between October, 2022, and August, 2023.

Analyses of the focus group data revealed how officers were experiencing a number of work-related and personal stressors. Included among these were feeling unappreciated by society, constantly being threatened at work, and contending with family troubles such as having justice-involved teenagers. A series of Tukey-Kramer estimations were computed to assess the effects of the life coaching and servant leadership programs. Of the 11 outcomes evaluated, statistically significant differences between jails were detected for the following six: turnover intentions, depression, efficacy in dealing with incarcerated persons, resilience, anger management, and perceptions of institutional culture. Specifically, there were significant reductions in anger levels, expressions to voluntarily resign, and depression in the treatment groups when compared to the controls. Measures of cultural perceptions, resilience, and efficacy in dealing with custodial populations were also significantly different at post-intervention, with the treatment groups revealing notable improvements in these outcomes.

Overall, both the life coaching and servant leadership programs produced desired effects. At the same time though, not all outcomes analyzed were positively affected by these treatments. One potential reason for this could be attributed to the abbreviated nature of the project, with both the life coaching and servant leadership being administered in each jail for just two months between May and July, 2023. If officers were afforded these interventions for extended periods of around six months instead, this could allow the treatments more time to take effect. However, doing so would require additional monetary resources. It is therefore recommended that corrections administrators and other interested stakeholders research available funding opportunities in order to invest in programs designed to improve correctional officer health and wellness.

INTRODUCTION

First-responders such as police officers, fire fighters, and Emergency Medical Technicians (EMTs) deliver invaluable services to society on a daily basis. These vital labor force members are responsible for rescuing individuals from dangerous situations, responding to disasters, and perhaps most importantly, maintaining community safety (Richmond & Gibbs, 2021). It can be argued that public welfare rests in the hands of these essential workers, who, at the same time though, and given the hazardous conditions of their job, are at elevated risk for physical and mental health problems. Lemieux-Cumberlege and Taylor (2019), for instance, found that 42% of their sample of law enforcement officers screened positively for severe depression. Santarone and colleagues (2020) estimated that upwards of 50% of healthcare professionals experience burnout, emotional fatigue, and job-related stress. Depleted health among these vital workforce members can interfere with their ability to perform their job, placing in jeopardy, as a consequence, the wellbeing of the public (Sahoo & Gupta, 2020). Treatment in the form of mindfulness exercises and peer support programs has been afforded to these workers as a way to counteract the aversive conditions of their employment, with studies generally supporting their effectiveness (Sahoo & Gupta, 2020; Santarone et al., 2020). While the health and wellness of many of these frontline workers has been researched at length, the same cannot be said for one occupational group in particular.

Although the services they deliver to communities are just as important as those provided by other first-responders, the wellbeing of county jail officers has not been studied to the same extent as these other professionals. Jail officers are shouldered with numerous demands designed to reinforce institutional security. They are responsible for controlling the influx of contraband into their facility, arbitrating disputes between carceral residents, responding to sometimes

conflicting administrative demands, and creating safe and humane environments for custodial populations (Ferdik, 2016). Without the invaluable work these individuals perform, jails would cease to function (Ferdik et al., 2014). Of the few studies to date evaluating the psychological and physical wellbeing of frontline jail officers, scholars have found that an alarming 35% to 55% of them exhibit symptoms of post-traumatic stress disorder (PTSD), general anxiety, as well as hypertension and high blood pressure (Ferdik & Smith, 2017; Harney & Lerman, 2021; Jaegers et al., 2019). These adverse health conditions, in turn, increase officer use of administrative sick leave, as well as desires to voluntarily terminate their employment. In one recent study, Ferdik and Pica (2023) discovered how 37% of their sample of Tennessee jail officers signaled intentions to resign. High absenteeism and turnover among correctional officers can severely undercut a jail's ability to properly care for the people under its custody (Ferdik & Smith, 2017). When considering their importance to the orderly operations of any jail, a need arises to strategize ways of improving the health of frontline jail officers.

Over the past few years, and to address the poor health of correctional officers (COs) working in county-level jails, many of these institutions have offered treatment in the form of Critical Incident Stress Management (CISM) seminars, and Employee Assistance Programs (EAPs). Recent scholarship though has found that correctional officers largely disapprove of these interventions because they lack confidence in the abilities of treatment providers to adequately address CO health concerns (Ricciardelli & Adorjan, 2020). What are needed then are alternatives that not only are more appealing to COs, but that can effectively resolve their health problems. With this in mind, the purpose of the current project was to conduct a mixed-methodological evaluation of two novel health-based interventions never before afforded to frontline officers working in county jails. Specifically, in phase I of this study, focus group data

were collected from officers working in three Tennessee county jails to better understand the personal and professional stressors in their lives. Using this information, and in phase II, life coaching and servant leadership training programs were customized and then randomly assigned to three jails within TN to determine their effects on officer wellbeing. Results from this study add to a relatively sparse body of literature that has empirically tested health-based treatments designed to improve the emotional and physical wellbeing of an important yet sometimes overlooked member of the workforce: county-level jail officers.

LITERATURE REVIEW

Correctional Officer Health and Wellness

Employment as a correctional officer requires constant exposure to sometimes life-threatening occupational hazards. In 2017, Ferdik and Smith created a taxonomy of these hazards, or work-related dangers, that can compromise CO wellness. Included in their list of dangers were working alongside potentially violent individuals such as gang members, the possibilities of riots, and the presence of contraband. Being repeatedly subjected to these workplace hazards has in turn been connected to a range of adverse physical and psychosocial outcomes within COs. Data collected from a large-scale wellbeing survey in California revealed that correctional officers had a higher rate of stress-related illnesses when compared to the average American citizen (Lerman, 2017). The California Correctional Officer Survey (CCOS) measured responses from 8,334 COs, with findings indicating that 41% had been told by a doctor that they had, or were at high risk for, high blood pressure. Approximately 22% of the sample were diagnosed with diabetes, while a further 16% were experiencing heart failures. One in every three correctional officers screened positively for PTSD, with some studies suggesting that rates of post-traumatic stress disorder in correctional officers are comparable to those of war

veterans (James & Todak, 2018). Approximately one-third of COs report severe psychological distress, which is double the rate found among the general public (James & Todak, 2018). One in every seven officers have suicidal ideation, and of these, 31% say that the thought happens frequently (James & Todak, 2018). The suicide rate of a correctional officer is estimated to be 39% higher than for the general population, leading to a 16-year shorter lifespan when compared to the average American citizen (59 versus 75 years, respectively) (Lambert et al., 2020).

These negative health outcomes in COs can lead to cynicism, detachment, exhaustion, absenteeism, and desires to distance themselves from the job (Obidea et al., 2011). About 37% of correctional staff experience high levels of job burnout (Hillhouse et al., 2021). Across the United States, the Management and Training Corporation (2011) has estimated that roughly 27% of correctional officers will voluntarily resign within a single year of being hired. For those who remain on the job, there is evidence of presenteeism, where officers continue to work despite being physically sick and disengaged (Kinman et al., 2019). A study by Einart and Suliman (2021) reveals that after four years of employment, there are statistically significant changes in the personalities of correctional officers, particularly decreases in conscientiousness and agreeableness.

Disruptions to the safe and orderly operations of corrections systems are some of the most consequential drawbacks of depleted health among COs. For instance, dysfunctional institutional practices and poorly run programs within the correctional system can occur when officers are absent from or unable to work. Higher levels of institutional disorder, poor staff morale, and budgetary deficits for administrators comprise even more of the compounding problems resulting from an unhealthy staff (Baker et al., 2010). What is evident from this compilation of studies is that correctional employment remains a hazardous occupation, and one

that exposes COs to a range of health risks. Strategies tailored towards safeguarding officers from the deleterious effects of correctional work are therefore highly warranted.

Treatment Programs for Correctional Staff

Correctional practitioners, academics, and other interested stakeholders, in recognizing the declining health of COs, have offered staff therapeutic services. Examples of these have included Critical Incident Stress Management (CISM) seminars, the staffing of psychiatrists inside facilities, and the provision of Employee Assistance Programs (EAPs). Although such efforts to address CO health and wellness should be commended, researchers have identified several weaknesses with these treatments. Ricciardelli and Adorjan (2020), for instance, distributed open-ended question surveys to a sample of correctional officers working in a federal penitentiary in Ontario, Canada. In the year following implementation of a CISM in this facility, the researchers discovered how only 12 of the 322 full-time staff (3.7%) voluntarily participated in the program. Survey data from the officers revealed how they distrusted treatment providers, and rated them as incompetent. Other studies found that even among officers who participated in CISM or other treatment programs, few if any appreciable improvements in mental health were detected (Bonanno, 2004; Terte & Stephens, 2014; Winwood et al., 2013).

Another drawback of these health programs is their inability to respond to the diverse array of life challenges faced by correctional officers. Apart from being exposed to hazardous working conditions, there are other sources of harm within the correctional environment. For instance, Lambert (2001) found that a lack of input into administrative decision-making, low job control, along with strained relations with supervisors and co-workers all place COs at heightened risk for depression, anxiety, and other illnesses. Though one could argue that the job itself is the most significant source of stress for officers, it certainly is not the only one. Many

COs are single parents doing their best to balance work and family obligations, have elderly parents requiring full-time healthcare, and/or are living on strict financial budgets (Ferdik et al., 2022). In short, the stressors adversely impacting CO health and wellness are manifold and complex.

Support offered by CISM or other psychological counseling services, though applicable in those situations where officers experienced a traumatic episode at work, such as witnessing self-injurious behaviors committed by incarcerated persons (Smith, 2014), may not be all that useful in terms of helping officers process the other forms of stress in their lives. Correctional officers require practical solutions to the everyday problems they encounter both in and outside work. Crisis interventions, and Employee Assistance Programs, again and as even noted by officers themselves (Ricciardelli & Adorjan, 2020), do not offer workable solutions. Pragmatic, comprehensive, and effective alternatives are needed, and the purpose of the current study is to determine if life coaching and servant leadership can serve as examples.

Occupational Stress Theories

In 1979, Karasek introduced the Job-Demand-Control (JDC) model, which argues that when employment demands outnumber employee resources, workers will be at increased risk for mental distress. Jessiman-Perreault et al. (2021) explained this as the result of employees draining all of their cognitive faculties to meet employment demands, “resulting in poor physical and psychological health” (p. 3). Another component of the JDC model involves what is called decision latitude, or job control, which refers to an employee’s ability to determine when and how a specific task will be accomplished (Karasek, 1979). Professions in which demands exceed resources, and where there is an inability to control how they will be resolved, are some of the more psychologically harmful. The job of correctional officer provides one such example. Here,

officers are tasked with countless demands, often threatening to their own health and wellness, and have little autonomy in deciding how they will be handled. It is of little wonder then that rates of physical and mental health illnesses for correctional officers far outpace those of other individuals working high-stress occupations because, by comparison, COs are working in environments with excessively more demands and lower control over them (Jessiman-Perreault, 2021). CO health issues are further exacerbated when considering the multitude of other non-job-related stressors in their lives.

To improve the health of employees, it is recommended that they be granted greater decision latitude, coupled with fewer occupational demands (Griffin et al., 2009). Though such a maneuver may offer one recourse in terms of safeguarding workers from the detrimental effects of their job, Johnson and Hall (1988) modified Karasek's (1979) JDC model by incorporating the element of social support into it. Their now revised Job-Demand-Control-Support (JDCS) model argues that by increasing worker control over demands, through the provision of social support, the negative impacts of excessively high worker demands can be avoided. According to the JDCS, even in occupational environments where demands cannot be reduced, such as in a jail where officers will have little control over the number placed upon them, their mental and physical wellbeing can still be protected as long as they have a social support system available (Johnson & Hall, 1988). Johnson and Hall (1988) referred to this as the *buffering hypothesis* since social support can deflect any harm resulting from inordinate occupational demands. Sources of social support offer employees an arm of defense against high job demands by helping them reframe them as temporary challenges that can be easily overcome. More importantly, by providing additional human capital resources, any previous disparities between demands and resources are now erased as both become proportional to one another. Ultimately,

the JDCS argues that when workers are provided social support to confront the demanding nature of their job, their control over demands is increased, thereby decreasing the likelihood that they will experience health problems (Johnson & Hall, 1998). Although social support systems such as CISM and EAPs are provided in some correctional facilities, given CO disapproval of them, as well as their ineffectiveness at addressing all of the personal and professional demands placed upon officers, alternatives are needed.

Life Coaching and Servant Leadership

In addition to the shortcomings noted thus far of existing treatment programs for staff, there are additional ones that must be mentioned. Many COs are reluctant to self-report their negative physical or mental health issues to professionals for fear of stigmatization. Research indicates that 73% of officers have not told anyone of their mental health concerns, suggesting that a majority do not seek formal resources of support (Lerman, 2017). In fact, most COs will avoid psychiatrists or other mental health professionals because they do not believe these individuals either fully understand or appreciate the difficulties of correctional work. Moreover, many COs have remarked that they cannot relate to people who they perceive as ‘outsiders’ to the correctional environment (Gist et al., 2023; Ricciardelli & Adorjan, 2020). There is, as a result, an extreme relational distance between these two parties that helps explain why existing mental health interventions inside corrections facilities have largely failed to yield improvements in CO wellbeing. For treatment programs to work for correctional staff, officers need to trust the providers, and be able to relate to them on professional and personal levels. There is empirical evidence to support this conclusion. Johnston and colleagues (2023) evaluated the Road 2 Mental Readiness (R2MR) program instituted in a Canadian corrections agency. R2MR is a training program intended to increase cultural awareness around mental health, reduce the stigma of

reporting psychological problems, and mitigate the adverse effects of exposure to traumatic events (Johnston et al., 2023). These authors found that the R2MR helped create a “supportive space of open dialogue...meant to shift...barriers that often hinder treatment-seeking” (p. 2). Officers surveyed in this study reported how the R2MR offered a stepping stone towards effective, solutions-oriented interventions to improve officer wellbeing.

As a supplement to the R2MR program, the current project will test whether another intervention, life coaching, can improve officer health. To the best of the author’s knowledge, this treatment has yet to be offered to county-level jail officers. Life coaching can be understood as a “collaborative, solution-focused, and results-oriented process in which the coach facilitates the enhancement of life experience and goal attainment in the personal and/or professional life of a non-clinical client” (Spence & Grant, 2007, p. 188). Since life coaching is a non-clinically-based treatment, it offers an alternative to traditional mental health therapy that often is disapproved of by COs. Many officers are hesitant to share personal details of their mental health with formal clinicians. As such, even if they are experiencing personal and professional difficulties in their lives, which, in turn, can adversely affect their health, it appears they would rather suffer in silence than seek psychiatric assistance. Life coaching, in contrast to existing mental health interventions for COs, checks many of their boxes of approval. Sessions are non-stigmatizing, and hosted by professionals who are more relatable to officers. Life coaches are versatile and can tailor their sessions to the specific problems of their clients. Further, life coaching involves collaborative partnerships between an expert and a client where through collegial discussions, both parties strategize ways of overcoming problems, and of approaching them with a more optimistic mindset (Theeboom et al., 2013). Life coaching, moreover, offers a source of social support in confronting life’s demands, which is important since it specifically

relates to Johnson and Hall's JDCS *buffering hypothesis*. Meta-analytic results from Theeboom et al. (2013) discovered how life coaching offered in organizations significantly improved participant wellbeing, productivity, and coping skills.

Scholars have cautioned though that the ability of any therapeutic regiment to generate tangible mental health benefits for COs will at least partially be conditioned by administrator approval of the program (Jessiman-Perreault et al., 2021). If wardens, sheriffs or other high-ranking correctional managers disapprove of a mental health therapy program, or dismiss it as futile, such sentiments may affect officers, thus discouraging their participation. Administrators must appreciate the harmful nature of corrections employment for their staff, and support initiatives to improve their wellbeing. Across an array of empirical studies, correctional officers have cited ineffective leadership, an absence of communication within their agencies, and poor relationships with their supervisors as reasons for their diminished health (Ferdik et al., 2014; Ferdik & Pica, 2023; Ferdik et al., 2022; Lambert et al., 2016). Correctional officers desire to work for managerial personnel who value their work, and who they believe support line-staff. Even Jessiman-Perreault and colleagues (2021) remarked that any social support offered by a mental health program within an institution will work best when the "right type of support is provided by the right people in the right context" (p. 4). As such, though life coaching offers promise, it may serve little utility in an unsupportive organization.

