CORRECTIONAL OASIS

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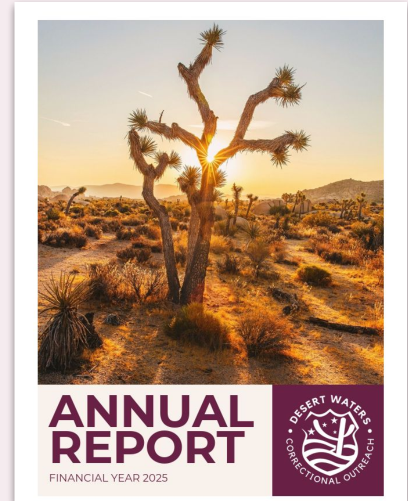
FROM THE DIRECTOR'S DESK

As we explored Desert Waters' goals for 2026, we repeatedly returned to the research **evidence** demonstrating the critical impact of supervisors on employee wellbeing and on the shaping of workforce culture. We concluded that 2026 would be the Year of the Supervisor—a year dedicated to advancing healthier workplace environments and improved staff retention through focused interventions at the supervisory level.



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Accordingly, this year we intend to address the mindsets and skill sets that translate into effective supervision in corrections and other public safety professions characterized by chronic stress and high-risk decision-making,

Some of these skills have historically been labeled "soft," even ridiculed, and dismissed as impractical for public safety environments. Yet there is nothing soft about supervisory competencies that can mean the difference between mental health and mental disorder, or between constructive and toxic workforce cultures.

As the year unfolds, we will continue bringing you research, training, and practical content on this topic, and we invite your suggestions and comments as we engage together in this critically important work.

Caterina Spinaris

Remember: Every criminal justice reform goal—from reducing violence to promoting rehabilitation—depends on staff who are healthy, trained, and supported.

Servant Leadership Study Q&A

On the 26th of February, 2026, we invited Dr. Ferdik to present findings from his recent **study** examining the impact of training jail supervisors in servant leadership skills. The study found that when supervisors applied servant leadership principles, correctional officers reported more positive perceptions of workplace culture, along with lower levels of anxiety, depression, and burnout. These are significant and encouraging outcomes.

Below are the questions we asked Dr. Ferdik to address during the webinar. A recording of his presentation will be available on **Desert Waters' YouTube channel.**

Q: What first drew you to the topic of correctional officer wellness? Was there a moment or experience that sparked your interest?

I became interested in correctional officer wellness thanks to Dr. Hayden P. Smith who introduced this worthwhile topic to me during my doctoral studies. Upon initial engagement with the topic, and after repeatedly hearing officers describe the immense strain of the job, often without adequate support, **I became passionate about scientifically discovering ways of improving their health and wellness.** Over time, it became clear that their wellbeing was deeply tied to organizational culture and leadership practices.

Q: Did the findings of your servant leadership study line up with what you expected—or did anything catch you off guard?

Much of what was found aligned with expectations—**improved leadership behaviors were associated with better officer wellbeing**. What stood out, however, was just how quickly officers responded once leaders began applying servant leadership principles.

Was there a result that genuinely surprised you?

I was greatly surprised by the size of the improvements in officer depression, anxiety, and burnout in such a short window. It highlighted how even **modest shifts in leadership behavior can create meaningful change.**

For listeners who may not read the full study, what finding do you think is most important for them to understand—and why does this matter for day-to-day operations?

The most important takeaway is that **leadership behavior directly shapes staff mental health** and the overall culture of a facility. When leaders communicate well, support staff, and lead with empathy, daily operations run smoother, safer, and with fewer conflicts.

If you could do this study again today, is there anything you would change or explore more deeply?