Servant leadership is a brand of training that instills in participants the ideas that they must lead by exerting authority, and not power. Leaders should inspire, motivate, and incentivize their subordinates to give the best of themselves through compassionate, understanding, and action-oriented stewardship. Servant leadership can be defined in the following terms:

The Servant-Leader is servant first. S/he begins with the natural feeling that one wants to serve, to serve first. Then conscious choice brings one to aspire to lead. The best test, and

difficult to administer, is this: Do those served grow as persons? Do they, while being served, become healthier, wiser, freer, more autonomous, and more likely themselves to become servants? And, what is the effect on the least privileged in society? Will they benefit, or at least not further be harmed?" (Greenleaf, 1977, p. 7).

A further ten dimensions to this concept were outlined by Dierendonck (2011), who listed them as: listening, empathizing, healing, awakening, persuading, defining, foreseeing, leading, committing and building (for a further review of these, please see Dierendonck, 2011). Similar to the life coaching point made above, servant leadership inside corrections institutions seems to be lacking. If servant leadership, given its core definitional components, can produce leaders who will support line-staff and their efforts to improve their wellbeing, then it is strongly suggested that such a brand of training be instituted within corrections facilities for administrators and other supervisors. Servant leadership training can help these professionals better appreciate the hardships their staff experience, and encourage their participation in programs intended to improve health and wellness. When subordinates feel supported, uplifted and valued by their superiors, this can have enduring positive effects such as reducing stress, burnout, and turnover (Dierendonck, 2011).

Purpose of the Current Study

Weaknesses of existing treatment programs for correctional officers have been described in great depth up to this point. With these considerations in mind, the fundamental objective of the current project is to advance the work of Johnston and colleagues (2023) regarding the R2MR program. These scholars evidently uncovered a mental health intervention that is demonstrating signs of promise in terms of improving CO health. Given their core philosophies, life coaching and servant leadership may do the same, and the goal of the current project is to test this assumption. Initially, this study will begin by collecting focus group data from

correctional officers working in three county jails across Tennessee to better understand the professional and personal stressors in their lives. With this information, the next step is to customize, in accordance with the focus group data, a life coaching and servant leadership program that will be randomly assigned to three jails within the state. Both the life coaching and servant leadership will be tailored to the specific needs of COs in order to effectively address their wellbeing. When considering the health crisis facing frontline officers working in county jails, it is hoped that results from this study will inform discussions on best practices in improving the health and wellness of correctional officers.

Method

Phase I: Focus Groups

Data

Prior to collecting data, the current project was approved by the Austin Peay State University human-subjects review board panel. Before administering any type of treatment to COs, it is important to first confirm that it is appropriate for them. Mental health programs that do not align with clientele needs risk failing to produce intended benefits (Ferdik & Smith, 2017). To therefore ensure that a mental health intervention is appropriate for officers, it is important to understand the sources of stress in their lives. Towards this end, the initial phase of this study involved a series of focus groups with officers working in three urban, county jails located in Tennessee (Shelby, Davidson and Montgomery). Considering the higher prevalence of occupational stressors found in larger metropolitan county jails, the intention was to interview officers employed in these agencies specifically (Applegate & Sitren, 2008). Jails located near heavily populated cities, in comparison to more rural jails, house a heterogeneous population of incarcerated persons who are at elevated risk for mental, behavioral, and/or chemical dependency

problems. Given this, they pose greater health threats to COs (Applegate & Sitren, 2008), and since the purpose of phase I was to understand the broader range of stressors affecting officers, it was important to study COs working in more stressful jails.

Rather than interview officers individually, the current study elected to conduct focus groups with them. As explained by Krueger and Casey (2000), focus groups offer a number of advantages over individual interviewing. For one, and since focus groups are often viewed by prospective respondents as less intimidating, this can incentivize their participation.

Homogeneous occupational groups such as correctional officers, second, sometimes will share a sense of camaraderie between one another, making the entire focus group experience more comfortable. Third, focus groups offer a cost-effective alternative to traditional interviewing. Funds available for this project permitted only one trip to each jail. It would have been unwise to interview just one officer; hence, by interviewing groups of them, we were better able to reach data saturation. Finally, focus groups allow participants to comment on the statements of others, which, in turn, can improve the quality of the data (Krueger, 2000).

Empirical precedent requires that individual focus groups contain between 6 and 12 participants, and that a minimum of three be held to reach full saturation of information (Morgan, 1997). Accordingly, three focus groups were held, each containing seven respondents, to produce a final analytical sample size of ($N = 21$). Whereas too few participants can limit the diversity of information acquired, too many, on the other hand, can make others feel uncomfortable in sharing personal opinions. Morgan (1997) therefore believes that seven is the ideal number of participants. All focus groups were moderated by the lead investigator with the assistance of two undergraduate criminal justice students who helped record session notes. Every

focus group was audio-recorded with the permission of respondents, and transcribed for later analytical purposes.

Respondent recruitment relied upon critical case sampling (Morgan, 1997) in which prospective sample members were invited based upon their self-acknowledged levels of stress, and the useful information they could provide to the project. This was accomplished by posting flyers around the three jails several weeks ahead of the interviews inviting officers to participate if they believed that had valuable information to share. Contact information of the lead investigator was posted on the flyers. If an officer was interested in participating, s/he communicated this directly to the lead investigator, who then asked if they had experienced personal and professional stressors they were willing to share with others. Potential sample members were also asked if they had suggestions for ways of resolving these stressors. Based upon their answers, seven participants for each focus group were recruited, with all focus groups held in locations undisclosed to co-workers and supervisors for confidentiality purposes. Focus groups took place between October 17, 2022 and November 5, 2022, and lasted between 60 and 90 minutes.

Interview Guide and Data Analysis

Questions asked of officers centered around common stressors they experience in their lives, and what they believed could be done to resolve them (please see Appendices A and B for the respective study invitation flyer, and focus group interview guide). Interview guide items were reviewed for clarity and consistency by TCI officials prior to the interviews, and were borrowed and amended from Johnston and colleagues' (2022) study of correctional officer health concerns. Three main questions were posed to the sample, and they included (e.g., 'What are some of the major problems, or sources of stress, you encounter in your personal and

professional life’, ‘What strategies do you use to resolve them’, and ‘What can the jail do to help alleviate stressors’?). All three questions have been used in other studies examining correctional officer health, and have been credited with generating quality data (see Ferdik et al., 2022; Ferdik et al., 2023). Consent forms were completed by all participants at the start of each focus group informing them of the voluntary and confidential nature of the study. A brief demographic questionnaire was also issued asking respondents their age, gender, employment tenure, race, and ethnicity. Table 1 below provides a breakdown of phase I sample characteristics.

Different sources of data were collected from participants during the focus groups. These included transcriptions of the audio recordings, as well as session notes taken by research team members of respondent answers, and of their behaviors exhibited during the interviews. To analyze this volume of data, a comprehensive methodology was needed. It was determined that the optimal data analytic technique would be a pairing of the constant comparison and micro-interlocuter methods (Glaser & Strauss, 1967; Onwuegbuzie et al., 2009). Divergent opinions exist among focus group researchers regarding whether the individual or group should be the unit of analysis. Whereas the constant comparison method believes the group should be the main unit, the micro-interlocuter method, instead, places more emphasis on the individual (Onwuegbuzie et al., 2009). Exclusive focus on either runs the risk of failing to capture the nuance of the data. For this reason, it is best to utilize an analytic method that can capture the full complexity of the data.

Onwuegbuzie et al. (2009) explained that the constant comparison method is particularly suitable for studies using multiple focus groups. This is because themes emerging from the first set can be compared to those emerging from subsequent groups, a process known as emergent-systematic focus group analysis (Onwuegbuzie et al. (2009). Analysis of the transcripts under the constant comparison method proceeded in sequential phases using Dedoose (n.d.;

<http://dedoose.com>). A grounded theory, discourse-analytic framework guided the research team's interpretation of the responses (Hesse-Biber & Leavy, 2011). Initially, this involved using inductive reasoning to carefully inspect the transcripts to identify interrelationships between them. To enhance inter-rater reliability, all transcripts were independently evaluated by two members of the research team to see if similar conclusions were drawn about the meaning of the data. As research staff members read through the transcriptions, memos were drafted to synthesize this information. A thematic analysis approach was then adopted to determine the similarity of memos emerging from these separate analyses (Charmaz, 2006). This process involved familiarization with the data through multiple readings of the transcripts. Using a consensus approach, focused coding procedures followed in which key concepts, or themes, were identified (Charmaz, 2006). Viewed as a pattern construction technique, focused coding involves researchers in tandem "examining all the data in a category...and then comparing pieces of data with other pieces in order to build a clearer, working definition of a concept, which is then named" (Hesse- Biber & Leavy, 2011, p. 311). Themes emerging from these analyses are presented in Table 2.

In addition to analyzing pooled responses across all participants, research team members paid particular attention to individual-level data as well. Wilkinson (1998) cautioned that analysis of grouped, or aggregated data alone, can overlook the responses and behaviors of individual participants. For instance, and as occurred in this study, some officers remained silent in responding to certain questions, submitted inarticulate answers, and/or acquiesced to the majority viewpoint. Failure to document these individualized responses, as noted above, can restrict the full scope of the data. Micro-interlocuter data analytic methods analyze the entire social context surrounding the focus group, including evaluating the responses provided by each

member, as well as their behavioral mannerisms (Wilkinson, 1998). When reporting these data, it is best to document the totality of the actions and verbiage of each individual study participant, and then numerically record the proportion of respondents submitting consenting or dissenting opinions to all questions (Wilkinson, 1998). As will be seen later in the results, not only did this study report themes from the aggregated focus groups, but they were contextualized by reporting the social circumstances surrounding the answers¹.

Phase II: Completely Randomized Experiment

Procedures

Information acquired from the focus groups was then used to customize a life coaching and servant leadership training program for correctional officers and administrators. Based on what the officers reported during the focus groups, the lead investigator shared their anonymized statements with the life coaches and servant leadership staff in order to brief them on what the officers specifically needed to improve both their working conditions and health and wellness. As shown in Table 2 below, officers indicated how they needed assistance with personal family troubles that included having justice-involved teenagers. They also voiced concerns over their inabilities to handle strained relations with supervisors. Both the life coaches and servant leadership personnel were asked to tailor their sessions to address these issues in particular. Earlier it was explained that to effectively resolve stressors in the lives of COs, treatment interventions must target the problems they are actually experiencing. By first collecting information on their sources of stress, and then instructing the treatment providers to customize

¹ Positionality, described as an “individual’s worldview and the position s/he adopts about a research task” (Holmes, 2020, p. 1), can sometimes skew or bias the collection and analysis of qualitative data. To overcome this issue, members of the research staff applied as open-minded and objective a perspective as possible to the data collection process. This was done by adhering strictly to the interview guide created, not departing from original intentions of this study with tangential questions, allowing respondents to express themselves uninhibited, and never applying judgment to their responses. Though such efforts were taken to ensure that personal biases were not impacting the data, caution should nevertheless be exercised when interpreting the focus group results.

their sessions towards these issues, efforts were made to ensure these interventions were appropriate and relevant to staff.

Phase II specifically involved a form of experimental research called a dismantling study (Shadish et al., 2002). Here, variations of treatments, sometimes delivered in conjunction with one another, are randomly assigned. For the current study, one jail in TN was randomly assigned a life coaching program alone, another received a servant leadership training initiative exclusively, while a third was randomly assigned both. Randomly assigning in such a manner allowed for outcome comparisons not only between treatment and control conditions, but between treatments themselves. Rather than assign individual officers to the different treatments, instead this study utilized what is called *cluster random assignment* (Bloom et al., 1999). This involves randomly assigning whole groups of people, or clusters, to the treatment instead of single individuals. Such a procedure was necessary in the current study for a number of reasons. First, if the research team, hypothetically speaking, was to randomly assign life coaching to only one set of officers within a single jail, we could have run the risk of resentful demoralization or diffusion of treatment (Shaddish et al., 2022). Second, and to avoid either of these concerns, then we would have had to force officers to personally travel to the life coach, rather than have the coach visit the jail, which was what occurred in this study. Mandating that officers visit the life coach on their own would have unnecessarily burdened them. Third, since we aimed to test the effects of servant leadership both independent of and alongside the life coaching, it would have been impractical to have administrators practice servant leadership with only a randomly assigned group of officers within the same jail. In light of these points, the best randomization technique was that of cluster random assignment (Bloom et al., 1999).

Extramural funding available for this study allowed for a total of five jails to be analyzed, with three serving as treatments, and two as comparisons. To reduce potential confounding effects on our criterion measures of interest, jails across TN were matched along a number of dimensions. As reported above, it was important to conduct this entire study in jails where officers are exposed to a comparatively higher proportion of occupational stressors. This way, if the treatments demonstrated effectiveness in these facilities, then we could potentially argue that they would operate in the same manner in other less stressful ones. Had we conducted our study in the reverse manner, whereby administering treatments in the less stressful jails first, a similar argument may not have been possible. Therefore, jails were matched according to surrounding county population sizes, the total number of frontline staff employed within each facility, the average daily incarcerated person population, the number of disciplinary infractions reported in the preceding year, along with whether the jail was in an urban or rural location (all of this information was supplied by Mr. Robert Bass: Tennessee Corrections Institute (TCI) Deputy Director). This produced a set of seven comparable jails.

To randomly select which ones would participate in the study, the names of each jail were written on separate note cards, then placed into a hat and randomly drawn. This resulted in the following county jails being randomly selected for phase II: Shelby, Montgomery, Rutherford, Sumner, and Knox. In a 2022 study performed by the lead investigator that lasted between May 1 and September 30, data on our outcome measures of interest were collected after distributing a statewide survey to officers working in every county jail in TN. In addition to randomly selecting jails, randomly assigning them to either treatment or control conditions, and matching them according to the above criteria, a series of Levene's tests (Hair et al., 2010) were performed to determine if there was equality between jails on our dependent measures of

interest. Following these tests, the null hypothesis H_0 of homogeneity between the five selected jails was retained, suggesting minimal outcome differences across all five facilities.

When conducting a cluster randomized experimental design, statistical power may become an issue because again, rather than assigning individuals to conditions, one is assigning aggregates. A sufficient number of individual-level units are therefore needed to detect significant effects (Bloom et al., 1999). Before assigning the treatments, statistical power analyses using STATA 17.0 were estimated to determine the minimum number of officers needed in each jail to detect significant effects. These computations indicated that, to have an 80% likelihood of detecting at least a 10% difference in treatment effects across clusters at a 95% confidence level, a minimum of 49 officers within each jail were needed. With a total of five jails, this produced a final needed sample size of ($N = 245$; 49×5).

The process of randomly assigning jails to treatment involved the following procedures. First, on five separate note cards, the words ‘Life coaching only’, ‘Servant leadership only’, ‘Both’, ‘Control’ and ‘Control’ were written, then placed into a hat. Second, the names of each jail, ‘Shelby’, ‘Montgomery’, ‘Rutherford’, ‘Sumner’, and ‘Knox’ were written on separate note cards and placed into another hat. The lead investigator then randomly picked one card out of each hat and matched them. This resulted in each jail being randomly assigned the following treatments:

- 1)-Shelby County received life coaching alone;
- 2)-Montgomery County received servant leadership training alone;
- 3)-Knox County received both;
- 4)-Rutherford served as a control;
- 5)-Sumner served as a control.

Pre and post-intervention survey data were collected from officers electronically using Qualtrics. Work-based e-mail addresses of every officer working throughout the five jails were

provided to the lead investigator, who then submitted to them a digital link to the questionnaire. Once the officers clicked the link, they were prompted to the virtual survey that began with a cover letter informing them of the confidential and voluntary nature of the study, the identity of the research staff, that their responses would not be shared with outside parties, and that completion of the survey would take between 20 and 25 minutes. Though COs were not provided formal compensation, it was explained in the cover letter that their responses would be the only way to assess intervention effectiveness. Web-based survey delivery was chosen over others such as in-person or mailed because of the comparatively higher costs associated with the latter two, and because digital surveys have historically performed better at increasing response rates and sample sizes (Dillman et al., 2014). Total and facility-level response rates and sample sizes for both pre and post-intervention surveys are displayed in Tables 3 and 4 below. Prior to distributing the surveys, they were first pilot-tested on TCI administrative officials, who suggested minor changes to question wording and formatting.

Wave I, or pre-intervention survey data, were collected between April 1, 2023 and May 1, 2023. Afterwards between May 2, 2023 and July 15, 2023, the life coaches administered their respective services in the assigned jails, while the servant leadership was also administered during this same period. Finally, wave II, or post-intervention survey data, were collected between July 16, 2023 and August 31, 2023. During the actual data collection periods, the lead investigator submitted reminder emails to staff on a bi-weekly basis encouraging them to participate in the study. Administrators in all five jails posted flyers about the study in the breakrooms, and also submitted weekly reminder notifications to their staff. Below is a diagram

of the phase II experiment, which assumed the form of a Multiple Treatments with Controls and Pre-Test Design².