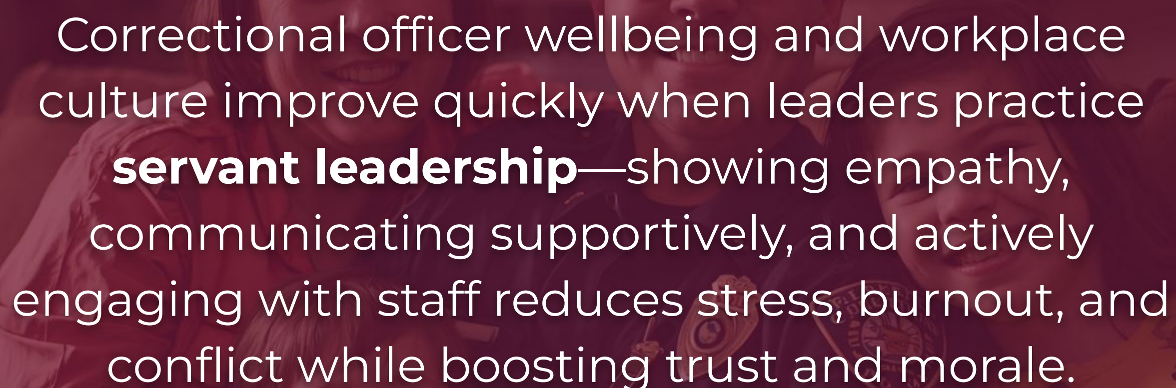
If repeated, I would incorporate a **longer follow up period** to better understand how long the positive effects endure. I'd also explore how servant leadership influences additional outcomes like retention and team cohesion. Further, a mixed methods assessment involving in-depth interviews with both COs and the leaders who participated in the servant leadership intervention would add a nuanced, qualitative component to the research. More jails would also be added in any subsequent replications of the study.

Based on what you learned, what should leaders in corrections take away about how leadership style affects officer wellness?

The study shows that **leadership style is not just a management preference—it has measurable effects on officer stress, morale, and resilience.** Leaders who engage with staff respectfully and consistently create healthier, more effective workplaces.

Q: Given all of this, what's one thing leaders could start doing differently right now to strengthen workplace culture and better support staff's mental health?

Leaders can immediately begin practicing more intentional, supportive communication—checking in with staff, listening actively, and acknowledging their daily challenges. Even small changes in how leaders interact with personnel can significantly improve trust, morale, and overall wellness.



About the Speaker

Dr. Frank Ferdik is an Assistant Professor in the Department of Criminal Justice at Austin Peay State University. He holds a Ph.D. in Criminology and Criminal Justice from the University of South Carolina and has over a decade of experience teaching and conducting research in corrections, policing, and criminal justice. Dr. Ferdik's work focuses on correctional officer health and wellness, organizational culture, and evidence-based strategies to improve staff well-being. He has published extensively in peer-reviewed journals and has presented his research at national and international forums, bringing practical insights grounded in rigorous research to the field of corrections.

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Immediate Post-Incident Response: For Supervisors and Administrators

© Caterina Spinaris, PhD, LPC

Purpose and Scope

Correctional staff—especially officers—are often most emotionally vulnerable immediately following an assault. Such incidents can shatter their sense of safety and personal invulnerability. Before an attack, individuals may believe, “It won’t happen to me,” or assume, “If it does, I’ll handle it.” After an assault, however, self-confidence may be profoundly shaken. During the assault, officers may have experienced sheer panic and terror, thinking they’d get killed. And now they may be feeling shame and humiliation, particularly if they froze, fainted, or lost control of bodily functions. Compounding this, surges of rage may follow, leaving individuals feeling emotionally overwhelmed and out of control.

How administrators respond to the assaulted staff member in the moments following the incident is crucial.

Their approach can either facilitate healing or deepen the trauma, making the difference between recovery and further emotional harm.

This article addresses evidence-informed ways supervisors and administrators can support assaulted employees immediately after an incident. The guidance is intentionally limited to administrative support, stabilization, and practical assistance and does not address operational responses.

Consistent with current research and best-practice recommendations, the immediate priority following a critical incident is to ensure staff safety, attend to urgent needs, and support re-stabilization—without requiring employees to recount or emotionally process the event before they are ready. Accordingly, this guidance does not constitute psychological debriefing, critical incident stress debriefing (CISD), or other structured emotional processing interventions. The approaches described align with principles of **psychological first aid** and voluntary peer support.

Legal and Clinical Disclaimer

This guidance is intended for informational and administrative purposes only. It does not constitute medical, psychological, or legal advice, nor does it establish a standard of clinical care. The actions described are supportive in nature and are not intended to replace professional medical or mental health evaluation, treatment, or established agency procedures. Nothing in this document should be interpreted as requiring participation in critical incident stress debriefing, critical incident stress management, or any other structured psychological intervention. All supportive services should be voluntary and provided in accordance with applicable laws, collective bargaining agreements, and agency policy.

Policy Note: Use of Post-Incident Interventions

*While the use of peer support and professional mental health resources is encouraged, **current evidence** does not support mandatory critical incident stress debriefings or other structured group emotional processing interventions **immediately following** a potentially traumatic event. Accordingly, any peer or clinical support offered during this initial period should be voluntary, non-intrusive, and focused on stabilization rather than emotional processing.*

Immediate Post-Incident Response Strategies

1 Medical Assessment and Immediate Care

The first step is a **medical examination** to assess the employee's condition and provide immediate medical care as needed. If the employee's condition warrants higher-level emergency treatment, this may include transportation to a hospital by ambulance. In such cases, administrators should visit the staff member at the hospital as soon as their condition allows, to offer emotional and moral support.

2 Removal From the Incident Scene and Threat Reduction

Following a medical check, and if no further medical care is recommended or deemed necessary, the next step is removing the assaulted employee from the area where the incident occurred. This serves several purposes: **securing physical safety**, reducing exposure to ongoing threats, and lowering the risk of re-victimization.

This may involve separating the employee from all offenders or clients, as well as from trauma reminders such as the location of the incident, specific objects, or certain individuals. There will be time later to "get back on the horse." Immediately after the event, the priority is allowing the individual to begin calming down. Increasing distance from perceived threats and reminders of danger supports this process.

3 Restoring Physical Comfort and Dignity

If the employee's clothing has been soiled (for example, by body fluids) or torn, make it possible for them to **change clothes and clean up** as soon as possible. This reduces exposure to triggers and helps restore a sense of dignity.

Some facilities maintain care packages for assaulted staff, which may include sweatpants, socks, a shirt, a towel, shampoo, toothpaste, and a snack or beverage voucher.

4

One-on-One Administrative Presence and Support

Spend time with the assaulted staff member one-on-one, either by having them come to your office or by going to where they are. Offer them water. Sit with them in a private space where the door can be closed.

If meeting in your office, step out from behind your desk and sit near them. Make eye contact. Express genuine concern for what they have just experienced and for their well-being.

Do not question them about details of the incident. The purpose of this interaction is support and stabilization—not fact-finding, emotional processing, or debriefing. Instead, listen empathically—placing yourself in their position and trying to understand what the experience was like for them. If they froze during the incident, remind them that this is an involuntary, brain-based reaction. Do not reprimand them for it.

5

Strength-Based Feedback and Normalization

Identify and acknowledge what the employee did well, as well as what went well overall. Because the employee may still be flooded with adrenaline, they may appear angry or agitated and may blame themselves, others, or administrators. Allow them space to vent. Listen carefully, acknowledge their feelings, and validate the seriousness of what they endured.

Suggest that they likely did the best they could under the circumstances and reassure them that immediate reactions such as these are normal and understandable. Emphasize that lessons can be learned from every incident.

6

Maintaining a Non-Punitive Administrative Stance

Refrain entirely from arguing with the employee or threatening discipline in response to their emotional reactions. Do not instruct them to “watch their attitude” or imply job consequences for expressing distress.

At this stage, the **administrator’s stance must be supportive rather than judgmental, critical, or blaming.** Administrators may need to exercise self-control if the employee’s reactions trigger their own emotional responses.