R.....O.....Xa.....O

R.....O.....Xb.....O

R.....O.....Xc.....O

R.....O.....X.....O

R.....O.....X.....O

Measures

Outcomes analyzed in this study included correctional officer turnover intentions, PTSD symptoms, depression, anxiety, suicidal ideation, burnout, resilience, efficacy in dealing with incarcerated persons, relations with co-workers and supervisors, work-life balance, anger management, and finally, perceptions of institutional culture. Measures of each of these variables were culled from extant literary sources (see Auerbach et al., 2014; Connor & Davidson, 2003; Ferdik et al., 2014; Goldberg & Waldman, 2000; Lambert, 2001; Ricciradelli & Adorjan, 2020). Appendix C contains a complete listing of the individual survey items used to operationalize these constructs. All multi-item scales together underwent principal axis factor analysis with promax rotation to determine their discriminant validity from one another. Common factor methods such as principal axis are favored over principal components analyses since they do not rely upon the assumptions that variance is common or perfectly reliable (Raykov & Marcoulides, 2000). This factor method was also selected due to its ability to accommodate ordinal variables and because it makes no distributional suppositions (Baglin, 2014). An oblique method of

² In the diagram, R represents random assignment, O represents point of observation when data were collected, Xa refers to Shelby county that received life coaching alone, Xb is for Montgomery that received servant leadership alone, Xc denoted Knox county receiving the joint life coaching/servant leadership training, while X was for Rutherford and Sumner counties serving as comparison conditions.

rotation was favored given that, according to Baglin (2014), most factors in a multidimensional scale will share some degree of relationship. Only those items producing a minimum factor loading of .40 were reserved for inferential analyses (Hair et al., 2010). Factor retention decisions were based upon the Kaiser-Guttman criterion and Cattell's scree plot where factors producing eigenvalues greater than one were retained (Hair et al., 2010). McDonald's omega coefficient of reliability, rated superior to Cronbach's alpha because it produces more conservative reliability estimates, was used to assess scale internal consistency (Hair et al., 2010). Tables 5 and 6 below display the descriptive statistics for the statistically significant outcomes of this study.

In terms of the treatments, after randomly assigning Knox and Shelby counties to life coaching, the lead investigator conducted web-based searches of available life coaches in these counties. It was important to acquire the services of a life coach who had previous experience in corrections, who was highly regarded in this field, and who could relate to COs. After thoroughly reviewing the webpages of five life coaches in both counties, the lead investigator contacted each one to ask them about their previous experience in corrections, approach to life coaching, availability, and pricing. Funds available for the current project allowed for a total of \$22,500 to be spent on each life coach, averaging out to \$300/hour for a total of 75 hours of life coaching in each jail. Following these phone calls, the services of two life coaches, one in each county, were secured. Both had prior work experience in corrections, were familiar with the respective administrators of the jails, had availability throughout the project period, and agreed to our pricing (please see Appendix D for a complete description of their qualifications).

Prior to administering the treatment, the lead investigator, the captains of the two jails, along with the life coaches, held zoom meetings to coordinate when and how the life coaching

would be offered. Correctional officers in Shelby and Knox counties are required to undergo yearly in-service training. To incentivize their involvement in the life coaching, the respective captains of each jail promised that CO participation in this treatment would satisfy these training requirements. Both life coaches then traveled to their respective jails three times a week to deliver 2 ½ hour sessions until they reached the 75 hours. A room within each jail facility was reserved for the life coaching. Coaches structured their schedules around those of the COs to ensure they could meet with all officers. During every session, coaches worked with around 30 officers by helping them resolve problems they were experiencing both at work and home. With roughly 270 COs in both the Shelby and Knox facilities, all of these procedures led to each officer in both jails meeting with their respective life coach for about eight hours total.

Regarding the servant leadership, here as well the lead investigator conducted extensive online searches of available programs. With \$16,500 available for this treatment, it was important to locate a provider who would accept this amount, while still delivering a quality product. In the end, the eCornell Servant Leadership Training Institution was selected. A total of five digital courses, each two weeks long, are required as part of this program to become a certified Servant Leader by Cornell University. The following topics were covered in each course: 1)-Building Leadership Character; 2)-Authenticity, Integrity, and Accountability; 3)-Courage, Humility and Compassion; 4)-Developing a Culture of Empowerment; and finally, 5)-Leading with Credibility. Each course was moderated by a facilitator who graded assignments such as discussion boards, quizzes and written essays. All courses were administered asynchronously, but had to be completed within the allotted two-week timeframe. TCI officials agreed to have all of their administrators in both the Montgomery and Knox County jails undergo this completely virtual training. It could be completed either at home, during breaks, or

at any other time and place convenient to participants. In total, 5 administrators from each jail, including two chiefs and three captains, enrolled in the eCornell Servant Leadership training program. Delivery of the courses overlapped with the life coaching, proceeding from May 3, 2023 until July 15, 2023. Cornell University staff submitted weekly updates regarding participant progress in the courses. Every administrator adhered to posted schedules, and successfully completed the entire training by the due date.

Data Analysis

With a diverse assortment of outcomes, and a mixed experimental design, there were a number of ways to approach analysis of these data. A series of Tukey-Kramer computations (Hair et al., 2010) were estimated for all Phase II continuous outcomes. Only statistically significant effects are reported in the findings in order to keep the report as succinct as possible. Table 7 contains output from these estimations. SPSS version 29.0 was used to quantitatively evaluate phase II data.

Results

Phase I: Focus Group Data

Respondent demographics are reported in Table 1. Referring to the entire sample, the average age of all respondents was 42.4. Exactly 61.9% were male (13/21), while 57.2% self-identified as African American (12/21). None of the respondents were of Hispanic ethnicity, with the average employment tenure being 9.42 years. Findings from the focus groups are presented in the following manner: themes emerging from question one will initially be discussed, followed then by reviewing the themes from questions two and three. Where themes are reported, they will be supplemented with representative quotations. Table 2 provides a summary of all themes uncovered in this study.

Table 1: Focus Group Sample Characteristics (N = 21)

Demographics	Davidson County	Montgomery County	Shelby County	Total
Average Age	39.5	43.4	44.4	42.4
Gender				
Male	5 (71.42%)	4 (57.14%)	4 (57.14%)	13 (61.90%)
Female	2 (28.57%)	3 (42.85%)	3 (42.85%)	8 (38.09%)
Race				
Caucasian	4 (57.14%)	2 (28.57%)	3 (42.85%)	9 (42.85%)
African American	3 (42.85%)	5 (71.42%)	4 (57.14%)	12 (57.14%)
Hispanic Ethnicity	0	0	0	0
Average Employment Tenure	9.00	8.57	10.85	9.42

Question 1 Themes

Feeling Undervalued

Unanimously, all 21 respondents felt undervalued and underappreciated by the public. Every single officer felt as if they were placing their livelihood on the line when reporting to work. Especially amid the coronavirus pandemic, where jails could not adhere to certain Centers for Disease Control and Prevention guidelines, such as shutting down the jail, these frontline staff were exposing themselves to a highly contagious disease each time they entered the facility. To make matters worse, officers noted how they are working in environments where they are exposed to a population of disgruntled individuals who can be disruptive to the institution. Combined, these employment conditions increase the risk that officers will experience health complications. Despite the hardships of their profession, none of the COs were receiving the respect they felt they deserved from the community. The following representative statements reflect these sentiments:

- *We're not the public face of law enforcement; we are at the bottom of the totem poll here;*
- *The public wants to forget about us here because we're hiding the ugly part of society.*

Not only did officers feel undervalued by citizens, but they felt equally underappreciated by their colleagues in law enforcement. All focus group participants felt belittled by the police officers working in their county. When law enforcers transported arrestees to the jail, they sometimes would make derogatory remarks towards the correctional officers. As some respondents recalled, there were occasions when police officers would say “all you are doing is opening and closing doors, while I’m actually out there helping people”. Such statements demoralized the COs, and made them feel “worthless” because to them, they are helping to rehabilitate carceral residents, which if successful, can reduce recidivism and make communities safer. It should be noted that, in regards to the theme of being undervalued, every single focus group participant responded passionately to this issue, with one in fact proceeding to cry at a certain point. The following quotation summarizes the collective feeling among our sample of being undervalued:

- *Some of these 24, 25-year-old road guys forget that I'm also a 20-year vet. I've probably shot at more people than you have. I've probably been shot at more than you have. So, when we're right on the range and I'm instructing you on your firearm use, and you kind of step over me like I don't exist, it's like, hold the phone guy.*

Feeling Unprotected

All officers in this study felt unsafe in their job, at elevated risk for emotional and physical health problems, and unprotected. Jail officers are outnumbered by a population of individuals who are either convicted or suspected of law violations, and who may be experiencing withdrawal symptoms, behavioral issues, and/or mental health impairments (Ferdik & Smith, 2017). Many of these people are being held against their will, and will sometimes direct their frustrations in a violent way towards the officers tasked with ensuring their welfare. Officers working in county-level jails are unarmed, sometimes alone when supervising

dormitories within the facility, which are factors that can sharpen their sense of vulnerability to workplace threats. These viewpoints were evidenced by the following story shared by one respondent who recalled that while working the Restrictive Housing Unit (RHU) and performing a routine search, “a sharp object in an inmate’s cell was discovered. When I asked him about it, he lunged at me to grab the object. I was alone at the time, and had to fight him off by myself. Though I yelled for assistance, evidently no one heard me. I felt abandoned in the moment”. After this respondent spoke, the other officers in the focus group looked at one other in a puzzled way because they were completely unaware of this story. They were caught off guard by what this one officer said, and then collectively responded: “I am so sorry you had to go through that. I really had no idea. If I knew, I would have been there”. There was a momentary yet palpable tension in the room following this exchange between the officers.

Not only did all respondents feel unsafe and abandoned at work, but they also felt deserted in their search for adequate medical care. Every officer explained how they had suffered numerous on-the-job injuries, ranging from bruises to lacerations and head trauma. However, they felt that the jail was not taking their health seriously. Even after being wounded and reporting this to administrators or medical staff, rarely would anyone follow up on their status or offer needed care. Officers appeared visibly dejected and frustrated when describing their experiences with on-the-job injuries. They submitted the following comments in regards to these points:

- *When we actually see a doctor, they just medicate the problem with addictive substances;*
- *When you get hurt in this place, you’re on your own;*
- *You better look out for yourself, because around here, no one else will.*

Inadequate Staffing

Asked to document another significant source of occupational stress, every officer between the three focus groups shouted: “Staffing”. Similar to the previous two themes, here again, all 21 study participants indicated how the constant turnover of officers was creating unnecessary stress. Low employee retention was particularly acute during the latter stages of the COVID-19 pandemic because as jail populations began to surge once again, this was met with historic downturns in the number of available officers. Although corrections agencies have almost always contended with chronic staffing shortages, these seemed to be exacerbated by the coronavirus. As a result, the disproportionate rate of incarcerated persons to correctional officers was higher than at any other point in history, according to respondents. Staff attrition was placing undue burden on these COs by increasing their workloads, and by decreasing the amount of time they could spend with family and friends. Coupled together, these issues were worsening health problems for an already mentally and physically drained workforce. Officers shared the following statements concerning staff attrition:

- *No one wants this job. No wonder it's just us;*
- *Man, staffing around here is just so low. I have never seen morale so low;*
- *There just aren't enough people to handle all of these inmates;*
- *Admn thinks we can do this with the current numbers. They're crazy. Let's see you here.*

Unsupportive Administration

In connection to the point made earlier about officers needing to independently secure medical services for on-the-job injuries, unanimity was once again observed across the sample with regards to working for unsupportive administrative staff. All 21 respondents believed that they were receiving no support from captains, chiefs, sheriffs or other administrators. In fact, one respondent even made the following comment to the lead investigator: “What is the point of you doing these interviews? It's not like anything will change”. Even if the officers were fully devoting themselves to the job, helping to rehabilitate residents, and going above and beyond to

serve the interests of the jail, there was no recognition for a job well done. At best, the officers would be told: “You’re doing what you need to do. What do you want, a sticker on your fridge? Participation awards are not given around here”. Other similar comments related to the theme of unsupportive administration included:

- *We have nothing but a horrible administration, and a horrible promotion process;*
- *There is nothing but nepotism going on around here; If you’re a certain color, ya ain’t getting recognized around here;*
- *The unrealistic expectations of administration need to stop;*
- *You think our bosses care about us? Nah, body. It’s every man, or in my case, woman, for yourself. They do not know what it is like to work on the frontline.*

Unsupportive and generally unsympathetic administrative staff, as perceived by our sample, was creating a culture of hostility, animosity, and negativity within all three jails. Since the officers felt that their wellbeing was not being valued, or even considered for that matter, they started approaching the job in a more perfunctory manner, leading to reduced productivity. On this point, one officer even remarked that “the inmates can feel what we feel. They sense when something is wrong, and that puts them on edge”. In total then, these officers listed an unsupportive administration as a prominent source of occupational stress. When reflecting on this, every respondent either sighed, or shook their head in disbelief.

Unsuccessful Rehabilitation

All three jails selected for phase I housed reentry programs for incarcerated persons. These included GED prep courses, vocational training, Alcoholics and Narcotics Anonymous classes, and anger management therapies. Over the past half century or so, correctional officer responsibilities have evolved from custody-based functions alone to now including more social work-type duties (Johnson, 2002). The re-shaping of the correctional officer job now requires that these frontline personnel promote jail resident participation in rehabilitation, and assist them with institutional adjustment problems (Ferdik, 2016). Since all officers in this study thought

they played a role in the successful re-adjustment to society of each jail resident, they took seriously these responsibilities.

A total of 10/21 respondents though (47.61%) expressed frustration when seeing the same people cycle through the jail, despite some being actively involved in treatment programming. Sawyer and Wagner (2023) discovered how one in four people (25%) who enter a jail will be re-arrested within one year of release. For these 10 respondents, they viewed these figures as underestimations of recidivism. They continuously saw the same faces entering and exiting the jail on a rotating basis, which disheartened them. Many of these jail residents were diagnosed with co-occurring mental illnesses, and/or severe substance abuse challenges, which interfered with their ability to lead crime-free lifestyles. These officers were notably distressed by what they perceived to be a failing system. If part of their now revised job description is to successfully rehabilitate jail populations, and they are witnessing a subset who is constantly failing, then maybe, according to these ten respondents, COs are part of the problem. Though the other 11 respondents did not necessarily contribute to this part of the dialogue, the research team did notice that they would shake their heads in agreement that more needed to be done to reform justice-involved persons. When recalling stories of unsuccessful rehabilitation, the aforementioned ten officers shook their heads in disappointment and/or raised their shoulders and exclaimed: “What else can you do but be there for them? You’re not going to win every battle and it sucks”.

Inadequate Family Care

It was previously explained that sources of stress for correctional officers do not originate solely from the job. Many COs lead extremely stressful lives since demands placed upon them extend beyond the professional. Examples of personal stressors cited by our respondents

included marital conflict, limited budgets, inoperable appliances and/or automobiles, criminal victimization, but most importantly, inadequate child and family care. All 21 COs cited at least one of these stressors as adversely affecting their emotional wellbeing, which, though occurring outside the job, could still be connected to it. What was most concerning though to a majority of officers (13/21; 61.90%) was their inability to properly care either for their elderly parents or children. One respondent recalled a story of a former female correctional officer “who was recently separated and left alone to care for her three-year old. Working 12 hour shifts four days a week proved too much. She’s got other stuff to take care of. She quit. We lost a good one”.

All 13 COs caring for children and/or elderly parents indicated how they had no time to attend to loved ones. Parents required transportation to chemotherapy sessions for cancer treatments, prescription medications that had to be purchased at the pharmacy, while their children required packed lunches for school, assistance with homework, or just daytime care depending upon their age. One officer who had a teenager recently arrested for vandalism stated: “Imagine coming to work and seeing your son in a jail cell”! This respondent proceeded to break down and cry when recalling this horrific episode. Officers explained how there were just too many problems they were forced to resolve. Though demanding and time-consuming work schedules could be attributed, in some way, to these problems, still, it was not the job itself that led to having a justice-involved teenager, or a terminally ill parent. Nonetheless, these were personal issues requiring attention that added to an already burdensome life. Three of the officers indicated how they were on the verge of tending their resignation because they just did not have the mental or physical strength to deal with all of these matters. They were reluctant to do so though because to them “from where else am I gonna make money”? Though all of the officers were experiencing their own unique personal troubles, they empathized and sympathized with

one another. Immediately after citing their personal hardships, some of the officers placed their arms around their co-workers and stated: “I understand. We’re here for you”. Representative statements made in relation to both inadequate family care, as well as the other personal troubles, included:

- *How the hell am I supposed to get mom to chemo without a damn car?;*
- *My kid needs me, and I’m always stuck in this damn place;*
- *Can’t be in 15 places at the same time.*

Questions Two and Three Themes

Self-Care & Resilience

Aside from researching stressors, another aim of phase I was to discover solutions to them, as suggested by officers. Whereas question two asked them to list the ways they personally overcome life’s hurdles, question three inquired into what they believed the jail could do to help. It should be noted that of all the proposed resolutions, none of them were financial in nature. Though none of the officers would have necessarily refused pay increases, they did not cite this as a strategy to overcome personal and professional stressors. Instead, all of their solutions related either to administration, or to individual characteristics and social support.

Beginning then with question two, 15 of the 21 respondents (71.42%) cited resilience enhancement through self-care as a strategy to overcome life’s obstacles. Although the other six respondents did not offer any personal solutions, they would nod their head in agreement to the ones proposed by their colleagues. They even uttered statements such as: “Yeah, that’s a good idea. Wish I had thought of that...haha”! Where possible, acquiring enough *restful* sleep, with emphasis on restful, eating a balanced diet, exercising, detaching from the job by spending time with family, or doing something as simple as “finding the time to just sit in the damn park for a minute and rest” were all strategies proposed by these sample members to overcome life’s

stressors, and lead a healthier lifestyle. One officer even made the following remark: “How the hell are we supposed to care for others if we don’t start caring for ourselves first”? Frontline correctional officers, as indicated above, are responsible for the welfare of a population of individuals who often need assistance. If the officers are incapable of rendering that assistance because they are suffering their own health problems, then their ability to function at work will be compromised. They need to take care of themselves before taking care of others, with all officers fully cognizant of this point.

Not only can a healthier lifestyle lead to a healthier mind and body, but it can be instrumental in equipping officers with resilience, or, as they put it, “mental toughness”. The list of personal and professional hardships encountered by officers, as revealed in their question one responses, is extensive. Officers must be resilient in the face of these obstacles in order to successfully overcome them. To respondents, resilience meant possessing the mental and physical fortitude to confront all of life’s problems without experiencing any adverse effects because of them. Resilience further entails the ability to resolve one problem, remain unaffected by it, then transition to the next one in “assembly line fashion”. “Without resilience”, as explained by one respondent, “you’re not going to last long in this line of employment. Everyday it is something new, and ya just gotta learn to deal with it, resolve it, then brush it off in preparation for the next challenge”. For these respondents, there seems to be a causal sequence operating here where self-care will lead to a healthier mind, increased resilience, an improved ability to handle life’s demands, and by extension, reduced stress. Statements offered by COs in support of this were:

- *Ya gotta have strength on this job before it overtakes you;*
- *I ain’t gonna say it’s easy, but if you take care of yourself, your mind will take care of the rest;*
- *A healthier mind will lead to a healthier approach to life.*

Employer Recognition/Alternative Stress Management Therapies

Most organizational psychologists agree that one of the most important sources of worker happiness is praise received from employers (Schein, 2015). Failure to acknowledge line-staff dedication to the job can increase employee stress and intentions to resign (Schein, 2015). County-level jails are not immune from these issues. Jail officers work a demanding job, placing their welfare at risk in the process (Ferdik & Smith, 2017). Many simply want to be recognized for the job they are doing, including all 21 members of the current study. When asked what the jail could do to alleviate job-related stressors, overwhelmingly and unanimously, they all stated how they wished their supervisors would just “appreciate what we do”. Issuing certificates of achievement, implementing an ‘employee of the month’ program, or just “patting us on the back once in a while” would go a long way towards improving morale.

Wellness programs within all three jails studied in phase I are offered to line-staff. These include CISM and EAPs. Similar to Ricciardelli and Adorjan (2020), none of the officers liked participating in these, despite experiencing numerous traumatic events at work, including witnessing completed suicides committed by jail residents. “All these programs do”, as told by one respondent, “is ask how you feel. How the hell do you think I feel? I just saw a dead body. Certainly I ain’t peachy. What are you gonna do: blame me because of this? They don’t offer solutions. They just aggravate existing problems”. It should be noted that every single one of our study participants vehemently disapproved of these programs, did not trust in their effectiveness, and avoided participation in them unless they were obligated (all three jails had a policy that if a CO underwent a traumatic experience, such as witnessing a suicide, s/he was forced to attend at least one session). These perspectives add to a growing body of literature that has consistently found how officers of the correctional system, regardless of demographic, institutional or

geographic differences, disapprove of CISM or other similar mental health interventions (Gist et al., 2023; Ricciardelli & Adorjan, 2020). Recommended alternatives are summarized in the following statements:

- *Ya know, I've heard that some police agencies have regenerative breakrooms where there is soothing music played, and where cops sometimes even practice mindfulness exercises like yoga. I dunno. Maybe something like that, or something where at work, we can just take a few minutes to recharge;*
- *Peer mentorship. We have to be able to relate to a provider. Certainly that ain't happening with this CISM crap;*
- *A buddy system of some kind might work.*

Interestingly, when asked their opinions of a life coach with prior correctional experience being offered in the jail, all 21 respondents submitted votes of approval.

Long-Term Recruitment Strategies/Specialized Training

Staff attrition has been endemic to corrections for quite some time (Ferdik & Pica, 2023). Reasons for the abrupt departures of so many correctional officers range from dissatisfaction with compensation, to fear of harm, hostile relations with colleagues and, according to 15 of our 21 sample members (71.42%), “a lack of preparedness to do this job”. These 15 officers noted how it takes a certain personality to successfully navigate the challenges of this profession. One needs to be “brave”, “resilient”, “strong”, “unemotional”, and “carefree” because inevitably, the people employed in this line of work will be verbally and physically assaulted, will encounter trauma, and will deal “with tons of BS”. When these fifteen officers were citing the attributes necessary to succeed on this job, the research team was surprised to see how the other six did not utter a word, nor make any behavioral gestures. No insight into the characteristics needed to be a successful correctional officer were offered by these six sample members. Instead, they remained conspicuously quiet during this part of the dialogue. It would be unwise to speculate as to why,

but we nonetheless believe their silence during these particular conversations should be documented.

After citing traits required for success on this job, the 15 officers suggested ways the jail could ensure that only these types of individuals are hired. For them, it is important that batteries of psychological tests be issued to applicants to evaluate at the outset whether they have “what it takes”. It is important to evaluate their ability to handle trauma, to communicate with incarcerated persons in meaningful ways that can promote their rehabilitation, and to withstand the physically taxing nature of correctional employment. It is best to hire the correct people for the job from the start in order to stop the seemingly never-ending cycle of officer turnover.

Another recommended strategy to decrease the negative impacts of stressors and improve officer retention was to implement into the jails specialized job training. Jails are multi-purpose institutions that cater to a diverse clientele, each with their own needs (Ferdik & Smith, 2017). Roles fulfilled by individual officers can be multifaceted. For instance, some will work in RHU, others in general population, while still others may have to resolve mental or substance abuse problems experienced by custodial populations. Officers sometimes will need to shift between these different roles without adequate preparation or notification. They are expected to be “a jack of all trades”. For these fifteen respondents, there was little if any training or education on how to successfully fulfill these multidimensional roles. It is therefore incumbent upon the jail to institute specialized training programs for each and every correctional officer in order to sufficiently prepare them for the unpredictable, unexpected and demanding nature of correctional work. Officers need to have advanced knowledge of the challenges they will inevitably encounter on the job. By equipping officers with this crucial information, their likelihood for

success on the job will increase, which, in turn, can improve their wellbeing. Representative statements made in regards to these points were:

- *We need to create an environment where you know what you will have to deal with;*
- *Preparation is key;*
- *If I knew then at the start of my career what I know now, I can guarantee I would have been better off for it.*

Child and Family Care

One of the main personal stressors cited by 13 of our sample members was an inability to properly care for loved ones. From parents diagnosed with cancer to delinquent children, these stressors can be painful and challenging to COs. The job can compound them because of the long hours officers must work. Many are working 12 to 14 hour shifts sometimes five days a week. Not only do such grueling schedules deny them time with family, but they can be utterly exhausting too, depleting officers of the vital energy needed to handle personal stressors. Since officers cannot be in multiple places at once, they require “any kind of help someone is willing to offer”. All 21 respondents wished their superiors would be more understanding of at-home problems. If an officer were to explain to an administrator that s/he, for instance, has a terminally ill parent, then the CO would hope for some compassion concerning this situation. Maybe extra time might be needed off from the job, or maybe an officer simply has to leave early in order to transport his/her parent to chemotherapy. A sympathetic approach towards these issues would alleviate officer stress.

For officers who may be single parents to adolescent children, provision of “some kind of child care program would help so that we do not abruptly quit like that other girl...If they want us here, then help us”. Though only 13 respondents specifically needed family and/or child care, all 21 agreed that administrators needed to recognize that officers have lives outside the correctional facility that require attention. What little energy they have following a difficult shift

must be directed towards their respective families. Several respondents noted how in some jobs, “such as in universities, childcare services are offered... We need that here” (every respondent then looked at the research team and pointed to the lead investigator in particular when this point was made, recognizing that some university staff and faculty do have childcare services available). If the jail could at least afford something like this, or more time for family, this would greatly benefit officers.

Table 2: Focus Group Themes

Question 1		Questions 2 and 3	
Themes	Selected Quotations	Themes	Selected Quotations
Feeling Undervalued	<i>We're not the public face of law enforcement; we are at the bottom of the totem poll;</i> <i>The public wants to forget about us here because we're hiding the ugly part of society;</i> <i>Some of these 24, 25-year-old road guys forget that I'm also a 20-year vet. I've probably shot at more people than you have. I've probably been shot at more than you have. So, when we're right on the range and I'm trying to instruct a new person on their firearm and you kind of step over me, it's like, well in my experience, hold the phone guy.</i>	Self-Care and Resilience	<i>Ya gotta have strength on this job before it overtakes you;</i> <i>I ain't gonna say it's easy, but if you take care of yourself, your mind will take care of the problems;</i> <i>A healthier mind will lead to a healthier approach to life.</i>
Feeling Unprotected	<i>Though I yelled for assistance, evidently no one heard me. I felt abandoned in the moment;</i> <i>When we actually see a doctor, they just medicate the problem with addictive substances;</i> <i>When you get hurt in this place, you're on your own;</i> <i>You better look out for yourself, because around here, no one else will.</i>	Employer Recognition/Alternative Stress Management Therapies	<i>Ya know, I've heard that some police agencies have regenerative breakrooms where there is soothing music played, and where cops sometimes even practice mindfulness exercises like yoga. I dunno. Maybe something like that, or something where at work, we can just take a few to recharge;</i> <i>Peer mentorship. We have to be able to relate to a provider. Certainly that ain't happening with this CISM crap;</i> <i>A buddy system of some kind might work.</i>
Inadequate Staffing	<i>No one wants this job. No wonder it's just us;</i> <i>Man, staffing around here is just so low. I have never seen morale so low;</i> <i>There just aren't enough people to handle all of these inmates;</i> <i>Admn thinks we can do this with the current numbers. They're crazy. Let's see you here.</i>	Long-Term Recruitment Strategies/Specialized Training	<i>We need to create an environment where you know what you will have to deal with;</i> <i>Preparation is key;</i> <i>If I knew then at the start of my career what I know now, I can guarantee I would have been better off for it.</i>

Unsupportive Administration	• <i>We have nothing but a horrible administration, and a horrible promotion process;</i> • <i>There is nothing but nepotism going on around here; If you're a certain color, ya ain't getting recognized around here;</i> • <i>The unrealistic expectations of administration need to stop;</i> • <i>You think our bosses care about us? Nah, body. It's every man, or in my case, woman, for yourself. They do not know what it is like to work on the frontline.</i>	Child-Family care	• <i>Some kind of child care program would help so that we do not abruptly quit like that other girl...If they want us here, then help us.</i>
Unsuccessful Rehabilitation	• <i>What else can you do but be there for them? You're not going to win every battle.</i>		
Inadequate Family Care	• <i>How the hell am I supposed to get mom to chemo without a damn car;</i> • <i>My kid needs me, and I'm always stuck in this damn place;</i> • <i>Can't be in 15 places at the same time.</i>		

Phase II: Experimental Data

Response Rates and Descriptive Statistics

Total and facility-level response rates for waves I and II of data collection are reported Tables 3 and 4, respectively. Referring first to Table 3, the overall response rate stood at 53.5%, which is fairly customary for survey-based studies of correctional officers (see Ferdik & Smith, 2017). When examining each individual agency, Shelby recorded the lowest response rate at 35.6%, while instead the highest was found in Montgomery at 85.5%. Roughly similar response rates were observed in Time 2. Here, about half of the entire population of prospective respondents submitted usable questionnaires (50.1%), with Shelby again recording the lowest response rate at 30.0%, while Montgomery had the highest at 82.7%.

Table 3: Total and Facility-Level Response Rates (Time 1)

Agencies	Respondents	Total Staff in Facility	Response Rate
Sumner	76	101	75.2%
Knox	110	270	40.7%
Montgomery	93	110	85.5%
Rutherford	79	98	80.6%
Shelby	96	270	35.6%
Total	454	849	53.5%

Table 4: Total and Facility-Level Response Rates (Time 2)

Agencies	Respondents	Total Staff in Facility	Response Rate
Sumner	76	101	75.2%
Knox	102	270	37.8%
Montgomery	91	110	82.7%
Rutherford	75	98	76.5%
Shelby	81	270	30.0%
Total	425	849	50.1%

Descriptive statistics for variables analyzed in Time 1 are reported in Table 5, while Table 6 contains the descriptive statistics for variables analyzed in Time 2. Earlier it was explained that multiple outcomes were evaluated in this study, including officer PTSD symptoms, suicidal ideation, and burnout. To keep the report as concise as possible, only outcomes that were statistically significantly different from one another between all five jails are reported in this section of the findings.

Prior to reporting these descriptive estimations, it is important to first provide an overview of the sample characteristics. For Times 1 and 2, about 55% of the samples were female. Most self-identified as Caucasian, with very few self-reporting a Hispanic ethnicity. The average ages were roughly in the mid-30s, with respondents reporting around 10 years of employment. All participants, finally, had at least a high school diploma.

Regarding the descriptive statistics, and in referring first to Table 5 on Time 1 data, it will be seen that the mean values for the composite turnover intention scale ranged between a low of

14.32 in Rutherford to a high of 14.56 in Sumner. There was evidently little variance in these average turnover ratings between the jails. For all remaining variables, here as well there were similar average scores between the five institutions. To determine whether these Time 1 measures were statistically different from one another, a series of Tukey-Kramer estimations was computed. For all six variables that included turnover intentions, depression, efficacy in dealing with incarcerated persons, resilience, anger management, and perceptions of institutional culture, the null hypothesis was retained, with p-values ranging between .367 and .722. What this indicates is that, at least with reference to these six outcome measures in our five selected jails, there were no statistically significant differences, suggesting that both the treatment and control groups were comparable at baseline. This provides support to any causal conclusions drawn regarding Time 2 estimations. Before estimating any analyses on the Time 2 data, histograms and P-P plots were diagramed to determine whether all six outcomes approximated a normal distribution (Hair et al., 2010). Indeed they all did, with skewness estimates ranging between -0.37 and -0.33.