7

Activating Peer and Social Support

Another important step in supporting the assaulted employee is **activating their support network**. Arrange for trusted colleagues to be relieved of their duties so they can be present and offer support.

Some staff may feel uncomfortable speaking at length with administrators but will open up to peers. If trained peer supporters are available, ask them to meet with the employee as well, making clear that peer support is voluntary, supportive in nature, and not a formal debriefing.

8

Supporting Family and Personal Connections

Ask the employee whether they would like to make a phone call to family members or significant others, and provide a private space for them to do so.

9

Preserving the Employee's Sense of Agency and Pride

If the employee wishes to walk through the office or unit to demonstrate to clients or offenders that they are composed and resilient, honor this request and accompany them.

10

Mental Health Check and Professional Support

As part of the immediate support process, arrange for the employee to be seen confidentially by a facility mental health provider or allow them private access to call the EAP hotline. This contact should focus on safety, stabilization, and education—not on requiring the employee to revisit or relive the details of the incident.

These professionals can assess safety concerns, evaluate current functioning and emotional state, normalize acute stress reactions, explain warning signs that may indicate the need for additional care, and provide coping resources. They can also remind the employee to avoid using substances to cope, as this can worsen emotional instability.

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Duty Relief and Modified Work Expectations

Relieve the assaulted staff member of their duties for the remainder of the day. Ask whether they would like to take time off.

If they decline, allow them continued access to peer supporters or mental health providers as needed. If they insist on working, assign them to duties involving minimal contact with clients or offenders. Upon return to work, consider accompanying them on another walk-through of the unit or office to visibly reinforce administrative support.

12

Incident Reporting Considerations

If the employee is required to complete an incident report immediately, recognize that their recollection of events may be disorganized or incomplete. Treat this initial report as a preliminary account, with the understanding that additional details may be added later.

Although this approach may raise legal concerns for some, it reflects the neurobiological realities of memory following traumatic exposure. The brain does not function like a video recorder.

13

Safe Departure from the Facility

When it is time for the employee to leave the facility, arrange transportation so that someone else drives them home and another staff member transports their vehicle.

14

Step 14: Attending to Other Affected Staff

Finally, remember that the assaulted employee may not be the only one affected. Witnesses to the incident and those who responded are also likely to need immediate expressions of care, validation, and support.

Illustrative Example: Supportive Leadership in Practice

I am personally aware of a situation that was handled in an exemplary manner. An assaulted correctional officer became verbally explosive with the warden who met with him after the medical evaluation.

The warden, having risen through the ranks and having experienced assault himself, remained calm and quiet throughout the officer's tirade. When the officer finally exhausted himself, the warden gently expressed his understanding of the officer's state of mind and conveyed sincere compassion for what he had endured. After a brief pause, the officer apologized for his outburst.

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The Human Factor

By Stephanie Rawlings, MSc

This article emphasizes the need for understanding, empathy, and compassion for staff involved in critical incidents when reviewing and investigating their response to threats or violence.

There's a well-known movie called Sully, starring Tom Hanks as the pilot of the "Miracle on the Hudson" flight that went down with zero casualties. Chesley "Sully" Sullenberger was celebrated unlike almost any other hero I had seen up to that point in my life—talk shows, guest appearances, parades, parties, galas, concerts. The message was clear: this man saved lives, and we were grateful.

However, in the movie—released years later—we are shown a very different side of Sully's journey. Most notably, we see the investigation conducted by the National Transportation Safety Board into his decision to land the aircraft in the Hudson River rather than turn back and attempt a landing over New York City skyscrapers, in a post-9/11 world.

At the conclusion of the inquiry, the panel informs Sully and his co-pilot that test pilots were able to simulate a successful landing by turning the plane around. Sully and his co-pilot step outside the hearing room, take a few deep breaths, and try to settle themselves after what feels like a deeply tone-deaf exchange with armchair quarterbacks—people seemingly more offended by the risk Sully took than the outcome of zero lives lost. Sully returns to the inquiry and asks a simple but powerful question:

"How many times did you run this simulation before a successful landing?"
The answer was seventeen. **Seventeen times.**

Sully then makes the point that matters most:
you cannot simulate the human factor.