Table 5: Time 1 Descriptive Statistics

Variables	Sumner		Knox		Montgomery		Rutherford		Shelby	
	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)
Turnover Intentions	5-20	14.56	5-20	14.33	5-20	14.50	5-20	14.32	5-20	14.40
I am actively seeking alternate employment	1-4	2.91	1-4	2.86	1-4	3.00	1-4	2.86	1-4	2.88
I will remain a CO until retirement age ^a	1-4	3.02	1-4	2.86	1-4	2.99	1-4	2.76	1-4	3.00
Soon, I intend to leave this job	1-4	3.03	1-4	3.01	1-4	3.01	1-4	2.96	1-4	2.98
I will remain a CO even if offered a better job ^a	1-4	3.13	1-4	2.85	1-4	2.85	1-4	2.85	1-4	2.85
I frequently think about leaving my job	1-4	2.47	1-4	2.75	1-4	2.65	1-4	2.79	1-4	2.79
Depression	8-32	18.61	8-32	18.32	8-32	18.32	8-32	18.99	8-32	18.75
Little interest or pleasure in doing things	1-4	2.20	1-4	2.29	1-4	2.29	1-4	2.37	1-4	2.34
Feeling down, depressed or hopeless	1-4	2.56	1-4	2.29	1-4	2.29	1-4	2.29	1-4	2.32
Trouble falling, or staying asleep	1-4	2.81	1-4	2.41	1-4	2.41	1-4	2.41	1-4	2.41
Feeling tired or having little energy	1-4	3.01	1-4	3.01	1-4	3.01	1-4	2.99	1-4	2.99
Poor appetite, or overeating	1-4	1.89	1-4	1.99	1-4	1.99	1-4	2.02	1-4	2.12
Feeling bad about myself	1-4	2.35	1-4	2.35	1-4	2.25	1-4	2.25	1-4	2.15
Trouble concentrating on things	1-4	1.77	1-4	1.98	1-4	2.08	1-4	2.00	1-4	2.00
Thoughts that I would be better off dead	1-4	2.02	1-4	2.00	1-4	2.00	1-4	2.66	1-4	2.42
Efficacy in Dealing with I.P.'s	5-20	13.32	5-20	13.89	5-20	13.52	5-20	13.78	5-20	13.90
I can effectively resolve inmate problems	1-4	2.62	1-4	2.77	1-4	2.70	1-4	2.75	1-4	2.78
I am positively influencing the lives of inmates	1-4	2.66	1-4	2.66	1-4	2.66	1-4	2.66	1-4	2.63
I derive a sense of accomplishment in working with inmates	1-4	2.42	1-4	2.84	1-4	2.91	1-4	2.91	1-4	2.91
I can easily create a relaxed atmosphere for inmates	1-4	2.77	1-4	2.77	1-4	2.40	1-4	2.35	1-4	2.35
I am preparing inmates for successful adjustment to society	1-4	2.85	1-4	2.85	1-4	2.85	1-4	3.11	1-4	3.23
Resilience	6-24	18.89	6-24	18.99	6-24	18.99	6-24	18.80	6-24	18.80
I am able to adapt when changes occur	1-4	2.89	1-4	3.16	1-4	3.16	1-4	3.13	1-4	3.13
I tend to bounce back after illness or injury	1-4	3.14	1-4	3.14	1-4	3.14	1-4	3.14	1-4	3.14
I believe I can achieve my goals	1-4	3.14	1-4	3.14	1-4	3.04	1-4	3.06	1-4	3.06
Even when hopeless, I do not give up	1-4	3.24	1-4	3.00	1-4	3.10	1-4	3.10	1-4	3.10
I am not discouraged by failure	1-4	2.99	1-4	2.99	1-4	2.99	1-4	2.89	1-4	2.89
I am a strong person	1-4	3.49	1-4	3.56	1-4	3.56	1-4	3.48	1-4	3.48
Anger Management	4-16	8.06	4-16	8.06	4-16	8.55	4-16	8.55	4-16	8.55
I get angry often	1-4	2.47	1-4	2.47	1-4	2.14	1-4	2.14	1-4	2.14
When I get angry, I take it out on others	1-4	1.76	1-4	1.76	1-4	2.14	1-4	2.14	1-4	2.14

If things do not go my way, I will argue violently	1-4	1.92	1-4	1.92	1-4	1.92	1-4	1.92	1-4	1.92
I embarrass others with my angry outbursts	1-4	1.87	1-4	1.87	1-4	2.35	1-4	2.35	1-4	2.35
Institutional Culture Perceptions	9-36	22.50	9-36	22.50	9-36	22.09	9-36	21.99	9-36	21.99
Most employees in this jail are highly involved in their work	1-4	2.12	1-4	2.12	1-4	2.55	1-4	2.44	1-4	2.44
Information is widely shared in this jail	1-4	2.14	1-4	2.14	1-4	2.55	1-4	2.55	1-4	2.55
Leaders give the vibe that everyone is making a positive impact	1-4	2.21	1-4	2.21	1-4	2.21	1-4	2.33	1-4	2.33
Cooperation in this jail is highly encouraged	1-4	2.70	1-4	2.70	1-4	3.04	1-4	3.04	1-4	3.04
Teamwork in my jail is used to get things done	1-4	2.59	1-4	2.59	1-4	2.59	1-4	2.59	1-4	2.59
There is a charismatic management style in my jail	1-4	2.18	1-4	2.18	1-4	2.18	1-4	2.18	1-4	2.18
Leaders in my jail create clear and consistent values	1-4	2.30	1-4	2.30	1-4	2.30	1-4	2.30	1-4	2.30
Leaders in my jail uphold ethical values	1-4	2.42	1-4	2.42	1-4	2.45	1-4	2.45	1-4	2.45
There is a positive culture in my jail	1-4	2.25	1-4	2.25	1-4	2.22	1-4	2.22	1-4	2.22
Gender	0 = Male 1 = Female	34 (44.7%) 42 (55.3%)	0 = Male 1 = Female	48 (44.4%) 60 (55.5%)	0 = Male 1 = Female	32 (34.4%) 61 (65.6%)	0 = Male 1 = Female	36 (45.5%) 43 (54.1%)	0 = Male 1 = Female	43 (44.8%) 53 (55.2%)
Hispanic Ethnicity	0 = No 1 = Yes	74 (97.4%) 2 (2.6%)	0 = No 1 = Yes	106 (98.1%) 2 (01.85%)	0 = No 1 = Yes	88 (94.6%) 5 (5.4%)	0 = No 1 = Yes	77 (98.7%) 1 (1.3%)	0 = No 1 = Yes	93 (96.9%) 3 (3.1%)
Race	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	2 (2.6%) 1 (1.3%) 1 (1.3%) 1 (1.3%) 71 (93.4%) 0 (0.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	2 (1.85%) 1 (0.92%) 6 (5.55%) 4 (3.70%) 94 (87.03%) 0 (0.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	4 (4.3%) 7 (7.5%) 6 (6.5%) 3 (3.2%) 73 (78.5%) 0 (0.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	0 (0.0%) 1 (1.3%) 1 (1.3%) 0 (0.0%) 77 (97.5%) 0 (0.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	0 (0.0%) 1 (1.04%) 48 (50.0%) 1 (1.04%) 46 (47.91%) 0 (0.0%)

Age	---	36.01	---	38.59	---	37.38	---	37.16	---	37.94
Tenure	---	8.98	---	9.87	---	9.18	---	9.47	---	9.04
Education	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 37 (49.3%) 23 (30.7%) 6 (8.0%) 9 (12.0%) 0 (0.0%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 30 (27.8%) 37 (34.3%) 11 (10.2%) 17 (15.7%) 13 (12.0%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 27 (29.3%) 30 (32.6%) 13 (14.1%) 15 (16.3%) 7 (7.6%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 17 (21.5%) 2 (2.5%) 47 (59.5%) 9 (11.4%) 4 (5.1%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 10 (10.41%) 17 (17.70%) 44 (45.8%) 25 (26.0%) 0 (0.0%)

Note. ^a Reverse coded

Table 6: Time 2 Descriptive Statistics

Variables	Sumner		Knox		Montgomery		Rutherford		Shelby	
	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)	Code or Min-Max	M or N (%)
Turnover Intentions	5-20	14.47	5-10	10.97	5-20	12.45	5-20	14.32	5-20	13.48
I am actively seeking alternate employment	1-4	2.89	1-4	1.80	1-4	2.14	1-4	2.86	1-4	2.72
I will remain a CO until retirement age	1-4	3.04	1-4	2.11	1-4	2.57	1-4	2.76	1-4	2.73
Soon, I intend to leave this job	1-4	3.01	1-4	1.90	1-4	2.31	1-4	2.96	1-4	2.52
I will remain a CO even if offered a better job	1-4	3.13	1-4	2.85	1-4	2.93	1-4	2.85	1-4	2.64
I frequently think about leaving my job	1-4	2.40	1-4	2.32	1-4	2.45	1-4	2.79	1-4	2.64
Depression	8-32	18.59	8-32	13.70	8-32	14.33	8-32	18.99	8-32	14.86
Little interest or pleasure in doing things	1-4	2.32	1-4	1.68	1-4	1.78	1-4	2.37	1-4	1.99
Feeling down, depressed or hopeless	1-4	2.21	1-4	1.55	1-4	1.60	1-4	2.29	1-4	1.47
Trouble falling, or staying asleep	1-4	2.55	1-4	1.95	1-4	2.17	1-4	2.41	1-4	2.07
Feeling tired or having little energy	1-4	2.38	1-4	2.33	1-4	2.36	1-4	2.99	1-4	2.25
Poor appetite, or overeating	1-4	2.50	1-4	1.87	1-4	1.99	1-4	2.02	1-4	2.09
Feeling bad about myself	1-4	1.99	1-4	1.60	1-4	1.56	1-4	2.25	1-4	1.67
Trouble concentrating on things	1-4	2.47	1-4	1.56	1-4	1.70	1-4	2.00	1-4	1.90
Thoughts that I would be better off dead	1-4	2.17	1-4	1.15	1-4	1.18	1-4	2.66	1-4	1.43
Efficacy in Dealing with I.P.'s	5-20	13.42	5-20	14.99	5-20	14.73	5-20	13.78	5-20	13.90
I can effectively resolve inmate problems	1-4	2.68	1-4	3.00	1-4	2.93	1-4	2.75	1-4	2.78
I am positively influencing the lives of inmates	1-4	2.65	1-4	2.98	1-4	2.98	1-4	2.66	1-4	2.63
I derive a sense of accomplishment in working with inmates	1-4	2.41	1-4	2.99	1-4	2.98	1-4	2.91	1-4	2.91
I can easily create a relaxed atmosphere for inmates	1-4	2.79	1-4	2.85	1-4	2.80	1-4	2.35	1-4	2.35
I am preparing inmates for successful adjustment to society	1-4	2.89	1-4	3.17	1-4	3.04	1-4	3.11	1-4	3.23
Resilience	6-24	18.89	6-24	20.41	6-24	21.36	6-24	18.80	6-24	20.69
I am able to adapt when changes occur	1-4	2.89	1-4	3.42	1-4	3.58	1-4	3.13	1-4	3.37
I tend to bounce back after illness or injury	1-4	3.14	1-4	3.42	1-4	3.55	1-4	3.14	1-4	3.35
I believe I can achieve my goals	1-4	3.14	1-4	3.28	1-4	3.55	1-4	3.06	1-4	3.43
Even when hopeless, I do not give up	1-4	3.24	1-4	3.57	1-4	3.62	1-4	3.10	1-4	3.36
I am not discouraged by failure	1-4	2.99	1-4	3.28	1-4	3.45	1-4	2.89	1-4	3.51
I am a strong person	1-4	3.49	1-4	3.44	1-4	3.61	1-4	3.48	1-4	3.67
Anger Management	4-16	8.06	4-16	7.26	4-16	6.93	4-16	8.55	4-16	7.04
I get angry often	1-4	2.47	1-4	2.18	1-4	2.03	1-4	2.14	1-4	2.43
When I get angry, I take it out on others	1-4	1.76	1-4	1.82	1-4	1.77	1-4	2.14	1-4	1.73

If things do not go my way, I will argue violently	1-4	1.92	1-4	1.82	1-4	1.70	1-4	1.92	1-4	1.36
I embarrass others with my angry outbursts	1-4	1.87	1-4	1.46	1-4	1.43	1-4	2.35	1-4	1.52
Institutional Culture Perceptions	9-36	20.90	9-36	24.14	9-36	22.15	9-36	21.99	9-36	22.85
Most employees in this jail are highly involved in their work	1-4	2.11	1-4	3.41	1-4	2.51	1-4	2.44	1-4	2.64
Information is widely shared in this jail	1-4	2.14	1-4	2.19	1-4	2.18	1-4	2.55	1-4	2.20
Leaders give the vibe that everyone is making a positive impact	1-4	2.21	1-4	2.42	1-4	2.29	1-4	2.33	1-4	2.91
Cooperation in this jail is highly encouraged	1-4	2.70	1-4	2.82	1-4	2.46	1-4	3.04	1-4	2.20
Teamwork in my jail is used to get things done	1-4	2.59	1-4	2.72	1-4	2.77	1-4	2.59	1-4	2.52
There is a charismatic management style in my jail	1-4	2.18	1-4	2.89	1-4	2.09	1-4	2.18	1-4	2.81
Leaders in my jail create clear and consistent values	1-4	2.30	1-4	2.47	1-4	2.33	1-4	2.30	1-4	2.28
Leaders in my jail uphold ethical values	1-4	2.42	1-4	2.46	1-4	2.40	1-4	2.45	1-4	2.20
There is a positive culture in my jail	1-4	2.25	1-4	2.76	1-4	3.12	1-4	2.22	1-4	3.09
Gender	0 = Male 1 = Female	31 (40.8%) 45 (59.2%)	0 = Male 1 = Female	46 (46.0%) 54 (54.0%)	0 = Male 1 = Female	36 (39.6%) 55 (60.4%)	0 = Male 1 = Female	33 (44.0%) 42 (56.0%)	0 = Male 1 = Female	33 (40.7%) 48 (59.3%)
Hispanic Ethnicity	0 = No 1 = Yes	71 (98.6%) 5 (6.6%)	0 = No 1 = Yes	96 (94.1%) 6 (5.9%)	0 = No 1 = Yes	82 (91.1%) 8 (8.9%)	0 = No 1 = Yes	75 (100.0%) 0 (0.0%)	0 = No 1 = Yes	81 (100.0%) 0 (0.0%)
Race	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	2 (2.6%) 1 (1.3%) 1 (1.3%) 1 (1.3%) 71 (93.4%) 0 (0.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	2 (2.0%) 0 (0.0%) 0 (0.0%) 0 (0.0%) 87 (87.0%) 11 (11.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	0 (0.0%) 5 (5.6%) 4 (4.4%) 1 (1.1%) 66 (73.3%) 14 (15.6%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	0 (0.0%) 0 (0.0%) 6 (8.0%) 0 (0.0%) 69 (92.0%) 0 (0.0%)	1 = American Indian 2 = Asian 3 = Black 4 = Native Hawaiian 5 = White 6 = Mixed	0 (0.0%) 0 (0.0%) 41 (50.0%) 0 (0.0%) 41 (50.0%) 0 (0.0%)
Age	---	36.34	---	38.14	---	39.32	---	38.54	---	36.35
Tenure	---	9.79	---	10.60	---	9.21	---	10.31	---	9.03

Education	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 25 (35.2%) 35 (46.1%) 6 (8.5%) 10 (14.1%) 0 (0.0%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 17 (16.7%) 28 (27.5%) 18 (17.6%) 24 (23.5%) 15 (14.7%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 15 (16.5%) 34 (37.4%) 20 (22.0%) 18 (19.8%) 4 (4.4%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 25 (33.3%) 3 (4.0%) 19 (25.3%) 28 (37.3%) 0 (0.0%)	1 = Less than H.S. 2 = H.S. Diploma 3 = Some College 4 = 2 Year AA 5 = Bachelor's 6 = Graduate School or Better	0 (0.0%) 12 (14.8%) 34 (42.0%) 7 (8.6%) 14 (17.3%) 14 (17.3%)
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Note. ^a Reverse coded

Inferential Analyses

Tukey-Kramer estimations were computed to determine whether there were statistically significant differences between treatment and control groups on our outcomes of interest, with Table 7 below containing this output. As previously noted, a total of 11 outcomes were analyzed, yet only six were statistically significantly different from one another, and we restrict our discussion of the results just to these. When reporting the findings, we list the mean difference between institutions, and the respective p-values in parentheses. Regarding the first outcome of Turnover Intentions, it will be seen that Sumner, one of the two comparison groups, registered a Time 2 mean value that was statistically significantly different from Knox (3.50, $p < .05$), Montgomery (2.02, $p < .05$) and Shelby (0.99, $p < .05$). Interestingly, not only was the Knox jail statistically significantly different from Rutherford, the second comparison group, on Turnover Intentions (-3.35, $p < .01$), but also from the other two treatment groups of Montgomery (-1.48, $p < .05$) and Shelby (-2.51, $p < .001$). Of the remaining significant differences on the turnover outcome, Montgomery was different from Rutherford (-1.87, $p < .001$) and Shelby (-1.03, $p < .05$), while Rutherford was different from Shelby (0.84, $p < .001$). Overall, these results demonstrate that both between treatment and comparison groups, as well as between the treatments groups themselves, there significant differences in expressions to voluntarily resign at post-intervention.

Turning attention now to the depression inventory, Sumner, similar to the turnover results, was significantly different from the three treatment jails of Knox (4.89, $p < .001$), Montgomery (4.26, $p < .01$), and Shelby (3.73, $p < .05$). Knox (-5.29, $p < .001$), Montgomery (-4.66, $p < .001$), and Shelby (4.13, $p < .001$) were all highly significantly different from Rutherford. For the efficacy in dealing with incarcerated persons scale, only Knox (-1.57, $p <$

.05) and Montgomery (-1.31, $p < .05$) were statistically different from Sumner, whereas Shelby was not. Among the final significant results for this variable were Rutherford (1.21, $p < .01$) and Shelby (1.09, $p < .001$) from Knox, and Montgomery from Rutherford (0.95, $p < .05$).

Moving to the resilience inventory, there were significant mean differences between Sumner and Knox (-1.52, $p < .01$), Montgomery (-2.47, $p < .001$), and finally, Shelby (-1.80, $p < .05$). Significant mean differences were also observed between Knox and Montgomery (-0.95, $p < .05$), and Rutherford (1.61, $p < .05$). Rutherford, finally, was significantly different from Montgomery (2.56, $p < .05$), and Shelby (-1.89, $p < .05$). Anger management was the fifth outcome assessed in the current report. Here, statistically significant differences were observed between Sumner and Knox (0.80, $p < .05$), Montgomery (1.13, $p < .05$), and Shelby (1.02, $p < .05$), as well as between Rutherford and Knox (-1.29, $p < .001$), Montgomery (-1.62, $p < .05$), and finally, Shelby (1.51, $p < .001$). Finally, and pertaining to the institutional culture inventory, Time 2 average differences that were significantly different can be seen between Sumner and Knox (-3.24, $p < .001$), And Shelby (-1.95, $p < .01$). A final significant difference arose between Knox and Rutherford (2.15, $p < .01$).

Table 7: Tukey-Kramer Estimations

Turnover Intentions	$\bar{X}$ Difference	(s.e.) t-ratio
Sumner	---	---
Knox	3.50	(0.64) 2.08*
Montgomery	2.02	(0.66) 2.05*
Rutherford	0.15	(0.68) 1.71
Shelby	0.99	(0.68) 2.21*
Knox	---	---
Montgomery	-1.48	(0.68) -2.08*
Rutherford	-3.35	(0.63) -3.92**
Shelby	-2.51	(0.59) -3.96***
Montgomery	---	---
Rutherford	-1.87	(0.65) -3.16***
Shelby	-1.03	(0.65) -1.98*
Rutherford	---	---
Shelby	0.84	(0.67) 4.57***
Depression	$\bar{X}$ Difference	(s.e.) t-ratio
Sumner	---	---
Knox	4.89	(0.93) 3.34***
Montgomery	4.26	(0.95) 2.58**
Rutherford	-.40	(1.01) -1.53
Shelby	3.73	(0.98) 1.99*
Knox	---	---
Montgomery	-0.63	(0.88) -0.72
Rutherford	-5.29	(0.93) -3.68***
Shelby	-1.16	(0.89) 1.29
Montgomery	---	---
Rutherford	-4.66	(0.96) -3.97***

Shelby	-0.53	(0.93) (-0.57)
Rutherford	---	---
Shelby	4.13	(0.98) 3.41***
Efficacy in Dealing with I.P.'s	$\bar{X}$ Difference	(s.e.) t-ratio
Sumner	---	---
Knox	-1.57	(0.45) -2.63*
Montgomery	-1.31	(0.47) -2.53*
Rutherford	-0.36	(0.48) -0.05
Shelby	-0.48	(0.47) -0.59
Knox	---	---
Montgomery	0.26	(0.43) 0.53
Rutherford	1.21	(0.45) 2.60**
Shelby	1.09	(0.43) 3.36***
Montgomery	---	---
Rutherford	0.95	(0.46) 2.29*
Shelby	0.83	(0.47) 1.29
Rutherford	---	---
Shelby	-0.12	(0.47) 0.50
Resilience	$\bar{X}$ Difference	(s.e.) t-ratio
Sumner	---	---
Knox	-1.52	(0.53) -2.70**
Montgomery	-2.47	(0.55) -3.89***
Rutherford	0.09	(0.45) 1.00
Shelby	-1.80	(0.44) -1.99*
Knox	---	---
Montgomery	-0.95	(0.50) -2.46*
Rutherford	1.61	(0.43) 2.41*
Shelby	-0.28	(0.43) 1.50

Montgomery	---	---
Rutherford	2.56	(0.55) 2.80*
Shelby	0.67	(0.55) 1.80
Rutherford	---	---
Shelby	-1.89	(0.55) -2.15*
Anger Management	$\bar{X}$ Difference	(s.e.) t-ratio
Sumner	---	---
Knox	0.80	(0.38) 2.39*
Montgomery	1.13	(0.39) 1.99*
Rutherford	-0.49	(0.40) -1.37
Shelby	1.02	(0.40) 1.97*
Knox	---	---
Montgomery	0.33	(0.36) 0.93
Rutherford	-1.29	(0.37) -3.38***
Shelby	0.22	(0.39) 1.44
Montgomery	---	---
Rutherford	-1.62	(0.38) -2.49*
Shelby	-0.11	(0.39) -1.55
Rutherford	---	---
Shelby	1.51	(0.39) 3.38***
Institutional Culture	$\bar{X}$ Difference	(s.e.) t-ratio
Sumner	---	---
Knox	-3.24	(1.34) -3.73***
Montgomery	-1.25	(1.39) -1.37
Rutherford	-1.09	(1.44) -0.75
Shelby	-1.95	(1.48) -2.94**
Knox	---	---
Montgomery	1.99	(1.27) 0.33

Rutherford	2.15	(1.33) 2.94**
Shelby	1.29	(1.37) 1.48
Montgomery	---	---
Rutherford	0.16	(1.38) 1.33
Shelby	-0.70	(1.41) -1.72
Rutherford	---	---
Shelby	-0.86	(1.33) -1.23

DISCUSSION

As alluded to throughout this report, the orderly operations of any corrections system are dependent upon the availability of a healthy staff of correctional officers (Ferdik & Smith, 2017). These essential personnel are the engine that drive forward correctional agencies. Although a growing body of research has documented the declining health of correctional officers, little has been done in terms of providing them effective treatment programming (Ricciardelli & Adorjan, 2020). The current project represents an effort to reverse this trend. Multi-phased, mixed-methodological data were collected from correctional officers working in different Tennessee county jails to: a)- understand the personal and professional stressors in their lives, and b)-determine the effectiveness of two novel health-based interventions, life coaching and servant leadership, in improving CO health and wellness.

Phase I of this study involved the collection of focus group data from correctional officers working in the Shelby, Montgomery and Davidson county jails. Officers were asked to report the personal and professional stressors they experience in their lives, as well as the strategies they recommend to overcome them. All officers interviewed in this phase of the project felt undervalued by society, including by the police officers working in their same counties, as well as at risk for physical and mental health problems because of the hazardous conditions of their job. Such findings reinforce the detrimental effects correctional employment can have on officers. Numerous studies dating back several decades have also found how officers feel ostracized from society, as well as overlooked and largely disregarded as a workforce group (Ferdik et al., 2014; Harney & Lerman, 2021; Lambert, 2001). Most concerning, they feel abandoned by their superiors who should be advocates for line-staff. Officers in this project, in addition to countless other ones studied in past research, do not feel as if they are receiving any support or recognition from administrators (Lambert, 2001). A finding that remains largely undisputed within the psychological literature is that human

beings, given how we are social creatures by nature, desire to be accepted by others (Schein, 2015). Feeling rejected can lead to heightened symptoms of depression and anxiety (Ferdik & Smith, 2017).

Study participants in phase I also noted how unsuccessful efforts to reform custodial residents were creating undue stress. Several officers were disillusioned by what they perceived to be a failing system that was unable to help jail residents transition back into society following a period of institutionalization. When considering that correctional officers play a role in the rehabilitation of custodial populations, and in witnessing skyrocketing recidivism rates where the same people seem to be cycling through the jail on a rotating basis, some of our sample members thought they were perhaps to blame for this. To the best of the author's knowledge, this is the first study to uncover such a finding. Evidently several of our respondents desired to see the fruits of their labor. Organizational psychologists note that workers are content with their job when they see that their efforts are leading to tangible results (Schein, 2015). If officers feel as if they are not positively affecting the lives of jail residents, this apparently can demoralize them.

As to a final recorded stressor, over half of our respondents cited personal family troubles as a source of strain. Several officers were contending with budgetary shortfalls, disputes with loved ones, but perhaps most alarmingly, an inability to tend to the needs of family members that included terminally ill parents, and minor children. These people required around-the-clock medical assistance and/or help with school. Demanding work schedules prevented COs from helping their relatives. When people feel overwhelmed by an inordinate amount of stressors that cannot be resolved, this can lead to feelings of inadequacy (Seu, 2006), a problem reported by several of our sample members.

Officers were also asked to document what they do to try to overcome life's hurdles. One of the most important things they can do personally is take care of themselves. This requires getting enough sleep, eating a balanced diet, and doing whatever possible to detach from the job. Gist and colleagues (2023) uncovered a similar finding in their study, with most officers cognizant of the fact

that they need to be the frontline of defense in protecting themselves from life's stressors. If they do not care for themselves, no one else will. In terms of what the jail could do to help, it was important that administrators recognized the job officers were doing, and that the jail officer specialized training that can sufficiently prepare officers for the multifaceted nature of this line of employment. Officers are oftentimes asked to switch between different roles without advanced preparation (Lambert, 2001). Feeling unprepared can, in turn, increase stress levels. Officers therefore strongly recommended that jails, as well as other correctional institutions, implement specialized job training that can educate officers on what they can expect during their shift. Finally, officers noted how it is important that jail administrators recognize the stressful lives officers have, and that they be sympathetic towards this. Implementing child care services, or simply affording officers more time with family, can go a long way in de-stressing COs. Officers need to feel understood by their superiors, and further need to feel as if they have the required resources to successfully address all the sources of stress in their lives.

Armed with this qualitative information, the aim of phase II was to conduct a cluster randomized, pre-test/post-test trial of life coaching and servant leadership programs to determine their effects on CO health. Though 11 outcomes were evaluated, following a series of Tukey-Kramer estimations, only six surfaced as statistically significantly different from one other. These six outcomes included officer turnover intentions, depression, efficacy in dealing with incarcerated persons, resilience, anger management, and perceptions of institutional culture. Between the three treatment jails and two controls, post-intervention analyses revealed how there were significant reductions in expressions to terminate employment, depressive symptoms, and anger levels. Perceptions of institutional culture, resilience, and efficacy in dealing with incarcerated persons also showed significant improvements between treatment and comparison jails at Time 2. Overall, these findings are encouraging and demonstrate a degree of treatment effectiveness.

Only a handful of studies to date have scientifically evaluated the efficacy of treatment programming for correctional officers (see Ricciardelli & Adorjan, 2020; Johnston et al., 2023). What has been found in these studies is that COs largely disapprove of interventions such as CISM because they do not rate them as effective. A possible reason for this is that correctional officers require social support to confront the stressors in their lives. As noted by Johnson and Hall (1988), when workers are equipped with social assistance to confront demands, they will be more successful at overcoming them, which, in turn, can improve their wellbeing. Both life coaches could have been perceived as supportive figures to officers who were helping them strategize ways of resolving occupational and personal demands. Just knowing that there is someone there to help officers could have been alleviating their stress. Many correctional officers report strained relations with supervisors as a significant source of stress (Harney & Lerman, 2021; Lambert, 2001). The servant leadership training was geared towards jail administrators as a way to change how they interact with their line-staff. As part of this training, participants were taught the values of leading by exerting authority, and not power. Further, they were taught to listen and lead with compassion. If the administrators who participated in this training practiced what they learned, this could have positively affected the officers, leading to reduced desires to leave the job, and improvements in their health. When superiors value their line-staff and treat them with respect, this can significantly improve CO quality of life.

Despite all of these positives, it is somewhat disconcerting that the remaining five outcomes analyzed in this study were not statistically significantly different from one another between the five jails. According to experimental researchers, the effectiveness of a treatment is sometimes tied to how long it is administered. Restated, when treatments are delivered for only brief periods, their likelihood of generating tangible effects will be low (Bruning & Kintz, 1987). Both the life coaching and servant leadership programs in this study were administered for only two months between May

and July, 2023. As such, and when considering the expedited nature of the current project, perhaps there was insufficient time for these programs to take effect. Nevertheless, some of our outcomes were positively impacted by the life coaching and servant leadership. It can be argued, therefore, that had these programs been afforded for longer periods, perhaps the remaining five outcomes would have been impacted as well.

Policy Implications and Future Directions

For time, the health and wellness of correctional officers was largely ignored as a subject of study. Fortunately, this has changed in recent years with the number of publications on this topic growing exponentially (Ferdik & Smith, 2017; Ferdik et al., 2014; Harney & Lerman, 2021; Johnston et al., 2023; Lambert, 2001; Ricciardelli & Adorjan, 2020). As a result of this research, the link between poor CO health and their employment conditions has been well established. Aware of this problem, there is a need for correctional scholars, practitioners and other interested stakeholders to try to resolve it. Results from the current study offer a number of potential solutions. Concerning first resolutions from the focus groups, it is strongly recommended that correctional administrators heed the advice provided by our study participants. If there is the possibility of implementing child care services for officers, or affording them more time with family, then correctional supervisors should consider providing these opportunities to their line-staff. Supervisors should also be sympathetic and understanding of the tribulations officers experiences on a daily basis.

Countless studies have now found that, even when individuals are confronted with problems, when they feel supported by other people, this can aid tremendously in resolving them. Wellness programs currently offered to COs, such as CISM and Employee Assistance Programs, according to a number of COs who have been studied to date, do not provide this required assistance, and as such, are largely ineffective at improving officer health. Contrary to CISM and EAPs, both the life coaching and servant leadership programs in this study did generate some tangible improvements in

CO working conditions, and health and wellness. Among others, the outcomes of turnover intentions and depressive symptoms were all reduced following participation in these treatments. As such, these programs signaled some signs of promise that perhaps there are solutions to the problems faced by COs. Not all of our outcomes though were impacted by the life coaching and servant leadership. If additional time is needed to realize the full potential of these treatments in terms of affecting a wider array of variables, this would obviously come at an expense to corrections agencies. Therefore, and although wellness programs can be costly, corrections administrators, scholars and other parties interested in promoting the health of COs should continue to research available funding opportunities that can be used to subsidize treatment programming for officers. If there are grants, fellowships, or other funding services available, it would be best to apply for them in order to continue to invest in the health of COs. On this point, the lead investigator of this project fully intends to do just this in order to continue his campaign of improving the quality of life of correctional officers.

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APPENDIX A

ARE YOU STRESSED?**WANNA TALK ABOUT IT?**

Frank Ferdik from Austin Peay State University is currently recruiting any interested staff members to participate in a series of focus groups designed to resolve common problems experienced by staff working in jails. This is not a counseling seminar, but rather just an opportunity for staff to disclose any hurdles they may be encountering. Discussion will center around ways of resolving common problems jail staff experience because of the demanding nature of their job. All information provided during these discussions will remain absolutely confidential, and your participation is completely voluntary.

APPENDIX B

Title of Research: Understanding ways of improving correctional officer health and wellness: A Focused Group Approach

I. Statement of Procedure and Purpose

You are being cordially invited to participate in a research study inquiring into how you feel about your life and your job. Specifically, you, in a group setting along with approximately 7 of your other colleagues in a location you each deem is suitable and appropriate for this research study, will be asked questions regarding how you generally feel about life, what problems you may be encountering, how things are going at work, and what solutions you believe you need to address these issues. We are just interested in better understanding ultimately how your life is going, and maybe what can be done to resolve any issues you are encountering. In total, this focus group-type interview should take between 45 and 60 minutes of your time. We as a group, meaning the researchers along with your colleagues, will choose together a location and time that suits all of us for these focus group interviews to take place. This study is being conducted by Dr. Frank Ferdik (principal investigator) on behalf of Austin Peay State University, along with two other undergraduate criminal justice students. With your permission, we are formally asking that all interviews be audio recorded in order to document clearly your responses. Because of your unique insight, and position as a correctional officer at this institution, the valuable answers you supply are the only way for us to gather greater insight into how your life is going, and what can be done, if anything at all, to address any work or personal issues you are encountering now in life.

II. Potential Risks and Benefits of the Study

No foreseeable risks to your overall health and wellness are connected to study participation, other than potential discomfort in answering personal questions. We would also like to mention that the valuable information you provide will aid tremendously in understanding ways of resolving life issues you are currently experiencing, which are the greatest benefits you can derive from involvement in this research project.