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I share this story frequently in leadership training, particularly in public safety settings, because it underscores a core reality of high-risk work. Rather than debating broader issues, I am inviting leaders, managers, and other corrections professionals—especially those responsible for guiding staff through the aftermath of a major incident—to reflect on the role of the human factor in decision-making under pressure.

Before going further, I strongly encourage you to find the **clip** I'm referencing online and watch it for context—or better yet, watch the entire film.

Recently, my boss asked me to try to define the "human factor" for her during a conversation about this very issue. I knew exactly what it was, but the moment I had to explain it out loud, I struggled to find the right words to capture it. Something that felt so intuitive suddenly became difficult to articulate. The best definition I could offer was this:

The human factor is everything a training scenario cannot fully simulate, capture or measure.

It's heart rate.
It's adrenaline.
It's panic rising in your chest.
It's smells.
It's sounds—or the sudden absence of sound.
It's the threat of things that were never present or planned for in training.

I then tried to ground the definition of the human factor in a corrections-centric example. It's crowd dynamics—the stance and posture of other incarcerated individuals gathered around another incarcerated person who has become escalated. It's the number of staff on shift who are actually able to respond. It's the past history of both the staff member and the incarcerated person. It's tone of voice. Proximity. It's my perception of risk. It's my expectation of possible outcomes given the circumstances—injury, violence, death—mine or someone else's? It's my knowledge of policy and practice layered on top of my level of experience. It's my confidence in myself and my trust in the people around me.

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And all of this is being processed—not over minutes or hours—but in milliseconds, sometimes in life-threatening conditions, with the goal being my frantically attempting to decide what is my best course of action in that situation.

Layered on top of that is another reality we don't talk about enough: my awareness that someone who has never been in a remotely similar situation may later sit in a calm room, with time, distance, and hindsight, and assess my decision.

That is the human factor.

And historically, it has not been treated as a critical element in after-action reviews. Even now, many people are uncomfortable acknowledging just how much influence it has on outcomes. Instead, the conversation often defaults to a single question: "Did you follow your training?"

We trained you this way. We taught you this process. In that split-second moment, did you execute the exact step-by-step procedure? And let's be clear—we are not talking about how to search a cell or run a line. We are talking about life-safety decisions. Use-of-force incidents. The moments when everything has gone sideways and the stakes are real.

And all of this is being processed—not over minutes or hours—but in milliseconds, sometimes in life-threatening conditions, with the goal being my frantically attempting to decide what is my best course of action in that situation.

Now that we've defined the human factor, let's talk about what we do with it as supervisors and agency leaders.

What happens after the incident—after we've come down from the ceiling and it's time to shift back into operational mode from crisis management? What steps are we taking to protect employees from additional trauma or moral injury?

For the purpose of this article, I am talking strictly about our response—not about an employee's level of accountability. I am aware of the quiet but persistent culture that suggests "staff wellness ignores accountability." In fact, if memory serves, I've written about that very misconception before.

Training is essential in corrections. It is often advanced and increasingly evidence-based. But let's be real: even the most sophisticated training cannot measure or eliminate the human factor. We can attempt to mitigate it, but we cannot remove it. And yet, our post-incident reviews often scrutinize decisions as if the human factor should have been non-existent or could have been neutralized entirely.

Employees are often at their most vulnerable during investigative processes. In the corrections profession, there is growing concern—based on lived experience and anecdotal evidence—that some suicides may be linked, in part, to how investigations unfold. Staff are frequently carrying the weight of a critical incident itself, compounded by guilt or shame about their own actions or those of their team, fear of legal consequences and job security, and profound isolation created by investigative procedures. When these pressures converge without adequate support, they can severely destabilize individuals emotionally and elevate the risk for serious mental health crises.

Leaders, it is time to think more critically about the human factor if we are to support staff through some of the harshest moments of their careers—helping them survive not only physically, but emotionally—and ultimately choose to remain in this profession.