III. Confidentiality, Voluntariness and Institutional Contact Information

This study is confidential. What this means is that all of your responses will be provided directly to us, the researchers, who cannot share this information with anyone else, including your supervisors. Furthermore, your identity will never be revealed to anyone. Your participation in this project is strictly voluntary. Some of the questions may seem sensitive, and you are under absolutely no obligation to answer every one of them. For every question you choose to answer, again, you can know that your answers will never be shared with other individuals outside of the focus group. You may elect not to participate in this research and you may withdraw from the interview whenever you choose without either personal or professional consequence. Your privacy will be protected to the extent permitted by law. If the results from this study are published, your name will not be made public as this identifying information is not being solicited. Confidentiality will be maintained by aggregating all data and storing them on a password protected computer accessible only to the investigators. Agreement to answer interview questions shall signal your voluntary willingness to participate in this research project.

We realize this interview may take approximately 60 minutes of your time, but your participation is the only way to acquire valuable insight into questions of interest. All responses will be grouped together to specifically understand what can be done from a practical standpoint to resolve any life-related issues ongoing for you. If you have questions or comments about this research, please contact Dr. Frank Ferdik (principal investigator), Department of Criminal Justice at Austin Peay State University, P.O. Box 4454 Clarksville, TN 37044 (Phone: 931.221.7524; E-Mail: ferdikf@apsu.edu). Questions or concerns about research participants' rights may be directed to the Austin Peay State University's IRB Office: (Phone: 931.221.7881; E-Mail: irb@apsu.edu).

Sincerely,

Frank Ferdik, Ph.D.

Hello, my name is _____, and on behalf of Austin Peay State University, we are conducting a research study inquiring into your overall impressions of your job, life, and if you are experiencing any issues with either, what solutions to them we may potentially strategize together. We greatly appreciate that you have volunteered to take part in this research effort. We realize the interview may take about 60 minutes, but sincerely want to understand from you what can be done to resolve work, or life-related issues. Any answers you provide will be instrumental in helping us inform policies regarding these issues. Before we begin, do you have any questions for us?

May I please ask some initial, basic demographic questions?

1)-What is your age?

2)-What is your gender?

3)-What is your race/ethnicity?

4)-What is your position within this jail (i.e., officer, lieutenant, sergeant)?

5)-How long have you been employed at this facility?

6)-How long have you been employed in corrections?

7)-How do you feel about being a correctional officer?

8)-What are the advantages and disadvantages of being a correctional officer?

9)-What are some of the major problems, or sources of occupational stress, you encounter as a corrections officer?

10)-Are there any problems you are currently dealing with **outside of work**? If so, can you please elaborate on them?

11)-Can you please offer any insight into strategies you use to solve these problems?

12)-Is there anything you wish your jail were doing to help you through these problems, whether job or life-related?

13)-Are there any services, mental health or otherwise, currently being offered at your jail to address these problems?

14)-Is there any insight you can offer into the culture within your organization? Is it a good culture? Are there things you would like to see changed regarding the culture?

APPENDIX C

(Informed Consent and Questionnaire)

Title of Research: Correctional Officer Turnover Intentions: An Evaluation of Work-Based Characteristics

I. Statement of Procedure and Purpose

You are being cordially invited to participate in a survey-based research study exploring the demands of your job. Specifically, you are being asked how you feel about your profession, and whether you see yourself working in this same position in the future. We understand that employment as a corrections officer is a highly stressful and physically taxing job, and for these reasons, we aim to understand directly from you what can be done to improve your working conditions. This study is being conducted by Dr. Frank Ferdik (principal investigator) on behalf of Austin Peay State University in Clarksville, TN. Through the Intra-net service of your jail facility, you will be provided an electronic, Qualtrics copy of the questionnaire where you may submit your responses. Completion of the survey should take about 20 to 25 minutes of your time. Since correctional officers are widely regarded as the single most important resource to corrections agencies, it is important to research ways to improve your general working conditions and, by extension, your overall health and wellness. For these reasons, we kindly ask that you take just a few minutes to complete this survey.

II. Potential Risks and Benefits of the Study

No foreseeable risks to your overall health and wellness are connected to study participation. Any information you supply in these surveys will be used to improve your general working conditions, and overall wellbeing. These are the greatest benefits you can derive from project participation.

III. Confidentiality, Voluntariness and Institutional Contact Information

This study is anonymous. What this means is that all of your responses will be submitted directly to me, the researcher, who will **never** share this information with anyone else, including your co-workers or supervisors. Neither me nor anyone else will ever know who specifically submitted individual questionnaires. Your participation in this project is strictly voluntary. Some of the questions may seem sensitive, and you are under absolutely no obligation to answer every one of them. For every question you choose to answer, again, you can know that your answers will never be shared with other individuals. You may elect not to participate in this research and you may withdraw from the survey whenever you choose without either personal or professional consequence. Your privacy will be protected to the extent permitted by law. Confidentiality will be maintained by aggregating all data and storing them on a password protected computer accessible only to the investigators. Agreement to answer survey questions shall signal your voluntary willingness to participate in this research project.

We realize this survey may take approximately 25 minutes of your time, but your participation is the only way to acquire valuable insight into the difficulties of your job, what can be done to improve it and, most importantly, what can be done to retain you. This project has the full support of your administrative officials who desire nothing more than to ensure your happiness and continued employment as an officer. If you have questions or comments about this research, please contact Dr. Frank Ferdik (principal investigator), Department of Criminal Justice at Austin Peay State University, P.O. Box 4454 Clarksville, TN 37044 (Phone: 931.221.7524; E-Mail: ferdikf@apsu.edu). Questions or concerns about research participants' rights may be directed to the Austin Peay State University's IRB Office: (Phone: 931.221.7881; E-Mail; irb@apsu.edu).

CORRECTIONAL OFFICER HEALTH SURVEY

The following list of questions ask about your intentions to remain employed as a Correctional Officer in your jail. Please respond according to your true sentiments.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I am actively seeking alternate employment	☐	☐	☐	☐
I will remain a correctional officer at this jail until retirement age	☐	☐	☐	☐
In the near future, I intend to leave this job	☐	☐	☐	☐
I will remain a correctional officer at this jail even if offered a better position elsewhere	☐	☐	☐	☐
I frequently think about leaving my job	☐	☐	☐	☐

Listed below are a number of difficult or stressful things that sometimes happen to people. For each event select one or more of the boxes to the right to indicate that: (a) it happened to you personally; (b) you witnessed it happen to someone else; (c) you learned about it happening to a close family member or close friend; (d) you were exposed to it as part of your job; (e) you're not sure if it fits; or (f) it doesn't apply to you.

	Happened to Me	Witnessed it	Learned about it	Part of my Job as a CO	Not Sure	Doesn't Apply
Fire or explosion	☐	☐	☐	☐	☐	☐
Transportation accident (e.g., car wreck, plane crash)	☐	☐	☐	☐	☐	☐
Serious accident at home, work or during recreational activity	☐	☐	☐	☐	☐	☐
Exposure to toxic substance (dangers chemicals or radiation)	☐	☐	☐	☐	☐	☐
Physical Assault (e.g., hit, slapped, kicked, beaten up)	☐	☐	☐	☐	☐	☐
Assault with a weapon (e.g., with knife, gun or blade)	☐	☐	☐	☐	☐	☐
Sexual assault (e.g., coercion, rape, or attempted rape)	☐	☐	☐	☐	☐	☐
Other unwanted or uncomfortable sexual experience	☐	☐	☐	☐	☐	☐
Exposure to war zone-like violence	☐	☐	☐	☐	☐	☐
Captivity (being kidnapped, abducted or held hostage)	☐	☐	☐	☐	☐	☐
Life threatening illness or injury	☐	☐	☐	☐	☐	☐
Severe human suffering	☐	☐	☐	☐	☐	☐
Sudden violent or accidental death	☐	☐	☐	☐	☐	☐
Any other very stressful event or experience Please explain ()	☐	☐	☐	☐	☐	☐

Below is a list of symptoms people sometimes suffer in response to a stressful experience. Please consider the stressful experiences reviewed in the previous section. Then, if you suffered any of them, please indicate whether they led to the following symptoms, and rate how much those symptoms bothered you in

the past six (6) months. If you did not experience any stressful episodes at work, then please proceed to the next section of the survey.

<u>In the past month, how much were bothered by:</u>	Not at All	A Little Bit	Moderately	Quite a Bit	Extremely
Repeated, disturbing or unwanted memories of a stressful experience	☐	☐	☐	☐	☐
Repeated, disturbing dreams of a stressful experience	☐	☐	☐	☐	☐
Suddenly feeling or acting as if the stressful experience were actually happening again	☐	☐	☐	☐	☐
Feeling very upset when something reminded you of the stressful experience	☐	☐	☐	☐	☐
Having strong, physical reactions when something reminded you of the stressful experience	☐	☐	☐	☐	☐
Avoiding memories, thoughts or reflections of the stressful experience	☐	☐	☐	☐	☐
Trouble remembering important parts of the experience	☐	☐	☐	☐	☐
Having strong negative beliefs about yourself, other people or the world (for example, having thoughts that you or the world are bad)	☐	☐	☐	☐	☐
Blaming yourself or someone else for the stressful experience	☐	☐	☐	☐	☐
Having visceral negative feelings such as anger, fear, horror, guilt, or shame	☐	☐	☐	☐	☐
Loss of interest in activities you used to enjoy	☐	☐	☐	☐	☐
Feeling distant or cutoff from other people	☐	☐	☐	☐	☐
Trouble experiencing positive feelings	☐	☐	☐	☐	☐
Irritable behavior, angry outbursts, or acting aggressively	☐	☐	☐	☐	☐
Taking too many risks, or doing things that will cause harm	☐	☐	☐	☐	☐
Being 'super-alert', watchful, or 'on guard'	☐	☐	☐	☐	☐
Feeling jumpy, or easily startled	☐	☐	☐	☐	☐
Having difficulty concentrating	☐	☐	☐	☐	☐
Having difficulty sleeping	☐	☐	☐	☐	☐

Over the past two months, how often have you been bothered by any of the following problems?

	Not at All	Several Days	More than Half the Days	Nearly Everyday
Little interest or pleasure in doing things	☐	☐	☐	☐
Feeling down, depressed or hopeless	☐	☐	☐	☐
Trouble falling or staying asleep, or sleeping too much	☐	☐	☐	☐
Feeling tired or having little energy	☐	☐	☐	☐
Poor appetite or overeating	☐	☐	☐	☐
Feeling bad about yourself-or that you are a failure, or let your family down	☐	☐	☐	☐
Trouble concentrating on things, such as reading or watching television	☐	☐	☐	☐
Moving or speaking so slowly that other people noticed. Or the opposite, being fidgety and restless	☐	☐	☐	☐
Thoughts that you would be better off dead, or hurting yourself	☐	☐	☐	☐

Over the last two months, how often have you been bothered by the following problems?

	Not al All	Several Days	More than Half the Days	Nearly Everyday
Feeling nervous, anxious or on edge	☐	☐	☐	☐
Not being able to stop or control worrying	☐	☐	☐	☐
Worrying too much about different things	☐	☐	☐	☐
Trouble relaxing	☐	☐	☐	☐
Being so restless that it is hard to sit still	☐	☐	☐	☐
Becoming easily annoyed or irritable	☐	☐	☐	☐
Feeling afraid, as if something awful might happen	☐	☐	☐	☐

For the following questions, please read each one carefully and circle the answer under the question that best applies to you.

A. Over the past year from the date of you taking this survey, did you think about or attempt to kill yourself?

- ☐ Never
- ☐ It was just a **brief passing** thought
- ☐ I have **had a plan** at least once to kill myself but **did not** try to do it
- ☐ I have **had a plan** at least once to kill myself and really wanted to die
- ☐ I have **attempted** to kill myself, but did not want to die
- ☐ I have **attempted** to kill myself, and really wanted to die

B. How often did you think about killing yourself between over the past year since completing this survey?

- ☐ Never
- ☐ Rarely (1 time)
- ☐ Sometimes (2 times)
- ☐ Often (3-4 times)
- ☐ Very Often (5 or more times)

C. How likely is it that you will attempt suicide someday?

- ☐ Never
- ☐ Rather Unlikely
- ☐ Unlikely
- ☐ Likely
- ☐ Rather Likely
- ☐ Very Likely

An absence from work is considered as missing at least one full day from work. If you missed consecutive days, followed then by returning to work, that would be considered as one full absence. Please think back over the previous six months and answer:

How many absences did you have from work? _____

If you were absent from work, how many **total** days did you miss? _____

The following questions ask about your level of exhaustion as a result of being a correctional officer. Please think back over the previous **six months** and select the answer most closely corresponding to your sentiment.

<u>How often in the past 6 months have you felt any of the following?</u>	Never	Once a month or less	Once a week	Every single day
Emotionally drained from work	☐	☐	☐	☐
Used up at the end of the workday	☐	☐	☐	☐
Fatigued when I awake in having to face another day on the job	☐	☐	☐	☐
I treat some inmates as if they are impersonal objects	☐	☐	☐	☐
Feeling that working with inmates is really a strain	☐	☐	☐	☐
Burnout from work	☐	☐	☐	☐
I've become more callous toward people	☐	☐	☐	☐

That this job is hardening me toward people	☐	☐	☐	☐
I do not really care what happens to some of the inmates	☐	☐	☐	☐
Feeling like I am at the end of my rope	☐	☐	☐	☐

For these next questions, you are being asked about your level of resilience, and ability to overcome difficult situations. Please select the answer most closely matching your true sentiments.

	Strongly Agree	Agree	Disagree	Strongly Disagree
I feel proud that I have accomplished things in my life	☐	☐	☐	☐
I usually take things in stride	☐	☐	☐	☐
I feel that I can handle many things at one time	☐	☐	☐	☐
I am determined	☐	☐	☐	☐
I can get through difficult times because I have been through difficulty before	☐	☐	☐	☐
I have self-discipline	☐	☐	☐	☐
My belief in myself gets me through hard times	☐	☐	☐	☐
In an emergency, I'm generally someone who can be relied on	☐	☐	☐	☐
When I'm in a difficult situation, I can usually find my way out	☐	☐	☐	☐

For these next items, you are being asked to rate how you feel about different aspects of your job. Please select the response most closely matching your sentiments.

	Strongly Agree	Agree	Disagree	Strongly Disagree
My co-workers value and praise my work-related opinions	☐	☐	☐	☐
I work well with my co-workers	☐	☐	☐	☐
There is an open line of communication between me and my co-workers	☐	☐	☐	☐
I have a friendly relationship with my co-workers	☐	☐	☐	☐
My co-workers take a personal interest in me	☐	☐	☐	☐
I look forward to working with my co-workers each day	☐	☐	☐	☐
My supervisors support staff decisions	☐	☐	☐	☐
My supervisors resolve in-house problems	☐	☐	☐	☐
My supervisors use fair standards to evaluate my performance	☐	☐	☐	☐
My supervisors reward the job I do	☐	☐	☐	☐
My supervisors act as mentors to line staff	☐	☐	☐	☐
My supervisors treat me with respect	☐	☐	☐	☐

For these next questions, which represent some of the final ones in this survey, we are asking you to document your levels of anger, perceptions of the culture within your organization, and your perceptions of how your personal/family life both affects and is affected by your job.

<u>Items</u>	Strongly Agree	Agree	Disagree	Strongly Disagree
I get angry often	☐	☐	☐	☐
When I get angry, I take it out on others by yelling and berating them	☐	☐	☐	☐
It makes me angry if someone lies to me or cheats on me	☐	☐	☐	☐
If things do not go my way, I will get into an argument even against my will	☐	☐	☐	☐
I find myself frequently annoyed with friends and family	☐	☐	☐	☐
I can't tolerate incompetence. It makes me angry	☐	☐	☐	☐
When a situation makes me angry, I am still able to focus and resolve the situation	☐	☐	☐	☐
I embarrass family, friends and coworkers with my angry outbursts	☐	☐	☐	☐
I remember people and situations that made me angry for a long time	☐	☐	☐	☐

<u>Items</u>	Strongly Agree	Agree	Disagree	Strongly Disagree
Most employees in this jail are highly involved in their work	☐	☐	☐	☐
Information is widely shared so that everyone in the jail gets what s/he needs	☐	☐	☐	☐
Leaders give the vibe that everyone is making a positive impact	☐	☐	☐	☐
Cooperation across different parts of the organization is highly encouraged	☐	☐	☐	☐
People in my jail work like a team	☐	☐	☐	☐
Teamwork in my jail is used to get things done	☐	☐	☐	☐
In my jail, there is continuous investment in the skills of the employees	☐	☐	☐	☐
Leaders and managers in my jail 'practice what they preach'	☐	☐	☐	☐
There is a charismatic management style in my jail	☐	☐	☐	☐
Leaders in my jail have created a clear and consistent set of values that govern what we do	☐	☐	☐	☐
Leaders and managers of my jail uphold ethical codes that guide the behavior of everyone in the jail	☐	☐	☐	☐
There is a strong culture in my jail	☐	☐	☐	☐
There is a shared vision in this organization of what the future will look like	☐	☐	☐	☐
Leaders in my jail have established alignment of goals across all levels of the jail	☐	☐	☐	☐
There is a clear mission that gives meaning and direction to our work	☐	☐	☐	☐

Everyone in my jail understands what needs to be done for long-term success	☐	☐	☐	☐
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Items	Strongly Agree	Agree	Disagree	Strongly Disagree
My job allows me adequate time to be with my family.	☐	☐	☐	☐
My time off from work works well with my family members' schedules and/or my social needs	☐	☐	☐	☐
My work schedule is stable enough to allow me to plan my family and/or social life.	☐	☐	☐	☐
I am able to participate in important family or social activities/events outside of work	☐	☐	☐	☐
My work allows me to still have the energy to enjoy my family and/or social life.	☐	☐	☐	☐
I frequently argue with my spouse/family members about my job.	☐	☐	☐	☐
I am able to leave my problems from work at work rather than bringing them home	☐	☐	☐	☐
With all my work demands, sometimes I come home too stressed to do the things I enjoy.	☐	☐	☐	☐
Because of this job, I am often irritable at home	☐	☐	☐	☐
My job has a bad impact on my home life	☐	☐	☐	☐
I am easily able to balance my work and home lives.	☐	☐	☐	☐
My family/friends express unhappiness about the time I spend at work.	☐	☐	☐	☐
My family and/or social life interfere with my job.	☐	☐	☐	☐
Because of stress at home, I am often preoccupied with family matters at work.	☐	☐	☐	☐
I feel that the demands placed upon me at work are unreasonable	☐	☐	☐	☐
Members of my family understand how tough my job can be.	☐	☐	☐	☐
When my job gets me down, I know that I can turn to my family and get the support I need.	☐	☐	☐	☐
There is really no one in my family that I can talk to about my job.	☐	☐	☐	☐
My spouse (or significant other) can't really help me much when I get tense about my job	☐	☐	☐	☐

What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other (please specify: _____)

How would you best describe yourself?

- ☐ American Indian
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White
- ☐ Other (please specify: _____)

How old are you? _____

For how many years have you worked as a corrections officer? _____

What is your highest level of education received?

- ☐ Less than High School
- ☐ High School/GED
- ☐ Some College
- ☐ 2 year college/Associate's Degree
- ☐ 4 year college/Bachelor's Degree
- ☐ Other (Please specify:)

Are you of Hispanic/Latino origin?

- ☐ Yes
- ☐ No

Please write down the name of the institution/jail where you work _____

Dr. Frank Ferdik, Assistant Professor of Criminal Justice at Austin Peay State University, would like to thank you for taking time to complete this survey. Your responses are extremely important to the validity of this research, and will aid considerably in exploring ways to improve your working conditions. Should you ever have questions about this research, or anything related to it, please contact me at (Phone: 931.221.7524; E-Mail: ferdikf@apsu.edu). Questions or concerns about research participants' rights may be directed to the APSU IRB Office: (Phone: 931.221.7881; E-Mail; irb@apsu.edu). Thank you again.



Fear NoThing Coaching

Give Yourself a Great Life... You Deserve It

Academic Qualifications:

Ph. D Specializing in Marriage, Family and Mental Health

Master of Science in Counseling

Bachelor of Arts in Academic Psychology and a Minor in Business

Professional Qualifications:

Over 22 years' experience in Improving Quality of Life and Well-Being

Leadership Coach at The University of Tennessee, Knoxville Haslam's College of Business
Executive MBA Program-Current

Leadership Roane County, Tennessee Graduate 2018

Women's Addiction Services Leadership Institute (WASLI), Graduated WASLI Associate
US Department of Health and Human Services under the Substance Abuse Mental Health
Service Administration (SAMHSA) 2010-2011.

Tennessee Department of Mental Health Developmental Disabilities Regional Planning and Policy
Council Member

East Region-2009-2015

Overview of Coaching Methods and Style:

Dr. Rebecca Cardona's Coaching Methods are rooted in brain science, change theory, mindfulness, psychology as it relates to human behavior, leadership theory, systems theory, soul connection and life experience.

Dr. Rebecca Cardona's Coaching Style is one that honors the power between the coach and client is equal and is one of mutual influence. A professional, intimate, human connection is established with clients and change is co-created. *Dr. Rebecca Cardona's Coaching Style* is

strength based and participant lead. We cannot step outside of our brains and bodies, so Dr. Rebecca Cardona serves as a non-bias Life Coach that helps clients put the pieces together. *Dr. Rebecca Cardona's Coaching Style* values that each of us are experts in our own life story and we have exactly what we need right inside of us to change, grow, heal, and/or excel. The coaching relationship is one of discovery and trusting that we do know.

Dr. Rebecca Cardona's Process is one that facilitates change that sustains the test of time. Clients can expect to move from a Subconscious level or Conscious level into untapped **Awareness**. Once this new Awareness has been established clients are able to **Identify** what gets in the way or what is needed for desired change, goals and/or having a great life. Dr. Rebecca Cardona creates real-time **Strategies** with clients by combining the new levels of Awareness and Identification. Client's practice and refine strategies much like an athlete. With practice and refinement clients elicit different **Experiences in their lives**. Clients are able to Experience in real time what it means to have **Mastery** over their desired changes. Continued engagement in **Mastery** leads to **Transformation** and results that sustain over time.

Amber Smith
P.O. Box 383376
Germantown, TN 38138

Austin Peay State University
Department of Criminal Justice: Clement Building Room 109
Box 4454
Clarksville, TN 37044

April 24, 2023

To whom this may concern,

I, Amber Smith, Life Coach with Believe The Empowerment Company will help boost morale by giving the Shelby County staff tools and resources to get through their natural stressors of life. I have experience working in the intake area with officers in Shelby County. I've noticed firsthand how staff tend to suppress their personal issues while aiding others, disciplining inmates, and managing their roles. The crime rate in our city is growing and law enforcement support is in high demand. It's important to help staff channel their mental health issues, express work environment frustrations, and cater to their personal needs.

Prior to becoming a life coach, I had 14+ years of experience in Human Resources. I've learned staff just want to know they are being heard. Staff want to feel and see change after sharing feedback. I aim to create an environment for staff to feel safe while expressing themselves. I will guide them to a more balanced home life outside of working long hours and managing work stress.

Coaching the staff to be well within their mental health is my passion! I drive the importance to always follow simple strategies to be proactive in what each may need individually. I help staff to understand the need to have disciplined habits for their desired results to a healthy everyday routine. This approach will help while leadership irones out other issues out of their control and hires more staff. With consistent support in daily sessions, I believe the Shelby County staff will be equipped to take back control to their lives despite daily challenges.

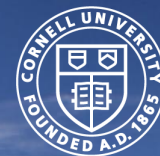
My experience, previous organization partnerships and skills in addition to my enthusiasm for helping others, will allow me to make an immediate and meaningful contribution to the staff of Shelby County. I am grateful for the opportunity and looking forward to working with the team.

Thanks in advance for your consideration.

Sincerely,

Amber Smith

Amber Smith
Believe The Empowerment Company
901-316-7606



Cornell University External Education

Cole Orick
Inside Director, Enterprise Programs

Agenda

- Cornell External Education
 - Brief Overview of Change
 - Evolving Priorities > University Alignment
- Cornell External Education Solution Matrix
 - Faculty-Led Custom Live
 - Online Professional Certificates
 - On-Demand Lessons
- Certificate & Additional Options





Cornell External Education

Cornell sharpens its strategic approach to external education

Cornell External Education combines the innovative learning methods of eCornell with the faculty led capabilities of the schools and Colleges across the University.

Cornell External Education gives organizational partners access to faculty across the University including:

- SC Johnson College of Business • School of Industrial Labor Relations
- Cornell Tech • Cornell Law • College of Engineering • CIS
- The Hotel School • Schools and Colleges in Applied Sciences, and more

“The new structure will enable better integration of all of our educational programs and better align online and executive education programs with our colleges and schools,”

- Michael Kotlikoff, Provost

Cornell External Education

*We enable clients to address strategic challenges by leveraging **Cornell University faculty expertise and research** to develop the skills required for personal and organizational success.*

*To meet the specific requirements for each client, we are able to **customize and uniquely scale** a very broad range of programs to support development at all levels of the organization.*

One Cornell University Approach

"... where any person can find instruction in any study." - Ezra Cornell

Breadth and Depth of Cornell University

- 15 Ivy League Colleges and School
- 2,790+ Faculty & Academic Professionals
- 8 Undergraduate Units, 4 Graduate and Professional Units
- Ithaca NY, New York City, Geneva NY, Doha Qatar, Washington D.C., Rome Italy, and Cornell Tech in NYC

External Education - Cornell University - Global Scale

- 1,000's of Hours of Custom Live Executive Programs
- 100's of Cornell Professional Certificate Programs
- 520+ eCornell Expert-Led Courses
- 1,200+ eCornell On-Demand Lessons
- 140+ Cornell Faculty ...and growing



Cornell University quality supporting all levels of the organization

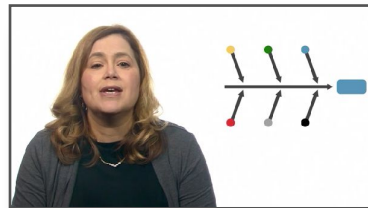
Cornell Faculty-Led Custom Live

- Cornell Faculty support
- Learning Program Design
- Various Online Delivery Options
- On-site when available



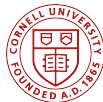
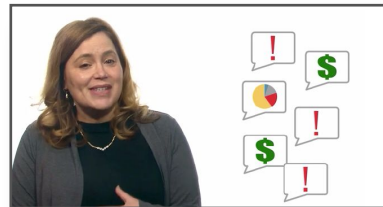
Professional Online Certificate Programs

- Cornell faculty content & curated programs
- Require ability to apply learning
- Custom curated co-branded Certificate options



Scalable On-Demand Lesson Library

- Cornell faculty content
- Competency based lessons
- Searchable



Expert-Led Certificate Programs

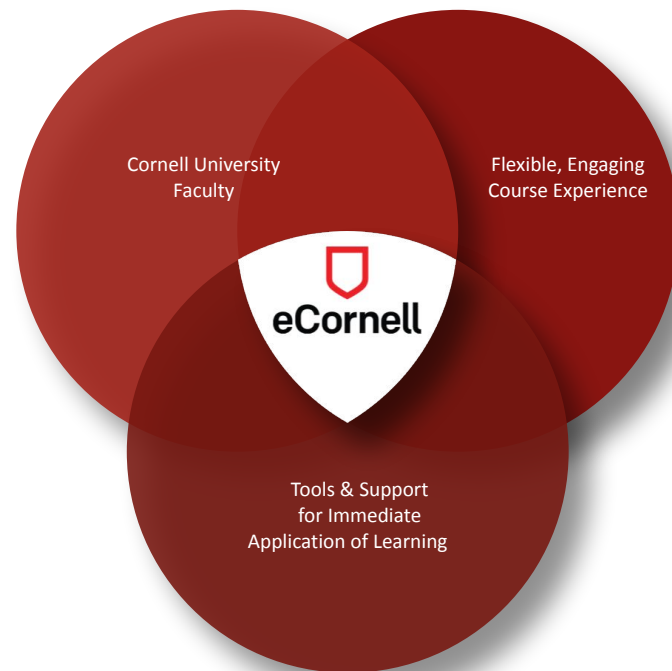
- Cornell Faculty Authored Content
- Optimized for Online Delivery
- 2 or 3 Week Curriculum
 - Starts on Wednesday
 - Anytime - Anywhere
 - 3 - 5 Hours / Week
- Cohort Based (Public or Private)
- Instructor Facilitated Cohort
- Engaging Modalities
 - Faculty Video
 - Discussion Threads (Required)
 - Quizzes, Cohort Polls, Ask the Expert
- Immediate Application of Learning
 - Required Multi-Part Class Project
 - Instructor feedback



This block is a collage of various elements from the eCornell program. It features two video player windows at the top: one with Deborah Streeter and another with Bruce F. Failing, who is presenting a scatter plot of sales versus advertising spend with a correlation coefficient $r = 0.524$. Below the videos are screenshots of a case study titled 'Suzy Miller', a discussion thread with a 'Discuss: Analyze' prompt, a spreadsheet, and a graph showing 'Original Y versus X Plot' and 'Scaling Transform'.

Online Professional Certificate Programs from Cornell

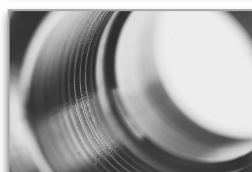
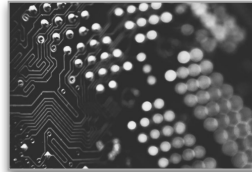
- Premier Learning Experience
 - 100% online certificate programs deliver engaging and effective learning journey.
 - **Structured flexibility**; each course is open for two - three weeks and students have flexibility to complete work on their own schedule
 - **Small Cohort** / Class sizes support more engaged discussions with learning peers
 - **Expert Instructors** provide deeper interaction, feedback and support for the learners
 - Immediate **application of learning** through the development of graded projects
- Earn a professional Certificate
 - Students that successfully complete the required courses earn a Professional Certificate from Cornell University.
- Customization and Flexibility
 - Using a broad collection of online courses and instructional materials, eCornell often works with corporate partners to:
 - Design custom programs
 - Deliver with private cohorts
 - Integrate live and in-person components



Professional Certificate Program Areas

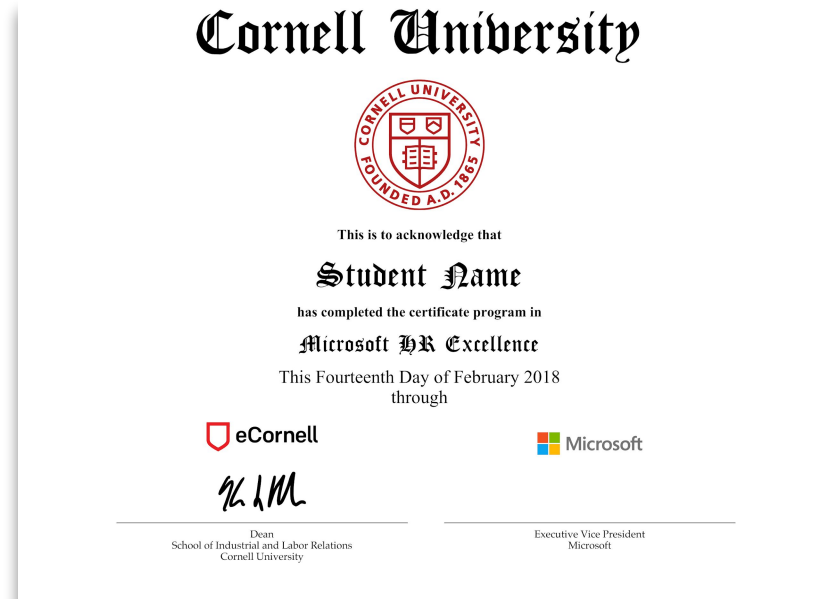
<https://ecornell.cornell.edu/corporate-programs/certificates/>

- Marketing Certificate Programs
- Data Science Certificate Programs
- Technology Certificate Programs
- Leadership Certificate Programs
- Project Management Certificate Programs
- Human Resources Certificate Programs
- Business And Finance Certificate Programs
- Hospitality Certificate Programs
- Healthcare Certificate Programs
- Real Estate Certificate Programs
- Engineering Certificate Programs
- Beekeeping Certificate Programs
- Law Certificate Programs
- Nutrition Certificate Programs



Cornell University Professional Certificate Programs

- Cornell Certificates
 - Courses are curated toward Professional Certificate Programs
 - Individual Course Option
- Custom Certificates
 - Customer specific
 - Co-Branded
 - Align courses to your program
 - Allow for Core + Elective Format
 - Cornell school sponsored



Expert Led Certificate Pricing

Enterprise Pricing (20 courses are required to become a corporate partner)

1-19 courses =	\$819 per course
1-19 courses as part of a full certificate =	\$622 per course
20*-99 courses =	\$414 per course
100-249 courses =	\$337 per course
250- 499 courses =	\$285 per course
500+ courses =	\$259 per course

- Private cohort – min of 20 students. Max of 35 students
- Dedicated private cohort fee \$4,500 (per course)
- Volume pricing (11-20) \$4,100, (21-50) \$3,400, (51+) contact Jim/Heidi

Ex. 4 people taking a 5-course certificate = 20 seats x \$414 = \$8,280.00/\$2,070.00
cost per person

Ex. 20 people taking a 5-course certificate = 100 seats x \$337 = \$33,700.00/\$1,685.00
cost per person

**pricing listed in effect until June 2023*