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Peer Support Perspectives

Q: My hostage negotiation/crisis team trains many overlapping concepts with peer support training—active listening, de-escalation, etc. Can I just send my peer support team to that training?

A: Yes.... and no. There's no question that special teams training builds valuable skills. Active listening, emotional regulation, and de-escalation are essential across corrections, and cross-training can absolutely sharpen awareness and competence. That said, we caution agencies against relying exclusively on hostage or crisis team training to prepare peer support team members.

Here are some reasons why the distinction matters.

Different Context, Different Mission

Hostage and crisis teams operate in a fundamentally different environment. Their objective is to neutralize an offender-based threat—often under intense time pressure with significant safety risks to others. Communication skills in this context are designed to extract information, influence behavior, and move rapidly toward resolution.

Peer support, by contrast, exists in a non-threat, employee-to-employee context. While active listening skills may look similar on the surface, the intent behind their use is very different. In most situations, a peer supporter is not trying to gather information, resolve a crisis in the moment, or direct an outcome. Rather, they are creating space for support, and are intentional about not hurrying the process and not turning the peer support encounter into an interrogation session.

Empathy as a Tactic vs. Empathy as a Relationship

In hostage/crisis negotiation, empathy is often used strategically—to build rapport and achieve compliance with a specific directive. In peer support, empathy is the goal itself.

The peer support team member's role is to be relatable, non-directive, and accepting—allowing the recipient to explore options and determine their own path forward, whether or not the peer supporter agrees with that choice. Often, there is no immediate decision, solution, or disclosure of a next step at all. That outcome must be acceptable in peer support work.

In special teams, resolution is mandatory; if cooperation fails, force may follow. That reality shapes the entire interaction—and it does not translate cleanly to peer support.

The Signal we Send to Staff

This is the elephant in the room. What message do we send when we rely on training designed for managing the incarcerated to support our own employees? When peer support is funded only through training already used for "worst-case" scenarios? When staff struggles are measured against the same standards applied to the most volatile situations they encounter at work?

We hear the phrase "They care more about the incarcerated than us" far too often. Dedicated peer support training—designed specifically for peer-to-peer engagement—is one of the clearest ways to counter that negative perception and demonstrate that staff wellness is worthy of its own investment.

Bottom line: Cross-training can be helpful, but it is not a substitute. **Peer support deserves—and needs—its own framework**, its own policies and parameters, its own skill set, its own scenarios and role plays, and its own intentional training.

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Key Findings from the Frost and Monteiro Studies of Correction Officer Suicide and Wellbeing

In 2016 and 2017 Professor Natasha Frost and her colleague, Carlos Monteiro conducted two ground-breaking studies through a National Institute of Justice grant on correctional officer suicide and officer wellbeing at the Massachusetts Department of Correction.

Here is a summary of their findings.

1. Suicide Rates Among Correctional Officers Are Significantly Elevated

Across the Massachusetts DOC studies (2010–2015), correctional officers died by suicide at rates of approximately 105 per 100,000, 7 to 7.5 times higher than the national U.S. average of ~14 per 100,000, and markedly higher than other first-responder groups, indicating an occupational health crisis.

https://www.ojp.gov/library/publications/understanding-impacts-corrections-officer-suicide?utm_source=chatgpt.com

2. Officer Suicide Is Caused by Multiple Factors and is Driven by Both Personal and Occupational Conditions

The research findings emphasize the interaction of personal vulnerabilities (mental health history, relationship strain, financial stressors) with occupational drivers (chronic stress, mandatory overtime, exposure to violence, institutional distrust, and disciplinary pressures). These findings refute the notion of single-cause explanations.

3. Correctional Operational, Organizational and Traumatic Stressors Are Key Contributors

Officers reported cumulative "fatigue" from:

- Chronic understaffing and forced overtime.
- Exposure to inmate violence and staff assaults.
- Witnessing self-harm and suicide attempts.
- An adversarial organizational climate characterized by low support and high scrutiny.

These stressors created a perception that the toll of the job was inescapable, unmanageable, and destructive to personal life.

4. Suicide Has Widespread Institutional Impacts

The death of an officer by suicide generated:

- Lowered morale and increased anxiety among staff.
- Heightened distrust toward leadership.
- Decreased perceptions of safety.
- Contagion effects where suicide risk increased among peers.

Interviewed officers described an environment where the suicide of a colleague intensified their own hopelessness and burnout.

5. Knowing Someone Who Died by Suicide Correlates With Worse Mental Health

Surveyed officers who personally knew a colleague who died by suicide exhibited significantly higher levels of:

- Depression
- Anxiety
- PTSD
- Persistent anger and emotional exhaustion

This finding demonstrates a measurable indirect-trauma effect, and the increased risk of suicide contagion. (Suicide contagion refers to the phenomenon in which exposure to suicide or suicidal behavior is associated with an increased risk that others will attempt or die by suicide. Exposure may be direct (e.g., knowing the individual who attempted or died by suicide) or indirect (e.g., learning of the suicide through social media, mass media coverage, or other news reports).

6. Barriers to Prevention Are Systemic and Cultural

The following key obstacles to prevention were identified:

- Stigma associated with seeking mental health care.
- Fear of professional repercussions for disclosing distress.
- A culture of stoicism and self-reliance—“Suck it up, buttercup!”
- Limited organizational transparency following suicides.
- Inadequate peer-support and critical-incident practices.

These factors reduce the likelihood of early help-seeking, and hinder employees’ learning collectively as an organization from past events.

7. Suggestions for Prevention Emphasize Organizational Change

Recommendations across the studies include:

- Training leaders to recognize and respond to warning signs
- Building trust through transparent communication and post-incident protocols.
- Expanding peer-support teams and family outreach.
- Strengthening behavioral health access tailored to correctional culture.
- Reducing mandatory overtime and improving staffing stability.
- Building a culture where help-seeking is normalized and confidential resources are provided and emphasized.

Editorial Note: *This article was developed with the assistance of AI-based summarization tools and was subsequently reviewed, edited, and verified for accuracy and clarity by a subject-matter expert.*

If you or someone you know is experiencing despair or a crisis, seek professional support immediately. You may also call or text 988 to reach the Suicide & Crisis Lifeline, available 24/7. Services are provided in English and Spanish. If a coworker friend is struggling with Corrections Fatigue, these booklets **Staying Well** and **More on Staying Well** may make a thoughtful gift for them.

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Robert Hill

Sergeant

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Addison Pickett

Correctional Officer

Tennessee Department of Correction

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QUOTE
of the month

"Everybody can be great...because anybody can serve. You do not have to have a college degree to serve. You do not have to make your subject and verb agree to serve. Most importantly, you only need a heart full of grace. A soul generated by love."

-Martin Luther King, Jr.

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Mission

Improving the wellbeing of corrections and other public safety professionals through training, consulting, and other essential resources to foster resilience, mental health, and overall wellness in these challenging professions.

Disclaimer

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Support Desert Waters Correctional Outreach

We are a 501(c)(3) nonprofit organization dedicated to enhancing the well-being of corrections staff and other public safety professionals, and to also assist their families. Contributions by individuals like you enable us to offer some services at no cost, and to keep our products affordable for agencies. Consider joining us in our mission by making a **tax-deductible donation** today. Thank you for your support!

Desert Waters Correctional Outreach is a non-profit corporation which helps correctional and other public safety agencies counter Corrections Fatigue in their staff by cultivating a healthier workplace climate and a more engaged workforce through targeted skill-based training and research.

Use of AI Tools

We use artificial intelligence (AI) tools to support editing and research functions. Any content generated with the assistance of AI is carefully reviewed, verified, and revised by our team prior to publication. By thoughtfully integrating AI technology into our workflow, we aim to provide timely, data-informed, and relevant information while maintaining the highest standards of accuracy, professional judgment, and ethical responsibility.

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